The Cameron Foundation
Service Area
Health Needs Assessment

Methodology

December 2018
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The Virginia Department of Health and the Petersburg and Hopewell Health Departments (which are under the Virginia Department of Health) completed a Community Health Assessment on the cities of Petersburg and Hopewell, both of which are in the service area of The Cameron Foundation. In an effort to avoid duplication of efforts, the Cameron Foundation worked with the Virginia Department of Health and the Institute for Public Health Innovation to complete a Community Health Needs Assessment on the City of Colonial Heights and the counties of Dinwiddie, Prince George, and Sussex. The southern portion of Chesterfield County is also a part of The Cameron Foundations service area and will be included in this report when data is available. In the Clinical Care section of the report, data indicators for Chesterfield County are reported for the entire county of Chesterfield and when available, the southern portion of the County.

The Virginia Department of Health (VDH) provided technical assistance with the Forces of Change Assessments (FOCA); the provision of VDH staff to assist with providing key documents, to include, but not limited to the Life Expectancy Maps, the FOCA layout and the Community Snapshots.

The Institute for Public Health Innovation (IPHI) provided technical assistance for the report, collected and analyzed key health data indicators, completed the Clinical Care chapter, the Executive Summary and Conclusion sections and provided guidance on the completion of the document.

Cameron Targeted Solutions facilitated the focus groups conducted in the City of Colonial Heights, and the counties of Dinwiddie, Prince George and Sussex, and analyzed data and completed the FOCA summaries for each locality.

The Cameron Foundation staff completed Demographic and Socioeconomic chapters in the document, and with the technical assistance of IPHI, analyzed the data and organized the document for publication. Foundation staff also completed the sections on Vulnerable Populations and Summary of Initiatives.

Data sources for this report include official health and vital statistics from the Commonwealth of Virginia, health data from the Virginia Department of Health, and health, social, and environmental reports and analysis from the Community Commons, which utilizes multiple primary data sources including the U.S. Census and the American Community Survey.

The tool used for this assessment can be located on the Community Commons website, www.communitycommons.org, and is called Build A Report, Engagement Network Community Health Needs Assessment. The data set is from the American Community Survey (ACS), a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social and economic data. The ACS samples nearly three million addresses each year, resulting in nearly 2 million final interviews.
ACS replaces the long form decennial census, however the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas.

Secondary data analysis has many benefits such as a reduced financial cost compared to primary data collection. There are also a variety of sources of publicly available secondary data that has been collected and analyzed using standardized methods, such as the Behavioral Risk Factor Surveillance Survey (BRFSS). In addition, there are resources such as Community Commons, which pulls data from a variety of secondary data sources, including BRFSS and enables users to create maps of health indicators from secondary data sources as well as share and interact with other researchers on the platform.

There are also limitations with secondary data such as having to understand the strengths and limitations of each secondary dataset used in order to be able to properly include them in an assessment. Another limitation is that the secondary data was initially collected for a specific purpose and this may or may not align with exactly what the researcher is assessing using secondary data.

Healthy People 2020 is a program of evidence-based, 10-year national goals and objectives for improving the health of all Americans. Created by the United States Department of Health and Human Services, Healthy People 2020 establishes benchmarks and monitors progress towards meeting the goals and objectives over time. In this community health assessment, data for each locality was compared to Healthy People 2020 goals where appropriate.

Life expectancy is an indicator of overall health in a community. Data on life expectancy was assessed at the census tract level and by race, showing disparities in life expectancy at the neighborhood level and by race within each locality.