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Disclaimer

This document has been produced to benefit the community. Carilion Clinic encourages use of this report for planning purposes and is interested in learning of its utilization. Comments and questions are welcome and can be submitted to Aaron Boush (amharrisboush@carilionclinic.org), Carilion Clinic Community Outreach Manager.

Members of the Project Management team reviewed all documents prior to publication and provided critical edits. Every effort has been made to ensure the accuracy of the information presented in this report, however accuracy cannot be guaranteed. Members of the Roanoke Valley Community Health Assessment Team cannot accept responsibility for any consequences that result from the use of any information presented in this report.

Acknowledgements

Success of the Roanoke Valley Community Health Needs Assessment (RVCHNA) was due to the strong leadership and participation of its Project Management Team, the Community Health Assessment Team, and members of Healthy Roanoke Valley. Thank you to all of the community members who participated in the Community Health Survey and focus groups.

Members of these teams included:

Project Management Team

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Project Manager: Aaron Harris-Boush, Carilion Clinic- Community Outreach Manager

Project Manager: Pat Young, Healthy Roanoke Valley- Program Director

Intern: Andrea Troia, American InterContinental University Intern: Emily Chrisman, the College of William and Mary

Community Health Assessment Team (CHAT)

Carilion Clinic's CHNAs are community-driven projects and success is highly dependent on the involvement of citizens, health and human service agencies, businesses, and community leaders. Community stakeholder collaborations known at "Community Health Assessment Teams" (CHAT) lead the CHNA projects. The CHATs consists of health and human service agency leaders, persons with special knowledge of or expertise in public health, the local health department, and leaders, representatives, or members of medically underserved populations, low-income persons, minority populations, and populations with chronic disease.

CHAT Members

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Miguel LaPuz	Salem VA Medical Center
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Pat Young	Healthy Roanoke Valley

Executive Summary

Many and varied organizations are involved in the essential work of improving and maintaining the health of any given community. It is important to assess the health concerns of each community periodically to ensure that current needs are being addressed. A Community Health Needs Assessment (CHNA) every three years will uncover issues, indicate where improvement goals are needed, and track and promote progress in key areas, so that there is demonstrated, ongoing improvement. The work of conducting this CHNA and the public availability of its findings is intended to enable the community to plan effectively the vital work of maintaining and improving health.

This report contains the findings of the 2015 Roanoke Valley Community Health Needs Assessment (RVCHNA), including data on the target population and service area, as well as primary and secondary data.

Method

Carilion Clinic and Healthy Roanoke Valley (HRV) partnered to conduct the 2015 RVCHNA. HRV is the community collaboration formed after the 2012 RVCHNA to address community health need.

A 47-member Community Health Assessment Team (CHAT) oversaw the planning activities. The service area included those living in the counties of Botetourt, Craig, Franklin and Roanoke and the cities of Roanoke and Salem. An emphasis was placed on those living in the city of Roanoke especially those living in the two Medically Underserved Areas of the city. The target population included the low-income, uninsured and/or underinsured, and those living with chronic illness.

Beginning in January 2015, primary data collection included a Community Health Survey, focus groups with key stakeholders and providers, and focus groups with target populations. Secondary data was collected including demographic and socioeconomic indicators as well as health indicators addressing access to care, health status, prevention, wellness, risky behaviors and the social environment.

Findings

The findings of the Community Health Needs Assessment revealed distinct disparities especially for those living in the city of Roanoke. Poverty rates were higher, academic attainment rates were lower, and unemployment rates continue to be greater than statewide averages impacting the social determinants of health. Those living in the medically underserved areas of Roanoke City (NW and SE) see even lower educational attainment, less income and more poverty. Health statistics revealed higher death rates and prevention quality indicators for preventable, chronic diseases. Teen pregnancy rates in the city of Roanoke have improved but continue to be two times higher than rates in Virginia. More adults in the city have high blood pressure and high blood cholesterol levels, are smokers, and are obese with limited physical

activity. Fewer adults have visited a dentist in the past two years and there are higher suicide and prescription drug deaths.

Many of the respondents to the Community Health Survey and focus group participants, whether insured or uninsured, noted that the cost of services keeps them from accessing preventive care and services. Often individuals self-treat or delay treatment due to cost. Access to affordable oral health services for uninsured and low-income adults continues to be a major need in the service area. Respondents reported suffering from depression and anxiety and the need to "talk to someone." Stakeholders cited poor health literacy among the target population including limited basic health knowledge, no value placed on preventive care and chronic disease management, lack of trust in the current healthcare system, and little awareness of existing resources in the community. There is a need to develop a "Culture of Wellness" with an emphasis on health education, access to healthy foods, and increased physical activity. The Roanoke Valley is rich in resources for underserved populations but respondents stated that strengthening coordination of care could significantly improve current access to services.

Response

In June 2015, the CHAT participated in a prioritization activity to determine the greatest needs in the service area based on the primary and secondary data collected during the assessment period. The top ten priority areas that emerged from these findings include:

- 1. Poor eating habits / lack of nutrient dense foods in diet
- 2. Access to mental health counseling / substance abuse
- 3. Access to adult dental care
- 4. Access to dental care for children
- 5. Lack of exercise / physical activity
- 6. Value not placed on preventive care and chronic disease management
- 7. Access to primary care
- 8. High prevalence of obesity / overweight individuals
- 9. Lack of knowledge of community resources
- 10. Improved coordination of care across the health and human sector

The CHAT participated in strategic planning on August 31, 2015. It reviewed the mission statement, vision, goals and program strategies for HRV and did not recommend changes in the current priority areas of access to services (primary care, mental health & substance abuse, and oral health), coordination of care, and wellness.

Carilion Clinic and HRV will work in the fall of 2015 to develop an implementation strategy. Carilion Clinic, many of the CHAT members, and HRV will continue to collaborate to actively address community health need in the Roanoke Valley.

Target population

The target populations for Carilion's CHNA projects consist of the following groups: low-income individuals, uninsured and under-insured individuals, those that face barriers to accessing care and available resources, and users of existing health care safety net organizations. Populations are examined across the different life cycles including children and adolescents, woman of child-bearing age, adults, and elderly as well as across various race and ethnic groups.

Service Area

The service areas for each CHNA are determined by at least 70% of unique patient origin of the Carilion Clinic hospital in each respective market. There is a focus placed on areas that are considered Medically Underserved Areas (MUAs), Health Professional Shortage Areas (HPSA), and Food Deserts.

Carilion Roanoke Memorial Hospital and Carilion Roanoke Community Hospital, collectively referred to as Carilion Medical Center (CMC), are located in Roanoke Virginia. In fiscal year 2014, CMC served 121,168 unique patients. Patient origin data revealed that in fiscal year 2014, 72.77% of patients served by CMC lived in the following localities:

- Roanoke City (30.80%)
- Roanoke County (19.97%)
- Franklin County (8.78%)
- Botetourt County (6.94%)
- Salem City (5.61%)
- Craig County (0.68%)

The Roanoke Metropolitan Statistical Area (MSA), commonly known as the Roanoke Valley, is composed of the independent cities of Roanoke and Salem and the counties of Botetourt, Craig, Franklin and Roanoke.

Roanoke is the largest city in Southwest Virginia and is the urban hub for the MSA. Surrounded by the Blue Ridge and Alleghany Mountains, the city of Roanoke is nestled in the Roanoke Valley and is the most densely populated area in the MSA with 2,280 persons per square mile and a land area of 43 square miles. ¹

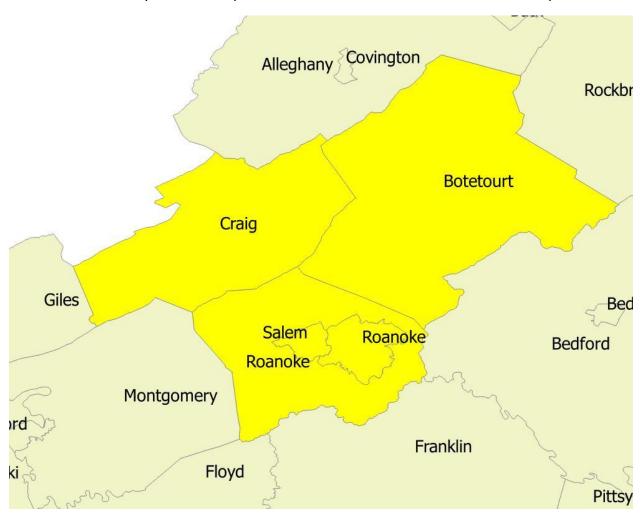
The service area for the Roanoke Valley Community Health Needs Assessment includes Roanoke City, Roanoke County, Botetourt County, Salem City, and Craig County, with an emphasis on the City of Roanoke, in particular the Medically Underserved Areas of the city, where the majority of health, socioeconomic, and cultural disparities exist in the service. The city is divided into quadrants (Northwest, Northeast, Southwest, and Southeast) separated

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¹ US Census, Quick Facts, 2010

geographically by railroad tracks, the Roanoke River, and the Interstate 581. These quadrants vary greatly in the demographic and economic make-up of the residents who live there. Specifically, two of the quadrants—the Northwest and Southeast quadrants—have federal designations as MUAs and are home to a large proportion of the low-income individuals and families in the City who may be uninsured, underinsured and/or Medicaid recipients who often face additional barriers due to race and cultural differences.

It is important to note that Franklin County is mainly served by Carilion Franklin Memorial Hospital (CFMH) located Rocky Mount, the county seat. Franklin County is not included as part of the service area for the RVCHNA because CFMH will undergo a Community Health Needs Assessment in fiscal year 2016 (October 1, 2015- September 30, 2016). Franklin County data is included in secondary data so complete data for the MSA will be available in this report.



Community Health Improvement Process

Carilion clinic's community health improvement process was adapted from Associates in Process Improvement's the Model for Improvement and the Plan-Do-Study-Act (PDSA) cycle developed by Walter Shewhart². It consists of five distinct steps: (1) conducting the CHNA, (2) strategic planning, (3) creating the implementation strategy, (4) program implementation, and (5) evaluation. This cycle is repeated every three years to comply with IRS requirements. Each step in the process is explained below. Please see Appendix 1 for the Carilion Clinic Community Health Improvement Process diagram.

Step 1: Conduct CHNA.

The first step of conducting a CHNA is to create a Gantt chart. This tool is a timeline that documents the upcoming tasks needed to conduct the CHNA, who is responsible for each task, start and end dates for each task, and the completion percentage for each task. The Gantt Chart for the RVCHNA can be found in Appendix 2.

The CHAT leads the CHNA and oversees primary and secondary data collection. Primary data includes a community health survey (CHS), target population focus groups, and a stakeholder survey.

Community Health Survey (CHS)

The CHS consists of forty questions for adults and twelve questions for adults with children about access and barriers to healthcare, general health questions, and demographic information. The survey mirrors Healthy People 2020 goals as well as many other national health surveys that do not collect health care data at the county or zip code level. This survey is not a scientific survey and uses oversampling techniques of the target population. See Appendix 3 for Carilion Clinic's CHS. A Data Collection and Tracking Committee provides recommendations for future improvements on the CHS with input from the CHAT and community members. An incentive for completing the CHNA was provided to encourage participation in the CHS.

Target Population Focus Groups

Focus groups are conducted with the target population. The goal of the focus groups is to identify barriers to care and gaps in services for primary care, dental and mental health/substance abuse services for the population. There is at least one focus group representing each lifecycle (children and adolescents, woman of child-bearing age, adults, and elderly) living in MUAs if applicable. Focus groups targeting special populations will be determined by the CHAT if needed.

For each focus group, there is a maximum of twelve participants. A facilitator and scribe(s) conduct the focus group meeting and the audio of the meetings are recorded and later transcribed. Snacks and beverages are provided for participants. Consent forms must be signed

² Science of Improvement: How to Improve. (2014). Institute for Healthcare Improvement. Retrieved from http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx

prior to each meeting (to inform participants regarding format and to ensure confidentiality). The groups are held in convenient, neutral locations and/or in sites where participants already congregate.

The script for the focus groups is simple and consists of five open-ended questions:

- 1. In one or two words, how would you describe good health? (Record on flip chart)
- 2. What do you, or your family and friends, do when you need a check-up or are sick? Ask how many participants have health insurance.
- 3. What do you, or your family and friends, do when you have a toothache or need your teeth cleaned? Ask how many participants have dental insurance.
- 4. What do you, or your family and friends, do when you need to talk to someone about your nerves/stress/depression or need help with alcohol or drug addiction?
- 5. Is there anything else you would like to tell us about your health or the health of others in the Roanoke Valley

Data is analyzed and themes are identified using the focus group transcripts.

Stakeholder Survey

The final primary research as part of the CHNA is a stakeholder survey. This survey is administered to any stakeholders identified by the CHAT or Carilion Clinic. See Appendix 4 for the stakeholder survey tool.

Secondary Data Collection

Secondary data is collected as part of the CHNA. Data is benchmarked with Healthy People 2020 and other national best measures and trends are analyzed. Carilion uses the data metrics suggested by the Catholic Health Association.

Prioritization

After all primary and secondary data collection is complete, the CHAT reviews all data and participates in a prioritization activity. This consists of each CHAT member picking the ten most pertinent community needs and ranking them on a scale of one to ten, with one being the most pertinent. Then, only for those top ten, the CHAT members then rate the feasibility and potential impact of the needs on a scale of one to five, with one being the most feasible and having the most impact. Please see Appendix 7: Community Health Needs Assessment Prioritization Worksheet. This data is combined and overall ranking and feasibility and potential impact scores are determined.

CHNA Report

The last step of the CHNA is publishing and analyzing the primary and secondary data into a final CHNA report. These reports must be published in the same fiscal year as the CHNA and made widely available to the community. Carilion publishes the CHNAs on its website at www.carilionclinic.org/about/chna and has print copies available through the Community Outreach department. CHAT members and partner organizations may also publish data on their websites.

Step 2: Strategic Planning

After the completion of the CHNA, the CHAT enters the strategic planning phase of the process. These sessions are generally held as a "planning retreat" and are either full day or half-day events. Strategic Planning can also be broken into several meetings if needed. Before the planning retreat, the CHAT must decide what community health needs the CHAT will focus on and provide explanation as to what issues will be the focus and why.

After the priority areas (needs) have been identified, the team participates in the planning retreat. Break-out session format is used for the planning retreat. CHAT members self-select what issues they would like to work on and spend the strategic planning session identifying alignment opportunities between organizations, identify system changes that are likely to lead to improvement, establish measures that will tell if changes are leading to improvement, and select new or existing evidence-based strategies for the community that are most likely to succeed in addressing the needs.

Step 3: Implementation Strategy

After the CHNA is completed, Carilion Clinic develops a written implementation strategy that specifies what health needs were identified in the CHNA, what needs the organization plans to address, and what needs the organization does not plan to address and reasons for each.

Included in the document are expected outcomes for each community issue being addressed, proposed evidence-based interventions with goals and objectives that will be tracked over time (both process measures and outcome measures). The document must be formally approved by the organization's Board of Directors and filed on the organizations 990 tax return. Carilion Clinic will integrate the implementation strategy with existing organizational and community plans and host an event in the community to present the CHNA results and the corresponding implementation strategy.

Step 4: Program Implementation

Carilion Clinic Community Outreach and the CHAT will establish and monitor new community health programs implemented to respond to the community health needs identified in the CHNA. New programs will be piloted on a small scale first and will be continually assessed and improved using the PDSA cycle. The goal of the PDSA cycle is to make small, sustained improvements over time. Relevant data is collected and analyzed for each program. After successful implementation of the pilot, the program can be implemented on a larger scale throughout Carilion Clinic or to other organizations in the community. The PDSA cycle is ongoing for existing community health improvement programs.

Step 5: Evaluation

Community health programs and metrics associated with the expected outcome in the implementation strategy will be monitored by Carilion Clinic Community Outreach and a Data Tracking and Analysis Committee.

Progress will be reported bi-annually to Carilion Clinic's Board of Directors for each community health need identified in the last CHNA cycle for each community. In addition, the Board will be

informed of community grant awards giving by Carilion Clinic to fund health safety net programs in the community. Decisions on funding of health safety net programs will be based on available resources and the impact on addressing a documented community health need identified in the CHNA. For more information, see https://www.carilionclinic.org/about/community-outreach.

Finally, Carilion Clinic will update progress made on each community health need identified in the most resent CHNA cycle annually on the organization's 990 tax form.

Community Collaboration and Collective Impact

Carilion Clinic fosters community development in its CHNA process and community health improvement process by using the Strive Collective Impact Model for the CHAT. This evidence-based model focuses on "the commitment of a group of important players from different sectors to a common agenda for solving a specific social problem(s)³" and has been proven to lead to large-scale changes. It focuses on relationships building between organizations and the progress towards shared strategies. Collective impact focuses on four conditions for success:

- 1. A Shared Community Vision: a broad set of cross-sector community partners come together in an accountable way to implement a vision for a healthier community and communicate that vision effectively.
- 2. Evidence-based Decision Making: The integration of professional expertise and data to make decisions about how to prioritize a community's efforts to improve health outcomes.
- Collaborative Action: the process by which networks of appropriate cross-sector services/providers use data to continually identify, adopt and scale practices that improve health outcomes.
- 4. Investment & Sustainability: There is broad community ownership for building civic infrastructure and resources are committed to sustain the work of the partnership to improve health outcomes.

Collective Impact also suggests having a neutral anchor institution to serve as the convening body for the CHAT. The role of the anchor institution is to listen to/support the community as a convener in identifying and aligning around the community's shared aspirations. The anchor institution pulls together and staffs a coalition of key organizations and individuals to achieve that change including: (1) organize meetings of the full partnership; (2) facilitate work groups to guide the development and implementation of specific activities; (3) manage and strengthen relationships with individuals and organizations; (4) engage a broad spectrum of stakeholders in developing community change strategies and mobilizing the community's resources to

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³ Kania, J., & Kramer, M. (2011). Collective Impact. Stanford Social Innovation Review. Retrieved from http://www.ssireview.org/images/articles/2011_WI_Feature_Kania.pdf

implement them; (5) build public will and catalyze action; (6) create a policy agenda; (7) use data to inform all decisions⁴.

Carilion Clinic has partnered with the United Way of Roanoke Valley to serve as the anchor institution for the CHAT. Health is one of the United Way's three main priorities to advance the common good in the communities.

Healthy Roanoke Valley

Healthy Roanoke Valley (HRV) is an initiative of the United Way of Roanoke Valley and derived from the 2012 Roanoke RVCHNA. The community-driven RVCHNA identified priorities for improving health outcomes in the Roanoke Valley, including access to services, coordination of care, and wellness. HRV, a partnership of more than 50 organizations, strives to enhance health equality related to these priorities as a means to create a "culture of wellness" across the Valley (e.g., Botetourt, Craig, and Roanoke counties and the cities of Roanoke and Salem, Virginia). This structure enables more than 160 community partners to transcend their organizational boundaries, sharing leadership, expertise, and resources to activate a set of shared goals for community improvement. By providing an environment of mutual respect and trust, HRV nurtures collaborative relationships among a diverse group of stakeholders representing health and human services, schools, housing, businesses, government, and other non-profit organizations. Currently its efforts focus on the city of Roanoke the most densely populated locality in the service area with the greatest needs.

Healthy Roanoke Valley's mission is to mobilize community resources to improve access to care, coordination of services, and promote a culture of wellness and envisions a community where all are empowered to achieve and sustain optimal health. A Strategic Action Framework was developed and the 2013-2016 goals, program strategies, and expected outcomes for HRV are included in the appendix 8. Supporting strategies linked to these goals are addressing advocacy; communications and outreach; data collection and tracking; and resource development. To better align with national initiatives and priorities, goals are linked to the Healthy People 2020 Leading Health Indicators and their related objectives.

Healthy Roanoke Valley directly partnered with Carilion Clinic to conduct the 2015 Roanoke Valley Community Health Needs Assessment. The HRV Steering Committee was expanded to include other cross-sector leaders in education, income, housing and health to create the Community Health Assessment Team (CHAT). HRV Action Team members participated in stakeholder focus groups and distributed the Community Health Survey to their target populations. Healthy Roanoke Valley will update its Strategic Action Framework for the next three years based on the findings of the needs assessment in the Fall of 2015.

⁴ Kania, J., & Kramer, M. (2011). Collective Impact. Stanford Social Innovation Review. Retrieved from http://www.ssireview.org/images/articles/2011_WI_Feature_Kania.pdf

Description of the community

The Roanoke Valley is nestled among the Blue Ridge Mountains with the City of Roanoke serving as the largest urban hub in Western Virginia. The city is a destination place, rich in cultural diversity, the arts, shopping, recreational opportunities and services not available in more rural areas of the region. Despite these amenities and the presence of key safety net providers in this region including the hospital system, a federally qualified health center, free clinics, the health department and other service agencies, there are thousands of low income and uninsured residents who do not have access to affordable primary health care. Emergency departments are overwhelmed by inappropriate use of their services for non-urgent primary care.

Carilion Clinic is a not-for-profit healthcare organization serving nearly one million people in Virginia through a physician specialty group, advanced primary care practices, hospitals and outpatient centers. Led by clinical teams with a shared philosophy that puts the patient first,



Carilion Clinic Roanoke Campus

Carilion is committed to improving the community's health while advancing the quality of care through medical education and research. Carilion Clinic is based in Roanoke, Virginia and serves the residents of 18 counties and six cities in Western Virginia and southern West Virginia. Carilion Clinic employees 650 physicians representing more than 70 specialties who provide care at 220 practice sites. The Clinic's education

system includes the Virginia Tech Carilion (VTC) School of Medicine and Research Institute, twelve residency programs and eleven fellowships as well as the Jefferson College of Health Sciences offering degree programs in nursing and allied health.

Primary Data and Community Engagement

Stakeholder Survey Results

During the CHNA process, community stakeholders and providers were encouraged to complete the stakeholder survey (see Appendix 4: Stakeholder Survey for the survey tool). This survey was completed online, in print, and administered to stakeholders during various meetings. When this survey was physically administered at meetings, the project management team used this tool to spark conservation about community health need in the service area. Please see Appendix 5: 2015 Stakeholder Survey Locations for a complete list of locations where the survey was administered. In total, 194 participants completed the stakeholder survey. Eighty eight (88) surveys were completed during stakeholder meetings, 65 paper copies were received, and 41 surveys were completed online.

Needs and Barriers

Stakeholders were asked to respond to the following questions addressing the health needs and barriers in the Roanoke Valley.

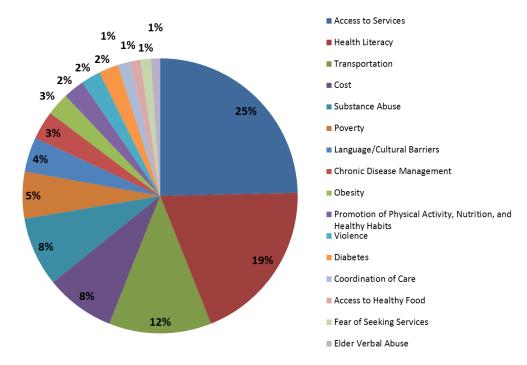
- What are the most important issues (needs) that impact health in Roanoke?
- What are the barriers to health for the populations you serve in Roanoke?

A total of 564 responses from 194 individuals were collected addressing the "Needs and Barriers" and 16 categories were identified:

- Access to Services
- Access to Healthy Food
- Chronic Disease Management
- Coordination of Care
- Cost
- Diabetes
- Elder Verbal Abuse
- Fear of Seeking Services
- Health Literacy
- Language/Cultural Barriers
- Obesity
- Poverty
- Promotion of Physical Activity, Nutrition, and Healthy Habits
- Substance Abuse
- Transportation
- Violence

To determine which "Needs and Barriers" categories were identified most often by the focus groups, the responses for each category are presented as a percentage of the total responses.

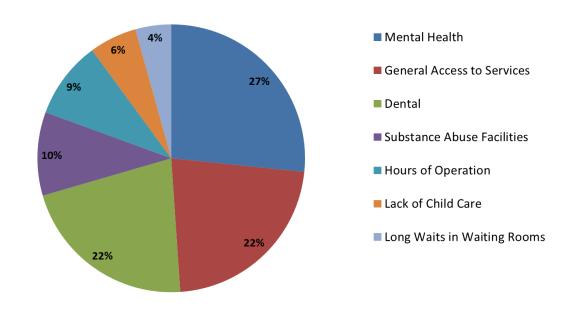
What are the most important needs and barriers that impact health in Roanoke?



Total responses: 567 Total participants: 194

Respondents identified "Access to Services" as the greatest need/barrier that impacts health. Within this category, access to mental health services had the greatest number of responses. Access to general healthcare services including overall access to services, primary and preventive care was tied for the second greatest response along with access to dental care. Access to dental care included the need for affordable services for self-pay and Medicaid adults and seniors, the lack of pediatric dentists, and the unmet oral health issues present in the community. Access to substance abuse facilities, hours of operation, lack of child care services and long waits in the waiting room were also identified as barriers and needs to accessing services in the Roanoke Valley.

Needs/Barriers (cont.): Access to Services

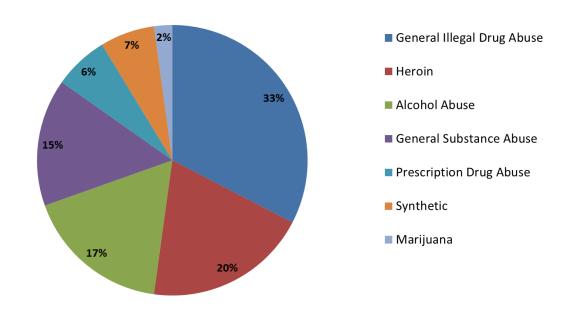


Total responses: 139 Total participants: 194

The second greatest needs and barriers impacting health in the service area included the health literacy of the target population. Participants noted that individuals are unable to navigate the healthcare system; have limited understanding and compliance to treatments; have an overall lack of understanding of "health"; lack knowledge of existing resources in the community and understanding of health insurance coverage; and have poor communications with their providers.

Access to transportation was identified as the third greatest need/barrier that impacts health, followed by substance abuse. Specifically, general illegal drug abuse, heroin, and alcohol abuse were the top three types of substance abuse identified by participants.

Needs/Barriers (cont.): Types of Substance Abuse



Total responses: 46 Total participants: 194

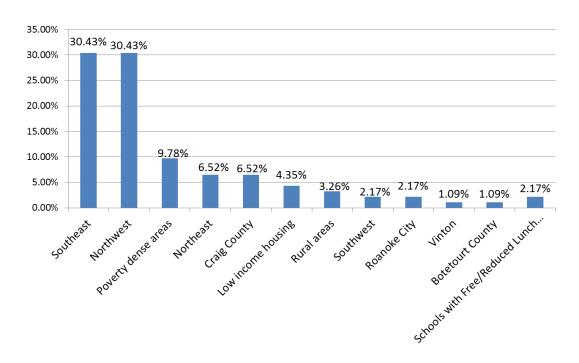
Localities with the Greatest Unmet Need

In addition to the "Needs and Barriers" that impact health, participants were asked:

• Is there one locality/neighborhood with greatest unmet need in Roanoke?

The majority of respondents agreed that there is unmet need throughout the Roanoke Valley. Of the 92 responses, the following localities/neighborhoods were identified:

Localities with the Greatest Unmet Need



Total responses: 92 Total participants: 194

Populations with the Greatest Unmet Need

Next participants were asked:

• Is there one population with greatest unmet need in Roanoke?

The top response from participants identified low income individuals as having the greatest unmet need, followed by the elderly, and people ages 18-30.

Category	# of Responses	% of Responses
Low income	50	24.27%
Elderly	35	16.99%
Ages 18-30	21	10.19%
Disabled/Handicapped	15	7.28%
Immigrants, migrants, refugees	10	4.85%
Children	9	4.37%
Ages 45-65	8	3.88%
Uninsured adults	8	3.88%
Low income single parents families	8	3.88%
Individuals with mental health	7	3.40%

Category	# of Responses	% of Responses
disorders		
Ex offenders	7	3.40%
Adults with Medicaid	5	2.43%
Under age 18-single parent households	4	1.94%
Families that don't qualify for benefits	4	1.94%
Teens	4	1.94%
Underinsured adults	2	0.97%
Grandparents raising grandchildren	2	0.97%
Adults with poor dental care	2	0.97%
Hispanics	2	0.97%
Homeless	1	0.49%
Multi-generational families	1	0.49%
African Americans	1	0.49%
Total	206	100%

Resources

Stakeholder survey participants were asked to respond to the following question addressing the available resources in the Roanoke Valley.

• What are the resources for health for the populations you serve in Roanoke?

A total of 194 responses were collected addressing the "Resources" and 25 categories identified, including:

- Communications
- Community Resources
- Community Resources- Access to Food
- Community Resources- Homeless
- Community Resources, Coordination of Care
- Coordination of Care
- Cost & Insurance Status
- Education & Outreach
- Education- Workforce Training
- Information & Referral
- Prescriptions
- Public Health
- Services- Behavioral Health
- Services- Dental
- Services- Durable Medical Equipment
- Services- Health System
- Services- Healthcare Services

- Services- Community Resources
- Services- Primary care
- Services- Public Health
- Services- School-based care
- Services- Social Services
- Transportation
- Wellness- Community Resources
- Wellness- Workplace

The complete list of community resources, as identified by community stakeholders, can be found in Appendix 5: Community Resources.

Initiatives and Changes

Stakeholder survey participants were asked to respond to the following question:

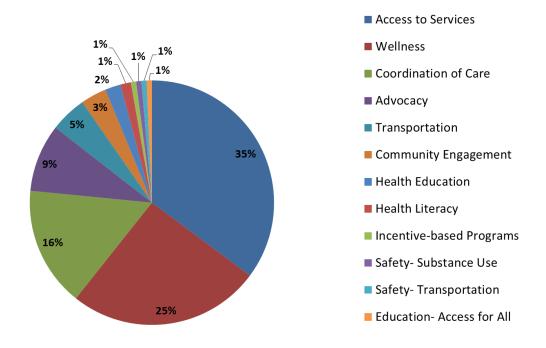
• If we could make one change as a community to meet the needs and reduce the barriers to health in Roanoke, what would that be?

A total of 145 responses were collected addressing the "Initiatives and Changes" and 12 categories identified.

- Access to Services
- Advocacy
- Community Engagement
- Coordination of Care
- Education- Access for All
- Health Education
- Health Literacy
- Incentive-based Programs
- Safety-Substance Use
- Safety-Transportation
- Transportation
- Wellness

To determine which "Changes and Initiatives" categories were identified most often by the participants, the responses for each category are presented as a percentage of the total responses.

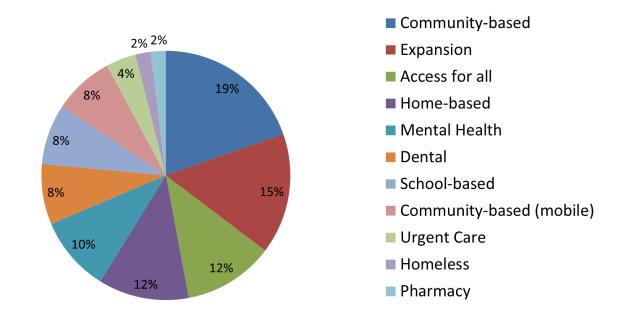
If we could make one change as a community to meet the needs and reduce the barriers to health in the Roanoke Valley what would that be?



Total responses: 145 Total participants: 194

Participants recommended advocating for "access to services" and healthcare as a right for all including universal health insurance and grants to fund access to free healthcare. The top response was advocating for community-based services, specifically in the NW and SE neighborhoods in the city of Roanoke.

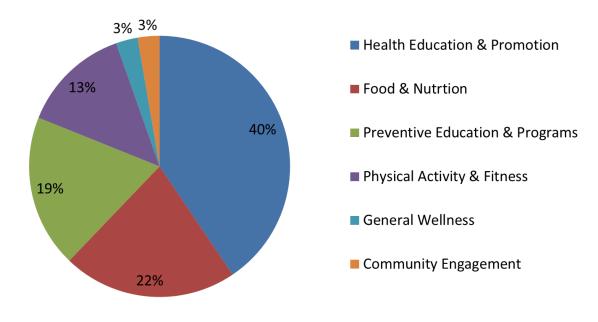
Change as a community (cont.): Access to Services Subgroup



Total responses: 51 Total participants: 194

"Wellness" initiatives were identified as having the second greatest impact on health, especially those initiatives that focus on health education and promotion creating a culture of wellness by educating and empowering people to take control of their health by focusing on healthy behaviors (i.e. smoking cessation, good diet) and creating prevention oriented and culturally sensitive programming. Other initiatives included promoting local and whole foods especially in schools and promoting physical activity and fitness. Advocacy related to wellness included a unified campaign to emphasize prevention and healthy lifestyles with a focus on neighborhoods and personal responsibility as well as advocating for schools and government accountability for teaching wellness and redirecting meal taxes to fund wellness programs.

Change as a community (cont.): Wellness Subgroup

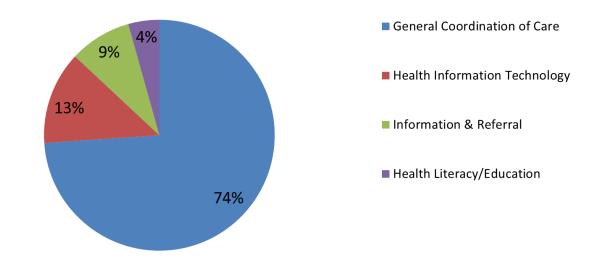


Total responses: 37 Total participants: 194

Other responses related to community initiatives included "Coordination of Care" which focused on care coordination across the continuum; providing health education at an individual's literacy levels; and coordination of care using community health promoters and navigators. Creating a single point-of-entry for information and resources was suggested and greater access to patient-centered medical homes and to high-level nurses who can assess patients and assist with health navigation and education.

They suggested an improved health information technology to increase the sharing of medical records across the continuum. Participants encouraged organizing the community to promote healthy behaviors and to develop coordinated community campaigns and partnerships behind target issues. Finally, the groups recommended promoting education and creating more full-time employment opportunities in the service area as a way out of poverty.

Change as a community (cont.): Coordination of Care Subgroup



Total responses: 23 Total participants: 194

Target Population Focus Group Results

Nine focus group meetings with target populations living in the MUAs in the city of Roanoke were conducted from January 28 through March 26, 2015 to address the healthcare needs for, and address barriers to, affordable comprehensive services including primary care, oral health, and mental health and substance abuse services.

The CHAT identified participants for the focus group meetings by reviewing programs and organizations in the city of Roanoke that offer services to the uninsured and under-insured, the low-income, minority, and chronically ill groups across the lifecycles and special populations (homeless and public housing residents). All attempts were made to conduct focus groups at sites where existing, intact groups already met and/or at sites that served the target population.

Focus Group Locations

Tocus di oup Locutioi					
Organization	Children	Women of Childbearing Age	Adults	Seniors	Site/Group
Adult Care Center of the Roanoke Valley				√	Caregiver Support Group
Bradley Free Clinic	✓	✓	✓	\checkmark	Patient Focus Group
McCray Court Senior Living				✓	Residents Council
Presbyterian Community Center	✓	✓	✓		Pathway's Parents Meeting
Rescue Mission	✓	✓	✓		Women's & Children's Center
Roanoke Redevelopment & Housing Authority			√ Disabled	✓	Melrose Towers
Roanoke Redevelopment & Housing Authority			✓ Disabled	√	Morningside Manor
Total Action for Progress Head Start	√	✓	√		Parents Council
West End Center	✓	✓	✓		Family Night

Adult Care Center of the Roanoke Valley (ACCRV): Caregivers support group
The ACCRV is a private non-profit United Way agency serving participants and their caregivers in Roanoke, Salem and surrounding areas for 25 years. The ACCRV provides quality daytime

care for dependent adults in a congregate setting. Their goal is to keep families together by providing a safe, nurturing environment where participants can have socialization, medication management, cognitive and physical activities, and health monitoring while their caregivers are provided respite.

A focus group was conducted with ACCRV's free caregivers support group. The once monthly group provides a support group and resources for families, caregivers and friends of the frail elderly. ACCRV staff professionals and Alzheimer's Association Staff are available to family members for consultation on care giving issues. Educational and resource materials for caregivers are offered for loan to supplement family knowledge and skills in providing care at home.

Bradley Free Clinic

The Bradley Free Clinic provides free medical, dental, and pharmacy care to the Roanoke Valley's working uninsured, temporarily unemployed, and their families using volunteer health care professionals.

A focus group was conducted with patients of this clinic.

McCray Court Senior Living

McCray Court Senior Living is an affordable apartment community located in Roanoke, Virginia. It was developed and operates with Federal housing financing. The property utilizes the Low Income Housing Tax Credit Federal housing program to make rent affordable to lower income tenants.

A focus group was conducted with members of the Resident's Council.

Presbyterian Community Center

The Presbyterian Community Center (PCC) is a coalition of Christian resources from throughout the Roanoke Valley, bringing together churches, caring volunteers, professionals, and financial contributions for a ministry designed to help the most needy neighbors living in the eastern quadrants of Roanoke including the Southeast MUA, the eastern quadrants of Roanoke County, and the Town of Vinton. Pathways for Youth is a comprehensive after-school program and is a cornerstone of the PCC commitment to see children succeed in school and graduate.

A focus group meeting was held with parents participating in the monthly "Pathway's Parents' Meeting" where dinner and planned activities are provided to the parents of "Pathways" children.

Rescue Mission

Committed to offering safe shelter to those who are homeless, the Rescue Mission Women & Children's Homeless Shelter offers a warm bed, three meals per day, medical attention, and legal assistance to single women and women with families.

A focus group meeting was held with women (single and with children) and men who volunteered to participate in discussions.

Roanoke Redevelopment & Housing Authority: Melrose Towers

Part of the Roanoke Redevelopment and Housing Authority (subsidized housing), Melrose Towers is a nine-story independent living apartment building for individuals who are 62 years of age or older, or who are disabled. Rent is based on 30% of their adjusted gross income with the option to pay the established flat rent for this site (whichever is the lesser amount). There are 212 apartments and some are handicapped-accessible apartments. Melrose Towers is located in the Northwest MUA.

Roanoke Redevelopment & Housing Authority: Morningside Manor

Part of the Roanoke Redevelopment and Housing Authority (subsidized housing), Morningside Manor is a nine-story independent living apartment building for individuals who are 62 years of age or older, or who are disabled. Rent is based on 30% of their adjusted gross income with the option to pay the established flat rent for this site (whichever is the lesser amount). There are 105 apartments and some are handicapped-accessible apartments. Morningside Manor is located in the Southeast MUA.

Total Action for Progress Head Start

Head Start is an educational program which prepares low-income children for school and life. Instructors encourage student development in physical, cognitive, language, social and emotional skills. The curriculum is tailored to each child's individual needs and stages of development. Head Start also provides services in the area of disabilities and behavioral health when needed.

A focus group was conducted with the Head Start Parent's Council.

West End Center

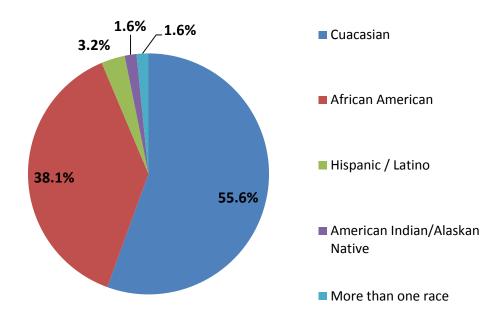
Located in the West End neighborhood in SW Roanoke City, the West End Center enables local families and children with limited resources to lead more self-determined and enriched lives by creating a positive and nurturing child development community offering after-school and summer programs.

A focus group meeting was held with parents participating in the monthly "Family Night" where a meal and planned activities are offered to the parents of children who attend the West End Center's after school program.

Focus Group Demographics

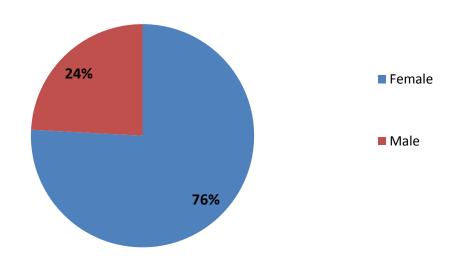
A total of 67 individuals participated in the focus group meetings. Of the participants, 56.6% were Caucasian, 38.1% African American, 3.2% Hispanic/Latino, 1.6% American Indian/Alaskan Native, and 1.6% more than one race.

Race/Ethnicity of Focus Group Participants



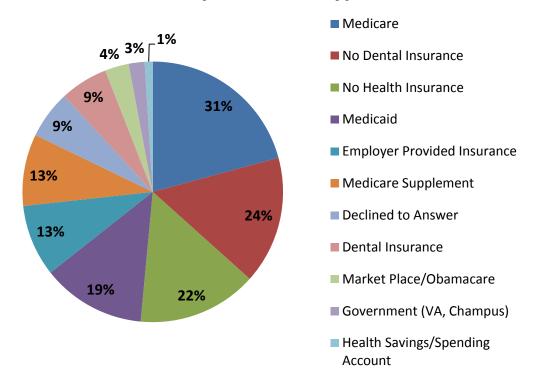
The majority of participants were women (76%) with the remaining 24% men.

Focus Group Participant Gender



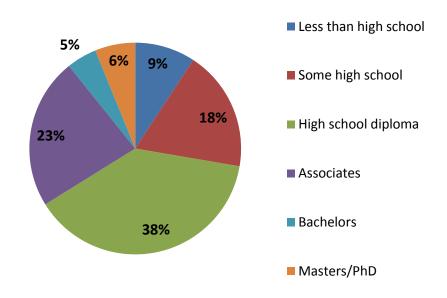
More participants reported having no health insurance (22%) compared to employer provided insurance or market place plans (18%). More participants had no dental insurance (24%) compared to those having dental insurance (9%).





Nine percent (9%) of focus group participants had less than a high school education, 18% had some high school, 38% had a high school diploma, 23% had an associate's degree, 5% had a bachelor's degree and 6% had a master's degree.

Highest education level completed



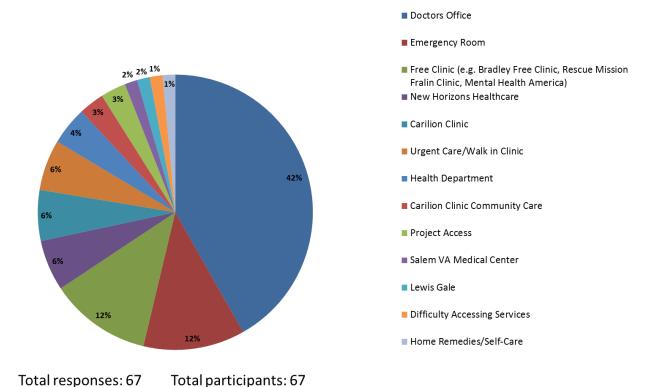
Focus Group Results

At the beginning of each meeting, participants were asked "What is good health?". Responses addressed participants' perceptions of health status, wellness and prevention, social networks, and access to services. A word cloud was created to show results from this question. The more a term was used, the larger that word is in the cloud.



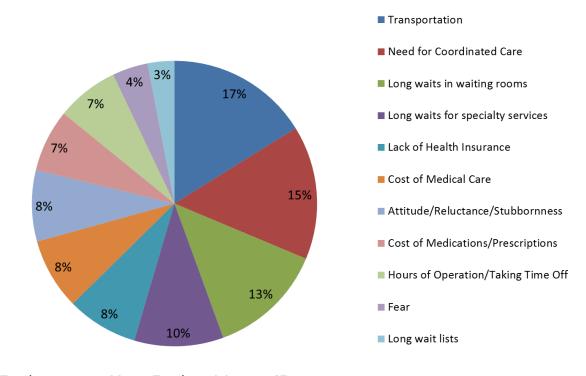
Participants were then asked "What do you, or your family and friends, do when you need a check-up or are sick?" Forty two percent (42%) of participants identified they use the doctor's office, followed by the emergency room (12%) and free clinic (12%).

What do you, or your family and friends, do when you need a check-up or are sick?



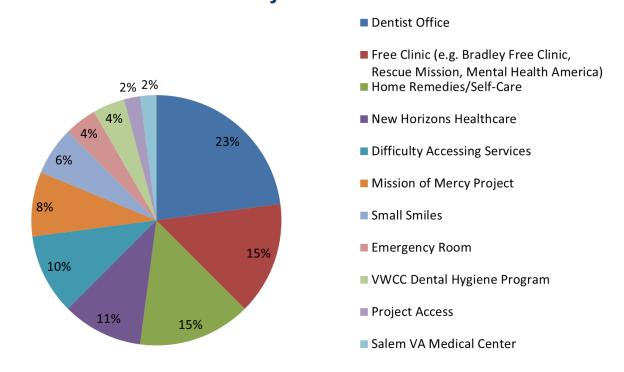
Medical care barriers identified during the focus group included transportation (17%), need for coordination of care (15%), long waits in the waiting rooms (13%), and long wait for specialty services (10%).

Medical Care Barriers



Next, participants were asked, "What do you, or your family and friends, do when you have a toothache or need your teeth cleaned?" The top responses were going to the dentist office (23%), free clinic (15%), and home remedies / self-care (15%).

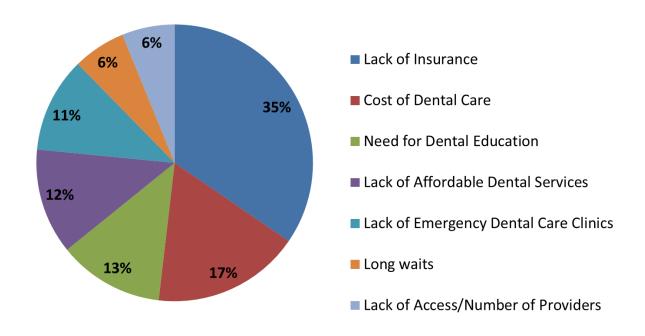
What do you, or your family and friends, do when you have a toothache or need your teeth cleaned?



Total responses: 48 Total participants: 67 Did not respond: 19

Dental care barriers included lack of insurance (35%), the cost of dental care (22%), and the need for dental education (13%).

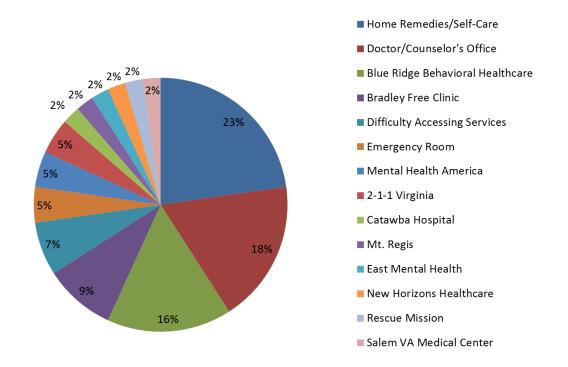
Dental Care Barriers



Total responses: 81 Total participants: 67

Participants were asked, "What do you, or your family and friends, do when you need to talk to someone about mental health or substance abuse issues?" The top responses were home remedies / self-care (23%), followed by the doctor or counselor's office (18%) and then Blue Ridge Behavioral Healthcare (16%).

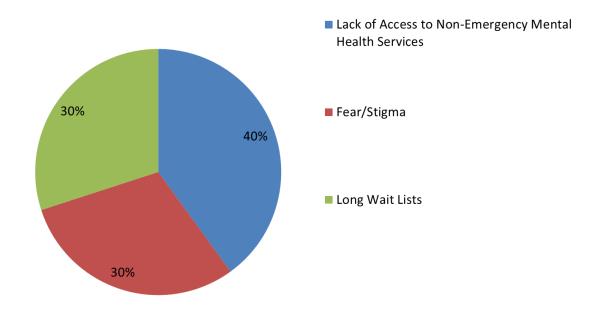
What do you, or your family and friends, do when you need to talk to someone about mental health or substance abuse issues?



Total responses: 44 Total participants: 67 Did not respond: 23

Mental health barriers included lack of access to non-emergency mental health services (40%), fear / stigma associate with mental health (30%) and long waits for mental health services (30%).

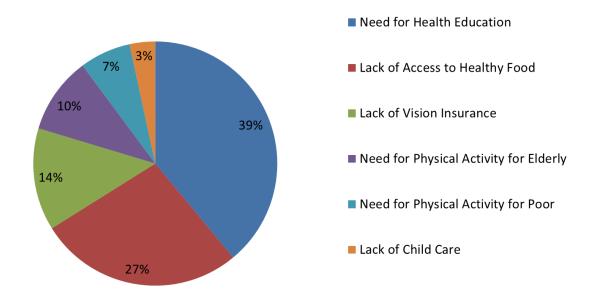
Mental Health Barriers



Total responses: 20 Total participants: 67 Did not respond: 47

Finally, participants were asked, "Is there anything else we need to know about the health care need in the community?" The top responses indicated a need for health education (39%), lack of access to healthy food (27%), and lack of vision insurance (14%).

Other Barriers to Optimal Health



Total responses: 59 Total participants: 67 Did not respond: 8

Roanoke Valley Community Health Survey

Methodology

A Community Health Survey was conducted as a part of the Roanoke Community Health Needs Assessment. This survey was used to gauge the health of the community and identify potential areas to target improvements. Input and oversight of survey development was provided by the Community Health Assessment Team (CHAT) and the Healthy Roanoke Valley Data Collection and Tracking Committee.

The survey was developed using community survey samples from the following:

- National Association of County and City Health Officials' Mobilizing for Action through Planning and Partnerships Community Themes and Strengths Assessments;
- YMCA's Community Healthy Living Index;
- Center for Disease Control's Behavioral Risk Factor Surveillance System;
- Center for Disease Control's National Health Interview Survey
- Center for Disease Control's Youth Risk Behavior Surveillance System (YRBSS)
- Community Health Surveys from Montgomery and Giles County, Virginia;
- Martin County Community Health Assessment, Martin County, North Carolina; and
- Roanoke Community Health Needs Assessment, 2012.

A 40-question survey was developed that asked questions about an individual's access to medical, dental and mental health care. The survey also asked questions about chronic illness, healthy and risky behaviors, insurance status, and basic demographic information. Both an English and Spanish version of the survey was available. An additional twelve questions were asked specific to children for those respondents that have children under the age of 18 living in their household. (The survey tool is included in Appendix 3: Community Health Survey).

Populations targeted for the survey were residents 18 years of age and older and included:

- General Population
 - All residents in the CHNA service area, including cities of Roanoke and Salem, counties of Botetourt, Craig, and Roanoke
- Target Populations
 - Low-income and/or uninsured residents; minority populations; and residents living with chronic illness
 - Residents living in the Medically Underserved Areas of the city of Roanoke

A nonprobability sampling method, which does not involve random selection of respondents, was used.⁵ This method is often used for social research. Although surveys were made

⁵ Research Methods- Knowledge Base, Nonprobability Sampling, Web Center for Social Research Methods, www.socialresearchmethods.net/kb/sampnon/php

available to all residents living in the Roanoke Valley, oversampling of the target populations occurred through targeted outreach efforts. Oversampling methodologies involve data collection for particular subgroups of the population that may be underrepresented in a random sample survey.

The CHAT and Healthy Roanoke Valley Data Collection and Tracking Committee identified target populations, collection sites and mode(s) of distribution of the surveys. Surveys were distributed beginning January through May 2015. Over 40 organizations, agencies, and community members assisted in the distribution of the surveys. In total, 1,990 surveys were collected

The survey was distributed via the following methods:

- Survey Monkey link (www.surveymonkey/com/s/2015CHNA)
- Phone line 888-964-6620
- Flyers and posters distributed throughout the community with survey URL and phone line information
- Paper surveys (collected by volunteers and/or staff of partner agencies)

Four drawings for a \$25 Kroger gift card for those who completed the survey (one survey per person) were offered as an incentive.

Outreach strategies for survey distribution included:

- Media coverage by the local television and newspaper announcing the URL for the survey
- Facebook
- Face-to-face survey interviews at sites/agencies that serve the target populations using volunteers and/or staff
- Flyer and poster distributed at sites/agencies that serve the general community and target populations
- Survey URL posted on partner agency websites

Surveys were analyzed and reported using Survey Monkey and Microsoft Excel. All responses were entered into Survey Monkey either directly by the respondents or by Carilion Direct who entered responses from paper or phone surveys.

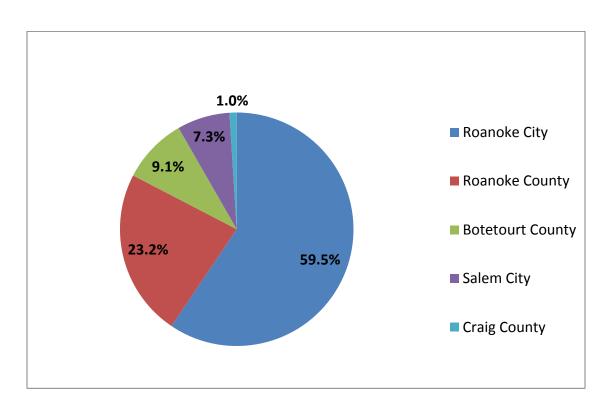
Survey Results

Results for those that have self-identified as having cancer or once having cancer have been filtered and can be found in Appendix 9.

Access and Barriers to Healthcare

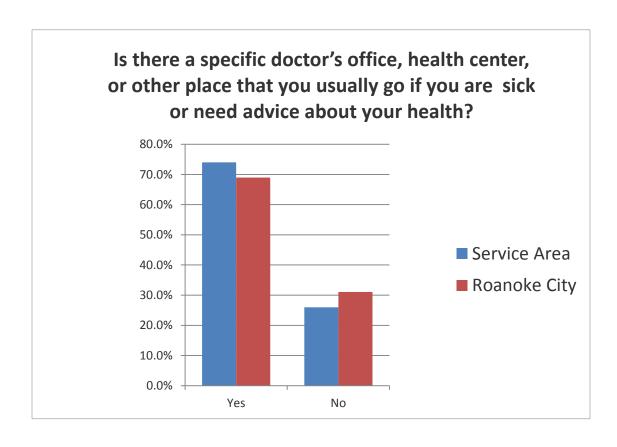
Please select the county or city you live in from the box below:

	Service Area		
Answer Options	Percentage	Count	
Roanoke City	59.5%	1179	
Roanoke County	23.2%	460	
Botetourt County	9.1%	181	
Salem City	7.3%	144	
Craig County	1.0%	19	
answered question		1983	
skipped question		0	



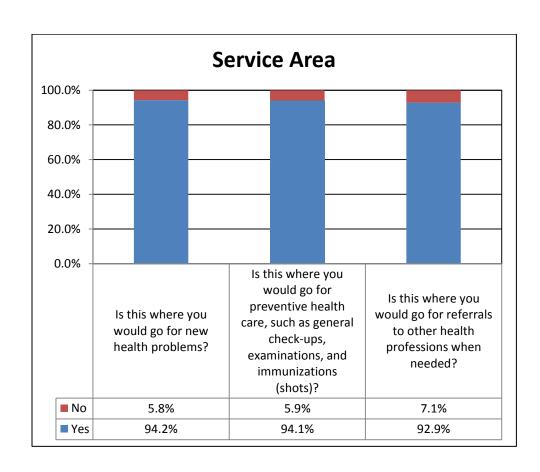
Question 1: Is there a specific doctor's office, health center, or other place that you usually go if you are sick or need advice about your health?

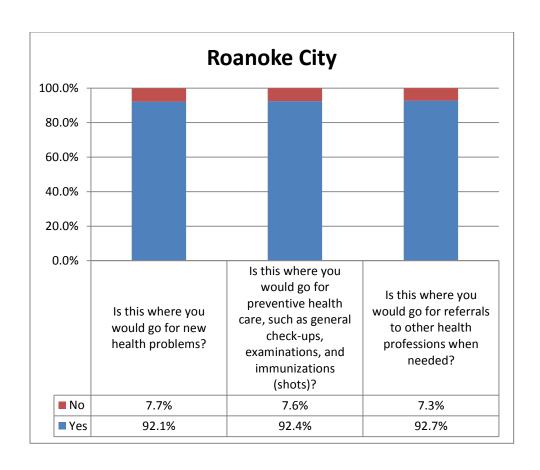
	Service A	\rea	Roanoke	City
Answer Options	Percentage	Count	Percentage	Count
Yes No	74.0% 26.0%	1426 502	69.0% 31.1%	786 354
answered question skipped question		1928 55		1140 41



When thinking about the specific doctor's office, health center, or other place that you usually go if you are sick or need advice about your health:

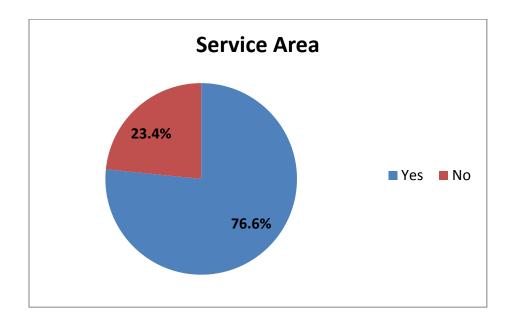
	(Service Area		Ro	oanoke C	ity
Answer Options	Yes	No	Count	Yes	No	Count
Is this where you would go for new health problems?	94.2%	5.8%	1334	92.1%	7.7%	725
Is this where you would go for preventive health care, such as general check-ups, examinations, and immunizations (shots)?	94.1%	5.9%	1335	92.4%	7.6%	725
Is this where you would go for referrals to other health professions when needed?	92.9%	7.1%	1303	92.7%	7.3%	712
		ed question ed question	1365 618			745 436

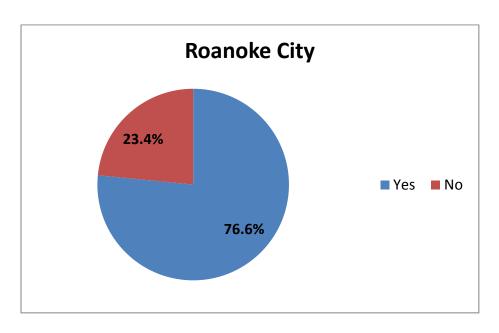




Question 2: Do you use medical care services?

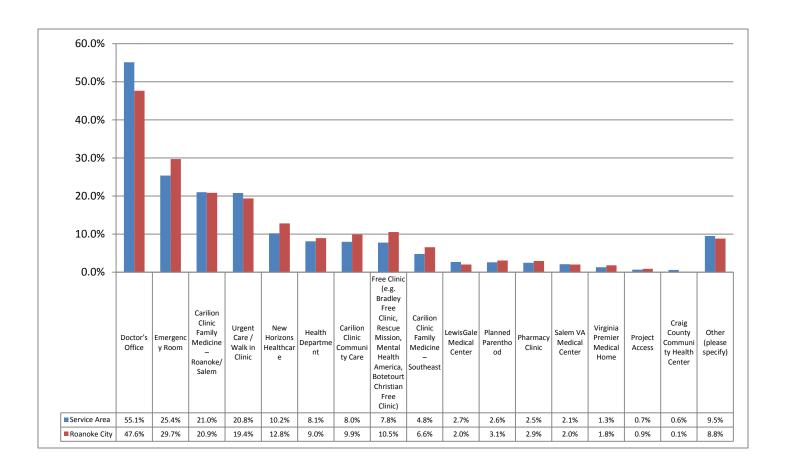
	Service Area		Roanoke City	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Yes No	76.6% 23.4%	1432 437	76.6% 23.4%	839 257
answered question skipped question		1869 114		1096 85





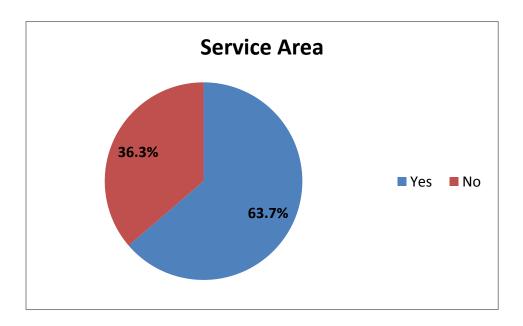
Where do you go for medical care? (Check all that apply)

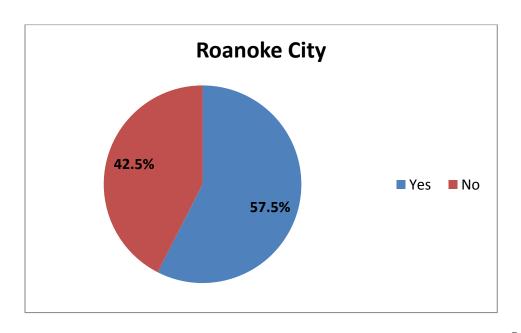
	Service Area		Roand	oke City
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Doctor's Office	55.1%	822	47.6%	420
Emergency Room	25.4%	379	29.7%	262
Carilion Clinic Family Medicine - Roanoke/Salem	21.0%	314	20.9%	184
Urgent Care / Walk in Clinic	20.8%	310	19.4%	171
New Horizons Healthcare	10.2%	152	12.8%	113
Health Department	8.1%	121	9.0%	79
Carilion Clinic Community Care	8.0%	120	9.9%	87
Free Clinic (e.g. Bradley Free Clinic, Rescue				
Mission, Mental Health America, Botetourt Christian Free Clinic)	7.8%	117	10.5%	93
Carilion Clinic Family Medicine - Southeast	4.8%	71	6.6%	58
LewisGale Medical Center	2.7%	41	2.0%	18
Planned Parenthood	2.6%	39	3.1%	27
Pharmacy Clinic	2.5%	37	2.9%	26
Salem VA Medical Center	2.1%	31	2.0%	18
Virginia Premier Medical Home	1.3%	20	1.8%	16
Project Access	0.7%	11	0.9%	8
Craig County Community Health Center	0.6%	9	0.1%	1
Other (please specify)	9.5%	141	8.8%	78
answered question		1492		882
skipped question		491		299



Question 3: Do you use dental care services?

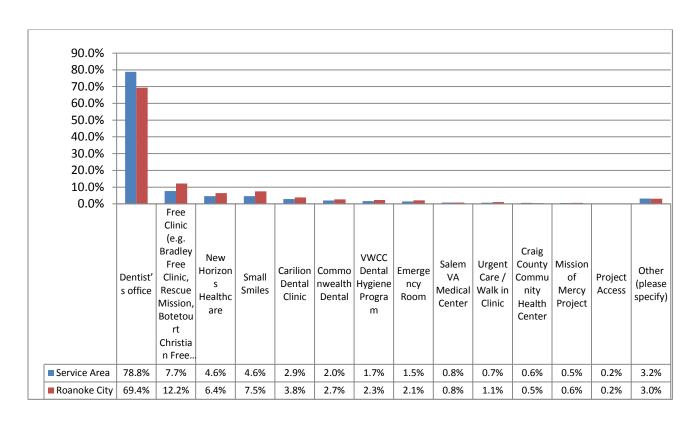
	Service Area		Roanoke City	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Yes No	63.7% 36.3%	1242 709	57.5% 42.5%	663 490
answered question skipped question		1951 32		1153 28





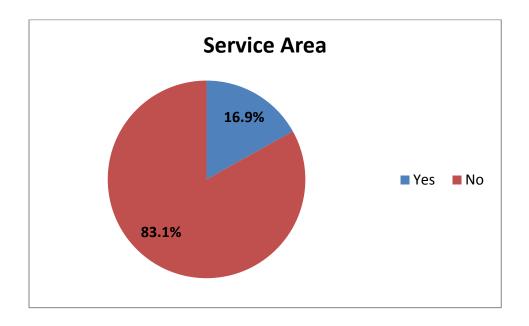
Where do you go for dental care? (Check all that apply)

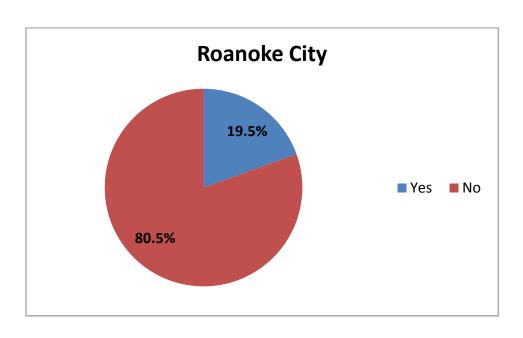
	Service Area		Roano	ke City
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Dentist's office	78.8%	968	69.4%	455
Free Clinic (e.g. Bradley Free Clinic, Rescue Mission, Botetourt Christian Free Clinic)	7.7%	95	12.2%	80
New Horizons Healthcare	4.6%	57	6.4%	42
Small Smiles	4.6%	56	7.5%	49
Carilion Dental Clinic	2.9%	35	3.8%	25
Commonwealth Dental	2.0%	24	2.7%	18
VWCC Dental Hygiene Program	1.7%	21	2.3%	15
Emergency Room	1.5%	19	2.1%	14
Salem VA Medical Center	0.8%	10	0.8%	5
Urgent Care / Walk in Clinic	0.7%	8	1.1%	7
Craig County Community Health Center	0.6%	7	0.5%	3
Mission of Mercy Project	0.5%	6	0.6%	4
Project Access	0.2%	3	0.2%	1
Other (please specify)	3.2%	39	3.0%	20
answered question skipped question		1228 755		656 525



Question 4: Do you use mental health, alcohol abuse, or drug abuse services?

	Service Area		Roanok	e City
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Yes No	16.9% 83.1%	329 1622	19.5% 80.5%	226 932
answered question skipped question		1951 32		1158 23





Where do you go for mental health, alcohol abuse, or drug abuse services? (Check all that apply)

	Service	Area	Roanoke City		
Answer Options	Response Percent	Response Count	Response Percent	Response Count	
Doctor/Counselor's Office	43.5%	145	39.2%	91	
Blue Ridge Behavioral Healthcare	28.5%	95	32.3%	75	
New Horizon Healthcare	9.0%	30	10.8%	25	
Rescue Mission	7.5%	25	10.3%	24	
Emergency Room	6.9%	23	9.1%	21	
Mental Health America	5.1%	17	5.6%	13	
Salem VA Medical Center	4.5%	15	3.4%	8	
Family Service of Roanoke Valley	3.9%	13	5.6%	13	
Respond	3.6%	12	2.2%	5	
Bradley Free Clinic	3.3%	11	3.9%	9	
Connect	3.3%	11	3.9%	9	
Urgent Care / Walk in Clinic	2.1%	7	2.6%	6	
Catawba Hospital	0.9%	3	1.3%	3	
Other (please specify)	14.4%	48	13.8%	32	
skipped question		1650		232	
answered question		333		949	

Question 5: What do you think are the five most important issues that affect health in our community? (Please check five)

	Servic	e Area	Roano	ke City
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Alcohol and illegal drug use	43.1%	840	44.8%	516
Overweight / obesity	39.1%	762	32.7%	377
Access to healthy foods	31.0%	605	33.7%	389
Lack of exercise	27.1%	528	23.6%	272
Mental health problems	25.3%	494	25.7%	296
Cancers	24.9%	485	22.2%	256
Poor eating habits	24.2%	472	23.8%	274
Stress	21.8%	425	21.3%	246
Diabetes	20.6%	401	20.6%	238
Heart disease and stroke	19.3%	377	16.0%	184
Domestic violence	17.5%	342	20.6%	237
Child abuse / neglect	17.2%	335	18.0%	207
Tobacco use / smoking	17.2%	336	15.9%	183
Cell phone use / texting and driving / distracted driving	16.1%	313	14.8%	171
High blood pressure	16.0%	312	15.8%	182
Dental problems	15.9%	310	17.3%	200
Aging problems	14.5%	283	12.3%	142
Prescription drug abuse	11.8%	230	10.3%	119
Environmental health (e.g. water quality, air quality, pesticides, etc.)	10.3%	200	11.2%	129
Bullying	10.2%	199	11.4%	132
Not getting "shots" to prevent disease	9.4%	183	9.7%	112
HIV / AIDS	8.7%	169	11.7%	135
Unsafe sex	6.3%	123	7.6%	88
Teenage pregnancy	6.0%	117	6.5%	75
Accidents in the home (ex. falls, burns, cuts)	5.4%	106	6.2%	71
Not using seat belts / child safety seats / helmets	4.4%	85	4.5%	52
Neighborhood safety	4.2%	82	5.5%	63
Suicide	4.2%	82	3.6%	41
Gang activity	4.1%	80	5.5%	63
Sexual assault	2.9%	56	3.1%	36
Lung disease	2.7%	52	2.9%	34
Homicide	2.4%	47	2.9%	33
Infant death	1.5%	29	1.6%	18
Other (please specify)	2.8%	54	2.6%	30
answered question		1949		1153
skipped question		34		28

Question 6: Which health care services are hard to get in our community? (Check all that apply)

	Service	e Area	Roano	ke City
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Adult dental care	43.6%	785	49.8%	525
Mental health / counseling	22.7%	409	21.3%	225
Dermatology	15.7%	283	14.2%	150
None	15.5%	278	12.4%	131
Substance abuse services -drug and alcohol	14.6%	263	14.1%	149
Programs to stop using tobacco products	14.4%	259	15.1%	159
Vision care	14.0%	252	15.1%	159
Alternative therapy (ex. herbal, acupuncture, massage)	13.8%	248	12.7%	134
Medication / medical supplies	12.8%	231	14.3%	151
Eldercare	11.5%	206	9.0%	95
Family doctor	11.4%	205	13.2%	139
Domestic violence services	9.2%	165	9.7%	102
Specialty care (ex. heart doctor)	9.2%	165	8.7%	92
Emergency room care	8.8%	159	9.2%	97
Preventive care (ex. yearly check-ups)	8.1%	146	9.1%	96
Women's health services	8.1%	145	9.3%	98
Urgent care / walk in clinic	8.0%	144	8.9%	94
Cancer care	6.9%	125	7.0%	74
Child dental care	6.4%	115	6.1%	64
Chiropractic care	5.9%	106	6.4%	67
End of life / hospice / palliative care	4.8%	86	4.9%	52
X-rays / mammograms	4.1%	74	3.9%	41
Physical therapy	4.0%	72	4.2%	44
Lab work	3.9%	70	4.7%	50
Family planning / birth control	3.7%	67	5.1%	54
Inpatient hospital	2.8%	50	2.7%	29
Ambulance services	1.8%	33	2.3%	24
Immunizations	1.7%	31	1.6%	17
Other (please specify)	5.6%	101	5.1%	54
answered question		1799		1055
skipped question		184		126

Question 7: What do you feel prevents you from getting the healthcare you need? (Check all that apply)

	Service Area		Roand	ke City
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Cost	45.3%	821	46.3%	491
I can get the healthcare I need	27.1%	492	22.8%	242
Long waits for appointments	21.8%	396	20.8%	221
High co-pay	21.6%	391	22.1%	234
No health Insurance	20.1%	365	24.4%	259
Lack of evening and weekend services	19.2%	348	17.3%	183
Don't know what types of services are available	13.5%	244	15.7%	166
Have no regular source of healthcare	9.9%	180	12.1%	128
Can't find providers that accept my Medicaid insurance	9.7%	175	11.3%	120
No transportation	9.0%	163	12.3%	130
Afraid to have check-ups	6.0%	108	6.7%	71
Location of offices	5.5%	100	6.3%	67
Don't trust doctors / clinics	5.2%	94	4.8%	51
Childcare	4.4%	79	4.6%	49
Can't find providers that accept my Medicare insurance	3.8%	68	4.6%	49
Don't like accepting government assistance	3.3%	60	3.9%	41
Language services	0.8%	15	0.9%	10
Other (please specify)	5.2%	94	5.7%	60
answered question		1813		1060
skipped question		170		121

General Health Questions

Question 8: Please check one of the following for each statement;

	Service Area	Roanoke City	Service Area	Roanoke City	Service Area	Roanoke City	Service Area	Roanoke City
Answer Options	Y	'es	ı	No	Not a	pplicable	Response Count	Response Count
I have had an eye exam within the past 12 months.	47.3%	44.2%	52.3%	55.4%	0.4%	0.4%	1899	1130
I have had a mental health / substance abuse visit within the past 12 months.	17.1%	20.1%	69.7%	69.1%	13.2%	10.8%	1884	1117
I have had a dental exam within the past 12 months.	50.1%	43.3%	49.4%	55.9%	0.5%	0.8%	1891	1124
I have been to the emergency room in the past 12 months. I have been to the	30.5%	35.8%	67.0%	62.5%	2.4%	1.6%	1880	1116
emergency room for an injury in the past 12 months (e.g. motor vehicle crash, fall, poisoning, burn, cut, etc.).	11.1%	13.7%	85.7%	84.2%	3.2%	2.0%	1890	1123
Have you been a victim of domestic violence or abuse in the past 12 months?	5.7%	7.6%	90.7%	89.7%	3.7%	2.7%	1889	1125
My doctor has told me that I have a long-term or chronic illness.	27.1%	27.2%	70.1%	70.6%	2.8%	2.2%	1881	1121
I take the medicine my doctor tells me to take to control my chronic illness.	30.7%	30.5%	39.8%	43.4%	29.5%	26.1%	1881	1119
I can afford medicine needed for my health conditions. I am over 21 years of age	47.7%	43.4%	33.7%	38.1%	18.6%	18.5%	1840	1091
and have had a Pap smear in the past three years (if male or under 21, please check not applicable). I am over 40 years of age	55.6%	51.9%	21.7%	25.8%	22.7%	22.3%	1874	1113
and have had a mammogram in the past 12 months (if male or under 40, please check not applicable).	22.8%	20.5%	31.1%	34.9%	46.1%	44.6%	1869	1110

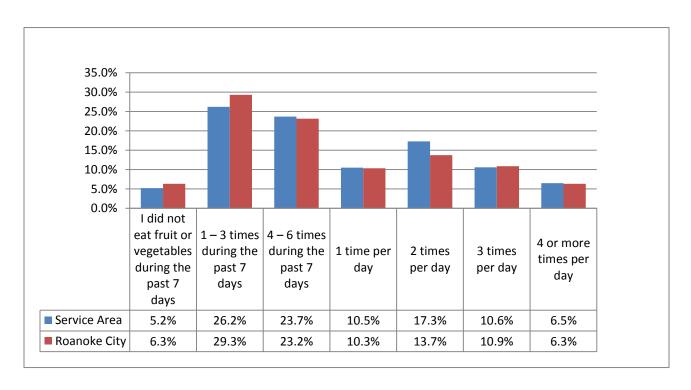
	Service Area	Roanoke City	Service Area	Roanoke City	Service Area	Roanoke City	Service Area	Roanoke City
Answer Options	Y	'es	ı	No	Not a	oplicable	Response Count	Response Count
I am over 50 years of age and have had a colonoscopy in the past 10 years (if under 50, please check not applicable).	20.9%	18.9%	29.8%	33.0%	49.3%	48.1%	1868	1008
Does your neighborhood support physical activity? (e.g. parks, sidewalks, bike lanes, etc.)	60.2%	63.9%	38.5%	35.0%	1.3%	1.2%	1867	1107
Does your neighborhood support healthy eating? (e.g. community gardens, farmers' markets, etc.)	49.0%	48.6%	49.4%	49.9%	1.6%	1.5%	1850	1094
In the area that you live, is it easy to get affordable fresh fruits and vegetables? Have there been times in	69.0%	64.6%	30.6%	34.9%	0.4%	0.5%	1866	1105
the past 12 months when you did not have enough money to buy the food that you or your family needed?	38.3%	43.6%	60.6%	55.4%	1.1%	1.1%	1868	1109
						answered question skipped	1907	1135
						question	76	46

Question 9: Where do you get the food that you eat at home? (Check all that apply)

	Service Area		Roanoke City	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Grocery store	94.5%	1779	92.0%	1023
Take-out / fast food / restaurant	34.2%	643	33.7%	375
Farmers' Market	24.2%	456	21.0%	233
Dollar store	21.8%	410	25.1%	279
Food bank / food kitchen / food pantry	15.1%	285	21.0%	234
Home Garden	14.5%	273	11.3%	126
Corner store / convenience store / gas station	11.0%	207	13.2%	147
I regularly receive food from family, friends, neighbors, or my church	5.7%	107	6.6%	73
Community Garden	2.9%	54	3.2%	36
Back-pack or summer food programs	1.6%	31	1.8%	20
I do not eat at home	0.5%	9	0.6%	7
Meals on Wheels	0.2%	4	0.3%	3
Other (please specify)	3.7%	69	4.1%	46
answered question		1882		1112
skipped question		101		69

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

	Service	Area	Roanoke City		
Answer Options	Response Percent	Response Count	Response Percent	Response Count	
I did not eat fruit or vegetables during the past 7 days	5.2%	98	6.3%	71	
1 - 3 times during the past 7 days	26.2%	495	29.3%	329	
4 - 6 times during the past 7 days	23.7%	448	23.2%	260	
1 time per day	10.5%	199	10.3%	116	
2 times per day	17.3%	327	13.7%	154	
3 times per day	10.6%	201	10.9%	122	
4 or more times per day	6.5%	122	6.3%	71	
answered question		1890		1123	
skipped question		93		58	

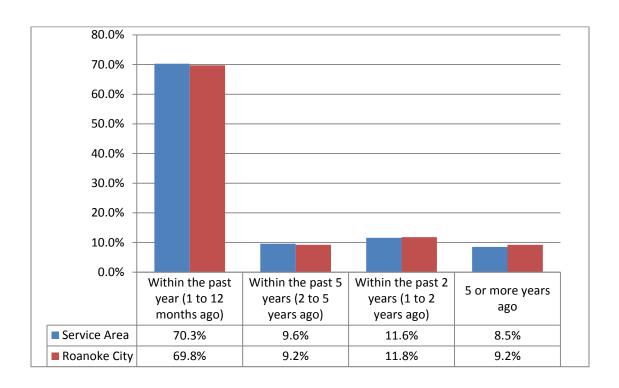


Question 11: Have you been told by a doctor that you have... (Check all that apply)

	Service Area		Roar	noke City
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Depression or anxiety	34.5%	592	36.6%	370
High blood pressure	28.4%	488	29.6%	299
I have no health problems	25.1%	431	24.4%	246
Obesity / overweight	24.3%	417	23.3%	235
High cholesterol	16.1%	276	15.1%	153
Asthma	16.0%	274	18.0%	182
Mental health problems	12.9%	222	16.3%	165
High blood sugar or diabetes	10.8%	185	11.9%	120
Heart disease	5.1%	87	6.0%	61
COPD / chronic bronchitis / Emphysema	4.1%	70	5.3%	54
Drug or alcohol problems	3.8%	66	5.1%	52
Cancer	3.3%	57	3.5%	35
Stroke / Cerebrovascular disease	1.5%	26	2.0%	20
HIV / AIDS	0.3%	6	0.6%	6
Cerebral palsy	0.1%	2	0.2%	2
Other (please specify)	13.1%	225	13.1%	132
answered question		1717		1010
skipped question		266		171

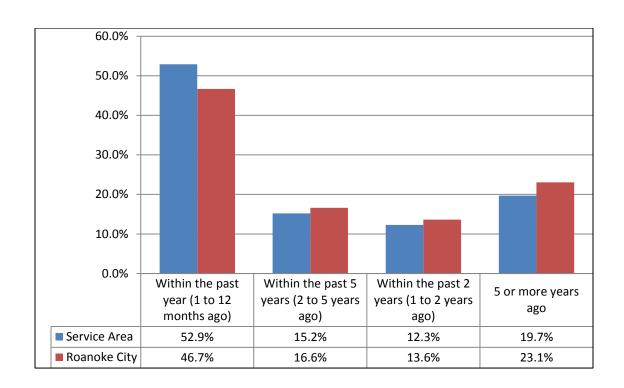
Question 12: How long has it been since you last visited a doctor for a routine checkup? (Please check one)

	Service Area		Roanoke City	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Within the past year (1 to 12 months ago)	70.3%	1324	69.8%	780
Within the past 5 years (2 to 5 years ago)	9.6%	181	9.2%	103
Within the past 2 years (1 to 2 years ago)	11.6%	218	11.8%	132
5 or more years ago	8.5%	160	9.2%	103
answered question		1883		1118
skipped question		100		63



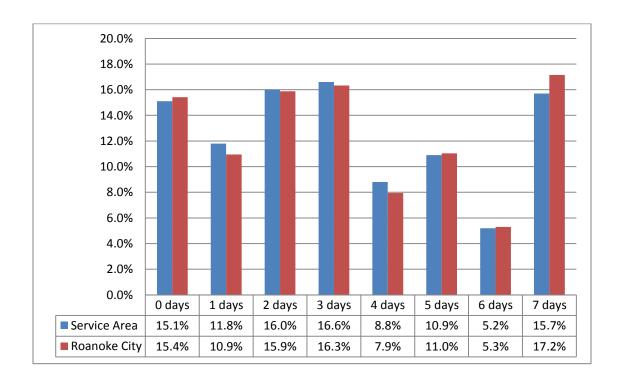
Question 13: How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (Please check one)

	Serv	ice Area	Roanoke City		
Answer Options	Response Percent	Response Count	Response Percent	Response Count	
Within the past year (1 to 12 months ago)	52.9%	993	46.7%	520	
Within the past 5 years (2 to 5 years ago)	15.2%	285	16.6%	185	
Within the past 2 years (1 to 2 years ago)	12.3%	230	13.6%	152	
5 or more years ago	19.7%	369	23.1%	257	
answered question		1877		1114	
skipped question		106		67	



Question 14: In the past 7 days, on how many days were you physically active for a total of at least 30 minutes? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard for some of the time.)

	Service	Area	Roanoke City		
Answer Options	Response Percent	Response Count	Response Percent	Response Count	
0 days	15.1%	280	15.4%	169	
1 days	11.8%	218	10.9%	120	
2 days	16.0%	296	15.9%	174	
3 days	16.6%	307	16.3%	179	
4 days	8.8%	163	7.9%	87	
5 days	10.9%	202	11.0%	121	
6 days	5.2%	97	5.3%	58	
7 days	15.7%	291	17.2%	188	
answered question		1854		1096	
skipped question		129		85	

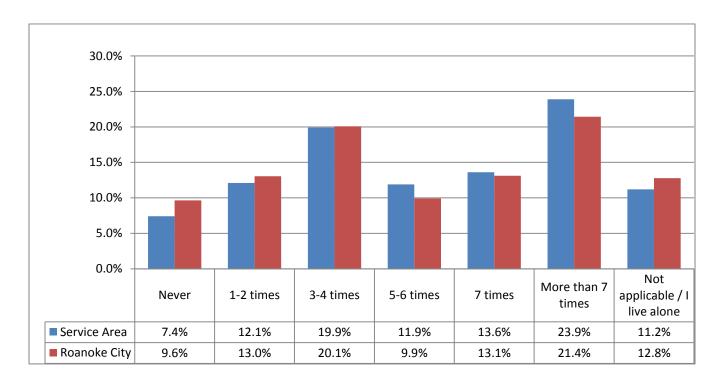


Question 15: Other than your regular job, what physical activity or exercises do you participate in? (Check all that apply)

	Service Area		Roanoke City	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Walking	80.4%	1293	82.3%	779
Running	16.7%	268	15.5%	147
Weight training	16.4%	264	13.8%	131
Hiking	16.3%	263	13.0%	123
Dancing	15.9%	256	19.4%	184
Gardening	14.7%	236	12.5%	118
Bicycling	12.2%	196	12.0%	114
Group exercise classes	11.9%	191	10.2%	97
Yoga / Pilates	11.9%	191	10.9%	103
Swimming	10.5%	169	10.3%	98
Canoeing / kayaking	5.2%	84	2.7%	26
Individual sports	4.0%	64	4.0%	38
Team sports	3.7%	60	3.7%	35
Hunting	2.6%	42	2.0%	19
Horseback riding	1.9%	31	1.3%	12
Other (please specify)	5.2%	83	4.0%	38
answered question		1609		947
skipped question		374		234

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

	Service Area		Roa	noke City
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Never	7.4%	139	9.6%	108
1-2 times	12.1%	228	13.0%	146
3-4 times	19.9%	374	20.1%	225
5-6 times	11.9%	225	9.9%	111
7 times	13.6%	257	13.1%	147
More than 7 times	23.9%	450	21.4%	240
Not applicable / I live alone	11.2%	210	12.8%	143
answered question		1883		1120
skipped question		100		61



Question 17: Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

	Service Area	Roanoke City
Average	6.2 Days	7.2 Days
answered question skipped question	1488 495	843 338

Question 18: Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

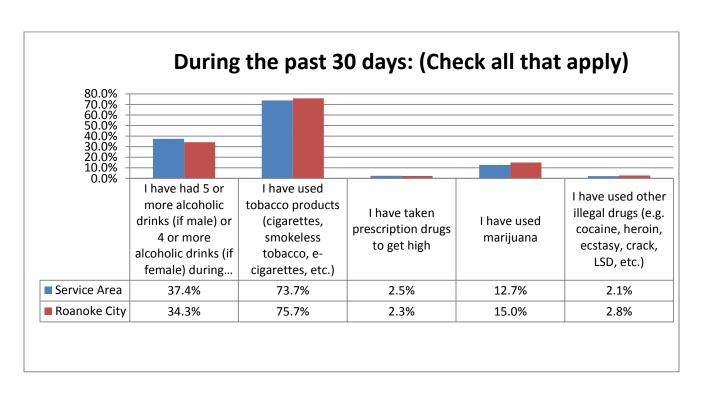
	Service Area	Roanoke City
Average	7.4 Days	8.6 Days
answered question skipped question	1487 496	837 344

Question 19: During the last 30 days, how many days did you miss work or school due to pain or illness (physical or mental)?

	Service Area	Roanoke City	
Average	1.7	2.1	
answered question skipped question	1392 591	769 412	

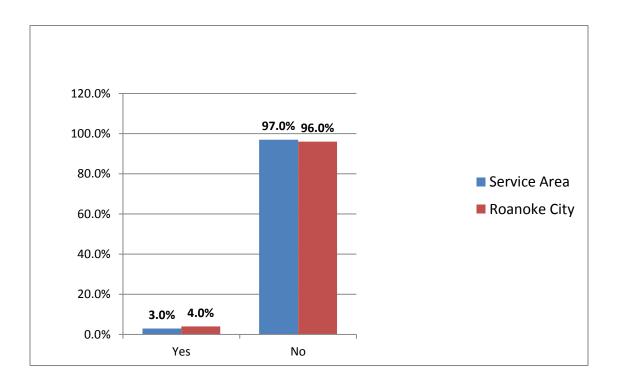
Question 20: During the past 30 days: (Check all that apply)

	Service Area			Roanoke City
Answer Options	Response Percent	Response Count	Response Percent	Response Count
I have had 5 or more alcoholic drinks (if male) or 4 or more alcoholic drinks (if female) during one occasion.	37.4%	244	34.3%	148
I have used tobacco products (cigarettes, smokeless tobacco, e- cigarettes, etc.) I have taken	73.7%	481	75.7%	327
prescription drugs to get high	2.5%	16	2.3%	10
I have used marijuana I have used other illegal drugs (e.g.	12.7%	83	15.0%	65
cocaine, heroin, ecstasy, crack, LSD, etc.)	2.1%	14	2.8%	12
answered question skipped question		653 1330		432 749



Question 21: Have you ever used heroin?

	Service Area			Roanoke City	
Answer Options	Response Percent	Response Count	Response Percent	Response Count	
Yes No	3.0% 97.0%	55 1805	4.0% 96.0%	44 1064	
answered question		1860		1108	
skipped question		123		73	

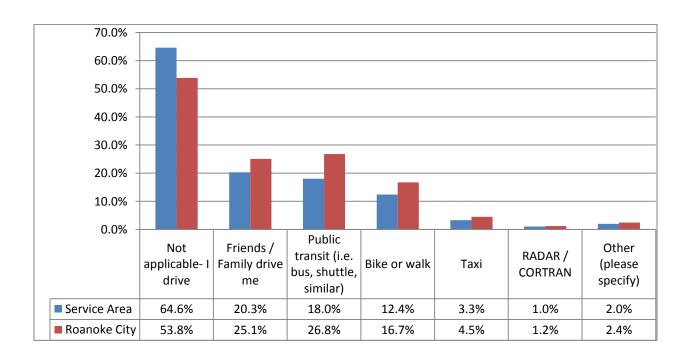


Question 22: How many vehicles are owned, leased, or available for regular use by you and those who currently live in your household? Please be sure to include motorcycles, mopeds and RVs

	Service Area	Roanoke City	
Average Vehicles	1.7	1.5	
answered question	1605	877	
skipped question	378	304	

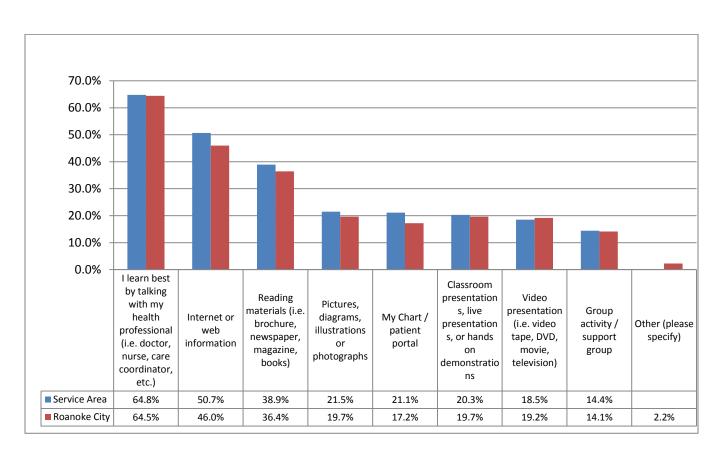
Question 23: If you do not drive, what mode of transportation do you use typically use.

	Service Area		Roanoke City	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Not applicable- I drive	64.6%	858	53.8%	444
Friends / Family drive me	20.3%	269	25.1%	207
Public transit (i.e. bus, shuttle, similar)	18.0%	239	26.8%	221
Bike or walk	12.4%	165	16.7%	138
Taxi	3.3%	44	4.5%	37
RADAR / CORTRAN	1.0%	13	1.2%	10
Other (please specify)	2.0%	26	2.4%	20
answered question		1328		825
skipped question		655		356



Question 24: What types of information help you learn the best about your health? (Check all that apply)

	Service Area		Roanoke City	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
I learn best by talking with my health professional (i.e. doctor, nurse, care coordinator, etc.)	64.8%	1145	64.5%	662
Internet or web information	50.7%	896	46.0%	472
Reading materials (i.e. brochure, newspaper, magazine, books)	38.9%	687	36.4%	374
Pictures, diagrams, illustrations or photographs	21.5%	379	19.7%	202
My Chart / patient portal	21.1%	373	17.2%	177
Classroom presentations, live presentations, or hands on demonstrations	20.3%	359	19.7%	202
Video presentation (i.e. video tape, DVD, movie, television)	18.5%	327	19.2%	197
Group activity / support group	14.4%	255	14.1%	145
Other (please specify)	2.0%	35	2.2%	23
answered question		1766		1027
skipped question		217		154



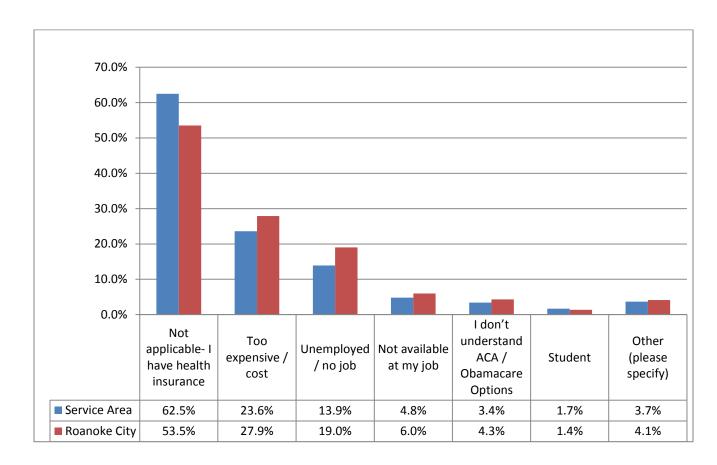
Demographic Information and Health Insurance

Question 25: Which of the following describes your current type of health insurance? (Check all that apply)

	Service Area		Roano	ke City
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Employer Provided Insurance	37.6%	664	27.6%	284
No Health Insurance	21.9%	387	27.0%	278
Dental Insurance	21.6%	381	17.0%	175
No Dental Insurance	20.8%	368	25.1%	258
Medicaid	19.5%	344	23.1%	237
Medicare	10.8%	190	12.4%	127
Individual / Private Insurance / Market Place / Obamacare	10.5%	185	10.0%	103
Health Savings / Spending Account	7.0%	124	5.4%	55
Medicare Supplement	3.8%	67	3.5%	36
Government (VA, Champus)	2.7%	48	2.8%	29
COBRA	0.3%	5	0.4%	4
answered question skipped question		1766 217		1028 153

Question 26: If you have no health insurance, why don't you have insurance? (Check all that apply)

	Service Area		Roano	ke City
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Not applicable- I have health insurance	62.5%	687	53.5%	349
Too expensive / cost	23.6%	260	27.9%	182
Unemployed / no job	13.9%	153	19.0%	124
Not available at my job	4.8%	53	6.0%	39
I don't understand ACA / Obamacare Options	3.4%	37	4.3%	28
Student	1.7%	19	1.4%	9
Other (please specify)	3.7%	41	4.1%	27
answered question		1100		652
skipped question		883		529



Question 27: What is your ZIP code?

Zipcode	Number of Responses	Percent
24017	273	14.2%
24012	228	11.9%
24153	208	10.8%
24013	163	8.5%
24018	163	8.5%
24014	157	8.2%
24016	155	8.1%
24019	149	7.8%
24015	138	7.2%
24179	86	4.5%
24175	42	2.2%
24066	32	1.7%
24090	22	1.1%
24127	17	0.9%
24064	16	0.8%
24083	14	0.7%
Other	56	2.9%

Question 28: What is your street address (optional)?

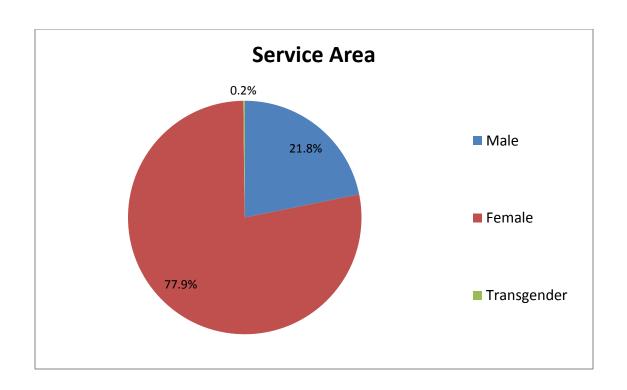
Results are not public and will be used for community health improvement initiatives

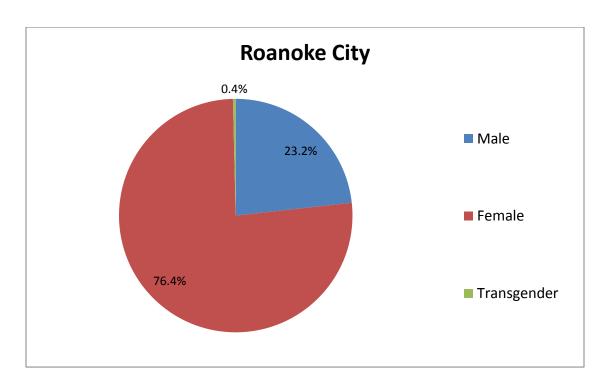
Question 29: What is your age?

	Service Area	Roanoke City
Average Age	40.8	39.9
answered question	1711	877
skipped question	272	304

Question 30: What is your gender?

Service Area			Roanok	ce City
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Male Female Transgender	21.8% 77.9% 0.2%	383 1368 4	23.2% 76.4% 0.4%	241 792 4
answered question skipped question		1755 228		1037 144





Question 31 and Question 32: What is your height, weight, and BMI calculation

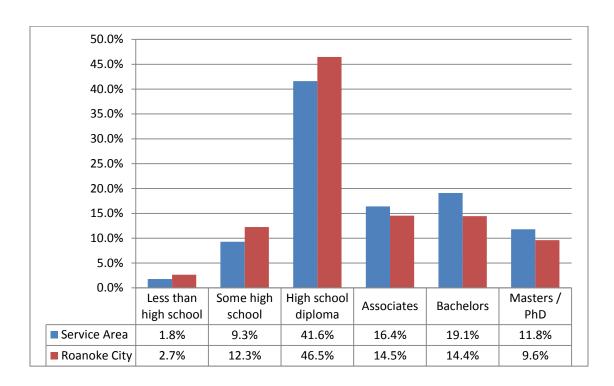
	Service Area		Re	oanoke City	
What is your height?	Answer Options	Response Average		Answer Options	Response Average
	Feet Inches	5.00 7.44		Feet Inches	5.00 8.39
	answered question skipped question	1730 253	answered question skipped question		1019 162
What is your weight?	Answer Options	Response Average		Answer Options	Response Average
	Pounds	181.15		Pounds	183.55
	answered question	1665	answered question		978
	skipped question	318	skipped question		203
ВМІ		Response Average			Response Average
	BMI	28.00		BMI	27.60

Question 33: How many people live in your home (including yourself)?

	Service	Area	Roanok	e City
Answer Options	Response Average	Response Count	Response Average	Response Count
Number who are 0 - 17 years of age:	1.53	1221	1.61	681
Number who are 18 - 64 years of age: Number who are	1.95	1605	1.93	921
65 years of age or older:	.38	659	.39	331
answered question		1705		984
skipped question		278		197

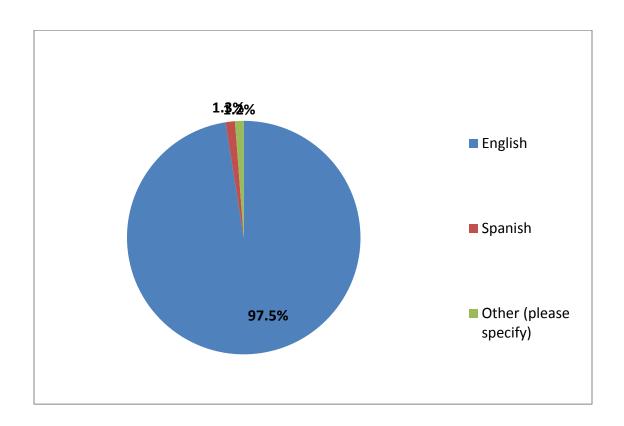
Question 34: What is your highest education level completed?

	Service Area		Roar	noke City
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Less than high school	1.8%	32	2.7%	28
Some high school	9.3%	167	12.3%	129
High school diploma	41.6%	745	46.5%	489
Associates	16.4%	293	14.5%	153
Bachelors	19.1%	342	14.4%	152
Masters / PhD	11.8%	211	9.6%	101
answered question			1790	1052
skipped question			193	129



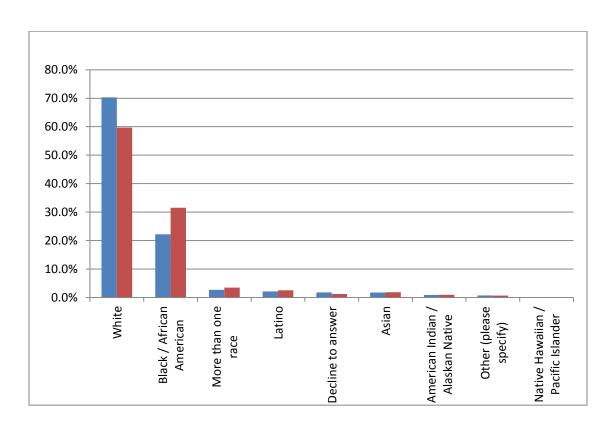
Question 35: What is your primary language?

What is your primary language?		
Answer Options	Response Percent	Response Count
English Spanish Other (please specify)	97.5% 1.3% 1.2%	1707 22 21
	answered question skipped question	1750 233



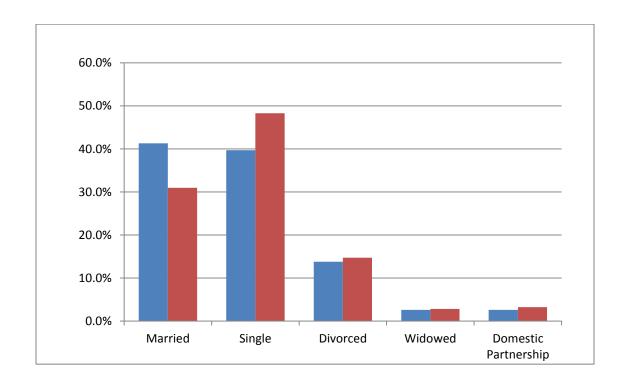
Question 36: What ethnicity do you identify with? (Check all that apply)

	Service Area		Roanoke Cit	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
White	70.3%	1245	59.7%	623
Black / African American	22.2%	394	31.5%	329
More than one race	2.7%	47	3.4%	36
Latino	2.1%	37	2.5%	26
Decline to answer	1.8%	31	1.2%	13
Asian	1.7%	30	1.8%	19
American Indian / Alaskan Native	0.9%	16	1.0%	10
Other (please specify)	0.7%	12	0.7%	7
Native Hawaiian / Pacific Islander	0.1%	2	0.0%	0
answered question		1771		1044
skipped question		212		137



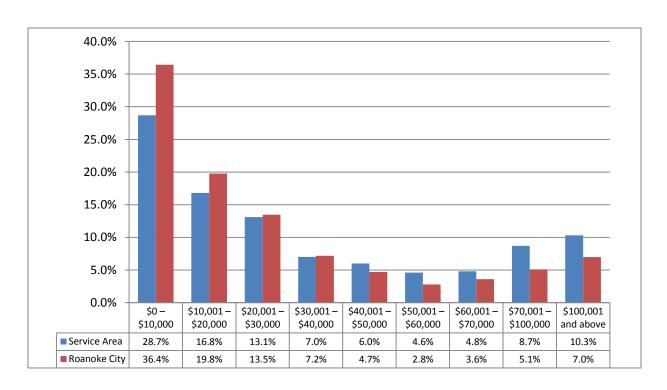
Question 37: What is your marital status?

	Service Area	Roanok	ce City	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Married	41.3%	705	30.9%	307
Single	39.7%	678	48.3%	479
Divorced	13.8%	235	14.7%	146
Widowed	2.6%	45	2.8%	28
Domestic Partnership	2.6%	44	3.2%	32
answered question		1707		992
skipped question		276		189



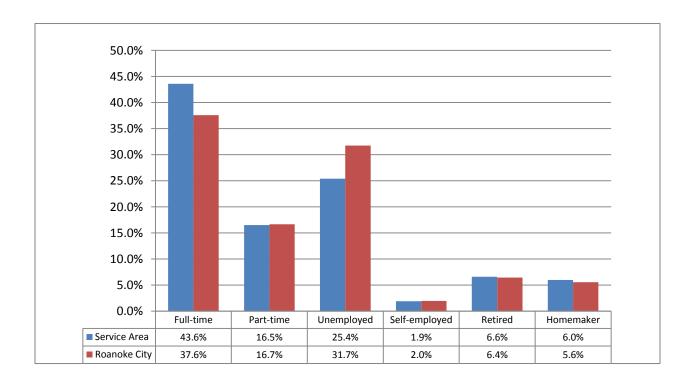
Question 38: What is your yearly household income?

	Service Area		Roanoke	City
Answer Options	Response Percent	Response Count	Response Percent	Response Count
\$0 - \$10,000	28.7%	486	36.4%	365
\$10,001 - \$20,000	16.8%	285	19.8%	198
\$20,001 - \$30,000	13.1%	222	13.5%	135
\$30,001 - \$40,000	7.0%	118	7.2%	72
\$40,001 - \$50,000	6.0%	101	4.7%	47
\$50,001 - \$60,000	4.6%	77	2.8%	28
\$60,001 - \$70,000	4.8%	82	3.6%	36
\$70,001 - \$100,000	8.7%	147	5.1%	51
\$100,001 and above	10.3%	174	7.0%	70
answered question		1692		1002
skipped question		291		179



Question 39: What is your current employment status?

	Service Area		Roan	oke City
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Full-time	43.6%	754	37.6%	379
Part-time	16.5%	285	16.7%	168
Unemployed	25.4%	439	31.7%	320
Self-employed	1.9%	33	2.0%	20
Retired	6.6%	114	6.4%	65
Homemaker	6.0%	104	5.6%	56
answered question skipped		1729		1008
question		254		173



Children Specific Question

Question C1: How many children do you have under the age of 18?

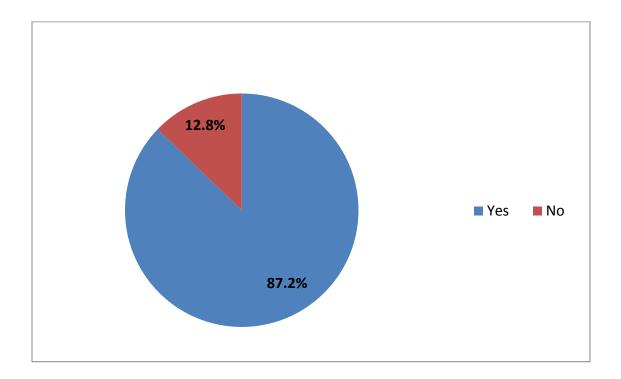
How many children do you have under the age of 18?	
	Average
	2
answered question	799
skipped question	1184

Question C2: What are their age(s)?

What are their age(s)?			
Answer Options	Response Average	Response Total	Response Count
Child 1	7.03	5,846	832
Child 2	6.89	3,478	505
Child 3	6.55	1,447	221
Child 4	5.86	527	90
Child 5	5.71	194	34
Child 6	5.81	93	16
Child 7	6.22	56	9
Child 8	6.40	32	5
Child 9	3.33	10	3
Child 10	.00		1
	ans	swered question	833
	s	kipped question	1150

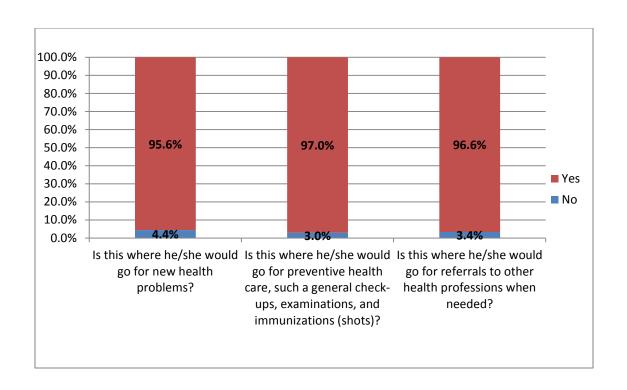
Question C3: Is there a specific doctor's office, health center, or other place that your child goes if he/she is sick or need advice about his/her health?

Answer Options	Response Percent	Response Count
Yes No	87.2% 12.8%	716 105
ans	swered question	821
S	kipped question	1162



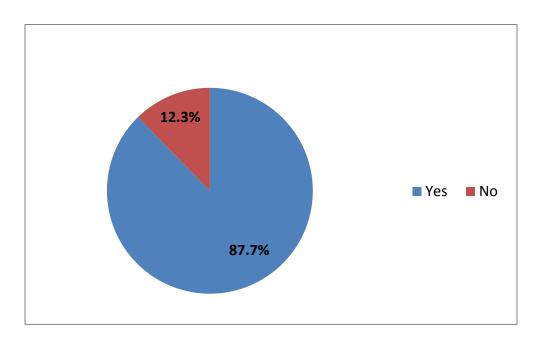
When thinking about the specific doctor's office, health center, or other place that your child usually goes if you are sick or need advice about your health:

Answer Options	Ye	S	No)	Response Count
Is this where he/she would go for new health problems?	95.6%	615	4.4%	28	643
Is this where he/she would go for preventive health care, such a general check-ups, examinations, and immunizations (shots)?	97.0%	624	3.0%	19	643
Is this where he/she would go for referrals to other health professions when needed?	96.6%	604	3.4%	21	625
answered question					652
skipped question					1331



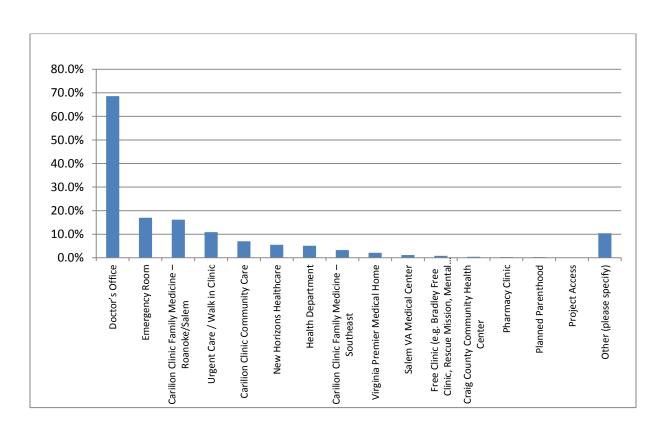
Question C4: Does your child use medical care services?

Answer Options	Response Percent	Response Count
Yes	87.7%	696
No	12.3%	98
	swered question skipped question	794 1189
	ыкіррей үйезіісі і	1109



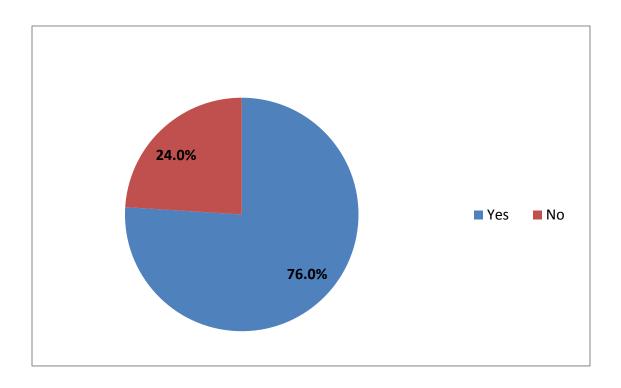
Where does your child go for medical care? (Check all that apply)

Answer Options	Respons e Percent	Respons e Count
Doctor's Office	68.6%	497
Emergency Room	17.0%	123
Carilion Clinic Family Medicine - Roanoke/Salem	16.2%	117
Urgent Care / Walk in Clinic	10.9%	79
Carilion Clinic Community Care	7.0%	51
New Horizons Healthcare	5.5%	40
Health Department	5.1%	37
Carilion Clinic Family Medicine - Southeast	3.3%	24
Virginia Premier Medical Home	2.1%	15
Salem VA Medical Center	1.2%	9
Free Clinic (e.g. Bradley Free Clinic, Rescue Mission, Mental Health America, Botetourt Christian Free Clinic)	0.8%	6
Craig County Community Health Center	0.4%	3
Pharmacy Clinic	0.3%	2
Planned Parenthood	0.3%	2
Project Access	0.0%	0
Other (please specify)	10.4%	75
answered question		724
skipped question		1259



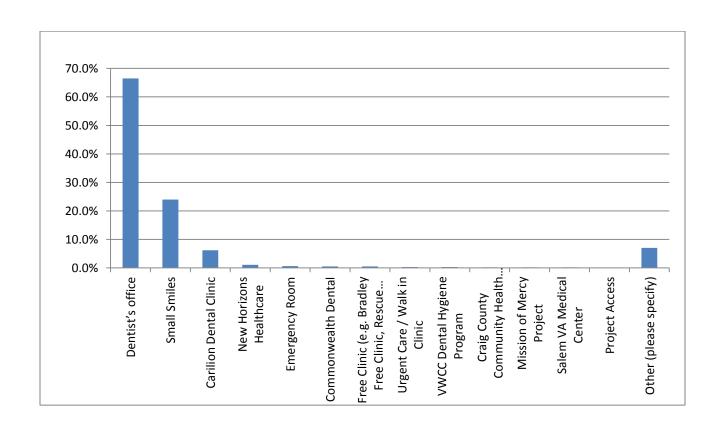
Question C5: Does your child use dental care services?

Answer Options	Response Percent	Response Count
Yes	76.0%	614
No	24.0%	194
ans	swered question	808
s	kipped question	1175



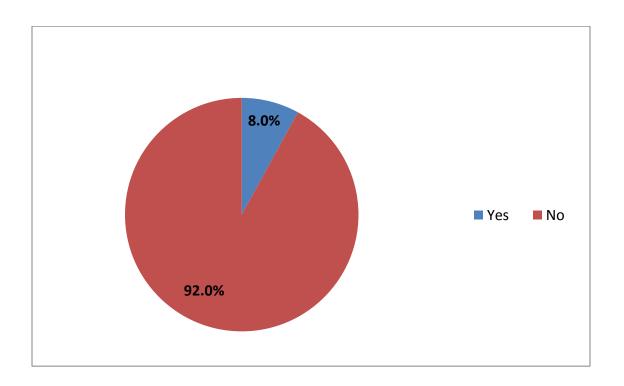
Where does your child go for dental care? (Check all that apply)

Answer Options	Respons e Percent	Respons e Count
Dentist's office	66.5%	410
Small Smiles	24.0%	148
Carilion Dental Clinic	6.2%	38
New Horizons Healthcare	1.1%	7
Emergency Room	0.6%	4
Commonwealth Dental	0.5%	3
Free Clinic (e.g. Bradley Free Clinic, Rescue Mission, Botetourt Christian Free Clinic)	0.5%	3
Urgent Care / Walk in Clinic	0.3%	2
VWCC Dental Hygiene Program	0.3%	2
Craig County Community Health Center	0.2%	1
Mission of Mercy Project	0.2%	1
Salem VA Medical Center	0.2%	1
Project Access	0.0%	0
Other (please specify)	7.0%	43
answered question		617
skipped question		1366



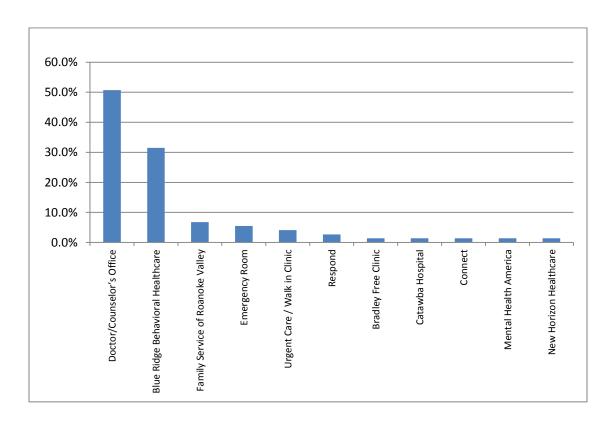
Question C6: Does your child use mental health, alcohol abuse, or drug abuse services?

Answer Options	Response Percent	Response Count	
Yes	8.0%	65	
No	92.0%	750	
answered question 815			
sk	1168		



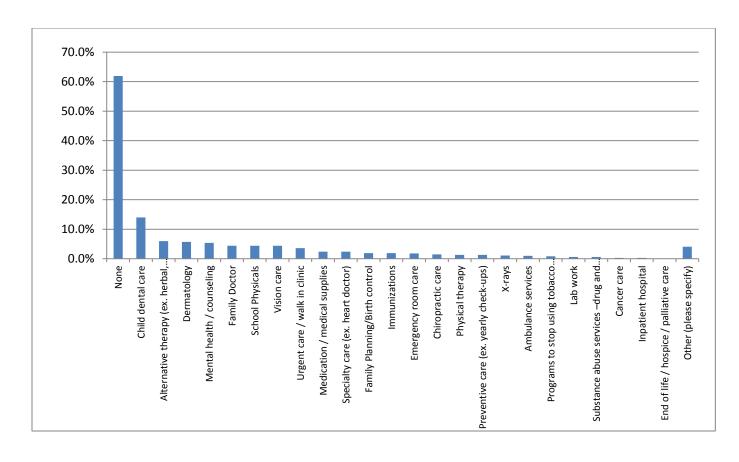
Where does your child go for mental health, alcohol abuse, or drug abuse services? (Check all that apply)

Answer Options	Response Percent	Response Count
Doctor/Counselor's Office	50.7%	37
Blue Ridge Behavioral Healthcare	31.5%	23
Family Service of Roanoke Valley	6.8%	5
Emergency Room	5.5%	4
Urgent Care / Walk in Clinic	4.1%	3
Respond	2.7%	2
Bradley Free Clinic	1.4%	1
Catawba Hospital	1.4%	1
Connect	1.4%	1
Mental Health America	1.4%	1
New Horizon Healthcare	1.4%	1
Other (please specify)	21.9%	16
answered question		73
skipped question		1910



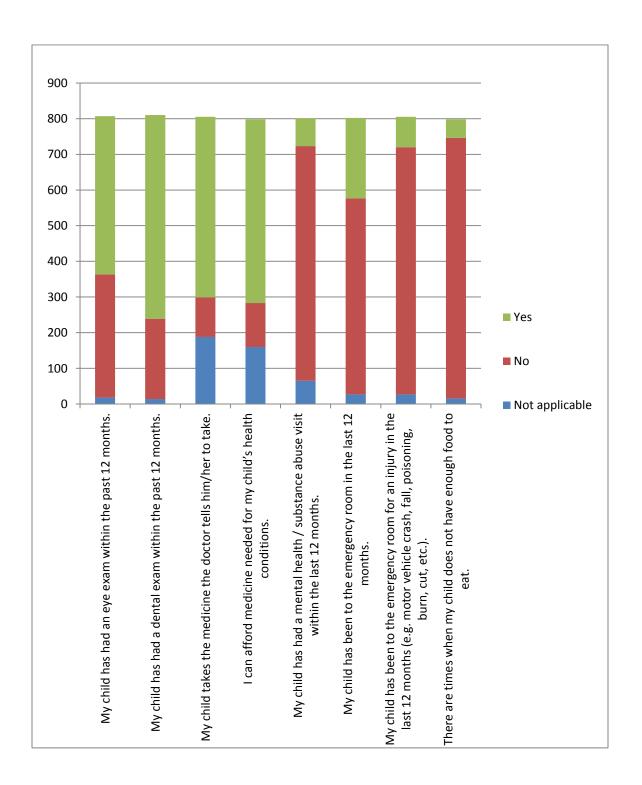
Question C7: Which health care services are hard to get for your child in our community? (Check all that apply)

Answer Options	Response Percent	Response Count	
None	61.9%	381	
Child dental care	14.0%	86	
Alternative therapy (ex. herbal, acupuncture, massage)	6.0%	37	
Dermatology	5.7%	35	
Mental health / counseling	5.4%	33	
Family Doctor	4.4%	27	
School Physicals	4.4%	27	
Vision care	4.4%	27	
Urgent care / walk in clinic	3.6%	22	
Medication / medical supplies	2.4%	15	
Specialty care (ex. heart doctor)	2.4%	15	
Family Planning/Birth control	1.9%	12	
Immunizations	1.9%	12	
Emergency room care	1.8%	11	
Chiropractic care	1.5%	9	
Physical therapy	1.3%	8	
Preventive care (ex. yearly check-ups)	1.3%	8	
X-rays	1.1%	7	
Ambulance services	1.0%	6	
Programs to stop using tobacco products	0.8%	5	
Lab work	0.6%	4	
Substance abuse services -drug and alcohol	0.6%	4	
Cancer care	0.3%	2	
Inpatient hospital	0.3%	2	
End of life / hospice / palliative care	0.0%	0	
Other (please specify)	4.1%	25	
answered question 6			
skipped question 13			



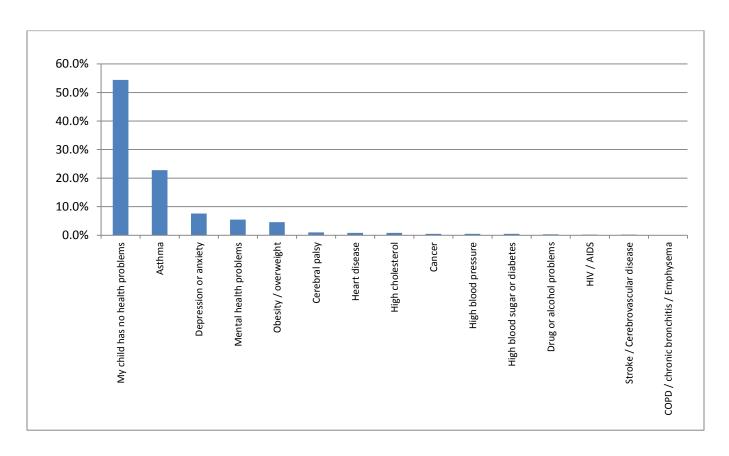
Question C8: Please check one of the following for each statement:

Answer Options	Ye	S	No	Not	applicable		ponse ount
My child has had an eye exam within the past 12 months.	444	55.0%	345	42.8%	18	2.2%	807
My child has had a dental exam within the past 12 months.	571	70.5%	225	27.8%	14	1.7%	810
My child takes the medicine the doctor tells him/her to take.	506	62.9%	111	13.8%	188	23.4%	805
I can afford medicine needed for my child's health conditions.	515	64.5%	123	15.4%	160	20.1%	798
My child has had a mental health / substance abuse visit within the last 12 months. My child has been to the	78	9.7%	658	82.1%	65	8.1%	801
emergency room in the last 12 months. My child has been to the	225	28.1%	550	68.6%	27	3.4%	802
emergency room for an injury in the last 12 months (e.g. motor vehicle crash, fall, poisoning, burn, cut, etc.).	85	10.6%	693	86.1%	27	3.4%	805
There are times when my child does not have enough food to eat.	52	6.5%	730	91.5%	16	2.0%	798
							816 1167



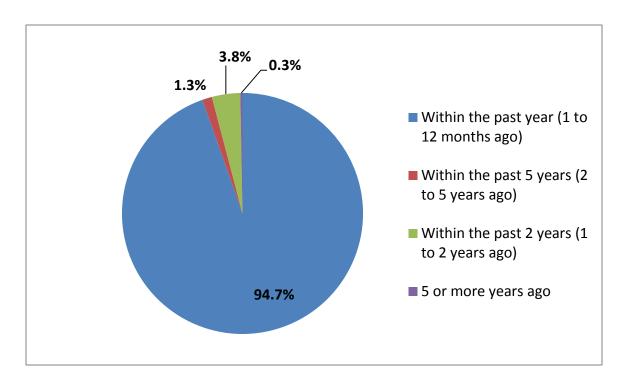
Question C9: Have you been told by a doctor that your child has... (Check all that apply)

Answer Options	Response Percent	Response Count
My child has no health problems	54.4%	329
Asthma	22.8%	138
Depression or anxiety	7.6%	46
Mental health problems	5.5%	33
Obesity / overweight	4.6%	28
Cerebral palsy	1.0%	6
Heart disease	0.8%	5
High cholesterol	0.8%	5
Cancer	0.5%	3
High blood pressure	0.5%	3
High blood sugar or diabetes	0.5%	3
Drug or alcohol problems	0.3%	2
HIV / AIDS	0.2%	1
Stroke / Cerebrovascular disease	0.2%	1
COPD / chronic bronchitis / Emphysema	0.0%	0
Other (please specify)	16.5%	100
answered question		605
skipped question		1378



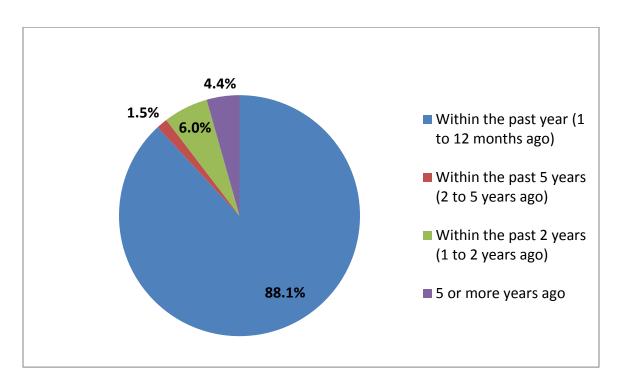
Question C10: How long has it been since your child last visited a doctor for a routine checkup? (Please check one)

Answer Options	Response Percent	Response Count
Within the past year (1 to 12 months ago)	94.7%	749
Within the past 5 years (2 to 5 years ago)	1.3%	10
Within the past 2 years (1 to 2 years ago)	3.8%	30
5 or more years ago	0.3%	2
ans	swered question	791
s	kipped question	1192



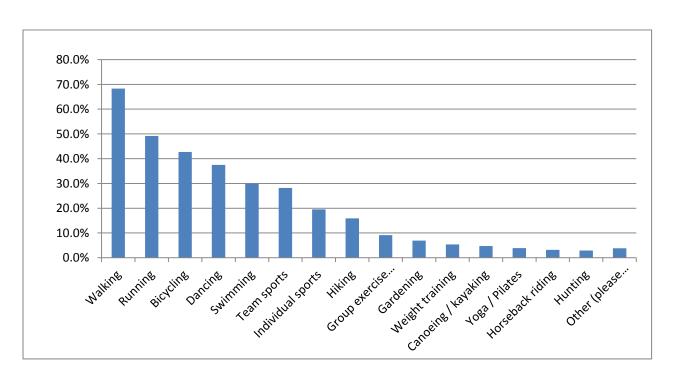
Question C11: How long has it been since your child last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (Please check one)

Answer Options	Response Percent	Response Count
Within the past year (1 to 12 months ago)	88.1%	602
Within the past 2 years (1 to 2 years ago)	6.0%	41
Within the past 5 years (2 to 5 years ago)	1.5%	10
5 or more years ago	4.4%	30
ans	swered question	683
s	kipped question	1300



Question C12: Other than at school, what physical activity or exercises does your child participate in? (Check all that apply)

Answer Options	Response Percent	Response Count
Walking	68.3%	452
Running	49.2%	326
Bicycling	42.7%	283
Dancing	37.5%	248
Swimming	29.9%	198
Team sports	28.2%	187
Individual sports	19.5%	129
Hiking	15.9%	105
Group exercise classes	9.1%	60
Gardening	6.9%	46
Weight training	5.4%	36
Canoeing / kayaking	4.7%	31
Yoga / Pilates	3.9%	26
Horseback riding	3.2%	21
Hunting	2.9%	19
Other (please specify)	3.8%	25
answered question		662
skipped question		1321



Secondary Data

Demographics and socioeconomic status

Social Determinants of Health

In the same way a person's DNA is the cornerstone of their individuality, social determinants of health shape wellbeing for billions of humans across the globe. The Center for Disease Control defines social determinants of health as "the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness⁶". These circumstances change over time as a person grows and moves around the living world. For this reason, social determinants of health are often used to identify at-risk populations and analyze what determinants impact their lives more than people not considered to be at-risk⁶.

Individuals don't have complete control over social determinants of health. In fact, they are heavily influenced by large-scale processes like politics, economic change, and culture⁶. These forces also have power in deciding what health care systems are operational in a geographic area. Higher-income areas are commonly buzzing with private care physicians and health services while the lower-income areas depend heavily on charity and government-subsidized services as treatment. This keeps social mobilization from occurring, and the poor areas become sicker as the rich areas see improvement in health issues⁷.

Healthy People 2020 has identified five main social determinants of health that need to be addressed in some way. Economic stability, education, social and community context, health and health care, and neighborhood and built environment have been named as the focus for governmental and organizational health system and wellbeing improvement by the year 2020 in the United States⁸. These five overarching topics include several subcategories that serve to direct specific actions and policy across the nation. Once the social determinants of health are identified in any context, the next important step is to devise a strategy for addressing the determinants and, ultimately, minimizing the negative impact that they have on the nation's most at-risk groups. No single strategy has been identified as the best or most effective for this task, but trial and error by social groups and government bodies has already brought much needed change to some of the needs areas⁸.

A central task in analyzing social determinants of health is the process of discovering health disparities between subgroups in the same geographical area⁹. Health disparities are differences

⁶ Centers for Disease Control and Prevention. (2015). Social Determinants of Health. Retrieved from http://www.cdc.gov/socialdeterminants/

World Health Organization. (n.d.-a) Social Determinants of Health: Key Concepts.

Retrieved from http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/

⁸ Healthy People 2020. (2015-a). Social Determinants of Health. Retrieved from

⁹ Robert Wood Johnson Foundation. (n.d.). Social Determinants of Health.

in physical and mental health or wellbeing that stem from differences in factors like race, ethnicity, and socioeconomic status¹⁰. When connections can be drawn between certain population subgroups, income levels, and the burden that illness places on the community, social disparities emerge as the problems that can be fixed. Social determinants of health provide the context needed to identify what issues need to be addressed and where improvement efforts should begin.

Population, gender, race and age

From 2010 to 2020, the U.S. Census Bureau projects the largest population growth occurring in Franklin County (18.76%). The city of Roanoke will continue to experience new growth in the population (2.2%) after almost two decades of decrease and stagnant numbers. In comparison, Virginia will experience a 13.1% increase in its population and there will be a 10.6% increase in the United States as a whole. There are 97,355 residents who live in the city of Roanoke in 2013.

In this study, five-year population estimates are used when comparing statistics for the MSA, the city of Roanoke and the Northwest (NW) and the Southeast (SE) Medically Underserved Areas (MUA) of the city. From 2009-2013, a total of 37,400 residents live in the city's MUAs accounting for 38.4% of the city's population as a whole (97,355 residents). The NW MUA is the most densely populated section of the city with a population of 29,715 individuals (30.5% of the population) while 7,685 individuals live in the SE MUA (7.9% of the population in the city). ¹¹

¹⁰ Robert Wood Johnson Foundation. (n.d.). Social Determinants of Health.

from – http://www.rwif.org/en/our-topics/topics/social-determinants-of-health.html

¹¹ US Census Bureau, American Community Survey 5-year estimates, 2006-2010

Total Population by Geographic Location

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table S0101. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

Geography	Total Population
Virginia	8,100,653
Botetourt	33,076
Craig	5,199
Franklin	56,195
Roanoke County	92,824
Roanoke City	97,355
Salem City	24,950
NW MUAs	29,715
SE MUAs	7,685
NW Census Tract 1	3,924
NW Census Tract 9	5,811
NW Census Tract 10	2,346
NW Census Tract 11	1,199
NW Census Tract 23	6,920
NW Census Tract 24	3,666
NW Census Tract 25	5,849
SE Census Tract 26	2,278
SE Census Tract 27	5,407
Northern Botetourt MUA Census Tract 401	3,249
Northern Botetourt MUA Census Tract 402	4,070

Population projections for 2010 to 2040 predict continued growth in the MSA especially in Craig County and Salem City, but a general decrease in growth for the other cities and counties.

Population Change Estimates, 2010 - 2040

(U.S. Census Bureau, Virginia Employment Commission. (2015). Community Profiles. Retrieved from http://data.virginialmi.com/gsipub/index.asp?docid=342)

Geography	2010	% Change	2020	% Change	2030	% Change	2040	% Change
Virginia	8001024	13.02	8811512	10.13	9645281	9.46	10530229	9.17
Botetourt County	33148	8.7	35235	6.3	37121	5.35	38885	4.75
Craig County	5190	1.94	5523	6.42	5884	6.54	6228	5.85
Franklin County	56159	18.76	62412	11.13	68461	9.69	74695	9.11
Roanoke County	92376	7.69	98413	6.54	104063	5.74	109373	5.1
Roanoke City	97032	2.23	99287	2.32	101174	1.9	102656	1.46
Salem City	24802	0.22	25889	4.38	27075	4.58	28116	3.84

In the city of Roanoke, 52% of the population is female and 48% is male.¹² The median age in the city of Roanoke is 38.2 years, which is slightly higher than the median age in Virginia as a whole (37.5). Median ages for the Northwest (NW, 34.9) and Southeast (SE, 36.4) MUAs are lower than the city and state as a whole.¹³

Median Age by Geographic Location

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table S0101. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

Geography	Median Age (years)
Virginia	37.5
Botetourt	45.7
Craig	44.7
Franklin	44.4
Roanoke County	43.3
Roanoke City	38.2
Salem City	40.1
NW Census Tract 1	40.3
NW Census Tract 9	27.1
NW Census Tract 10	35.8
NW Census Tract 11	31.5
NW Census Tract 23	37.9
NW Census Tract 24	39
NW Census Tract 25	33
SE Census Tract 26	40.9
SE Census Tract 27	34.5
Northern Botetourt MUA Census Tract 401	45.4
Northern Botetourt MUA Census Tract 402	45.2

¹² US Census, Table QT-P1, Age Groups and Sex, 2010

¹³ US Census, American Community Survey 5-Year Estimates, Median Age, 2009-2013

More children ages 0-17 years live in the NW and SE MUA's (26.8% and 25.4% respectively) compared to children living in the city (21.9%) and Virginia (22.9%). There are slightly more adults ages 18-64 living in the SE MUA (64.5%) and as compared to those living in the NW MUA (61.7%), Virginia (64.5%), and the city (63.8%). There are more seniors 65 years and older living in the city as a whole (14.3%), the state (12.6%), and the NW MUA (11.5%) compared to those living in the SE MUA (10.1%). ¹⁴

Estimates of Population by Lifecycle, 5-Year Estimates, 2009 - 2013

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table S0101. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

	Under 5	5-14 Years	15-17 Years	18-64 Years	Over 65 Years
Virginia	6.30%	12.70%	3.90%	64.40%	12.60%
Botetourt County, Virginia	4.60%	12.80%	4.20%	60.40%	17.80%
Craig County, Virginia	6.00%	15.60%	3.40%	58.20%	16.90%
Franklin County, Virginia	5.10%	11.60%	3.60%	61.00%	18.60%
Roanoke County, Virginia	4.90%	12.50%	4.00%	60.60%	18.00%
Roanoke City, Virginia	7.30%	11.50%	3.10%	63.90%	14.30%
Salem City, Virginia	4.90%	10.80%	4.10%	63.20%	16.70%
Census Tract 1, Roanoke City, Virginia	6.70%	11.80%	3.60%	63.10%	14.70%
Census Tract 9, Roanoke City, Virginia	10.00%	18.30%	4.90%	59.00%	7.60%
Census Tract 10, Roanoke City, Virginia	5.50%	10.90%	6.30%	72.70%	4.60%
Census Tract 11, Roanoke City, Virginia	-	3.30%	0.80%	94.60%	1.40%
Census Tract 23, Roanoke City, Virginia	7.70%	13.50%	3.20%	60.10%	15.40%
Census Tract 24, Roanoke City, Virginia	9.90%	14.20%	5.00%	55.10%	15.80%
Census Tract 25, Roanoke City, Virginia	8.40%	17.00%	5.90%	58.00%	10.70%
Census Tract 26, Roanoke City, Virginia	8.60%	9.20%	1.00%	72.20%	9.00%
Census Tract 27, Roanoke City, Virginia	9.90%	13.10%	5.20%	61.30%	10.60%
Census Tract 401, Botetourt County, Virginia	5.70%	13.40%	2.60%	61.80%	16.40%
Census Tract 402, Botetourt County, Virginia	6.80%	13.30%	3.60%	56.80%	19.30%

In the city of Roanoke, 65.5% of the population is white, 27.5% is black, and 5.6% is Hispanic. In the NW MUA, the majority of residents are black (64.6%) with 28.2% white and 3.8% Hispanic. This is in sharp contrast to the SE MUA where 84.6% of the population is white, 10.5% of the population is black, and 2.3% is Hispanic.¹⁵

¹⁴ US Census, American Community Survey 5-year Estimates, Age by Sex, 2008-2012

¹⁵ US Census Bureau, American Community Survey, 5-year estimates, 2009-2013

Race and Ethnicity, 5-Year Estimate, 2009-2013

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table DP05. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

	White	Black	American Indian and Alaskan Native	Asian	Native Hawaiian and Other Pacific Islander	Some other race	Two or more races	Hispanic or Latino Origin	Not Hispanic or Latino
Botetourt County	94.60%	3.80%	0.10%	0.10%	0%	0.10%	1.30%	1.20%	98.80%
Craig County	97%	0.20%	0%	0.40%	0%	0%	2.40%	0%	100%
Franklin County	89.90%	8.40%	0.10%	0.20%	0%	0.20%	0.30%	2.60%	97.40%
Roanoke County	89.80%	5.70%	0.10%	2.70%	0%	0.20%	1.60%	2.30%	97.70%
Roanoke City	65.50%	27.50%	0.30%	1.90%	0.10%	0.90%	3.80%	5.60%	94.40%
Salem City	88.30%	7.80%	0%	1.80%	0%	1.20%	0.80%	2.60%	97.40%
NW Census Tract 1	34.20%	60.80%	2.50%	0%	0%	0%	2.50%	3.60%	96.40%
NW Census Tract 9	21.70%	77.10%	0%	0%	0%	0.30%	0.80%	0.60%	99.40%
NW Census Tract 10	43.40%	50.80%	0%	0.60%	0%	0%	5.20%	6%	94%
NW Census Tract 11	75.30%	19.20%	0%	2.30%	0%	0%	3.20%	4.10%	95.90%
NW Census Tract 23	39.10%	45.90%	0%	3.40%	1.90%	2.40%	7.20%	8%	92%
NW Census Tract 24	7.90%	86.70%	0%	0%	0%	0%	5.40%	0%	99.90%
NW Census Tract 25	14.50%	77.80%	0.80%	0%	0%	1.10%	5.80%	3.50%	96.50%
SE Census Tract 26	73.90%	20.40%	0.70%	0.70%	0%	0%	4.20%	2.30%	97.70%
SE Census Tract 27	89.10%	6.40%	0.20%	0.60%	0%	0.20%	3.40%	2.30%	97.70%
Northern Botetourt Census Tract 401	91.50%	6.60%	0.60%	0%	0%	0%	1.20%	1.80%	98.20%
Northern Botetourt Census Tract 402	94.70%	3.10%	0.30%	0.30%	0%	0%	1.50%	0.70%	99.30%
Virginia	69.50%	19.40%	0.30%	5.70%	0.10%	2.20%	2.90%	8.10%	91.90%

Roanoke City Public Schools continue to experience an increase in the minority populations it serves especially children who are Hispanic. In the past school year (2014-2015), they report that 12.2% of the children in elementary schools, 8.2% in middle schools, and 8.3% in the high schools are Hispanic. This presents a challenge in the classroom where more and more children have limited English proficiency. We have included data for race distribution in public schools in the Roanoke MSA for school years 2012-2013, 2013-14, and 2014-2015.

Botetourt County Public Schools Race/Ethnicity, 2012-2015

(Virginia Department of Education (2015). Fall Membership Reports. Retrieved from http://bi.vita.virginia.gov/doe_bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership.)

School Year	School Type	Hispanic	American Indian/ Alaskan Native	Asian	Black, not of Hispanic origin	White	Native Hawaiian/ Other	2 or more
2012-2013								
	Elementary Schools	2.44%	0.14%	0.60%	2.35%	92.64%	0.14%	1.70%
	Middle Schools	1.60%	0.00%	0.88%	2.22%	92.98%	0.00%	2.31%
	High Schools	2.20%	0.30%	0.30%	2.77%	91.64%	0.12%	2.70%
	District Grand Total	2.16%	0.16%	0.56%	2.46%	92.38%	0.10%	2.18%
2013-2014								
	Elementary Schools	4.69%	0.06%	3.94%	6.80%	79.68%	0.03%	4.80%
	Middle Schools	3.28%	0.09%	3.76%	5.60%	82.59%	0.09%	4.54%
	High Schools	3.27%	0.08%	3.45%	6.42%	83.00%	0.02%	3.75%
	District Grand Total	3.90%	0.07%	3.74%	6.40%	81.44%	0.04%	4.40%
2014-2015								
	Elementary Schools	3.65%	0.15%	0.97%	1.95%	90.55%	0.00%	2.73%
	Middle Schools	2.16%	0.25%	0.83%	2.32%	92.79%	0.00%	1.66%
	High Schools	2.62%	0.06%	0.56%	3.53%	91.09%	0.06%	2.18%
	District Grand Total	2.94%	0.14%	0.80%	2.53%	91.28%	0.02%	2.28%

Craig County Public Schools Race/Ethnicity, 2012-2015

(Virginia Department of Education (2015). Fall Membership Reports. Retrieved from http://bi.vita.virginia.gov/doe_bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership.)

School Year	School Type	Hispanic	American Indian/ Alaskan Native	Asian	Black, not of Hispanic origin	White	Native Hawaiian/ Other	2 or more
2012-2013								
	Elementary Schools	0.66%	0.00%	0.33%	0.66%	98.01%	0.00%	0.33%
	Middle Schools	1.58%	0.00%	0.00%	0.00%	98.42%	0.00%	0.00%
	High Schools	0.50%	0.00%	0.00%	0.00%	98.51%	0.00%	0.99%
	District Grand Total	0.86%	0.00%	0.14%	0.28%	98.28%	0.00%	0.43%
2013-2014								
	Elementary Schools	0.66%	0.00%	0.33%	0.66%	98.01%	0.00%	0.33%
	Middle Schools	2.60%	0.00%	0.00%	0.00%	97.41%	0.00%	0.00%
	High Schools	0.00%	0.00%	0.00%	0.00%	99.51%	0.00%	0.49%
	District Grand Total	1.00%	0.00%	0.14%	0.29%	98.43%	0.00%	0.14%
2014-2015								
	Elementary Schools	0.36%	0.00%	0.36%	0.71%	98.57%	0.00%	0.00%
	Middle Schools	2.40%	0.00%	0.60%	0.00%	96.41%	0.00%	0.60%
	High Schools	1.00%	0.00%	0.00%	0.00%	98.50%	0.00%	0.50%
	District Grand Total	1.08%	0.00%	0.31%	0.31%	97.99%	0.00%	0.31%

Franklin County Public Schools Race/Ethnicity, 2012-2015

(Virginia Department of Education (2015). Fall Membership Reports. Retrieved from http://bi.vita.virginia.gov/doe/bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership.)

School Year	School Type	Hispanic	American Indian/ Alaskan Native	Asian	Black, not of Hispanic origin	White	Native Hawaiian/ Other	2 or more
2012-2013								
	Elementary Schools	6.05%	0.25%	0.47%	7.75%	79.71%	0.05%	5.72%
	Middle Schools	4.21%	0.29%	0.64%	7.30%	82.00%	0.00%	5.55%
	High Schools	2.99%	0.37%	0.46%	9.48%	82.09%	0.00%	4.60%
	District Grand Total	4.75%	0.29%	0.51%	8.15%	80.92%	0.03%	5.36%
2013-2014								
	Elementary Schools	6.40%	0.22%	0.48%	8.90%	78.28%	0.00%	5.70%
	Middle Schools	4.43%	0.23%	0.52%	7.28%	82.80%	0.00%	4.72%
	High Schools	3.77%	0.42%	0.57%	9.81%	81.42%	0.00%	4.00%
	District Grand Total	5.20%	0.28%	0.51%	8.78%	80.23%	0.00%	4.99%
2014-2015								
	Elementary Schools	7.02%	0.22%	0.36%	8.47%	78.60%	0.03%	5.30%
	Middle Schools	4.44%	0.12%	0.59%	8.41%	80.92%	0.00%	5.51%
	High Schools	4.29%	0.47%	0.56%	9.36%	81.37%	0.00%	3.96%
	District Grand Total	5.65%	0.27%	0.47%	8.70%	79.92%	0.01%	4.96%

Roanoke County Public Schools Race/Ethnicity, 2012-2015

(Virginia Department of Education (2015). Fall Membership Reports. Retrieved from http://bi.vita.virginia.gov/doe_bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership.)

School Year	School Type	Hispanic	American Indian/ Alaskan Native	Asian	Black, not of Hispanic origin	White	Native Hawaiian/ Other	2 or more
2012-2013								
	Elementary Schools	4.52%	0.06%	4.06%	6.53%	80.12%	0.06%	4.64%
	Middle Schools	3.30%	0.09%	3.57%	5.35%	83.68%	0.00%	4.01%
	High Schools	3.35%	0.08%	3.30%	6.28%	83.06%	0.04%	3.90%
	District Grand Total	3.86%	0.07%	3.70%	6.17%	81.90%	0.04%	4.25%
2013-2014								
	Elementary Schools	4.69%	0.06%	3.94%	6.80%	79.68%	0.03%	4.80%
	Middle Schools	3.28%	0.09%	3.76%	5.60%	82.59%	0.09%	4.54%
	High Schools	3.27%	0.08%	3.45%	6.42%	83.00%	0.02%	3.75%
	District Grand Total	3.90%	0.07%	3.74%	6.40%	81.44%	0.04%	4.40%
2014-2015								
	Elementary Schools	5.37%	0.11%	4.01%	6.90%	78.73%	0.03%	4.85%
	Middle Schools	3.55%	0.12%	4.28%	5.96%	81.05%	0.09%	4.95%
	High Schools	3.61%	0.08%	3.50%	6.27%	82.32%	0.00%	4.17%
	District Grand Total	4.38%	0.10%	3.92%	6.48%	80.43%	0.03%	4.65%

Roanoke City Public Schools Race/Ethnicity, 2012-2015

(Virginia Department of Education (2015). Fall Membership Reports. Retrieved from http://bi.vita.virginia.gov/doe/bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership.)

School Year	School Type	Hispanic	American Indian/ Alaskan Native	Asian	Black, not of Hispanic origin	White	Native Hawaiian/ Other	2 or more
2012-2013								
	Elementary Schools	10.02%	0.14%	2.68%	42.40%	41.23%	0.03%	3.50%
	Middle Schools	7.68%	0.14%	2.43%	44.98%	40.18%	0.00%	4.58%
	High Schools	6.32%	0.29%	3.88%	46.55%	38.91%	0.06%	4.00%
	District Grand Total	8.48%	0.23%	3.68%	40.29%	43.50%	0.04%	3.80%
2013-2014								
	Elementary Schools	12.25%	0.17%	3.01%	3.10%	33.43%	0.03%	3.37%
	Middle Schools	7.77%	0.21%	2.67%	45.10%	39.51%	0.03%	4.75%
	High Schools	7.03%	0.18%	3.81%	47.00%	38.72%	0.06%	3.21%
	District Grand Total	9.20%	0.22%	3.10%	41.10%	42.87%	0.05%	3.50%
2014-2015								
	Elementary Schools	12.15%	0.21%	2.72%	44.48%	37.21%	0.03%	3.20%
	Middle Schools	8.18%	0.18%	3.00%	45.07%	39.20%	0.00%	4.38%
	High Schools	8.30%	0.20%	3.64%	46.56%	38.00%	0.03%	3.30%
	District Grand Total	10.14%	0.26%	3.21%	40.16%	42.59%	0.03%	3.61%

Salem City Public Schools Race/Ethnicity, 2012-2015

(Virginia Department of Education (2015). Fall Membership Reports. Retrieved from http://bi.vita.virginia.gov/doe_bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership.)

School Year	School Type	Hispanic	American Indian/ Alaskan Native	Asian	Black, not of Hispanic origin	White	Native Hawaiian/ Other	2 or more
2012-2013								
	Elementary Schools	4.14%	0.06%	1.81%	11.09%	79.46%	0.06%	3.38%
	Middle Schools	2.18%	0.00%	1.53%	9.71%	81.68%	0.00%	4.90%
	High Schools	2.71%	0.00%	2.30%	9.52%	81.95%	0.08%	3.44%
	District Grand Total	3.22%	0.03%	1.90%	10.26%	80.78%	0.05%	3.76%
2013-2014								
	Elementary Schools	5.04%	0.05%	1.52%	10.66%	78.80%	0.05%	3.86%
	Middle Schools	1.80%	0.11%	1.80%	10.31%	80.45%	0.00%	5.48%
	High Schools	3.17%	0.00%	2.08%	8.58%	82.08%	0.00%	4.08%
	District Grand Total	3.67%	0.05%	1.77%	9.92%	80.23%	0.03%	4.32%
2014-2015								
	Elementary Schools	5.70%	0.11%	1.94%	11.74%	76.87%	0.00%	3.65%
	Middle Schools	3.41%	0.11%	2.09%	9.79%	78.99%	0.00%	5.65%
	High Schools	3.08%	0.00%	2.08%	8.83%	81.10%	0.00%	4.91%
	District Grand Total	4.35%	0.08%	2.02%	10.38%	78.68%	0.00%	4.50%

In the City of Roanoke 8.8% of the population 5 years and over speaks a language other than English at home compared 14.9% in Virginia and 20.8% in the United States. In the MSA, more individuals 5 years and over who speak a language other than English at home live in Roanoke County, the city of Salem, and to the city of Roanoke than in other localities. ¹⁶

Population 5 years and over whom speak a language other than English at home, 5-Year Estimate, 2009-2013

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table S1601. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

Locality	#	%
Botetourt	665	2.10%
Craig	84	1.70%
Franklin	1693	3.20%
Roanoke	6103	6.90%
Roanoke City	7904	8.80%
Salem City	1455	6.10%
Virginia	1,130,877	14.90%

¹⁶ Us Census Bureau, American Community Survey, 5-year estimates, 2009-2013

Academic Attainment

There is a direct link to educational attainment, health literacy, and positive health outcomes. According to the Virginia Health Equity report, Virginians who don't attend, or complete, high school are more likely to die of heart disease, cancer and a dozen other leading causes of death than those who earn a diploma.

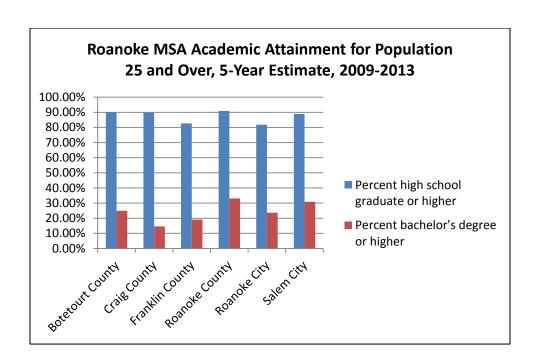
In the city of Roanoke, there is one public school division, Roanoke City Public Schools consisting of seventeen elementary, five middle, and two high schools. In addition, there are two alternative Roanoke City Public Schools- one for overage students and the second for students with disciplinary problems and four private schools located in the City- Community School, Parkway Christian Academy, Roanoke Adventist Preparatory School and Roanoke Catholic Schools.

Education attainment in the MUA's of the city of Roanoke is lower than any other locality in the MSA and in the state as a whole. Seventy five percent (75.4%) of the population 25 years and over in the NW MUA and 75.2%% of the population in the SE MUA has a high school diploma while only 12.4% in the NW MUA and 6.4% in the SE MUA have a Bachelor's Degree or higher.

Academic Attainment for Population 25 and Over, 5-Year Estimate, 2009-2013

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table S1501. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

	Percent high school graduate or higher	Percent bachelor's degree or higher
Botetourt County	90.20%	24.90%
Craig County	89.70%	14.60%
Franklin County	82.70%	19.10%
Roanoke County	90.90%	33.10%
Roanoke City	81.80%	23.60%
Salem City	88.90%	30.80%
NW Census Tract 1	73.70%	11.60%
NW Census Tract 9	70.50%	7.20%
NW Census Tract 10	62.10%	5.00%
NW Census Tract 11	84.40%	44.20%
NW Census Tract 23	86.70%	18.30%
NW Census Tract 24	74.20%	13.60%
NW Census Tract 25	72.30%	7%
SE Census Tract 26	68.30%	7.30%
SE Census Tract 27	78.10%	6.00%
Northern Botetourt MUA Census Tract 401	84.80%	14.50%
Northern Botetourt MUA Census Tract 402	86.20%	14.70%
Virginia	87.50%	35.20%



On-time graduation rates for all students in the city of Roanoke (83.4%) are lower than the rest of the MSA, though graduation rates in the City improved by 3% from the 2013 to 2014 school year. . Graduation rates are highest in the MSA for Roanoke County (95.4%) and Botetourt County Public Schools (93.3%). 17

On Time Graduation Rates, Roanoke MSA Localities

(Virginia Department of Education, Virginia Cohort Reports, Retrieved from http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/.)

MSA Localities	2012	2013	2014
Botetourt County	92.30%	95.60%	93.30%
Craig County	84.70%	89.10%	89.10%
Franklin County	79.50%	86.20%	86.70%
Roanoke County	91.90%	94.00%	95.40%
Roanoke City	77.90%	80.80%	83.40%
Salem City	93.90%	89.50%	90.80%
Virginia	89.20%	90.10%	89.90%

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 $^{^{17}}$ Virginia Department of Education, Division Level and Drop-out Rates, 2011

On Time Graduation Rates, Botetourt County High Schools

(Virginia Department of Education, Virginia Cohort Reports, Retrieved from http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/.)

	2012	2013	2014
James River High	92.40%	96.20%	95.90%
Lord Botetourt High	92.20%	95.30%	92.20%
Virginia	89.20%	90.10%	89.90%

On Time Graduation Rates, Craig County High Schools

(Virginia Department of Education, Virginia Cohort Reports, Retrieved from http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/.)

	2012	2013	2014
Craig County High	84.70%	89.10%	89.10%
Virginia	88.00%	90.10%	89.90%

On Time Graduation Rates, Franklin County High Schools

(Virginia Department of Education, Virginia Cohort Reports, Retrieved from http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/.)

	2012	2013	2014
Franklin County High	86.00%	86.20%	86.70%
Virginia	89.20%	90.10%	89.90%

On Time Graduation Rates, Roanoke County High Schools

(Virginia Department of Education, Virginia Cohort Reports, Retrieved from http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/.)

	2012	2013	2014
Cave Spring High	96.50%	95.10%	94.40%
Glenvar High	91.60%	95.00%	93.60%
Hidden Valley High	94.80%	94.90%	97.30%
Northside High	90.60%	92.50%	94.70%
William Byrd High	89.00%	94.20%	96.40%
Virginia	89.20%	90.10%	89.90%

On Time Graduation Rates, Roanoke City High Schools

(Virginia Department of Education, Virginia Cohort Reports, Retrieved from http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/.)

	2012	2013	2014
Patrick Henry High	93.17%	92.47%	83.50%
William Fleming High	86.49%	93.22%	84.00%
Virginia	89.20%	90.10%	89.90%

On Time Graduation Rates, Salem City High Schools

(Virginia Department of Education, Virginia Cohort Reports, Retrieved from http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/.)

	2012	2013	2014
Salem High	93.90%	89.50%	90.80%
Virginia	89.20%	90.10%	89.90%

Like the on-time graduation rates, Roanoke City Public Schools has the worst dropout rate in the MSA with 12.2% of students dropping out in the 2013-2014 school year.

Dropout Rates, Roanoke MSA Localities

(Virginia Department of Education, Annual Dropout Statistics, Retrieved from http://doe.virginia.gov/statistics_reports/graduation_completion/index.shtml)

MSA Localities	2012	2013	2014
Botetourt County	5.50%	2.90%	2.40%
Craig County	5.00%	9.10%	5.50%
Franklin County	17.00%	7.80%	6.50%
Roanoke County	6.10%	4.50%	3.50%
Roanoke City	14.40%	12.30%	12.20%
Salem City	2.90%	7.00%	3.50%
Virginia	7.40%	6.50%	5.40%

Dropout Rates, Botetourt County High Schools

(Virginia Department of Education, Virginia Cohort Reports, Retrieved from http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/.)

	2012	2013	2014
James River High	3.40%	1.50%	4.50%
Lord Botetourt High	5.30%	3.60%	3.40%
Virginia	7.40%	6.50%	5.40%

Dropout Rates, Craig County High Schools

(Virginia Department of Education, Virginia Cohort Reports, Retrieved from http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/.)

	2012	2013	2014
Craig County High	1.80%	9.10%	5.50%
Virginia	7.40%	6.50%	5.40%

Dropout Rates, Franklin County High Schools

(Virginia Department of Education, Virginia Cohort Reports, Retrieved from http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/.)

	2012	2013	2014
Franklin County High	8.70%	7.80%	6.50%
Virginia	7.40%	6.50%	5.40%

Dropout Rates, Roanoke County High Schools

(Virginia Department of Education, Virginia Cohort Reports, Retrieved from http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/.)

	2012	2013	2014
Cave Spring High	2.60%	3.40%	3.80%
Glenvar High	6.00%	3.70%	6.40%
Hidden Valley High	4.10%	2.40%	1.50%
Northside High	5.50%	7.20%	3.70%
William Byrd High	7.90%	4.40%	3.00%
Virginia	7.40%	6.50%	5.40%

Dropout Rates, Roanoke City High Schools

(Virginia Department of Education, Virginia Cohort Reports, Retrieved from http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/.)

	2012	2013	2014
Patrick Henry High	10.80%	12.00%	12.80%
William Fleming High	18.50%	12.40%	10.50%
Virginia	7.40%	6.50%	5.40%

Dropout Rates, Salem City High Schools

(Virginia Department of Education, Virginia Cohort Reports, Retrieved from http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/.)

	2012	2013	2014
Salem High	2.90%	7.00%	3.50%
Virginia	7.40%	6.50%	5.40%

Total Action Against Poverty's Head Start program offers preschool opportunities to at-risk children living in the Roanoke Valley as well as in neighboring Alleghany and Rockbridge Counties. There are eleven Head Start locations in the city of Roanoke serving preschoolers, infants, and toddlers. In the 2013-2014 school year, 1283 children were enrolled in Head Start programs. Baseline eligibility for children enrolled in Head Start is children living at or below

100% of the Federal Poverty Level and a point system for those above 100%. Parents must be in school, working, or a combination of the two for at least 30 hours per week. 18

The Roanoke and adjoining New River Valleys boast several institutions of higher learning. Roanoke College and Hollins University are located within the MSA. Virginia Tech, the largest land grant university in Virginia with nationally recognized research programs is located in neighboring Montgomery County as is the Edward Via College of Osteopathic Medicine. Radford University, located in the independent city of Radford in the New River Valley, is a state university and is the site of the Waldron College of Health and Human Services which houses the School of Nursing, School of Social Work, Communication Sciences and Disorders, and the newly formed Occupational Therapy program as well as the Speech and Hearing Clinic, Child Advocacy Center, and FAMIS Outreach program. In addition, Radford University's Department of Psychology offers graduate degrees in clinical psychology and counseling.

The city of Roanoke is home to Virginia Western Community College and Carilion Clinic's Medical Education Programs including the Virginia Tech Carilion (VTC) School of Medicine and Research Institute, eleven residency programs and twelve fellowships. Additionally, the Jefferson College of Health Sciences offers sixteen different degree programs (Associates, Bachelors, Masters) in nursing and allied health is part of the Carilion Clinic education system in the city.

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¹⁸ Total Action Against Poverty (TAP) Program Information Report 2013-2014

Income and Poverty Status

In the MSA, median household incomes in the Northwest (NW) and Southeast (SE) Medically Underserved Areas (MUA) of the city of Roanoke are more than half the median income statewide and the lowest in the MSA. In addition, the median income in the city of Roanoke is lower as compared to all other localities in the MSA and the state. Botetourt and Roanoke counties have the highest median incomes in the MSA.¹⁹

Median Household Income, 5-Year Estimates, 2008-2012 & 2009-2013

(U.S. Census Bureau, 2008-2012 & 2009-2013 5-Year American Community Survey, Table S1903. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

Location	Median Income 2008-2012	Median Income 2009-2013
Botetourt County	66,053	65,935
Craig County	47,691	47,806
Franklin County	45,049	45,624
Roanoke County	61,686	60,795
Roanoke City	38,265	38,145
Salem City	47,776	48,733
NW Census Tract 1	34,494	32,445
NW Census Tract 9	21,943	19,878
NW Census Tract 10	22,129	22,219
NW Census Tract 11	50,804	51,458
NW Census Tract 23	42,793	41,552
NW Census Tract 24	31,928	31,985
NW Census Tract 25	21,162	21,282
SE Census Tract 26	29,167	27,993
SE Census Tract 27	31,991	30,998
Northern Botetourt MUA Census Tract 401	52,383	50,938
Northern Botetourt MUA Census Tract 402	50,365	49,091
Virginia	63,636	63,907

 $^{^{19}}$ U.S. Census Bureau, 2008-2012 & 2009-2013 5-Year American Community Survey

The Federal Poverty Guidelines (FPL) is used to determine eligibility for many local, state, and federal assistance programs. It is based on an individual's or family's annual cash income before taxes. Updated yearly by the Census Bureau, the 2013, 2014, and 2015 guidelines are provided below as a reference.²⁰

2013 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia						
Persons in Family/household	Poverty Guideline					
1	11,490					
2	15,510					
3	19,530					
4	23,550					
5	27,570					
6	31,590					
7	35,610					
8 39,630						
For families/household with more than eight persons, add \$4,020 for each additional person.						

(Federal Register. 2013 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. Vol. 78, No. 16, January 24, 2013, pp. 5182-5183. Retrieved from https://federalregister.gov/a/2013-01422)

2014 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia							
Persons in Family/household Poverty Guideline							
1	11,670						
2	15,730						
3	19,790						
4	23,850						
5	27,910						
6	31,970						
7	36,030						
8	40,090						
For families/household with more	e than eight persons, add						

For families/household with more than eight persons, add \$4,060 for each additional person.

(Federal Register. 2014 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. Vol. 79, January 22, 2014, pp. 3593-3594. Retrieved from https://federalregister.gov/a/2014-01303)

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²⁰ http://aspe.hhs.gov/poverty/13poverty.cfm

2015 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia					
Persons in Family/household	Poverty Guideline				
1	11,770				
2	15,930				
3	20,090				
4	24,250				
5	28,410				
6	32,570				
7	36,730				
8	40,890				
For families/household with more	e than eight persons, add				

(Federal Register. 2015 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. Vol. 80, January 22, 2015, pp. 3236-3237. Retrieved from https://federalregister.gov/a/2015-01120)

\$4,160 for each additional person.

The guidelines reflect 100% of the FPL. To calculate 200% of the FPL, multiply the listed income level by two.

In the City of Roanoke, 45.4% of residents for whom poverty was determined live below 200% of the FPL as compared to 26.7% in Virginia and 32% in the United States. Even more startling is that close to 61% of residents in the NW and SE MUA's live below 200% of poverty (59.0% in NW and 65.7% in SE) with the majority of these residents living below 100% of poverty in SE MUAs.²¹

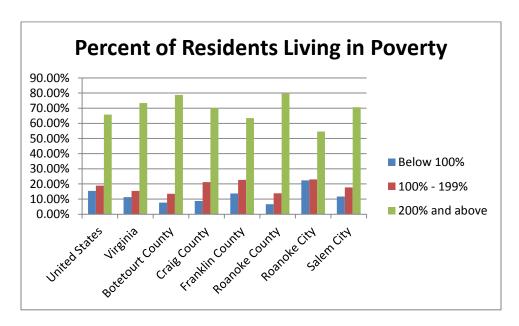
Number of Residents Living in Poverty, 2009-2013

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table C17002. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

	Below 100% FPL		100-1999	% FPL 200% FPL		nd above	Total	
	#	%	#	%	#	%	#	%
United States	46,663,433	15.37%	57301004	18.87%	199727639	65.77%	303692076	100%
Virginia	887595	11.30%	1207097	15.37%	5759444	73.33%	7854136	100%
Botetourt County	2522	7.70%	4421	13.50%	25,794	78.79%	32,737	100%
Craig County	449	8.70%	1093	21.16%	3623	70.15%	5,165	100%
Franklin County	7626	13.67%	12360	22.63%	34620	63.40%	54,606	100%
Roanoke County	5989	6.60%	12497	13.75%	72378	79.66%	90,864	100%
Roanoke City	21360	22.38%	21975	23.02%	52108	54.60%	95,443	100%
Salem City	2693	11.68%	4073	17.66%	16298	70.66%	23,064	100%
NW Census Tract 1	791	20.50%	1043	27.03%	2024	52.46%	3,858	100%
NW Census Tract 9	2307	39.81%	1722	29.72%	1766	30.46%	5,795	100%
NW Census Tract 10	1072	45.91%	736	31.50%	527	22.57%	2335	100%

²¹ US Census Bureau, American Community Survey 5-year Estimates, 2009-2013

NW Census Tract 11	52	7.50%	140	20.14%	503	72.37%	695	100%
NW Census Tract 23	1609	23.25%	1127	16.29%	4184	60.46%	6,920	100%
NW Census Tract 24	1342	36.70%	1024	28%	1290	35.28%	3,656	100%
NW Census Tract 25	2771	48.41%	1357	23.71%	1596	27.88%	5,724	100%
SE Census Tract 26	1093	48.86%	464	20.74%	680	30.40%	2,237	100%
SE Census Tract 27	1756	32.48%	1711	31.64%	1940	35.88%	5,407	100%
Northern Botetourt Census Tract 401	611	19.05%	595	18.55%	2001	62.40%	3207	100%
Northern Botetourt Census Tract 402	458	11.27%	742	18.26%	2864	70.47%	4064	100%



In the city of Roanoke a disproportionate number of children less than 6 years of age (57.9%) and 6-17 years of age (63.3%) live below 200% of FPL. These rates are even more alarming for children living in the MUA's, where 80.4% of children less than 6 years of age and 77.5% of children 6-17 years of age in the NW MUA live below 200% FPL. In the SE MUA, 79.3% of children less than 6 years of age and 80.3% of children 6-17 years of age live below 200% of the FPL. In addition to the city of Roanoke and the MUA's, almost half of children less than 6 years of age (45.2%) and children 6-17 years (49.5%) in Franklin County live below 200% of the FPL. The majority of the children living in the city of Roanoke, the MUA's, and in Franklin County live below 100% of FPL. In each of these areas, the number of children below 100% FPL is higher compared to the state, and nation.²²

Ratio of Income by Poverty Status by Age, Roanoke MSA & MUA

(American Community Survey 5-Year Estimates, U.S. Census Bureau, ,Table B17024, 2009-2013. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

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²² US Census Bureau American Community Survey 5-year estimates, 2006-2010

< 6 years of age							
	Below 100	0% FPL	100-199	100-199% FPL		. & over	
	#	%	#	%	#	%	
United States	5831985	24.50%	5470952	23%	12482102	52.48%	
Virginia	104394	17.20%	117311	19.33%	385120	63.50%	
Botetourt County	206	10.59%	380	19.54%	1359	69.87%	
Craig County	49	14.85%	1	0.30%	280	84.85%	
Franklin County	683	19.86%	870	25.30%	1886	54.84%	
Roanoke County	433	7.94%	1058	19.40%	3963	72.66%	
Roanoke City	3152	38.93%	1536	19%	3408	42.09%	
Salem City	240	15.42%	355	22.81%	961	61.76%	
NW Census Tract 1	50	19.84%	86	34.13%	116	46%	
NW Census Tract 9	415	58.95%	174	24.72%	115	16.34%	
NW Census Tract 10	52	33.33%	44	28.21%	60	38.46%	
NW Census Tract 11	0	0.00%	0	0.00%	0	0.00%	
NW Census Tract 23	323	55.21%	18	3.08%	244	41.71%	
NW Census Tract 24	247	63.50%	142	36.50%	0	0.00%	
NW Census Tract 25	558	86.38%	88	13.62%	0	0.00%	
SE Census Tract 26	190	79.17%	31	12.92%	19	7.92%	
SE Census Tract 27	307	50.32%	146	23.93%	157	25.74%	
Northern Botetourt MUA Census Tract 401	85	41.67%	60	29.41%	59	28.92%	
Northern Botetourt MUA Census Tract 402	46	14.02%	110	43.65%	172	52.44%	

6-17 years								
	Below 10	Below 100% FPL		9% FPL	200% FPL & over			
	#	%	#	%	#	%		
United States	9869814	20.16%	10699633	21.85%	28394121	58%		
Virginia	167566	13.70%	219995	18%	835187	68.30%		
Botetourt County	551	10.66%	590	11.42%	4026	78%		
Craig County	125	13.35%	286	30.56%	525	56.10%		
Franklin County	2012	26.17%	1792	23.31%	3883	50.51%		
Roanoke County	1016	7.07%	2483	17.27%	10880	75.67%		
Roanoke City	3890	30.90%	4081	32.43%	4613	36.67%		
Salem City	341	10.37%	755	22.95%	2193	66.68%		
NW Census Tract 1	212	36.93%	204	35.54%	138	24.04%		
NW Census Tract 9	566	46.74%	441	36.42%	204	16.85%		
NW Census Tract 10	204	55.28%	105	28.45%	26	7.05%		
NW Census Tract 11	0	0.00%	12	25%	36	75.00%		
NW Census Tract 23	208	18.87%	272	24.68%	396	35.93%		
NW Census Tract 24	341	50%	196	28.74%	145	21.26%		
NW Census Tract 25	571	50.80%	413	36.74%	140	12.46%		

SE Census Tract 26	76	51.70%	24	16.33%	47	31.97%
SE Census Tract 27	379	41.56%	371	40.68%	162	17.77%
Northern Botetourt MUA Census Tract 401	157	31.12%	160	31.81%	186	37%
Northern Botetourt MUA Census Tract 402	123	19.43%	46	7.27%	464	73.30%

Of adults 18-64 years age, 41.6% who live in the city and over half who live in the MUA's live below 200% of the FPL as compared to 24.2% in Virginia, and 31.2% in the United States. Over half of these adults in the city and MUA's live less than 100% of the FPL. In Franklin County, 33.0% of adults live below 200% of the FPL.

Almost half the seniors 65 years of age and older in the SE MUA (46.52%), 58.9% in the NW MUA, and 38.6% in the city of Roanoke live below 200% of poverty as compared to 26.8% statewide, and 31.2% nationally.

18-64 years								
	Below 10	0% FPL	100-199	9% FPL	200% FPL & over			
	#	%	#	%	#	%		
United States	27168057	14.27%	32153996	16.89%	131193444	68.91%		
Virginia	538970	10.72%	679531	13.52%	3809387	75.77%		
Botetourt County	1396	7.06%	1687	8.52%	16458	83.18%		
Craig County	218	7.22%	584	19.35%	2216	73.43%		
Franklin County	4050	12.18%	6921	20.82%	22273	67%		
Roanoke County	3533	6.40%	6192	11.21%	45508	82.39%		
Roanoke City	12929	21.03%	12628	20.54%	35933	58.44%		
Salem City	1843	12.93%	2273	15.95%	10136	71.12%		
NW Census Tract 1	450	18.16%	1170	47.22%	1452	58.60%		
NW Census Tract 9	1201	34.94%	1246	36.25%	1229	35.76%		
NW Census Tract 10	811	47.68%	502	29.51%	388	22.81%		
NW Census Tract 11	106	16.83%	116	18.41%	462	73.33%		
NW Census Tract 23	809	19.42%	538	12.91%	2819	67.67%		
NW Census Tract 24	661	32.80%	493	24.47%	860	42.68%		
NW Census Tract 25	1431	42.29%	683	20.18%	1270	37.53%		
SE Census Tract 26	784	47.63%	335	20.35%	527	32.02%		
SE Census Tract 27	1028	31.03%	893	26.95%	1392	42.02%		
Northern Botetourt MUA Census Tract 401	342	17.12%	236	11.81%	1420	71.07%		
Northern Botetourt MUA Census Tract 402	236	10.18%	343	14.80%	1739	75.02%		

65 years & >										
	Below 10	00% FPL	100-19	9% FPL	200% FP	L & over				
	#	%	#	%	#	%				
United States	3793577	9.36%	8972423	22.13%	27778638	68.51%				
Virginia	76667	7.69%	190260	19.09%	729750	73.22%				
Botetourt County	369	6.32%	1518	26%	3951	67.68%				
Craig County	57	6.50%	222	25.20%	602	68.33%				
Franklin County	881	8.61%	2777	27.13%	6578	64.26%				
Roanoke County	1007	6.37%	2764	17.50%	12027	76.13%				
Roanoke City	1389	10.46%	3730	28.10%	8156	61.44%				
Salem City	269	6.78%	1994	50.30%	3008	75.83%				
NW Census Tract 1	79	14.26%	177	31.95%	298	53.80%				
NW Census Tract 9	105	23.70%	100	22.57%	218	49.21%				
NW Census Tract 10	5	4.59%	51	46.79%	53	48.62%				
NW Census Tract 11	0	0.00%	12	70.59%	5	29.41%				
NW Census Tract 23	43	4.03%	299	28.02%	725	67.95%				
NW Census Tract 24	93	16.32%	192	33.68%	285	0.50%				
NW Census Tract 25	211	37.02%	173	30.35%	186	32.63%				
SE Census Tract 26	36	17.65%	74	36.27%	87	42.65%				
SE Census Tract 27	42	7.34%	301	52.62%	229	40.03%				
Northern Botetourt MUA Census Tract 401	27	5.38%	139	27.69%	336	67%				
Northern Botetourt MUA Census Tract 402	53	6.75%	243	31%	489	62.30%				

In the city of Roanoke more whites live in poverty (17%) as compared to Virginia (9%). More blacks live in poverty in the city (33.2%) as compared to the statewide averages (19.8%) as well.²³

Poverty Status in the Past 12 Months by Race/Ethnicity, 2009-2013

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table S1701. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

Geography		White		Black/African American			
	Population	Number in Poverty	Percent	Population	Number in Poverty	Percent	
Virginia	5477811	491024	9%	1491461	294800	19.8%	
Botetourt County	31046	2229	7%	1156	220	19%	
Craig County	5028	393	8%	2	2	100%	
Franklin County	49367	6840	14%	4216	656	15.6%	
Roanoke County	81853	4111	5%	4838	1108	22.9%	
Roanoke City	62536	10,650	17.%	26112	8,664	33.2%	
Salem City	20375	2,082	10.2%	1803	521	28.9%	

Geography	American Indian/Alaskan Native			Asian			Native Hawaiian and Other Pacific Islander		
	Population	Number in Poverty	Percent	Population	Number in Poverty	Percent	Population	Number in Poverty	Percent
Virginia	23536	3478	14.8%	449879	37249	8.3%	5215	673	12.9%
Botetourt County	38	0	0%	46	0	0%	0	0	0%
Craig County	0	0	0%	21	21	100%	0	0	0%
Franklin County	70	0	0%	110	0	0%	0	0	0%
Roanoke County	64	0	0%	2428	265	11%	0	0	0%
Roanoke City	267	60	22.5%	1876	778	41.5%	129	0	0%
Salem City	0	0	0%	446	58	13%	0	0	0%

Geography	Son	ne Other Race		Two or More Races			
	Population	Number in Poverty	Percent	Population	Number in Poverty	Percent	
Virginia	175056	29497	16.9%	231178	30874	13.4%	
Botetourt County	21	0	0%	430	73	17%	
Craig County	0	0	0%	114	33	28.9%	
Franklin County	122	14	11.5%	721	116	16.1%	
Roanoke County	198	7	3.5%	1483	498	33.6%	
Roanoke City	884	307	34.7%	3639	901	24.8%	
Salem City	277	0	0%	163	32.00	19.6%	

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 $^{^{23}}$ US Census Bureau, American Community Survey, 1-year estimates, 2010

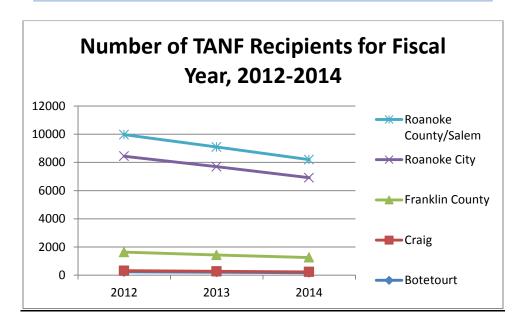
The Roanoke City Department of Social Services works to promote self-sufficiency while providing support and protection to the citizens of the city through the delivery and coordination of community based social services. Services include financial assistance programs including aid to families with dependent children-foster care; emergency assistance and energy assistance; Medicaid and FAMIS (Family Access to Medical Insurance Security) enrollment; Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF); and state and local hospitalization. Other support programs include adult and child protective services; prevention services for families; foster care and adoption services; and child care development.

Number of TANF Recipients for Roanoke MSA for Fiscal Year, 2012-2014

(Virginia Department of Social Services. Local Departments of Social Services Profile Report. Local Agency Caseload & Expenditure, SFY 2012-2014. Retrieved from

http://www.dss.virginia.gov/geninfo/reports/agency_wide/ldss_profile.cgi.)

	2012	2013	2014
Botetourt	238	212	175
Craig	78	59	59
Franklin County	1319	1158	1018
Roanoke City	6804	6265	5658
Roanoke County/Salem	1527	1394	1281

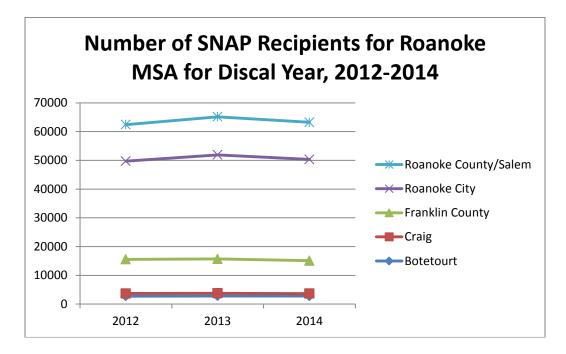


Number of SNAP Recipients for Roanoke MSA for Fiscal Year, 2012-2014

(Virginia Department of Social Services. Local Departments of Social Services Profile Report. Local Agency Caseload & Expenditure, SFY 2012-2014. Retrieved from

http://www.dss.virginia.gov/geninfo/reports/agency_wide/ldss_profile.cgi.)

	2012	2013	2014
Botetourt	2764	2819	2794
Craig	911	927	851
Franklin County	11872	11950	11430
Roanoke City	34163	36,201	35249
Roanoke County/Salem	12726	13260	12926



In the city of Roanoke, 74.8% of children and adolescents are eligible for the Free and Reduced Lunch Program, as compared to 41.9% for Virginia school districts as a whole. ²⁴ Half of the school children in Franklin County and nearly half in Craig County are eligible for the Free and Reduced Lunch Program.

²⁴Virginia Department of Education, Office of School Nutrition Program, National School Lunch Program Free & Reduced Price Eligibility Report, October 31, 2011

Students Eligible for Free and Reduced Lunch Program, 2012-2015

(Virginia Department of Education, Office of School Nutrition Programs. Free and Reduced Price Eligibility Report, Division Level. Retrieved from http://www.doe.virginia.gov/support/nutrition/statistics/.)

Locality	% Eligible for Free or Reduced Lunch 2012	% Eligible for Free or Reduced Lunch 2013	% Eligible for Free or Reduced Lunch 2014	% Eligible for Free or Reduced Lunch 2015
Botetourt County	22.03%	20.92%	22.15%	23.37%
Craig County	43.31%	51.26%	50.73%	50.54%
Franklin County	50.09%	50.75%	50.13%	51.99%
Roanoke County	25.00%	26.42%	26.50%	26.35%
Roanoke City	67.96%	71.13%	73.37%	74.78%
Salem City	32.30%	32.09%	32.03%	30.59%
Virginia	39.67%	40.10%	41.19%	41.95%

The elementary, middle and high schools with the greatest number of children eligible for free and reduced lunches are located in the Medically Underserved Areas (MUA) in the Northwest (NW) and Southeast (SE) quadrants of the city.

Botetourt County Public Schools Free and Reduced Lunch Eligibility, 2013-2014

	SNAP Membership	Free Lunch Eligible	%Free Lunch Eligible	Reduced Lunch Eligible	%Reduced Lunch Eligible	Total F/R Lunch Eligible	% Total F/R Lunch Eligible
Elementary Schools							
Breckinridge	230	45	19.57%	13	5.65%	58	25.22%
Buchanan	264	85	32.20%	19	7.20%	104	39.39%
Cloverdale	326	45	13.80%	13	3.99%	58	17.79%
Colonial	424	67	15.80%	18	4.25%	85	20.05%
Eagle Rock	148	41	27.70%	23	15.54%	64	43.24%
Greenfield	393	79	20.10%	21	5.34%	100	25.45%
Troutville	284	54	19.01%	24	8.45%	78	27.46%
Middle Schools							
Central Academy	460	87	18.91%	36	7.83%	123	26.74%
Read Mountain	720	96	13.33%	31	4.31%	127	17.64%
High Schools							
James River	565	91	16.11%	42	7.43%	133	23.54%
Lord Botetourt	1057	115	10.88%	34	3.22%	149	14.10%

Botetourt County Public Schools Free and Reduced Lunch Eligibility, 2014-2015

	SNAP Membership	Free Lunch Eligible	%Free Lunch Eligible	Reduced Lunch Eligible	%Reduced Lunch Eligible	Total F/R Lunch Eligible	% Total F/R Lunch Eligible
Elementary Schools							
Breckinridge	228	53	23.25%	13	5.70%	66	28.95%
Buchanan	283	103	36.40%	18	6.36%	121	42.76%
Cloverdale	310	44	14.19%	9	2.90%	53	17.10%
Colonial	412	85	20.63%	14	3.40%	99	24.03%
Eagle Rock	156	44	28.21%	23	14.74%	67	42.95%
Greenfield	396	82	20.71%	17	4.29%	99	25.00%
Troutville	271	58	21.40%	18	6.64%	76	28.04%
Middle Schools							
Central Academy	466	105	22.53%	29	6.22%	134	28.76%
Read Mountain	736	104	14.13%	32	4.35%	136	18.48%
High Schools							
James River	576	105	18.23%	34	5.90%	139	24.13%
Lord Botetourt	1027	122	11.88%	24	2.34%	146	14.22%

Craig County Public Schools Free and Reduced Lunch Eligibility, 2013-2014

(Virginia Department of Education, Office of School Nutrition Programs. Free and Reduced Price Eligibility Report, School/Site Level. Retrieved from http://www.doe.virginia.gov/support/nutrition/statistics/.)

	SNAP Membership	Free Lunch Eligible	%Free Lunch Eligible	Reduced Lunch Eligible	%Reduced Lunch Eligible	Total F/R Lunch Eligible	% Total F/R Lunch Eligible
Elementary Schools	1						
McCleary	286	131	45.80%	40	13.99%	171	59.79%
High Schools							
Craig County	402	137	34.08%	41	10.20%	178	44.28%

Craig County Public Schools Free and Reduced Lunch Eligibility, 2014-2015

	SNAP Membership	Free Lunch Eligible	%Free Lunch Eligible	Reduced Lunch Eligible	%Reduced Lunch Eligible	Total F/R Lunch Eligible	% Total F/R Lunch Eligible
Elementary Schools							
McCleary	285	133	46.67%	40	14.04%	173	60.70%
High Schools							
Craig County	366	130	35.52%	26	7.10%	156	42.62%

Franklin County Public Schools Free and Reduced Lunch Eligibility, 2013-2014

	SNAP Membership	Free Lunch Eligible	%Free Lunch Eligible	Reduced Lunch Eligible	%Reduced Lunch Eligible	Total F/R Lunch Eligible	% Total F/R Lunch Eligible
Elementary Schools							
Ben. Franklin							
Middle-East	539	233	43.23%	48	8.91%	281	52.13%
Boones Mill	343	92	26.82%	22	6.41%	114	33.24%
Burnt Chimney	316	113	35.76%	18	5.70%	131	41.46%
Callaway	253	123	48.62%	22	8.70%	145	57.31%
Dudley	285	108	37.89%	20	7.02%	128	44.91%
Ferrum	248	143	57.66%	11	4.44%	154	62.10%
Glade Hill	334	187	55.99%	10	2.99%	197	58.98%
Henry	200	105	52.50%	13	6.50%	118	59.00%
Lee M. Waid	426	241	56.57%	21	4.93%	262	61.50%
Rocky Mount	360	234	65.00%	24	6.67%	258	71.67%
Snow Creek	204	112	54.90%	25	12.25%	137	67.16%
Sontag	322	208	64.60%	28	8.70%	236	73.29%
Windy Gap	328	121	36.89%	21	6.40%	142	43.29%
Middle Schools							
Ben. Franklin							
Middle-West	539	233	43.23%	48	8.91%	281	52.13%
Gereau Ctr For Apl							
Tech&Career Expl	284	115	40.49%	21	7.39%	136	47.89%
High Schools							
Franklin County	1090	393	36.06%	82	7.52%	475	43.58%

Franklin County Public Schools Free and Reduced Lunch Eligibility, 2014-2015

	SNAP Membership	Free Lunch Eligible	%Free Lunch Eligible	Reduced Lunch Eligible	%Reduced Lunch Eligible	Total F/R Lunch Eligible	% Total F/R Lunch Eligible
Elementary Schools							
Ben. Franklin							
Middle-East	543	248	45.67%	38	7.00%	286	52.67%
Boones Mill	339	107	31.56%	28	8.26%	135	39.82%
Burnt Chimney	326	139	42.64%	18	5.52%	157	48.16%
Callaway	249	120	48.19%	28	11.24%	148	59.44%
Dudley	296	102	34.46%	28	9.46%	130	43.93%
Ferrum	242	135	55.79%	9	3.72%	144	59.50%
Glade Hill	328	172	52.44%	23	7.01%	195	59.45%
Henry	200	94	47.00%	18	9.00%	112	56.00%
Lee M. Waid	396	220	55.56%	34	8.59%	254	64.14%
Rocky Mount	389	323	83.03%	0	0.00%	323	83.03%
Snow Creek	224	124	55.36%	17	7.59%	141	62.95%
Sontag	342	291	85.09%	0	0.00%	291	85.09%
Windy Gap	345	117	33.91%	22	6.38%	139	40.29%
Middle Schools							
Ben. Franklin Middle-West	845	333	39.41%	64	7.57%	397	46.98%
Gereau Center for Apl Tech & Career Expl	304	126	41.45%	29	9.54%	155	50.99%
High Schools							
Franklin County	1054	385	36.53%	101	9.58%	486	46.11%

Roanoke County Public Schools Free and Reduced Lunch Eligibility, 2013-2014

Elementary Schools Back Creek	305			Eligible	Eligible	Lunch Eligible	Lunch Eligible
Back Creek	305						
		28	9.18%	18	5.90%	46	15.08%
Bonsack	420	24	5.71%	9	2.14%	33	7.86%
Burlington	444	202	45.50%	43	9.68%	245	55.18%
Cave Spring	479	50	10.44%	24	5.01%	74	15.45%
Clearbrook	331	86	25.98%	27	8.16%	113	34.14%
Fort Lewis	227	43	18.94%	3	1.32%	46	20.26%
Glen Cove	458	89	19.43%	57	12.45%	146	31.88%
Glenvar	376	99	26.33%	25	6.65%	124	32.98%
Green Valley	435	99	22.76%	32	7.36%	131	30.11%
Herman L. Horn	445	197	44.27%	31	6.97%	228	51.24%
Mason's Cove	218	60	27.52%	15	6.88%	75	34.40%
Mountain View	399	98	24.56%	42	10.53%	140	35.09%
Mt. Pleasant	343	107	31.20%	31	9.04%	138	40.23%
Oak Grove	458	106	23.14%	25	5.46%	131	28.60%
Penn Forest	475	61	12.84%	32	6.74%	93	19.58%
W.E. Cundiff	527	193	36.62%	40	7.59%	233	44.21%
Middle Schools							
Cave Spring	726	101	13.91%	37	5.10%	138	19.01%
Glenvar	401	92	22.94%	16	3.99%	108	26.93%
Hidden Valley	649	87	13.41%	27	4.16%	114	17.57%
Northside	750	178	23.73%	76	10.13%	254	33.87%
William Byrd	833	185	22.21%	44	5.25%	229	27.49%
High Schools							
Cave Spring	952	109	11.45%	46	4.83%	155	13.28%
Glenvar	563	94	16.70%	24	4.26%	118	20.96%
Hidden Valley	1010	124	12.28%	36	3.56%	160	15.84%
Northside	750	178	23.73%	76	10.13%	254	33.87%
William Byrd	1166	203	17.41%	67	5.75%	270	23.16%

Roanoke County Public Schools Free and Reduced Lunch Eligibility, 2014-2015

	SNAP Membership	Free Lunch Eligible	%Free Lunch Eligible	Reduced Lunch Eligible	%Reduced Lunch Eligible	Total F/R Lunch Eligible	% Total F/R Lunch Eligible
Elementary Schools							
Back Creek	317	38	11.99%	12	3.79%	50	15.77%
Bonsack	414	28	6.76%	7	1.69%	35	8.45%
Burlington	438	196	44.75%	40	9.13%	236	53.88%
Cave Spring	484	48	9.92%	13	2.69%	61	12.60%
Clearbrook	351	84	23.93%	21	5.98%	105	29.91%
Fort Lewis	236	39	16.53%	5	2.12%	44	18.64%
Glen Cove	458	95	20.74%	36	7.86%	131	28.60%
Glenvar	363	99	27.27%	28	7.71%	127	34.99%
Green Valley	475	101	21.26%	52	10.95%	153	32.21%
Herman L. Horn	405	157	38.77%	34	8.40%	191	47.16%
Mason's Cove	259	72	27.80%	13	5.02%	85	32.82%
Mountain View	393	102	25.95%	33	8.40%	135	34.35%
Mt. Pleasant	352	108	30.68%	34	9.66%	142	40.34%
Oak Grove	458	120	26.20%	32	6.99%	152	33.19%
Penn Forest	478	77	16.11%	27	5.65%	104	21.76%
W.E. Cundiff	549	192	34.97%	44	8.01%	236	42.99%
Middle Schools							
Cave Spring	747	99	13.25%	32	4.28%	131	17.54%
Glenvar	434	92	21.20%	23	5.30%	115	26.50%
Hidden Valley	593	74	12.48%	28	4.72%	102	17.20%
Northside	716	188	26.26%	72	10.06%	260	36.31%
William Byrd	794	181	22.80%	40	5.04%	221	27.83%
High Schools							
Cave Spring	987	103	10.44%	33	3.34%	136	13.78%
Glenvar	553	91	16.46%	25	4.52%	116	20.98%
Hidden Valley	1018	110	10.81%	43	4.22%	153	15.03%
Northside	1014	227	22.39%	74	7.30%	301	29.68%
William Byrd	1142	220	19.26%	60	5.25%	280	24.52%

Roanoke City Public Schools Free and Reduced Lunch Eligibility, 2013-2014

	CNIA	Free	%Free	Reduced	%Reduced	Total F/R	% Total
	SNAP	Lunch	Lunch	Lunch	Lunch	Lunch	F/R Lunch
	Membership	Eligible	Eligible	Eligible	Eligible	Eligible	Eligible
Elementary Schools							
Crystal Spring	349	53	15.19%	7	2.01%	60	17.19%
Fairview	467	367	78.59%	30	6.42%	397	85.01%
Fallon Park	678	550	81.12%	55	8.11%	605	89.23%
Fishburn Park	330	176	53.33%	33	10.00%	209	63.33%
Garden City	335	242	72.24%	21	6.27%	263	78.51%
Grandin Court	338	98	28.99%	21	6.21%	119	35.21%
Highland Park	379	224	59.10%	17	4.49%	241	63.59%
Hurt Park	383	361	94.26%	15	3.92%	376	98.17%
Lincoln Terrace	288	256	88.89%	19	6.60%	275	95.49%
Monterey	563	365	64.83%	36	6.39%	401	71.23%
Morningside	316	254	80.38%	18	5.70%	272	86.08%
Preston Park	438	310	70.78%	25	5.71%	335	76.48%
Roanoke Acad.	460	401	87.17%	23	5.00%	424	92.17%
Math/Science	400	401	07.17/0	23	3.00%	424	92.17/0
Round Hill	615	535	86.99%	31	5.04%	566	92.03%
Virginia Heights	387	238	61.50%	28	7.24%	266	68.73%
Wasena	269	154	57.25%	15	5.58%	169	62.83%
Westside	764	653	85.47%	43	5.63%	696	91.10%
Middle Schools							
Addison Aerospace Magnet	612	475	77.61%	37	6.05%	512	83.66%
Breckinridge	546	356	65.20%	52	9.52%	408	74.73%
James Madison	601	290	48.25%	32	5.32%	322	53.58%
Stonewall Jackson	614	491	79.97%	42	6.84%	533	86.81%
Woodrow Wilson	472	263	55.72%	22	4.66%	285	60.38%
High Schools							
Patrick Henry	1772	909	51.30%	105	5.93%	1014	57.22%
William Fleming	1315	876	66.62%	99	7.53%	975	74.14%
Other Schools							
Forest Park	154	118	76.62%	13	8.44%	131	85.06%
Academy	154	119	70.02%	13	0.4470	131	65.00%
Noel C. Taylor Academy-Oakland	124	94	75.81%	7	5.65%	101	81.45%

Roanoke City Public Schools Free and Reduced Lunch Eligibility, 2014-2015

	SNAP Membership	Free Lunch Eligible	%Free Lunch Eligible	Reduced Lunch Eligible	%Reduced Lunch Eligible	Total F/R Lunch Eligible	% Total F/R Lunch Eligible
Elementary Schools							
Crystal Spring	350	54	15.43%	9	2.57%	63	18.00%
Fairview	470	369	78.51%	32	6.81%	401	85.32%
Fallon Park	693	580	83.69%	43	6.20%	623	89.90%
Fishburn Park	301	130	43.19%	30	9.97%	160	53.16%
Garden City	318	235	73.90%	14	4.40%	249	78.30%
Grandin Court	344	111	32.27%	21	6.10%	132	38.37%
Highland Park	359	212	59.05%	18	5.01%	230	64.07%
Hurt Park	371	348	93.80%	15	4.04%	363	97.84%
Lincoln Terrace	300	269	89.67%	13	4.33%	282	94.00%
Monterey	596	408	68.46%	44	7.38%	452	75.84%
Morningside	295	246	83.39%	20	6.78%	266	90.17%
Preston Park	446	324	72.65%	37	8.30%	361	80.94%
Roanoke Acad. Math/Science	476	422	88.66%	25	5.25%	447	93.91%
Round Hill	623	551	88.44%	28	4.49%	579	92.94%
Virginia Heights	367	229	62.40%	28	7.63%	257	70.03%
Wasena	255	149	58.43%	14	5.49%	163	63.92%
Westside	774	673	86.95%	38	4.91%	711	91.86%
Middle Schools							
Addison Aerospace Magnet	581	476	81.93%	39	6.71%	515	88.64%
Breckinridge	545	370	67.89%	45	8.26%	415	76.15%
James Madison	598	308	51.51%	26	4.35%	334	55.85%
Stonewall Jackson	558	456	81.72%	44	7.89%	500	89.61%
Woodrow Wilson	473	238	50.32%	36	7.61%	274	57.93%
High Schools							
Patrick Henry	1808	964	53.32%	103	5.70%	1067	59.02%
William Fleming	1404	985	70.16%	103	7.34%	1088	77.49%
Other Schools							
Forest Park Academy	138	107	77.54%	7	5.07%	114	82.61%
Noel C. Taylor Academy-Oakland	106	85	80.19%	1	0.94%	86	81.13%

Salem City Public Schools Free and Reduced Lunch Eligibility, 2013-2014

(Virginia Department of Education, Office of School Nutrition Programs. Free and Reduced Price Eligibility Report, School/Site Level. Retrieved from http://www.doe.virginia.gov/support/nutrition/statistics/.)

	SNAP Membership	Free Lunch Eligible	%Free Lunch Eligible	Reduced Lunch Eligible	%Reduced Lunch Eligible	Total F/R Lunch Eligible	% Total F/R Lunch Eligible
Elementary Schools							
East Salem	426	159	37.32%	32	7.51%	191	44.84%
G.W. Carver	449	177	39.42%	38	8.46%	215	47.88%
South Salem	412	96	23.30%	31	7.52%	127	30.83%
West Salem	403	92	22.83%	20	4.95%	112	27.79%
Middle Schools							
Andrew Lewis	933	220	23.58%	60	6.43%	280	30.01%
High Schools							
Salem High	1205	234	19.42%	67	5.56%	301	24.98%

Salem City Public Schools Free and Reduced Lunch Eligibility, 2014-2015

	SNAP Membership	Free Lunch Eligible	%Free Lunch Eligible	Reduced Lunch Eligible	%Reduced Lunch Eligible	Total F/R Lunch Eligible	% Total F/R Lunch Eligible
Elementary Schools							
East Salem	418	171	40.91%	35	8.37%	206	29.46%
G.W. Carver	456	190	41.67%	42	9.21%	232	50.88%
South Salem	414	88	21.26%	20	4.83%	108	26.09%
West Salem	423	90	21.28%	19	4.49%	109	25.77%
Middle Schools							
Andrew Lewis	913	214	23.44%	55	6.02%	269	29.46%
High Schools							
Salem High	1198	184	15.36%	61	5.09%	245	20.45%

Households and Marital Status

In the city of Roanoke, of the population 15 years of age and older, fewer were married, more were divorced, and more had never married as compared to all localities in the Metropolitan Statistical Area and the state as a whole.²⁵

Marital Status, Population 15 years and over, 2009-2013, Percentage

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table S1201. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

Geography	Now Married (except separated)	Widowed	Divorced	Separated	Never Married
Virginia	50.70%	5.60%	9.90%	2.60%	31.20%
Botetourt County	65.50%	5.80%	8.60%	1.50%	18.50%
Craig County	63.50%	4.70%	14.00%	0.30%	17.50%
Franklin County	60.10%	6.40%	10.10%	2.10%	21.40%
Roanoke County	56.70%	7.50%	11.50%	1.50%	22.80%
Roanoke City	38.00%	7.80%	16.00%	2.90%	35.40%
Salem City	46.80%	7.10%	12.30%	2.70%	31.00%

More children less than 18 years of age who live with their own parents live in single parent families in the city of Roanoke than any other locality in the MSA. Of these children, the majority are African American or Hispanic.

Percent of Children Living in Single Parent Households, 2010, by Race/Ethnicity

(U.S. Census Bureau, 2010 Census Summary File 1, Table P31, P31A, P31B, P31H. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

Geography	Total Child Population	White	African American	Hispanic or Latino
Virginia	27.2	19.5	55.5	28.4
Botetourt County	18.2	17.7	26.2	23.9
Craig County	22.8	22.9	0.0	18.2
Franklin County	28.6	25.5	60.7	28.4
Roanoke Co./Salem	24.0	21.3	56.6	28.6
Roanoke City	49.5	34.3	71.1	45.5

*Note: Refers to population of children (< 18 years) living in their own parents' households. Excludes minors who are heads of households, spouses, or other relatives (e.g., grandchildren) living in the household as well as children living in institutionalized settings. Hispanic origin is not mutually exclusive of race.

²⁵ US Census Bureau, American Community Survey, 5-year Estimate, Table S1201, 2006-2010

There are twice as many families (16.9%) in the city of Roanoke that live below 100% of poverty as compared to those statewide (8.0%). This disparity is even greater for families living in poverty with children under 18 years of age where 28.8% of families in the city of Roanoke live below 100% of FPL, almost two and a half times the number of families statewide (12.6%). In Roanoke, almost half of families (46.2%) with a female head of household and children less than 18 years of age live below 100% FPL compared 33.2% in Virginia as a whole. Franklin County is second in the MSA with the number of families, families with children, and families with female head of household and children living in poverty. ²⁶

Families Living in Poverty

(U.S. Census Bureau, 2008-2013 5-Year American Community Survey, Table S1702. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

Geography	Percent 2008-2012	Percent 2009-2013	Percent Change
Virginia	7.80%	8.00%	-2.56%
Botetourt County	4.70%	5.60%	-19.15%
Craig County	7.60%	7.50%	1.32%
Franklin County	11.70%	10.30%	11.97%
Roanoke County	4.70%	4.70%	0%
Roanoke City	16.00%	16.90%	-5.60%
Salem City	7.90%	8.30%	5.06%

Families Living in Poverty with Related Children Under 18 Years

(U.S. Census Bureau, 2008-2012 and 2009-2013 5-Year American Community Survey, Table S1702. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

Geography	2008-2012	2009-2013	Percent Change
Virginia	12.20%	12.60%	-3.28%
Botetourt County	7.30%	9.30%	-27.40%
Craig County	17.10%	16.90%	1.17%
Franklin County	20.00%	17.00%	15%
Roanoke County	6.80%	7.20%	-5.88%
Roanoke City	26.40%	28.80%	-9.09%
Salem City	12.90%	13.60%	-5.43%

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²⁶ US Census Bureau American Community Survey 5-year estimates 2006-2010

Female Head of Household with Related Children Under 18 Years Living in Poverty

(U.S. Census Bureau, 2008-2012 and 2009-2013 5-Year American Community Survey, Table S1702. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

Geography	2008-2012	2009-2013	Percent Change
Virginia	32.60%	33.20%	-1.84%
Botetourt County	18.00%	25.20%	-40%
Craig County	55%	100%	-81.82%
Franklin County	41.90%	35.80%	14.56%
Roanoke County	16.20%	18.80%	-16.05%
Roanoke City	45.30%	46.20%	-1.99%
Salem City	23.20%	27.30%	-17.67%

In the all of the Roanoke Metropolitan Statistical Area except the city of Salem, more grandparents are responsible for their grandchildren as compared statewide.²⁷

Percent of Grandparents Living with Grandchildren who are Responsible for their Grandchildren with No Parent of the Grandchild Present

(U.S. Census Bureau, 2008-2012 and 2009-2013 5-Year American Community Survey, Table S1002. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

Geography	2008-2012	2009-2013	Percent Change
Virginia	13.60%	13.00%	4.40%
Botetourt County	11.40%	15.70%	-37.72%
Craig County	28.60%	42.90%	-50%
Franklin County	22.60%	15.10%	33.19%
Roanoke County	21.50%	16.70%	22.33%
Roanoke City	17.70%	18.70%	-5.65%
Salem City	15.10%	13.20%	12.58%

Employment Status

Many areas in the Roanoke Metropolitan Statistical Area (MSA) were hard hit by the recession with a doubling of unemployment rates from 2008 to 2011. Those rates have since started to decline. The city of Roanoke and Craig County both have the highest unemployment rate in the MSA (6.7%), but it is lower than the national unemployment rates (7.4%). The city of Roanoke, the city of Salem, Craig County, and Franklin County all have higher unemployment rates than state averages (5.5%). ²⁸

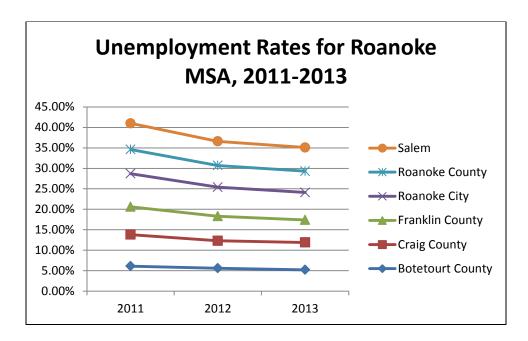
²⁷ US Census Bureau, American Community Survey 5-year Estimates, 2006-2010

²⁸ Virginia Employment Commission, Local Area Unemployment Statistics, 2001-2011

Unemployment Rates for Roanoke MSA, Virginia, and U.S. 2009-2013

(Virginia Employment Commission, Local Area Unemployment Statistics, Retrieved from https://data.virginialmi.com/gsipub/index.asp?docid=342)

	2011	2012	2013
Botetourt County	6.10%	5.60%	5.20%
Craig County	7.70%	6.70%	6.70%
Franklin County	6.80%	6.00%	5.50%
Roanoke City	8.10%	7.10%	6.70%
Roanoke County	5.90%	5.30%	5.20%
Salem	6.40%	5.90%	5.80%
Virginia	6.40%	5.90%	5.50%
United States	8.90%	8.10%	7.40%



The largest employer in the city of Roanoke is Carilion Clinic and its two hospitals Carilion Roanoke Memorial Hospital and Carilion Roanoke Community Hospital both located in downtown Roanoke. In addition to Carilion Clinic, the Roanoke City School Board, City of Roanoke, and Wal-Mart are the largest employers in the city.²⁹

Transportation

In the NW MUA of the city, nearly two times as many residents (25.3%) live in housing without an available vehicle as compared to the city as a whole (13.7%). This rate is four times greater

²⁹ Virginia Employment Commission, Quarterly Census of Employment and Wages, 4th quarter (Oct-Dec), 2011

than the state's average (6.3%). In the SE MUA, 14.3% of residents live in housing without an available vehicle.³⁰

Occupied Housing Units with No Vehicles Available, Roanoke MUA, 2009-2013

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table DP04. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

	#Occupied housing units with no vehicles available	
Virginia	190596	6.30%
Botetourt County	266	2.10%
Craig County	95	4.50%
Franklin County	1205	5.20%
Roanoke County	1467	3.90%
Roanoke City	5812	13.70%
Salem City	583	5.90%
NW Census Tract 1	255	15.90%
NW Census Tract 9	834	37.00%
NW Census Tract 10	386	47.40%
NW Census Tract 11	16	3.50%
NW Census Tract 23	299	10.70%
NW Census Tract 24	273	19.90%
NW Census Tract 25	889	37.70%
SE Census Tract 26	117	16.50%
SE Census Tract 27	291	13.60%
Northern Botetourt MUA Census Tract 401	8	0.60%
Northern Botetourt MUA Census Tract 402	50	3.10%

There are public transportation services in the City of Roanoke via *Valley Metro*, the City's public transit system. Most Valley Metro buses run at half-hour intervals during peak commuting hours, and at one hour intervals during the off-peak hours between 9:15 a.m. and 3:15 p.m., and after 6:45 p.m. There is no service after 9:00 p.m. and no service on Sundays. They do not provide service to the surrounding cities and counties in the service area. In addition to this fixed route schedule, they provide specialized transportation for the disabled. In addition to Valley Metro, RADAR, a non-profit corporation, provides rural public transit services and specialized transit for a \$3.00 fare. RADAR services are aimed at physically disabled, mentally disabled, or transportation disadvantaged individuals who meet eligibility criteria. Virginia Premier offers free transportation to medical and dental appointments for its managed care Medicaid clients.

³⁰ US Census Bureau American Community Survey 5-year estimates, 2006-2010

The LOA (Local Office on Aging) serves persons 60 and older and their families in the Fifth Planning District of Virginia, which includes Alleghany County, Botetourt County, Craig County, Roanoke County, Covington, Roanoke City and Salem. The LOA is a private, non-profit organization with a mission of helping older persons remain independent for as long as possible. To effectively carry out this mission, they administer over 25 community services that provide nutrition, education, advocacy and socialization. They strive to enhance the quality of life in the home; help individuals stay in their homes and avoid early institutionalization; provide support to caregivers of the elderly; and advocate for quality services, medical care, and housing for the elderly.

Vital Services Transportation is a program of LOA available to individuals 60 or older, with low incomes who have an emergency need for transportation to a doctor, to the pharmacy, grocery store or other critical appointment. They help those who need door to door assistance and who have no other source for transportation or means to pay for transportation. Individuals are transported by volunteers, taxi-cab or van service.³¹

Lack of access to reliable transportation is one of the most pervasive barriers to regular health care for families and individuals. The result is missed opportunities for preventive and routine care. Target Population Focus Group participants noted a reliance on public transportation, community resources, and friends and family for doctors' appointments which is an unreliable mode of transportation, given the lack of "control" over their arrivals and departures. Lack of transportation was one of the top barriers to healthcare identified by the Community Health Survey.

Homelessness & Persons Living in Public Housing

The city of Roanoke is rich in resources and services for the homeless not found in the more rural areas of the Metropolitan Statistical Area (MSA) and as such is often considered a destination for those experiencing homelessness in the region. Below includes key finding of the 2015 Annual Point-In-Time Report for the Blue Ridge Continuum of Care. More information on Homelessness can be found at: http://rvarc.org/community/homelessness/.

- The total number of homeless individuals in the 2015 winter study was 390. The number of adults age 24 and older experiencing homelessness totaled 265. The number of children under age of 18 experiencing homelessness is 80. The numbers have been trending downward since 2012.
- 191 (49%) shelter respondents (adults 18 and over) completed the survey. This is a 9% decrease in the number of respondents compared to 2014 (58%).
- 60.5% of respondents were living in the Blue Ridge Continuum of Care catchment area when they became homeless compared to 57.6% in 2014 and 51.2% in 2013.
- The top 5 challenges faced by homeless include:
 - Affordable housing (#1 in 2014)
 - Cannot find work (# 2 in 2014)

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³¹ LOA Local Office on Aging, www.loaa.org

- Medical problems (#3 in 2014)
- Dental problems (#4 in 2014)
- Past incarceration (#5 in 2014)
- The oldest respondent is 76 and the youngest is 19.
- 96 men (50.3%) and 95 women (49.7%) completed the survey.
- 54.8% (103) of those surveyed identified themselves as white and 35.6% (67) identified themselves as African-American.
- 13% (25) of respondents are Veterans as compared to 19% in 2014.
- 44% (83) of respondents report having received mental health services in the past.
- 23% (44) of respondents report having received treatment for problems related to alcohol.
- 16.8% (32) of respondents report having been treated for drug dependency.
- 83.7% (159) report having a high school/GED education or more. Educational attainment has been trending upward since 2011 (73.4%, 77.9%, 79.9%, 81.2%).
- 32.1% (59) of respondents are employed either "on" or "off" the books. This is a 2.6% decrease from 2014.
- 31.4% of survey respondents indicate unemployment as the primary reason for being homeless.
- 32.6% (60) report receiving food stamps.
- 54.5% (104) of respondents report looking for work compared to 57.4% in 2014.
- 67.6% of respondents report they have never heard of the Community Housing Resource Center as compared to 76.9% in 2014. 15.1% of respondents have received services from the CHRC compared to 6.3% in 2014.

In 2013, the City of Roanoke Redevelopment and Housing Authority (RRHA) was awarded a Choice Neighborhood Planning Grant for the Loudon-Melrose/Shenandoah West Area of Northwest Roanoke. RRHA, city leadership, neighborhood residents, service organizations and local business owners worked together to develop a Transformation Plan focusing on three distinct areas-- Housing, Neighborhood, and People. Health and wellness was one of the major factors considered in the development of the People portion of this plan. In 2015, RRHA was awarded a Jobs Plus Pilot Program Grant to assist the residents of the Lansdowne Park development with employment services as well as any supportive services needed to find and maintain employment-- healthcare being one of the most important.

RRHA currently leases 1268 residential units to low-income individuals and families including disabled adults and seniors. In addition, RRHA provides 1,825 Section 8 vouchers to individuals and families. In 2015, there are 2062 individuals on the waiting list for Section 8 vouchers. In addition there are 400 on a waiting list for public housing. Seventy percent of residents identify themselves as black, twenty six percent identify as white. Forty-seven percent of residents are ages 0-17, 48% are 18 to 65 years of age, and 5% are over 65 years. Females account for 62% of residents and males 38%. There are a total of 3175 families served by RRHA, with an average family size of 2.3 persons earning an average annual income of \$11,830.

Access to health care

Access to health services is one of Healthy People 2020's Leading Health Indicators and its goal is to improve access to comprehensive, quality health care services. Objectives related to this goal include:

- Increase the proportion of persons with a usual primary care provider (AHS-3)
- Increase the number of practicing primary care providers (AHS-4)
- Increase the proportion of persons who have a specific source of ongoing care (AHS-5)
- Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines (AHS-6)³²

Disparities in access to health services directly affect quality of life and are impacted by having health insurance and ongoing sources of primary care. Individuals who have a medical home tend to receive preventive health care services, are better able to manage chronic disease conditions, and decrease emergency room visits for primary care services.³³

Health staffing shortages and designations

Craig County and Franklin County are designated Medically Underserved Areas (MUA) as are portions of Northern Botetourt County. In the city of Roanoke, eight census tracts are designated MUA's- six are located in the Northwest (NW) quadrant (Census Tracts 1, 9, 10, 23-25) and two in the Southeast (SE) quadrant (Census Tracts 26 and 27). The NW MUA is the service area for New Horizons Healthcare, a federally qualified health center, serving the NW area since 2000.

Health Professional Shortage Areas (HPSA) are present in the portions of the Roanoke Metropolitan Statistical Area (MSA) for Primary Care, Dental, and Mental Health providers and are outlined in the following table.

³³ Closing the Divide: How Medical Homes Promote Equity in Health Care: Results from the Commonwealth Fund 2006 Health Care Quality Survey, Volume 62, June 27, 2007

³² US Department of Health & Human Services, Healthy People 2020, Topics and Objectives, www.healthypeople.gov

Roanoke MSA Health Professional Shortage Areas

(Find Shortage Areas: HPSA by State & Country.(2014).U.S. Department of Health and Human Services: Health Resources and Services Administration. Retrieved from http://hpsafind.hrsa.gov/HPSASearch.aspx and Find Shortage Areas: MUA/P by State & County. (2014). U.S. Department of Health and Human Services: Health Resources and Services Administration. Retrieved from http://muafind.hrsa.gov/index.aspx.)

Geography	MUA	Primary Care HPSA	Dental HPSA	Mental Health HPSA
Botetourt County	Northern Botetourt (CT 401, 402)	Northern Botetourt (CT 401, 402)	Low Income-Botetourt County North (CT 401, 402)	None
Craig County	Craig County	Craig County	Family Healthcare Associates, Inc Mullens Craig County	Family Healthcare Associates, Inc Mullens
Franklin County	Franklin Service Area	Franklin County	Low Income-Franklin County	Low Income - Peidmont Service Area
Roanoke County	None	None	Low Income- Roanoke/Salem	None
Roanoke City	Southeast Roanoke City (CT 26, 27) Northwest Roanoke City (CT 1, 9, 10, 11, 23, 24, 25)	Kuumba Community Health Northwest Roanoke (CT 1, 9, 10, 11, 23, 24, 25)	Kuumba Community Health Low Income - Roanoke/Salem	Kuumba Community Health
Salem City	None	None	Low Income- Roanoke/Salem	None

Health Services Professionals

There is a direct relationship between the number of primary care providers in a community and improved health outcomes. Having an adequate supply of primary care providers is a measure of access to care and can be determined by calculating the ratio of the population to one Full-time Equivalent (FTE) provider. It is important to note that this information may at times under- or over-estimate the number of providers in the area; does not take into account patient satisfaction, how care is provided and utilization of services by the patients; and finally this measure does not reflect how care is coordinated within a community.³⁴

³⁴ County Health Rankings, 2012 Data and Methods, http://www.countyhealthrankings.org/health-factors/access-care accessed 8/18/12

Primary Care Providers Population Ratio, 2013

(HRSA Area Resource File. (2011-2012). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads)

Geography	#PCP	PCP Rate	PCP Ratio
Virginia	5919	74	1355:1
Botetourt	18	54	1843:1
Craig	1	19	5193:1
Franklin	26	46	22162:1
Roanoke	110	119	839:1
Roanoke City	75	77	1299:1
Salem City	36	145	690:1

Primary Care Providers Population Ratio, 2014

(HRSA Area Resource File. (2013). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads)

Geography	#PCP	PCP Rate	PCP Ratio
Virginia	6021	74	1345:1
Botetourt	18	55	1829:1
Craig	1	20	5099:1
Franklin	25	44	2257:1
Roanoke	107	115	867:1
Roanoke City	70	72	1382:1
Salem City	31	124	805:1

Primary Care Providers Population Ratio, 2015

(Area Health Resource File/American Medical Association. (2014). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads)

Geography	#PCP	PCP Rate	PCP Ratio
Virginia	6091	74	1344:1
Botetourt	16	48	2072:1
Craig	1	19	5213:1
Franklin	24	43	2350:1
Roanoke	113	122	822:1
Roanoke City	77	79	1266:1
Salem City	35	140	713:1

Mental Health Providers Population Ratio, 2013

(HRSA Area Resource File. (2011-2012). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads)

Geography	#MHP	MHP Rate	MHP Ratio
Virginia	N/A	N/A	2217:1
Botetourt	10	N/A	3318:1
Craig	1	N/A	5193:1
Franklin	3	N/A	18742:1
Roanoke	78	N/A	1184:1
Roanoke City	53	N/A	1827:1
Salem City	28	N/A	888:1

Mental Health Providers Population Ratio, 2014

(CMS, National Provider Identification. (2013). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads)

Geography	#MHP	MHP Rate	MHP Ratio
Virginia	8205	100	998:1
Botetourt	4	12	8289:1
Craig	0	0	0
Franklin	5	9	11282:1
Roanoke	134	144	693:1
Roanoke City	151	155	645:1
Salem City	135	541	185:1

Mental Health Providers Population Ratio, 2015

(CMS, National Provider Identification. (2014). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads)

Geography	#МНР	MHP Rate	MHP Ratio
Virginia	11406	138	724:1
Botetourt	10	30	3300:1
Craig	0	0	0
Franklin	8	14	7042:1
Roanoke	211	226	443:1
Roanoke City	212	215	464:1
Salem City	162	640	156:1

Dentist Population Ratio, 2013

(HRSA Area Resource File. (2011-2012). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads)

Geography	#Dentists	Dentist Rate	Dentist Ratio
Virginia	4563	55	1811:1
Botetourt	5	15	6690:1
Craig	1	19	5202:1
Franklin	12	21	4808:1
Roanoke	69	73	1371:1
Roanoke City	51	52	1940:1
Salem City	25	94	1063:1

Dentist Population Ratio, 2014

(HRSA Area Resource File. (2012). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads)

Geography	#Dentists	Dentist Rate	Dentist Ratio
Virginia	4951	60	1653:1
Botetourt	5	15	6631:1
Craig	2	38	2607:1
Franklin	11	19	5128:1
Roanoke	74	80	1255:1
Roanoke City	54	55	1805:1
Salem City	27	108	925:1

Dentist Population Ratio, 2015

(Area Health Resource File/National Provider Identification file. (2013). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads)

Geography	#Dentists	Dentist Rate	Dentist Ratio
Virginia	5127	62	1611:1
Botetourt	7	21	4715:1
Craig	2	38	2605:1
Franklin	11	20	5121:1
Roanoke	75	80	1247:1
Roanoke City	60	61	1641:1
Salem City	29	115	872:1

Source of Primary Care and Cost of Services

Primary care services are the center of modern health care systems. According to Healthy People 2020, there are three main steps in accessing primary health care services. First, an individual needs to enter the health care system. This may happen in several different ways. For example, entry can occur as a new patient in a private practice or community health center or as an emergency room patient. Next, the individual needs to access location where the health care services they need are provided. This could be through a referral, a discharge from the hospital to another location, or from independent research. Finally, the individual needs to find a health care provider in the location they have chosen that they trust with their wellbeing and are able to communicate with. This is often the lengthiest part of the process, as doctors often have long wait times for appointments. Cultural differences and language barriers also contribute to the complicated process. Once these three steps are completed, a patient is defined as having successfully accessed the health system³⁵.

Currently, one in fifteen American citizens depend on government-provided primary health services. This reliance on community health services has forced public health to grow rapidly in order to accommodate the nearly 22 million patients that utilize health centers today³⁶. The wide range of services provided by primary care professionals makes it a cornerstone of the entire U.S. health care system. In order to make sure the services rendered to patients are high-quality and utilize new technology, access to primary care needs the support of a hefty budget⁴². The transition to electronic medical records has already occurred in nearly 90 percent of federally qualified health centers. This technological innovation has made it easier and faster to integrate new patients into health centers everywhere⁴¹.

Improving the accessibility of primary care health services in this country is an expensive and somewhat lengthy process, but the benefits of Americans having a primary care health professional to monitor their wellbeing outweigh the cost.

Having a usual source of care and cost of services greatly impacts an individual's ability to access primary care especially the low-income and uninsured populations living in a community. In the Service Area, more persons living in the city of Roanoke (15%) reported that they could not see a doctor due to cost than in other localities in the service area or in Virginia as a whole.

³⁵ Healthy People 2020. (2015). Access To Health Services. Retrieved from http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

Health Resources and Services Administration. (n.d.). Health Center Program: What Is A Health Center? Retrieved from http://bphc.hrsa.gov/about/what-is-a-health-center/index.html

Percent of People Who Could Not See a Doctor Due to Cost, 2013-2015

(Behavioral Risk Factor Surveillance System. Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads)

Geography	% Couldn't Access 2013	% Couldn't Access 2014	% Couldn't Access 2015
Virginia	11%	12%	12%
Botetourt County	9%	10%	10%
Craig County	10%	0	0%
Franklin County	16%	15%	15%
Roanoke County	12%	11%	11%
Roanoke City	15%	15%	15%
Salem City	9%	0%	0%

Insurance Status

There is a significantly greater number of uninsured individuals (17%), Medicaid (20%), and Medicare (18%) recipients in the city of Roanoke as compared to the service area and statewide. There are fewer individuals with employer based insurance plans (47.3%) in the city.

Health Insurance Status, 2009-2013

(American Community Survey 5-Year Estimates, U.S. Census Bureau, 2009-2013, Table S2701)

Insurance Type	Virginia		Botet	Botetourt		Craig		Franklin	
	#	%	#	%	#	%	#	%	
Medicaid	840,636	10.70%	2431	7.40%	680	13.10%	8397	15%	
Medicare	1145321	14.50%	6658	20.30%	1145	22.10%	12403	22.20%	
Private	5900956	74.90%	26940	82.30%	3770	72.90%	38045	68.10%	
Direct-Purchase	1036733	13.20%	5637	17.20%	866	16.70%	10583	18.90%	
Employer Based	4789539	60.80%	22780	69.60%	3066	59.30%	28923	51.80%	
Uninsured	973047	12.30%	1879	5.70%	580	11.20%	7289	13%	

Health Insurance Status Con't, 2009-2013

Insurance Type	Roanoke County		Roano	ke City	Salem City		
	#	%	#	%	#	%	
Medicaid	7719	8.40%	18872	20%	2082	8.50%	
Medicare	17421	19.10%	17310	18.00%	4398	18%	
Private	74162	81.10%	55313	57.70%	18772	76.90%	
Direct-Purchase	15146	16.60%	11222	11.70%	3849	15.80%	
Employer Based	62089	67.90%	45404	47.30%	15692	64.30%	
Uninsured	6593	7.20%	16278	17%	2614	10.70%	

Projected Newly Eligible for Medicaid in 2015, Roanoke MSA

(The Commonwealth Institute analysis of Small Area Health Insurance Estimates data. (2015). Retrieved from http://www.thecommonwealthinstitute.org/2015/01/13/every-legislator-every-district/)

Projected Newly Eligible for Medicaid in 2015					
Botetourt County	920				
Craig County	250				
Franklin County	3000				
Roanoke County	2600				
Roanoke City	6600				
Salem City	1000				

Less Than 200% FPL Health Insurance Status by Age, Virginia

(U.S Census Bureau, American Community Survey 3-Year Estimates, 2011-2013, Table B27016. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

	< 18 Years		18-	18-64		65+		ges
	#	%	#	%	#	%	#	%
With health insurance	573569	90.74%	774657	61.42%	269020	98.60%	1617246	74.66%
Employer-based health insurance	161325	25.52%	392888	31.15%	60121	22.04%	614334	28.36%
Direct-purchase health insurance	33268	5.26%	119231	9.45%	94883	34.78%	247382	11.42%
Medicare	11901	1.88%	96393	7.64%	265435	97.29%	373729	17.25%
Medicaid	369825	58.51%	218111	17.29%	57610	21.12%	645546	29.80%
No health insurance	58519	9.26%	486662	38.58%	3810	1.40%	548991	25.34%
Total Number < 200% FPL	632088		1261319		272830		2166237	

Less Than 200% FPL Health Insurance Status by Age, Botetourt County

(U.S Census Bureau, American Community Survey 3-Year Estimates, 2011-2013, Table B27016. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

	< 18 Years		18-64		65+		All Ages	
	#	%	#	%	#	%	#	%
With health insurance	1603	98.10%	2874	78.31%	1656	100.00%	6133	88.12%
Employer-based health insurance	425	26.01%	1483	40.41%	383	23.13%	2291	32.92%
Direct-purchase health insurance	338	20.69%	485	13.22%	776	46.86%	1599	22.97%
Medicare	35	2.14%	403	10.98%	1656	100.00%	2094	30.09%
Medicaid	884	54.1%	852	23.22%	234	14.13%	1970	28.30%
No health insurance	31	1.90%	796	21.69%	0	0%	827	11.88%
Total Number < 200% FPL	1634		3670		1656		6960	

Less Than 200% FPL Health Insurance Status by Age, Franklin County

(U.S Census Bureau, American Community Survey 3-Year Estimates, 2011-2013, Table B27016. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

	< 18	3 Years	18	3-64	(65+	All A	Ages
	#	%	#	%	#	%	#	%
With health insurance	4697	94.00%	6365	59.66%	3444	100.00%	14506	75.91%
Employer-based health insurance	828	16.57%	2730	25.59%	670	19.45%	4228	22.12%
Direct-purchase health insurance	154	3.08%	1041	9.76%	1381	40.10%	2576	13.48%
Medicare	0	0.00%	1286	12.05%	3408	98.95%	4694	24.56%
Medicaid	3725	74.54%	2022	18.95%	422	12.25%	6169	32.28%
No health insurance	300	6.00%	4304	40.34%	0	0.00%	4604	24.09%
Total Number < 200% FPL	4997		10669		3444		19110	

Less Than 200% FPL Health Insurance Status by Age, Roanoke County

(U.S Census Bureau, American Community Survey 3-Year Estimates, 2011-2013, Table B27016. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

	< 18	Years	18-	-64	ϵ	5+	All A	Ages
	#	%	#	%	#	%	#	%
With health insurance	5304	95.33%	7421	67.87%	4087	99.10%	16812	81.52%
Employer-based health insurance	1443	25.93%	3757	34.36%	1191	28.88%	6391	30.99%
Direct-purchase health insurance	454	8.16%	1325	12.12%	1464	35.50%	3243	15.73%
Medicare	0	0.00%	1045	9.56%	4029	97.70%	5074	24.60%
Medicaid	3706	66.61%	2118	19.37%	584	14.16%	6408	31.07%
No health insurance	260	4.67%	3513	32.13%	37	.90%	3810	18.48%
Total Number < 200% FPL	5564		10934		4124		20622	

Less Than 200% FPL Health Insurance Status by Age, Roanoke City

(U.S Census Bureau, American Community Survey 3-Year Estimates, 2011-2013, Table B27016. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

	< 18 `	Years	18	-64	(6 5 +	All	Ages
	#	%	#	%	#	%	#	%
With health insurance	11539	94.28%	15656	60.58%	5196	99.46%	32391	74.79%
Employer-based health insurance	2749	22.46%	6475	25.05%	959	18.36%	10183	23.51%
Direct-purchase health insurance	144	1.18%	1433	5.54%	1875	35.89%	3452	7.97%
Medicare	181	1.48%	3080	11.92%	5155	98.68%	8416	19.43%
Medicaid	8646	70.64%	6043	23.38%	790	15.12%	15479	35.74%
No health insurance	700	5.72%	10188	39.42%	28	0.54%	10916	25.21%
Total Number < 200% FPL	12239		25844		5224		43307	

Less Than 200% FPL Health Insurance Status by Age, Salem City

(U.S Census Bureau, American Community Survey 3-Year Estimates, 2011-2013, Table B27016. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

	< 18	Years	18	-64	E	55+	All .	Ages
	#	%	#	%	#	%	#	%
With health insurance	1832	94.05%	2820	62.68%	980	97.22%	5632	75.55%
Employer-based health insurance	828	42.51%	1551	34.47%	147	14.58%	2526	33.88%
Direct-purchase health insurance	28	1.44%	299	6.65%	495	49.11%	822	11.03%
Medicare	0	0.00%	192	4.27%	943	93.55%	1135	15.22%
Medicaid	997	51.18%	762	16.94%	128	12.70%	1887	25.31%
No health insurance	116	5.95%	1679	37.32%	28	2.78%	1823	24.45%
Total Number < 200% FPL	1948		4499		1008		7455	

Health status of the population

Percent of Adults Reporting Fair to Poor Health and the Number of Poor Physical Health Days in the Past Month, 2005-2011

(Behavioral Risk Factor Surveillance System. (2005-2011). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads)

	Poor or Fair Health	Poor Physical Health Days
Geography	% Poor or Fair Health	Physically Unhealthy Days
Virginia	14	3.2
Botetourt County	12	4.5
Craig County	14	4.3
Franklin County	24	3.6
Roanoke County	14	4
Roanoke City	18	4.2
Salem City	15	2.2

Percent of Adults Reporting Fair to Poor Health and the Number of Poor Physical Health Days in the Past Month, 2006-2012

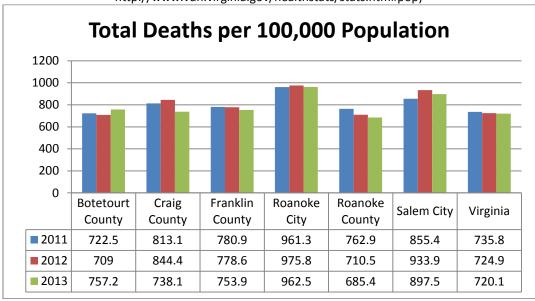
(Behavioral Risk Factor Surveillance System. (2006-2012). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads)

	a	0 -11
	Poor or Fair Health	Poor Physical Health Days
Geography	% Poor or Fair Health	Physically Unhealthy Days
Virginia	14	3.2
Botetourt County	10	4.5
Craig County	16	4.6
Franklin County	21	3.4
Roanoke County	13	3.5
Roanoke City	18	4.1
Salem City	15	2.6

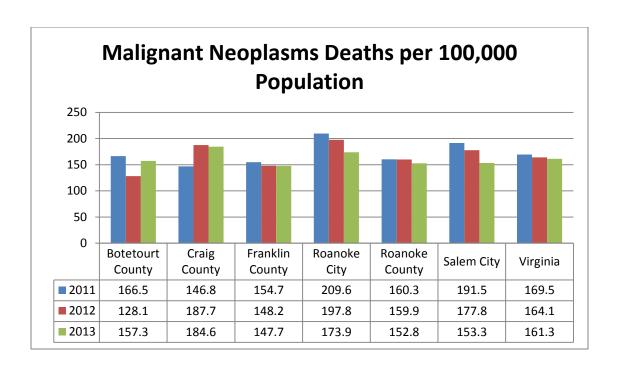
Death Rates

Roanoke Metropolitan Statistical Area Deaths Age-Adjusted Rates per 100,000

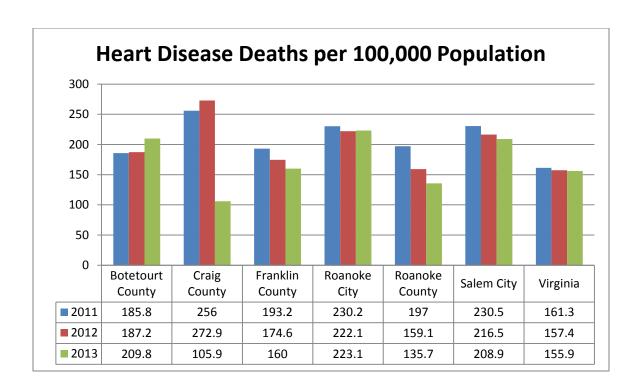
(Statistical Reports and Tables (2015). Virginia Department of Health: Division of Health Statistics. Retrieved from http://www.vdh.virginia.gov/healthstats/stats.htm#pop)



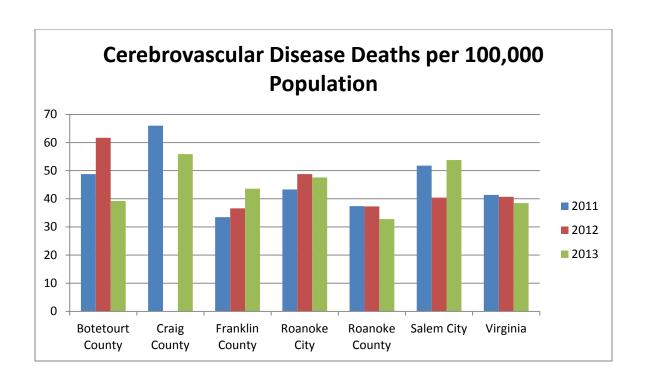
Geography	2011	2012	2013
Botetourt County	722.5	709	757.2
Craig County	813.1	844.4	738.1
Franklin County	780.9	778.6	753.9
Roanoke City	961.3	975.8	962.5
Roanoke County	762.9	710.5	685.4
Salem City	855.4	933.9	897.5
Virginia	735.8	724.9	720.1



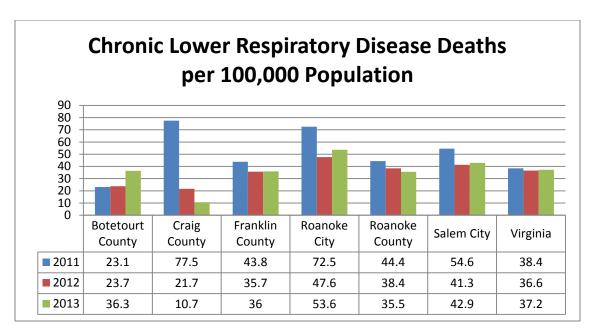
Geography	2011	2012	2013
Botetourt County	166.5	128.1	157.3
Craig County	146.8	187.7	184.6
Franklin County	154.7	148.2	147.7
Roanoke City	209.6	197.8	173.9
Roanoke County	160.3	159.9	152.8
Salem City	191.5	177.8	153.3
Virginia	169.5	164.1	161.3



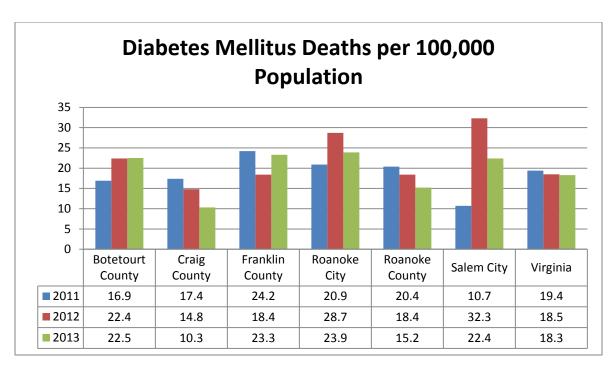
Geography	2011	2012	2013
Botetourt County	185.8	187.2	209.8
Craig County	256	272.9	105.9
Franklin County	193.2	174.6	160
Roanoke City	230.2	222.1	223.1
Roanoke County	197	159.1	135.7
Salem City	230.5	216.5	208.9
Virginia	161.3	157.4	155.9



Geography	2011	2012	2013
Botetourt County	48.8	61.7	39.2
Craig County	66	0	55.9
Franklin County	33.5	36.6	43.6
Roanoke City	43.3	48.8	47.6
Roanoke County	37.4	37.3	32.8
Salem City	51.8	40.4	53.8
Virginia	41.4	40.7	38.5



Geography	2011	2012	2013
Botetourt County	23.1	23.7	36.3
Craig County	77.5	21.7	10.7
Franklin County	43.8	35.7	36
Roanoke City	72.5	47.6	53.6
Roanoke County	44.4	38.4	35.5
Salem City	54.6	41.3	42.9
Virginia	38.4	36.6	37.2



Geography	2011	2012	2013
Botetourt County	16.9	22.4	22.5
Craig County	17.4	14.8	10.3
Franklin County	24.2	18.4	23.3
Roanoke City	20.9	28.7	23.9
Roanoke County	20.4	18.4	15.2
Salem City	10.7	32.3	22.4
Virginia	19.4	18.5	18.3

Prevention Quality Indicators

Prevention Quality Indicators (PQI) identify quality of care for ambulatory sensitive conditions, conditions for which good outpatient care can prevent hospitalization or which early intervention can prevent complications and severe disease.

Roanoke Metropolitan Statistical Area Age Adjusted Discharge Rates per 100.000

(Virginia Atlas of Community Health, Atlas Data, HPD4, 2013, Retrieved from http://atlasva.com/)

Age-Adjusted Discharge Rate per 100,000	Botetourt County	Craig County	Franklin County	Roanoke City	Roanoke County	Salem City	Virginia Total
Adult Asthma PQI Discharges	N/A	N/A	N/A	34.1	N/A	N/A	14.6
Angina PQI Discharges	N/A	N/A	N/A	N/A	N/A	N/A	7.5
Bacterial Pneumonia PQI Discharges	100.1	N/A	204.5	202.1	136.3	330.1	186.7
Chronic Obstructive Pulmonary Disease (COPD) PQI Discharges	133	N/A	138	282.1	143.8	284.7	181.8
Congestive Heart Failure PQI Discharges	211.8	N/A	223.5	304.9	184.2	343.9	237.5
Diabetes PQI Discharges	103.5	N/A	149.6	268.7	96.7	237.5	141.5
Hypertension PQI Discharges	N/A	N/A	72.6	100.3	38.2	N/A	38.6
(Rates were not calculate	ed where n<30)					

Mental Health and Substance Abuse

At any moment, there are millions of people across the nation suffering from mental health and substance abuse problems. The American Psychological Association estimates that one-fourth of American citizens do not have access to any kind of mental health services. Without access to mental health services, many Americans are rendered incapable of living a healthy, productive life. Even the individuals with health insurance are at risk due to the face that several insurance companies do not cover mental health and substance abuse services under their policies³⁷. As the media continues to report crimes committed by people with poor mental health occurring every day, it is the nation's responsibility to increase access to mental health services for all.

The Affordable Care Act has recognized the need and responded with measures to widen access to all Americans. The key in the ACA's guidelines is the need to identify and treat mental illness early and effectively. More than 5,000 health care professionals across the nation are

³⁷ American Psychological Association. (n.d.). Access To Mental Health Care. Retrieved from http://www.apa.org/health-reform/access-mental-health.html

being supported by a part of the ACA that sends social workers and psychologists into schools in order to improve the overall social and behavioral atmosphere among at risk adolescents. The ACA is also investing in the creation of new hubs and websites that Americans can access to locate the services they need. By entering a few details such as location and the health issue they want to treat, people will be able to bypass the lengthy referral process that makes accessing mental health services so difficult³⁸. The Affordable Care Act is a key player in the improvement of mental health services across the nation.

Accessing mental health and substance abuse services is a need seen across races, ages, genders, and geographic region. While the public works to fight the negative stigma that is associated with seeking help for mental health crises, health organizations need to commit their money and time to connecting those who are suffering to the resources they need and deserve to heal and rebuild their lives.

Number of Mentally Unhealthy Days in the Past Month

(Behavioral Risk Factor Surveillance System. (2006-2012). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads)

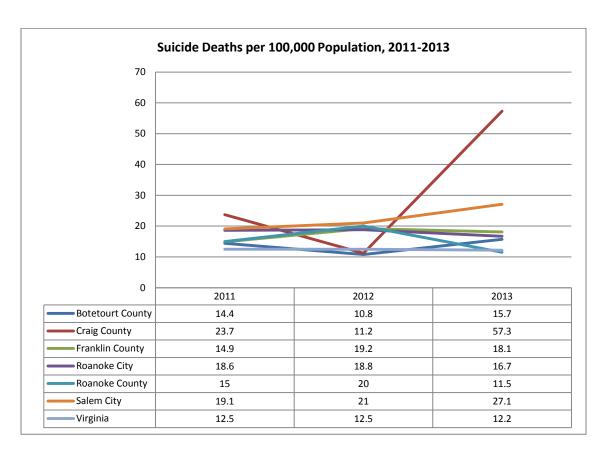
Geography	Mentally Unhealthy Days in the Past Month, 2005-2011	Mentally Unhealthy Days in the Past Month, 2006-2012
Virginia	3.1	3.1
Botetourt County	2.7	3.4
Craig County	4.9	N/A
Franklin County	3.6	3.6
Roanoke County	3.3	3.1
Roanoke City	4.2	4.3
Salem City	3.7	N/A

³⁸ The White House Blog. (2013). Increasing Access To Mental Health Services. Retrieved from https://www.whitehouse.gov/blog/2013/04/10/increasing-access-mental-health-services

Roanoke Metropolitan Statistical Suicide Deaths per 100,000 Population, 2011-2013

(Statistical Reports and Tables (2015). Virginia Department of Health: Division of Health Statistics. Retrieved from http://www.vdh.virginia.gov/healthstats/stats.htm#pop)

Geography	2011	2012	2013
Botetourt County	14.4	10.8	15.7
Craig County	23.7	11.2	57.3
Franklin County	14.9	19.2	18.1
Roanoke City	18.6	18.8	16.7
Roanoke County	15	20	11.5
Salem City	19.1	21	27.1
Virginia	12.5	12.5	12.2



Roanoke Metropolitan Statistical Unintentional Injury Death Rate per 100,000 Population, 2011-2012

(Statistical Reports and Tables (2015). Virginia Department of Health: Division of Health Statistics. Retrieved from http://www.vdh.virginia.gov/healthstats/stats.htm#pop)

Geography	2011	2012	2013
Botetourt County	62.0	29.7	31.7
Craig County	46.5	55.4	80.3
Franklin County	54.4	68.7	28.0
Roanoke City	40.7	50.7	50.5
Roanoke County	25.4	29.5	33.0
Salem City	28.9	39.1	47.5
Virginia	33.4	33.3	33.0

Roanoke Metropolitan Statistical Area Drug/Poison Deaths (age adjusted rates per 100,000), 2013

(Virginia Department of Health, Office of Chief Medical Examiner's Annual Report, 2013, Table 5.8 and 5.15, Retrieved from http://www.vdh.virginia.gov/medExam/documents/pdf/Annual%20Report%202013.pdf)

Drug/Poison (deaths per 100,000 population)	Botetourt County	Craig County	Franklin County	Roanoke City	Roanoke County	Salem City	Virginia Total
Drug/Poison	9.1	0	10.7	26.4	8.6	15.8	10.4
Prescription Drugs (FHMO)	3	0	7.1	11.2	5.3	7.9	4.4

Oral Health

All too often, the importance of oral health maintenance is overshadowed by larger scale health care issues. For about 47 million people in the United States, these issues are left untreated until emergency care is required³⁹. In fact, nearly 830,000 emergency room visits during 2009 could have been prevented if underserved populations had access to regular dental services in their community (The White House Blog, 2013). According to the Center for Disease Control, Non-Hispanic Blacks, Hispanics, and American Indians have the worst overall oral health in the nation⁴⁰. In order to mend the oral health issues in this nation, it is absolutely necessary to change the way the public, government, and elected officials view dental health services.

The American Dental Association is leading the charge for transitioning the way oral health is prioritized in the U.S. They have found that nearly one fourth of American children don't have access to oral health services, and have devised several strategies to begin opening the right pathways for intervention. They are teaming up with community centers across the nation to implement programs to provide dental care and educate the underserved population about how to maintain their oral health ⁴¹. A central goal in improving access to oral health services is increasing the prevalence of oral health literacy among all populations in the country.

Great strides have already been seen in child and adolescent oral health. New programs are being implemented across the nation that use school and after-school care centers to reach the vulnerable children without regular access to oral health services. New school-based dental sealant programs have stemmed from Healthy People 2020 initiatives⁴².

These programs recognize that tooth decay is a huge issue in underserved populations, and provide the thin plastic seals on chewing teeth that help children to minimize the number of dental caries they will face without regular oral care. Other regions are focusing on making every public water source in the nation contain the fluoride that is suggested for strong, healthy teeth⁴⁷.

Eliminating oral health disparities requires medical professionals, medical supply companies, and local venues to volunteer their resources and expertise in order to care for the populations with poor oral health.

³⁹ The White House Blog. (2013). Increasing Access To Mental Health Services. Retrieved from https://www.whitehouse.gov/blog/2013/04/10/increasing-access-mental-health-services

⁴⁰ Centers for Disease Control and Prevention. (2015-b). Disparities in Oral Health. Retrieved from http://www.cdc.gov/oralhealth/oral_health_disparities/index.htm

⁴¹ American Dental Association. (2015). Action For Dental Health: Breaking Down Barriers. Retrieved from http://www.ada.org/en/public-programs/action-for-dental-health/breaking-down-barriers

⁴² Healthy People 2020. (2015-b). Access To Health Services. Retrieved from http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

Adults age 18+ with No Dental Visit in the Last Year, 2013

(Virgina Atlas of Communty Health, 2013, , Retrieved from http://www.atlasva.com/)

	Botetourt County	Craig County	Roanoke City	Roanoke County	Salem City	Virginia Total
Percent Adults age 18+ with No Dental Visit in	29%	26%	33%	29%	32%	22%
the Last Year						

Youth (age 0-17) with No Dental Visit in the Last Year, 2013

(Virgina Atlas of Communty Health, 2013, , Retrieved from http://www.atlasva.com/)

	Botetourt County	Craig County	Roanoke City	Roanoke County	Salem City	Virginia Total
Percent Youth age 18+ with No Dental Visit in	19%	19%	21%	20%	20%	21%
the Last Year						

Youth (age 0-17) with Dental Caries in their Primary or Permanent Teeth, 2013

(Virgina Atlas of Communty Health, 2013, , Retrieved from http://www.atlasva.com/)

	Botetourt	Craig	Roanoke	Roanoke	Salem	Virginia
	County	County	City	County	City	Total
Percent Youth (age 0-17) with Dental Caries in their Primary or Permanent Teeth	16%	15%	20%	16%	17%	18%

Youth (age 0-17) with Teeth in Fair/Poor Condition, 2013

(Virgina Atlas of Communty Health, 2013, , Retrieved from http://www.atlasva.com/)

	Botetourt County	Craig County	Roanoke City	Roanoke County	Salem City	Virginia Total
Percent Youth (age 0-17)						
with Teeth in Fair/Poor	5%	5%	6%	5%	5%	6%
Condition						

Prevention and Wellness

Well-being is a concept whose definition varies greatly between individuals. Essentially, well-being involves the ability to see your own life in a positive way and feeling good. Well-being and wellness are interchangeable terms, and encompass different aspects of a person's life. Some specific aspects of well-being include physical, psychological, developmental, and emotional well-being ⁴³. In health care, measuring wellness is done by collecting data in order to evaluate community behaviors, determine the average life span and top causes of death, study regional access to healthy food and individual activity levels, and many other categories involving the way humans live ⁴⁴.

Wellness in America is at a historical low in several areas. Obesity runs rampant across almost every race and region in the country⁴⁹. Food deserts, or areas where there is virtually no access to healthy and local food choices, are becoming a normal presence in urban areas across the nation. People continue to partake in risky health behaviors like binge-drinking and drug use despite knowing the negative impact it has on the body as a whole⁴⁸. In order to reverse the negative trend that well-being is following, individuals and organizations alike must change everything about the way the average person spends their day. Learning what a healthy lifestyle is can take countless different forms, whether it is a class or a festival or a school presenter⁴⁹. As communities embrace the concept that they have the power to change their state of wellness, it will become easy to implement the right programs and initiatives for the area. Wellness is core to human life and the task of monitoring and improving it is highly important in order to ensure that future generations will have the opportunity to thrive.

County Health Rankings

Beginning in 2010, the County Health Rankings have analyzed localities in all 50 states using measures to determine how healthy people are and how long they live. These measures include (1) health outcomes which look at how long people live (mortality) and how healthy people feel while alive (morbidity); and (2) health factors which represent what influences the health of a county including health behaviors, clinical care, social and economic factors, and physical environment.⁴⁵ The lower the overall ranking is, the healthier the community.

⁴³ Centers for Disease Control and Prevention. (2015-e). Health-Related Quality Of Life: Well-Being Concepts. Retrieved from http://www.cdc.gov/hrqol/wellbeing.htm

⁴⁴ U.S. Department of Health and Human Services. (2015-b). Prevention. Retrieved from http://www.hhs.gov/safety/

⁴⁵ University of Wisconsin Population Health Institute & the Robert Wood Johnson Foundation, County Health Rankings, www.countyhealthrankings.org, 2012

Since 2010, the City of Roanoke has been ranked the unhealthiest locality in the Roanoke Valley even as the other communities in the MSA report much healthier populations.

County Health RankingsHealth Outcomes (out of 133)							
Locality	2013 Rank	2014 Rank	2015 Rank				
Botetourt	30	33	29				
Craig	75	61	36				
Franklin	73	71	70				
Roanoke City	116	115	112				
Roanoke	39	29	30				
Salem City	60	65	75				

County Health RankingsHealth Factors (out of 133)							
Locality	2013 Rank	2014 Rank	2015 Rank				
Botetourt	14	13	14				
Craig	69	56	62				
Franklin	71	49	49				
Roanoke City	126	123	123				
Roanoke	11	9	12				
Salem City	26	26	17				

Health Risk Factors

Low education levels in the region, high poverty rates, and an increased proportion of minority populations result in the inability for many to understand the complexities of health care resulting in poor compliance with disease management goals, preventive services and screenings, and follow-up with providers.

High blood pressure and high cholesterol are two of the controllable risk factors for heart disease and stroke. Reducing the proportion of adults with hypertension to 26.9% (HDS-5) and high blood cholesterol levels to 13.5% (HDS-7) are two targets for the Healthy People 2020 goal to improve cardiovascular health. More adults living in the Roanoke City/Alleghany Health Districts reported having hypertension or high blood cholesterol levels as compared statewide. Both health districts and state rates exceeded Healthy People 2020 targets with the highest rates belonging to those who live in the City of Roanoke.⁴⁶

⁴⁶ Virginia Department of Health, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2010

Virginia Behavior Risk Factor Surveillance System Health Risk Factors-High Blood Pressure and Cholesterol, 2013

(Virginia Department of Health, Virginia Behavioral Risk Factor Surveillance System, 2013, Retrieved from http://www.vdh.virginia.gov/OFHS/brfss/brfss_tables/12.%20Cardiovascular/14.VBR13%20_RFHYPE5%20%28HBP %29%20Health%20Districts.pdf and

http://www.vdh.virginia.gov/OFHS/brfss/brfss_tables/13.%20Cholesterol/8.VBR13%20_RFCHOL%20%28High%20Cholesterol%29%20Health%20Districts.pdf)

Adult Age 18+ Health Risk Profile	Alleghany Health District	Roanoke City Health District	Virginia
High Blood Pressure (told by a doctor or other health professional)	39.10%	36.10%	32.50%
High Cholesterol (told by a doctor or other health professional)	44%	N/A	38.60%

One of the Healthy People 2020 Leading Health Indicators addresses the effects of tobacco and a goal to "reduce illness, disability, and death related to tobacco use and secondhand smoke exposure". One of its key objectives is to reduce the number of adults who are current smokers to 12% (TU-1).

Virginia Behavior Risk Factor Surveillance System Health Risk Factors-Adult Smoking

(Behavioral Risk Factor Surveillance System. (2006-2012). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads)

Locality	% Adults who smoke daily or most days, 2005- 2011	% Adults who smoke daily or most days, 2012- 2012
Virginia	18%	18%
Botetourt County	13%	14%
Craig County	N/A	N/A
Franklin County	24%	22%
Roanoke County	17%	18%
Roanoke City	27%	19%
Salem City	22%	21%

Nutrition, Weight Status, and Physical Activity

A healthy body weight, good nutrition, and physical activity are positive predictors of good health and are a Healthy People 2020 Leading Health Indicator. The prevalence of overweight and obesity has increased tremendously in the past 30 years and is at epidemic proportions in the United States. These increasing rates raise concern because of their implications on health and their contribution to obesity-related diseases like diabetes and hypertension

Virginia Behavior Risk Factor Surveillance System Health Risk Factors-Obesity and Physical Inactivity

(National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation. (2009-2011). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads) and (CDC Diabetes Interactive Atlas. (2011). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads)

		2009		2010		2011
Locality	% Obese	% No Leisure Time Physical Activity	% Obese	% No Leisure Time Physical Activity	% Obese	% No Leisure Time Physical Activity
Virginia	28%	24%	28%	23%	28%	22%
Botetourt County	29%	22%	27%	24%	27%	22%
Craig County	27%	26%	30%	24%	32%	25%
Franklin County	30%	26%	29%	26%	29%	24%
Roanoke County	27%	24%	27%	26%	28%	26%
Roanoke City	34%	27%	36%	26%	36%	27%
Salem City	28%	23%	28%	28%	27%	25%

The presence of recreational facilities in a community can influence a person's ability to engage in physical activity. In the Roanoke MSA, there were fewer recreational facilities in more rural localities (Botetourt, Craig, and Franklin Counties) as compared to the urban communities of Roanoke County and the cities of Roanoke and Salem. In addition, rich in scenic beauty, the Roanoke Valley boasts miles of hiking and biking trails, greenways, and rivers for outdoor recreation.

Access to Recreational Facilities, 2014

(United States Department of Agriculture. 2014. Food Environment Atlas: Data Access and Documentation Downloads. Economic Research Service. Retrieved from http://ers.usda.gov/data-products/food-environment-atlas/data-access-and-documentation-downloads.aspx)

Access to Recreational Facilities							
Locality	Rec. Facs.	Rec. Fac. Rate					
Botetourt	3	9.2					
Craig	0	0					
Franklin	4	7.1					
Roanoke City	13	13.44					
Roanoke	11	11.86					
Salem City	2	8					
Virginia	10	N/A					

Fast Food Restaurant Rate per 1,000 Population

(USDA Food Environment Index. (2011) Retrieved from http://ers.usda.gov/data-products/food-environment-atlas/data-access-and-documentation-downloads.aspx)

Geography	Rate of Fast Foods per 1,000 Population
Virginia	72
Botetourt County	52
Craig County	20
Roanoke County	51
Roanoke City	102
Salem City	132

Access to healthy foods directly impacts an individual's (and community's) ability to consume fruits, vegetables, and whole grains. Increasing the proportion of Americans who have access to a food retail outlet that sells a variety of foods encouraged by the Dietary Guidelines is an objective of Healthy People 2020 (NWS-4).

Despite the prevalence of food deserts in the United States, there is no universally recognized definition of a "food desert". The U.S. Department of Agriculture (USDA) and the Department of Health and Human Services (HHS) define food deserts as "a census tract with a substantial share of residents who live in low-income areas that have low levels of access to a grocery store or healthy, affordable food retail outlet 47". Food deserts and food insecurity go hand-in-hand; individuals living in food deserts are often food insecure.

Individuals who are food insecure are unsure where their food will come from and are more likely to have low access to healthy, nutritious foods, such as fruits and vegetables, whole grains, and dairy⁴⁸. Fruit and vegetable consumption, in particular, is a key component of disease prevention. Individuals who consume more fruits and vegetables are more likely to maintain a healthy body weight and are less likely to develop chronic diseases, such as diabetes, heart disease, or cancer⁴⁹. However, national studies have consistently shown that lower-income individuals consume fewer servings of fruits and vegetables than higher-income individuals⁵⁰ with the most often cited barrier being cost⁵¹. These health behaviors not only fuel disparities in chronic disease prevalence, but are driven by preexisting disparities in income, education, and access to food.

⁴⁷ U.S. Department of Agriculture. "Food deserts". Updated 2014. Accessed January 23, 2015. Retrieved from http://apps.ams.usda.gov/fooddeserts/fooddeserts.aspx.

⁴⁸ Food Deserts in Virginia, Recommendations from the Food Desert Task Force. Virginia Tech and Virginia State University, January 2014.

⁴⁹ U.S. Department of Health and Human Services, U.S. Department of Agriculture. Dietary Guidelines for Americans. 7th Ed. U.S. Government Printing Office; Washington, D.C.: December 2010.

⁵⁰ Centers for Disease Control and Prevention. State-specific trends in fruit and vegetable consumption among adults – United States, 2000-2009. MMWR, Morb Mortal Wkly Rep. 2010; 59:1125-1130.

⁵¹ Larson NI, Story MT, and Nelson MC. Experimental analysis of neighborhood effects. Econometrica. 2009, 75(1):83-119.

Recently, studies have indicated that individuals with better access to a supermarket or large grocery store are more likely to eat healthier foods⁵². Furthermore, researchers have shown that fruit and vegetable intake in low-income, low food access areas increases when access to healthy foods increases, such as at the opening of a new grocery store or modified corner store⁵³. In addition to increased consumption of fruits and vegetables, better access to large grocery stores or supermarkets is also associated with decreased risk of obesity while better access to convenience stores is associated with a higher risk of obesity and obesity-related chronic diseases, such as diabetes and heart disease⁵². Similar results have been associated with increased access to farmer's markets. In one study of adolescent girls, greater access to farmer's markets and produce vendors was associated with decreased risk of overweight and obesity over a three-year period⁵⁴.

Decreasing hunger, food insecurity, and food deserts in the United States has been repeatedly prioritized in federal and local initiatives including *Healthy People 2020*, First Lady Michelle Obama's *Let's Move* campaign, and more recently, First Lady of Virginia Dorothy McAuliffe's childhood nutrition and food security initiative. Despite this, the U.S. Department of Agriculture's Economic Research Service estimates that 14.3% of American households, or 43.5 million people, were food insecure at some point in 2013^{55 56} with 23.5 million people (7.5%), including 6.5 million children, living in food deserts⁵⁷. In Virginia, food deserts exist in all regions of the state, though some regions are more severely affected than others. In 2012, 12.7% of Virginians were food insecure though many localities, particularly those situated in Central and Southwestern Virginia, reported food insecurity rates much higher than the state average. Similarly, many localities in Central and Southwestern Virginia reported low-access rates, the number of people that live more than a mile from a supermarket in urban areas or 10 miles in rural areas, greater than the state average of 17.8% or the national average of 7.3%⁵⁷.

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⁵² Larson NI, Story MT, and Nelson MC. Experimental analysis of neighborhood effects. Econometrica. 2009, 75(1):83-119.

⁵³ Economic Research Service. Access to Affordable and Nutritious Foods: Measuring and Understanding Food Deserts and Their Consequences, Report to Congress, U.S. Department of Agriculture, June 2009.

⁵⁴ Leung CW, Laraia BA, Kelly M, Nickleach D, Adler NE, Kushi LH, Yen IH. The influence of neighborhood food stores on change in young girls' body mass index. Am J Prev Med 2011; 41(1):43-51.

⁵⁵ Coleman-Jenson A, Gregory C, and Singh A. Household food security in the United States in 2013, ERR-173, U.S. Department of Agriculture, Economic Research Service, September 2014.

⁵⁶ U.S. Census Bureau. State and County Quickfacts: USA. Updated December 2014. Accessed January 25, 2015. Retrieved from http://quickfacts.census.gov/qfd/states/00000.html.

⁵⁷ Food Deserts in Virginia, Recommendations from the Food Desert Task Force. Virginia Tech and Virginia State University, January 2014.

Access to Healthy Foods

(USDA Food Environment Atlas, Map the Meal Gap. (2012). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads)

Locality	# Limited Access	% Limited Access
Botetourt	974	3%
Craig	216	4%
Franklin	3988	7%
Roanoke City	10400	11%
Roanoke	2706	3%
Salem City	2757	11%
Virginia	395610	4%

In the city of Roanoke, food deserts exist in census tracts located in the Medically Underserved Areas of Northwest and Southeast Roanoke. Food deserts are defined as an area where residents are poor, lack transportation and have no supermarkets to supply healthy food choices. In Virginia there are 200 census tracts identified as food deserts and 29 of them have been identified as having no access to a supermarket or grocery store. Four of the 29 are located in the city of Roanoke where 100% of people have no access to a supermarket or large grocery store in census tract 5, 11, 25 and 26. All census tracts border each other from northwest to downtown to the southeast side of the city. Census tracts 25 and 26 are located in the Medically Underserved Areas (MUA) of the city.

Census Tract Food Deserts

(United States Department of Agriculture, Economic Research Service, Food Access Research Atlas, 2013, Retrived from http://www.ers.usda.gov/data-products/food-access-research-atlas/download-the-data.aspx)

Locality	Census Tract	Total Population	Percentage of people with low access to a supermarket or large grocery store	Number of people with low access to a supermarket or large grocery store	Percentage of total population that is low-income and has low access to a supermarket or large grocery store	Number of low- income people with low access to a supermarket or large grocery store
Roanoke City, NW	1	3794	14.40%	546.11%	3.75%	142.2
Roanoke City, NW	9	5361	0	0	0	0
Roanoke City, NW	10	2192	0	0	0	0
Roanoke City, NW	11	1204	21.25%	255.86	4.50%	54.64
Roanoke City, NW	23	6971	4.50%	313.74	1.76%	123
Roanoke City, NW	24	3816	0.00%	0	0	0
Roanoke City, NW	25	5641	13.90%	784.1	10.13%	571.5
Roanoke City, SE	26	3215	100%	3215	68.65%	2207.15
Roanoke City, SE	27	5395	50%	2679	27.80%	1500.17
Botetourt County	401	2201	99.97%	2200	25.33%	557.52
Botetourt County	402	4898	98.47%	4823	15.50%	759.13

^{*}People at 1 mile--an urban tract with at least 500 people or 33% percent of the population living at least 1 mile from the nearest supermarket, supercenter, or large grocery store

Clinical Preventive Screenings

According to the National Cancer Institute, deaths can be greatly reduced for breast, cervical, colon, and rectal cancer through early detection and screening tests. In the Roanoke City/Alleghany Health Districts more women 18 years and older had no PAP test in the past 3 years as compared statewide, fewer women had no mammogram in the past 3 years, and more adults 50 years of age and older had fewer colorectal screenings within the past two years.

Virginia Behavior Risk Factor Surveillance System Health Risk Factors-Cancer Screenings, 2012

(Virginia Department of Health, Virginia Behavioral Risk Factor Surveillance System Data Tables, 2012, Retrieved from http://www.vdh.virginia.gov/OFHS/brfss/tables.htm)

Adult age 18+ Health Risk Profile	Roanoke City Health District	Alleghany Health District	Southwestern Region Total	Virginia
Percent of women with no Pap test in the past 3 years	N/A	N/A	22%	18.50%
Percent of women 40 and older with no mammogram in past 2 years	N/A	19.20%	25.60%	22.30%
Percent of adults 50 and older with no sigmoidoscopy or colonoscopy	N/A	22%	33.90%	30.5%
(Rates were not calculated for n<20)				

Maternal, Infant, and Child health

Prenatal and Perinatal Health Indicators

Maternal and child health is a Healthy People 2020 Leading Health Indicator with the goal to "improve the health and well-being of women, infants, children and families". Infant mortality is affected by many factors including the socio-economic status and health of the mother, prenatal care, birth weight of the infant, and quality of health services delivered to both the mother and child and is a key predictor of the health of a community.

Healthy People 2020 Objectives and targets are as follows:

MICH- 1.3: Reduce the rate of infant deaths (within 1 year) to 6.0 infant deaths per 1,000 live births

MICH- 8.1: Reduce low birth weight (LBW) to 7.8% of live births

MICH- 10.1: Increase the proportion of pregnant women who receive early and adequate prenatal care to 77.9%

Late Entry into Prenatal Care, Roanoke MSA, 2013

(Virginia Department of Health, Statistical Reports and Tables, 2013, Retrieved from http://www.vdh.virginia.gov/HealthStats/stats.htm)

Prenatal & Perinatal Health Indicators	Botetourt	Craig	Franklin	Roanoke City	Roanoke County	Salem City	Virginia
Late entry into prenatal care							
(entry after first trimester)	5.50%	3.60%	4.20%	6.00%	5.10%	7.00%	17%
Percent of all births							

Prenatal & Perinatal Health Indicators, Roanoke MSA, 2013

(Virginia Department of Health, Statistical Reports and Tables, 2013, Retrieved from http://www.vdh.virginia.gov/HealthStats/stats.htm)

	Botetourt	Craig	Franklin	Roanoke City	Roanoke County	Salem City	Virginia
Low Birth Weight Rate	5.0%	12.7%	11.2%	10.7%	7.0%	8.1%	8.0%
Infant Mortality Rate (Number per 1,000 births)	18.2	36.4	6.3	4.0	7.2	3.7	6.2

Infant Mortality Rates per 1,000 live births							
	2011	2012	2013				
Botetourt County	9	8.9	18.2				
Craig County	N/A	27.8	36.4				
Franklin County	5.7	11.3	6.3				
Roanoke City	12.7	12.1	4.0				
Roanoke County	10.6	2.6	7.2				
Salem City	3.6	6.6	3.7				

Virginia 6.7 6.3 6.2

(Virginia Department of Health, Statistical Reports and Tables, 2011-2013. Retrieved from http://www.vdh.virginia.gov/HealthStats/stats.htm)

Prenatal & Perinatal Health Indicators, Roanoke MSA, 2013

(Virginia Department of Health, Statistical Reports and Tables, 2013, Retrieved from http://www.vdh.virginia.gov/HealthStats/stats.htm)

Total Live Births Rates by Race, 2013	Botetourt	Craig	Franklin	Roanoke City	Roanoke County	Salem City	Virginia
Total Live Birth Rates per 1,000	6.7	10.6	8.4	15.2	8.9	10.7	12.3
Live Birth Rates per 1,000 (White)	6.6	10.6	8.2	14.5	8.4	10.3	10.9
Live Birth Rates per 1,000 (Black)	5.1	-	9.8	15.3	11.2	7.9	12.8
Live Birth Rates per 1,000 (Other)	20.2	-	14.2	29.1	18.2	36.7	25.4

Total Infant Deaths by Race, 2013	Botetourt	Craig	Franklin	Roanoke City	Roanoke County	Salem City	Virginia
Infant Death Rates per 1,000	18.2	36.4	6.3	4	7.2	3.7	6.2
Infant Death Rates per 1,000 (White)	19.3	36.4	4.8	2.1	8.4	4.3	5.2
Infant Death Rates per 1,000 (Black)	-	-	20.8	6.6	-	-	12.2
Infant Death Rates per 1,000 (Other)	-	-	-	12.7	-	-	2.2

Teen Pregnancy Rate, 2013						
Pregnancy Rate per 1,000 Females 10-19 (per 1,000 births)	Total	White	Black	Other		
Botetourt County	8.7	8	29.4	N/A		
Craig County	31.3	31.6	N/A	N/A		
Franklin County	14.9	14.5	17.7	20.4		
Roanoke County	17	14.2	40.9	28.3		
Roanoke City	31.8	26.9	36.6	49.1		
Salem City	16.8	14.7	17	97.6		
Virginia	14.4	10.8	22.6	20.4		

(Virginia Department of Health, Statistical Reports and Tables, 2013, Retrieved from http://www.vdh.virginia.gov/HealthStats/stats.htm)

Preventive Screenings

Reported Number of Children Tested for Elevated Blood Lead Levels under 36 months

(Virginia Department of Health, Lead-Safe Virginia Program, 2013, Retrieved from http://www.vdh.virginia.gov/leadsafe/documents/pdf/2013%20Surveillance%20Report.pdf)

	Botetourt	Craig	Franklin	Roanoke City	Roanoke County	Salem City	Virginia
Population <36 Months	896	160	1881	4345	2604	704	303439
Number Confirmed Elevated	0	0	0	6	0	0	111

Infectious diseases

HIV Infection Prevalence and Other Sexually Transmitted Infections Rate

One of the Healthy People 2010 goals is to "promote healthy sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases in their complications".

The HIV infection prevalence and the rates of early syphilis, gonorrhea, and chlamydia are much higher in Roanoke as compared to the MSA and state as a whole.

Roanoke MSA HIV Infection Prevalence, 2013

(Virginia Department of Health. 2013. Virginia HIV Surveillance Quarterly Report. Retrieved from http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/DAta/#profile)

	Botetourt	Craig	Franklin	Roanoke City	Roanoke County	Salem City	VA
Rate of all cases of HIV disease (per 100,000)	102.60	57.50	136.50	528.40	107.60	148.20	313.4

Roanoke MSA Sexually Transmitted Infection Rates (per 100,000), 2013

(Virginia Department of Health. (2013). Viriginia STD Surveillance Quarterly Report. Retrieved from https://www.vdh.virginia.gov/epidemiology/DiseasePrevention/data/QuarterlySurveillanceReport3_Q_14.htm#Go norrhea)

Locality	Early Syphilis	Gonorrhea	Chlamydia
Botetourt County	6.1	18.2	81.8
Craig County	0	0	57.6
Franklin County	3.6	106.5	291.1
Roanoke County	6.4	105.9	205.3
Roanoke City	14.2	427.6	673.3
Salem City	0	102.8	296.5
Virginia	12.2	86	409.6

Roanoke MSA Number of Reported Tuberculosis (TB) Rates per 100,000 2012-2013

(Virginia Department of Health, Tables of Selected Reportable Diseases in Virginia by Year, 2012-2013, Retrieved from http://www.vdh.virginia.gov/Epidemiology/Surveillance/SurveillanceData/ReportableDisease/index.htm)

Locality	2012	2013
Botetourt County	0	0
Craig County	0	0
Franklin County	0	0
Roanoke County	0	0
Roanoke City	2.1	1
Salem City	0	0
Virginia	2.9	2.2

Social environment

Roanoke MSA Rate of Child Abuse and Neglect (per 1,000 children), 2012-2013

(Virginia Department of Social Services, Child Protective Reports & Studies, 2012-2013, Retrieved from http://www.dss.virginia.gov/geninfo/reports/children/cps/all_other.cgi)

Rate of Child Abuse and Neglect (per 1,000 children)						
Locality	2012	2013				
Botetourt County	2.18	3.14				
Craig County	0	1.73				
Franklin County	0.61	3.47				
Roanoke County	2.6	2.2				
Roanoke City	5.41	8.49				
Salem City	0	0				

City of Roanoke Crime Data

Police Incidents

	Roanoke City Part 1 Incidents						
2011							
Offense	Zone 1: SE	Zone 2: NE	Zone 3: SW	Zone 4: NW	CityWide		
Aggravated Assault	57	52	46	114	269		
DV Aggravated Assault	13	13	18	35	79		
Homicide	0	2	3	2	7		
Rape	9	11	4	16	40		
Robbery	33	35	40	76	184		
Violent Subtotal	112	113	111	243	579		
Burglary	173	201	221	371	966		
Larceny	844	1287	802	717	3650		
Motor Vehicle Theft	77	67	63	132	339		
Arson	13	3	13	10	39		
Property Subtotal	1107	1558	1099	1230	4994		
TOTAL	1219	1671	1210	1473	5573		

Roanoke City Part 1 Incidents							
2012							
Offense	Zone 1: SE	Zone 2: NE	Zone 3: SW	Zone 4: NW	CityWide		
Aggravated Assault	44	40	37	118	239		
DV Aggravated Assault	5	8	9	45	67		
Homicide	0	2	4	3	9		
Rape	10	9	11	14	44		
Robbery	29	27	25	64	145		
Violent Subtotal	88	86	86	244	504		
Burglary	182	226	175	379	962		
Larceny	768	1429	744	906	3847		
Motor Vehicle Theft	71	58	48	99	276		
Arson	8	7	5	22	42		
Property Subtotal	1029	1720	972	1406	5127		
TOTAL	1117	1806	1058	1650	5631		

	Roanoke City Part 1 Incidents						
2013							
Offense	Zone 1: SE	Zone 2: NE	Zone 3: SW	Zone 4: NW	CityWide		
Aggravated Assault	37	33	24	71	165		
DV Aggravated Assault	11	11	11	30	63		
Homicide	2	1	2	4	9		
Rape	10	6	8	14	38		
Robbery	28	30	31	60	149		
Violent Subtotal	88	81	76	179	424		
Burglary	150	130	158	208	646		
Larceny	813	1565	751	724	3853		
Motor Vehicle Theft	51	52	31	68	202		
Arson	7	7	5	2	21		
Property Subtotal	1021	1754	945	1002	4722		
TOTAL	1109	1835	1021	1181	5146		

Roanoke City Part 1 Incidents							
2014							
Offense	Zone 1: SE	Zone 2: NE	Zone 3: SW	Zone 4: NW	CityWide		
Aggravated Assault	35	25	16	79	155		
DV Aggravated Assault	8	8	9	9	34		
Homicide	1	1	1	0	3		
Rape	5	2	6	8	21		
Robbery	16	24	5	45	90		
Violent Subtotal	65	60	37	141	303		
Burglary	138	71	127	176	512		
Larceny	772	1341	692	777	3582		
Motor Vehicle Theft	64	37	28	57	186		
Arson	5	0	6	14	25		
Property Subtotal	979	1449	853	1024	4305		
TOTAL	1044	1509	890	1165	4608		

	Roanoke City Part 1 Incidents							
2015 (Jan-Jun)								
Offense	Zone 1: SE	Zone 2: NE	Zone 3: SW	Zone 4: NW	CityWide			
Aggravated Assault	17	12	13	37	79			
DV Aggravated Assault	4	2	11	12	29			
Homicide	0	1	0	4	5			
Rape	3	3	4	8	18			
Robbery	7	7	7	12	33			
Violent Subtotal	31	25	35	73	164			
Burglary	48	50	64	82	244			
Larceny	361	588	295	337	1581			
Motor Vehicle Theft	24	25	17	27	93			
Arson	3	0	1	7	11			
Property Subtotal	436	663	377	453	1929			
TOTAL	467	688	412	526	2093			

Drug Incidents

Drug Incidents				
2011				
Incidents	Totals			
Drug/ Narcotics Violations	1554			
Drug Equipment Violations	102			
Heroin Seized Incidents	126			

Drug Incidents					
2012					
Incidents	Totals				
Drug/ Narcotics Violations	1695				
Drug Equipment Violations	151				
Heroin Seized Incidents	117				

Drug Incidents					
2013					
Incidents	Totals				
Drug/ Narcotics Violations	1777				
Drug Equipment Violations	237				
Heroin Seized Incidents	201				

Drug Incidents					
2014					
Incidents	Totals				
Drug/ Narcotics Violations	1314				
Drug Equipment Violations	261				
Heroin Seized Incidents	190				

Drug Incidents					
2015 (Jan-Jun)					
Incidents	Totals				
Drug/ Narcotics Violations	538				
Drug Equipment Violations	111				
Heroin Seized Incidents	95				

^{*}Both Drug Violation categories are counts of offenses, not incidents. Some incidents may have multiple offenses. Heroin seized is a count of incidents in which heroin was seized, not offenses.

Domestic Violence Incidents

Roanoke City Domestics							
2011							
Offense Zone 1: SE Zone 2: NE Zone 3: SW Zone 4: NW CityWid							
DV Aggravated Assault	13	13	18	35	79		
Domestic Simple Assault	252	284	289	573	1398		

^{*}Incident coding may have changed from prior reporting due to final investigations/follow-ups

Roanoke City Domestics							
2012							
Offense Zone 1: SE Zone 2: NE Zone 3: SW Zone 4: NW CityWide							
DV Aggravated Assault	5	8	9	45	67		
Domestic Simple Assault	293	303	211	594	1401		

^{*}Incident coding may have changed from prior reporting due to final investigations/follow-ups

Roanoke City Domestics							
2013							
Offense Zone 1: SE Zone 2: NE Zone 3: SW Zone 4: NW CityWide							
DV Aggravated Assault	11	11	11	30	63		
Domestic Simple Assault	283	267	253	567	1370		

^{*}Incident coding may have changed from prior reporting due to final investigations/ follow-ups

Roanoke City Domestics							
2014							
Offense Zone 1: SE Zone 2: NE Zone 3: SW Zone 4: NW CityWide							
DV Aggravated Assault	8	8	9	9	34		
Domestic Simple Assault	269	229	268	539	1305		

^{*}Incident coding may have changed from prior reporting due to final investigations/follow-ups

Roanoke City Domestics								
2015 (Jan- Jun)								
Offense	Offense Zone 1: SE Zone 2: NE Zone 3: SW Zone 4: NW CityWid							
DV Aggravated Assault 4 2 11 12 29								
Domestic Simple Assault	171	123	144	245	683			

^{*2015} Incident coding may change in future reporting pending investigations/follow-ups

Environment of Care

According to Healthy People 2020, the social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships⁵⁸.

Healthy People 2020 has identified five main social determinants of health that need to be addressed in some way. Economic stability, education, social and community context, health and health care, and neighborhood and built environment have been named as the focus for governmental and organizational health system and wellbeing improvement by the year 2020 in the United States¹.

Roanoke has two distinct areas of the City that are identified as MUAs and have been identified by the CHAT as having the most health need in the RVCHNA services area: Northwest and Southeast Roanoke City. Those living in these areas see even lower educational attainment, less income and more poverty. To address the social determinates and align with needs identified in the 2015 RVCHNA, Carilion and HRV will continue to use placed-based interventions that address the priority areas of access to services (primary care, mental health & substance abuse, and oral health), coordination of care, and wellness in the cities MUAs.

Healthy Roanoke Valley (HRV) was formed to develop a health improvement plan that promotes community engagement and is action-oriented; realistic based on available resources; measureable; and achievable over the next three years. All involved agree that collective ownership of the plan is essential in moving it forward.

Key initiatives for Healthy Roanoke Valley to date include:

- Created a civic infrastructure, developing a Strategic Action Framework, and implementing strategies
- Provided Mental Health First Aid training to HRV partners and stakeholders
- In 2015, Healthy Roanoke Valley was one of 20 communities across the nation awarded a \$100,000 "Grassroots Engagement Initiative" grant from the DentaQuest Foundation (DQF). This initiative is targeting community-based organizations working to address oral health goals and policy change. It will create community-level infrastructure to support collective action and improve oral health through technical assistance and peer networks. In addition to this initiative, HRV supported the planning and opening of New Horizons Healthcare's

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⁵⁸ Healthy People 2020. (2015). Social Determinants of Health.

- Dental Care Clinic. New Horizons Healthcare is the federally qualified health center in the Roanoke Valley and offers discounted services to eligible uninsured patients.
- Planning of a Pathways Community HUB, a centralized community-based coordination of care system.
- Piloted the Fresh Foods Rx program in partnership with Carilion Clinic, Virginia Cooperative Extension, YMCA of Roanoke Valley and LEAP for Local Food to increase the fruit and vegetable consumption of diabetic, overweight adults through education, provider intervention, and access to local foods via a mobile market.
- Eat Together in partnership with the Prevention Council of Roanoke Valley and Roanoke
 Area Youth Substance Abuse Coalition to encourage frequent dining between children and
 their families to reduce risky behaviors.

Healthy Roanoke Valley has garnered local, state and national recognition of their efforts including grant opportunities, strengthened partnerships and in-kind support. Since 2013, HRV partners have provided over 1900 volunteer hours valued at \$42,742. From August-November 2014, Carilion Clinic and Healthy Roanoke Valley engaged in a pilot project by the Public Health Institute (PHI) aimed at examining key dimensions of community health assessments and health improvement plans (HIP). Through this process, PHI reviewed the 2012 RVCHNA, Carilion's implementation plan and HRV's Strategic Action Framework. In October 2014, the City of Roanoke signed the Healthy Eating Active Living Resolution and the Best Cities for Successful Aging Pledge naming HRV and Carilion Clinic as a partner in these efforts. The Roanoke Valley-Alleghany Regional Commission's Partnership for a Livable Roanoke Valley adopted HRV's strategies in their regional approach to health as did the Roanoke Redevelopment and Housing Authority's Choice Neighborhood initiative. Carilion Clinic and the Alleghany/Roanoke City Health District have incorporated HRV's Strategic Action Framework as part of their organization's health improvement plans.

Community Health Need Prioritization

CHAT members participated in a prioritization activity in June 2015 after all primary and secondary data was presented. To quantitatively determine health needs, CHAT members were asked to rank the top ten pertinent community needs, with one being the most pertinent. Next, on a scale of 1-5, CHAT members were ask to assign a feasibility and potential impact score for each of the ranked needs. This information is used to inform strategic planning. See Appendix 7: Prioritization Worksheet for an example of the tool used.

The results of the prioritization activity found the following issues as the top prioritized need for the service area:

Need	Frequency of Need Ranked	Average Ranking	Average feasibility score	Average potential impact score
Poor eating habits / lack of nutrient dense foods in diet	18.0	5.4	2.4	1.3
Access to mental health counseling / substance abuse	14.0	4.6	2.9	2.1
Access to adult dental care	12.0	4.9	2.4	1.7
Access to dental care for children	12.0	5.3	2.8	2.0
Lack of exercise / physical activity	12.0	6.1	2.3	1.3
Value not placed on preventive care and chronic disease management	10.0	2.7	2.1	1.7
Access to primary care	10.0	4.0	2.4	1.3
High prevalence of obesity / overweight individuals	10.0	6.1	3.0	1.7
Lack of knowledge of community resources	10.0	7.4	1.7	2.3
Improved coordination of care across the health and human sector	9.0	4.9	2.7	2.2

Appendices

Appendix 1: Community Health Improvement Process

Step 1: Conduct CHNA

- Create Gantt chart
- Form CHAT
- Collect and review secondary data
- Conduct stakeholder surveys
- Conduct Target Population Focus Groups
- Conduct Community Health Survey
- Review assessment data
- Prioritize Health Needs
- Publish CHNA Report

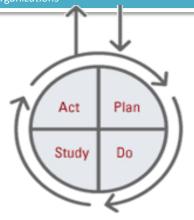
Every Three Years

Step 5: Evaluation (on-going)

- report to CHAT quarterly
- community health need identified during last CHNA cycle and community grand giving to
- Undated progress being made for each

Step 4: Program Implementation (ongoing)

- •Use PSDA cycle to conduct small scale tests
- •Refine the changes each PDSA cycle making
- After successful implementation of pilot, implement change on a broader scale throughout the organization or to other



Step 2: Strategic Planning

- Decide which issues to focus on
- Identify alignment opportunities between

Step 3: Implementation Strategy

- Develop a written implementation strategy that specifies what health needs were identified, what needs the organization plans to address, and what needs the organization doesn't plan to address (and why they are not addressing these issues)
- •Include expected outcome for each community issue being addressed, proposed evidence-based intervention / strategies with goals and objectives defined , and how the goals and objectives will be measures (both process and outcome
- Adoption of the implementation strategy by the organization Board of Directors
- •Integrate the implementation strategy with community and organization plan
- Host event in the community to release the results of the CHNA and implementation

Appendix 2: Gantt Chart

Tasks	Assigned To:	Start Date	End Date	Duration (working days)	% complete
2015 Roanoke Valley CHNA		10-21 Tue	11-15 Sun	278	69%
Create Gantt Chart	Aaron	10-21 Tue	10-22 Wed	1	100%
Identify additional CHAT members	HRV Steering Committee	10-27 Mon	10-27 Mon	1	100%
Collect Secondary Data for CHNA	Aaron	10-27 Mon	12-15 Mon	35	100%
Pre-CHAT #1 Work	Aaron / Pat	10-27 Mon	12-01 Mon	25	100%
CHAT #1 Meeting	Aaron / Pat	12-15 Mon	12-15 Mon	1	100%
Survey Distribution	All	01-01 Thu	04-30 Thu	85	100%
Focus Groups	Pat / Aaron	01-01 Thu	04-30 Thu	85	100%
CHAT #2 Meeting	HRV Steering Committee	03-16 Mon	03-16 Mon	1	100%
Analyze Survey Data	Aaron	04-30 Thu	06-01 Mon	22	100%
CHAT Meeting #3- Data and Prioritization	HRV Steering Committee	06-15 Mon	06-15 Mon	1	100%
Final CHNA Report	Carilion Clinic	06-15 Mon	09-28 Mon	75	
CHAT Strategic Plan	HRV Steering Committee	08-31 Mon	08-31 Mon		
Create Implementation Strategy	Carilion Clinic / HRV	08-31 Mon	09-28 Mon	20	
Communication Plan and Community Forum	Carilion Clinic / HRV	10-15 Thu	11-15 Sun	21	

Appendix 3: Community Health Survey

ROANOKE VALLEY COMMUNITY HEALTH SURVEY

	ACCI	ESS and BARRIERS	TO HEALTHCARE	
1.	Is there a specific doctor's office, he need advice about your health?	Yes □ No	ner place that you	u usually go if you are sick or
	Skip to question 2 if you answered	<u>No</u>		
	If you answered <u>Yes</u>			
	 o Is this where you would go for neven o Is this where you would go for present (shots)? □ Yes □ No 			ck-ups, examinations, and immunizations
	o Is this where you would go for refe	errals to other health p	professions when ne	eeded? ☐ Yes ☐ No
2.	Do you use medical care services? • If yes, where do you go for medical		at apply)	
	Doctor's Office		☐ New Horizons F	Healthcare
	Carilion Clinic Community Care		☐ Pharmacy Clinic	С
	Carilion Clinic Family Medicine - Roanoke/		□ Planned Parent	thood
	Carilion Clinic Family Medicine – Southeas		☐ Project Access	
	Craig County Community Health Center		☐ Salem VA Medi	
	Emergency Room Free Clinic (e.g. Bradley Free Clinic, Rescu		Urgent Care / WVirginia Premie	
_	Mental Health America, Botetourt Christian			- Wedical Florie
	Health Department	,		
_	D deutal anna anni-ana 2	• N		
3.	Do you use dental care services?		amm(s)	
\Box	• If yes, where do you go for dental c Dentist's office	J Free Clinic (e.g. Bra		☐ Salem VA Medical Center
	Carilion Dental Clinic	Rescue Mission, Bo		☐ Small Smiles
	Commonwealth Dental	Free Clinic)		Urgent Care / Walk in Clinic
	Craig County Community Health Center			VWCC Dental Hygiene Program
	0 ,	New Horizons Healtl	hcare	Other:
	L	Project Access		
4.	Do you use mental health, alcohol a	abuse, or drug abu	se services? 🗖 Y	′es □ No
	If yes, where do you go for mental I		e, or drug abuse se	ervices? (Check <u>all</u> that apply)
		Emergency Room		Respond
	Blue Ridge Behavioral Healthcare			Salem VA Medical Center
		Mental Health Americ New Horizon Healtho		Urgent Care / Walk in Clinic Other:
	•	Rescue Mission	,aic 🗆	Outer.
5.	What do you think are the <u>five most</u> <u>five</u>)	t important issues	that affect health	n in our community? (Please check
		☐ Environmental hea	alth (e.g. water	□ Not getting "shots" to prevent
	Accidents in the home (ex. falls,	quality, air quality,		disease
	burns, cuts)	etc.)	•	Not using seat belts / child
	3 31	Gang activity		safety seats / helmets
	3 3	☐ Heart disease and		Overweight / obesityPoor eating habits
	, ,	☐ High blood pressu☐ HIV / AIDS	ile	Poor eating habitsPrescription drug abuse
		☐ Homicide		☐ Sexual assault
_	.	Infant death		☐ Stress
	Child abuse / neglect	☐ Lack of exercise		☐ Suicide
	•	☐ Lung disease		Teenage pregnancy
		Mental health probabilityMeighborhood safe		☐ Tobacco use / smoking
	Domestic violence	Neighborhood safe	c ıy	☐ Unsafe sex☐ Other:

6.	Which health care services are ha	rd f	o get in our community? <i>(Check <u>all</u></i>	that	annly)		
	Adult dental care					s to sto	p using tobacco
	Alternative therapy (ex. herbal,	_	care		products		
	acupuncture, massage) Ambulance services						ex. heart doctor) se services –drug
	Cancer care		Immunizations		and alcoh		se services –urug
	Child dental care		· · · · · · · · · · · · · · · · · · ·				alk in clinic
	Chiropractic care				Vision ca		
	Dermatology						n services
	Domestic violence services		3		X-rays / n	nammo	ograms
	Eldercare Emergency room care				None Other:		
J	Emergency room care	J	check-ups)	٠ ر	Otilei		
7.	What do you feel prevents you fro	m g	etting the healthcare you need? (Ch	ieck	all that	apply	')
	Afraid to have check-ups		-		Location		-
	Can't find providers that accept						ppointments
_	my Medicaid insurance				No health		
	Can't find providers that accept my Medicare insurance	U			No transp		on althcare I need
	Childcare		High co-pay		Other:		
	Cost		Lack of evening and weekend		O 111011		
	Don't know what types of		services				
	services are available		Language services				
			ENERAL HEALTH QUESTIONS				
8.	Please check one of the following	for	each statement		Yes	No	Not applicable
l ha	ave had an eye exam within the past 12 m	onth	ns.				
l ha	ave had a mental health / substance abus	e vis	it within the past 12 months.				
l ha	ave had a dental exam within the past 12	mon	ths.				
l ha	ave been to the emergency room in the pa	st 1	2 months.				
	ave been to the emergency room for an in	<u>jury</u>	in the past 12 months (e.g. motor vehicle			□	
	sh, fall, poisoning, burn, cut, etc.). ve you been a victim of domestic violence	ors	buse in the past 12 months?				
	doctor has told me that I have a long-term ke the medicine my doctor tells me to take						
	an afford medicine my doctor tells me to take						
Ia	n over 21 years of age and have had a Pa	ap si	mear in the past three years (if male or und	der			
21,	please check not applicable).						
	n over 40 years of age and have had a ma please check not applicable).	amm	nogram in the past 12 months (if male or ur	nder		□	
	n over 50 years of age and have had a co eck not applicable).	lono	scopy in the past 10 years (if under 50, ple	ease		□	
	es your neighborhood support physical ac	tivitv	? (e.g. parks, sidewalks, bike lanes, etc.)				
			(e.g. community gardens, farmers' market	S.			
etc			(Cog. comments, generality, minimal	,			
In t	he area that you live, is it easy to get affor	dab	le fresh fruits and vegetables?				
		whe	en you did not have enough money to buy	the			
too	d that you or your family needed?						
9.	Where do you get the food that yo	u ea					
	Back-pack or summer food programs		☐ Home Garden				
	Community Garden	- ! - ·	☐ I do not eat at hom		fuone for-	.:	ando moielele
	Corner store / convenience store / gas st Dollar store	atio:	n	rood	irom tam	ıııy, trie	enas, neignbors,
	Farmers' Market		☐ Meals on Wheels				
	Food bank / food kitchen / food pantry		☐ Take-out / fast foo	d / re	staurant		
	Grocery store		□ Other:				

	fruit or vegetable juice. (Please	checl	k <u>one</u>)		_	s (tr	esr	or trozer	טן ? טס	not count
	I did not eat fruit or vegetables during the past 7 days		I time per day	ne pa	•			nes per day more times		y
	1 – 3 times during the past 7 days		2 times per day							
	Have you been told by a doctor Asthma Cancer Cerebral palsy COPD / chronic bronchitis / Emphysema Depression or anxiety	0000	Drug or alcohol portion of the Heart disease	roble ure	ms			Mental hea Obesity / o Stroke / Ce disease I have no h Other:	verweig erebrova ealth pi	ht ascular roblems
	How long has it been since you Within the past year (1 to 12 months a Within the past 5 years (2 to 5 years a	ago)	risited a doctor fo		routine chec Within the pas 5 or more yea	st 2 y	ears			
	How long has it been since you dental specialists, such as orthowithin the past year (1 to 12 months a Within the past 5 years (2 to 5 years a second	odont ago)		eck <u>c</u>		st 2 y	ears			
14.	In the past 7 days, on how many up all the time you spent in any breathe hard for some of the tin days	/ days kind ne.)	of physical activ	icall	y active for a	tot d yc	al o our l		and m	
	,		·			•		•		-
	Other than your regular job, who apply) Bicycling Canoeing / kayaking Dancing Gardening Group exercise classes	at pny	Hiking Horseback riding Hunting	exe	rcises do yo			Swimming Team spor Walking Weight trai Yoga / Pila	ts ning	k <u>all</u> that
16.	In the past 7 days, how many tir	nes d	id all, or most, o	f yo	ur family livi	ng i	n yo	our house	eat a	meal
	together? Never □ 3-4 1-2 times □ 5-6				7 times More than 7 ti	mes		0	Not appalone	plicable / I live
17.	Thinking about your physical houring the past 30 days was you								w man	y days
18.	Thinking about your mental hea how many days during the past									notions, for <u>Days</u>
19.	During the last 30 days, how mamental)?		ays did you miss	wo	rk or school	due	to	pain or illı	ness (p	ohysical or
	During the past 30 days: (Check I have had 5 or more alcoholic drinks more alcoholic drinks (if female) durin I have used tobacco products (cigaret tobacco, e-cigarettes, etc.)	(if mal g one	e) or 4 or occasion.		I have taken p I have used m I have used of ecstasy, crack	ariju ther	ana Ileg	al drugs (e.		
21.	Have you ever used heroin? □	es/	□ No							
	How many vehicles are owned, in your household? Please be s									

	Bike or walk		ous, shuttle,		Taxi Other:
	on demonstrations Group activity / support group I learn best by talking with my health profess doctor, nurse, care coordinator, etc.) Internet or web information	, or hands sional (i.e.	Pictures, diagrarReading materia magazine, books	ns, illu ls (i.e s) on (i.e	ustrations or photographs . brochure, newspaper, e. video tape, DVD, movie,
	, ,				
			IND HEALTH INSUR		
		Health Savings / S Account Individual / Private Market Place / Ob	pending		Medicare Medicare Supplement
26.	6. If you have no health insurance, why		surance? (Check	all ti	hat apply)
	Not applicable- I have health insurance I don't understand ACA / Obamacare Open Not available at my job Student 7. What is your ZIP code?	otions	☐ Too expensive☐ Unemployed /☐ Other:	cos / no jol	t o
28.	3. What is your street address (optional)?			
29.	9. What is your age?				
	D. What is your gender? Male Fem		ler		
31.	I. What is your height?				
32.	2. What is your weight?				
33.	3. How many people live in your home (-		
	Number who are 0 – 17 years of age				
	Number who are 18 – 64 years of age				
	Number who are 65 years of age or older				
□ L 35. 36.	4. What is your highest education level Less than high school 5. What is your primary language? ☐ En 6. What ethnicity do you identify with? (Native Hawaiian / Pacific Islander ☐ Asian	l High school di nglish Spanish (Check all that ap	☐ Other		□ Bachelors □ Masters / PhD
	American Indian / Alaskan Native				☐ Latino to answer ☐ Other:
	7. What is your marital status? Married				Domestic Partnership
	3. What is your yearly household incom	· ·	oroca Bwidowca	٠,	Someone i dimeromp
	\$0 - \$10,000	□ \$20,001 – \$ □ \$70,001 – \$			
	Full-time Part-time Unemployed		Retired T Homem	aker	
	D. Is there anything else we should know the Roanoke Valley?				home) health care needs in

<u>Please continue the survey on the next page if you have a child or children under the age of 18.</u>

If you do not have a child or children under the age of 18, please submit your survey. Thanks for helping make the Roanoke Valley a healthier place to live, work, and play!

Please answer the following questions about your child's / children's or dependent(s) health care needs. Answer for any child that is under the age of 18. Individual survey information will be kept confidential. If you do not have children, do not fill out this section of the survey.

C1. How many children do you have		IFIC QUESITONS		
C2. What are their age(s)? C3. Is there a specific doctor's office need advice about his/her health? Skip to question 2 if you answere If you answered Yes Is this where he/she would go immunizations (shots)? Yes Is this where he/she would go	, health center, or ? ☐ Yes ☐ No ed No for new health proble for preventive health s ☐ No	ems? Yes No care, such a general	check-u	os, examinations, and
C4. Does your child use medical care • If yes, where does your child go □ Doctor's Office □ Carilion Clinic Community Care □ Carilion Clinic Family Medicine – Roano □ Carilion Clinic Family Medicine – Southe □ Craig County Community Health Center □ Emergency Room □ Free Clinic (e.g. Bradley Free Clinic, Remedial Health America, Botetourt Christ □ Health Department	for medical care? (ke/Salem east scue Mission,		Healthonic nthood s dical Ce Walk in	nter Clinic cal Home
C5. Does your child use dental care s • If yes, where does your child go □ Dentist's office □ Carilion Dental Clinic □ Commonwealth Dental □ Craig County Community Health Center □ Emergency Room	for dental care? (C ☐ Free Clinic (e.g. Rescue Mission Free Clinic)	Pheck <u>all</u> that apply) Bradley Free Clinic, Botetourt Christian / Project	□ S □ U □ V	alem VA Medical Center mall Smiles rgent Care / Walk in Clinic WCC Dental Hygiene Program ther:
C6. Does your child use mental healt • If yes, where does your child go apply) □ Doctor/Counselor's Office □ Blue Ridge Behavioral Healthcare □ Bradley Free Clinic □ Catawba Hospital □ Connect	for mental health, a	oom e of Roanoke America Healthcare	g abuse	Respond
C7. Which health care services are has acupuncture, massage) ☐ Alternative therapy (ex. herbal, acupuncture, massage) ☐ Ambulance services ☐ Cancer care ☐ Child dental care ☐ Chiropractic care ☐ Dermatology ☐ Emergency room care ☐ End of life / hospice / palliative care ☐ Family Doctor	□ Family Plannir □ Immunizations □ Inpatient hosp □ Lab work □ Medication / m □ Mental health □ Physical thera □ Preventive car check-ups)	ng/Birth control ital nedical supplies / counseling py		School Physicals Specialty care (ex. heart doctor) Substance abuse services –drug and alcohol Urgent care / walk in clinic Vision care

C8	. Please check one of the following	for	each statement				Yes	No	Not applicable
Му	child has had an eye exam within the pas	st 12	months.						
Му	child has had a dental exam within the pa	ast 1	2 months.						
Му	child takes the medicine the doctor tells I	nim/ŀ	ner to take.						
l ca	an afford medicine needed for my child's l	nealt	h conditions.						
Му	child has had a mental health / substanc	e ab	use visit within the la	ast	12 months.				
Му	child has been to the emergency room in	the	last 12 months.						
	child has been to the emergency room for icle crash, fall, poisoning, burn, cut, etc.).		injury in the last 12	mo	nths (e.g. motor				
The	ere are times when my child does not hav	e en	ough food to eat.						
C10	Asthma Cancer Cerebral palsy COPD / chronic bronchitis / Emphysema Depression or anxiety How long has it been since your of Within the past year (1 to 12 months ago Within the past 5 years (2 to 5 years ago	hild	Drug or alcohol pro Heart disease High blood pressur High blood sugar of High cholesterol HIV / AIDS	oble re or di	abetes	hec	disease My child Other: _ kup? (P	overw Cerebro has no	eight ovascular o health problems
□ □ C12	.How long has it been since your convisits to dental specialists, such a Within the past year (1 to 12 months ago Within the past 5 years (2 to 5 years ago). Other than at school, what physic hock all that apply)	I S OI () ()	rthodontists. <i>(Ple</i>	eas	e <i>check</i> <u>one</u>) Within the past 2 5 or more years a	year go	rs (1 to 2 y	/ears aç	
	heck <u>all</u> that apply) Bicycling Canoeing / kayaking Dancing Gardening Group exercise classes		Hiking Horseback riding Hunting Individual sports Running				Swimmin Team sp Walking Weight t Yoga / P	orts	

Appendix 4: Stakeholder Survey

Roanoke Valley Professional Informant Survey

Barriers and Challenges Faced by Residents and Health and Human Services Agencies

An online version of this survey is available at https://www.surveymonkey.com/s/CHNAProviderSurvey

Responses will not be identified, either in written material or verbally, by name or organization.

Ple	ase return to: Aaron Harris-Boush, Carilion Community Outreach, 213 McClanahan Street, Suite G10. Thank you!
1.	Your name, organization, and title:
	NAME: ORGANIZATION: TITLE:
2.	What are the most important issues (needs) that impact health in Roanoke?
3.	What are the barriers to health for the populations you serve?
4.	Is there one locality / neighborhood with the greatest unmet need? If so, why?
5.	Is there one population group with the greatest unmet need? If so, why?

_		
6.	What are the resources for health for the populations you serve?	
7.	If we could make one change as a community to meet the needs and reduce the barriers to health in Roano	ke, what
	would that be?	
Th		
ine	ank you for your input!	

Please return to: Aaron Harris-Boush, Carilion Community Outreach, 213 McClanahan Street, Suite G10.

Questions: Please contact Aaron Harris-Boush at 540-266-6603 or amharrisboush@carilionclinic.org

Appendix 5: 2015 Stakeholder Survey Locations

Organization	Site/Group
City of Roanoke	Code Enforcement Officers
City of Roanoke	Fire / EMS Station #5
City of Roanoke	Fire / EMS Station #6
City of Roanoke	Solid Waste Management
2015 CHNA CHAT	Meeting #2
Healthy Roanoke Valley	Coordination of Care Action Team
Healthy Roanoke Valley	Medical Action Team
Healthy Roanoke Valley	Mental Health Action Team
Healthy Roanoke Valley	Oral Health Action Team
Healthy Roanoke Valley	Wellness Action Team
Neighborhood President's Council	Regular Meeting
Roanoke Neighborhood Advocates	Regular Meeting

Appendix 6: Community Resources

Resources	Category	Resource Information
Language Line	Communications	http://www.languageline.com/
Anchor of Hope	Community Resources	http://www.anchorofhopecommunitycenter.com
Boys and Girls Club	Community Resources	http://bgcswva.org/
Churches/Religious Organizations	Community Resources	
Community leaders	Community Resources	
Council of Community Services	Community Resources	http://www.councilofcommunityservices.org/
Fire/EMS	Community Resources	
Freedom First	Community Resources	https://www.freedomfirstcu.com/
Healthy Roanoke Valley	Community Resources	http://healthyrv.org/
Kissito Program of All-Inclusive Care for the Elderly (PACE)	Community Resources	http://www.kissitopace.org/
Lead Safe Roanoke	Community Resources	http://www.roanokeva.gov/WebMgmt/ywbase6 1b.nsf/DocName/\$leadsafe
LOA Chronic Disease Self-Management Education Program	Community Resources	http://www.loaa.org/
Prevention Council of Roanoke County	Community Resources	http://www.pc4y.org/
Roanoke Neighborhood Associations	Community Resources	http://www.roanokeva.gov/85256a8d0062af37/ vwContentByKey/N258WKAZ060SNIEEN
Solid Waste Management (Physically Challenged Form)	Community Resources	http://www.roanokeva.gov/WebMgmt/ywbase6 1b.nsf/DocName/\$solidwaste
United Way of Roanoke Valley	Community Resources	http://www.uwrv.org/
VA Dental Association	Community Resources	https://vadental.org/
West End Center	Community Resources	http://www.westendcenter.org/
Feeding America SW Virginia	Community Resources- Access to Food	https://www.faswva.org/
LEAP for Local Food	Community Resources- Access to Food	http://leapforlocalfood.org/
Meals on Wheels	Community Resources- Access to Food	http://www.loaa.org/meals-on-wheels/
Presbyterian Community Center (PCC)	Community Resources- Access to Food	http://pccse.org/
RAM house	Community Resources- Access to Food	http://www.raminc.org/
Roanoke Community Garden Association	Community Resources- Access to Food	http://www.roanokecommunitygarden.org/
SNAP Double Value Program	Community Resources- Access to Food	http://leapforlocalfood.org/snap-program/
VA Cooperative Extension	Community Resources- Access to Food	http://offices.ext.vt.edu/roanoke/
Rescue Mission Ministries	Community Resources- Homeless	http://rescuemission.net/category/free_clinic_for_the_homeless/
Samaritan Inn	Community Resources- Homeless	

Resources	Category	Resource Information
TAP Head Start	Community Resources, Coordination of Care	https://www.tapintohope.org/HeadStartProgram.aspx
Total Action for Progress (TAP)	Community Resources, Coordination of Care	https://www.tapintohope.org/
Child Health Investment Partnership (CHIP) of Roanoke Valley	Coordination of Care, Information and Referral, Community Resources	http://www.chiprv.org/
Project Access of Roanoke Valley	Coordination of Care, Information and Referral, Community Resources	http://www.projectaccessroanoke.org/main/index.php
Medicaid/Medicare	Cost & Insurance Status	
Women Heart	Education & Outreach	http://www.womenheart.org/
Carilion Clinic Residency Programs	Education- Workforce Training	https://www.carilionclinic.org/graduate- medical-education/residencies
Jefferson College of Health Sciences	Education- Workforce Training	http://www.jchs.edu/
Virginia Western Community College	Education- Workforce Training	http://www.virginiawestern.edu/
211 VA	Information & Referral	https://211.getcare.com/211provider/consumer/index211.do
Family Wize (UWRV)	Prescriptions	http://familywize.org/
Retail Pharmacies (Generic \$4 Rx)	Prescriptions	http://www.cvs.com/stores/cvs-pharmacy-locations/Virginia/Roanoke
Alleghany Roanoke City Health Districts	Public Health	www.vdh.state.va.us
East Mental Health	Services- Behavioral Health	http://eastmh.com/1.html
Family Services of Roanoke Valley	Services- Behavioral Health	http://www.fsrv.org/
Mental Health America of Roanoke Valley	Services- Behavioral Health	http://www.mentalhealthamerica.net/
Telepsychiatry	Services- Behavioral Health	
Blue Ridge Behavioral Health	Services- Behavioral Health (Community Services Board)	http://www.brbh.org/
Carilion Dental Clinic (Peds & Adult)	Services- Dental	https://www.carilionclinic.org/dentistry
Commonwealth Dental	Services- Dental	http://www.commonwealth-dentistry.com/
Mini Mission Of Mercy	Services- Dental	http://www.projectaccessroanoke.org/main/ind ex.php?m=1&p=1
Mission of Mercy (VDA)	Services- Dental	http://www.vdaf.org/Missions-Of- Mercy/mission-of-mercy.html
Virginia Western Community College Dental Hygiene Clinic	Services- Dental	http://www.virginianavigator.org/vn/dental- care-free-or-low-cost/virginia-western- community-college/program-252349.aspx
Foundation for Rehabilitation Equipment Endowment (FREE)	Services- Durable Medical Equipment	http://www.free-foundation.org/
Carilion Clinic	Services- Health System	https://www.carilionclinic.org/

Resources	Category	Resource Information
LewisGale Medical	Services- Health System	http://lewisgale.com/
Heartland Home Health Care	Services- Healthcare	http://www.heartlandhomehealth.com/
Kissito Healthcare	Services- Healthcare	http://www.kissito.org/
Urgent Care	Services- Healthcare	
VA Premier	Services- Healthcare	https://www.vapremier.com/
Planned Parenthood South Atlantic/ Planned Parenthood Federation of America Inc.	Services- Healthcare Services	http://www.plannedparenthood.org/
Carilion Center for Healthy Aging	Services- Healthcare, Community Resources	https://www.carilionclinic.org/geriatrics/center- for-healthy-aging
Carilion Clinic Community Care	Services- Primary care	https://www.carilionclinic.org/locations/commu nity-care-roanoke
Bradley Free Clinic	Services- Primary, Behavioral, Dental, Pharmacy	http://www.bradleyfreeclinic.com/
G. Wayne Fralin Clinic for the Homeless	Services- Primary, Behavioral, Dental, Pharmacy	http://rescuemission.net/category/free_clinic_for_the_homeless/
New Horizons Healthcare	Services- Primary, Behavioral, Dental, Pharmacy	http://newhorizonshealthcare.org/
Women, Infants, & Children (WIC)	Services- Public Health	http://www.vdh.state.va.us/lhd/Roanoke_City/ WIC.htm
School Nurses and Counselors	Services- School-based care	
Department of Social Services	Services- Social Services	http://www.dss.virginia.gov/
LogistiCare	Transportation	http://www.logisticare.com/
Radar	Transportation	http://www.radartransit.org/
RIDE Solutions	Transportation	http://ridesolutions.org/
Carilion Clinic Community Outreach	Wellness- Community Resources	https://www.carilionclinic.org/about/community- outreach
Carilion Wellness	Wellness- Community Resources	http://carilionwellness.com/
Parks and Recreation	Wellness- Community Resources	http://www.playroanoke.com/
YMCA of Roanoke Valley	Wellness- Community Resources	http://www.ymcaroanoke.org/

Appendix 7: Prioritization Worksheet

	Community Health Needs Assessment Prioritization		
Please pick 10 of the mos	st pertinent community needs and rank on a scale of 1 - 10, with 1 being the most pertinent.		
For only those top 10, on	a scale of 1 - 5, please rate the feasibility and potential impact of those needs, with 1 being the most	feasible and hav	ing the most impact.
Rank	Community Need	Feasibility -	Potential Impact
	Access to adult dental care		
	Access to alternative therapies		
	Access to dental care for children		
	Access to hospice services		
	Access to mental health counseling / substance abuse		
	Access to primary care		
	Access to psychiatry services		
	Access to services for the elderly		
	Access to specialty care		
	Access to vision care		
	Alcohol and illegal drug use		
	Births without prenatal care		
	Child abuse / neglect		
	Chronic disease (diabetes, cardiovascular disease, hypertension, asthma)		
	Coordination of care		
	Domestic violence		
	Dropping out of school		
	High cost of living and preferences for necessities		
	High cost of services for insured (co-pay, deductible, premium)		
	High cost of services for Medications		
	High cost of services for uninsured		
	High prevalence of angina		
	High prevalence of asthma		
	High prevalence of cardiovascular disease		
	High prevalence of COPD		
	High prevalence of diabetes		
	High prevalence of diabetes High prevalence of hypertension		
	High prevalence of mental health (depression, anxiety) disorders		
	High prevalence of inertal reactif (depression, arrivery) disorders High prevalence of obesity / overweight individuals		
	High prevalence of pneumonia		
	High prevalence of substance abuse (alcohol, illegal & prescription drugs)		
	High uninsured population In home health care		
	Inappropriate utilization of ED/urgent care for primary care, dental, and mental health services		
	Individual self-treatment for medical conditions		
	Lack of exercise / physical activity		
	Lack of knowledge of community resources		
	Lack of knowledge of health care		
	Lack of reliable transportation	l e	I .
	Lack of trust in health care services		
	Language barriers and services		l
	Need for urgent care services		
	Need for weekend and extended hours for health care services		
	Not accessing regular preventive care for adult dental care		
	Not accessing regular preventive care for primary care		
	Not accessing regular preventive care for vision		
	Not taking medications for chronic conditions		1
	Poor eating habits / lack of nutrient dense foods in diet		
	Prescription drug abuse		
	Services that are hard to get in our community:		
	Stigma with mental health and substance abuse services		
	Teenage pregnancy		
	Tobacco use		
	Unable to understand what provider is saying		
	Unsafe sex		
,	Value not placed on preventive care and chronic disease management		
	Community Need Feasibility Potential Im	pact	
	Magnitude/ • Urgency		
	Prevalence • Historical hospital mission implementation • Presence of of s	solutions	
	Severity trends and strategic (social, cultural, existing • Effective existing • Effecti	ect on	
	- Impact on - 1 abile	er health	
	vulnerable concern • Falls within • Ease of obtaining resources nee	eds	
	Economic capabilities needed		
	Health burden resources		
	disparities • Ease of solution fundraising fundraising		

Appendix 8: HRV Goals Strategies Outcomes

	HI	EALTHY ROANOKE VALLEY		
		GOALS, AND PROGRAM STRATEGIES		
		2013-2016		
Our mission is to mobilize community resources to improve access to care, coordination of services, and promote a culture of wellness.				
Vision	A community where all are empower	red to achieve and sustain optimal health.		
Target Population		ed, minority groups, and those suffering from chronic d		
Service Area	Botetourt, Craig, Roanoke counties &	& the city of Roanoke & Salem with a current foucs on I	Medically Underserved Areas in the city of	
Priority	Goal	Program Specific Strategy	Expected Outcome	
Access to Primary Care Services	Improve access to affordable, comprehensive primary care services especially for the underserved in the Roanoke Valley.	Serve in an advisory/supportive capacity to HRV initiatives that result in improved access to comprehensive primary care; coordination of care; and a culture of wellness.	Increase the proportion of persons with a usual primary care provider. Increase the proportion of persons with a	
			specific source of ongoing care.	
Access to Mental Health & Substance Use Services	Improve access to appropriate treatment services for individuals who experience mental health or substance use disorders.	Increase awareness and knowledge of mental health and substance use issues by educating the Roanoke Valley community.	Decrease the number of CHS respondents who report services are hard to get in the community. Decrease the number of mentally unhealthy days in the past month.	
Access to Oral Health Services	Improve access to, and utilization of, preventive services and dental care for the uninsured and underserved in the Roanoke Valley.	Work closely with the Community-based Health Care Coalition and other community partners to develop a sustainable oral health safety net.	Increase the proportion of children, adolescents, & adults who used the oral health care system in the past year	
Coordination of Care	Improve the coordination of care and ensure access to available resources and services that address the healthcare needs of the community.	Further define and implement a Centralized Care Coordination System that connects residents to resources available in the community and help these residents enter and navigate through the system.	Increase the proportion of persons with a usual primary care provider. Increase the proportion of persons with a specific source of ongoing care.	
Wellness	To create and sustain a culture of wellness where all residents have access to, education about, and are empowered to consume a healthier diet, engage in physical activity, and make informed choices to achieve optimal physical and mental health.	Support existing & new programs at schools, community- and faith-based sites, & the workplace that *Improve access to healthy foods; *Offer physical activity & health health promotion opportunities; **Align with strategies to reduce risky behaviors primarily in youth & young adults.	*Reduce the number of children, youth, adults who are obese ** Reduce the number of adolescents reporting substance use in the past month	

Appendix 9: Cancer Community Health Survey

Q1 Please select the county or city you live in from the box below:

Answered: 59 Skipped: 0

swer Choices	Responses	
Roanoke City	59.3%	
Roanoke County	23.7%	
Salem City	8.5%	
Botetourt County	6.8%	
Craig County	1.7%	
Buena Vista City	0.0%	
Giles County	0.0%	
Lexington City	0.0%	
Monroe County, WV	0.0%	
Rockbridge County	0.0%	
Other	0.0%	
al		

Q2 Is there a specific doctor's office, health center, or other place that you usually go if you are sick or need advice about your health?

Answered: 58 Skipped: 1

Answer Choices	Responses	
Yes	82.8%	48
No	17.2%	10
Total		58

Q3 When thinking about the specific doctor's office, health center, or other place that you usually go if you are sick or need advice about your health:

Answered: 45 Skipped: 14

	Yes	No	Total
s this where you would go for new health problems?	93.2% 41	6.8% 3	44
s this where you would go for preventive health care, such as general check-ups, examinations, and immunizations (shots)?	95.6% 43	4.4% 2	4
s this where you would go for referrals to other health professions when needed?	95.3% 41	4.7% 2	4:

Q4 Do you use medical care services?

Answered: 57 Skipped: 2

Answer Choices	Responses	
Yes	86.0%	49
No	14.0%	8
Total		57

Q5 Where do you go for medical care? (Check all that apply)

Answered: 50 Skipped: 9

wer Choices	Response	es
Doctor's Office	60.0%	3
Emergency Room	34.0%	1
Urgent Care / Walk in Clinic	24.0%	
Carilion Clinic Family Medicine – Roanoke/Salem	14.0%	
Free Clinic (e.g. Bradley Free Clinic, Rescue Mission, Mental Health America, Botetourt Christian Free Clinic)	12.0%	
Carilion Clinic Family Medicine – Southeast	10.0%	
LewisGale Medical Center	10.0%	
Carilion Clinic Community Care	6.0%	
New Horizons Healthcare	6.0%	
Pharmacy Clinic	4.0%	
Virginia Premier Medical Home	4.0%	
Craig County Community Health Center	2.0%	
Project Access	2.0%	
Salem VA Medical Center	2.0%	
Other (please specify)	2.0%	
Health Department	0.0%	
Planned Parenthood	0.0%	

Q6 Do you use dental care services?

Answered: 58 Skipped: 1

Answer Choices	Responses	
Yes	69.0%	40
No	31.0%	18
Total		58

Q7 Where do you go for dental care? (Check all that apply)

Answered: 39 Skipped: 20

swer Choices	Responses	Responses	
Dentist's office	84.6%	3	
Free Clinic (e.g. Bradley Free Clinic, Rescue Mission, Botetourt Christian Free Clinic)	7.7%		
New Horizons Healthcare	5.1%		
Small Smiles	5.1%		
Emergency Room	2.6%		
Carilion Dental Clinic	0.0%		
Commonwealth Dental	0.0%		
Craig County Community Health Center	0.0%		
Mission of Mercy Project	0.0%		
Project Access	0.0%		
Salem VA Medical Center	0.0%		
Urgent Care / Walk in Clinic	0.0%		
VWCC Dental Hygiene Program	0.0%		
Other (please specify)	0.0%		
al Respondents: 39			

Q8 Do you use mental health, alcohol abuse, or drug abuse services?

Answered: 58 Skipped: 1

Answer Choices	Responses	
Yes	24.1%	14
No	75.9%	44
Total		58

Q9 Where do you go for mental health, alcohol abuse, or drug abuse services? (Check all that apply)

Answered: 15 Skipped: 44

swer Choices	Responses	
Blue Ridge Behavioral Healthcare	66.7%	
Doctor/Counselor's Office	13.3%	
Family Service of Roanoke Valley	13.3%	
Other (please specify)	13.3%	
New Horizon Healthcare	6.7%	
Rescue Mission	6.7%	
Respond	6.7%	
Salem VA Medical Center	6.7%	
Bradley Free Clinic	0.0%	
Catawba Hospital	0.0%	
Connect	0.0%	
Emergency Room	0.0%	
Mental Health America	0.0%	
Urgent Care / Walk in Clinic	0.0%	

Q27 What do you think are the five most important issues that affect health in our community? (Please check five)

Answered: 58 Skipped: 1

swer Choices	Responses	
Cancers	58.6%	i.
Alcohol and illegal drug use	39.7%	1
Lack of exercise	27.6%	0.
Mental health problems	27.6%	
Overweight / obesity	25.9%	12
Access to healthy foods	24.1%	8
Cell phone use / texting and driving / distracted driving	24.1%	
Diabetes	20.7%	
Stress	20.7%	
Aging problems	19.0%	
Child abuse / neglect	19.0%	
Dental problems	19.0%	1
High blood pressure	19.0%	· ·
Heart disease and stroke	17.2%	
Poor eating habits	15.5%	
Domestic violence	13.8%	
Tobacco use / smoking	12.1%	
Environmental health (e.g. water quality, air quality, pesticides, etc.)	10.3%	
Not getting "shots" to prevent disease	10.3%	
Accidents in the home (ex. falls, burns, cuts)	6.9%	
Bullying	6.9%	
Gang activity	6.9%	
Prescription drug abuse	6.9%	
Sexual assault	6.9%	
HIV / AIDS	5.2%	
Lung disease	5.2%	
Other (please specify)	5.2%	
Teenage pregnancy	3.4%	
Homicide	1.7%	

tal Respondents: 58		
Not using seat belts / child safety seats / helmets	0.0%	0
Infant death	0.0%	0
Unsafe sex	1.7%	1
Suicide	1.7%	1
Neighborhood safety	1.7%	1

Q28 Which health care services are hard to get in our community? (Check all that apply)

Answered: 55 Skipped: 4

ver Choices	Responses	
Adult dental care	38.2%	
Cancer care	23.6%	
Vision care	23.6%	
Alternative therapy (ex. herbal, acupuncture, massage)	20.0%	
Eldercare	18.2%	
Medication / medical supplies	18.2%	
Programs to stop using tobacco products	18.2%	
Mental health / counseling	16.4%	
None	14.5%	
Domestic violence services	12.7%	
Preventive care (ex. yearly check-ups)	12.7%	
Substance abuse services –drug and alcohol	12.7%	
Dematology	10.9%	
Family doctor	10.9%	
Women's health services	10.9%	
Specialty care (ex. heart doctor)	9.1%	
Ambulance services	7.3%	
Emergency room care	7.3%	
Lab work	7.3%	
Physical therapy	7.3%	
Chiropractic care	5.5%	
Family planning / birth control	5.5%	
Inpatient hospital	5.5%	
X-rays / mammograms	5.5%	
Child dental care	3.6%	
End of life / hospice / palliative care	3.6%	
Urgent care / walk in clinic	3.6%	
Other (please specify)	3.6%	
Immunizations	1.8%	

Q29 What do you feel prevents you from getting the healthcare you need? (Check all that apply)

Answered: 54 Skipped: 5

wer Choices	Responses	
Cost	42.6%	
I can get the healthcare I need	33.3%	-
Lack of evening and weekend services	25.9%	
Don't know what types of services are available	22.2%	
Long waits for appointments	16.7%	
No health Insurance	16.7%	
No transportation	13.0%	
Can't find providers that accept my Medicaid insurance	11.1%	
Don't trust doctors / clinics	11.1%	
High co-pay	11.1%	
Afraid to have check-ups	9.3%	
Have no regular source of healthcare	9.3%	
Don't like accepting government assistance	5.6%	
Location of offices	3.7%	
Childcare	1.9%	
Other (please specify)	1.9%	
Can't find providers that accept my Medicare insurance	0.0%	
Language services	0.0%	

Q30 Please check one of the following for each statement

Answered: 59 Skipped: 0

	Yes	No	Not applicable	Tota
have had an eye exam within the past 12 months.	54.2% 32	45.8% 27	0.0% 0	5
have had a mental health / substance abuse visit within the past 12 months.	21.1% 12	56.1% 32	22.8% 13	5
have had a dental exam within the past 12 months.	49.2% 29	50.8% 30	0.0% 0	į
have been to the emergency room in the past 12 months.	36.8% 21	57.9% 33	5.3%	
have been to the emergency room for an injury in the past 12 months (e.g. motor vehicle crash, fall, poisoning, burn, cut, etc.).	19.0%	77.6% 45	3.4% 2	
Have you been a victim of domestic violence or abuse in the past 12 months?	11.9% 7	83.1% 49	5.1%	
My doctor has told me that I have a long-term or chronic illness.	56.9%	43.1% 25	0.0% 0	
take the medicine my doctor tells me to take to control my chronic illness.	50.8%	22.0% 13	27.1% 16	
can afford medicine needed for my health conditions.	54.2% 32	35.6% 21	10.2%	
I am over 21 years of age and have had a Pap smear in the past three years (if male or under 21, please check not applicable).	54.2% 32	18.6%	27.1% 16	
I am over 40 years of age and have had a mammogram in the past 12 months (if male or under 40, please check not applicable).	39.0% 23	22.0% 13	39.0% 23	
I am over 50 years of age and have had a colonoscopy in the past 10 years (if under 50, please check not applicable).	44.1% 26	20.3% 12	35.6% 21	
Does your neighborhood support physical activity? (e.g. parks, sidewalks, bike lanes, etc.)		42.4% 25	1.7%	
Does your neighborhood support healthy eating? (e.g. community gardens, farmers' markets, etc.)	49.1% 28	47.4% 27	3.5% 2	
In the area that you live, is it easy to get affordable fresh fruits and vegetables?	71.2% 42	28.8% 17	0.0% 0	
Have there been times in the past 12 months when you did not have enough money to buy the food that you or your family needed?	38.6% 22	59.6% 34	1.8%	

Q31 Where do you get the food that you eat at home? (Check all that apply)

Answered: 57 Skipped: 2

nswer Choices	Responses	
Grocery store	94.7%	Ę
Take-out / fast food / restaurant	35.1%	2
Farmers' Market	26.3%	
Corner store / convenience store / gas station	14.0%	
Dollar store	14.0%	
Home Garden	14.0%	
Food bank / food kitchen / food pantry	10.5%	
Other (please specify)	8.8%	
I regularly receive food from family, friends, neighbors, or my church	7.0%	
I do not eat at home	5.3%	
Back-pack or summer food programs	1.8%	
Community Garden	1.8%	
Meals on Wheels	0.0%	
otal Respondents: 57		

Q32 10. During the past 7 days, how many times did you eat fruit or vegetables (fresh or frozen)? Do not count fruit or vegetable juice. (Please check one)

Answered: 57 Skipped: 2

nswer Choices	Responses	
I did not eat fruit or vegetables during the past 7 days	10.5%	6
1 – 3 times during the past 7 days	29.8%	17
4 – 6 times during the past 7 days	17.5%	10
1 time per day	12.3%	7
2 times per day	14.0%	8
3 times per day	8.8%	5
4 or more times per day	7.0%	4
otal		57

2015 Community Health Needs Assessment

Q33 Have you been told by a doctor that you have... (Check all that apply)

Answered: 59 Skipped: 0

nswer Choices	Responses	
Cancer	98.3%	į
Depression or anxiety	42.4%	(2
High blood pressure	42.4%	62
High cholesterol	30.5%	
Asthma	18.6%	
Mental health problems	18.6%	
High blood sugar or diabetes	16.9%	
Obesity / overweight	15.3%	
Heart disease	10.2%	
COPD / chronic bronchitis / Emphysema	8.5%	
Drug or alcohol problems	6.8%	
Other (please specify)	5.1%	
Stroke / Cerebrovascular disease	3.4%	
HIV / AIDS	1.7%	
Cerebral palsy	0.0%	
I have no health problems	0.0%	
otal Respondents: 59		

Q34 How long has it been since you last visited a doctor for a routine checkup? (Please check one)

Answered: 59 Skipped: 0

nswer Choices	Responses	
Within the past year (1 to 12 months ago)	84.7%	50
Within the past 5 years (2 to 5 years ago)	6.8%	4
Within the past 2 years (1 to 2 years ago)	3.4%	2
5 or more years ago	5.1%	3
otal		59

Q35 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (Please check one)

Answered: 58 Skipped: 1

nswer Choices	Responses	
Within the past year (1 to 12 months ago)	48.3%	28
Within the past 5 years (2 to 5 years ago)	22.4%	13
Within the past 2 years (1 to 2 years ago)	13.8%	8
5 or more years ago	15.5%	9
otal		58

Q36 In the past 7 days, on how many days were you physically active for a total of at least 30 minutes? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard for some of the time.)

Answered: 59 Skipped: 0

Answer Choices			Responses		
0 days (1)			13.6%		8
1 days (2)			15.3%		9
2 days (3)			6.8%		4
3 days (4)			20.3%		12
4 days (5)			15.3%		9
5 days (6)			6.8%		4
6 days (7)			10.2%		6
7 days (8)			11.9%		7
Total					59
Basic Statistics					
Minimum 1.00	Maximum 8.00	Median 4.00	Mean 4.29	Standard Deviation 2.25	

Q37 Other than your regular job, what physical activity or exercises do you participate in? (Check all that apply)

Answered: 55 Skipped: 4

nswer Choices	Responses	
Walking	87.3%	4
Dancing	20.0%	1
Hiking	20.0%	1
Swimming	14.5%	
Gardening	10.9%	
Group exercise classes	10.9%	
Yoga / Pilates	10.9%	
Bicycling	9.1%	
Running	7.3%	
Weight training	5.5%	
Other (please specify)	5.5%	
Canoeing / kayaking	3.6%	
Hunting	3.6%	
Individual sports	3.6%	
Team sports	1.8%	
Horseback riding	0.0%	
otal Respondents: 55		

Q38 In the past 7 days, how many times did all, or most, of your family living in your house eat a meal together?

Answered: 59 Skipped: 0

nswer Choices	Responses	
Never	15.3%	9
1-2 times	10.2%	6
3-4 times	18.6%	11
5-6 times	6.8%	4
7 times	13.6%	8
More than 7 times	27.1%	16
Not applicable / I live alone	8.5%	5
otal		59

Q42 During the past 30 days: (Check all that apply)

Answered: 17 Skipped: 42

	es
23.5%	4
94.1%	16
11.8%	2
23.5%	
11.8%	2
	94.1% 11.8% 23.5%

Q43 Have you ever used heroin

Answered: 56 Skipped: 3

Answer Choices	Responses
Yes	8.9% 5
No	91.1% 51
Total	56

Q45 If you do not drive, what mode of transportation do you use typically use.

Answered: 42 Skipped: 17

swer Choices	Responses	
Not applicable- I drive	52.4%	22
Bike or walk	23.8%	10
Friends / Family drive me	23.8%	10
Public transit (i.e. bus, shuttle, similar)	26.2%	1
RADAR / CORTRAN	2.4%	
Taxi	2.4%	
Other (please specify)	4.8%	2
tal Respondents: 42		

Q46 What types of information help you learn the best about your health? (Check all that apply)

Answered: 57 Skipped: 2

Responses	i
66.7%	3
45.6%	2
38.6%	2
24.6%	
24.6%	-
14.0%	
12.3%	
8.8%	
3.5%	
	45.6% 38.6% 24.6% 24.6% 14.0% 12.3% 8.8%

Q47 Which of the following describes your current type of health insurance? (Check all that apply)

Answered: 56 Skipped: 3

wer Choices	Responses	
Employer Provided Insurance	33.9%	
Medicare	25.0%	
Medicaid	23.2%	
No Dental Insurance	23.2%	
Dental Insurance	21.4%	
Medicare Supplement	14.3%	
No Health Insurance	12.5%	
Individual / Private Insurance / Market Place / Obamacare	7.1%	
Health Savings / Spending Account	5.4%	
Government (VA, Champus)	1.8%	
COBRA	0.0%	

Q48 If you have no health insurance, why don't you have insurance? (Check all that apply)

Answered: 26 Skipped: 33

swer Choices	Responses	
Not applicable- I have health insurance	73.1%	1
Too expensive / cost	23.1%	
Not available at my job	7.7%	
Unemployed / no job	7.7%	
I don't understand ACA / Obamacare Options	3.8%	
Student	0.0%	
Other (please specify)	0.0%	
al Respondents: 26		

Q52 What is your gender?

Answered: 56 Skipped: 3

Answer Choices	Responses	
Male	17.9%	10
Female	82.1%	46
Transgender	0.0%	0
Total		56

Q56 What is your highest education level completed?

Answered: 57 Skipped: 2

nswer Choices	Responses	
Less than high school	3.5%	2
Some high school	14.0%	8
High school diploma	40.4%	23
Associates	10.5%	6
Bachelors	21.1%	1:
Masters / PhD	10.5%	6
tal		57

Q57 What is your primary language?

Answered: 52 Skipped: 7

Answer Choices	Responses	
English	98.1%	51
Spanish	0.0%	0
Other (please specify)	1.9%	1
Total		52

Q58 36. What ethnicity do you identify with? (Check all that apply)

Answered: 56 Skipped: 3

Answer Choices	Responses	
White	85.7%	48
Black / African American	10.7%	6
More than one race	3.6%	2
American Indian / Alaskan Native	1.8%	1
Asian	1.8%	1
Latino	1.8%	1
Native Hawaiian / Pacific Islander	0.0%	0
Decline to answer	0.0%	0
Other (please specify)	0.0%	0
otal Respondents: 56		

Q59 What is your marital status?

Answered: 50 Skipped: 9

Answer Choices	Responses	
Married	48.0%	24
Single	26.0%	13
Divorced	12.0%	6
Widowed	14.0%	7
Domestic Partnership	0.0%	0
Total		50

Q60 What is your yearly household income?

Answered: 52 Skipped: 7

swer Choices	Responses	
\$0 - \$10,000	28.8%	15
\$10,001 - \$20,000	13.5%	7
\$20,001 - \$30,000	11.5%	6
\$30,001 - \$40,000	3.8%	2
\$40,001 - \$50,000	3.8%	2
\$50,001 – \$60,000	3.8%	2
\$60,001 – \$70,000	3.8%	2
\$70,001 – \$100,000	21.2%	11
\$100,001 and above	9.6%	5
tal		52

Q61 What is your current employment status?

Answered: 53 Skipped: 6

nswer Choices	Responses	
Full-time	39.6%	21
Part-time	11.3%	6
Unemployed	28.3%	15
Self-employed	1.9%	1
Retired	11.3%	6
Homemaker	7.5%	4
otal		53