Focusing on the Health of Our Community

RDHW 2022 Community Health Needs Assessment

The RDHW Community

Demographics and Social Determinants of Health

The Greater Williamsburg Community

















RDHW focuses on serving the communities the Greater Williamsburg, Virginia area. For the sake of this Community Health Needs Assessment, the analysis will focus on the five localities which cross three Virginia health districts. Due to limits of available data, the reported information will reflect the most complete data available, which is usually at the level of Virginia city or county or Virginia health district.

- Peninsula Health District: City of Williamsburg & James City County
- Chickahominy Health District: New Kent County & Charles City County
- · Three Rivers Health District: King William County



Area Demographics

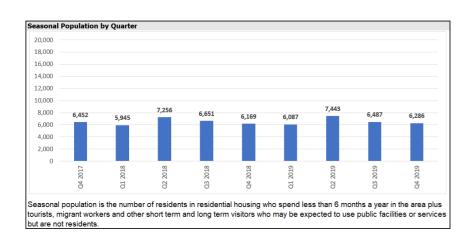
Total Population



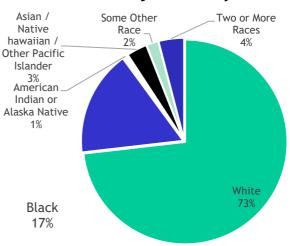
Population Density (Pop / Sq Mile) (2025 Projected): 223.51

Total Households (2025 Projected): 51,899

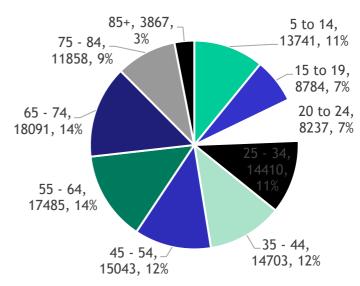
Median Age (2025 Projected): 44.7



2025 Projections by Race



2025 Projections by Age



Community Health

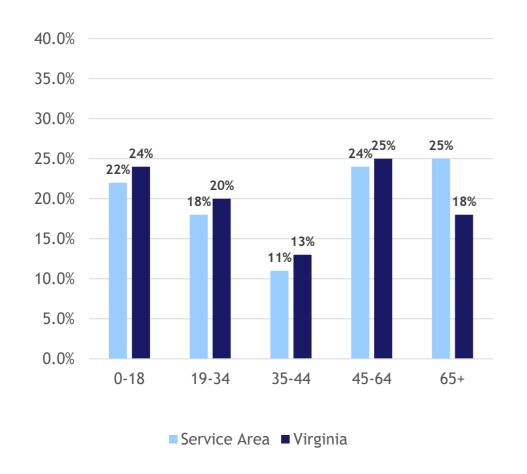
RIVERSIDE

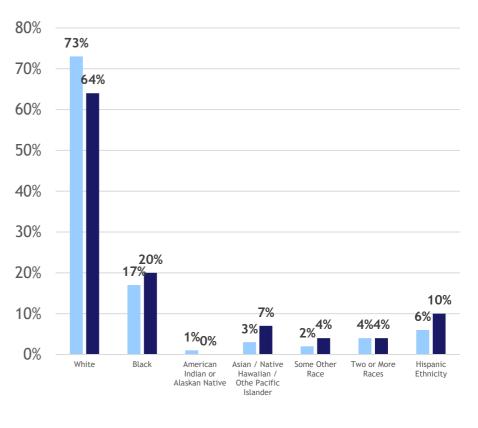
Doctors' Hospital Williamsburg

Demographics Compared to the Commonwealth

Population Distribution by Age

Population Distribution by Race and Ethnicity

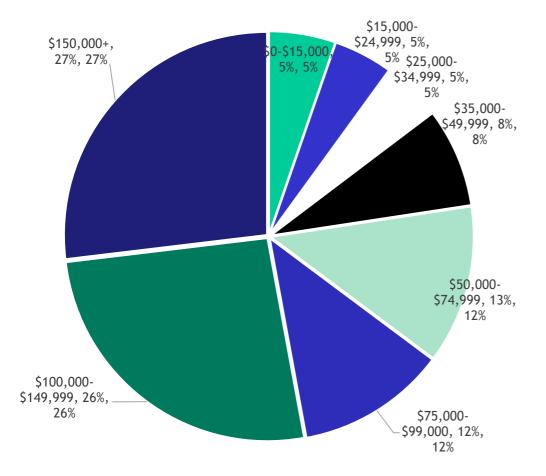




Service Area

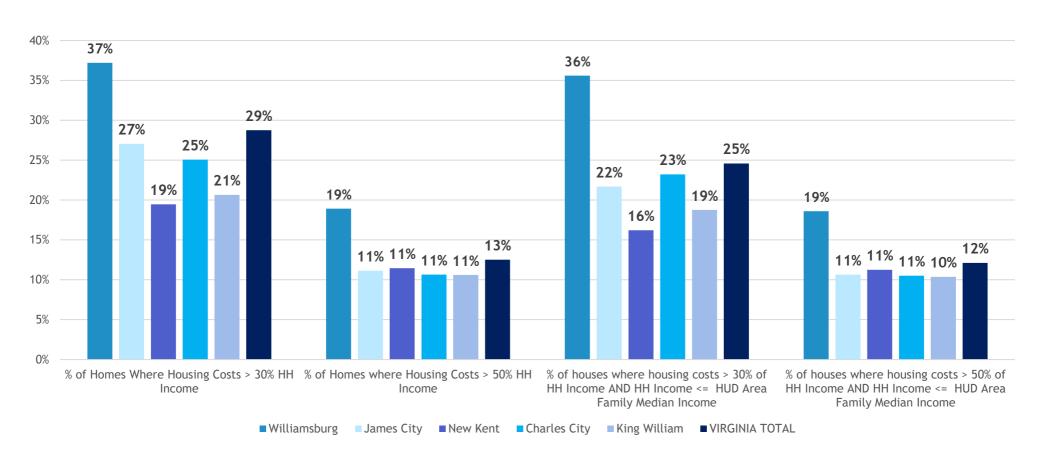
■ Virginia

2025 Income Projections:

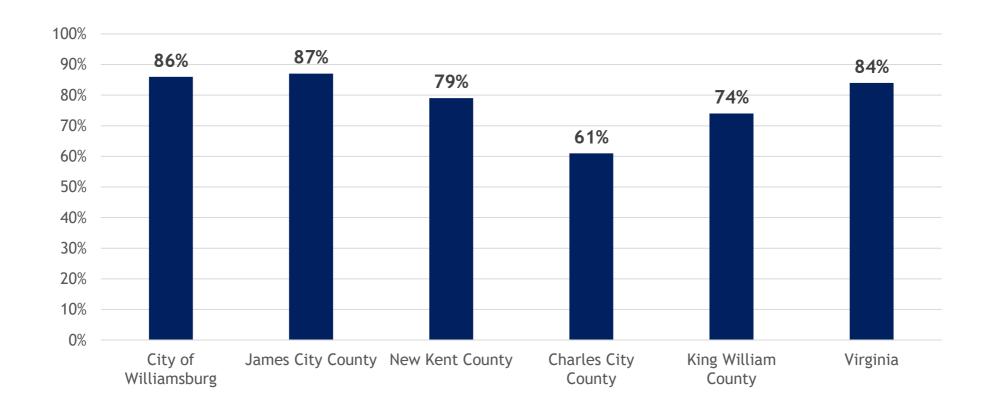


Average Household Income	\$137,449
Median Household Income	\$105,074
Per Capita Household Income	\$ 54,114

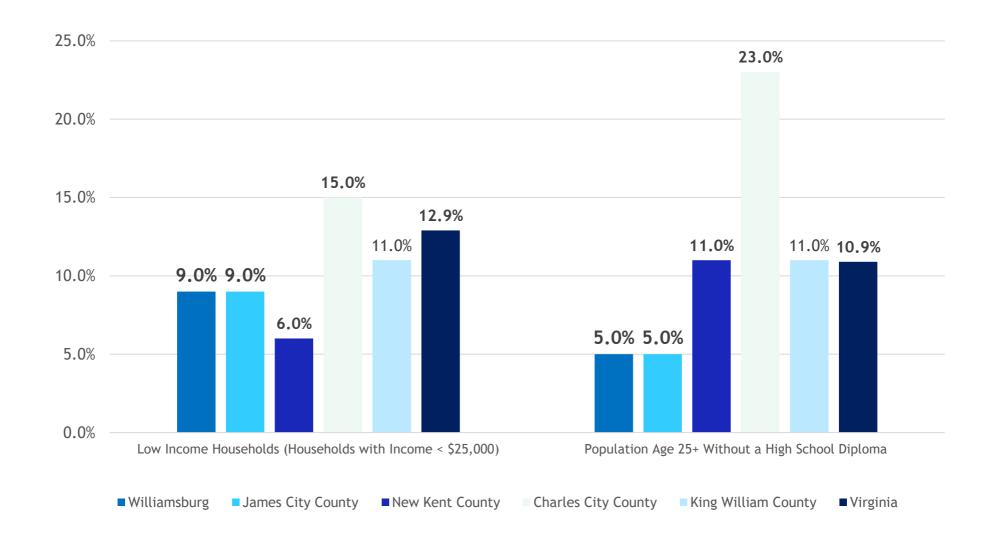
Housing Insecurity:



Percent of Population with Broadband Access



Income and Education vs Virginia



Demographic Data

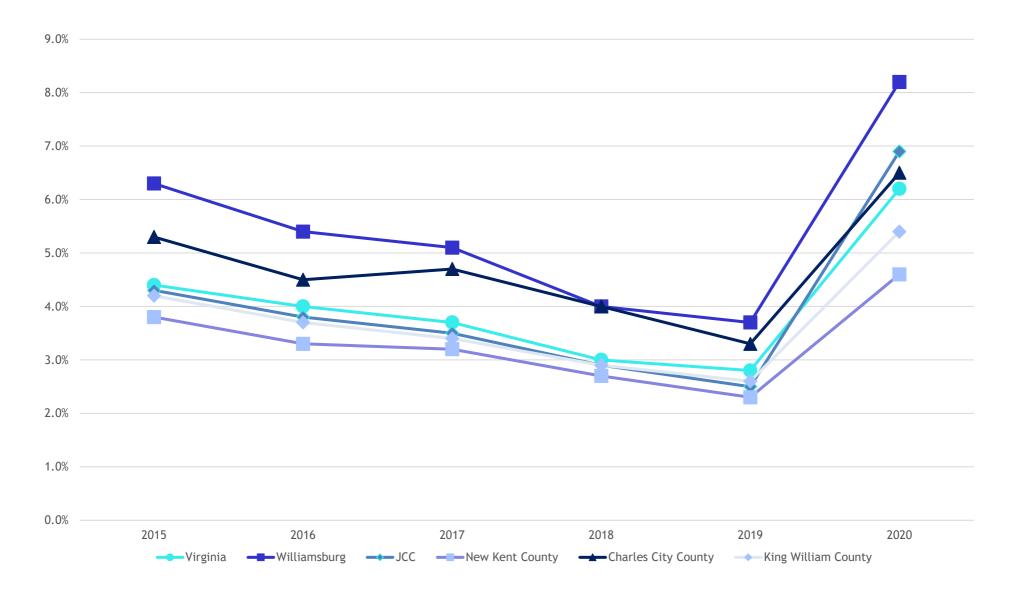
Exhibit 1-A						
Demographic Summary Report for Study Region 2010-2025						
Demographic Indicator			2020 Estimates	2025 Projections		2020 to 2025
Total Population	111,298		125,274	133,439		6.5%
Population Density (Pop/Sq Mi)	216.18		209.84	223.51		6.5%
Total Households	42,886		48,499	51,899		7.0%
Population by Race						
White	84,412	75.8%	93,269 74.5%	97,654	73.2%	4.7%
Black	18,361	16.5%	20,536 16.4%	22,347	16.8%	8.8%
American Indian or Alaska Native	926	0.8%	1,064 0.9%	1,117	0.8%	5.0%
Asian/Native Hawaiian/Other Pacific Islander	2,907	2.6%	3,786 3.0%	4,342	3.3%	14.7%
Some Other Race	1,580	1.4%	2,233 1.8%	2,576	1.9%	15.3%
Two or More Races	3,113	2.8%	4,386 3.5%	5,402	4.1%	23.2%
Population by Ethnicity						
Hispanic	4,823	4.3%	7,177 5.7%	8,381	6.3%	16.8%
Not Hispanic or Latino	106,475	95.7%	118,097 94.3%	125,057	93.7%	5.9%
Population by Age						
0 to 4	5,472	4.9%	6,038 4.8%	6,219	4.7%	3.0%
5 to 14	12,685	11.4%	13,427 10.7%	13,741	10.3%	2.3%
15 to 19	8,413	7.6%	8,703 6.9%	8,784	6.6%	0.9%
20 to 24	8,614	7.7%	8,625 6.9%	9,237	6.9%	7.1%
25 to 34	11,094	10.0%	13,448 10.7%	14,410	10.8%	7.2%
35 to 44	13,198	11.9%	13,561 10.8%	14,703	11.0%	8.4%
45 to 54	16,472	14.8%	15,444 12.3%	15,043	11.3%	-2.6%
55 to 64	15,218	13.7%	17,555 14.0%	17,485	13.1%	-0.4%
65 to 74	11,408	10.2%	16,109 12.9%	18,091	13.6%	12.3%
75 to 84	6,360	5.7%	9,062 7.2%	11,858	8.9%	30.9%
85+	2,365	2.1%	3,302 2.6%	3,867	2.9%	17.1%
Median Age:						
Total Population	42.4		44.1	44.7		

Exhibit 1-B						
Households by Income	Socioeconomic Report for Study Region 2010-2025 puseholds by Income 2010 Census 2020 Estimates 2025 Projections 2020 to 2					
\$0 - \$15,000	3,131	7.3%	3,213 6.6%	2,762	5.3%	-14.0%
\$15,000 - \$24,999	3,101		2,642 5.4%	2,415	4.7%	-14.0%
\$25,000 - \$24,999 \$25,000 - \$34,999	3,244		2,616 5.4%	2,413	4.7%	-6.5%
\$35,000 - \$34,999	5,134		4,455 9.2%	4,089	7.9%	-8.2%
\$50,000 - \$49,999	7,884		7,453 15.4%		12.6%	-12.2%
\$75,000 - \$74,999 \$75,000 - \$99,999		16.2%	6,841 14.1%		11.9%	-9.5%
\$100,000 - \$149,999	-,	18.9%	10,909 22.5%			-9.5%
\$150,000 + \$150,000 +		12.4%			26.9%	34.7%
Average Hhld Income	,	12.4%	10,369 21.4%		20.9%	
Median Hhld Income	\$94,238		\$118,298	\$137,449		16.2%
	\$71,507		\$89,016	\$105,074		18.0%
Per Capita Income	\$37,072		\$46,492	\$54,114		16.4%
Employment						
Total Population 16+	91,767		104,377	111,997		7.3%
Total Labor Force	1	56.6%	70,727 67.8%		68.3%	8,2%
Civilian, Employed		92.1%	67,818 95.9%			7.7%
Civilian, Unemployed	3,396		2,163 3.1%	2,783	3.6%	28.7%
In Armed Forces	717		746 1.1%	739	1.0%	-0.9%
Not In Labor Force		43.4%	33,651 32.2%			5,3%
% Blue Collar		34.0%	22,887 33.7%			7.3%
% White Collar	31,597		44,931 66.3%	-	71.5%	7.9%
Housing Units						
Total Housing Units	48,738		54,713	58,665		7.2%
Total Occupied Housing Units		88.0%	48,499 88.6%			7.0%
Owner Occupied:Owned with a mortgage or loan	23,564	54.9%	24,116 49.7%	25,714	49.5%	6.6%
Owner Occupied:Owned free and clear	8,484	19.8%	11,481 23.7%	12,466	24.0%	8.6%
Renter Occupied	10,837	25.3%	12,902 26.6%	13,720	26.4%	6.3%
Vacant	5,852	12.0%	6,214 11.4%	6,766	11.5%	8.9%
Vehicles Available						
0 Vehicles Available	1,551	3.6%	1,942 4.0%	2,074	4.0%	6.8%
Vehicle Available Vehicle Available		27.4%	13,046 26.9%		26.7%	6.2%
2+ Vehicles Available	29,607		33,511 69.1%		69.3%	7.3%
Average Vehicles Per Household	29,607	09.0%	2.11	2.11	09.3%	0.3%
Average vericles per Household	2.10		2.11	2.11		0.3%

Marital Status	2010 Cens	us	2020 Estimates	2025 Projectio	ns	2020 to 2025
Married, Spouse Present	50,231	53.9%	56,273 53.2%	60,331	53.2%	7.2%
Married, Spouse Absent	4,224	4.5%	4,414 4.2%	4,735	4.2%	7.3%
Divorced	8,015	8.6%	8,939 8.5%	9,655	8.5%	8.0%
Widowed	5,101	5.5%	5,812 5.5%	6,209	5.5%	6.8%
Never Married	25,571	27.5%	30,370 28.7%	32,548	28.7%	7.2%
Age 15+ Population	93,141		105,809	113,478		7.2%
Educational Attainment						
Grade K - 8	1,143	1.5%	1,348 1.5%	1,448	1.5%	7.4%
Grade 9 - 11	4,476	5.9%	4,304 4.9%	4,565	4.8%	6.1%
High School Graduate	17,814	23.4%	19,859 22.4%	21,367	22.4%	7.6%
Some College, No Degree	16,205	21.3%	16,731 18.9%	17,897	18.7%	7.0%
Associates Degree	4,912	6.5%	6,507 7.4%	7,089	7.4%	8.9%
Bachelor's Degree	16,624	21.8%	21,734 24.6%	23,642	24.8%	8.8%
Graduate Degree	14,493	19.0%	17,276 19.5%	18,664	19.6%	8.0%
No Schooling Completed	447	0.6%	721 0.8%	785	0.8%	8.8%
Age 25+ Population	76,115		88,481	95,457		7.9%



Labor Market Unemployment Rates 2015-2020



Labor Market

Top 10 Employers in Each Locality

City of Williamsburg

- College of William & Mary
- 2. Colonial Williamsburg Foundation
- 3. Sentara Healthcare
- 4. Colonial Williamsburg Hotel
- 5. City of Williamsburg
- 6. ADP Technology
- 7. Williamsburg-James City County Schools
- 8. Sodexho
- 9. Harris Teeter
- 10. OS Restaurant Services

James City County

- 1. Busch Entertainment
- Williamsburg-James City County Schools
- 3. Wal-Mart
- 4. County of James City
- 5. Riverside Health System
- 6. Eastern State Hospital
- 7. Anheuser-Busch
- 8. Avid Medical
- 9. Williamsburg Landing
- 10. Mastercorp Inc

New Kent County

- 1. CD-VA Enterprises
- New Kent County School Board
- 3. County of New Kent
- 4. Curtis Contracting
- 5. Food Lion
- 6. AHS Cumberland Hospital
- 7. County of Henrico
- 8. County Waste
- 9. McDonalds
- 10. Love's Travel Stops

Charles City County

- 1. College of William & Mary
- 2. Colonial Williamsburg Foundation
- 3. Sentara Healthcare
- 4. Colonial Williamsburg Hotel
- 5. City of Williamsburg
- 6. ADP Technology
- 7. Williamsburg-James City County Schools
- 8. Sodexho
- 9. Harris Teeter
- 10. OS Restaurant Services

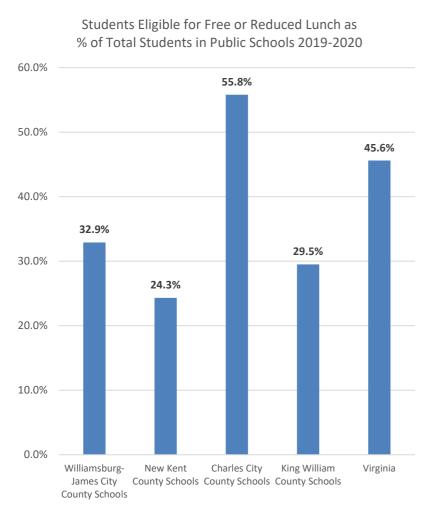
King William County

- 1. College of William & Mary
- 2. Colonial Williamsburg Foundation
- 3. Sentara Healthcare
- 4. Colonial Williamsburg Hotel
- City of Williamsburg
- 6. ADP Technology
- Williamsburg-James City County Schools
- 8. Sodexho
- 9. Harris Teeter
- 10. OS Restaurant Services



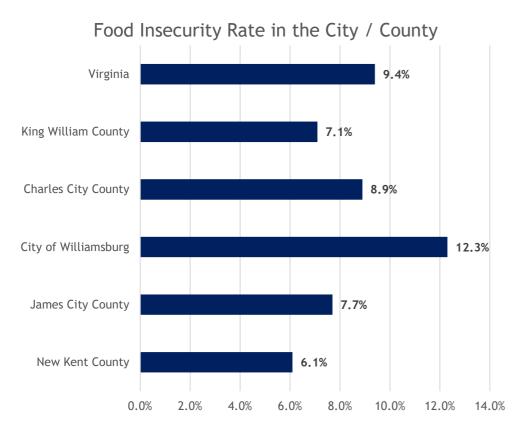
Food Insecurity:

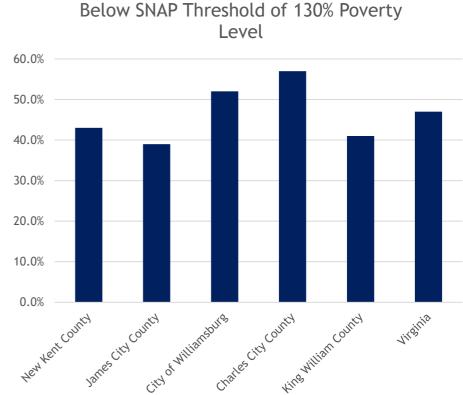
Students Eligible for Free or Reduced Lunch as % of Total Students in Public Schools 2019 - 2020



	SNP Memb. (Total Students)	Free Eligible	Free %	Reduced Eligible	Reduced %	Total F/R Eligible	Total F/R %
Williamsburg - James City County Public Schools	11,863	3,293	27.8%	614	5.2%	3,907	32.9%
New Kent County Public Schools	3,358	682	20.3%	133	4.0%	815	24.3%
Charles City County Public Schools	627	304	48.5%	46	7.3%	350	55.8%
King William County Public Schools	2,203	571	25.9%	78	3.5%	649	29.5%
Virginia Total	1,294,730	525,711	40.6%	64,541	5.0%	590,252	45.6%

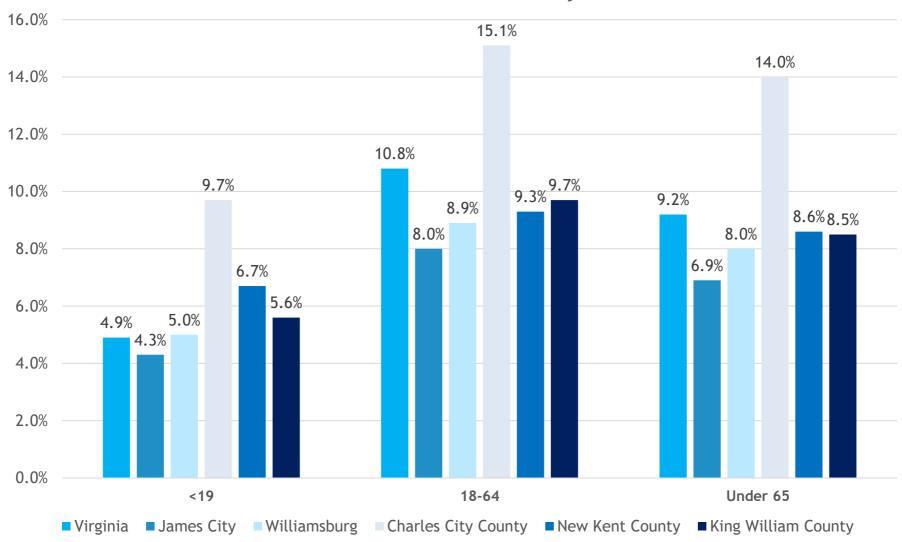
Food Insecurity





The Uninsured Non-Elderly

Uninsured Non-Elderly

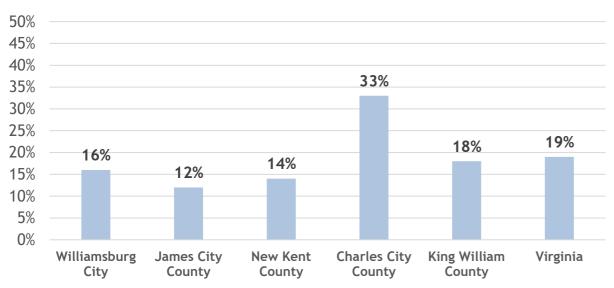


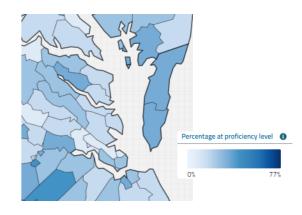
Medically Underserved Areas and Populations

Locality	MUA / MUP Designation	Index of Medical Underservice Score	Status	Rural / Non-Rural
Low Income - Williamsburg Service Area (Includes Williamsburg, York and James City County)	Low Income - Medically Underserved Population	49.6	Designated	Non-Rural
Charles City Service Area	Primary Care - Medically Underserved Area	61.3	Designated	Non-Rural
New Kent Service Area	Primary Care - Medically Underserved Area	53.2	Designated	Non-Rural
King William Service Area	Primary Care -Medically Underserved Area	56.6	Designated	Non-Rural

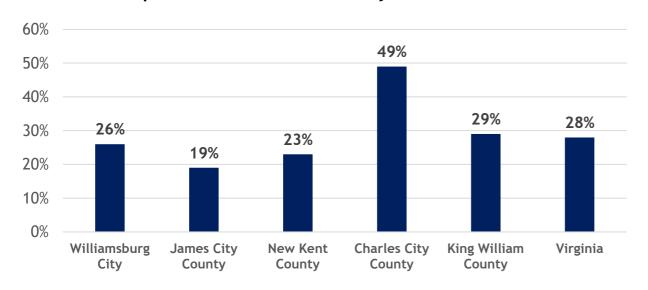
Literacy and Numeracy Levels

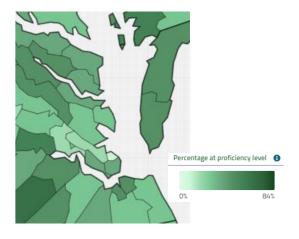
Percent of Population < Level 1 Literacy Skills



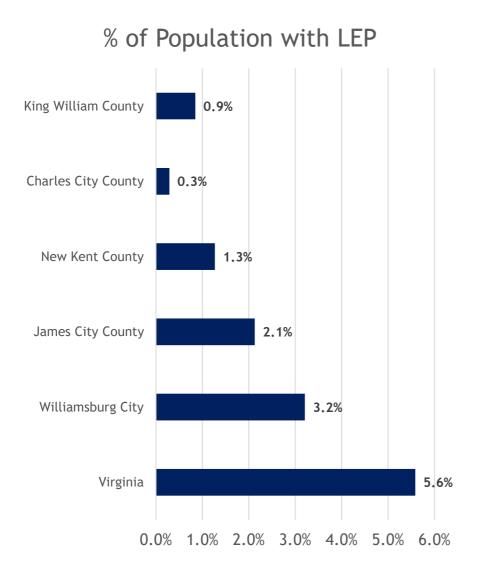


Percent of Population < Level 1 Numeracy Skills



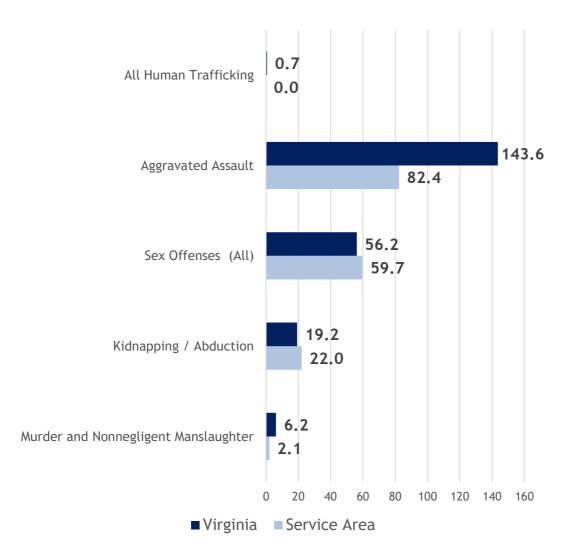


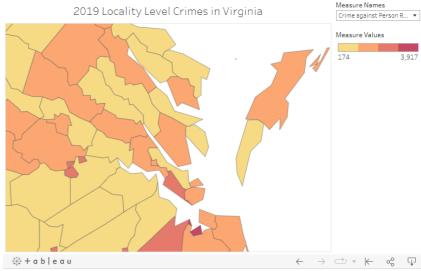
Limited English Proficiency



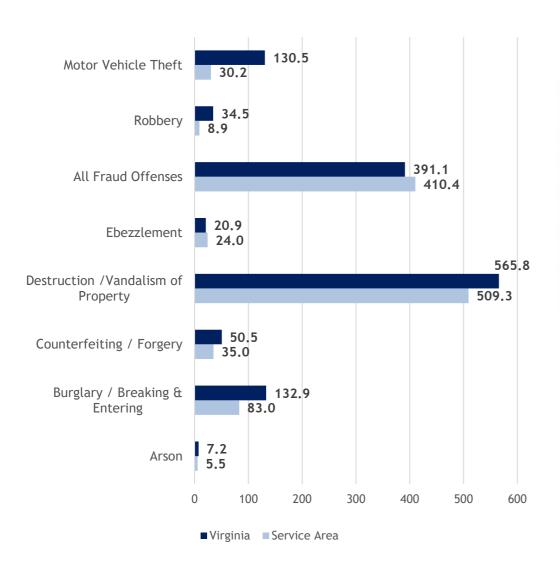
Language	Population in RDHW Service Area	LEP% of RDHW Service Area
Spanish or Spanish Creole	1,157	1.1%
Chinese	218	0.2%
Korean	127	0.2%
Arabic	83	0.1%

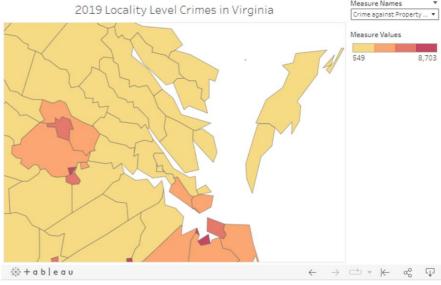
Crimes Against People (Rates per 100k Population)



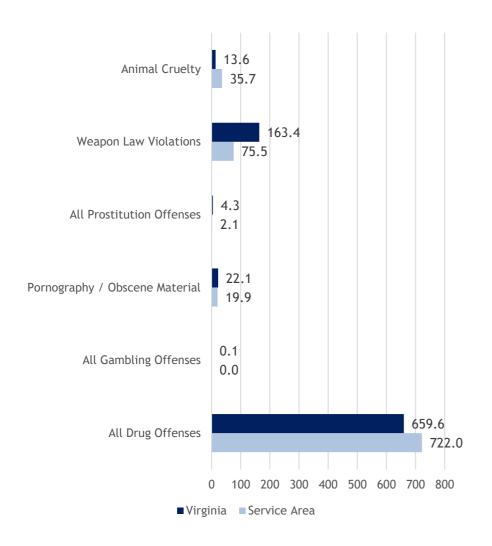


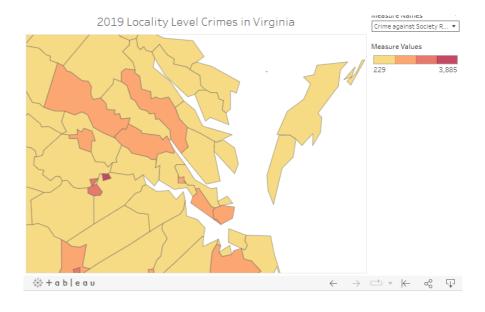
Crimes Against Property (Rates per 100k Population)





Crimes Against Society (Rates per 100k Population)



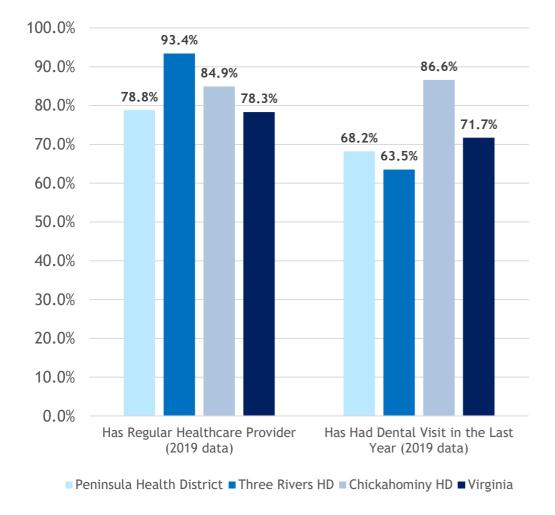


The RDHW Community

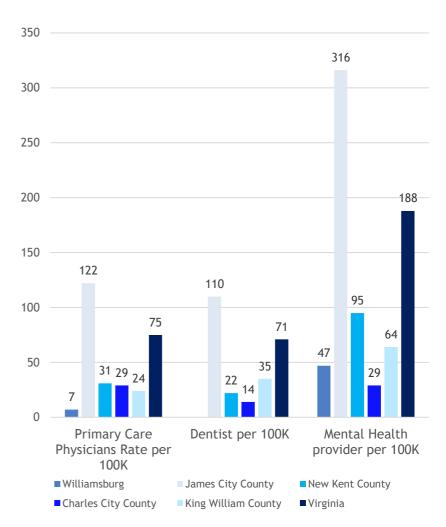
Primary & Preventative Health Profile and Regional Health Resources

Healthcare Access

Primary & Dental Care Access



Providers per 100K



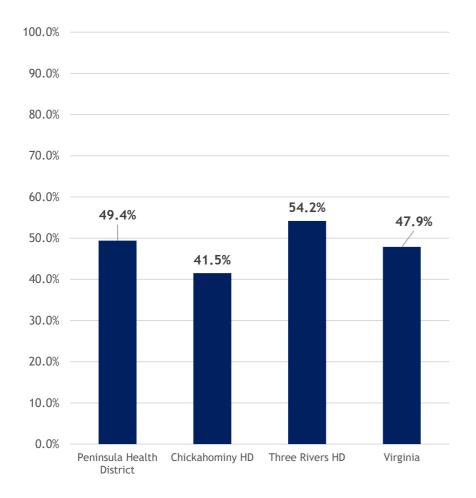
Source: Virginia Department of Health Behavioral Risk Factor Surveillance Survey https://www.vdh.virginia.gov/brfss/

Source: 2018 data County Health Rankings

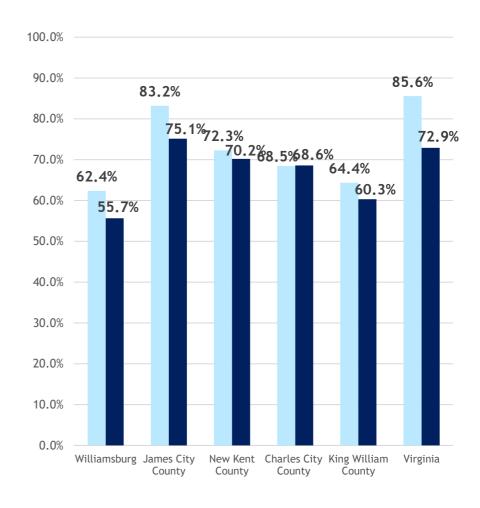


Vaccination Rates: Flu, COVID-19

Flu Vaccine Rate (2019)



COVID-19 Vaccination Rates (2/2022)



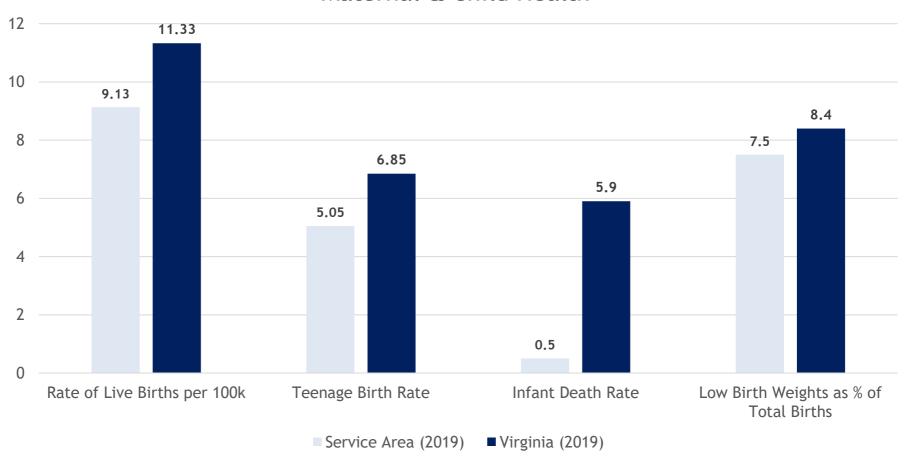
■% Vaccinated with at Least 1 Shot ■%

■ % Fully Vaccinated



Maternal and Child Health Profile (2019)

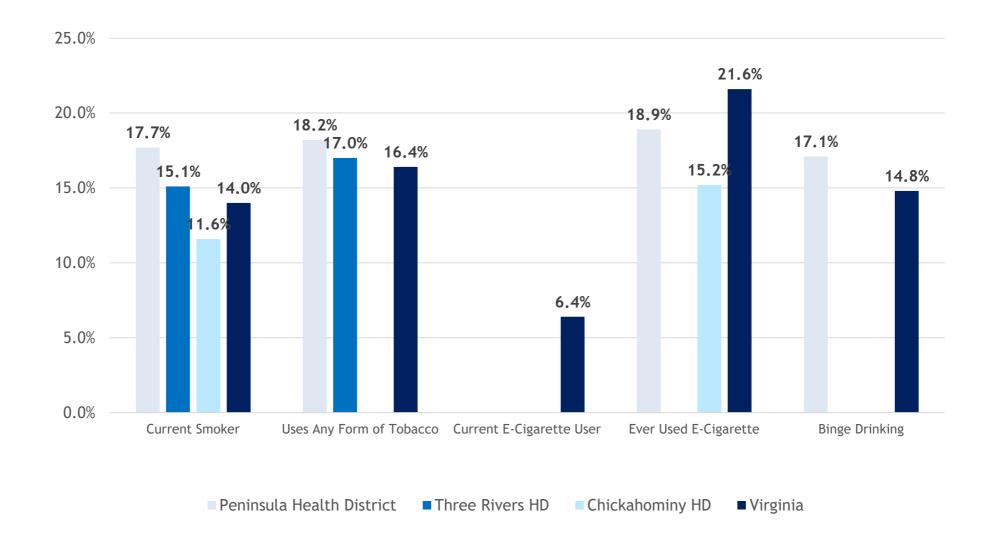
Maternal & Child Health



Maternal and Child Health Profile (2019)

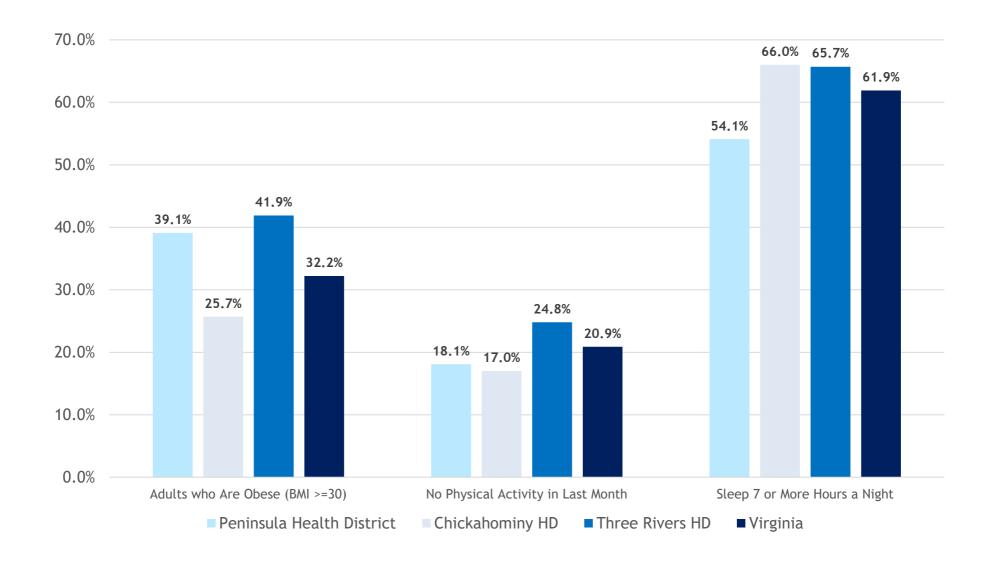
	Service Area	Virginia
Total Live Births	1,292	97,434
Rate of Live Births per 100k	9.13	11.33
Total Low Weight Births	97	8,162
Low birth Weight as Percent of Total Births	7.5%	8.4%
Total Live Births to Teens (age 10 - 19)	37	3,651
Teenage Birth Rate	5.05	6.85
Live Births to Teens <15	0	29
Live Births to Teens Age 15-17	5	824
Live Births to Teens age 18-19	32	2,798
Total Infant Deaths	7	570
Infant Death Rate	0.5	5.9

Tobacco, Alcohol and E-Cigarette Use



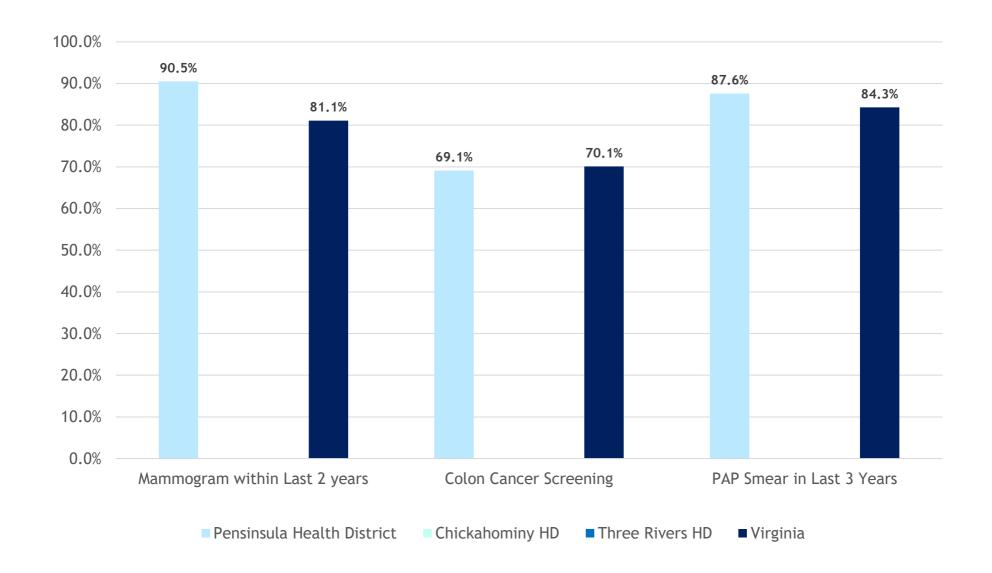


Obesity, Physical Inactivity and Adequate Sleep Rates



Cancer Screening Rates

Mammography In last 2 Years, Colorectal Screening and PAP Smear within last 3 Years



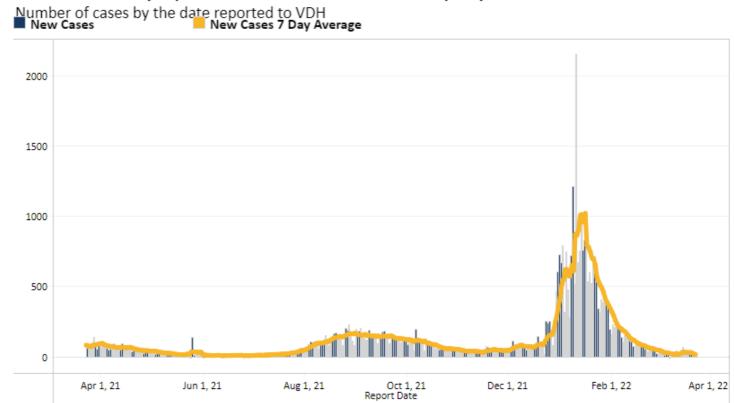
The RDHW Community

COVID-19 Pandemic

COVID: Peninsula Health District

(Newport News, Williamsburg, York County, Poquoson)

Number of Cases by Report Date for Peninsula District for the past year



^{*} Includes people with either a positive molecular/PCR test (Confirmed), positive antigen test (Probable) or symptomatic with known exposure to COVID-19 (Probable).

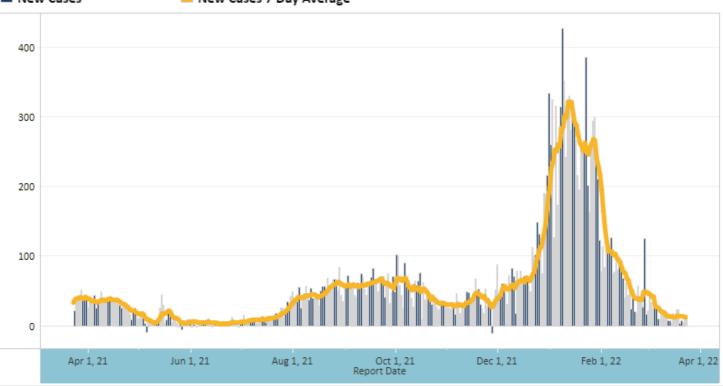
Source: Cases - Virginia Electronic Disease Surveillance System (VEDSS), data entered by 5:00 PM the prior day.

^{**} Hospitalization of a case is captured at the time VDH performs case investigation. This underrepresents the total number of hospitalizations in Virginia † VDH adopted the updated CDC COVID-19 2021 Surveillance Case Definition on September 1, 2021 which is found here: -- https://ndc.services.cdc.gov/case-definitions/coronavirus-disease-2019-2021/

COVID: Chickahominy Health District (Counties of Hanover, New Kent, Goochland and Charles City)

Number of Cases by Report Date for Chickahominy District for the past year





^{*} Includes people with either a positive molecular/PCR test (Confirmed), positive antigen test (Probable) or symptomatic with known exposure to COVID-19 (Probable).

† VDH adopted the updated CDC COVID-19 2021 Surveillance Case Definition on September 1, 2021 which is found here: --

https://ndc.services.cdc.gov/case-definitions/coronavirus-disease-2019-2021/

Source: Cases - Virginia Electronic Disease Surveillance System (VEDSS), data entered by 5:00 PM the prior day.

^{**} Hospitalization of a case is captured at the time VDH performs case investigation. This underrepresents the total number of hospitalizations in Virginia

COVID: Three Rivers Health District

(Counties of Gloucester, Mathews, Middlesex, King & Queen, King William, Essex, Westmoreland, Richmond, Northumberland and Lancaster)





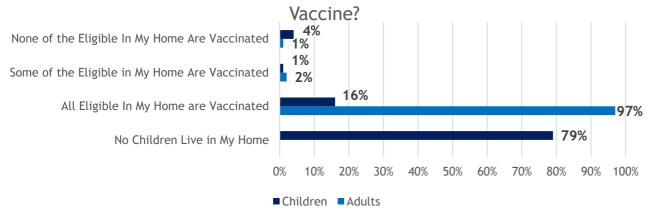
^{*} Includes people with either a positive molecular/PCR test (Confirmed), positive antigen test (Probable) or symptomatic with known exposure to COVID-19 (Probable).

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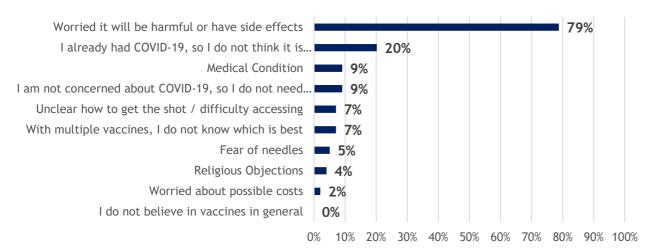
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RDHW Area Community Member Survey Responses on COVID-19

Did the Members of Your Household Get the COVID-19

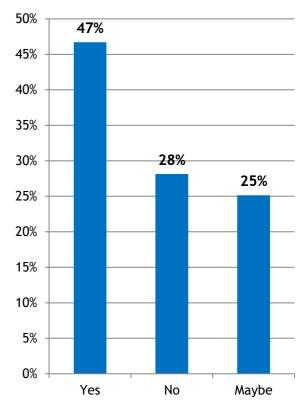


Please share your concerns about the COVID-19 Vaccine (select all that apply)



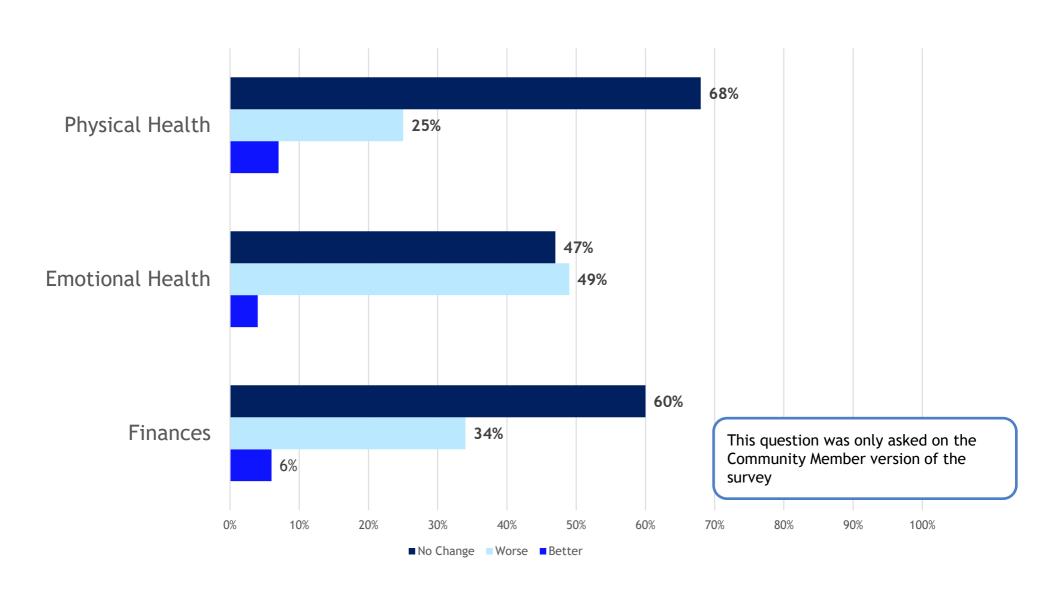
This question was only asked on the Community Member version of the survey

Do you plan to have your child(ren) get the COVID-19 vaccine in the future?



RDHW Area Community Member Survey:

Since the Start of the Pandemic, My Family's _____ is Better, Worse, No Change

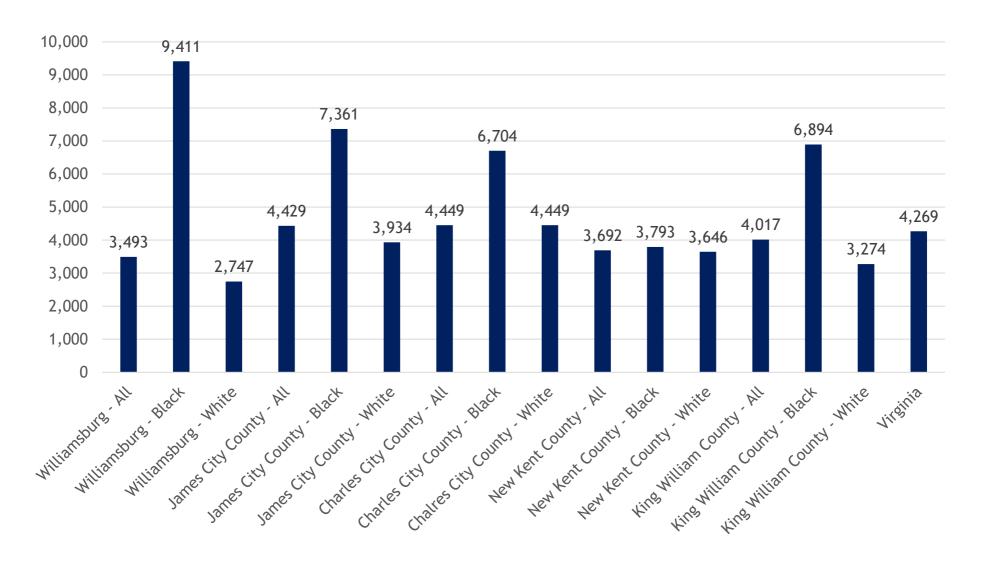


The RDHW Community

Morbidity & Mortality

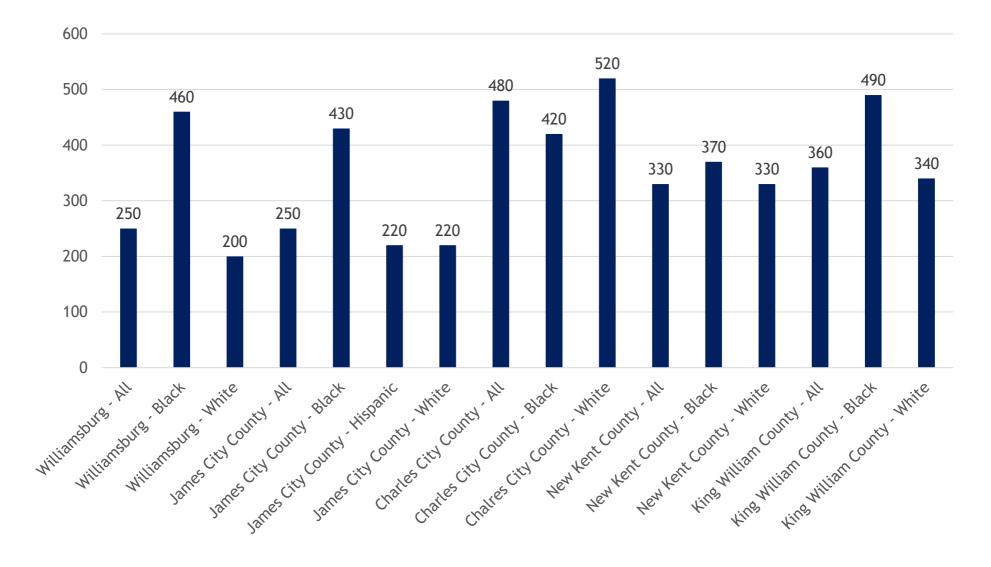
Preventable Hospitalizations

Rate of Hospital Stays for Ambulatory Conditions per 100k Medicare Enrollees (2018 is latest available data)



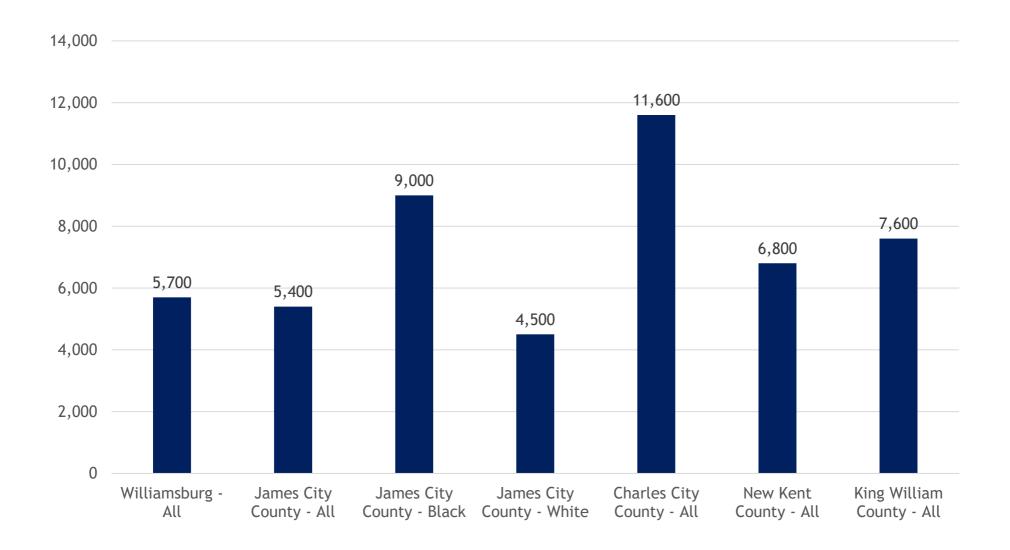
Premature Age Adjusted Mortality

Number of Deaths Among Residents <75 per 100k (age adjusted) 2017-2019 is most recent data available

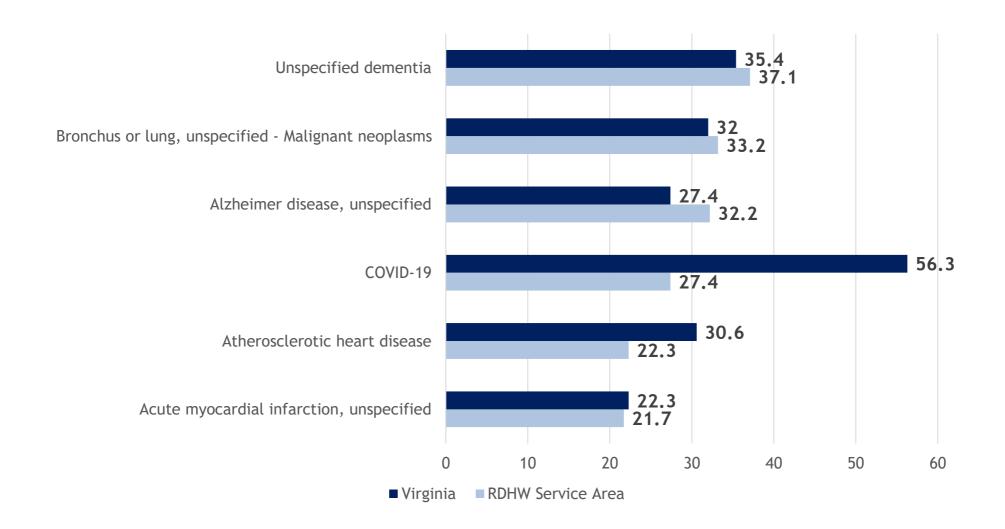


Years Potential Life Lost

Years of Potential Life Lost Before Age 75 per 100k (age adjusted) 2017-2019 is most recent data available



Age Adjusted Death Rate per 100K vs Virginia by Cause of Death (2020)

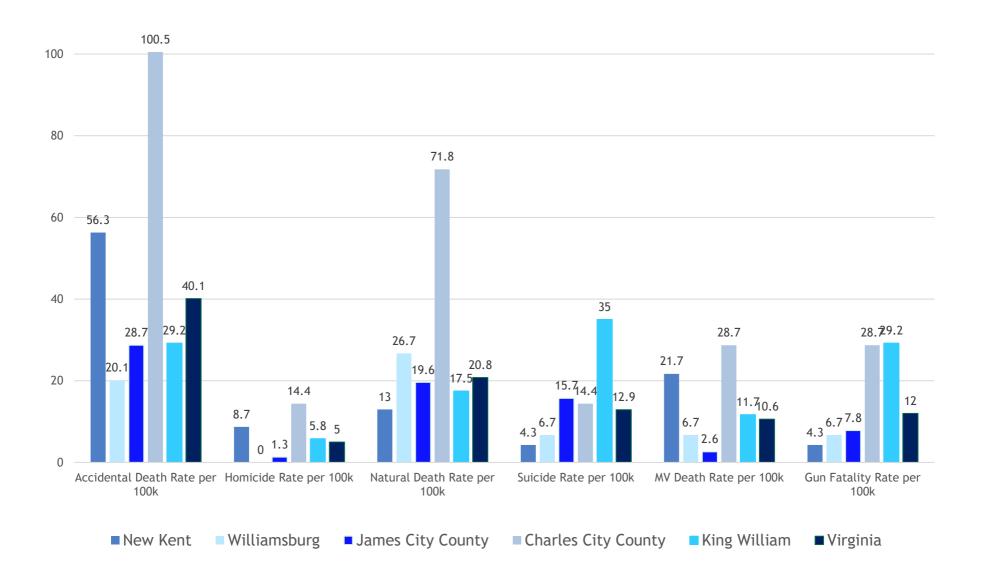


Cause of Death

	Study Area (2020)			Virginia (2020)		
Cause of Death	Number of Deaths	Crude Death Rate per 100,000	Age Adjusted Death Rate per 100,000	Number of 8.2Deaths	Crude Death Rate per 100,000	Age Adjusted Death Rate per 100,000
All Deaths	1,508	1,069.6	706.8	80,596	938.2	792.8
Unspecified dementia	85	60.3	37.1	3,549	41.3	35.4
Bronchus or lung, unspecified - Malignant neoplasms	78	55.3	33.2	3,465	40.3	32
Alzheimer disease, unspecified	74	52.5	32.2	2,738	31.9	27.4
COVID-19	65	46.1	27.4	5,821	67.8	56.3
Atherosclerotic heart disease	51	36.2	22.3	3,167	36.9	30.6
Acute myocardial infarction, unspecified	50	35.5	21.7	2,352	27.4	22.3
Congestive heart failure	47	33.3	21.2	1,875	21.8	18.5
Chronic obstructive pulmonary disease, unspecified	44	31.2	18.5	2,696	31.4	25.6
Parkinson's Disease	28	19.9	11.8	1,054	12.3	10.4
Stroke, not specified as haemorrhage or infarction	26	18.4	11.1	1,746	20.3	16.9
Malignant neoplasm of the prostate	23	16.3	9.5	723	8.4	7
Pancreas, unspecified – Malignant neoplasm	22	15.6	8.8	1,190	13.9	11.1
Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified	22	15.6	18.7	1,277	14.9	15.3
Colon, unspecified – Malignant neoplasms	21	14.9	10.2	951	11.1	9.2
Unspecified diabetes mellitus, without complications	21	14.9	9.5	965	11.2	9.2
Chronic kidney disease, stage 5	19	Unre	liable	798	9.3	7.7
Breast, unspecified – Malignant neoplasm	18	Unre	liable	1,118	13.0	10.8
Vascular dementia, unspecified	18	Unre	liable			
Atherosclerotic cardiovascular disease, so described	18	Unre	liable	3,167	36.9	30.6
Septicaemia, unspecified	17	Unre	liable	950	11.1	9.2
Other forms of acute ischemic heart disease	16		liable	465	5.4	4.5
Malignant neoplasm of kidney, except renal pelvis	15	Unre	liable	365	4.2	3.5
Heart Failure, unspecified	15	Unre	liable	723	8.4	7
Other fall on same level	15	Unre	liable	619	7.2	6.1



Mortality Rates per 100K by Category

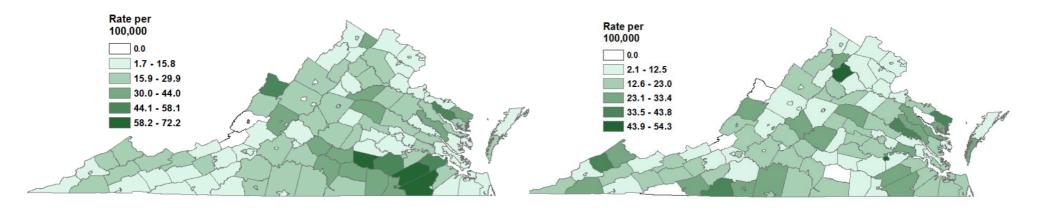




Motor Vehicle & Gun-Related Fatalities by Locality

Map 4.4 Rate of Motor Vehicle Fatalities by Locality of Injury, 2019

Map 6.2 Rates of Gun-Related Death by Locality of Residence, 2019



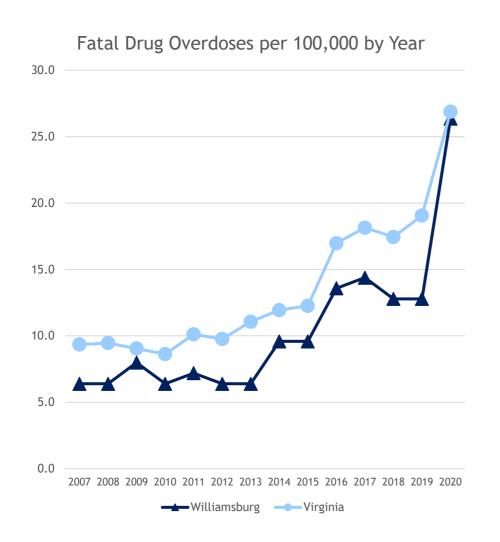
The RDHW Community

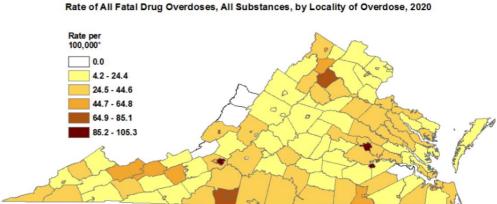
Behavioral & Mental Health

Inpatient Hospital Behavioral Health Discharges

		Williamsburg Sen	rice Area (2020)	Virginia (2	Variance From	
		Number of Inpatient Crude Rate per		Number of Inpatient	Crude Rate per	State Crude
DRG	DRG Description	Discharges	100,000	Discharges	100,000	rate per 100,000
	All inpatient behavioral health discharges	405	3.24	51,636	5.97	(2.73)
	ACUTE ADJUSTMENT REACTION &					
880	PSYCHOSOCIAL DYSFUNCTION	11	0.09	1,147	0.13	(0.04)
881	DEPRESSIVE NEUROSES	11	0.09	2,984	0.34	(0.26)
882	NEUROSES EXCEPT DEPRESSIVE	6	0.05	1,265	0.15	(0.10)
	DISORDERS OF PERSONALITY & IMPULSE					
883	CONTROL	3	0.02	339	0.04	(0.02)
	ORGANIC DISTURBANCES & MENTAL					
884	RETARDATION	17	0.14	1,135	0.13	0.00
885	PSYCHOSES	257	2.06	31,077	3.59	(1.54)
	BEHAVIORAL & DEVELOPMENTAL					
886	DISORDERS	4	0.03	175	0.02	0.01
887	OTHER MENTAL DISORDER DIAGNOSES		0.00	34	0.00	(0.00)
	ALCOHOL/DRUG ABUSE OR DEPENDENCE,					
894	LEFT AMA	6	0.05	1,235	0.14	(0.09)
	ALCOHOL/DRUG ABUSE OR DEPENDENCE W					
895	REHABILITATION THERAPY	10	0.08	3,338	0.39	(0.31)
	ALCOHOL/DRUG ABUSE OR DEPENDENCE					
896	W/O REHABILITATION THERAPY W MCC	14	0.11	1,374	0.16	(0.05)
897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	66	0.53	7,533	0.87	(0.34)

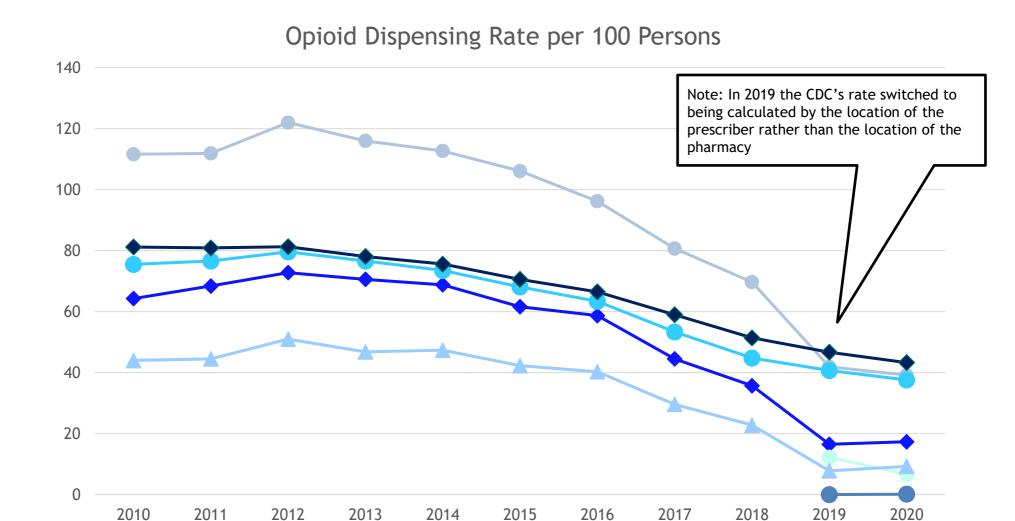
Drug Overdose Deaths per 100k Service Area vs Virginia (All Substances)





Source: Virginia Department of Health, Office of the Chief Medical Examiner

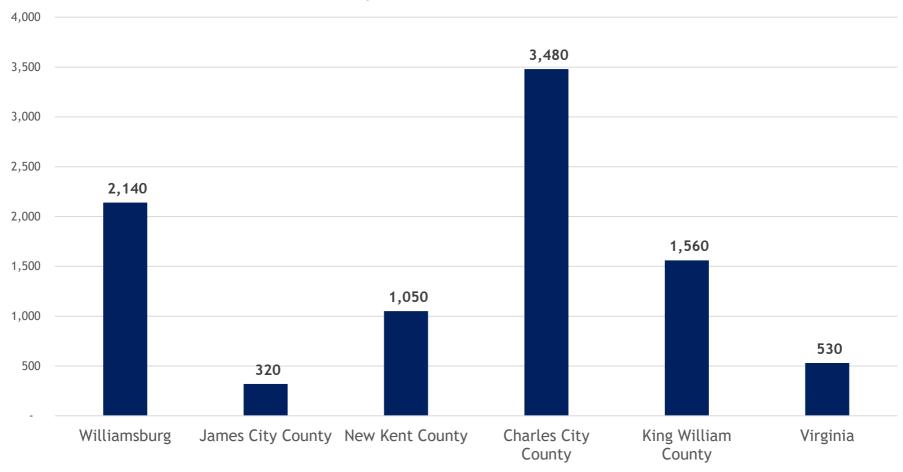
Opioid Dispensing Rate per 100 Persons



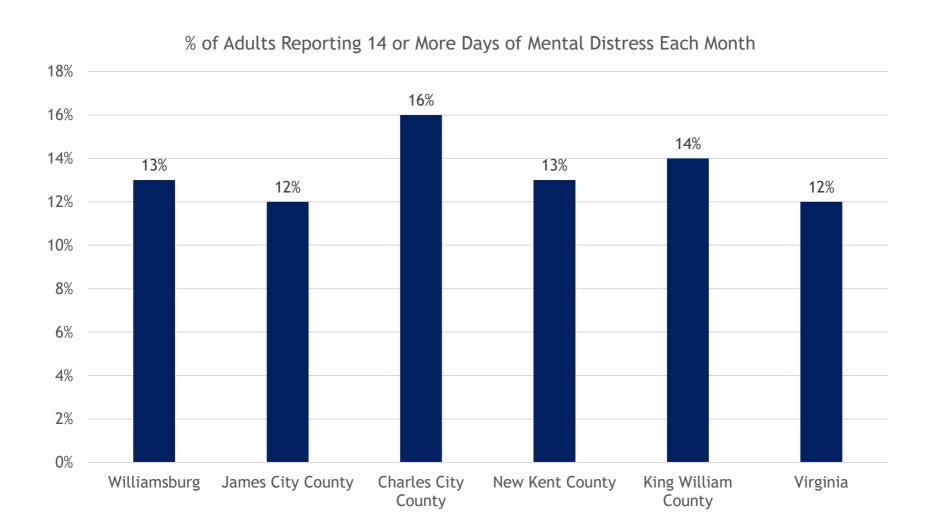
→ Williamsburg → James City County → New Kent County → Charles City County → King William → Virginia → Nation

Mental Health Provider Ratios

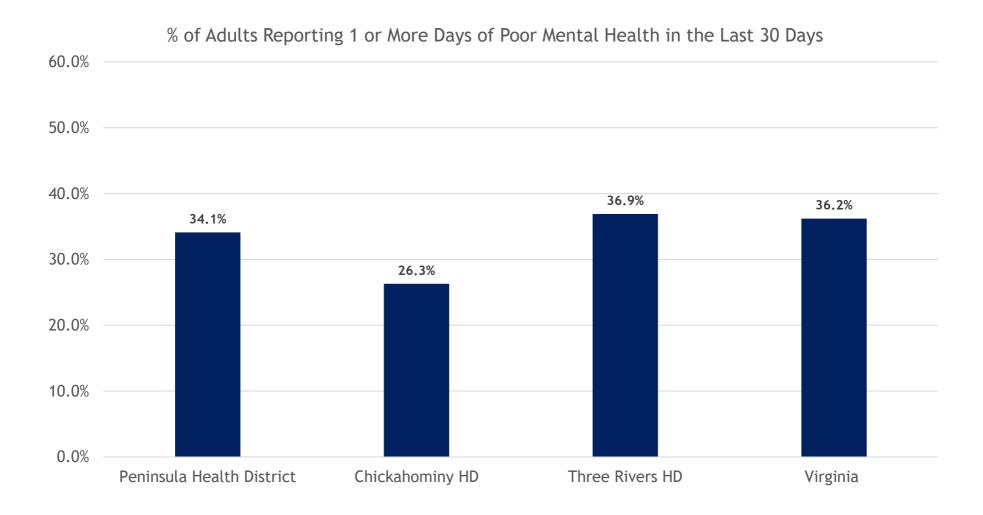




Frequent Mental Distress Percentage of Adults Reporting 14 or More Days of Mental Distress Each Month

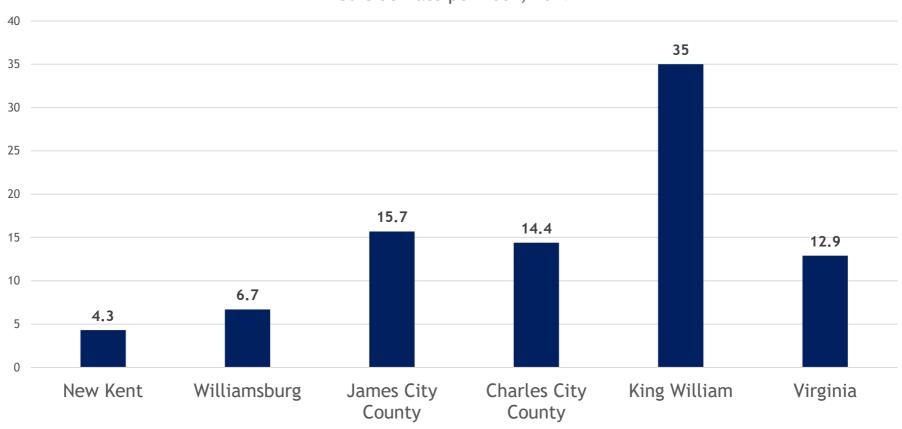


Poor Mental Health Reported 1 or More Days of Poor Mental Health in the Last 30 Days



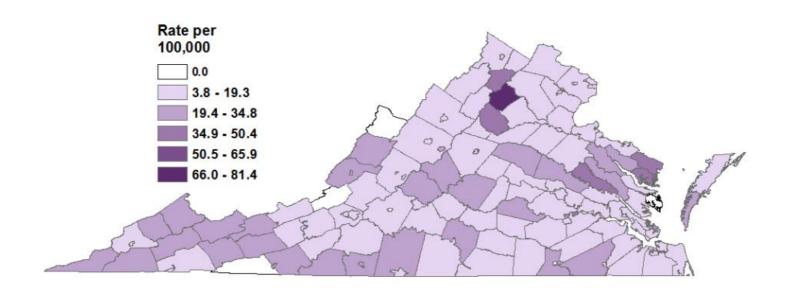
Suicide Rate per 100K

Office of the Chief Medical Examiner Suicide Rate per 100k, 2019



Suicide Rate by Locality of Residence 2019

Map 2.6 Suicide Rates by Locality of Residence, 2019



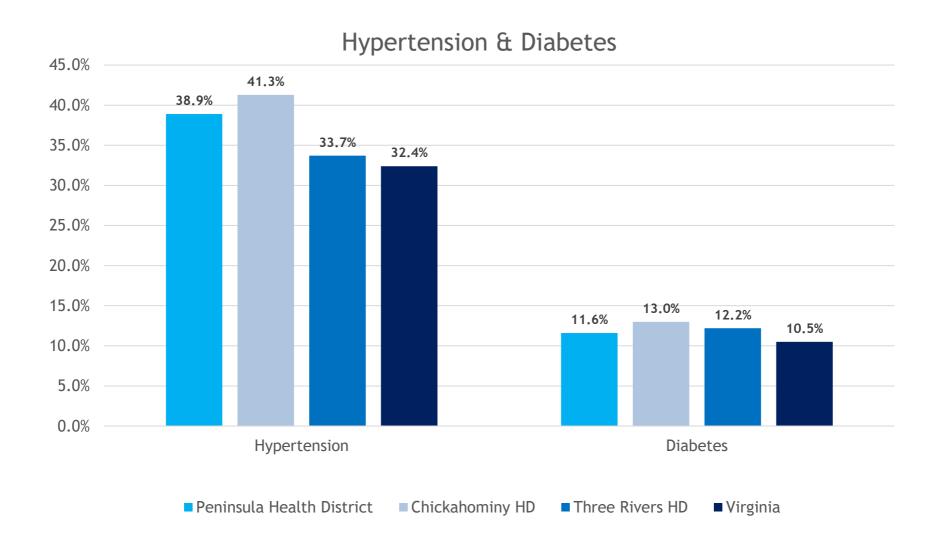
Virginia Department of Health

The RDHW Community

Chronic Disease Management in the Community

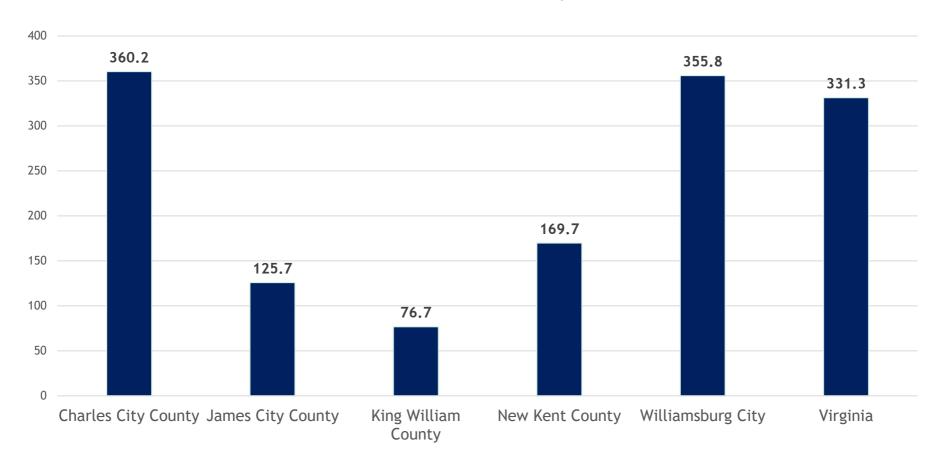


Hypertension and Diabetes

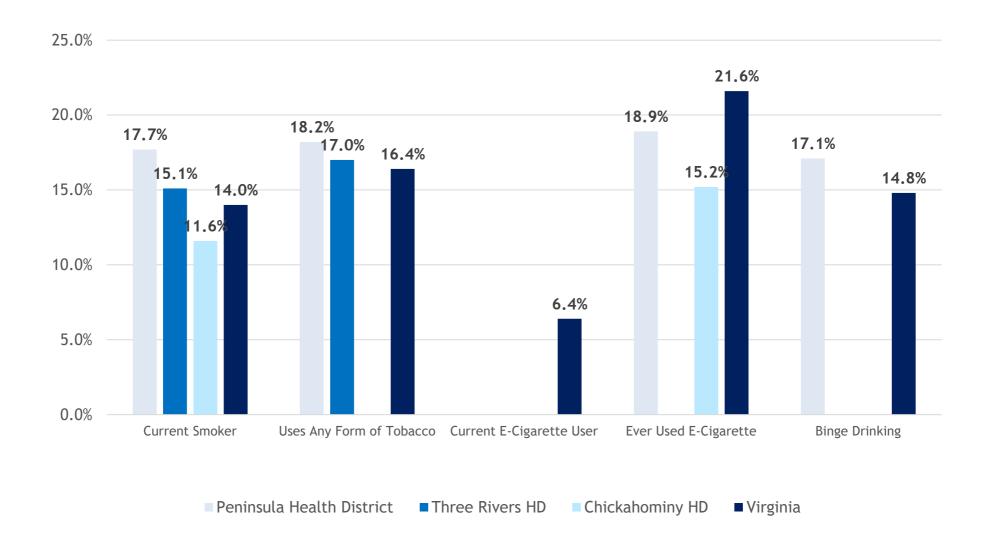


HIV / AIDS

All HIV+ and AIDS Cases Rate per 100K

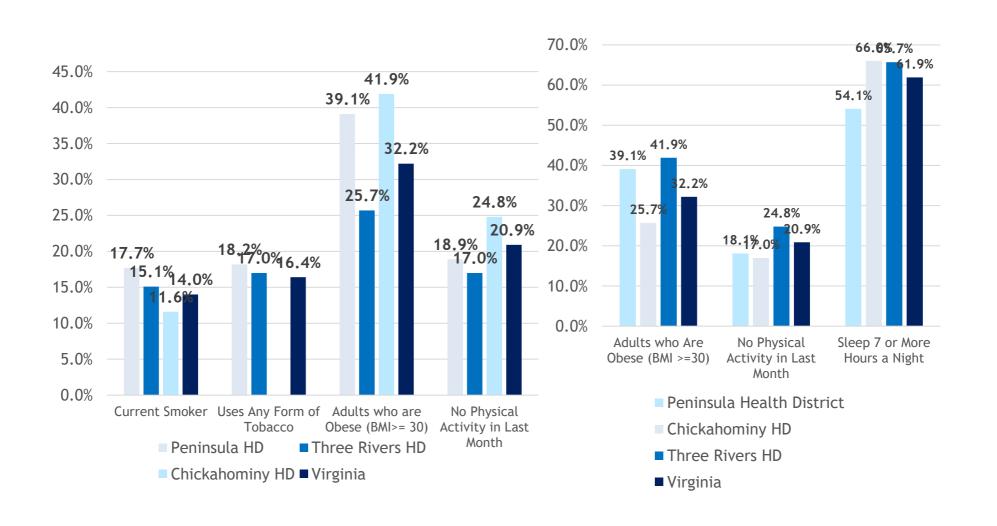


Tobacco, Alcohol and E-Cigarette Use



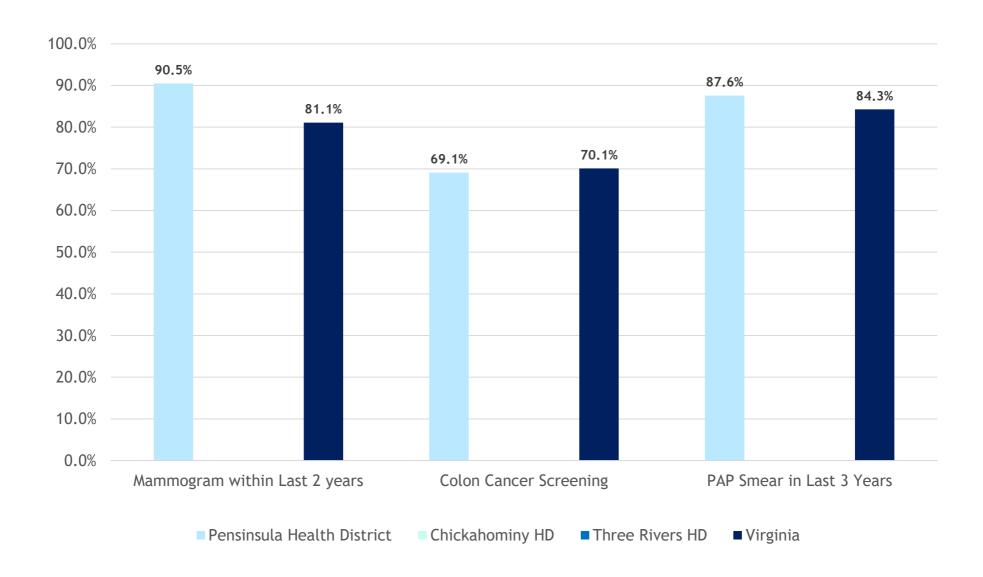


Obesity, Physical Inactivity and Adequate Sleep Rates



Cancer Screening Rates

Mammography In last 2 Years, Colorectal Screening & PAP Smear within last 3 Years



The RDHW Community

Hampton Roads Community Survey

About the Community Survey

Riverside, Sentara, CHKD, Bon Secours and the Virginia Department of Health worked together to create an online survey using Survey Monkey to obtain community input.

There were 2 forms of the online survey:

The Community Stakeholder version of the survey was emailed to a wide variety of community leaders and stakeholders including individuals who work in education, public health, health care, mental and behavioral health, local government, first responders, business leaders and others.

The Community Member version of the survey was promoted to community members via social media and websites.

Both versions of the survey were open from late November 2021 through February 2022.

The survey was created to accept all input and was not structured as a representative sample. All results should be taken as qualitative, directional data and should not be considered statistically significant without additional research.

As the data shows, the respondents reflect a sample that is not reflective of the entire service area. This should be kept in mind as the survey results are considered as part of a any planning process.

Respondents to the survey in the Riverside Doctors' Hospital of Williamsburg Service Area:

On the Stakeholder Survey, 558 Individual indicated they served individuals in Williamsburg, James City County, New Kent County, King William County and Charles City County. Multiple individuals noted they served individuals in multiple areas

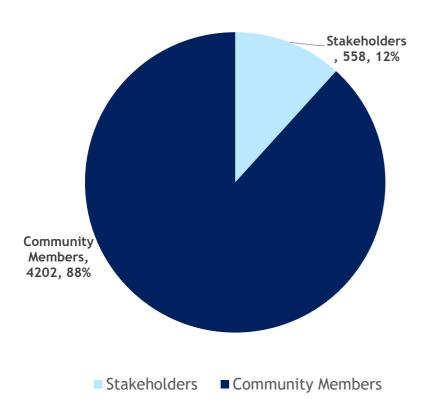
On the Community Member Survey, 4,202 individuals responded that they resided in Williamsburg, James City County, New Kent County, King William County and Charles City County.

This combines for a total of 4,760 responses to the combined survey. This is an increase from all prior CHNA cycles

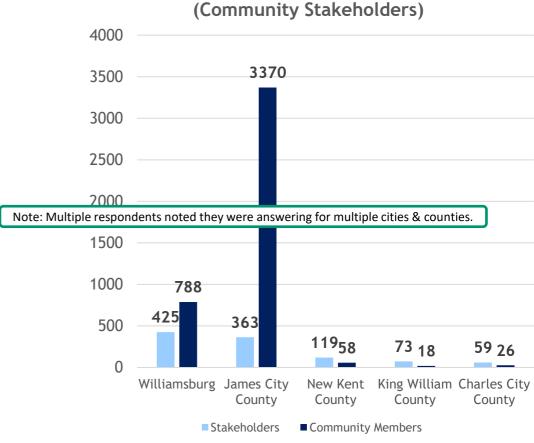
	2013	2016	Change from 2013 - 2016	2019	Change from 2016 - 2019	2022	Change from 2019-2022
RDHW TOTAL	83	114	37.3%	159	39%	4760	2894%

Community Survey: Respondent Type and Geographic Affiliation

County of Residence (Community Members) / County or Counties Served (Community Stakeholders)

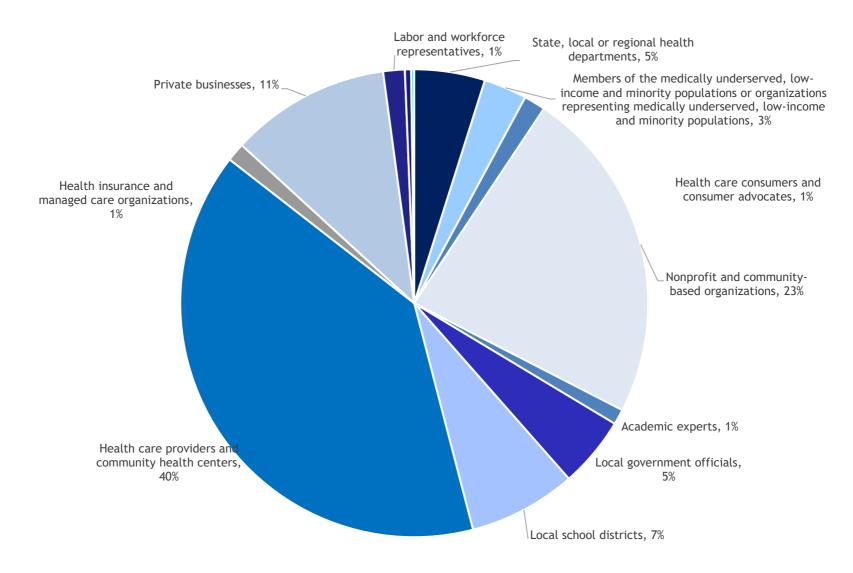






Community Stakeholder Survey

Affiliated Businesses & Organizations of Those Who Completed the Stakeholder Survey



Community Stakeholder Survey

Affiliated Businesses & Organizations of Those Who Completed the Stakeholder Survey

211 Virginia / The Planning Council 3e Restoration Inc. x2 7 Hills Advisors Abundant Life Partners Access Partnership Alphatec Surveyors, Ltd. Alzheimer's Association Southeastern Virginia Chapter American Heart Association Angela von Hayek PhD PLLC Apeil Showers inc APEX Physical Therapy x2 Aspire New Life, LLC Asthma & Allergy Foundation of America Avalon Center x3 Bay Aging x2 Bay Rivers Telehealth Alliance Beachwood Center Beltone Ledford Audiology & Hearing Aid Center Blaney, Lachine & Wendell Family Dentistry BMS **Board of Supervisors** Bon Secours Mercy Health x10 Boo Williams Summer League/Boo Williams

Brain Injury Association of Virginia x2 Bridging Communities RCTC BuzzRx

Boys & Girls Clubs of the

Virginia Peninsula x2

Sportsplex x 3

By Your Side Technology Cammenterprises

Carlton Building Services Carrington Place of **Tappahannock** Cascadia Counseling, PLLC Celebrate Healthcare LLC Celli's Chocolate Chips Ilc Charles City HS Chidren's Specialtly Group Child Care Aware of Virginia Child Development Resources x8 Children's Hospital of the King's Daughters x17 Christ the King Episcopal Church CINCH Citizens For A Tyranny Free City of Williamsburg Clinical Associates of Tidewater Coast Guard Blue Dolphins Swim Team, Inc. Coastal Homebirth. Llc Colonial Behavioral Health Colonial CASA Colonial Psychaiatric Associates COMFORT KEEPERS Community Knights, Inc. Community of Faith Missionx2 Consumer Health Network Culture Cafe Currently with FQHC, Formerly VDH, local politician DARS Department for Aging and

Rehabilitative Services x4

Dignity for the Aged Dilon Technologies, Inc Division of Child Support Enforcement Dominion Psychological Associates, LLC Dominion Services for All People Dr. David L. Miller D.D.S. DT Electric, LLC East West Partners of VA. Eastern Virginia Medical School & Medical Group Emergency dept enCircle EVa Homebirth, LLC Fashing, Fashing and McCov Fleet and Family Support Fly Family Therapy, Inc Food Lion Forrest Sewer Pump Service, Inc. Fort Monroe Authority Foundation for Rehabilitation Equipment & Endowment (F.R.E.E.) Four Squares LLC Freed Veterinary Hospital Girl Scouts of the Colonial Coast Grace ABA Greenfield Senior Living Grove Christian Outreach Center x2 Guided Care Services Hampton and Peninsula Health Districts x 3 Hampton Healthy Families Hampton Roads Foot and Ankle Specialist x2 High School Home health Hope Unity Freedom

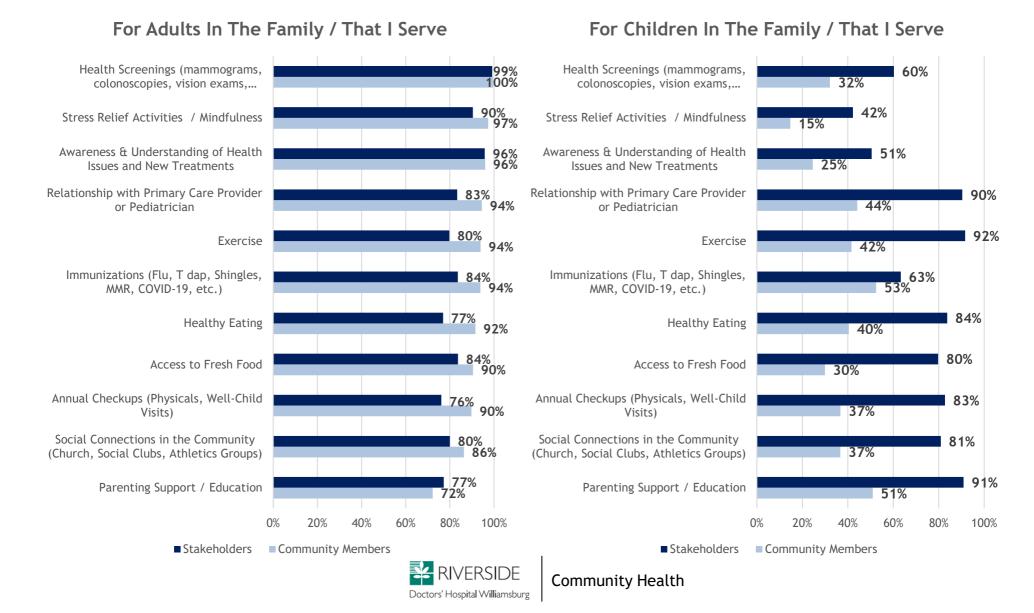
Hospital Liaison Committee for Jehovah's Witnesses Hotel kids inc Integrated Health Service James City County Department of Social Services x3 James City County x4 James City County, Emergency Management James City Service Authority Jewish Family Service JHP Communications LLC Jolly Pond Veterinary Hospital x2 King of Clubs Lackev Clinic x2 Lakeside Center Langley AirForce Base Ledwith-Lewis Free Clinic Legacy Hospice Lewis Painting Inc. LINK of Hampton Roads Inc Literacy for Life local schol districts Louisa Bennitt, LCSW PLLC Maria Bonita Master Center for Addiction Medicine MD Express Urgent Care Merrimac Juvenile **Detention Center** Middle Peninsula Regional Adult & Career Education Middle Peninula Northern **Neck Community Services** Board x6 Middlesex County Public Schools Moms In Motion Mother Nurture Midwifery

Rhodes to Health New Kent County Richmond Ambulance New Kent County Public Schools x2 Authority New Kent Sheriff's Office Rita Welsh Adult Literacy Program dba Literacy for **New Morning Star Baptist** Life Rivermont Schools New Town Counseling Riverside Health System Center x2 (all divisions) x66 Old Dominion University Olde Towne Medical & Dental Center x5 SCPH and SNGH Olde Towne Pharmacy, Inc. Optima Health x3 **OutKind Counseling** Sentara Healthcare x35 PA Willimabsurg inc Pamela Cappetta, Ed.D., PC Services Shaffer Evaluation Group Pariser Dermatology Sheetz Inc. Parlor Salon Smart Beginnings VA Pediatric Associates of Peninsula Williamsburg SpiritWorks Foundation Pediatric center PC The AFYA Effect Family Peninsula Agency on Aging Healthcare Services Peninsula Agency on Aging The Children's Clinic LTD The Goddard School Peninsula Counseling The Milieu Therapeutic Services Peninsula Family Dentistry The Planning Council Peninsula Pastoral The Up Center Counseling Center The Village Midwife Personal touch The Williamsburg Drug Phillips Energy, Inc. Company Pineapple Babies Birth Thelmarelous HealthCare Servces Agency LLC x2 Pinnacle Treatment Therapy Center-American Addiction treatment Center & Therapy Cdnter Pivot Physical Therapy Postpartum Support Va Thrive Therapy, LLC **Private Business** Tower of Deliverance Project Nana, Inc. Fellowship Church Purity Day Spa, LLC Town of West Point TPMG x2

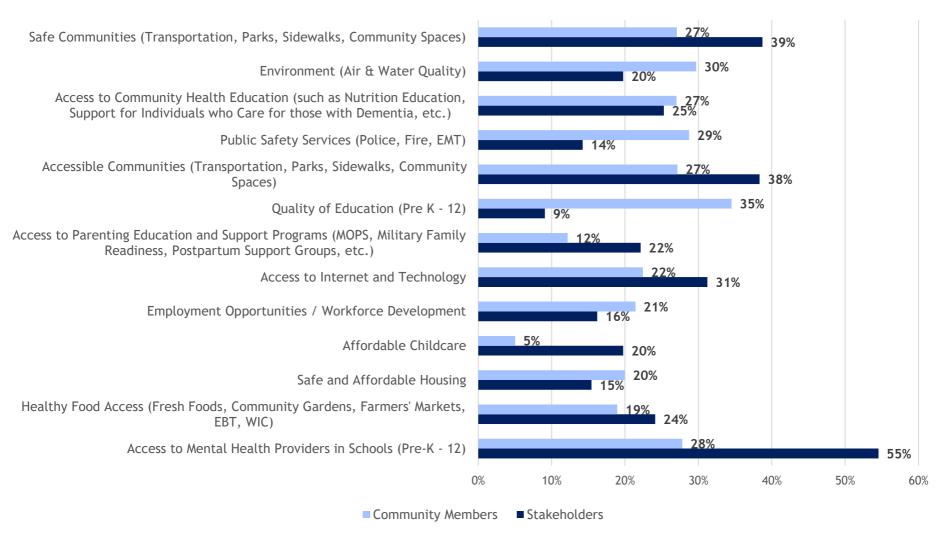
Ultra Endodontics United Healthcare Community and State United Negro College Fund (UNCF) United Way of the Virginia Peninsula Unitedhealthcare VA Consumer Direct Care Network Rock Landing Psychological Va Dept ofHealth, RAM, MRC VCE FCS Family Focus **Self Protection Awareness** Virginia Affiliate of The American College of Nurse-Midwives ServiceMaster Commercial Virginia Cooperative Extension x2 Virginia Department of Health x5 Virginia Health Catalyst Virginia Hope Virginia Peninsula Foodbank Virginia Support Services x2 Visiting Angels W&M Student Health Center Waldron Eyecare Walnut Hills Baptist Church Learning Center Walsingham Academy x2 Warhill High School WEPI Wexford Hills HOA William & Mary University x 3 Williamsburg Area Faith In Williamsburg Area Transit Thimble Shoals Counseling Authority Williamsburg Baptist church Three Rivers Health District Williamsburg Community Chapel x2 Williamsburg Drug Co Williamsburg EDA

Williamsburg Health Foundation Williamsburg Human Services Williamsburg James City County Public Schools x14 Williamsburg Montessori School Williamsburg Regional Library x2 Williamsburg Winery York County Board of Supervisors York County School Division x3 York/Williamsburg/Poquo son/James City Professional Fire Fighters, Paramedics and 911 Dispatchers x2 Yorktown Animal Hospital

<u>Top 3 Items You Feel Are Important</u> to the Health of Your and Your Family (Community Member) / the Adults and Children You Serve (Community Stakeholder)



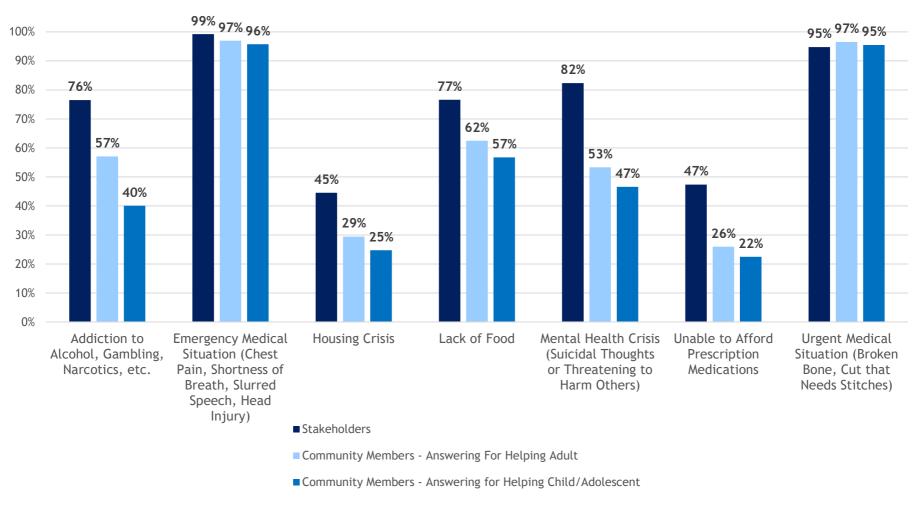
<u>Top 3 Items You Would Like to See Added or Improved</u> in the Community to Keep You and Your Family (Community Member) / BOTH the Adults AND Children You Serve (Community Stakeholder) Healthy





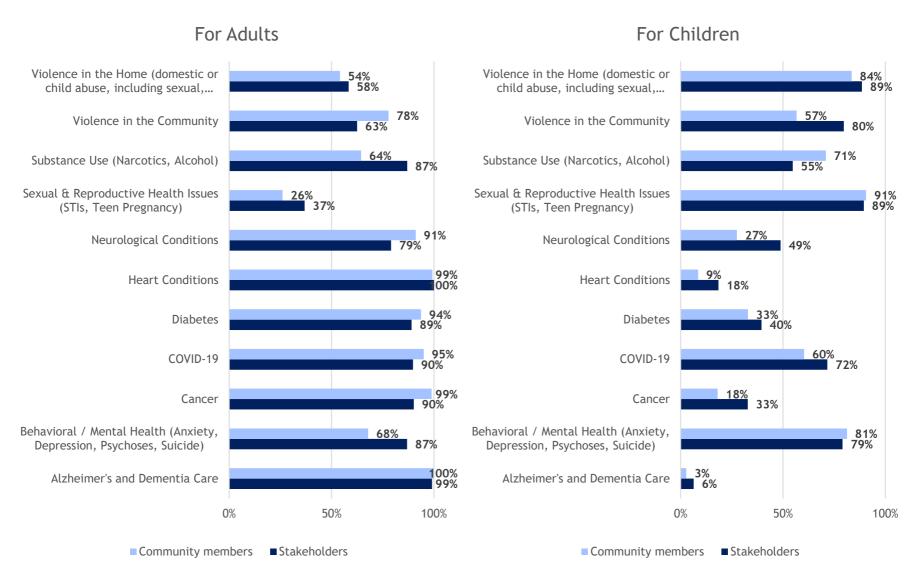
If Someone Were to Experience Any of These Situations, <u>Would You Know How To Get Community Help?</u>

% of Respondents Who Said Yes, They Would Know How to Access Community Help



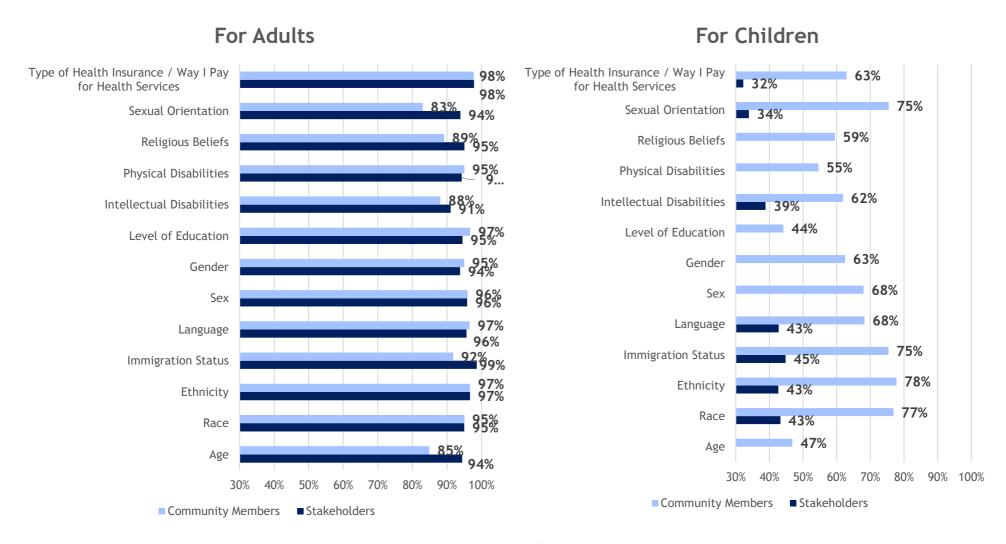


Please Select the <u>Top 3 Most Important Health Concerns</u> in Your Community

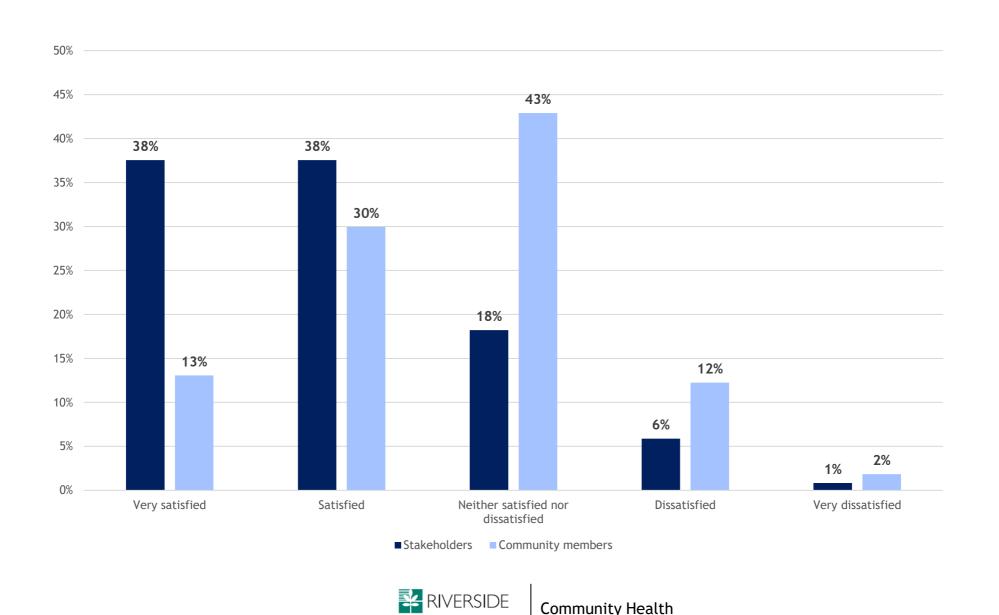




Considering Implicit Bias - What Personal Factors do You Think Impact the Care Received by Adults or Children in Your Family Receive (Community Members) / the Adults and Children You Serve (Community Stakeholders)



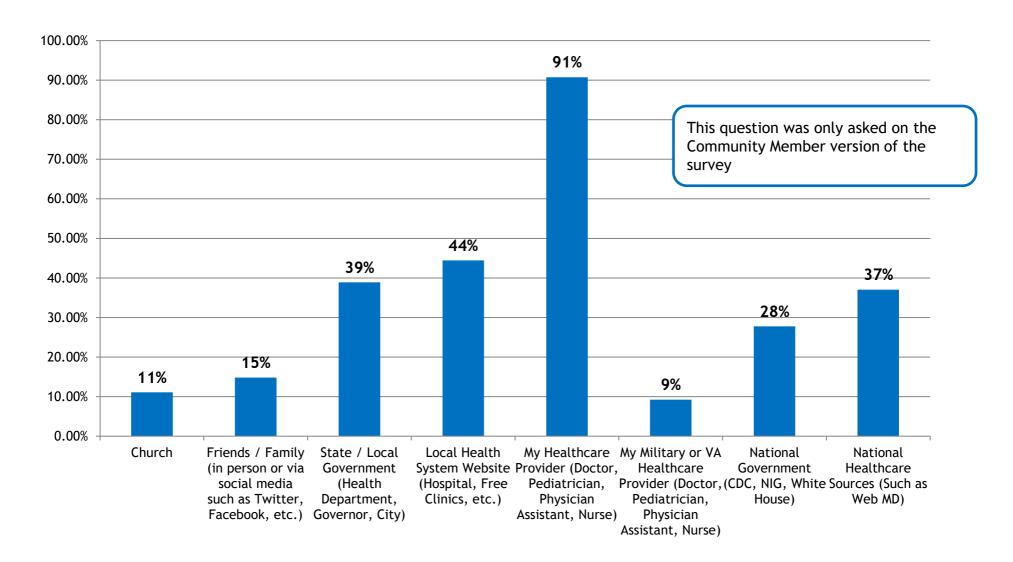
Indicate Satisfaction with How Your Community (Community Members) / Organization (Community Stakeholders) Is Addressing <u>Diversity</u>, <u>Equity & Inclusion</u>



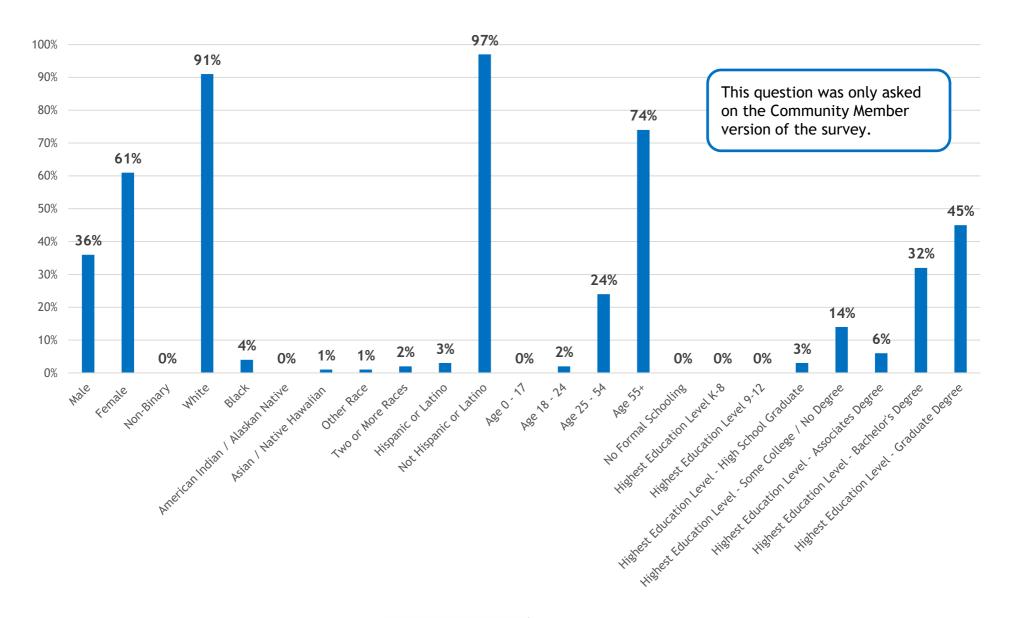
Doctors' Hospital Williamsburg

Community Member Survey:

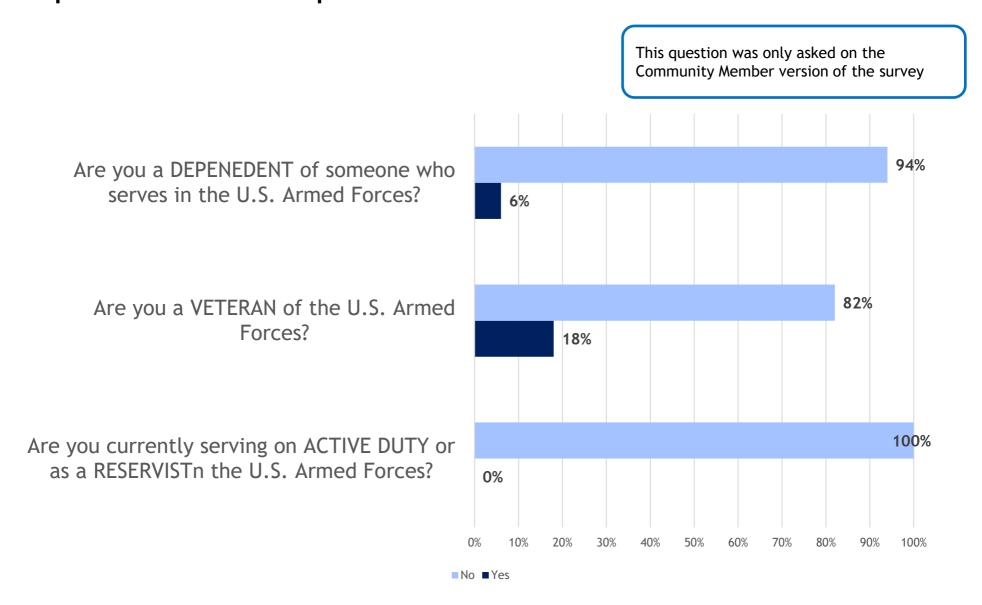
Which of the Following Do You Consider to be a Trusted Source of Health Information?



Community Member Survey: About Respondents - Sex, Race, Ethnicity, Age, Education Level

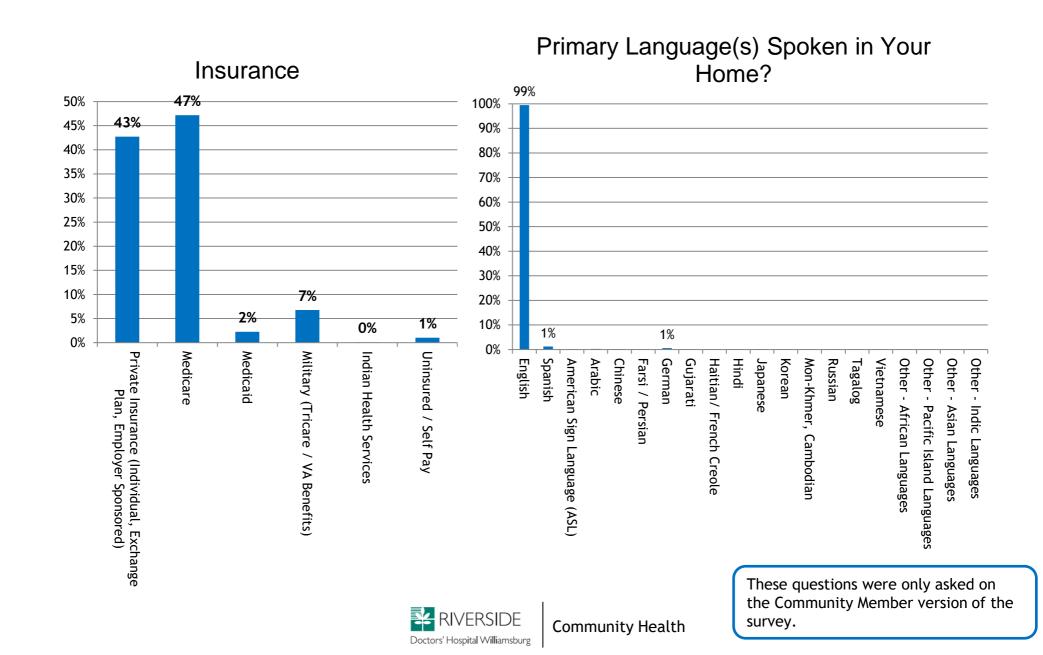


Community Member Survey: Respondents Relationship with Armed Forces

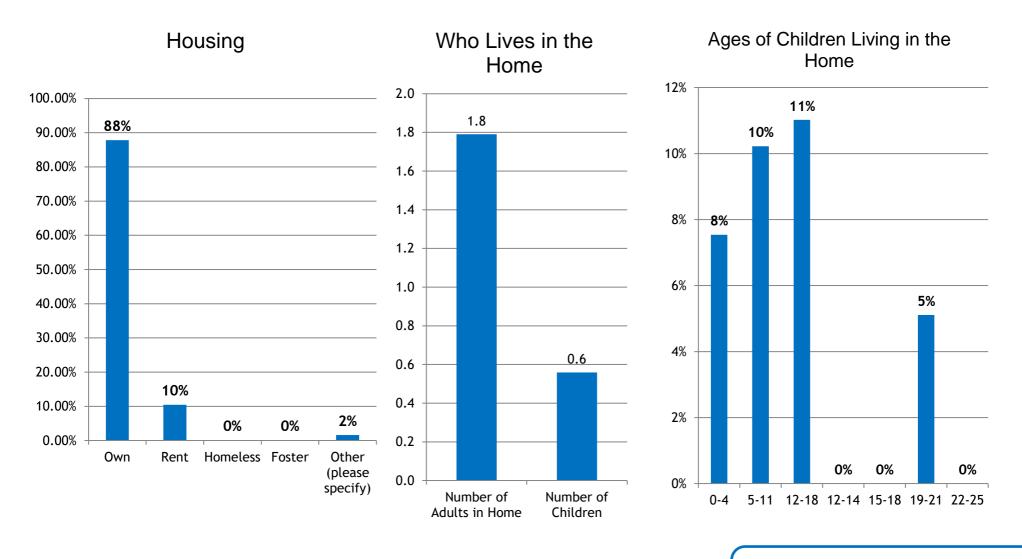


Community Member Survey:

About Respondents - Insurance and Languages in the Home



Community Member Survey: About Respondents - Who Lives in the Home



RIVERSIDE Community Health

These questions were only asked on the Community Member version of the survey

Implementation Plan Progress Report

Progress on RDHW 2020-2022 CHNA & Implementation Plan

Unprecedented Times Required Unprecedented Response

- Not long after the 2020-2022 planning process was complete, the world heard the first news stories about a new coronavirus.
- The demands of the COVID-19 pandemic required incredible coordination, collaboration and adaptability on the public health system and the healthcare facilities across the globe.
- As such, the plan created in 2019 for the focus of community health outreach had to be drastically adjusted on the fly as RDHW worked to care for the population of Williamsburg.
- After the worst of the pandemic, and when limits on social gatherings were lifted, some of the initial plans were implemented as intended, and some had to be adapted.

COVID-19 Pandemic Response



Riverside partnered with other health systems in the area to promote masking, social distancing and vaccinations.

> Riverside continued to serve the people of Williamsburg throughout the pandemic.



Once the vaccine became available, RWRH played a key role in vaccinating the residents of Williamsburg.









Advancing the Heart Safe Community

2020-2022 Commitment: Continue the collaboration between RDHW, Sentara Williamsburg Regional Medical Center, Williamsburg Health Foundation, Fire & EMS services of Williamsburg, James City County and York County, The College of William & Mary, Greater Williamsburg Chamber of Commerce and the broader community to advance the Heart Safe Community.

Intended Deliverables:

- Education & Prevention: Offer ongoing CPR classes, education on the importance of calling 911 and developing heart healthy habits in the region.
- **Screening:** Distribute AEDs throughout the community, provide heart screenings such as blood pressure. Develop standardized cardiovascular disease screening protocol, identify the best locations and avenues for screenings to at-risk populations.
- Pulse Point: Implement the app with the help of EMS from each local jurisdiction.
- Clinical Care: Work with area cardiologists to create pathways for uninsured and underinsured patients to access specialty care once identified through the screening process.
- Monitor & Evaluate: Implement monitoring and evaluation tools to track the progress and impact of the program.
- **Seek Outside Funding:** Continue to seek outside funding through grants, donations and other sources to ensure long term viability of the program.

Advancing the Heart Safe Community

Progress and a Temporary Pause:

- Designation Received: In February of 2018, the Greater Williamsburg Area received the Heart Safe designation from the Rappahannock EMS Council.
- *Education*: In February of 2019 Hands Free CPR and AED Training was launched in the community.
- Go-Live: In October of 2019 the PulsePoint Respond and PulsePoint AED went live throughout the Greater Williamsburg area.
- Anniversary: In February 2020 Heart Safe turned one year old and had trained 1,534 people in CPR.
- Pandemic Pause: Due to the COVID-19 pandemic, in person trainings had to be temporarily paused due to limits on in-person gatherings. Education and outreach continued online until training could be held in person again.



Alzheimer's and Dementia Care

2020-2022 Commitment: Through Riverside's Center for Excellence in Aging and Lifelong Health (CEALH), a number of community services are available to those living with Alzheimer's and Dementia as well as support services for their caregivers.

Community Resources to Include:

- The *Riverside Geriatric Assessment Clinic* is located in the region and offers unique and highly focused services by an interdisciplinary team of geriatrician, pharmacist. RN and counselor to provide definitive and dignified diagnoses of cognitive statis. Community resources, education and support, discussion of safety concerns and advance care planning are also offered. This runs two days per week, seeing an average of six new patients a month along with follow up visits.
- The clinic has access to the *Benjamin Rose Institute on Aging Care Consultation Program*. It is a 12-month program assists caregiving families by empowering them to manage care and decision-making more effectively, find simple and practical solutions to challenges, find services and understand insurances and provide emotional support throughout the caregiving journey. It has been adapted to a six to nine month program offered as part of the memory care navigation program.
- Two Memory Cafés are offered in the region in partnership with the Peninsula Agency on Aging providing socialization opportunity for those living with dementia and their care partners and their care partners at no charge.



Alzheimer's and Dementia Care



- The *Caring for You*, *Caring for Me* program is an evidence-informed caregiving education program of the Rosalynn Carter Institute for Caregiving addressing elder care issues. This program brings family and professional caregivers together in a relaxed setting to discuss common issues, share strategies and resources and gain a better understanding of each other's perspectives on caregiving. It had to transition to an inline program during the pandemic via the Riverside YouTube channel. A five-week course was developed for the community, but it had to be put on hold due to the pandemic.
- Dealing with Dementia is an evidence-informed educational program of the Rosalynn Carter Institute for Caregiving for family and professional caregivers of those living with dementia to learn supportive resources available through Riverside and the larger community. This is still offered at a minimum of one time per year.
- Riverside will participate on the *Greater Williamsburg Chamber* of Commerce, Health Alliance subcommittee focused on Alzheimer's in the Williamsburg area contributing time and resources to this broad community initiative. This changed names to Dementia Friendly Williamsburg and relaunched in late 2022.

Diabetes, Obesity, Physical Inactivity & Improved Nutrition

2020-2022 Commitment: RDHW provides programs and services to its team members and will coordinate actions with Sentara Williamsburg Regional Medical Center and various local non-profits to promote wellness in the community at-large. The following actions steps have been identified:

- Workshops: Working with SWRMC (Sentara)
 establish a year-long schedule of workshops for
 the community and employees focused on
 wellness, nutrition, plant- based eating, and
 topics focused to provide individuals with the
 tools, knowledge and support to adopt a healthy
 lifestyle.
- Diabetes Prevention and Management Program: Provide and promote the Riverside Diabetes Partnership Program to RDHW team members. The program is focused on managing blood pressure, A1C levels, BMI and reduce emergency department visits. The Riverside Diabetes Nurse Educator offers medical nutrition appointments and guidance to self-management. These are offered to team members and available to the community.



Diabetes, Obesity, Physical Inactivity & Improved Nutrition



How to Quit Smoking For Good

① November 17, 2021

Lungs and Breathing

Primary Care

+1 More



Preventing Diabetes and Living with Diabetes (Kim Denny, RN, CDCES)

47 weeks ago · 84 views



You and 1 other



Low-Dose CT Lung Screening

2 years ago · 108 views





What you need to know about diabetes, high blood pressure and COVID-19

(April 20, 2020

Wellness During COVID-19

Diabetes

+1 More

•Community Organizations: Participate with community organizations to sponsor physical activity events such as walks, golf tournaments, pickle ball and other wellness-oriented events. Some of the community organizations include: The ARC of Greater Williamsburg, Williamsburg Parks and Recreation and Virginia Fire Chiefs Foundation.

•Riverside Community Lectures: Provide and promote the "Doctor is In" series with a variety of health topics and screenings through the help of the Riverside clinical team of physicians, nurses and therapists. This series of lectures are available at no charge to the community. This all moved online during the pandemic with blogs and videos on the website and Riverside social media channels.

RDHW 2023-2025 Implementation Plan

Process Overview



Riverside CHNA & Implementation Plan 2023 - 2025: Planning Process

Community Health Needs Assessment Process

- To complete a full community health needs assessment Riverside examined a wide range of quantitative data sources addressing socioeconomic, health and safety issues. The fill list of these sources is available in the report addendum.
- In addition to the quantitative analysis, Riverside partnered with other area facilities and health departments to survey both community health leaders as well as community members on their perspectives, viewpoints, experiences and ideas.

Focusing the Full Resources of the Health System on Key Community Health Issues

- The COVID-19 pandemic experience demonstrated the impact Riverside could have on the health of our community when all of the resources across the health system were focused on solving the same problem.
- While during previous CHNA cycles each hospital across Riverside Health System identified unique priorities for each hospital, the 2023 2025 cycle will focus on 2 key community health issues across the health system in order to leverage the full strength of the organization to impact the problems.
- Each hospital across the health system will continue to address other community health issues outside of the CHNA process. This may include things like community education and outreach, health screenings, providing critical services, health professions education and partnering with local organizations to address issues of health equity.

Riverside CHNA & Implementation Plan 2023 - 2025: Identifying & Selecting Significant Health Needs to Address

- A team consisting of clinical and non-clinical staff reviewed all of the data and identified significant issues that were consistent across all of Riverside's markets.
- These included: mental health and wellness, opioids and substance use disorder, care of patients living with dementia as well as their caregivers, cardiovascular health and wellness and cancer.
- The CHNA Steering Committee reviewed the potential areas of focus as well as discussed internal projects underway that might allow areas of overlap to enhance existing community efforts.
- For cardiovascular health & wellness and cancer, it was determined that the plans to address these community health needs were already being addressed through our service line programs focused on these areas. Activities such as screenings, community talks, education on risk factors and signs of stroke and heart attack, exercise opportunities and healthy eating promotion are already a part of RDHW's community work.
- For mental health and wellness, Riverside has been focused on expanding these services to the broader community by expanding it's Hampton facility, Riverside Behavioral Health Center, which is part of Riverside Regional Medical center but located on a separate campus. There is current construction of a psychiatric emergency department and the ongoing recruitment of additional mental health practitioners to the region and both a newly identified Associate VP and Service Line Physician Chief for the program. While this is not located in Williamsburg, as the health system expands its resources in this area, RDHW will continue to benefit through telemedicine access and support as well as being able to tap into the clinical expertise of experts in the field.
- The remaining two areas were selected for focus as part of the CHNA process Opioid Stewardship and Memory and Dementia Services.



Riverside CHNA & Implementation Plan 2023 - 2025: Identifying & Selecting Significant Health Needs to Address

- While only two areas were selected to officially be part of the CHNA Implementation Plan, other community health initiatives will continue outside of the CHNA process. These include addressing areas such as:
 - Public health education on wellness and prevention, including nutrition and healthy food
 - Public education on symptom recognition of signs & symptoms of heart attack and stroke
 - Mental health and wellness
 - Vaccinations
 - Healthy parenting
 - Cancer prevention & screening
 - Health equity issues











RDHW 2023-2025 Implementation Plan

Focus Areas

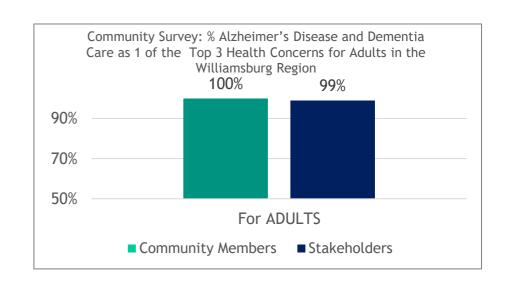


Focus Area 1 - Memory and Dementia Services

As noted on slide 39, multiple forms of dementia were noted among the top causes of death in the Williamsburg region in 2020. Unspecified dementia, Alzheimer's disease (unspecified) and vascular dementia were among the top 20 cases of death in 2020. When examined together, there were 177 deaths in the Williamsburg region from Alzheimer's, Unspecified Dementia or vascular dementia, with a Crude Death Rate per 100K (not Age Adjusted) of 104.3—which is 28.7% higher than seen in Virginia as a whole.

As noted on slide 65, 100% of community respondents and 99% of stakeholder respondents identified Alzheimer's Disease and Dementia care as one of the most important health concerns for adults in the Williamsburg community.

	Williams	sburg Region	Virginia		
	Deaths in	Crude Death	Deaths in	Crude Death	
	2020	Rate per 100k	2020	Rate per 100k	
Unspecified Dementia	85	50.1	3,549	41.3	
Alzheimer's Disease (unspecified)	74		2,738	31.9	
Vascular Dementia	18		562	6.5	
4 Top Dementia Types Combined	177	104.3	6,849	81.03	



Focus Area 1 - Memory and Dementia Services

Caring for dementia patients is complex and an ever-moving target. The experience caries by cause and type, individual patient, setting and caregiver support among other variables. With the combined expertise of Riverside's Neurological and Spine Institute, Riverside Senior Living and the Center for Excellence and in Aging and Lifelong Health, Riverside has many key components in place to provide the best care, support and experience for dementia patients and their loved ones.

In the 2023-2025 timeframe, Riverside will be delineating a more detailed vision of what memory and dementia services can become, including building additional connections between the different area of the health system for seamless care.



Focus Area 1 - Memory and Dementia Services

Memory and dementia care projects will be piloted at different hospitals and facilities across the health system, with the successful programs then implemented at the other facilities.



Memory Cafés and Social Support

Memory Cafés are social gatherings where both the individual with memory problems and their caregiver or loved attend to spend time with others in the same situation. There are currently Memory Cafes active in York County and Williamsburg, and RDHW will look to build upon these in-person gatherings as we can secure space where people can safely meet.

Focus Area 1 - Memory and Dementia Services

Purple Flower Project

The Alzheimer's Association notes that Alzheimer's Disease isn't a "red" or "blue" issue, but one that impacts all Americans, making it a purple issue. A flower - based on a forget-me-not-is chosen to represent those dealing with memory issues or those remembering loved ones lost to dementia.

RDHW will be piloting a project in which patients (or residents in our lifelong health areas) who have dementia will be identified by a discreet purple flower on the door or chart as a way to quietly notify staff that the patient or resident in the room has a memory issue. Staff will also undergo additional training on the best ways to communicate with individuals who may be confused or agitated due to their diagnosis. This notification system, along with special training for team members, will help staff and volunteers adjust their communications with and expectations of the individual.

Following a successful implementation at RDHW, other RHS facilities intend to duplicate the program.



Focus Area 1 - Memory and Dementia Services

Improving Emergency Care for Patients with Dementia with Behavioral Disturbances

RDHW will build a program within the Emergency Department to better support patients who have dementia with behavioral disturbances. This program will involve the emergency physician working with neurology, telepsychiatry, complex care management and CEALH for family support. The goals of this program is that these patients will be able to be transitioned back home without a hospital admission but instead they are able to return home or to another appropriate setting with an improved safety plan.





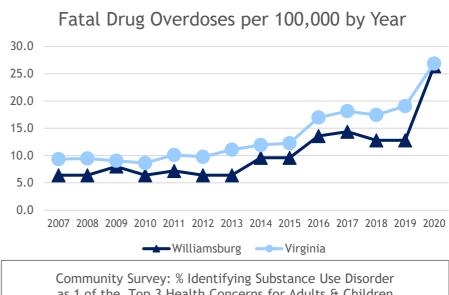
Focus Area 2 - Opioid Stewardship and Substance Use Disorder

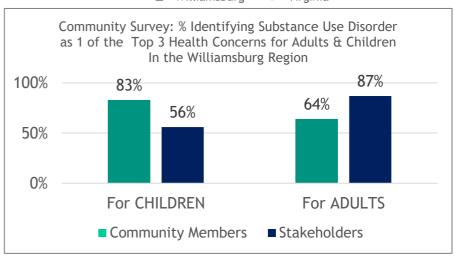
The importance of this issue was clear in both the quantitative data and qualitative input.

As noted in slides 44 and 45, the fatal drug overdoses in the Williamsburg region, in Virginia and across the country have risen rapidly in the past 13 years, with a very high increase during the pandemic.

As noted on slide 65, 64% of community respondents and 87% of stakeholder respondents identified substance use disorder as one of the most important health concerns for adults in the Middle Peninsula community. Additionally, 83% of community members and 56% of stakeholders identified substance use disorder as one of the most important health issues for children in the Williamsburg region.

One hospital or health system cannot solve such a complex crisis that is seen in every town, but there are multiple steps Riverside has identified that it can take to begin to impact some of the factors involved.





Riverside CHNA & Implementation Plan 2023 - 2025: Focus Area 2 - Opioid Stewardship and Substance Use Disorder

To build the plan for the health system to address this issue in a cohesive manner, the VP of Pharmacy led an interdisciplinary team that included inpatient and outpatient physicians, nurses, pharmacists, mental and behavioral health experts and others representing all the hospitals as well as critical support areas such as the electronic medical record (EMR) team.

The team pulled from the National Quality Partners $^{\text{M}}$ (NQP) Opioid Stewardship Action Team's NQP^{M} Playbook: Opioid Stewardship as well as from research, presentations and case studies shared nationally including the great work done by Carillion in the western part of Virginia. The Virginia Department of Health's 2021 Best Practices for Opioid Related Emergencies in the Emergency Department was also used as an important resource.

The team reviewed and learned about recommended areas of Primary, Secondary, and Tertiary overdose prevention strategies. Primary strategies focus on preventing the onset of substance use disorder by avoiding exposure to opioids with tactics such as developing evidence-based prescribing guidelines to promote alternate pain management approaches where appropriate, monitoring prescriptions, preventing diversion, executing pain management agreements for chronic pain patients, and educating the public on storage and disposal. Secondary strategies focus on screening for individuals who are high risk for substance use disorder so that more aggressive prevention and treatment approaches can be pursued. Tertiary strategies focus on helping individuals with substance use disorders prevent fatal overdoses using measures to reduce harm and to get off the drug using medication assisted treatment, naloxone prescriptions, and other strategies.

There are additional factors that impact this national crisis, such as increasing supply of illegally manufactured opioids available to the public without a prescription, that are outside the scope of this plan at this time. Due to the nature of opioids as an addictive and controlled substance, not every aspect of the implementation plan will be publicly detailed. Nonetheless, the team identified projects in each of the prevention areas (primary, secondary, and tertiary).



Focus Area 2 - Opioid Stewardship and Substance Use Disorder

Primary Overdose Prevention Strategies (Primary strategies focus on preventing the onset of substance use disorder by avoiding exposure to opioids):





Internal Health System Projects:

 While not as visible to the public, Riverside has identified areas to continually monitor and design evidenced based processes to track prescriptions, appropriate use, policy adherence and diversion prevention. This will be done by the pharmacy team, Riverside Medical Group and RDHW staff, the EMR team and other internal support areas.

Community Partnership Projects:

- RDHW will explore the need for a partnership with law enforcement and the DEA in hosting a Riverside Drug Take Back Day or ascertain if current resources in this region are adequate.
- Riverside will create and maintain local partnerships to combat opioid addiction in the community. Riverside will continue working with the Hampton Roads Opioid Working Group, a regional collaborative that uses a community-based and action-oriented approach to reduce opioidrelated deaths.
- Led by the new Mental and Behavioral Health Service Line leadership, Riverside will identify opportunities throughout Riverside and the community for community outreach and education.

Focus Area 2 - Opioid Stewardship and Substance Use Disorder

Secondary Overdose Prevention Strategies (Identifying those at increased risk of SUD so that more aggressive prevention and treatment approaches can be pursued):

Internal Health System Projects:

- Working across the health system, RHS will develop and implement consistent screening processes to identify those individuals at high risk for developing SUD.
- This processes need to be tailored to each setting such as the Emergency Department, surgical patients, inpatient, and in RMG offices; therefore, the process developed for each setting and the resulting next steps will be appropriate for that setting.
- Once piloted and finalized at other RHS facilities, these may be implemented at RDHW as well.



Focus Area 2 - Opioid Stewardship and Substance Use Disorder

Tertiary Overdose Prevention Strategies (Assisting individuals living with SUD prevent fatal overdoses using measures to reduce harm and to get off the drug using medication assisted treatment, naloxone prescriptions and other strategies):



Internal Health System Projects:

- Across the health system, there will be different pilot projects addressing this issue. Once a program is successfully implemented and shown to be beneficial, it can be replicated at other facilities. For example, RDHW will explore piloting a program trialing Medication Assisted Therapy (MAT) beginning in the ED to bridge individuals from the initial emergency visit through the first few days it takes to get into an outpatient MAT program. This may be replicated in other facilities following the pilot.
- Riverside will continue to facilitate access to inpatient and outpatient addiction services.
- The entire health system will also be able to draw on the expertise of the clinical staff at the Riverside Behavioral Health Center in Hampton. As materials, protocols, telemedicine programs or other opportunities are developed, RDHW will be able to build off those to better serve the individuals in the Williamsburg region dealing with SUD.

RDHW 2022-2025 CHNA & Implementation Plan Appendices

Appendix 1: Notes on Data and Quantitative Data Sources

Notes on Data Use and Availability

- · This report is a summary of a year long study of the community.
- Note that the most recent available data was used for each data element, but public health data is often 2-3 years old.
 With the pandemic in 2020, some data was delayed more than usual so resources could be devoted to managing COVID-19 in the community.
- Depending on the source, data is reported either at the locality level (Virginia city or county) or at the Virginia health district level.

Quantitative Data Sources

Specific sources are listed with the data sets or graphs in the appendices, but some of the major sources for demographic, economic and health data included:

- US Census
 - Utilizing 2010 Census, 2020 Estimates, 2025 Projections and ACS (American Community Survey) data. The data was pulled utilizing Buxton software that allows reporting by city, county, ZIP or Census Tract.
 - Small Area Health Insurance Estimate Program
- · Virginia Department of Health
 - · Office of the Medical Examiner
 - · Equality at a Glance Housing Insights
 - Behavioral Risk Factor Surveillance Survey (BRFSS)
 - Maternal & Child Reporting
 - COVID-19 Reporting
 - HIV Surveillance Annual Report

Appendix 1: Notes on Data and Quantitative Data Sources

Quantitative Data Sources (Continued)

- Centers for Disease Control and Prevention (CDC)
- United States Health Resources and Service Administration
- · County Health Rankings
- · Virginia Employment Commission
- Virginia State Police Crime in Virginia 2020 Report
- · Virginia Health Information
- Virginia Department of Education, Office of School Nutrition
- · Feeding America, Map the Gap
- · National Center for Education Statistics, Program for the International Assessment of Adult Competencies
- Limited English Proficiency (lep.gov)

Riverside CHNA & Implementation Plan 2023 - 2025 : Appendix 2: Qualitative Community Input

Riverside Health System (Riverside Shore Memorial Hospital, Riverside Regional Medical Center, Riverside Walter Reed Hospital, Riverside Doctors' Hospital of Williamsburg and the Joint Venture facilities including Riverside Rehabilitation Institute and Hampton Roads Specialty Hospital), Sentara Healthcare, Children's Hospital of the Kings' Daughters (CHKD), Bon Secours Mercy Health and the Virginia Department of Health worked together to create the Hampton Roads Community Survey online using Survey Monkey to obtain community input.

There were 2 forms of the online survey:

The Community Stakeholder version of the survey was emailed to a wide variety of community leaders and stakeholders including individuals who work in education, public health, health care, mental and behavioral health, local government, first responders, business leaders and others.

The Community Member version of the survey was promoted to community members via social media and websites.

Both versions of the survey were open from late November 2021 through February 2022.

The survey was created to accept all input and was not structured as a representative sample. All results should be taken as qualitative, directional data and should not be considered statistically significant without additional research.

Of all of the surveys completed, the data was filtered so the data included in the Riverside Doctors' Hospital Williamsburg indicated they lived in Williamsburg, James City County, New Kent County, King William County or Charles City County or that they worked serving adults or children in those same localities.

Riverside CHNA & Implementation Plan 2023 - 2025 : Appendix 2: Qualitative Community Input

On the Stakeholder Survey, 558 individual indicated they served individuals in Williamsburg, James City County, New Kent County, King William County and Charles City County. Multiple individuals noted they served individuals in multiple areas. Individuals completing the stakeholder survey were asked to include information on the government, organization or company they worked for and their job title. A list of all organizations represented, along with other detailed information on the demographic and geographic breakdown of the respondents is included in the appendices.

On the Community Member Survey 4,202 individuals responded that they resided in Williamsburg, James City County, New Kent County, King William County and Charles City County.

This combines for a total of 4,760 responses to the combined survey for RDHW. This is an increase from all prior CHNA cycles.

	2013	2016	Change from 2013 - 2016	2019	Change from 2016 - 2019	2022	Change from 2019-2022
RDHW TOTAL	83	114	37.3%	159	39%	4760	2894%

This Community Health Needs Assessment and Implementation Plan was formally adopted by the Riverside Doctors' Hospital of Williamsburg Board of Directors on October 24, 2022.