2025 Community Health Needs Assessment

Riverside Doctors' Hospital Williamsburg

Riverside Health

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The 2025 Community Health Needs Assessment (CHNA)
Executive Summary

Purpose

The 2025 Community Health Needs Assessment (CHNA) was conducted by the Peninsula Community Health Collaborative (PCHC) group, including Riverside Health, Bon Secours, Children's Hospital of the King's Daughters (CHKD), Virginia Department of Health, Hampton & Peninsula Health Districts and Sentara to identify key health concerns and social determinants of health (SDOH) needs across communities served by Riverside Health.

This effort supports compliance with IRS regulations and reflects the commitment of regional health systems — including Riverside Health, Bon Secours, CHKD and Sentara — to foster community well-being through evidence-based interventions and stakeholder engagement. This statement aligns with the Riverside Health Mission Statement: At Riverside Health, our mission is to care for others as we would care for those we love, to enhance their well-being and improve their health.

Process

The CHNA process employed a multi-method approach:

- **Quantitative data** from state and national health databases
- Twelve **community conversations** that engaged 126 participants across diverse settings, including senior centers, faith communities, schools and correctional facilities
- **In-depth partner collaboration** through PCHC meetings and advisory groups
- **Stakeholder and community surveys** conducted from October 2024 through February 2025

	Community	Stakeholders
Peninsula	1,492	137
Middle Peninsula	98	56
Williamsburg	1,088	104
Eastern Shore	45	37

The total number of community members and stakeholders surveyed was **3,057**. We analyzed all the data collected to identify the community's most urgent health priorities and determine effective ways to meet those needs.

Notes on Data

Sample and directionality: The data reflects a sample and provides qualitative, directional insights. These results are not statistically significant without additional research.

Data currency: Some of the demographics provided differ with respect to the most current data, which may not have been available at the time of analysis. Totals may vary slightly when looking at a region versus specific cities or counties.

Zero values: At times, zero values for very uncommon languages were eliminated to reduce clutter in the charts. This was not an intentional effort to exclude significant information.

Key Findings

Across all markets, consistent themes emerged from stakeholder and community feedback.

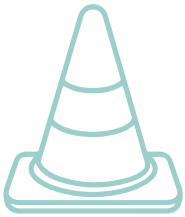
Top health priorities

1. **Mental health:** Cited as the most pressing issue across all age groups and communities
2. **Chronic conditions:** Specifically obesity, diabetes, cancer and heart disease
3. **Social drivers of health:** Transportation, housing instability, food insecurity and lack of care access were identified as critical barriers

Other Themes

- Difficulties with system navigation and long wait times
- Need for culturally competent and trauma-informed care
- Widespread mistrust of health care, especially among marginalized groups

Barriers to Health



- Limited access to culturally competent care
- Mistrust in health care systems (especially among Black, LGBTQ+, immigrant and formerly incarcerated communities)
- Fragmented health care navigation systems
- Stigma around mental illness and substance use

Trusted Health Information Sources

- Health care providers
- Internet/local health system websites
- Peer and faith-based organizations
- Community-based organizations
- Online resources and local health system websites

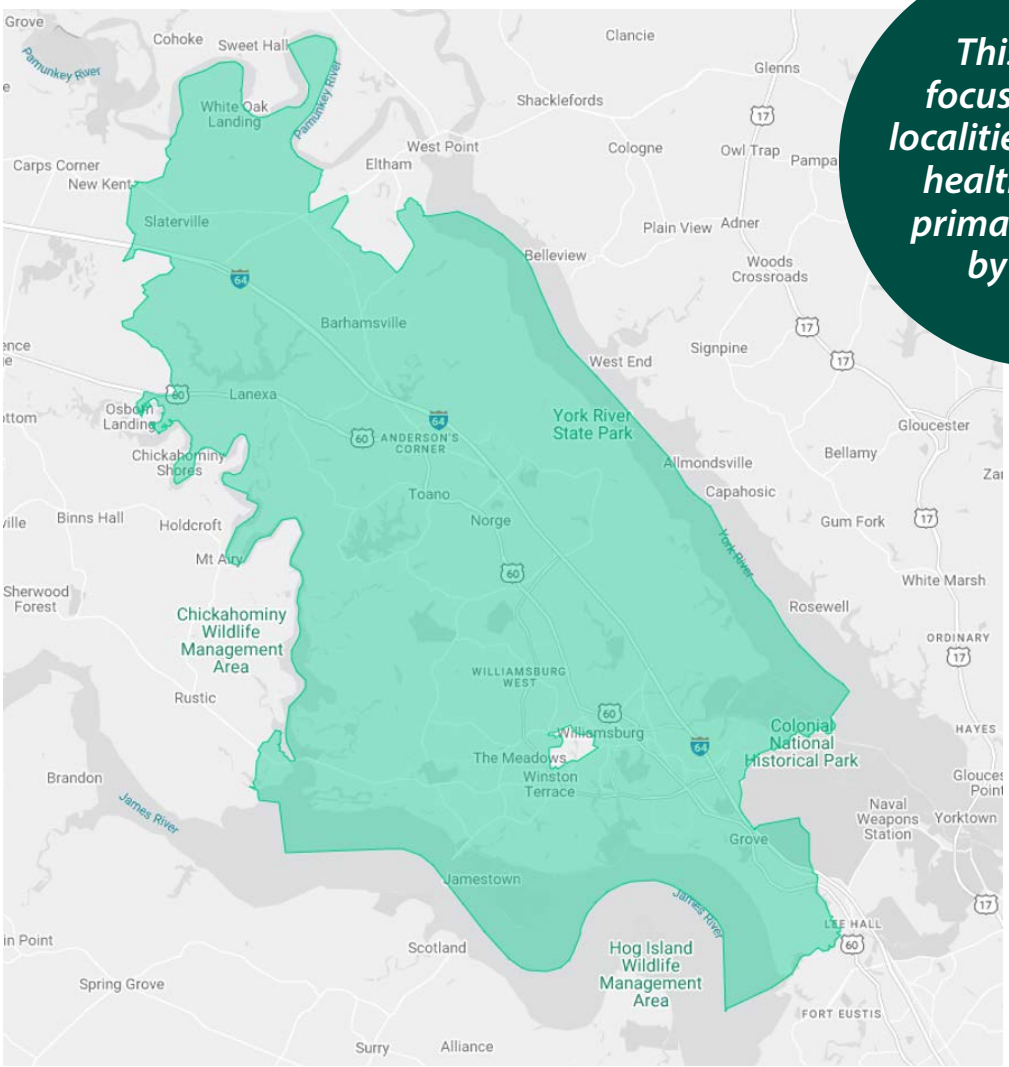
Hospital Overview and Geography

Riverside Doctors' Hospital Williamsburg (RDHW) serves the communities in the Greater Williamsburg, Virginia area. For the sake of this Community Health Needs Assessment, the analysis focuses 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 and James City County

Chickahominy Health District: New Kent County and Charles City County

Three Rivers Health District: King William County



This report focuses on five localities and three health districts primarily served by RDHW.

The primary service area (PSA) and secondary service area (SSA) zip codes are as follows: 23011, 23089, 23168, 23185 and 23188.

Community Demographics

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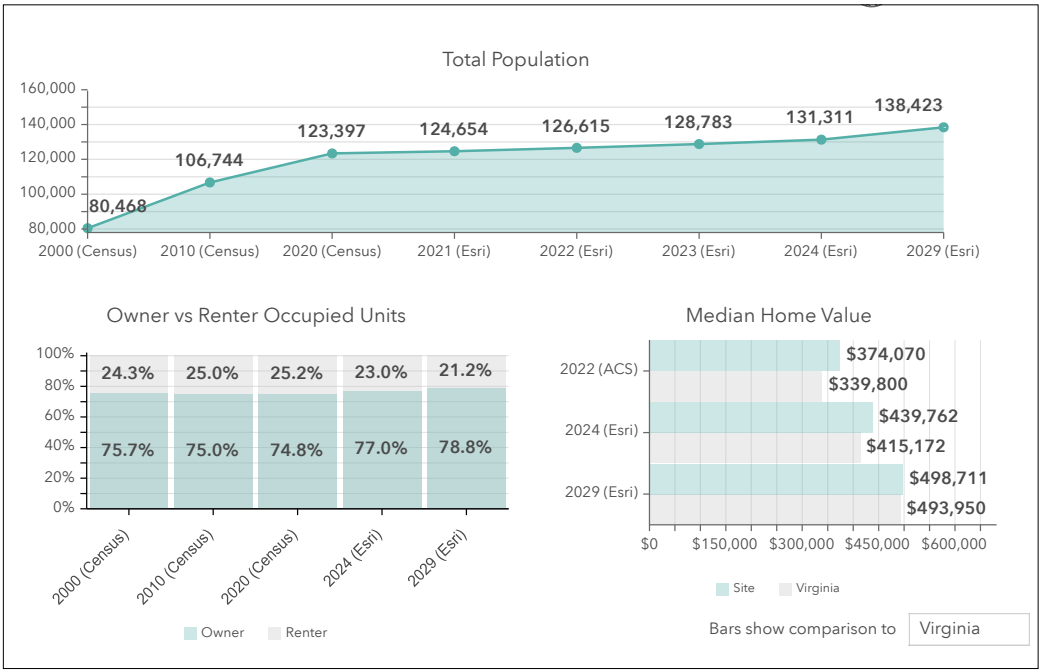
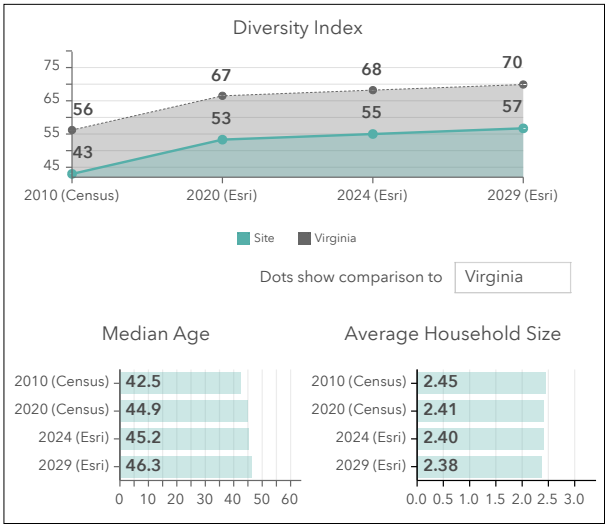
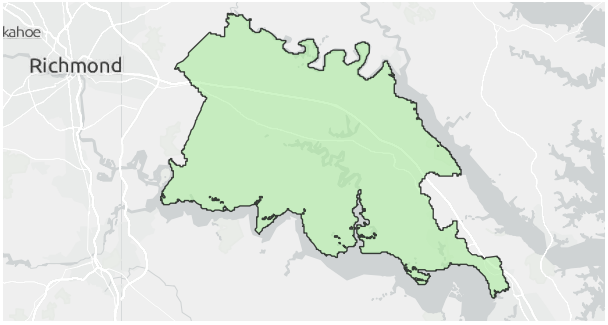
Community Change Snapshot

Williamsburg
County-based
Definitions
Geography: County







2000-2020 Compound Annual Growth Rate

2.16% Population (Census)

2.38% Households (Census)

2.35% Housing Units (Census)

Total Housing Units: Past, Present, Future

45,487 2010 (Census)

52,050 2020 (Census)

55,640 2024 (esri)

59,026 2029 (esri)

Source: This infographic contains data provided by U.S. Census (2000, 2010, 2020), Esri (2024, 2029), ACS (2018-2022). © 2025 Esri

Williamsburg Population Report (2023 Estimates)

	Williamsburg	James City	New Kent	King William	Charles City	VIRGINIA
Population	12,815	78,303	23,693	18,625	7,115	8,595,520
Population Density	1,713.82	1,191.32	342.08	255.96	159.27	621.69
Population by Race	**Williamsburg**	**James City**	**New Kent**	**King William**	**Charles City**	**VIRGINIA**
American Indian or Alaskan Native	0.24	0.34	0.98	1.52	6.52	0.43
Asian, Native Hawaiian or Pacific Islander	3.00	2.95	0.91	0.64	0.35	7.05
Black	38.16	12.73	12.09	14.59	41.93	18.69
White	49.68	73.93	78.32	76.49	44.69	60.32
Some other Race	3.56	2.53	1.21	1.23	1.00	5.19
Two or more Races	5.36	7.52	6.19	5.16	5.02	8.18
	Williamsburg	**James City**	**New Kent**	**King William**	**Charles City**	**VIRGINIA**
Total Female Population	54.12	51.36	47.33	49.19	47.34	49.76
Female 0 to 4	2.36	4.46	4.94	5.78	3.00	5.55
Female 5 to 14	5.03	10.55	11.20	12.79	8.31	11.93
Female 15 to 19	17.56	5.50	4.98	5.41	3.36	6.16
Female 20 to 24	24.30	4.64	3.78	4.23	3.15	6.14
Female 25 to 34	9.66	9.29	13.08	14.07	10.10	13.46
Female 35 to 44	6.86	11.25	13.24	13.16	10.07	13.31
Female 45 to 54	6.91	11.69	13.94	12.63	13.93	12.62
Female 55 to 64	9.56	14.64	16.24	14.75	20.78	13.25
Female 65 to 74	8.95	15.67	12.53	10.58	15.97	10.25
Female 75 to 84	6.23	9.17	4.91	5.05	8.37	5.27
Female 85+	2.57	3.14	1.16	1.54	2.97	2.05
Total Male Population	45.69	48.29	50.17	47.23	44.85	48.64
Male 0 to 4	2.39	4.77	4.79	6.23	3.92	5.93
Male 5 to 14	6.08	11.66	11.33	13.70	7.52	12.84
Male 15 to 19	16.98	6.15	5.38	6.56	4.26	6.55
Male 20 to 24	21.62	5.16	5.17	4.39	4.11	6.78
Male 25 to 34	11.32	10.01	14.51	13.30	11.06	14.13
Male 35 to 44	8.08	11.50	13.39	13.99	9.81	13.67
Male 45 to 54	6.56	11.76	14.04	13.06	14.16	12.73
Male 55 to 64	10.04	13.81	14.99	14.71	21.12	12.86
Male 65 to 74	9.22	14.12	11.43	8.81	16.33	9.17
Male 75 to 84	5.88	8.49	4.43	4.35	6.30	4.20
Male 85+	1.83	2.55	0.56	0.90	1.41	1.13
Household Income by Range	**Williamsburg**	**James City**	**New Kent**	**King William**	**Charles City**	**VIRGINIA**
$0-$9,999	8.00	2.86	1.79	3.71	5.37	4.70
$10,000-$14,999	4.03	1.89	1.21	1.63	3.86	3.06
$15,000-$19,999	3.04	2.10	1.30	2.60	2.95	3.01
$20,000-$24,999	3.26	2.85	1.74	2.74	2.58	3.37
$25,000-$29,999	3.46	1.96	1.79	2.71	3.69	3.25
$30,000-$34,999	3.55	2.15	2.30	3.68	4.86	3.43
$35,000-$39,999	3.18	2.17	2.66	2.69	3.39	3.24
$40,000-$44,999	2.67	2.46	2.21	4.04	5.50	3.40
$45,000-$49,999	3.32	2.79	2.48	3.82	3.76	3.26
$50,000-$59,999	5.96	6.11	5.19	7.26	7.78	6.65
$60,000-$74,999	8.85	8.57	8.31	12.79	17.07	9.37
$75,000-$99,999	11.38	14.83	14.09	21.29	15.60	12.93
$100,000-$124,999	10.16	14.23	16.63	12.84	7.18	10.15
$125,000-$149,999	5.19	10.51	13.12	5.81	2.62	7.25
$150,000-$199,999	7.72	10.46	13.26	5.60	4.06	9.36
$200,000-$249,999	8.43	5.48	3.33	1.32	1.54	5.14
$250,000+	7.75	8.24	6.25	1.44	1.61	6.99
Population by Education Level	**Williamsburg**	**James City**	**New Kent**	**King William**	**Charles City**	**VIRGINIA**
K-8	1.58	0.89	1.58	1.92	3.16	2.59
9 to 12	3.01	3.00	6.95	5.86	14.00	5.90
High School Grad	16.01	19.31	33.34	37.49	40.14	24.13
Some College, No Degree	14.84	17.76	22.60	23.35	20.04	18.9
Associates Degree	5.91	6.93	9.14	7.71	6.27	7.70
Bachelors Degree	30.28	27.15	17.37	15.13	7.77	22.20
Graduate Degree	27.30	24.14	7.46	6.25	3.73	16.76
No Schooling Completed	0.87	0.57	0.60	0.57	2.68	1.18

Source: Buxton Population Report, 2023 Estimates

Labor/Employment

The strongest labor markets are in New Kent and King William counties, with both below 2.9% unemployment. James City is holding steady, at just under the state average. Williamsburg and Charles City are running higher, with Williamsburg notably elevated, possibly due to its tourism-heavy economy, which can be seasonal and less stable.

Unemployment Rate (2022)

Williamsburg	James City	New Kent	King William	Charles City
4.0	2.8	2.4	2.7	3.6

Source: countyhealthrankings.org (2022 data)

Williamsburg

1. College of William & Mary: 2,500+ employees
2. Colonial Williamsburg Foundation: 2,000+ employees
3. City of Williamsburg: 1,000+ employees
4. National Center for State Courts: 500+ employees
5. Sodexo: 400+ employees
6. Williamsburg-James City County School System: 350+ employees
7. Busch Gardens Williamsburg: 300+ employees
8. Kingsmill Resort: 250+ employees
9. Riverside Doctors' Hospital Williamsburg: 200+ employees
10. Williamsburg Landing: 150+ employees

James City County

1. Anheuser-Busch, Inc.: 800+ employees
2. Ball Metal Beverage Container Group: 600+ employees
3. Owens-Illinois: 500+ employees
4. Printpack Inc.: 400+ employees
5. Smithfield Specialty Foods: 350+ employees
6. Kingsmill Resort: 300+ employees
7. Williamsburg-James City County School System: 250+ employees
8. Riverside Regional Medical Center: 200+ employees
9. Sentara: 150+ employees
10. The Williamsburg Winery Ltd: 100+ employees

New Kent County

1. Colonial Downs Group: 400+ employees
2. New Kent County Public Schools: 300+ employees
3. County of New Kent: 200+ employees
4. Food Lion: 100+ employees
5. New Kent Winery: 100+ employees
6. Colonial Downs Racetrack: 80+ employees
7. New Kent County Sheriff's Office: 70+ employees
8. New Kent County Fire-Rescue: 60+ employees
9. New Kent County Health Department: 50+ employees
10. New Kent County Library: 40+ employees

King William County

1. King William County Public Schools: 300+ employees
2. Nestlé Purina PetCare: 200+ employees
3. King William County Government: 150+ employees
4. Food Lion: Roughly 100 employees
5. King William County Library: 80+ employees
6. King William County Social Services: 60+ employees
7. King William Family YMCA: 50+ employees
8. King William Volunteer Rescue Squad: 40+ employees
9. King William Volunteer Fire Department: 30+ employees
10. King William County Health Department: 20+ employees

Data Collection and Analysis

Community Health Needs Assessment (CHNA) Survey Process

The Peninsula Community Health Collaborative (PCHC) — a partnership of major health systems in Hampton Roads — conducted a comprehensive assessment to better understand the health needs of the communities we serve. Members of this collaborative include:

- Bon Secours
- Children's Hospital of The King's Daughters (CHKD)
- Riverside Health
- Sentara
- The Hampton and Peninsula Health Districts of the Virginia Department of Health (VDH)

A stakeholder and community member online survey in English was issued under the signature of VDH. The survey was distributed across a wide geographic region: the Eastern Shore, Middle Peninsula, Peninsula, South Hampton Roads, Western Tidewater and Northeastern North Carolina. The CHNA survey launch was October 1, 2024 and extended through the end of February 2025. A total of 3,057 responses were received.

Community stakeholders include people 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.

Community members and community stakeholders (leaders) were asked to select the three most important health concerns and the barriers to accessing health care resources. We used the stakeholder and community survey data for insights regarding community health, the barriers and suggestions for improvement. This information helped us identify the most pressing health concerns and understand the challenges preventing access to care.

Analysis was completed using a relative ranking approach based on the total number of responses submitted per market, rather than calculating percentages per item. This method allowed us to identify the top three health priorities in each community by the absolute number of times each issue was selected, which provided a clearer picture of community-wide priorities.

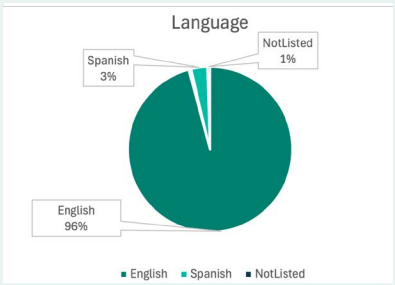
The CHNA survey received a total of 3,057 responses.

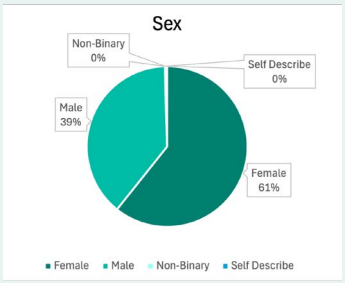
Survey Findings

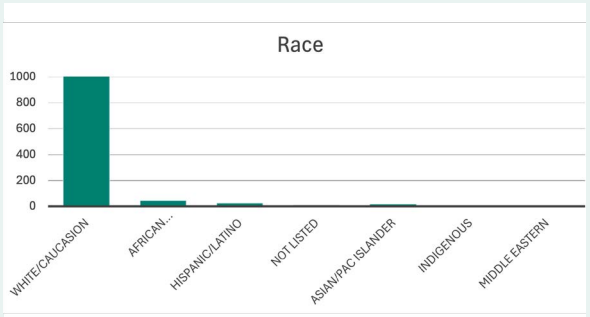
The community members included a broad range and covered all areas within the Williamsburg market. The Williamsburg Community demographics included 1,088 respondents:

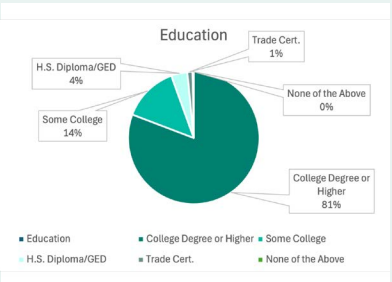
Community Survey Respondent Demographics:

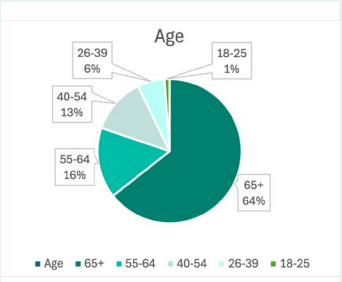
1,088 Responses

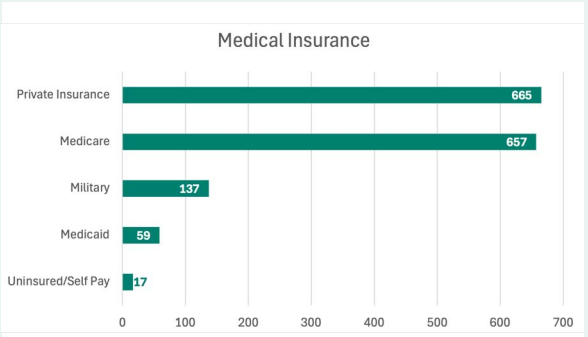










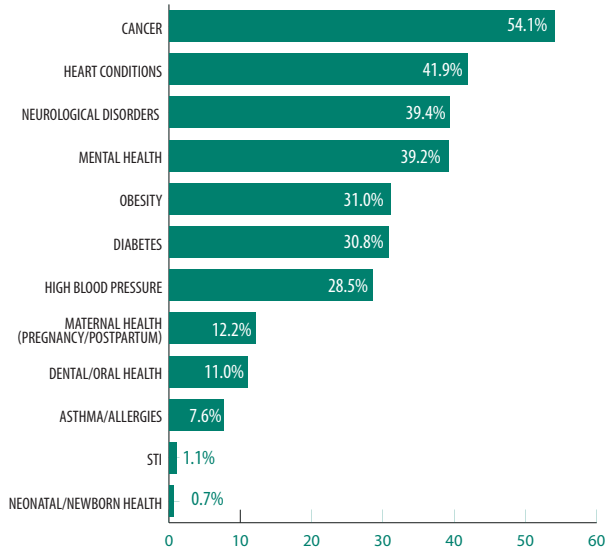


Insights from the Community Members

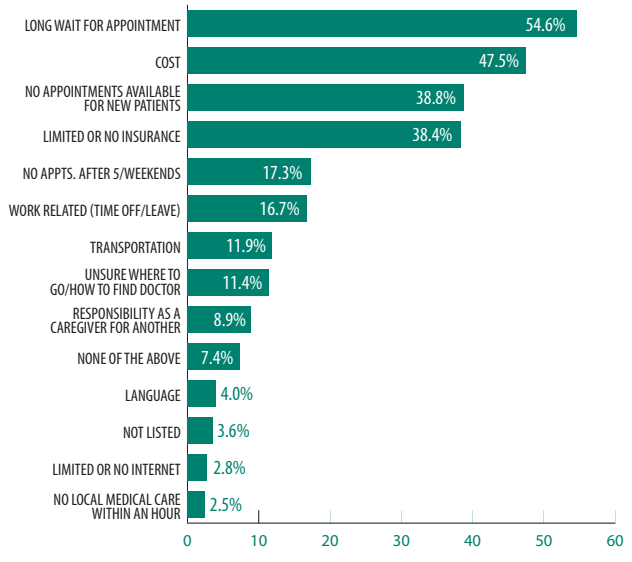
1. **Community/Adults**
   - **Top adult concerns**: Cancer, neurological disorders, heart conditions
   - **Comments:** Cancer and neurological disorders are significant concerns, highlighting the need to prioritize access to specialized health care services
2. **Community/Youth (0-17)**
   - **Top youth concerns:** Mental health, obesity, asthma/allergies
   - **Comments:** Similar to stakeholders, mental and physical health issues emerged as priorities. These priorities mirror regional and national trends and reflect challenges that may be linked to social determinants of health, such as access to healthy food, safe environments and timely behavioral health support. This suggests the need for targeted pediatric services, early intervention and community education efforts. Barriers include cost, access and insurance, as shown in the following charts.

Williamsburg Community: Adults – Top Concerns and Barriers

Top Adult Health Concerns

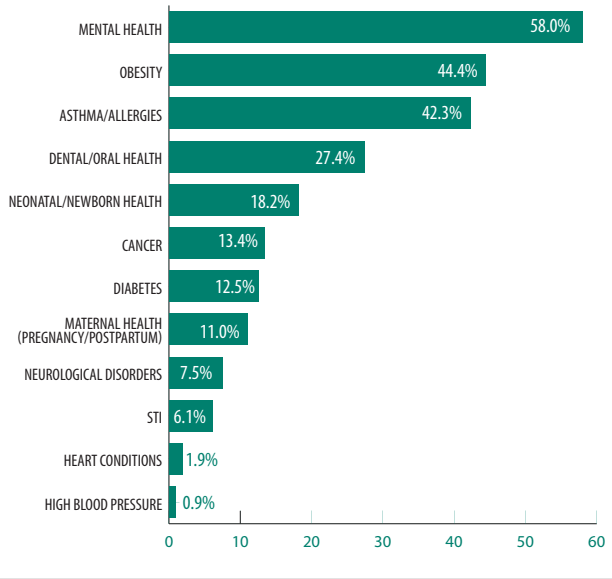


Top Barriers to Accessing Resources



Williamsburg Community: Youth – Top Concerns and Barriers

Top Youth Health Concerns



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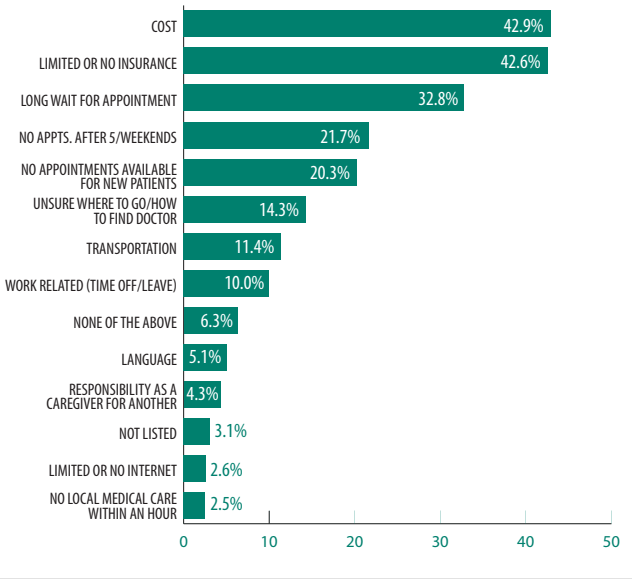
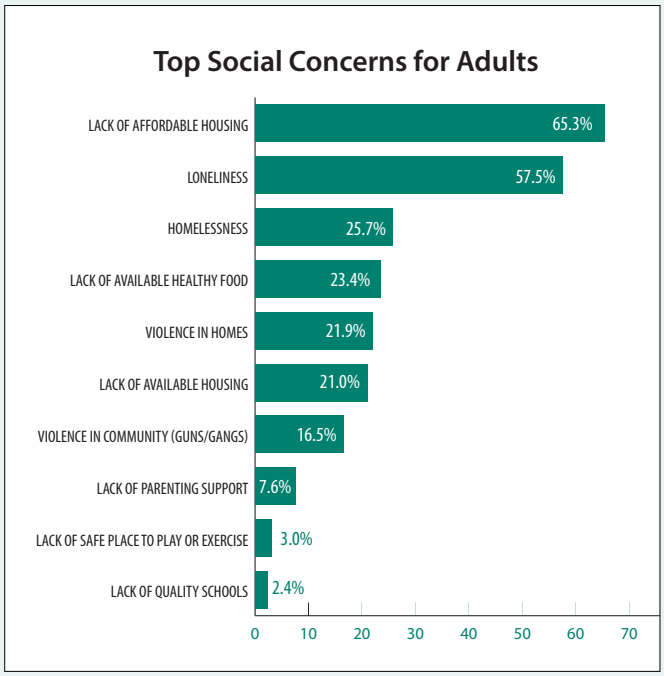
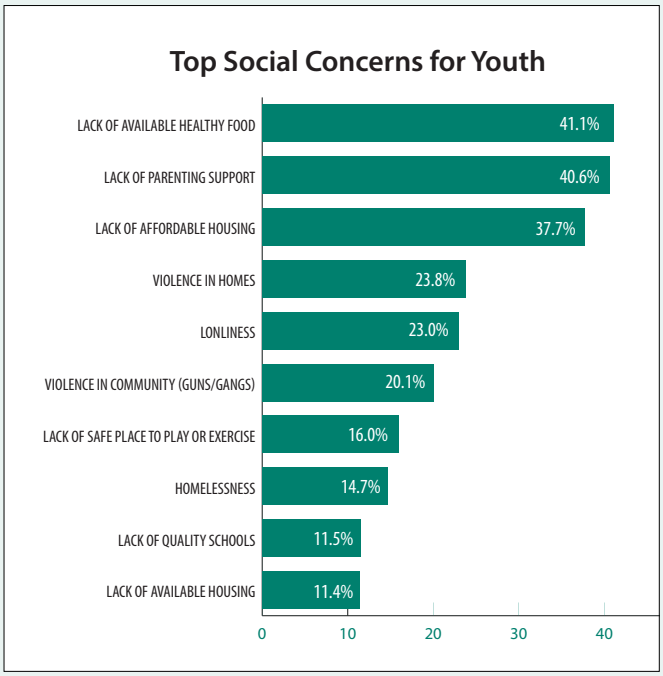


Williamsburg Community: Top Social Concerns





In addition to the questions regarding health conditions and concerns, the community members were asked to respond to questions regarding behavioral, personal and environmental concerns and trusted sources of health information. There were also free text options for comments. The findings and recurring themes noted in the comments were as follows:

Top behavioral concerns

Adults:
Addiction to alcohol, illegal drug use, gun access/safety

Youth (0-17):
Bullying and cyberbullying, gun access/safety, illegal drug use

Top personal factors impacting quality health care

Type of health insurance, relationship with medical provider, level of education

Top environmental health safety concerns

Mold, mosquitoes, air quality

Most trusted sources of information

Health care provider, federal government, internet

Summary of additional suggestions from free text responses, or items not included, regarding health care:

The responses we received highlight several key concerns. Access to mental health services is a significant issue, with a shortage of therapists and long wait times for appointments. Anxiety and depression are prevalent, particularly among adolescents.

Obesity is a major concern for both children and adults, leading to various health issues such as diabetes, heart disease and high blood pressure. Access to dental care is also problematic, with many people unable to afford treatment or find providers who accept their insurance.

Additionally, there are concerns about the impact of screen time on children's mental health, the need for better support for neurological disorders and the importance of comprehensive care for chronic conditions. Overall, the need for more accessible and integrated health care services is a recurring theme.

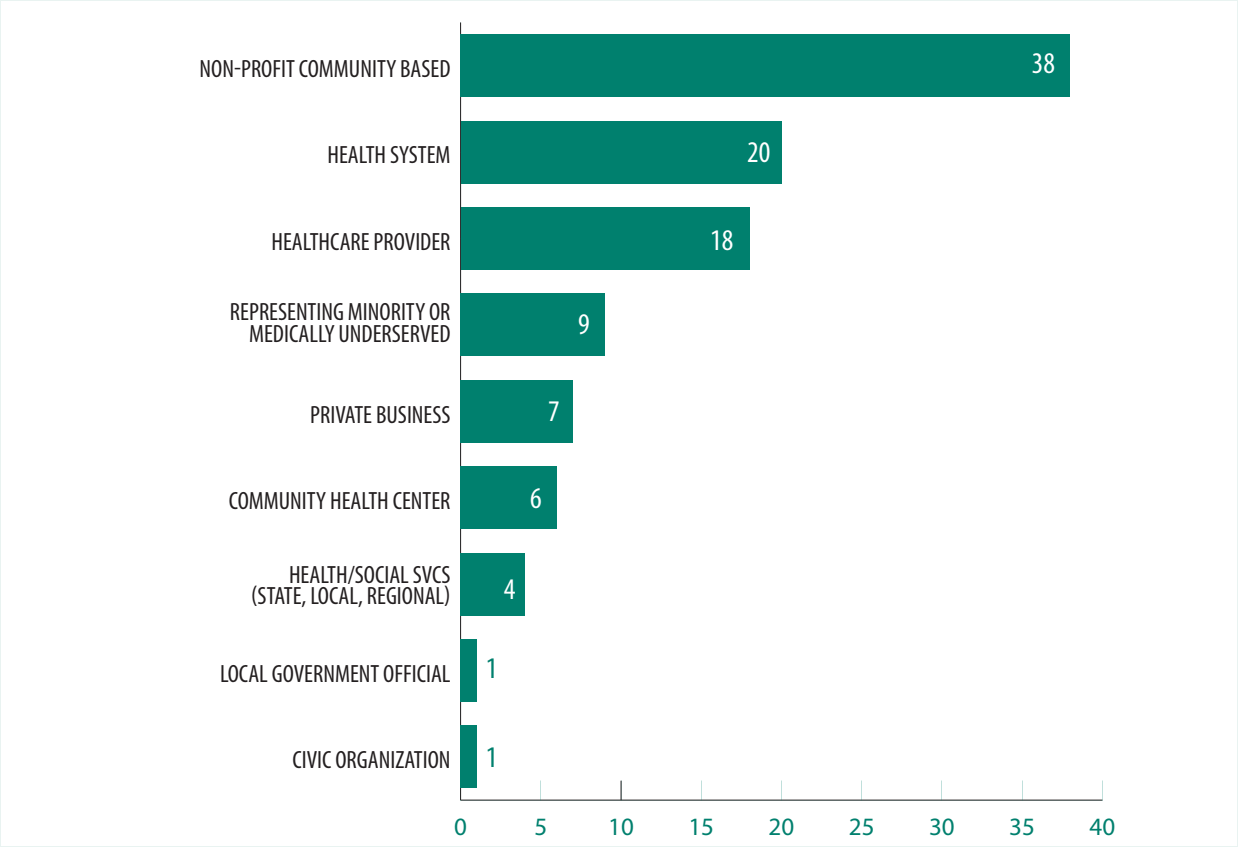
Insights from Community Leaders/Stakeholders

Organizations Included:

360 Behavior Consulting
3e Restoration, Inc.
Alternatives, Inc.
AmeriCorps
Avalon Center
Bon Secours
Cancer Action Coalition of Virginia
Catholic Charities of EVA
Child Development Resources (CDR)
Chi Eta Phi Sorority
Children's Clinic, Ltd.
Children's Harbor
Children's Health System
Children's Hospital of The King's Daughters (CHKD)
CHKD Child Advocacy Center (CAC)
CHKD Town Center Pediatrics
CHKD Health and Surgery Center
Children's Specialty Group (CSG)
CIVIC Leadership Institute
College of William & Mary
Community of Faith Mission
Criner Remodeling
Eastern Virginia Medical School (EVMS)
Family in Focus®
FirstSpark
Grove Christian Outreach Center
Here for the Girls
James City County Dept. of Social Services
James City County Neighborhood Development
James City Volunteer Rescue Squad
Lackey Clinic
Local Emergency Planning Committee (LEPC)
Mediation Center
Olde Towne Medical & Dental Center
Patient Advocate Foundation
Peninsula Community Foundation of Virginia
Peninsula Pastoral Counseling Center
Phoenix Counseling PLLC
Project Nana, Inc.
Rebound Chiropractic
Regina Enterprises
Riverside Health
Riverside Home Health
Safe House Project
Sentara
Sentara Health Plans
Sentara Williamsburg Regional Medical Center
The AFYA Effect Family Healthcare Services
The Williamsburg Dental Group, PLC
Tidewater Arts Outreach
Virginia Health Catalyst
Volunteers of America (VOA) Chesapeake and Carolinas
Wave Church
Williamsburg Community Chapel
Williamsburg Faith In Action
Williamsburg Youth Counseling
Young Life

Stakeholder Survey Respondents: Organizational Perspective and Role

In Williamsburg, for the Community Leaders, there were 104 results returned.



In Williamsburg, the Community Leaders were made up of accounting managers, CEOs, administrators, managers, educators, directors, physicians, nurses, mental health therapists, clergy and others.

Stakeholder/Adults

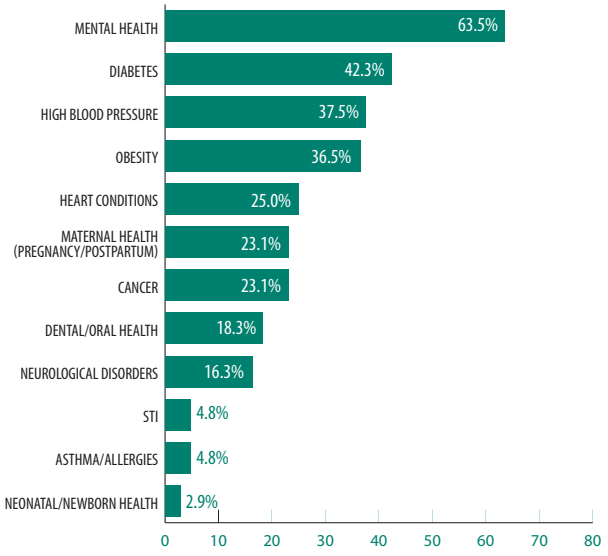
- **Top concerns:** Mental health, diabetes, high blood pressure
- **Comments:** Mental health is a top concern, with diabetes and high blood pressure indicating a need for management of chronic disease

Stakeholder/Youth (0–17)

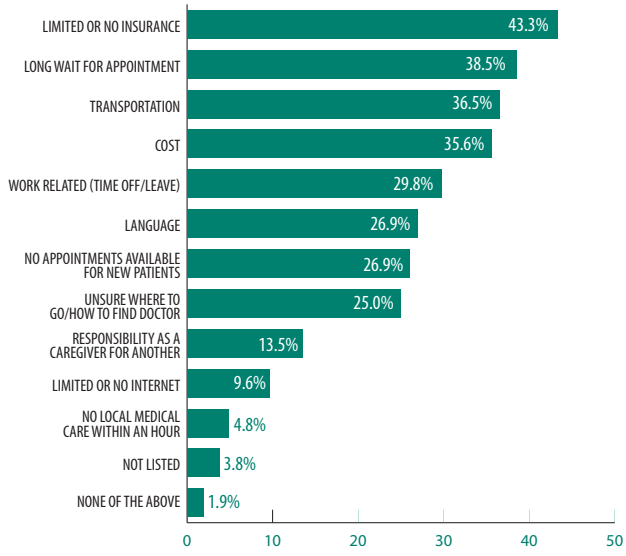
- **Top concerns:** Mental health, obesity, asthma/allergies
- **Comments:** Mental health is crucial, with obesity and asthma/allergies being consistent concerns across sites in this group

Williamsburg Stakeholders: Adults – Top Concerns and Barriers

Top Adult Health Concerns

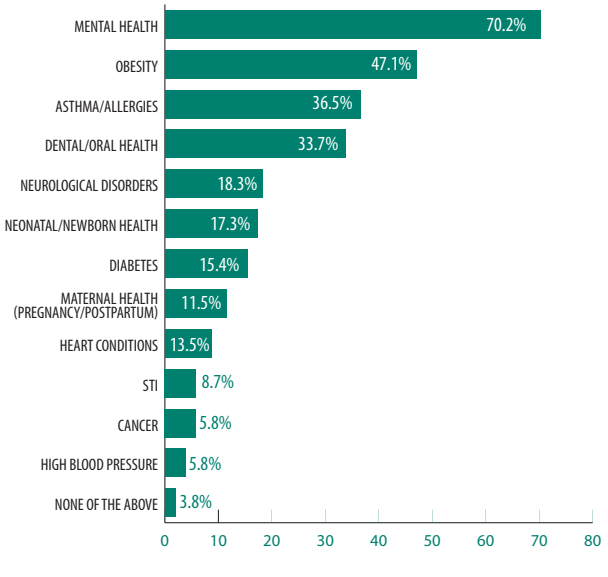


Top Barriers to Accessing Resources

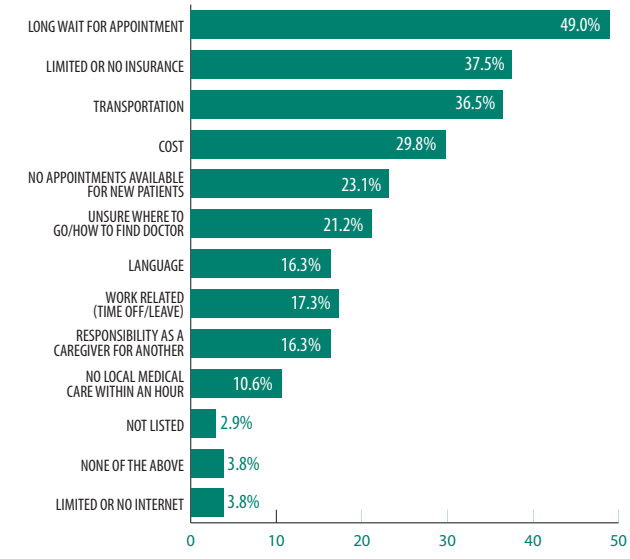


Williamsburg Stakeholders: Youth – Top Concerns and Barriers

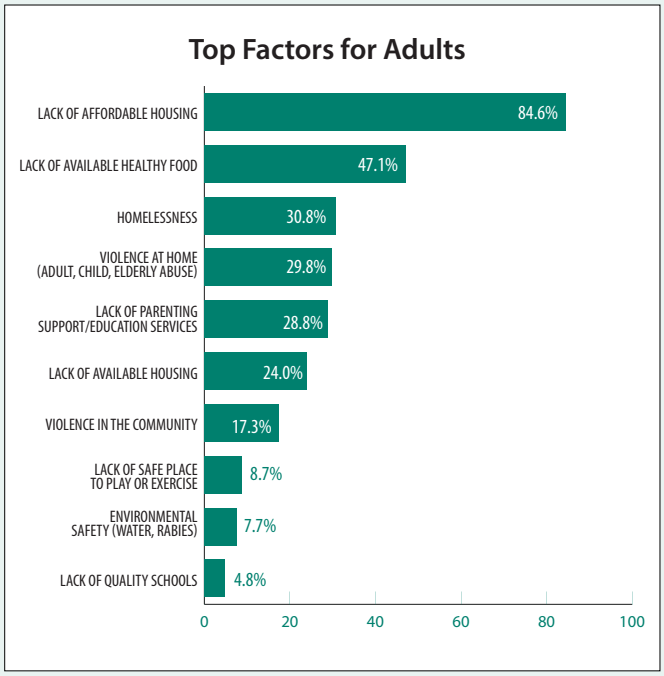
Top Youth Health Concerns

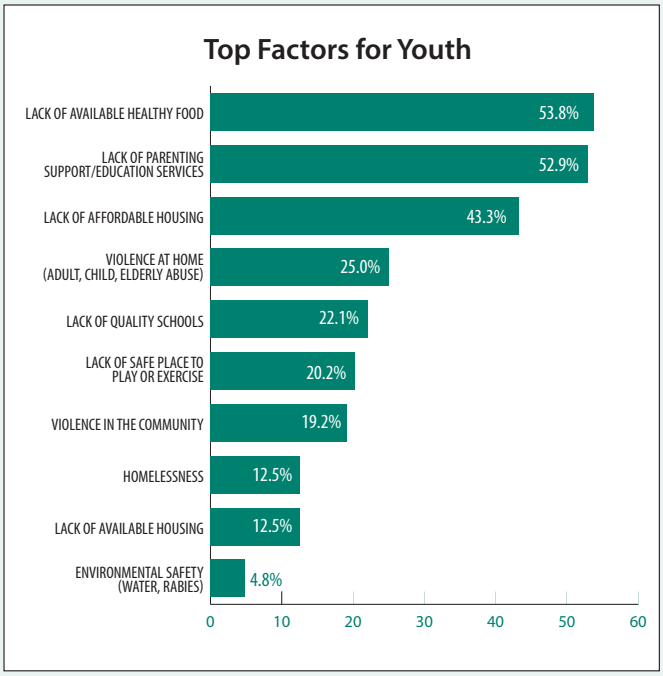


Top Barriers to Accessing Resources

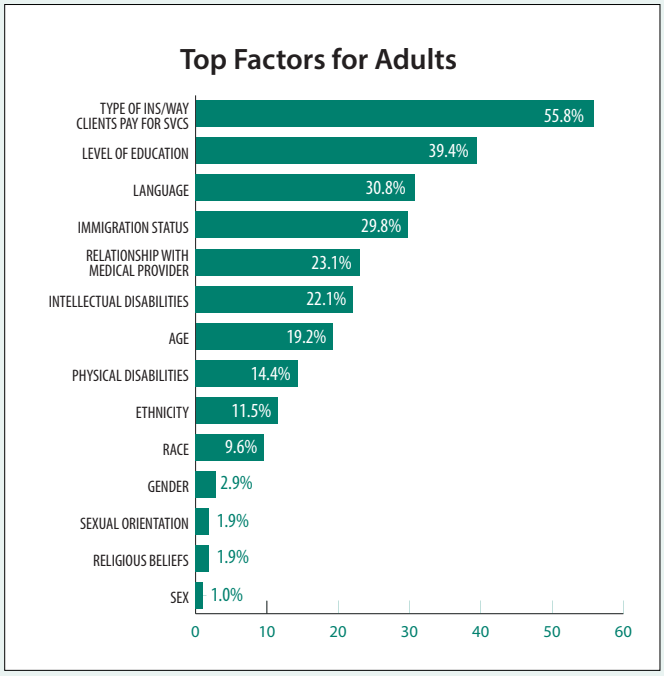


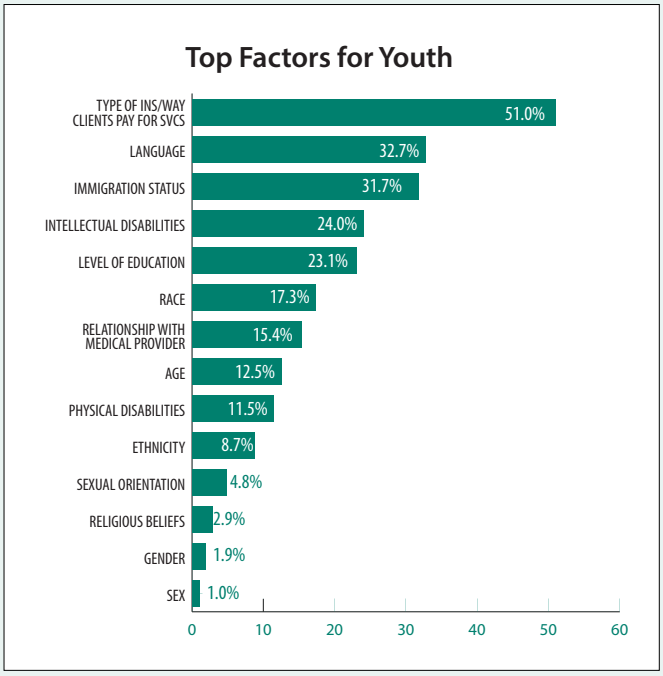
Williamsburg Stakeholders:
Top Social Factors Negatively Impacting Quality of Care





Williamsburg Stakeholders:
Top Personal Factors Negatively Impacting Quality of Care





In addition to the questions regarding health conditions/concerns, the stakeholders were asked to respond to questions regarding behavioral and environmental concerns, and about their trusted sources of information. There were also free text options for comments. The findings and recurring themes noted in the comments were as follows:

Greatest Behavioral Concerns

Adults: Alcohol addiction, illegal drug use, tobacco and vaping

Youth (0-17): Bullying and cyberbullying, tobacco and vaping, gun access/safety

Top Environmental Health Safety Concerns

Mold, air quality, quality drinking water

Most Trusted Sources of Information

Health care provider, internet and social media and friends and family

Summary of Additional Suggestions Regarding Health Care from Free Text Responses or Items Not Included

The responses highlight several critical concerns. People experiencing homelessness is a growing issue, with inadequate resources and funding to support those in need. This lack of stable housing negatively impacts children's education and health.

Violence in the community, including gun violence, significantly affects children, teenagers and young adults. Single parents working multiple jobs struggle to be present for their children, leading to unsupervised youth getting into trouble. Access to affordable housing and childcare is limited, exacerbating financial and emotional stress for families. Many individuals, especially those without transportation, rely on unhealthy food options from nearby mini-marts, contributing to obesity and related health issues. Elder abuse and caregiver fatigue are also significant concerns, with many families unaware of available community services. Overall, the need for more accessible and integrated support systems, including safe housing, nutritious food and mental health resources, is a recurring theme.

Overall Summary

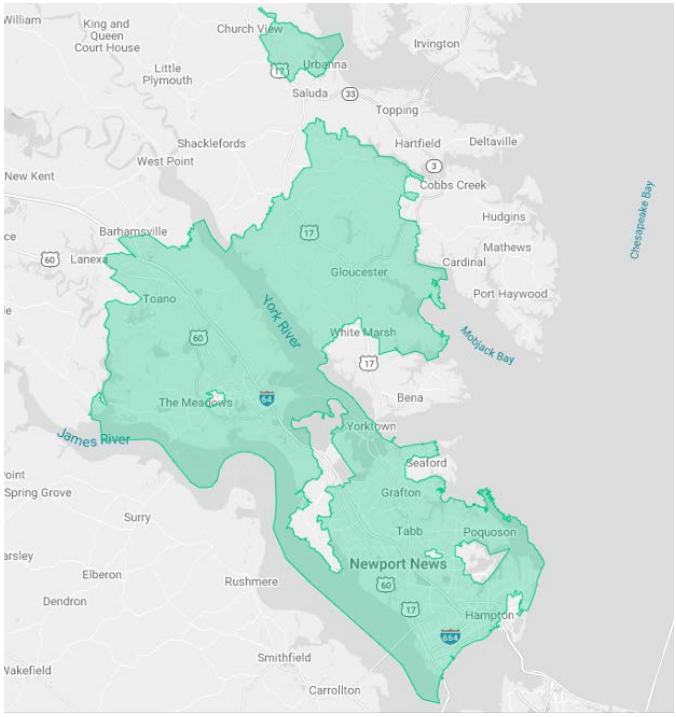
	Stakeholder/Adults	Community/Adults	Stakeholder/Youth (0-17)	Community/Youth (0-17)
RDHW	1. Mental Health 2. Diabetes 3. High Blood Pressure	1. Cancer 2. Neurological Disorders 3. Heart Conditions	1. Mental Health 2. Obesity 3. Asthma/Allergies	1. Mental Health 2. Obesity 3. Asthma/Allergies

Community Conversations:

- Beyond community assessments, we hosted a series of community conversation groups to gain insight from diverse voices in the area. This allowed us to obtain more specific information directly from leaders and residents, ensuring their perspectives are included in our findings.
- PCHC members on the Peninsula collaborated with community organizations and engaged with community members to discuss pressing issues facing our community, identify barriers to health and well-being and determine opportunities for community health improvement. A community conversation event gave the participants a chance to voice their opinions and discuss how to improve health opportunities in their community.
- The community conversation sessions were held from the fall of 2024 to spring of 2025. The form was created in English and Spanish, with an interpreter available when appropriate. In total, there were 126 participants. The Williamsburg sessions are highlighted below.

Date	Location
11/18/2024	YMCA – Williamsburg
11/25/2024	HRCAP
12/4/2024	York Senior Center
12/10/2024	An Achievable Dream
12/11/2024	Gloucester Mathews Care Clinic
1/25/2025	Peninsula Pastoral Counseling Center
1/24/2025	LGBTQ Life Center
1/27/2025	100 Black Men
1/29/2025	Hispanic Circle of Parents/Adult Group
2/5/2025	Sentara Williamsburg Patient & Family Advisory Council
2/10/2025	LINK of Hampton Roads
5/22/2025	Four Oaks Adult Day Center

The map below highlights the zip codes of all community conversations participants.



Comprehensive Community Conversation Summary Report

Access to Care and Navigation

Across nearly all groups, participants described significant challenges in accessing timely, affordable and quality health care. Long wait times, difficulty securing appointments and navigating insurance were recurring themes.

In particular, formerly incarcerated individuals and immigrants noted gaps in continuity of care and difficulties transferring medical records or accessing Medicaid services. Transportation barriers also impeded appointment attendance, particularly for seniors, low-income residents and re-entry populations.

Mental Health and Substance Use

Mental health was a central concern across all populations. Participants cited difficulty accessing therapy, long waitlists, stigma and lack of culturally competent counselors. Trauma, grief and depression were common, especially among veterans, re-entry groups, LGBTQ+ individuals and low-income families. Substance use support was described as limited and not always accessible during crises.

Social Determinants of Health

Housing insecurity, food deserts, unemployment and poverty were reported as major barriers to wellness. Formerly incarcerated individuals, immigrants and youth experienced extreme instability that overshadowed health priorities. Community members requested more job training, affordable housing and healthy food access.

Trust, Stigma and Cultural Competence

Mistrust in the health care system — especially among Black, Hispanic, LGBTQ+ and formerly incarcerated participants — contributed to avoidance of care. Individuals feared judgment, bias or inadequate treatment due to identity or background. Participants expressed a strong need for affirming providers and services that respect their lived experiences.

Health Literacy and Education

Many participants — especially older adults, immigrants and those with disabilities — struggled to understand health information, insurance documents and medical instructions. Confusion led to poor self-management and delayed access to care.

Youth and Family Wellness

Parents and caregivers shared concerns about child health, including asthma, obesity, ADHD and limited pediatric care. School-based services and culturally relevant family education were seen as vital supports.

Recommendations for Community Health Improvement

- **Improve Access and Navigation**
  Expand mobile clinics, increase appointment availability, reduce wait times and provide transportation assistance. Offer patient navigation and pre-release planning for re-entry populations.

- **Strengthen Mental Health and Substance Use Services**
  Increase trauma-informed and culturally competent care options, reduce waitlists, offer mobile and faith-based counseling and improve access to substance use treatment, including Medication Assisted Treatment (MAT).

- **Address Social Determinants of Health**
  Collaborate on affordable housing, job access and food security. Co-locate social and health services at trusted community sites.

- **Build Trust and Cultural Competence**
  Train providers in cultural humility and bias reduction. Employ peer navigators and community health workers. Ensure services are inclusive and respectful of diverse identities.

- **Enhance Health Literacy and Communication**
  Provide plain language education, simplify insurance and system navigation, and offer workshops at schools, churches and community centers.

- **Support Youth and Families**
  Strengthen school-based health services, improve coordination with pediatric providers and expand access to family-centered wellness programs and parenting support.

Combined Community Conversation Group Demographic Summary

Category	Details
Total Estimated Participants	**126*** *(*indicates that several focus group participants did not share their demographic information).*
Race/Ethnicity	Black or African American: 39 (45%); White: 33 (38%); Hispanic or Latino: 12 (14%); Indigenous: 2 (2%); Native American: 1 (1%)
Gender	Women: ~67 (67%); Men: ~33 (33%); LGBTQ+ and Gender-Diverse: (not identified on the sheet)
Age Distribution	Adults (18-64): ~104 (70%); Older Adults (65+): ~30 (20%); Youth represented via Parents: ~14 (10%)
Notable Populations	Formerly incarcerated, Veterans, LGBTQ+ individuals, Immigrant and Spanish-speaking communities, Parents/Caregivers, low-Income and housing-insecure residents, Seniors

Results available upon request

In addition to the formal CHNA process, Riverside seeks community input year-round.

We gather insights through:

- **Peninsula community conversations sessions**
- **Patient advisory groups**
- **"Contact Us" submissions via our website**
- **Feedback from our community board members**

This multi-faceted approach ensures we are continuously listening and responding to the needs of all community members.

Health Indicators

Mental Health and Substance Abuse

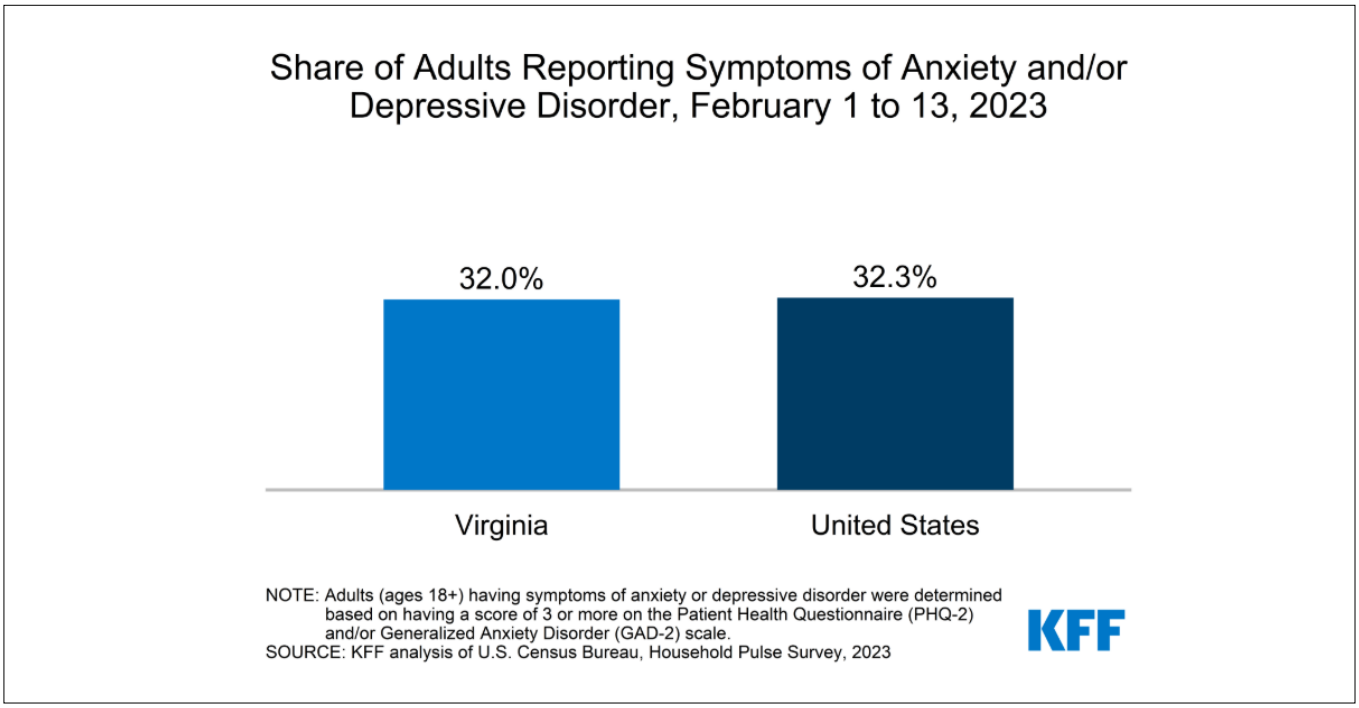
Mental and behavioral health continue to be a key concern across the region, with indicators such as frequent poor mental health days, high smoking and excessive drinking rates, opioid dispensation, suicide rates and drug overdose deaths, all indicating a significant mental health burden. These findings suggest continued need for accessible, coordinated mental health and substance use support services.

Inpatient behavioral health discharges at the region's larger hospitals have risen from 23% to 27% since early 2020 (VHI). This reflects the growing mental health needs as seen in surveys, outpatient demand and national trends. Smaller hospitals show more variation year-to-year due to lower volumes and limited inpatient capacity. Many patients ultimately receive care at larger facilities, reinforcing that behavioral health remains a serious concern across all markets.

Emergency department visits for mental health crises, including suicide attempts, anxiety, depression and substance-related issues have also increased in recent years.

"Statewide ED visits for attempted suicide rose 6% from 2020 to 2023 (VHHA)", with pediatric emergency visits for anxiety and depression surpassing pre-pandemic levels. "Out of every 100,000 ED visits, 5,118 visits were related to mental health as of April 2025 (CDC)."

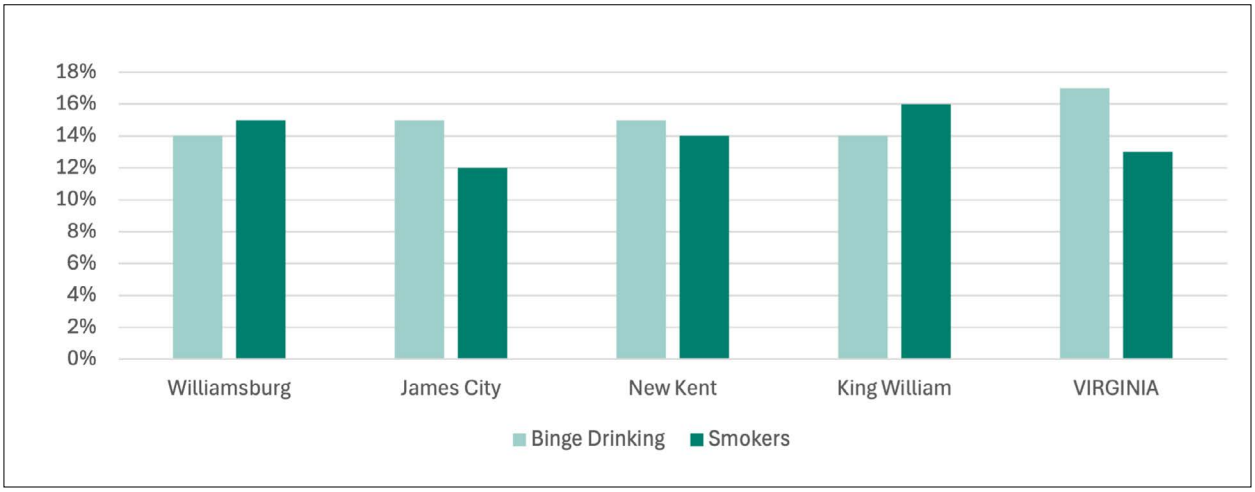
These trends suggest gaps in outpatient or crisis care availability. Evaluating ED trends by county can strengthen our understanding of resource needs and informed strategies to invest in resources.



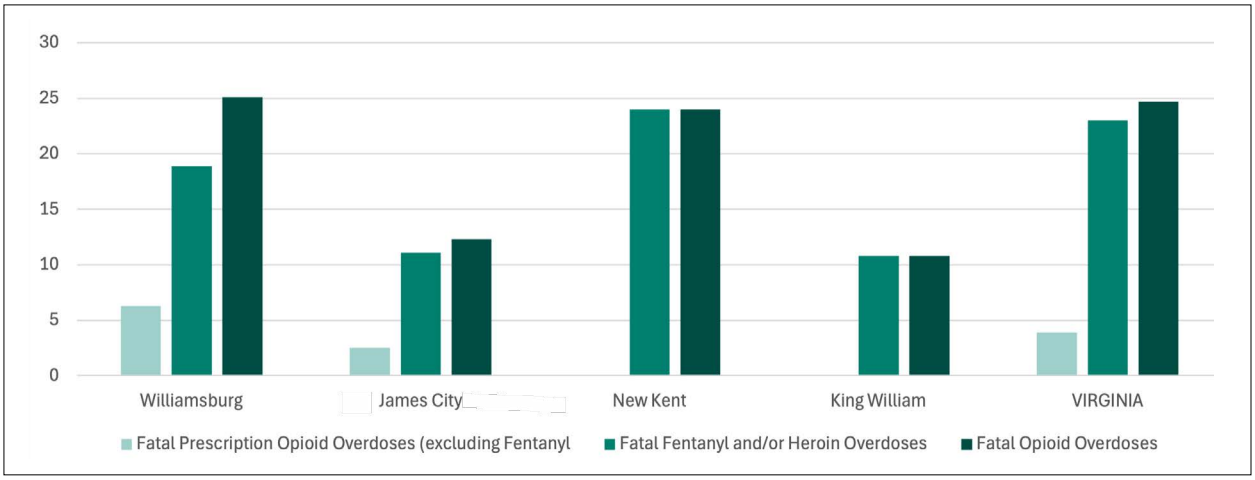
Mental and Physical Health Snapshot (2024)

County	Average Number of Physically Unhealthy Days	Average Number of Mentally Unhealthy Days	% Fair or Poor Health	% With Access to Exercise Opportunities	# Primary Care Physicians	# Mental Health Providers
VIRGINIA	3.8	5.3	16	84	6,443	23,001
Charles City	4.6	6.1	21	19	1	3
James City	3.3	4.7	13	98	89	365
New Kent	3.8	5.5	13	86	7	38
Williamsburg	4.1	5.7	17	100	2	6
King William	4.2	5.7	18	64	6	13

Substance Use: Risks/Impacts (2024)



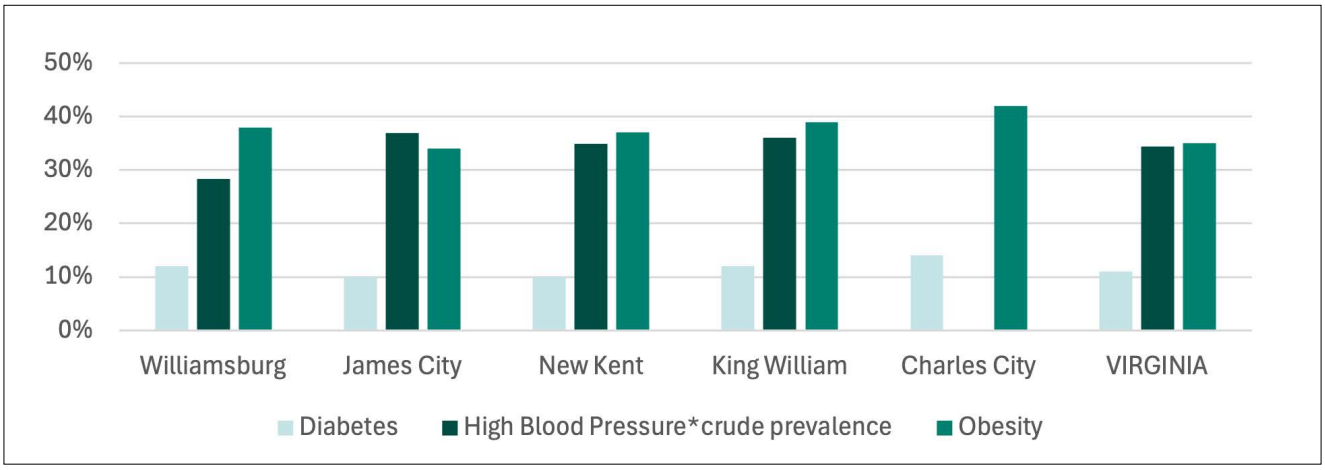
Overdose Death Rate by Locality of Residence (2024)



Source: countyhealthrankings.org

Chronic Disease (2022)

Chronic conditions like diabetes, high blood pressure and obesity continue to impact residents across the region. Though some rates vary by locality, these conditions remain key concerns based on available data and community input.



Source: countyhealthrankings.org

Living with AIDS/HIV (per 100,000) (2023)

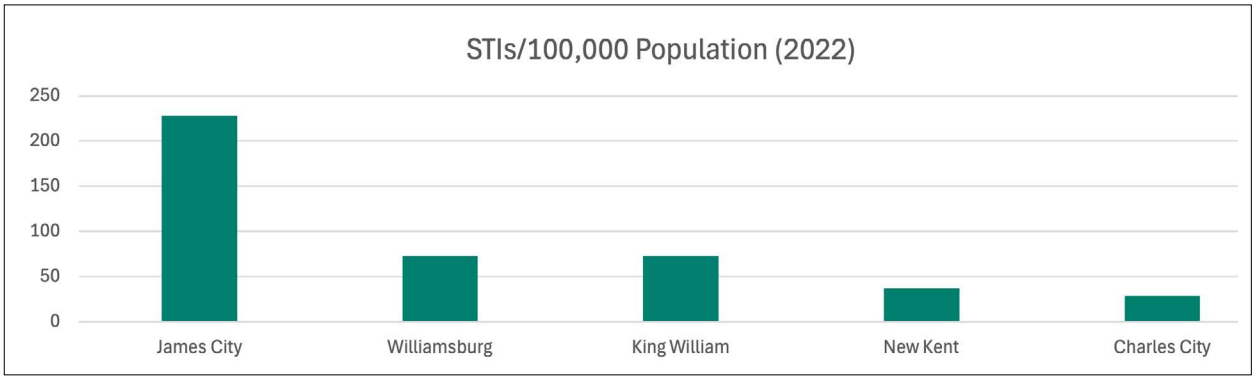
Williamsburg	James City	New Kent	King William	VIRGINIA
295.1	150.2	154.8	88.1	320.6

Source: vdh.virginia.gov/content/uploads/sites/10/2024/08/HIV-AIDS-Annual-Report-2023.pdf

STIs (2022)

Chlamydia is the most common bacterial STI in North America, causing tubal infertility, ectopic pregnancy, pelvic inflammatory disease and chronic pelvic pain. Each year, about three million teenagers contract STIs, with females aged 15 to 19 at highest risk. STIs increase the risk of cervical cancer, infertility and premature death, and have a high economic burden. Chlamydia disproportionately affects underserved communities, especially minoritized adolescent women.

Source: countyhealthrankings.org/health-data



Source: countyhealthrankings.org

Cancer

Cancer screening rates allow us to examine access and utilization of preventative care. This is important in early detection and improved cancer outcomes.

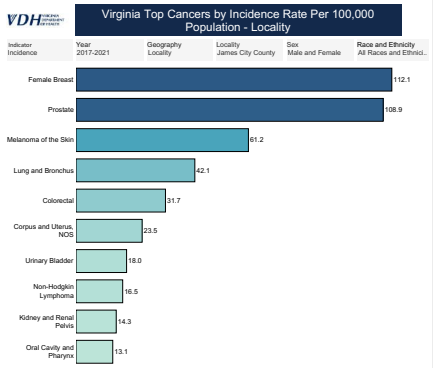
Differences in screening rates among these communities reflect barriers such as limited access to primary care, lack of health insurance or other socio-economic burdens.

Exploring where certain cancers are more prevalent may help us to target education, outreach or screening initiatives. Differences between communities may indicate environmental, behavioral or systemic factors, influencing local cancer trends. The charts below show cancer volumes by city, and can help guide efforts to reduce disparities and improve cancer outcomes through prevention, early detection and timely treatment.

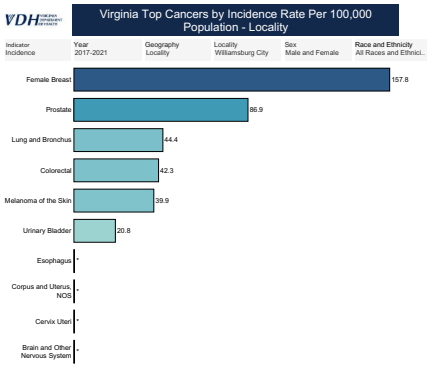
Top Cancer Incidence by City/100,000 (2018-2022)

Cancer incidence by city:

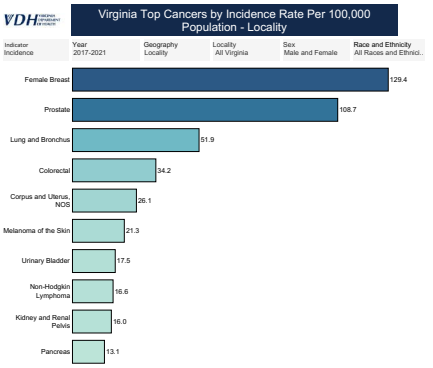
James City



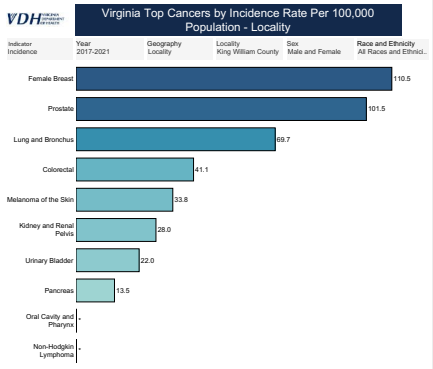
Williamsburg



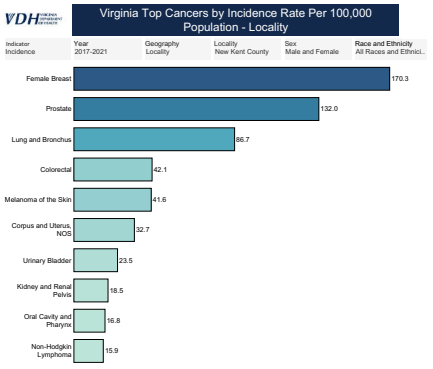
VIRGINIA



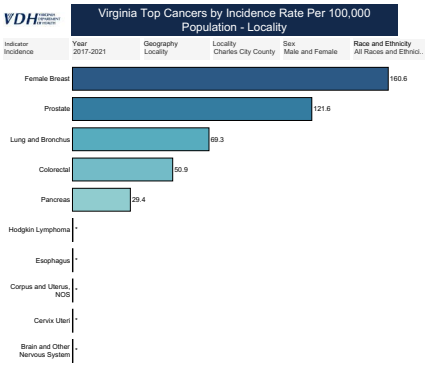
King William



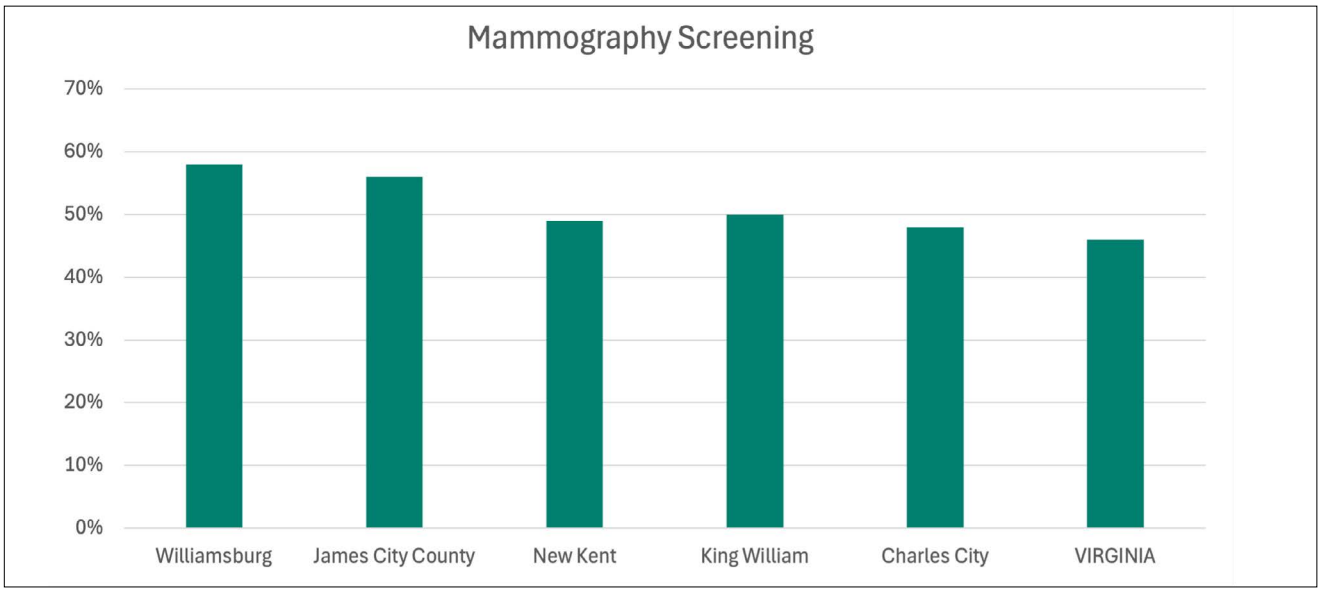
New Kent



Charles City



Source: VDH



Source: County Health Rankings

Maternal/Child Health

Maternal and child health (MCH) refers to the health status and health care services related to women during pregnancy, childbirth and postpartum, as well as the health of infants and children up to adolescence. It is a critical area of public health that significantly affects a population's overall well-being and development.

Maternal and child health is foundational to public health. Progress has been made in reducing teen births and increasing immunizations, but challenges continue, especially around access to care, mental health and persistent disparities. Tracking indicators such as prenatal care, infant mortality and birth outcomes is essential for informing programs and policies that support healthy moms, babies and communities.

Maternal and Child Health Data (2022)

County	Williamsburg	James City	New Kent	King William	Charles City	VIRGINIA
Total Live Births	67	741	273	220	32	95,615
Total Infant Deaths	0	3	1	0	1	593
Medicaid Births %	44.1%	23.5%	21.2%	27.4%	40.6%	33.8%
Late or no Prenatal Care %	27.7%	12.5%	4.8%	2.8%	9.4%	5.1%
Low Birthweight Deliveries %	7.5%	5.5%	6.6%	4.5%	12.5%	8.5%
Preterm Births %	13.6%	6.4%	10.3%	8.2%	6.3%	9.6%
Maternal Smoking %	1.5%	1.9%	2.9%	5.5%	6.3%	3.2%
Teen Pregnancy Rate	4.6	9.8	12.1	16	14.9	15.6
Total Infant Death Rate/1,000 Live Births	0	4	3.7	0	0	6.2

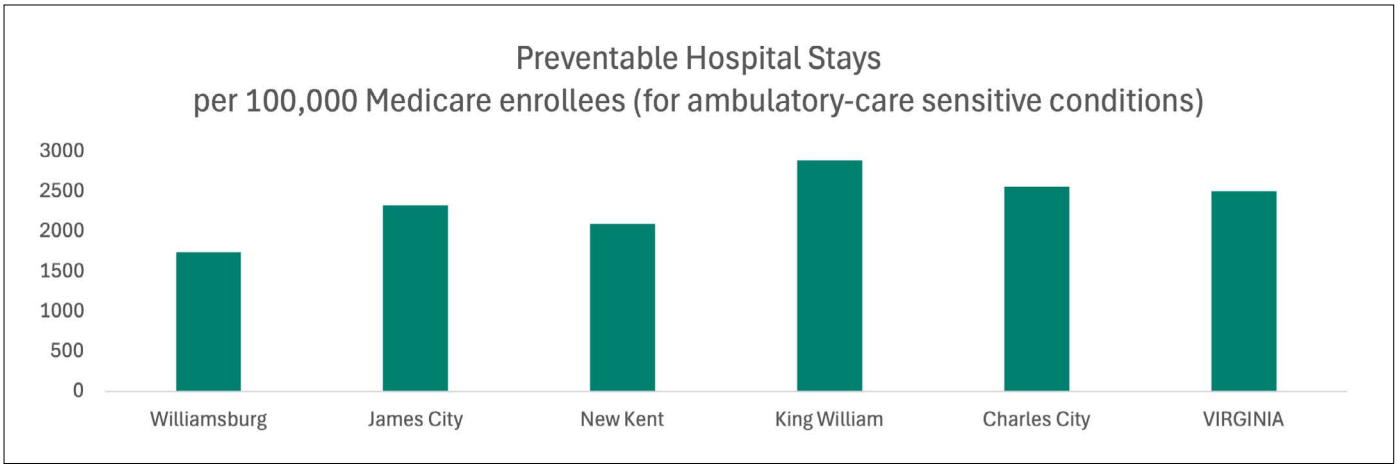
Source: Virginia Department of Health Maternal & Child Health Data vdh.virginia.gov/data/maternal-child-health/ 2022 data.

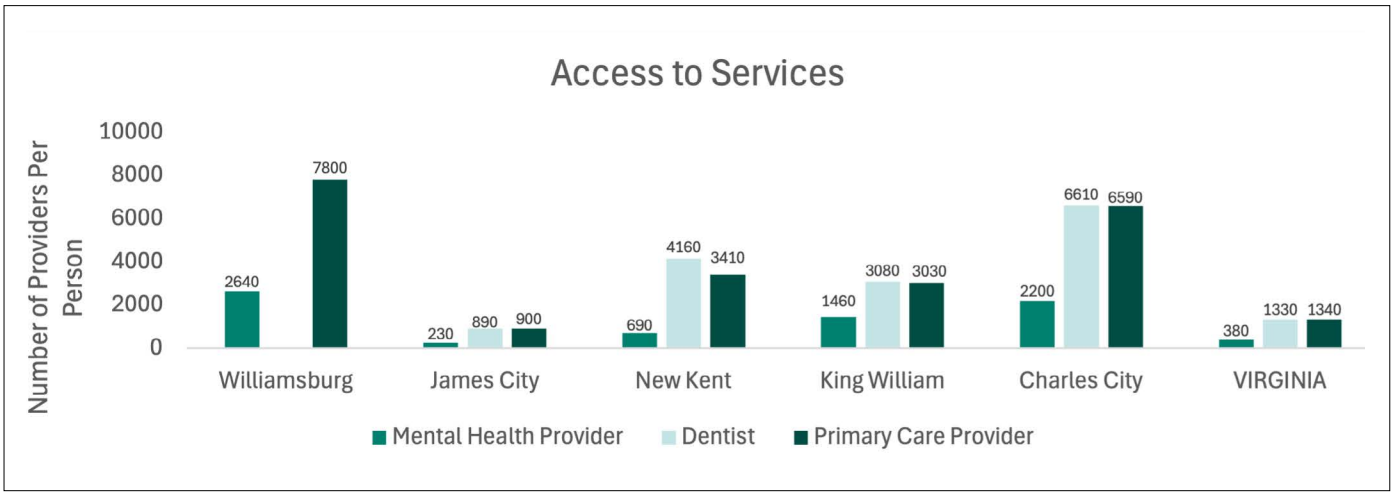
Access to Care and Preventable Hospital Stays

Good health requires availability of care and access to physicians.

King William has the highest rate of preventable hospital stays, while Williamsburg has the lowest. In terms of health care access, JCC leads with the most mental health providers, dentists and primary care providers per person. Conversely, Williamsburg has the fewest mental health and primary care providers. This highlights significant disparities in health care accessibility and preventable hospital admissions across these regions.

Preventable Admissions and Accessibility of Services

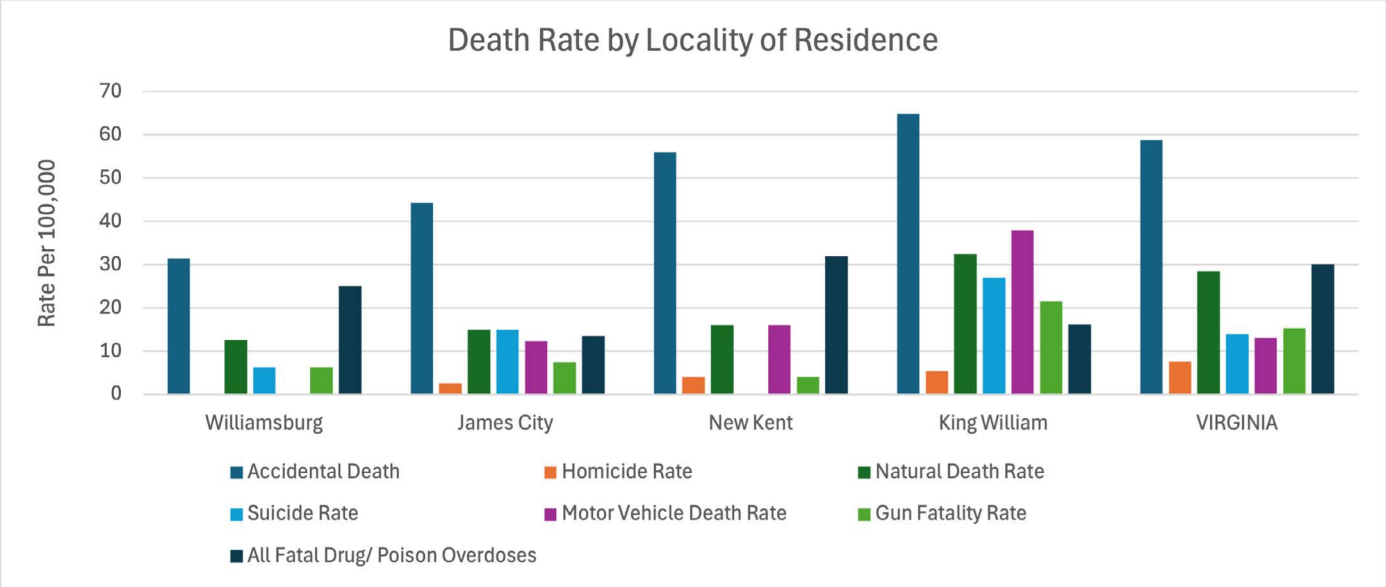




Source: countyhealthrankings.org

Mortality/Life Expectancy

Mortality and life expectancy are key indicators of a community's overall health. While advances in health care have extended life expectancy in recent decades, disparities persist due to factors such as chronic disease, access to care, socioeconomic status and health behaviors.



Cause of Death, Williamsburg Cities (2022)	Deaths	Crude Rate
Atherosclerotic heart disease	70	56.1
Unspecified dementia	63	50.5
COVID-19	61	48.9
Alzheimer disease, unspecified	55	44.1
Bronchus or lung, unspecified - Malignant neoplasms	51	40.9
Congestive heart failure	34	27.3
Chronic obstructive pulmonary disease, unspecified	26	20.9
Senile degeneration of brain, not elsewhere classified	26	20.9
Acute myocardial infarction, unspecified	24	19.2
Parkinson disease	24	19.2
Pancreas, unspecified - Malignant neoplasms	19	15.2
Colon, unspecified - Malignant neoplasms	18	14.4
Cerebrovascular disease, unspecified	15	12.0
Malignant neoplasm of prostate	14	11.2
Other forms of acute ischemic heart disease	13	10.4
Septicaemia, unspecified	13	10.4
Malignant neoplasm without specification of site	12	9.6
Stroke, not specified as hemorrhage or infarction	12	9.6
Breast, unspecified - Malignant neoplasms	11	8.8
Heart failure, unspecified	11	8.8
Cardiac arrest, unspecified	10	8.0

Source: *wonder.cdc.gov/ucd-icd10-expanded.html*

Older Adults

Older adults across our region face multiple threats: the growing prevalence of Alzheimer's and dementia, a high burden of chronic disease and significant social challenges.

In Virginia, about 12% of adults aged 65 and over live with Alzheimer's, over 164,000 people, with some counties nearing 15%. Nationally, more than half of older adults manage two or more chronic conditions such as hypertension, arthritis or diabetes. Many also live alone, rely on fixed incomes and face barriers like transportation and food insecurity — challenges that are especially pronounced in rural and underserved areas.

Older Adults/Alzheimer's

VIRGINIA DATA	
Number of Caregivers (2025 estimate)	346,000
VA Deaths from Alzheimer's (2022)	2,506
45 and older in VA w/subjective cognitive decline (2022)	9.90%

670 million hours unpaid care provided by unpaid caregivers (2025 estimate)
$14.2 B is the value of that care (2025 estimate)
$1.4 B is the cost of Alzheimer's to the State Medicaid program (2025 estimate)

65+ w/Alzheimer's/Dementia Cases (2020) rounded to 100	AD Cases	Total Pop. 65+
Williamsburg	300	2,700
James City	2,400	20,800
New Kent	400	4,400
King William	300	3,000
Charles City	300	1,800
VIRGINIA	164,000	1,401,000

These numbers show that a public health approach is necessary to lessen the burden and enhance the quality of life for those and their families living with cognitive impairment.

Source: alz.org

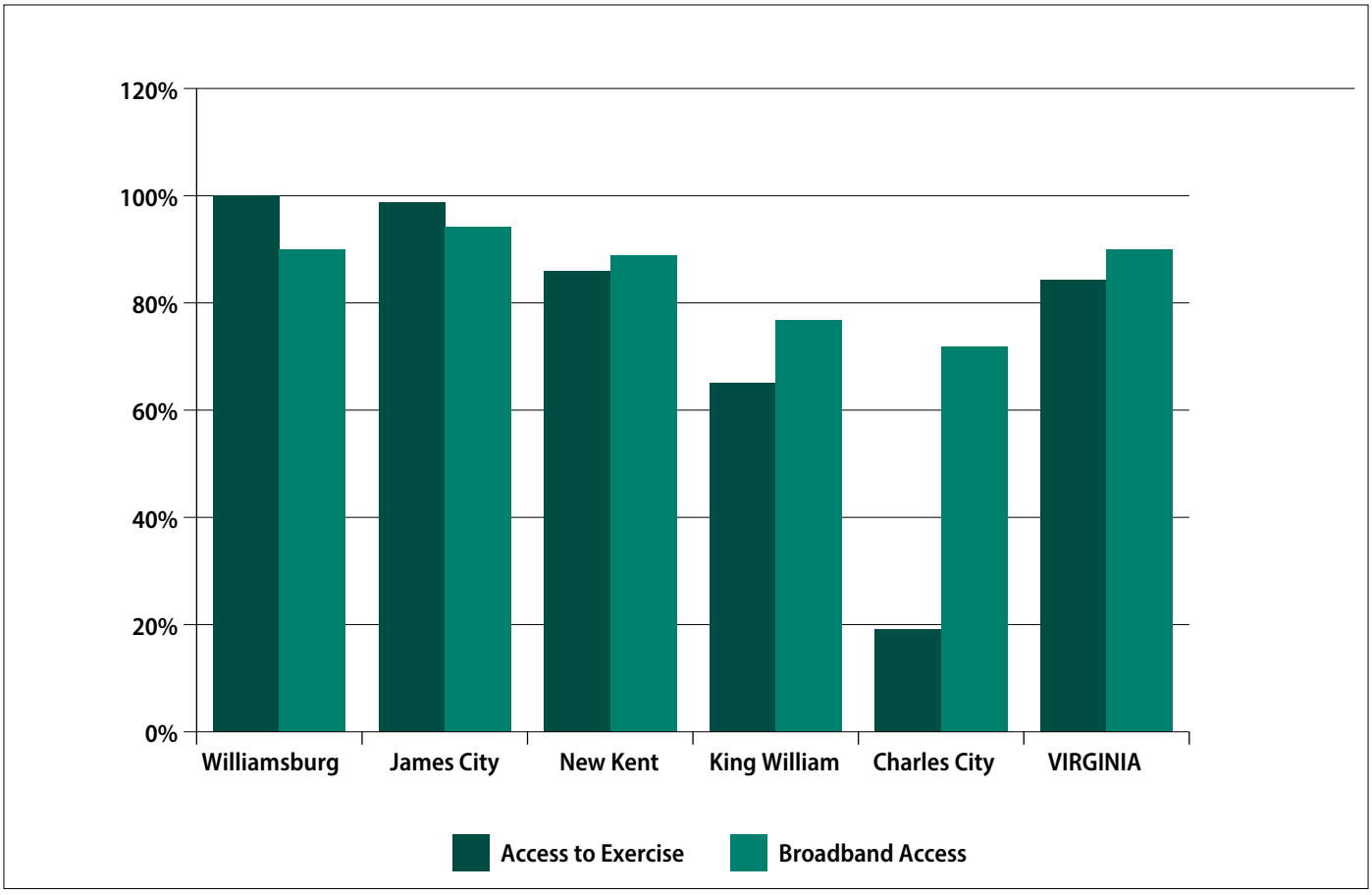
Social Determinants of Health

In addition to medical care, communities are influenced by social and environmental factors, including poverty, literacy, housing and access to transportation.

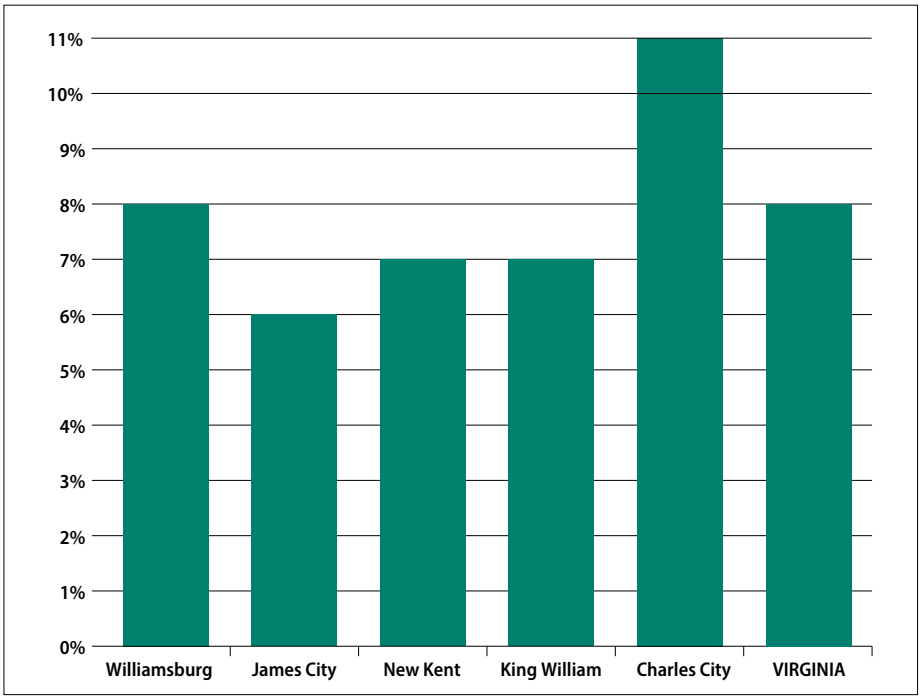
We also examined broadband availability and health coverage, which affect the ability to connect with resources and timely care. Food security, including access to healthy foods and opportunities for physical activity, are also important contributors to overall health and quality of life. These factors create conditions in which people live, work and age, creating a fuller picture of health needs across communities.

While the Williamsburg area includes some of the region's more economically stable neighborhoods, there are still important disparities in access to transportation, affordable housing and health services, especially in outlying parts of James City County and New Kent. Food access varies by neighborhood, and some communities face real challenges with limited grocery options or long distances to reach providers. Broadband access is generally good closer to Williamsburg itself but can drop off quickly in more rural sections of the region. Poverty levels tend to be lower overall, but they are not evenly distributed.

Access to Basic Resources (2019-2023)

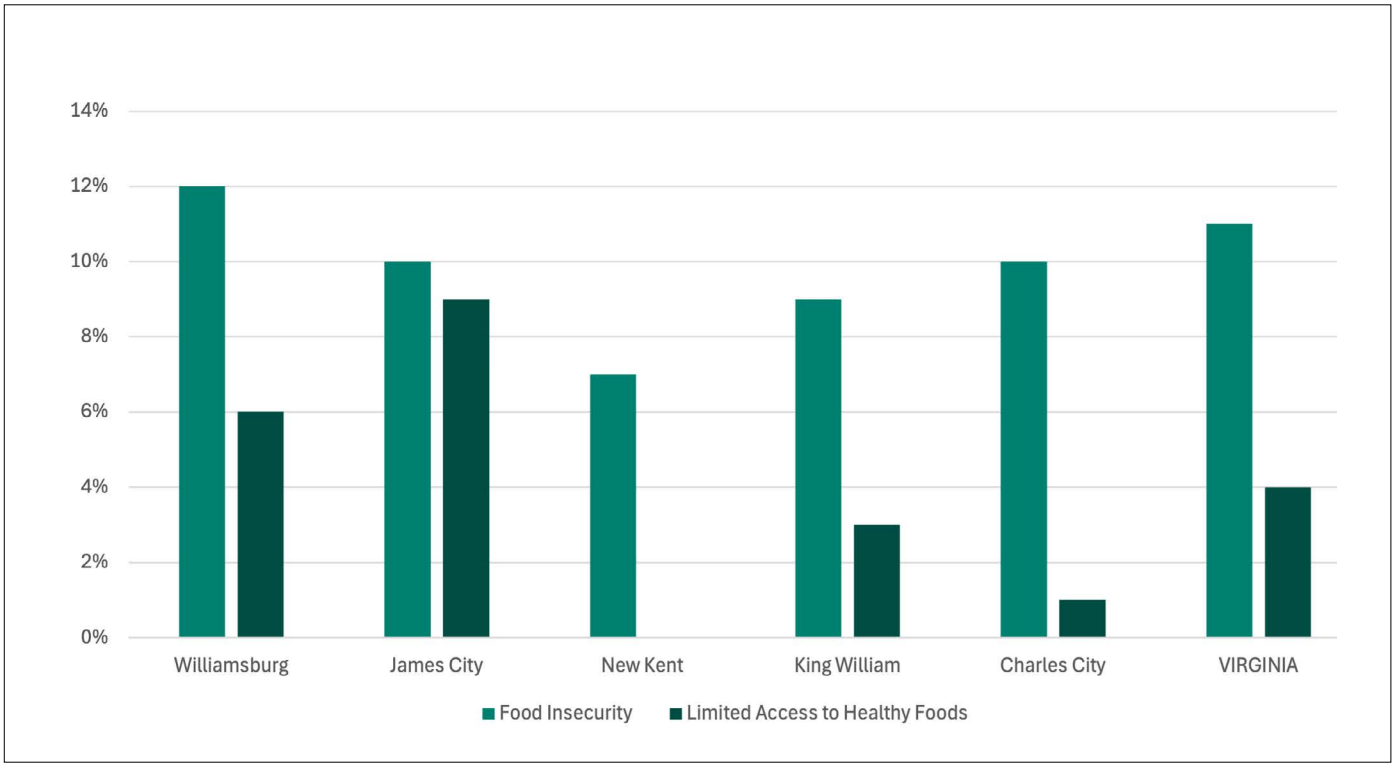


Uninsured (Under 65) (2022)



Source: countyhealthrankings.org

Nutrition and Physical Activity (2019-2022)



Source: countyhealthrankings.org

Transportation/Housing

Many residents face challenges with transportation and housing. A large percentage drive alone to work, some with long commutes, which affects quality of life. Housing data shows that the cost burden is a concern for many households, and some areas reporting problems with overcrowding or housing that lacks complete kitchens or plumbing facilities.

(2019-2023)

Market	County	% Drive Alone to Work	% Long Commute - Drives Alone
VIRGINIA	ALL Counties	69	40
Williamsburg	Charles City	84	64
Williamsburg	James City	75	36
Williamsburg	New Kent	75	56
Williamsburg	Williamsburg	58	22
Williamsburg	King William	79	68

Source: cdc.gov/homelessness-and-health/about/

(2019-2023)

Market	County	% Severe Housing Burden	% Severe Housing Problem	Overcrowding	Inadequate Facilities
VIRGINIA	ALL Counties	12	14	2	1
Williamsburg	Charles City	12	13	1	1
Williamsburg	James City	10	12	1	1
Williamsburg	New Kent	10	11	1	2
Williamsburg	Williamsburg	14	14	1	0
Williamsburg	King William	8	9	0	0

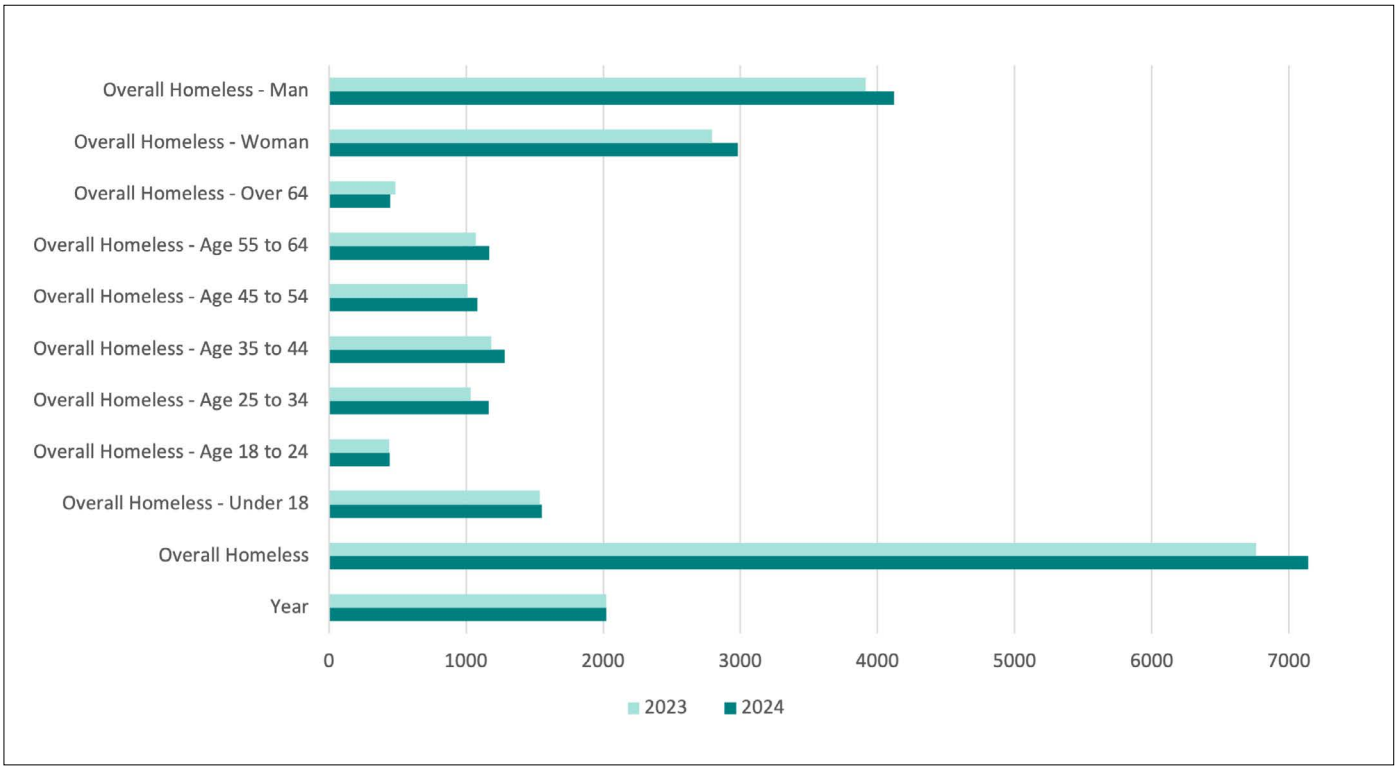
Source: cdc.gov/homelessness-and-health/about/

While housing burdens, overcrowding and inadequate facilities pose significant challenges, they are part of the broader issue that includes unhoused individuals. This represents the most severe form of housing instability, where individuals and families lack a fixed, regular and adequate nighttime residence.

The unhoused population has profound health impacts, increasing the risk for both infectious and non-infectious diseases. Unhoused people are more susceptible to infectious diseases like viral hepatitis, tuberculosis and HIV. Additionally, they often face mental health issues, substance use disorders, diabetes and cardiovascular and respiratory diseases.

This situation not only impacts their physical health, but also their mental well-being and overall quality of life. Addressing the unhoused population requires a comprehensive approach that includes affordable housing, supportive services and community engagement.

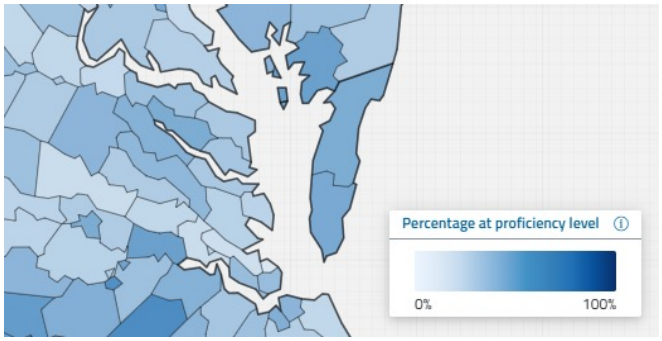
Unhoused Individuals in Virginia (2023–2024)

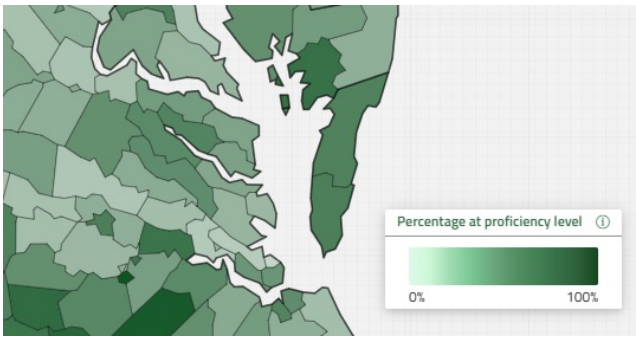


Literacy (2013-2017)

County	Literacy at/<1	Numeracy at/<1	Female	Male	White	Black	Employed	Unemployed
Williamsburg	16.2%	26.1%	53.9%	46.1%	73.9%	14.6%	52.2%	4.1%
James City	12.0%	19.2%	51.7%	48.3%	80.3%	13.1%	70.5%	3.8%
New Kent	13.7%	22.5%	49.8%	50.2%	81.7%	11.4%	71.8%	3.7%
King William	18.0%	29.0%	50.3%	49.7%	76.6%	18.4%	75.8%	3.0%

Literacy and numeracy levels:

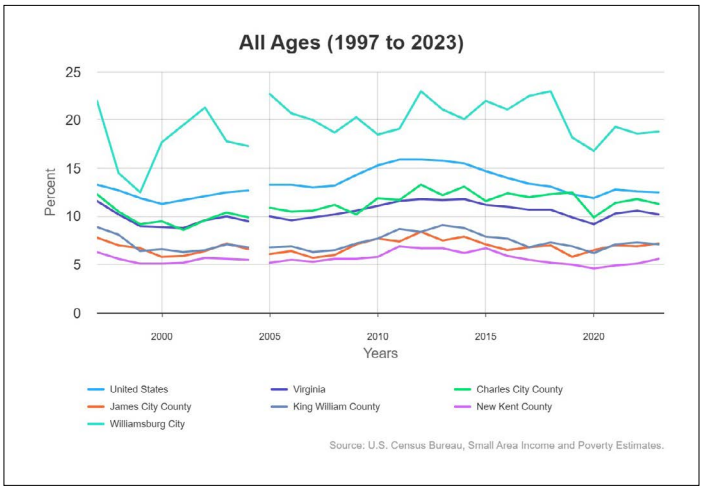


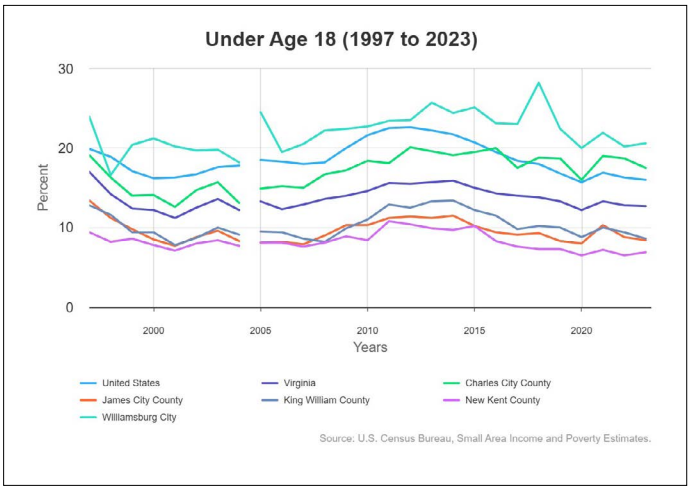


Source: National Center for Education Statistics: Program for the International Assessment of Adult Competencies
nces.ed.gov/surveys/piaac/skillsmap/

Poverty

The Williamsburg area generally reports relatively low poverty rates compared to other regions. James City County and King William County poverty rates were just over 7% for adults, and about 8% for children. New Kent County was a bit lower for both at 5.6% for adults, and 6.9% for youth. However, the city of Williamsburg tends to have higher poverty rates, likely due in part to its student population. The city's adult poverty rate was 18.8% and 20.6% for youth. The region is divided socioeconomically, contributing to a diverse mix in the community.





ALL AGES							
Year	ID	Name	Poverty Universe	Number in Poverty	90% Confidence Interval	Percent in Poverty	90% Confidence Interval
2023	0	United States	327,076,658	40,763,043	40,485,829 to 41,040,257	12.5	12.4 to 12.6
2023	51000	VIRGINIA	847,2709	867,052	847,246 to 886,858	10.2	10.0 to 10.4
2023	51036	Charles City	6,596	748	575 to 921	11.3	8.7 to 13.9
2023	51095	James City	81,226	5,859	4,835 to 6,883	7.2	5.9 to 8.5
2023	51101	King William	18,918	1,336	1,029 to 1,643	7.1	5.5 to 8.7
2023	51127	New Kent	25,515	1,420	1,110 to 1,730	5.6	4.4 to 6.8
2023	51830	Williamsburg	10,951	2,058	1,557 to 2,559	18.8	14.2 to 23.4

YOUTH (0-17)							
Year	ID	Name	Poverty Universe	Number in Poverty	90% Confidence Interval	Percent in Poverty	90% Confidence Interval
2023	0	United States	71,559,990	11,445,264	11,310,265 to 11,580,263	16.0	15.8 to 16.2
2023	51000	VIRGINIA	1,850,016	235,215	223,684 to 246,746	12.7	12.1 to 13.3
2023	51036	Charles City	936	164	109 to 219	17.5	11.6 to 23.4
2023	51095	James City	15,886	1,328	913 to 1,743	8.4	5.8 to 11.0
2023	51101	King William	4,264	365	245 to 485	8.6	5.8 to 11.4
2023	51127	New Kent	4,993	344	236 to 452	6.9	4.7 to 9.1
2023	51830	Williamsburg	1,765	363	245 to 481	20.6	13.9 to 27.3

Youth/Poverty (2022)

Youth in poverty are more likely to experience food insecurity, which can impact health, academic performance and development. In our region, eligibility for free and reduced-cost lunches, along with food insecurity frequency of between 7 and 12%, highlights challenges for many families with children.

County	Williamsburg/ James City	New Kent	King William	Charles City	VIRGINIA
Students Eligible for Free or Reduced Lunch as % of total students in public schools	46.20%	28.80%	42.10%	100%	58.10%
SNP Members (Total Students)	11,768	3,565	2,115	530	1,257,975
Free Lunch Eligible #	5,290	907	836	530	709,796
Free Lunch Eligible %	45.00%	25.40%	39.50%	100%	56.40%
Reduced Lunch Eligible #	151	119	54	0%	21,048
Reduced Lunch Eligible %	1.30%	3.30%	2.60%	0%	1.70%
Food Insecurity Rate by City / County	11.70%	6.90%	9.30%	11.50%	11.10%
% of Population Below SNAP Threshold of 200% Poverty Level	51%	49%	56%	75%	52%

Source: map.feedingamerica.org/
https://www.doe.virginia.gov/programs-services/school-operations-support-services/school-nutrition/program-statistics-reports

Violence/Crime (2023)

Based on the data provided, James City County and Williamsburg are generally very safe, with crime rates lower than the state average in most categories. The notable exceptions are higher rates of destruction/vandalism of property and drug offenses in Williamsburg. James City County has relatively low crime rates overall but has a higher rate of counterfeiting/forging. New Kent shows high rates in animal cruelty and weapon law violations. Addressing these issues through community support programs, mental health services and targeted law enforcement initiatives can help improve overall community well-being and safety perception.

County	Williamsburg	James City	New Kent	King William	VIRGINIA
Motor Vehicle Theft per 100K pop	51.04	16.11	35.05	38.12	176.38
Robbery per 100k pop	25.52	21.07	0	0	38.05
All Rape per 100k pop	31.90	19.83	35.05	10.89	31.27
Destruction/Vandalism of Property per 100k pop	708.13	333.42	408.96	304.93	579.81
Counterfeiting/Forging per 100k pop	44.66	75.61	66.21	38.12	60.55
Burglary/Breaking & Entering per 100k pop	38.28	35.95	62.32	43.56	121.48
Arson per 100k pop	0	11.16	0	0	7.39
Animal Cruelty per 100k pop	0	2.48	206.43	16.34	14.00
Weapon Law Violations per 100k pop	114.83	81.81	229.80	76.23	177.67
All prostitution offenses per 100k pop	25.52	0	0	0	1.86
Pornography/Obscene Material per 100k pop	6.38	14.87	58.42	0	26.89
All Drug Offenses per 100k pop	542.26	116.51	521.91	348.49	347.82

Source: vsp.virginia.gov/wp-content/uploads/2024/08/CRIME-IN-VIRGINIA-2023.pdf
in our regions, Williamsburg had an update in 2022.

Environmental

Air quality

Poor indoor and outdoor air quality can directly affect health. Poor air quality is associated with health concerns such as asthma and other respiratory conditions, as well as heart conditions and poor birth outcomes. Varying social and demographic factors can cause certain groups of people to be more vulnerable to the harmful effects of air pollution.

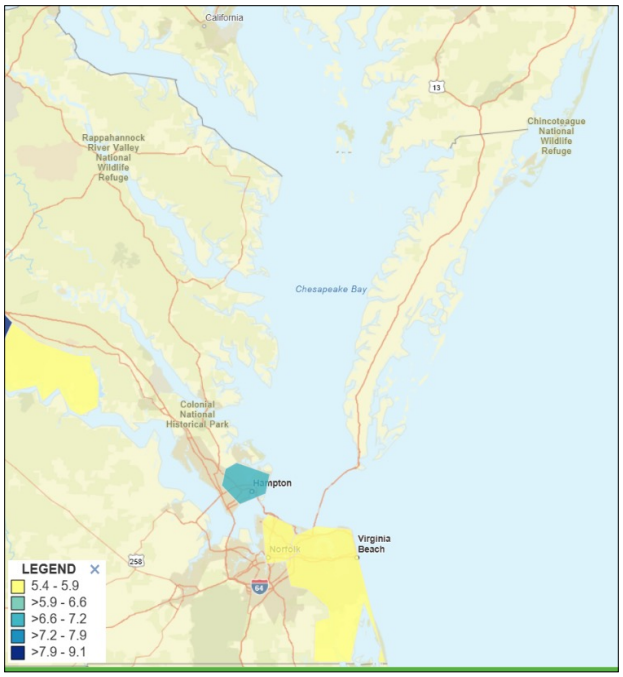
Air quality across our region has generally improved over the past decade, according to CDC data available through 2022. The Peninsula market shows some areas of concern, particularly in parts of downtown Newport News and Hampton. In these areas, air pollution levels have been slightly elevated in past years, but have shown improvement in more recent data. Overall, while localized fluctuations have occurred, the trend across all markets points toward gradual improvement in air quality.

Radon potential

According to the Virginia Department of Health, it is estimated that approximately 700 lung cancer cases in the state are attributed to radon exposure. Radon is an odorless, colorless radioactive gas, and it is essential to test to identify its presence. The EPA recommends testing all homes, especially during real estate transactions, with mitigation required if levels reach 4 picocuries per liter (pCi/L).

Radon levels throughout all our regions are rated as low, under 2PCI/L, indicating minimal health risk from indoor air exposure.

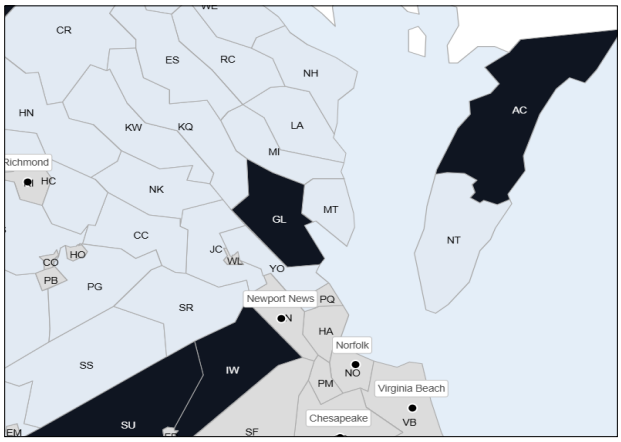
Source: epa.gov/radon/epa-map-radon-zones
**The map was created in 1994 and in 2022 an addendum was added regarding Williamsburg.*



Water quality indicators map

Most localities in the region fall slightly below the national average for water quality concerns, based on Z scores, suggesting relatively fewer issues. A few areas, shown by darker colors, have recorded some violations. Overall, the data does not indicate widespread cause for concern.

Source: countyhealthrankings.org/ (2023)



Identification and Prioritization of Needs:
2025 CHNA Surveys and Community Conversations Sessions

Top Community Health Priorities

The following health needs were identified through qualitative and quantitative data collection, and through stakeholder and community engagement.

1: Highest priority needs

Mental health

- **Overview:** Anxiety, depression, substance use and lack of behavioral health providers
- **Key concerns:** Limited access for uninsured and Medicaid populations
- **Community voice:** Most frequently mentioned in the community conversations sessions

2: Priority needs

Chronic conditions include: Diabetes, hypertension, cancer, heart disease and obesity

- **Drivers:** Food insecurity, housing instability and lack of transportation
- **Disparities:** Burden falls heavily on low-income, minority and rural communities

3: Social drivers of health

Access to care

- **Includes:** Primary care, specialty care, dental care and behavioral health access
- **Barriers:** Insurance coverage gaps, workforce shortages, rural geography
- **Community impact:** Delays in care are linked to worsening chronic and mental health outcomes

Older adults

- **Issues:** Social isolation, chronic illness management and fall risk
- **Population impact:** Fastest-growing demographic; places a strain on caregivers and local resources

Food Insecurity, Housing, Transportation

Food insecurity refers to the lack of consistent access to enough food for an active, healthy life. It is a ***social driver of health*** that directly affects physical and mental health.

Health impact

- **Chronic conditions:** Poor nutrition contributes to obesity, diabetes, hypertension and heart disease
- **Child development:** Children facing food insecurity have higher rates of developmental delays and school absences
- **Mental health:** Adults in food-insecure households experience significantly higher rates of depression and anxiety

Housing instability includes high-cost burdens, poor housing quality, frequent moves, overcrowding and people experiencing homelessness.

Health impact

- **Physical health:** Substandard housing conditions (e.g., mold, pests and lead exposure) contribute to respiratory and infectious diseases
- **Mental health:** Housing stress increases the risk of anxiety, depression and toxic stress, especially among children
- **Delayed care:** Housing instability often correlates with missed appointments and interruptions in medication adherence

Transportation access includes the ability to reliably travel to medical appointments, grocery stores, pharmacies, workplaces and other daily destinations. It encompasses public and private transportation options and is a key enabler of health equity.

Health impact

- **Access to care:** Inability to travel affects preventive care, follow-ups, pharmacy access and behavioral health visits
- **Chronic disease management:** Patients with diabetes, hypertension and other chronic conditions may forgo appointments or lab work due to unreliable transportation
- **Emergency use:** Lack of transit options leads some patients to delay care until they require emergency services, increasing overall hospital strain
- **Social isolation:** Particularly among older adults and individuals with disabilities, limited transportation exacerbates loneliness, which is linked to worsened physical and mental health outcomes

Youth and Socioeconomic Factors

Vaping and youth substance use

- **Population focus:** Middle and high school students
- **Trends:** Increase in nicotine and THC vaping; inadequate prevention education
- **Community feedback:** Schools and parents see this as a growing concern

Violence and community safety

- **Issues:** Domestic violence, gun violence and trauma
- **Disparities:** Higher exposure among youth and low-income neighborhoods
- **Impact:** Linked to mental health, school outcomes and long-term chronic stress

Poverty

- **Systemic impact:** Underpins multiple health disparities
- **Community risk:** Limits access to healthy food, stable housing, education and care
- **Underserved burden:** High overlap with racial/ethnic minorities and Medicaid populations

Community Resources/Health Guide

Area Hospitals

BON SECOURS MARY IMMACULATE HOSPITAL
2 Bernardine Dr., Newport News, VA
757-886-6000

CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS (CHKD)
Main Hospital
601 Children's Ln., Norfolk, VA
757-668-7000

CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS (CHKD)
Urgent Care at Tech Center
680 Oyster Point Rd., Newport News, VA
Open from 4 to 11 p.m., Monday-Friday
757-668-4851

RIVERSIDE MENTAL HEALTH & RECOVERY CENTER
2244 Executive Dr., Hampton, VA
757-827-1001

RIVERSIDE DOCTORS' HOSPITAL WILLIAMSBURG
1500 Commonwealth Ave., Williamsburg, VA
757-585-2200

RIVERSIDE REGIONAL MEDICAL CENTER
500 J Clyde Morris Blvd., Newport News, VA
757-594-2000

SENTARA CAREPLEX HOSPITAL
3000 Coliseum Dr., Hampton, VA
757-736-1000

SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER
100 Sentara Cir., Williamsburg, VA
757-984-6000

SENTARA ORTHOPAEDIC HOSPITAL
3000 Coliseum Dr., Hampton, VA
757-736-7846

EASTERN STATE HOSPITAL
4601 Ironbound Rd., Williamsburg, VA
757-253-5161

Health Care and Hospitals for Veterans/Military

HAMPTON VA MEDICAL CENTER (VETERANS)
100 Emancipation Dr., Hampton, VA
757-722-9961

633rd MEDICAL GROUP-JOINT BASE LANGLEY-EUSTIS
77 Nealy Ave., Hampton, VA
757-764-8255
757-764-6800

VETERANS CARE CENTERS

Sitter & Barfoot Veterans Care Center
1601 Broad Rock Blvd., Richmond, VA
804-371-8000

Virginia Veterans Care Center
4550 Shenandoah Ave., Roanoke, VA
540-982-2860 ext. 4107

GIVE AN HOUR
Mental Health Provider Search

Clinics and Care

HIV SERVICES – LGBT LIFE CENTER
Newport News/Hampton
This office is currently relocating. For LGBT Life Center services, call 757-640-0929.

CARE-A-VAN
Find the schedule online
757-889-5121

CHARLIE W. AND GOLDEN BETHUNE HILL COMMUNITY HEALTH CLINIC
727 25th St., Newport News, VA
757-316-5210

LACKEY CLINIC
1620 Old Williamsburg Rd., Yorktown, VA
757-886-0608
info@lackeyhealthcare.org

MINORITY AIDS SUPPORT SERVICES
247 28th St., Suite 100, Newport News, VA
757-247-1879

OLD TOWNE MEDICAL & DENTAL CENTER
5249 Olde Towne Rd., Suite D, Williamsburg, VA
757-259-3258

PENINSULA DEPARTMENT OF HEALTH
416 J Clyde Morris Blvd., Newport News, VA
757-594-7305

PLANNED PARENTHOOD HAMPTON HEALTH CENTER
403 Yale Dr., Hampton, VA
757-826-2079

HEALTH CARE FOR THE HOMELESS
Locations in Newport News and Hampton

SOUTHEASTERN VIRGINIA HEALTH SYSTEM

HOPES FREE CLINIC EVMS
Norfolk Department of Public Health Building
830 Southampton Ave., Norfolk, VA
757-446-0366

VIRGINIA ASSOCIATION OF FREE AND CHARITABLE CLINICS
Find a nearby clinic
804-340-3434

Insurance and Financial Assistance

HEALTHCARE.GOV
1-800-706-7893

ENROLL VIRGINIA
1-888-392-5132

VIRGINIA BUREAU OF INSURANCE
1-800-552-7945

COVER VIRGINIA
833-5CALLVA
TDD: 1-888-221-1590

PATIENT ADVOCATE FOUNDATION
421 Butler Farm Rd., Hampton, VA
1-800-532-5274

Dental Services

CHARLIE W. AND GOLDEN BETHUNE HILL COMMUNITY HEALTH CLINIC
727 25th St., Newport News, VA
757-316-5210

HELP DENTAL CLINIC
1320 LaSalle Ave., Hampton, VA
757-727-2577

LACKEY CLINIC
1620 Old Williamsburg Rd., Yorktown, VA
757-886-0608
info@lackeyhealthcare.org

OLD TOWNE MEDICAL & DENTAL CENTER
5249 Olde Towne Rd., Suite D, Williamsburg, VA
757-259-3258

PENINSULA DEPARTMENT OF HEALTH
Dental Clinic
416 J Clyde Morris Blvd., Newport News, VA
757-594-7305

SOUTHEASTERN VIRGINIA HEALTH SYSTEM
Locations in Newport News and Hampton

PARK PLACE DENTAL CLINIC
606 West 29th St., Norfolk, VA
757-683-2692

CHESAPEAKE CARE CLINIC
2145 South Military Hwy., Chesapeake, VA
757-545-5700

VIRGINIA ASSOCIATION OF FREE AND CHARITABLE CLINICS
Find a nearby clinic
804-340-3434

Prescription and Medication Assistance

THE CO-PAY RELIEF PROGRAM
1-866-512-3861

GREATER WILLIAMSBURG MEDICATION ACCESS PROGRAM
1657 Merrimac Trl., Williamsburg, VA
757-220-3200
York/Poquoson
757-898-7926

SOUTHEASTERN VIRGINIA HEALTH SYSTEM
Locations in Newport News and Hampton

PATIENT ADVOCATE FOUNDATION
421 Butler Farm Rd., Hampton, VA
1-800-532-5274

VIRGINIA DRUG CARD STATEWIDE ASSISTANCE PROGRAM
virginiadrugcard.com

Source: guides.vpcc.edu/CommunityResources/Health

The information contained in the Community Resources section was compiled by the authors and researchers of the Community Health Needs Assessment using publicly available, open-source information collected on or around August 2025. While every effort has been made to ensure accuracy and completeness, details such as contact information and service availability are subject to change. Readers are encouraged to verify information directly with each organization prior to seeking services. The inclusion of any organization does not constitute an endorsement or recommendation by the assessment authors or Riverside Health.

Evaluation of Previous Implementation Plan and Progress

2022-2024 CHNA Strategic Implementation Plan RDHW

2022 CHNA Strategic Focus Areas RDHW	2024 Facility Commitment	Progress to Date Q1 2024	*If there is no progress to goals, please explain why and what/how plan will change in next quarter*	Progress to Date Q2 2024	*If there is no progress to goals, please explain why and what/how plan will change in next quarter*	Progress to Date Q3 2024	*If there is no progress to goals, please explain why and what/how plan will change in next quarter*	Progress to Date Q4 2024	*If no progress to goals, please explain why and what/how plan will change in next quarter*
Memory & Dementia Services	Continue Memory Cafés	Continue partnership with CEALH. Three cafe's are now meeting, 1 in Williamsburg, 1 in Gloucester and 1 in York County. The site in Williamsburg moved to a location in February 2024 to accommodate the larger number of participants.		Continue partnership with Martha W. Goodson Center (formerly CEALH). Three cafes are now meeting, 1 in Williamsburg, 1 in Gloucester and 1 in York County. A 4th site will launch on the Eastern Shore in mid-October.		Continue partnership with Martha W. Goodson Center (formerly CEALH). Three cafes are now meeting, This quarter there were 61 people attending the memory cafe this quarter in Williamsburg.		Continue partnership with Martha W. Goodson Center (formerly CEALH). Three cafes are now meeting, This quarter there were 22 people attending the memory cafe this quarter in Williamsburg.	
	The Purple Flower program	The Purple Flower Program is now available in all 4 hospitals. New team members receive their required training through onboarding or through attending training at the Martha W. Goodson Center in Williamsburg. 2 trainings have been offered per month this quarter with an average of 8 team members attending. In March, an optional advanced training was offered and 1 of 4 registered team members participated. A training survey was distributed to all who had completed the training between Nov 2023 and Feb 2024 and 385 team members responded with their feedback on the training impact. This data is being analyzed and will provide direction as the program continues. A Purple Flower report has been established in iCare that is accessible to anyone to run on a daily or monthly basis to see hospitalized patients in the program. Supply Chain has created a purple flower template for ordering the engagement items and a donor is funding the initial expense. Additionally, the triage items in the ED are being adjusted slightly and will implemented in May. There are plans to expand to RMG later this year.		Purple Flower Program training continues for team members. Training is held monthly at both the Martha W. Goodson Center and at each hospital site. Monthly trainings average 10 team members. There are plans to offer an optional advanced skills building course with a particular emphasis on issues managed by the restraints cmte. Date TBD. All engagement items are available to order through Supply Chain. The ED phase is being rolled out in early August, with changes to the triage and iCare. The survey that was distributed in Feb 2024 was analyzed (based on 385 responses) and used as part of a quality improvement project at VCU (course taken by C. Jensen). Results include 96% reporting "I feel able to identify when a person my have dementia and I feel able to help a person with dementia feel safe during their hospital stay." Further, 82% reported the training improved their confidence in caring for patients with dementia. RMG launch set for August.		During Qtr 3, 288 team members across our 4 hospitals completed the in-person training. This included a number of new team members and some existing team members who had not yet completed from the assignment in 2023. Our completion rate since launching the training in Oct 2023 is 79%. During Qtr 3, 522 patients were identified as purple flower across all 4 hospitals: RDHW: 41; RRMC: 365, RWRH: 57, RSMH: 59 In August, we launched the new triage process in all 4 EDs. We have data from 8/28-9/30 for the ED and 162 patients were identified as purple flower using this new system. RDHW: 43, RRMC: 50, RWRH: 60, RSMH: 9. We are also now able to track which of these patients are admitted to MedSurg from their ED status. This has generally been at about 50%. We continue to work with Supply Chain to order and distribute the therapeutic engagement items to patients.		During Qtr. 4, 300 team members across our 4 hospitals completed the in-person training. This included a number of new team members and some existing team members who had not yet completed the assignment in 2023. Our completion rate since launching the training in Oct 2023 is 81%. RDHW: 35; RRMC: 182, RWRH: 45, RSMH: 28, Other: 10 (these are team members from RCHC, RMHRC, LLH) During Qtr. 4, 495 MedSurg patients were identified as purple flower: RDHW: 51; RRMC: 333, RWRH: 62, RSMH: 49 During Qtr 4, 357 ED patients were identified as purple flower: RDHW: 43, RRMC: 50, RWRH: 60, RSMH: 9. We continue to work with Supply Chain to order and distribute the therapeutic engagement items to patients. In Qtr 4, 100 baby dolls, 360 fidget poppers and 144 activity aprons were distributed. These are not tracked by hospital site.	
	Improve emergency department experience for dementia patients.	New ED care manager has been hired. She is working closely with the Martha Goodson Center to refer and follow up on patients.		ED care manager is working closely with the Martha Goodson Center to refer and follow up on patients.		ED Care Manager met with two new staff from the Martha Goodson Center and oriented them to the RDHW Emergency Department.		From our ED Care Manager: The biggest gains are the referrals to the Martha Goodson Center. Almost no one seems to know about it, but when they learn about the capacity, they are excited and feel more empowered to navigate the challenges of dementia Oftentimes, I'll advise a referral and then it becomes an order. I've been able to recommend and see the benefits of scores of patient referrals to the Martha Goodson Center. In the ED, we regularly receive patients and their families who are trying to navigate the challenges wrought by dementia. It has been a huge plus to have the ability to refer them for individualized services so that they can optimize their health and wellness.	

2022 CHNA Strategic Focus Areas RDHW	2024 Facility Commitment	Progress to Date Q1 2024	*If there is no progress to goals, please explain why and what/how plan will change in next quarter*	Progress to Date Q2 2024	*If there is no progress to goals, please explain why and what/how plan will change in next quarter*	Progress to Date Q3 2024	*If there is no progress to goals, please explain why and what/how plan will change in next quarter*	Progress to Date Q4 2024	*If no progress to goals, please explain why and what/how plan will change in next quarter*
Opioids	Monitoring of opioid prescriptions with naloxone prescriptions.		No current plans to monitor opioid prescriptions with naloxone prescriptions. Policy was approved last year for duration and number of medications prescribed.	Reporting out at med safety for inpatients.	ED: No current plans to monitor opioid prescriptions with naloxone prescriptions. Policy was approved last year for duration and number of medications prescribed.		ED: No current plans to monitor opioid prescriptions with naloxone prescriptions. Policy was approved last year for duration and number of medications prescribed.		ED: No current plans to monitor opioid prescriptions with naloxone prescriptions. Policy was approved last year for duration and number of medications prescribed.
	Host multiple drug take back days in partnership with local law enforcement and the DEA.	Williamsburg event to be held 4/22 from 10 am to 2 pm at the City of Williamsburg Municipal Building.		Williamsburg event to be held in October from 10 am to 2 pm at the City of Williamsburg Municipal Building.		Williamsburg drug take back was held on 10/26 at the City of Williamsburg Municipal Building and 142 pounds were collected. Next event will be in April, 2025.			Williamsburg drug take back was held on 10/26 at the City of Williamsburg Municipal Building. Next event will be in April, 2025.
	Implement policies to increase screening to identify patients at high risk of substance use disorder.		Review as appropriate for pharmacy pre-authorizations, utilize functionality built into iCare.	The health system is adding designation of opioid naive vs. tolerant at the order set level. Rolling out one order set at a time.			Working on an Opioid stewardship program, but now sure when the rollout goal will be.		Working on an Opioid stewardship program, but now sure when the rollout goal will be.
	Implement programs to help individuals who want to get off opioids to do so more easily with Medication Assisted Treatment.		Have not started yet, waiting on medication protocol to be built in Epic. We have staffing and space constraints due to ED volume being up 20%.		Have not started yet, waiting on medication protocol to be built in Epic. We have staffing and space constraints due to ED volume being up 20%.		Have not started yet, waiting on medication protocol to be built in Epic. We have staffing and space constraints due to ED volume being up 20%.		Piloting Suboxone ED dispensing at RRMC with goal to make system wide.
Additional Focus Area(s) as Identified by the Facility (see note)									

Implementation Plan (2025–2028)

Goal 1: Improve Access to Mental Health Services

Strategies:

- Train providers and community leaders in Trauma-Informed Care and Mental Health First Aid (MHFA)
- Support peer-led groups in faith centers, schools and shelters

Partners: Riverside Mental Health and Recovery Center, Project LEAD, faith-based organizations, Peninsula Pastoral Counseling Center

Evaluation metrics:

- Number of MHFA trainings delivered
- Increase in mental health referrals
- Reduced wait times for counseling services

Goal 2: Address Chronic Conditions Through Prevention and Navigation

Strategies:

- Establish Healthy Hearts learning collaboratives to promote nutrition, physical activity and chronic disease self-management
- Integrate navigation support to guide patients through insurance, appointments and benefits

Partners: Riverside Wellness Center, Healthy Hearts Initiative, CHWs, UniteUs

Evaluation metrics:

- Participant enrollment in chronic disease prevention programs
- Self-reported improvements in blood pressure, glucose and weight management
- Navigation support satisfaction scores

Community Initiatives

Riverside Health implemented several key initiatives in Newport News, VA during 2024 to enhance community health and health care services:

1. **Expanded the Hand in Hand Program**
   Riverside Health and the City of Newport News expanded the Hand in Hand Program, a violence intervention program, to include victims of domestic violence. The city committed $1.4 million in annual funding to support this expansion.

2. **Provided health care for the homeless**
   A partnership between Riverside Health, the City of Newport News and LINK of Hampton Roads provides a registered nurse onsite at the PORT winter shelter to offer health care services to the unhoused population.

3. **Enhanced career pathways in health sciences**
   Newport News Public Schools and Riverside College of Health Sciences partnered to improve health sciences education at the Governor's Health Sciences Academy at Warwick High School.

4. **Hosted community health events**
   Riverside Health and partners hosted free community health events focusing on cancer awareness and general wellness.

5. **Improved clinician and patient experience with AI technology**
   Riverside Health adopted Abridge, an AI platform that converts patient-clinician conversations into clinical notes, to reduce clinician burnout and improve patient care.

6. **Opened a maternal fetal medicine clinic**
   Riverside Health established a clinic on the Riverside Regional Medical Center campus to provide care for patients with high-risk pregnancies.

7. **Riverside and the American Heart Association expanded maternal health efforts to reduce stroke risk during and after pregnancy**

Black mothers are 57 percent more likely to experience a stroke during or after pregnancy — a life-threatening disparity Riverside Partners in Women's Health is tackling head-on through education and access to home blood pressure monitors.

Through an American Heart Association (AHA) initiative supported by a national grant to reduce hypertension-related complications during pregnancy and postpartum, Riverside received an initial supply of 300 digital blood pressure cuffs to support maternal hypertension awareness and prevention. The cuffs are being distributed to at-risk pregnant and postpartum patients as part of a broader maternal health strategy.

8. **Riverside Health, in partnership with the 100 Black Men Virginia Peninsula Chapter and the Hampton Roads Prostate Health Forum, hosted the "His and Her Health Matters" event on Saturday October 26, 2024,** from 9 a.m. to noon at the Riverside Charlie W. and Golden Bethune Hill Community Health Clinic in Newport News. This event was free and open to the public.

The community-driven initiative was designed to promote cancer awareness, early detection and overall wellness for men and women by providing essential health screenings and educational resources. It emphasized critical health screenings, including prostate cancer screening and BMI index assessments. Attendees also received information on the importance of breast, lung and colorectal cancer screenings.

9. **Partnership with Virginia Foundation for Healthy Youth — Riverside Community Wellness.** The goal of this partnership is to reduce youth obesity and expand access to healthy food options in the communities we serve.

These initiatives illustrate Riverside Health's dedication to improving health care access, addressing community needs and using technology to enhance care in greater Williamsburg area.

Commission on Aging Fall Health Fair in Isle of Wight.

Making a Difference *in* Smithfield

Even before the new Riverside Smithfield Hospital campus opens, Riverside is working within the community to help residents be healthier. Jessica Macalino, President of Riverside Smithfield Hospital, spoke to the Isle of Wight's Fall Commission on Aging Health Fair, sharing information about community resources for acute care, cancer care, and the prevention of heart disease and stroke. In addition, Riverside is addressing food insecurity by partnering with the local food bank, health education by partnering with local churches, and mental health by participating in several local events.

Exceeding Expectations at The Martha W. Goodson Center

Readers of this update report over the past few years will have noticed a steady expansion of services within The Martha W. Goodson Center.

Care Navigation continues to grow and have great impact. Navigators assisted 817 new dyads (patients and caregivers) and provided 2,986 touchpoints for new and existing dyads. Services are free to community members and are heavily supported by Foundation funding. Because of its early and prominent success, the Center was chosen by the Centers for Medicare and Medicaid Services to be part of the GUIDE program, an 8-year project aimed at caregiver support in dementia care. Donations started the navigation program, and GUIDE will allow it to grow.

Caregivers for people with brain change will benefit from an online video library hosted by Riverside. Available 24/7, insights and support are available in the form of educational content, role playing skits demonstrating care techniques, and first-hand experience shared by those who have walked the caregiver journey.

The Purple Flower Project, which trains Riverside's care teams to identify and relate to patients in their care who have brain change, continues to expand across the continuum of patient interactions. Across Riverside's four acute care hospitals, 5,418 patients have been identified and 81% of team members have been trained. Benefits include empathetic, caring support for both the patient and family which in turn reduces stressors and allows for effective and productive care.

Memory Cafes, a social opportunity for people with brain change and their caregiving loved ones, have expanded to include the Eastern Shore region. The Cafes build a sense of community and support among people who have had similar experiences and who might otherwise limit their social engagement to everyone's detriment.

The Martha W. Goodson Center took its annual Caregiver Conference on the road to the Eastern Shore in 2024. 71 family and professional caregivers enjoyed a day packed with advice and support to help them succeed on a difficult journey. (See page 36 for more information).

Supporting Mental Health

Riverside Mental Health and Recovery Center (RMHRC) has experienced dramatically increased utilization over the past few years, rising steadily from an average daily census in 2021 of 46 patients to 69 per day in 2024. It is gratifying that so many patients in crisis trust us with their care, but especially at the holidays we wish there were no need.

Holiday party for teens at RMHRC

For teens away from home during the holidays, it can be difficult to be in a new environment without loved ones and familiar traditions. Steve Spain and his family, faithful supporters of the innovative work being done at Riverside, saw the need for a special holiday celebration for the adolescents at RMHRC and didn't hesitate to make a gift to cover the expenses of a deluxe movie night.

In another show of support, at their 2024 annual leadership conference, Riverside's leadership team made donations adding up to more than $27,000 to support RMHRC. The leadership team comprises 650 of Riverside's 10,000 team members who display their devotion to improving the health of the communities we serve everyday through their professional efforts and their gifts to support patient care.

UPDATE: In its first full year of service, the RMHRC Psych ED handled 5,955 visits in 2024.

Supporting Health Care *Close to Home*

Sim Lab students learn real world skills on teaching manikins.

Kimberly and Elton Roller Jr. have a philosophy to keep their charitable giving local and in their community, and since they live in Newport News just down the street from Riverside, their recent pledge to the Riverside Simulation Training Lab (SimLab) fits their philosophy while also having a regional impact.

Kim's history with Riverside goes back to the early 2000s when she received her nursing training at what is now the Riverside College of Health Sciences and was a nurse for Riverside Regional Medical Center.

After a 2024 tour of the SimLab, the couple was motivated to make a multi-year gift to further the Lab's innovative work. "We were impressed with the level of training Riverside offers and the impact of the Simulation Lab," said Elton.

They were especially impressed by the training manikins that allow health care students to gain expertise before they care for patients, and mid-career team members to brush up on infrequently used skills. Going forward, these new or newly-polished skills benefit patients from all over southeastern Virginia.

The Riverside Simulation Training Lab was recognized by Becker's Hospital Review as one of 64 Simulation and Education Programs to Know in 2024, joining a group of well-renowned programs throughout the nation.

Want to learn more about the Simulation Lab and their good work? Use the QR code for a video virtual tour.

RDHW Appendix

You can find the appendix on the Riverside Community Benefits webpage. It includes the questionnaires used for this assessment, results for each acute care facility and the community conversations form that guided community discussions. If you would like to explore more detail or have specific questions, a contact form is also available on the same webpage. We welcome your interest and input.