2018 - 2021 Bedford Area Community Health Needs Assessment

Town of Bedford

Bedford County

CENTRA

Bedford Memorial Hospital

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Acknowledgements

The 2018 Bedford Area Community Health Needs Assessment was the result of numerous hours of leadership and service by the following individuals, institutions, and partnerships.

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Christina	Delzingaro	Community Access Network
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2018 Bedford Area Community Health Assessment Team			
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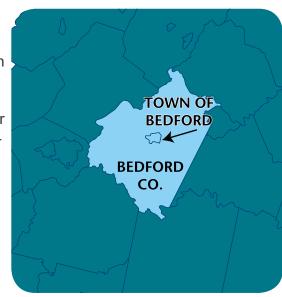
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Pat	Young	CommunityWorks	Project management

Executive Summary

Centra Health is pleased to provide the 2018-2021 Community Health Needs Assessment (CHNA) for Centra Bedford Memorial Hospital located in Bedford, Virginia. For the purposes of this report, the service area is referred to as the Bedford Area and includes the town and county of Bedford. The CHNA provides an overview of the health status of the communities served by the hospital system. It is the intent of this report to provide readers with a deeper understanding of the needs of the Bedford Area as well as to guide Centra Health, and its community partners and stakeholders, in developing an Implementation Plan to address the prioritized needs identified as a result of the assessment process. The Community Health Needs Assessment and Prioritization of Needs was approved by the Centra Bedford Memorial Hospital Board of Directors on December 11, 2018, the Centra Foundation Board of Directors on December 12, 2018 and the Centra Board of Directors on December 17, 2018.

In 2017, the Partnership for Healthy Communities was formed and is a planning initiative led by Centra, Centra Foundation, the Community Access Network and the Central Virginia, Piedmont, and Pittsylvania/ Danville Health Districts in collaboration with the Bedford Community Health Foundation, Greater Lynchburg Community Foundation, and United Way of Central Virginia. The partners are committed to regional alignment of a collaborative and rigorous needs assessment process that will result in action-oriented solutions to improve the health of the communities they serve. A Community Health Assessment Team composed of over 40 individuals with a broad representation of community leaders and cross-sector stakeholders acted to oversee, advise and support the CHNA activities.

The 2018 Bedford Area Community Health Needs Assessment focused on lifting the voice of the community through the collection of 1,486 Community Health Surveys as well as conducting stakeholder surveys, a stakeholder focus group, and target population focus groups. In addition, over 65 sources of publically available secondary data were collected.

The County and City Centra Serves

Key Findings

The data for the Community Health Needs Assessment is reported using the framework for the County Health Rankings from the University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation County Health Rankings and Roadmaps. These rankings, released annually, measure the health of a community and rank them against all other counties within a state. The Bedford service area (part of the Central Virginia Health District) ranks in the upper half for both health outcomes (which is a measure of the morbidity and mortality of a county) and health factors (which represents what influences the health of a county) as published by County Health Rankings & Roadmaps.

2018 County Health Rankings

	Health Outcomes Ranks	Health Factors Rank
Bedford County	29	48

1 = Best Ranking; 133 = Worst Ranking

Demographics, Social and Economic Status

The total population for the service area is 83,476 individuals where 49% of the population is male and 51% is female. The median age is 45.6 years in Bedford County and 43 years in the town of Bedford. Approximately 19% of the service area population is 65 years of age or older which is higher than those 65 years of age or older living in Virginia as whole (13.9%). More individuals living in Bedford County are White (88.4%) as compared to those living in the town of Bedford (76.7%); fewer in the County are Black (6.9%) compared to those in the town of Bedford (20.7%); and slightly more are Hispanic or Latino in the County (2.0%) as compared to those in the town of Bedford (1.0%).

The median household income in Bedford County is $56,725 and in the town of Bedford is $39,971which are both lower than the median income of $66,149 in Virginia. Approximately 39% of the population lives at or below 200% of the Federal Poverty Level in the town of Bedford as compared to 24.9% in the County and 26.6% in Virginia. More than two times more seniors 65 years of age and over live below 100% of the Federal Poverty Level in the town of Bedford (16.1%) as compared to the county (7.0%) and the Commonwealth (7.6%). Additionally, approximately 27% of the 29,566 households in the service area are classified as Asset Limited, Income Constrained, Employed.

Of the public school-aged children in the service area, 37.3% (3,660) are eligible for free and reduced lunches as compared to 44.31% of children in the Commonwealth. However, nine of the twenty schools in the district have free and reduced lunch rates greater than 50%. Approximately 32.0% of children living in the Bedford service area live at or below 200% of the Federal Poverty as compared to 34.0% in Virginia which is an estimated 5,121 children.

Unemployment rates continue to decrease in the service area and although they are slightly higher (3.9) compared to the rate in Virginia (3.8) they are lower than the rate of 4.4 in the United States. In the service area, of the population age 25 and over, educational attainment is 11.6% for less than high school graduate; 30.6% for high school graduate or equivalency;

30.3% for some college or Associate's Degree; and 27.5% for Bachelor's Degree or Higher which are in line with the rates for the Commonwealth as a whole.

The majority of Community Health Survey respondents (92.7%) lived in the Bedford Area with a median age of 48.6 years. A disproportionate number of females (82.2%) completed the survey as compared to males (17.3%). The race and ethnicity of the survey respondents more closely resembled that of Bedford County as a whole with 86.3% reporting being White and 9.3% Black/African American however only 0.7% were Latino. Approximately 36.7% of survey respondents reported an annual income of $30,000 or less per year and 35.9% reported an annual income greater than $70,000. An estimated 42% of respondents lived no greater than 200% of the Federal Poverty Level. Survey respondents had higher education attainment rates than the service area population as a whole and over 60% were employed full-time with an additional 12.8% reporting they were unemployed. Almost 30% of respondents reported not having enough money in the past 12 months to buy food; 23% reported not having enough money in the past 12 months to pay their rent or mortgage; and 21% could not afford to pay for their medications.

Health Behaviors

The obesity rate for the service area is 33.1%. Approximately 24% of Community Health Survey respondents reported being overweight while 43% reported being obese. A greater proportion of the adult population age 20 and over report no-leisure time physical activity (24%) especially as compared to 22% of adults in the Commonwealth.

Approximately half of Community Health Survey respondents reported that their neighborhoods don't support healthy eating or physical activity while 30% reported it is not easy to get affordable fresh fruits and vegetables in their neighborhoods. The large majority of respondents reported that they get their food from grocery stores (96%); almost half (46.9%) use takeout/fast foods; over 25% use farmers markets and/or home gardens; and 23% use a Dollar Store for the food they eat. Additionally, the majority of respondents did not meet the minimum requirements for daily fruit and vegetable consumption. Secondary data reveals that only 2% of the population in Bedford County has limited access to healthy foods as compared to 4% in Virginia. This represents the percentage of the population that is low income and does not live close to a grocery store.

Data for the service area reveals that 18% report binge or heavy drinking while 15% are current tobacco smokers. More than 53% of Community Health Survey respondents reported using tobacco products, 37.4% reported binge drinking during one occasion, while approximately 2% reported using illegal drugs in the past 30 days.

On June 1, 2017, based on a range of drug overdose indicators, the Virginia State Health Commissioner declared a Public Health Emergency for Virginia as a result of the opioid addiction epidemic. In the same year the service area had a higher mortality rate due to prescription opioids (6.4 per 100,000) compared to the Virginia rate of 5.9 while the mortality rate from Fentanyl and/or Heroin use was lower in the service area (6.4 per 100,000) compared to the Virginia rate of 11.0.

Clinical Care

The Peaks and Center Districts in Bedford are designated as Medically Underserved Areas. The county as a whole is designated as Primary Care and Dental Health Professional Shortage Areas while there is a Mental Health Professional Shortage Area designation for the low income population. There is one Federally Qualified Health Center, one Federally Qualified Health Center Look-a-Like, and one Free Clinic that serve the area.

Over 87% of Community Health Survey respondents reported having a usual source of medical care. Of those who use medical services, a majority get their care at a doctor's office or Centra Medical Group (68.5% and 27.2% respectively) however 27.7% also reported using the Emergency Room. Over 23% of respondents do not use dental services and of those who do, 32.8% reported not having a dental exam within the past 12 months. Even more striking is that approximately 87% of respondents reported not using mental health or substance use services.

Fewer number of survey respondents (9.9) were uninsured as compared to the service area as a whole (12%) while more respondents were publically insured with 12.9% Medicaid (compared to 6.6% in the county and 11.6% in the town as a whole) and 13.9% Medicare (compared to 6.6% in the county and 9.1% in the town). In June of 2018, the Virginia General Assembly expanded Medicaid coverage for individuals with incomes up to 138% of federal poverty level and now includes able-bodied adults without children who had previously been ineligible for coverage. In Virginia, it is estimated that an additional 400,000 residents will qualify. In the Bedford Area, it is estimated the number of uninsured residents who will be newly eligible for Medicaid is 2,400 covering an estimated one-third of the currently uninsured.

When asked which services are hard to get in the community, survey respondents reported (1) safe and affordable housing; (2) transportation; (3) mental health/counseling; (4) adult dental care; and (5) alternative therapy. When asked what prevents them from getting the services they need, survey respondents reported (1) cost; (2) high co-pays; (3) lack of evening and weekend services; (4) long waits for appointments; and (5) don't know what types of services are available.

Ten percent (10.2%) of survey respondents reported more than two weeks of physically unhealthy days while 14.3% reported more than two weeks of mentally unhealthy days in the past month. Additionally, survey respondents diagnosed with a chronic condition had high blood pressure, depression or anxiety, obesity/overweight, asthma or high cholesterol most frequently. In the service area, death rates are higher for overall deaths; premature deaths; hypertension; stroke; heart disease; and suicide compared to the Commonwealth. Cancer incidence rates are higher for colon and rectal cancers in Bedford as compared to Virginia as a whole. Low birth weight rates, infant mortality rates and teen birth rates are lower for the service area as compared to the state rates.

Physical Environment

The physical environment can impact a wide range of health and quality-of-life outcomes and include such factors as the natural environment, transportation, the built environment,

housing, exposure to toxic substances, and physical barriers especially for those living with disabilities. In the service area, 3,655 (12.0%) households have severe housing problems. Housing problems include overcrowding, high housing costs, or lack of kitchen or plumbing facilities. Residential segregation (the degree to which two or more groups live separately from one another in a geographic area) is lower in the service area compared to the state as a whole. Regarding access to transportation, approximately 6% of Community Health Survey respondents do not own a car and 8.5% rely on friends and family for transport.

Prioritization of Needs

Upon completion of primary and secondary data collection, the Bedford Area Community Health Assessment Team (CHAT) was charged with prioritizing the needs of the community on September 26, 2018. A "Prioritization of Needs Worksheet" was developed based on the importance placed on areas of need identified through two methods:
1. Responses from the Community Health Survey (Top 25 responses)
    a. Q5. Thinking about the community, what are the five most important issues that affect the health of the community?
2. Responses from the Stakeholders' Survey and Focus Group Meeting (Top 31 responses)
    a. Q1. What are the top 5 greatest needs in the community(s) you serve?

CHAT members were asked to rank the needs from 1 to 10, with 1 being the greatest need and 10 being the 10th greatest need.

The 2018 Prioritization of Needs Top 10 Rankings for the Bedford Area includes:
1. Access to affordable health care
2. Access to mental services; mental health problems
3. Substance use; alcohol and illegal drug use
4. Diabetes
5. Overweight and obesity
6. Poor eating habits
7. Transportation
8. Access to healthy foods
9. Access to affordable housing
10. High blood pressure

Project Background

A. Organizational Overview

Centra Health (Centra) is the dominant regional nonprofit healthcare system based in Lynchburg, Virginia. The mission of the organization is "*excellent care for life*" with a vision "*to be the most trusted provider of innovative healthcare.*" It was created with the merger of Lynchburg General Hospital (LGH) and Virginia Baptist Hospital (VBH) in 1987. In 2006, Southside Community Hospital in Farmville joined Centra as an affiliate. In 2014, Bedford Memorial Hospital in Bedford joined Centra's network and became the 4th hospital in the system. Altogether there are 685 licensed acute care beds throughout the system. In 2017, there were 29,744 medical/surgical, 2,591 psychiatry, 61 substance use, and 327 acute rehab discharges throughout the Centra network.

With more than 7,500 employees and a medical staff of nearly 700 providing care in 64 locations, Centra serves over 380,000 people throughout central and southside Virginia and provides a comprehensive array of medical services in a variety of convenient settings. Centra serves patients across 9000 square miles, a geographic area larger than the state of New Jersey. Centra's service to the community and commitment to excellent care are demonstrated by its many physician practices, outreach programs, screenings and diagnostic tests, educational media and publications, and community health programs. In addition to its hospitals, Centra owns Piedmont Community Health Plan, with a total fully-insured membership of 17,629; the Centra College of Nursing with campuses in Lynchburg and Bedford; and the Centra PACE program.

Centra Bedford Memorial Hospital (CBMH) is a 50-bed hospital located in Bedford, Virginia offering a full-service medical facility with special emphasis on women's health, outpatient surgery, emergency services, cardiac care, and rehabilitative services. The facility houses Oakwood Health and Rehabilitation, a 110-bed rehab and long term care unit. Centra Medical Group provides primary care and specialty services on the CBMH campus such as cardiology and general surgery. CBMH offers 24-hour emergency care to the local community. The hospital was recently awarded patient satisfaction

scores in outpatient surgery that are better than 95 percent of all small hospitals.

Since 2008, the Alan B. Pearson Regional Cancer Center, located approximately 40 minutes away in Lynchburg, has been providing medical oncology and radiation oncology services for central and southside Virginia. It has earned Accreditation with Commendation as a Comprehensive Community Cancer Program from the American College of Surgeons Commission on Cancer. In addition to radiation and medical oncologists, the multidisciplinary team includes a broad range of expertise from nurse practitioners and nurses to clinical trials, patient navigators, social workers, and chaplaincy staff members.

Centra Medical Group (CMG), with 450 employed advanced practice providers and physicians, is a network of local family practices, primary care physicians, and specialty practices in cardiology, gerontology, neurosurgery, orthopedics, physiatry, psychiatry, rehabilitation and urology covering the greater Lynchburg area and spanning to Amherst, Bedford, Big Island, Danville, Farmville, Gretna and Moneta. In addition, CMG- Lynchburg Family Medicine Residency is a training ground for future Family Physicians. Many of the physicians at the site hold academic appointments with the University of Virginia, Virginia Commonwealth University, Edward Via College of Osteopathic Medicine, and Liberty University.

Since 2014, Centra Medical Group has opened five primary care and multispecialty Medical Centers in areas of need including Gretna Medical Center in Pittsylvania County, Danville Medical Center, Amherst Medical Center, Farmville Medical Center, and Lynchburg Medical Center. The facilities offer primary care, diagnostic services and other specialty care under one roof. The Gretna Medical Center also includes a 10 room emergency department with two trauma bays, a CT scanner, on-site ambulance and helipad. Previously, residents in this rural region had to drive 30 minutes or more to the nearest hospital for emergency and diagnostic services.

Patient care encompasses wellness and prevention, recognition of disease and health, patient teaching and advocacy, spirituality and research. Under the auspices of Centra, physicians, registered nurses and allied health care professionals function collaboratively as part of an interdisciplinary team to achieve positive patient outcomes. Patient care at Centra occurs through organized and systematic processes designed to ensure safe and effective care and timely treatment. Patient care providers recognize the unique physical, emotional and spiritual (body, mind and spirit) needs of each patient served.

The mission of the Centra Foundation is to develop resources to enhance and enrich the services, programs and facilities of Centra Lynchburg General, Centra Virginia Baptist, Centra Bedford Memorial and Centra Southside Community hospitals and other subsidiaries in order to assist the Centra system in meeting and solving community health problems. To support community efforts in meeting the area's health needs, Centra established the Centra Community Health Initiative Fund. Administered by the Centra Foundation, this fund provides support to community organizations whose services align with the priorities established through the Community Health Needs Assessment.

B. Scope and Purpose of Community Health Needs Assessment

The scope of this Community Health Needs Assessment pertains to Centra Bedford Memorial Hospital.

Centra defines its triennial Community Health Needs Assessment (CHNA) as a continuous process for evaluating the health needs of the communities served. The reasons for doing this are varied, but most importantly it is to support the system's overall mission and vision to improve the health status of the community. The CHNA is a key driver of Centra's strategic planning process and is used to design and implement new services, programs, and partnerships in response to identified unmet community health needs. In addition, the CHNA and Implementation Plan are used to guide the actions of Centra Foundation's Community Health Initiative, which provides grant funding for the area non-profit organizations delivering needed healthcare services to the community. The fund supports community health projects and programs, consistent with the prioritized needs identified during the CHNA process. Lastly, the completion of both the triennial Community Health Needs Assessment and successful execution of the associated Implementation Plan ensures compliance with the Patient Protection and Affordable Care Act of 2010 which is promulgated in regulation by the Internal Revenue as documented annually in Centra's Form 990- Schedule H.

C. Project Overview

"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, Social Determinants of Health at https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health)

"Hospitals and health systems have a tradition of serving their communities—of not only improving community health by providing health care services, but of bolstering the local economy and quality of life by hiring local workers and contractors, buying locally through their procurement strategies, and building new clinical facilities in neighboring communities. These activities often lead these hospitals to be called 'anchor institutions'. These increasingly frequent forms of community investment by health care organizations typically flow either from their charitable purpose or from their long-term mission of providing community benefit. In places with relatively high-functioning systems, stakeholders from community organizations, government agencies, foundations, banks, and nonprofits collaborate to articulate clear community priorities, develop a pipeline of investable opportunities that advance those priorities, and shape the context of policies and processes so that investments can move forward." (Improving Community Health by Strengthening Community Investment: Roles for Hospitals and Health Systems, Issue Brief- Robert Wood Johnson Foundation at https://www.rwjf.org/content/dam/farm/reports/reports/2017/rwjf435716, pages 3-4)

In order to ensure we all have the opportunity to live in vibrant healthy communities, it is important to assess the strengths, weaknesses and unique resources across all sectors of each community and to listen to those who live, work and play there. A community-driven assessment provides the data and information that allows us to take action and develop goals and

strategies that can contribute to long-lasting social changes and positive health outcomes. Recognizing the importance of these collaborative efforts, in 2017, Centra and the Centra Foundation contracted with the Community Access Network (CAN) in Lynchburg, Virginia to lead efforts for Centra's triennial Community Health Needs Assessment (CHNA) and Implementation Planning. CAN has proven experience in actively listening to community members and involving them in decision-making resulting in programs and services that respond to the needs of the most vulnerable in the community.

The Community Access Network (CAN) was founded in 2015 as a 501(c)3 public benefit corporation and is the result of Centra's previous Lynchburg Area Community Health Needs Assessment. CAN began as a workgroup of primary care providers who came together in early 2014 to address the lack of access to primary care in the Lynchburg metropolitan area and the resultant inappropriate utilization of Centra's Lynchburg General Hospital Emergency Department (ED). CAN is the outgrowth of collaborative efforts between Centra, Centra Medical Group, the Free Clinic of Central Virginia, and other community leaders to address the needs of patients with complex medical, behavioral health and social needs. From these conversations, the Holcombe H. Hurt Community Health Center was born. In January 2018, the Community Health Center, which includes CAN, Hill City Pharmacy, CARES (formerly Ryan White), the Free Clinic of Central Virginia and Horizon Behavioral Health opened, in large part due to Centra and Centra Foundation support, and exists to provide comprehensive and holistic solutions to those who lack access to healthcare.

In Virginia, a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) are a Virginia Department of Health (VDH) requirement for all health districts every 5 years. This process is required to achieve health department accreditation as administered by the Public Health Accreditation Board (PHAB). In April of 2018, "the VDH and Virginia Hospital and Healthcare Association (VHHA) formed a new partnership to improve the population health in the Commonwealth. The Partnering for a Healthy Virginia Initiative will coordinate efforts between VHHA and its member hospitals and health systems, and VDH, local health departments, local jurisdictions, the medical community, and other stakeholders to address population health. This work will be informed by the findings of current and future community health needs assessments (CHNA)." A Memorandum of Agreement establishing this effort was signed by both the VDH and VHHA. (Virginia Hospital & Healthcare Association, Communications- Virginia Hospitals, Virginia Department of Health Partner on New Population Health Effort. http://www.vhha.com/communications/virginia-hospitals-virginia-department-of-health-partner-on-new-population-health-effort/)

In the Bedford Area, the Central Virginia Health District (CVHD) is one of the 35 districts that comprise the Virginia Department of Health (VDH). The district serves the residents of the City of Lynchburg and the counties of Amherst, Appomattox, Bedford and Campbell. CVHD's mission is *to nurture the community's well-being by practicing public health, meeting the needs of the present while planning for the future with a vision that one day, we will be as healthy as we can be*. CVHD has been aligning their CHA/CHIP with the previous Centra CHNA's and Implementation Plans. In 2017, this relationship was formalized by a Memorandum of Understanding (MOU) with the Central Virginia Health District, CAN and Centra.

In addition to CVHD, CAN met with other organizations that conduct regular needs assessments including local foundations, community services boards, departments of social services, community action agencies, and safety net providers (free clinics and federally qualified health

centers). It was found that the CHNA/Implementation Plan fulfilled their requirements and these organizations agreed the data from the CHNA would be used to develop organizational implementation plans that will feed into and support Centra's Implementation Plans for its three hospital service areas.

As a result, the "Partnership for Healthy Communities" was formed which is a planning initiative led by Centra, Centra Foundation, the Community Access Network, and the Central Virginia, Piedmont, and Pittsylvania/Danville Health Districts in collaboration with the Bedford Community Health Foundation, Greater Lynchburg Community Foundation, and United Way of Central Virginia. The partners are committed to regional alignment of a collaborative and rigorous needs assessment process that will result in action-oriented solutions to improve the health of the communities they serve.

For more than 30 years the Bedford Community Health Foundation (BCHF) has been supporting area organizations that provide health related services to the citizens of Bedford County. The foundation works to identify and address community health issues by leading initiatives and providing funding. In that time, BCHF has provided more than $5.5 million in grants and scholarships to Bedford residents. The Greater Lynchburg Community Foundation is committed to enhancing the lives of central Virginians through the provision of grants and scholarships to nonprofits and students in the city and the four surrounding counties. These totaled over $1.7 million last year alone and benefitted 169 different nonprofits and thousands of people. The United Way of Central Virginia's (UWCV) mission is *to mobilize the compassionate power of our community to improve the quality of lives in Central Virginia*. In the past year, UWCV funded 38 programs through its partner agencies, investing $1.5 million in the community impacting over 60,000 people living in the counties of Amherst, Appomattox, Bedford, and Campbell and the city Lynchburg.

A Core Team was developed with the Partnership for Healthy Communities partners and includes representatives from each of the entities involved. In addition, CAN contracted with CommunityWorks in Roanoke, Virginia for Project Management of the 2018 Community Health Needs Assessments and with Christopher Nye Consulting in Stuarts Draft, Virginia for data collection and analysis. Students from Centra College of Nursing, Liberty University and Virginia Commonwealth University contracted with CAN to perform data entry of the primary data.

In addition to the Core Team, a Community Health Assessment Team (CHAT) made up of over 40 individuals with a broad representation of community leaders and cross-sector stakeholders in the service area was developed. The role of the CHAT is to oversee, advise and assist in CHNA data collection activities, prioritize needs, and participate in the development of the Implementation Plan as appropriate. A list of these individuals is presented in the "Acknowledgements" section of this report.

CHNA activities began in March 2018 and concluded in September with the Prioritization of Needs. A timeline and work plan was created for the 2018-19 CHNA and Implementation Planning process for all Centra catchment areas. The work plan included an expansion of Centra's previous primary data collection to include a Community Health Survey, target population focus groups and stakeholders' focus group as well as secondary data collection.

Activity	Date
CHAT: Launch of CHNA activities Presentation of Draft Secondary Data	March 30, 2018
Data Collection: Primary & Secondary Data	April- July 2018
CHAT: Presentation of Community Health Survey Findings	August 31, 2018
CHAT: Presentation of Focus Group Summaries Prioritization of Needs	September 26, 2018
Centra Board Approval of CHNA: • Centra Bedford Memorial Hospital Board of Directors • Centra Foundation Board of Directors • Centra Board of Directors	December 11, 2018 December 12, 2018 December 17, 2018
Implementation Planning	January – April 2019
Centra Board Approval of Implementation Plan	By June 15, 2019

The Centra Executive Leadership Team received briefings during the assessment period prior to the launch of the CHNA activities on February 15, 2018 and again prior to the formal CHNA approval process on November 1, 2018. Several members of the Executive Leadership Team were also members of the Community Health Assessment Team.

The 2018 Bedford Area Community Health Needs Assessment and Prioritization of Needs was presented for approval to the Centra Bedford Memorial Hospital Board of Directors on December 11, 2018, the Centra Foundation Board of Directors on December 12, 2018 and the Centra Board of Directors on December 17, 2018. Upon approval, the Community Health Needs Assessment was made publically available on the Centra website which was widely shared with Community Health Assessment Team and other key community stakeholders and leaders.

D. Service Area

The service area for the 2018 Bedford Area Community Health Needs Assessment (CHNA) includes Bedford County and the town of Bedford. These localities are served by the Central Virginia Health District. The service area was determined by assessing 80% of the hospital discharges for Centra Bedford Memorial Hospital by zip code and locality for the 2nd Quarter 2016 to 1st Quarter 2017 (Source: Virginia Health Information, Truven Health Analytics, January 2018).

The findings revealed:

Bedford Memorial Hospital Discharge Summary by Zip Codes Representing 80% of Discharges		
Locality	# of Discharges	% of Total Discharges
Bedford	1,251	81.1%
	1,251	81.1%

   Bedford County, part of the Lynchburg Metropolitan Statistical Area, is one of the fastest-growing counties in Virginia. Part of the Piedmont Region, the county is seated comfortably at the foothills of the Blue Ridge Mountains, with rolling, hilly terrain and popular destinations like Smith Mountain Lake and the Appalachian Trail, it abounds with natural beauty and outdoor recreational opportunities. (www.visitbedford.com). Historically, Bedford County was an agricultural economy, and while agriculture is still an important factor, the county now has a wide range of industries from nuclear energy to wireless communications. The county has been designated one of Virginia's Technology Zones, and the Town of Bedford is a Virginia Enterprise Zone. Hotels and restaurants provide appealing accommodations to visitors. (www.insidelynchburgregion.com)

   The town of Bedford is centrally located between the metropolitan areas of Roanoke and Lynchburg (25 miles from each), and is only 178 miles from Washington D.C. Centra Bedford Memorial Hospital is located there. Resting at the foot of the Peaks of Otter in the heart of Virginia's Blue Ridge Mountains, and only 9 miles from the Blue Ridge Parkway, the town of Bedford is surrounded by some of the most beautiful scenery in Central Virginia as well as several historic landmarks, including the National D-Day Memorial, the Elks National Home, and the Avenel Plantation. The town was also home to some of the brave soldiers that fought at the D-Day Invasion during World War II. Known as the "Bedford Boys," these men served with Company A, 116th Infantry, and lost the most soldiers of any town during the invasion. Their sacrifice was immortalized in the 2008 film "The Town They Left Behind."

E. Target Population

   The target population is defined as (1) the medically underserved, low-income, or minority populations and those suffering from chronic disease; (2) the geographic area served by the hospital(s); and (3) targeted populations served by the hospital(s) (i.e. children, women, seniors, cancer patients).

F. Methodology

   The 2018 Bedford Area Community Health Needs Assessment (CHNA) incorporated an expanded community "voice" (primary data) as well as the collection of over 65 sources of publically available secondary data. In addition, information regarding available community resources was gathered. Primary data included findings from a Community Health Survey; Stakeholders' Focus Group and Survey; and Target Population Focus Groups. Details on the specific methodology and findings of the primary and secondary data components are included in the following sections.

The data collected for the CHNA is reported using the framework for County Health Rankings and Roadmaps, a collaboration between the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The work is rooted in a deep belief in health equity, the idea that everyone has a fair and just opportunity to be as healthy as possible, regardless of race, ethnicity, gender, income, location or any other factor. Released annually, the rankings are based on a model of population health that emphasizes the many factors, that if improved, can help make communities healthier places to live, learn, work and play.

The County Health Rankings Model measures health outcomes and health factors for each community. Health outcomes represent how healthy a county is by determining:
• Length of Life (Mortality)
   - Premature death
• Quality of Life (Morbidity)
   - Health-related quality of life (overall health, physical and mental health)
   - Birth outcomes

Health factors represent what influences the health of a county and includes four types of factors:
• Social and Economic Factors (accounts for 40% of what influences health)
   - Community safety
   - Education
   - Employment
   - Family and social support
   - Income
• Health Behaviors (accounts for 30% of what influences health)
   - Alcohol and drug use
   - Diet and exercise
   - Sexual activity
   - Tobacco use
   - Other behaviors
• Clinical Care (accounts for 20% of what influences health)
   - Access to care
   - Quality of care
• Physical Environment (accounts for 10% of what influences health)
   - Air and water quality
   - Housing and transit

(http://www.countyhealthrankings.org/)

All of the data collected for the Community Health Needs Assessment was used to prioritize needs for the Bedford service area and will be used to development a 3-year Implementation Plan for the hospital system, community partners, and stakeholders in the Bedford service area.

Primary Data

Community Health Survey

   A Community Health Survey was administered to Bedford Area community residents, 18 years of age and older, from April 15, 2018 to June 15, 2018. The survey tool was developed by Carilion Clinic and Healthy Roanoke Valley headquartered in Roanoke, Virginia and adopted by the Partnership for Healthy Communities. The survey includes standardized questions that address the County Health Rankings' four health factors that influence health (Social and Economic Factors, Health Behaviors, Clinical Care, and Physical Environment). Many of the questions were developed from national survey tools from the Centers for Disease Control and Prevention, Healthy People 2020, and the Youth Risk Behavior Surveillance System so that local data can be compared to state and national data, benchmarks and targets. The survey tool can be found in the Appendix.

   The Community Health Survey was administered both electronically through a publically available link via Survey Monkey and through paper surveys (which were in turn entered into Survey Monkey). Paper surveys were available in both English and Spanish. All survey respondents were offered the opportunity to enter a raffle to win a $25 gift card if they completed the survey. In addition to marketing the survey to the general population, attempts were made to oversample the target population in the service area. Members of the Community Health Assessment Team (CHAT) who serve and represent the target population, were asked to assist in advertising and distributing the survey (both electronically and paper) to their client base. In addition, the survey link was advertised in local newspapers, on social media, and through a mass email to all Centra staff.
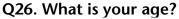
   A total of 1,486 surveys were collected with an 80% completion rate (respondents could skip questions). All responses for the Bedford Community Health Survey can be found in the Appendix. Findings of the Community Health Survey were presented to the Bedford Area CHAT on August 31, 2018 as follows:
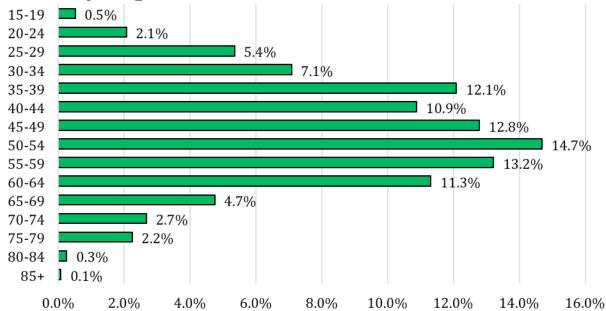
Social and Economic Status

Q25. What is your zip code?

County/City	Percent
Bedford, City of Bedford	39.0%
Bedford-Botetourt, Campbell, Lynchburg, Franklin, Roanoke (shared zip codes)	37.4%
Bedford	16.3%
City of Lynchburg	3.2%
Campbell	1.4%
Franklin	0.8%
Roanoke	0.8%
Unknown	0.5%
Botetourt	0.2%
Amherst	0.1%
Garrett , MD	0.1%
Montgomery	0.1%
Norfolk City	0.1%
Pittsylvania	0.1%
Wayne, Holmes- Ohio	0.1%
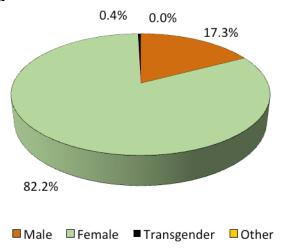
The majority of respondents (92.7%) lived in the service area.

Q26. What is your age?

Age	Percent
15-19	0.5%
20-24	2.1%
25-29	5.4%
30-34	7.1%
35-39	12.1%
40-44	10.9%
45-49	12.8%
50-54	14.7%
55-59	13.2%
60-64	11.3%
65-69	4.7%
70-74	2.7%
75-79	2.2%
80-84	0.3%
85+	0.1%
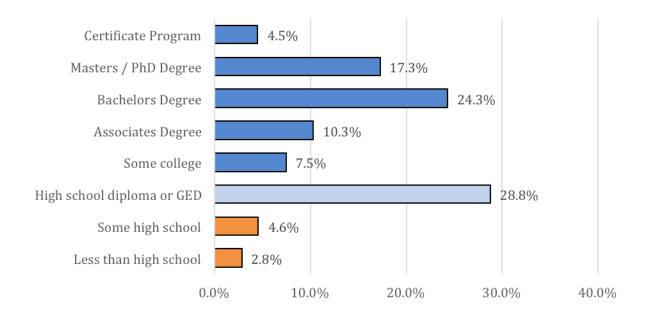
The median age of respondents was 49 years which is higher than the median age of 45.6 and 43.0 years in Bedford County and the town of Bedford respectively. (US Census. American Fact Finder. ACS Demographic and Housing Estimates. 2012-2016 American Community Survey Estimates)

Q27. What is your gender?

0.4% 0.0%
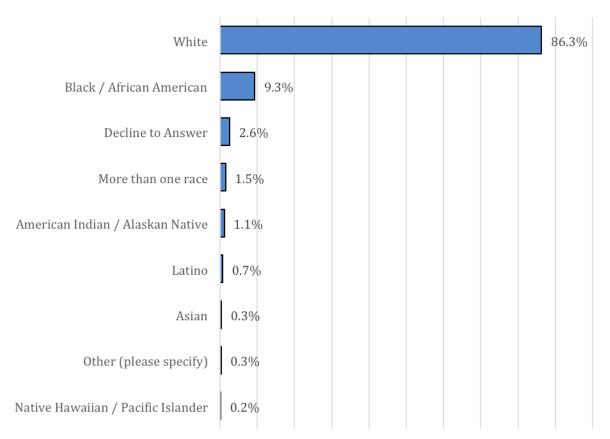17.3%

82.2%

■ Male □ Female ■ Transgender □ Other

A disproportionate amount of females completed the survey as compared to males. In the service area, 49.2% of the population in Bedford County and 44.8% of the population in the town of Bedford is male while 50.8% of the population in Bedford County and 55.2% of the population in the town of Bedford is female (US Census. American Fact Finder. American Community Survey Demographic and Housing Estimates, 2012-2016).

Q32. What is your highest education level completed?

Education Level	Percentage
Certificate Program	4.5%
Masters / PhD Degree	17.3%
Bachelors Degree	24.3%
Associates Degree	10.3%
Some college	7.5%
High school diploma or GED	28.8%
Some high school	4.6%
Less than high school	2.8%

Survey respondents had higher education attainment rates than the population as a whole. In the service area, of the population age 25 and over, educational attainment is 11.6% for less than high school graduate; 30.6% for high school graduate or equivalency; 30.3% for some college or Associate's Degree; and 27.5% for Bachelor's Degree or Higher. (US Census. American Fact Finder, Educational Attainment 2012-2016 American Community Survey 5-Year Estimates)

**Q34. What ethnicity do you identify with? (Check all that apply)**

Ethnicity	Percent
White	86.3%
Black / African American	9.3%
Decline to Answer	2.6%
More than one race	1.5%
American Indian / Alaskan Native	1.1%
Latino	0.7%
Asian	0.3%
Other (please specify)	0.3%
Native Hawaiian / Pacific Islander	0.2%
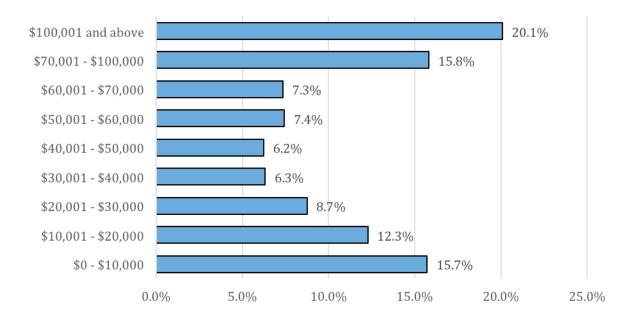
0.0% 10.0% 20.0% 30.0% 40.0% 50.0% 60.0% 70.0% 80.0% 90.0% 100.0%
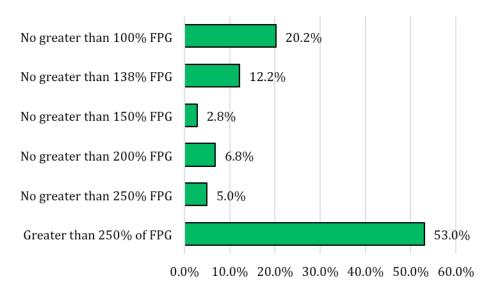
Of those completing the survey, 99.6% reported that English is their primary language (Q33). The racial and social makeup of the respondents more closely resembled that of the residents in Bedford County where 88.4% of the population is White, 6.9% Black, 0.1% American Indian/Alaskan Native, 1.2% Asian, 1.4% Two or More Races, and 2.0% Hispanic as compared to the town of Bedford where 76.7% are White, 20.7% Black, 0.2%, Asian, 0.1% Native Hawaiian/Pacific Islander, 1.3% Two or More Races, and 1.0% Hispanic. Fewer respondents were Latino as compared to the population in both the county and town of Bedford. (US Census. American Fact Finder. Demographic and Housing Estimates. 2012-2016 American Community Survey 5-year Estimates)

36. What is your yearly household income?
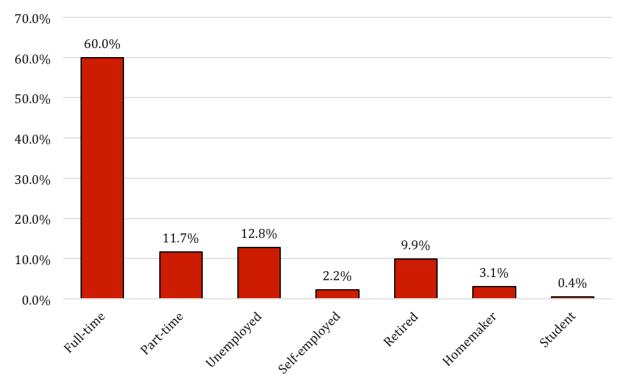
In the service area, the average median income is $56,725 in Bedford County and $39,971 in the town of Bedford. (US Census. American Fact Finder. Median Income in the Past 12 Months, 2012-2016 American Community Survey 5-Year Estimates). Of the survey respondents, 36.7% reported an annual income of $30,000 or less per year, 27.2% reported an annual income between $30,000 and $70,000 and an additional 35.9% reported an annual income greater than $70,000.

Of respondents who reported the number living in their household (Q31), "Income as a Percent of Federal Poverty Guidelines" was estimated comparing the reported annual income with household size to the 2018 published Federal Poverty Guidelines (FPG).

Based on these estimates, more of the survey respondents (42%) lived no greater than 200% of the FPG's as compared to the population as a whole where 24.9% of the population in Bedford County and 39.0% of the population in the town of Bedford live at or below 200% of FPG's. (US Census. American Fact Finder, 2012-2016 American Community Survey 5-Year Estimates)

Q37. What is your current employment status?

Additionally, 13.5% of survey respondents reported receiving disability benefits (Q38) while 4.3% of survey respondents were Veterans (Q30).
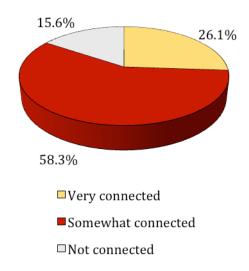
In addition to reporting their demographic and socioeconomic status, survey respondents were asked questions regarding the affordability of basic needs, their personal safety, and family and social support.

Question	Yes (%)	No (%)	N/A (%)
8(i) I can afford medicine needed for my health conditions.	55.22	21.05	23.72
8(p) Have there been times in the past 12 months when you did not have enough money to buy the food that you or family needed?	29.40	70.60	
8(q) Have there been times in the past 12 months when you did not have enough money to pay your rent or mortgage?	22.46	76.01	1.53

Of those who responded, more than 20% cannot afford their medications while greater than 24% did not have enough money to buy food and/or pay their rent or mortgage in the past year.
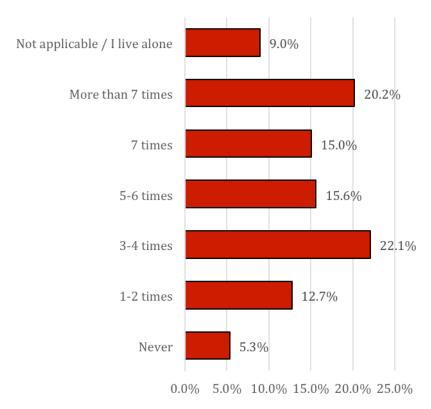
Question	Yes (%)	No (%)
8(f) I have been a victim of domestic violence or abuse in the past 12 months.	2.80	97.20
8(r) Do you feel safe in your neighborhood?	94.09	5.91

Q14. How connected do you feel with the community and those around you?

- Very connected
- Somewhat connected
- Not connected

Over 73% of respondents feel somewhat or not connected to their community.

Q16. During the past 7 days, how many times did all, or most, of your family living in your house eat a meal together?
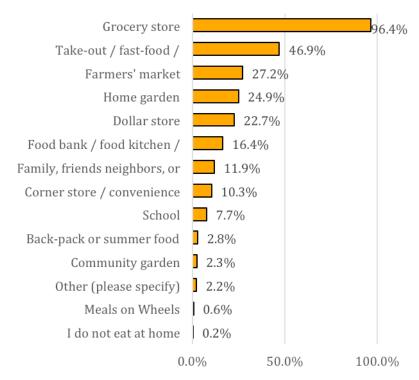
Eating meals together daily is associated with decreased risky behaviors especially in youth. Of those who responded to this question, 40% ate meals together 3 to 4 times per week or less. (The Benefits of the Family Table, American College of Pediatricians, May 2014, https://www.acpeds.org/the-college-speaks/position-statements/parenting-issues/the-benefits-of-the-family-table.)

Health Behaviors

Question	Yes (%)	No (%)
8(m) Does your neighborhood support physical activity such as parks, sidewalks, bike lanes, etc.?	45.51	54.49
8(n) Does your neighborhood support healthy eating such as community gardens, farmers' markets, etc.?	54.46	45.54
8(o) In the area that you live, is it easy to get affordable fresh fruits & vegetables?	70.04	29.96
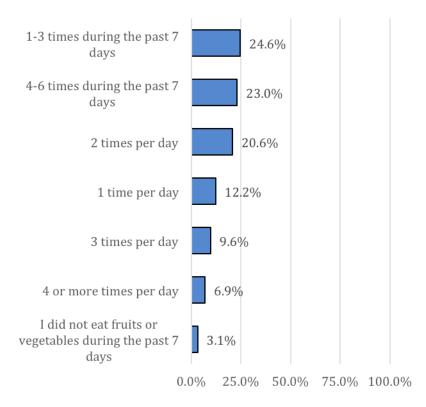
Roughly half of respondents reported that their neighborhoods don't support healthy eating or physical activity while over 30% reported it is not easy to get affordable fresh fruits and vegetables in their neighborhoods.

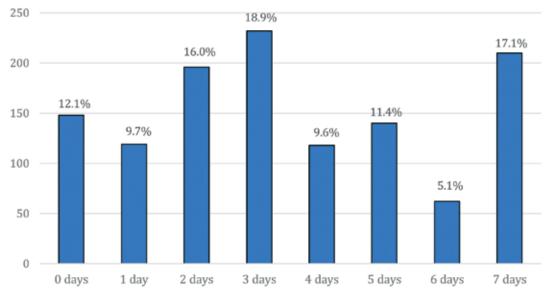**Q9. Where do you or your family get the food that you eat? (Check all that apply)**

Source	Percentage
Grocery store	96.4%
Take-out / fast-food /	46.9%
Farmers' market	27.2%
Home garden	24.9%
Dollar store	22.7%
Food bank / food kitchen /	16.4%
Family, friends neighbors, or	11.9%
Corner store / convenience	10.3%
School	7.7%
Back-pack or summer food	2.8%
Community garden	2.3%
Other (please specify)	2.2%
Meals on Wheels	0.6%
I do not eat at home	0.2%

Although the large majority of respondents reported that they get their food from grocery stores, it is important to note that approximately 47% reported getting take out/fast food; 25% report using Farmers' markets and home gardens; 23%use a Dollar Store; and 16% use food banks/kitchens/pantries.

Q10. During the past 7 days, how many times did you eat fruits or vegetables (fresh or frozen)?

Category	Percentage
1-3 times during the past 7 days	24.6%
4-6 times during the past 7 days	23.0%
2 times per day	20.6%
1 time per day	12.2%
3 times per day	9.6%
4 or more times per day	6.9%
I did not eat fruits or vegetables during the past 7 days	3.1%

According to the USDA's MyPlate recommendations, adults should get 5 to 9 servings of fruits and vegetables daily. (https://www.choosemyplate.gov/) Survey responses revealed that the majority of respondents did not meet the minimum requirements for fruit and vegetable consumption.

Q15. In the past 7 days, on how many days were you physically active for a total of at least 30 minutes? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard for some of the time).

Days	Percentage
0 days	12.1%
1 day	9.7%
2 days	16.0%
3 days	18.9%
4 days	9.6%
5 days	11.4%
6 days	5.1%
7 days	17.1%
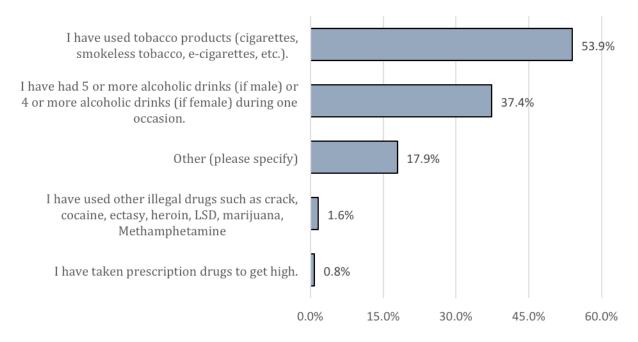
For most healthy adults, the Department of Health and Human Service recommends at least 150 minutes a week of moderate-intensity or 75 minutes a week of vigorous-intensity physical activity or an equivalent combination. (https://health.gov/dietaryguidelines/2015/guidelines/appendix-1/). Of the survey respondents, only 33.6% met the guidelines.

Survey respondents were asked to report their height and weight (Q28, Q29). From these responses, Body Mass Index was calculated and revealed that 24% of respondents were over-weight and 43% were obese.

BMI Range	Percent of Population	Frequency
Underweight <19	5%	50
Normal Weight 19-25	28%	310
Overweight 26-30	24%	265
Obese >30	43%	470

Q20. During the past 30 days: (Check all that apply)
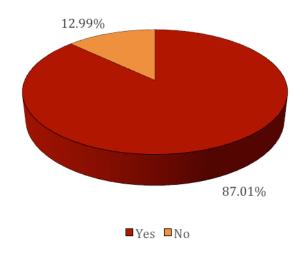
More than 50% of survey respondents reported using tobacco products, 37.4% reported binge drinking during one occasion, while less than 2.5% reported using illegal or prescription drugs to get high in the past 30 days. Of those that replied "other" (n=6), 67% reported using alcohol, 17% marijuana, and 17% opioids.
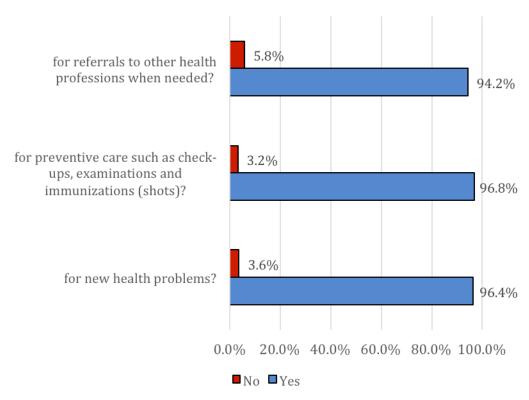
Clinical Care and Clinical Data

Access to Care

Q1. Is there a specific doctor's office, health center, or other place that you usually go if you are sick or need advice about your health?

12.99%

87.01%

■ Yes ■ No

If you answered "Yes" is this where you go...

for referrals to other health professions when needed?
— 5.8%
— 94.2%

for preventive care such as check-ups, examinations and immunizations (shots)?
— 3.2%
— 96.8%

for new health problems?
— 3.6%
— 96.4%

0.0%   20.0%   40.0%   60.0%   80.0% 100.0%

■ No ■ Yes
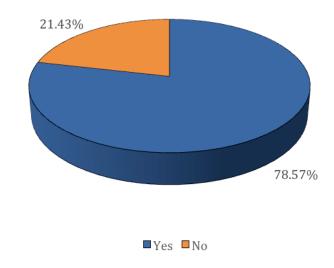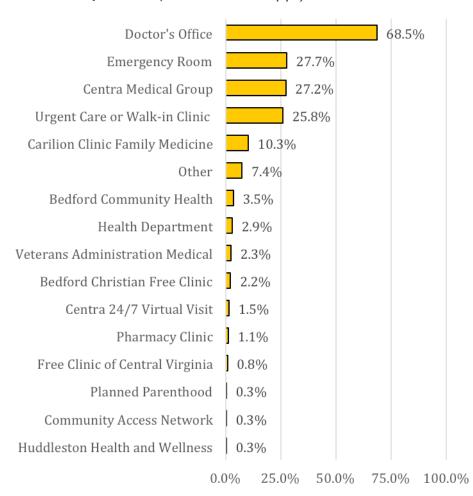
This question aligns with the Healthy People 2020 objective for "Access to Health Services-Increase the proportion of persons who have a specific source of ongoing care". (https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services/objectives#3970). Approximately 13% of survey respondents do not have a usual source of care.

Q2. Do you use medical services?

21.43%

78.57%

■ Yes ■ No

If you answered "Yes" to Question 2, check all that apply.

Doctor's Office	68.5%
Emergency Room	27.7%
Centra Medical Group	27.2%
Urgent Care or Walk-in Clinic	25.8%
Carilion Clinic Family Medicine	10.3%
Other	7.4%
Bedford Community Health	3.5%
Health Department	2.9%
Veterans Administration Medical	2.3%
Bedford Christian Free Clinic	2.2%
Centra 24/7 Virtual Visit	1.5%
Pharmacy Clinic	1.1%
Free Clinic of Central Virginia	0.8%
Planned Parenthood	0.3%
Community Access Network	0.3%
Huddleston Health and Wellness	0.3%

0.0%   25.0%   50.0%   75.0%   100.0%

The majority of respondents report using a doctors' office for care while over 25% reported using the Emergency Room and/or Urgent Care or a Walk-in Clinic for medical services.

Q3. Do you use dental services?

23.21%

76.79%

☐ Yes   ☐ No
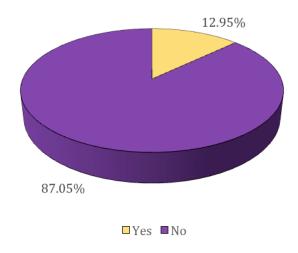
Over 23% of respondents do not use dental services.

If you answered "Yes" to Question 3, check all that apply.
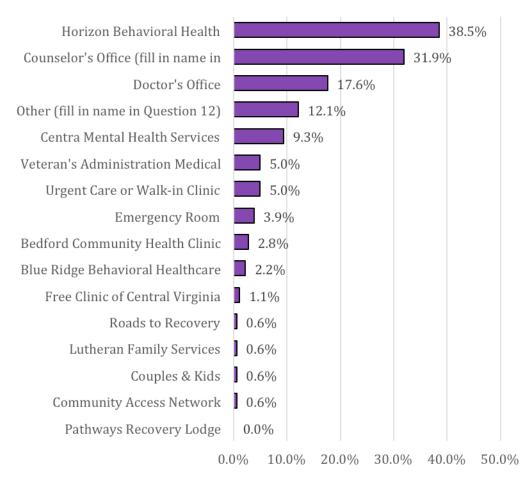
Category	Percentage
Dentist's Office	76.4%
Peakview Dental	13.9%
Other	6.0%
Bedford Dental Clinic	3.7%
Affordable Dentures	3.3%
Emergency Room	2.2%
Free Clinic of Central Virginia	1.8%
Kool Smiles	1.2%
Urgent Care of Walk-in Clinic	0.7%
Veterans Administration Medical Center	0.5%
Community Access Network Community Health Center	0.3%
Mission of Mercy Project	0.1%

0.0%   25.0%   50.0%   75.0%   100.0%

Q4. Do you use mental health, alcohol abuse, or drug abuse services?

12.95%

87.05%

☐ Yes ☐ No

Approximately 87% of respondents do not use mental health and substance use services.

If you answered "Yes" to Question 4, check all that apply.

Service	Percentage
Horizon Behavioral Health	38.5%
Counselor's Office (fill in name in	31.9%
Doctor's Office	17.6%
Other (fill in name in Question 12)	12.1%
Centra Mental Health Services	9.3%
Veteran's Administration Medical	5.0%
Urgent Care or Walk-in Clinic	5.0%
Emergency Room	3.9%
Bedford Community Health Clinic	2.8%
Blue Ridge Behavioral Healthcare	2.2%
Free Clinic of Central Virginia	1.1%
Roads to Recovery	0.6%
Lutheran Family Services	0.6%
Couples & Kids	0.6%
Community Access Network	0.6%
Pathways Recovery Lodge	0.0%

0.0% 10.0% 20.0% 30.0% 40.0% 50.0%

Q6. Which services are hard to get in our community? (Check all that apply)

	Percent
Housing - safe, affordable	29.80%
Transportation	28.40%
Mental health / counseling	27.96%
Dental care - Adults	26.38%
Alternative therapy (herbals, acupuncture, massage)	24.80%
Eldercare	22.35%
Nutrition and weight loss	19.81%
Substance abuse services - drug & alcohol	19.72%
Food - affordable	19.02%
Specialty care such as Asthma, Cancer care, Cardiology (heart) care, Dermatology (skin) care	19.02%
Workforce readiness	15.86%
Family doctor	14.46%
Urgent Care or Walk-in Clinic	14.02%
Vision care	13.94%
Women's health services	13.94%
Medication / medical supplies	13.15%
Legal services	10.43%
Dental care - Children	10.34%
Programs to quit using tobacco	9.99%
Ex-offender services	9.29%

   These responses represent the top 20 responses for this category. Of the top 10 responses, social determinants are addressed (safe and affordable housing, affordable food, and transportation) as well as access to care (mental health/counseling, substance use services, dental care for adults, specialty care, and eldercare).

Q7. What do you feel prevents you from getting the services you need? (Check all that apply)

	Percent
Cost	47.0%
High co-pays	27.3%
I can get the healthcare I need	24.8%
Lack of evening and weekend services	24.3%
Long waits for appointments	20.5%
Don't know what types of services are available	13.8%

	Percent
Don't have the time	13.7%
Can't find providers that accept my insurance	12.6%
No health insurance	12.2%
Location of offices	10.8%
Don't like going to the doctor	10.1%
No transportation	10.0%
Don't have internet access	9.3%
Have no regular doctor	6.9%
Childcare	5.7%
Afraid to have check-ups	5.0%
Other (please specify)	4.5%
Don't like accepting government assistance	4.5%
Don't trust doctors / clinics	4.1%
Language services	0.9%

Health Insurance Status

Q23. Which of the following describes your current type of health insurance? (Check all that apply)

Employer Provided Insurance (your employer or partner's employer)	59.0%
Dental Insurance	39.2%
Medicare	13.9%
Health Savings / Spending Account	13.4%
Medicaid	12.9%
No Dental Insurance	12.3%
No Health Insurance	9.9%
Individual / Private Insurance / Marketplace / Obamacare	5.6%
Medicare Supplement	5.4%
Government (VA, Tricare)	3.3%
COBRA	0.7%

Fewer survey respondents (9.9%) were uninsured as compared to the service area as a whole (12%) (County Health Rankings for Virginia Localities 2015-2018. Small Area Health Insurance Estimates) while more respondents were publically insured (12.9% Medicaid, 13.9% Medicare) as compared to the service area where 6.6% of the population in Bedford County and 11.6% of the population in the town of Bedford are Medicaid beneficiaries and 6.6% of the population in Bedford County and 9.1% of the population in the town of Bedford are Medicare beneficiaries (US Census. American Fact Finder. Public Health Insurance Coverage by Type. 2012-2016 American Community Survey 5-Year Estimates).

Q24. If you have no health insurance, why don't you have insurance? (Check all that apply)

Not applicable - I have health insurance	76.8%
Too expensive / cost	13.6%
Unemployed / no job	9.0%
Other (please specify)	4.3%
Not available at my job	2.9%
I don't understand Marketplace / Obamacare options	1.1%
I choose not to have it	0.9%
Student	0.5%

Utilization of Services

Question	Yes (%)	No (%)
8(a). I have had an eye exam in the past 12 months.	60.47	39.53
8(b). I have had a mental health/substance abuse visit within the past 12 months.	13.61	86.39
8(c). I have had a dental exam within the past 12 months.	67.22	32.78
8(d). I have been to the Emergency Room in the past 12 months.	23.62	76.38
8(e). I have been to the Emergency Room for an injury in the past 12 months (such as motor vehicle crash, fall, poisoning, burn, cut, etc.).	8.20	91.80
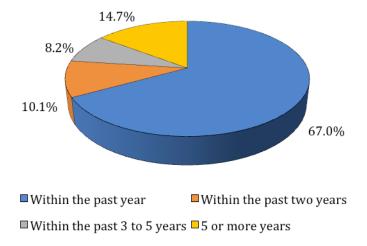
Utilization of Preventive Services

Question	Yes (%)	No (%)	N/A (%)
8(j). I am over 21 years of age and have had a pap smear in the past three years.	57.79	22.70	19.50
8(k). I am over 40 years of age and have had a mammogram in the past 12 months.	37.52	26.87	35.61
8(l). I am over 50 years of age and have had a colonoscopy in the past 10 years.	32.35	25.04	42.61

According to the US Preventive Services Task Force, cervical cancer screenings (Pap Smear) for women 21 to 65 years should occur every 3 years; biennial screening mammography for women aged 50 to 74 years; and colonoscopies for adults age 50 to 75 years every 10 years. (https://www.uspreventiveservicestaskforce.org/). For survey respondents where these screenings are applicable, over 23% are not meeting the recommendations.

Approximately 78% of respondents reported visiting a doctor for a routine check-up in the past year; 12% reported having a check-up within the past 2 years, 5.4% within the past 3 to 5 years, and 4.6% in 5 or more years (Q12).

Q13. How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

- ■ Within the past year
- ■ Within the past two years
- ■ Within the past 3 to 5 years
- ■ 5 or more years

Of survey respondents, over one-third had not visited a dentist or dental clinic within the past year.
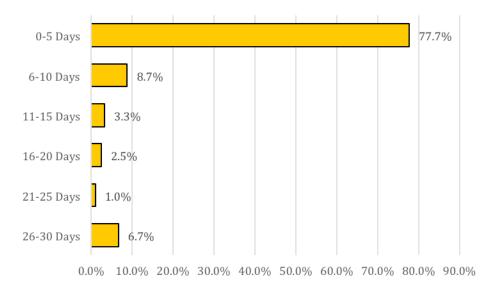
Chronic Disease

Question	Yes (%)	No (%)	N/A (%)
8(g). My doctor has told me that I have a long-term or chronic illness.	30.32	69.68	
8(h). I take the medicine my doctor tells me to take to control my chronic illness.	36.37	18.31	45.32
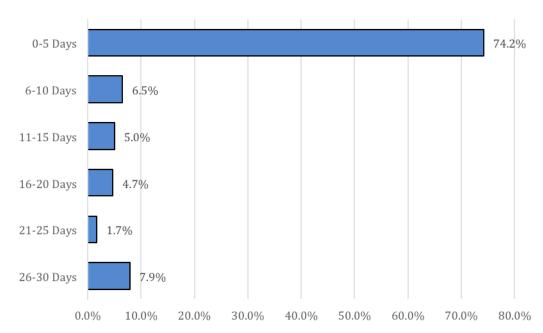
Q11. Have you been told by a doctor that you have…(Check all that apply)

	Percent
High blood pressure	34.20%
Depression or anxiety	33.07%
Obesity / Overweight	31.00%
I have no health problems	21.59%
Asthma	15.20%
High Cholesterol	15.03%
Other (please specify)	14.85%
Diabetes or high blood sugar	13.73%
Mental health problems	8.46%
COPD/chronic bronchitis/emphysema	5.35%
Cancer	4.58%
Heart disease	4.23%
Stroke / cerebrovascular disease	1.55%
Drug or alcohol problems	1.38%
Cerebral palsy	0.35%
HIV / AIDS	0.17%

Q18. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Category	Percentage
0-5 Days	77.7%
6-10 Days	8.7%
11-15 Days	3.3%
16-20 Days	2.5%
21-25 Days	1.0%
26-30 Days	6.7%

Q19. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Category	Percentage
0-5 Days	74.2%
6-10 Days	6.5%
11-15 Days	5.0%
16-20 Days	4.7%
21-25 Days	1.7%
26-30 Days	7.9%
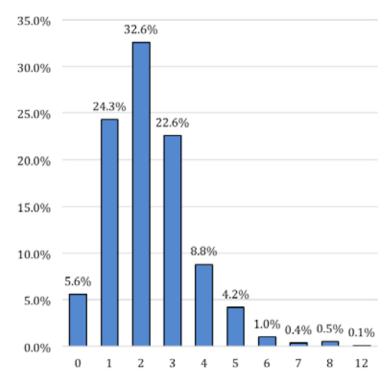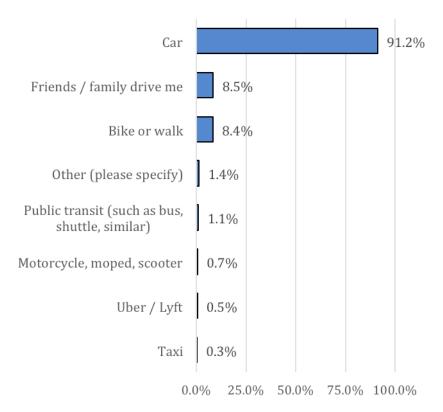
Ten percent (10.2%) of survey respondents reported more than two weeks of physically unhealthy days while 14.3% reported more than two weeks of mentally unhealthy days in the past month. These two indicators are used by the County Health Rankings to determine quality of life (morbidity) and are used to measure health-related quality of life.

Physical Environment

Q21. How many vehicles are owned, leased, or available for regular use by you and those who currently live in your household? Please be sure to include motorcycles, mopeds and RVs.

Q22. What mode of transportation do you typically use? *Respondents were able to select more than one answer.

Top Needs

Q5. Thinking about the community, what are the five most important issues that affect the health of our community?

	Percent
Access to affordable health care	61.79%
Alcohol and illegal drug use	34.23%
Overweight/Obesity	30.71%
Mental Health problems	26.20%
Access to healthy foods	25.15%
Cancers	19.52%
Affordable housing	19.29%
Poor eating habits	16.67%
Cell phone use/texting and driving/distracted driving	16.37%
Lack of exercise	16.37%

   Of the top 10 responses for the most important issues, survey respondents addressed social determinants of health (affordable housing and access to healthy foods); healthy behaviors (lack of exercise; poor eating habits; alcohol and illegal drug use; cell phone use/texting and driving/distracted driving); and clinical care and access to services (access to affordable health care; overweight/obesity; mental health problems; and cancers).

In Their Own Words

Q39. Is there anything else we should know about your (or someone living in your home) needs in the Bedford Area?

Comments from respondents included the following:

Access to Care- Mental Health Services
- We should have psychiatric NPs in the Urgent Cares, or mental health specific Urgent Cares, separate from the ED (Emergency Department). People end up in crisis because they can't get medications refilled, or see their mental health provider for months at a time. This could be prevented by having mental health urgent care facilities
- Need more for children with Autism and developmental delays. There is nothing in this area for that. As a working parent it's hard to drive to Roanoke and Lynchburg every week for therapies.
- I waited 10 months to have my daughter evaluated for autism after the referral and then waited 2.5 months for the results. We need more psychological health services in Bedford.

Access to Care- Cost of Care
- There are no pediatricians in our area that take Medicaid outside of the free clinic programs. While it doesn't directly affect my household, it does affect the clients that I work with.
- Support for high prescription drug costs with high deductible insurance plans. Insulin is $600/month.
- Ongoing Medical bills from previous cancer treatment make it hard to afford other things. Medical treatment should not be so costly. Co-pays and co-insurance and deductibles are outrageous. Those of us lucky enough to have insurance and a fairly decent income are still hard pressed to pay medical bills, afford decent housing and transportation, and are reluctant to visit doctors when we should, even for what should be routine checkups, never mind when we are actually sick! Affording healthcare is a serious issue for many people that I know in our area.
- I am blessed to have insurance and income to meet all of my needs however, I encounter "working poor" individuals on a regular basis who cannot afford to be proactive with regard to their health & well-being. Most of these individuals go without health insurance & rely on free programs such as the clinic to meet their health needs - and some go to clinics where they cannot afford the co-pay so they miss clinic visits for follow-up of chronic diseases. It is also very difficult for them to find and afford specialty care - there seems to be a lack of specialty care providers who will see uninsured or underinsured clients.

Access to Care- Primary Care and Dental Services
- Need a primary care office in Forest by Centra
- More community health education is needed in the Bedford area to prevent hospital re-admissions once the patient is discharged home, and also to prevent unnecessary Emergency Department visits.
- I'm in search of a dentist that will pull a broken tooth at little to no cost.

Access to Healthy Foods
- Current land use rules in many areas of Bedford County discourage maintaining home gardens and small farm animals, thus restricting access to healthy foods.

Childcare
- Childcare- safe and affordable options, especially for the very young age groups. It doesn't come down to being picky- there is actually VERY LIMITED options for childcare, and even less for a child under the age of 2. You are almost guaranteed to go on a waiting list no matter where you call. I have called over 8 months in advance of when my newborn would need to start daycare (once he turns 8 weeks old) and was put on a waiting list for at least 4 months further out than that.

Transportation
- Bedford is working toward better health, but needs public transportation

After reviewing the Community Health Survey data, Community Health Assessment Team (CHAT) members were asked to address:
1. What trends, data jump out from the Community Health Survey?
2. What are actionable priorities based on current community resources?

3.   Who else in the community is not in the room who can take action?

Trends/data:
Discussion focused on the following questions and topics:

In Bedford County, access to high speed internet is limited. The schools have access to high speed internet for students while they are at school, but the community does not have access to the same quality of internet. This may have impacted the number of paper surveys received versus online surveys received.

Question 27 "What is your gender?" 82.2% of respondents are female and 17.3% male which is not reflective of the actual community demographic. This may be because women may take the initiative to complete surveys and make the health care decisions for families and males are less likely to do so.

Question 9 "Where do you or your family get the food that you eat"-farmers' markets and home gardens are in the top four responses. This may be the due to the fact that Bedford is a more rural community. However this data seems to contradict Question 10 "During the past 7 days, how many times did you eat fruit or vegetables". Only 14.4% of survey respondents ate fruits and/or vegetables 3 or more times per day (recommendations are 5 or more surveys per day). Do residents have access to fruits and vegetable but are not eating them? Question 10 asks about the individual respondent's fruit and vegetable intake but does not ask about other household members eating habits. Additionally, only 33.6% of respondents reported meeting physical activity recommendations in Question 15.

According to CHAT members present, the national average for tobacco use is approximately 20% however 54% of respondents have used tobacco products in the past 30 days. CHAT members stated that people who smoke cigars may not have answered the question appropriately since it is not an everyday habit. In addition there was discussion that when people are reading survey questions, they tend to read the first half so members questioned whether alcohol intake may have been over reported in Question 20. The CHAT members felt as though people may have interpreted the question as "Have you had 5 or more alcoholic drinks in the past 30 days" rather than "in one occasion" which would have resulted in higher reported binge drinking by respondents. In addition, the presence of several breweries and wineries in the region, may contribute to higher number of alcoholic drinks on one occasion.

Question 20 "I have used other illegal drugs such as crack, cocaine, ecstasy, heroin, LSD, marijuana, methamphetamines" seems to be under reported according to CHAT members. Members recommended removing the word Illegal from this question for future surveys to receive more accurate and/or honest answers. Respondents are going to be reluctant to answer a question with the word "illegal" present.

In reference to Question 6, "What services are hard to get in our community", HUD housing has a waiting list that could take years for applicants to get placed in affordable housing. There are barriers that prevent some people from receiving low income housing making it not available and/or unaffordable to them. The barriers include applicant's credit history and the 3-strike rule that causes rent and the security deposit to increase. Additionally, HUD housing/ low income housing has limited handicap accessible units making it more difficult for the

handicapped.

The mental health data reported from this survey is consistent with national statistics, with only half of people diagnosed with a mental illness receiving treatment. People who struggle with mental health problems have a difficult time getting treatment because of a lack of providers and available services in the area. Depending on their place of residence, some Bedford residents are unable to receive care from Blue Ridge Behavioral Health (CSB) in Roanoke with offices that are within a 15 minute driving distance, and instead must travel to Lynchburg's Horizon Behavioral Health office to receive treatment which can be up to 45 minutes away.

In Question 8(c), 67% of Community Health Survey respondents reported that they have been to the dentist in the past year but 26.4% identified dental care for adults as a service that is hard to get in the community (Question 6). Respondents may have access to a regular dental provider but may not have access to a dental specialist and/or dental insurance may not cover specialist costs. Often times, people who receive health insurance through an employer are not opting to have dental insurance due to the cost.

In Question 7, "What do you feel prevents you from getting the services you need", 47% of respondents reported cost as the top barrier and 14% reported that they don't know what types of services are available. CHAT members discussed that agencies/organizations are communicating very well with each other about the resources and services available in the Bedford community but may not be informing residents effectively.

Actionable priorities:

It is important to inform the community about resources and services available through on-going, continuous communications. The Bedford Area Resource Council (BARC) is helping with communication among stakeholders but CHAT members discussed the need to get this information to residents. It would be helpful for BARC stakeholders and other service providers to be at local events to get the information out to the community. This could also be done in the annual Smith Mountain Lake guide to help with marketing.

Who else from the community is needed to take action?

The Bedford Chamber of Commerce has a new CEO who wants to be involved with identifying resources and meeting the community's needs.

Stakeholder Focus Group and Survey

   In order to further understand the needs of the target populations in the Bedford Area and the factors that impact the health of these residents, a Stakeholder Focus Group meeting was held on May 23, 2018 at Central Virginia Community College- Bedford Campus. A total of 36 individuals attended the meeting including members of the Community Health Assessment Team and other identified cross-sector stakeholders, non-profit organizations, service providers, business leaders, and local government officials. A directory of participants can be found in the Appendix.

   The focus group meeting was a two hour session. Participants were randomly assigned to a table at registration. During the session, there were small group break-outs at each table. Participants were asked to individually complete a Stakeholder's Survey and then have small group discussion about their responses. After the break-out session, each small group reported out to the larger group. Survey responses were collected after the meeting and entered into Survey Monkey. In addition, the Stakeholder's Survey was available on-line for individuals and/or organizations who were unable to attend the focus group meeting. All total, 29 surveys were completed. An example of the survey can be found in the Appendix.

   Survey questions included:
   1. What are the top 5 greatest needs in the community(s) you serve?
      a. Are there particular localities in the service area that have greater needs than others?
   2. What do you see as the root cause of these needs?
   3. What resources are available in the community to meet these needs?
   4. What are the barriers to accessing these resources?
   5. What is one issue/need we can work on together, to create a healthier community? How?

   Responses for each survey question were sorted using an Excel workbook generated by Survey Monkey. Similar responses for each question were grouped together and coded by topic area so that the frequency of responses could be quantified by total number and percentage of responses for each question. In addition when applicable, pertinent comments depicting community need were noted.

Stakeholder Focus Group and Survey responses reflected many of the needs identified in the Community Health Survey and are delineated by question as follows.

1. What are the top 5 greatest needs in the community(s) you serve?

Area of Need	Number of Responses	% of Responses	Comments
Transportation	23	13.1%	Access; transportation to medical appointments; services & resources; regional transportation
Substance use	22	12.6%	Interventions needed for addiction and rehab; medications & trauma support; opioid epidemic; Meth; drug addiction leading to grandparents raising children
Access to healthcare	20	11.4%	Affordable; affordable home care; affordable medications; affordable senior & disabled care; after hours non-urgent care; caregiver care; Bedford Adult Day Center for seniors & disabled has a long waiting list; nursing home beds for patients who wander or are combative; prenatal care
Access to mental health services	20	11.4%	Greater access to services; in-patient beds; mentors and advisors; suicide prevention; supports of youth
Access to dental care	10	5.7%	Adult care; affordable
Childcare	9	5.1%	Early education; afterschool programs for older youth
Access to food	8	4.6%	Healthy foods; access to healthy foods in areas of the county limited to Dollar General & convenience stores; Aldi's- quality food at a lower cost; healthy eating options in summer months for F/R lunch eligible families; food deserts
Health literacy	8	4.6%	Knowledge of services; understanding of health insurance policies, MCO's; health and nutrition education
Access to housing	7	4.0%	Affordable, permanent housing; homelessness

Area of Need	Number of Responses	% of Responses	Comments
Domestic violence	6	3.4%	Child abuse and neglect
Parenting skills	5	2.9%	Parental guidance; family engagement resources; poor parenting
Workforce development	5	2.9%	Local jobs with living wage; career support & education; employment opportunities; access to local & affordable businesses
Healthy lifestyle	4	2.3%	Prevention & wellness; exercise options; safe space for exercise
Poverty	4	2.3%	
Volunteers	4	2.3%	Mentoring in schools for issues- bullying, suicide, substance use; professional volunteers; availability in the community
Services for disabled	3	1.7%	Transition services for special needs youth nearing adulthood
Elderly	3	1.7%	Aging population
Health insurance	3	1.7%	Access to providers who accept insurance; affordable insurance options; options for under-employed
Education	2	1.1%	Access to educational opportunities
Family Structure	2	1.1%	Support needed; broken families
Social isolation	2	1.1%	Sense of community & social connectedness
Access to vision care	1	0.6%	Eye glasses
Public safety	1	0.6%	
Support groups	1	0.6%	
Veterans services	1	0.6%	
Youth	1	0.6%	
Total	175	100.0%	

1a. Are there particular localities in the service area that have greater needs than others?

Locality	Number of Responses	% of Responses	Comments
Bedford Town	9	15%	Liberty High School zones; low-income housing neighborhoods
Big Island	8	13%	
Huddleston	6	10%	
Rural Areas	6	10%	Farther away from town, harder to access services; especially for children
Body Camp	5	8%	
Specific Populations	5	8%	Isolated individuals; low-income housing; low-income residents; senior citizens; youth
Moneta	4	7%	Staunton River School zones
Montvale	4	7%	
Stewartsville	3	5%	South side
Thaxton	3	5%	
Forest	2	3%	
Roanoke/Bedford line	2	3%	
Blue Ridge	1	2%	
Raintree	1	2%	
Vinton	1	2%	
Total	**60**	**100%**	

2. What do you see as the root cause of these needs?

Root Cause	Number of Responses	% of Responses	Comments
Poverty	12	19%	Generational poverty & trauma; lack of economic stability and ability to provide for family
Cultural Factors	11	17%	Historical injustices; sense of entitlement; sense of fatalism & hopelessness; social isolation; societal change
Education	7	11%	Lack of education; lack of access; low academic attainment
Resources	7	11%	Broken systems; inadequate government funding & services; lack of resources; limitations of "business model" of social development & community planning; limited infrastructure investment
Transportation	6	9%	Cost of gas; geographic distance from services; lack of transportation; inability to own &/or access a car
Employment	4	6%	Asset Limited Income Constrained Employed (ALICE) populations; limited economic opportunity; living wages; not enough skilled jobs & not enough training offered in the area
Family Structure	4	6%	Collapse of families; poor parenting; lack of healthy family support systems
Access to Health-care	3	5%	Uninsured & lack of health insurance; Medicaid changes have created a crisis for individuals with developmental disabilities who want to remain in their communities. Also, Medicaid changes to elderly and disabled waivers that require patient to use managed care has created a large problem.
Substance Use	3	5%	Abuse; drug addiction; pain management
Public Policy	2	3%	

Root Cause	Number of Responses	% of Responses	Comments
Public Safety	2	3%	
Aging Population	1	2%	
Health Literacy	1	2%	Awareness of services
Mental Health	1	2%	Undiagnosed illness
Total	64	100%	

3. What resources are available in the community to meet these needs?

Resources	Number of Responses	% of Responses	Comments
Department of Social Services	8	7%	Benefits programs; children's services; domestic violence shelter
Transportation	7	6%	Improvements have been made; Uber
Horizon Behavioral Health	6	5%	
Education	6	5%	Local higher education & continuing education programs; Central Virginia Community College; K-12 education system; school activities
Knowledge About Resources	6	5%	Community members don't know what services are available to them & do not understand how to access services.
Bedford Ride	6	5%	
Behaviors	5	4%	Desire to be well; pride; stigma & fear can be barriers
Bedford Area Resource Council	4	4%	(BARC) Working to unify and develop resouces.
Community Resources	4	4%	
Lake Christian Ministries	3	3%	
Simple Solutions	3	3%	
Finances	3	3%	Funding
Free Clinics	3	3%	
Health Department	3	3%	
Farmers' Markets	2	2%	
Active Living	2	2%	YMCA; Parks & Rec
Mental Health Services	2	2%	
Agape	2	2%	
Bedford Christian Ministries	2	2%	
Collaboration	2	2%	Synergy between leaders; BARC; continue to strengthen collaboration

Resources	Number of Responses	% of Responses	Comments
Employment Services	2	2%	Job readiness
Johnson Health Center	2	2%	Dental
Centra	2	2%	Centra Bedford Memorial Hospital
Housing	2	2%	Subsidized housing
Courts	2	2%	Mental health court
Public Safety	2	2%	Police; EMS & Fire are being used more often as a resource for individuals in their homes-there is no one else to call but 911 and we will always come.
Celebrate Recovery	2	2%	
Community Supported Agriculture	1	1%	
Emergency Assistance Program (EAP)	1	1%	For employees
Mental health services- Private Providers	1	1%	
Childcare	1	1%	
Bedford Get Together	1	1%	
Community Members	1	1%	
Bridges Out of Poverty	1	1%	Getting ahead classes
Bedford Community Health Foundation	1	1%	
Region 2000	1	1%	
Clinics	1	1%	
Private Providers	1	1%	
Policy	1	1%	
Area Agency on Aging	1	1%	

Resources	Number of Responses	% of Responses	Comments
Bedford Adult Day Center	1	1%	Provides adult day health care & developmental disability day programs, but the programs have waiting lists. The center is working on a second location.
Bus	1	1%	
Medicaid Cab Services	1	1%	
Veterans Administration Services	1	1%	Limited resources available locally
Virginia Cooperative Extension	1	1%	
Library	1	1%	
Total	**112**	**100%**	

4. What are the barriers to accessing these resources?

Barriers	Number of Responses	% of Responses	Comments
Community Awareness	10	16%	Lack of awareness of services & how to access them; use of 211; no central clearinghouse for resources for resource information
Transportation	7	11%	ED transports
Lack of Support Systems	6	10%	No "one stop" for services, multiple transfers; resources aren't sufficient; lack of primary care providers
Funding	5	8%	
Early Intervention/ Prevention	4	6%	Difficulty in identifying problems early; proactive prevention
Lack of Skilled Labor	4	6%	
Communication	3	5%	More communication & interdepartmental cooperation to identify concerns & refer to resources
Cost of Resources	3	5%	
Education	3	5%	Educate community members about resources
Poverty	3	5%	
Mental Health	3	5%	
Building Trust & Community Partnerships	2	3%	
Dentists	1	2%	
Distance	1	2%	Geographic
Drugs	1	2%	
Eligibility Criteria	1	2%	
Fatalism	1	2%	
Lack of personal value in one's health	1	2%	
Collaboration	1	2%	
Lack of Data	1	2%	
Policy	1	2%	
Stigma	1	2%	
Total	**63**	**100%**	

5. What is one issue/need we can work on together, to create a healthier community? How?

One Issue	Number of Responses	% of Responses	Comments
Early Intervention/ Prevention	4	25%	Early identification of individuals in need; proactive prevention education; work with public schools
Education	4	25%	Education of children to recognize "real life" issues; update & educate the public and agencies about 211
Building Trust and Community Partnerships	2	13%	Partnership & trust through the community. Connect & be known in the community. Best effort at the moment seems to be in events like those at Raintree and those organized by Crime Prevention Coalition & Bedford Get Together. Would like to see solid representation, participation by community being served in our coalitions, leadership. Build relationships with those we are trying to serve.
Transportation	2	13%	Improve transportation options through cooperation
Communication	1	6%	
Care Coordination	1	6%	Coordinate service delivery for all health resources; limit the multiple hoops to jump through to access services
Policy	1	6%	Internal & external policies
Community Awareness	1	6%	Recognizing resources
Total	**16**	**100%**	

Target Population Focus Groups

To further understand the needs and factors that impact the health of target populations in the Bedford Area, Target Population Focus Group meetings were conducted May- June 2018. All attempts were made to host four focus groups in the service area stratified by the life cycles (i.e. children, women of child-bearing years, adults and seniors) and/or other targeted populations. Participants were 18 years of age or older with no more than 10-15 participants/group.

Due to the unique needs of the "aging" population in the Bedford area, focus group meetings targeted seniors. Meetings were held at the following locations:

Site of Meeting	Date	Number of Participants	Cohort
Salem Court	5/29/2018	12	Ages 50 and over
Lake Christian Ministries	6/6/2018	3	Ages 50 and over
Montvale Library	6/18/2018	10	Seniors
Total		25	

Each focus group meeting was a one hour face-to-face session in sites that were accessible and/or where participants already congregate. A facilitator conducted the meetings and a scribe captured the notes. Prior to beginning the meeting, the facilitator explained the format and asked participants to sign a Confidentiality Statement. At the end of the meeting, participants were asked to complete a Community Health Survey if they had not done so already. Food and beverages were provided at each meeting. (The Target Population Focus Group Notes page and Confidentiality Statement can be found in the Appendix)

Focus group questions included:

1. In one to two words, what does health mean to you?
2. What resources/programs/services in your community help you and/or your family stay healthy?
3. How do you and/or your family know where to go for these resources/programs/services in your community?
4. What keeps you and/or your family from being healthy?
5. Is there anything else you would like to share?

Responses for each survey question were sorted using an Excel workbook. Similar responses for each question were grouped together and coded by topic area so that the frequency of responses could be quantified by total number and percentage of responses for each question. In addition when applicable, pertinent comments depicting community need were noted.

Target Population Focus Group responses reflected many of the needs identified in the Com-

munity Health Survey and Stakeholders Survey and Focus Group and are delineated by question as follows.

1. In one to two words, what does health mean to you?

What is health?	Number of Responses	% of Responses	Comments
Quality of Life	4	11%	Better life; lifestyle
Confidence	2	6%	Impacts your community "standing"; presenting yourself better
Feeling Good	2	6%	
Nutrition	2	6%	Eat right
Socially Accepted	2	6%	People are not repelled by you; social well being
State of Being	2	6%	Your physical being
Appearance of Health	1	3%	It shows on your face
Being Okay	1	3%	
Chronic Disease Free	1	3%	
Cleanliness	1	3%	
Disease Free	1	3%	
Emotional Health	1	3%	Good health affects your emotions
Energy	1	3%	
Environment	1	3%	
Exercise	1	3%	
Good and Bad	1	3%	
Happiness	1	3%	
Head-to-Toes	1	3%	From head-to-toes
Health Management	1	3%	Someone who is managing their health well

What is health?	Number of Responses	% of Responses	Comments
Hydrated	1	3%	Plenty of water
Independence	1	3%	Able to do for yourself
Laughter	1	3%	Laughter is good for your health
Mentally Alert	1	3%	
Mobility	1	3%	Able to move
Sleeping Enough	1	3%	
Sugar Management	1	3%	Watching sugar intake
Weight Management	1	3%	Watch your weight
Well Checks	1	3%	A good neighbor policy- well checks
Total	**36**	**100%**	

2. What resources/programs/services in your community help you and/or your family stay healthy?

Resources	Number of Responses	% of Responses	Comments
YMCA	3	6%	
Farmer's Market	3	6%	"Not sure about the Farmers' market- my people can't get there and I don't even know when it is."
Bedford Christian Ministries	2	4%	
Bedford Ride	2	4%	
Churches	2	4%	
Library	2	4%	
Medical Care	2	4%	Bedford clinic; primary care doctor
Virginia Cooperative Extension	2	4%	
Affordable Care Act	1	2%	
Agape Center	1	2%	
Bedford Area Resource Council	1	2%	
Bedford Christian Free Clinic	1	2%	
Bedford Christmas Station	1	2%	

Resources	Number of Responses	% of Responses	Comments
Bedford Community Health Center	1	2%	
Bedford Community Health Foundation	1	2%	
Bedford County Parks & Recreation	1	2%	
Bridges Out of Poverty Bus	1	2%	
Carilion Clinic Family Medicine Bedford	1	2%	
Centra Bedford Memorial Hospital	1	2%	
CMG Stroobants Cardiovascular Center - Bedford	1	2%	
CVS	1	2%	
Dollar General	1	2%	
Family Dollar	1	2%	
First Responders	1	2%	Rescue squad
Food Banks	1	2%	
Free Clinic of Central Virginia	1	2%	
GAP Insurance	1	2%	
Horizon Behavioral Health	1	2%	
Johnson Health Center	1	2%	
Lake Christian Ministries	1	2%	
Post Office	1	2%	
Restaurants	1	2%	
Rx Discount Cards	1	2%	
Salem Court Apartments	1	2%	
Schools	1	2%	
Senior Center	1	2%	
Simple Solutions VA LLC	1	2%	
Social Services	1	2%	
Wal-Mart	1	2%	

Resources	Number of Responses	% of Responses	Comments
WebMD	1	2%	
Total	50	100%	

3. How do you and/or your family know where to go for these resources/programs/services in your community?

How do you know about resources	Number of Responses	% of Responses	Comments
Neighbor/Friend/Word of Mouth/Family	5	14%	If you do not know anyone, it is hard to find resources
Bulletin Boards	3	8%	Community bulletin boards
Internet	3	8%	
Churches	2	5%	
Newspaper	2	5%	
Social Services	2	5%	
Television	2	5%	
Agape Center	1	3%	
Bedford Christian Free Clinic	1	3%	
Bedford Christian Ministries	1	3%	
Case Worker	1	3%	
Courts	1	3%	
Doctor	1	3%	Call your doctor
Facebook	1	3%	
Franklin Center Rocky Mount	1	3%	
Getting Ahead Healthy Bedford	1	3%	
Health Department	1	3%	
Lake Christian Ministries	1	3%	
Library	1	3%	
Police	1	3%	
Radio	1	3%	
Resource Directory	1	3%	They need a new updated one
Safety Meetings	1	3%	
Secretary	1	3%	Front office
Site Visits	1	3%	

How do you know about resources	Number of Responses	% of Responses	Comments
Total	37	100%	

4. What keeps you and/or your family from being healthy?

Barriers to health	Number of Responses	% of Responses	Comments
Lack of Money	4	12%	Cost; lack of opportunity- lack of money as a different concept from just "cost"; pushing towards part-time jobs leads to lack of money
Diet & Exercise	4	12%	Eating habits; not eating right; lack of exercise; no motivation to exercise
Family Drama/Negative Relationships	3	9%	Lack of family support; hanging with people who pull you back instead of wanting you to do well
Transportation	3	9%	Not able to get a ride- transportation issues, big problem;
Education	2	6%	Knowledge
Employment	2	6%	Jobs as a barrier to getting to resources; work environment as a result of lack of job choices
Procrastination	2	6%	
Alcohol consumption	1	3%	
Bad Habits	1	3%	
Depression	1	3%	
Disorganization	1	3%	
Falls	1	3%	
Fear to Try New Things	1	3%	
Hygiene	1	3%	
Laziness	1	3%	
Non-Compliance	1	3%	Not following doctor's orders
Price of Food	1	3%	
Reluctance to Make a Referral to a Specialist	1	3%	
Smoking	1	3%	
Television/Internet	1	3%	
Time	1	3%	Not enough time in the day

Barriers to health	Number of Responses	% of Responses	Comments
Total	34	100%	

5. Is there anything else you would like to share?

Other	Number of Responses	% of Responses	Comments
More assisted living and nursing care.	2	13%	
Blue Emu Salve works for chronic pain.	1	7%	
Can doctors make home visits to apartments?	1	7%	
Local health centers must improve referral structure.	1	7%	Concern over health center & free clinics providing referrals to specialists. Look at the "Center for Healthy Hearts", free clinic model in Richmond.
Doctors must be well-versed on community resources.	1	7%	
Don't be afraid to ask for help.	1	7%	Don't be afraid to ask for help. You got to crawl before you walk.
Bridges Bus is impactful.	1	7%	
More encourage-ment/guidance.	1	7%	Small wins, coaching
More support groups.	1	7%	We need an Al-anon group.
Police tell us to call 911 for medical care.	1	7%	
All low-income housing should have transportation service.	1	7%	Apartment complexes in the town of Bedford
Free Clinic of Central Virginia should open dental clinic in Bed-ford.	1	7%	Have to use Bedford Ride to get to the clinic in Lynchburg
More Medicaid/ Medicare transporta-tion	1	7%	We need better transportation for medical needs. Some do not accept Medicaid/Medicare.

Other	Number of Responses	% of Responses	Comments
More affordable housing.	1	7%	We need more financial assistance for housing.
Total	15	100%	

Secondary Data

Introduction

Secondary data in this assessment includes population data for the Centra Bedford Service Area. The service area includes Bedford County. In the scope of this report there will be data where the Town of Bedford is included when the town was an independent city within the borders of Bedford County.

TABLE: Population by Age Group and Percent of Total Population

AGE GROUP	Bedford County		Bedford Town		
	Number	Percent	Number	Percent	VA
Under 5 years	3,729	4.8%	354	5.4%	6.1%
5 to 9 years	4,323	5.6%	283	4.3%	6.3%
10 to 14 years	4,800	6.2%	304	4.6%	6.2%
15 to 19 years	4,736	6.2%	515	7.9%	6.6%
20 to 24 years	4,255	5.5%	594	9.1%	7.1%
25 to 34 years	7,098	9.2%	711	10.9%	13.9%
35 to 44 years	8,915	11.6%	639	9.8%	13.2%
45 to 54 years	11,966	15.6%	880	13.4%	14.2%
55 to 59 years	6,294	8.2%	493	7.5%	6.7%
60 to 64 years	5,954	7.7%	392	6.0%	5.9%
65 to 74 years	9,191	11.9%	657	10.0%	8.2%
75 to 84 years	4,446	5.8%	483	7.4%	4.0%
85 years and over	1,226	1.6%	238	3.6%	1.7%
Median Age	45.6		43.0		37.8
TOTAL	76,933	100%	6,543	100.0%	100.0%

Table Source: US Census. American Fact Finder. Table DP05. ACS Demographic and Housing Estimates. 2012-2016 American Community Survey 5-Year Estimates. Retrieved from https://factfinder.census.gov

TABLE: Population by Sex

LOCALITY	Male	Percent	Female	Percent
BEDFORD	37,888	49.2%	39,045	50.8%
BEDFORD TOWN	2,933	44.8%	3,610	55.2%
VIRGINIA		49.2%		50.8%

Source: US Census. American Fact Finder. American Community Survey 2012-2016 Demographic and Housing Estimates. Table DP05

TABLE: Population by Race

LOCALITY	White	Black	American Indian or Alaskan Native	Asian	Native Hawaiian or Other Pacific Isl.	Some Other Race	Two or More Races	Hispanic or Latino	Not Hispanic or Latino
BEDFORD	67,997	5,333	65	960	21	0	1,045	1,512	75,421
BEDFORD TOWN	5,021	1,353	0	13	5	0	87	64	6,479

TABLE: Population by Race by Percent of Total Population

LOCALITY	White	Black	American Indian or Alaskan Native	Asian	Native Hawaiian or Other Pacific Isl.	Some Other Race	Two or More Races	Hispanic or Latino	Not Hispanic or Latino
BEDFORD	88.4%	6.9%	0.1%	1.2%	0.0%	0.0%	1.4%	2.0%	98.0%
BEDFORD TOWN	76.7%	20.7%	0.0%	0.2%	0.1%	0.0%	1.3%	1.0%	99.0%
VIRGINIA	63.1%	18.9%	0.2%	6.0%	0.1%	0.2%	2.8%	8.7%	91.3%
UNITED STATES	62.0%	12.3%	0.7%	5.2%	0.2%	0.2%	2.3%	17.3%	82.7%

Tables Source: US Census. American Fact Finder. Table DP05. ACS Demographic and Housing Estimates. 2012-2016 American Community Survey 5-Year Estimates. Retrieved from https://factfinder.census.gov

TABLE: Language Spoken at Home

	Percent	Total Population	Non-English Speakers	% Non-English Speakers	Spanish	Asian or Pacific Isl.
BEDFORD	3.6%	3,204	2617	3.60%	1033	684
BEDFORD TOWN	3.2%	6,189	197	3.20%	98	13
VIRGINIA	15.5%		1,211,386	15.5%		287,396

Table Source: US Census, American Fact Finder. American Community Survey 5-Year Estimates 2016-2012. Table S1601.

SOCIOECONOMIC FACTORS

Social Vulnerability Index
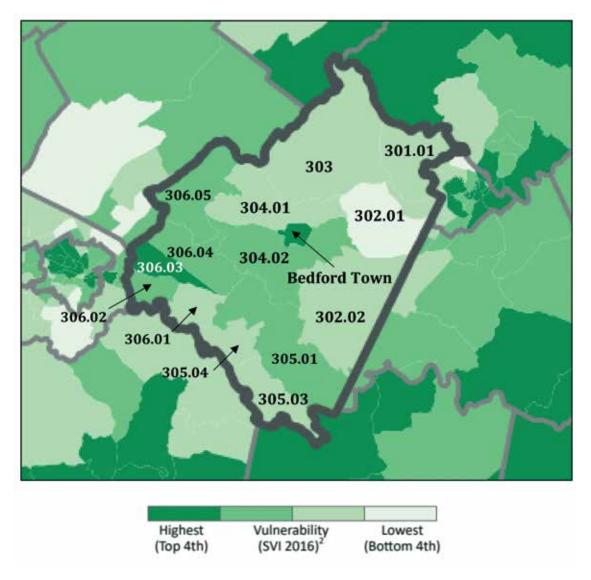
"What is Social Vulnerability? Every community must prepare for and respond to hazardous events, whether a natural disaster like a tornado or a disease outbreak, or an anthropogenic (caused by human action or inaction) event such as a harmful chemical spill. The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

The Agency for Toxic Substances and Disease Registry's Geospatial Research, Analysis & Services Program (GRASP) created a tool to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event. The Social Vulnerability Index (SVI) indicates the relative vulnerability of every U.S. Census tract. Census tracts are subdivisions of counties for which the Census collects statistical data. The SVI ranks the tracts on 15 social factors, including unemployment, minority status, and disability, and further groups them into four related themes. Thus, each tract receives a ranking for each Census variable and for each of the four themes, as well as an overall ranking. The Socioeconomic theme includes the American Community Survey's 5-year date for 2010-2014 for the following variables; below poverty, unemployed, income and no high school diploma."

[Citation: Agency for Toxic Substances & Disease Registry. Social Vulnerability Index (SVI) Mapping Dashboard. Retrieved from https://svi.cdc.gov/map.aspx]

For purposes of this assessment, the maps provide visual representation of highest vulnerability combining the four Socioeconomic factors. The last four digits of the Census Tract are used for identification.

Bedford - Population residing in highest quartile: 0% (0)

Map Source: Agency for Toxic Substances & Disease Registry. Social Vulnerability Index (SVI). Retrieved from
https://svi.cdc.gov/PreparedCountyMaps.html

SOCIOECONOMIC FACTORS

1. Education

"Of the various social determinants of health that explain health disparities by geography
or demographic characteristics (e.g., age, gender, race-ethnicity), the literature has always
pointed prominently to education. Research based on decades of experience in the developing
world has identified educational status (especially of the mother) as a major predictor of health
outcomes, and economic trends in the industrialized world have intensified the relationship
between education and health. In the United States, the gradient in health outcomes by edu-
cational attainment has steepened over the last four decades in all regions of the United States,
producing a larger gap in health status between Americans with high and low education.

Among white Americans without a high school diploma, especially women, life expectancy has decreased since the 1990s, whereas it has increased for others. Death rates are declining among the most educated Americans, accompanied by steady or increasing death rates among the least educated. The statistics comparing the health of Americans based on education are striking:

• At age 25, U.S. adults without a high school diploma can expect to die 9 years sooner than college graduates.
• According to one study, college graduates with only a Bachelor's degree were 26 percent more likely to die during a 5-year study follow-up period than those with a professional degree. Americans with less than a high school education were almost twice as likely to die in the next 5 years compared to those with a professional degree.
• Among whites with less than 12 years of education, life expectancy at age 25 fell by more than 3 years for men and by more than 5 years for women between 1990 and 2008.8
• By 2011, the prevalence of diabetes had reached 15 percent for adults without a high school education, compared with 7 percent for college graduates."

Citation: Zimmerman, E. B., Woolf, S.H., Haley, A. Agency for Healthcare Research and Quality. Population Health: Behavioral and Social Science Insights. Understanding the Relationship Between Education and Health. Accessed March 22, 2018. Retrieved from https://www.ahrq.gov/professionals/education/curriculum-tools/population-health/zimmerman.html. Footnotes in article - Missing Page. Content last reviewed July 2015. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/professionals/education/curriculum-tools/population-health/ref12/index.html

Poverty Status and Educational Attainment

TABLE: Poverty Rate for the Population 25 Years and Over and for Whom Poverty Status is Determined by Educational Attainment

	Less than High School Graduate	High School Graduate or Equivalency	Some College or Associate's Degree	Bachelor's Degree or Higher
BEDFORD	19.5%	9.1%	7.3%	2.3%
VIRGINIA	22.4%	12.1%	8.2%	3.3%

Source: US Census. American Fact Finder. POVERTY STATUS IN THE PAST 12 MONTHS 2012-2016. American Community Survey 5-Year Estimates. Table S1701.

Table and Chart: Poverty Status and Educational Attainment

CHART: Poverty Status by Educational Attainment

The chart provides a visual representation of the difference in poverty status based on educational attainment with a clear indication of the gulf between less than a high school education and those with a high school education.

Educational Attainment

TABLE: Educational Attainment by Locality for the Population Age 25 and Over

LOCALITY	Population 25 Years and Over	Less than High School Graduate	High School Graduate or Equivalency	Some College or Associate's Degree	Bachelor's Degree or Higher
BEDFORD	55,090	11.1%	30.6%	30.5%	27.8%
BEDFORD TOWN	4,493	17.2%	31.2%	27.8%	23.7%
SERVICE AREA	59,583	11.6%	30.6%	30.3%	27.5%
VIRGINIA		11.4%	24.5%	27.2%	36.9%

Source: US Census. American Fact Finder. Educational Attainment 2012-2016 American Community Survey 5-Year Estimates. Table S1501.

Graduation and Drop-Out Rates

TABLE: On Time Graduation and Drop-Out Rates by School, by Locality by Race by Selected Subgroup by Percent

Jefferson Forest High School		Male	Female	White	Black	Economically Disadvantaged	Disabilities
On-Time Graduation Rate	94.0%	91.3%	96.9%	94.7%	86.4%	84.0%	95.0%
Drop-out Rate	3.3%	5.8%	0.6%	3.2%	4.5%	8.0%	5.0%

Liberty High School		Male	Female	White	Black	Economically Disadvantaged	Disabilities
On-Time Graduation Rate	87.7%	85.0%	90.9%	88.3%	80.8%	82.8%	72.0%
Drop-out Rate	8.0%	9.7%	6.1%	8.2%	7.7%	12.9%	24.0%

Staunton River High School		Male	Female	White	Black	Economically Disadvantaged	Disabilities
On-Time Graduation Rate	87.8%	83.8%	93.3%	87.6%		82.2%	89.5%
Drop-out Rate	9.7%	12.8%	6.7%	9.7%		14.0%	10.5%

Table Source: Virginia Department of Education. Statistics and Reports. Graduation, Completion, Dropout & Postsecondary Date. 2013-2017 Cohort. Accessed March 22, 2018. Retrieved from http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/index.shtml

Chronic Absenteeism

"Chronic absenteeism—or missing at least 10 percent of school days in a school year for any reason, excused or unexcused—is a primary cause of low academic achievement and a powerful predictor of those students who may eventually drop out of school. An estimated five to seven and a half million students miss 18 or more days of school each year, or nearly an entire month or more of school, which puts them at significant risk of falling behind academically and failing to graduate from high school. Because they miss so much school, millions of young people miss out on opportunities in post-secondary education and good careers.

Chronic absenteeism is also an equity issue, and it is particularly prevalent among students who are low-income, students of color, students with disabilities, students who are highly mobile, and/or juvenile justice-involved youth—in other words, those who already tend to face significant challenges and for whom school is particularly beneficial. Moreover, chronic absenteeism is often confused with truancy, which can lead to disproportionate suspensions and expulsions from school and inappropriate referrals of students and families to law enforcement."

[Citation: US Department of Education. Every Student, Every Day National Conference: Eliminating Chronic Absenteeism by Implementing and Strengthening Cross-Sector Systems of Support for All Students. June 2016. Retrieved from https://www2.ed.gov/about/inits/ed/chronicabsenteeism/index.html]

TABLE: Chronic Absenteeism by Percent

LOCALITY	2017-2016	2016-2015	2015-2014
BEDFORD	13.8	7.5	7.5
VIRGINIA	10.6	10.4	10.1

Source: KIDS COUNT data center at https://datacenter.kidscount.org/data/tables/9607-chronic-absenteeism#detailed/5/6812-6821,6823-6945/false/1636,1635,1634/any/18819,18820

Free and Reduced Lunch Data

"The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or no-cost lunches to children each school day. Participating school districts and independent schools receive cash subsidies and USDA Foods for each reimbursable meal they serve. In exchange, NSLP institutions must serve lunches that meet Federal meal pattern requirements and offer the lunches at a free or reduced price to eligible children. School food authorities can also be reimbursed for snacks served to children who participate in an approved afterschool program including an educational or enrichment activity. All NSLP lunches must meet Federal requirements, though decisions about the specific foods to serve and the methods of preparation are made by local school food authorities."

Eligibility

"Children may be determined 'categorically eligible' for free meals through participation in certain Federal Assistance Programs, such as the Supplemental Nutrition Assistance Program (SNAP), or based on their status as a homeless, migrant, runaway, or foster child. Children enrolled in a federally-funded Head Start Program, or a comparable State-funded pre-kindergarten program, are also categorically eligible for free meals. Children can also qualify for free or

reduced-price school meals based on household income and family size. Children from families with incomes at or below 130 percent of the Federal poverty level are eligible for free meals. Those with incomes between 130 and 185 percent of the Federal poverty level are eligible for reduced price meals. Schools may not charge children more than 40 cents for a reduced-price lunch."

[Citation: United States Department of Agriculture. The National School Lunch Program. Retrieved from https://fns-prod.azureedge.net/sites/default/files/cn/NSLPFactSheet.pdf]

TABLE: Free and Reduced Lunch Program Statistics by Locality by School

BEDFORD COUNTY	School Type	SNAP Member	FREE Eligibility	FREE Percent	Reduced Eligibility	Reduced Percent	TOTAL Eligibility	TOTAL Percent
BIG ISLAND ELEM	Elementary	142	57	40.1%	8	5.6%	65	45.8%
BOONSBORO ELEM	Elementary	300	65	21.7%	9	3.0%	74	24.7%
MONTVALE ELEM	Elementary	269	137	50.9%	18	6.7%	155	57.6%
BEDFORD ELEM	Elementary	481	255	53.0%	28	5.8%	283	58.8%
FOREST ELEM	Elementary	362	36	9.9%	12	3.3%	48	13.3%
NEW LONDON ACAD ELEM	Elementary	328	75	22.9%	16	4.9%	91	27.7%
STEWARTSVILLE ELEM	Elementary	352	193	54.8%	43	12.2%	236	67.1%
MONETA ELEM	Elementary	246	104	42.3%	32	13.0%	136	55.3%
HUDDLESTON ELEM	Elementary	287	142	49.5%	13	4.5%	155	54.0%
OTTER RIVER ELEM	Elementary	225	60	26.7%	11	4.9%	71	31.6%
BEDFORD PRIMARY	Elementary	276	155	56.2%	17	6.2%	172	62.3%
THOMAS JEFFERSON ELEM	Elementary	614	119	19.4%	19	3.1%	138	22.5%
GOODVIEW ELEM	Elementary	488	192	39.3%	40	8.2%	232	47.5%
BEDFORD MIDDLE	Middle	568	256	45.1%	34	6.0%	290	51.1%
STAUNTON RIVER MIDDLE	Middle	721	305	42.3%	64	8.9%	369	51.2%
FOREST MIDDLE	Middle	950	133	14.0%	30	3.2%	163	17.2%
LIBERTY HIGH	High	811	290	35.8%	63	7.8%	353	43.5%
STAUNTON RIVER HIGH	High	966	335	34.7%	69	7.1%	404	41.8%
JEFFERSON FOREST HIGH	High	1,379	155	11.2%	35	2.5%	190	13.8%
BEDFORD CO ALT ED CTR		39	32	82.1%	3	7.7%	35	89.7%

BEDFORD COUNTY	School Type	SNAP Member	FREE Eligibility	FREE Percent	Reduced Eligibility	Reduced Percent	TOTAL Eligibility	TOTAL Percent
		9,804	3,096	31.6%	564	5.8%	3,660	37.3%
VIRGINIA				39.0%		5.3%		44.3%

Table Source: Virginia Department of Education retrieved from http://www.doe.virginia.gov/support/nutrition/statistics/index.shtml

The Table compares Free and Reduced Program rates among localities and individual schools. This data is valuable in identifying school districts and their geographic boundaries that have higher rates of low income families and children.

SOCIOECONOMIC FACTORS

2. Employment

"For millions of Americans, a steady job in safe working conditions means more than simply a paycheck—employment can also provide the benefits and stability critical to maintaining proper health. On the flip side, job loss and unemployment are associated with a variety of negative health effects.

A good-paying job makes it easier for workers to live in healthier neighborhoods, provide quality education for their children, secure child care services, and buy more nutritious food— all of which affect health. Good jobs also tend to provide good benefits. Higher earning also translates to a longer lifespan—since 1977, the life expectancy of male workers retiring at age 65 has risen 5.8 years in the top half of the income distribution, but only 1.3 years in the bottom half. By contrast, unemployed Americans face numerous health challenges beyond loss of income. Laid-off workers are far more likely than those continuously employed to have fair or poor health, and to develop a stress-related condition, such as stroke, heart attack, heart disease, or arthritis. With respect to mental health, a 2010 Gallup Poll found that unemployed Americans were far more likely than employed Americans to be diagnosed with depression and report feelings of sadness and worry."

[Citation: https://www.rwjf.org/en/library/research/2012/12/how-does-employment--or-unemployment--affect-health-.html]

"Research points to a link between an unhealthy workforce and unhealthy communities. [2] Even when an employer implements health-promoting strategies at the worksite, if employees then go home to unhealthy neighborhoods, the workplace progress is compromised. Improved community conditions for health, such as clean air laws, access to an abundance of healthy food options, clean and safe neighborhoods, and opportunities for exercise and physical activity, can help positively influence health behaviors and lead to a more productive workforce. Conversely, habits like cigarette smoking, nutritionally poor food intake, and insufficient exercise contribute to chronic health conditions that impact worker productivity and employer spending. [3]"

[Citation: Robert Wood Johnson Issue Brief: Why Healthy Communities Matter to Business. Retrieved from https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2016/rwjf428899]

References
[2] Oziransky V, Yach D, Tsu-Yu T, Luterek A, ad Stevens D. Beyond the Four Walls: Why Community is Critical to Workforce Health. Vitality Institute; 2015.

[3] Centers for Disease Control and Prevention. Smoking & Tobacco Use. Last reviewed February 14, 2014. Accessed March 3, 2014.

Unemployment Rates

TABLE: Unemployment Rates 2014 to 2017

	Percent Change 2014 to 2017	2017	2016	2015	2014
BEDFORD	-1.2	3.9	4.1	4.4	5.1
VIRGINIA	-1.4	3.8	4.1	4.5	5.2
UNITED STATES	-1.9	4.4	4.9	5.3	6.2

Table Source: Virginia Employment Commission, Economic Information & Analytics, Local Area Unemployment Statistics.

TABLE: Employees and Wages

LOCALITY	Number of Employees	Average Hourly Wage*	Average Weekly Wage*	Average Annual Wage*
BEDFORD	18,961	$17.40	$696	$36,192
VIRGINIA	3,836,789	$26.30	$1,052	$54,704

* Assumes a 40-hour week worked year-round.
Table Source: Virginia Employment Commission, Economic Information & Analytics, Local Area Unemployment Statistics.

Tables: Unemployment and Employees and Wages

While unemployment rates have declined from 2014 to 2017 a more important indicator is the wage information as this directly corresponds to income and a household's ability to purchase and acquire goods and services that impact health. State wages are impacted by areas within the commonwealth that have higher costs of living and therefore have higher wages such as Northern Virginia. Despite this fact, there are localities within the service area where wages are low relative to the costs of insurance, food and other commodities that impact health. The hourly wage in the service area is approximately $8.90 an hour less than the overall state hourly wage and $356 a week lower than the state weekly wage.

Largest Employers

TABLE: Largest Employers at the End of the Third Quarter 2017

BEDFORD	
Bedford County School Board	1000 and over employees
County of Bedford	500 to 999 employees
Centra Health	500 to 999 employees
Wal Mart	250-499 Employees
Teva Pharmaceuticals, previously Barr Labs	250-499 Employees
GP Big Island LLC	250-499 Employees
Mail America Communications	250-499 Employees
Elwood Staffing Services Inc	250-499 Employees
Manpower International	250-499 Employees
Food Lion	100-249 Employees
Sam Moore Furniture LLC	100-249 Employees
Kroger	100-249 Employees
Sentry Equipment Erectors	100-249 Employees
Workforce Solutions	100-249 Employees
Forestry Equipment of Virginia	100-249 Employees
Cintas Corporation	100-249 Employees
Valtim	100-249 Employees
Bedford Weaving Mills	100-249 Employees
Generation Solutions	100-249 Employees
Carilion Professional Services	100-249 Employees
CommScope, previously Andrew Corporation	100-249 Employees
Smyth Companies LLC	100-249 Employees
Harris Corporation	100-249 Employees
Lowes' Home Centers, Inc.	100-249 Employees
Postal Service	100-249 Employees
Average Employment	**18,961**

SOCIOECONOMIC FACTORS

3. Income

"The greater one's income, the lower one's likelihood of disease and premature death.
[1] Studies show that Americans at all income levels are less healthy than those with incomes higher than their own.[2] Not only is income (the earnings and other money acquired each year) associated with better health, but wealth (net worth and assets) affects health as well.
[3] Though it is easy to imagine how health is tied to income for the very poor or the very rich, the relationship between income and health is a gradient: they are connected step-wise at every level of the economic ladder. Middle-class Americans are healthier than those living in or near poverty, but they are less healthy than the upper class. Even wealthy Americans are less healthy than those Americans with higher incomes. Income is a driving force behind the striking health disparities that many minorities experience. In fact, although blacks and His-panics have higher rates of disease than non-Hispanic whites, these differences are 'dwarfed by the disparities identified between high-and low-income populations within each racial/ethnic group.'[4] That is, higher-income blacks, Hispanics, and Native Americans have better health than members of their groups with less income, and this income gradient appears to be more strongly tied to health than their race or ethnicity."

[Citation: Virginia Commonwealth University Center for Society and Health and the Urban Institute. How are Income and Wealth Linked to Health and Longevity. April 2015. Retrieved from https://www.urban.org/sites/de-fault/files/publication/49116/2000178-How-are-Income-and-Wealth-Linked-to-Health-and-Longevity.pdf]

References:

[2] Braveman, Paula A., Catherine Cubbin, Susan Egerter, David R. Williams, and Elsie Pamuk. 2010. "Socioeco-nomic Disparities in Health in the United States: What the Patterns Tell Us." American Journal of Public Health 100 (S1): S186–S196. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2837459/.

[3] Pollack, C. E., C. Cubbin, A. Sania, M. Hayward, D. Vallone, B. Flaherty, and P. A. Braveman. 2013. "Do Wealth Disparities Contribute to Health Disparities within Racial/Ethnic Groups?" Journal of Epidemiology and Community Health 67 (5): 439–45. http://www.ncbi.nlm.nih.gov/pubmed/23427209.

[4] Dubay, Lisa C., and Lydie A. Lebrun. 2012. "Health, Behavior, and Health Care Disparities: Disentangling the Effects of Income and Race in the United States." International Journal of Health Services 42 (4): 607–25. http://www.pubfacts.com/detail/23367796/Health-behavior-and-health-care-disparities:-disentangling-theeffects-of-income-and-race-in-the-Uni.

"Americans living in poverty have significantly constrained budgets that severely limit their ability to pay out-of-pocket health care costs; those in deep poverty have literally no available income after they pay for their most basic necessities each month, necessities which do not in-clude health care, child care, or transportation. People in poverty tend to be less healthy than those with higher incomes and therefore need more medical care. But people in poverty are often unable to afford even nominal premiums and copayments, and research shows that they may forgo necessary medical treatment as a result of required cost-sharing."

[Citation: US Department of Health & Human Services. Office of the Assistant Secretary for Planning and Eval-uation. Financial Condition and Health Care Burdens of People in Deep Poverty. July 16, 2015. Retrieved from https://aspe.hhs.gov/basic-report/financial-condition-and-health-care-burdens-people-deep-poverty]

2018 Federal Poverty Guidelines

2018 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in Family/Household	Poverty Guideline
1	$12,140
2	$16,460
3	$20,780
4	$25,100
5	$29,420
6	$33,740
7	$38,060
8	$42,380

For families/households with more than 8 persons, add $4,320 for each additional person.
Source: https://aspe.hhs.gov/poverty-guidelines

TABLE: Number and Percent of Population at or Below 100% Poverty and at or Below 200% of Poverty

LOCALITY	Number at or Below 100% of Poverty	Percent at or Below 100% of Poverty	Number at or Below 200% of Poverty	Percent at or Below 200% of Poverty
BEDFORD	7,026	9.2%	18,996	24.9%
BEDFORD TOWN	1,365	21.5%	2,476	39.0%
VIRGINIA		11.4%		26.6%

Source: US Census, American Fact Finder. 2012-2016 American Community Survey 5-Year Estimates. Table 1701.

TABLE: Median Household Income by Locality, by Race 2016-2012

LOCALITY	Median Household Income Total	Median Household Income White	Median Household Income Black	Median Household Income Hispanic
BEDFORD	$56,725	$58,324	$41,867	$56,765
BEDFORD TOWN	$39,971			
VIRGINIA	$66,149	$71,220	$45,374	$61,545

Source: Source: US Census. American Fact Finder. Median Income in the Past 12 Months (in 2016 Inflation-Adjusted Dollars). 2012-2016 American Community Survey 5-Year Estimates. Table S1903.

With the cost of living higher than what most people earn, ALICE families – an acronym for Asset Limited, Income Constrained, Employed – have incomes above the Federal Poverty Level, but not high enough to afford a basic household budget that includes housing, child care, food, transportation, and health care. ALICE households live in every county and independent city in Virginia – urban, suburban, and rural – and they include women and men, young and old, and all races and ethnicities. While the Federal Poverty Level reports that 11 percent of Virginia households faced financial hardship in 2015, an additional 28 percent (859,079 households) qualified as ALICE. There are so many ALICE households in Virginia due to the fact that low wage jobs dominate the local economy; the basic cost of living outpaces wages; economic conditions worsened for these households during the Great Recession especially related to housing affordability, job opportunities and community resources; and public and private assistance do not provide financial stability for these households.

TABLE: ALICE Households by Locality by Percent, 2016

LOCALITY	Number of Households	ALICE Households #	ALICE Households %
Bedford	29,566	8,009	27%

Table Source: ALICE: Asset Limited, Income Constrained, Employed- Study of Financial Hardship, Virginia. United Ways of Virginia. Spring 2017. UnitedWayALICE.org/Virginia*)*

Impact of Poverty on Physical Health of Children

"Numerous studies have demonstrated that poverty is associated with higher rates of poor health and chronic health conditions in children. National surveys find that compared with parents who are not poor, parents who are poor more often rate their children's health as 'fair' or 'poor' and are less likely to rate their children's health as 'excellent.' [14] Children who are poor have higher rates of hospital admissions, disability days, and death rates. They have inadequate access to preventive, curative, and emergency care and are affected more frequently by poor nutrition, single-parent families, dysfunctional families, and poor housing. Exposure to lead hazards is an example of how poverty directly impacts child health. Four to 5 million children, the vast majority of whom are poor, reside in older homes with lead levels exceeding the accepted threshold for safety. More than 1.5 million of these children (younger than 6 years) have elevated blood lead levels. [15]

[Citation: Wood, David. American Academy of Pediatrics. Pediatrics. Effect of Child and Family Poverty on Child Health in the United States. September 2003, Volume 112/Issue Supplement 3. Retrieved from http://pediatrics. aappublications.org/content/112/Supplement_3/707]

References:
[14] Dawson DA. Family structure and children's health: United State, 1988. Vital Health Stat 10.1991;(178) :1– 47

[15] Brody DJ, Pirkle JL, Kramer RA, et al. Blood lead levels in the US population. Phase 1 of the Third National Health and Nutrition Examination Survey (NHANES III, 1988 to 1991). JAMA.1994;272 :277– 283

TABLE: Children that are Economically Disadvantaged

LOCALITY	Number at or Below 100% of Poverty	Percent at or Below 100% of Poverty	Number at or Below 200% of Poverty	Percent at or Below 200% of Poverty
BEDFORD	2,043	13.0%	5,121	32.0%
VIRGINIA	280,144	16.0%	621,843	34.0%

Source: Kids Count Data Center; US Census Bureau, American Community Survey 2014 & 2015. Retrieved from https://vakids.org/wp-content/uploads/2015/09/Central-Region-1.pdf.

Poverty and Seniors

"Payments from Social Security and Supplemental Security Income have played a critical role in enhancing economic security and reducing poverty rates among people ages 65 and older. Yet many older adults live on limited incomes and have modest savings. In 2016, half of all people on Medicare had incomes less than $26,200. This analysis provides current data on poverty rates among the 49.3 million seniors in the U.S. in 2016, as context for understanding the implications of potential changes to federal and state programs that help to bolster financial security among older adults.

The U.S. Census Bureau currently reports two different measures of poverty: the official poverty measure and the Supplemental Poverty Measure (SPM). Unlike the official poverty measure, the SPM reflects available financial resources and liabilities, including taxes, the value of in-kind benefits (e.g., food stamps), and out-of-pocket medical spending (generally higher among older adults), and geographic variations in housing costs. This analysis presents national and state estimates of poverty under both measures for adults ages 65 and older. Current estimates of poverty based on the SPM indicate that the share (and number) of older adults who are struggling financially is larger than is conveyed by the official poverty measure.

Key Findings

- Under the SPM, 7.1 million adults ages 65 and older lived in poverty in 2016 (14.5%), compared to 4.6 million (9.3%) under the official poverty measure.
- Nearly 21 million people ages 65 and older had incomes below 200% of poverty under the SPM in 2016 (42.4%), compared to 15 million (30.4%) under the official measure.
- Under both the official measure and the SPM, the poverty rate among people ages 65 and older increased with age and was higher for women, blacks and Hispanics, and people in relatively poor health.
- Under the SPM, 4.4 million older women lived in poverty in 2016, 1.5 million more than under the official measure; 2.8 million older men lived in poverty under the SPM, 1.1 million more than under the official measure.
- Under the SPM, at least 15% of people ages 65 and older lived in poverty in 10 states (CA, FL, GA, HI, IN, LA, NJ, NM, TX, and VA) plus Washington, D.C. in 2016; under the official poverty measure, only D.C. had a poverty rate above 15% for older adults in 2016."

[Citation: Juliette Cubanski, Kendal Orgera, Anthony Damico, and Tricia Neuman, Kaiser Family Foundation. How Many Seniors Are Living in Poverty? National and State Estimates Under the Official and Supplemental Poverty Measures in 2016. March 2, 2018. Retrieved from https://www.kff.org/medicare/issue-brief/how-ma-

TABLE: Person 65 Years and Over Below Poverty

LOCALITY	Persons Age 65 and Older Below Poverty	Percent Age 65 and Older Below Poverty
BEDFORD	1,024	7.0%
BEDFORD TOWN	206	16.1%
VIRGINIA	84,788	7.6%

Source: US Census, American Fact Finder. American Community Survey 5-Year Estimates 2016-2012. Table S1701.

TABLE: Percentage of Families and People Whose Income in the Past 12 Months is Below the Poverty Level

LOCALITY	All Families	Married Couple Families	Female Householder no Husband Present
BEDFORD	6.7%	3.6%	22.4%
BEDFORD TOWN	16.2%	4.0%	40.6%
VIRGINIA	8.1%	3.6%	25.2%

Source: US Census, American Fact Finder. Selected Economic Characteristics 2012-2016 American Community Survey 5-Year Estimates. Table DP03.

4. Family Support

Local Departments of Social Services work to promote self-sufficiency while supporting residents throughout the service area. Services include financial assistance programs including aid to families with dependent children-foster care; emergency assistance and energy assistance; Medicaid and FAMIS (Family Access to Medical Insurance Security); Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF). Other support programs include adult and child protective services; prevention services for families; foster care and adoption services; and child care development.

Food Insecurity

TABLE: SNAP Participation Report

	% +/- 2016 - 2013	Mar 2018	Mar 2017	Mar 2016	Mar 2015
BEDFORD	-15%	5,317	5,515	6,051	6,251
VIRGINIA	-14%	736,973	771,192	827,483	855,200

Table 1 Source: Virginia Department of Social Services retrieved from http://www.dss.virginia.gov/files/about/reports/financial_assistance/food_stamps/participation/2016/03-2016.pdf.

As the economy has improved, SNAP participation rates fall. "The data needed to rigorously assess the causes of recent caseload trends won't be available for several years, but the economic recovery is likely playing a major role (in decline). SNAP caseloads have historically tracked economic conditions, rising when the economy weakens and then falling — with a several-year lag — when it recovers. The lag reflects the fact that people with lower education and skills aren't the first to benefit from an improving economy (emphasis added). One study, which tested different measurements of the economy and SNAP caseloads at the state and local level, found that the economy explained 70 to 90 percent of the increase in caseloads; it also found substantial lags — of up to two years — between changes in the economy and changes in SNAP participation."

[Citation: Center on Budget and Policy Priorities. SNAP Costs and Caseloads Declining – Trends Expected to Continue. March 8, 2016. Retrieved from https://www.cbpp.org/research/food-assistance/snap-costs-and-caseloads-declining]

TABLE: Food Insecurity Among Child Population Under Age 18 by Percent

LOCALITY	2015	2014	2013	2012
BEDFORD	14.8	17.0	17.2	16.3
VIRGINIA	14.0	16.0	16.8	16.2

Source: Map the Meal Gap: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America, 2016.

Despite the rate of decline in SNAP participation, the rate of food insecurity among children under age 18 has remained steady when 2015, ostensibly, would have begun to reflect an improving economy. The steady rate of food insecurity may also reflect the CBO's position that people with lower education and skills are not the first to benefit from an improving economy. Their dependents would also not experience any improvement. In fact, small economic improvement may result in the loss of eligibility for social benefit programs like SNAP.
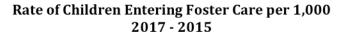
TABLE: TANF Participation Report

	% +/- 2016 - 2013	Nov 2016	Nov 2015	Nov 2014	Nov 2013
BEDFORD	-49%	208	304	328	410
VIRGINIA	-34%	39,934	49,056	54,241	60,250

"The Temporary Assistance for Needy Families (TANF) block grant, created by the 1996 welfare law, is designed to provide a temporary safety net to poor families — primarily those with no other means to meet basic needs. But since the TANF block grant was created, its reach has declined dramatically. In 2016, for every 100 families in poverty, only 23 received cash assistance from TANF — down from 68 families when TANF was first enacted. This 'TANF-to-poverty ratio' (TPR) reached its lowest point in 2014 and remained there in 2015 and 2016.

[Citation: Ife Floyd, LaDonna Pavetti, PhD., Liz Schott. Center on Budget and Policy Priorities. TANF Reaching Few Poor Families. December 13, 2017. Retrieved from https://www.cbpp.org/research/family-income-support/tanf-reaching-few-poor-families]

Foster Care Rates

Rate of Children Entering Foster Care per 1,000 2017 - 2015
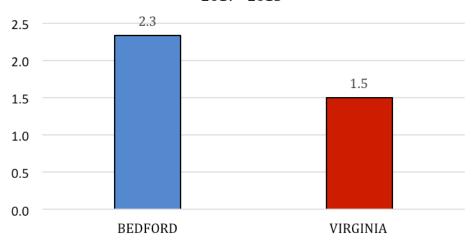
TABLE: Rate of child abuse and neglect (founded number per 1,000 children)

LOCALITY	2016	2015	2014	2013
BEDFORD	2.0	1.9	3.4	2.5
VIRGINIA	2.5	2.2	2.3	3.0

Source: KIDS COUNT data center at https://datacenter.kidscount.
org/data/tables/9176-foster-care-entry-rate?loc=48&loct=5#detail
ed/5/6812-6821,6823-6829,6831-6839,6842-6847,6849,6851,6853-6869,6871-6881,6883-6889,6891-
6907,6909-6923,6925- 6945/false/1624,1567,1528,1501,1335,1334,1333,1332,808/any/18196

"Child abuse and neglect is one cause of children entering the foster care system. Nationally, the rising abuse of opioids has led to more children entering foster care. The higher rate of child abuse and neglect among Bedford residents would appear to be an underlying factor in the higher rate of Bedford children entering foster care. "While most people in financial need do not maltreat their children, poverty can increase the likelihood of maltreatment, particularly when poverty is combined with other risk factors, such as depression, substance use, and social isolation."

[Citation: US Department of Health & Human Services. Administration for Children & Families. Children's Bureau. Child Welfare Information Gateway. Poverty and Economic Conditions. Retrieved from https://www.childwelfare. gov/topics/can/factors/contribute/environmental/poverty/]

HEALTH CARE FACTORS

1. Access

"Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans. This topic area focuses on 3 components of access to care: insurance coverage, health services, and timeliness of care. When considering access to health care, it is important to also include oral health care and obtaining necessary prescription drugs."

According to the Institute of Medicine's Committee on Monitoring Access to Personal Health Services, access to health services means "the timely use of personal health services to achieve the best health outcomes"[1] It requires 3 distinct steps:

- Gaining entry into the health care system (usually through insurance coverage)
- Accessing a location where needed health care services are provided (geographic availability)
- Finding a health care provider whom the patient trusts and can communicate with (personal relationship) [2]

Access to health care impacts one's overall physical, social, and mental health status and quality of life.

Barriers to health services include:
- High cost of care
- Inadequate or no insurance coverage
- Lack of availability of services
- Lack of culturally competent care

These barriers to accessing health services lead to:
- Unmet health needs
- Delays in receiving appropriate care
- Inability to get preventive services
- Financial burdens
- Preventable hospitalizations

Access to care often varies based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location. [3]

[Citation: Office of Disease Prevention and Health Promotion. HealthyPeople.gov. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services#2.]

References:
[1] Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to Health Care in America. Millman M, editor. Washington, DC: National Academies Press; 1993.

[2] National Healthcare Quality Report, 2013 [Internet]. Chapter 10: Access to Healthcare. Rockville (MD): Agency for Healthcare Research and Quality; May 2014. Retrieved from http://www.ahrq.gov/research/findings/nhqrdr/nhqdr15/access.html

[3] Access and Disparities in Access to Health Care [Internet]. Rockville (MD): Agency for Healthcare Research and Quality; May 2016. Available from: http://www.ahrq.gov/research/findings/nhqrdr/nhqdr15/access.html

Insurance Coverage

"Health insurance coverage helps patients gain entry into the health care system. Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Uninsured people are:

- More likely to have poor health status
- Less likely to receive medical care
- More likely to be diagnosed later
- More likely to die prematurely [4] [5] [6]

Health insurance coverage only helps but does not guarantee entry into the health care system. Many health care providers are not required to accept all insurances. Persons with Medicaid coverage are the best example of persons who may have insurance coverage but have difficulty accessing community-based services as a result of lower Medicaid reimbursement rates."

References:
[4] Hadley J. Insurance coverage, medical care use, and short-term health changes following an unintentional injury or the onset of a chronic condition. JAMA. 2007;297(10):1073-84.

[5] Institute of Medicine. Insuring America's health: Principles and recommendations. Acad. Emerg. Med. 2004;11(4):418-22.

[6] Durham J, Owen P, Bender B, et al. Self-assessed health status and selected behavioral risk factors among persons with and without healthcare coverage—United States, 1994-1995. MMWR. 1998 Mar 13;47(9):176-80.

TABLE: Uninsured Adults and Children by Year by Number by Percent

LOCALITY	2015				2014			
	Adult %	Adult #	Child %	Child #	Adult %	Adult #	Child %	Child #
BEDFORD	12%	5,585	5.0%	848	14.0%	6,511	7.0%	1,097
VIRGINIA	12%	870,511	5.0%	111,220	12.0%	878,267	6.6%	115,189

LOCALITY	2013				2012			
	Adult %	Adult #	Child %	Child #	Adult %	Adult #	Child %	Child #
BEDFORD	16.0%	7,463	6.0%	1014	17.0%	7,313	7.0%	1,010
VIRGINIA	17.0%	870,511	6.0%	111,220	12.0%	878,267	5.0%	115,189

Source: County Health Rankings for Virginia Localities 2018, 2017, 2016, 2015. Small Area Health Insurance Estimates.

The overwhelming number of privately insured persons in the service area are utilizing insurance provided by employers (88.0%).

TABLE: Private health Insurance Coverage by Type 2012-2016

LOCALITY	Percent with Private Health Insurance	Private Ins that is Employer Based	Private Ins that is Direct Purchase	Private Ins that is Tri-Care / Military
BEDFORD	59.3%	88.0%	10.2%	1.7%
BEDFORD TOWN	47.6%	88.2%	8.3%	3.6%
VIRGINIA	**59.7%**	**82.7%**	**10.7%**	**6.6%**

Source: US Census, American Fact Finder. American Community Survey 5-Year Estimates 2016-2012. Table S2703.

TABLE: Medicaid Coverage Alone

LOCALITY	Percent with Medicaid Coverage	Persons with Medicaid Coverage
BEDFORD	6.6	5,033
BEDFORD TOWN	11.6	738
VIRGINIA	8.2	663,983

Source: US Census. American Fact Finder. Public Health Insurance Coverage by Type. 2012-2016 American Community Survey 5-Year Estimates. Table 2704.

"Medicaid is a joint federal and state program that: helps with medical costs for some people with limited income and resources and offers benefits not normally covered by Medicare, like nursing home care and personal care services."

[Citation: Medicare.gov. Retrieved from https://www.medicare.gov/your-medicare-costs/help-paying-costs/medicaid/medicaid.html].

Virginia Medicaid recipients must renew annually. Should a person's assets increase, the person may no longer be eligible for Medicaid. The Department of Medical Assistance Services (DMAS), the Virginia Medicaid agency now has an automatic renewal "for up to five years without having to complete a renewal form if nothing has changed and you check a box at the end of the form that allows us to look at your electronic income data each year, including information from tax returns".

[Citation: Cover Virginia. Renew my Coverage. Retrieved from https://www.coverva.org/apply_renew.cfm]

Based on the poverty rates in the town of Bedford (see Socioeconomic Factors), the higher percentage of Medicaid recipients as compared to the county and Virginia as a whole is expected.

In June of 2018, the Virginia General Assembly expanded Medicaid coverage for individuals with incomes up to 138% of federal poverty level and now includes able-bodied adults without children who had previously been ineligible for coverage. In Virginia, it is estimated that an additional 400,000 residents will qualify.

TABLE: Estimated Percent of Uninsured who would be eligible for Medicaid upon Medicaid eligibility expansion.

LOCALITY	NUMBER OF NEWLY MEDICAID ELIGIBLE	ESTIMATED PERCENT OF UNINSURED COVERED
BEDFORD	2,400	34%

Table Source: TCI analysis of United States Census Bureau data. August 4, 2015 (updated). Retrieved from http://www.thecommonwealthinstitute.org/2014/02/04/interactive-map-virginians-eligible-for-medicaid-expansion-in-every-locality/

With Medicaid expansion, an estimated one-third of uninsured residents of Bedford County would be eligible for Medicaid eligibility. The range of uninsured by locality who would be eligible for Medicaid is a low of 25% to a high of 63%.

TABLE: Medicare Coverage Alone

LOCALITY	Percent with Medicare Coverage	Persons with Medicare Coverage
BEDFORD	6.6	5,475
BEDFORD TOWN	9.1	577
VIRGINIA	4.0	322,475

Source: US Census. American Fact Finder. Public Health Insurance Coverage by Type. 2012-2016 American Community Survey 5-Year Estimates. Table 2704.

HEALTH CARE FACTORS

2. Availability

Medically Underserved Areas/Populations

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas and populations with a lack of access to primary care services. MUAs have a shortage of primary care health services for residents within a geographic area such as: a whole county; a group of neighboring counties; a group of urban census tracts; or a group of county or civil divisions.

TABLE: Medically Underserved Area/Population Designation Status

Locality	Desination Status	Service Area Name Designation
Bedford	PART	Peaks District and Center District

Source: Health Resources and Services Administration. Bureau of Health Workforce. Medically Underserved Areas and Populations (MUA/Ps). Accessed March 16, 2018. Retrieved from https://bhw.hrsa.gov/shortage-designation/muap

Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:
• Primary care;
• Dental health; or
• Mental health

Shortages may be geographic, population, or facility-based. Explanations of these categories follow.

Geographic Area
A shortage of providers for the entire population within a defined geographic area.

Population Groups
A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups).

Facilities
Public or non-profit private medical facilities serving a population or geographic area designated as a HPSA with a shortage of health providers. Medium to maximum security federal and state correctional institutions and youth detention facilities with a shortage of health providers. State or county hospitals with a shortage of psychiatric professionals (mental health designations only). A facility that is automatically designated as a HPSA by statute or through regulation without having to apply for a designation:

1. Federally Qualified Health Centers (FQHCs)—health centers that provide primary care to an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors. All organizations receiving grants under Health Center Program Section 330 of the Public Health Service Act are FQHCs.
2. FQHC Look-A-Likes (LALs)—LALS are community-based health care providers that meet the requirements of the HRSA Health Center Program, but do not receive Health Center Program funding. An example of a FQHC Look-A-Like is the Community Access Network located in Lynchburg.

LOCALITY	PRIMARY CARE DESIGNATION TYPE	SCORE
BEDFORD	YES - Geographic Population	12

LOCALITY	DENTAL HEALTH HPSA DESIGNATION TYPE	SCORE
BEDFORD	YES - Geographic Population	13

LOCALITY	MENTAL HEALTH DESIGNATION TYPE	SCORE
BEDFORD	YES - Low Income Population	17

Source: Health Resources Services and Administration retrieved from https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx

Safety Net Facilities Serving the Area

There is one Federally Qualified Health Centers (FQHCs) that serves the area.

Johnson Community Health Center (owner) Bedford Community Health Center 582 Blue Ridge Avenue Bedford, VA 24523	FQHC

Dental Care Utilization

   Persons who self-report that they have not visited a dentist, dental hygienist or dental clinic in the past year. This indicator could be as a result of a lack of availability of oral health providers, financial barriers to oral health care, or other barriers to seeking oral health care.

TABLE: Dental Care Utilization

	Adults without Recent Dental Exam	Adults without Recent Dental Exam
BEDFORD	15,180	29.0%
VIRGINIA	1,481,707	24.4%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Retrieved from https://assessment.communitycommons.org/CHNA/report?page=4&id=519&reporttype=libraryCHNA

HEALTH BEHAVIOR and HEALTH INDICATOR FACTORS

1. Overall Health Rankings

   "The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive. The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors."

[Citations: Robert Wood Johnson Foundation, County Health Rankings & Roadmaps. Retrieved from http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-outcomes and http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors]

LOCALITY	Health Outcomes Rank	Health Factors Rank
BEDFORD	29	48

Tables/Charts/Maps Source: Robert Wood Johnson Foundation. County Health Rankings & Roadmaps. 2018, 2015. Retrieved March 12, 2018. Accessed at http: // www.countyhealthrankings.org / app/virginia/2018/overview; …/2015/overview.

MAP: County Health Outcomes by Rank
Ranking key – 1 = best; 133 = worst

Locality Key

BE   Bedford County

Rank 1-33   Rank 34-66   Rank 67-100   Rank 101-133
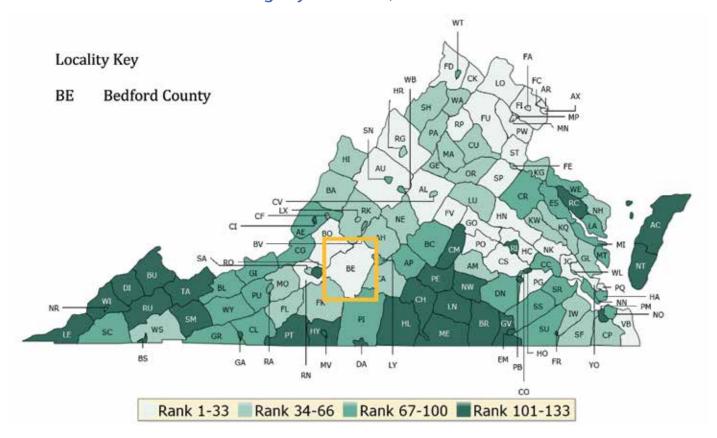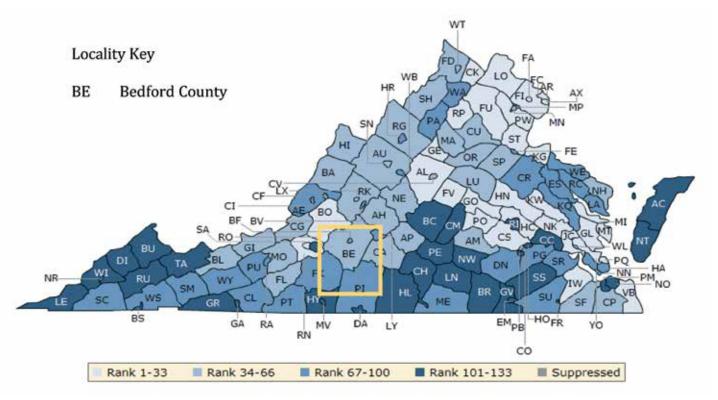
Table and Chart: Changes in Health Outcome Rankings

MAP 1: County Health Factors by Rank
Ranking key – 1 = best; 133 = worst
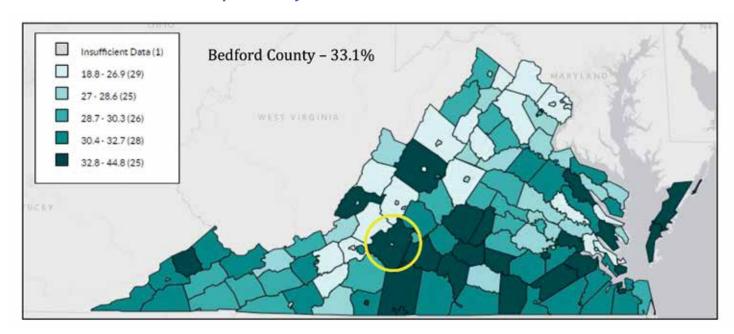
Obesity

"Excess weight, especially obesity, diminishes almost every aspect of health, from reproductive and respiratory function to memory and mood. Obesity increases the risk of several debilitating, and deadly diseases, including diabetes, heart disease, and some cancers. It does this through a variety of pathways, some as straightforward as the mechanical stress of carrying extra pounds and some involving complex changes in hormones and metabolism. Obesity decreases the quality and length of life, and increases individual, national, and global healthcare costs. Losing as little as 5 to 10 percent of body weight offers meaningful health benefits to people who are obese, even if they never achieve their "ideal" weight, and even if they only begin to lose weight later in life."

[Citation: Harvard School of Public Health. Obesity Prevention Source. Retrieved from https://www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/health-effects/]

Map: Obesity in the Bedford Service Area

Bedford County – 33.1%

Legend:
- Insufficient Data (1)
- 18.8 - 26.9 (29)
- 27 - 28.6 (25)
- 28.7 - 30.3 (26)
- 30.4 - 32.7 (28)
- 32.8 - 44.8 (25)

Map Source: Centers for Disease Control and Prevention. Interactive Atlas of Heart Disease and Stroke. Retrieved from https://nccd.cdc.gov/DHDSPAtlas/Default.aspx?state=VA

Physical Activity

"Increased physical activity is associated with lower risks of type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. The role of the built environment is important for encouraging physical activity. Individuals who live closer to sidewalks, parks, and gyms are more likely to exercise."

[Citation: Robert Wood Johnson Foundation. Community Health Rankings. Retrieved from http://www.county-healthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors/health-behaviors/diet-exer-cise/access-to-exercise-opportunities]

TABLE: Percentage of Adults age 20 and over Reporting No Leisure-Time Physical Activity

LOCALITY	2014	2013	2012	2011
BEDFORD	24	24	23	27
VIRGINIA	22	21	22	22

"Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Parks include local, state, and national parks. Recreational facilities include YMCAs as well as businesses identified by the following Standard Industry Classification (SIC) codes and include a wide variety of facilities including gyms, community centers, dance studios and pools."

TABLE: Percentage of population with adequate access to locations for physical activity

LOCALITY	2010 & 2016
BEDFORD	55
VIRGINIA	83

Source: County Health Rankings 2018 from Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files

Access to Healthy Foods

   "Limited Access to Healthy Foods is the percentage of the population that is low income and does not live close to a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than ten miles from a grocery store; in nonrural areas, less than one mile. "Low income" is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size."

TABLE: Percent with Limited Access to Healthy Food

LOCALITY	2015	2010
BEDFORD	2	2
BEDFORD TOWN	NR	5
VIRGINIA	4	4

Table Source: Robert Wood Johnson Foundation. County Health Rankings 2018, 2017.

Alcohol Consumption

   "Excessive alcohol consumption considers both the amount of alcohol consumed and the frequency of drinking. Although moderate alcohol use is associated with health benefits such as reduced risk of heart disease and diabetes, excessive alcohol use causes 88,000 deaths in the US each year. In 2015, 27% of people ages 18 and older reported binge drinking in the past month, while 7% reported heavy alcohol use in the past month. Over time, excessive alcohol consumption is a risk factor for hypertension, heart disease, fetal alcohol syndrome, liver disease, and certain cancers. In the short-term, excessive drinking is also linked to alcohol poisoning, intimate partner violence, risky sexual behaviors, and motor vehicle crashes. Alcohol-impaired crashes accounted for nearly one-third of all traffic-related deaths in 2016—more than 10,000 fatalities."

TABLE: Percentage of Adults Reporting Binge or Heavy Drinking

LOCALITY	2016	2015	2014	2014
BEDFORD	18	17	17	17
VIRGINIA	17	17	17	16

Source: County Health Rankings 2018, 2017, 2016, 2015 from the Behavioral Risk Factor Surveillance System.

Tobacco Use

"Each year, smoking kills 480,000 Americans, including about 41,000 from exposure to secondhand smoke. Smoking causes cancer, heart disease, stroke, diabetes, and lung diseases such as emphysema, bronchitis, and chronic airway obstruction, and can lead to lung cancer and heart disease in those exposed to secondhand smoke. On average, smokers die 10 years earlier than nonsmokers.

Tobacco is not only smoked. Smokeless tobacco, while less lethal than smoked tobacco, can lead to various cancers, gum and teeth problems, and nicotine addiction. Almost 6% of young adults use smokeless tobacco and half of new users are younger than 18.

Tobacco use has real economic impacts for individuals and communities. It costs the nation about $170 billion annually to treat tobacco-related illnesses, and another $156 billion in productivity losses. In 2006, over $5 billion of that lost productivity was due to secondhand smoke."

[Citation: Robert Wood Johnson Foundation. Community Health Rankings. Retrieved from http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors/health-behaviors/tobacco-use]

TABLE: Percentage of Adults who are Current Smokers

LOCALITY	2016	2015	2014	2014
BEDFORD	15	15	16	19
VIRGINIA	15	17	20	18

Drug Use

"In 2016, there were 1,130 opioid-related overdose deaths in Virginia—a rate of 13.5 deaths per 100,000 persons—compared to the national rate of 13.3 deaths per 100,000 persons. Since 2010, the number of heroin-related overdose deaths has increased from 45 to 450 deaths—a tenfold increase. Overdose deaths related to synthetic opioids have increased even more dramatically from 87 to 648 deaths." (Source: National Institute for Drug Abuse. Virginia Opioid Summary (revised 2018). Retrieved from https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/virginia-opioid-summary).

Note: the data below breaks out opioid deaths from Fentanyl/Heroin and prescription opioids. This would lead to differences among rates as noted in the National Institute for Drug Abuse rate noted above.

TABLE: Mortality Rates (per 100,000) for overdose from Fentanyl/Heroin use and prescription opioid use 2017.

LOCALITY	Overdose Mortality Rate Fentanyl and/or Heroin 2017	Overdose Mortality Rate Prescription Opioids 2017
BEDFORD	6.4	6.4
VIRGINIA	11.0	5.9

Table Source: Virginia Department of Health. Retrieved from http://www.vdh.virginia.gov/data/opioid-overdose/

Bedford County has a higher mortality rate from prescription opioids than the overall state mortality rate. The range of mortality by Virginia locality mortality rates from Fentanyl and/or Heroin use is 1.3 to 40.8 and 1.6 to 54.4 for mortality from prescription opioid use. On June 1, 2017, based on a range of drug overdose indicators, the Virginia State Health Commissioner declared a Public Health Emergency for Virginia as a result of the opioid addiction epidemic.

Sexually Transmitted Infections

TABLE: Gonorrhea Incidence Rate Per 100,000 Population

LOCALITY	4-Yr. Avg.	2016	2015	2014	2013
BEDFORD	37.9	50.2	20.6	57.1	23.6
VIRGINIA	103.0	132.2	96.6	99.1	84.1

TABLE: Chlamydia Incidence Rate Per 100,000 Population

LOCALITY	4-Yr. Avg.	2016	2015	2014	2013
BEDFORD	150.2	175.0	144.1	149.2	132.6
VIRGINIA	432.7	473.2	421.7	432.8	403.0

Source: US Department of Health & Human Services. Centers for Disease Control and Prevention, Atlas Plus retrieved from https://gis.cdc.gov/grasp/nchhstpatlas/maps.html.

Health Status

"Self-reported health status is a general measure of health-related quality of life (HRQoL) in a population. This measure is based on survey responses to the question: 'In general, would you say that your health is excellent, very good, good, fair, or poor?' The value reported in the County Health Rankings is the percentage of adult respondents who rate their health 'fair' or 'poor.' The measure is modeled and age-adjusted to the 2000 US population. Measuring HRQoL helps characterize the burden of disabilities and chronic diseases in a population. Self-reported health status is a widely used measure of people's health-related quality of life. In addition to measuring how long people live, it is important to also include measures that consider how healthy people are while alive."

[Citation: Robert Wood Johnson Foundation. Community Health Rankings. Retrieved from http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-outcomes/morbidity/health-related-quality-of-life/poor-or-fair-health]

TABLE: Persons Reporting Being in Poor or Fair Health by Percent

LOCALITY	Avg. Rate	2016	2015	2014	2006-2012
BEDFORD	13.8	13	12	12	18
VIRGINIA	15.5	16	15	17	14

Source: County Health Rankings for Virginia Localities 2018, 2017, 2016, 2015 from Behavioral Risk Factor Surveillance System 2016, 2015, 2014, 2006-2012.

TABLE: Persons Reporting Physically Unhealthy Days In the Past Month

LOCALITY	Avg. Rate 2013-2016	2016	2015	2014	2013
BEDFORD	3.3	3.3	3.1	3.0	3.7
VIRGINIA	3.4	3.5	3.2	3.5	3.2

Source: County Health Rankings for Virginia Localities 2018, 2017, 2016, 2015 from Behavioral Risk Factor Surveillance System 2016, 2015, 2014, 2006-2012.

TABLE: Poor Mental Health Days in the Past 12 Months
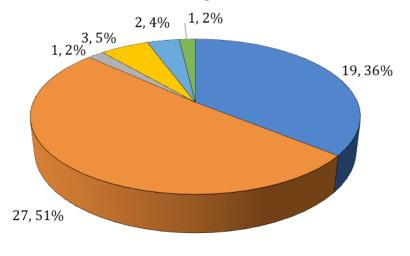
LOCALITY	Average 2013-2016	2016	2015	2014	2013
BEDFORD	3.4	3.4	3.0	3.0	4.2
VIRGINIA	3.3	3.5	3.3	3.3	3.1

Source: County Health Rankings for Virginia Localities 2018, 2017, 2016, 2015 from Behavioral Risk Factor Surveillance System 2016, 2015, 2014, 2006-2012

Incidence Rates

Cancer Registry (Bedford Memorial Hospital)

**Cancer Registry - Bedford Service Area - Bedford
Memorial Hospital N = 53**

Legend: ■Bedford ■Bedford City ■Franklin ■Lynchburg ■Campbell ■Pittsylvania

All Cancers

TABLE: Incidence Rate Report for Virginia by County
All Cancers, 2011-2015

	Total	White	Black	Hispanic
BEDFORD	417.7	415.8	422.8	578.5
VIRGINIA	414.3	418.1	441.9	268.7

Breast Cancer

TABLE: Incidence Rate Report for Virginia by County
Breast Cancer, 2011-2015

	Total	White	Black	Hispanic
BEDFORD	118.8	120	120.5	S
VIRGINIA	127.9	131	133.5	79.1

S – suppressed due to small number of cases

Lung and Bronchus Cancer

TABLE: Incidence Rate Report for Virginia by County
Lung and Bronchus Cancer, 2011-2015

	Total	White	Black	Hispanic
BEDFORD	57.9	56.1	62.0	S
VIRGINIA	**58.9**	**60.8**	**62.2**	**24.7**

Colon and Rectum Cancer

TABLE: Incidence Rate Report for Virginia by County
Colon and Rectum Cancer, 2011-2015

	Total	White	Black	Hispanic
BEDFORD	38.7	36.8	58.3	S
VIRGINIA	**36.0**	**35.2**	**42.8**	**-**

Cancer incidence Tables Source: National Cancer Institute. State Cancer Profiles. Interactive maps retrieved from
https://statecancerprofiles.cancer.gov

Prostate Cancer

TABLE: Incidence Rate Report for Virginia by County
Prostate Cancer, 2011-2015

	Total	White	Black	Hispanic.
BEDFORD	73.9	69.9	110.5	S
VIRGINIA	**102.8**	**88.1**	**173.3**	**73.6**

Death Rates

Standardizing death rates

"The numbers of deaths found in a population are influenced by the age distribution of the population. Two populations with the same age-specific mortality rates for a cause of death will have different overall death rates if the age distributions of their populations are different. Age-standardized mortality rates adjust for differences in the population age distribution - for instance the population in the service region age 65 and older is a greater percentage than that found in the overall state population – by applying the overserved age-specific mortality rates for each population to a standard population."

[Citation: Age-standardized death rates per 100,000 by cause. Retrieved from www.who.int/whois/whostat-2006AgeStandardizedDeathRates.pdf]

Standardizing rates allow the reviewer to make direct comparisons between two populations, regardless of population size and the age distribution of the population. The information in the charts and tables below represent the death rate from all causes per locality, the service area and statewide for every 1,000 persons.

TABLE: Deaths per 1,000 population (rate) 2012 - 2015

LOCALITY	4-Year Avg. Rate	2015	2014	2013	2012
BEDFORD	9.5	9.6	9	9.8	9.6
VIRGINIA	7.6	7.7	7.6	7.5	7.5

Source: Virginia Department of Health. Division of Health Statistics.

Death Rates by Race

Table 2 compares death rates among white, blacks, and other races as published by the Virginia Department of Health's, Division of Health Statistics. The death rate among Blacks in each of the three service areas approximates the death rate among Whites. The death rate among Blacks and Whites by individual locality are similar. "Other" races, where "Other" is the label used by the Virginia Department of Health, are lower than the death rate compared to Blacks and Whites. It should be noted that there were 52 data points for both Blacks and Whites for the four-year period and only 26 data points for "Other".

"African Americans have made significant gains in life expectancy, and the mortality gap between white and black Americans has been cut in half since 1999, the Centers for Disease Control and Prevention reported. Blacks experienced a 25 percent drop in their overall death rate, compared to a 14 percent decrease for whites, between 1999 and 2015. Deaths from heart disease, cancer and stroke declined sharply among blacks 65 and older, and in that age group, blacks now have a lower death rate than whites, the CDC (has stated)."

[Citation: Achenbach, Joel. Life expectancy improves for blacks, and the racial gap is closing, CDC reports. The Washington Post. May 2, 2017]

TABLE: Avg. Death Rate Over 4 Years by Race

LOCALITY	2015 - 2012 Avg. Death Rate Total	White	Black	Other
BEDFORD	9.5	9.7	8.4	2.1
VIRGINIA	7.6	8.2	7.2	2.4

Tables and Chart Source: Virginia Department of Health. Division of Health Statistics. Retrieved February 7, 2018. Accessed at https://www.vdh.virginia.gov/HealthStats/documents/pdf/bk1dth01.pdf.

Premature Death Rates

Premature age-adjusted mortality is an important and frequently referenced measure used to assess a population's health.

TABLE: Premature Age Adjusted Mortality Rate per 100,000 Mortality Rate less than 75 Years of Age

LOCALITY	Average	2014-2016	2013-2015	2011-2013	2010-2012
BEDFORD	326	NR	295	309	334
BEDFORD CITY	NR	NR	396	454	NR
VIRGINIA	317	314	315	318	328

Table 3 Source: Robert Wood Johnson Foundation. County Health Rankings & Roadmaps. 2018, 2017, 2016, 2015. Retrieved March 15, 2018. Retrieved from http://www.countyhealthrankings.org/app/virginia/2018/overview; …/2017/overview; …/2016/overview; …/2015/overview.

Injury Death Rate
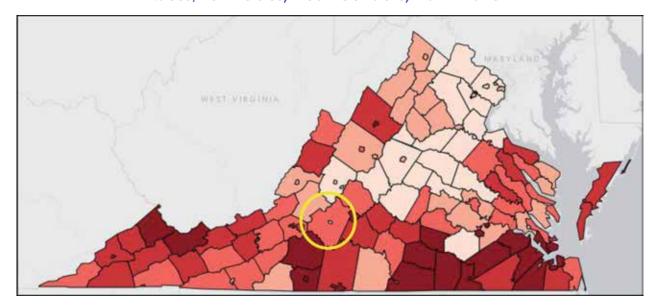
TABLE: Number of deaths due to injury per 100,000 population

LOCALITY	2016 -2012	2015 - 2011	2013 - 2009	2012 - 2008
BEDFORD	NR	71	71	69
VIRGINIA	58	55	52	52

Source: County Health Rankings for Virginia Localities 2018, 2017, 2016, 2015. CDC WONDER mortality data by four-year groupings

Bedford Area Community Health Needs Assessment

Hypertension

MAP and TABLE: Hypertension Death Rate per 100,000 (any mention), 35+, All Races/Ethnicities, Both Genders, 2014-2016

BEDFORD	181.1
VIRGINIA	**167.4**

Source: Map Source: Centers for Disease Control and Prevention. Interactive Atlas of Heart Disease and Stroke. https://nccd.cdc.gov/DHDSPAtlas/Default.aspx?state=VA

Stroke Death Rate

TABLE: Stroke Death Rate per 100,000, Age 35+ by Race 2014-2016

LOCALITY	All Races Both Genders	White	Black	Hispanic
BEDFORD COUNTY	77.1	77.9	92.4	NR
VIRGINIA	**73.3**	**70.5**	**94.7**	**45.4**

Table Source: Centers for Disease Control and Prevention. Interactive Atlas of Heart Disease and Stroke. Retrieved from https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx. *Accessed April 25, 2018.*

TABLE: Heart Disease Death Rate per 100,000
Age 35+ by Race 2014-2016

LOCALITY	All Races Both Genders	White	Black	Hispanic
BEDFORD COUNTY	303.9	304.5	363.8	NR
VIRGINIA	297.4	299.4	370.4	130.1

Table Source: Centers for Disease Control and Prevention. Interactive Atlas of Heart Disease and Stroke. Retrieved from https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx. *Accessed April 25, 2018.*

Suicide Death Rate

According to the Centers for Disease Control and Prevention (CDC) WISQARS Leading Causes of Death Reports, in 2016:

- Suicide was the tenth leading cause of death overall in the United States, claiming the lives of nearly 45,000 people.
- Suicide was the second leading cause of death among individuals between the ages of 10 and 34, and the fourth leading cause of death among individuals between the ages of 35 and 54.
- There were more than twice as many suicides (44,965) in the United States as there were homicides (19,362).
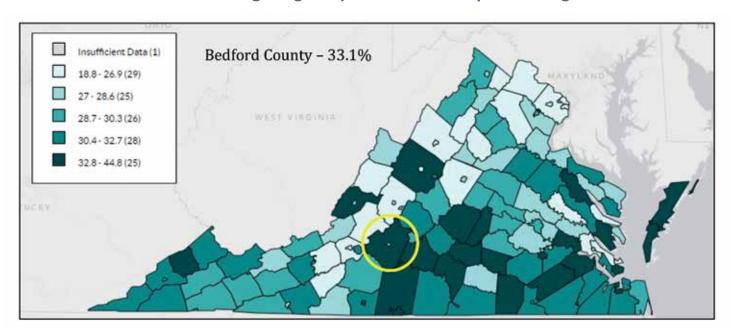
TABLE: Virginia Age-Adjusted Death Rates per 100,000 Population: Suicide 2008-2014

LOCALITY	Suicide Rate 2008-2014
BEDFORD	15.93
VIRGINIA	12.24

Table Source: Centers for Disease Control and Prevention. Retrieved from https://wisqars.cdc.gov:8443/cdcMap-Framework/mapModuleInterface.jsp

Bedford County has a higher mortality rate from suicide than the overall state suicide mortality rate. The state locality suicide mortality rate ranges from 5.74 to 17.92.

MAP: Diabetes Percentage, Age Adjusted for the Population Age 20+: 2014

BEDFORD	9.7%
VIRGINIA RANGE	**5.2% - 13.1%**

Map Source: Centers for Disease Control and Prevention. Interactive Atlas of Heart Disease and Stroke. Retrieved from
https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx

Maternal and Child Health Indicators

"The well-being of mothers, infants, and children determines the health of the next generation and can help predict future public health challenges for families, communities, and the medical care system. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.

Despite major advances in medical care, critical threats to maternal, infant, and child health exist in the United States. Among the Nation's most pressing challenges are reducing the rate of preterm births, which has risen by more than 20% from 1990 to 2006, [1] and reducing the infant death rate, which in 2011 remained higher than the infant death rate in 46 other countries.[2]

Each year, 12% of infants are born preterm and 8.2% of infants are born with low birth weight. In addition to increasing the infant's risk of death in its first few days of life, preterm birth and low birth weight can lead to devastating and lifelong disabilities for the child. Primary among these are visual and hearing impairments, developmental delays, and behavioral and emotional problems that range from mild to severe.

Preconception (before pregnancy) and interconception (between pregnancies) care provide an opportunity to identify existing health risks and to prevent future health problems for women and their children. These problems include heart disease, diabetes, genetic conditions, sexually transmitted diseases, and unhealthy weight."

Prenatal Care

TABLE: Prenatal Care Beginning in the First Trimester

LOCALITY	2015	2014	2013	2012
BEDFORD	90.8	92.7	93.1	94.1
BEDFORD CITY			91.4	93.2
VIRGINIA	85.2	82.8	82.9	83.0

Low Birth Weight Births

TABLE: Four-Year Low Birth Weight Births, by Race, 2012-2016

LOCALITY	TOTAL	WHITE	BLACK	OTHER
BEDFORD	7.1%	6.6%	12.7%	5.2%
VIRGINIA	8.0%	6.5%	12.7%	7.6%

Infant Mortality Rate

TABLE: Four-Year Infant Mortality Rate by Total, by Race, Per 1,000 Live Births

LOCALITY	Infant Mortality Rate Total 2012-2015	Infant Mortality Rate White 2012-2015	Infant Mortality Rate Black 2012-2015	Infant Mortality Rate Other 2012-2015
BEDFORD	5.8	4.4	19.8	15.9
VIRGINIA	6.0	4.9	11.9	2.6

Source: Virginia Department of Health. Division of Health Statistics. Retrieved from https://www.vdh.virginia.gov/HealthStats/stats.htm

Teen Birth Rate

TABLE: Teen Birth Rate

LOCALITY	Total 2010-2016	White	Black
BEDFORD	18.0	NR	NR
VIRGINIA	21.0	NR	NR

NR – Not Reported
Source: Robert Wood Johnson Foundation. County Health Rankings, 2018

PHYSICAL ENVIRONMENT

"Poor health outcomes are often made worse by the interaction between individuals and their social and physical environment. For example, millions of people in the United States live in places that have unhealthy levels of ozone or other air pollutants. In counties where ozone pollution is high, there is often a higher prevalence of asthma in both adults and children compared with state and national averages. Poor air quality can worsen asthma symptoms, especially in children. Social determinants of health reflect the social factors and physical conditions of the environment in which people are born, live, learn, play, work, and age. Also known as social and physical determinants of health, they impact a wide range of health, functioning, and quality-of-life outcomes. Examples of physical determinants include:

- Natural environment, such as plants, weather, or climate change
- Built environment, such as buildings or transportation
- Worksites, schools, and recreational settings
- Housing, homes, and neighborhoods
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements, such as good lighting, trees, or benches"

[Citation: Office of Disease Prevention and Health Promotion. HealthyPeople.gov. Retrieved from https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health]

Housing Problems

"Good health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries and poor childhood development."

[Citation: Robert Wood Johnson Foundation. Community Health Rankings. Residential segregation – non-white/white. Retrieved from http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors/physical-environment/housing-transit/severe-housing-problems]

TABLE: Housing with at least 1 of 4 Housing Problems

LOCALITY	2010 - 2014		2009 - 2013	
	No. Households with Severe Problems	% Households w Severe Problems	No. Households with Severe Problems	% Households w Severe Problems
BEDFORD	3,655	12.0%	3,590	12.0%
VIRGINIA		15.0%		15.0%

Note: Housing Problems include overcrowding, high housing costs, or lack of kitchen or plumbing facilities
Table Source: County Health Rankings from US Department of Housing and Urban Development. Retrieved from
http://www.countyhealthrankings.org/app/virginia/2018/measure/factors/136/data

Residential Segregation

"Racial/ethnic residential segregation refers to the degree to which two or more groups live separately from one another in a geographic area. The index of dissimilarity is a demographic measure of the evenness with which two groups (non-white and white residents) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The index score can be interpreted as the percentage of white or non-white that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area. Residential segregation remains prevalent in many areas of the country and may influence both personal and community well-being. Residential segregation is considered to be a fundamental cause of health disparities in the US and has been linked to poor health outcomes, including mortality, a wide variety of reproductive, infectious, and chronic diseases, and other adverse conditions. [1,2] Structural racism is also linked to poor-quality housing and disproportionate exposure to environmental toxins.[3] Individuals living in segregated neighborhoods often experience increased violence, reduced educational and employment opportunities, limited access to quality healthcare and restrictions to upward mobility.[2,3]"

[Citation: Robert Wood Johnson Foundation. Community Health Rankings. Residential segregation – non-white/white. Retrieved from http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors/social-and-economic-factors/family-social-support/residential-segregation-non-whitewhite]

References: [1] Gee G, Ford C. Structural racism and health inequities: Old issues, new directions. Du Bois Review. 2011;8:115-132. [2] Kramer MR, Hogue CR. Is segregation bad for your health? Epidemiol. Rev. 2009;31:178-194. [3] Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: Evidence and interventions. Lancet. 2017;389:1453-1463.

TABLE: Residential Segregation - Non-white/White

LOCALITY	2016-2012	2015-2011	2014-2010
BEDFORD	28.0	31.0	35.0
VIRGINIA	41.0	41.0	42.0

Note: A score of "1" would represent maximum segregation
Source: Community Health Rankings 2018, 2017, 2016 from American Community Survey, 5-year estimates.

Air Quality

TABLE: Percentage of (Pop. Adjusted) Days Exceeding NAAQ Standards: Particulate Matter (PM2.5), 2009 through 2012

LOCALITY	2012	2011	2010	2009
BEDFORD	0	0	0	0
VIRGINIA	0.08	0.00	0.08	0.02

Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012. Retrieved from https://assessment.communitycommons.org/CHNA/report?page=3&id=409&reporttype=ENVIRO

Water Quality

TABLE: Household Water Quality: Common Contaminants Percent of samples exceeding standard 2009-2015

LOCALITY	Low pH (<6.5)	Copper	Total coliform bacteria	Lead	Manganese	E. coli bacteria
BEDFORD	35%	21%	31%	20%	12%	NR
VIRGINIA	20%	9%	40%	10%	10%	8%

Table Source: Virginia Cooperative Extension. Virginia Household Water Quality Program. Retrieved from https://www.wellwater.bse.vt.edu/resources.php

Violent Crime

TABLE: Violent Crime Reported Offenses Rate per 100,000

LOCALITY	2014-2012	2012-2010
BEDFORD	74	160
VIRGINIA	194	200

Source: County Health Rankings for Virginia Localities 2018 (2014-2012), and 2016 (2012-2010) from Uniform Crime Reporting - FBI

Prioritization of Needs

Upon completion of primary and secondary data collection, the Bedford Area Community Health Assessment Team (CHAT) was charged with prioritizing the needs of the community. A "Prioritization of Needs Worksheet" was developed based on the importance placed on areas of need identified through two methods:

1. Responses from the Community Health Survey (Top 25 responses)
   a. Q5. Thinking about the community, what are the five most important issues that affect the health of the community?
2. Responses from the Stakeholders' Survey and Focus Group Meeting (Top 26 responses)
   a. Q1. What are the top 5 greatest needs in the community(s) you serve?

The Bedford Area Prioritization of Needs Worksheet is available in the Appendix. For each "Area of Need" identified, the percentage of responses for each question from the Community Health Survey and/or Stakeholders' Survey and Focus Group Meeting were noted on the worksheet so that participants could see how they were prioritized by the appropriate community members.

At the September 26, 2018 CHAT meeting, members were asked to rank the needs from 1 to 10, with 1 being the greatest need and 10 being the 10th greatest need. In addition, the worksheet was available via a Survey Monkey link for those CHAT members who were unable to attend the meeting. Upon completing the ranking exercise, CHAT members discussed their rankings as a group. Many members expressed that many of the "Areas of Need" were inter-related (i.e. Access to Healthy Food, Lack of Exercise, and Overweight/Obesity) to other needs. Some members grouped similar items into one ranking when relevant.

Rankings by respondent for the "Areas of Need" were entered into Survey Monkey and analyzed using an Excel workbook. A total of 22 CHAT members completed the "Prioritization of Needs Worksheet". An average rank score per priority was calculated. Where an Area of Need was not ranked in the top 10, the number 11 was assigned to adjust rankings across all priority areas. The rankings were then summed and divided by 22 for an average rank score. When appropriate, Areas of Need ranked in the top 10 that had similarities were combined (i.e. Substance use and Alcohol and Illegal drug use).

The 2018 Prioritization of Needs Top 10 Rankings follow. Priority areas are reflective of the County Health Rankings' four categories for Health Factors including Social and Economic

Factors, Health Behaviors, Clinical Care, and Physical Environment. These rankings will be used by Centra, the Central Virginia Health District, the Partnership for Healthy Communities partners, and community leaders/stakeholders to develop Implementation Plans that will respond to these needs.

Bedford Area
Prioritization of Needs 2018
Top 10 Rankings

Ranking n=22	Average Ranking n=22	Areas of Need	Community Health Survey Responses (%) n=1332	Stakeholder Survey Responses (%) n=175	Comments
1	3.55	Access to affordable health care	61.79%		
2	5.57	Access to mental health services & mental health problems			Combined Mental health problems (#2, Ranking 5.05) and Access to mental health services (#3, Ranking 5.50)
	5.05	Mental health problems	26.20%		
	5.50	Access to mental health services		11%	
3	6.32	Substance use and alcohol & illegal drug use			Combined Alcohol & illegal drug use (#4, Ranking 5.64) and Substance use (#9, Ranking 9)
	5.64	Alcohol and illegal drug use	34.23%		
	6.50	Substance use		13%	
4	6.27	Diabetes	14.41%		
5	6.36	Overweight/Obesity	30.71%		
6	6.36	Poor eating habits	16.67%		
7	6.41	Transportation	9.38%	13%	
8	6.73	Access to healthy foods	25.15%	5%	
9	7.09	Access to affordable housing	19.29%	4%	
10	7.32	High blood pressure	10.74%		

Community Resources

A list of resources was developed from the area 2-1-1 database, as well as from input from the Stakeholder Focus Group meeting and Surveys and the Target Population Focus Group meetings. This list will assist Centra, the Central Virginia Health District, the Partnership for Healthy Communities and other community stakeholders in identifying existing programs and community resources that are available to address the prioritized needs in the Implementation Plans. The list of Community Resources can be found in the Appendix.

Evaluation of Impact

The Bedford Area Community Health Needs Assessment (CHNA) and Implementation Plan was previously conducted in 2015 and identified three action plan priorities aimed at improving the health of the various communities served. These priorities included transportation; mental wellness; and family/childhood poverty.

For the "transportation" priority, Centra Foundation grants are supporting "Bedford Ride", a non-emergency medical transportation program, and "Ways to Work", a program that helps people obtain personal transportation for work and other personal needs. Centra Bedford Memorial Hospital (CBMH) is also collaborating on a transportation service that provides low cost transportation for residents in low-income housing communities.

To address the "family/childhood poverty" priority, a community coalition identified as the Bedford Area Resource Council (BARC) has been formed. BARC is made up of 57 agencies represented by 106 individuals. BARC meets monthly and has identified the Bridges Out of Poverty community support program which provides a family of concepts, workshops, and products to help employers, community organizations, social service agencies, and individuals address and reduce poverty in a comprehensive way. Members who have attended Bridges workshops report improved insights to the challenges of poverty especially in the sectors of health care and business/workforce development. CBMH facilitated training sessions across sectors of the community to implement the Bridges Out of Poverty program.

Regarding the "mental wellness" priority, CBMH is working to increase access to needed mental and behavioral health counseling, psychiatric, and other provider-based services in collaboration with Horizon Behavioral Health (the public Community Services Board), Johnson Health Center (federally qualified health center), and other area providers. CBMH created, distributed, and continues to maintain a directory of community based mental wellness resources for area primary care physicians and referring agencies.

Multiple other needs were identified during the 2015 CHNA process including unintentional injuries, access to exercise, and households on public assistance. CBMH did not focus on those initiatives because the Community Health Assessment Team (CHAT) did not identify these issues as being the most pertinent, pressing community needs. It was felt not prudent to spread limited hospital and community resources across too many initiatives at that point in time.

Appendix

1. Area Community Health Survey (English and Spanish)

La organización *The Partnership for Healthy Communities* está trabajando junto con los líderes en el área a fin de aprender más acerca de sus necesidades de atención médica. Favor de contestar las siguientes preguntas con la(s) mejor(es) respuesta(s). Todos los cuestionarios se mantendrán confidenciales. Gracias por tomar el tiempo de llenar este cuestionario. Se puede mandar el cuestionario al: Lynchburg Health Department, Attention Lindsey Cawood, 307 Alleghany Ave., Lynchburg, VA 24501. Usted tiene que ser mayor de 18 años para poder llenar este cuestionario. Favor de completar este cuestionario una sola vez.

CUESTIONARIO DE SALUD PARA LA COMUNIDAD DEL AREA DE BEDFORD

ACCESO Y BARRERAS A LA ATENCIÓN MÉDICA

1. ¿Hay una clínica médica, centro de salud u otro lugar específico donde usted usualmente va si está enfermo o necesita consejo acerca de su salud? ☐ **Sí**   ☐ **No**

Pase a la pregunta 2 si marcó No. Si marcó Sí:

▪ **¿Es este el lugar adonde iría para tratar un nuevo problema de salud?**   ☐ Sí ☐ No

▪ **¿Es este el lugar adonde iría para asistencia médica preventiva, tal como un chequeo, examen o inmunizaciones generales?**   ☐ Sí ☐ No

▪ **¿Es este el lugar adonde iría para conseguir un referido a otra profesional de salud, si fuera necesario?**   ☐ Sí ☐ No

2. ¿Usted utiliza servicios de atención médica? ☐ **Sí**   ☐ **No**
Si sí, ¿adónde va para atención médica? *(Marque todos los que apliquen)*

☐ Clínica médica_____		☐ Departamento de salud
☐ Bedford Christian Free Clinic		☐ Huddleston Health and Wellness
☐ Bedford Community Health Center		☐ Clínica de farmacia
☐ Carilion Clinic Family Medicine		☐ Planned Parenthood
☐ Centra Medical Group_____		☐ Veterans Administration Medical Center
☐ Central Virginia Family Physicians		☐ Urgent Care o Clínica sin cita previa
☐ Community Access Network Health Center		☐ Centra 24/7 Virtual Visit
☐ Sala de emergencias		☐ Otro_____
☐ Free Clinic of Central Virginia		

3. ¿Usted utiliza servicios de atención dental? ☐ **Sí**   ☐ **No**
Si sí, ¿adónde va para atención dental? *(Marque todos los que apliquen)*

☐ Clínica del dentista_____		☐ Otro_____
☐ Affordable Dentures	☐ Kool Smiles	
☐ Bedford Dental Clinic	☐ Mission of Mercy Project	
☐ Community Access Network Health Ctr	☐ Peakview Dental	
☐ Sala de emergencias	☐ Urgent Care/Clínica sin cita previa	
☐ Free Clinic of Central Virginia	☐ Veterans Admin. Medical Center	

4. ¿Usted utiliza servicios de salud mental, abuso de alcohol, o abuso de drogas?   **Sí** ☐   **No** ☐
Si sí, ¿adónde va para tales servicios? *(Check all that apply)*

☐ Clínica del consejero_____	☐ Sala de emergencias	☐ Urgent Care/Clínica sin cita previa
☐ Clínica médica_____	☐ Free Clinic of Central Virginia	☐ Otro_____
☐ Bedford Community Health Clinic	☐ Horizon Behavioral Health	
☐ Blue Ridge Behavioral Healthcare	☐ Lutheran Family Services	
☐ Centra Mental Health Services	☐ Pathways Recovery Lodge	
☐ Community Access Network Health Ctr	☐ Roads to Recovery	
☐ Couples & Kids	☐ Veterans Admin. Medical Center	

5. ¿Qué piensa usted que son los asuntos más importantes que afectan la salud de nuestra comunidad?
(Escoja solo cinco)

- El acceso económico a atención médica
- El acceso a alimentos saludables
- Los accidentes en el hogar
- La vivienda económica

- Los problemas de envejecimiento
- El uso de alcohol y drogas ilícitas
- El asma
- El bullying
- El cáncer
- El uso de teléfonos celulares/el mandar mensajes mientras maneja
- El abuso/la negligencia de niños
- Los problemas dentales
- La diabetes
- La discriminación/segregación

- La violencia doméstica

- El índice de deserción escolar
- La salud ambiental (agua, aire
- La actividad de pandillas
- La enfermedad cardíaca y el derrame cerebral
- La hipertensión
- El VIH / el SIDA
- El homicidio
- La muerte infantil
- El desempleo
- La falta de ejercicio

- La enfermedad pulmonar
- Los problemas de salud mental
- La seguridad en el vecindario
- El no vacunarse para prevenir enfermedad
- El uso de opioides
- La salud ambiental (la calidad del agua y el aire, el uso de pesticidas)
- El no usar cinturones de seguridad, las sillas infantiles, los cascos)
- El uso de tabaco, incluso el fumar y el fumar cigarrillos electrónicos
- Otro_____

- El sobrepeso/la obesidad
- Los malos hábitos de alimentación
- La pobreza
- El abuso de drogas recetadas

- El apoyo social
- El apoyo sexual
- El abuso sexual
- El estrés
- El suicidio
- El embarazo adolescente

- La transportación
- El sexo seguro
- La transportación
- El sexo seguro

6. ¿Cuáles servicios son difíciles de conseguir en nuestra comunidad? *(Marque todos los que apliquen)*

- Los servicios de ambulancia
- La atención quiropráctica
- La atención dental de adultos
- La atención dental de niños
- Los servicios para la violencia doméstica
- El cuidado de ancianos
- La atención en la sala de emergencias
- El cuidado del final de la vida, hospicio, paliativo
- Los servicios para los ex delincuentes
- Un médico de familia
- La planificación familiar/los anticonceptivos
- La comida a buen precio

- La vivienda (segura y económica)
- Las inmunizaciones
- La atención hospitalaria
- El análisis de laboratorio
- Los servicios legales
- Las mamografías
- La medicación/los suministros médicos
- La salud mental/la consejería
- La nutrición y la pérdida de peso
- La terapia física
- El cuidado prenatal
- El cuidado preventivo (p. ej. los chequeos)
- La terapia alternativa (herbaria, la acupuntura, el masaje)
- Los servicios de abuso de sustancias – drogas y alcohol

- Los programas para dejar el tabaco
- El cuidado especializado
  - El asma
  - El cuidado de cáncer
  - La cardiología
  - La dermatología
- La transportación
- El cuidado urgente/clínica sin cita previa
- El cuidado de la visión
- Los servicios de salud de mujeres
- La preparación para el empleo

7. ¿Qué cree usted que le impide conseguir los servicios que necesita? *(Marque todos los que apliquen)*

- Miedo de ir a un chequeo
- No encuentro proveedores que acepten mi seguro
- El cuidado infantil

- No tengo acceso al internet
- No me gusta ir al médico

- No confío en los médicos/las clínicas

- La ubicación de las oficinas
- Esperas muy largas para las citas

- No tengo seguro de salud

☐ El costo   ☐ No tengo un médico regular   ☐ No tengo transporte

☐ No sé cuáles servicios están disponibles   ☐ Pagos compartidos (*co-pays*) costosos   ☐ Puedo conseguir la atención médica que necesito

☐ No me gusta aceptar ayuda del gobierno   ☐ Servicios de idioma   ☐ Otro_____

☐ No tengo el tiempo   ☐ Falta de servicios ofrecidos en la tarde/fin de semana

PREGUNTAS GENERALES DE LA SALUD

8. Marque uno de los siguientes para cada declaración, por favor.

	Sí	No	No aplica
He tenido un examen de mis ojos durante los últimos 12 meses.			
He ido a una cita de salud mental/abuso de sustancias durante los últimos 12 meses.			
He tenido un examen dental durante los últimos 12 meses.			
He ido a la sala de emergencias durante los últimos 12 meses.			
He ido a la sala de emergencias debido a una herida durante los últimos 12 meses (p. ej. un accidente de automóvil, una caída, una intoxicación, una quemadura, una incisión, etc.)			
He sido víctima de la violencia o abuso doméstico durante los últimos 12 meses.			
Mi médico me ha dicho que tengo una enfermedad crónica o a largo plazo.			
Me tomo el medicamento que mi doctor me ha recetado para controlar mi enfermedad crónica.			
Puedo pagar el medicamento que necesito para tratar mis condiciones médicas.			
Tengo más de 21 años y he tenido un examen de papanicolaou durante los últimos tres años (si usted tiene menos de 21 años o es varón, marque "No aplica").			
Tengo más de 40 años y he tenido una mamografía durante los últimos 12 meses (si usted tiene menos de 40 años o es varón, marque "No aplica").			
Tengo más de 50 años y he tenido una colonoscopia durante los últimos 10 años (si usted tiene menos de 50 años, marque "No aplica").			
¿Apoya su vecindario la actividad física? (p. ej. tiene parques, aceras, carril de bici, etc.)			
¿Apoya su vecindario la alimentación sana? (p. ej. tiene jardines de comunidad, un mercado de agricultores, etc.)			
En el área en donde usted vive, ¿es fácil conseguir frutas y verduras frescas a buen precio?			
¿Ha habido ocasiones durante los últimos 12 meses cuando no le alcanzaba para poder comprar la comida que usted o su familia necesitaba?			
¿Ha habido ocasiones durante los últimos 12 meses cuando no le alcanzaba para poder pagar su renta o hipoteca?			
¿Se siente usted seguro/a en su vecindario?			

9. ¿De dónde consigue usted o su familia los alimentos que comen? (*Marque todos los que apliquen*)

☐ Los programas de comida de verano o de mochilas   ☐ Su propia cosecha de jardín

☐ Un jardín de comunidad   ☐ No como en casa

☐ La tienda de la esquina/la gasolinera   ☐ Mi familia, mis amigos, mis vecinos, o mi iglesia

☐ La tienda del dólar   ☐ Meals on Wheels

☐ El mercado de agricultores   ☐ La escuela

☐ El banco de alimentos/comedor comunitario   ☐ Un restaurante/comida para llevar/comida rápida

☐ El supermercado   ☐ Otro_____

10. Durante los últimos 7 días, ¿cuántas veces ha comido usted fruta o verduras (frescas o congeladas)? El jugo de fruta o vegetales no cuenta. (*Marque uno por favor*)

☐ No comí ni frutas ni verduras durante los últimos 7 días

☐ 1 – 3 veces durante los últimos 7 días

☐ 4 – 6 veces durante los últimos 7 días

☐ 1 vez por día

☐ 2 veces por día
☐ 3 o más veces por día
☐ 4 o más veces por día

11. ¿Un médico le ha dicho que usted tiene…? (*Marque <u>todos</u> los que apliquen*)

☐ El asma

☐ El cáncer

☐ El parálisis cerebral

☐ La EOPC/la bronquitis crónica/el enfisema

☐ La depresión o la ansiedad

☐ La diabetes o el azúcar en sangre elevado

☐ Los problemas de drogas o alcohol

☐ Una enfermedad cardíaca

☐ La hipertensión

☐ El colesterol elevado

☐ El VIH / el SIDA

☐ Un problema de salud mental

☐ La obesidad/el sobrepeso

☐ El derrame/una enfermedad cerebrovascular

☐ No tengo ningún problema de salud

☐ Otro_____

12. ¿Cuándo fue la última vez que usted vio a un médico por motivo de un chequeo rutinario? *(Marque uno, por favor)*

☐ Durante el último año
☐ Durante los últimos dos años

☐ Durante los últimos 3 a 5 años
☐ Hace 5 años o más

13. ¿Cuándo fue la última vez que usted fue con un dentista o a una clínica dental por cualquier motivo? Incluya visitas a especialistas dentales, como un ortodoncista. *(Marque <u>uno</u>, por favor)*

☐ Durante el último año
☐ Durante los últimos dos años

☐ Durante los últimos 3 a 5 años
☐ Hace 5 años o más

14. ¿Qué tan conectado/a se siente usted con la comunidad y con los a su alrededor?

☐ Muy conectado/a   ☐ Un poco conectado/a   ☐ No conectado/a

15. Durante los últimos 7 días, ¿por cuántos días estuvo usted activo/a por un total de por lo menos 30 minutos? (Suma todo el tiempo que usted pasó en cualquier tipo de actividad física que elevó su ritmo cardíaco e hizo que usted respirara fuertemente por parte del tiempo).

☐ 0 día   ☐ 1 día   ☐ 2 días   ☐ 3 días   ☐ 4 días   ☐ 5 días   ☐ 6 días   ☐ 7 días

16. Durante los últimos 7 días, ¿cuántas veces se ha juntado toda, o la mayoría, de la familia que vive en su hogar para comer juntos?

☐ Ninguna vez
☐ 1-2 veces

☐ 3-4 veces
☐ 5-6 veces

☐ 7 veces
☐ Más de 7 veces

☐ No se aplica/vivo solo/a

17. ¿Cómo está su salud en general?: *(Marque <u>uno</u>, por favor)*

☐ Excelente   ☐ Muy buena   ☐ Buena   ☐ Más o menos   ☐ Mala

18. Pensando en su salud física, la cual incluye las enfermedades y las heridas físicas, ¿por cuántos días durante los últimos 30 días considera usted que su salud física no estaba bien? _____ Días

19. Pensando en su salud mental, la cual incluye el estrés, la depresión y problemas emocionales, ¿por cuántos días durante los últimos 30 días considera usted que su salud mental no estaba bien?
_____ **Días**

20. Durante los últimos 30 días: *(Marque todos los que apliquen)*

☐ Me he tomado 5 o más bebidas alcohólicas (si es varón) o 4 o más bebidas alcohólicas (si es mujer) durante una sola ocasión.

☐ He usado productos de tabaco (cigarrillos, tabaco sin humo, cigarrillos electrónicos, etc.)

☐ He usado las drogas recetadas para drogarme.

☐ He usado las drogas ilícitas como el crack, la cocaína, el éxtasis, la heroína, el LSD, la marihuana, la metanfetamina

☐ Otro_____

21. ¿Cuántos vehículos tiene usted o los que viven actualmente en su hogar a su alcance (sean propios, alquilados o disponibles para uso regular)? Asegúrese de incluir las motocicletas, las pasolas y las casas rodantes. _____ **Vehículos**

22. ¿Qué tipos de transportación utiliza usted? *(Marque todos los que apliquen)*

☐ Bicicleta
☐ Caminar/a pie
☐ Carro
☐ Motocicleta, pasola, scooter
☐ Amigos o familiares que me llevan

☐ Transporte público (p. ej. autobús, shuttle, etc)
☐ Taxi
☐ Uber/Lyft
☐ Otro_____

23. ¿Cuál de los siguientes describe su tipo de seguro de salud actual? *(Marque todos los que apliquen)*

☐ COBRA
☐ Seguro dental
☐ Seguro proveído por el empleador
☐ Del gobierno (VA, Champus)

☐ Cuenta de ahorros para gastos médicos
☐ Seguro individuo/privado
☐ Marketplace/Obamacare
☐ Medicaid

☐ Medicare
☐ Suplemento de Medicare
☐ Ningún seguro dental
☐ Ningún seguro de salud

24. Si usted no tiene seguro de salud, ¿por qué motivo no lo tiene? *(Marque todos los que apliquen)*

☐ No aplica – tengo seguro
☐ No entiendo mis opciones del Marketplace/Obamacare
☐ No está disponible a través de mi trabajo
☐ Soy estudiante

☐ El costo/muy caro
☐ No tengo trabajo
☐ Decido no tenerlo
☐ Otro_____

25. ¿Cuál es su código postal? _____

26. ¿Cuál es su edad? _____

27. ¿Cuál es su género? ☐ Varón ☐ Mujer ☐ Transgénero ☐ Otro _____

28. ¿Cuál es su altura? _____

29. ¿Cuál es su peso? _____

30. ¿Es usted un veterano de los EEUU? ☐ Sí ☐ No

31. ¿Cuántas personas viven en su hogar (incluya a sí mismo/a)?

Núm. de entre 0-17 años:_____ Núm. de entre 18-64 años:_____ Núm. de 65 años o mayor:_____

32. ¿Cuál es su nivel más alto de educación completada?

☐ No llegué a la escuela secundaria

☐ Fui a la escuela secundaria pero no me gradué

☐ Recibí un diploma de secundaria o un GED

☐ Un título de 2 años (Associate's)

☐ Un título de 4 años (Bachelor's)

☐ Un título de maestría o doctorado

☐ Programa de certificado_____

33. ¿Cuál es su idioma principal? ☐ inglés ☐ español ☐ Otro_____

34. ¿Con qué grupo étnico se identifica usted? *(Marque todos los que apliquen)*

☐ Nativo de Hawái/las islas del Pacífico

☐ Indio americano/nativo de Alaska

☐ Asiático

☐ Latino

☐ Negro/afroamericano

☐ Más que una raza

☐ Blanco

☐ Se niega a responder

☐ Otro_____

35. ¿Cuál es su estado civil?

☐ Casado/a ☐ Soltero/a ☐ Divorciado/a ☐ Viudo/a ☐ Unión libre

36. ¿Cuánto es su ingreso familiar anual?

☐ $0 - $10,000 ☐ $10,001 - $20,000 ☐ $20,001 - $30,000 ☐ $30,001 – 40,000 ☐ $40,001 - $50,000
☐ $50,001 - $60,000 ☐ $60,001 - $70,000 ☐ $70,001 - $100,000 ☐ $100,001 o más

37. ¿Cuál es su estado laboral?

☐ Jornada completa ☐ De media jornada ☐ Desempleado/a ☐ Trabajador independiente ☐ Jubilado/a ☐ Amo/a de casa ☐ Estudiante

38. ¿Usted actualmente recibe beneficios de discapacidad? ☐ Sí ☐ No

39. ¿Hay algo más que deberíamos saber acerca de las necesidades de usted (o de alguien que vive en su hogar) en el área de Bedford?

¡Gracias por ayudar a hacer de su comunidad un lugar más sano para vivir, trabajar y jugar!

The Partnership for Healthy Communities is working with leaders in the area to learn more about your health care needs. Please answer the following questions with the best answer or answers. All surveys will be kept confidential. Thank you for taking the time to complete this survey. Surveys can be mailed to Lynchburg Health Department, Attention Lindsey Cawood, 307 Alleghany Ave., Lynchburg, VA 24501. You must be over 18 years of age to complete this survey. Please complete this survey only once.

BEDFORD AREA COMMUNITY HEALTH SURVEY

ACCESS AND BARRIERS TO HEALTHCARE

1. Is there a specific doctor's office, health center, or other place that you usually go if you are sick or need advice about your health? ☐ **Yes** ☐ **No**

Skip to question 2 if you answered __No__   If you answered __Yes__:

- **Is this where you would go for new health problems?** ☐ Yes ☐ No
- **Is this where you would go for preventive health care such as general check-ups, examinations, and immunizations (shots)?** ☐ Yes ☐ No
- **Is this where you would go for referrals to other health professions when needed?** ☐ Yes ☐ No

2. Do you use medical care services? ☐ **Yes** ☐ **No**
If yes, where do you go for medical care? *(Check __all__ that apply)*

☐	Doctor's Office_____	☐	Health Department
☐	Bedford Christian Free Clinic	☐	Huddleston Health and Wellness
☐	Bedford Community Health Center	☐	Pharmacy Clinic
☐	Carilion Clinic Family Medicine	☐	Planned Parenthood
☐	Centra Medical Group_____	☐	Veterans Administration Medical Center
☐	Central Virginia Family Physicians	☐	Urgent Care or Walk-in Clinic
☐	Community Access Network Health Center	☐	Centra 24/7 Virtual Visit
☐	Emergency Room	☐	Other_____
☐	Free Clinic of Central Virginia		

3. Do you use dental care services? ☐ **Yes** ☐ **No**
If yes, where do you go for dental care? *(Check __all__ that apply)*

☐	Dentist's Office_____	☐	Free Clinic of Central Virginia	☐	Other_____
☐	Affordable Dentures	☐	Kool Smiles		
☐	Bedford Dental Clinic	☐	Mission of Mercy Project		
☐	Community Access Network Health Ctr	☐	Peakview Dental		
☐	Emergency Room	☐	Urgent Care/Walk-in Clinic		
☐	Free Clinic of Central Virginia	☐	Veterans Admin. Medical Center		

4. Do you use mental health, alcohol abuse, or drug abuse services? ☐ **Yes** ☐ **No**
If yes, where do you go for mental health and substance use care? *(Check __all__ that apply)*

☐	Counselor's Office_____	☐	Emergency Room	☐	Urgent Care/Walk-in Clinic
☐	Doctor's Office_____	☐	Free Clinic of Central Virginia	☐	Other_____
☐	Bedford Community Health Clinic	☐	Horizon Behavioral Health		
☐	Blue Ridge Behavioral Healthcare	☐	Lutheran Family Services		
☐	Centra Mental Health Services	☐	Pathways Recovery Lodge		
☐	Community Access Network Health Ctr	☐	Roads to Recovery		
☐	Couples & Kids	☐	Veterans Admin. Medical Center		

5. What do you think are the most important issues that affect the health of our community?
(Check five only)

- [ ] Access to affordable healthcare
- [ ] Access to healthy foods
- [ ] Accidents in the home
- [ ] Affordable Housing
- [ ] Aging problems
- [ ] Alcohol and illegal drug use
- [ ] Asthma
- [ ] Bullying
- [ ] Cancers
- [ ] Cell phone use/texting while driving
- [ ] Child abuse/neglect
- [ ] Dental problems
- [ ] Diabetes
- [ ] Discrimination/Segregation
- [ ] Domestic violence

- [ ] Education-drop-out rates
- [ ] Environmental health (water, air
- [ ] Gang activity
- [ ] Heart disease and stroke
- [ ] High blood pressure
- [ ] HIV / AIDS
- [ ] Homicide
- [ ] Infant death
- [ ] Joblessness
- [ ] Lack of exercise
- [ ] Lung disease
- [ ] Mental health problems
- [ ] Neighborhood safety
- [ ] Not getting "shots" to prevent disease
- [ ] Opioid Use
- [ ] Environmental Health (water and air quality, use of pesticides)
- [ ] Not using seat belts, child safety seats, helmets
- [ ] Tobacco use including smoking and vaping
- [ ] Other_____

- [ ] Overweight/Obesity
- [ ] Poor eating habits
- [ ] Poverty
- [ ] Prescription drug abuse
- [ ] Social support
- [ ] Sexual support
- [ ] Sexual assault
- [ ] Stress
- [ ] Suicide
- [ ] Teenage Pregnancy
- [ ] Transportation
- [ ] Unsafe sex
- [ ] Transportation
- [ ] Unsafe sex

6. Which services are hard to get in out community? *(Check all that apply)*

- [ ] Ambulance services
- [ ] Chiropractic care
- [ ] Dental care – adults
- [ ] Dental care – children
- [ ] Domestic violence services
- [ ] Eldercare
- [ ] Emergency room care
- [ ] End of life, hospice, palliative care
- [ ] Ex-offender services
- [ ] Family doctor
- [ ] Family planning/birth control
- [ ] Food that is affordable

- [ ] Housing (safe and affordable)
- [ ] Immunizations
- [ ] Inpatient hospital
- [ ] Lab work
- [ ] Legal services
- [ ] Mammograms
- [ ] Medication/medical supplies
- [ ] Mental health/counseling
- [ ] Nutrition and weight loss
- [ ] Physical therapy
- [ ] Pregnancy care
- [ ] Preventive care (e.g. check-ups)
- [ ] Alternative therapy (herbal, acupuncture, massage)
- [ ] Substance abuse services – drug and alcohol

- [ ] Programs to quit tobacco
- [ ] Specialty care
  - ▪ Asthma
  - ▪ Cancer care
  - ▪ Cardiology
  - ▪ Dermatology
- [ ] Transportation
- [ ] Urgent care/walk-in clinic
- [ ] Vision care
- [ ] Women's health services
- [ ] Workforce readiness

7. What do you feel prevents you from getting the services you need? *(Check all that apply)*

- [ ] Afraid to have check-ups
- [ ] Can't find providers to accept my insurance
- [ ] Childcare
- [ ] Cost
- [ ] Don't know types of services available
- [ ] Don't like accepting government assistance
- [ ] Don't have the time

- [ ] Don't have internet access
- [ ] Don't like going to the doctor
- [ ] Don't trust doctors/clinics
- [ ] Have no regular doctor
- [ ] High co-pays
- [ ] Language services
- [ ] Lack of evening and weekend services

- [ ] Location of offices
- [ ] Long waits for appointments
- [ ] No health insurance
- [ ] No transportation
- [ ] I can get the healthcare I need
- [ ] Other_____

GENERAL HEALTH QUESTIONS

8. Please check one of the following for each statement.

	Yes	No	Not Applicable
I have had an eye exam within the past 12 months.			
I have had a mental health / substance abuse visit within the past 12 months.			
I have had a dental exam within the past 12 months.			
I have been to the emergency room in the past 12 months.			
I have been to the emergency room for an injury in the past 12 months (e.g. motor vehicle crash, fall, poisoning, burn, cut, etc.).			
I have been a victim of domestic violence or abuse in the past 12 months.			
My doctor has told me that I have a long-term or chronic illness.			
I take the medicine my doctor tells me to take to control my chronic illness.			
I can afford medicine needed for my health conditions.			
I am over 21 years of age and have had a pap smear in the past three years (if male or under 21, please check "Not applicable").			
I am over 40 years of age and have had a mammogram in the past 12 months (if male or under 40, please check "Not applicable").			
I am over 50 years of age and have had a colonoscopy in the past 10 years (if under 50, please check "Not applicable").			
Does your neighborhood support physical activity? (e.g. parks, sidewalks, bike lanes, etc.)			
Does your neighborhood support healthy eating? (e.g. community gardens, farmers' markets, etc.)			
In the area that you live, is it easy to get affordable fresh fruits and vegetables?			
Have there been times in the past 12 months when you did not have enough money to buy the food that you or your family needed?			
Have there been times in the past 12 months when you did not have enough money to pay your rent or mortgage?			
Do you feel safe in your neighborhood?			

9. Where do you or your family get the food that you eat? *(Check <u>all</u> that apply)*

- [ ] Back-pack or summer food programs
- [ ] Community garden
- [ ] Corner store / convenience store / gas station
- [ ] Dollar store
- [ ] Farmers' market
- [ ] Food bank /food kitchen /food pantry
- [ ] Grocery store
- [ ] Home garden
- [ ] I do not eat at home
- [ ] Family, friends, neighbors, or my church
- [ ] Meals on Wheels
- [ ] School
- [ ] Take-out / fast food / restaurant
- [ ] Other_____

10. During the past 7 days, how many times did you eat fruit or vegetables (fresh or frozen)? Do not count fruit or vegetable juice. *(Please check <u>one</u>)*

- [ ] I did not eat fruits and vegetables during the past 7 days
- [ ] 1 – 3 time during the past 7 days
- [ ] 4 – 6 times during the past 7 days
- [ ] 1 time per day
- [ ] 2 times per day
- [ ] 3 or more times per day
- [ ] 4 or more times per day

11. Have you been told by a doctor that you have… *(Check all that apply)*

- [ ] Asthma
- [ ] Cancer
- [ ] Cerebral palsy
- [ ] COPD/chronic bronchitis/emphysema
- [ ] Depression or anxiety
- [ ] Diabetes or high blood sugar

- [ ] Drug or alcohol problems
- [ ] Heart disease
- [ ] High blood pressure
- [ ] High cholesterol
- [ ] HIV / AIDS
- [ ] Mental health problems

- [ ] Obesity/overweight
- [ ] Stroke/cerebrovascular disease
- [ ] I have no health problems
- [ ] Other_____

12. How long has it been since you last visited a doctor for a routine checkup? *(Please check one)*

- [ ] Within the past year
- [ ] Within the past 2 years

- [ ] Within the past 3 to 5 years
- [ ] 5 or more years ago

13. How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. *(Please check one)*

- [ ] Within the past year
- [ ] Within the past 2 years

- [ ] Within the past 3 to 5 years
- [ ] 5 or more years ago

14. How well connected do you feel with the community and those around you?

- [ ] Very connected
- [ ] Somewhat connected
- [ ] Not connected

15. In the past 7 days, on how many days were you physically active for a total of at least 30 minutes? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard for some of the time).

- [ ] 0 days
- [ ] 1 day
- [ ] 2 days
- [ ] 3 days
- [ ] 4 days
- [ ] 5 days
- [ ] 6 days
- [ ] 7 days

16. During the past 7 days, how many times did all, or most, of your family living in your house eat a meal together?

- [ ] Never
- [ ] 1-2 times
- [ ] 3-4 times
- [ ] 5-6 times
- [ ] 7 times
- [ ] More than 7 times
- [ ] Not Applicable/I live alone

17. Would you say that in general your health is: *(Please check one)*

- [ ] Excellent
- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

18. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? _____ **Days**

19. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? _____ **Days**

20. During the past 30 days: *(Check all that apply)*

- [ ] I have had 5 or more alcoholic drinks (if Male) or 4 or more alcoholic drinks (if female) during one occasion.
- [ ] I have used tobacco products (cigarettes, smokeless tobacco, e-cigarettes, etc.)
- [ ] I have used prescription drugs to get high.
- [ ] I have used illegal drugs such as Crack, Cocaine, Ecstasy, Heroin, LSD, Marijuana, Methamphetamine.
- [ ] Other_____

21. How many vehicles are owned, leased, or available for regular use by you and those who currently live in your household? Please be sure to include motorcycles, mopeds and RVs. _____Vehicles

22. What modes of transportation do you use? *(Check all that apply)*

☐ Bike
☐ Walk
☐ Car
☐ Motorcycle, moped, scooter
☐ Friends / family drive me

☐ Public transit (i.e. bus, shuttle, similar)
☐ Taxi
☐ Uber/Lyft
☐ Other_____

23. Which of the following describes your current type of health insurance? *(Check all that apply)*

☐ COBRA
☐ Dental Insurance
☐ Employer Provided Insurance
☐ Government (VA, Champus)

☐ Health Savings / Spending Account
☐ Individual/Private Insurance/ Marketplace/Obamacare
☐ Medicaid

☐ Medicare
☐ Medicare Supplement
☐ No Dental Insurance
☐ No Health Insurance

24. If you have no health insurance, why don't you have insurance? *(Check all that apply)*

☐ Not applicable – I have insurance
☐ I don't understand Marketplace/Obamacare options
☐ Not available at my job
☐ Student

☐ Too expensive / cost
☐ Unemployed / no job
☐ I choose not to have it
☐ Other_____

25. What is your ZIP code? _____
26. What is your age? _____
27. What is your gender? ☐ Male ☐ Female ☐ Transgender ☐ Other _____
28. What is your height? _____
29. What is your weight? _____
30. Are you a Veteran? ☐ Yes ☐ No
31. How many people live in your home (including yourself)?
Number 0-17 years of age_____ Number 18-64 years of age_____ Number 65 years or older_____

32. What is your highest education level completed?

☐ Less than High School
☐ Some High School
☐ High School Diploma / GED

☐ Associates
☐ Bachelors
☐ Masters / PhD

☐ Certificate Program_____

33. What is your primary language? ☐ English ☐ Spanish ☐ Other_____

34. What ethnicity do you identify with? *(Check all that apply)*

☐ Native Hawaiian/Pacific Islander
☐ American Indian/Alaskan Native

☐ Asian
☐ Latino

☐ Black/African American
☐ More than one race

☐ White
☐ Decline to answer
☐ Other_____

35. What is your marital status?

☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Domestic Partnership

36. What is your yearly household income?

☐ $0 - $10,000 ☐ $10,001 - $20,000 ☐ $20,001 - $30,000 ☐ $30,001 – 40,000 ☐ $40,001 - $50,000
☐ $50,001 - $60,000 ☐ $60,001 - $70,000 ☐ $70,001 - $100,000 ☐ $100,001 and above

37. What is your employment status?

☐ Full-time ☐ Part-time ☐ Unemployed ☐ Self-employed ☐ Retired ☐ Homemaker ☐ Student

38. Do you currently received disability benefits? ☐ Yes ☐ No

39. Is there anything else we should know about your (or someone living in your home) needs in the Bedford Area?

| |
| |
| |
| |
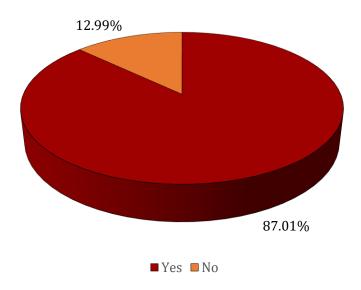
Thank you for helping make the Bedford Area a healthier place to live, work, and play!

2. Area Community Health Survey - Full Report

BEDFORD AREA COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY
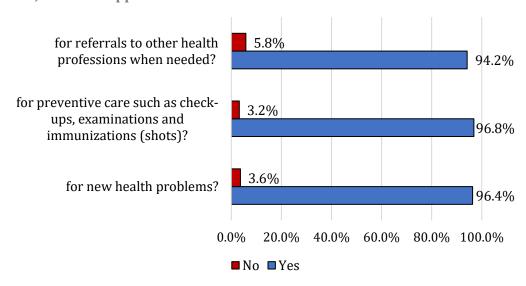
Q1. Is there a specific doctor's office, health center, or other place that you usually go if you are sick or need advice about your health?
Answered: 1,470   Skipped: 16

12.99%

87.01%

■ Yes ■ No
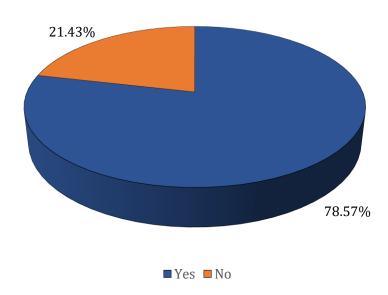
Q1. If you answered "Yes" is this where you go…
Answered: 1,255   Skipped: 231

for referrals to other health professions when needed? 5.8% 94.2%

for preventive care such as check-ups, examinations and immunizations (shots)? 3.2% 96.8%

for new health problems? 3.6% 96.4%

0.0%   20.0%   40.0%   60.0%   80.0%   100.0%

■ No ■ Yes

1
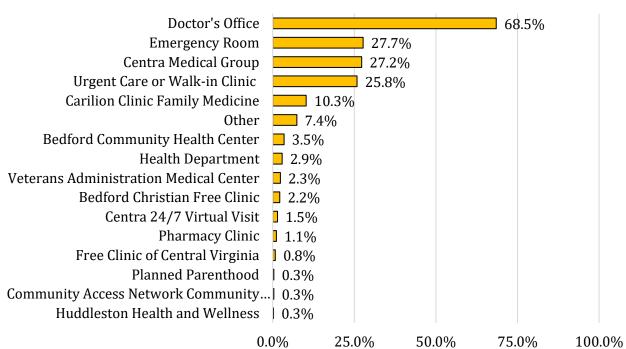
Q2. Do you use medical services?
Answered: 1,409   Skipped: 77

21.43%

78.57%

■ Yes ■ No

If you answered 'Yes' to Question 2 check all that apply.
Answered: 1,149   Skipped: 337

Category	Percentage
Doctor's Office	68.5%
Emergency Room	27.7%
Centra Medical Group	27.2%
Urgent Care or Walk-in Clinic	25.8%
Carilion Clinic Family Medicine	10.3%
Other	7.4%
Bedford Community Health Center	3.5%
Health Department	2.9%
Veterans Administration Medical Center	2.3%
Bedford Christian Free Clinic	2.2%
Centra 24/7 Virtual Visit	1.5%
Pharmacy Clinic	1.1%
Free Clinic of Central Virginia	0.8%
Planned Parenthood	0.3%
Community Access Network Community...	0.3%
Huddleston Health and Wellness	0.3%

0.0%   25.0%   50.0%   75.0%   100.0%

Q2. Doctor's Office		
Code	Frequency	Valid Percent
Centra	184	22.7%
Central Virgina Family Physicians	165	20.4%
Carilion Clinic	84	10.4%
Medical Associates of Central Virginia	60	7.4%
Forest Family Physicians	50	6.2%
Johnson Health Center	24	3.0%
F Read Hopkins Pediatric Associates	23	2.8%
Hubach Family Medicine	23	2.8%
Wyndhurst Family Medicine	23	2.8%
Access Healthcare	21	2.6%
Doctor	19	2.3%
Lewis Gale	17	2.1%
Physicians to Children Roanoke	9	1.1%
Women's Health Services of Central Virginia	9	1.1%
Physicians Treatment Center	8	1.0%
Grace Family Medicine	7	0.9%
Wigginton Road Family Practice	7	0.9%
Bedford Family Care	6	0.7%
Richeson Drive Pediatrics	6	0.7%
Moneta	5	0.6%
Physician Associates of Virginia	5	0.6%
Blue Ridge Internal Medicine	4	0.5%
Bedford Family Urgent Care	3	0.4%
Physicians to Women Roanoke	3	0.4%
Smith Mountain Lake Family Practice	3	0.4%
Velocity Care	3	0.4%
Lawson Family Medicine	2	0.2%
Lynchburg Gynecology	2	0.2%
Roanoke Partners in Health	2	0.2%
Urgent Care	2	0.2%
Veterans Administration	2	0.2%
Appomattox Medical Center	1	0.1%
Bedford Health Care	1	0.1%
Bedford Medicine	1	0.1%
Big Island Family Medical Center	1	0.1%
BWXT Wellness Clinic	1	0.1%
Cave Spring Family Practice	1	0.1%
CBOC	1	0.1%
Centra Urgent Care	1	0.1%
Central Virginia Orthopaedics	1	0.1%

Charlotte Primary Care Central Virginia Health Services	1	0.1%
Eastwood Clinic	1	0.1%
Endocrinology Associates	1	0.1%
Family Care Center Dr. Hal Clark	1	0.1%
Family Practice	1	0.1%
Internal Medical Associates	1	0.1%
Kadiri	1	0.1%
Leonard Cohen	1	0.1%
Meetinghouse Family Physicians	1	0.1%
OrthoVirginia	1	0.1%
PACE Gretna	1	0.1%
Piedmont Eye Center Bedford	1	0.1%
Private	1	0.1%
Ridgeview Dermatology	1	0.1%
Roanoke Family Medicine	1	0.1%
Teledoc	1	0.1%
Tulador	1	0.1%
Varies	1	0.1%
Wake Internal Medicine, Raleigh, NC	1	0.1%
Total	809	100.0%

Q2. Centra Medical Group Other		
Code	**Frequency**	**Valid Percent**
CMG - Bedford	86	27.1%
CMG - Moneta	73	23.0%
CMG - Lynchburg	61	19.2%
Centra Bedford Memorial Hospital	19	6.0%
Other	18	5.7%
CMG - Forest	16	5.0%
Central Virginia Family Physicians	10	3.2%
Carilion Clinic	7	2.2%
CMG - Other	6	1.9%
CMG - Bedford Women's Center	6	1.9%
Centra Lynchburg General Hospital	5	1.6%
Bedford Family Urgent Care	3	0.9%
CMG - Altavista	3	0.9%
Access Healthcare	2	0.6%
Bedford Ambulatory Surgical Associates	1	0.3%
Centra Rehabilitation Center Bedford	1	0.3%
Total	317	100.0%
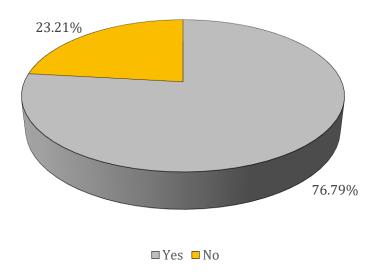
Q2. Urgent Care		
Code	Frequency	Valid Percent
Centra Urgent Care	139	42.9%
Central Virginia Family Physicians	78	24.1%
MedExpress	34	10.5%
VelocityCare	31	9.6%
Bedford Family Urgent Care	15	4.6%
Carilion Clinic	8	2.5%
Other	7	2.2%
Centra Bedford Memorial Hospital	4	1.2%
Centra	2	0.6%
LewisGale Physicians Urgent Care	2	0.6%
Centra Lynchburg General Hospital	1	0.3%
CMG Moneta Village Family	1	0.3%
CVS Minute Clinic	1	0.3%
Express Family Urgent Care	1	0.3%
Total	324	100.0%

Q2. Other		
Code	**Frequency**	**Valid Percent**
Centra Medical Group	13	10.2%
Bedford Community Health Center	12	9.4%
Carilion Clinic	11	8.7%
Centra Bedford Memorial Hospital ED	10	7.9%
Central Virginia Family Physicians	10	7.9%
Centra Bedford Memorial Hospital	5	3.9%
Centra Urgent Care	5	3.9%
CVS Minute Clinic	5	3.9%
LewisGale Medical Center	4	3.1%
Reproductive Medicine and Surgery Center of Central VA	4	3.1%
Salem VA Medical Center	4	3.1%
UVA Health System	4	3.1%
Centra Lynchburg General Hospital	3	2.4%
F. Read Hopkins Pediatric Associates - Bedford	3	2.4%
New Horizons Healthcare - Roanoke	3	2.4%
Carilion Roanoke Memorial Hospital	2	1.6%
Horizon Behavioral Health - Bedford	2	1.6%
Light Chiropractic - Forest	2	1.6%
OrthoVirginia	2	1.6%
Physicians Treatment Center - Lynchburg	2	1.6%
Allergy and Asthma Center of Lynchburg	1	0.8%
Amedisys Home Health of Lynchburg (Hospice)	1	0.8%
Bedford Christian Free Clinic	1	0.8%
Bedford Podiatry and Foot Surgery, PC.	1	0.8%
Blue Ridge Vein Care PC	1	0.8%
Bradley Free Clinic - Roanoke	1	0.8%
Cancer Center Bedford County	1	0.8%
Duke University Medical Center	1	0.8%
Johnson Health Center - Lynchburg	1	0.8%
Libbey Family Denistry	1	0.8%
Lincare Inc - Bedford	1	0.8%
Lynchburg Gynecology	1	0.8%
Lynchburg Health Department	1	0.8%
Lynchburg Nephrology Physicians	1	0.8%
Mammography Center- Lynchburg	1	0.8%
MedExpress	1	0.8%
Privia Medical Group - Bedford	1	0.8%
Rehab Associates of Central VA - Bedford	1	0.8%
Smith Mountain Lake Family Practice	1	0.8%

Wiggington Road Family Practice	1	0.8%
Women's Health Services of Central VA	1	0.8%
Total	127	100.0%
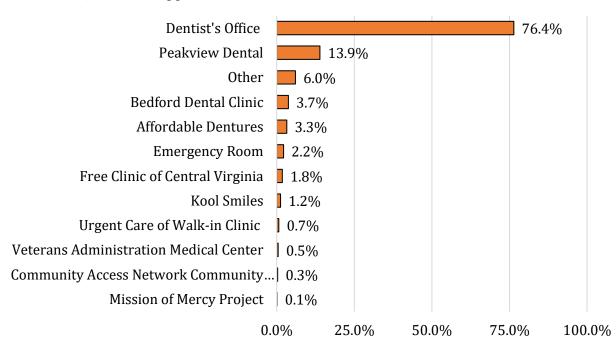
Q3. Do you use dental services?

Answered: 1,357   Skipped: 129

23.21%

76.79%

☐ Yes ☐ No

If you answered 'Yes' to Question 3 check all that apply.

Answered: 1,042   Skipped: 444

Dentist's Office	76.4%
Peakview Dental	13.9%
Other	6.0%
Bedford Dental Clinic	3.7%
Affordable Dentures	3.3%
Emergency Room	2.2%
Free Clinic of Central Virginia	1.8%
Kool Smiles	1.2%
Urgent Care of Walk-in Clinic	0.7%
Veterans Administration Medical Center	0.5%
Community Access Network Community…	0.3%
Mission of Mercy Project	0.1%

0.0%   25.0%   50.0%   75.0%   100.0%

Q3. Dentist Office		
Code	**Frequency**	**Valid Percent**
PeaksView Dentistry	149	18.5%
Forest Family Dentistry	59	7.3%
Hendricksen Cosmetic & Family Dentistry	48	6.0%
Forest Dental Center	41	5.1%
Central VA Family Dentistry	36	4.5%
Libbey Family Dentistry	33	4.1%
Frank Sherman, DDS	26	3.2%
Moneta Dentistry	26	3.2%
Brady & Crist	25	3.1%
Lynchburg Dental Center	25	3.1%
Forest Smiles	23	2.9%
Riley Dental Associates	22	2.7%
Blue Ridge Dental	17	2.1%
Holcomb Savage & Warwick DDS PC	15	1.9%
Kyle Wheeler, DDS	15	1.9%
Cross, Lavinder, Quinn & Park	14	1.7%
James Burton, DMD	12	1.5%
O'Donnell Family Dentistry	12	1.5%
Tim Overby, DDS	12	1.5%
Unknown Dental Provider	12	1.5%
Lee Saunders, DDS	11	1.4%
Parker and Bunn	11	1.4%
Toone Family Dental	9	1.1%
Kevin Midkiff, DDS	8	1.0%
Multiple Dental Providers	8	1.0%
Valley Family Dentistry	8	1.0%
Johnson Health Center	7	0.9%
Peery Family Dentistry	7	0.9%
Robert N. Sorenson, DDS	7	0.9%
Dale C. Evans, DDS	6	0.7%
No Dental Care	5	0.6%
Timberlake Family Dentistry	5	0.6%
Bedford Family Dental	4	0.5%
General Dentistry Ltd: Kevin R. Greenway DDS	4	0.5%
Lakeside Dental	4	0.5%
Patrick M. Todd DDS & Associates	4	0.5%
Smith Mountain Lake Dental Practice	4	0.5%
Zachary Law, DDS and Associates	4	0.5%
Centra Lynchburg General Hospital	3	0.4%
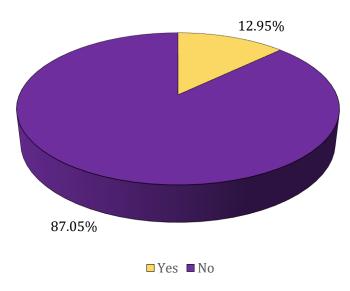
Children's Dental Health of Lynchburg	3	0.4%
Harrison Burchett & Ryan	3	0.4%
Hunting Hills Family Dentistry	3	0.4%
John Barrick, DDS	3	0.4%
Allen Family Dentistry	2	0.2%
Carilion Clinic	2	0.2%
Cave Spring Dental	2	0.2%
Charles Swartz, DDS	2	0.2%
Children's Dentistry & Orthodontics of Lynchburg	2	0.2%
Gregory P. Skinner, DDS, PC	2	0.2%
Huffman and Kreger Family Dentistry	2	0.2%
Love Family Dentistry, Roanoke	2	0.2%
New Horizons	2	0.2%
Steven Anama, DDS	2	0.2%
Allen Read, DDS	1	0.1%
Bedford Community Dental Center	1	0.1%
Charles West, DDS	1	0.1%
Commonwealth Dental Clinic, Roanoke	1	0.1%
David Kiger, DDS	1	0.1%
Davidian Family and Cosmetic Dentistry North Carolina	1	0.1%
James River Dental Clinic	1	0.1%
John Eby, DDS PC	1	0.1%
Joseph Damiano, DDS	1	0.1%
Katie Adams, DDS PC	1	0.1%
Keith Austin, DDS	1	0.1%
Kelly Golden, DDS	1	0.1%
Kimble Family Dentistry	1	0.1%
McDonald Family Dentistry Roanoke	1	0.1%
Michael Davis, DDS	1	0.1%
Millard Radford, DDS	1	0.1%
Mills & Shannon Dentistry	1	0.1%
Morris & Morris Family Dentistry Bassett, VA	1	0.1%
Norbo Family Dental	1	0.1%
Paul Henny, DDS	1	0.1%
Peters Creek Family Dentistry	1	0.1%
Richard Joachim, DDS	1	0.1%
Riverside Dental	1	0.1%
Roanoke Pediatric Dentistry	1	0.1%
Scott Miller, DDS	1	0.1%
Sean Eschenbach, DDS	1	0.1%
Sprinkle Family Dentistry, Salem	1	0.1%
Wayne Davis, DDS	1	0.1%

Wharton Ramsey, DDS	1	0.1%
William Drake, DDS	1	0.1%
William Sutherland, DDS Madison Heights	1	0.1%
William White, DDS	1	0.1%
Total	**805**	**100.0%**

Q3. Other		
Code	**Frequency**	**Valid Percent**
Johnson Health Center	9	20.0%
No Dental Care	8	17.8%
Unknown Dental Provider	7	15.6%
Mark Blanchette Orthodontics	2	4.4%
New Horizons	2	4.4%
Orthodontic Arts	2	4.4%
Affordable Dentures & Implants	1	2.2%
Commonwealth Dental Clinic, Roanoke	1	2.2%
Delta Dental	1	2.2%
Aaron Periodontics and Dental Implants	1	2.2%
Jennifer Alston-Sako, DDS PC	1	2.2%
PeaksView Dentistry	1	2.2%
Forest Hill Endodontics	1	2.2%
Steven Anama, DDS	1	2.2%
Forest Dental Center	1	2.2%
Centra Gretna Pace Medical Center	1	2.2%
Lewis Gale Emergency Dept.	1	2.2%
Libbey Family Dentistry	1	2.2%
Lynchburg Dental Center	1	2.2%
Riley Dental Associates	1	2.2%
Veteran's Affairs	1	2.2%
Total	45	100.0%
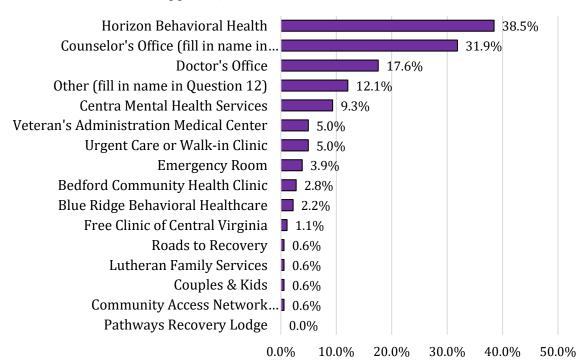
Q4. Do you use mental health, alcohol abuse, or drug abuse services?

Answered: 1,344   Skipped: 142

12.95%

87.05%

☐ Yes ☐ No

If you answered 'Yes' to Question 4 check all that apply.

Answered: 182   Skipped: 1,304

Service	Percentage
Horizon Behavioral Health	38.5%
Counselor's Office (fill in name in...	31.9%
Doctor's Office	17.6%
Other (fill in name in Question 12)	12.1%
Centra Mental Health Services	9.3%
Veteran's Administration Medical Center	5.0%
Urgent Care or Walk-in Clinic	5.0%
Emergency Room	3.9%
Bedford Community Health Clinic	2.8%
Blue Ridge Behavioral Healthcare	2.2%
Free Clinic of Central Virginia	1.1%
Roads to Recovery	0.6%
Lutheran Family Services	0.6%
Couples & Kids	0.6%
Community Access Network...	0.6%
Pathways Recovery Lodge	0.0%

0.0%   10.0%   20.0%   30.0%   40.0%   50.0%

Q4. Counselor's Office		
Code	Frequency	Valid Percent
Centra Piedmont	10	14%
Horizon Behavioral Health	9	12%
Peaks View Counseling	6	8%
James River Counseling Center	4	5%
Jefferson & Associates Psychological Services	4	5%
Light Counseling	4	5%
Wishing You Well Counseling Center	4	5%
Madeline Center	3	4%
Thriveworks Lynchburg	3	4%
Total Life Counseling	3	4%
Veteran's Affairs	3	4%
Center for Emotional Health Christiansburg	2	3%
Wyndhurst Counseling Center	2	3%
Carilion Clinic Psych	1	1%
Botetourt Counseling Center	1	1%
Center 4 U Salem	1	1%
Central Virginia Psychiatry, Dr. George Luedke, MD	1	1%
Counseling Connections Lynchburg	1	1%
Dr. Andrea Miller, PhD, LCP	1	1%
Empower Counseling Lynchburg	1	1%
Janie Mantooth, LCSW	1	1%
Johnson Health Center	1	1%
Living Water Counseling Center	1	1%
Lynchburg Comprehensive Treatment Center	1	1%
Amy Parsons, LCSW	1	1%
Margaret A. Luedke, PhD	1	1%
Patrick County Family Services	1	1%
Peachtree Counseling Center	1	1%
Psychological Health Roanoke	1	1%
Thomas Road Baptist Church	1	1%
Total	**74**	**100%**

This table excludes responses marked, "N/A."

Q4. Doctor's Office		
Code Used	**Frequency**	**Valid Percent**
Carilion Clinic Family Medicine - Doctor's Office	2	67%
CMG Village - Doctor's Office	1	33%
Total	**3**	**100%**

Q4. Other		
Code	**Frequency**	**Valid Percent**
Carilion Clinic	5	21%
Centra Piedmont	3	13%
Johnson Health Center	2	8%
Alcoholics Anonymous	2	8%
Horizon Behavioral Health	2	8%
Bradley Free Clinic	1	4%
Central Virginia Family Physicians	1	4%
Celebrate to Recovery	1	4%
Avenues to Wellness	1	4%
Renee Nauful, FNP-BC	1	4%
CMG Village	1	4%
CMG Bedford	1	4%
Augusta Health	1	4%
Thomas Road Baptist Church	1	4%
Wyndhurst Family Medicine, P.C.	1	4%
Total	**24**	**100%**

Q5. Thinking about the community, what are the five most important issues that affect the health of our community?

Answered: 1,332   Skipped: 154

	Percent	Number
Access to affordable health care	61.79%	823
Alcohol and illegal drug use	34.23%	456
Overweight/Obesity	30.71%	409
Mental Health problems	26.20%	349
Access to healthy foods	25.15%	335
Cancers	19.52%	260
Affordable housing	19.29%	257
Poor eating habits	16.67%	222
Cell phone use/texting and driving/distracted driving	16.37%	218
Lack of exercise	16.37%	218
Stress	16.14%	215
Child abuse/Child neglect	15.77%	210
Poverty	15.17%	202
Aging problems	14.49%	193
Diabetes	14.41%	192
Opioid Use	14.19%	189
Dental problems	13.66%	182
Heart Disease and Stroke	12.16%	162
Domestic violence	11.19%	149
Joblessness	10.89%	145
High Blood Pressure	10.74%	143
Bullying	10.14%	135
Tobacco Use/Smoking/Vaping	10.06%	134
Prescription Drug Abuse	9.68%	129
Transportation	9.38%	125
Education – drop-out rates	6.61%	88
Suicide	5.86%	78
Environmental Health (water quality, air quality, use of pesticides)	4.65%	62
Social support (lack of)	4.65%	62
Other	4.50%	60
Teenage Pregnancy	4.20%	56
Gang activity	3.60%	48
Asthma	3.08%	41
Unsafe Sex	2.93%	39
Net getting immunizations to prevent illness and disease	2.85%	38
Accidents in the home	2.70%	36
Not using seat belts, child safety seats, helmets	2.63%	35

Discrimination/Segregation	2.33%	31
Sexual assault	2.03%	27
Neighborhood Safety	1.80%	24
Homicide	1.73%	23
Lung Disease	1.20%	16
HIV/AIDS	1.13%	15
Infant death	0.60%	8
		1,332

Q5. Other		
Code	**Frequency**	**Valid Percent**
Access to Medical Care	6	21%
Access to Disability Services	3	11%
School-Based Services	3	11%
Resources for Recreation and Physical Activity	3	11%
Parental Support	3	11%
Relationships with Law Enforcement	2	7%
Affordable Prescriptions	1	4%
Gun Violence	1	4%
Opioid Crisis	1	4%
Access to Food	1	4%
Access to Behavioral Health Care	1	4%
Sanitation	1	4%
Punctuality of First Responders	1	4%
Community Awareness	1	4%
Total	**28**	**100%**

Q6. Which services are hard to get in our community? *(Check <u>all</u> that apply)*

Answered: 1,141   **Skipped: 345**

	Percent	Number
Housing - safe, affordable	29.80%	340
Transportation	28.40%	324
Mental health / counseling	27.96%	319
Dental care - Adults	26.38%	301
Alternative therapy (herbals, acupuncture, massage)	24.80%	283
Eldercare	22.35%	255
Nutrition and weight loss	19.81%	226
Substance abuse services - drug & alcohol	19.72%	225
Food - affordable	19.02%	217
Specialty care such as Asthma, Cancer care, Cardiology (heart) care, Dermatology (skin) care	19.02%	217
Workforce readiness	15.86%	181
Family doctor	14.46%	165
Urgent Care or Walk-in Clinic	14.02%	160
Vision care	13.94%	159
Women's health services	13.94%	159
Medication / medical supplies	13.15%	150
Legal services	10.43%	119
Dental care - Children	10.34%	118
Programs to quit using tobacco	9.99%	114
Ex-offender services	9.29%	106
Domestic violence services	8.94%	102
Emergency Room care	6.75%	77
End of life, hospice, palliative (relief from symptoms and stress of a serious illness) care	6.65%	76
Preventive care (such as yearly check-ups)	6.65%	76
Family planning / birth control	5.52%	63
Ambulance services	5.26%	60
Pregnancy care	5.26%	60
Other (please specify)	5.26%	60
Physical therapy	4.82%	55
Chiropractic care	4.56%	52
Mammograms	4.29%	49
Lab work	3.51%	40
Inpatient hospital	2.72%	31
Immunizations (shots)	2.37%	27
		1,141

Q6. Other		
Code	**Frequency**	**Valid Percent**
Special Needs Programs/Support	6	11%
Primary Care	5	9%
Affordable, High-Quality Medical Care	4	7%
Pediatric Medical Care	4	7%
Reproductive/Women's Health Care	4	7%
Reliable Daycare	3	5%
Healthy Food	3	5%
Specialty Medical Care	2	4%
Resources for Recreation and Physical Activity	2	4%
Dermatology	2	4%
Community Awareness	2	4%
Competitive Market for Medical Care	2	4%
Psychiatry	2	4%
All Services	1	2%
Faith-Based Counseling	1	2%
Affordable Imaging (MRI/CT)	1	2%
Veteran's Affairs	1	2%
Food Pantries	1	2%
Urgent Care	1	2%
Medicaid Transportation	1	2%
Programs for Elderly	1	2%
Pain Management	1	2%
Respite Care	1	2%
First Responders	1	2%
Non-Medical Transportation	1	2%
Access to Alternative Treatment	1	2%
Cardiology	1	2%
Total	**55**	**100%**

Q7. What do you feel prevents you from getting the services you need? Check all that apply.

Answered: 1,167   Skipped: 319

	Percent	Number
Cost	47.0%	549
High co-pays	27.3%	319
I can get the healthcare I need	24.8%	289
Lack of evening and weekend services	24.3%	283
Long waits for appointments	20.5%	239
Don't know what types of services are available	13.8%	161
Don't have the time	13.7%	160
Can't find providers that accept my insurance	12.6%	147
No health insurance	12.2%	142
Location of offices	10.8%	126
Don't like going to the doctor	10.1%	118
No transportation	10.0%	117
Don't have internet access	9.3%	109
Have no regular doctor	6.9%	81
Childcare	5.7%	66
Afraid to have check-ups	5.0%	58
Other (please specify)	4.5%	53
Don't like accepting government assistance	4.5%	52
Don't trust doctors / clinics	4.1%	48
Language services	0.9%	11
		1,167

Q7. Other		
Code	Frequency	Valid Percent
Cost of Medical Care/Insurance	16	36%
Appointment Availability	7	16%
Convenience of Care	6	14%
Provider Shortage	4	9%
Cost of Prescriptions	4	9%
Transportation	3	7%
Health Care Monopoly	2	5%
Health Literacy	1	2%
Access to Alternative Treatment	1	2%
Total	**44**	**100%**

Question 8 – General Health Questions

I have had an eye exam in the past 12 months.

	Number	Percent
Yes	765	60.47%
No	500	39.53%
Total	1,265	

I have had a mental health/substance abuse visit within the past 12 months.

	Number	Percent
Yes	169	13.61%
No	1073	86.39%
Total	1,242	

I have had a dental exam within the past 12 months.

	Number	Percent
Yes	843	67.22%
No	411	32.78%
Total	1,254	

I have been to the Emergency Room in the past 12 months.

	Number	Percent
Yes	295	23.62%
No	954	76.38%
Total	1249	

I have been to the Emergency Room for an injury in the past 12 months (such as motor vehicle crash, fall, poisoning, burn, cut, etc.).

	Number	Percent
Yes	102	8.20%
No	1,142	91.80%
Total	1,244	

I have been a victim of domestic violence or abuse in the past 12 months.

	Number	Percent
Yes	35	2.80%
No	1,213	97.20%
Total	1,248	

My doctor has told me that I have a long-term or chronic illness.

	Number	Percent
Yes	376	30.32%
No	864	69.68%
Total	1,240	

I take the medicine my doctor tells me to take to control my chronic illness.

	Number	Percent
Yes	451	36.37%
No	227	18.31%
Not Applicable	562	45.32%
	1,240	

I can afford medicine needed for my health conditions.

	Number	Percent
Yes	682	55.22%
No	260	21.05%
Not Applicable	293	23.72%
	1,235	

I am over 21 years of age and have had a pap smear in the past three years.

	Number	Percent
Yes	723	57.79%
No	284	22.70%
Not Applicable	244	19.50%
	1,251	

I am over 40 years of age and have had a mammogram in the past 12 months.

	Number	Percent
Yes	472	37.52%
No	338	26.87%
Not Applicable	448	35.61%
Total	1,258	

I am over 50 years of age and have had a colonoscopy in the past 10 years.

	Number	Percent
Yes	407	32.35%
No	315	25.04%
Not Applicable	536	42.61%
Total	1,258	

Does your neighborhood support physical activity such as parks, sidewalks, bike lanes, etc.?

	Number	Percent
Yes	558	45.51%
No	668	54.49%
Total	1,226	

Does your neighborhood support healthy eating such as community gardens, farmers' markets, etc.?

	Number	Percent
Yes	666	54.46%
No	557	45.54%
Total	1,223	

In the area that you live, is it easy to get affordable fresh fruits and vegetables?

	Number	Percent
Yes	872	70.04%
No	373	29.96%
Total	1,245	

Have there been times in the past 12 months when you did not have enough money to buy the food that you or your family needed?

	Number	Percent
Yes	364	29.40%
No	874	70.60%
Total	1,238	

Have there been times in the past 12 months when you did not have enough money to pay your rent or mortgage?
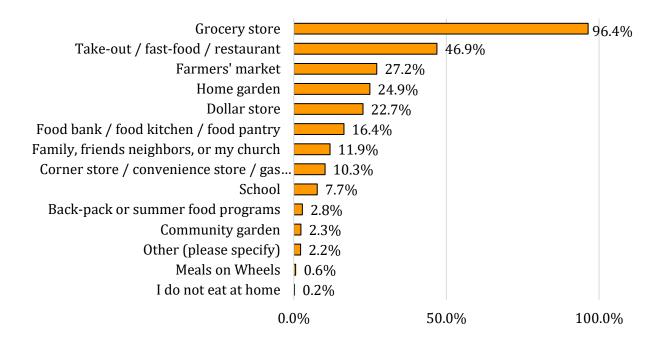
	Number	Percent
Yes	279	22.46%
No	944	76.01%
Not Applicable	19	1.53%
Total	1,242	

Do you feel safe in your neighborhood?

	Number	Percent
Yes	1163	94.09%
No	73	5.91%
Total	1,236	

Q9. Where do you or your family get the food that you eat?

Category	Percent
Grocery store	96.4%
Take-out / fast-food / restaurant	46.9%
Farmers' market	27.2%
Home garden	24.9%
Dollar store	22.7%
Food bank / food kitchen / food pantry	16.4%
Family, friends neighbors, or my church	11.9%
Corner store / convenience store / gas…	10.3%
School	7.7%
Back-pack or summer food programs	2.8%
Community garden	2.3%
Other (please specify)	2.2%
Meals on Wheels	0.6%
I do not eat at home	0.2%
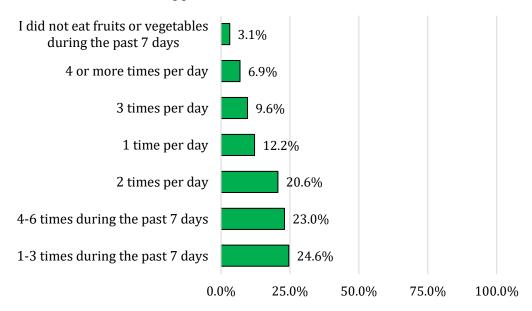
Q9. Other		
Code	Frequency	Valid Percent
Local Farming/Hunting	12	43%
Amazon	3	11%
Wal-Mart	2	7%
Shephard's Table	2	7%
SNAP	2	7%
Bedford Adult Day Care	1	4%
Christian Ministry	1	4%
Work	1	4%
Cheapest Available Option	1	4%
Martha & Marley Meal Delivery	1	4%
Kroger	1	4%
Hello Fresh	1	4%
Total	**28**	**100%**

Q10. During the past 7 days, how many times did you eat fruit or vegetables (fresh or frozen)?

Category	Percentage
I did not eat fruits or vegetables during the past 7 days	3.1%
4 or more times per day	6.9%
3 times per day	9.6%
1 time per day	12.2%
2 times per day	20.6%
4-6 times during the past 7 days	23.0%
1-3 times during the past 7 days	24.6%

Q11. Have you been told by a doctor that you have... *(Check <u>all</u> that apply)*
Answered: 1,158   Skipped: 328
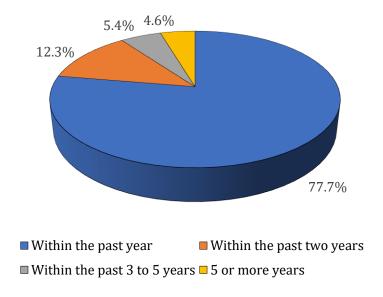
	Percent	Number
High blood pressure	34.20%	396
Depression or anxiety	33.07%	383
Obesity / Overweight	31.00%	359
I have no health problems	21.59%	250
Asthma	15.20%	176
High Cholesterol	15.03%	174
Other (please specify)	14.85%	172
Diabetes or high blood sugar	13.73%	159
Mental health problems	8.46%	98
COPD/chronic bronchitis/emphysema	5.35%	62
Cancer	4.58%	53
Heart disease	4.23%	49
Stroke / cerebrovascular disease	1.55%	18
Drug or alcohol problems	1.38%	16
Cerebral palsy	0.35%	4
HIV / AIDS	0.17%	2
		1,158

Q11. Other		
Code Used	**Frequency**	**Valid Percent**
Hyperlipidemia	13	8%
Hypothyroidism	12	7%
Unknown Thyroid Disease	10	6%
Migraines	9	5%
Arthritis	7	4%
Chron's Disease	5	3%
Rheumatoid Arthritis	5	3%
Anemia	4	2%
Fibromyalgia	4	2%
Lupus	4	2%
Obstructive Sleep Apnea	4	2%
Allergies	3	2%
Colitis	3	2%
Hyperthyroidism	3	2%
Multiple Diagnoses	3	2%
Multiple Sclerosis	3	2%
None	3	2%
Seizure Disorder	3	2%
3+ Diagnoses	2	1%
AFIB	2	1%
Cancer, Remission	2	1%
Degenerative Disc Disease	2	1%
Glaucoma	2	1%
Graves' Diseases	2	1%
Kidney Stones	2	1%
Lyme Disease	2	1%
Osteoporosis	2	1%
Polycystic Ovary Syndrome	2	1%
Tachycardia	2	1%
Unknown Autoimmune Disease	2	1%
Unknown Kidney Problems	2	1%
8+ Diagnoses	1	1%
ADHD	1	1%
Allergies/Hearing Loss	1	1%
Alpha Gal	1	1%
Autism	1	1%
Back Pain	1	1%
Body Dysmorphic Disorder	1	1%
Cancer, In Treatment	1	1%
Celiac's Disease	1	1%
Chronic Fatigue Syndrome	1	1%

Deep Vein Thrombosis	1	1%
Degenerative Disc Disease/Arthritis	1	1%
Dementia	1	1%
Eating Disorder	1	1%
Epilepsy	1	1%
Fibromyalgia/Degenerative Bone Disease	1	1%
Fibromyalgia/Hypertension	1	1%
GERD	1	1%
GERD/Migraines	1	1%
Gout	1	1%
Gout/Hyperlipidemia	1	1%
Heart Murmur	1	1%
Hiatal Hernia	1	1%
Hydrocephalus/Back Pain	1	1%
Hyperlipidemia/Chronic Sinusitis/Sleep Apnea	1	1%
Hypertension/NSAIDS	1	1%
Hypertonicity	1	1%
Hypoglycemia	1	1%
Hypothyroidism/Gestational Diabetes	1	1%
Hypothyroidism/Sleep Apnea	1	1%
IBD	1	1%
Lupus/Trigeminal Neuralgia	1	1%
Melanoma	1	1%
Migraines/Diverticulosis	1	1%
Multiple Sclerosis/Migraines	1	1%
Polycystic Ovary Syndrome/Insulin Resistance	1	1%
Polymyalgia Rheumatica	1	1%
Pre-Diabetes	1	1%
Primary Biliary Cirrhosis	1	1%
Psoriasis	1	1%
PTSD/Personality Disorder/OCD	1	1%
Scoliosis	1	1%
Spina Bifida	1	1%
Thrombocytopenia	1	1%
Trigeminal Neuralgia	1	1%
Unknown Diagnoses	1	1%
Unknown Digestive Problems	1	1%
Unknown Infectious Disease	1	1%
Total	**172**	**100%**
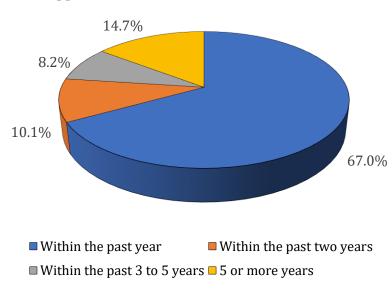
Q12. How long has it been since you last visited a doctor for a routine checkup?

Answered: 1,235   Skipped: 251
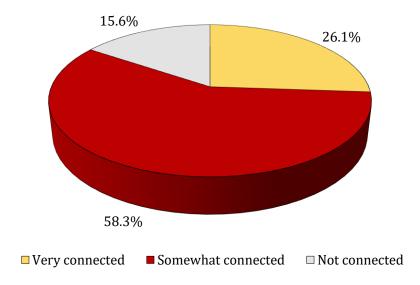
5.4%   4.6%

12.3%

77.7%

- ■ Within the past year
- ■ Within the past two years
- ■ Within the past 3 to 5 years
- ■ 5 or more years

Q13. How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

Answered: 1,226   Skipped: 260

14.7%

8.2%

10.1%

67.0%

- ■ Within the past year
- ■ Within the past two years
- ■ Within the past 3 to 5 years
- ■ 5 or more years
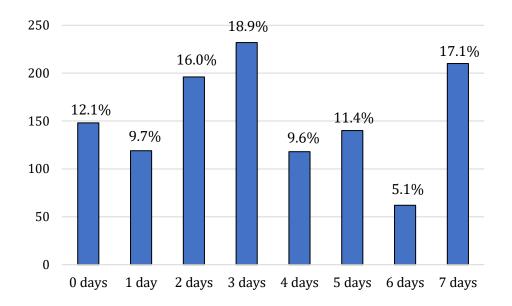
Q14. How connected do you feel with the community those around you?

Answered: 1,230   Skipped: 256
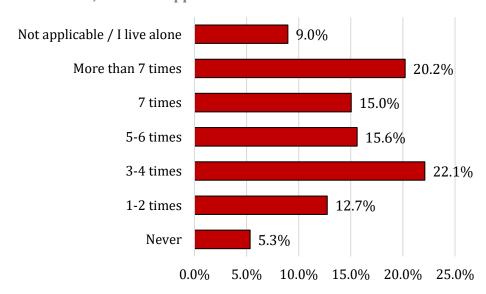
15.6%

26.1%

58.3%

□ Very connected   ■ Somewhat connected   □ Not connected

Q15. In the past 7 days, on how many days were you physically active for a total of at least 30 minutes? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard for some of the time).

Answered: 1,225   Skipped: 261

Q16. During the past 7 days, how many times did all, or most, of your family living in your house eat a meal together?

Answered: 1,217   Skipped: 269
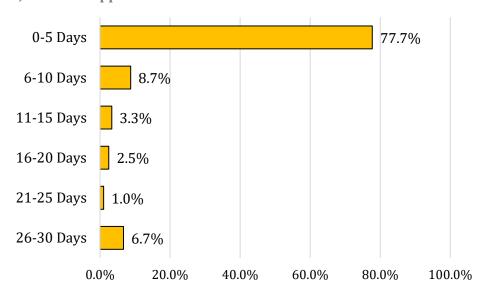
Q17. Would you say that in general your health is:
Answered: 1,217   Skipped: 269
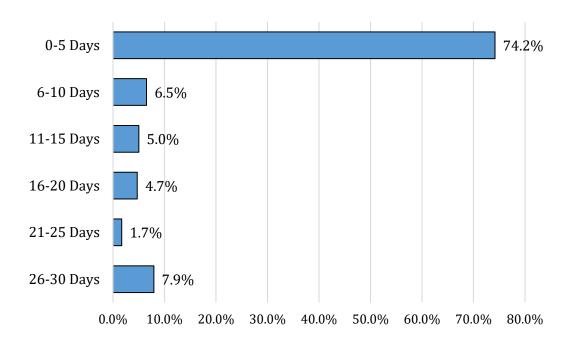
Q18. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
Answered: 1,090   Skipped: 396
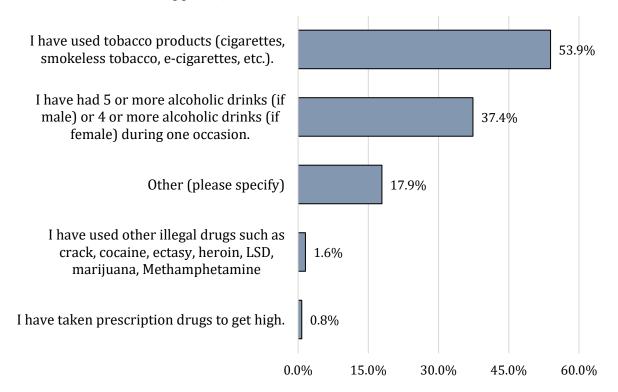
Q19. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Answered: 1,085   Skipped: 401

Category	Percentage
0-5 Days	74.2%
6-10 Days	6.5%
11-15 Days	5.0%
16-20 Days	4.7%
21-25 Days	1.7%
26-30 Days	7.9%

Q20. During the past 30 days: (Check <u>all</u> that apply)

I have used tobacco products (cigarettes, smokeless tobacco, e-cigarettes, etc.). **53.9%**

I have had 5 or more alcoholic drinks (if male) or 4 or more alcoholic drinks (if female) during one occasion. **37.4%**

Other (please specify) **17.9%**

I have used other illegal drugs such as crack, cocaine, ectasy, heroin, LSD, marijuana, Methamphetamine **1.6%**

I have taken prescription drugs to get high. **0.8%**

0.0%   15.0%   30.0%   45.0%   60.0%
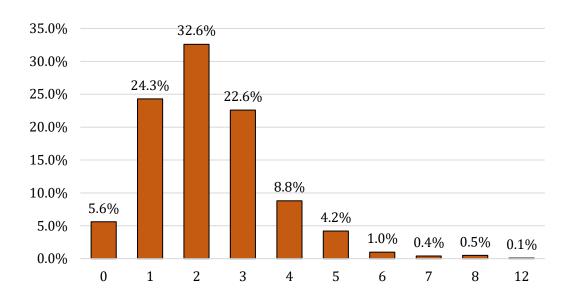
Q20. Other		
Code	Frequency	Valid Percent
Alcohol	4	67%
Marijuana	1	17%
Opioids/Pain Relievers	1	17%
Total	**6**	**100%**
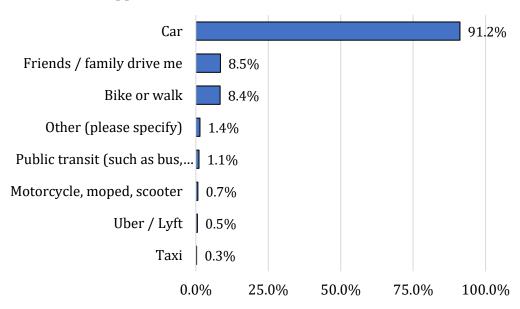
Q21. How many vehicles are owned, leased, or available for regular use by you and those who currently live in your household? Please be sure to include motorcycles, mopeds and RVs.

Answered: 1,108   Skipped: 378

Q22. What mode of transportation do you typically use?

Answered: 1,179   Skipped: 307

Note: Respondents were able to select more than one answer so the total will be more than 100%.

Q22. Other		
Code	**Frequency**	**Valid Percent**
Bedford Ride	5	29%
Personal Vehicle	4	24%
Borrow Car/Ride-Share	3	18%
J&L Support Services	1	6%
United Support Service	1	6%
Train	1	6%
Any	1	6%
N/A	1	6%
Total	**17**	**100%**

Q23. Which of the following describes your current type of health insurance? *(Check __all__ that apply)*

Answered: 1,177   **Skipped: 309**

	Percent	Number
Employer Provided Insurance (your employer or partner's employer)	59.0%	695
Dental Insurance	39.2%	461
Medicare	13.9%	164
Health Savings / Spending Account	13.4%	158
Medicaid	12.9%	152
No Dental Insurance	12.3%	145
No Health Insurance	9.9%	117
Individual / Private Insurance / Marketplace / Obamacare	5.6%	66
Medicare Supplement	5.4%	64
Government (VA, Tricare)	3.3%	39
COBRA	0.7%	8
		1,177

Q24. If you have no health insurance, why don't you have insurance?
(Check all that apply)
Answered: 656   Skipped: 830

	Percent	Number
Not applicable - I have health insurance	76.8%	504
Too expensive / cost	13.6%	89
Unemployed / no job	9.0%	59
Other (please specify)	4.3%	28
Not available at my job	2.9%	19
I don't understand Marketplace / Obamacare options	1.1%	7
I choose not to have it	0.9%	6
Student	0.5%	3
		656

Q24. Other		
Code	Frequency	Valid Percent
Insured	8	35%
Ineligible	4	17%
High Cost	4	17%
Disability	2	9%
Employer Offering Insufficient	2	9%
Self-Employed	1	4%
Pending Coverage	1	4%
Income Too High for Subsidized Plans	1	4%
Total	**23**	**100%**
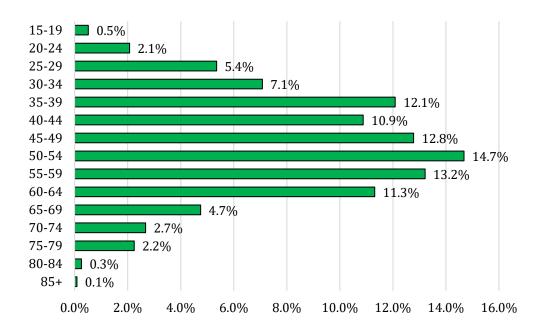
Q25. What is your Zip Code?
Answered: 1,147   Skipped: 339

Zip Code	Number	Post Office City	County/City	Percent
24523	446	Bedford	Bedford, City of Bedford	39.0%
24551	234	Forest	Bedford, Campbell	20.4%
24121	76	Moneta	Bedford, Franklin	6.6%
24503	60	Lynchburg	Bedford, City of Lynchburg	5.2%
24556	50	Goode	Bedford	4.4%
24179	47	Vinton	Bedford, Roanoke	4.1%
24174	41	Thaxton	Bedford	3.6%
24095	35	Goodview	Bedford	3.1%
24104	31	Huddleston	Bedford	2.7%
24502	29	Lynchburg	City of Lynchburg	2.5%
24122	13	Montvale	Bedford	1.1%
24064	13	Blue Ridge	Bedford, Botetourt	1.1%
24526	10	Big Island	Bedford	0.9%
24501	8	Lynchburg	City of Lynchburg	0.7%
24550	6	Evington	Campbell, Bedford	0.5%
24101	6	Hardy	Franklin, Bedford	0.5%
24570	4	Lowry	Bedford	0.3%
24571	4	Lynch Station	Campbell, Bedford	0.3%
24012	3	Roanoke, Hollins, Webster	Roanoke City, Botetourt	0.3%
24536	2	Coleman Falls	Bedford	0.2%
24077	2	Cloverdale	Botetourt	0.2%
24504	2	Lynchburg	Campbell, City of Lynchburg	0.2%
24014	2	Roanoke	Roanoke City	0.2%
24572	1	Madison Heights	Amherst	0.1%
24517	1	Altavista	Campbell	0.1%
24554	1	Gladys	Campbell	0.1%
24588	1	Rustburg	Campbell	0.1%
24528	1	Brookneal	Campbell, Charlotte	0.1%
24092	1	Glade Hill	Franklin	0.1%
24184	1	Wirtz	Franklin	0.1%
24102	1	Henry	Franklin, Henry	0.1%
21523	1	Bloomington, MD	Garrett	0.1%
24162	1		Montgomery	0.1%
23523	1	Norfolk VA	Norfolk City	0.1%
24531	1	Chatham	Pittsylvania	0.1%

24018	1	Roanoke	Roanoke	0.1%
24153	1	Salem	Roanoke	0.1%
24019	1	Roanoke	Roanoke, Botetourt	0.1%
44676	1	Shreve, OH	Wayne, Holmes	0.1%
2402	1	Unknown		0.1%
2452	1	Unknown		0.1%
23445	1	Unknown		0.1%
24512	1	Unknown		0.1%
24573	1	Unknown		0.1%

Q26. What is your age?
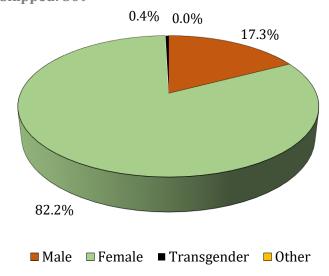
Answered: 1,161   Skipped: 325

Age	Percentage
15-19	0.5%
20-24	2.1%
25-29	5.4%
30-34	7.1%
35-39	12.1%
40-44	10.9%
45-49	12.8%
50-54	14.7%
55-59	13.2%
60-64	11.3%
65-69	4.7%
70-74	2.7%
75-79	2.2%
80-84	0.3%
85+	0.1%

Avg. Age	48.6
Median Age	49.0
Mode	57.0
Range	18 - 94

Q27. What is your gender?

Answered: 1,177   Skipped: 309

0.4% 0.0%

17.3%

82.2%

■ Male ■ Female ■ Transgender □ Other

Q28. What is your Height?
Answered: 1,149   Skipped: 337

Q29. What is your Weight?
Answered: 1,111   Skipped: 375
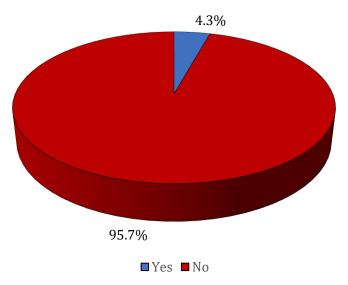
Respondents self-reported their height and weight. From these responses, Body Mass Index was calculated and are represented as follows:

BMI Range	Percent of Population	Frequency
Underweight <19	5%	50
Normal Weight 19-25	28%	310
Overweight 26-30	24%	265
Obese 30<	43%	470
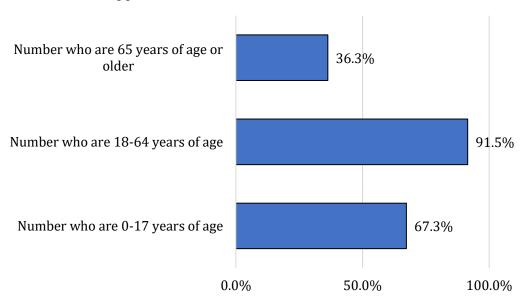
Q30. Are you a Veteran?
Answered: 1,162   Skipped: 324

4.3%

95.7%

■Yes ■No
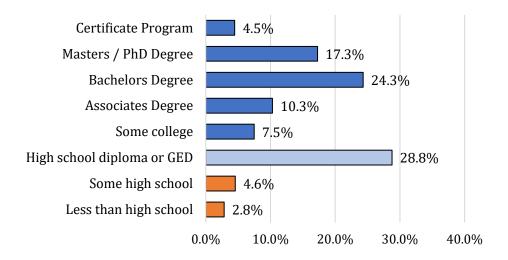
Q31. How many people live in your home including yourself?

Answered: 1,164   Skipped: 322

Number who are 65 years of age or older	36.3%
Number who are 18-64 years of age	91.5%
Number who are 0-17 years of age	67.3%

0.0%   50.0%   100.0%
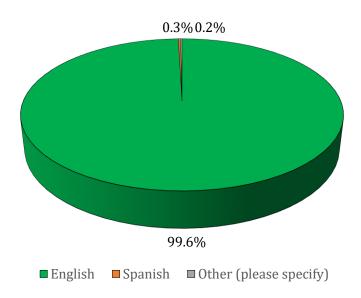
Q32. What is your highest education level completed?

Answered: 1,164   Skipped: 322

Category	Percent
Certificate Program	4.5%
Masters / PhD Degree	17.3%
Bachelors Degree	24.3%
Associates Degree	10.3%
Some college	7.5%
High school diploma or GED	28.8%
Some high school	4.6%
Less than high school	2.8%

Q33. What is your primary language?

Answered: 1,162   Skipped: 324

0.3% 0.2%

99.6%

■ English   ■ Spanish   ▢ Other (please specify)
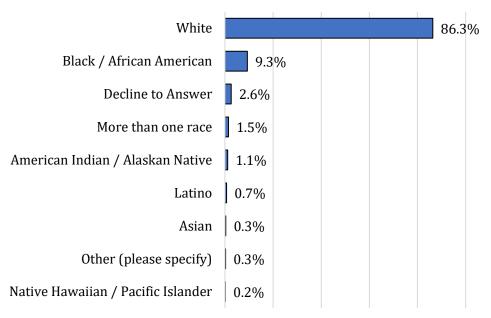
Q33. Other		
Code	**Frequency**	**Valid Percent**
French	1	50%
Romanian	1	50%
Total	**2**	**100%**

Q34. What ethnicity do you identify with? (Check all that apply)

White — 86.3%
Black / African American — 9.3%
Decline to Answer — 2.6%
More than one race — 1.5%
American Indian / Alaskan Native — 1.1%
Latino — 0.7%
Asian — 0.3%
Other (please specify) — 0.3%
Native Hawaiian / Pacific Islander — 0.2%
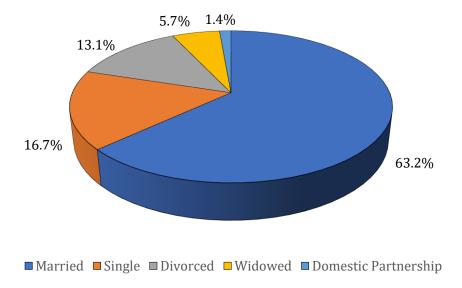
0.0%   20.0%   40.0%   60.0%   80.0%   100.0%

Q34. Other		
Code	**Frequency**	**Valid Percent**
Hispanic	1	33%
Lebanese	1	33%
American	1	33%
Total	**3**	**100%**
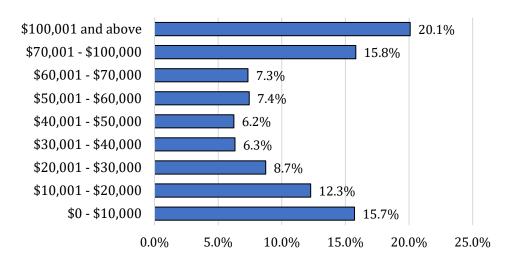
Q35. What is your marital status?

Answered: 1,162   **Skipped: 324**

5.7%   1.4%

13.1%

16.7%

63.2%

■ Married ■ Single ■ Divorced ■ Widowed ■ Domestic Partnership
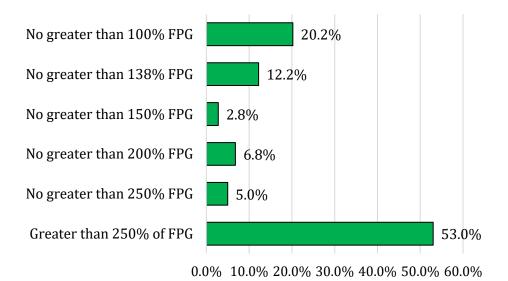
Q36. What is your yearly household income?

Answered: 1,075   Skipped: 411

Income Range	Percent
$100,001 and above	20.1%
$70,001 - $100,000	15.8%
$60,001 - $70,000	7.3%
$50,001 - $60,000	7.4%
$40,001 - $50,000	6.2%
$30,001 - $40,000	6.3%
$20,001 - $30,000	8.7%
$10,001 - $20,000	12.3%
$0 - $10,000	15.7%
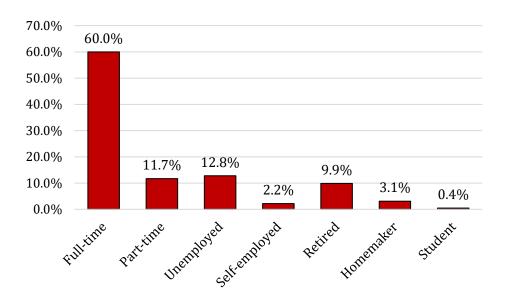
Income as a Percent of Federal Poverty Grouping (FPG) According to Household Size (N = 1,034)

FPG Category	Percent
No greater than 100% FPG	20.2%
No greater than 138% FPG	12.2%
No greater than 150% FPG	2.8%
No greater than 200% FPG	6.8%
No greater than 250% FPG	5.0%
Greater than 250% of FPG	53.0%
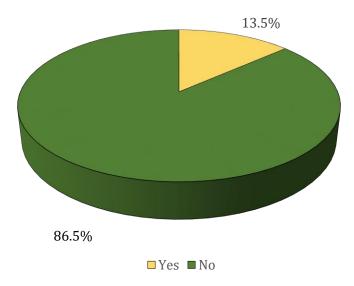
Q37. What is your current employment status?

Answered: 1,137   Skipped: 349

Q38. Do you currently receive disability benefits?

Answered: 1,153   Skipped: 333

13.5%

86.5%

☐ Yes ■ No

Q39. Is there anything else we should know about your (or someone living in your home) needs in the Bedford Area?

Please refer to the data responses in the "Other" questions responses that are attached.

Code Used	Frequency	Valid Percent
Transportation	14	8.14%
Affordable Dental Care	11	6.40%
Financial Assistance	9	5.23%
Trails/Walking Path	9	5.23%
Healthy Food	8	4.65%
Recreation Center Besides YMCA	8	4.65%
Support for Children with Special Needs	8	4.65%
Support for Physical Disabilities	7	4.07%
Affordable Housing	5	2.91%
Affordable Insurance	5	2.91%
Community Youth Programs	5	2.91%
Affordable Prescriptions	4	2.33%
Assisted Living/Skilled Nursing Facility	4	2.33%
Drug Task Force	4	2.33%
Medical Services	4	2.33%
Affordable Health Care	3	1.74%
Affordable Mental Health Services	3	1.74%
Child Care	3	1.74%
Job Training	3	1.74%
Pediatric Medical Care	3	1.74%
Affordable Vision Care	2	1.16%
Care Coordination	2	1.16%
HVAC Assistance	2	1.16%
Overcrowding Mitigation	2	1.16%
Parks	2	1.16%
Retail Stores	2	1.16%
Women's Health Services	2	1.16%
Adult Children Need Health Insurance	1	0.58%
Adult Education	1	0.58%
Affordable Internet	1	0.58%
Agriculture/Pesticide Regulation	1	0.58%
Amtrak	1	0.58%
Better Emergency Department	1	0.58%
Centra Primary Care in Forest	1	0.58%

Central VA Family Physicians in Bedford	1	0.58%
Chiropractor	1	0.58%
Citizenship	1	0.58%
Community Health Education	1	0.58%
Diabetes Management and Education	1	0.58%
Entertainment	1	0.58%
Flexible Land Use Regulations	1	0.58%
Funding for Non-Profit Organizations	1	0.58%
Handyman Services	1	0.58%
Hope for Tomorrow	1	0.58%
Hospice Care	1	0.58%
Independence	1	0.58%
Lower Gas Price	1	0.58%
Montessori School	1	0.58%
Movie Theater	1	0.58%
Narcan in Bedford County Schools	1	0.58%
New Roof	1	0.58%
New Schools	1	0.58%
Pain Management	1	0.58%
Painting	1	0.58%
Physical Therapy	1	0.58%
Pool Hall	1	0.58%
Psychiatry	1	0.58%
Restaurants	1	0.58%
Senior Center	1	0.58%
Soccer Fields	1	0.58%
Stay Out of Jail Free Card	1	0.58%
Support from Faith Groups	1	0.58%
Time	1	0.58%
Urgent Care Clinic	1	0.58%
Volunteer First Responders	1	0.58%
Total	**172**	**1**

3. Area Stakeholders Directory

Please √			Partnership for Healthy Communities Bedford Stakeholder Focus Group Directory
	Date: **5/23/18**		
	Last Name	First Name	Organization
x	Bailey	Pam	Beford County Economic Development
	Baldwin	Paul	Bedford Social Services
x	Bodine	Bill	Greater Lynchburg Community Foundation
x	Burks	Cathey	Bedford Co. Public Schools
x	Carey	Laura	Prayer Outreach Ministries
x	Cawood	Lindsey	Health Department
x	Clendenon	Annie	Virginia Cooperative Extension
	Cook	Keith	HumanKind
x	Craighead	Don	Bedford Christian Free Clinic
x	Crawford	Andy	Bedford Social Services
x	Crum	Houston	Bedford Christian Ministries
x	Dooley	Heather	Lynchburg Area Center for Independent Living (LACIL)
x	Foreman	Todd	Bedford Police Department
x	Gateley	Dr. Laura	Bedford Christian Free Clinic
x	Gateley	Kerry	Health Department
x	Gatti	Patrick	CVCC Bedford campus
x	Halterman	Kim	Bedford Science & Technology Center
x	Harrison	Judge R. Louis	J&D Court
x	Huff	Denny	Bedford Community Health Foundation
x	Jackson	Bill	Bedford Christian Free Clinic
x	Jones	Jack	Bedford County Fire & Rescue
x	Jurkus	Patti	Centra Bedford Memorial
x	Keenum	Shimila	Horizon Behavioral Health
x	Lucy	Christy	Centra Bedford Memorial

x	Martin	Susan	Bedford Area Chamber of Commerce
x	McElroy	Kathy	Bedford Department of Social Services
x	Miller	Mike	Bedford County Sheriff's Office
x	Phelps	Joan	United Way of Central VA
x	Pollard	Sherry	Johnson Health Center (Bedford Community Health Center)
x	Prillaman	Susan	Virginia Cooperative Extension
x	Ramey	Jennifer Smith	Horizon Behavioral Health
x	Taylor	Lisa	Community Access Network
x	Tomlin	Chelsey	Johnson Health Center
x	Tosh	Dannielle	Bedford Department of Social Services
x	Turner	Tomi	Bedford Department of Social Services
x	Woody	Wyatt	Bedford County Parks & Rec
x	Young	Pat	CommunityWorks
x	Zimmerman	Robin	Bedford Department of Social Services
	Zirkle	Mary	Town of Bedford Economic Development

Total Attendance   36

4. Stakeholder Survey

Partnership for
HEALTHY
COMMUNITIES

Stakeholders Focus Group Survey

Please complete the following questions:

What are the top 5 greatest needs in the community(s) you serve?
   1.
 	
   2.
 	
   3.
 	
   4.
 	
   5.

Are there particular localities in the service area that have greater needs than others?
What do you see as the root cause of these needs?
What resources are available in the community to meet these needs?
What are the barriers to accessing these resources?
What is one issue/need we can work on together, to create a healthier community? How?

5. Target Population Focus Group Notes
Page & Confidentiality Statement

TARGET POPULATION FOCUS GROUPS

MEETING NOTES

Name of Facilitator: _____

Name of Scribe: _____

Date of Meeting: _____

Site of Meeting: _____

Number of Participants: _____

1. In one to two words, what does health mean to you? *(Record on flip chart so that participants can see all responses)*
2. What resources/programs/services in your community help you and/or your family stay healthy?
3. How do you and/or your family know where to go for these resources/programs/services in your community?
4. What keeps you and/or your family from being healthy?
5. Is there anything else you would like to share?

Partnership for
HEALTHY
COMMUNITIES

CONFIDENTIALITY STATEMENT FOR FOCUS GROUP MEETING

Health starts in our homes, schools, workplaces, neighborhoods, and communities. The Partnership for Healthy Communities is committed to improving the health of the communities we serve. Please tell us what you need to be the healthiest you and your family can be!

Thank you for agreeing to be a part of this focus group meeting. During the meeting, you will be asked questions about yourself and/or your family. You will also hear answers by other people in the room. Please read the statements below and sign if you agree.

I have been told and understand that:
- I have been given the opportunity to ask questions about the purpose of the meeting.
- I am agreeing to have the meeting audio-taped.
- I will not talk about the information shared by me or others outside this meeting.
- My name (or the names of my family) will not be linked to the comments I make during this meeting.
- Information from this meeting will be included in a written report.

Signed _____   Date_____

Witness_____   Date_____

6. Area Prioritization of Needs Worksheet

		Community Health Survey Responses (%) n=1332	Stakeholder Survey Responses (%) n=175

Bedford Area Prioritization of Needs Worksheet
Rank the Top 10 Greatest Needs
2018
Instructions: Rank the following "Areas of Need" from 1 to 10
(1 is the greatest need)

Rank	Areas of Need	Community Health Survey Responses (%) n=1332	Stakeholder Survey Responses (%) n=175
	Access to affordable health care	61.79%	
	Access to affordable housing	19.29%	4%
	Access to dental care		6%
	Access to healthcare		11%
	Access to healthy foods	25.15%	5%
	Access to mental health services		11%
	Access to vision care		1%
	Aging problems/Elderly	14.49%	2%
	Alcohol and illegal drug use	34.23%	
	Bullying	10.14%	
	Cancers	19.52%	
	Cell phone use/texting and driving/distracted driving	16.37%	
	Child abuse/Child neglect	15.77%	
	Childcare		5%
	Dental problems	13.66%	
	Diabetes	14.41%	
	Domestic violence	11.19%	3%
	Education		1%
	Family Structure		1%
	Health insurance		2%
	Health literacy		5%
	Healthy lifestyle		2%
	Heart Disease and Stroke	12.16%	
	High Blood Pressure	10.74%	
	Joblessness	10.89%	
	Lack of exercise	16.37%	
	Mental Health problems	26.20%	
	Opioid Use	14.19%	
	Overweight/Obesity	30.71%	
	Parenting skills		3%
	Poor eating habits	16.67%	
	Poverty		2%
	Poverty	15.17%	
	Prescription Drug Abuse	9.68%	
	Public safety		1%
	Services for disabled		2%
	Social isolation		1%
	Stress	16.14%	
	Substance use		13%
	Support groups		1%
	Tobacco Use/Smoking/Vaping	10.06%	
	Transportation	9.38%	13%
	Veterans services		1%
	Volunteers		2%
	Workforce development		3%
	Youth		1%
	Other:		
	Other:		
	Other:		

7. Area Community Resources

Bedford Area Community Resources 2018	
Adult Protective Services Bedford Social Services	**Housing** Raintree Village Apartments John Early Apartments Pinecrest Apartments Lynchburg Covenant Fellowship Lynchburg Redevelopment and Housing Authority STEP Inc USDA Rural Development
Budget & Credit Counseling Money Management International Clearpoint Credit Counseling Solutions	**Housing Weatherization/Rehabilitation** Central Virginia Alliance for Community Living (Senior) Lynchburg Community Action Group Interfaith Rebuilds
Child Care Financial Assistance Lynchburg Community Action Group Bedford Social Services	**Job Counseling, Training, & Placement** Career Support Systems Central VA Community College Goodwill Industries HumanKind Job Corps Virginia Lynchburg Community Action Group Lynchburg Sheltered Industries Virginia Career Works Virginia Department of Rehabilitative Services Virginia Employment Commission
Child Care Resources & Referrals Human Kind/Presbyterian Homes 2-1-1 Virginia	**Legal Assistance** Virginia Lawyer Referral Virginia Legal Aid Society
Child/Infant Car Seats Bedford Police & Sheriff's Departments Bedford County Health Department	**Local Government/Tourist Information** Bedford Area Chamber of Commerce Bedford County Government Office
Child Protective Services CASA – Lynchburg Child Protective Services-DSS	**Medical/Dental Assistance** Bedford Christian Free Clinic Bedford Community Health Center Bedford Community Dental Center Centra Community Access Network FAMIS Free Clinic of Central Virginia James River Dental Clinic Johnson Health Center Bedford Health Department VA Medical Center
Children & Family Recreation Bedford Parks & Recreation Department YMCA	**Parenting Skills/Family Support/Mental Health** Anderson Counseling Bedford Counseling Center Bridges Residential Treatment Center Community Access Network Couples and Kids Family Preservation Services Horizon Behavioral Health HumanKind Patrick Henry Family Services

Commonwealth's Attorney	**Prescription Assistance** FamilyWize Discount Card Free Clinic of Central Virginia/MedsHelp
Community Partnerships & Coalitions Bridges of Central Virginia Blue Ridge Re-entry Council Bedford Area Resource Council Central Virginia Continuum of Care The Partnership for Healthy Communities	**Public Safety/Disaster Relief** American Red Cross – Historic Virginia Chapter Bedford Police Department Bedford County Sheriff's Department Emergency Management
Community Foundations Centra Foundation Bedford Community Health Foundation United Way	**Re-entry/Returning Citizens** Lynchburg Community Action Group, Inc. Interfaith Outreach Association Virginia Career Works Blue Ridge Re-entry Council Virginia Dept of Corrections
Crisis Bedford YWCA Domestic Violence Services Suicide Hotline Family Violence & Sexual Assault Hotline	**Senior Services** Adult Care Center of Central Virginia Bedford County Parks and Recreation Bedford Ride Bedford GetTogether Central Virginia Alliance for Community Living /ADRC Generation Solutions Home Instead Senior Care Meals on Wheels Simple Solutions Dept. of Aging & Rehabilitative Services
Disability Services/Rehabilitation ARC of Central Virginia Lynchburg Area Center for Independent Living (LACIL) Lynchburg Sheltered Industries RUSH Homes VA Department of Rehabilitative Services ADRC-Aging and Disability Resource Center Special Olympics	**Shelters/Transitional Housing** Bedford Domestic Violence Shelter Homeless Intake (CHIA) Salvation Army Hand Up Lodge Miriam's House The Gateway YWCA Domestic Violence Shelter
Economic/Neighborhood Development Lynchburg Small Business Development USDA Rural Development Bedford Area Chamber of Commerce	**Social Services (SNAP, TANF, Medicaid)** **Assistance** Bedford Department of Social Services Community Access Network
Education ACE of Central Virginia Bedford County Schools Bedford Public Library System Laurel Regional School Rivermont School (Centra)	**Substance Abuse Treatment/Transitional** **Housing** Horizon Behavioral Health Celebrate Recovery Courtland Center Pathways The Gateway Elim Home Mount Regis Oxford House Our Father's House The Haven UP Foundation

	Celebrate Recovery Roads to Recovery
Emergency Financial Assistance Agape Center Bedford Christian Ministries Bedford Social Services Interfaith Outreach Association Lake Christian Ministries Lynchburg Community Action Group Salvation Army - Lynchburg United Way of Central Virginia	**Transportation** Bedford Ride Logisticare
Food/Food Pantries Agape Center Bedford Christian Ministries Bedford Church of God Blue Ridge Area Food Bank Bonsack Baptist Church Interfaith Outreach Ministries Lake Christian Ministries Salvation Army Virginia Cooperative Extension	**Unemployment Assistance** Virginia Employment Commission Virginia Career Works Career Support Systems
Health Department **Central Virginia Health District** Lynchburg Health Department Bedford County Health Department	**Veterans** Lynchburg Area Veterans Council Virginia Dept of Veterans Services