Appendix E: Petersburg and Hopewell CHNA
Appendix E: Petersburg-Hopewell Community Health Assessment

COMMUNITY HEALTH ASSESSMENT
Petersburg and Hopewell, Virginia | 2017
# Table of Contents

Message From the Health District Director ........................................... 4  
Acknowledgements ................................................................. 5  
Crater Health District .............................................................. 7  
What is A Community Health Assessment? ........................................ 8  
  Mobilizing for Action Through Planning and Partnership Demographics ........................................... 8  
Demographics ................................................................. 12  
  Population ................................................................. 12  
  Age and Sex Distribution .................................................. 13  
  Racial and Ethnic Composition Median Age ............................. 14  
  Population with Any Disability ............................................ 16  
  Household and Families .................................................. 19  
  Household and Families Population Under Age 18 ..................... 19  
  Housing Characteristics Housing ........................................... 20  
  Cost Burden ................................................................. 22  
  Housing Assistance ........................................................... 24  
  Substandard Housing ....................................................... 24  
  Homelessness ................................................................. 27  
Social Determinants of Health .................................................. 28  
  Education ................................................................. 28  
  Accreditation Status ........................................................ 29  
  Educational Attainment .................................................... 29  
  School Age Children ....................................................... 3  
  Standards of Learning ...................................................... 33  
Socioeconomics ................................................................. 34  
  Median income .............................................................. 34  
  Median Household Income by Race and Gender ......................... 35  
  Employment ................................................................. 36  
  Poverty ................................................................. 37  
  Children in Poverty ........................................................ 38  
  Free and Reduced Lunches .................................................. 40  
  Population Receiving Food Assistance .................................... 42  
  Medicaid ................................................................. 43  
  Foster Care ................................................................. 45  
  Childcare Subsidies ........................................................... 45
Message From the Health District Director

Dear Community Stakeholder,

We are excited to share with you the 2016-2017 Petersburg and Hopewell Community Health Assessment Report, which contains data and analysis from our comprehensive Community Health Assessment (CHA). Together with the Crater Area Health District and major community partners, we have created a valuable tool that our community can use to inform, monitor, and ultimately improve health.

In addition to being full of interesting facts about Petersburg and Hopewell and our health status, this document provides context that helps bring more meaning to numbers. We want this report to facilitate, thought, dialogue and ultimately informed and coordinated action.

In August of 2016, the Petersburg and Hopewell Health Department under the Virginia Department of Health launched their CHA process utilizing tools from Mobilizing for Action through Planning and Partnerships (MAPP). We would not have accomplished this endeavor without the tremendous support of our community and dedicated community partners, who met monthly to collaborate on the CHA.

The Community Health Assessment is an iterative process that never really ends. With the release of this publication, we are committing to engage with our community in an ongoing process of assessing health and addressing them together in our Community Health Improvement Plan. In many ways, Petersburg and Hopewell have made substantial improvements in community health through programs, policies, partnerships and nonprofit organizations. In spite of our many successes there are issues that continue to affect the health and quality of life in our community.

On behalf of the Petersburg and Hopewell Community Health Assessment Team, we ask that you join us improving the health of our community. We believe that together Petersburg and Hopewell can make significant strides. Please enjoy our Petersburg and Hopewell 2017 Community Health Assessment.

Be Well,
Alton

Alton Hart Jr., MD, MPH
Crater Area Health District Director
Acknowledgments
On behalf of the Petersburg and Hopewell Health Department under the Virginia Department of Health, our deepest gratitude goes to all the stakeholders and partners for their continued support and participation in the 2017 Petersburg and Hopewell Community Health Assessment.

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Crater Health District

The Crater Health District (CHD) encompasses approximately 1,800 square miles and serves a population of about 150,000 residents. The District includes the cities of Petersburg, Hopewell and Emporia and the counties of Prince George, Dinwiddie, Surry, Sussex and Greensville. CHD is a state-city/county cooperative health service agency. It employs over 100 full-time and 10 part-time workers and countless volunteers each year. The Health District operates seven local health departments in Dinwiddie, Emporia, Hopewell, Petersburg, Prince George, Surry, and Sussex.

Petersburg City

Petersburg is an independent city located on the Appomattox River 23 miles south of the Virginia State Capital of Richmond. The city is rich in its history and once served as a significant transportation and industrial hub. Petersburg is also rich in historical churches, some of which played a significant role during the Civil Rights Movement. Pocahontas Island was home to one of the oldest free black settlements in the country. Today, Petersburg continues to be rich in its history and tourism and serves as the home to Fort Lee Military base. According to the United States Census Bureau, the city has a total area of 23.2 square miles (60.1 km²), of which 22.9 square miles (59.3 km²) is land and 0.2 square miles (0.5 km²) (1.1%) is water. During the 2010 census, Petersburg had a total population of 32,420, a slight decrease from the 2000 census.

The City of Hopewell

The city of Hopewell overlooks the Appomattox and James Rivers south of the Virginia state capital of Richmond. During the early 20th century, Hopewell was home to many factories and small businesses. The city is currently undergoing revitalization efforts. The downtown area boasts new and booming businesses as well as a beautiful library and the historic Beacon Theater which hosts entertainment shows and concerts. According to the United States Census Bureau, the city has a total area of 10.8 square miles (28.0 km²), of which 10.2 square miles (26.4 km²) are land and 0.5 square miles (1.3 km²) (4.9%) is water. During the 2010 Census, the population of Hopewell was 22,591.
What is a Community Health Assessment?

A Community Health Assessment (CHA) uses both quantitative and qualitative methods to collect data describing the health and quality of life in a community. The ultimate goal of a CHA is to develop strategies to address the community's self-identified health issues and concerns. This assessment is in best practice when it is community owned and led, so as to gain the clearest depiction of life for its residents. A zip code is as important as a person's genetic code in determining their health outcomes and quality of life. Thus, this assessment extends beyond the medical definition of health to encompass daily life, access, and resources in the community. The findings from a CHA describe the health of the population, determine areas of strength and areas for improvement, and provide a basis for a Community Health Improvement Plan (CHIP).

Mobilizing for Action Through Planning and Partnership

In the fall of 2016, The Petersburg and Hopewell CHA process was developed within the Mobilizing for Action through Planning and Partnerships (MAPP), framework. The National Association of County and City Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC), developed the MAPP framework as a strategic approach to help communities improve health by advocating for partnerships and collaboration between community members and organizations. The CHA is a part of the Virginia Plan for Well Being's overall goal of making Virginia the healthiest state in the nation.

MAPP follows seven guiding principles:
1. Systems Thinking
2. Dialogue
3. Shared Vision
4. Data Collections
5. Partnerships and Collaboration
6. Strategic Thinking
7. Success
Four distinct assessments were conducted to provide an overall picture of health within Petersburg and Hopewell.

**Community Health Status Assessment** - from January to August 2017, primary and secondary data were gathered to describe the health status, quality of life, demographics and behavioral risk factors within the community.

**Forces of Change Assessment** - Conducted on May 2017, identifies forces that affect or will be affecting the community and well as the threats and opportunities for those factors.

**Community Themes and Strengths Assessment** - Conducted from May - July 2017 identified the community’s interests and perceptions about the quality of life within Petersburg and Hopewell. As part of the Community Themes and Strengths Assessment (CTSA), a photovoice project was conducted by youth residing in Hopewell.

**Local Public Health System Assessment** - Conducted on August 8th 2017 utilized the National Public Health Standards Program assessment of the components, activities, competencies and capacities of the of the local public health system and analyzed how well the 10 essential public health services are being delivered.
Figure 1.
Demographics

The next few pages cover the density, racial and ethnic diversity of Petersburg and Hopewell. Understanding the demographics of a population is an important component in understanding how the area is impacted by socio-economic factors and health outcomes.

Population

Table 1.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Total Land Area (Square Miles)</th>
<th>Population Density (Per Square Mile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopewell</td>
<td>22,279</td>
<td>10.29</td>
<td>2,164.78</td>
</tr>
<tr>
<td>Petersburg</td>
<td>32,123</td>
<td>22.95</td>
<td>1,399.93</td>
</tr>
<tr>
<td>Virginia</td>
<td>8,256,630</td>
<td>39,491.68</td>
<td>209.07</td>
</tr>
</tbody>
</table>

Source: US Census Bureau American Community Survey 2011-2015

Figure 3. Population Density by Census Tract Hopewell

Source: US Census Bureau American Community Survey 2011-2015
Figure 4. Population Density by Census Tract Petersburg

Age and Sex Distribution

Figure 5 and 6 show the age and sex distribution of the population of Petersburg and Hopewell in 2015. The largest age group in Petersburg is individuals aged 20-29 and the largest age group in Hopewell is individuals aged 0-9.

Figure 5. Demographic Profile Age and Sex Petersburg

**Racial and Ethnic Composition**

Race and ethnicity is one lens through which to view diversity. The 2016 Weldon Cooper Center (ACS) population estimates of Petersburg is and Hopewell by race is shown in Figure 7 and percent of population by race in figure 8. The population of Petersburg is predominantly African American, whereas the population of Hopewell is predominantly white.
Median Age

The median age for both sexes combined is 38 in Petersburg and 36 in Hopewell. The median age for males in Petersburg is 35.5 and 33.9 in Hopewell. The median age for females in Petersburg is 40.8 and 37.9 in Hopewell. Figure 9 and 10 show the median age by Census track from the Census Bureau 2016 estimates.

Figure 9. Median Age, Petersburg
Population with Any Disability

Table 2 reports the percentage of the total civilian non-institutionalized population with a disability according to the US Census Bureau’s American Community Survey (ACS). This is relevant because disabled individuals make up a population that need targeted services and outreach by providers. Figures 11 and 12 show the percent of the population that is disabled by census tract. Figure 13 shows the percentage of the population with any disability by age group.

Table 2.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population (For Whom Disability Status Is Determined)</th>
<th>Total Population with a Disability</th>
<th>Percent Population with a Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopewell</td>
<td>21,948</td>
<td>4,236</td>
<td>19.30%</td>
</tr>
<tr>
<td>Petersburg</td>
<td>31,239</td>
<td>6,361</td>
<td>20.36%</td>
</tr>
<tr>
<td>Virginia</td>
<td>8,043,013</td>
<td>897,300</td>
<td>11.16%</td>
</tr>
</tbody>
</table>

Figure 11. Percent Disabled Population by Tract, Petersburg

Source: United States Census Bureau, American Community Survey 2011-15

Figure 12. Percent Disabled Population by Tract, Hopewell

Source: United States Census Bureau, American Community Survey 2011-15
Veteran Population

The U.S. Census defines a Veteran as any person 18 years old or over who served (even if for a short time), but is not now serving in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II. According to the US Census Bureau American Community Survey, there were 1,675 veterans in Hopewell and 2,959 in Petersburg. Figure 14 reports the veteran population by age group.
Household and Families

Household size refers to the number of people that inhabit a dwelling unit. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals. Household size is important for many reasons including tax credits, Medicaid eligibility and for qualifications for social services. There are an estimated 8,706 households in Hopewell, and 12,803 households in Petersburg. Table 3 provides a breakdown of family and none family household types by size.

<table>
<thead>
<tr>
<th></th>
<th>Petersburg</th>
<th>Hopewell</th>
<th>Virginia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total:</td>
<td>12,803</td>
<td>8,706</td>
<td>3,062,783</td>
</tr>
<tr>
<td>Family households:</td>
<td>7,017</td>
<td>5,201</td>
<td>2,054,416</td>
</tr>
<tr>
<td>2-person household</td>
<td>3,484</td>
<td>2,457</td>
<td>894,558</td>
</tr>
<tr>
<td>3-person household</td>
<td>1,774</td>
<td>1,192</td>
<td>485,411</td>
</tr>
<tr>
<td>4-person household</td>
<td>1,052</td>
<td>922</td>
<td>405,019</td>
</tr>
<tr>
<td>5-person household</td>
<td>548</td>
<td>409</td>
<td>173,979</td>
</tr>
<tr>
<td>6-person household</td>
<td>74</td>
<td>141</td>
<td>61,969</td>
</tr>
<tr>
<td>7-or-more person</td>
<td>85</td>
<td>80</td>
<td>33,480</td>
</tr>
<tr>
<td>household</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonfamily households:</td>
<td>5,786</td>
<td>3,505</td>
<td>1,008,367</td>
</tr>
<tr>
<td>1-person household</td>
<td>4,811</td>
<td>3,051</td>
<td>815,144</td>
</tr>
<tr>
<td>2-person household</td>
<td>741</td>
<td>249</td>
<td>152,691</td>
</tr>
<tr>
<td>3-person household</td>
<td>223</td>
<td>174</td>
<td>25,958</td>
</tr>
<tr>
<td>4-person household</td>
<td>11</td>
<td>31</td>
<td>11,236</td>
</tr>
<tr>
<td>5-person household</td>
<td>0</td>
<td>0</td>
<td>2,105</td>
</tr>
<tr>
<td>6-person household</td>
<td>0</td>
<td>0</td>
<td>777</td>
</tr>
<tr>
<td>7-or-more person</td>
<td>0</td>
<td>0</td>
<td>456</td>
</tr>
<tr>
<td>household</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: United States Census Bureau, American Community Survey, 2015

Population Under Age 18

25.09% of the Population in Hopewell is between age 0-17. 20.69% of the population in Petersburg is between age 0-17. The percent of households with one or more child(ren) under the age of 18 in both Petersburg (24.8%) and Hopewell (29%) are lower than the state average of 32.48%. Figure 15 reports the percent of children in single parent homes.
**Housing Characteristics**

A healthy community needs safe and affordable housing. Barriers to adequate housing include incomplete kitchens, lack of plumbing facilities, overcrowding and cost of rent. These barriers can make it difficult to find quality housing. A household is "housing stressed" when more than 30% of household income is spent on housing costs. According to the American Community Survey 2011-2015 estimates, there are a total of 16,464 housing units in Petersburg. Seventy-seven and eight-tenths percent of those households are occupied. Owner-occupied units made up 41.4% of all housing units and renter-occupied units made up 58.6%. The average household size of owner occupied units was 2.55 and the average household size of renter-occupied unit was 2.36. About 63 percent of owner occupied housing units report having a mortgage compared to 37.2% of owner-occupied units without a mortgage. There is a total of 10,223 housing units in Hopewell. About 85% of housing units are occupied. Owner-occupied units make up 51.3 % of units occupied and 48.7% are renter occupied. About 63% of owner-occupied units have a mortgage and 37.1% of owner occupied units do not have a mortgage. The average household size for owner occupied units is 2.48 and for renter-occupied units, the average household size is 2.59. The median rent in Petersburg was $842 and $835 in Hopewell.
Table 4. Housing Characteristics

<table>
<thead>
<tr>
<th>Measures</th>
<th>Hopewell 2016 4th quarter</th>
<th>Petersburg 2016 4th quarter</th>
<th>Virginia 2016 4th quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Households</td>
<td>8,774</td>
<td>12,515</td>
<td>3,083,820</td>
</tr>
<tr>
<td>Percent Owner</td>
<td>52.80%</td>
<td>44.60%</td>
<td>65.30%</td>
</tr>
<tr>
<td>Percent Renter</td>
<td>47.20%</td>
<td>55.40%</td>
<td>34.70%</td>
</tr>
<tr>
<td>Median Income Households</td>
<td>$39,725</td>
<td>$34,420</td>
<td>$65,734</td>
</tr>
<tr>
<td>30% of Renter Household Income</td>
<td>$8,869</td>
<td>$7,284</td>
<td>$12,651</td>
</tr>
<tr>
<td>Median Renter Costs (annual)</td>
<td>$10,679</td>
<td>$10,833</td>
<td>$14,307</td>
</tr>
<tr>
<td>30% Owner Household Income</td>
<td>$15,928</td>
<td>$14,947</td>
<td>$24,634</td>
</tr>
<tr>
<td>Median Owner Costs (annual)</td>
<td>$7,219</td>
<td>$4,887</td>
<td>$17,164</td>
</tr>
</tbody>
</table>

Source: Housing Virginia

Figure 16. Value of Owner Occupied Units

Table 5 reports the Annual estimates of housing units for Petersburg and Hopewell. According to the ACS 2010-2015 5-Year estimates, there were 14.8% and 22.2% respectively of vacant units in Hopewell and Petersburg. Both areas have a higher rate than the state average on 10.5%.
Table 5.

<table>
<thead>
<tr>
<th>Geography</th>
<th>April 1 2010</th>
<th>Housing Estimate (as of July1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petersburg</td>
<td>16,326</td>
<td>16,332</td>
</tr>
<tr>
<td>Hopewell</td>
<td>10,121</td>
<td>10,124</td>
</tr>
</tbody>
</table>

Source: United States Census Bureau, Population Division Release Date May 2017

Figure 17. Occupied Housing Units Owner vs Renter

Source: United States Census Bureau

Housing Cost Burden

Housing cost burden reports on the households where housing cost exceeds 30% of total household income. This information provides the cost of monthly housing expenses for both owners and renters, as well as a measure of affordability and excessive shelter cost and to aid in the development of housing programs to meet the needs of people at different economic levels. According to the American Community Survey 2011-2015 estimates, 25.42% of households in Hopewell and 43.67% of households in Petersburg are cost burdened households. Figure 18 (Petersburg) and 19 (Hopewell) show cost burdened households percent by census tract according to the 2011-2015 ACS estimates.
Figure 18


Figure 19

Housing Assistance

The department of Housing and Urban Development (HUD) administers federal housing assistance programs to low income renters. Generally, households pay rent that is equal to 30% of their income, and the federal government pays the remainder of the rent or costs associated. To qualify for housing subsidies, the applicant's income must fall below certain income units. Table 23 reports the total number of HUD-funded assisted housing units available to renters who are eligible, as well as the rate per 10,000 households. Both areas have rates that are higher than the state average. Table 24 reports the assisted housing units by assistance program. For both Petersburg and Hopewell, the most common housing assistance types are housing choice vouchers and project-based section 8 units and public housing authority units.

Table 6. Housing Assisted Units

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Housing Units (2010)</th>
<th>HUD Assisted Housing Units Total</th>
<th>HUD-Assisted Units, Rate per 10,000 Housing Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopewell</td>
<td>10,121</td>
<td>916</td>
<td>905.05</td>
</tr>
<tr>
<td>Petersburg</td>
<td>16,326</td>
<td>1,584</td>
<td>970.23</td>
</tr>
<tr>
<td>Virginia</td>
<td>3,364,939</td>
<td>103,152</td>
<td>306.55</td>
</tr>
</tbody>
</table>


Table 7. Housing Assisted Units by Assistance Program

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Housing Choice Voucher Units</th>
<th>Project-Based Section 8 Units</th>
<th>Public Housing Authority Units</th>
<th>Section 202 Units (Supportive Housing for the Elderly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopewell</td>
<td>403</td>
<td>152</td>
<td>360</td>
<td>1</td>
</tr>
<tr>
<td>Petersburg</td>
<td>627</td>
<td>549</td>
<td>409</td>
<td>0</td>
</tr>
</tbody>
</table>


Substandard Housing

Substandard housing refers to owner and renter-occupied housing units that have at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) or more occupants per room, 4) selected monthly owner costs as a percentage of household greater than 30%, or 5) gross rent as a percentage that is greater than 30%. According to the US Census Bureau ACS 2011-2015 5-year estimates, 5.22% of housing units in Hopewell and 6.37% of
hiring units in Petersburg lacked complete kitchen facilities. Complete kitchen facilities must have
a sink with a faucet, a stove or a range, and a refrigerator. All three must be located in the house,
apartment or mobile home but they are not required to be in the same room. Housing units with only
a microwave or portable heating equipment such as a hot plate are not considered to have complete
kitchen facilities. Telephone service is important to an individual’s health because it allows for access
to health care and job opportunities. A telephone must be in working order with service available that
allows residents to make and receive phone calls. The ACS counts households whose service has
been disconnected as not having telephone service. Cell phones are counted as telephone service.

Table 8. Substandard Housing Units

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Occupied Housing Units</th>
<th>Occupied Housing Unit with One or More Substandard Condition</th>
<th>Percent Occupied Housing Units with One or More Substandard Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopewell</td>
<td>8,706</td>
<td>3,165</td>
<td>36.35%</td>
</tr>
<tr>
<td>Petersburg</td>
<td>12,803</td>
<td>5,552</td>
<td>43.36%</td>
</tr>
<tr>
<td>Virginia</td>
<td>3,062,783</td>
<td>974,153</td>
<td>31.81%</td>
</tr>
</tbody>
</table>


Figure 20. Substandard Housing Units Percent of Total Petersburg

Source: United States Census Bureau
Figure 21. Substandard Housing Units, Percent of Total By Tract Hopewell

Table 9. Households Lacking Telephone Service

<table>
<thead>
<tr>
<th></th>
<th>Total Units</th>
<th>%</th>
<th>Owner-Occupied</th>
<th>%</th>
<th>Renter-Occupied</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopewell</td>
<td>897</td>
<td>10.30%</td>
<td>149</td>
<td>3.33%</td>
<td>748</td>
<td>17.66%</td>
</tr>
<tr>
<td>Petersburg</td>
<td>1,434</td>
<td>11.20%</td>
<td>228</td>
<td>4.30%</td>
<td>1,206</td>
<td>16.08%</td>
</tr>
<tr>
<td>Virginia</td>
<td>67,017</td>
<td>2.19%</td>
<td>27,672</td>
<td>1.37%</td>
<td>39,345</td>
<td>3.80%</td>
</tr>
</tbody>
</table>

Source: United States Census Bureau, American Community Survey

Figure 22. Standard Households Lacking Telephone Service

Homelessness

Homelessness is defined by the United States Housing and Urban Development (HUD) as an individual who lacks a fixed, regular, and adequate nighttime residence, as well as an individual who has a primary nighttime residence that is in a supervised publicly or privately operated shelter designed to provide temporary living accommodations, an institution that provides a temporary residence for individuals intended to be institutionalized, or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. Table 4 shows a Point-In-Time Count (PIT) homelessness snapshot for Petersburg and Hopewell. A PIT is counts or estimates of homeless persons in sheltered and unsheltered locations on a single night, used to determine how many and what types of individuals are in the community. These counts are calculated every other year.

Social Determinants of Health

Education

As a social determinant of health, education influences health outcomes. Adults with at least a high school diploma are more likely to have acquired the basic skills for earning a living and maintaining self-sufficiency for themselves and their families. Higher education generally enhances a person's employment prospects and increases earning potential. Studies show that the completion of a bachelor's or more advanced degree generally enhances an individual's employment prospects and increases his or her learning potential. Table 10 outlines on-time graduation rates for Petersburg and Hopewell compared to the state of Virginia. Graduation rates for both localities are significantly lower than the state average rates.

Table 10

<table>
<thead>
<tr>
<th></th>
<th>Petersburg</th>
<th>Hopewell</th>
<th>Virginia</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2014</td>
<td>82.4</td>
<td>79.5</td>
<td>89.9</td>
</tr>
<tr>
<td>2014-2015</td>
<td>70.9</td>
<td>81.9</td>
<td>90.6</td>
</tr>
<tr>
<td>2015-2016</td>
<td>84.3</td>
<td>85.1</td>
<td>91.4</td>
</tr>
</tbody>
</table>

Source: Virginia Department of Education School Quality Profiles

*Healthy People 2020 define Social Determinants of Health as conditions in the environments in which people are born, live, learn, play, worship and age that affect a wide range of health, functioning and quality of life outcomes and risk.

** The percentage of students in a cohort who earn a diploma within 4 years of entering high school. A cohort is a group of students who entered ninth grade for the first time together and were scheduled to graduate 4 years later.
**Accreditation Status**

Table 11 outlines the accreditation ratings of all schools in Petersburg and Hopewell. Accreditation ratings are based on the achievement of students on statewide tests taken during the previous academic year, or on achievement during the three most recent academic years. In determining the accreditation rating of a school, adjustments are made to reward schools for the successful remediation of previously failing students. Allowances also are made for certain transfer students and certain English language learners. It is important to note that in order for a high school to be fully accredited, it must have a graduation and completion index of at least 85 percent. The pass rates for a school to be rated as fully accredited are as follows:

- English 75%
- Mathematics 70%
- Science 70%
- History/Social Science 70%

**Table 11. Accreditation Status**

<table>
<thead>
<tr>
<th>Total Number of Schools</th>
<th>Petersburg</th>
<th>Hopewell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully Accredited</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Accreditation Denied</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Partially Accredited: Warned School Pass Rate</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Partially Accredited: Reconstituted School</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Source Virginia Department of Education School Quality Profiles
Educational Attainment

Figure 24 reports the educational attainment by percentage for Petersburg and Hopewell compared to the overall state rates. The percentage of individuals in both localities with a Bachelor’s degree or higher is significantly lower than the state average. 80.9% of the population of Hopewell has a high school diploma or higher, 77.9% of the population of Petersburg has a high school diploma or higher. Both rates are lower than the state average of 88.3%. Figure 25 outlines the educational attainment for the population of Petersburg and Hopewell aged 18-24 compared to the state of Virginia. Figure 26 outlines the poverty rates for the population of age 25 and over for whom poverty status is determined by educational attainment level.

Figure 24. Educational Attainment

Source: United States Census Bureau 2011-2015 American Community Survey 5-year Estimates

Figure 25. Educational Attainment Population Age 18-24

Source: U.S. Census Bureau 2011-2015 American Community Survey 5-year Estimates
School Age Children

PALS-K is a measure of children's knowledge of several important literacy fundamentals: rhyme awareness, beginning sound awareness, alphabet knowledge, letter sounds, spelling, concept of word, and word recognition. PALS-K provides a direct means of matching literary instruction to specific needs.

*PALS-K is administered in the fall of children's kindergarten year to assess their readiness.
literacy needs and provides a means for identifying those children who are relatively behind in their acquisition of fundamental literacy skills. The Virginia Plan for Well Being established a goal of having less than 12.2% of kindergartners with PALS-K scores below kindergarten readiness levels. In 2016, Petersburg kindergartners scored better than the average state rate. Hopewell kindergartners fared worse than the state average. See Figure 28.

**Figure 28. Kindergartners Whose Fall PALS-K Scores were Below Kindergarten Readiness Levels**

![Graph showing kindergartners scores](image)

Source: Kids Count Data Center. Data Source: Virginia Department of Education Via University of Virginia Curry School

**Figure 29. PALS-K Scores Trend**

![Graph showing PALS-K scores trend](image)

Source: Virginia Department of Education via UVA Curry School
The percent of children held back a year in kindergarten through third grade is outlined in figure 30. The trend lines (figure 31) indicate that the rates for both localities are higher than the state average. Petersburg has a lower percentage of children being held back than Hopewell. Hopewell had a decline in rates in the 2014-2015 school year, but their rates have steadily increased since then. According to the Virginia Department of Education, in 2015 11.6% of students in Petersburg, and 13.7% in Hopewell of students age 0-22+ received special education services. The state average was 12.9%.

**Figure 30. Percent of Children Held Back Kindergarten through Third Grade by Academic Year**

Source: Virginia Department of Education

**Figure 31. Trend Percent Retained in Grades K-3**

Source: Virginia Department of Education
Standards of Learning

Virginia students are assessed annually for reading in grades 3-8 and once in high school with an end of course reading test. Figures 32 and 33 report the reading performance scores for students in Petersburg and Hopewell for 2014 through 2017. Petersburg City schools reading performance for proficient and advanced students are lower than the state average (Figure 34). The rates are also lower for students with disabilities and economically disadvantaged students.

Figure 32. Petersburg Overall Standards of Learning Test Scores

![Graph showing test scores for Petersburg](image)

Source Virginia Department of Education

Figure 33. Hopewell Overall Standards of Learning Test Scores

![Graph showing test scores for Hopewell](image)

Source Virginia Department of Education
Socioeconomics

Median Income

According to the American Community Survey estimates, Median income is the income where the income of half of the households in an area falls above and half falls below this amount. Median Household Income (MHI) is one of the best income measures used to gauge the financial resources of households and the overall economic health of the community. The median household income in Petersburg and Hopewell are both below the state average median income. Furthermore, the median household income for the state has gradually increased from 2006-present (Figure 33). The median household income for Hopewell is slightly lower in 2015 than it was in 2006, and the median household income for Petersburg is significantly lower in 2015 than in 2006 (Figure 33). According to the U.S. Census American Community Survey 2011-2015 rolling estimates, the median income of families with two children in the household was $25,371 for Petersburg and $35,762 for Hopewell, both are significantly lower than the overall state average of $77,142.*

*Median Family Income in the Past 12 Months (in inflation-adjusted dollars) by presence of own children under 18 years
Table 12. Median Household Income

<table>
<thead>
<tr>
<th>Year</th>
<th>Hopewell</th>
<th>Petersburg</th>
<th>Virginia</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>$37,303</td>
<td>$32,316</td>
<td>$56,297</td>
</tr>
<tr>
<td>2007</td>
<td>$39,871</td>
<td>$34,630</td>
<td>$59,575</td>
</tr>
<tr>
<td>2008</td>
<td>$40,560</td>
<td>$35,359</td>
<td>$61,210</td>
</tr>
<tr>
<td>2009</td>
<td>$35,815</td>
<td>$31,926</td>
<td>$59,372</td>
</tr>
<tr>
<td>2010</td>
<td>$37,226</td>
<td>$32,435</td>
<td>$60,665</td>
</tr>
<tr>
<td>2011</td>
<td>$36,792</td>
<td>$32,615</td>
<td>$61,877</td>
</tr>
<tr>
<td>2012</td>
<td>$39,315</td>
<td>$33,280</td>
<td>$61,782</td>
</tr>
<tr>
<td>2013</td>
<td>$39,440</td>
<td>$32,623</td>
<td>$62,745</td>
</tr>
<tr>
<td>2014</td>
<td>$40,122</td>
<td>$32,740</td>
<td>$64,923</td>
</tr>
<tr>
<td>2015</td>
<td>$37,193</td>
<td>$31,645</td>
<td>$66,263</td>
</tr>
</tbody>
</table>

Source: United States Census Bureau Small Area Income and Poverty Estimates

Figure 35. Median Household Income Trend

Median Household Income by Race and Gender

As with poverty rates, there are significant disparities in the average MHI between races. As shown in Table 13, the median income for individuals identifying as Black or African American for both Petersburg and Hopewell is significantly lower than that of individuals that identify as white or some other race. There is also a significant gender gap in earnings between men and women in Petersburg, Hopewell, and the State of Virginia (Figure 35).
Table 13. Median Household Income by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Hopewell</th>
<th>Petersburg</th>
<th>Virginia</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>$40,483</td>
<td>$41,766</td>
<td>70,032</td>
</tr>
<tr>
<td>Black or African American</td>
<td>$32,881</td>
<td>$29,770</td>
<td>44,562</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>*</td>
<td>*</td>
<td>54,031</td>
</tr>
<tr>
<td>Asian</td>
<td>(X) **</td>
<td>(X) **</td>
<td>94,896</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>- *</td>
<td>- *</td>
<td>89,125</td>
</tr>
<tr>
<td>Some other race</td>
<td>$55,357</td>
<td>$65,282</td>
<td>51,932</td>
</tr>
<tr>
<td>Two or more races</td>
<td>73,333</td>
<td>(X) **</td>
<td>66,235</td>
</tr>
</tbody>
</table>


Figure 36. Median Income Earnings in the Past 12 Months by Gender


Employment

International, national, and local economic trends influence employments, layoffs, and industries and eventually impact households. Unemployment is the percentage of the civilian labor force, age 16 and older, that is unemployed but seeking work. The percent of individuals that are experiencing unemployment can tell us about the economic stability of Petersburg and Hopewell and the demand on public health and social services. The percentage the population that is employed in both Petersburg and Hopewell are lower than the state average. The unemployment rate for both Petersburg and Hopewell have been above the state level from 2007-2016. According to the Bureau of Labor Statistics, in July 2017 the unemployment rate was 7.2% for Petersburg and 6.1% for Hopewell. Figure 37 reports the unemployment rate trend from 2007-2016.

* A "-" entry indicates that either no sample observations or too few sample observations were available to compute an estimate
** "An 'X' means that the estimate is not applicable or not available
Table 14. Employment Status

<table>
<thead>
<tr>
<th>Population Age 16 Years and Over in Labor Force</th>
<th>Hopewell</th>
<th>Percent</th>
<th>Petersburg</th>
<th>Percent</th>
<th>Virginia</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>10,457</td>
<td>60%</td>
<td>15,118</td>
<td>57.8%</td>
<td>4,376,786</td>
<td>66.3%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>1,324</td>
<td>7.7%</td>
<td>1,923</td>
<td>7.4%</td>
<td>276,030</td>
<td>4.2%</td>
</tr>
<tr>
<td>Not in Labor Force</td>
<td>6,801</td>
<td>39.4%</td>
<td>11,025</td>
<td>42.2%</td>
<td>2,222,170</td>
<td>33.7%</td>
</tr>
</tbody>
</table>

Source United States Census Bureau 2011-2015 American Community Survey 5-Year Estimates

Figure 37. Unemployment Rate 2007-2016

Source: United States Department of Labor, Bureau of Labor Statistics

**Poverty**

Poverty rates represent an important burden to the health of residents. Poverty is one of the main social determinants of health, or social factors that can hinder an individual's ability to live a healthy life. Poverty is one of the great social challenges in public health. The U.S. Department of Health and Human Services (DHHS) sets poverty guidelines which serve as a simplified version of poverty thresholds for administrative purposes such as determining eligibility for public programs. These guidelines are referred to as the Federal Poverty Level (FPL). Federal Poverty Guidelines state that a family of four with an annual household income of $24,600 or less is at 100% of Federal Poverty Level. The challenges of living in poverty creates a living situation that becomes unmanageable for many struggling households. Ten-year trends (Figure 37) show that both Petersburg and Hopewell are above the state average and the percent of the population living in poverty for both localities have increased from 2014 to 2015.
Table 15. All Ages Living in Poverty

<table>
<thead>
<tr>
<th>Year</th>
<th>Hopewell</th>
<th>Percent</th>
<th>Petersburg</th>
<th>Percent</th>
<th>Virginia</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>3,720</td>
<td>16.6</td>
<td>6,098</td>
<td>19.3</td>
<td>713,181</td>
<td>9.6</td>
</tr>
<tr>
<td>2007</td>
<td>3,402</td>
<td>15.0</td>
<td>6,131</td>
<td>19.1</td>
<td>739,135</td>
<td>9.9</td>
</tr>
<tr>
<td>2008</td>
<td>4,079</td>
<td>17.9</td>
<td>6,478</td>
<td>20.1</td>
<td>766,852</td>
<td>10.2</td>
</tr>
<tr>
<td>2009</td>
<td>4,486</td>
<td>19.7</td>
<td>7,164</td>
<td>22.2</td>
<td>805,555</td>
<td>10.6</td>
</tr>
<tr>
<td>2010</td>
<td>3,859</td>
<td>17.3</td>
<td>8,015</td>
<td>25.2</td>
<td>865,746</td>
<td>11.1</td>
</tr>
<tr>
<td>2011</td>
<td>4,076</td>
<td>18.3</td>
<td>7,697</td>
<td>24.3</td>
<td>912,779</td>
<td>11.6</td>
</tr>
<tr>
<td>2012</td>
<td>4,153</td>
<td>18.9</td>
<td>8,084</td>
<td>25.8</td>
<td>936,384</td>
<td>11.8</td>
</tr>
<tr>
<td>2013</td>
<td>4,927</td>
<td>22.6</td>
<td>8,953</td>
<td>28.1</td>
<td>941,059</td>
<td>11.7</td>
</tr>
<tr>
<td>2014</td>
<td>4,268</td>
<td>19.5</td>
<td>8,256</td>
<td>25.8</td>
<td>955,541</td>
<td>11.8</td>
</tr>
<tr>
<td>2015</td>
<td>4,531</td>
<td>20.6</td>
<td>9,016</td>
<td>28.4</td>
<td>914,226</td>
<td>11.2</td>
</tr>
</tbody>
</table>

Source: United States Census Bureau, Small Area Income and Poverty Estimates

Figure 38. Population Living in Poverty Trend

Children in Poverty

Children in poverty are the percentage of children under age 18 living in poverty. Poverty status is defined by family, therefore everyone in the family is in poverty or no one in the family is in poverty. The characteristics of the family used to determine the poverty threshold are: number of people, number of related children under age 18 and whether or not the primary householder is over age 65. Family income is then compared to the poverty threshold. If the family’s income is below that threshold, the family is in poverty. Both the City of Petersburg and Hopewell have significantly higher

* In 2015 the U.S. Census Bureau defined the poverty level as a combined annual income of 24,250 for a family of four
rates of children in poverty than the average of the state of Virginia. It is important to note that there was a slight uptick in the number of children living in poverty in Petersburg and Hopewell from 2014 to 2015. This same trend was seen in the unemployment rates.

Table 16. Children Living in Poverty (1 year estimates)

<table>
<thead>
<tr>
<th></th>
<th>Hopewell</th>
<th>Percent</th>
<th>Petersburg</th>
<th>Percent</th>
<th>Virginia</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1,664</td>
<td>30.25%</td>
<td>2,540</td>
<td>37.7%</td>
<td>284,561</td>
<td>15.6%</td>
</tr>
<tr>
<td>2012</td>
<td>1,647</td>
<td>29.7%</td>
<td>2,615</td>
<td>38.2%</td>
<td>283,035</td>
<td>15.5%</td>
</tr>
<tr>
<td>2013</td>
<td>1,854</td>
<td>34.3%</td>
<td>3,179</td>
<td>46.9%</td>
<td>289,032</td>
<td>15.7%</td>
</tr>
<tr>
<td>2014</td>
<td>1,723</td>
<td>31.3%</td>
<td>2,622</td>
<td>37.5%</td>
<td>292,525</td>
<td>15.9%</td>
</tr>
<tr>
<td>2015</td>
<td>1,883</td>
<td>33.7%</td>
<td>2,958</td>
<td>43.0%</td>
<td>275,747</td>
<td>15.0%</td>
</tr>
</tbody>
</table>

Source: United States Census Small Area Poverty Estimates

Figure 39. Children in Poverty 5 Year Trend

In The Colors of Poverty (2010), Lin and Harris provide an analysis of the complex mechanisms that connect poverty and race. They contend that poverty results not from a single source but from a cumulative process: any type of disadvantage (e.g., segregation, social exclusion, encounters with prejudice, or differential access and treatment, etc.) makes one vulnerable to other disadvantages. Together, they show that disadvantages in one area create new disadvantages in others. Conversely, advantages insulate, allowing those with fewer vulnerabilities to buffer themselves from cascading disadvantage. Table 17 shows five-year rolling averages of race/ethnicity percent of population. This is important to note because it provides a forecast for health equity.
Table 17. 5 Year Rolling Averages Child Poverty (0-17) By Race/Ethnicity*

<table>
<thead>
<tr>
<th></th>
<th>Petersburg Percent</th>
<th>Hopewell Percent</th>
<th>Virginia Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>N/A</td>
<td>N/A</td>
<td>0.00%</td>
</tr>
<tr>
<td>Asian</td>
<td>N/A</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Black</td>
<td>52.5%</td>
<td>51.9%</td>
<td>51.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>16.5%</td>
<td>24.4%</td>
<td>34.5%</td>
</tr>
<tr>
<td>Other</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Two or More</td>
<td>62.9%</td>
<td>44.2%</td>
<td>49.7%</td>
</tr>
<tr>
<td>White</td>
<td>13.1%</td>
<td>21.2%</td>
<td>27.3%</td>
</tr>
</tbody>
</table>

Source: Voices for Virginia’s Children. Data Source: American Community Survey 5 Year Rolling Estimates

Children born into "deep" poverty are three times more likely to be in deep poverty as adults, and experience greater toxic stress and adverse experiences than children living in or above poverty levels. Deep poverty is defined as the number of children below 50% of the Federal Poverty Level (FPL). In 2015, the U.S. Census Bureau defined the poverty level as a combined annual income of approximately $24,250 for a family of four. Fifty percent of the Federal Poverty Level for a family of four is half the amount of the poverty level ($12,125 for a family of four in 2015). Both Petersburg and Hopewell have a higher percentage of children born into deep poverty than the state average (Table 18).

Table 18. 5 Year Rolling Averages Percent of Children Age 0-17 Living in Deep Poverty

<table>
<thead>
<tr>
<th></th>
<th>2010-2014</th>
<th>2011-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petersburg</td>
<td>22.5%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Hopewell</td>
<td>13.0%</td>
<td>11.7%</td>
</tr>
<tr>
<td>Virginia</td>
<td>6.9%</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

Source: United States Census Bureau, American Community Survey 5 year Estimates

Free and Reduced Lunches

Free and reduced lunches are often used as a proxy indicator for the percent of children living at or near the FPL. School divisions that choose to take part in the National School Lunch Program receive cash subsidies and donated commodities from the U.S. Department of Agriculture for each meal they serve. In return, they must serve lunches that meet federal requirements, and they must offer free or

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*Race/ethnic groups represented in this table are not mutually exclusive. The category of white includes only non-Hispanic white. The categories Black, Asian, Two or More include both Hispanic and non-Hispanic. People who identify their origins as Hispanic or Latino may be of any race.
reduced-price lunches to eligible children. The School Breakfast Program operates by supporting
breakfasts in the same manner as the National School Lunch Program. Children from families with
incomes at or below 130% of the poverty level are eligible for free meals. Those between 130 percent
and 185 percent of the FPL are eligible for reduced-price meals, for which students can be charged
no more than 40 cents for lunch and 30 cents for breakfast. All other students pay the full price for
meals. Table 19 reports the number and percent of public school students in grade K-12 who were
approved for free or reduced-price school lunches according to federal guidelines by Academic
Year (AY). It is important to note that in 2014, both Petersburg and Hopewell City schools began
participating in the Community Eligibility Option (CEO), a federal program that allows school districts
to provide free or reduced-price meals to all students at high poverty or high need schools without
determining the exact number of students. As a result, students that may not have otherwise qualified
for free and reduced-price meals have been included in these data.9

Table 19. Students Approved for Free or Reduced Price School Lunch

<table>
<thead>
<tr>
<th></th>
<th>Hopewell</th>
<th>Percent</th>
<th>Petersburg</th>
<th>Percent</th>
<th>Virginia</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>AY2011-2012</td>
<td>3,239</td>
<td>76.0%</td>
<td>3,598</td>
<td>79.6%</td>
<td>489,636</td>
<td>39.7%</td>
</tr>
<tr>
<td>AY2012-2013</td>
<td>3,146</td>
<td>74.5%</td>
<td>3,146</td>
<td>74.5%</td>
<td>496,771</td>
<td>40.1%</td>
</tr>
<tr>
<td>AY2013-2014</td>
<td>3,362</td>
<td>77.5%</td>
<td>3,668</td>
<td>82.7%</td>
<td>512,752</td>
<td>41.25%</td>
</tr>
<tr>
<td>AY2014-2015</td>
<td>3,274</td>
<td>75.2%</td>
<td>4,271</td>
<td>100%</td>
<td>523,767</td>
<td>42.0%</td>
</tr>
<tr>
<td>AY2015-2016</td>
<td>3,682</td>
<td>83.9%</td>
<td>4,268</td>
<td>100%</td>
<td>534,761</td>
<td>41.9%</td>
</tr>
</tbody>
</table>

Source: United States Department of Education

Figure 40. Students Approved For Free or Reduced Price School Lunch Academic Year Trends

Source: Virginia Department of Education
Population Receiving Food Assistance

The number of households enrolled in the Supplemental Nutrition Assistance Program (SNAP) is another proxy for gauging poverty. The qualification for SNAP is based on household size and income level of approximately 120% of the FPL.

Figure 41. Population Receiving Food Assistance

Source: United States Census Bureau, American Community Survey 2011-2015 Estimates

Table 20. Receipt of Supplemental Security Income, Cash Public Assistance Income, Or Food Stamps in the Past 12 Months By Household Type for Children Under 18 Years of Age

<table>
<thead>
<tr>
<th></th>
<th>Petersburg</th>
<th>Hopewell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total:</td>
<td>6,588</td>
<td>5,590</td>
</tr>
<tr>
<td>Living in household with Supplemental Security Income (SSI), cash public assistance income, or Food Stamps/SNAP in the past 12 months:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In family households:</td>
<td>3,528</td>
<td>2,236</td>
</tr>
<tr>
<td>In married-couple family:</td>
<td>483</td>
<td>462</td>
</tr>
<tr>
<td>In male householder, no wife present, family</td>
<td>232</td>
<td>209</td>
</tr>
<tr>
<td>In female householder, no husband present, family</td>
<td>2,813</td>
<td>1,565</td>
</tr>
<tr>
<td>In nonfamily households:</td>
<td>0</td>
<td>90</td>
</tr>
<tr>
<td>Living in household with no Supplemental Security Income (SSI), cash public assistance income, or Food Stamps/SNAP in the past 12 months:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In family households:</td>
<td>2,975</td>
<td>3,202</td>
</tr>
<tr>
<td>In married-couple family:</td>
<td>1,687</td>
<td>1,979</td>
</tr>
<tr>
<td>In male householder, no wife present, family</td>
<td>265</td>
<td>224</td>
</tr>
<tr>
<td>In female householder, no husband present, family</td>
<td>1,023</td>
<td>999</td>
</tr>
<tr>
<td>In nonfamily households:</td>
<td>85</td>
<td>62</td>
</tr>
</tbody>
</table>

Medicaid

Medicaid coverage is primarily available to individuals who meet specific income thresholds and other eligibility criteria including: children, pregnant women, parents, older adults and individuals with disabilities. Medicare plays a critical role in providing access to the most vulnerable of populations. Medicaid covers one in every three births in Virginia and half of the enrollees in Virginia are children. Table 21 reports the number of Medicaid clients by State Fiscal Year (SFY) in Petersburg and Hopewell.

Table 21. Number of Medicaid Client by State Fiscal Year* 2012-2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopewell</td>
<td>6,960</td>
<td>8,056</td>
<td>8,327</td>
<td>9,089</td>
<td>9,234</td>
</tr>
<tr>
<td>Petersburg</td>
<td>10,742</td>
<td>12,143</td>
<td>12,180</td>
<td>12,904</td>
<td>13,803</td>
</tr>
</tbody>
</table>

Source: Virginia Department of Social Services

Table 42. Number of Medicaid Clients State Fiscal Year 2012-2016 Trend

Table 22 reports Virginia's Benefit Program clients in Petersburg and Hopewell by gender, age group, and race for 2016. “Benefit Program Clients” refers to an unduplicated count of clients who received SNAP, Temporary Assistance for Needy Families, and/or Medicaid during the year. These numbers exclude clients enrolled through state mental health hospitals. Other races include Asians, Hawaiians/Pacific Islanders, American Indians, and persons who report “other.”

*State Fiscal year is July through June of the following year
Table 22. Benefit Recipients

<table>
<thead>
<tr>
<th>Locality</th>
<th>0-17</th>
<th>18-64</th>
<th>65+</th>
<th>Female</th>
<th>Male</th>
<th>White</th>
<th>Black</th>
<th>Other race*</th>
<th>Missing race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petersburg</td>
<td>7,598</td>
<td>10,041</td>
<td>1,208</td>
<td>10,494</td>
<td>8,353</td>
<td>1,711</td>
<td>15,160</td>
<td>663</td>
<td>1,313</td>
</tr>
<tr>
<td>Hopewell</td>
<td>5,588</td>
<td>5,958</td>
<td>519</td>
<td>6,954</td>
<td>5,111</td>
<td>4,109</td>
<td>6,130</td>
<td>372</td>
<td>1,454</td>
</tr>
</tbody>
</table>

Source: Virginia Department of Social Services

Figure 43. 2015 Benefit Program Recipients by Gender, by Age and Race

Source: Virginia Department of Social Services

Table 23 reports the number of households in Petersburg and Hopewell that received fuel, cooling, and crisis assistance by Federal Fiscal Year.

Table 23.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopewell</td>
<td>Central</td>
<td>741</td>
<td>699</td>
<td>711</td>
<td>668</td>
<td>478</td>
<td>492</td>
<td>560</td>
<td>513</td>
<td>95</td>
<td>125</td>
<td>119</td>
<td>114</td>
</tr>
<tr>
<td>Petersburg</td>
<td>Central</td>
<td>1,812</td>
<td>1,516</td>
<td>1,524</td>
<td>1,431</td>
<td>851</td>
<td>892</td>
<td>953</td>
<td>903</td>
<td>210</td>
<td>217</td>
<td>211</td>
<td>181</td>
</tr>
</tbody>
</table>

Source: Virginia Department of Social Services
**Foster Care**

Foster care is intended to provide temporary, safe living arrangements and therapeutic services for children who cannot remain safely at home due to child maltreatment or for children whose parents are unable to provide adequate care. The foster care system aims to safely reunify children with their parents or secure another permanent home, such as through adoption. However, many children spend years in foster homes or group homes, often moving multiple times. These children are at increased risk for a variety of emotional, physical, behavioral, and academic problems. At the end of Fiscal Year (FY) 2016, there were 39 total children in foster care in Petersburg and 26 in Hopewell. In Petersburg, almost half (18) were between ages one and five, the same is true for Hopewell (11). During Federal Fiscal Year (FYY)* 2016, eight children in Petersburg and three in Hopewell were adopted. The number of children for which adoption subsidies were received was 140 for Petersburg and 37 for Hopewell.

**Childcare Subsidies**

The number of children ages 0-12 receiving childcare subsidies in 2016 were 250 for Petersburg and 162 for Hopewell. There has been a significant decrease since 2014.

*Figure 44. Children Receiving Childcare Assistance 2014-2016 Trend*

*Source: Virginia Department of Social Services*

*Federal Fiscal Year is 1 October to 30 September of the Following Year*
Health Insurance

The lack of health insurance is a key driver of health status. Lack of insurance is a primary barrier to healthcare access including regular screening visits, specialty care and other health services that contributes to poor health. A higher percentage of Virginia residents receive health insurance through their employer than the national average, and therefore a smaller percentage receive Medicaid. Also, of note, Virginia and the nation experienced a decrease in the percent of individuals without health insurance between 2013 and 2015. This was most likely due to the introduction of the Affordable Care Act in 2010. Table 24 reports the U.S. Census Bureau’s 2015 Small Area Insurance Estimates (SAIE) for Adults residing in Petersburg and Hopewell. The SAIE program uses data from the American Community Survey, the IRS, SNAP, county business patterns, and Medicaid and CHIP to provide health insurance coverage estimates for counties and states. Both Petersburg and Hopewell have a higher percentage of the population that is uninsured compared to the state of Virginia. Figure 45 reports the five-year trend of the adult uninsured population. Table 25 reports on the population under age 19 without medical insurance. Both Petersburg and Hopewell have rates that are lower than the state average for each of these categories. Figure 46 reports the five-year trend for uninsured children under the age 18 from 2010-2015.

Table 24. U.S. Census Bureau’s Small Area Insurance Estimates (SAIE) for Adults, 2015

<table>
<thead>
<tr>
<th></th>
<th>Total Population Age 18 - 64</th>
<th>Population with Medical Insurance</th>
<th>% Population With Medical Insurance</th>
<th>Population Without Medical Insurance</th>
<th>% Population Without Medical Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopewell</td>
<td>13,192</td>
<td>11,051</td>
<td>83.77%</td>
<td>2,141</td>
<td>16.23%</td>
</tr>
<tr>
<td>Petersburg</td>
<td>20,154</td>
<td>17,107</td>
<td>84.88%</td>
<td>3,047</td>
<td>15.12%</td>
</tr>
<tr>
<td>Virginia</td>
<td>5,132,774</td>
<td>4,497,120</td>
<td>87.62%</td>
<td>635,654</td>
<td>12.38%</td>
</tr>
</tbody>
</table>

Source: United States Census Bureau, Small Area Health Insurance Estimates. 2015

Figure 45. Uninsured Population Age 18-64 Trend

Source: U.S. Census Bureau, Small Area Health Insurance Estimates. 2015
In 2015, over half of the babies born in Petersburg and Hopewell were born with Medicaid as the payment source. This trend has remained relatively constant since 2010. The percentage of uninsured children under age 19 is lower than the state rate (figure 48). Figure 49 shows the number of low income (below 200% of the FPL) children under age 19 that are uninsured.
Figure 47. Children Born with Medicaid Identified as Payment Source

Figure 48. Percent of Children Under Age 19 Without Insurance Trend

Source: United States Census Bureau Small Area Insurance Estimates

Figure 49. Percent of Low Income Children Without Health Insurance

Source: U.S. Census Bureau Small Area Insurance Estimates
Physical Environment

A community's health is affected by the physical environment in which residents live. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving health.

Food Access

According to the County Health Rankings, "though research on the food environment is still in its early stages, there is strong evidence that access to fast food restaurants and residing in a food desert (a geographic area where mainstream grocery stores are either totally absent or inaccessible to low-income shoppers) correlate with a high prevalence of overweight, obesity, and premature death." 12 Table 26 reports the number of fast food restaurants per 100,000 populations. The US Census Bureau County Business Patterns Report defines fast food restaurants as limited-service establishments primarily engaged in providing food services where patrons generally order or select items and pay before eating.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Number of Establishments</th>
<th>Establishments Rate Per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopewell</td>
<td>17</td>
<td>90.89</td>
</tr>
<tr>
<td>Petersburg</td>
<td>33</td>
<td>101.79</td>
</tr>
<tr>
<td>Virginia</td>
<td>6303</td>
<td>78.78</td>
</tr>
</tbody>
</table>

Source: US Census Bureau, County Business Patterns, 2015

Food Desert

The United States Department of Agriculture defines a food desert as a geographic area where access to affordable, healthy food options are limited because of a lack of grocery stores, farmers’ markets and healthy food providers. Food deserts are often heavy on local quick marts that provide processed foods that contribute to obesity. Approximately 22,639 residents in Petersburg City and 17,437 in Hopewell City live in a food desert.13 The United States Department of Agriculture (USDA) Food Access Research Atlas presents a spatial overview of food access indicators for low-income and other census tracts using different measures of supermarket accessibility. This information can be used for community planning. Figure 50 shows low income census tracts and grocery store accessibility. Figure 51 and 52 reports on low income census tracts where more than 100 housing units do not have a car and do not have a grocery store within half a mile. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food.14
Convenience stores and large general merchandise stores that also retail foods are excluded. There are six grocery stores in Hopewell and 14 in Petersburg.

**Figure 50.**

![Map showing low income census tracts in Hopewell and Petersburg.]


**Figure 51. Hopewell**

![Map showing low income census tracts in Hopewell and Petersburg.]


**Nutrition Assistance Stores**

The USDA works to end hunger and obesity through the administration of nutrition assistance programs, including the Women, Infants, and Children program (WIC), SNAP, and school meals by providing children and low-income people access to foods that are healthy and nutritious. There are 35 total SNAP authorized dealers in Hopewell and 63 in Petersburg. The Virginia WIC Program is a federally-funded health and nutrition program for women, infants, and children. WIC helps families stay healthy and eat right during times of important growth, issuing funds for healthy supplemental foods, providing nutrition education, and making referrals to other health, welfare, and social services. Participants must meet income guidelines and be pregnant, new mothers, infants, or children under age five. The goal of the program is to improve the health of pregnant women, infants, and children (under five years) through better nutrition and access to health care. To be eligible for the WIC Program, applicants must meet categorical, residential, income, and nutrition risk requirements. There are four WIC-authorized food stores in Hopewell and eight in Petersburg.

**Liquor Store Access**

Liquor store access is relevant because it provides a measure of environmental influences on an individual’s behaviors. The US Census Bureau, County Business Patterns indicator reports on the number of beer wine and liquor per 100,000 populations. Figure 53 shows the trend per 100,000 populations for beer, wine, and liquor stores in Petersburg and Hopewell.
Recreation Facilities

Recreation and fitness facilities encourages physical activity and other healthy behaviors. The U.S. Census Bureau’s County Business Patterns define recreational facilities as establishments engaged in operating facilities which offer exercise and other active physical fitness conditioning or other recreational sports activities. Examples include athletic clubs, gymnasiums, dance centers, tennis clubs and swimming pools. There are 3 fitness facilities in Petersburg and four in Hopewell.

Air Quality

Air quality ozone reports the number of days that the emission standard of 75 parts per billion (75ppb) were exceeded. The air quality is calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist. It is important to measure air quality and pollution and include as part of a CHA because poor air quality contributes to respiratory issues and overall poor health. Negative consequences of air pollution include decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects.16

Table 27. Air Quality

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>Average Daily Ambient Ozone Concentration</th>
<th>Number of Days Exceeding Emissions Standards</th>
<th>Percentage of Days Exceeding Standards, Crude Average</th>
<th>Percentage of Days Exceeding Standards, Pop. Adjusted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopewell</td>
<td>22,591</td>
<td>38.89</td>
<td>3</td>
<td>0.82%</td>
<td>0.82%</td>
</tr>
<tr>
<td>Petersburg</td>
<td>32,420</td>
<td>39.08</td>
<td>3</td>
<td>0.37%</td>
<td>0.38%</td>
</tr>
<tr>
<td>Virginia</td>
<td>8,001,024</td>
<td>40.59</td>
<td>3</td>
<td>0.79%</td>
<td>0.76%</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012
Clinical Care

Lack of access to care presents significant barriers to good health. Rates or emergency hospitalizations, chronic disease and death can be significantly reduced if residents have access to screenings, routine tests and vaccinations. In order to deliver services to all individuals who need care, communities need enough providers to support the population.

Dental Care

In 2015 there were 9 dentists serving Hopewell and 25 serving Petersburg. Figure 54 reports the rate of dentist per 100,00 populations for 2010-2015.

![Figure 54. Access to Dentist Rate Per 100,000, 2010-2015](image)

Source: US Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File. 2015 87

Mental Health Providers

According to the 2016 County Health Rankings, there are 25 mental health care providers in Hopewell and 95 in Petersburg. Table 29 reports ratio of mental health providers to the population as well as the provider rate per 100,000 populations. This measure represents the ratio of the city population to mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors and advanced practice nurses that specialize in mental health care.
Table 28. Mental Health Providers

<table>
<thead>
<tr>
<th></th>
<th>Population Estimate</th>
<th>Number of Mental Health Providers</th>
<th>Ratio of Mental Health Providers to Population (1 Provider per x Persons)</th>
<th>Mental Health Care Provider Rate (Per 100,000 Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopewell</td>
<td>22,197</td>
<td>25</td>
<td>887.9</td>
<td>112.6</td>
</tr>
<tr>
<td>Petersburg</td>
<td>32,701</td>
<td>95</td>
<td>344.2</td>
<td>290.5</td>
</tr>
<tr>
<td>Virginia</td>
<td>6,270,641</td>
<td>12,162</td>
<td>680</td>
<td>147</td>
</tr>
</tbody>
</table>

Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016

Access to Primary Care

According to the U.S. Department of Health and Human Services (HHS), 100% of Petersburg and Hopewell residents are living in a Health Professional Shortage Area. A shortage of health professionals contributes to access and health status issues. Doctors classified as primary care physicians according to the American Medical Association (AMA) include General Family Medicine Medical Doctors (MD) and Doctor of Osteopathy (DO), General Practiced MDs and Dos, Internists and Pediatricians. The ratio of primary care physicians to residents in Petersburg is 1,310:1, and for Hopewell it is 2,220:1. The 2014 rate per 100,000 is 45.05 for Hopewell and 79.51 for Petersburg. Interestingly, there has been a decrease in the rate of providers in Hopewell, while the rate in Petersburg has increased. According to the US DHHS Center for Medicare and Medicaid Services (CMMS), there are two Federally Qualified Health Centers (FQHC) in Petersburg and none in Hopewell. FQHCs are community assets that provide health care to vulnerable populations. They receive funding from the federal government to provide access to care in areas that are designated as medically underserved. Figure 55 reports the access to primary care trends from 2004-2014.

Figure 55. Access to Primary Care Rate per 100,000 2004-2014

Source: US Department of Health and Human Services, Health Resources and Services Administration 2014

322
Screening Tests

Screening tests are relevant because they allow for early detection and treatment of health problems. Screening test rates can highlight lack of access to preventative care, or social barriers that prevent utilization of services. The Dartmouth Atlas of Healthcare is an online repository of health data and maps based on information in the Medicare database. The Atlas uses Medicare claims data along with other demographic data to provide information and analysis. In 2014, 55.2% of female Medicare enrollees in Hopewell and 65.2% in Petersburg completed a mammogram screening in the past two years.

Chronic Disease

Chronic diseases are defined as non-communicable diseases (NCDs) that are prolonged in duration, do not pass from person to person, and are rarely cured completely. Some of the major chronic diseases include cancer, heart disease, stroke, and chronic lower respiratory diseases. While chronic diseases are among the most prevalent and costly health problems, they are also among the most preventable. Four common, health damaging, but modifiable behaviors: tobacco use, insufficient physical activity, poor eating habits, and excessive alcohol use are responsible for much of the illness, disability, and premature death related to chronic diseases. The sections below present chronic disease data for the Crater Area Health District.

Overweight and Obesity Status

Being overweight or obese is a growing trend in both adults and children. The Centers for Disease Control (CDC) defines overweight as a Body Mass Index (BMI) between 25 and 29.9, whereas obesity is marked by a BMI of 30 or higher. According to 2014 Neilson Consumer Buying Power, cost spent on fruits and vegetables purchased for in home consumption for Petersburg and Hopewell combined was $536.37 which amounts to 11.55% combined. The state average was $729.71 (12.245%). Fruit and vegetables expenditures included in this category are all fresh, frozen, and canned fruits and vegetables purchased for consumption at home. The same report reported soda expenditures as 4.31% combined for Petersburg and Hopewell, which is slightly above the state average of 4.06%. Figure 56 reports the obese or overweight trend for Crater Health District.
The CDC's National Center for Chronic Disease Prevention and Health promotion maintains Diabetes data and trends data from the National Diabetes Surveillance System (NDSS). The NDSS produces the prevalence of diabetes and population estimates by county using BRFSS and Census Data. Figure 57 reports 10-year obesity trends (adults over age 20 with a BMI > 30.0) based on these estimates.

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease and Prevention and Health Promotion, 2013
Nutrition and Obesity Among Petersburg Middle and High School Students Results from the 2015 Virginia Youth Survey

Healthy eating contributes to growth and development of children and adolescents. Choosing nutritious foods helps prevent high cholesterol and high blood pressure, and helps reduce the risk of chronic diseases such as diabetes, cardiovascular disease, and cancer. Dietary Guidelines for Americans recommend healthy eating patterns, rich in fruits and vegetables, whole grains, and fat-free or low-fat dairy products. The guidelines recommend limiting added sugar, sodium, and saturated and trans fats. Poor eating patterns can affect health, cognitive development and school performance. Healthy students are better learners. Eating breakfast is associated with improved memory, reduced absenteeism, and improved mood. The CDC recommends that schools implement policies and programs that support healthy food environments, and provide students with learning opportunities that encourage healthy nutrition.

A total of 571 Petersburg middle school students took the survey, most of whom (84%) were between the ages of 13 and 15 years old. Males (53%) and females (47%), as well as student grade levels were evenly distributed. A total of 641 Petersburg high school students took the survey, most of whom (77%) were between the ages of 15 and 17 years old. Males (50%) and females (50%), as well as student grade levels were evenly distributed.

Summary
- Ten percent of middle school students did not eat breakfast on any of the previous 7 days, compared to 7% statewide.
- Middles school Females were less likely than males to eat breakfast on all of the previous 7 days (0.7 times as likely).
- Middle School students who ate breakfast on all of the previous 7 days were more likely to receive As and Bs in school (1.3 times as likely) (figure. 58)
- Middle school students who ate breakfast on all of the previous 7 days were less likely to perceive themselves as slightly or very overweight (0.4 times as likely) and to skip school without permission (0.9 times as likely) (figure. 58)
Percentage of middle school students who received As and Bs in school, who perceived themselves as slightly or very overweight and who skipped school without permission by whether they ate breakfast on all of the previous 7 days

- Twenty-two percent of high school students did not eat breakfast on any of the previous 7 days, compared to 14% statewide.
- High school females were less likely than males to eat breakfast on all of the previous 7 days (0.7 times as likely).
- High school students who ate breakfast on all of the previous 7 days were more likely to strongly feel good about themselves (1.6 times as likely) (figure 58)
- Students who ate breakfast on all of the previous 7 days were less likely to perceive themselves as slightly overweight (0.8 times as likely) and to skip school without permission (0.8 times a likely) (figure 59)

Percentage of students who strongly felt good about themselves or who perceived themselves as slightly or very overweight, and who skipped school without permission, by whether they ate breakfast.
Soda
- Thirty-one percent of high school students drank soda (Coke, Pepsi, or Sprite) at least once per day during the previous 7 days, compared to 17% statewide.
- Twenty percent of high school students drank soda (Coke, Pepsi, or Sprite) 3 or more times per day during the previous 7 days, compared to 6% statewide.
- Thirty-nine percent of middle school students drank soda (Coke, Pepsi, or Sprite) at least once per day during the previous 7 days, compared to 16% statewide.
- Twenty-four percent of middle school students drank soda (Coke, Pepsi, or Sprite) 3 or more times per day during the previous 7 days, compared to 6% statewide.

Fruits and Vegetables
- Sixteen percent of high school students consumed vegetables 3 or more times per day, compared to 14% statewide.
- Thirty-seven percent of high school students ate fruit or drank 100% fruit juice 2 or more times per day, compared to 30% statewide.
- High school students who ate dinner with their parents 4 or more times during the previous 7 days were more likely to eat vegetables 3 or more times per day (1.6 times as likely) (figure 60).
- Twenty-one percent of middle school students consumed vegetables 2 or more times per day compared to 37% statewide.
- Forty-five percent of middle school students ate fruit or drank 100% fruit juice 2 or more times per day, compared to 37% statewide.
- Middle school students who ate dinner with their parents 4 or more times during the previous 7 days were more likely to eat vegetable 3 or more times per day (1.1 times as likely) (figure 60).

Figure 60. Percentage of students who ate vegetables 3 or more times per day, by whether they ate dinner with their parents 4 or more times during the previous 7 days
Dinner with Parents
- Fifty-nine percent of high school students ate dinner at home with their parents 4 or more times during the previous 7 days, compared to 68% statewide.
- High school students who ate dinner with their parents 4 or more times during the previous 7 days were more likely to receive As and Bs in school (1.1 times as likely) and were less likely to perceive themselves as slightly or very overweight (0.9 times as likely)
- Seventy-four percent of middle school students ate dinner at home with their parents 4 or more times during the previous 7 days, compared to 79% statewide.
- Middle school students who ate dinner at home with their parents 4 or more times during the previous 7 days were more likely to receive As and Bs in school (1.1 times as likely) and were less likely to perceive themselves as slightly or very overweight (0.7 times as likely)

Hunger
- Six percent of students went hungry most of the time or always because there was not enough food in their home, compared to 4% statewide.
- Students who went hungry most of the time or always because there was not enough food in their home were more likely to feel sad or hopeless (4.3 times as likely) and were less likely to receive As and Bs in school (0.7 times as likely)
- Four percent of students both in Petersburg and statewide went hungry most of the time or always because there was not enough food in their home.
- Students who went hungry most of the time or always because there was not enough food in their home were more likely to have ever felt sad, hopeless, or anxious (2.3 times as likely) and were less likely to receive As and Bs in school (0.7 times as likely) (figure 61).

Figure 61. Percentage of high school students who felt sad, hopeless or anxious and who received As and Bs in school, by whether they went hungry most of the time or always.
Figure 62: Percentage of students who felt sad, hopeless or anxious and who received As and Bs in school, by whether they went hungry most of the time or always

Physical Activity Among Petersburg Middle and High School Students

Children and adolescents should participate in a daily minimum of 60 minutes of physical activity. Physical activity helps build and maintain healthy bones and muscles. It helps reduce the risk of developing chronic diseases, reduces feelings of depression and anxiety, and promotes psychological well-being. The relationship between physical activity, health, and academic performance is well documented. Physical activity can help students improve academic performance through factors such as increased concentration and attentiveness in the classroom. Excessive screen-time behaviors, such as using a computer and watching TV, for more than two hours daily have been linked to elevated blood pressure, elevated serum cholesterol, and being overweight or obese. Comprehensive school-based physical activity programs can help youth meet most of their physical activity needs. The CDC recommends schools provide daily physical education for students in kindergarten through grade 12, and at least 20 minutes of recess in addition to physical education.

Arthritis Incidence and Hospitalization Rates

Arthritis is the inflammation of one or more joints and is used to describe a range of conditions that impact joints and their surrounding tissues. These conditions affect nearly one in 4 adults in the United States. Figure 63 reports the 5-year span of percentages for arthritis prevalence in the Crater Area Health District, of adults 18 years and older who have been told by a health professional that they have some form of arthritis, rheumatoid arthritis, gout lupus or fibromyalgia.
Figure 63. Arthritis Trend

Figure 64 reports the hospitalization rates (per 100,000) for Petersburg, Hopewell and Virginia. The hospitalization rates for Petersburg and Hopewell are 3-year rolling rates. Virginia’s rolling rate is a one-year rate. In 2012, spread over 89 hospital visits, the charges to residents of Hopewell totaled $9,459,323 for arthritis care. In Petersburg for 2012, residents acquired hospital charges totaling $8,960,852 over 86 hospitalizations.

Figure 64. Arthritis Hospitalization Rate Trend

Source: Virginia Department of Health

Asthma

Asthma is a lung disease that makes breathing difficult. It can cause shortness of breath, wheezing and tightness in the chest. Asthma is a life-threatening disease but it can be managed to minimize
symptoms so people with asthma can live a healthy life. While the cause of asthma is unknown, attacks are triggered by events that irritate one’s lungs including tobacco and other smoke, exercise and poor air quality. Figure 36 reports the number of adults aged 18 or older who have been told they have asthma by a healthcare professional from 2011-2014.

**Chronic Obstructive Pulmonary Disease**

Chronic Obstructive Pulmonary Diseases (COPD) are a group of diseases that restrict air flow and cause trouble breathing. The 2012 3 year rolling rate for COPD for Hopewell was 65.3 per 100,000 and 59.7 per 100,000 for Petersburg. Both were above the single year rate of 22.2 for Virginia.

**Diabetes Incidence and Hospitalization and Death Rates**

Diabetes in a disease in which blood glucose levels are above normal. This buildup of glucose occurs when (1) the pancreas does not make enough insulin, or (2) when the body does not absorb and use the insulin as well as it should be. According the CDC, diabetes was the seventh leading cause of death nationwide. Figure 65 reports the diabetes trend in Crater and Virginia for 2011-2015. The percent of individuals that have been diagnosed with diabetes has decreased in Crater Health District and is at the same level as the state average (10.3%). Figure 66 reports the locality level hospitalization rate in Petersburg and Hopewell and the State of Virginia. The locality hospitalization rate in the trend graph is a 3-year rolling rate. All the other rates are single year rates. The 2012 Death rate for diabetes was 8 per 100,000. Figure 67 uses estimates from the CDC’s National center for Chronic Disease Prevention and Health Promotion to estimate diabetes prevalence in adults 20 or older. The same source is used in Figure 66 to report diagnosis by gender and 10-year trend (figure 68). Figure 69 reports diabetes rates among the Medicare population. This data is based on the Centers for Medicare and Medicaid Services (CMS) Chronic Conditions warehouse.
Table 29.

<table>
<thead>
<tr>
<th></th>
<th>Total Population Age 20+</th>
<th>Population with Diagnosed Diabetes</th>
<th>Population with Diagnosed Diabetes, Crude Rate</th>
<th>Population with Diagnosed Diabetes, Age-Adjusted Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopewell</td>
<td>16,206</td>
<td>2,204</td>
<td>13.6</td>
<td>12.30%</td>
</tr>
<tr>
<td>Petersburg</td>
<td>24,801</td>
<td>3,869</td>
<td>15.6</td>
<td>13.90%</td>
</tr>
<tr>
<td>Virginia</td>
<td>6,176,997</td>
<td>587,180</td>
<td>9.51</td>
<td>8.91%</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2013
Figure 67. Adults Diagnosed with Diabetes by Gender, 2013

Virginia: 8.71% (Females), 9.14% (Males)
Petersburg City, VA: 14.70% (Females), 12.90% (Males)
Hopewell City, VA: 12.50% (Females), 12.20% (Males)

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013

Figure 68. Percent Diagnosed Diabetes by Year, 2004 to 2012

Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. 2013
Heart Disease: Incidence, Hospitalization and Death Rates

The term “heart disease” refers to several different heart conditions, the most common of which is coronary heart disease. According to the VDH Chronic Disease technical notes, heart disease includes cases defined as rheumatic fever with heart involvement, diseases of mitral, aortic valves, and other endocardial structures, hypertensive heart disease, hypertension with renal disease, myocardial infarction, ischemic heart disease, angina, coronary atherosclerosis, chronic pulmonary heart disease, pericarditis, endocarditis, myocarditis, cardiomyopathy, conduction disorders, cardiac dysrhythmias, and heart failure. According to the CDC, in the United States one in four deaths are due to heart disease, making it the number one cause of death among men and women. In 2012, heart disease was attributed to 2,772 hospitalizations and 400 deaths in Crater Health District. The total hospitalization charges were $224,618,450. In Hopewell there were 449 hospitalizations attributed to heart disease with a 3-year rolling rate of 228.3 and total hospitalization charges of 38,712,566. In Petersburg City, there were 707 hospitalizations for heart disease and a 3-year rolling rate of 248.7 and total hospitalization charges of $56,626,175. The total number of heart disease-related deaths for Petersburg in 2012 was 106 and 60 for Hopewell. Figure 70 reports heart disease trends for Petersburg and Hopewell compared to the State of Virginia. Both localities’ rates were above the state average.
In addition to heart disease, cardiovascular disease rates are also measured. The difference in heart disease and cardiovascular disease are the types of cases that are catalogued under each. According to the chronic disease technical notes, cardiovascular disease includes cases defined as rheumatic fever with heart involvement, diseases of mitral, aortic valves, and other endocardial structures, essential and secondary hypertension, hypertensive heart disease, hypertension with or without renal disease, myocardial infarction, ischemic heart disease, angina, coronary atherosclerosis, pulmonary heart disease, pericarditis, endocarditis, myocarditis, cardiomyopathy, conduction disorders, cardiac dysrhythmias, heart failure, subarachnoid, intracerebral, and other types of hemorrhages, occlusion of cerebral arteries, transient cerebral ischemia, cerebrovascular diseases, atherosclerosis, aortic aneurysm, arterial embolism, and thrombosis, disease of capillaries, and septic arterial embolism. Figure 71 reports the Cardiovascular Disease Hospitalization Rate Trend for Petersburg, Hopewell and Virginia. The locality level hospitalization rate in the trend graphs is 3-year rolling rate. All other rates are single year rates.
Hypertension is most commonly referred to as high blood pressure. This is a common and dangerous condition that is a risk factor for heart disease and stroke. The CDC estimates that in 2016, 75 million people had high blood pressure and only 54% were controlled.\textsuperscript{10} The 2011, 2013 and 2015 BRFSS included questions to track the percentage of adults 18 or older that were told by a healthcare professional that they had high blood pressure. In 2013, 36.3% of residents within the Crater Area reported having Hypertension. This was a decrease from 48.6% in 2013. The Virginia state average was 33.2% in 2015 and 32.5% in 2013. The Hypertension Death rate trends (per 100,000) were higher than the state rates for both localities for 2005-2012 (figure 72). The locality death rate in the trend graph below is a 3-year rolling rate. The Virginia rate is a single year rate.

\textit{Figure 72. Hypertension Death Rate Trend}

\texttt{Source: Virginia Department of Health}

\textbf{Cerebrovascular Disease}

Cerebrovascular diseases are disorders where blood flow involving the brain is disrupted. These disorders include strokes, aneurysms, clots, embolisms and the narrowing or rupturing of blood vessels. Using 2012 data, there were 673 hospitalizations and 87 deaths attributed to strokes. The total hospitalization charges for CHD was $43,855,847. The death rate from stroke in Petersburg saw a significant decline from 2005.
The chronic diseases discussed above share common risk factors such as obesity, tobacco use, poor diet and lack of exercise. It is important to support residents by paying attention to socio-economic factors and built environment that create barriers to participating in healthy behaviors.

**Communicable Diseases**

Communicable diseases are illnesses that spread from one person to another or from animal to person. Diseases can be spread through air, contact with an infected person's bodily fluids, touching contaminated surfaces or through insect or animal bites. Figure 74 and 75 shows the Top 10 communicable diseases (excluding sexually transmitted infections, chronic hepatitis and HIV) from 2009 through 2016 for Petersburg and Hopewell.
**Figure 75.**

Top 10 Communicable Diseases Hopewell (city)

Source: Virginia Department of Health

**Hepatitis C**

Hepatitis C is a liver infection that is spread through blood. According to the CDC, most people become infected with the Hepatitis C virus by sharing needles or other equipment that is used to inject drugs. Most people with chronic hepatitis C are without symptoms and are at risk for several long term health issues such a chronic liver infection, cirrhosis of the liver and liver cancer. From 2009-2016 Hepatitis C has been the top communicable disease in Petersburg and Hopewell. In 2016 there were 61 cases of chronic hepatitis C reported to the health department for Petersburg and 37 cases in Hopewell.

**Sexually Transmitted Infections**

According to the CDC half of all sexually active people will get an STD by age 25. Sexually transmitted infections are passed from one person to another through intimate physical contact and sexual activity. The CDC estimates that annually there are 20 million new sexually transmitted infection in the United States.
Maternal and Child Health

Improving the well-being of mothers, infants and children is one of the aims of Virginia's plan for well-being. Among women of child-bearing age, their health behaviors during pre-conception and pregnancy can have a dramatic effect on the health outcomes of their children. A child's health is affected by parent's health as well as quality of health, social services and environmental influences. Among the foundational goals for giving children a healthy start is

- Virginia's planning their pregnancies
- Virginians are healthy as possible before planning their pregnancies
- The racial disparity in Virginia's infant mortality rate is eliminated
- Pregnant women receive recommended prenatal care services
In 2014 there were 102,795 births in Virginia. There were 686 in Petersburg and 368 in Hopewell. Figure 77 shows the birth trends for both localities.

**Figure 77. Total Births Trend**

![Births Trend Chart]

Source: Virginia Department of Health

**Infants Born Preterm**

Infants born preterm is defined as those who are born before 37 weeks of gestation. In 2014, Virginia had an infant born preterm rate of 91.3 per 1,000 live births. In 2014, the rate of infants born preterm was 110.79 in Petersburg and 114.11 in Hopewell. Figure 78 shows the rate per 1,000.

**Figure 78. Infants Born Preterm Rate**

![Preterm Rate Chart]

Source: Virginia Department of Health

Low birth weight is defined as an infant’s weight at birth being below 2,500 grams or 5 pounds 8 ounces. In 2014, the state had a low birth weight rate of 77.5 per 1000 births. Preterm birth is closely linked to low birth weight. Globally, Low birth weight infants have a 20 times higher risk of death than heavier infants. Both localities have a higher low birth weight rate lower than the state. Petersburg saw a decline from 2013 to 2014.
Maternal smoking is defined as mothers who smoked during pregnancy. In 2014, the state’s maternal smoking rate was 56. In comparison, both Petersburg and Hopewell have consistently had higher smoking rates than the state.

Prenatal care refers to the medical care that women receive during pregnancy. To achieve the greatest benefit for both the mother and the baby, it is recommended that women begin prenatal care visits in the first trimester or as soon as pregnancy is suspected or confirmed. Between 2007 and 2011 both Petersburg and Hopewell had lower rates than the state. Petersburg has experienced an increase in rates of mothers with late or no prenatal in 2012-2014. Hopewell had a higher rate in 2014 than the state.
Teen Pregnancy

Teen pregnancy is defined by the mother being between the ages of 15 and 19 at time of delivery and birth. In addition, teen pregnancy incidence rates are calculated per 1,000 teenagers who are 15-19 years old. In 2014, the state had a teen pregnancy rate of 24.84. The teen pregnancy rates in both Petersburg and Hopewell are significantly higher than the state rate. Both localities had a decline in the rates in 2014. In 2014, there were 78 pregnancies to mothers age 15-19 in Petersburg and 46 in Hopewell in 2014.
Opioid Addiction

"Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine and many others.". \(^{30}\) Per the Centers for Disease Control and Prevention, the amount of opioid prescriptions dispensed was nearly four times greater in 2013 than it was in 1999. In 2016, Governor McAuliffe announced that the State Health Commissioner, Dr. Levine, had declared the Virginia Opioid addiction crisis a public health emergency. In 2015, the State of Virginia experienced 471 deaths due to Fentanyl and or a Heroin overdose. Figures 83-85 reports data from the Virginia Department of Health, data dashboard.

Injection drug use is the primary risk factor for infection with the Hepatitis C Virus (HCV) in persons aged 18-30 years old in the US. In 2016, the council of State and Territorial Epidemiologists (CSTE) updated the hepatitis C acute and chronic case definitions. These changes resulted in more reports of HCV meeting the case definition criteria thus increasing the number of reported cases.

Neonatal Abstinence Syndrome (NAS) discharge counts and rates are based on inpatient hospitalizations record where a NAS ICD diagnosis code was present on the record and the patient was < a year old.

Figure 83. Overdose Mortality Rate
Results from the Virginia Youth Survey Petersburg

Drug abuse most often begins in adolescence and young adulthood, when youth begin trying alcohol, tobacco, and illegal and prescription drugs. Adolescents most frequently abuse alcohol, followed by marijuana and tobacco. Repeated substance use can result in school failure, poor mental health, impaired memory, problems with family relationships and friendships, and increased overall risky behavior. A total of 641 Petersburg high school students took the survey, most of whom (77%) were between the ages of 15 and 17 years old. Males (50%) and females (50%), as well as student grade levels were evenly distributed.
Summary
For all substances students reported their use during the past 30 days (current use).

Prescription Drug and Heroin Use
- Twelve percent of students had currently used a prescription drug without a doctor’s prescription, compared to 8% statewide.
- Four percent of students had currently used heroin, compared to 2% statewide. Tobacco, Alcohol and Marijuana Use
- Marijuana was the most common currently used substance (30%) followed by alcohol (19%).

**Figure 86. Percent of students using substance in the past 30 days**

Source: Virginia Youth Survey

Behaviors Related to Alcohol Use
- Of students who reported driving in the past 30 days, 5% drove while drinking, compared to 7% statewide.
- Nine percent of students drank 5 or more drinks in a row in the past 30 days, compared to 11% statewide.
- Of the students who reported drinking alcohol in the past 30 days, nearly half (47%) reported someone gave them the alcohol.

Grades and Substance Use
Students were more likely to receive As and Bs in school if they had not currently consumed alcohol, used marijuana, use prescription drugs without a doctor’s prescription, or use heroin (figure 87).
Sadness or Hopelessness and Substance Use

Students were more likely to have felt sad or hopeless almost every day for 2 or more weeks in a row if they had currently consumed alcohol (3.8 times as likely), used marijuana (2.8 times as likely), used prescription drugs without a doctor’s prescription (3.6 times as likely), or used heroin (3.8 times as likely) (figure 88).

Skipping School and Substance Use

Students were more likely to skip school if they had currently consumed alcohol (4.3 times as likely), used marijuana (5.3 times as likely), used prescription drugs without a doctor’s prescription (6.4 times as likely), or used heroin (14.1 times as likely) (figure 89)
Cancer

In 2013 Crater Area had a higher cancer incidence rate (488.2) than the state rate (417.2). It is important the note that the 2013 rate was lower 2012 rate of 530.4. There was a total of 910 cancer cases in CHD in 2013. Table 31 shows the cancer diagnosis by type.

Table 30. Incidence Rates of Select Cancer Sites, 2010-2014

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Locality</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Rate</td>
<td>Count</td>
<td>Rate</td>
</tr>
<tr>
<td>Colorectal</td>
<td>Hopewell</td>
<td>45.4</td>
<td>23</td>
<td>47.2</td>
</tr>
<tr>
<td></td>
<td>Petersburg</td>
<td>65.0</td>
<td>51</td>
<td>34.9</td>
</tr>
<tr>
<td></td>
<td>Crater HD</td>
<td>48.2</td>
<td>194</td>
<td>36.8</td>
</tr>
<tr>
<td></td>
<td>Virginia</td>
<td>41.1</td>
<td>8,205</td>
<td>33.1</td>
</tr>
<tr>
<td>Breast (Female)</td>
<td>Hopewell</td>
<td>--</td>
<td>--</td>
<td>127.9</td>
</tr>
<tr>
<td></td>
<td>Petersburg</td>
<td>--</td>
<td>--</td>
<td>143.8</td>
</tr>
<tr>
<td></td>
<td>Crater HD</td>
<td>--</td>
<td>--</td>
<td>128.9</td>
</tr>
<tr>
<td></td>
<td>Virginia</td>
<td>--</td>
<td>--</td>
<td>126.9</td>
</tr>
<tr>
<td>Prostate</td>
<td>Hopewell</td>
<td>159.2</td>
<td>89</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>Petersburg</td>
<td>243.6</td>
<td>212</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>Crater HD</td>
<td>168.9</td>
<td>753</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>Virginia</td>
<td>107.6</td>
<td>23,473</td>
<td>--</td>
</tr>
<tr>
<td>Cancer Site</td>
<td>Locality</td>
<td>% Local</td>
<td>% Regional</td>
<td>% Distant</td>
</tr>
<tr>
<td>------------</td>
<td>----------</td>
<td>---------</td>
<td>-----------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Lung</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hopewell</td>
<td>116.9</td>
<td>66</td>
<td>69.9</td>
</tr>
<tr>
<td></td>
<td>Petersburg</td>
<td>126.5</td>
<td>97</td>
<td>77.2</td>
</tr>
<tr>
<td></td>
<td>Crater HD</td>
<td>108.8</td>
<td>453</td>
<td>58.0</td>
</tr>
<tr>
<td></td>
<td>Virginia</td>
<td>73.2</td>
<td>14,306</td>
<td>50.9</td>
</tr>
<tr>
<td>All Sites</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hopewell</td>
<td>618.6</td>
<td>337</td>
<td>471.2</td>
</tr>
<tr>
<td></td>
<td>Petersburg</td>
<td>733.4</td>
<td>598</td>
<td>494.6</td>
</tr>
<tr>
<td></td>
<td>Crater HD</td>
<td>586.5</td>
<td>2,483</td>
<td>432.0</td>
</tr>
<tr>
<td></td>
<td>Virginia</td>
<td>459.1</td>
<td>93,051</td>
<td>397.4</td>
</tr>
</tbody>
</table>

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population

Data Source: Virginia Cancer Registry, 2010-2014. Data are from registries participating in the National Program of Cancer Registries of the Centers for Disease Control and Prevention.

**Table 31. Percent of Incident Cancer Cases Diagnosed by Stage, 2010-2014**

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Locality</th>
<th>% Local</th>
<th>% Regional</th>
<th>% Distant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Colorectal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hopewell</td>
<td>29.09%</td>
<td>47.27%</td>
<td>23.64%</td>
</tr>
<tr>
<td></td>
<td>Petersburg</td>
<td>28.74%</td>
<td>42.53%</td>
<td>28.74%</td>
</tr>
<tr>
<td></td>
<td>Crater HD</td>
<td>33.24%</td>
<td>38.19%</td>
<td>28.57%</td>
</tr>
<tr>
<td></td>
<td>Virginia</td>
<td>41.22%</td>
<td>35.78%</td>
<td>23.00%</td>
</tr>
<tr>
<td><strong>Breast (Female)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hopewell</td>
<td>55.95%</td>
<td>28.57%</td>
<td>15.48%</td>
</tr>
<tr>
<td></td>
<td>Petersburg</td>
<td>68.00%</td>
<td>25.33%</td>
<td>6.67%</td>
</tr>
<tr>
<td></td>
<td>Crater HD</td>
<td>58.36%</td>
<td>33.28%</td>
<td>8.36%</td>
</tr>
<tr>
<td></td>
<td>Virginia</td>
<td>65.99%</td>
<td>28.44%</td>
<td>5.57%</td>
</tr>
<tr>
<td><strong>Prostate</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hopewell</td>
<td>81.40%</td>
<td>15.12%</td>
<td>3.49%</td>
</tr>
<tr>
<td></td>
<td>Petersburg</td>
<td>89.81%</td>
<td>6.31%</td>
<td>3.88%</td>
</tr>
<tr>
<td></td>
<td>Crater HD</td>
<td>85.19%</td>
<td>10.56%</td>
<td>4.25%</td>
</tr>
<tr>
<td></td>
<td>Virginia</td>
<td>84.54%</td>
<td>10.26%</td>
<td>5.20%</td>
</tr>
<tr>
<td><strong>Lung</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hopewell</td>
<td>11.43%</td>
<td>23.81%</td>
<td>64.76%</td>
</tr>
<tr>
<td></td>
<td>Petersburg</td>
<td>19.77%</td>
<td>23.73%</td>
<td>56.50%</td>
</tr>
<tr>
<td></td>
<td>Crater HD</td>
<td>16.48%</td>
<td>23.64%</td>
<td>59.89%</td>
</tr>
<tr>
<td></td>
<td>Virginia</td>
<td>21.05%</td>
<td>24.62%</td>
<td>54.33%</td>
</tr>
</tbody>
</table>
Because a contributing factor to cancer is health behaviors, it is important to note those health behaviors and screening rates of residents in CHD. During the 2015 BRFSS respondents were asked if they had smoke 100 cigarettes in their lifetime, smoke every day or some day or use chewing tobacco, snuff or snus. 26.8% of respondents reported tobacco use. This was higher than the state average percentage of 19.4%. 24% of respondents reported being current smokers which was also higher than the state average of 16.5%. In 2012, 80% of women age 40 years or older within CHD had a mammogram within the past two years. 74.6% of adults 50-75 years or older met the United States Preventive Task Force Recommendation screening recommendations for colorectal cancer screening.

**Violent Crime**

The safety of our communities has both direct and indirect effects on health. Victims of violent crimes experience both physical and psychological health issues. Persons who are routinely exposed to unsafe communities may be affected by psychosocial stress that affects health, and fear of crime has been shown in studies to be directly associated with poor health outcomes. Additionally, higher levels of crime in a neighborhood are associated with lower levels of physical activity. Crime incident report rates are one indicator of community safety, but because rates are influenced by factors such as population size, stability and density, economic conditions and reporting patterns, caution is advised in making inferences from these data. In 2016, there were 266 violent crimes reported in Petersburg a 13% decrease from 2015. There were 85 aggravated assaults in 2016, an 11% decrease from 2015. Figure 90 reports on crime from the City of Hopewell Police Department.
Intentional/Unintentional Injury

Injuries, classified as unintentional (accidents) or intentional (suicide and homicide), constitute a significant source of disability and death across the life spectrum. Injuries, both unintentional and intentional, are a leading cause of morbidity and mortality in the United States. Unintentional injuries are the fourth leading cause of mortality, with accidental poisonings, motor vehicle accidents,
and falls as the top three contributors. In 2015, the leading cause of injury death in Petersburg was firearms (18), followed by homicide (16). The 2015 leading cause of injury death in Hopewell was Traumatic Brain Injury related (TBI) (8) and motor vehicle traffic related (7). Figure reports injury hospitalization rates by type of injury and residence (Locality for the state of Virginia). Both localities have higher rates than the state average. Figures 91-93 displays injury hospitalization rates by type and injury and residence (health district).

**Figure 91.**

Injury Death Rate Trend - Crater Health District
Death Rate per 100,000

**Figure 92.**

All Cause Hospitalization Rate Trend - Crater Health District, All
Hospitalization Rate per 100,000
Mental Health

Violence and Depression Among Petersburg Youth

Suicide is the third leading cause of death for youth between the ages of 10 and 24. Complex peer, family, and romantic relationships, mental health concerns, and school stressors all impact suicide-related behaviors. Suicidal youth are often overwhelmed with feelings of helplessness and hopelessness, both of which can be brought on by bullying. Being bullied increases the chances youth will engage in suicide-related behaviors. Bullying can also result in physical injuries, social and emotional difficulties, and academic problems.

A total of 571 Petersburg middle school students took the survey, most of whom (84%) were between the ages of 13 and 15 years old. Males (53%) and females (47%), as well as student grade levels were evenly distributed. A total of 641 Petersburg high school students took the survey, most of whom...
(77%) were between the ages of 15 and 17 years old. Males (50%) and females (50%), as well as student grade levels were evenly distributed.

Summary

Bullying in High School
- Females were more likely than males to be bullied at school (1.3 times as likely) and electronically bullied (1.9 times as likely).
- Fifteen percent of students were bullied at school, compared to 20% statewide. Nine percent of students were electronically bullied, compared to 14% statewide (figure 94).

Bullying in Middle School
- Females were more likely than males to be bullied at school (2 times as likely) and electronically bullied (3 times as likely).
- Thirty-three percent of students were bullied at school, compared to 42% statewide. Fifteen percent of students were electronically bullied, compared to 19% statewide (Figure 95).
Sadness or Hopelessness Among High School Students

- Twenty-five percent of students felt sad or hopeless almost every day for two or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey, compared to 27% statewide.
- Students who participated on a sports team or volunteered in the community were less likely to feel sad or hopeless (0.9 times as likely).
- Students were more likely to feel sad or hopeless if they had safety concerns at school (3.8 times as likely) or were threatened at school (7 times as likely).
- Students were more likely to feel sad or hopeless if they were bullied at school (5.2 times as likely; Figure 96) or were electronically bullied (5.2 times as likely; Figure 97).

![Figure 96. Percentage of students who felt sad or hopeless by whether they were bullied at school](image)

Source: Virginia Youth Survey

![Figure 97. Percentage of students who felt sad or hopeless by whether they were electronically bullied](image)

Source: Virginia Youth Survey

Sadness, Hopelessness, and Anxiety Among Middle School Students

- Sixty-eight percent of students had ever felt sad, hopeless, or anxious both in Petersburg and statewide.
- Students were less likely to have ever felt sad, hopeless, or anxious if they felt safe and secure in school (0.7 times as likely).
- Students were more likely to have ever felt sad, hopeless, or anxious if they were bullied at school (2.2 times as likely; Figure 98) or were electronically bullied (2 times as likely; Figure 99).
Suicide and Self-Harm High School

- Eight percent of students were choked or choked themselves on purpose, compared to 9% statewide.
- Females were more likely than males to consider suicide (2.4 times as likely) and attempt suicide (2.1 times as likely).
- Students were more likely to consider suicide if they were bullied at school (6.5 times as likely) or were electronically bullied (6.7 times as likely).
- The percentage of Petersburg students who considered suicide or made a suicide plan was equal to or slightly higher than the statewide percentage. The percentage of Petersburg students who attempted suicide was more than double the statewide percentage (Figure 100).
Resources High School

- Twenty-five percent of students both in Petersburg and statewide did not have a teacher or adult at school with whom they could talk.

Self-Esteem

- Eighty percent of students strongly agreed or agreed that they felt good about themselves, compared to 70% statewide.
- Students were less likely to strongly agree or agree that they felt good about themselves if they were bullied at school (0.2 times as likely; Figure 101) or were electronically bullied (0.3 times as likely; Figure 102).

Figure 101. Percentage of students who felt good about themselves by whether they were bullied at school.
Suicide and Self-Harm
- Females were more likely than males to consider suicide (4 times as likely), make a suicide plan (2.5 times as likely) and attempt suicide (3.9 times as likely; Figure 103).

Figure 102. Percentage of students who felt good about themselves by whether they were electronically bullied.

Source: Virginia Youth Survey

Figure 103. Percentage of students engaging in suicide-related behaviors by sex.

Source: Virginia Youth Survey

Figure 104.

Source: Virginia Youth Survey

Figure 105.

Source: Virginia Youth Survey
Resources Middle School

- Twenty percent of students did not have an adult or teacher at school with whom they could talk, compared to 16% statewide.
- Students were more likely to get the kind of help they needed if they had a teacher or other adult at school (2.9 times as likely), felt safe and secure at school (1.3 times as likely), participated on a sports team (1.1 times as likely), or volunteered in the community (2.1 times as likely).
Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) was conducted by the Petersburg and Hopewell Community Health Assessment Steering Committee with guidance from the Petersburg and Hopewell Health Department and the Virginia Department of health. The CTSA focuses on the opinions and perceptions of the residents of Petersburg and Hopewell, as well as community assets. It creates a portrait of the community seen through the eyes of its residents.

The assessment was divided into two categories:

1. Community Survey
2. Photo voice

Community Strengths and Themes Survey

The Community Themes and strengths Assessment survey was conducted to understand the opinions and perceptions of Petersburg and Hopewell residents regarding the quality of life in their community. The survey was developed through a workgroup that consisted of members of the Petersburg and Hopewell CHA Steering Committee and staff from the Petersburg and Hopewell health department. A total of 25 questions were developed that focused on the quality of life, health, strengths, and areas that may need improvement (see appendix). The demographic questions were made optional, to encourage participation.

The CTSA was conducted between May and August 2017 by a diverse group of key community stakeholders. The assessment answered the following questions:

- What are the most important health related issues in our community?
- When thinking about health, what are the greatest strengths in our community?
- What would help us achieve optimum physical, mental, cultural, social, spiritual, and economic health?

The survey was distributed online and through paper copies. The online survey link was distributed to a wide variety of community partners and organizations throughout Petersburg and Hopewell. Partner organizations were encouraged to widely distribute to their organizations list serve. The link was also posted on social media pages along with a message that encouraged individuals to forward to link to others. The primary focus of the distribution of paper copies was to be able to reach residents that did not have access to the online survey. Paper copies were distributed to organizations that normally have a large number of residents that visit their location on a daily basis. These organizations
included social services, housing authority, library, and the health department. Staff members from the Petersburg Health department collected surveys at community events and aided individuals in completing survey, by reading survey to them. Members of the Petersburg and Hopewell Steering Committee and staff from the Virginia Department of Health conducted survey collections on three different days, in low income communities in Petersburg and Hopewell. Both Residents of Petersburg and Hopewell identified access to 24-hour emergency services and access to affordable housing among the greatest strengths within their communities. Both areas identified job growth and activities for youth and teenagers as areas that needs improvement. Residents of both localities identified time constraints, health conditions and safety among the top barriers that prevent them from participating in physical activity.

The following figures and tables represent the demographics and responses from the CTSA.

A total of 132 residents from Petersburg and 64 from Hopewell residents completed the CTSA.

The demographic breakdown is as follows:
What are the greatest strengths of your Community (select up to five)?

Petersburg:
- Access to affordable housing: 24.39%
- Access to mental health services: 25.75%
- Access to healthcare: 30.30%
- Access to public transportation: 37.87%
- Local 24 hour police, fire and rescue services: 54.54%

Hopewell:
- Access to healthcare: 24.39%
- Good schools: 42.07%
- Parks and recreation: 43.29%
- Access to affordable housing: 47.56%
- Local 24 hour police, fire and rescue services: 56.09%

What would improve the quality of life in your community? (select up to five)

Petersburg:
- Access to affordable housing: 38.63%
- Improved education services to include adult education: 39.39%
- Access to affordable healthcare: 40.90%
- More programs and activities for youth and teens: 43.18%
- Job growth and a healthier economy: 75.75%

Hopewell:
- Access to affordable healthcare: 32.92%
- More programs and support for the senior population: 34.14%
- More open and safe areas to walk and bike: 34.14%
- More programs and activities for youth and teens: 48.78%
- Job growth and a healthier economy: 57.92%

What health problems do you think have the biggest impact on your community? (select up to three)

Petersburg:
- High Blood Pressure: 33.33%
- Drug and alcohol abuse: 34.09%
- Mental Health Issues (e.g. depression, anxiety): 35.60%
On average, during a seven-day week and besides your job requirements, how many days do you participate in at least 30 minutes of physical activity?

What are the barriers within your community that prevent you from physical activity? (select up to three)*
What activities would you be interested in, if offered in your community (e.g., Zumba, basketball, golf, rowing, jump roping)? Top 3

Where do you go for healthcare when you are sick?

I pay for healthcare services through
In the past 12 months, did you have a problem getting the health care you needed for you or for a family member from any type of healthcare provider (ie. dentist, pharmacy or other healthcare facility)?

If yes, to the previous question, which of the following prevented you or your family member from getting the necessary healthcare (Choose as many as you need to)? Counts are among those that responded yes to previous question

As far as you know, does your insurance provide coverage for mental health services?
If myself or a family member needed counseling for a mental health or drug/alcohol problem, I know where I can get these services?

Are you familiar with the term "Trauma Informed Care"?
National Public Health Performance Standards

Acknowledgements

The National Public Health Performance Standards (NPHPS) was developed collaboratively by the program’s national partner organizations. The NPHPS partner organizations include: Centers for Disease Control and Prevention (CDC); American Public Health Association (APHA); Association of State and Territorial Health Officials (ASTHO); National Association of County and City Health Officials (NACCHO); National Association of Local Boards of Health (NALBOH); National Network of Public Health Institutes (NNPHI); and then Public Health Foundation (PHF). We thank the staff of these organizations for their time and expertise in the support of the NPHPS.
Background

The National Public Health Performance Standards (NPHPS) is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPS assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites can consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

The NPHPS assessments are intended to help users answer questions such as, "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the ten Essential Public Health Services being provided in our system?" The dialogue that occurs in the process of answering the questions in the assessment instrument can help to identify strengths and weaknesses, determine opportunities for immediate improvements, and establish priorities for long term investments for improving the public health system.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Public Health Governing Entity Performance Assessment Instrument

The information obtained from assessments may then be used to improve and better coordinate public health activities at state and local levels. In addition, the results gathered provide an understanding of how state and local public health systems and governing entities are performing. This information helps local, state and national partners make better and more effective policy and resource decisions to improve the nation’s public health.
Introduction

The NPHPS Local Public Health System Assessment Report is designed to help health departments and public health system partners create a snapshot of where it is relative to the National Public Health Performance Standards and to progressively move toward refining and improving outcomes for performance across the public health system.

The NPHPS state, local, and governance instruments also offer opportunity and robust data to link to health departments, public health system partners and/or community-wide strategic planning processes, as well as to Public Health Accreditation Board (PHAB) standards. For example, assessment of the environment external to the public health organization is a key component of all strategic planning, and the NPHPS assessment readily provides a structured process and an evidence-base upon, which key organizational decisions may be made and priorities established. The assessment may also be used as a component of community health improvement planning processes, such as Mobilizing for Action through Planning and Partnerships (MAPP) or other community-wide strategic planning efforts, including state health improvement planning and community health improvement planning. The NPHPS process also drives assessment and improvement activities that may be used to support a Health Department in meeting PHAB standards. Regardless of whether using MAPP or another health improvement process, partners should use the NPHPS results to support quality improvement.

The self-assessment is structured around the Model Standards for each of the ten Essential Public Health Services, (EPHS), hereafter referred to as the Essential Services, which were developed through a comprehensive, collaborative process involving input from national, state and local experts in public health. Altogether, for the local assessment, 30 Model Standards serve as quality indicators that are organized into the ten essential public health service areas in the instrument and address the three core functions of public health. Figure 1 below shows how the ten Essential Services align with the three Core Functions of Public Health.

![Figure 1. The 10 Essential Public Health Services and how they relate to the Three Core Functions of Public Health](image)
Purpose

The primary purpose of the NPHPS Local Public Health System Assessment Report is to promote continuous improvement that will result in positive outcomes for system performance. Local health departments and their public health system partners can use the Assessment Report as a working tool to:

- Better understand current system functioning and performance
- Identify and prioritize areas of strengths, weaknesses, and opportunities for improvement
- Articulate the value that quality improvement initiatives will bring to the public health system
- Develop an initial work plan with specific quality improvement strategies to achieve goals
- Begin taking action for achieving performance and quality improvement in one or more targeted areas
- Re-assess the progress of improvement efforts at regular intervals.

This report is designed to facilitate communication and sharing among and within programs, partners, and organizations, based on a common understanding of how a high performing and effective public health system can operate. This shared frame of reference will help build commitment and focus for setting priorities and improving public health system performance. Outcomes for performance include delivery of all ten essential public health services at optimal levels.

About the Report

Calculating the Scores

The NPHPS assessment instruments are constructed using the ten Essential Services as a framework. Within the Local Instrument, each Essential Service includes between 2-4 Model Standards that describe the key aspects of an optimally performing public health system. Each Model Standard is followed by assessment questions that serve as measures of performance. Responses to these questions indicate how well the Model Standard - which portrays the highest level of performance or "gold standard" - is being met.

Table 1 below characterizes levels of activity for Essential Services and Model Standards. Using the responses to all of the assessment questions, a scoring process generates score for each Model Standard, Essential Service, and one overall assessment score.
Table 1. Summary of Assessment Response Options

<table>
<thead>
<tr>
<th>Optimal Activity (76-100%)</th>
<th>Greater than 75% of the activity described within the question is met.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant Activity (51-75%)</td>
<td>Greater than 50%, but no more than 75% of the activity described within the question is met.</td>
</tr>
<tr>
<td>Moderate Activity (26-50%)</td>
<td>Greater than 25%, but no more than 50% of the activity described within the question is met.</td>
</tr>
<tr>
<td>Minimal Activity (1-25%)</td>
<td>Greater than zero, but no more than 25% of the activity described within the question is met.</td>
</tr>
<tr>
<td>No Activity (0%)</td>
<td>0% or absolutely no activity.</td>
</tr>
</tbody>
</table>

Understanding Data Limitations

There are a number of limitations to the NPHPS assessment data due to self-report, wide variations in the breadth and knowledge of participants, the variety of assessment methods used, and differences in interpretation of assessment questions. Data and resultant information should not be interpreted to reflect the capacity or performance of any single agency or organization within the public health system or used for comparisons between jurisdictions or organizations. Use of NPHPS generated data and associated recommendations are limited to guiding an overall public health infrastructure and performance improvement process for the public health system as determined by organizations involved in the assessment.

All performance scores are an average. Model Standard scores are an average of the question scores within that Model Standard, Essential Service scores are an average of the Model Standard scores within that Essential Service and the overall assessment score is the average of the Essential Service scores. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which may be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes differ among sites. The assessment methods are not fully
standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

**Presentation of Results**

The NPHPS has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. For ease of use, many figures and tables use short titles to refer to Essential Services, Model Standards, and questions. If you are in doubt of these definitions, please refer to the full text in the assessment instruments.

Sites may have chosen to complete two additional questionnaires, the Priority of Model Standards Questionnaire assesses how performance of each Model Standard compares with the priority rating and the Agency Contribution Questionnaire assesses the local health department’s contribution to achieving the Model Standard. Sites that submitted responses for these questionnaires will see the results included as additional components of their report.

**Results**

Now that your assessment is completed, one of the most exciting, yet challenging opportunities is to begin to review and analyze the findings. As you recall from your assessment, the data you created now establishes the foundation upon which you may set priorities for performance improvement and identify specific quality improvement (QI) projects to support your priorities.

Based upon the responses you provided during your assessment, an average was calculated for each of the ten Essential Services. Each Essential Service score can be interpreted as the overall degree to which your public health system meets the performance standards (quality indicators) for each Essential Service. Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

Figure 2 displays the average score for each Essential Service, along with an overall average assessment score across all ten Essential Services. Take a look at the overall performance scores for each Essential Service. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses. Note the black bars that identify the range of reported performance score responses within each Essential Service.
Figure 2. Overall Scores for Each Essential Public Health Service

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Overall Score</td>
<td>53.1</td>
</tr>
<tr>
<td>ES 1: Monitor Health Status</td>
<td>58.3</td>
</tr>
<tr>
<td>ES 2: Diagnose and Investigate</td>
<td>94.4</td>
</tr>
<tr>
<td>ES 3: Educate/Empower</td>
<td>50.0</td>
</tr>
<tr>
<td>ES 4: Mobilize Partnerships</td>
<td>96.9</td>
</tr>
<tr>
<td>ES 5: Develop Policies/Plans</td>
<td>20.8</td>
</tr>
<tr>
<td>ES 6: Enforce Laws</td>
<td>46.0</td>
</tr>
<tr>
<td>ES 7: Link to Health Services</td>
<td>59.4</td>
</tr>
<tr>
<td>ES 8: Assure Workforce</td>
<td>73.0</td>
</tr>
<tr>
<td>ES 9: Evaluate Services</td>
<td>52.5</td>
</tr>
<tr>
<td>ES 10: Research/Innovations</td>
<td>39.6</td>
</tr>
</tbody>
</table>

Performance Scores by Essential Public Health Service for Each Model Standard

Figure 3 and Table 2 on the following pages display the average performance score for each of the Model Standards within each Essential Service. This level of analysis enables you to identify specific activities that contributed to high or low performance within each Essential Service.
In Table 2 below, each score (performance, priority, and contribution scores) at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service. Note: The priority rating and agency contribution scores will be blank if the Priority of Model Standards Questionnaire and the Agency Contribution Questionnaire are not completed.

<table>
<thead>
<tr>
<th>Model Standards by Essential Services</th>
<th>Performance Scores</th>
<th>Priority Rating</th>
<th>Agency Contribution Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>ES 1: Monitor Health Status</td>
<td>58.3</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>1.1 Community Health Assessment</td>
<td>58.3</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>1.2 Current Technology</td>
<td>66.7</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>1.3 Registries</td>
<td>50.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>ES 2: Diagnose and Investigate</td>
<td>94.4</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>2.1 Identification/Surveillance</td>
<td>100.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>2.2 Emergency Response</td>
<td>95.8</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>2.3 Laboratories</td>
<td>87.5</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>ES 3: Educate/Empower</td>
<td>50.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>3.1 Health Education/Promotion</td>
<td>58.3</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>3.2 Health Communication</td>
<td>25.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>3.3 Risk Communication</td>
<td>66.7</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>ES 4: Mobilize Partnerships</td>
<td>36.5</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>4.1 Constituency Development</td>
<td>31.3</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>4.2 Community Partnerships</td>
<td>41.7</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>ES 5: Develop Policies/Plans</td>
<td>20.8</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>5.1 Governmental Presence</td>
<td>33.3</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>5.2 Policy Development</td>
<td>16.7</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>5.3 CHIP/Strategic Planning</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>5.4 Emergency Plan</td>
<td>33.3</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>ES 6: Enforce Laws</td>
<td>46.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>6.1 Review Laws</td>
<td>56.3</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>6.2 Improve Laws</td>
<td>16.7</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>6.3 Enforce Laws</td>
<td>65.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>ES 7: Link to Health Services</td>
<td>59.4</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>7.1 Personal Health Service Needs</td>
<td>68.8</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>7.2 Assure Linkage</td>
<td>50.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>ES 8: Assure Workforce</td>
<td>73.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>8.1 Workforce Assessment</td>
<td>41.7</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>8.2 Workforce Standards</td>
<td>91.7</td>
<td>0.0</td>
<td></td>
</tr>
</tbody>
</table>
Performance Relative to Optimal Activity

Figures 4 and 5 display the proportion of performance measures that met specified thresholds of achievement for performance standards. The five threshold levels of achievement used in scoring these measures are shown in the legend below. For example, measures receiving a composite score of 76-100% were classified as meeting performance standards at the optimal level.

Figure 4. This chart provides a high level snapshot of the information found in Figure 2, summarizing the composite performance measures for all 10 Essential Services.

<table>
<thead>
<tr>
<th>Essential Services Scores within the 5 Activity Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimal (76-100%)</td>
</tr>
<tr>
<td>Significant (51-75%)</td>
</tr>
<tr>
<td>Moderate (26-50%)</td>
</tr>
<tr>
<td>Minimal (1-25%)</td>
</tr>
<tr>
<td>No Activity (0%)</td>
</tr>
</tbody>
</table>
Figure 5. This chart provides a high level snapshot of the information found in Figure 3, summarizing the composite measures for all 30 Model Standards.

Model Standard Scores within the 5 Activity Categories

Next Steps

Congratulations, on your participation in the local assessment process. A primary goal of the NPHPS is that data is used proactively to monitor, assess, and improve the quality of essential public health services. This report is an initial step to identifying immediate actions and activities to improve local initiatives. The results in this report may also be used to identify longer-term priorities for improvement, as well as possible improvement projects.

As noted in the Introduction of this report, NPHPS data may be used to inform a variety of organization and/or systems planning and improvement processes. Plan to use both quantitative data (Appendix A) and qualitative data (Appendix B) from the assessment to identify improvement opportunities. While there may be many potential quality improvement projects, do not be overwhelmed – the point is not that you have to address them all now. Rather, consider this step as a way to identify possible opportunities to enhance your system performance and plan to use the guidance provided in this section, along with the resources offered in Appendix C, to develop specific goals for improvement within your public health system and move from assessment and analysis toward action.

Note: Communities implementing Mobilizing for Action through Planning and Partnerships (MAPP) may refer to the MAPP guidance for considering NPHPS data along with other assessment data in the Identifying Strategic Issues phase of MAPP.
Action Planning

In any systems improvement and planning process, it is important to involve all public health system partners in determining ways to improve the quality of essential public health services provided by the system. Participation in the improvement and planning activities included in your action plan is the responsibility of all partners within the public health system.

Consider the following points as you build an Action Plan to address the priorities identified:
• Each public health partner should be considered when approaching quality improvement for your system
• The success of your improvement activities are dependent upon the active participation and contribution of each and every member of the system
• An integral part of performance improvement is working consistently to have long-term effects
• A multi-disciplinary approach that employs measurement and analysis is key to accomplishing and sustaining improvements

You may find that using the simple acronym, ‘FOCUS’ is a way to help move from assessment and analysis to action.

Find an opportunity for improvement using your results.

Organize a team of public health system partners to work on the improvement. Someone in the group should be identified as the team leader. Team members should represent the appropriate organizations that can make an impact.

Consider the current process, where simple improvements can be made and who should make the improvements.

Understand the problem further if necessary, how and why it is occurring, and the factors that contribute to it. Once you have identified priorities, finding solutions entails delving into possible reasons, or “root causes,” of the weakness or problem. Only when participants determine why performance problems (or successes) have occurred will they be able to identify workable solutions that improve future performance. Most performance issues may be traced to well-defined system causes, such as policies, leadership, funding, incentives, information, personnel or coordination. Many QI tools are applicable. You may consider using a variety of basic QI tools such as brainstorming, 5-whys, prioritization, or cause and effect diagrams to better understand the problem (refer to Appendix C for resources).

Select the improvement strategies to be made. Consider using a table or chart to summarize your Action Plan. Many resources are available to assist you in putting your plan on paper, but in general you’ll want to include the priority selected, the goal, the improvement activities to be conducted, who will carry them out, and the timeline for completing the improvement
activities. When complete, your Action Plan should contain documentation on the indicators to be used, baseline performance levels and targets to be achieved, responsibilities for carrying out improvement activities and the collection and analysis of data to monitor progress. (Additional resources may be found in Appendix C.)
# Petersburg and Hopewell Community Health Assessment 2017

## ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems

### 1.1 Model Standard: Population-Based Community Health Assessment (CHA)

**At what level does the local public health system:**

| 1.1.1 | Conduct regular community health assessments? | 75 |
| 1.1.2 | Continuously update the community health assessment with current information? | 75 |
| 1.1.3 | Promote the use of the community health assessment among community members and partners? | 25 |

### 1.2 Model Standard: Current Technology to Manage and Communicate Population Health Data

**At what level does the local public health system:**

| 1.2.1 | Use the best available technology and methods to display data on the public’s health? | 50 |
| 1.2.2 | Analyze health data, including geographic information, to see where health problems exist? | 75 |
| 1.2.3 | Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)? | 75 |

### 1.3 Model Standard: Maintenance of Population Health Registries

**At what level does the local public health system:**

| 1.3.1 | Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards? | 50 |
| 1.3.2 | Use information from population health registries in community health assessments or other analyses? | 50 |

## ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards

### 2.1 Model Standard: Identification and Surveillance of Health Threats

**At what level does the local public health system:**

| 2.1.1 | Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats? | 100 |
## Petersburgh and Hopewell Community Health Assessment 2017

| 2.1.2 | Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)? | 100 |
| 2.1.3 | Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise? | 100 |

### Model Standard: Investigation and Response to Public Health Threats and Emergencies

**At what level does the local public health system:**

| 2.2.1 | Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment? | 100 |
| 2.2.2 | Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters? | 75 |
| 2.2.3 | Designate a jurisdictional Emergency Response Coordinator? | 100 |
| 2.2.4 | Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines? | 100 |
| 2.2.5 | Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies? | 100 |
| 2.2.6 | Evaluate incidents for effectiveness and opportunities for improvement? | 100 |

### Model Standard: Laboratory Support for Investigation of Health Threats

**At what level does the local public health system:**

| 2.3.1 | Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring? | 100 |
| 2.3.2 | Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards? | 100 |
| 2.3.3 | Use only licensed or credentialed laboratories? | 100 |
| 2.3.4 | Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results? | 50 |
### ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues

**3.1 Model Standard: Health Education and Promotion**  
*At what level does the local public health system:*

<table>
<thead>
<tr>
<th>3.1.1</th>
<th>Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?</th>
<th>75</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.2</td>
<td>Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?</td>
<td>75</td>
</tr>
<tr>
<td>3.1.3</td>
<td>Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?</td>
<td>25</td>
</tr>
</tbody>
</table>

**3.2 Model Standard: Health Communication**  
*At what level does the local public health system:*

<table>
<thead>
<tr>
<th>3.2.1</th>
<th>Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?</th>
<th>25</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2.2</td>
<td>Use relationships with different media providers (e.g., print, radio, television, and the internet) to share health information, matching the message with the target audience?</td>
<td>25</td>
</tr>
<tr>
<td>3.2.3</td>
<td>Identify and train spokespersons on public health issues?</td>
<td>25</td>
</tr>
</tbody>
</table>

**3.3 Model Standard: Risk Communication**  
*At what level does the local public health system:*

<table>
<thead>
<tr>
<th>3.3.1</th>
<th>Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?</th>
<th>75</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3.2</td>
<td>Make sure resources are available for a rapid emergency communication response?</td>
<td>75</td>
</tr>
<tr>
<td>3.3.3</td>
<td>Provide risk communication training for employees and volunteers?</td>
<td>50</td>
</tr>
</tbody>
</table>

### ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems
4.1 **Model Standard: Constituency Development**  
*At what level does the local public health system:*

<table>
<thead>
<tr>
<th>4.1.1</th>
<th>Maintain a complete and current directory of community organizations?</th>
<th>25</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1.2</td>
<td>Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?</td>
<td>0</td>
</tr>
<tr>
<td>4.1.3</td>
<td>Encourage constituents to participate in activities to improve community health?</td>
<td>75</td>
</tr>
<tr>
<td>4.1.4</td>
<td>Create forums for communication of public health issues?</td>
<td>25</td>
</tr>
</tbody>
</table>

4.2 **Model Standard: Community Partnerships**  
*At what level does the local public health system:*

<table>
<thead>
<tr>
<th>4.2.1</th>
<th>Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?</th>
<th>50</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2.2</td>
<td>Establish a broad-based community health improvement committee?</td>
<td>50</td>
</tr>
<tr>
<td>4.2.3</td>
<td>Assess how well community partnerships and strategic alliances are working to improve community health?</td>
<td>25</td>
</tr>
</tbody>
</table>

4.3 **Model Standard: Community Resources**  
*At what level does the local public health system:*

<table>
<thead>
<tr>
<th>4.3.1</th>
<th>Leverage existing community resources and organizational efforts to maximize the impact of public health initiatives</th>
<th>50</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.2</td>
<td>Identify gaps in community resources and develop strategies to address them</td>
<td>50</td>
</tr>
<tr>
<td>4.3.3</td>
<td>Establish partnerships with other sectors to address community health needs</td>
<td>25</td>
</tr>
</tbody>
</table>

5.1 **Model Standard: Governmental Presence at the Local Level**  
*At what level does the local public health system:*

<table>
<thead>
<tr>
<th>5.1.1</th>
<th>Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?</th>
<th>50</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1.2</td>
<td>See that the local health department is accredited through the national voluntary accreditation program?</td>
<td>25</td>
</tr>
<tr>
<td>5.1.3</td>
<td>Assure that the local health department has enough resources to do its part in providing essential public health services?</td>
<td>25</td>
</tr>
</tbody>
</table>

5.2 **Model Standard: Public Health Policy Development**  
*At what level does the local public health system:*

<table>
<thead>
<tr>
<th>5.2.1</th>
<th>Contribute to public health policies by engaging in activities that inform the policy development process?</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2.2</td>
<td>Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?</td>
<td>0</td>
</tr>
</tbody>
</table>
### Petersburg and Hopewell Community Health Assessment 2017

| 5.2.3 | Review existing policies at least every three to five years? | 0 |
| 5.3 | **Model Standard: Community Health Improvement Process and Strategic Planning**  
*At what level does the local public health system:* |
| 5.3.1 | Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members? | 0 |
| 5.3.2 | Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps? | 0 |
| 5.3.3 | Connect organizational strategic plans with the Community Health Improvement Plan? | 0 |
| 5.4 | **Model Standard: Plan for Public Health Emergencies**  
*At what level does the local public health system:* |
| 5.4.1 | Support a workgroup to develop and maintain preparedness and response plans? | 50 |
| 5.4.2 | Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed? | 25 |
| 5.4.3 | Test the plan through regular drills and revise the plan as needed, at least every two years? | 25 |

### ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

| 6.1 | **Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances**  
*At what level does the local public health system:* |
| 6.1.1 | Identify public health issues that can be addressed through laws, regulations, or ordinances? | 25 |
| 6.1.2 | Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels? | 50 |
| 6.1.3 | Review existing public health laws, regulations, and ordinances at least once every five years? | 50 |
### Petersburg and Hopewell Community Health Assessment 2017

<table>
<thead>
<tr>
<th>6.1.4</th>
<th>Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.2</td>
<td><strong>Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances</strong>&lt;br&gt;<strong>At what level does the local public health system:</strong></td>
<td></td>
</tr>
<tr>
<td>6.2.1</td>
<td>Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?</td>
<td>50</td>
</tr>
<tr>
<td>6.2.2</td>
<td>Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?</td>
<td>0</td>
</tr>
<tr>
<td>6.2.3</td>
<td>Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?</td>
<td>0</td>
</tr>
<tr>
<td>6.3</td>
<td><strong>Model Standard: Enforcement of Laws, Regulations, and Ordinances</strong>&lt;br&gt;<strong>At what level does the local public health system:</strong></td>
<td></td>
</tr>
<tr>
<td>6.3.1</td>
<td>Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?</td>
<td>50</td>
</tr>
<tr>
<td>6.3.2</td>
<td>Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?</td>
<td>75</td>
</tr>
<tr>
<td>6.3.3</td>
<td>Assure that all enforcement activities related to public health codes are done within the law?</td>
<td>100</td>
</tr>
<tr>
<td>6.3.4</td>
<td>Educate individuals and organizations about relevant laws, regulations, and ordinances?</td>
<td>25</td>
</tr>
<tr>
<td>6.3.5</td>
<td>Evaluate how well local organizations comply with public health laws?</td>
<td>75</td>
</tr>
</tbody>
</table>

### ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

<table>
<thead>
<tr>
<th>7.1</th>
<th><strong>Model Standard: Identification of Personal Health Service Needs of Populations</strong>&lt;br&gt;<strong>At what level does the local public health system:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1.1</td>
<td>Identify groups of people in the community who have trouble accessing or connecting to personal health services?</td>
<td>75</td>
</tr>
</tbody>
</table>
## Petersburg and Hopewell Community Health Assessment 2017

<table>
<thead>
<tr>
<th>7.1.2</th>
<th>Identify all personal health service needs and unmet needs throughout the community?</th>
<th>50</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1.3</td>
<td>Defines partner roles and responsibilities to respond to the unmet needs of the community?</td>
<td>50</td>
</tr>
<tr>
<td>7.1.4</td>
<td>Understand the reasons that people do not get the care they need?</td>
<td>100</td>
</tr>
<tr>
<td><strong>7.2</strong></td>
<td><strong>Model Standard: Assuring the Linkage of People to Personal Health Services</strong>&lt;br&gt; <em>At what level does the local public health system:</em></td>
<td></td>
</tr>
<tr>
<td>7.2.1</td>
<td>Connect (or link) people to organizations that can provide the personal health services they may need?</td>
<td>75</td>
</tr>
<tr>
<td>7.2.2</td>
<td>Help people access personal health services, in a way that takes into account the unique needs of different populations?</td>
<td>50</td>
</tr>
<tr>
<td>7.2.3</td>
<td>Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?</td>
<td>25</td>
</tr>
<tr>
<td>7.2.4</td>
<td>Coordinate the delivery of personal health and social services so that everyone has access to the care they need?</td>
<td>50</td>
</tr>
</tbody>
</table>

### ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce

<table>
<thead>
<tr>
<th>8.1</th>
<th><strong>Model Standard: Workforce Assessment, Planning, and Development</strong>&lt;br&gt; <em>At what level does the local public health system:</em></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1.1</td>
<td>Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?</td>
<td>50</td>
</tr>
<tr>
<td>8.1.2</td>
<td>Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?</td>
<td>50</td>
</tr>
<tr>
<td>8.1.3</td>
<td>Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?</td>
<td>25</td>
</tr>
<tr>
<td><strong>8.2</strong></td>
<td><strong>Model Standard: Public Health Workforce Standards</strong>&lt;br&gt; <em>At what level does the local public health system:</em></td>
<td></td>
</tr>
<tr>
<td>8.2.1</td>
<td>Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?</td>
<td>100</td>
</tr>
</tbody>
</table>
### 8.2.2 Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?

### 8.2.3 Base the hiring and performance review of members of the public health workforce in public health competencies?

### 8.3 Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring

At what level does the local public health system:

<table>
<thead>
<tr>
<th>8.3.1</th>
<th>Identify education and training needs and encourage the workforce to participate in available education and training?</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.3.2</td>
<td>Provide ways for workers to develop core skills related to essential public health services?</td>
</tr>
<tr>
<td>8.3.3</td>
<td>Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?</td>
</tr>
<tr>
<td>8.3.4</td>
<td>Create and support collaborations between organizations within the public health system for training and education?</td>
</tr>
<tr>
<td>8.3.5</td>
<td>Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?</td>
</tr>
</tbody>
</table>

### 8.4 Model Standard: Public Health Leadership Development

At what level does the local public health system:

| 8.4.1 | Provide access to formal and informal leadership development opportunities for employees at all organizational levels? |
| 8.4.2 | Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together? |
| 8.4.3 | Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources? |
| 8.4.4 | Provide opportunities for the development of leaders representative of the diversity within the community? |

119
## Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

### 9.1 Model Standard: Evaluation of Population-Based Health Services
**At what level does the local public health system:**

<table>
<thead>
<tr>
<th>Subsection</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1.1 Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?</td>
<td>50</td>
</tr>
<tr>
<td>9.1.2 Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?</td>
<td>50</td>
</tr>
<tr>
<td>9.1.3 Identify gaps in the provision of population-based health services?</td>
<td>100</td>
</tr>
<tr>
<td>9.1.4 Use evaluation findings to improve plans and services?</td>
<td>50</td>
</tr>
</tbody>
</table>

### 9.2 Model Standard: Evaluation of Personal Health Services
**At what level does the local public health system:**

<table>
<thead>
<tr>
<th>Subsection</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.2.1 Evaluate the accessibility, quality, and effectiveness of personal health services?</td>
<td>50</td>
</tr>
<tr>
<td>9.2.2 Compare the quality of personal health services to established guidelines?</td>
<td>50</td>
</tr>
<tr>
<td>9.2.3 Measure satisfaction with personal health services?</td>
<td>25</td>
</tr>
<tr>
<td>9.2.4 Use technology, like the internet or electronic health records, to improve quality of care?</td>
<td>25</td>
</tr>
<tr>
<td>9.2.5 Use evaluation findings to improve services and program delivery?</td>
<td>75</td>
</tr>
</tbody>
</table>

### 9.3 Model Standard: Evaluation of the Local Public Health System
**At what level does the local public health system:**

<table>
<thead>
<tr>
<th>Subsection</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.3.1 Identify all public, private, and voluntary organizations that provide essential public health services?</td>
<td>50</td>
</tr>
<tr>
<td>9.3.2 Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?</td>
<td>50</td>
</tr>
<tr>
<td>10.3.1</td>
<td>Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?</td>
</tr>
<tr>
<td>10.3.2</td>
<td>Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?</td>
</tr>
<tr>
<td>10.3.3</td>
<td>Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?</td>
</tr>
<tr>
<td>10.3.4</td>
<td>Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?</td>
</tr>
</tbody>
</table>

**Performance Scores**
# APPENDIX B: Agency Contribution Scores

<table>
<thead>
<tr>
<th>Agency Indicator Number</th>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
</table>
| **Essential Service #1 - Monitor health status to identify health problems**  
How much of each model standard is achieved through the direct contribution of the local public health agency? |  
A1.1 Population-based Community Health Assessment | 100 |
| A1.2 Current Technology to Manage and Communicate Population Health Data | 100 |
| A1.3 Maintenance of Population Health Registries | 100 |
| **Essential Service #2 - Diagnose and investigate health problems and health hazards**  
How much of each model standard is achieved through the direct contribution of the local public health agency? |  
A2.1 Identification and Surveillance of Health Threats | 100 |
| A2.2 Investigation and Response to Public Health Threats and Emergencies | 100 |
| A2.3 Laboratory Support for Investigation of Health Threats | 100 |
| **Essential Service #3 - Inform, educate and empower people about health issues**  
How much of each model standard is achieved through the direct contribution of the local public health agency? |  
A3.1 Health Education and Promotion | 100 |
| A3.2 Health Communication | 100 |
| A3.3 Risk Communication | 100 |
| **Essential Service #4 - Mobilize community partnerships to identify and solve health problems**  
How much of each model standard is achieved through the direct contribution of the local public health agency? |  
A4.1 Constituency Development | 50 |
### Petersburg and Hopewell Community Health Assessment 2017

<table>
<thead>
<tr>
<th>A4.2</th>
<th>Community Partnerships</th>
<th>50</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Essential Service #5 - Develop policies and plans that support individual and community health efforts</strong>&lt;br&gt;&lt;i&gt;How much of each model standard is achieved through the direct contribution of the local public health agency?&lt;/i&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A5.1</td>
<td>Governmental Presence at the Local Level</td>
<td>25</td>
</tr>
<tr>
<td>A5.2</td>
<td>Public Health Policy Development</td>
<td>25</td>
</tr>
<tr>
<td>A5.3</td>
<td>Community Health Improvement Process and Strategic Planning</td>
<td>25</td>
</tr>
<tr>
<td>A5.4</td>
<td>Plan for Public Health Emergencies</td>
<td>100</td>
</tr>
<tr>
<td><strong>Essential Service #6 - Enforce laws and regulations that protect health and ensure safety</strong>&lt;br&gt;&lt;i&gt;How much of each model standard is achieved through the direct contribution of the local public health agency?&lt;/i&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A6.1</td>
<td>Review and Evaluation of Laws, Regulations and Ordinances</td>
<td>25</td>
</tr>
<tr>
<td>A6.2</td>
<td>Involvement in the Improvement of Laws, Regulations, and Ordinances</td>
<td>25</td>
</tr>
<tr>
<td>A6.3</td>
<td>Enforcement of Laws, Regulations, and Ordinances</td>
<td>75</td>
</tr>
<tr>
<td><strong>Essential Service #7 - Link people to needed personal health services and assure the provision of health care when otherwise unavailable</strong>&lt;br&gt;&lt;i&gt;How much of each model standard is achieved through the direct contribution of the local public health agency?&lt;/i&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A7.1</td>
<td>Identification of Personal Health Service Needs of Populations</td>
<td>100</td>
</tr>
<tr>
<td>A7.2</td>
<td>Linkage of People to Personal Health Services</td>
<td>75</td>
</tr>
<tr>
<td><strong>Essential Service #8 - Assure a competent public health and personal health care workforce</strong>&lt;br&gt;&lt;i&gt;How much of each model standard is achieved through the direct contribution of the local public health agency?&lt;/i&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A8.1</td>
<td>Workforce Assessment, Planning and Development</td>
<td>75</td>
</tr>
<tr>
<td>A8.2</td>
<td>Public Health Workforce Standards</td>
<td>100</td>
</tr>
<tr>
<td>Essential Service #9 - Evaluate effectiveness, accessibility, and quality of personal and population-based health services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much of each model standard is achieved through the direct contribution of the local public health agency?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9.1</td>
<td>Evaluation of Population-based Health Services</td>
<td>25</td>
</tr>
<tr>
<td>A9.2</td>
<td>How much of this model standard - Evaluation of Personal Health Services - is achieved through the direct contribution of the local health department?</td>
<td>25</td>
</tr>
<tr>
<td>A9.3</td>
<td>Evaluation of the Local Public Health System</td>
<td>50</td>
</tr>
</tbody>
</table>

| Essential Service #10 - Research for new insights and innovative solutions to health problems |
| How much of each model standard is achieved through the direct contribution of the local public health agency? |
| A10.1 | Fostering Innovation | 25 |
| A10.2 | Linkage with Institutions of Higher Learning and/or Research | 25 |
| A10.3 | Capacity to Initiate or Participate in Research | 0 |
Forces of Change Assessment

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-wide strategic planning tool for conducting a Community Health Assessment (CHA) and for improving community health and the community-wide public health system. The MAPP process was facilitated in Petersburg and Hopewell by the Petersburg and Hopewell Health Department and the Virginia Department of Health. The CHA is designed to help communities prioritize health issues and to identify resources for addressing them.

The MAPP model consists of a roadmap of four assessments aimed at building a healthier community by providing critical insights into healthcare challenges, resources and opportunities throughout a community.

The four assessments include:
I. Community Themes and Strengths Assessment
II. Local Public Health System Assessment
III. Community Health Status Assessment
IV. Forces of Change Assessment

The Forces of Change Assessment (FOCA) identifies trends, factors and events that are occurring or will occur that affect the community or the local public health system. This report summarizes the FOCA in Peterburg and Hopewell that occurred in May 2017. The assessment focuses on the identification of forces such as technology, legislation and other issues that affect the context in which the community operates.
The forces are grouped into the following categories: Legal, Political, Health Factors, Educational, Environmental, Economic, Social, Cultural, and Access to Care. Forces include trends, events and factors: Trends are patterns over time. Forces are discrete elements. Events are one time occurrences.

The FOCA was facilitated by the Virginia Department of Health staff members. Members of the Petersburg and Hopewell CHA Team were charged with answering the following questions: What is occurring or might occur that affects the health of the community or the local public health system?

I. What are specific threats or opportunities that are generated by these occurrences?

The findings were compiled into the attached comprehensive matrix of key forces and their associated impact upon the health of the Petersburg and Hopewell community. The CHAT also reviewed the forces and identified those that they felt were particularly significant in the Petersburg and Hopewell communities.

Those forces are as follows:
- Health care reform/ cuts to Medicare and Medicaid
- Budget cuts
- Education
- Social determinants of health

The information gathered from the FOCA is an important component of the MAPP process. The findings will be used in conjunction with the findings from the other three MAPP assessments to identify key strategic issues and priorities for the development of a Community Health Improvement Plan (CHIP).
**Force**

**LEGAL AND POLITICAL**

**Strengths**
- Minority Representation
- Partnerships

**Weaknesses**
- Local Government Finances
- VA general assembly has not taken federal dollars to expand Medicaid
- Congress debating whether to discontinue ACA
- Petersburg City financial crisis

**Opportunities**
- Create/foster/explore opportunities for local residents and businesses to fund organizations that will provide care to low income and senior residents.
- Attract business opportunities.
- Opportunity to encourage local residents to advocate for legislation and policy.

**Threats**
- Local Government finances eroding
- VA general assembly has not taken federal dollars to expand Medicaid
- Congress debating whether to discontinue ACA and Medicaid funding reduction.
**HEALTH FACTORS**

**Strengths**

- Minority Representation
- Partnerships
- Hospitals in each locality with medical providers
- Community Health Centers (CHC) and ambulatory care are convenient
- Health department leadership stability

**Weaknesses**

- Local Government Finances
- VA general assembly has not taken federal dollars to expand Medicaid

**Opportunities**

- Fund organizations that will provide care to low income and senior residents.
- Attract healthcare business opportunities
- Opportunity to encourage local residents to advocate for legislation and policy.
- Community health assessment and plan update.

**Threats**

- Many non-elderly adults don’t have access to affordable healthcare
- Local resources burdened
- Budget cuts
- Increase in insurance premiums for every person
- Decrease in coverage for working age adults
- Decrease in affordability
- Changes in coverage may create barriers for recruiting qualified providers to Petersburg/Hopewell
- Congress debating whether to discontinue ACA and Medicaid funding reduction.
**Strengths**
- The development of Downtown Petersburg and Hopewell.
- Increasing access to trails, parks, and natural spaces.
- Access to the James and Appomattox Rivers has improved.
- Farmers market offered in Hopewell, Prince George, and Petersburg.
- Growing awareness about food systems and eating locally grown food and urban gardening.

**Weaknesses**
- Chemical exposure from factories.
- Water infrastructure in Petersburg is greater than 100 years old.
- The current weather is impacting growing season.
- Limited recreational opportunities.
- Vacant and sub-optimal housing.

**Opportunities**
- Opportunity for education about environmental hazards.
- The opportunity for Hopewell to pursue the VA endowment fund.
- Opportunity to protect the Appomattox River and improve its water quality.
- Greater understanding on how to maintain and improve environment.

**Threats**
- Environmental Protection Agency changes and cuts.
- Lack of restitution for Flint, MI citizens sets dangerous precedent.
- Reduced government funding for capital projects.
**Strengths**
- Petersburg is a historic area
- Appomattox River creates waterfront development opportunities.
- Increase in cultural and entertainment venues to attract economic growth.
- Great library system
- Great regional library system
- Higher educational institutions are convenient.

**Weaknesses**
- Limited economic development/employment opportunities
- Resources being siphoned off the neighborhood areas with higher household income

**Opportunities**
- Opportunities for employment and economic growth around river fronts
- Possibility of other big businesses migrating to the area

**Threats**
- Perception of crime in Petersburg deters tourists and visitors
- Prevalence of low quality housing in Hopewell and Petersburg keeps area incomes low
- Relatively low education level and needed labor skills.
**Strengths**
- Life expectancy is increasing
- Changes in VA Medicaid waivers means more mental health services available—Now first point of contact the Community Services Board
- Affordable early childcare
- Large number of Faith organizations
- A system of communication and collaboration through non-profits and social services

**Weaknesses**
- Temporary Assistance for Needy Families’ requirements for eligibility are strict
- Racial Discrimination
- Negative relationship between communities and police department
- Lack of strong community formal and informal leadership

**Opportunities**
- Engagement of the Faith community in improving health outcomes and to share resources and services.
- Each city has a main healthcare foundation to support initiatives
- Indicators should allow cities to be competitive for natural and statewide grant funding.

**Threats**
- Perception of crime and safety
- Fragmented and stressed families
- Limited community leadership lineup
Strengths
- More resources in Hopewell for mental health
- New emergency medical center from John Randolph
- Hopewell has a new office on youth
- Community Health centers offer coordinated care across services (prescription, dental, medical, mental health)
- Fort Lee employees and families have good coverage.

Weaknesses
- Less access to primary care physicians forcing patients to go to urgent care
- Limited transportation
- Limited insurance coverage

Opportunities
- Understanding the impact of trauma and preventing adverse childhood experiences (ACES)
- Opportunities to recruit physicians
- Opportunity to reach out to youth
- Need for free or low cost tutoring, activities, etc
- Opportunity for sharing resources across different populations
- Opportunity for publicizing resources across social media

Threats
- Limited resources offered for mental health needs
- Limited transportation
- Changes to ACA proposed by Congress could reduce coverage further.
**Strengths**
- Virginia State University (VSU) increased enrollment with goals to expand degrees offered
- Increased enrollment in Richard Bland College
- Community health assessment
- Community health improvement plan
- Collaboration between community agencies

**Weaknesses**
- Non-accredited schools
- Reduction in Healthy Families capacity
- Limited funding for school systems
- Limited education and economic resources of parents

**Opportunities**
- Need for expansions of health, physical, and nutrition education and the need to incorporate best practices.
- Community schools

**Threats**
- Funding for public schools due to budget cuts and diversion of funds to charter schools
- Public safety and addiction problems interfere with learning.
Acknowledgements

Annie Mickens
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District 19 Community Services Board

Hui-Chen Wong
District 19 Community Services Board

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Crater Health District Director

Tiffany Cox
Crater Health District

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Cameron Targeted Solutions

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Hopewell Head Start Program

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Hopewell Redevelopment and Housing Authority

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Cameron Foundation

John Gosier
Hopewell Public Schools

Support Staff

OFHS Communications Team
Virginia Department of Health

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Virginia Department of Health

Freda Williams
Virginia Department of Health
References

2. www.ers.usda.gov
7. Children in poverty definition 2017 County Health Rankings
10. VDSS, VCWOR, OASIS Rolling Year Data, "Children in Care at the End of the Year by Race/Ethnicity" (in care as of September 30, 2016). "Other" includes children who are Asian, Hawaiian, other Pacific Islander, American Indian, Alaskan Native, Hispanic, and multiracial clients.
11. VDSS, Division of Family Services, OASIS/VCWOR, "Adoption Subsidy Race/Age Count". Based on data as of 12/1/2016.
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18. The Dartmouth Atlas of Health Care
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Appendix A

Revised Community Health Assessment & Improvement Plan – FY17 Action Plan

**District:** Crater Health District  **Date:** 12/06/2016

### Phase 1: Create Shared Ownership

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Estimated Time Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify and Hire CHA/ CHIP planner</td>
<td>Completed 8/21/2016</td>
</tr>
<tr>
<td>2. Conduct Windshield Surveys of Petersburg, Hopewell, Sussex, and Emporia</td>
<td>Completed 8/3/16</td>
</tr>
<tr>
<td>3. Review background documents, data analysis, and other sources of information from previous CHA efforts, and those provided by community partners.</td>
<td>September 2016 – ongoing</td>
</tr>
<tr>
<td>4. Conference Call with Dr. Hart, Tiffany Cox, and Leslie Hoglund to introduce planner to the director and Community Health Supervisor</td>
<td>Completed 8/8/16</td>
</tr>
<tr>
<td>Meet with Community members and local organizations to gain commitment</td>
<td>Ongoing</td>
</tr>
<tr>
<td>5. Training for CHD CHA Steering Committee and building the Community Health Assessment Team (i.e. a community coalition)</td>
<td>Complete as of</td>
</tr>
<tr>
<td>6. Finalize which localities the CHA/ CHIP will focus on within the Crater Health District</td>
<td>Completed 9/2016</td>
</tr>
<tr>
<td>7. First meeting of Petersburg and Hopewell Community Health Assessment Team</td>
<td>12/13/2016</td>
</tr>
</tbody>
</table>

### Phase 2A: Complete Community Health Assessment

8. Quantitative and qualitative data collection, data analysis and interpretation, and development of CHA document  **Estimated Time Line:** Feb through June 2017

**Update as of May 30th:** Quantitative Data for Petersburg has been compiled, awaiting feedback. Hopewell data will be complete by the end of June. Survey collection is ongoing and based on input from CHAT, we have compiled a list of all churches and places of worship in Petersburg and Hopewell. We will be reaching out to them to request dates for survey collection. A list of events occurring in Petersburg and Hopewell has survey collection. Photo voice project is ongoing within Hopewell.

The Final Report is complete. Will email to Dr Hart and Tiffany for feedback prior to sending out to CHAT Team for review.
Phase 2B: Complete Community Health Improvement Plan

9. Discuss identified priority issues, develop SMART objectives and select evidence-based community health improvement plan (CHIP) | August through October 2017

Phase 3: Sustain Collaborative Community Health Improvement

10. Implement the Community Health Improvement Plan | November 2017

11. Monitor and evaluate results, communicate and share outcomes, sustain commitment from Community Health Assessment Team | November 2017 – ongoing

Support Needed

1. We have made several unsuccessful attempts with local newspapers in Petersburg and Hopewell to include press release for Survey. Need from HD Staff to reach out to local news, to get word out about CHA and survey link.

2. Feedback on Forces of Change Report

3. Feedback on Petersburg data report

4. Support in collecting surveys. Dawn and Stacie have been helpful in collecting surveys when they are out at events. Is it possible to have copies of the surveys in the Health Department?

5. Need support in planning and executing Local Public Health System Assessment. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?" Tentative: end of July, location Southside Regional. We have compiled a list of organizations and individuals we plan on inviting to event. Input needed from Dr Hart and Tiffany. Need to coordinate with Dr. Hart and Tiffany and CHA Team regarding date for assessment.

Next CHAT Meeting on 22nd June 2017 Location TBD, most likely Petersburg Library
Appendix B

Petersburg and Hopewell Community Health Assessment 2017

Crater Area Community Health Survey | 2017

1) What is your Zip Code? *

2) What county/city do you live in? *
   ( ) Chesterfield
   ( ) Colonial Heights
   ( ) Dinwiddie
   ( ) Hopewell
   ( ) Petersburg
   ( ) Prince George
   ( ) Sussex
   ( ) Other

3) What are the greatest strengths of your community? (Select up to five) *
   ( ) Access to affordable housing
   ( ) Access to healthcare
   ( ) Access to mental health services
   ( ) Local 24 hour police, fire and rescue services
   ( ) Good schools
   ( ) Parks and recreation
   ( ) Access to affordable and healthy food options including fresh fruits and vegetables
   ( ) Strong sense of community with social and cultural diversity
   ( ) Arts and cultural events
   ( ) Safe open areas to bike and play
   ( ) Programs and activities for youth and teens during non-school hours
   ( ) Programs, activities, and support for the senior community
   ( ) Homeless services
   ( ) Services and support during times of stress and crisis
   ( ) Free access to internet
   ( ) Access to public transportation
   ( ) Affordable child care services
   ( ) Other - Write In (Required):

4) What would improve the quality of life in your community? (select up to five) *
   ( ) Improved local 24-hour police, fire, and rescue services
   ( ) Improved emergency preparedness
   ( ) Access to affordable healthcare
   ( ) Access to affordable housing
   ( ) Job growth and a healthier economy
   ( ) More programs and support for the senior community
   ( ) Improved education services to include adult education program
   ( ) Access to Mental Health Services including services and support during times of stress and crisis
   ( ) Access to affordable child care services
   ( ) More open and safe areas to walk and bike
   ( ) More programs and activities for youth and teens
   ( ) Improved homeless services
   ( ) Improved Public Transportation
   ( ) Other - Write In (Required):

5) What health problems do you think have the biggest impact on your community? (select up to three)*
   ( ) Aging Problems (e.g. arthritis, hearing loss, vision problems, etc.)
   ( ) Cancer
   ( ) Child abuse/neglect
   ( ) Dental related issue
   ( ) High Blood Pressure
   ( ) Diabetes
   ( ) Heart Disease
   ( ) Mental Health Issues ( e.g depression, anxiety, stress, PTSD etc.)
   ( ) Infectious diseases ( i.e. Illnesses that spread such as the flu or tuberculosis)
   ( ) Obesity
   ( ) Drug and alcohol abuse
   ( ) Tobacco use

Please see next page
Crater Area Community Health Survey 2017

[ ] Sexually Transmitted Infection
[ ] Teenage Pregnancies
[ ] Poor nutrition
[ ] End of life care
[ ] Other - Write In (Required):

6) On average, during a seven day week and besides your job requirements, how many days do you participate in at least 30 minutes of physical activity?*

( ) 1
( ) 2
( ) 3
( ) 4
( ) 5
( ) 6
( ) 7
( ) 0

7) What are the barriers within your community that prevent you from physical activity? (select up to three)*

[ ] Lack of interest in physical activity
[ ] Health conditions
[ ] Childcare
[ ] Transportation
[ ] Lack of outdoor activities
[ ] Poor Air Quality
[ ] Safety
[ ] Cost
[ ] Time constraints (i.e. work, school or family constraints)
[ ] Lack of indoor activities
[ ] Lack of sidewalks
[ ] None
[ ] Other - Write In:

8) What activities would you be interested in if offered in your community (e.g. Zumba, basketball, golf, rowing, jump roping)*

9) What do you think is the most important characteristic in a healthy community?*

10) Where do you go for healthcare when you are sick?**

[ ] Free clinic
[ ] Local Health Department
[ ] Doctor's Office
[ ] Urgent Care
[ ] Local Hospital
[ ] Other - Write In (Required):

11) I pay for healthcare services through

[ ] Private Insurance (individual, exchange, or through employer)
[ ] Medicare
[ ] Medicaid
[ ] Veterans Affairs Benefits
[ ] Indian Health Services
[ ] Uninsured
[ ] Pay Cash

Please see next page
12) In the past 12 months, did you have a problem getting the health care you needed for you or for a family member from any type of healthcare provider (ie. dentist, pharmacy or other healthcare facility)?

( ) Yes
( ) No

13) If yes, which of the following prevented you or your family member for getting the necessary healthcare (Choose as many as you need to)? *

[ ] No health insurance
[ ] My deductible or co-pay was too high
[ ] Doctor or healthcare provider would not take my insurance
[ ] No way to get there
[ ] Did not know where to go
[ ] Could not get an appointment
[ ] Other - Write In (Required):

14) As far as you know, does your insurance provide coverage for mental health services?

( ) Yes
( ) No

15) If myself or a family member needed counseling for a mental health or drug/alcohol problem, I know where I can get these services?

( ) True
( ) False

16) Are you familiar with the term "Trauma Informed Care"?

( ) Yes
( ) No

17) If yes, please explain what “Trauma Informed Care” means to you.

18) What is your gender?

19) What is your age?

( ) 18-24 years old
( ) 25-34 years old
( ) 35-44 years old
( ) 45-54 years old
( ) 55-64 years old
( ) 65-74 years old
( ) 75 years or older

20) Which of the following best represents your race/ethnicity?

[ ] White or Caucasian
[ ] Asian or Pacific Islander
[ ] Black or African American
[ ] Middle Eastern
[ ] More than one race/ethnicity
[ ] Other - Write In:

Please see next page
21) Are you Hispanic or Latino?
( ) Yes
( ) No

22) What is your highest level of education completed?*
( ) Less than high school diploma
( ) High school diploma or GED
( ) Associates or Technical Degree
( ) Bachelor's Degree
( ) Graduate Degree or Higher
( ) Some College

23) Are/Do you (check all that apply)?*
[ ] A healthcare provider
[ ] A human services provider
[ ] Work with children/adolescents
[ ] Work in behavioral health services
[ ] Work in education
[ ] Work in criminal justice
[ ] Not applicable

24) If applicable, what county/city do you work in (check all that apply)*
[ ] Chesterfield
[ ] Colonial Heights
[ ] Dinwiddie
[ ] Hopewell
[ ] Prince George
[ ] Sussex
[ ] Petersburg
[ ] Other - Write In (Required):

25) How would you like to be involved in improving your community?

Thank You!
Appendix C

April 17th 2017

Dear:

The Crater Health District, along with the Virginia Department of Health (VDH) Central Office, is currently conducting a Community Health Assessment (CHA) in order to identify areas of strengths and needs within Petersburg and Hopewell. A CHA is a systematic examination of health status indicators of a given population used to identify key assets and areas of need or improvement in a community. The CHA process provides an in-depth assessment of the community’s health needs and service gaps. This information is strategically prioritized in order to address identified health needs and/or gaps with resources available in our community. This part of the process is known as a Community Health Improvement plan (or CHIP). The CHA-CHIP process assesses the health of the community and identifies opportunities for health improvement—this, in turn, leads to implementation of a project to address the issue.

This assessment is community-driven to gain the truest understanding of life for residents in our community. The assessment extends beyond the traditional medical definition of health (i.e. the healthcare system) to address the conditions in which people are born, live, play, work, and age. It has been shown that these social determinants of health (income, housing status, employment status, level of education, etc) play an important role in the health of individuals and communities.

In order to conduct a quality assessment, we have formed a CHA Team consisting of engaged and committed community members and agencies. We encourage you to consider being a part of this process as your input and support are needed for its success.

Our next meeting will be held on May 4th 2017 at 301 Halifax Street, Petersburg, VA 23803. If you would like to be a part of the CHA Team but are unable to attend this meeting, please do not hesitate to send someone in your place.

Please feel free to contact Ms. Khalida Willoughby at Khalida.willoughby@vdh.virignia.gov. If you have questions, comments or suggestions. We look forward to your participation in this important community effort.

Sincerely,
PETERSBURG AND HOPEWELL COMMUNITY HEALTH ASSESSMENT TEAM

WHERE
Petersburg Health Department
301 Halifax Street
Petersburg, VA 23803

WHEN
June 22, 2017 1:30 - 3pm

AGENDA

1:30 p.m. Registration

1:35 p.m. Welcome and Ice Breaker
Ms. Khalida Willoughby

1:45 p.m. Forces of Change Assessment Report

2:05 p.m. Data Overview and Review
Ms. Danielle Henderson

2:45 p.m. Survey Updates

3:00 p.m. Closing
Appendix E

Petersburg and Hopewell Community Health Assessment Survey

Take a short survey to give your input on health needs and issues in the community!

Door to door survey distribution dates are

August 1 - 3, 2017

The survey is also available online at:
vahealth.craterareasurvey.sgzimo.com/s3/

Khalida.Willoughby@VDH.virginia.gov | (804)-864-7797
Appendix F

Hopewell City
Community Themes and Strengths Assessment 2017
Survey Results

Survey Overview

Total Completed Surveys 164
Collected for 2 Months

Respondents were "generally" representative of entire community

Results will help direct Community Health Improvement Efforts

Greatest Community Strengths

24 hour Police, Fire, and Rescue Services
Affordable Housing for Everyone

Parks and Recreation Good Schools

Areas of Improvement

Job Growth and a Healthier Economy Youth Programs and Activities

More Safe Areas to Walk or Bike Programs and Support for the Senior Community

Issues of Concern

Child Abuse/Neglect Drug and/or Alcohol Abuse

Cancer Mental Health
Appendix G

Petersburg and Hopewell Community Health Assessment 2017

Survey Results

Survey Overview

- Total Completed Surveys: 132
- Collected for 2 Months
- Respondents were "generally" representative of entire community
- Results will help direct Community Health Improvement Efforts

Greatest Community Strengths

- 24 hour Police, Fire, and Rescue Services
- Access to Public Transportation
- Mental Health Services
- Access to Healthcare

Areas of Improvement

- Job Growth and a Healthier Economy
- Improved Education that includes adult programs
- Affordable Housing for Everyone
- Youth Programs and Activities

Issues of Concern

- High Blood Pressure
- Drug and/or Alcohol Abuse
- Cancer
- Mental Health