2025 Community Health Needs Assessment

Riverside Walter Reed Hospital

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.

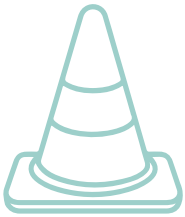
Top health priorities

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



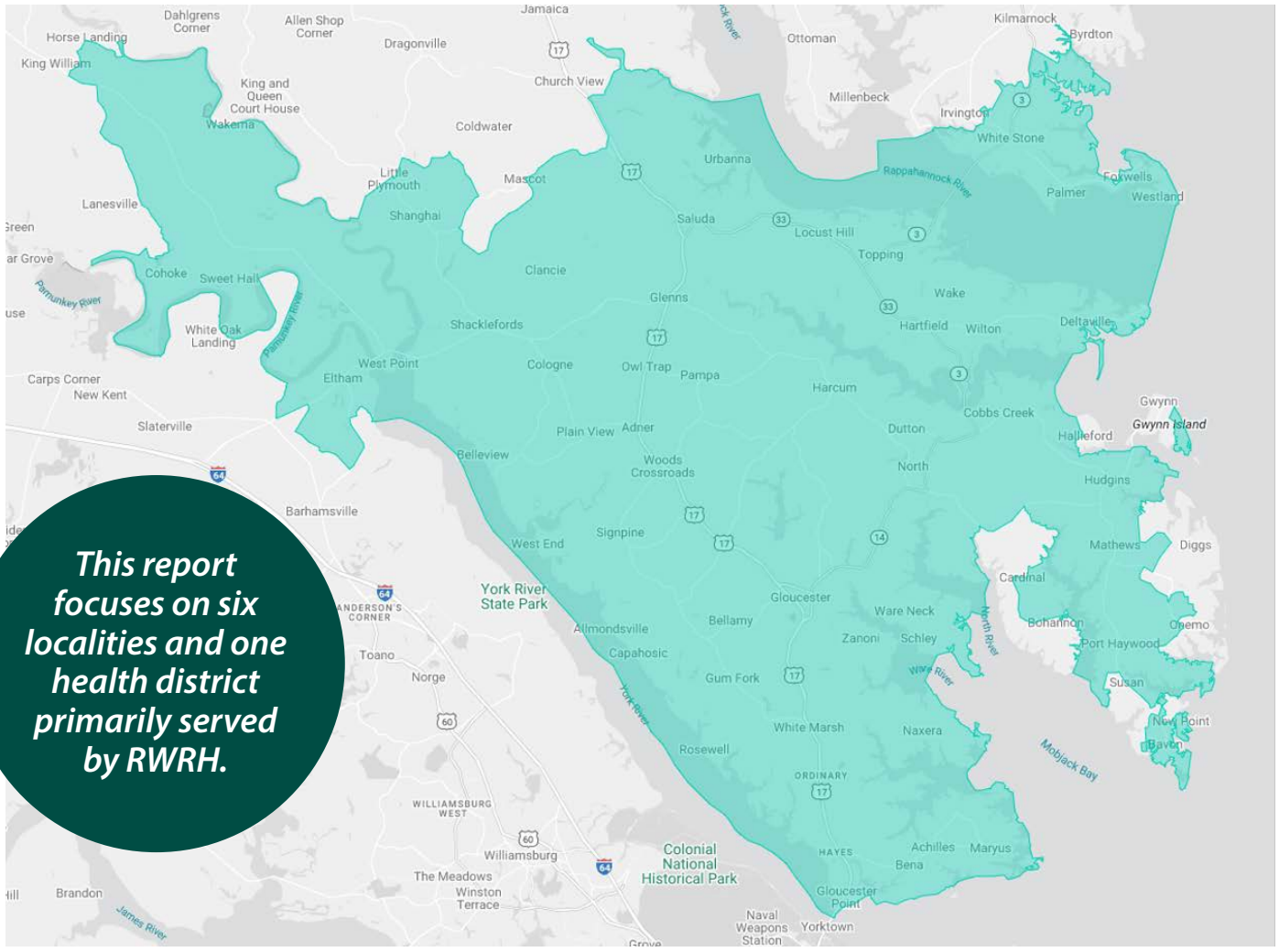
- Limited access to culturally competent care
- Mistrust in health care systems (especially among Black, LGBTQ+, immigrant and formerly incarcerated communities)
- Fragmented health care navigation systems
- Stigma around mental illness and substance use

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 Walter Reed Hospital (RWRH) provides care to the communities of the Virginia Middle Peninsula region and parts of the Northern Neck. While the hospital serves patients from a broader region, this report focuses on the six localities and one health district primarily served by the facility: specifically the Three Rivers Health District, which includes Gloucester, Mathews, Middlesex, King and Queen, King William and Lancaster Counties.



This report focuses on six localities and one health district primarily served by RWRH.

The primary service area (PSA) and secondary service area (SSA) zip codes are as follows: 22578, 23025, 23035, 23043, 23050, 23061, 23062, 23066, 23070, 23071,23072, 23076, 23092, 23109, 23110, 23128, 23138, 23149, 23156, 23169, 23175, 23176 and 23181.

Community Demographics

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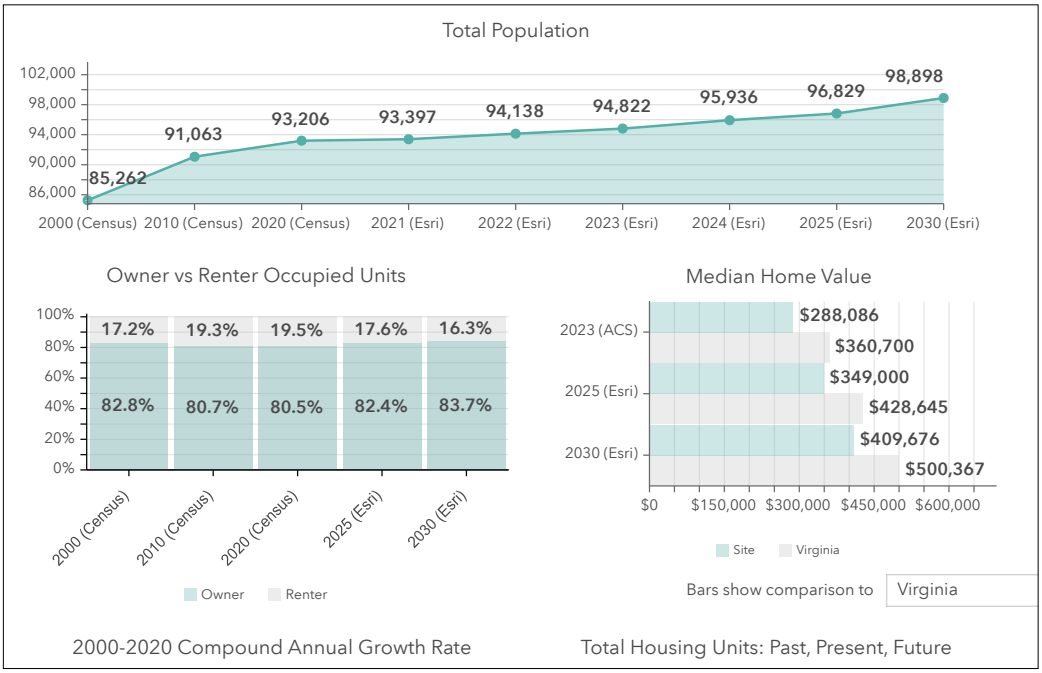
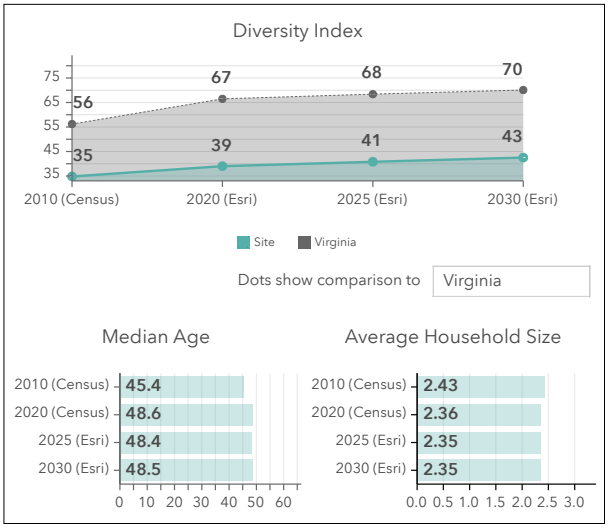
Community Change Snapshot

Middle Peninsula County-based Definitions

Geography: County





2000-2020 Compound Annual Growth Rate

0.45% Population (Census)

0.71% Households (Census)

0.80% Housing Units (Census)

Total Housing Units: Past, Present, Future

45,988 2010 (Census)

47,908 2020 (Census)

50,141 2024 (esri)

51,180 2029 (esri)

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

Middle Peninsula Population Report (2023 Estimates)

	Gloucester	Mathews	Middlesex	Lancaster	King William	King & Queen	VIRGINIA
	39,192	8,630	10,828	10,935	18,625	6,951	8,595,520
Population Density	**595.14**	**290.13**	**236.69**	**231.79**	**255.96**	**109.31**	621.69
Population by Race	Gloucester	Mathews	Middlesex	Lancaster	King William	King & Queen	Virginia
American Indian or Alaskan Native	0.38	0.15	0.19	0.11	1.52	0.99	0.43
Asian, Native Hawaiian, or Pacific Islander	0.81	0.58	0.10	0.55	0.64	0.07	7.05
Black	7.13	7.78	14.30	27.05	14.59	23.67	18.69
White	83.57	85.33	79.11	68.33	76.49	67.98	60.32
Some other Race	1.02	0.71	0.90	0.43	1.23	1.09	5.19
Two or more Races	6.97	5.16	4.95	3.13	5.16	5.15	8.18
	Gloucester	Mathews	Middlesex	Lancaster	King William	King & Queen	Virginia
Total Female Population	50.23	49.44	48.47	50.00	49.19	42.66	49.76
Female 0 to 4	4.68	3.49	3.56	3.15	5.78	4.76	5.55
Female 5 to 14	11.32	8.41	8.08	8.21	12.79	9.61	11.93
Female 15 to 19	4.96	4.22	3.87	3.80	5.41	4.28	6.16
Female 20 to 24	4.42	4.01	2.82	2.62	4.23	2.70	6.14
Female 25 to 34	11.80	8.20	8.65	7.72	14.07	10.49	13.46
Female 35 to 44	11.97	8.37	8.59	8.14	13.16	10.76	13.31
Female 45 to 54	12.40	11.93	10.50	9.42	12.63	14.33	12.62
Female 55 to 64	17.00	18.02	19.02	17.71	14.75	18.75	13.25
Female 65 to 74	12.54	18.35	19.25	20.32	10.58	14.40	10.25
Female 75 to 84	6.63	11.25	11.89	12.80	5.05	7.42	5.27
Female 85+	2.28	3.75	3.77	6.11	1.54	2.50	2.05
Total Male Population	48.89	47.59	48.01	45.77	47.23	44.93	48.64
Male 0 to 4	5.26	3.60	5.06	4.36	6.23	5.48	5.93
Male 5 to 14	11.86	10.37	9.35	9.73	13.7	10.15	12.84
Male 15 to 19	5.74	3.92	4.02	4.86	6.56	3.71	6.55
Male 20 to 24	4.81	4.53	3.50	3.38	4.39	4.26	6.78
Male 25 to 34	11.94	8.86	9.92	8.67	13.30	11.62	14.13
Male 35 to 44	12.55	8.89	9.21	7.87	13.99	12.68	13.67
Male 45 to 54	12.34	12.44	10.58	8.95	13.06	13.38	12.73
Male 55 to 64	16.50	17.43	17.48	17.18	14.71	19.50	12.86
Male 65 to 74	12.08	16.41	16.89	19.28	8.81	13.03	9.17
Male 75 to 84	5.47	10.64	11.33	11.99	4.35	5.19	4.20
Male 85+	1.48	2.90	2.65	3.74	0.90	0.99	1.13
Household Income by Range	Gloucester	Mathews	Middlesex	Lancaster	King William	King & Queen	VIRGINIA
$0-$9,999	4.15	3.86	5.26	6.20	3.71	4.09	4.70
$10,000-$14,999	3.23	2.83	4.26	5.02	1.63	4.53	3.06
$15,000-$19,999	3.11	5.24	4.28	5.07	2.60	4.80	3.01
$20,000-$24,999	3.66	6.01	6.93	5.71	2.74	2.91	3.37
$25,000-$29,999	3.40	3.63	2.94	3.74	2.71	4.32	3.25
$30,000-$34,999	4.92	4.00	4.38	5.52	3.68	3.65	3.43
$35,000-$39,999	3.31	3.81	5.47	3.89	2.69	4.43	3.24
$40,000-$44,999	3.62	3.55	3.26	4.59	4.04	4.49	3.40
$45,000-$49,999	4.17	3.36	2.80	2.77	3.82	3.92	3.26
$50,000-$59,999	7.99	6.46	7.33	6.00	7.26	7.47	6.65
$60,000-$74,999	10.95	11.22	10.25	10.83	12.79	11.79	9.37
$75,000-$99,999	17.16	16.83	12.09	11.58	21.29	16.11	12.93
$100,000-$124,999	11.03	10.35	8.58	7.79	12.84	6.69	10.15
$125,000-$149,999	7.01	4.76	6.76	3.78	5.81	4.49	7.25
$150,000-$199,999	6.15	5.69	6.47	6.64	5.60	4.12	9.36
$200,000-$249,999	2.17	1.85	2.25	2.32	1.32	1.42	5.14
$250,000+	2.83	3.81	4.24	5.06	1.44	1.45	6.99
Population by Education Level	Gloucester	Mathews	Middlesex	Lancaster	King William	King & Queen	VIRGINIA
K-8	2.27	1.96	2.36	2.38	1.92	3.19	2.59
9 to 12	6.97	6.25	8.34	8.86	5.86	9.27	5.90
High School Grad	30.43	33.02	32.38	27.32	37.49	40.53	24.13
Some College, No Degree	24.89	22.57	19.12	19.60	23.35	19.50	18.9
Associates Degree	10.68	6.77	8.15	7.78	7.71	6.81	7.70
Bachelors Degree	15.05	15.46	17.79	19.68	15.13	11.70	22.20
Graduate Degree	8.64	12.49	10.53	12.53	6.25	3.87	16.76
No Schooling Completed	0.54	0.25	0.52	0.67	0.57	0.65	1.18

Source: Buxton Population Report, 2023 Estimates

Labor/Employment

Since the sharp COVID-related unemployment surged in early 2020, all counties have seen their labor markets tighten. Currently, all are at or below 3.0%, reflecting a reasonably healthy job market and generally staying under Virginia's statewide average of 2.9%.

Unemployment Rate (2022)

Middle Peninsula	Gloucester	Middlesex	Mathews	King & Queen	King William	Lancaster
	2.6	2.6	3.0	2.8	2.7	3.0

Source: countyhealthrankings.org (2022 data)

Gloucester County

1. Riverside Walter Reed Hospital: 500+
2. Gloucester County Public Schools: 450+
3. County of Gloucester: 337+
4. Walmart: 250+
5. Virginia Institute of Marine Science (VIMS): 280+
6. Food Lion: 150+
7. Home Depot: 140+
8. Bay Aging: 130+
9. Dominion Energy: 120+
10. Ferguson Enterprises: 115+

Mathews County

1. Mathews County Public Schools: 200+ employees
2. Riverside Convalescent Center: 150+ employees
3. Mathews County Government: 100+ employees
4. Food Lion: 50+ employees
5. Mathews Volunteer Rescue Squad: 25+ employees
6. Mathews Volunteer Fire Department: 20+ employees
7. Mathews YMCA: 20+ employees
8. Mathews County Library: 15+ employees
9. Mathews County Social Services: 10+ employees
10. Bay School Community Arts Center: 8+ employees

Middlesex County

1. Middlesex County Public Schools: 250+ employees
2. Riverside Convalescent Center: 100+ employees
3. Middlesex County Government: 80+ employees
4. Food Lion: 60+ employees
5. Middlesex Family YMCA: 50+ employees
6. Middlesex County Library: 40+ employees
7. Middlesex County Social Services: 30+ employees
8. Middlesex Volunteer Rescue Squad: 25+ employees
9. Middlesex Volunteer Fire Department: 20+ employees
10. Middlesex County Health Department: 15+ employees

King and Queen County

1. King & Queen County Public Schools: 150+
2. County of King & Queen: 130+
3. Timber Company (WestRock supplier): 120+
4. Lumber Company (local): 110+
5. Food Lion: 100+
6. Bay Aging: 90+
7. Sentara Healthcare (local clinic): 85+
8. Retail Store (Dollar General): 80+
9. Restaurant Group (local): 75+
10. Local Business (construction): 70+

King William County

1. WestRock Paper Mill: 700+
2. King William County Public Schools: 250+
3. County of King William: 200+
4. Food Lion: 120+
5. Bay Aging: 100+
6. Sentara Healthcare (local clinic): 95+
7. Retail Store (Dollar General): 90+
8. Restaurant Group (local): 85+
9. Construction Company (local): 80+
10. Local Business (manufacturing): 75+

Lancaster County

1. Lancaster County Public Schools: 180+
2. County of Lancaster: 160+
3. Food Lion: 100+
4. Bay Aging: 90+
5. Sentara Healthcare (local clinic): 85+
6. Retail Store (Dollar General): 80+
7. Restaurant Group (local): 75+
8. Marina Services (local): 70+
9. Construction Company (local): 65+
10. Local Business (boatyard): 60+

Employee counts are based on VEC reporting and may reflect regional or consolidated reporting structures.

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.

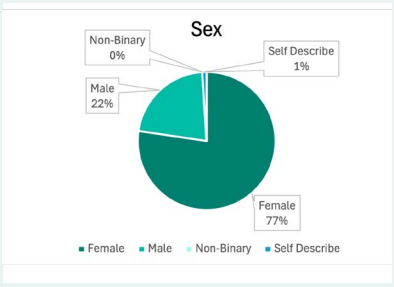
The CHNA survey received a total of 3,057 responses.

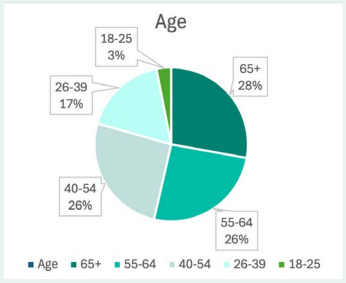
Survey Findings

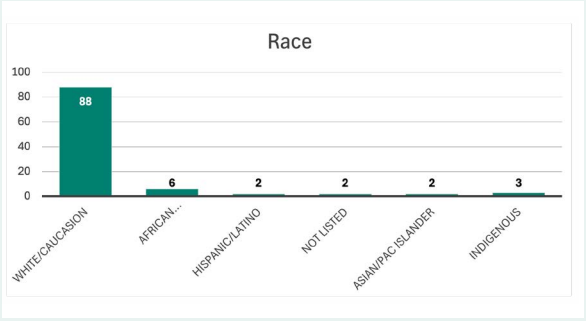
The community members included a broad range and covered all areas within the Middle Peninsula market. The Middle Peninsula Community demographics included 98 respondents:

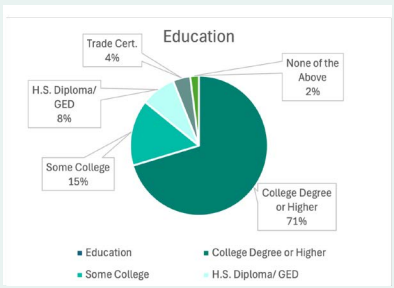
Community Survey Respondent Demographics:

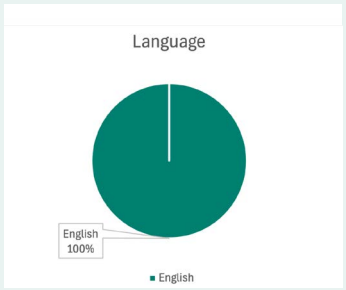
98 Responses

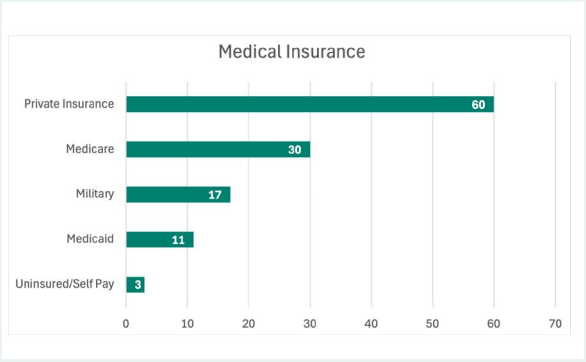










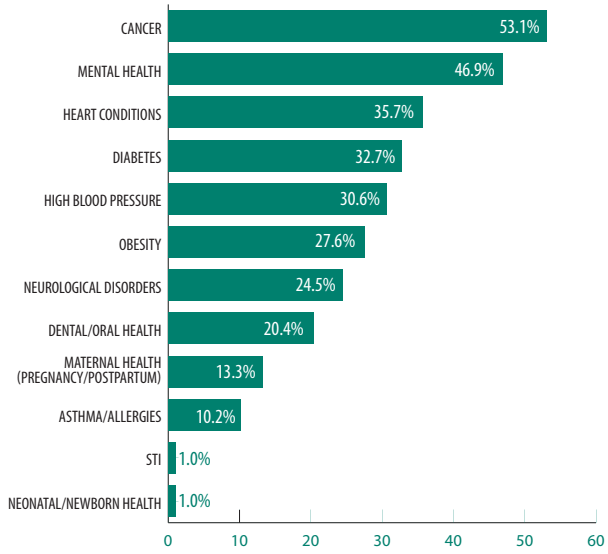


Insights from the Community Members

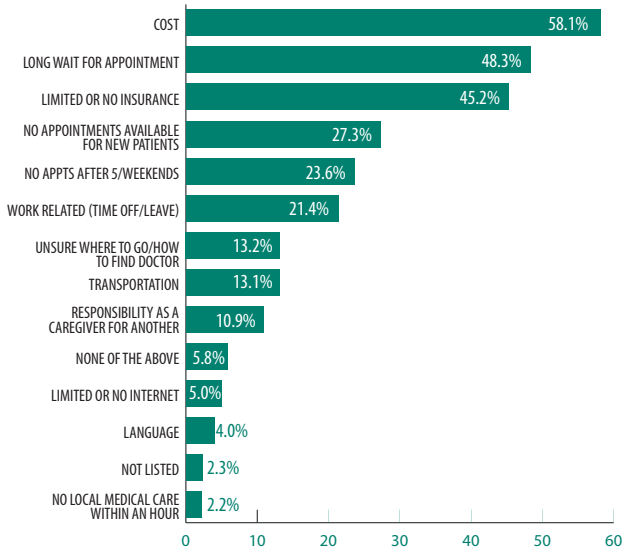
1. **Community/Adults**
   - **Top adult concerns:** Cancer, mental health, heart conditions
   - **Comments:** Cancer is the top concern, followed by mental health and heart conditions, indicating a focus on chronic and mental health issues
2. **Community/Youth (0-17)**
   - **Top youth concerns:** Mental health, asthma/allergies, obesity
   - **Comments:** The community members emphasized the importance of mental health and well-being which also aligns with the stakeholder survey results

Middle Peninsula Community: Adults – Top Concerns and Barriers

Top Adult Health Concerns

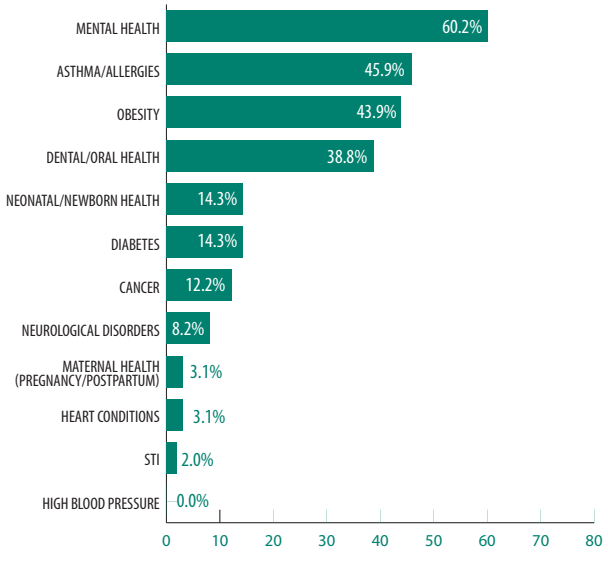


Top Barriers to Accessing Resources

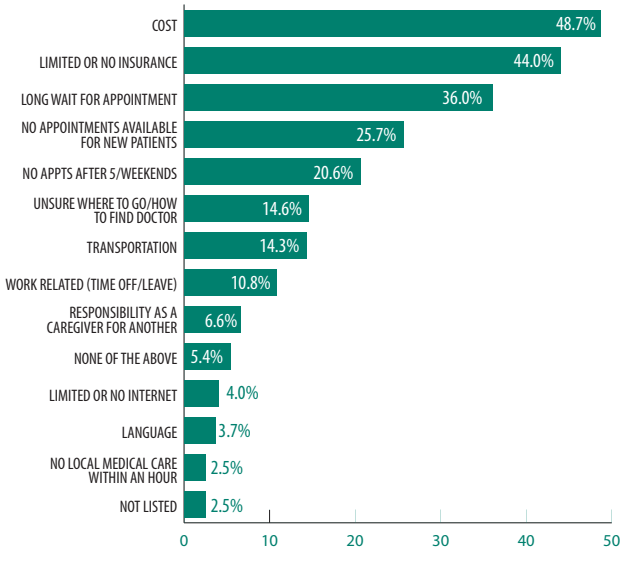


Middle Peninsula Community: Youth – Top Concerns and Barriers

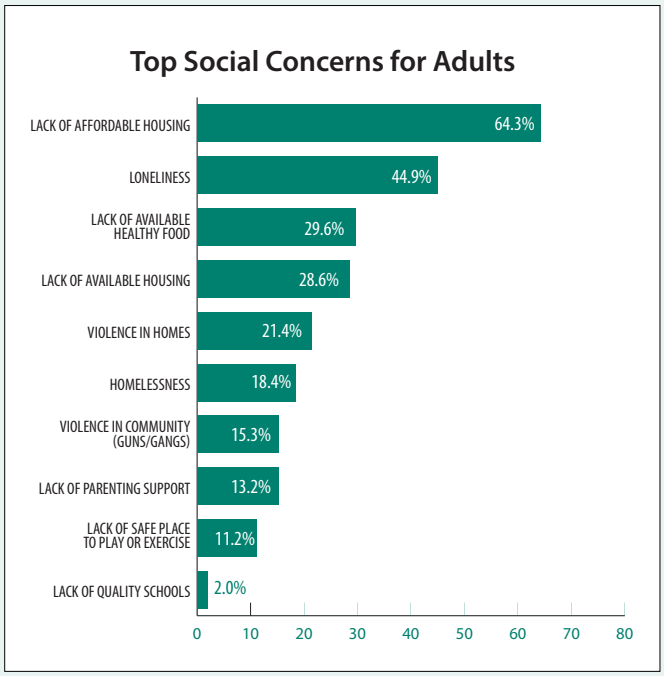
Top Youth Health Concerns

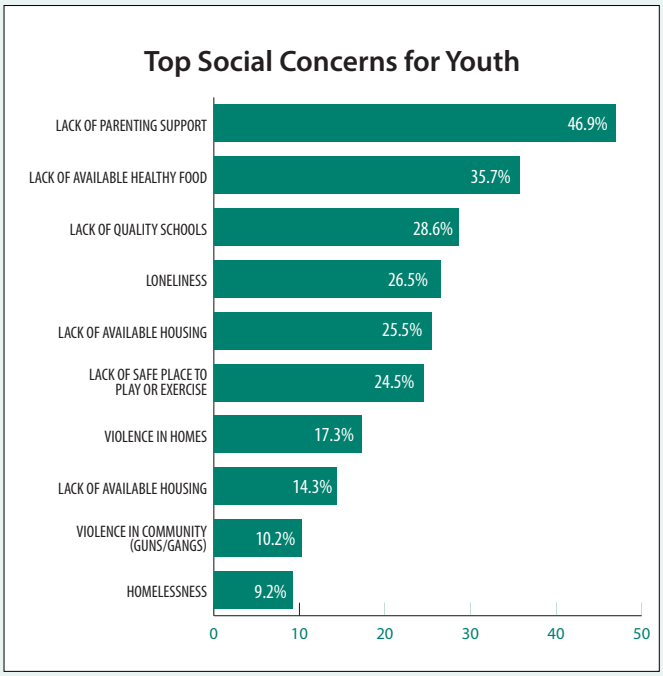


Top Barriers to Accessing Resources



Middle Peninsula 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:
Illegal drugs, alcohol addiction, prescription meds

Youth (0-17):
Bullying/cyberbullying, illegal drug use, tobacco and vaping

Top personal factors impacting quality health care

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

Top environmental health safety concerns

Mosquitoes, mold, quality drinking water

Most trusted sources of information

Health care provider, internet, local health system website

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

The responses we received highlighted several key concerns in the community. Access to dental and oral health services is limited, particularly for adults on Medicaid. Mental health issues, including depression, anxiety, ADHD, bipolar disorder and alcoholism, are prevalent and not adequately addressed, with a shortage of counselors and psychiatric doctors.

Obesity in children and adults is a significant problem, leading to various health issues such as cancer, diabetes, heart disease and high blood pressure. There is a lack of understanding about the impact of concussions on children's academic performance. Allergies and eczema are common concerns, affecting daily activities. The need for better mental health prevention and care was emphasized, along with the importance of educating parents on the effects of screen time and promoting outdoor exercise for children.

Insights from Community Leaders/Stakeholders

Organizations Included:

Avalon Center

Cancer Action Coalition of Virginia

CAPITAL AIR LLC

Catholic Charities of EVA

Child Development Resources (CDR)

Children's Clinic, Ltd.

Children's Health System

Children's Hospital of the Kings Daughters (CHKD)

CHKD Child Advocacy Center (CAC)

Children's Specialty Group (CSG)

Eastern Land Surveying

Family in Focus®

FirstSpark

King and Queen County Public Schools

Lackey Clinic

Lancaster County Emergency Services

Mathews County School Board

Mediation Center

Middle Peninsula-Northern Neck Behavioral Health (MPNN BH)

Middlesex Department of Social Services

Olde Towne Medical & Dental Center

Patient Advocate Foundation

Peninsula Pastoral Counseling Center

Project Nana, Inc.

Regina Enterprises

Riverside Home Health

Riverside Walter Reed Hospital

Safe House Project

Sentara

Sentara Williamsburg Regional Medical Center

Social Services

The AFYA Effect Family Healthcare Services

Virginia Health Catalyst

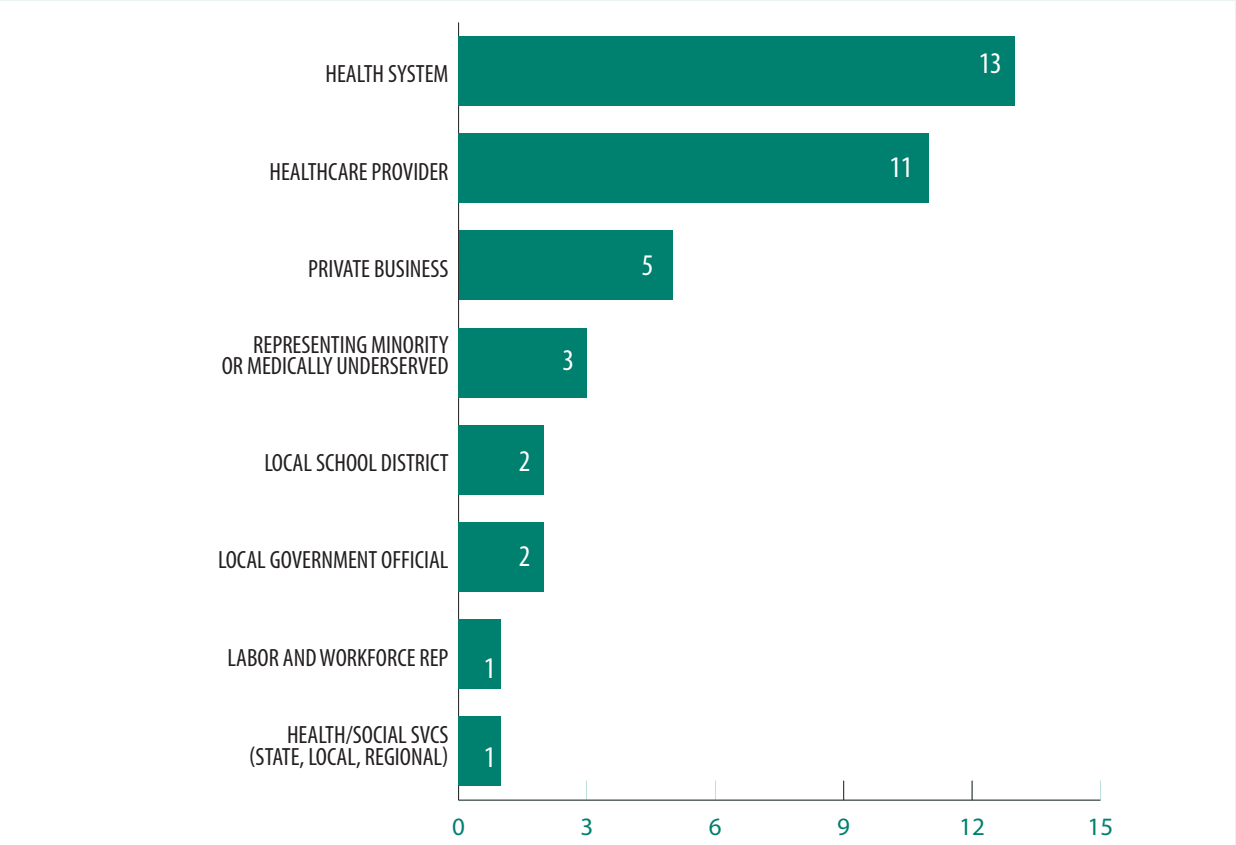
Volunteers of America (VOA) Chesapeake & Carolinas

Wave Church

Young Life

Stakeholder Survey Respondents: Organizational Perspective and Role

In Middle Peninsula, for the Community Leaders, there were 38 results returned.



In the Middle Peninsula, the Community Leaders were made up of accounting managers, CEOs, managers, directors, physicians, nurses, mental health professionals, security officers and others.

Stakeholder/Adults

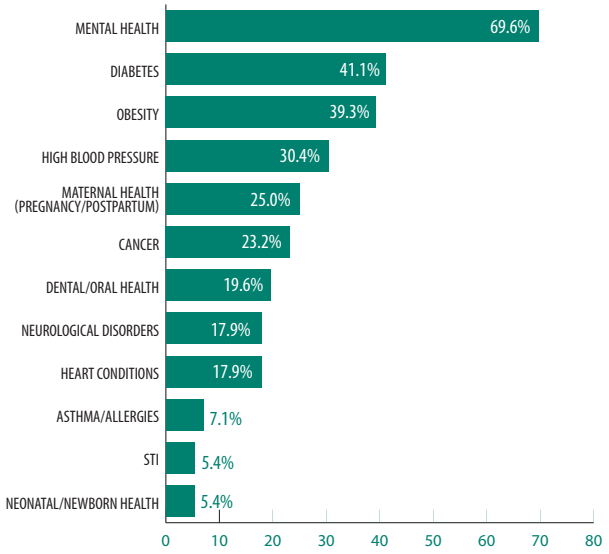
- **Top concerns:** Mental health, obesity, diabetes
- **Comments:** Consistent with RRMC, mental health is a major issue. Obesity and diabetes highlight the need for preventive health measures

Stakeholder/Youth (0–17)

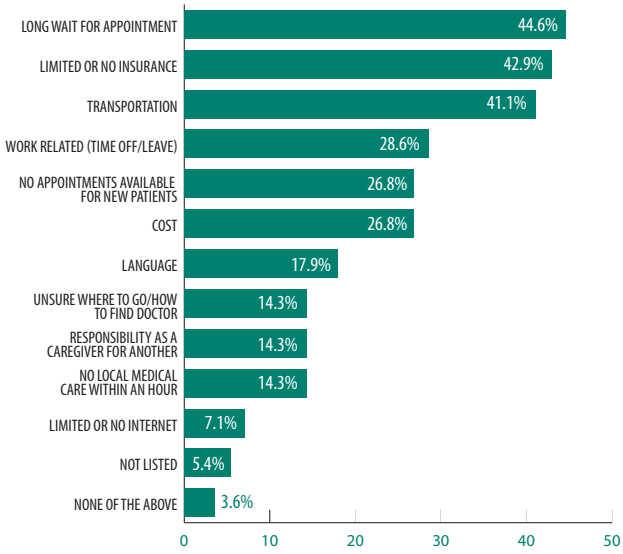
- **Top Concerns:** Mental health, obesity, asthma/allergies
- **Comments:** Mental health is a priority, with obesity and asthma/allergies being significant, similar to RRMC

Middle Peninsula Stakeholders: Adults – Top Concerns and Barriers

Top Adult Health Concerns

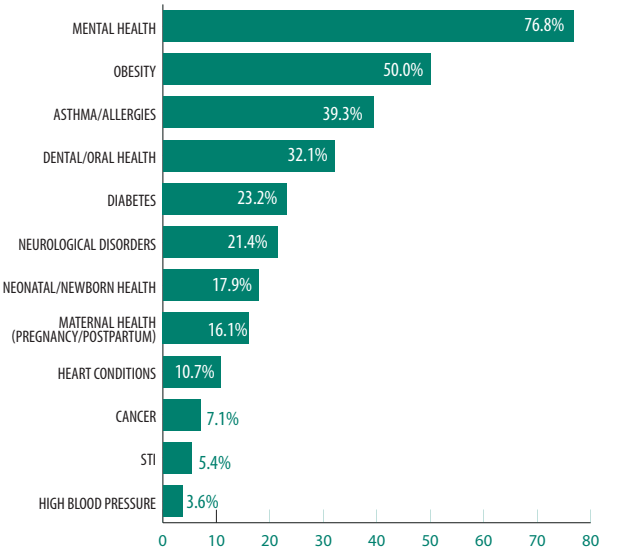


Top Barriers to Accessing Resources

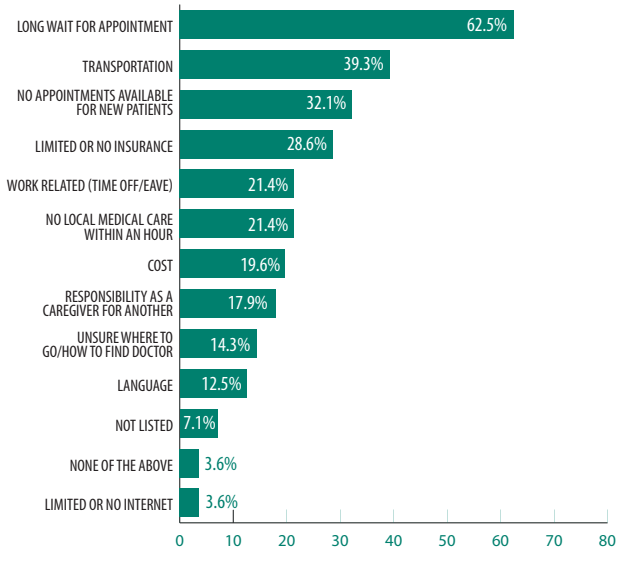


Middle Peninsula Stakeholders: Youth – Top Concerns and Barriers

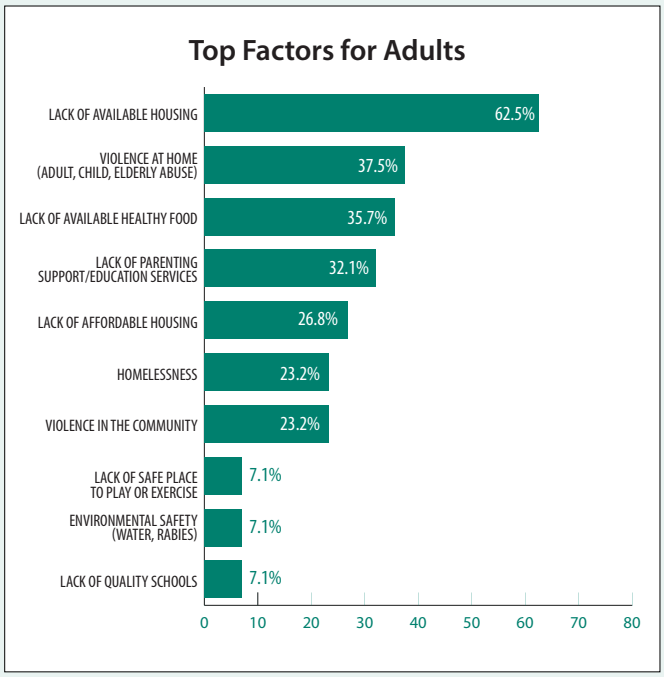
Top Youth Health Concerns

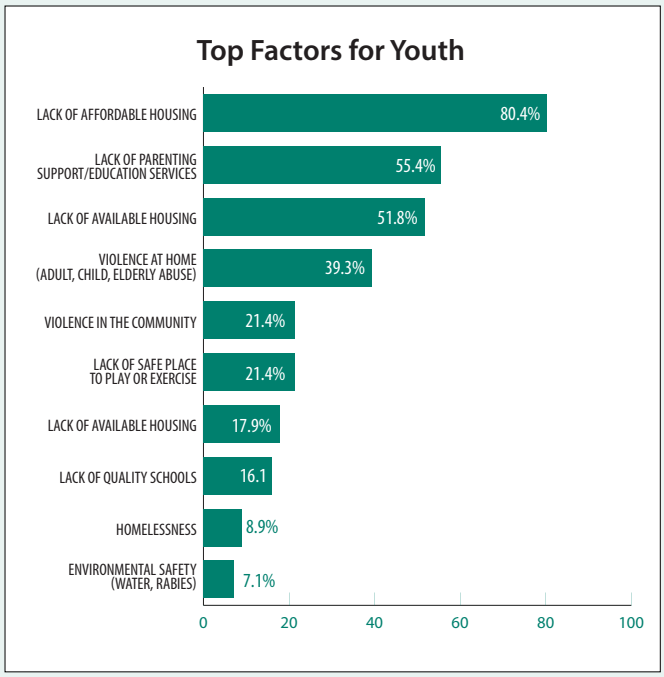


Top Barriers to Accessing Resources

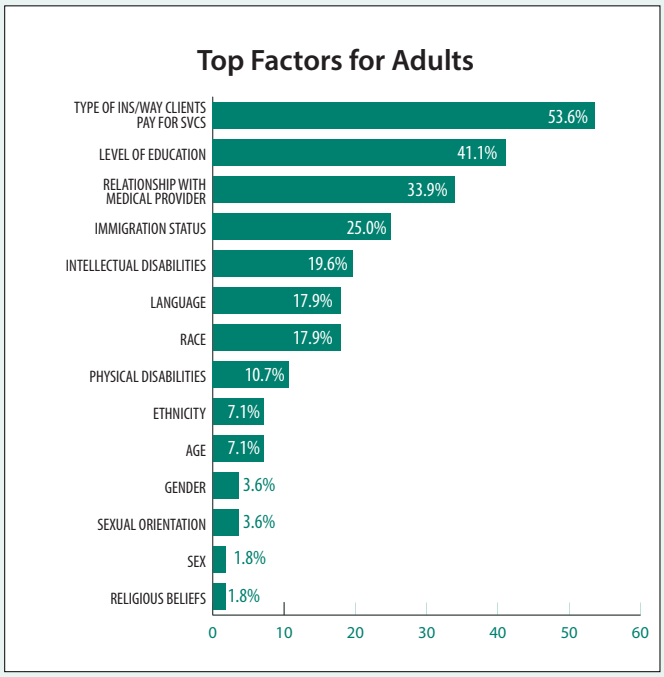


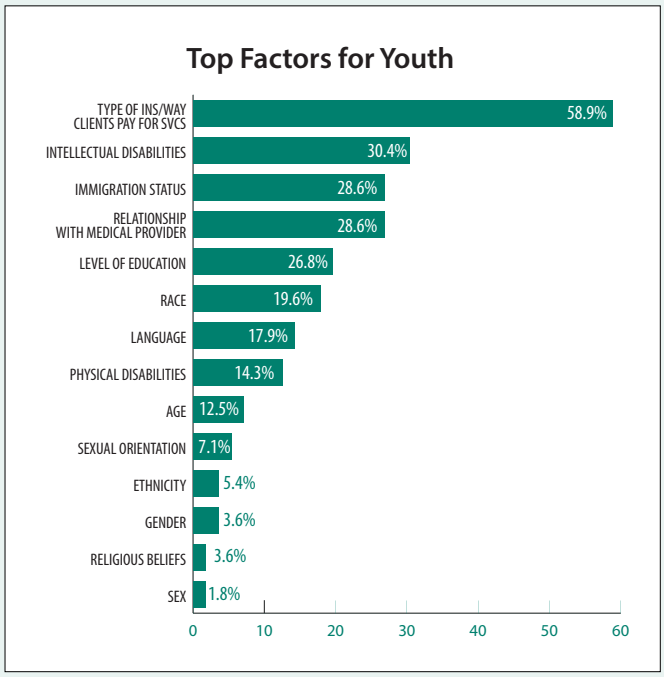
Middle Peninsula Stakeholders: Top Social Factors Negatively Impacting Quality of Care





Middle Peninsula 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: Illegal drugs, alcohol addiction, marijuana use
Youth (0-17): Bullying, tobacco and vaping, guns

Top Environmental Health Safety Concerns

Mold, quality drinking water, air quality

Most Trusted Sources of Information

Internet/social media, health care provider, friends and family

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

The responses indicate that anxiety and depression are at crisis levels, particularly among adolescents, with a significant shortage of therapists for children and adults. Asthma is a severe issue, with many parents unable to recognize symptoms or understand how to manage the condition, leading to critical situations. Dental decay in young children is prevalent, with access to dental care being a significant barrier. Mental health concerns, including severe disorders like bipolar and schizophrenia, are widespread, and there is a notable lack of mental health professionals. Obesity and diabetes are chronic health challenges impacting various other health conditions. The need for integrated health care and social support systems is emphasized to ensure comprehensive care. Additionally, there are concerns about cancer control and prevention, substance abuse and the impact of emotional health on overall well-being.

Overall Summary

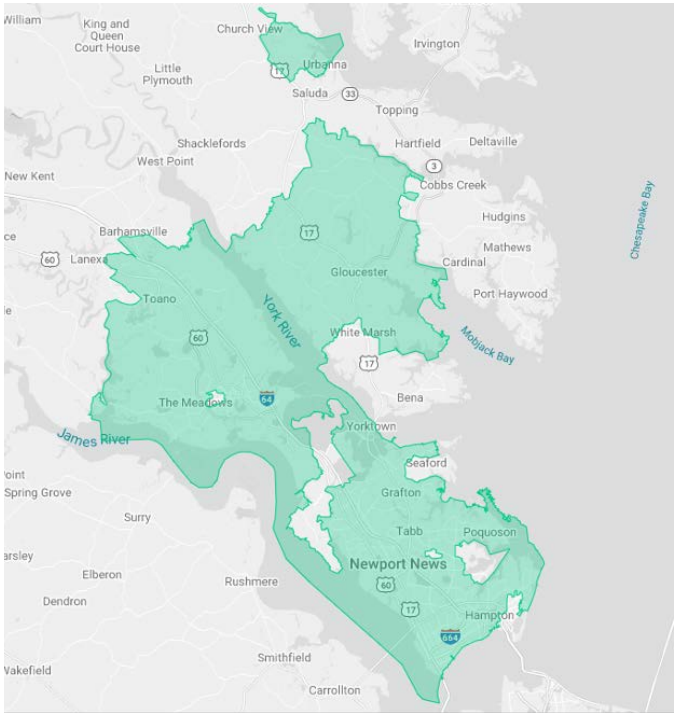
	Stakeholder/Adults	Community/Adults	Stakeholder/Youth (0-17)	Community/Youth (0-17)
RWRH	1. Mental Health 2. Obesity 3. Diabetes	1. Cancer 2. Mental Health 3. Heart Conditions	1. Mental Health 2. Obesity 3. Asthma/Allergies	1. Mental Health 2. Asthma/Allergies 3. Obesity

Community Conversations:

- Beyond community assessments, we hosted a series of community conversation groups, gaining insight from diverse voices in the area. This allowed us to obtain more specific information directly from leaders and residents, ensuring their perspectives were included in our findings.
- PCHC members on the Middle 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 survey was created in English and Spanish, and an interpreter was available when appropriate. The total participation included 126 participants. The Middle Peninsula session is 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

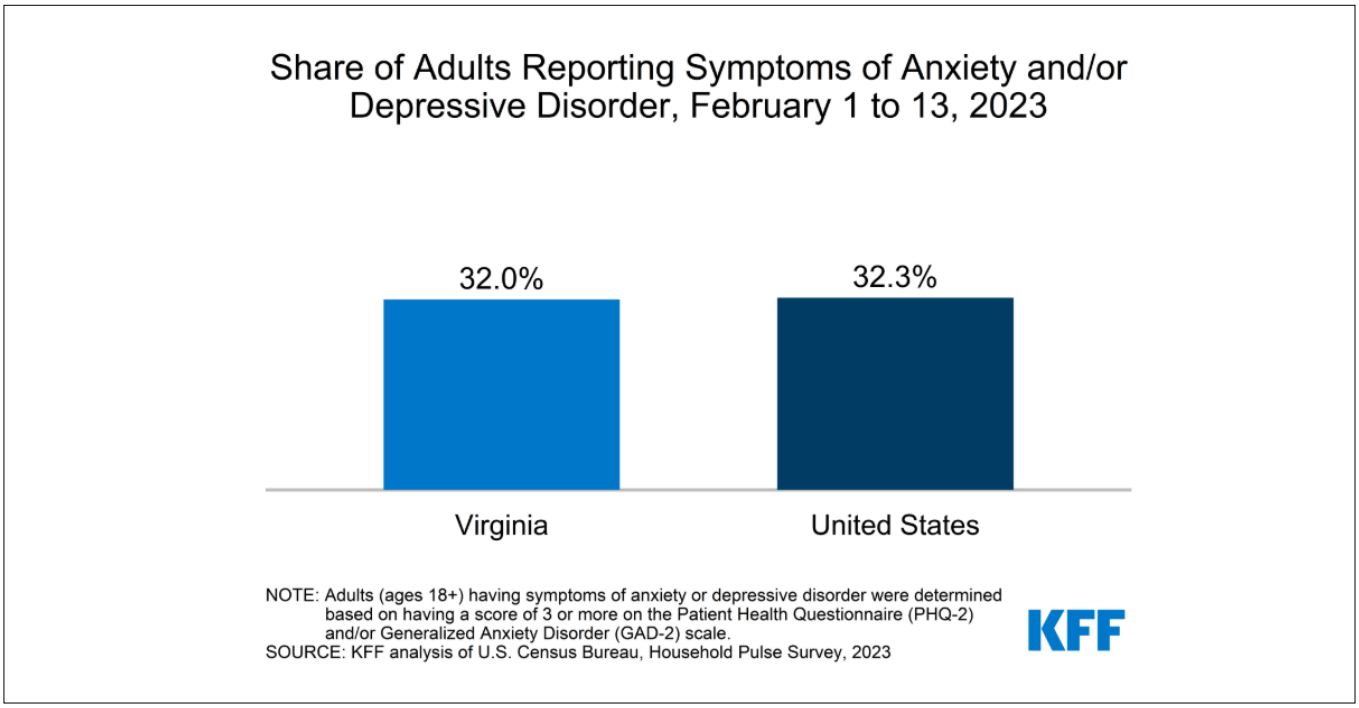
Mental and behavioral health continue to be a key concern across the region, with indicators such as frequent poor mental health days, high smoking and excessive drinking rates, opioid dispensation, suicide rates and drug overdose deaths, all indicating a significant mental health burden. These findings 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)."

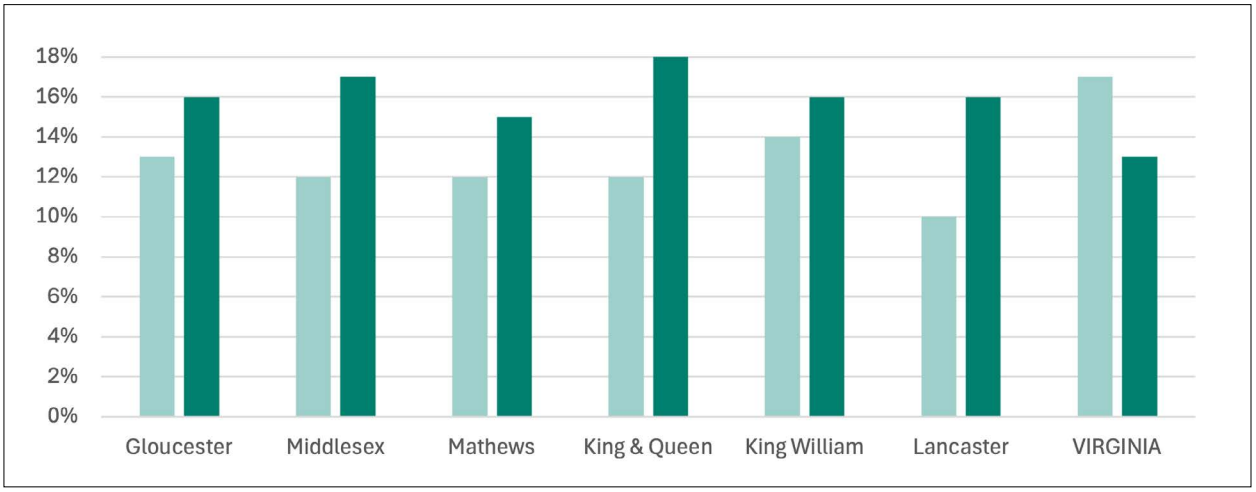
These trends suggest gaps in outpatient or crisis care availability. Evaluating ED trends by county can strengthen our understanding of resource needs and informed strategies to invest in resources.



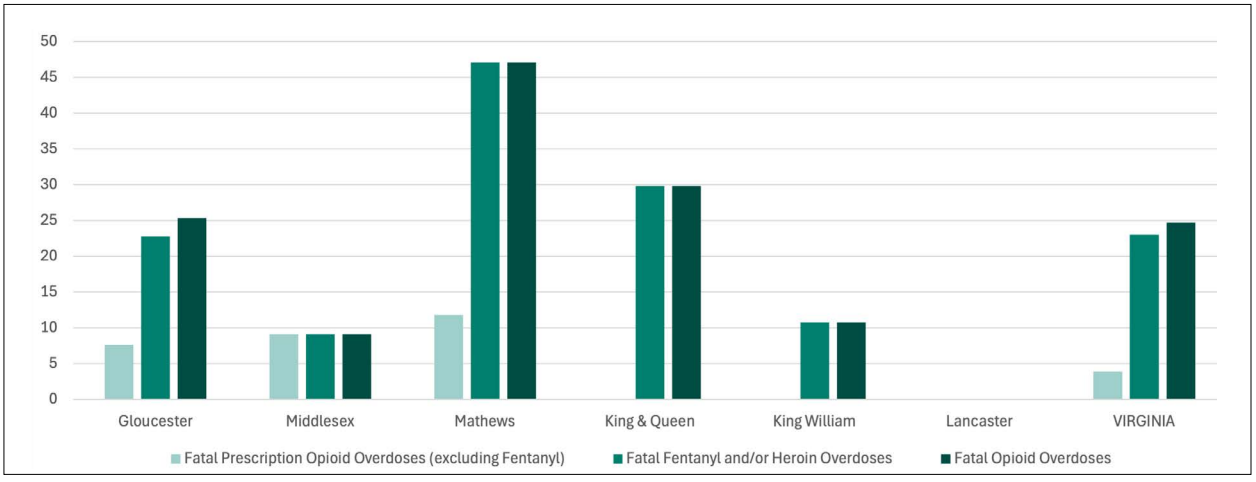
Mental and Physical Health Snapshot (2024)

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	6443	23001
Essex	4.9	6.2	24	58	4	7
Gloucester	4.2	5.7	16	75	18	89
King and Queen	4.7	5.9	21	29	2	0
King William	4.2	5.7	18	64	6	13
Lancaster	4.3	5.7	18	71	4	11
Mathews	3.9	5.6	14	48	3	10
Middlesex	4.4	6.2	18	39	4	8

Substance Use: Risks/Impacts (2024)



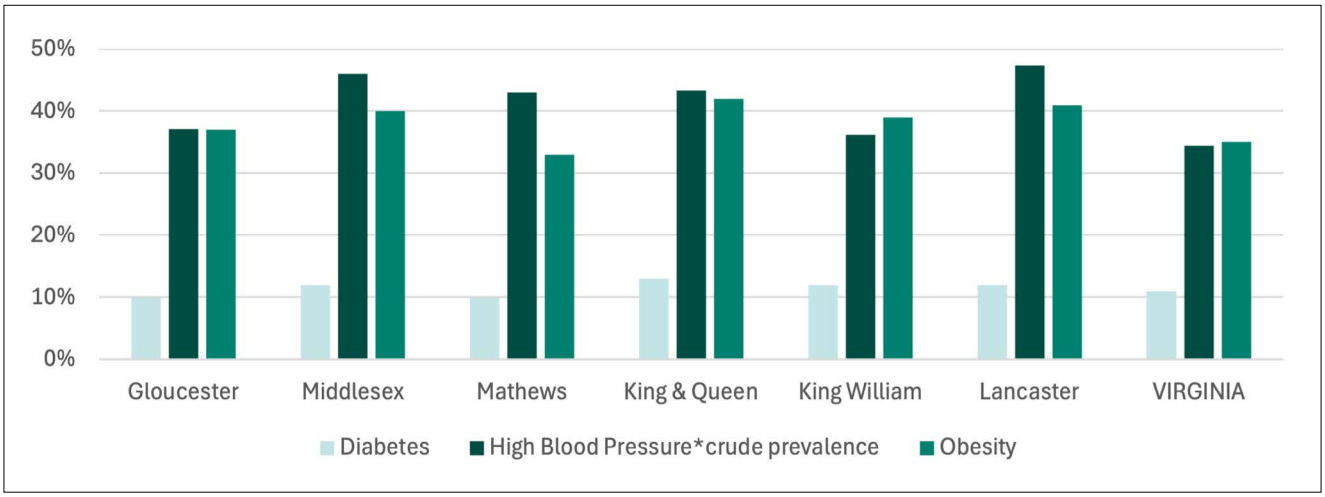
Overdose Death Rate by Locality of Residence (2024)



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)

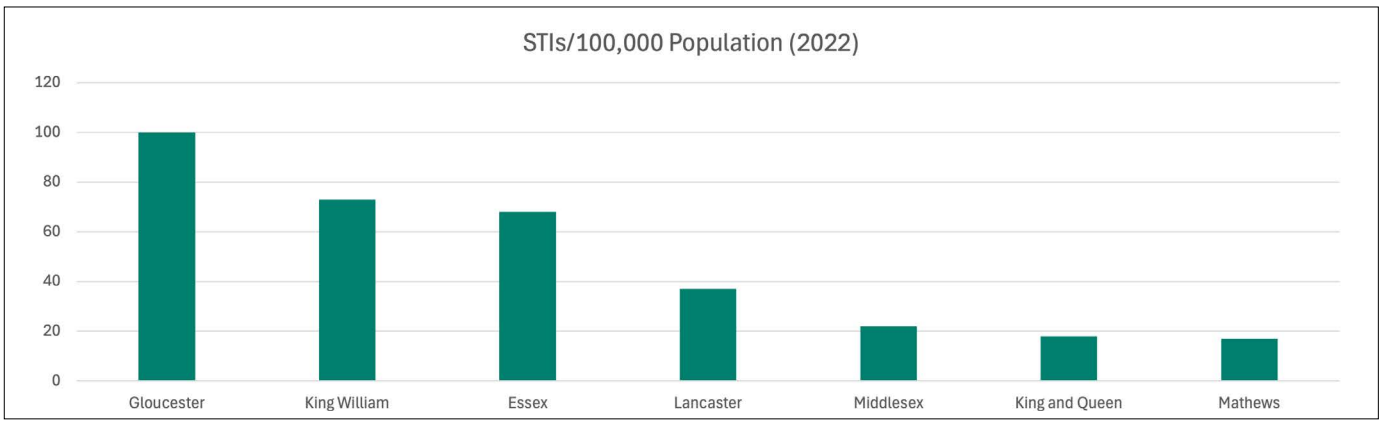
Gloucester	Middlesex	Mathews	King & Queen	King William	Lancaster	Virginia
145.9	204.1	175.5	25.2	88.1	329.4	320.6

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.

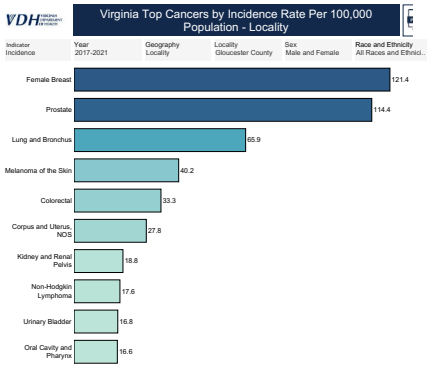
Differences in screening rates among these communities reflect barriers such as limited access to primary care, lack of health insurance or other socio-economic burdens.

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.

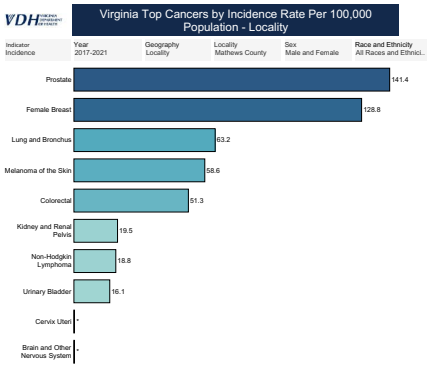
Top Cancer Incidence by City/100,000 (2018-2022)

Cancer incidence by city:

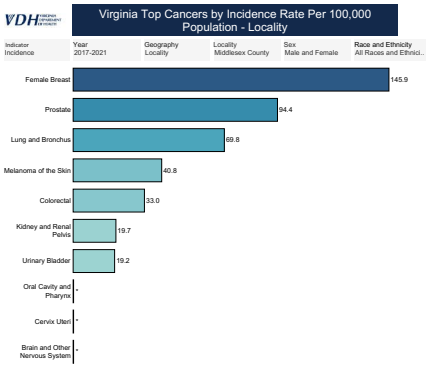
Gloucester



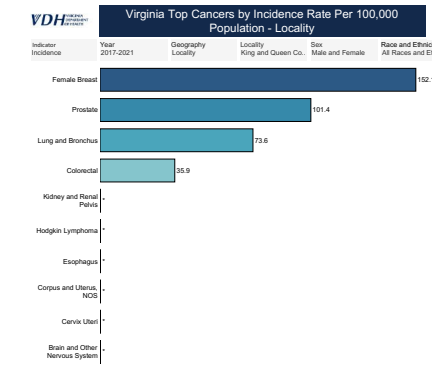
Mathews



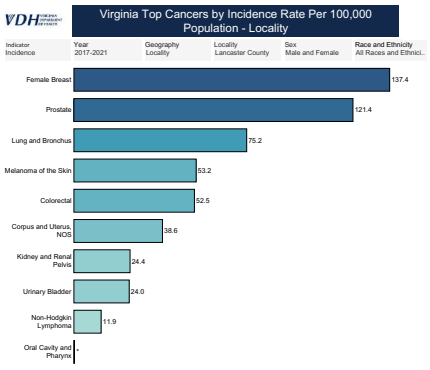
Middlesex



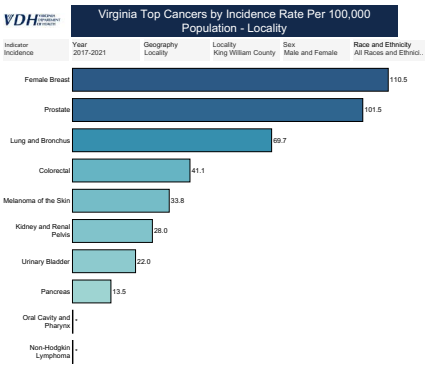
King and King



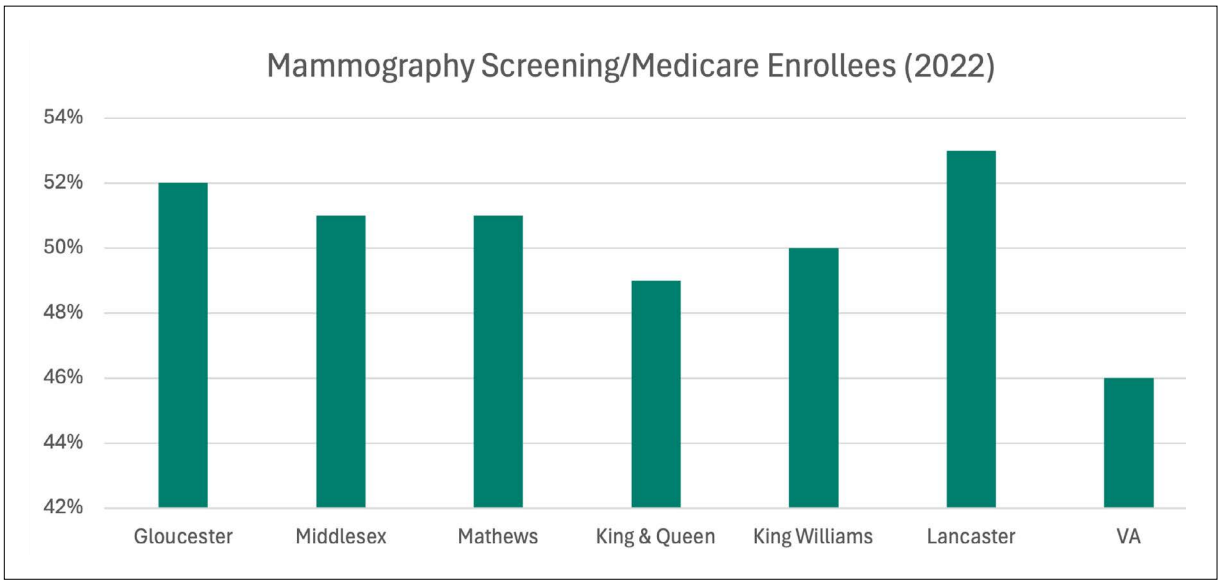
Lancaster



King William



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	Gloucester	Middlesex	Mathews	King & Queen	King William	Lancaster	VIRGINIA
Total Live Births	372	97	64	67	220	89	95615
Total Infant Deaths	2	1	0	0	0	0	593
Medicaid Births %	31.8%	53.9%	39.3%	44.3%	27.4%	60.8%	33.8%
Late or no Prenatal Care %	2.7%	6.5%	6.3%	4.7%	2.8%	4.8%	5.1%
Low Birthweight Deliveries %	7.8%	9.3%	3.1%	6.0%	4.5%	16.9%	8.5%
Preterm Births %	9.9%	11.6%	6.3%	7.5%	8.2%	16.9%	9.6%
Maternal Smoking %	6.5%	9.3%	7.8%	7.5%	5.5%	11.2%	3.2%
Teen Pregnancy Rate	15.6	22.4	9.6	23.3	16	26.7	15.6
Total Infant Death Rate/1,000 Live Births	5.4	10.3	0	0	0	0	6.2

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

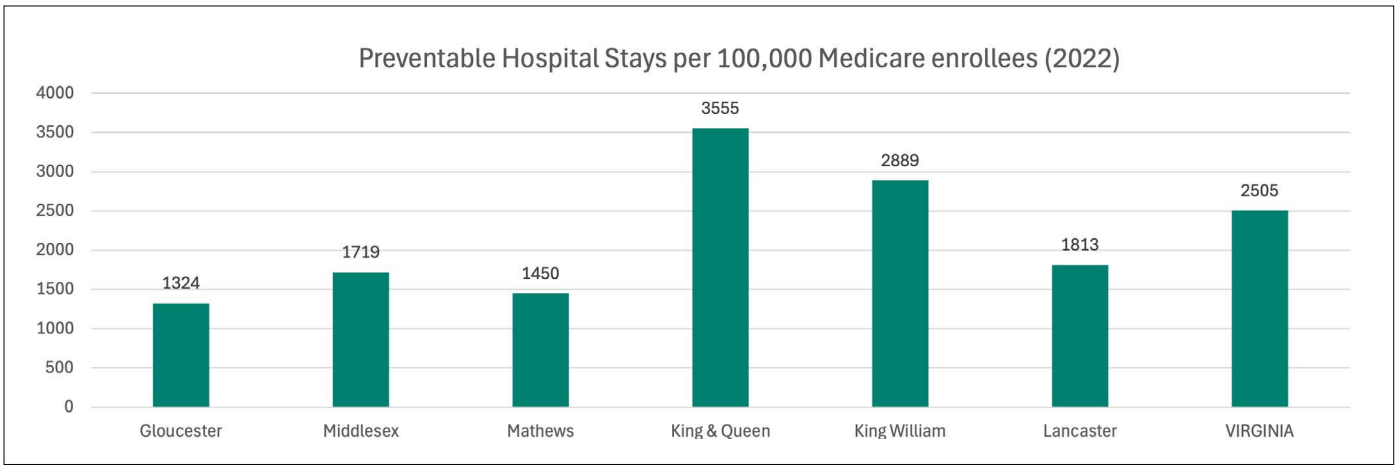
Access to Care and Preventable Hospital Stays

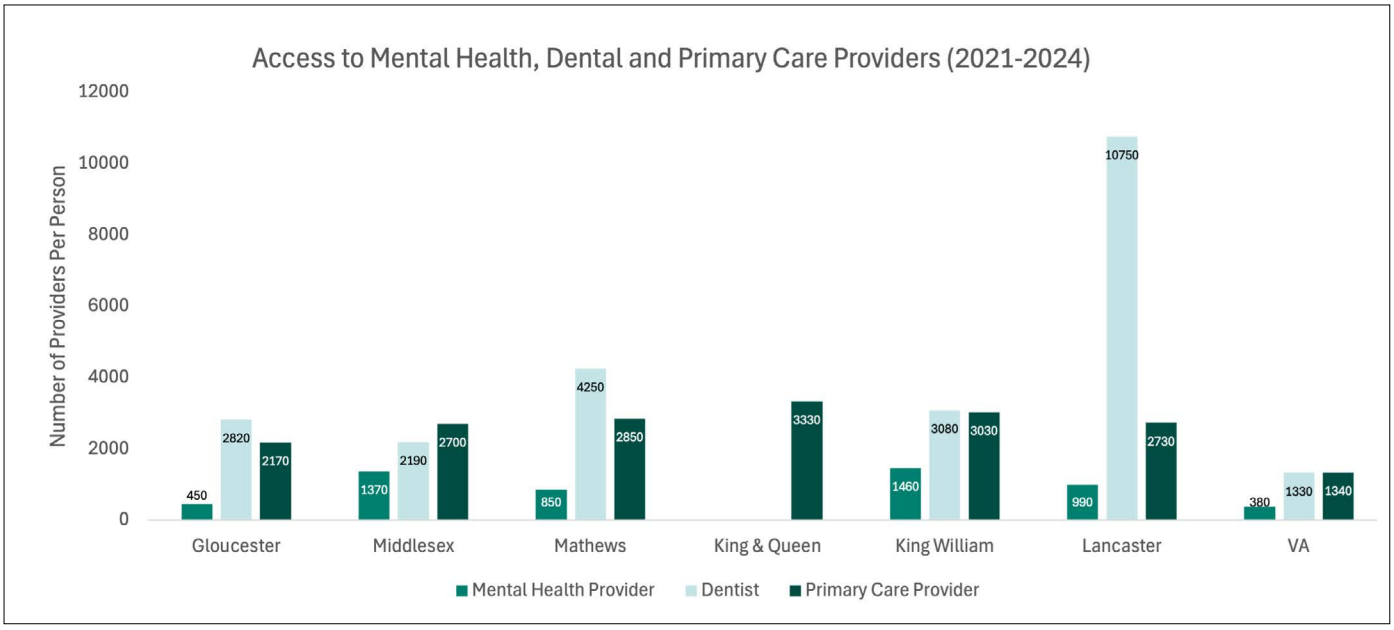
Good health requires availability of care and access to physicians.

In the Middle Peninsula, preventable hospital admissions vary widely. Gloucester and Mathews have significantly lower rates (1,324 and 1,450 respectively per 100,000 Medicare enrollees) compared to the state average of 2,505. In contrast, King and Queen reports a high rate of 3,555, with King William also above average at 2,889. Middlesex and Lancaster fall closer to the state average.

Access to providers statistics show notable disparities. Most counties have provider ratios higher, or worse, than the state average for primary care, dental and mental health services. Lancaster in particular stands out with an extremely high dental care provider ratio (10,750:1). King and Queen and King William also report limited access across all provider types.

Preventable Admissions and Accessibility of Services

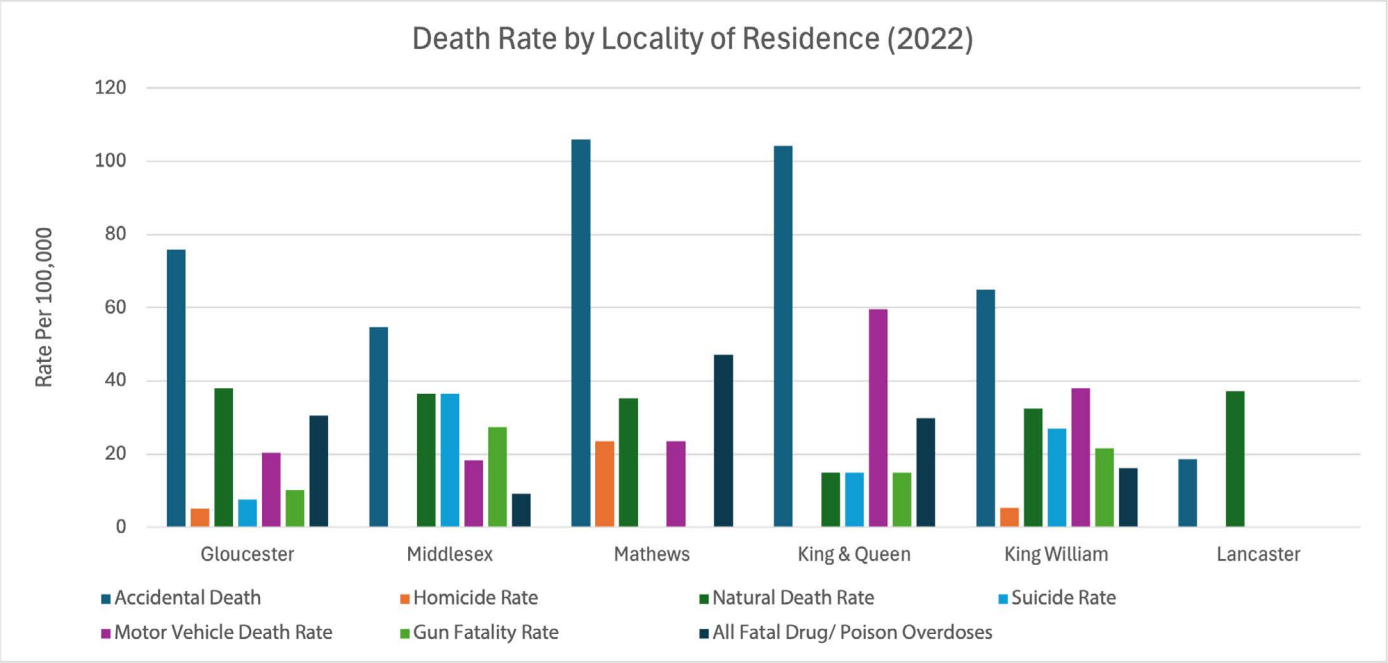




Source: countyhealthrankings.org

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, Middle Peninsula Cities (2022)	Deaths	Crude Rate
COVID-19	51	65.9
Atherosclerotic heart disease	45	58.1
Alzheimer disease, unspecified	42	54.3
Bronchus or lung, unspecified - Malignant neoplasms	40	51.7
Chronic obstructive pulmonary disease, unspecified	16	20.7
Acute myocardial infarction, unspecified	13	16.8
Congestive heart failure	13	16.8
Unspecified dementia	12	15.5
Atherosclerotic cardiovascular disease, so described	11	14.2
Colon, unspecified - Malignant neoplasms	11	14.2
Other lack of expected normal physiological development	10	12.9
Senile degeneration of brain, not elsewhere classified	10	12.9
Stroke, not specified as hemorrhage or infarction	10	12.9

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+
Gloucester	800	7,700
Middlesex	400	3,500
Mathews	300	2,800
King and Queen	200	1,700
King William	300	3,000
Lancaster	500	4,000
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

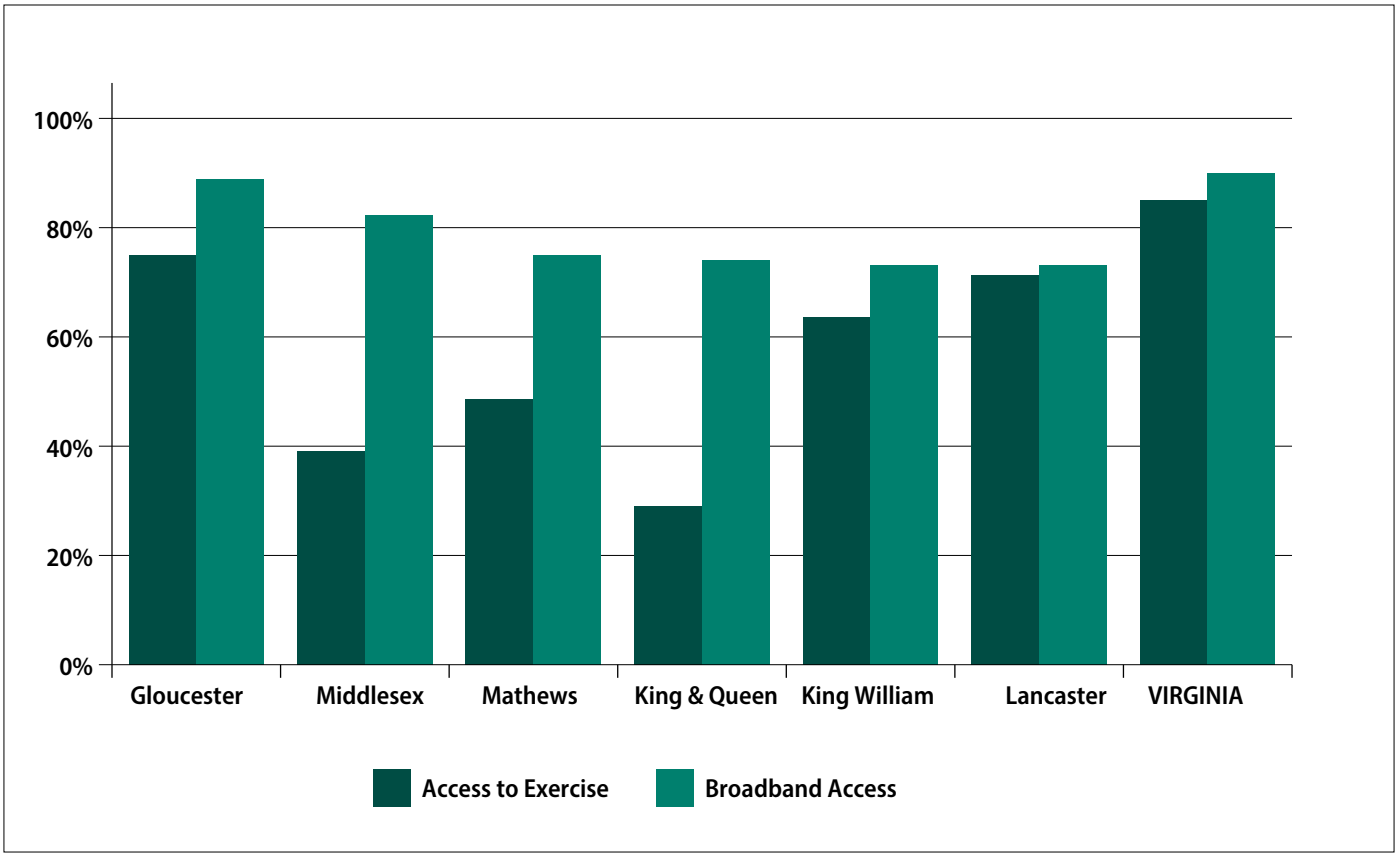
Social Determinants of Health

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

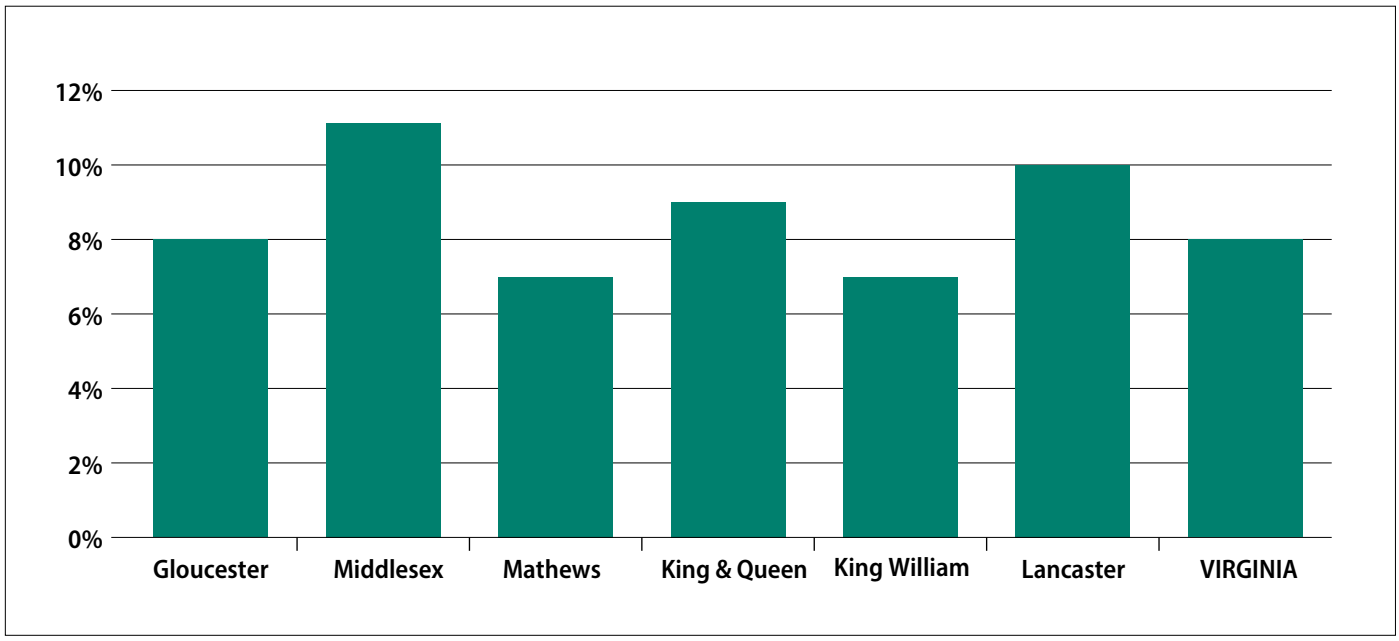
We also examined broadband availability and health coverage, which affect the ability to connect with resources and timely care. Food security, access to healthy foods and opportunities for physical activity are also important contributors to overall health and quality of life. These factors create conditions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

The Middle Peninsula is largely rural, with small towns and wide stretches of farmland and water. Limited public transportation, patchy broadband and long travel distances to health care facilities or grocery stores make it harder for many residents to access services and healthy food. Uninsured rates tend to be higher in some areas, and poverty can be a hidden but persistent challenge. Physical activity opportunities may be limited by geography or infrastructure. Housing and security, including aging homes, also play a role in community health.

Access to Basic Resources (2019-2023)

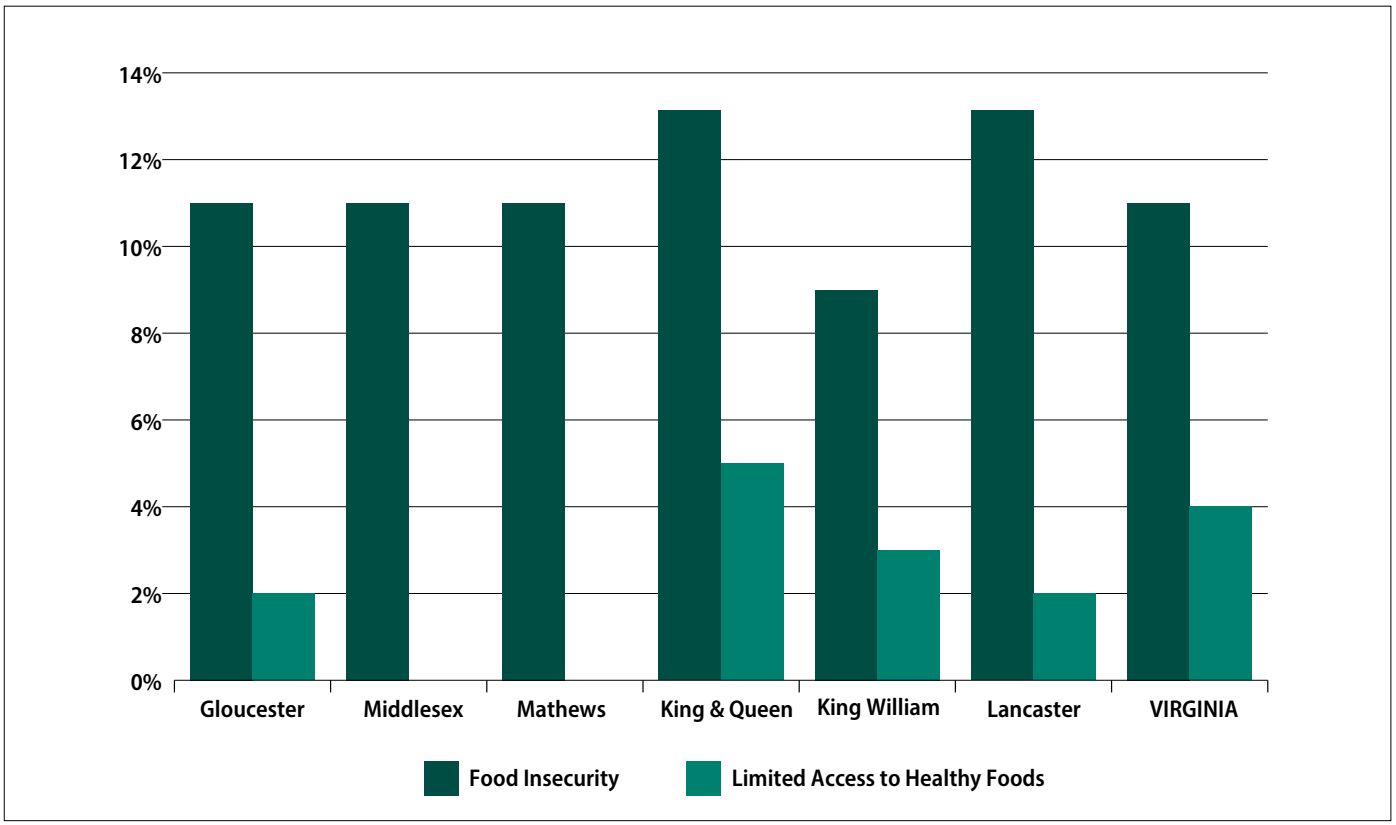


Uninsured (Under 65) (2022)



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
Middle Peninsula	Essex	75	46
Middle Peninsula	Gloucester	86	59
Middle Peninsula	King and Queen	78	61
Middle Peninsula	King William	79	68
Middle Peninsula	Lancaster	79	27
Middle Peninsula	Mathews	75	51
Middle Peninsula	Middlesex	70	44

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
Middle Peninsula	Essex	15	18	2	2
Middle Peninsula	Gloucester	8	9	1	1
Middle Peninsula	King and Queen	16	17	1	0
Middle Peninsula	King William	8	9	0	0
Middle Peninsula	Lancaster	9	10	1	0
Middle Peninsula	Mathews	5	8	1	2
Middle Peninsula	Middlesex	11	14	4	2

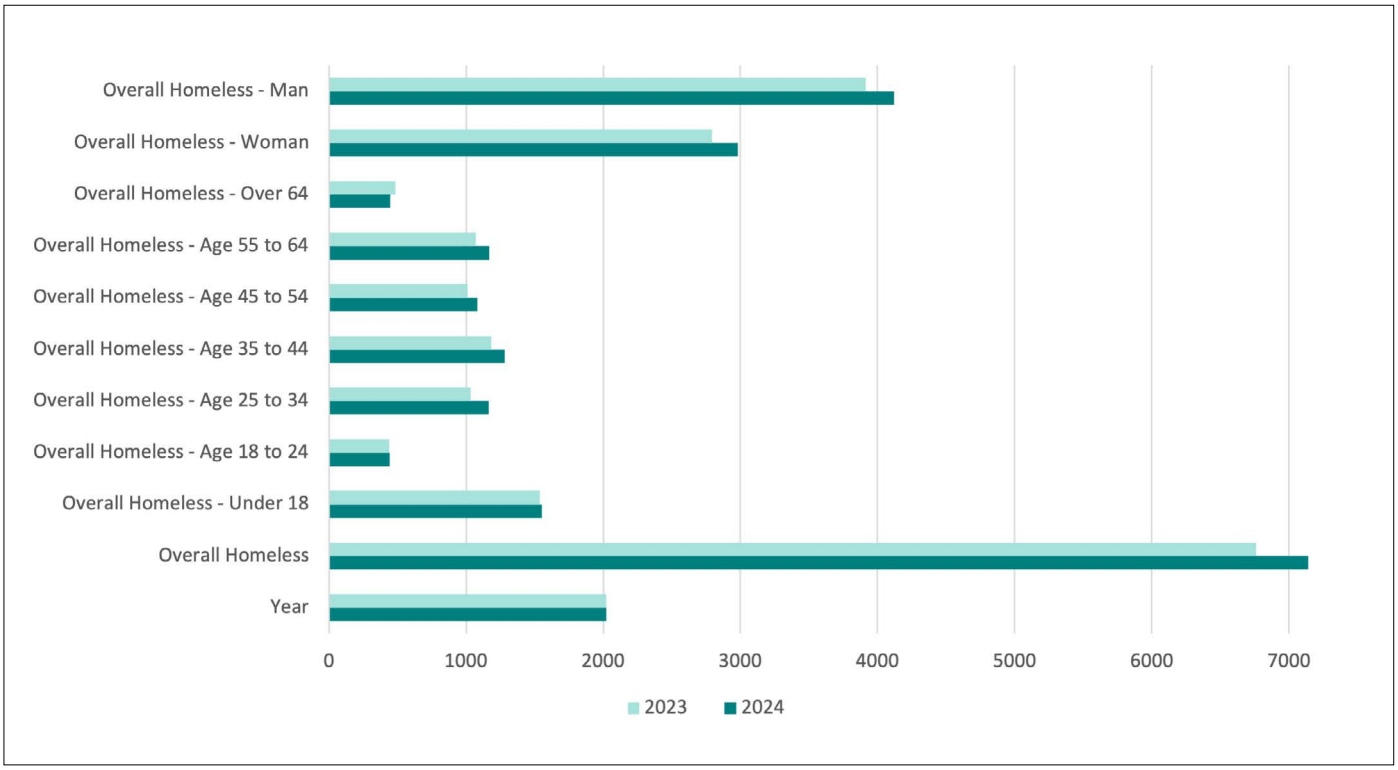
Source: cdc.gov/homelessness-and-health/about/

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.

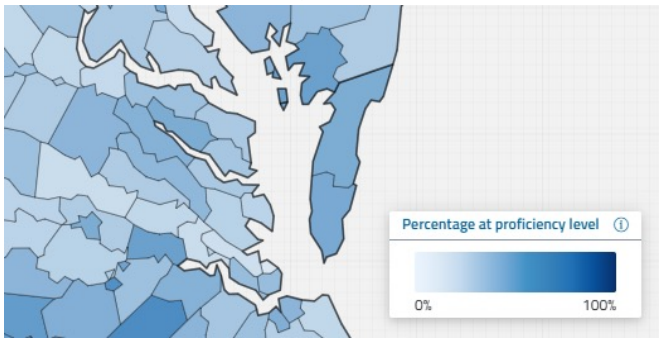
Unhoused Individuals in Virginia (2023–2024)

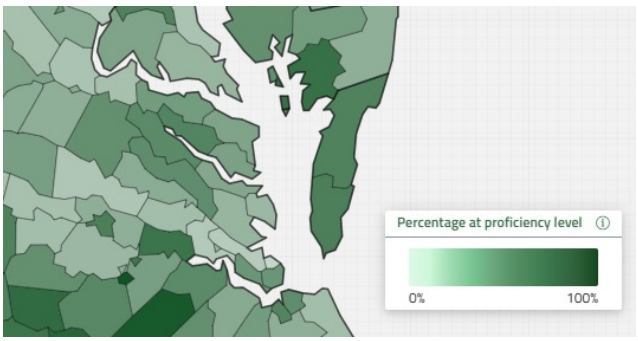


Literacy (2013-2017)

County	Literacy at/<1	Numeracy at/<1	Female	Male	White	Black	Employed	Unemployed
Gloucester County	16.2%	25.6%	50.6%	49.4%	87.7%	8.4%	70.2%	2.5%
Middlesex County	19.4%	30.8%	50.7%	49.3%	77.9%	18.5%	65.2%	4.5%
Mathews County	14.9%	24.7%	52.1%	47.9%	85.9%	10.5%	74.3%	1.1%
King and Queen County	25.1%	39.8%	50.0%	50.0%	68.2%	26.1%	70.7%	3.4%
King William County	18.0%	29.0%	50.3%	49.7%	76.6%	18.4%	75.8%	3.0%
Lancaster County	19.9%	32.5%	53.8%	46.2%	70.0%	28.0%	69.1%	3.2%

Literacy and numeracy levels:

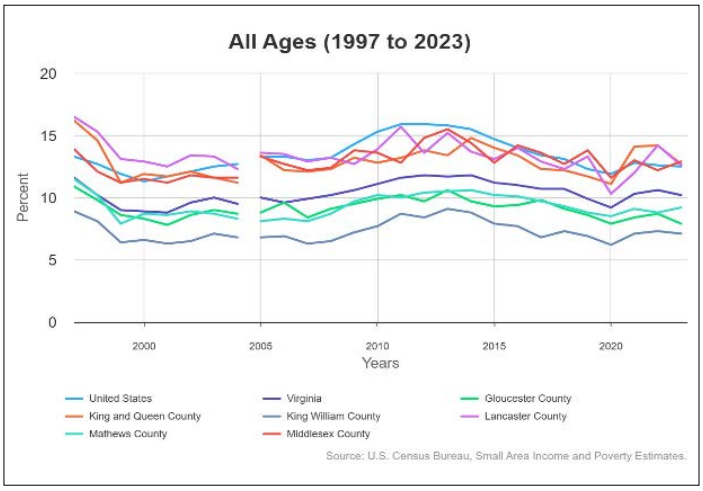


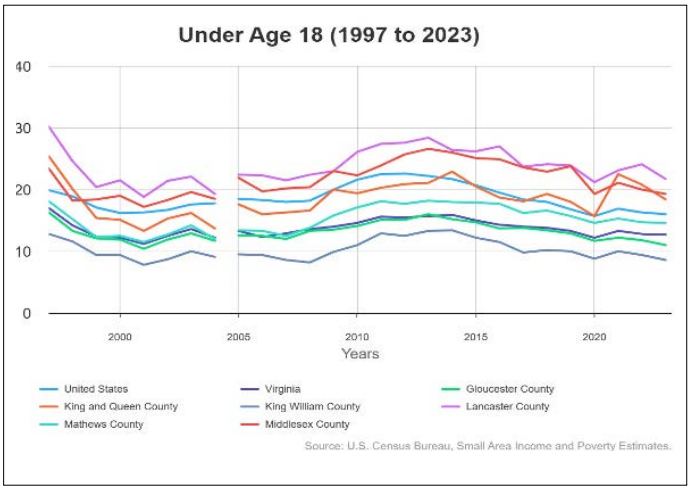


Source: National Center for Education Statistics: Program for the International Assessment of Adult Competencies
nces.ed.gov/surveys/piaac/skillsmap/

Poverty

The Middle Peninsula has an overall poverty rate around 10.4%. Youth poverty is generally higher than adult rates, with some counties reaching over 21% for children under 18. Adult rates vary but typically fall between 8 and 13% depending on the county. The area is largely rural, and economic challenges may include limited access to services, employment and transportation. These factors tend to impact children and seniors more severely.





ALL AGES							
Year	ID	Name	Poverty Universe	Number in Poverty	90% Confidence Interval	Percent in Poverty	90% Confidence Interval
2023	0	United States	32,7076,658	40,763,043	40,485,829 to 41,040,257	12.5	12.4 to 12.6
2023	51000	VIRGINIA	8,472,709	867,052	847,246 to 886,858	10.2	10.0 to 10.4
2023	51073	Gloucester	39,725	3,153	2,368 to 3,938	7.9	5.9 to 9.9
2023	51097	King and Queen	6,706	854	658 to 1,050	12.7	9.8 to 15.6
2023	51101	King William	18,918	1,336	1,029 to 1,643	7.1	5.5 to 8.7
2023	51103	Lancaster	10,622	1,342	1,027 to 1,657	12.6	9.6 to 15.6
2023	51115	Mathews	8,444	781	598 to 964	9.2	7.0 to 11.4
2023	51119	Middlesex	10,592	1,363	1,055 to 1,671	12.9	10.0 to 15.80
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	51073	Gloucester	7,841	863	573 to 1,153	11.0	7.3 to 14.7
2023	51097	King and Queen	1,120	206	145 to 267	18.4	12.9 to 23.9
2023	51101	King William	4,264	365	245 to 485	8.6	5.8 to 11.4
2023	51103	Lancaster	1,587	345	235 to 455	21.7	14.7 to 28.7
2023	51115	Mathews	1,321	193	130 to 256	14.6	9.8 to 19.4
2023	51119	Middlesex	1,744	337	227 to 447	19.3	13.0 to 25.6

Youth/Poverty (2022)

Youth experiencing poverty are more likely to have food insecurity, which can impact health, academic performance and development. In our region, eligibility for free and reduced lunch, along with food insecurity totaling between 9 and 13+%, highlights challenges for many families with children.

County	Gloucester	Middlesex	Mathews	King & Queen	King William	Lancaster	VIRGINIA
Students Eligible for Free or Reduced Lunch as % of total students in public schools	53.70%	97.70%	72.40%	99.70%	42.10%	97.40%	58.10%
SNP Members (Total Students)	5,068	1,231	854	857	2,115	1,045	1,257,975
Free Lunch Eligible #	2,613	1,203	618	854	836	1,018	709,796
Free Lunch Eligible %	51.60%	97.70%	72.40%	99.60%	39.50%	97.40%	56.40%
Reduced Lunch Eligible #	108	0	0	0	54	0	21,048
Reduced Lunch Eligible %	2.10%	0.00%	0.00%	0.00%	2.60%	0.00%	1.70%
Food Insecurity Rate by City / County	10.90%	11.00%	11.20%	13.20%	9.30%	12.60%	11.10%
% of Population Below SNAP Threshold of 200% Poverty Level	64%	63%	49%	58%	56%	68%	52%

Source: map.feedingamerica.org/

Violence/Crime (2023)

When comparing the crime statistics of the six counties to the state averages for Virginia, several trends emerge. Middlesex has the highest rate of motor vehicle theft among the counties but still falls well below the state average. Lancaster stands out with notably high rates of property destruction and vandalism, counterfeiting/forging and weapon law violations, and Gloucester has the highest rate of drug offenses, surpassing the state average.

On the other hand, King and Queen, King William and Mathews generally report lower crime rates across most categories, suggesting relatively safer environments.

County	Gloucester	Middlesex	Mathews	King & Queen	King William	Lancaster	VIRGINIA
Motor Vehicle Theft per 100K pop	63.84	83.7	47.76	29.96	38.12	55.48	176.38
Robbery per 100k pop	2.55	0	0	0	0	18.49	38.05
All Rape per 100k pop	51.07	46.5	11.94	0	10.89	18.49	31.27
Destruction/Vandalism of Property per 100k pop	393.25	195.29	286.53	134.83	304.93	508.55	579.81
Counterfeiting/Forging per 100k pop	45.96	65.1	35.82	59.93	38.12	277.39	60.55
Burglary/Breaking & Entering per 100k pop	43.41	139.5	107.45	74.91	43.56	101.71	121.48
Arson per 100k pop	12.77	0	23.88	0	0	0	7.39
Animal Cruelty per 100k pop	0	9.3	0	29.96	16.34	9.25	14
Weapon Law Violations per 100k pop	117.46	46.5	95.51	44.94	76.23	147.95	177.67
All prostitution offenses per 100k pop	0	0	0	0	0	0	1.86
Pornography/Obscene Material per 100k pop	35.75	9.3	23.88	0	0	18.49	26.89
All Drug Offenses per 100k pop	469.86	204.59	250.72	119.85	348.49	369.86	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.

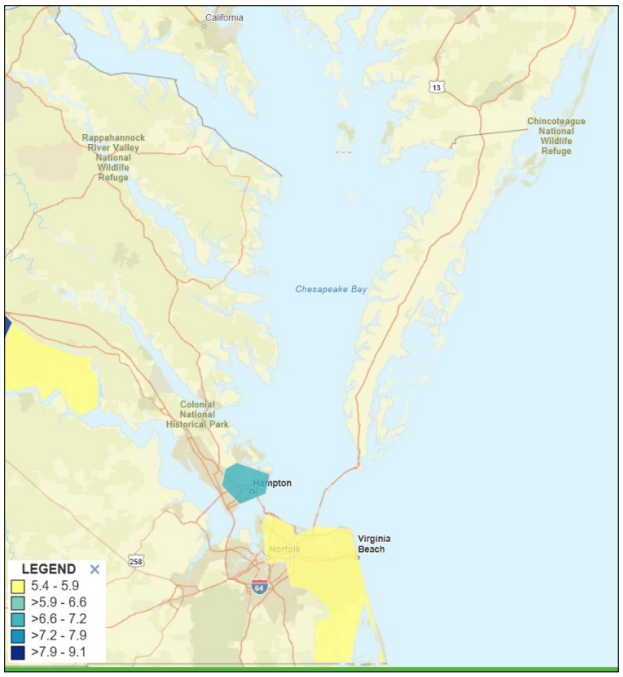
Air quality across our region has generally improved over the past decade, according to CDC data available through 2022. The Peninsula market shows some areas of concern, particularly in parts of downtown Newport News and Hampton. In these areas, air pollution levels have been slightly elevated in past 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.

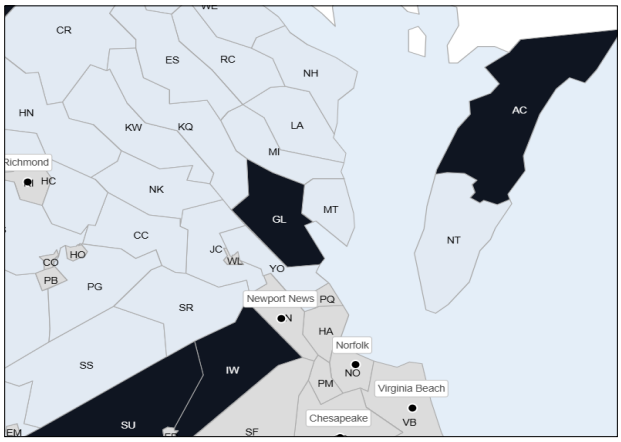
Source: epa.gov/radon/epa-map-radon-zones
**The map was created in 1994 and in 2022 an addendum was added regarding Williamsburg.*



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 RWRH

2022 CHNA Strategic Focus Areas	2024 Facility Commitment	Progress to date 1Q 24	If no progress to goals, please explain why and what/ how plan will change in next quarter	Progress to date 2Q 2024	Progress to date 3Q 2024	If no progress to goals, please explain why and what/ how plan will change in next quarter	Progress to date 4Q24	If no progress to goals, please explain why and what/how plan will change in next quarter
Memory & Dementia Services	Memory Care Cafés	Mid Pen Memory Café dates for the first half of 2024 established and published: January 10 February 14 March 13 April 10 May 8 June 12 All Memory Café sessions will be conducted at the Daffodil Gardens Community Room from 130-300pm each of those days. Future dates will be established in 2024. Flyers for these sessions are posted in RWRH waiting areas. Flyers have also been sent to RCC Nursing Program for educational opportunities, and flyers will be distributed at RWRH-attended community events in 2024.		Memory Cafés continue Onsite Memory Care Navigation at Gloucester Neurology established Dementia Pathway for Home-based Palliative Care established Memory Care Navigation (telephonic or video conference) for any Mid Pen patient living with dementia & their caregivers established	Memory Cafés continue Participation 3rd quarter: July: 9 August: 9 September: 9 Total = 27 Palliative Care Participation and caregivers identified on Mid Pen - 3rd quarter: • 8 patients that have caregivers (8) that they reside with • 4 patients that live alone, caregivers have been identified that do not reside in the home		Gloucester Memory Care Café Participants – 4Q: October: 9 November: 6 December: 15 Total = 30 This is an increase of 10% over 3Q total	
	The Purple Flower Program	Purple Flower Program was implemented at RWRH in February 2024, with over 75% of the eligible RWRH team members having completed the training in February. The Hospital Gift Shop ("The Daffodil") sold light and dark-colored RWRH branded purple t-shirts to celebrate the program success and to bring awareness to this program. A display, including a very large purple flower cut out and information about the program, resides in the RWRH main lobby.		Purple Flower Program is operational. Training continues at RWRH for this program. Program inception to date 69% of eligible team members have completed the training.	Training continues – currently at 72.9% of all eligible RWRH team members		Quarter 4 Purple Flower Participants and Training report: • During 4Q, MedSurg patients identified as purple flower at RWRH: 62 • During Q4, ED patients identified as purple flower at RWRH: 60 • During Q4, 300 team members completed training, with 45 of those from RWRH; completion rate for the Health System is 81% since launching in Oct 2023 • 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	
	Primary care health coaches will undergo Teepa Snow training to enable them to better care for patients with dementia and their caregivers.	5 primary care health coaches completed the training – one from Fishing Bay, two from Hayes, two from IMAG.		No additional training initiated in 2nd quarter per Jenna Haywood.	No Updates		No updates on new training for this program From Mary Martha Stewart; however, a new course "Living with IDD & Dementia – Meeting a Person Where They Are" was initiated, and 15 team members from the Riverside community based palliative care team completed the Living with IDD & Dementia: Meeting a Person Where They Are course. (IDD = intellectual or developmental disability)	

2022 CHNA Strategic Focus Areas	2024 Facility Commitment	Progress to date 1Q 2024	If no progress to goals, please explain why and what/ how plan will change in next quarter	Progress to date 2Q 2024	Progress to date 3Q 2024	If no progress to goals, please explain why and what/ how plan will change in next quarter	Progress to date 4Q 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.	Per Dr. Frazier 10/2/2023: "Riverside Health System has developed several dashboards to monitor opioid management and prescribing, at both the provider level and at the enterprise level. At the system level, the "RHS Opioid Management Dashboard" monitors opioid management and prescribing primarily in the setting of chronic opioid patients and looks at a variety of factors including the number of chronic opioid patients and the number of opioid prescriptions, the use of pain agreements, drug testing, naloxone prescribing, and PDMP review. The "RHS Opioid Prescribing Dashboard" shows comparison prescribing at the specialty level, including number of prescriptions, average MMED and days' supply per prescription to look for prescribing practices outside of the norm for each specialty."		No changes, dashboards are operational.	No changes, dashboards are operational.		Per Dr. Frazier-No changes, no updates, dashboards are operational.	
	Host multiple drugs take back days in partnership with local law enforcement and the DEA.	April 27, 2024 – the RWRH Pharmacy Director and others from the Middle Peninsula Region will partner with the local law enforcement and the DEA at 2 locations on the Mid Pen – Walmart and Kroger.		RWRH Pharmacy expects the Gloucester Sheriff's department to announce another drug takeback day in the fall 2024. RWRH Pharmacy director will be involved.	Drug Takeback Day was October 26th 10-2p at Walmart and at Kroger, both in Gloucester. RWRH Pharmacy Director attended the Walmart location along with two RWRH Pharmacy Techs (Jessica Sutton and Macy Robins), fun Riverside swag and information on Riverside Mid Pen services. The Walmart location took in 115 pounds of drugs from the community; Kroger took in 69 pounds!		We assisted with two Drug Takeback Days at two locations – Kroger and Walmart – during 2024. We will continue to support this in future years.	
	Implement policies to increase screening to identify patients at high risk of substance use disorder.	Per Dr. Frazier 10/2/2023: RHS has "set up screening for opioid use disorder as part of our Medicare Annual Wellness Visits. It utilizes Epic's Cognitive Computing Model that uses machine learning to predict risk of opioid use disorder." Also: "Riverside utilizes a machine learning "cognitive computing model" developed by Epic to predict the risk of opioid use disorder. Taking over 70 variables into account, the model is run on every Medicare patient receiving an annual wellness visit, and if the patient is at high risk, the provider is prompted to assess that risk more fully and deploy mitigation or treatment strategies as indicated. The machine learning model is also employed in a Best Practice Advisory on every adult patient over the age of 17, and if the patient is considered high risk, and the patient does not already have a diagnosis of Opioid Use Disorder, the BPA prompts the provider to consider the diagnosis."		Dr. Frazier asked to have the last sentence of the 1Q update removed. The BPA is not operational.			No updates per Dr. Frazier	
	Following pilots at sister facilities, implement programs to help individuals who want to get off opioids to do so more easily with Medication Assisted Treatment.	Continuing to look at Medication Assisted Treatment (MAT) ED Bridge Inductions (with a warm hand-off to community providers) or other options. It was determined that Riverside would not pursue a standalone MAT Clinic on the Mid Pen, based on community need. Effective November 20, 2023, the CSB, along with a portion of the Opioid settlement received by Gloucester County, is being used to pay a full-time prevention and treatment specialist, hired by CSB, at Gloucester High School.		RRMC is doing some limited inductions in their ED. Inductions are when an individual starts Suboxone and some other medicated assisted treatment, they require monitoring for an 8-hour period of time to ensure no adverse reaction. Otherwise, we continue to partner with community organizations for these services as they all have significant openings and availability. A portion of the Opioid Settlement fund is now being used to fund a full-time prevention and treatment specialist, hired by the CSB, at Gloucester High School.	RMHRC Detoxes patients and have a Substance use disorder as well as a Partial Hospital Program and Intensive Outpatient program (not new but worth mentioning)		RWRH (Vonnie) continues to attend and collaborate with Gloucester County regarding the Opioid Settlement funds distribution as a stakeholder and brainstorming partner. Next meeting of the stakeholder group is January 10, 2025, at 10am to brainstorm and collaborate as a focus group with other community mental health providers/health providers, independent therapy providers and the county deputy administrator (who is the holder of the funds). Some of the Opioid Settlement funds were provided to a third-party transportation organization to transport patients to their detox/addiction treatments – only two persons currently participate – not as successful as hoped. RWRH is hoping/planning to partner with RMHRC leadership, RWRH Pharmacy leadership and local and state health providers as well as the Gloucester County Deputy Administrator to determine whether: • We (Riverside) can partner in any way to enhance prevention, detox, MAT or other related services in the Middle Peninsula • RWRH and/or the community can install one or more VDH grant-funded vending machines stocked with substance abuse and harm reduction kits, for community individuals – similar to what RSMH has at the hospital.	

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 Newport News.

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.

RWRH 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.