

Franklin County Community Health Needs Assessment

SEPTEMBER 30, 2013



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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 Harris-Boush (amharrisboush@carilionclinic.org).

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 Franklin County Community Health Assessment Team cannot accept responsibility for any consequences that result from the use of any information presented in this report.

Acknowledgments

Success of the Franklin County Community Health Needs Assessment (CHNA) was due to the strong leadership and participation of its Project Management Team, the Community Health Assessment Team, and the Data Collection and Analysis Team. Thank you to all of the community members who participated in the Community Health Survey and focus groups.

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CHAT members during a meeting at Carilion Franklin Memorial Hospital

Project Summary

Introduction

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 few 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 health-oriented organizations across the community to plan effectively the vital work of maintaining and improving health.

This report contains the findings of the 2013 needs assessment for Franklin County, Virginia, including data on the target population and service area, as well as primary and secondary data.

Method

A 40-member Community Health Assessment Team (CHAT) oversaw the assessment activities. The service area included those living in Franklin County. Data was also collected for Henry County with specific emphasis on Bassett, Virginia. The target population included vulnerable populations, including low-income, uninsured and/or underinsured, older adults, and those with chronic disease.

Beginning in January 2013, primary data collection included a Stakeholder/Professional Survey, Target Population Focus Groups and a Community Health Survey. CHAT Members took the Stakeholder/Professional Survey and encouraged co-workers and others working with target populations to participate as well. Focus Groups were conducted with an intention of utilizing locations and/or regularly-scheduled meetings of groups that include the target populations. Community Health Surveys were available to be taken in print, over the phone or online. Secondary data were 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.

The CHAT prioritized the findings from all of these research methodologies. Participants were asked to rank the top 10 community health needs independently, and then rate each of their respective “top 10s” with regard to feasibility of addressing the need and the potential positive impact if the need were addressed.

Project Summary

Findings

In summary, the findings of the Franklin County CHNA revealed an underserved population in need of more reliable transportation, affordable medicine and access to mental health, dental, primary care and specialty services.

The community expressed a need for affordable medications, preventive services, and primary care services mental healthcare, and improved coordination of care. 21.4% of residents reported using the emergency department for medical care and 23.3% said that they did not access regular dental care.

Roughly one quarter of the population reported that they experience poor to fair health. County Health Rankings ranks Franklin County 73 out of 133 for the state of Virginia for health outcomes and 71 out of 133 for health factors. Henry County is ranked 129 out of 133 for health outcomes and 123 out of 133 for health factors.

Response

Following the final CHAT meeting to identify the top priorities from the community health needs identified, the following areas of focus emerged:

- Access to:
 - Mental health and substance abuse services
 - Primary care
 - Adult dental care
 - Specialty care
- Need for improved coordination of care across the health and human services sector
- General wellness:
 - Obesity
 - Chronic disease management
- Transportation.

To address the needs of the community, Carilion Franklin Memorial Hospital (CFMH) will develop a multi-disciplinary team to ensure that resources are aligned with the needs identified during the CHNA. The team will initially consist of CFMH employees and area providers, and expand to include membership from community agencies as needed to ensure improvements are achieved in the identified areas of focus. The team will develop goals and objectives and identify indicators for addressing community health needs.

Project Summary

In addition, CFMH serves as an active partner in current community coalitions conceived to help address community health needs. These organizations are typically grant-supported and comprise of a diverse representation from the community. The coalitions are as followed:

- The Healthy Community Action Team coalition (HCAT) is supported in part by the Virginia Foundation for Healthy Youth (VFHY) grant to fight childhood obesity and is facilitated by STEP, Inc. and Virginia Cooperative Extension.
- Focus on Response and Education to Stay Healthy (FRESH) coalition addresses health and safety issues that impact pre-teen, teen populations and young adult populations and is supported by a Strategic Prevention Framework-State Incentive Grant (SPF-SIG) through Virginia Commonwealth University.
- A State-funded grant for suicide prevention supports the Franklin County Suicide Prevention coalition which is coordinated through Mental Health America.
- Healthy Roanoke Valley (HRV), a coalition formed after the 2012 Roanoke Valley CHNA that consists of over 50 community partners. HRV's services area includes Franklin County and is addressing access to primary care, access to mental health care, access to dental care, improved coordination of care, and general wellness.

CFMH officials will communicate the priority areas of community needs identified through the assessment process, and work within the coalitions to encourage the focusing of community resources on these needs.

Lastly, processes will be developed to track progress of improvements, ongoing.

The implementation strategy found of page 83 of this report has been presented to and approved by the CFMH Board of Directors and the Carilion Clinic Board in September 2013.

Community Health Needs Assessment

Franklin County, Virginia is located in the foothills of the Blue Ridge Mountains. Franklin County is located in the West Piedmont Health District of the State. The mission of the West Piedmont Health District is to achieve and maintain optimum personal and community health by emphasizing promotion of disease prevention and environmental protection.

Franklin County is culturally divided into two distinct socioeconomic areas, the Smith Mountain Lake Community versus the rural communities and the town of Rocky Mount. The lake community is mostly comprised of retired individuals where geriatric health issues are prominent. Within the town and rural areas resides a large segment of the county's pediatric population, young families, and includes elderly populations as well. Health concerns of the rural and town areas are as diverse as is the population.

Carilion Franklin Memorial Hospital (CFMH) is a not-for-profit, 37-bed hospital located in the town of Rocky Mount, Virginia. Set in the beautiful rolling hills of the western Blue Ridge Mountains, Rocky Mount is the seat of Franklin County. Since 1952, CFMH has provided Franklin County residents with quality healthcare close to home, in a family-friendly environment. The hospital offers a wide range of medical and surgical services, including convenient outpatient and emergency department services.

Carilion Clinic is a not-for-profit health care 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 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.

As a not-for-profit hospital, CFMH has conducted an in-depth assessment, and plans to repeat the process every three years to identify and track the specific needs of the community it serves. This process enables the subsequent development of appropriate solutions to those needs. The project has fostered focused work with area safety net providers and key stakeholders, and will ensure that resources are focused on highest-priority areas. This work is of critical importance in creating solutions to improving health and reducing disparities of the underserved in the Franklin area.

The project examined the health of members of the community in the aggregate, from the various perspectives of stakeholders/providers that work in current systems of care, objective outcomes measures, community members, and at-risk populations. The goals of the project were:

Community Health Needs Assessment

1. To conduct a comprehensive needs assessment;
2. To identify ways to develop effective solutions to high-priority health needs.
3. To continue to develop linkages and foster relationships in the community to ensure a seamless continuum of care for all persons.

As Carilion Clinic conducted Community Health Needs Assessments in four communities in 2013, a work plan was developed (See [Appendix 1, Work Plan and Timeline](#)) to progress through the steps of the assessments concurrently in the four communities. As in the other areas, the Franklin Community Health Needs Assessment focused on high levels of community engagement involving health and human services leaders, stakeholders, and providers; the target population; and the community as a whole. A Community Health Assessment Team (CHAT) consisting of project management staff and representatives from area health and human services, law enforcement, faith-based communities, and schools led the 8-month initiative. (See [Appendix 2: CHAT Directory](#)). Beginning in January 2013, the CHAT met five times to oversee the Franklin Community Health Needs Assessment. Meeting agendas were prepared for each meeting and distributed to CHAT members.

The Project Management Team included CFMH's Hospital Administrator, who served as the Project Director for the assessment; CFMH's Health Educator, who served as the Community Hospital Project Manager; and a Carilion Clinic Planning Analyst was the CHNA Planning Manager. The Community Hospital Project Manager coordinated meeting logistics, kept records, and distributed and collected surveys during the project period. The CHNA Planning Manager worked in conjunction with Carilion Clinic's Planning Department which assisted in all aspects of the project including the development and analysis of the Stakeholder Survey and the Community Health Survey; collection and analysis of minutes from focus groups and CHAT meetings; collection and analysis of secondary data; and compilation the final report.

The Data Collection and Analysis Team included the Planning Team from Carilion Clinic Strategic Development and Carilion Direct. The Planning Team evaluated trends nationally and within Carilion Clinic regarding primary care, urgent care, and emergency services utilization data, and determined payor mixes and demographic information for the service area. In addition to staff from Strategic Development, Carilion Direct and an intern from Virginia Tech were instrumental in entering survey data into Survey Monkey for the hundreds of paper Community Health Surveys received from across the Franklin area.

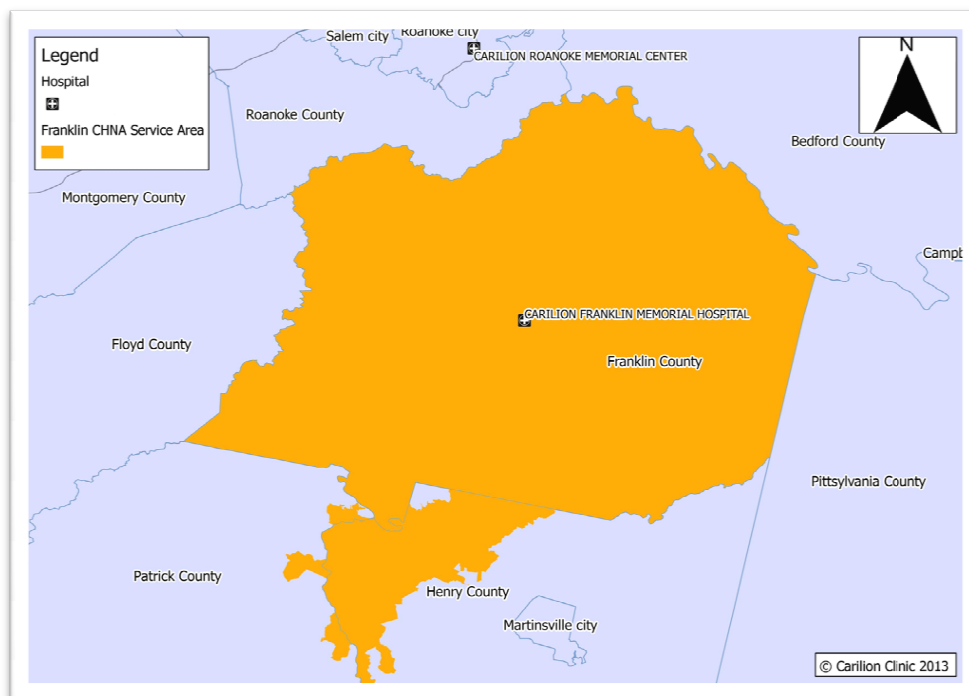
Beginning in January 2013, primary data collection included a stakeholder survey (23 participants), a community health survey (671 participants), and four target population focus groups. Secondary data were collected including demographic and socioeconomic indicators as

Community Health Needs Assessment

well as health indicators addressing access to care, health status, prevention, wellness, risky behaviors, disease incidence and prevalence and the social environment.

Service Area

Carilion Franklin Memorial Hospital (CFMH) is located in Franklin County, Virginia. In fiscal year 2012, CFMH served 21,522 unique inpatients. Patient origin data reveals that 73.1% of CFMH's patients are from Franklin County, 8.5% are from Henry County (including 5.3% from Bassett), and 4.6% are from Bedford County. The primary service area for the Franklin CHNA is Franklin County. Data was also collected for Henry County with emphasis on Bassett, Virginia.



Land Mass and Persons per Square Miles

(Quick Facts, U.S. Census Bureau, 2012)

	Virginia	Franklin County	Henry County
Land area in square miles	39,490.1	690.4	382.3
Persons per square miles	202.6	81.3	141.6

Target Population

The target population was those living in the Franklin County. In gathering data, an emphasis was placed on vulnerable populations, including low income, uninsured/underinsured, older adults and those with chronic disease.

Primary Data and Community Engagement

In addition to the CHAT teams, members of the community were encouraged to take the community survey; stakeholders working with the targeted populations were asked to participate in stakeholder surveys; and target populations were engaged through focus groups.

Stakeholder Surveys

CHAT members were asked to take the Stakeholder/Professional survey, as well as encourage their coworkers and others in health and human services positions to participate. These surveys were available in print and online versions. Questions on this survey tool focused on an inventory of organizations related to healthcare; the greatest challenge faced by each organization; obstacles and unmet healthcare needs. Twenty-three of these surveys were returned. A copy of this survey is in [Appendix 3](#). Results of this survey are below:

- Please attempt to list all community-based organizations involved in direct health care service delivery, or access to health care services in your community (no need to list outpatient medical practices):
 - Alexander Dentistry
 - Carilion Clinic Hospice
 - Carilion Clinic Rehabilitation and Therapy
 - Carilion Franklin Memorial Hospital
 - Franklin County Head Start & Early Head Start
 - Franklin County Health Department

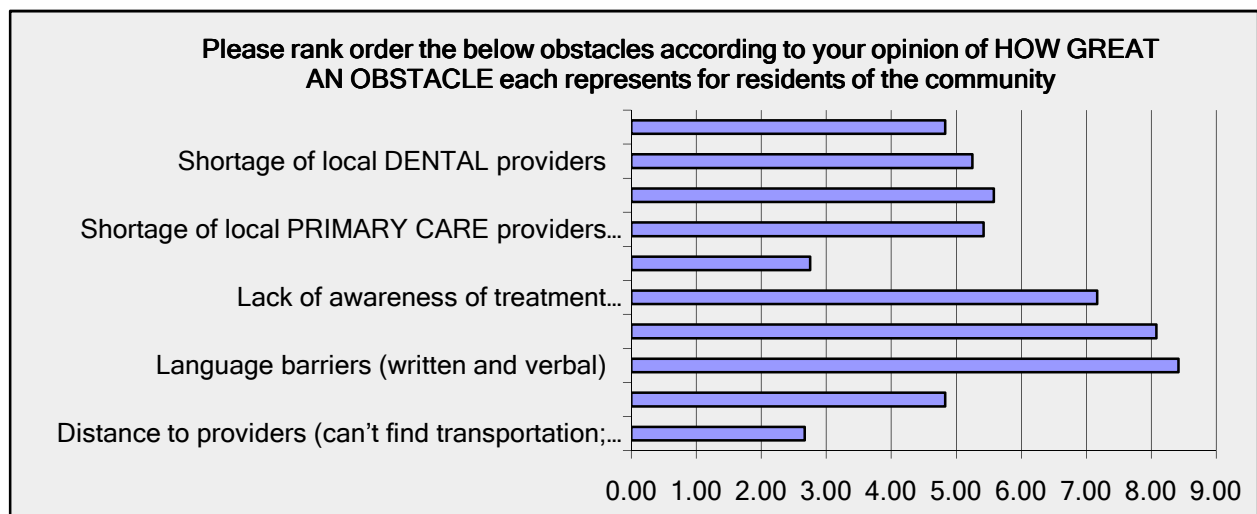
Community Health Needs Assessment

- Franklin Dental Associates
 - Franklin Health and Rehabilitation Center
 - Free Clinic of Franklin County, Inc. / Bernard Healthcare Center
 - Fresenius Medical Care of Franklin County / Dialysis Care of Franklin County
 - FRESH (Focus on Response and Education to Stay Healthy) Coalition
 - Good Samaritan Hospice
 - Helping Hands of Franklin County
 - Henry/Martinsville Health Department
 - Southern Area Agency on Aging
 - Carilion Clinic Congregational and Parish Nursing Program
 - Piedmont Community Services
 - Private Providers
 - RADAR Unified Human Services Transportation System, Inc.
 - Respiratory Rentals of Franklin County
 - Team Nurse of Rocky Mount
 - Tri-Area Community Health Center at Ferrum
 - Trinity Support Services, LLC
 - Trinity Mission Healthy and Rehab of Rocky Mount
 - Velocity Care Urgent Care by Carilion Clinic.
-
- Please convey, in your own words, the single greatest challenge faced by your organization, as you attempt to provide/facilitate quality health care delivery to the residents of the community (3-4 sentences)
 - Affordable resource referrals
 - Budget issues and volunteer hours
 - Child Care
 - Delay in services
 - Lack of any insurance or adequate insurance for many
 - Lack of availability of providers
 - Lack of special type services such as cardiac, OB, Orthopedic etc. We must constantly travel to Roanoke.
 - operating funds
 - Transportation
 - Transportation to access needed services
 - We neither provide or facilitate health care delivery
 - access to medications
 - availability to PCP
 - Mental Health
 - Resources.

Community Health Needs Assessment

- Please rank order the below obstacles according to your opinion of HOW GREAT AN OBSTACLE each represents for residents of the community. There are no right or wrong answers. This is your opinion. Rank: 1 = most significant/prevalent obstacle; 10 = least significant/prevalent obstacle. Use the numbers 1 - 10 only once (no ties allowed).

Answer Options	Rating Average
Distance to providers (can't find transportation; vehicle unreliable)	2.67
Too expensive (can't afford out-of-pocket costs if uninsured, or co-pays/deductibles if insured)	2.75
Can't get away from job/kids to attend medical appointments (clinic/hospital hours don't work with life schedule)	4.83
Shortage of local MENTAL HEALTH providers	4.83
Shortage of local DENTAL providers	5.25
Shortage of local PRIMARY CARE providers (can't find a medical home)	5.42
Shortage of local SPECIALTY health care providers (excluding dental and mental health)	5.58
Lack of awareness of treatment norms, prevention standards (don't know when to seek help)	7.17
Cultural barriers (literacy levels, customs, fears)	8.08
Language barriers (written and verbal)	8.42



Community Health Needs Assessment

- Comment on the above rankings. Why did your #1 obstacle earn the top spot? Why are some obstacles not ranked
 - Extremely difficult to get adequate, affordable, mental health services and dental care is no better--not accepting insurance patient has or no insurance at all. Very frustrating. I think language barriers and cultural barriers should be ranked higher, but when having to prioritize I put them at 9 and 10.
 - Transportation is a huge barrier to many of our patients, they have no vehicle and or cannot afford gasoline and have no reliable means of transportation
 - Seen daily but also have a family member who went without psychiatric care for over a year due to lack of insurance.
 - Mental Health and substance abuse programs are not accessible and cause for return. The mental health patient has very limited options.
 - Large rural community.
 - Mental Health and Dental are not available for very low income patients who need free services.
 - I cannot understand why we must travel for specialty care. It seems that our hospital has regressed in services it delivers.
 - When assessing barriers to care/or no show barriers most respond to transportation as the issue. Many folks without adequate income, jobs, no health insurance, use ER as primary care. Some who are employed have jobs that do not allow them to "miss" work for appointments or prevention appointments. Choose food/housing costs (basic needs) over prevention- including dental care.

Community Health Needs Assessment

- In terms of UNMET health care needs of community residents, please score each of the following according to this scale:

Answer Options	1 = very serious unmet need	2 = somewhat serious unmet need	3 = less serious unmet need	4 = not an unmet need	Rating Average
Affordable medications	8	4	0	0	1.33
Health transportation services	8	3	1	0	1.42
Preventive services	6	6	0	0	1.50
Primary health care (medical home)	6	5	1	0	1.58
Mental health/addictions care	5	5	1	0	1.64
Health navigator services (advocate and guide)	5	5	2	0	1.75
Dental care	5	4	1	1	1.82
Specialty health care (excluding dental and mental health)	3	8	1	0	1.83
Health education (for those with chronic disease)	4	5	3	0	1.92
Culturally and linguistically appropriate services	2	3	6	1	2.50
School-based health care	2	3	4	3	2.67
In-home health care services	0	4	5	3	2.92
Hospice care	0	1	5	6	3.42

Focus Group Meetings– Target Population

Locations and Meeting Descriptions

Date	Location	Description
3/21/13	Trinity Ecumenical Church	Older Adults
4/8/13	Heavenly Manna	Low-income individuals, individuals in children
4/11/13	American Legion	Veterans, older adults, individuals with chronic disease
4/12/13	YMCA, Rocky Mount	Older adults, individuals with chronic disease
4/18/13	CFMH, CHAT Meeting	Healthcare need of the Brethren Community

Focus Group Format

A point-of-contact at each host site attempted to recruit 8-12 adult participants for each meeting. The Project Manager facilitated the meetings and the Project Planner/Planning Analyst recorded discussions.

Prior to each meeting, participants were asked to read and sign a consent form to ensure conversations were kept confidential. Focus group meetings lasted for an hour and addressed personal and system-based barriers in accessing primary care, mental health, substance abuse, and dental services by participants and/or their families; transportation; and gaps in the current continuum of care. To protect the participants’ privacy, they had the option to address their own situation or address similar populations. Additional follow-up questions were asked based on the responses.

Focus Group Questions:

1. In one or two words, how would you describe good health?
2. What do you, or your family and friends, do when you need a checkup or are sick?
 - (1) 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?
 - (1) 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 Roanoke?

Focus Group Themes and Quotes

Health Prevention or Self Treatment

Quotes:

“I try to prevent health problems.”

“I don’t go to the dentist. I go to the store to help with the pain.”

“I use modern medicine or whiskey for the pain.”

“My kids have insurance. I take them to the doctor. For my stuff, I use the drug store.”

“I take care of myself. I can’t afford doctors or anything. I use drug store medicines.”

(When feeling sad, or alcohol/drug issues) “I come in here.” (YMCA)

“I’m glad I’m retired and can go to the fitness center.

Affordable Dental

Quotes:

“We usually suffer for two or three days and then go. It’s expensive.”

“I’m stuck between a rock and a hard place being out of work. People like me need affordable dental care. I deal with it myself.”

“There’s people around that needs help. I need to go to the dentist, but can’t afford it.”

Specialists on Aging Needed

Quotes:

“Sixty-seven percent of the county budget is allocated to schools, but nothing is allocated to issues affecting the elderly populations. Consider 52% of revenues are generated by the Lake community.”

“There is a need for transitional housing—for geriatric services and programs in general.”

“We need more transportation for the elderly.”

Community Health Needs Assessment

“Why don’t we have a specialty doctor in aging in Franklin County?”

Vets—Mental Health Stigma/Repercussions of labeling PTSD

Quotes:

“Veterans returning from war with mental health issues are not likely to ask for help because there is a stigma with PTSD.”

“Veterans are afraid of being classified as having a mental health disorder and risk losing their gun rights, which is a big deal with war veterans. This is one reason why they won’t go to the doctor for mental health.”

“If you act crazy the VA might lock you up.”

“There’s a fear your employer will find out about mental health disease.”

Emergency Services—Waits too long for patient transport and in the ED

Quotes:

“There are fragmented transportation resources among churches and community organizations. The county isn’t able to fund public transportation.”

“We need emergency care in the lake area. Hospitals are too far away.”

“When I go to the ER, I wait an abnormal amount of time.”

“Out-of-pocket emergency room costs are too high.”

“There are not enough emergency responders and services.”

Information on Health Services

“We need a clearing house of available community resources.”

“I don’t know who to call about help with my medical bills.”

“A regular health/wellness calendar in the newspaper so we can find it easy would be good.”

“There are many agencies and services we aren’t aware of.”

Community Health Survey

Methodology

Community members were encouraged to take the Community Health Survey. A news release was posted on the Franklin Memorial website. Posters and flyers were placed in the community letting community members know how to take the survey. Two drawings for a \$50 Wal-Mart gift card for those who completed the survey (one survey per person) were offered as an incentive. The survey was available in print, online or over the phone from February through Mid-May 2013. There were 671 surveys returned. 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 volunteers who entered responses from paper or phone surveys.

Participants were asked where they go for health care, dental care, mental health or substance abuse services, what services they or their child(ren) have accessed in the past 12 months, what services are difficult to access, what chronic conditions do they have, important factors for a healthy community, as well as health problems and risky behaviors. A copy of this survey is in [Appendix 4](#). Results to the final question, “Is there anything else we should know about your (or someone living in your home) health care needs in Franklin County?” is located in [Appendix 5](#).

Survey Results

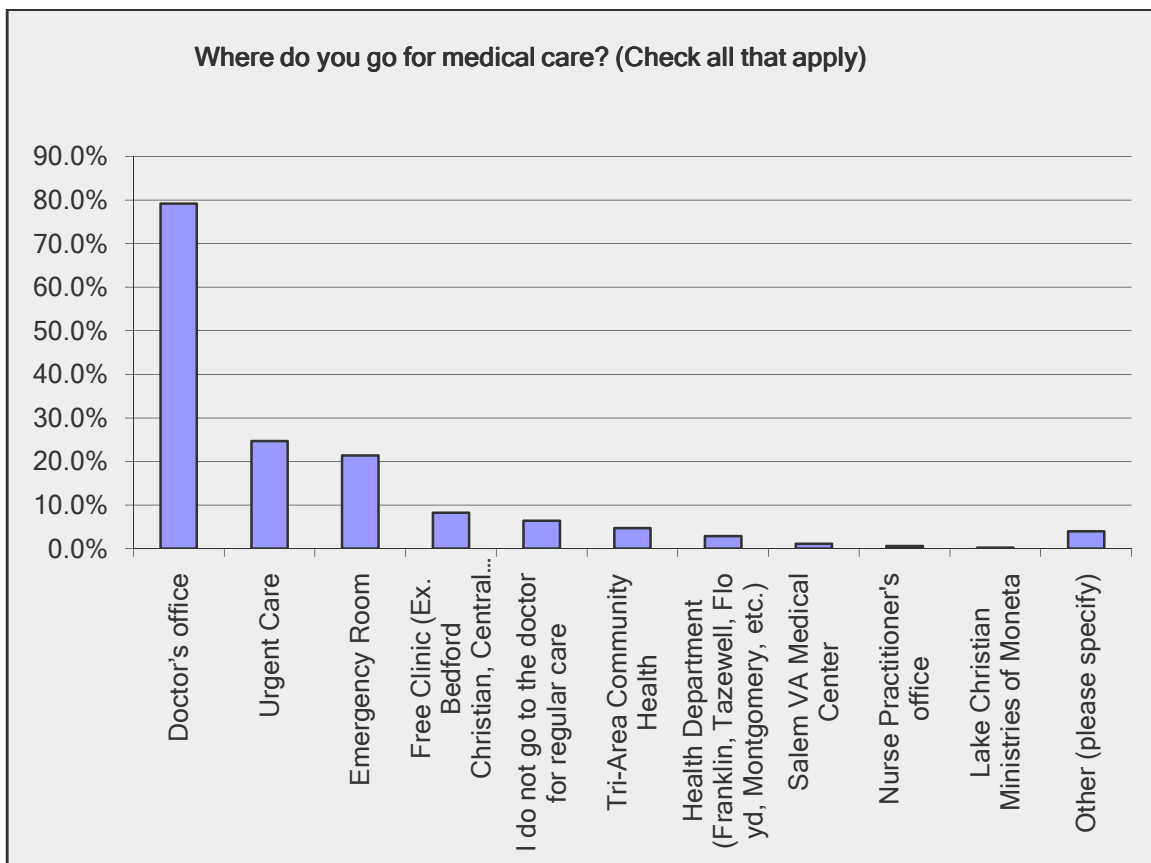
There were 671 participants to the Franklin Community Health Survey.

- The average age of respondents was 48
- 74% of respondents were female, while 26% were male
- 46% had children under 18 living in their household
- 81% had at least a high school diploma
- 94% were white
- 64% were married
- 42.8% worked full-time
- 53.1% of surveys were returned in printed format through partner agencies
- 23.3% were done online
- 22.7% were mailed in.

Community Health Needs Assessment

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

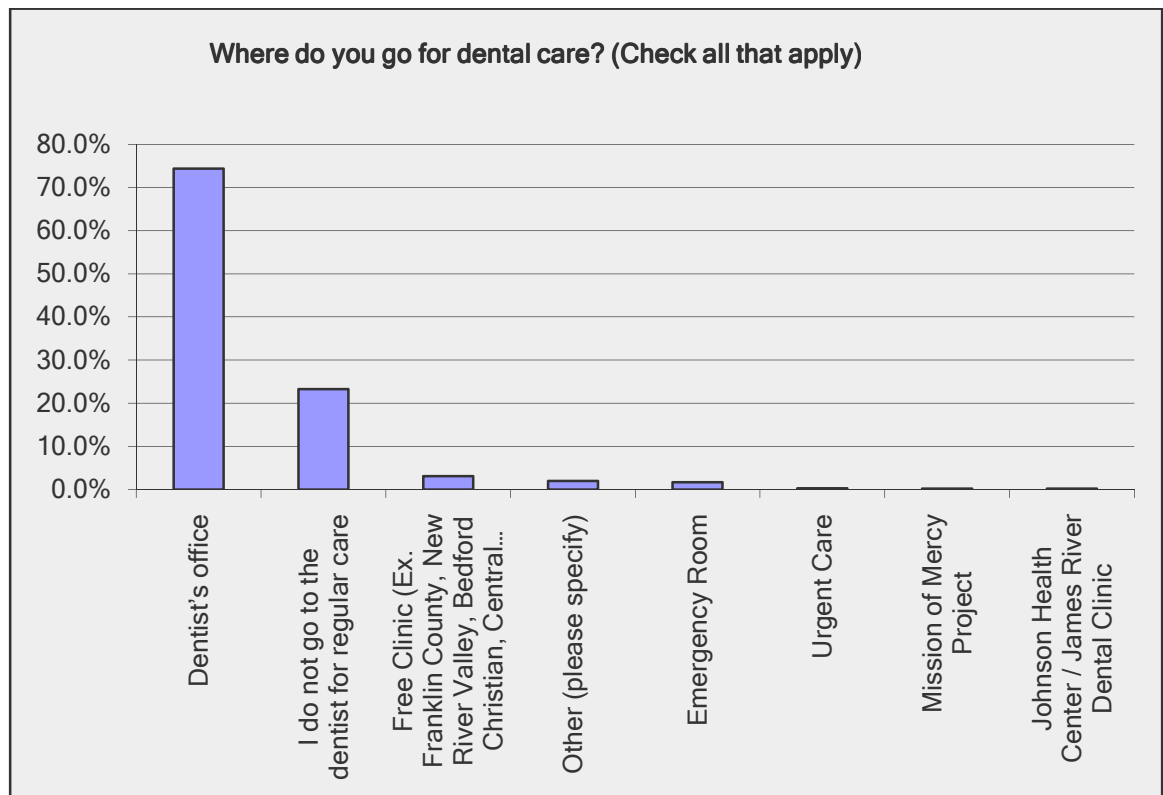
Answer Options	Response Percent	Response Count
Doctor's office	79.2%	519
Urgent Care	24.7%	162
Emergency Room	21.4%	140
Free Clinic (Ex. Bedford Christian, Central Virginia, Franklin County, New River Valley, Pulaski)	8.2%	54
I do not go to the doctor for regular care	6.4%	42
Tri-Area Community Health	4.7%	31
Health Department (Franklin, Tazewell, Floyd, Montgomery, etc.)	2.9%	19
Salem VA Medical Center	1.1%	7
Nurse Practitioner's office	0.6%	4
Lake Christian Ministries of Moneta	0.2%	1
Other (please specify)	4.0%	26
answered question		655
skipped question		16



Community Health Needs Assessment

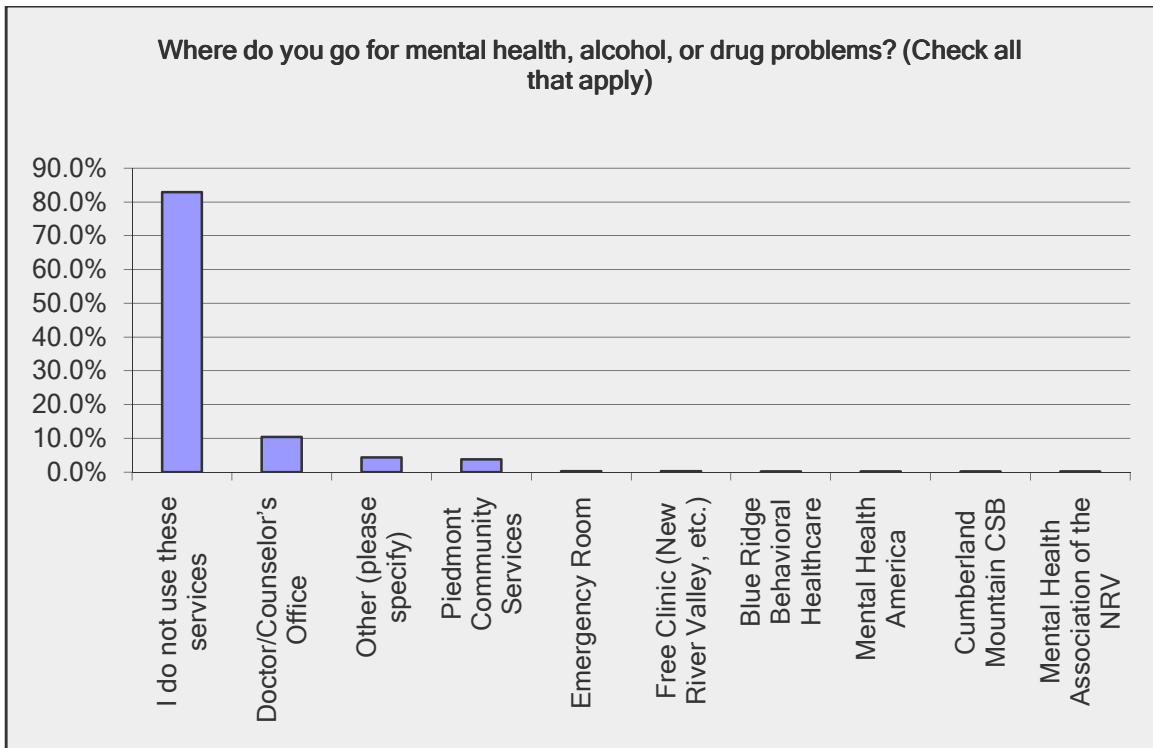
Where do you go for dental care? (Check all that apply)

Answer Options	Response Percent	Response Count
Dentist's office	74.4%	483
I do not go to the dentist for regular care	23.3%	151
Free Clinic (Ex. Franklin County, New River Valley, Bedford Christian, Central Virginia, Rescue Mission)	3.1%	20
Other (please specify)	2.0%	13
Emergency Room	1.7%	11
Urgent Care	0.3%	2
Mission of Mercy Project	0.2%	1
Johnson Health Center / James River Dental Clinic	0.2%	1
answered question		649
skipped question		22



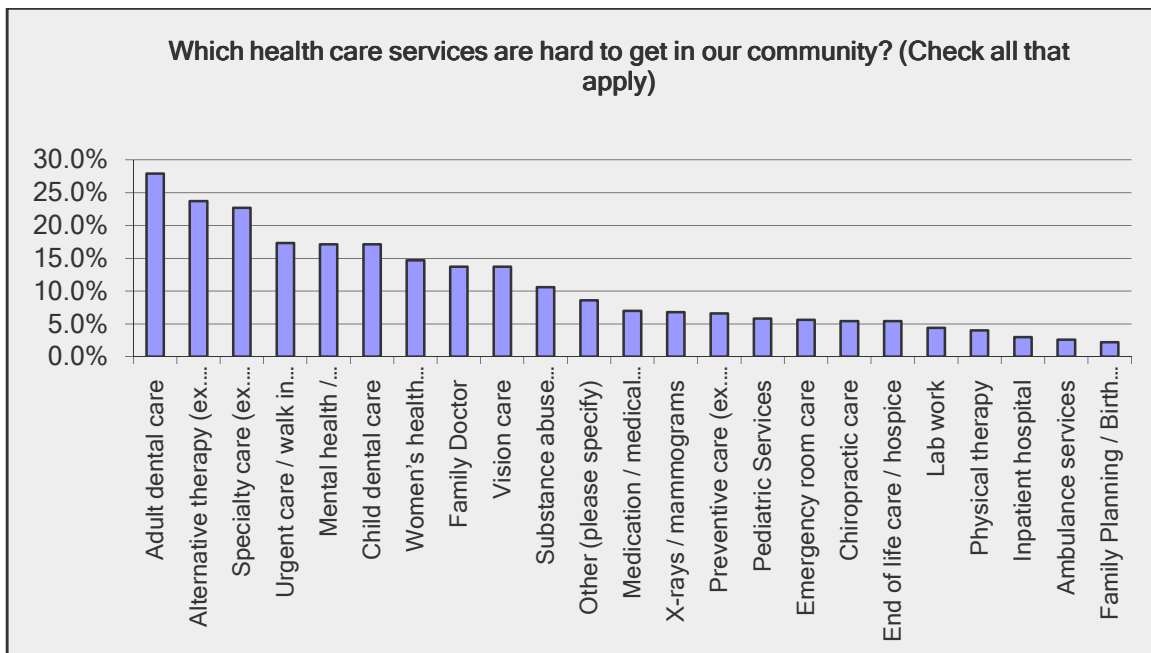
Community Health Needs Assessment

Where do you go for mental health, alcohol, or drug problems? (Check all that apply)		
Answer Options	Response Percent	Response Count
I do not use these services	82.9%	528
Doctor/Counselor's Office	10.4%	66
Other (please specify)	4.4%	28
Piedmont Community Services	3.8%	24
Emergency Room	0.3%	2
Free Clinic (New River Valley, etc.)	0.3%	2
Blue Ridge Behavioral Healthcare	0.2%	1
Mental Health America	0.2%	1
Cumberland Mountain CSB	0.2%	1
Mental Health Association of the NRV	0.2%	1
<i>answered question</i>		637
<i>skipped question</i>		34



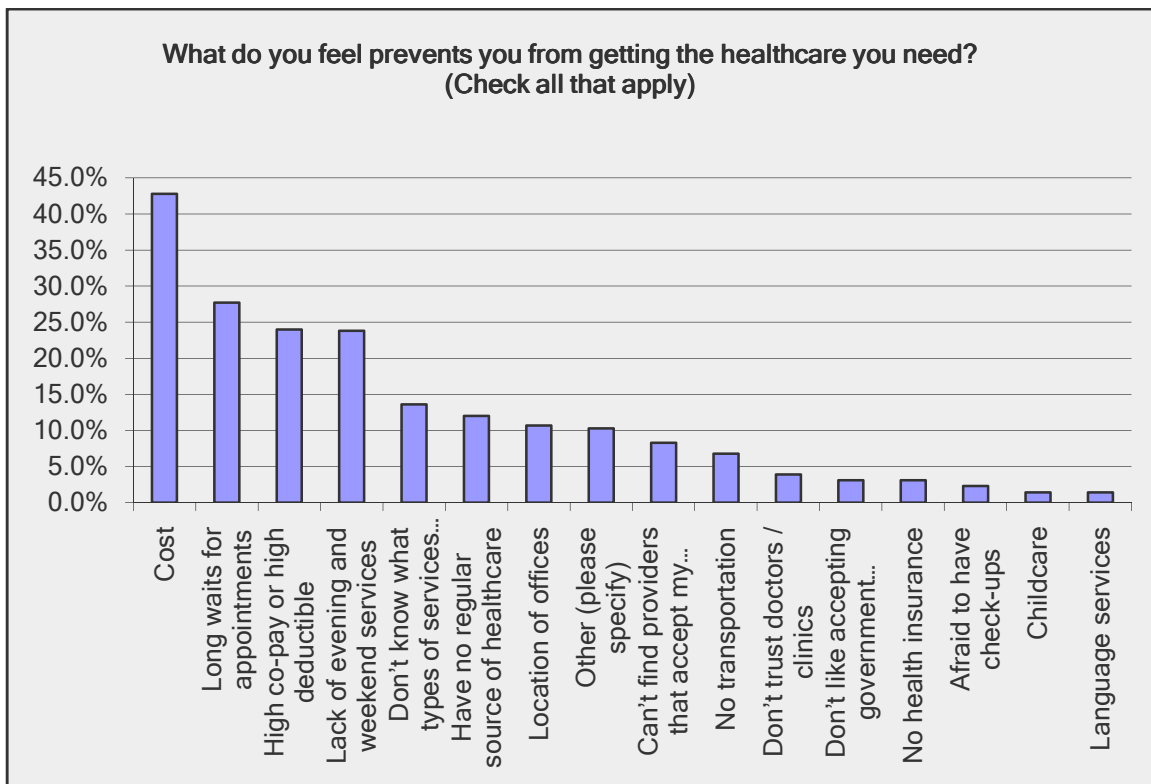
Community Health Needs Assessment

Which health care services are hard to get in our community? (Check all that apply)			
Answer Options	Answer Options	Response Percent	Response Count
	Adult dental care	27.9%	140
	Alternative therapy (ex. herbal, acupuncture)	23.7%	119
	Specialty care (ex. heart doctor)	22.7%	114
	Urgent care / walk in clinic	17.3%	87
	Mental health / counseling	17.1%	86
	Child dental care	17.1%	86
	Women's health services	14.7%	74
	Family Doctor	13.7%	69
	Vision care	13.7%	69
	Substance abuse services -drug and alcohol	10.6%	53
	Other (please specify)	8.6%	43
	Medication / medical supplies	7.0%	35
	X-rays / mammograms	6.8%	34
	Preventive care (ex. yearly check-ups)	6.6%	33
	Pediatric Services	5.8%	29
	Emergency room care	5.6%	28
	Chiropractic care	5.4%	27
	End of life care / hospice	5.4%	27
	Lab work	4.4%	22
	Physical therapy	4.0%	20
	Inpatient hospital	3.0%	15
	Ambulance services	2.6%	13
	Family Planning / Birth control	2.2%	11
	<i>answered question</i>		502
	<i>skipped question</i>		169



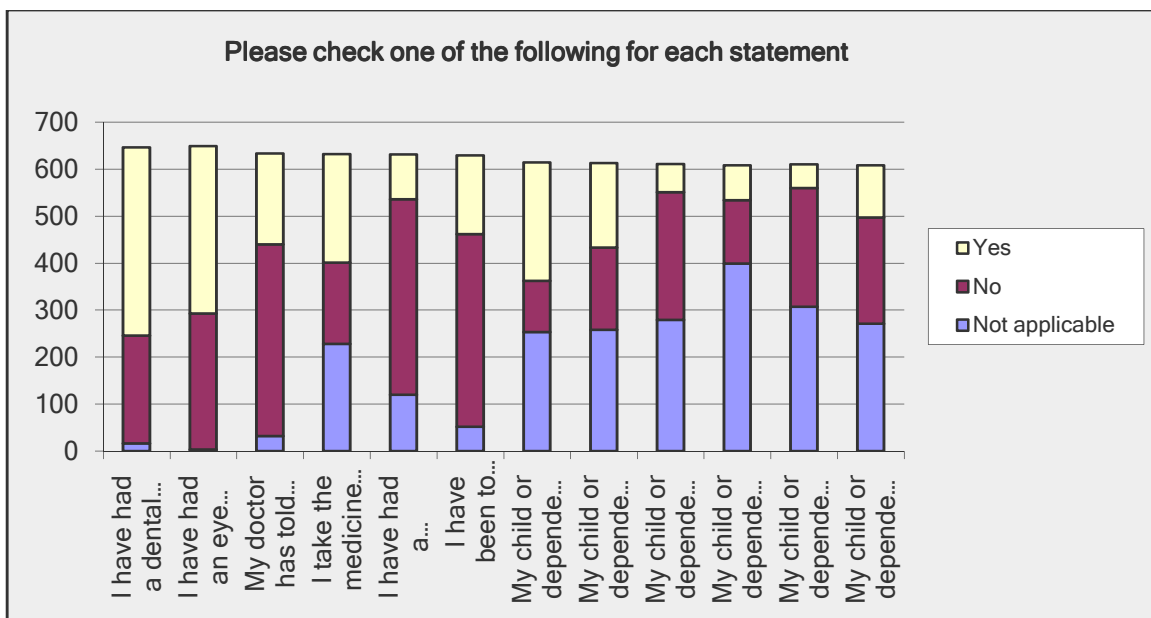
Community Health Needs Assessment

What do you feel prevents you from getting the healthcare you need? (Check all that apply)		
Answer Options	Response Percent	Response Count
Cost	42.8%	221
Long waits for appointments	27.7%	143
High co-pay or high deductible	24.0%	124
Lack of evening and weekend services	23.8%	123
Don't know what types of services are available	13.6%	70
Have no regular source of healthcare	12.0%	62
Location of offices	10.7%	55
Other (please specify)	10.3%	53
Can't find providers that accept my insurance	8.3%	43
No transportation	6.8%	35
Don't trust doctors / clinics	3.9%	20
Don't like accepting government assistance	3.1%	16
No health insurance	3.1%	16
Afraid to have check-ups	2.3%	12
Childcare	1.4%	7
Language services	1.4%	7
answered question		516
skipped question		155



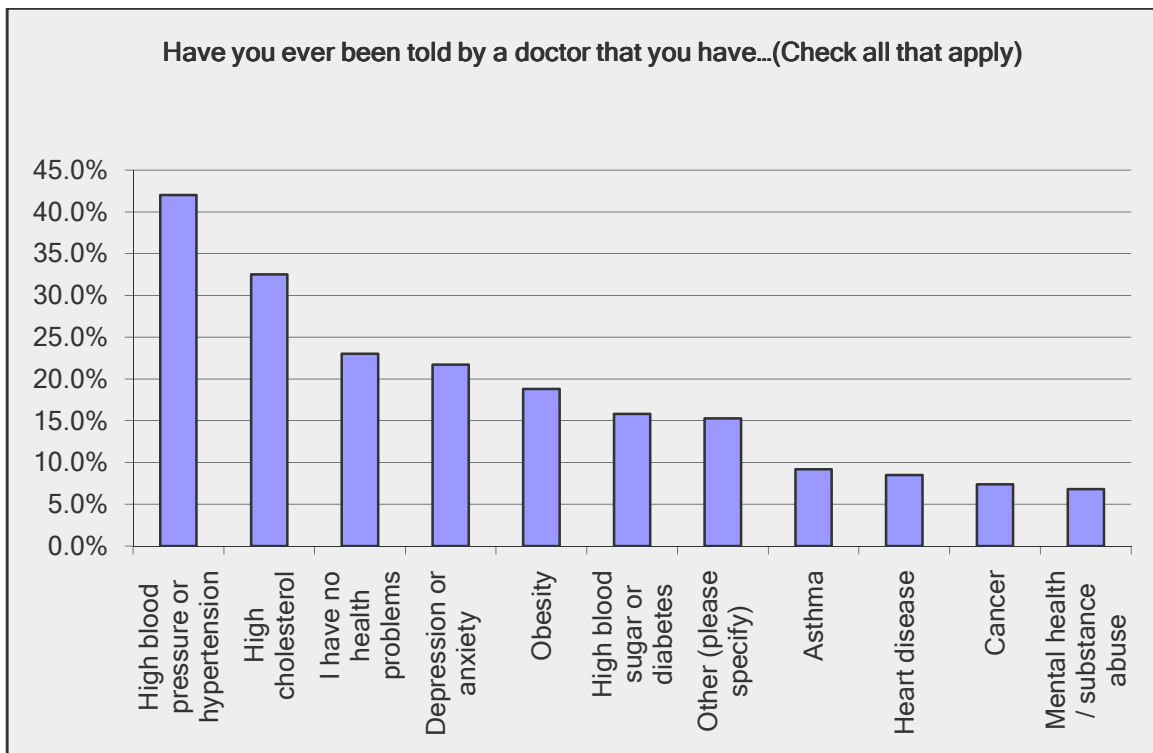
Community Health Needs Assessment

Please check one of the following for each statement				
Answer Options	Yes	No	Not applicable	Response Count
I have had a dental exam or cleaning within the past 12 months.	400	230	16	646
I have had an eye exam within the past 12 months.	356	290	3	649
My doctor has told me that I have a long-term or chronic illness.	193	408	32	633
I take the medicine my doctor tells me to take to control my chronic illness.	231	173	228	632
I have had a counseling visit within the last 12 months.	95	416	120	631
I have been to the emergency room in the last 12 months.	167	410	52	629
My child or dependent has had a dental exam or cleaning within the past 12 months.	252	109	253	614
My child or dependent has had an eye exam within the past 12 months.	180	175	258	613
My child or dependent has a long-term or chronic illness.	60	272	279	611
My child or dependent takes the medicine the doctor tells them to take to control their chronic illness.	74	135	399	608
My child or dependent has had a counseling visit within the last 12 months.	50	253	307	610
My child or dependent has been to the emergency room in the last 12 months.	111	226	271	608
answered question				651
skipped question				20



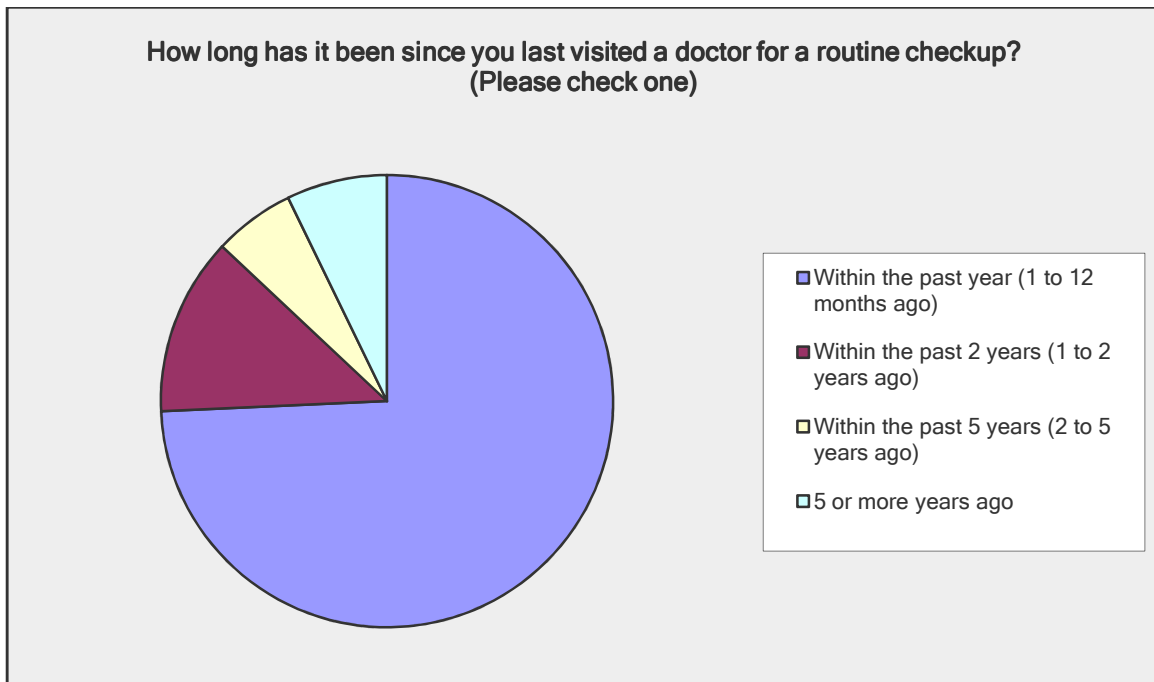
Community Health Needs Assessment

Have you ever been told by a doctor that you have...(Check all that apply)		
Answer Options	Response Percent	Response Count
High blood pressure or hypertension	42.0%	261
High cholesterol	32.5%	202
I have no health problems	23.0%	143
Depression or anxiety	21.7%	135
Obesity	18.8%	117
High blood sugar or diabetes	15.8%	98
Other (please specify)	15.3%	95
Asthma	9.2%	57
Heart disease	8.5%	53
Cancer	7.4%	46
Mental health / substance abuse	6.8%	42
answered question		622
skipped question		49



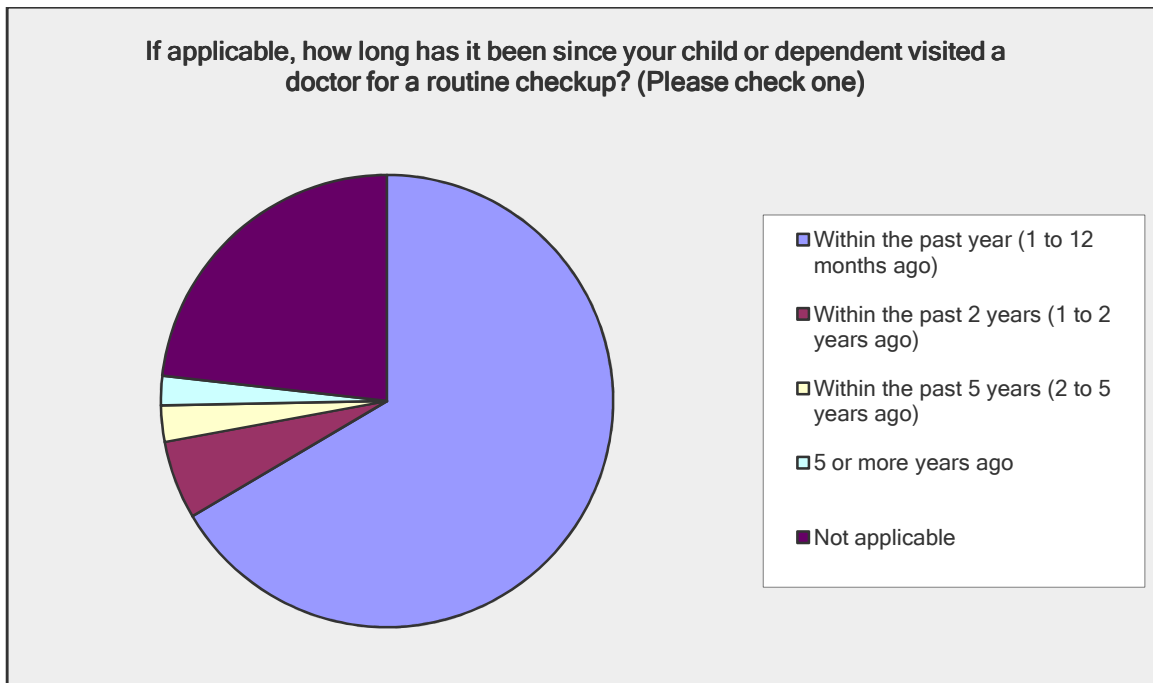
Community Health Needs Assessment

How long has it been since you 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)	74.3%	474
Within the past 2 years (1 to 2 years ago)	12.7%	81
Within the past 5 years (2 to 5 years ago)	5.8%	37
5 or more years ago	7.2%	46
<i>answered question</i>		638
<i>skipped question</i>		33



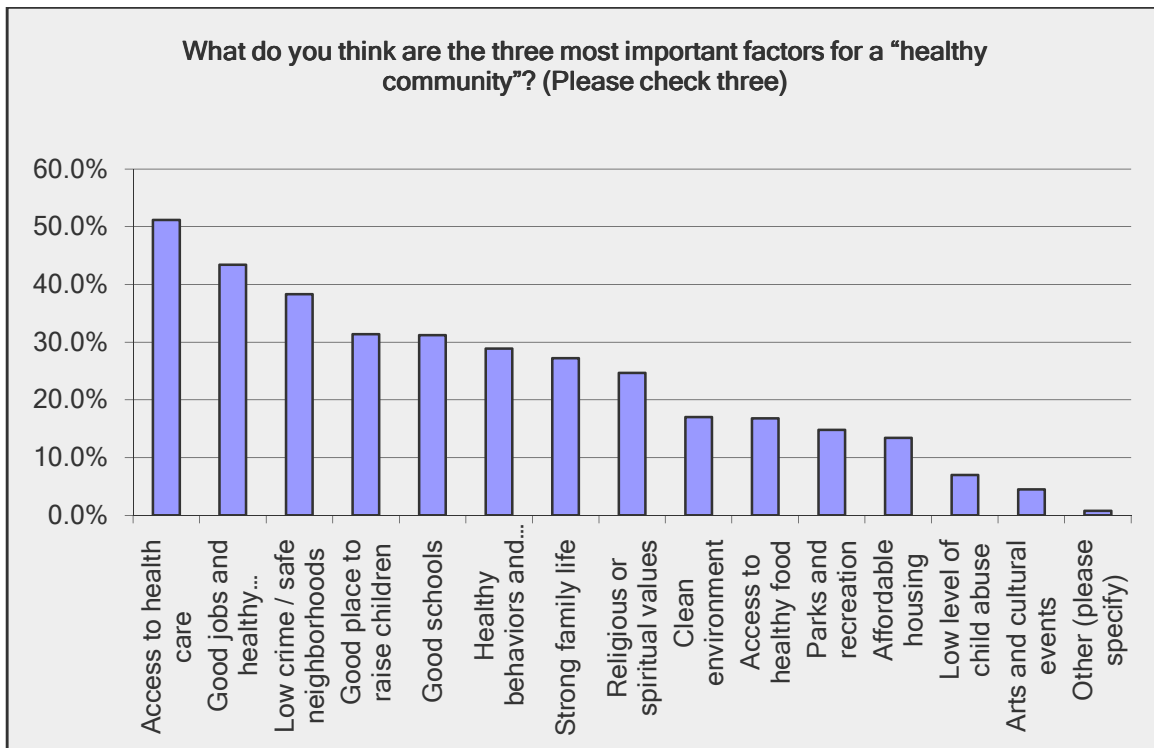
Community Health Needs Assessment

If applicable, how long has it been since your child or dependent 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)	66.5%	284
Within the past 2 years (1 to 2 years ago)	5.6%	24
Within the past 5 years (2 to 5 years ago)	2.6%	11
5 or more years ago	2.1%	9
Not applicable	23.2%	99
<i>answered question</i>		427
<i>skipped question</i>		244



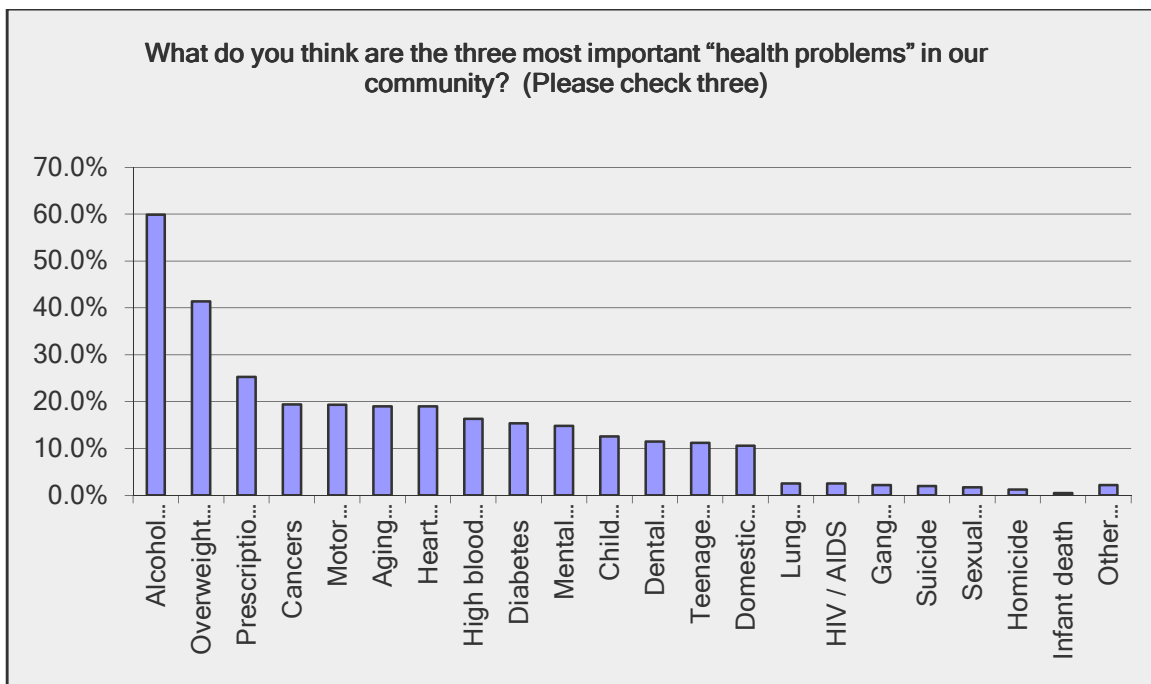
Community Health Needs Assessment

What do you think are the three most important factors for a “healthy community”? (Please check three)		
Answer Options	Response Percent	Response Count
Access to health care	51.2%	331
Good jobs and healthy economy	43.4%	281
Low crime / safe neighborhoods	38.3%	248
Good place to raise children	31.4%	203
Good schools	31.2%	202
Healthy behaviors and lifestyles	28.9%	187
Strong family life	27.2%	176
Religious or spiritual values	24.7%	160
Clean environment	17.0%	110
Access to healthy food	16.8%	109
Parks and recreation	14.8%	96
Affordable housing	13.4%	87
Low level of child abuse	7.0%	45
Arts and cultural events	4.5%	29
Other (please specify)	0.8%	5
<i>answered question</i>		647
<i>skipped question</i>		24



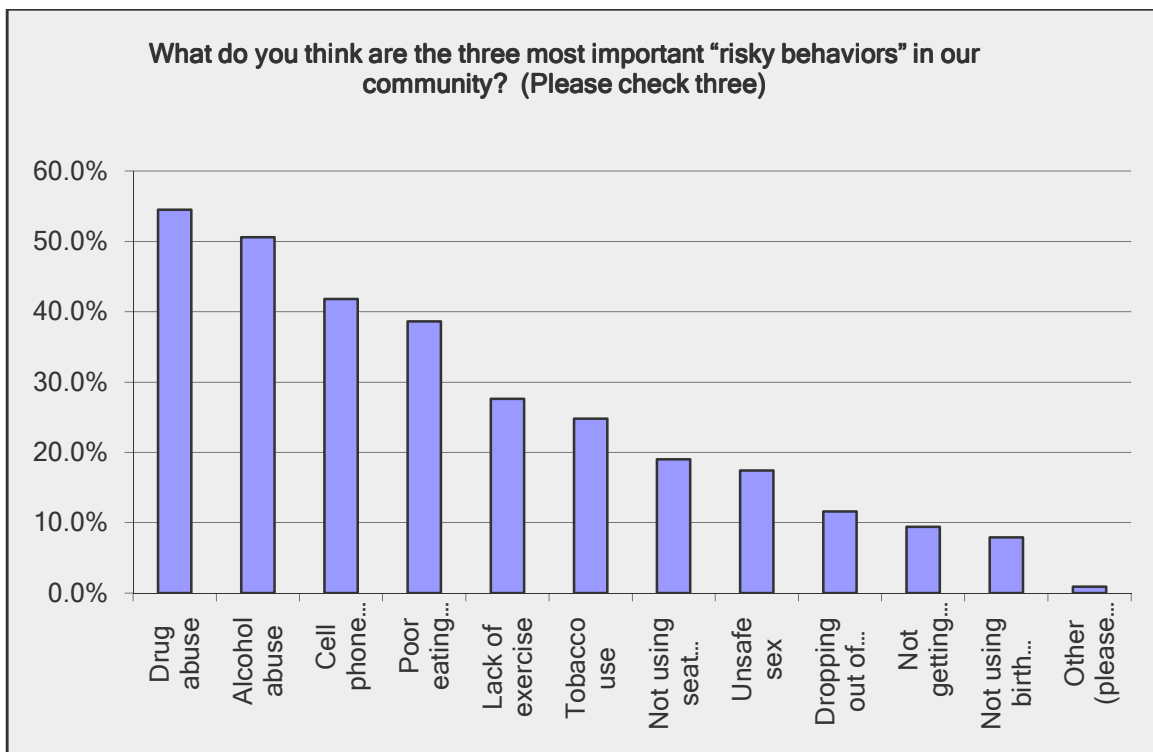
Community Health Needs Assessment

What do you think are the three most important “health problems” in our community? (Please check three)		
Answer Options	Response Percent	Response Count
Alcohol and illegal drug use	59.9%	385
Overweight / obesity	41.4%	266
Prescription drug abuse	25.3%	163
Cancers	19.4%	125
Motor vehicle crash injuries	19.3%	124
Aging problems	19.0%	122
Heart disease and stroke	19.0%	122
High blood pressure	16.3%	105
Diabetes	15.4%	99
Mental health problems	14.8%	95
Child abuse / neglect	12.6%	81
Dental problems	11.5%	74
Teenage pregnancy	11.2%	72
Domestic violence	10.6%	68
Lung disease	2.5%	16
HIV / AIDS	2.5%	16
Gang activity	2.2%	14
Suicide	2.0%	13
Sexual assault	1.7%	11
Homicide	1.2%	8
Infant death	0.5%	3
Other (please specify)	2.2%	14
<i>answered question</i>		643
<i>skipped question</i>		28



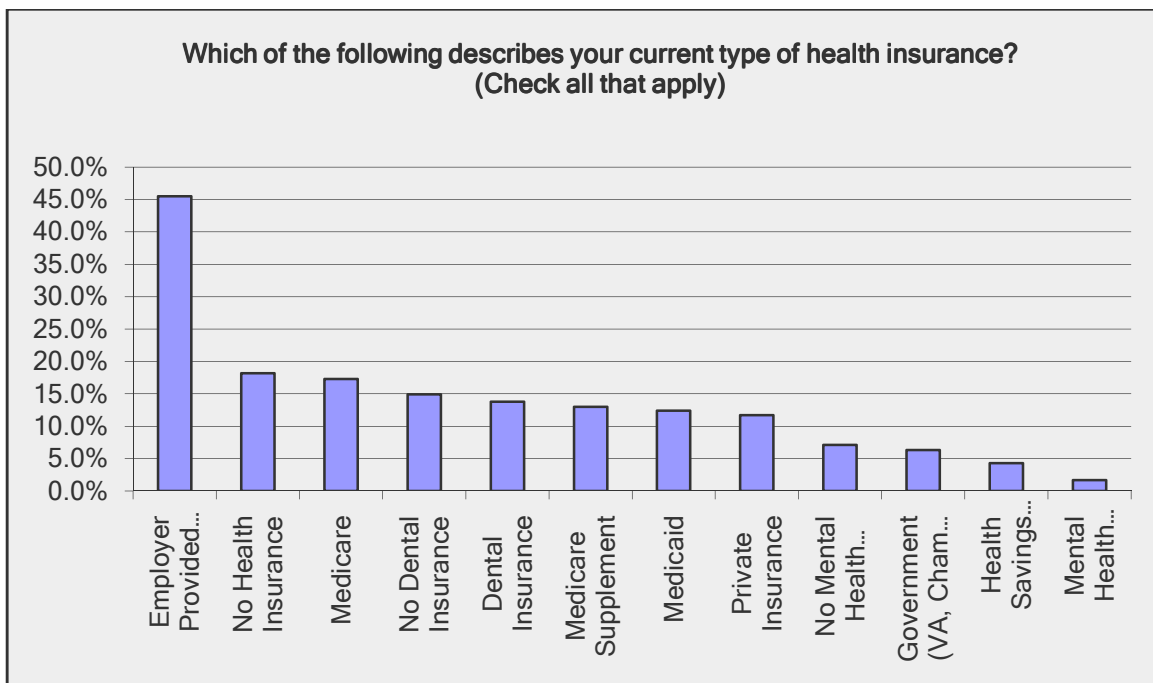
Community Health Needs Assessment

What do you think are the three most important “risky behaviors” in our community? (Please check three)		
Answer Options	Response Percent	Response Count
Drug abuse	54.5%	353
Alcohol abuse	50.6%	328
Cell phone use and driving	41.8%	271
Poor eating habits	38.6%	250
Lack of exercise	27.6%	179
Tobacco use	24.8%	161
Not using seat belts / child safety seats	19.0%	123
Unsafe sex	17.4%	113
Dropping out of school	11.6%	75
Not getting “shots” to prevent disease	9.4%	61
Not using birth control	7.9%	51
Other (please specify)	0.9%	6
<i>answered question</i>		648
<i>skipped question</i>		23



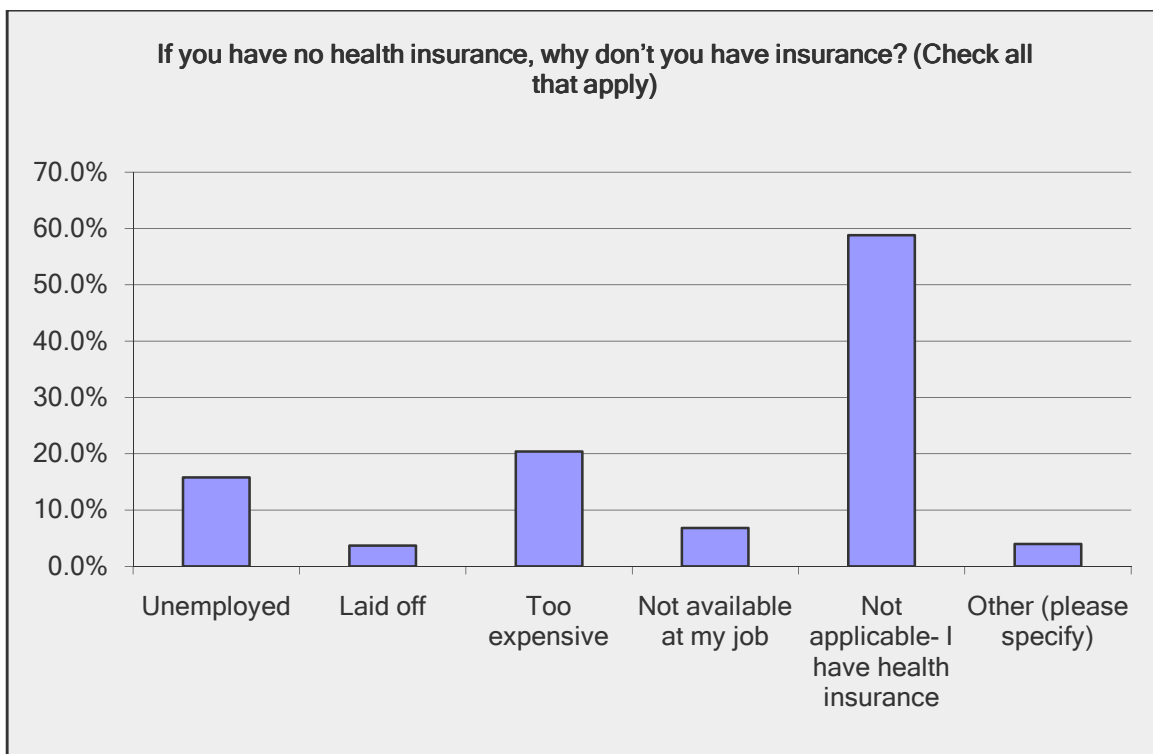
Community Health Needs Assessment

Which of the following describes your current type of health insurance? (Check all that apply)		
Answer Options	Response Percent	Response Count
Employer Provided Insurance	45.5%	287
No Health Insurance	18.2%	115
Medicare	17.3%	109
No Dental Insurance	14.9%	94
Dental Insurance	13.8%	87
Medicare Supplement	13.0%	82
Medicaid	12.4%	78
Private Insurance	11.7%	74
No Mental Health Insurance	7.1%	45
Government (VA, Champus)	6.3%	40
Health Savings Account	4.3%	27
Mental Health Insurance	1.7%	11
answered question		631
skipped question		40

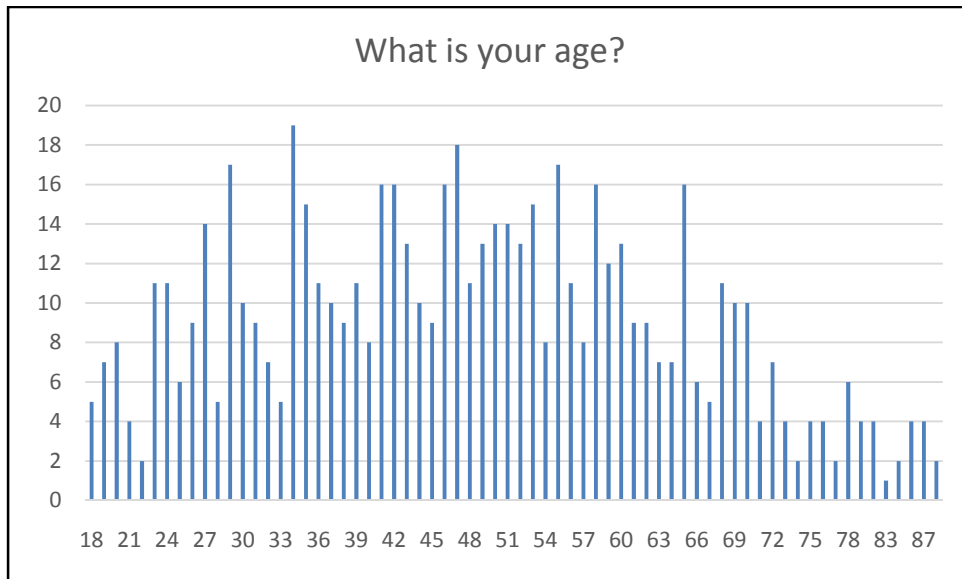
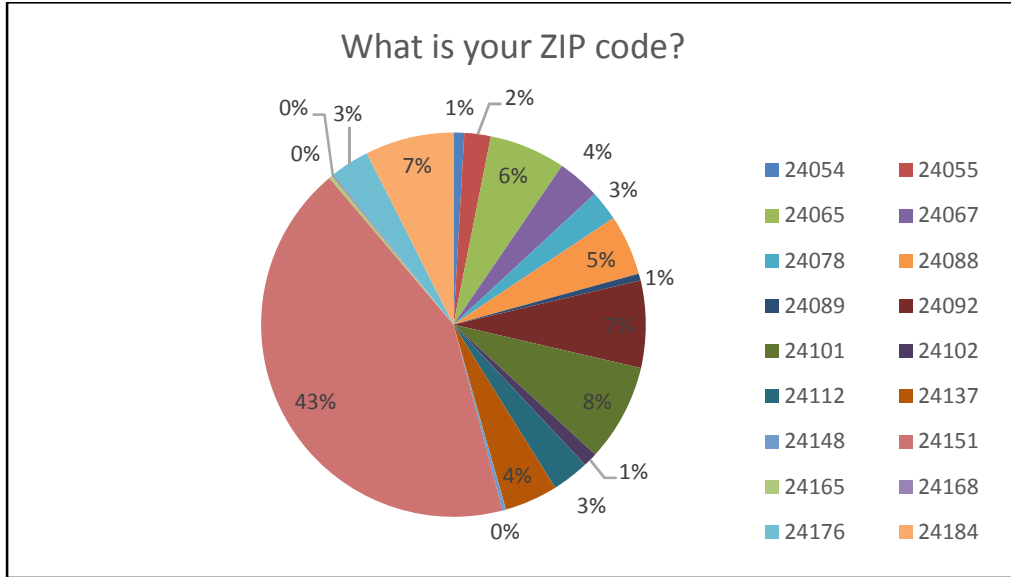


Community Health Needs Assessment

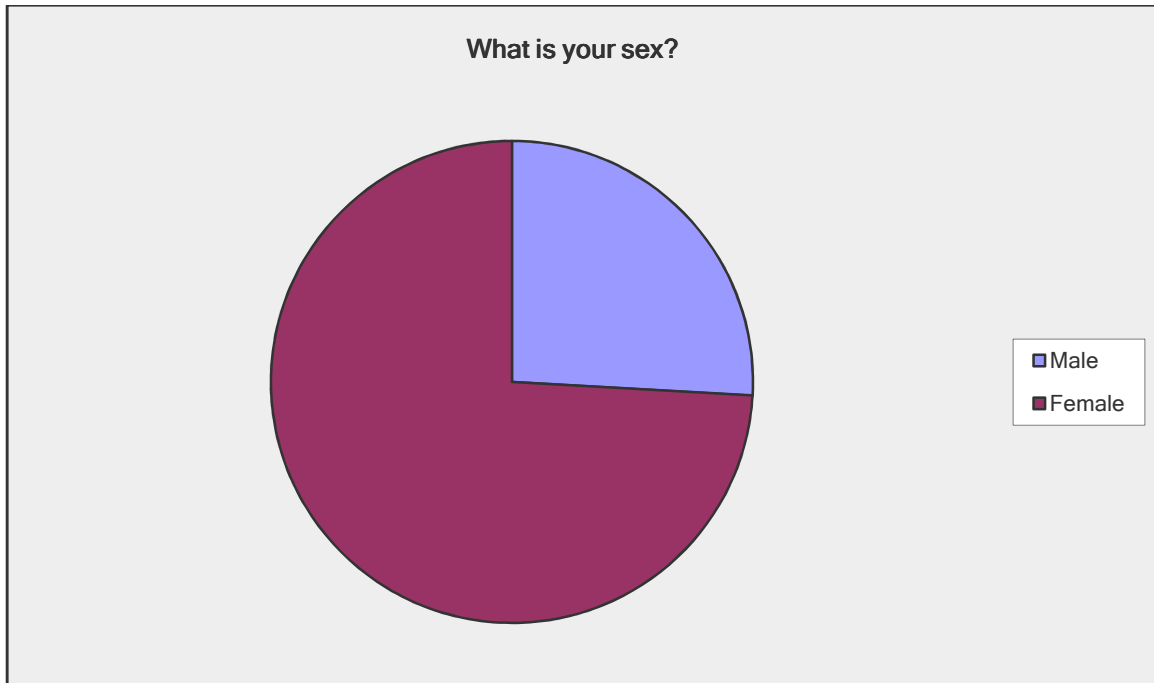
If you have no health insurance, why don't you have insurance? (Check all that apply)		
Answer Options	Response Percent	Response Count
Unemployed	15.8%	51
Laid off	3.7%	12
Too expensive	20.4%	66
Not available at my job	6.8%	22
Not applicable- I have health insurance	58.8%	190
Other (please specify)	4.0%	13
<i>answered question</i>		323
<i>skipped question</i>		348



Community Health Needs Assessment



Community Health Needs Assessment



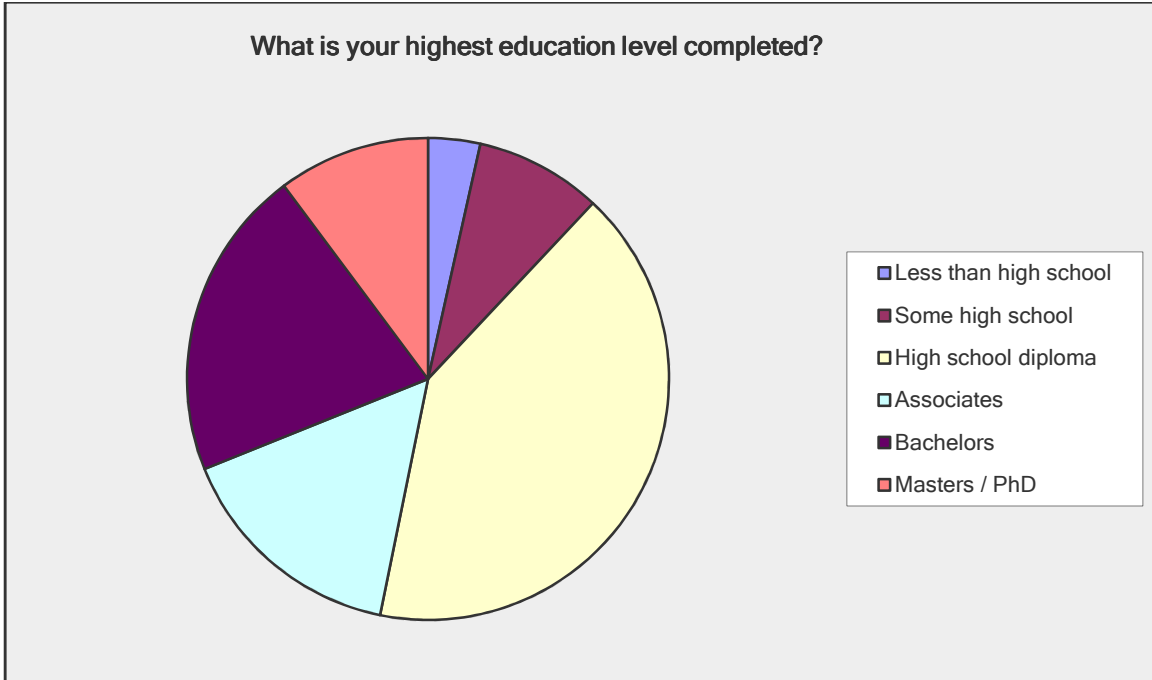
How many people live in your home?

Answer Options	Response Average	Response Total	Response Count
Number who are 0 - 17 years of age:	1.83	584	320
Number who are 18 - 64 years of age :	2.00	1,021	509
Number who are 65 years of age or older:	1.02	229	224
<i>answered question</i>			623
<i>skipped question</i>			48

What is your highest education level completed?

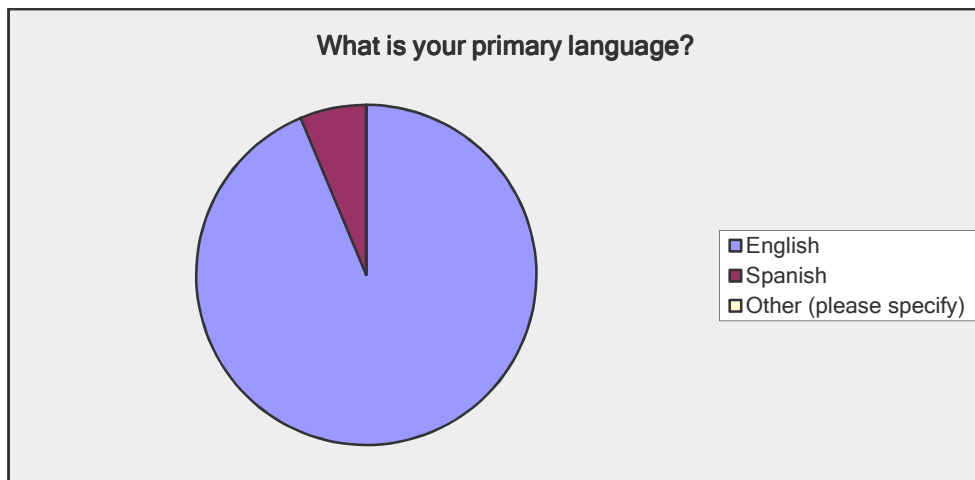
Answer Options	Response Percent	Response Count
Less than high school	3.5%	22
Some high school	8.5%	53
High school diploma	41.2%	258
Associates	15.7%	98
Bachelors	20.9%	131
Masters / PhD	10.2%	64
<i>answered question</i>		626
<i>skipped question</i>		45

Community Health Needs Assessment



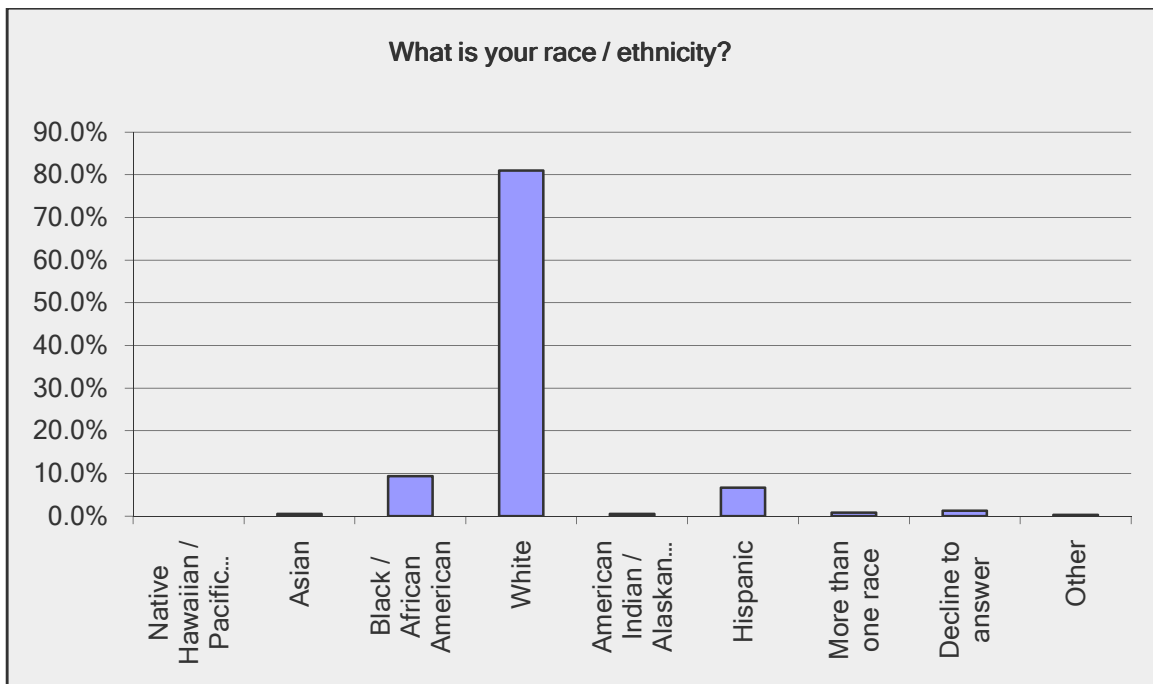
What is your primary language?

Answer Options	Response Percent	Response Count
English	93.7%	583
Spanish	6.3%	39
Other (please specify)	0.0%	0
<i>answered question</i>		622
<i>skipped question</i>		49



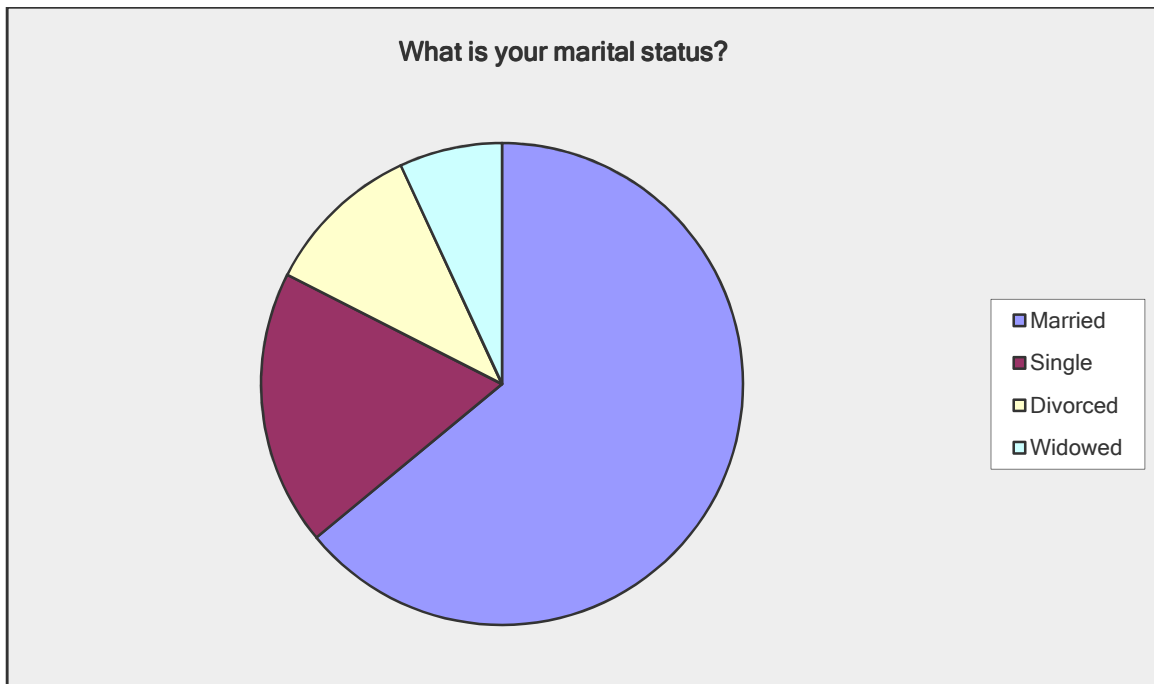
Community Health Needs Assessment

What is your race / ethnicity?		
Answer Options	Response Percent	Response Count
Native Hawaiian / Pacific Islander	0.0%	0
Asian	0.5%	3
Black / African American	9.4%	59
White	81.0%	508
American Indian / Alaskan Native	0.5%	3
Hispanic	6.7%	42
More than one race	0.8%	5
Decline to answer	1.3%	8
Other	0.3%	2
<i>answered question</i>		627
<i>skipped question</i>		44



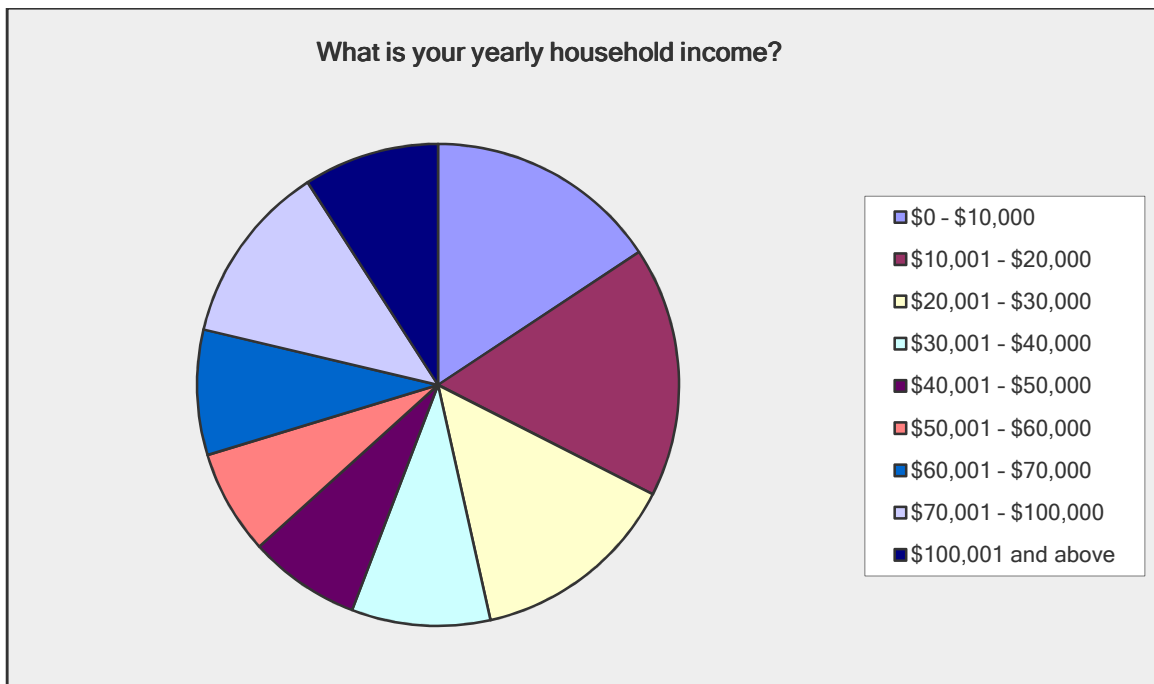
Community Health Needs Assessment

What is your marital status?		
Answer Options	Response Percent	Response Count
Married	64.0%	391
Single	18.5%	113
Divorced	10.6%	65
Widowed	6.9%	42
<i>answered question</i>		611
<i>skipped question</i>		60



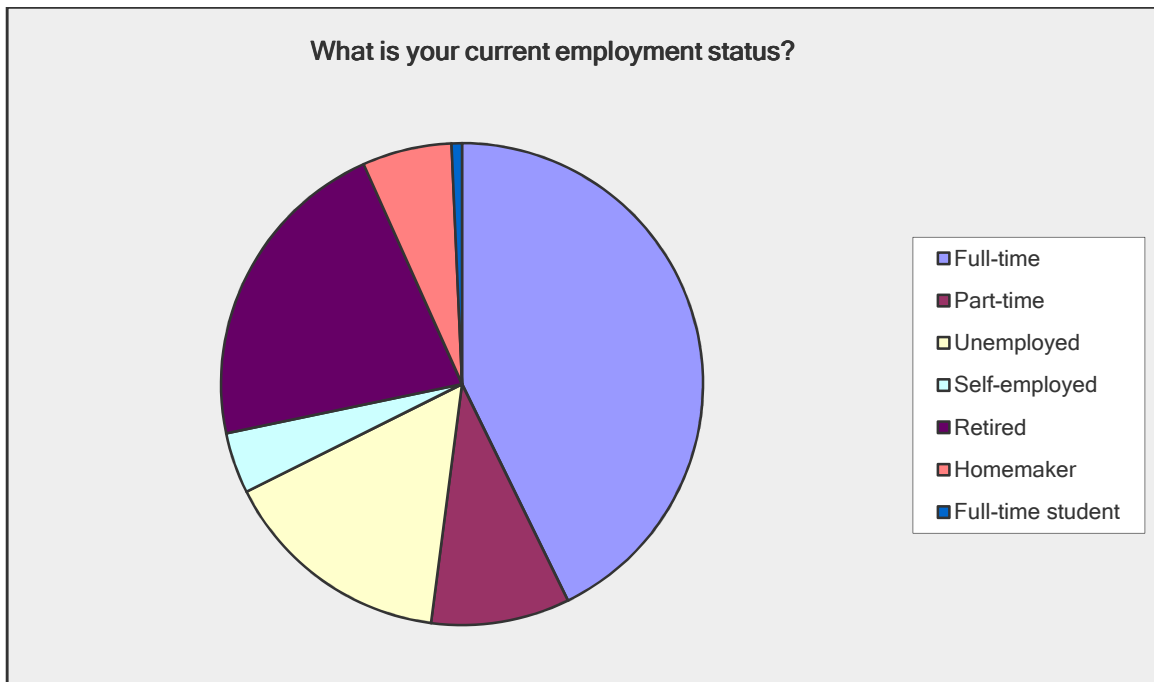
Community Health Needs Assessment

What is your yearly household income?		
Answer Options	Response Percent	Response Count
\$0 - \$10,000	15.7%	88
\$10,001 - \$20,000	16.8%	94
\$20,001 - \$30,000	14.0%	78
\$30,001 - \$40,000	9.3%	52
\$40,001 - \$50,000	7.5%	42
\$50,001 - \$60,000	7.0%	39
\$60,001 - \$70,000	8.4%	47
\$70,001 - \$100,000	12.2%	68
\$100,001 and above	9.1%	51
<i>answered question</i>		559
<i>skipped question</i>		112



Community Health Needs Assessment

What is your current employment status?		
Answer Options	Response Percent	Response Count
Full-time	42.8%	263
Part-time	9.3%	57
Unemployed	15.6%	96
Self-employed	4.1%	25
Retired	21.6%	133
Homemaker	6.0%	37
Full-time student	0.7%	4
<i>answered question</i>		615
<i>skipped question</i>		56



Secondary Data

Demographics and Socioeconomic Status

Population, Gender, Race and Age

Franklin County is growing at a faster rate than Virginia and has larger percent of older adults. Henry County is growing at a much slower rate than Virginia and Franklin County. Franklin is 89.6.1% white and 8.7% African American. Henry County is more divers with 74.9% white and 21.8% African American. Within Henry County, Bassett has a 66.6% white population and 33.4% African American.

Population Change Estimates, 2010 – 2030

(Virginia Employment Commission, 2012,
<http://www.vawc.virginia.gov/gsipub/index.asp?docid=359>)

Geography	2000	2010	2020	2030	2040	% Change 2010 - 2030
Virginia	7079030	8001024	8811512	9645281	10530229	31.6%
Franklin County	47286	56159	62412	68461	74695	33.0%
Henry County	57930	54151	54182	55233	56387	4.1%

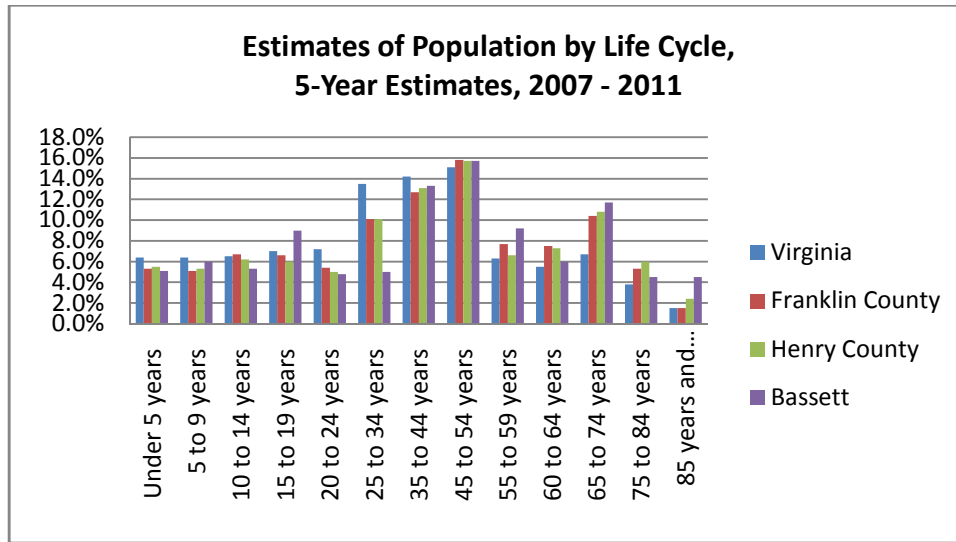
Median Age by Geographic Location

(American Community Survey 5-Year Estimates, DP05, U.S. Census Bureau, 2007-2011)

	Virginia	Franklin County	Henry County	Bassett
Median age (years)	37.3	43.8	43.9	47.3

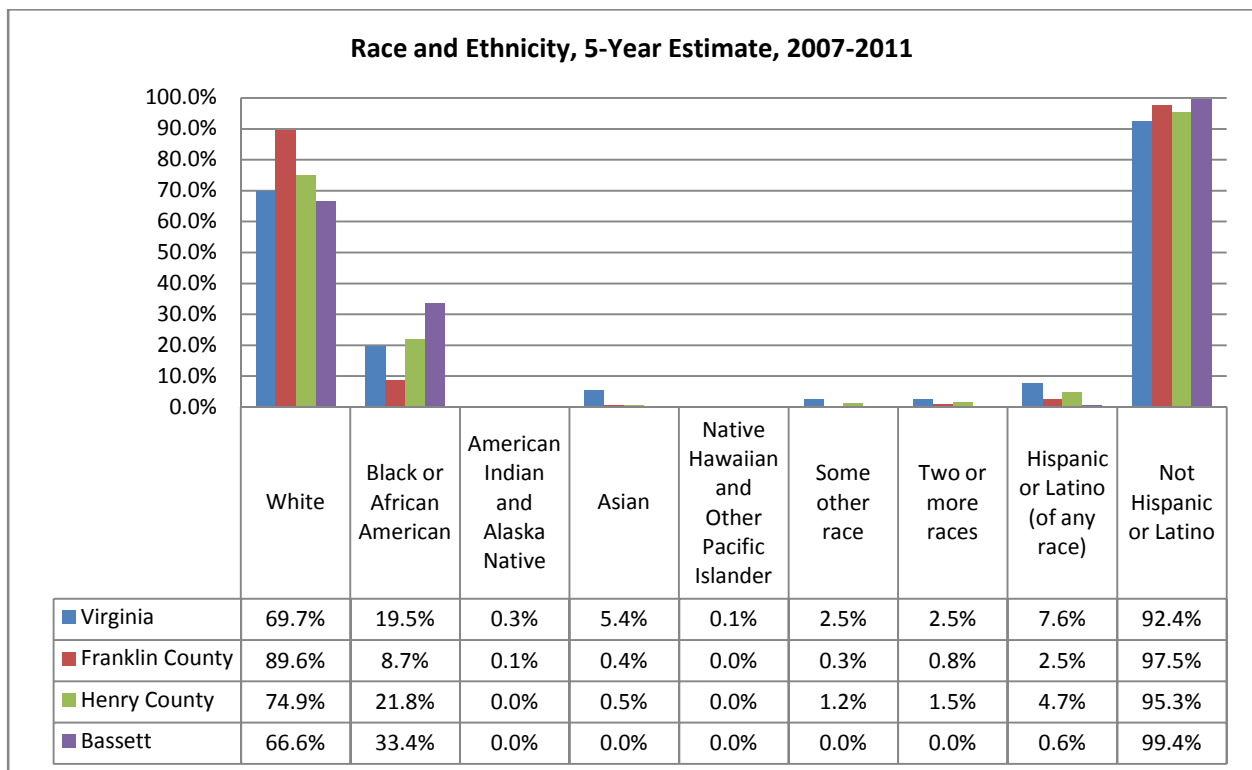
Estimates of Population by Life Cycle, 5-Year Estimates, 2007 - 2011

(American Community Survey 5-Year Estimates, U.S. Census Bureau, 2007-2011)



Race and Ethnicity, 5-Year Estimate, 2007-2011

(American Community Survey 5-Year Estimates, U.S. Census Bureau, 2007-2011)



Community Health Needs Assessment

Public Schools Race / Ethnicity, 2011

(Virginia Department of Education, 2011 Student Membership by School, Grade, Ethnicity, & Gender, September 30, 2010)

School Name	White	Black or African American	American Indian/Alaska Native	Asian	Native Hawaiian/Pacific Islander	Two or more races (Non-Hispanic)	Hispanic/ of any Race	Full-time & Part-time Students
Virginia Total	54.1%	24.1%	0.3%	5.8%	0.1%	4.1%	11.4%	1,253,038
Franklin County								
BEN. FRANKLIN MIDDLE-EAST	82.9%	9.2%	0.4%	0.4%	0.0%	2.9%	4.2%	521
BEN. FRANKLIN MIDDLE-WEST	83.1%	10.1%	0.7%	0.5%	0.0%	2.6%	3.0%	834
BOONES MILL ELEM.	94.0%	3.0%	0.0%	0.0%	0.0%	1.8%	1.2%	333
BURNT CHIMNEY ELEM.	87.6%	7.2%	1.6%	0.7%	0.0%	0.7%	2.3%	306
CALLAWAY ELEM.	91.7%	0.4%	0.0%	0.0%	0.0%	0.4%	7.5%	265
DUDLEY ELEM.	96.4%	2.1%	0.3%	0.3%	0.0%	0.3%	0.6%	333
FERRUM ELEM.	89.7%	3.3%	1.2%	0.0%	0.0%	0.8%	5.0%	242
FRANKLIN COUNTY HIGH	83.3%	9.9%	0.5%	0.4%	0.1%	2.7%	3.1%	2195
GEREAU CTR FOR APL TECH&CAREER EXPL	83.0%	8.9%	0.7%	0.7%	0.0%	3.0%	3.7%	270
GLADE HILL ELEM.	82.1%	7.0%	0.4%	0.4%	0.0%	3.2%	7.0%	285
HENRY ELEM.	92.9%	5.8%	0.0%	0.4%	0.0%	0.9%	0.0%	225
LEE M. WAID ELEM.	65.3%	24.0%	0.8%	0.5%	0.0%	0.8%	8.5%	366

Community Health Needs Assessment

School Name	White	Black or African American	American Indian/Alaska Native	Asian	Native Hawaiian/Pacific Islander	Two or more races (Non-Hispanic)	Hispanic/ of any Race	Full-time & Part-time Students
ROCKY MOUNT ELEM.	67.2%	13.2%	0.0%	4.4%	0.0%	7.8%	7.5%	387
SNOW CREEK ELEM.	79.5%	15.1%	0.5%	0.0%	0.0%	1.8%	3.2%	219
SONTAG ELEM.	68.2%	23.6%	0.6%	0.6%	0.3%	0.0%	6.7%	314
WINDY GAP ELEM	93.3%	1.3%	0.6%	0.0%	0.0%	2.2%	2.6%	313
Franklin County Total	83.2%	9.5%	0.5%	0.6%	0.0%	2.3%	3.9%	7,408
Henry County								
AXTON ELEM	44.1%	28.5%	0.7%	0.0%	0.0%	3.9%	22.8%	438
BASSETT HIGH	71.9%	15.4%	0.2%	1.0%	0.1%	4.2%	7.4%	1,248
CAMPBELL COURT ELEM.	59.9%	18.3%	0.2%	0.0%	0.0%	5.9%	15.6%	404
CARVER ELEM.	63.8%	17.3%	0.4%	0.4%	0.0%	6.9%	11.2%	508
COLLINSVILLE PRIMARY	59.0%	16.2%	0.6%	0.6%	0.0%	5.0%	18.6%	339
DREWRY MASON ELEM.	75.7%	9.7%	0.5%	1.0%	0.0%	5.1%	8.0%	411
FIELDALE-COLLINSVILLE MIDDLE	68.8%	16.5%	0.3%	0.4%	0.1%	3.4%	10.4%	891
JOHN REDD SMITH ELEM.	63.6%	17.2%	0.7%	0.3%	0.0%	6.5%	11.7%	291
LAUREL PARK MIDDLE	53.4%	30.7%	0.6%	0.6%	0.0%	6.2%	8.6%	697
MAGNA VISTA HIGH	58.8%	33.6%	0.1%	0.2%	0.1%	1.8%	5.4%	983

Community Health Needs Assessment

School Name	White	Black or African American	American Indian/Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Two or more races (Non-Hispanic)	Hispanic/ of any Race	Full-time & Part-time Students
MT. OLIVET ELEMENTARY	43.8%	41.1%	0.0%	0.8%	0.0%	3.8%	10.6%	265
RICH ACRES ELEM.	44.4%	35.9%	0.0%	0.9%	0.0%	6.4%	12.5%	329
SANVILLE ELEM.	84.3%	3.8%	0.3%	0.0%	0.0%	6.0%	5.7%	318
STANLEYTOWN ELEM.	61.2%	16.8%	0.0%	0.5%	0.0%	6.0%	15.4%	369
Henry County Total	62.4%	21.6%	0.3%	0.5%	0.0%	4.6%	10.6%	7,491

Foreign Born Persons, Percent, 2007 - 2011

(QuickFacts, American Community Survey 5-Year Estimates, U.S. Census Bureau, 2007-2011)

Geography	Percent
Virginia	11.0%
Franklin County	2.8%
Henry County	3.2%

Population 5 years and over whom speak a language other than English at home, 2007 - 2011

(QuickFacts, American Community Survey 5-Year Estimates, U.S. Census Bureau, 2007-2011)

Geography	Percent
Virginia	14.4%
Franklin County	3.4%
Henry County	5.3%

Academic Attainment

There is a direct link to educational attainment, health literacy, and positive health outcomes. According to the most recent 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.¹

81.1% of Franklin County and 75.4% for Henry County residents have at least a high school education compared to 86.6% in Virginia. 17.6% of Franklin County and 12.8% of Henry County residence have at least a college degree compared to 34.4% statewide.

Academic Attainment for Population 25 and Over, 5-Year Estimate, 2007-2011

(Local Department of Social Services Profile Report, SFY 2012, American Community Survey 5-Year Estimates, U.S. Census Bureau, 2007-2011)

Educational Attainment (2011)	Statewide	Franklin County		Henry/ Martinsville	
	Percent	Count	Percent	Count	Percent
Less than 9th grade	5.4%	3525	8.9%	5095	10.4%
9th to 12th grade	8.0%	3944	10.0%	7000	14.2%
High school degree	25.6%	14028	35.5%	16730	34.0%
Some college, no degree	19.9%	8267	20.9%	9551	19.4%
Associate's degree	6.7%	2777	7.0%	4491	9.1%
Bachelor's degree	20.2%	4506	11.4%	4159	8.5%
Graduate/professional degree	14.2%	2436	6.2%	2118	4.3%
Have at least a high school degree	86.6%	32014	81.1%	37049	75.4%
Have at least a college degree	34.4%	6942	17.6%	6277	12.8%

Class of 2012 Graduation Statistics by School Division

(Virginia Department of Education, 2012)

Division	Franklin County	Henry County
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¹ Virginia Department of Health, Virginia Health Equity Report, 2012
<http://www.vdh.state.va.us/healthpolicy/Documents/Health%20Equity%20Report%202012-%20FINAL%207-31-12.pdf>

Community Health Needs Assessment

Division	Franklin County	Henry County
Cohort	609	564
Advanced Studies Diploma	262	216
Standard Diploma	233	224
Modified Standard Diploma	12	29
Special Diploma	13	19
Virginia On-Time Graduation Rate	85.4	86.5
GED	25	35
Cohort Completion Rate	89.7	92.7
Total Completers	546	523
Still Enrolled	<	<
Dropouts	54	33
Dropout Rate	8.9	5.9
Long-Term Absence	0	0

< indicates a group below the state definition for personally identifiable results

Income and Poverty Status

Henry County has a low median household income (\$33,695) compared to the Franklin County (\$47,606) and the state of Virginia (\$63,302). In 2011, both Franklin County and Henry County had more people and children living in poverty than the state. 13.1% of Franklin County residents were living in poverty and 21.7% of children were living in poverty. 21.3% of the Henry County residents were living in poverty and 34.4% of children were living in poverty. Statewide, 10.7% of the population lived below the federal poverty level. 13.6% of Franklin County Residents and 19.9% of Henry / Martinsville residents lived in poverty in 2011. 42.6% of Franklin County Public School students and 57.26% of Henry County Public School students received free lunch.

Median Household Income, 5-Year Estimate, 2007-2011

(QuickFacts, American Community Survey 5-Year Estimates, U.S. Census Bureau, 2007 - 2011)

Geography	Median Household Income
Virginia	\$ 63,302
Franklin County	\$ 47,606
Henry County	\$ 33,695

Community Health Needs Assessment

The Federal Poverty Guidelines (FPL) are used to determine eligibility for many local, state and federal assistance programs. The FLP is based on an individual's or family's annual cash income before taxes. Updated yearly by the Census Bureau, the 2012 guidelines are provided below as a reference.²

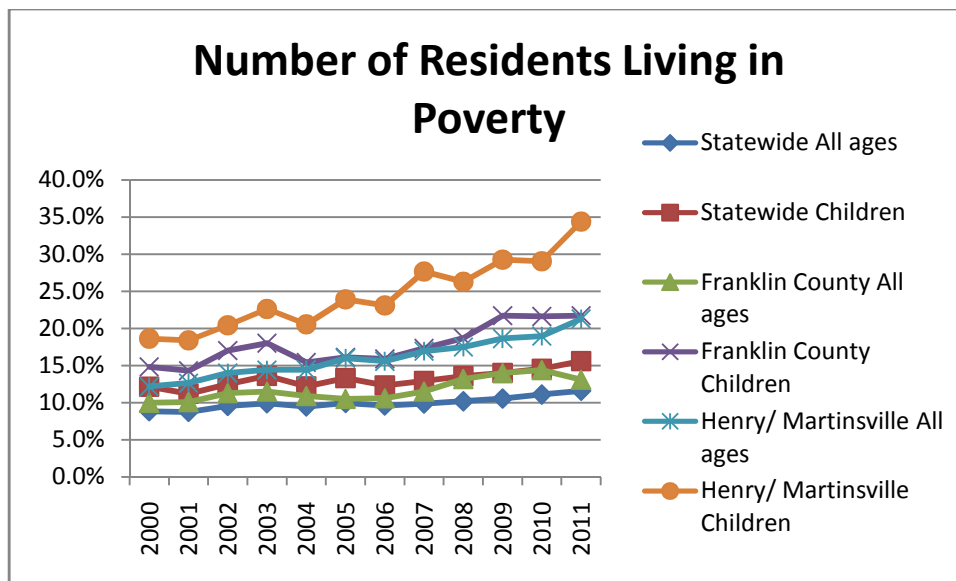
2013 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family/household	Poverty guideline
1	\$ 11,490
2	\$ 15,510
3	\$ 19,530
4	\$ 23,550
5	\$ 27,570
6	\$ 31,590
7	\$ 35,610
8	\$ 39,630
For families/households with more than eight persons, add \$ 4,020 for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

² <http://aspe.hhs.gov/poverty/12poverty.shtml/#guidelines>

Number of Residents Living in Poverty

(Local Department of Social Services Profile Report, SFY 2012, U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE))

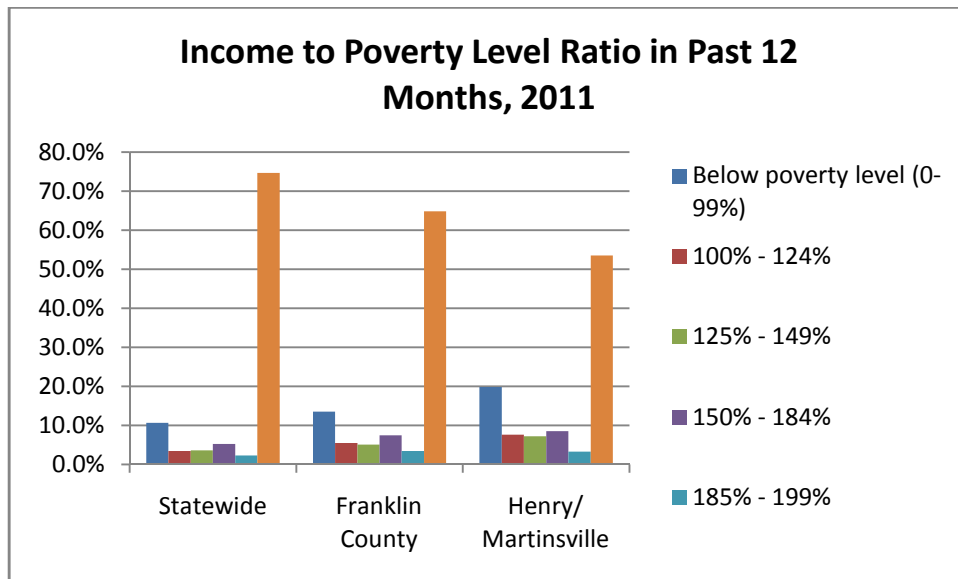
Poverty Rate (%)	Statewide		Franklin County		Henry/ Martinsville	
	All ages	Children	All ages	Children	All ages	Children
2000	8.9%	12.2%	10.0%	14.8%	12.2%	18.6%
2001	8.8%	11.2%	10.1%	14.3%	12.7%	18.4%
2002	9.6%	12.5%	11.3%	17.0%	14.0%	20.4%
2003	9.9%	13.6%	11.5%	18.0%	14.4%	22.6%
2004	9.5%	12.2%	10.9%	15.4%	14.4%	20.5%
2005	10.0%	13.3%	10.5%	16.1%	16.0%	23.9%
2006	9.6%	12.3%	10.6%	15.9%	15.6%	23.1%
2007	9.9%	12.9%	11.5%	17.3%	17.0%	27.7%
2008	10.2%	13.6%	13.2%	18.7%	17.5%	26.3%
2009	10.6%	14.0%	14.0%	21.7%	18.7%	29.3%
2010	11.1%	14.6%	14.4%	21.6%	19.0%	29.1%
2011	11.6%	15.6%	13.1%	21.7%	21.3%	34.4%



Income to Poverty Level Ratio in Past 12 Months, 2011

(Local Department of Social Services Profile Report, SFY 2012, U.S. Census Bureau American Community Survey 3-Year Estimates, 2007-2011)

	Statewide	Franklin County		Henry/ Martinsville	
	Percent	Count	Percent	Count	Percent
Below poverty level (0-99%)	10.7%	7360	13.6%	13364	19.9%
100% - 124%	3.4%	2982	5.5%	5137	7.6%
125% - 149%	3.6%	2774	5.1%	4830	7.2%
150% - 184%	5.3%	4064	7.5%	5720	8.5%
185% - 199%	2.3%	1889	3.5%	2207	3.3%
200% and above	74.7%	35206	64.9%	36054	53.6%



Public Assistance Recipients, SFY 2012

(Virginia Department of Social Services, 2012)

		# SNAP	# Medicaid ¹	# TANF	% SNAP	% Medicaid	% TANF	
Franklin County	Total Recipients	11872	9933	1319	11872	9933	1319	
	Children 0-17 years	White	3192	4126	567	26.9%	41.5%	43.0%
		Black	597	683	128	5.0%	6.9%	9.7%
		Other	755	752	116	6.4%	7.6%	8.8%
	Adults 18-64 years	White	4986	2783	402	42.0%	28.0%	30.5%
		Black	897	439	83	7.6%	4.4%	6.3%
		Other	916	148	22	7.7%	1.5%	1.7%
	Adults 65 years & older	White	284	793	1	2.4%	8.0%	0.1%
		Black	112	171	0	0.9%	1.7%	0.0%
		Other	133	37	0	1.1%	0.4%	0.0%
Henry/Martinsville	Total Recipients	23603	19156	2620	23603	19156	2620	
	Children 0-17 years	White	3911	5640	612	16.6%	29.4%	23.4%
		Black	3176	3708	775	13.5%	19.4%	29.6%
		Other	1593	798	244	6.7%	4.2%	9.3%
	Adults 18-64 years	White	7030	4045	431	29.8%	21.1%	16.5%
		Black	5034	2512	462	21.3%	13.1%	17.6%
		Other	1764	152	95	7.5%	0.8%	3.6%
	Adults 65 years & older	White	545	1405	1	2.3%	7.3%	0.0%
		Black	390	845	0	1.7%	4.4%	0.0%
		Other	160	50	0	0.7%	0.3%	0.0%

Students Eligible for Free and Reduced Lunch Program, 2012- 2013

(Virginia Department of Education, Office of School Nutrition Program,
National School Lunch Program Free & Reduced Price Eligibility Report, October 31, 2012)

School System	SNP Membership	FREE	FREE Percentage (%)	REDUCED Price Eligible	REDUCED Price Percentage (%)	TOTAL F/R Eligible	TOTAL F/R Percentage (%)
Franklin County Public Schools	7,498	3,194	42.60%	611	8.15%	3,805	50.75%
Henry County Public Schools	7,466	4,275	57.26%	559	7.49%	4,834	64.75%
Virginia School Division Totals	1,238,870	413,992	33.42%	82,779	6.68%	496,771	40.10%

Community Health Needs Assessment

Households and Marital Status

Franklin County (79.3%) and Henry County (74.5%) both have higher home ownership rate than Virginia (68.4%). Franklin (\$163,800) and Henry (\$93,600) have a lower median value of owner-occupied housing units compared to Virginia (\$254,600). Franklin County has a high percent of residents married (61.3%) compared to Virginia (51.5%) and Henry (50.5%) had a slightly lower percent compared to the state. 40.1% of children in Henry County live in single-parent households. Both Franklin and Henry have a higher percent of grandparents responsible for grandchildren compared to Virginia.

Housing Statistics

(QuickFacts, American Community Survey 5-Year Estimates, U.S. Census Bureau, 2007-2011)

	Virginia	Franklin County	Henry County
Housing units, 2010	3,364,939	29,730	26,216
Homeownership rate, 2007-2011	68.40%	79.30%	74.50%
Housing units in multi-unit structures, percent, 2007-2011	21.40%	7.50%	7.90%
Median value of owner-occupied housing units, 2007-2011	\$254,600	\$163,800	\$93,600
Households, 2007-2011	2,991,025	23,581	22,871
Persons per household, 2007-2011	2.57	2.31	2.36

Marital Status, Population 15 Years and Over, 2007-2011, Percentage

(U.S. Census Bureau, American Community Survey, 5-year Estimate, Table S1201, 2007-2011)

Geography	Total	Now married (except separated)	Widowed	Divorced	Separated	Never married
Virginia	6,403,172	51.5%	5.7%	9.7%	2.6%	30.5%
Franklin County	46,131	61.3%	6.5%	9.7%	2.2%	20.3%
Henry County	45,289	50.5%	9.6%	12.6%	4.0%	23.3%

Children Living in Single-Parent Households, 2010

(Local Department of Social Services Profile Report, SFY 2012, U.S. Census Bureau, 2010 Census Summary File 1 (Table P31), Household Type by Relationship for Population)

Geography		All races	White	Black	Hispanic
Virginia	Percent	27.2%	19.5%	55.5%	28.4%
	Count	2881	2240	401	131
Franklin County	Percent	28.6%	25.5%	60.7%	28.4%
	Count	4636	2149	1907	415
Henry/ Martinsville	Percent	40.1%	29.9%	62.7%	35.7%

Percent of Grandparents Living with Grandchildren who are Responsible for their Grandchildren, 2007 - 2011

(Local Department of Social Services Profile Report, SFY 2012, American Community Survey 5-Year Estimates, U.S. Census Bureau, 2007 - 2011)

Geography		Number of grandparents living with own grandchildren under 18 years	Responsible for grandchildren
Virginia	Estimate	167,530	66,554
	Percent		39.7%
Franklin County	Estimate	1,101	558
	Percent		50.7%
Henry County	Estimate	1,293	547
	Percent		42.3%

2011 Divorces & Annulments

(Local Department of Social Services Profile Report, SFY 2012, Source: Virginia Department of Health, Division of Health Statistics. Percent excludes cases where child count is unknown.)

		Total number of divorces	Not involving children	Involving children
Virginia	Percent	--	53.9%	43.2%
	Count	46	115	99
Franklin County	Percent	--	53.5%	46.0%
	Count	65	114	110
Henry/ Martinsville	Percent	--	48.7%	47.0%

2011 Divorce Rate

(Local Department of Social Services Profile Report, SFY 2012, Source: Virginia Department of Health, Division of Health Statistics. Rate is per 1,000 total population.)

	Rate (per 1,000 adults)
Virginia	3.8
Franklin County	3.8
Henry/ Martinsville	3.5

Community Health Needs Assessment

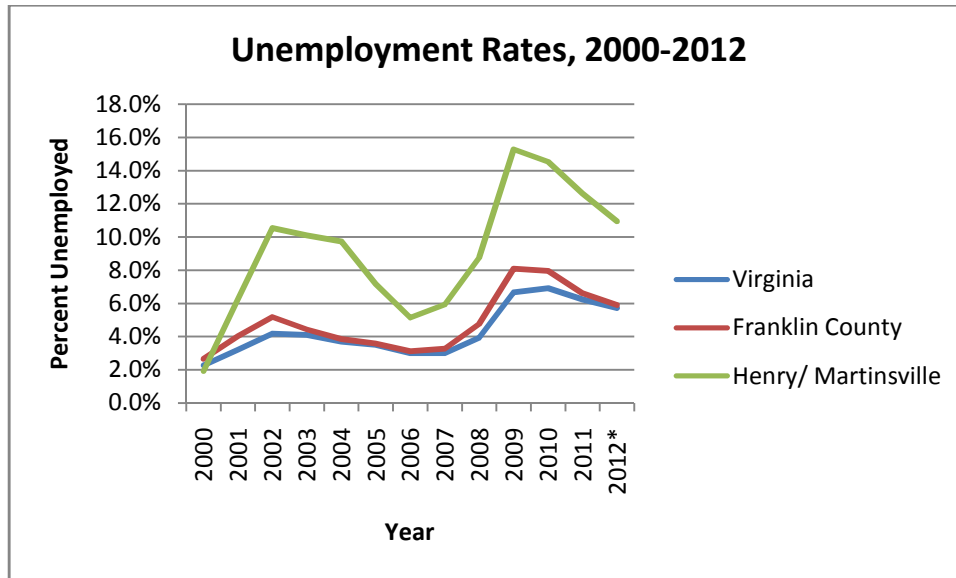
Employment Status

Franklin County's unemployment rates are fairly consistent with the state of Virginia while Henry / Martinsville are almost double the state.

Unemployment Rates, 2000-2012

(Local Department of Social Services Profile Report, SFY 2012, Virginia Employment Commission, Local Area Unemployment Statistics, 2001-2012, *2012 rates are based on an 11-month average (through November))

Year	Virginia	Franklin County		Henry/ Martinsville	
	Rate (%)	Number	Rate (%)	Number	Rate (%)
2000	2.3%	136	2.7%	336	1.9%
2001	3.2%	999	4.0%	2194	6.3%
2002	4.2%	1329	5.2%	3675	10.5%
2003	4.1%	1117	4.4%	3504	10.1%
2004	3.7%	965	3.8%	3171	9.7%
2005	3.5%	916	3.6%	2273	7.2%
2006	3.0%	817	3.1%	1599	5.1%
2007	3.0%	872	3.3%	1889	5.9%
2008	3.9%	1287	4.8%	2735	8.7%
2009	6.7%	2200	8.1%	4771	15.3%
2010	6.9%	2147	8.0%	4599	14.5%
2011	6.2%	1918	6.6%	3770	12.6%
2012*	5.7%	1699	5.9%	3214	10.9%



Transportation

Currently, Franklin County has no public transportation and offers limited services through the Center for Healthy Aging and local faith based organizations. Focus groups feel that available transportation is fragmented and coordinating resources could better meet some of the county residents transportations needs.

Occupied Housing Units with No Vehicles Available

(QuickFacts, American Community Survey 5-Year Estimates, U.S. Census Bureau, 2007 - 2011)

Geography		Occupied housing units	No vehicles available	1 vehicle available	2 vehicles available	3 or more vehicles available
Virginia	Estimate	2,991,025	186,698	903,568	1,149,438	751,321
	Percent	2,991,025	6.20%	30.20%	38.40%	25.10%
Franklin County	Estimate	23,581	1,293	5,041	8,762	8,485
	Percent	23,581	5.50%	21.40%	37.20%	36.00%
Henry County	Estimate	22,871	1,738	7,029	7,708	6,396
	Percent	22,871	7.60%	30.70%	33.70%	28.00%

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)³

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.⁴

³ US Department of Health & Human Services, Healthy People 2020, Topics and Objectives, www.healthypeople.gov

⁴ 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

Health Staffing Shortages and Designations

Health Professional Shortage Areas

(Health Resources and Services Administration, <http://muafind.hrsa.gov> and <http://hpsafind.hrsa.gov>, accessed August 18, 2012)

Geography	MUA	MUP	Health Professional Shortage Area		
			Primary Care HPSA	Dental HPSA	Mental Health HPSA
Franklin County	Franklin Service Area	-	Franklin County		Low Income - Piedmont Service Area Franklin
Henry County	Henry County/Martinsville City	Henry County/Martinsville City	Low Income - Martinsville/Henry Henry	Low Income - Martinsville/Henry Henry	Low Income - Piedmont Service Area Henry

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; it 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.⁵

⁵ County Health Rankings, 2013 Data and Methods, <http://www.countyhealthrankings.org/health-factors/access-care> accessed 9/4/13

Health Professionals Providers Population Ratio

(County Health Rankings, 2013, Health Resources and Services Administration, Area Resource File, 2011-2012)

Geography	Primary Care Physicians			Dentists			Mental Health Providers		
	# PCP	PCP Rate	PCP Ratio	# Dentists	Dentist Rate	Dentist Ratio	# MHP	MHP Rate	MHP Ratio
Virginia	5919	74	1355:1	4563	55	1811:1	3620	45	2216:1
Franklin County	26	46	2162:1	12	21	4808:1	3	5	18741:1
Henry County	4	7	13530:1	31	57	1763:1	4	7	13530:1

Source of Primary Care and Cost of Services

16% of Franklin County and 15% of Henry County residents reported that they could not see a doctor due to cost compared to 11% in Virginia. Franklin County and Henry County have a higher number of uninsured, Medicaid and Medicare individuals compared to Virginia.

Percent of People Who Could Not See a Doctor Due to Cost

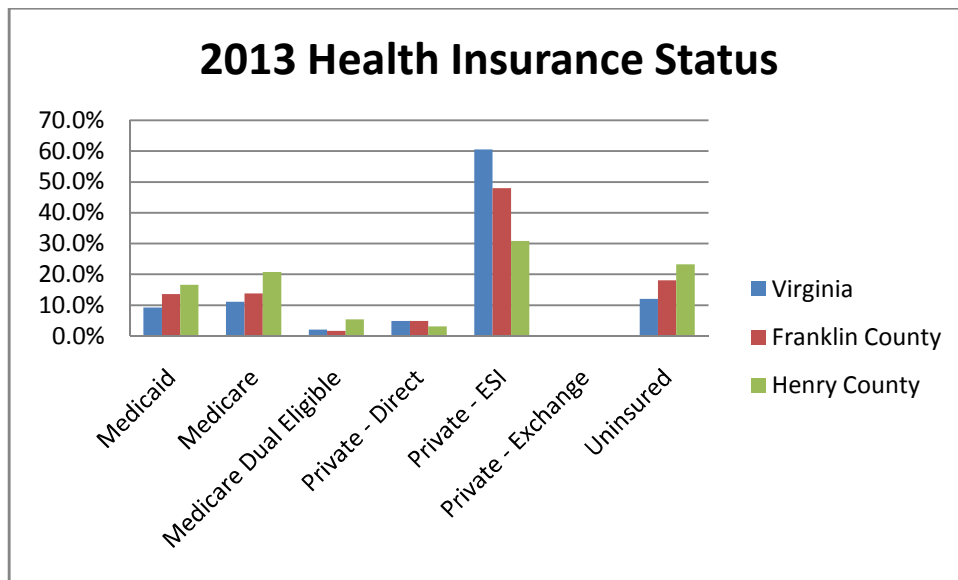
(County Health Rankings, 2013, Behavioral Risk Factor Surveillance System, 2005-2011)

Geography	Sample Size	% Couldn't Access
Virginia	38633	11
Franklin County	290	16
Henry County	463	15

2013 Health Insurance Status

(Truven Market Planner Plus, 2013)

	Virginia		Franklin County		Henry County	
	#	%	#	%	#	%
Medicaid	761312	9.3%	7255	13.7%	11878	16.7%
Medicare	914520	11.1%	7333	13.8%	14814	20.8%
Medicare Dual Eligible	168493	2.1%	883	1.7%	3859	5.4%
Private - Direct	403459	4.9%	2611	4.9%	2241	3.1%
Private - ESI	4972951	60.6%	25478	47.9%	21973	30.8%
Private - Exchange	0	0.0%	0	0.0%	0	0.0%
Uninsured	986755	12.0%	9580	18.0%	16558	23.2%
Grand Total	8207490	100.0%	53140	100.0%	71323	100.0%



Health Status of the Population

In Virginia, individuals are more likely to face high rates of disease, disability and death from a host of health conditions that span generations if they are poor, live in rural areas or inner-city communities, and are a racial or ethnic minority. In addition, residents with the least education have higher death rates.⁶

24% of residents in Franklin County reported fair to poor health in the past month while 26% of residents in Henry County and 14% of Virginia reported fair to poor health.

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

(Virginia Department of Health, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2004-2010)

	Poor or Fair Health	Poor Physical Health Days
Geography	% Poor or Fair Health	Physically Unhealthy Days
Virginia	14	3.2
Franklin County	24	3.6
Henry County	26	5.1

Death Rates

Death rates exceed the rates for Virginia as a whole as for the following: in Franklin County and Henry County for:

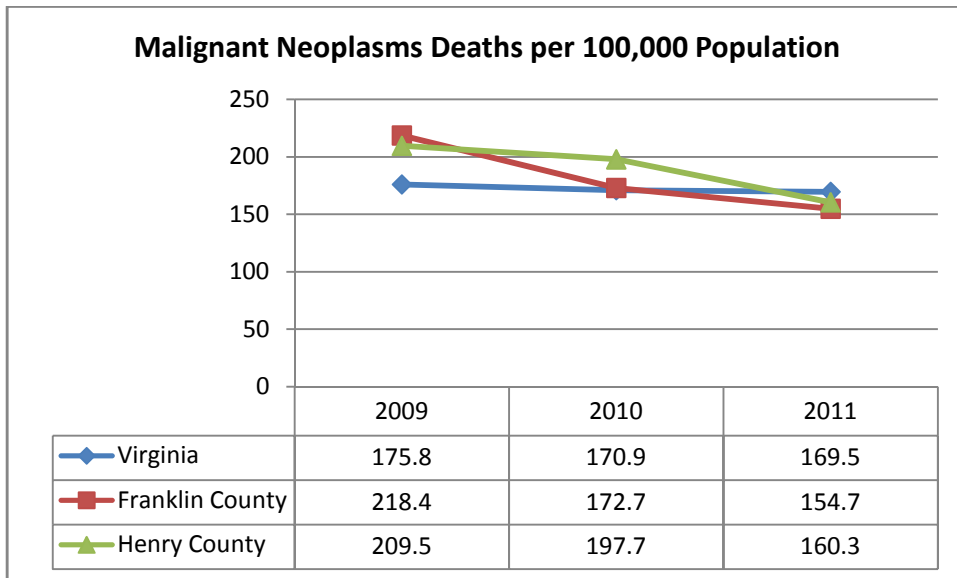
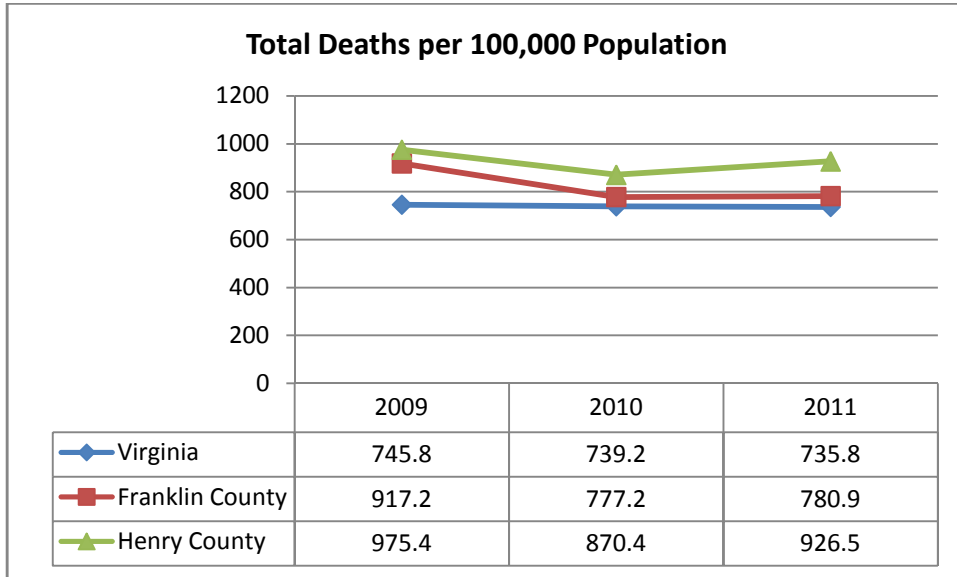
- Total deaths: Franklin County and Henry County
- Heart disease: Franklin County and Henry County
- Cerebrovascular disease: Henry County
- Chronic Lower Respiratory: Franklin County and Henry County
- Diabetes: Franklin County and Henry County

In 2011, Henry County’s death rate increased form 18.3:100,000 to 37.7:100,000.

⁶ Virginia Department of Health, Office of Minority Health & Health Equity, Virginia Health Equity Report 2012

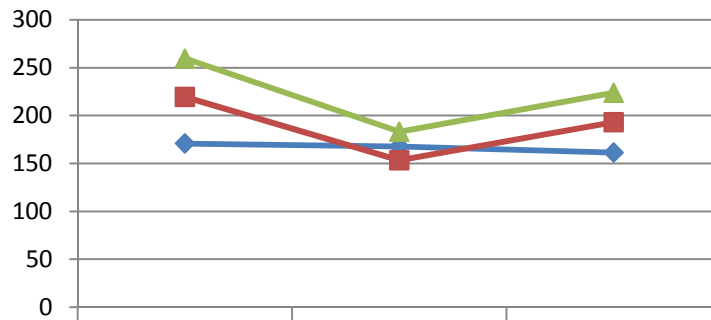
Geographic Area Death Profile, Age-Adjusted Rates per 100,000

(Virginia Department of Health, Division of Health Statistics, 2009 - 2011)



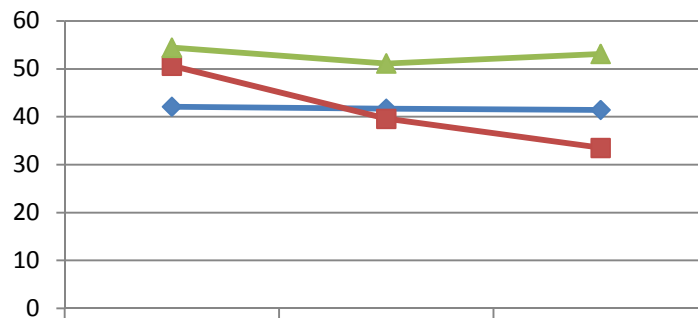
Community Health Needs Assessment

Heart Disease Deaths per 100,000 Population



	2009	2010	2011
◆ Virginia	170.8	167.6	161.3
■ Franklin County	219.5	153.4	193.2
▲ Henry County	259.4	182.9	223.6

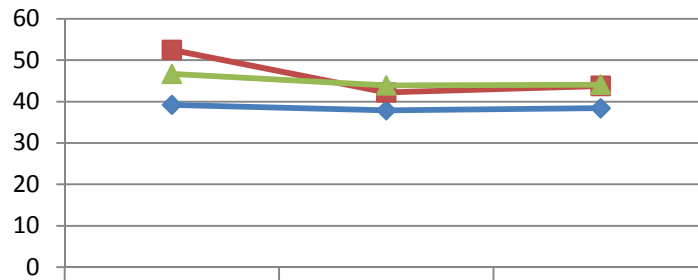
Cerebrovascular Disease Deaths per 100,000 Population



	2009	2010	2011
◆ Virginia	42.1	41.7	41.4
■ Franklin County	50.6	39.6	33.5
▲ Henry County	54.4	51.1	53.1

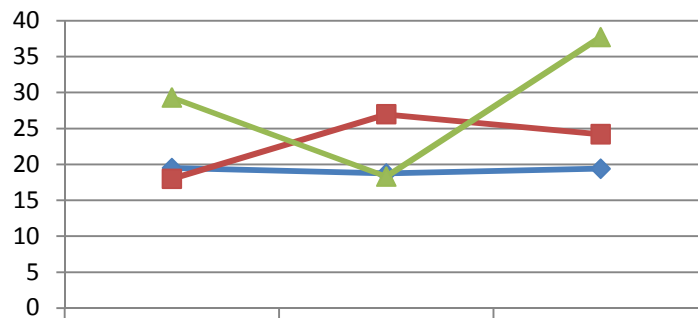
Community Health Needs Assessment

Chronic Lower Respiratory Deaths per 100,000 Population



	2009	2010	2011
Virginia	39.2	37.9	38.4
Franklin County	52.5	42.2	43.8
Henry County	46.7	43.9	44.1

Diabetes Mellitus Deaths per 100,000 Population



	2009	2010	2011
Virginia	19.5	18.7	19.4
Franklin County	18	27.0	24.2
Henry County	29.3	18.3	37.7

Community Health Needs Assessment

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 for which early intervention can prevent complications and severe disease.

Prevention Quality Indicator, Age-Adjusted Discharge Rates per 100,000

(Virginia Department of Health, Division of Health Statistics, Virginia Atlas of Community Health, 2012 ,2010 Data)

Age-Adjusted Discharge Rate per 100,000	Virginia	Franklin County	Henry County
Adult Asthma PQI Discharges	76.0	105.5	70.0
Angina PQI Discharges	9.6	7.6	14.9
Bacterial Pneumonia PQI Discharges	184.5	171.1	140.9
Chronic Obstructive Pulmonary Disease (COPD) PQI Discharges	125.6	118.7	225.1
Congestive Heart Failure PQI Discharges	238.1	168.5	163.7
Diabetes PQI	134.0	129.6	183.0
Hypertension PQI Discharges	34.6	47.3	22.7

Mental Health and Substance Abuse

Approximately one in five Americans experienced some sort of mental illness in 2010 with approximately 5% of Americans suffering from such severe mental illness that it interfered with day-to-day school, work or family. Prevalence of any mental illness was higher in females (23.8%) than males (15.6%); higher for persons with Medicaid, or Children’s Health Insurance Coverage (33.4%); and higher for the uninsured (24.9%) than for persons with health insurance (16.1%).⁷ Serious psychological distress among adults 18 years and over is two times greater for those living in poverty (less than 100% of the FPL) as compared to those living 100%-200% of poverty and over.⁸

Mental Health and Disorders are a Leading Health Indicator for Healthy People 2020 with a goal to “improve mental health through prevention by ensuring access to appropriate, quality mental health services.”

In 2012, a Franklin County community forum to address synthetic marijuana was organized as a result of increased health related visits to the hospital emergency department from use of the drug. Community turnout for the forum was low. The Virginia legislature introduced several bills to tackle the problem and eventually approved a new law that is "all-encompassing'. However, in 2013 distribution of synthetic cannabinoids and drug paraphernalia remains a problem in Franklin County.

Henry County has a high suicide death rate compared to Virginia. Both Henry and Franklin County have a high unintentional injury death rate and high drug/poison death rates

Number of Mentally Unhealthy Days in the Past Month

(Virginia Department of Health, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2005-2011)

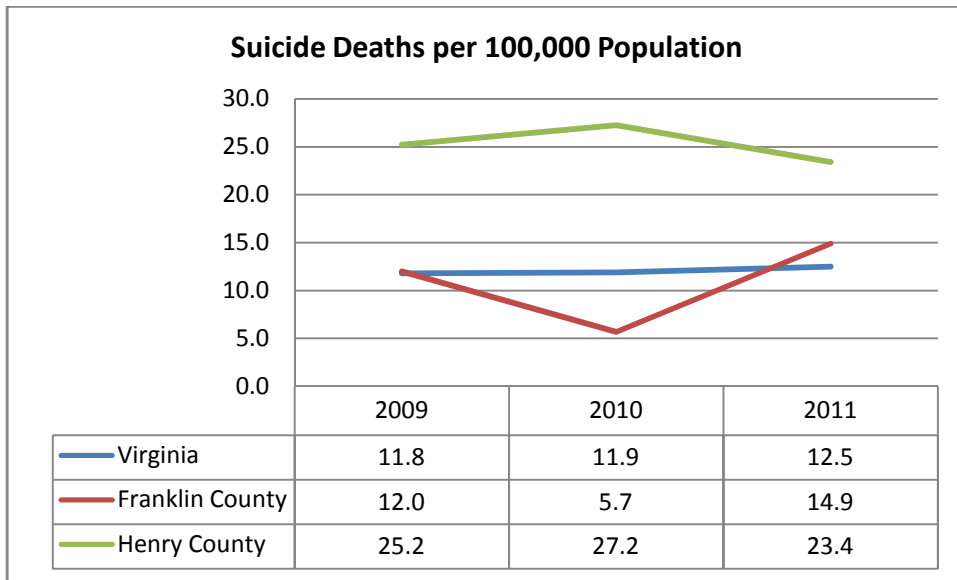
Geography	Mentally Unhealthy Days in the Past Month
Virginia	3.1
Franklin County	3.6
Henry County	5.2

⁷ Substance Abuse and Mental Health Administration, Mental Health United States, 2010 <http://www.samhsa.gov/data/2k12/MHUS2010/MHUS-2010.pdf>

⁸ Centers for Disease Control, Health United States, Table 59, 2011 <http://www.cdc.gov/nchs/data/hus/hus11.pdf>

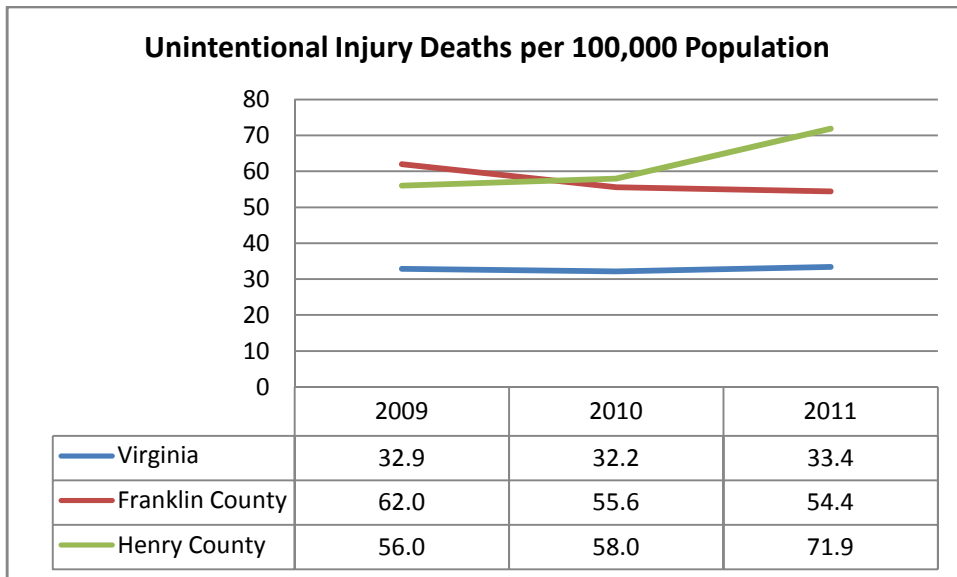
Franklin Area Suicide Deaths per 100,000 Population

(Virginia Department of Health, Division of Health Statistics, 2009-2011)



Franklin Area Unintentional Injury Deaths per 100,000 Population

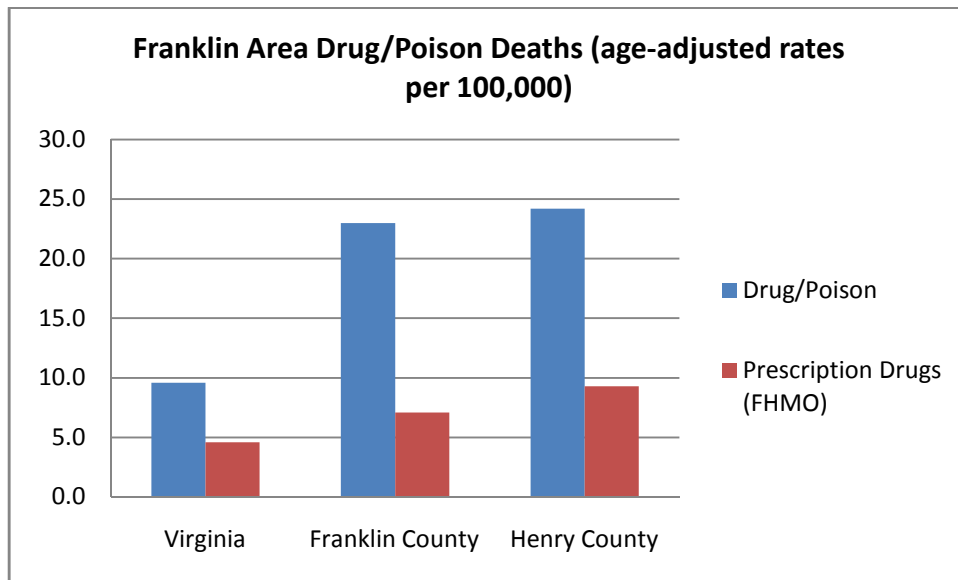
(Virginia Department of Health, Division of Health Statistics, 2009 – 2011)



Franklin Area Drug/Poison Deaths (age - adjusted rates per 100,000)

(Virginia Department of Health, Office of the Chief Medical Examiners , 2010)

Drug/Poison Deaths per 100,000 Population, Age-Adjusted	Virginia	Franklin County	Henry County
Drug/Poison	9.6	23.0	24.2
Prescription Drugs (FHMO)	4.6	7.1	9.3



Prevention and Wellness

In the United States, 7 of the 10 leading causes of death are due to chronic illnesses that can often be prevented by adopting healthy behaviors and reducing health risk factors such as tobacco use, physical inactivity, poor nutrition, and obesity.⁹ In addition to reducing risk factors, adherence to preventive screenings and care can greatly reduce the incidence of chronic disease and greatly improve quality of life.

Carilion Clinic offers community outreach in Franklin County via health fairs, screenings, presentations, and supporting other community projects. Carilion's free health and wellness events are usually well attended in the lake community compared to rural and town events where events are poorly attended and at times cancelled due to low registration.

The Virginia Tech Cooperative Extension agency and STEP, Inc. provide community health outreach, serving mostly lower socioeconomic populations.

⁹ Centers for Disease Control and Prevention, CDC's Health Communities Program accessed 8/11/2012, <http://www.cdc.gov/healthycommunitiesprogram/overview/diseasesandrisk.htm>

County Health Rankings

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.¹⁰ The lower the overall ranking, the healthier the community is.

County Health Rankings-Health Outcomes (out of 133)

Geography	2011	2012	2013
Franklin County	58	67	73
Henry County	112	123	129

County Health Rankings-Health Factors (out of 133)

Geography	2011	2012	2013
Franklin County	68	64	71
Henry County	121	118	123

¹⁰ University of Wisconsin Population Health Institute & the Robert Wood Johnson Foundation, County Health Rankings, www.countyhealthrankings.org, 2013

Community Health Needs Assessment

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.

Health Risk Factors– High Blood Pressure and Cholesterol

(Virginia Department of Health, Virginia Behavior Risk Factor Surveillance System, 2010)

Adult Age 18+ Risk Profile	Virginia	Franklin County	Henry County
High Blood Pressure (told by doctor or other health professional)%	29.0	29.0	31.0
High Cholesterol (told by doctor or other health professional) %	30.0	32.0	31.0

Health Risk Factors– Adult Smoking

(Virginia Department of Health, Virginia Behavior Risk Factor Surveillance System, 2005-2011)

Geography	% Adults who smoke daily or most days
Virginia	22
Franklin County	22
Henry County	22

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. Overall, persons who are obese spend 42% more for medical care than do normal weight adults.¹¹ Reducing the proportion of adults who are obese to 30.6% is a Healthy People 2020 Leading Health Indicator (NWS-9).

The benefits of physical activity include weight control; reduction of risk for cardiovascular disease, diabetes, and some cancers; and increased strength and overall well-being.

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).

Three census tracts in Franklin County and three census tracts in Henry County are considered food deserts. 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.

Health Risk Factors-Obesity and Physical Inactivity

(National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, 2009)

Geography	Adult Obesity	Physical Inactivity
	% Obese	% No Leisure Time Physical Activity
Virginia	28	24
Franklin County	30	26
Henry County	29	33

¹¹ Centers for Disease Control and Prevention, Study Estimates Medical Cost of Obesity May be as High as \$147 Billion Annually, July 27, 2009, www.cdc.gov/media/pressrel/2009/r090727.htm

Access to Recreational Facilities rate per 100,000 Population

(County Business Patterns, 2010)

Geography	Recreational Facilities	Rec. Facility Rate
Virginia	832	10.4
Franklin County	4	7.1
Henry County	5	9.2

Limited Access to Health Foods (percent of population who lives in poverty and more than 1 or 10 miles from a grocery store)

(U.S. Department of Agriculture, Food Environment Atlas 2012)

Geography	# Limited Access	% Limited Access
Virginia	295,609	4
Franklin County	3,988	7
Henry County		

Census Tract Food Deserts

(United States Department of Agriculture, Economic Research Service, 2010)

Geography	Census Tract FIPS	Total Population	% of people with low access to a supermarket or large grocery store	# of people with low access to a supermarket or large grocery store	% of total population that is low-income and has low access to a supermarket or large grocery store	# of total population that is low-income and has low access to a supermarket or large grocery store
Franklin	51067020600	3053	66.6	2034	6.1	149
Franklin	51067020900	5865	33.3	1950	3.6	212
Franklin	51620090200	3820	86.1	3289	31.1	1178
Henry	51089010100	4140	72.8	3012	7.2	298
Henry	51089010200	5453	58.7	3200	5.1	268
Henry	51089010400	3875	14.8	574	1.7	66

Community Health Needs Assessment

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 Franklin County, 22.7% of women 18 years and older had no Pap test in the past three years.

Health Risk Factors– Cancer Screenings, 2010

(Virginia Department of Health, Virginia Behavior Risk Factor Surveillance System, 2010)

Adult Age 18+ Risk Profile	Virginia	Franklin County	Henry County
Percent of women 18 and older with no Pap test in past 3 years	13.2	22.7	n/a
Percent of women 40 and older with no mammogram in past 3 years	13.2	4.8	n/a

Maternal, Infant and Child Health

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.

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%

Prenatal and Perinatal Health Indicators

Franklin Area Births without Early Prenatal Care

(Virginia Atlas, VDH, Division of Health Statistics, 2011)

Prenatal & Perinatal Health Information	Virginia	Franklin County	Henry County
Late Entry into Prenatal Care (after first trimester), % all births	17.3%	5.9%	35.7%

Prenatal & Perinatal Health Indicators, Franklin Area, 5-year average, 2006-2010

(Virginia Department of Health, Division of Health Statistics, 2006-2010)

Prenatal & Perinatal Health Information	Virginia	Franklin County	Henry County
Low Birth Weight Births %	8	7	8
5-Yr Average Infant Mortality Rate	7.1	7	8.1

Prenatal & Perinatal Health Indicators, Franklin Area

(Virginia Department of Health, Division of Health Statistics, 2011)

Prenatal & Perinatal Health Information	Virginia	Franklin County	Henry County
Live Birth Rates per 1000 total Population	12.7	9.3	9
Live Birth Rates per 1000 (White)	11.8	9.5	8.6
Live Birth Rates per 1000 (Black)	13.2	6	9.1
Live Birth Rates per 1000 (Other)	19.7	13	38.2
Infant Death Rates per 1000 live births	6.7	5.7	6.2
Infant Death Rates per 1000 live births (White)	5.2	6.2	5.6
Infant Death Rates per 1000 live births (Black)	12.8	n/a	8.9
Infant Death Rates per 1000 live births (Other)	3.8	n/a	n/a

Franklin Area

Pregnancy Rate per 1000 Females ages 10-19 (per 1000 births)

(Virginia Department of Health, Division of Health Statistics, 2009-2011)

Geography	2009	2010	2011
Virginia	24.3	21.1	18.6
Franklin County	24.4	19.3	18.3
Henry County	31.2	25.4	19.9

Reported Number of Children Tested for Elevated Blood Lead Levels less than 36 Months old

(Virginia Department of Health, Lead-Safe Virginia Program, 2011)

	Virginia	Franklin County	Henry County
Elevated Blood Lead Level Testing Rate/1000	209	41	77
Percent Confirmed Elevated	0.2	0	0

Infectious Diseases

HIV Infection Prevalence and Other Sexually Transmitted Infections Rate

One of the Healthy People 2020 goals is to “promote healthy sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases in their complications.”

Franklin Area HIV Infection Prevalence, 2011

(Virginia Department of Health, HIV Surveillance Quarterly Report, 2011,
<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/DAta/#Profile>)

	Virginia	Franklin County	Henry County
HIV Prevalence Rate	307	71	100

Franklin Area Sexually Transmitted Infection Rates (per 100,000)

(Virginia Department of Health, Virginia STD Surveillance Quarterly Report, 2011,
<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/DAta/#Profile>)

Geography	Early Syphilis	Gonorrhea	Chlamydia
Virginia	6.4	81.5	431.6
Franklin County	0	21.3	271.2
Henry County	1.9	33.5	362.9

Franklin Area Number of Reported Tuberculosis (TB) Rates per 100,000

(Virginia Department of Health, Division of Disease Prevention, 2008 - 2012)

Geography	2008	2009	2010
Virginia	3.9	3.5	3.4
Franklin County	0	0	0
Henry County	0	1.8	3.7

Social Environment

Franklin Area Rate of Child Abuse and Neglect (per 1000 children)

(Virginia Department of Social Services, Voices for Virginia's Children, CPS Program and Statistical Reports, 2005-2011)

Geography	2005	2006	2007	2008	2009	2010	2011
Virginia	3.9	3.9	3.4	3.3	3.2	3.9	3.3
Franklin County	2.9	5.2	2	2.9	2.2	2.3	1.5
Henry County	4.6	6.1	5.6	4.4	7.6	9.0	8.0

Implementation Strategy

2013 Carilion Franklin Memorial Hospital Health Improvement Implementation Strategy

2014 – 2016 Summary

Carilion Franklin Memorial Hospital (CFMH) is a not-for-profit, 37-bed hospital located in the town of Rocky Mount, Virginia. Set in the beautiful rolling hills of the western Blue Ridge Mountains, Rocky Mount is the seat of Franklin County. Since 1952, CFMH has provided Franklin County residents with quality healthcare close to home, in a family-friendly environment. The hospital offers a wide range of medical and surgical services, including convenient outpatient and emergency department services.

The Franklin County Community Health Needs Assessment (CHNA) focused on high levels of community engagement, soliciting input from stakeholders, and providers; the target population; and the community as a whole. A Community Health Assessment Team (CHAT) consisting of project management staff and representatives from area health and human service organizations led the assessment. The majority of CHAT members serve the low-income, uninsured, underserved, chronically ill and other vulnerable populations in Franklin County. The Franklin County CHAT met five times between January and August of 2013.

The Project Management Team included CFMH’s Hospital Administrator, who served as the Project Director for the assessment; CFMH’s Community Health Educator, who served as the Community Hospital Project Manager; and a Carilion Clinic Planning Analyst was the CHNA Planning Manager. The Community Hospital Project Manager coordinated meeting logistics, kept records, and distributed and collected surveys during the project period. The CHNA Planning Manager worked in conjunction with Carilion Clinic’s Planning Department which assisted in all aspects of the project including the development and analysis of the Stakeholder Survey and the Community Health Survey; collection and analysis of minutes from focus groups and CHAT meetings; collection and analysis of secondary data; and compilation the final report.

Beginning in January 2013, primary data collection included a stakeholder survey (23 participants), a community health survey (671 participants), and four target population focus groups. Secondary data were collected including demographic and socioeconomic indicators as well as health indicators addressing access to care, health status, prevention, wellness, risky behaviors, disease incidence and prevalence and the social environment.

Target Area and Population

The target population was those living in the Franklin County. Data were also collected for Henry County with particular focus on Bassett, Virginia. In gathering data, an emphasis was placed on vulnerable populations, such as low income, uninsured/underinsured, elderly and those with chronic diseases.

How the Implementation Strategy Was Developed

CHAT members identified and ranked the most pertinent healthcare needs based on the findings of the four assessment activities including target population focus group meetings, stakeholder survey, community health survey, and secondary data collection. The top priorities identified were given a feasibility and potential impact score by each CHAT member. The data were compiled and averaged as a list of the top prioritized healthcare needs in the community.

Major Needs and How Priorities Were Established

Upon compiling all primary and secondary data, a review was conducted to complete a list of health needs identified through the assessment process. The Management Team and the CHAT then met to prioritize the needs and narrow the focus to 3 to 5 areas of highest priority. These top areas were identified based upon community need, feasibility of addressing the need and potential impact. Similar categories were grouped, and four areas of priority became clear, based upon the four assessment activities performed (stakeholder survey, community survey, focus groups and secondary data). The Franklin County CHNA findings demonstrate the need for:

- Access to:
 - Mental health and substance abuse services
 - Primary care
 - Adult dental care
 - Specialty care
- Need for improved coordination of care across the health and human services sector
- General wellness:
 - Obesity
 - Chronic disease management
- Transportation

Description of What CFMH Will Do to Address Community Needs

To address the needs of the community, CFMH will develop a multi-disciplinary team to ensure that resources are aligned with the needs identified during the CHNA. The team will initially consist of CFMH employees and area providers, and expand to include membership from

community agencies as needed to ensure improvements are achieved in the identified areas of focus. The team will develop goals and objectives and identify indicators for addressing community health need.

In addition, CFMH serves as an active partner in current community coalitions conceived to help address community health needs. These organizations are typically grant-supported and comprise of a diverse representation from the community. The coalitions are as followed:

- The Healthy Community Action Team coalition (HCAT) is supported in part by the Virginia Foundation for Healthy Youth (VFHY) grant to fight childhood obesity and is facilitated by STEP, Inc. and Virginia Cooperative Extension.
- Focus on Response and Education to Stay Healthy (FRESH) coalition addresses health and safety issues that impact pre-teen, teen populations and young adult populations and is supported by a Strategic Prevention Framework-State Incentive Grant (SPF-SIG) through Virginia Commonwealth University.
- A State-funded grant for suicide prevention supports the Franklin County Suicide Prevention coalition which is coordinated through Mental Health America.
- Healthy Roanoke Valley (HRV), a coalition formed after the 2012 Roanoke Valley CHNA that consists of over 50 community partners. HRV's services area includes Franklin County and is addressing access to primary care, access to mental health care, access to dental care, improved coordination of care, and general wellness.

CFMH officials will communicate the priority areas of community needs identified through the assessment process, and work within the coalitions to encourage the focusing of community resources on these needs.

Lastly, processes will be developed to track progress of improvements, ongoing.

Priority Areas Not being Addressed and the Reasons

Multiple other needs were identified during the CHNA process, including a high uninsured population, access to services for the elderly, dropping out of school, and the high cost of services for insured (co-pay, deductible, and premium). CFMH will not focus on those initiatives in the scope of this project due to the fact that the CHAT did not identify those issues as being the most pertinent community needs. It would not be prudent to spread limited hospital and community resources across too many initiatives.

Conclusion¹²

Each year the American Hospital Association (AHA) conducts an Environmental Scan of the state of the health care system in America to provide “insight and information about market forces that have a high probability of affecting the healthcare field.” In reviewing the 2013 Environmental Scan, every area except transportation was recognized as an issue at the national level as well. Having access to transportation affect individual’s lives, health and the economy and is an issue for rural and low-income populations.

1) Access

- AHA predicts that “nationwide physician shortages are expected to balloon to 62,900 in five years, up more than 50 percent from previous estimates” with supply increasing by only 7 percent in the next decade.
- “New delivery models are going to be essential, including more primary care-based, easy-access, low-cost models for patients to receive certain services...Relying on the current primary care system (physician offices and hospital EDs is not going to be adequate).”
- “Nearly half of Americans will develop a mental illness and 27 percent will suffer from a substance abuse problem in their lifetimes. In any given year, 25 percent of the American population experiences either a mental illness or a substance abuse problem.”
- “Treatment capacity for behavioral services is in critically short supply and getting worse.”

2) Care Coordination

- Better health information technology is needed to support sharing of electronic medical record systems between providers
- “Programs aimed at enhancing care coordination during hospital-to-home transitions have shown to most consistent beneficial effects on cost and quality.”

3) General wellness

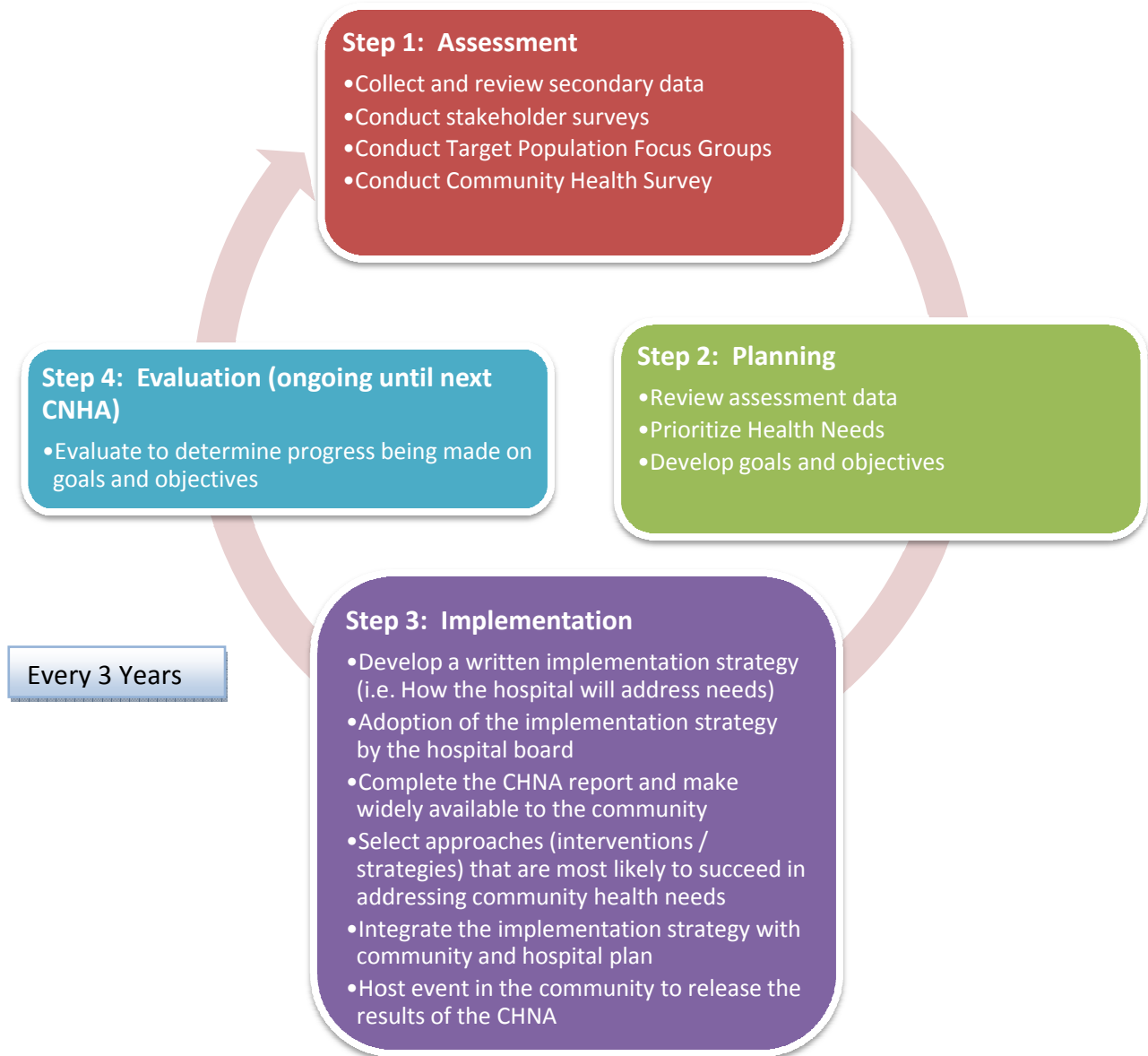
- “Rates of adult and childhood obesity in the United States vary significantly by region, race, ethnicity and age, but overall rates are high.”
- Chronic conditions are increasing with 80 percent of workers having at least one chronic condition.

Clearly, the priority health needs identified in Franklin County are not unique in the country. It will require coordinated efforts from diverse agencies, and innovative thinking to make positive impacts in these areas.

¹² American Hospital Association, Environmental Scan, 2013

Appendices

Appendix 1: Work Plan and Timeline



October	November	December
January	February	March
Form MGMT Team Form CHAT	Assessment Phase	
April	May	June
July	August	September
Planning Phase		Implementation Phase

Appendix 2: CHAT Directory

Julia Adams, Virginia Department of Health– Nurse Manager
Dr. Sue Beatty, Franklin County Department of Aging Service– Advisory Board Chair
Dr. John Boone, Carilion Clinic Family and Internal Medicine- Boones Mill– Physician
Allison Brelyn-Porter, Carilion Clinic– Senior Market Advisor
Dr. Sam Campbell, Helping Hands of Franklin County– Director
Regina Clark, Piedmont Community Services– Prevention Specialist
Judy Clark, Young Audiences of Virginia – Regional Coordinator
Marcia Cramblitt, Franklin County Parks & Recreation– Recreation Programs Manager
Alise Culbertson, Free Clinic of Franklin County – Executive Director
Frances Davis, Pigg River Community Association
David English, Smith Mountain Lake Rotary Club– President
Billy Ferguson, Franklin County Department of Public Safety– Division Chief
Teresa Fontaine, Southern Area Agency on Aging– Executive Director
Dr. Gordon Green, Virginia Department of Health– Director
Shewana Hairston, Franklin County Virginia Cooperative Extension– Unit Coordinator
Debbie Hamrick, Franklin County Public Schools Adult Education Center– Coordinator
Aaron Harris-Boush, Carilion Clinic – Planning Analyst, CHNA Planning Manager
Ellen Holland, Free Clinic of Franklin County – Interim Director
Barbara Jackman , Martinsville / Henry County Coalition for Health and Wellness– Executive Director
Bill Jacobsen, Carilion Franklin Memorial Hospital– Administrator
Pat Koger, United Way Of Franklin County– Executive Director
Lt. Todd Maxey, Franklin County Sheriff’s Department– Director, Criminal Investigations
Lori McClure, Carilion Franklin Memorial Hospital– Pharmacy Manager
Dawn Moser, VCU Massey Cancer Center – Cancer Needs Assessment Coordinator
Gail Nordhaus, Carilion Franklin Memorial Hospital.– Community Health Educator
Kay Pagans, Patrick Henry Community College– Site Facilitator, Franklin Co. Workforce Dev.
Andre Perry, United Way Of Franklin County– Campaign Director
Angela Phillips, Franklin County Family Resource Center– Domestic Violence Case Manager
Deborah Powell, Franklin County Department of Social Services– Director
Martha Puckett, Tri-Area Community Health– Office Manager
Ed Reynolds, Lake Area Christian Ministries– Board Chairman
Pam Turmin, YMCA of Rocky Mount– Executive Director
Kim Roe, Carilion Clinic– Emergency Medicine Senior Director
Melissa Scott, Carilion Clinic – Measurement Analyst
Sheila Walker, Carilion Clinic– Planning Advisor
Marie Webb, Carilion Clinic– Senior Director
Debra Weir, Community Volunteer
Rita Winbush , Martinsville / Henry County Coalition for Health and Wellness
Kathy Wood, Franklin Memorial Hospital– Nurse Case Manager
Mark Young, Smith Mountain Lake Lions Club– Second Vice President

Appendix 3: Stakeholder Survey

Franklin County 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.

Please return to: Aaron Harris-Boush, Carilion Strategic Development, 213 McClanahan Street, Suite 400.

Thank you!

1. Your name, organization, and title:

NAME: _____
ORGANIZATION: _____
TITLE: _____

2. Please attempt to list all Franklin County / Bassett organizations involved in direct health care service delivery, or access to health care services (no need to list outpatient medical practices):

3. Please convey, in your own words, the single greatest challenge faced by your organization, as you attempt to provide/facilitate quality health care delivery to the residents of the Franklin County / Bassett (3-4 sentences).

6. In terms of UNMET health care needs of Franklin County / Bassett residents, please score each of the following according to this scale:

- 1 = very serious unmet need*
- 2 = somewhat serious unmet need*
- 3 = less serious unmet need*
- 4 = not an unmet need*

HEALTH NEED FOR FRANKLIN COUNTY RESIDENTS	SCORE (Score each independently, using the numerals 1-4)
Primary health care (medical home)	
Specialty health care (excluding dental and mental health)	
Dental care	
Mental health/addictions care	
Preventive services	
Health education (for those with chronic disease)	
Health navigator services (advocate and guide)	
Health transportation services	
Culturally and linguistically appropriate services	
Affordable medications	
In-home health care services	
Hospice care	
School-based health care	
Other (specify):	
Other (specify):	
Other (specify):	

Thank you for your input!

Please return to: Aaron Harris-Boush, Carilion Strategic Development, 213 McClanahan Street, Suite 400. Thank you!

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

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

- Within the past year (1 to 12 months ago) Within the past 2 years (1 to 2 years ago)
 Within the past 5 years (2 to 5 years ago) 5 or more years ago

If applicable, how long has it been since your child or dependent visited a doctor for a routine checkup? (Please check one)

- Within the past year (1 to 12 months ago) Within the past 2 years (1 to 2 years ago)
 Within the past 5 years (2 to 5 years ago) 5 or more years ago

9. What do you think are the three most important factors for a "healthy community"? (Please check three)

- Good place to raise children Low crime / safe neighborhoods Low level of child abuse Good schools
 Access to health care Healthy behaviors and lifestyles Clean environment Affordable housing
 Arts and cultural events Good jobs and healthy economy Strong family life Religious or spiritual values
 Parks and recreation Access to healthy food Other _____

10. What do you think are the three most important "health problems" in our community?

(Please check three)

- Alcohol and illegal drug use Aging problems Prescription drug abuse Teenage pregnancy
 Motor vehicle crash injuries Sexual assault High blood pressure Lung disease
 Child abuse / neglect Infant death Mental health problems Gang activity
 Heart disease and stroke HIV / AIDS Dental problems Overweight / obesity
 Domestic violence Cancers Diabetes Suicide
 Homicide Other _____

11. What do you think are the three most important "risky behaviors" in our community?

(Please check three)

- Alcohol abuse Poor eating habits Not getting "shots" to prevent disease Lack of exercise
 Drug abuse Not using birth control Not using seat belts / child safety seats Unsafe sex
 Tobacco use Dropping out of school Cell phone use and driving Other _____

DEMOGRAPHIC INFORMATION and HEALTH INSURANCE

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

- Employer Provided Insurance Private Insurance Mental Health Insurance
 Government (VA, Champus) Medicaid Medicare
 Health Savings Account Medicare Supplement Dental Insurance
 No Mental Health Insurance No Dental Insurance No Health Insurance

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

- Unemployed Laid off Too expensive Not available at my job Not applicable- I have health insurance
 Other: _____

14. What is your ZIP code? _____

15. What is your age? _____

16. What is your sex? Male Female

17. 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 _____

18. What is your highest education level completed?

- Less than high school Some high school High school diploma Associates Bachelors Masters / PhD

19. What is your primary language? English Spanish Other _____

20. What is your race / ethnicity? (Check all that apply)

- Native Hawaiian / Pacific Islander Asian Black / African American White Hispanic
 American Indian / Alaskan Native Other More than one race Decline to answer

21. What is your marital status? Married Single Divorced Widowed

22. What is your yearly household income?

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

23. What is your current employment status?

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

24. Is there anything else we should know about your (or someone living in your home) health care needs in the Franklin County or Bassett?

- FC needs an OBGYN
- Food is medicine.
- Franklin County
- Franklin County needs to have dentist than improve certain types of insurance.
- Good Doctors in Franklin County and also need an Orthopedic services in Franklin County. Look how much we spend in Roanoke since Franklin County closed our Orthopedic office. lot of money lost for our community.
- Have allergies to certain things since chemo therapy.
- hay personas s inseguro medico y los doctores son muy caros
(There are people without insurance and the doctors are very expensive.)
- Husband can't afford medical health insurance through his employer and is ineligible for Medicaid due to working.
- Husband has Parkinson's
- I feel fortunate that Carilion provides Financial Aid for working families. My spouse & I both have some health problems & have had excellent care from Carilion. I wish there were more affordable dental options available.
- I feel that it is unfair that my husband and I pay over \$500.00 a month for our insurance and still must pay co-pays, prescriptions, and deductibles, while someone on welfare doesn't pay anything.
- I had to drive almost 1/2 hour to get to Urgent Care even though I live in town of Rocky Mount...
- I have a 50 year old recovering alcoholic who is employed with no health insurance living with us.
- I have dementia and cannot live at home by myself, currently living with my daughter.
- I need dental care so bad. Have not been to a dentist in 8 years!
- I wish that disability could be given to the people who really deserve it.
- I'm disabled
- In the past 5 years, I have cared for 3 elderly family members over the age of 90. I am very concerned about the lack of resources for the elderly who are not fortunate enough to have family to care for them.
- Insurance Needs
- It is very difficult to get a good counselor in Franklin county. It seems that we always have to go to Roanoke for everything. The hours doctors are available and drive time make it very difficult with working. The wait to receive any type of care is ridiculous. I had kidney stones and couldn't get in to see a doctor for 5 days. Urgent care at West Lake is awful. They over medicate, and do not listen to what the problem is. They do not give accurate medical advice. I would like to have a team of doctors available for my children, but they all seem to function independently and do not communicate with each other. I feel like I let a lot of things slip with my children because no one is available to answer questions when I get home from working my second job. My husband has Huntington's disease and we have to drive to UVA to get the care he needs. It's difficult to balance 6 hours in the car, a three hour appointment there and the needs of my three children. I appreciate you taking the time to try and make it better.
- Las citas son muy retrazadas
(The appointments are backed up.)
- Lots of dental problems and toothaches
- Meals during the daytime (lunch); someone to sit with me during the day to attend to daily needs.
- Medicaid o health care is no accepted in all the offices
- More information on things that are available.
- More understanding of aspergers by educators, healthcare staff.
- My adult daughter has had a nightmare trying to get access to a psychiatrist for severe depression. (1 year +)Why? She has acoustic aphasia deafness with no insurance. This means a psychiatrist will be legally responsible for paying for an interpreter without certainty of getting reimbursement. This includes the free clinic. Therefore, many psychiatrists have various "reasons" to refer her to another psychiatrist...who then refers her to another long waiting list,

etc., etc. This has caused her to have to go into inpatient psych care at least once a month or more due to running out of serious medications without refills from previous hospitalizations, resulting in more "pseudo"-seizures which cause a snow ball effect. These are difficult to control due to lack of access to follow up care/tx. The name also cause misunderstanding by hospital staff with the result of rude treatment. They do not seem to understand that "pseudo-seizures" are not "pretend" seizures but cause very real physical pain and humiliation for patients. They are not "drug-seekers". The seizures which have been witnessed by hospital staff when inpatient, have been commented as being very real with obvious lack of control by my daughter. But if not witnessed by medical staff, they judge these as "pretend" with probable drug seeking.

- My boyfriend doesn't have insurance because he doesn't have enough money.
- My child has severe allergy issues. There are no services available in our area and we have to travel to Roanoke twice a week for very expensive treatments that insurance doesn't cover nearly enough of the costs of. There is also no Orthopedic doctors here (Franklin County) nor cardiologists. Most of the time when you go to Carilion Franklin Memorial for an emergency, they send you to Roanoke, so I have started going to Roanoke in the first place.
- My daughter in law goes to the Franklin Free Clinic in order to get help with her prescription drugs.
- my daughter needs help
- My health has declined somewhat due to stress, divorce, job loss, and lack of food due to not being above to afford all my bills plus buy groceries that are necessary but unaffordable.
- My husband has had a lot of health care needs over the years. We took a class by Carilion on chronic illness and it was very good.
- My husband has no insurance and I have it at work but I can't afford to get him on it, he is disabled and can't work, but doesn't any income (disability and etc) and he is on a lot of medicine, wish he could get some to help.
- my husband is 57, unemployed and he has no healthcare. His answers to this survey would be VERY different.
- My husband works all day in Roanoke and I don't drive. Therefore it is very difficult to get a ride from Hardy Rd, to Roanoke and back when done.
- My son has celiac and red tick meat allergy
- My son is a diabetic. He & his fiancé have bad backs.
- My son is deaf with learning disabilities/ Epilepsy, asthma & severe migraines
- my son recently found out he's legally blind in right eye
- My wife is trying to get Medicaid & disability
- Need dental insurance. More government programs.
- Need for in-home care.
- Need for small "branch" resources in the more outlying area, i.e. Fork Mountain (several possible sites)
- Need free or low cost dental in Franklin county
- need healthcare
- Need more specialists.
- need specialists in asthma and allergy care
- No; we were fortunate but hope the survey helps you provide better for those less fortunate.
- not able to work
- One child with Spina Bifida, 2 with Autism
- PCP allots only 10 min with pt (doesn't wish to hear pt questions- PCP doesn't schedule lab/blood work before 6 month or 1 yr CU (very unusual)- MYCHART poorly administered by Medical Staff.
- Private insurance is too expensive for my self-employed spouse.
- Que siempre estan llenas y no hay cupos (They are always full and there are no slots.)
- Sometimes I have so much pain; I have walker with seat and a cane. I fell and in '77 and Dr's misdiagnosed me with depression.

- Son's chronic illness is asthma (on nebulizer and has been to ER with asthma related issues)
- Spouse has cancer
- Taking insurance companies out of the health care picture for basic care would encourage people to see doctors and get care sooner. That decreases cost!
- The adults in our home often bypass dental and medical treatment due to expense. We have also discontinued using the Boones Mill Carilion Clinic due to the excessive wait time, even with an appointment.
- The difficulty in being seen by my PCP (in Franklin County) is forcing our family to use Urgent Care services for non-urgent needs. For example, having to wait 2-3 days for an appointment for a Urinary Tract Infection is an issue. This isn't an urgent medical condition, but it certainly can become one if untreated for multiple days. The challenge seems to be in getting an appointment in a reasonable amount of time, and often it is difficult to simply reach a receptionist or appointment setter (at the Boones Mill Clinic).
- There is a strong need for support for caregivers of elderly parents
- This is too long
- Very thankful for the care I receive.
- Veteran care should be available
- We need a dentist that accepts Medicaid and that we can make appointments at.
- We need a wound care clinic in Franklin County. I have to go to Roanoke for Regular visits for 6 years. Many people from Franklin Co. have to be transported there. Better to bring services to us than provide more transportation to Roanoke.
- We need adult Medicaid for dental
- wish I could get dental insurance cause I need some
- Would like to know about affordable vision care.