

Focusing on the Health of Our Community

2022 Community Health Needs Assessment

The RWRH Community

Demographics and Social Determinants of Health

The RWRH Community



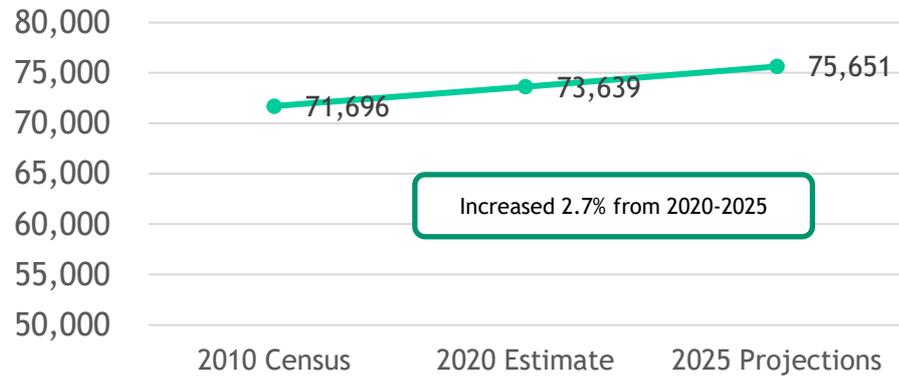
Riverside Walter Reed Hospital focuses on providing care to the communities of the Virginia Middle Peninsula region and parts of the Northern Neck. While the hospital serves patients from a broader region, this report focuses on the six localities and one health district primarily served by the facility. Specifically, that includes:

- **Three Rivers Health District:** Gloucester, Mathews, Middlesex, King & Queen, King William and Lancaster Counties

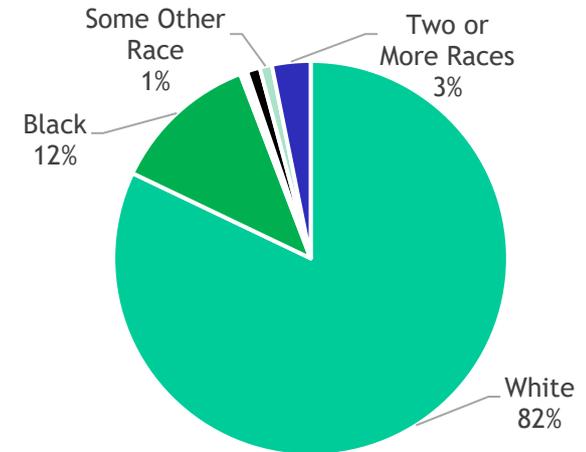


Area Demographics

Total Population



2025 Projections by Race

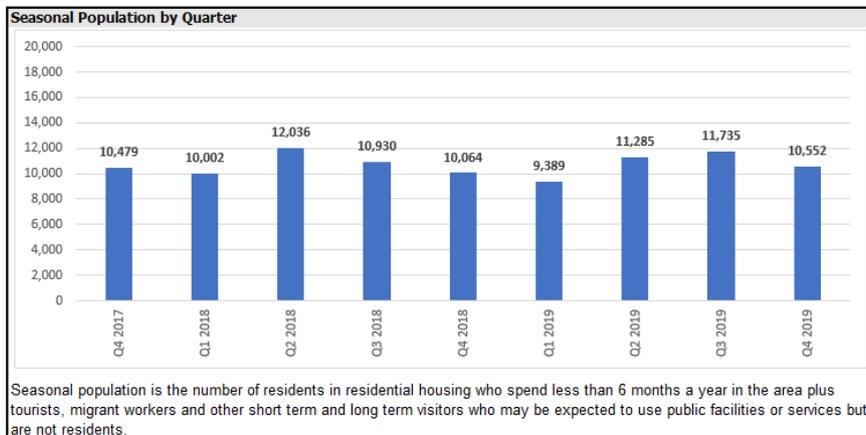
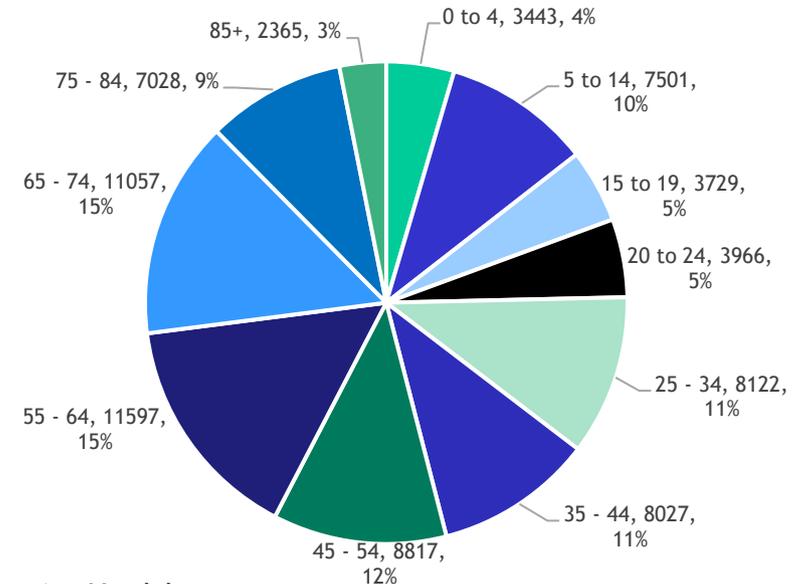


Population Density (Pop / Sq Mile) (2025 Projected): 111.6

Total Households (2025 Projected): 31,055

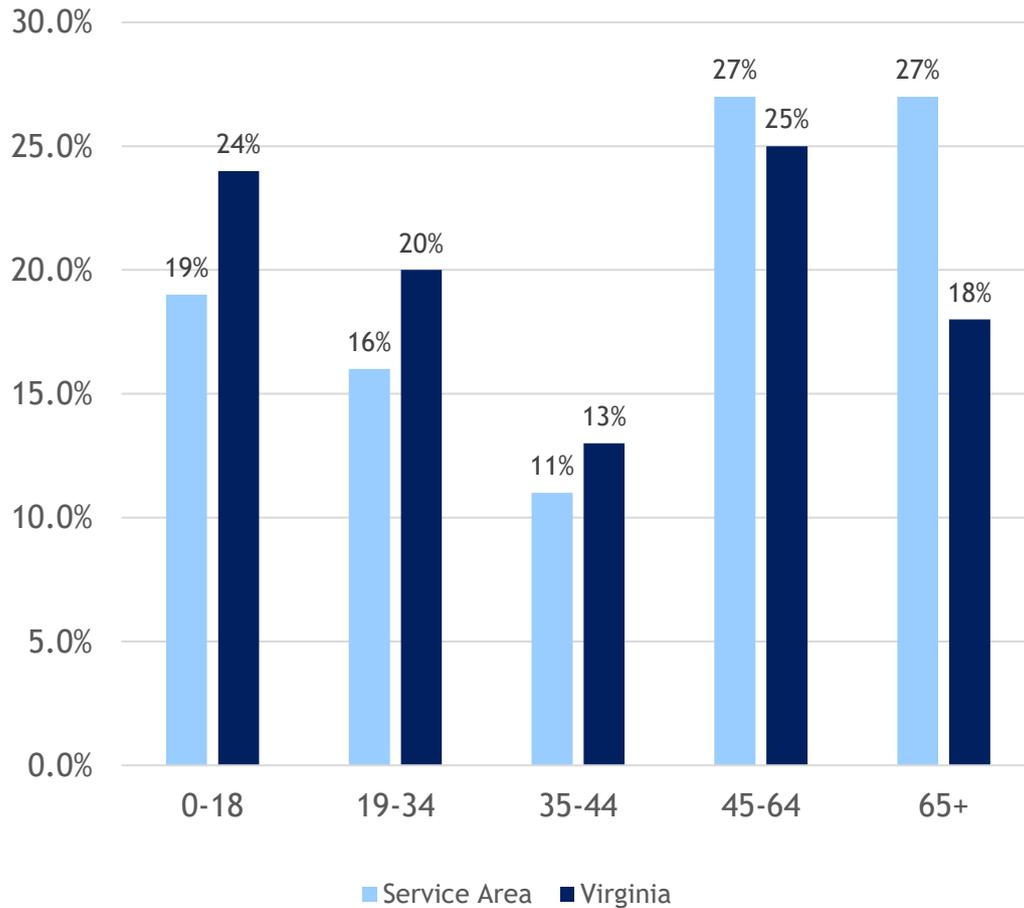
Median Age (2025 Projected): 48.8

2025 Projections by Age

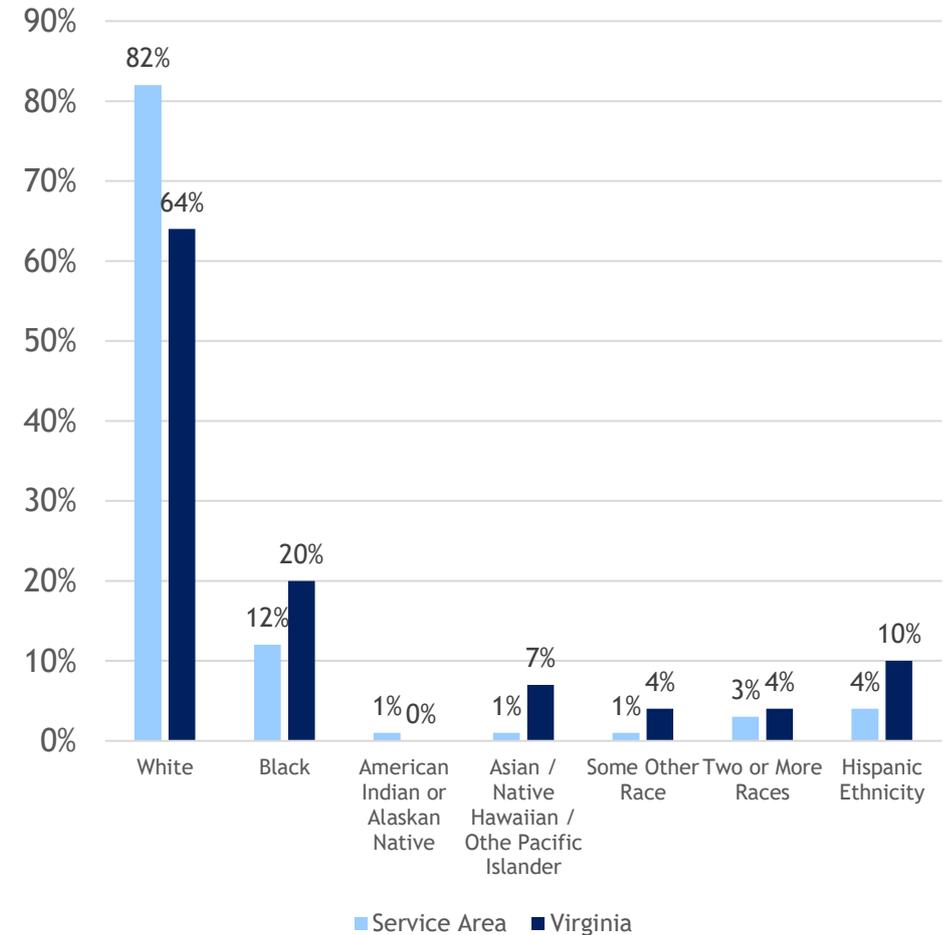


Demographics Compared to the Commonwealth

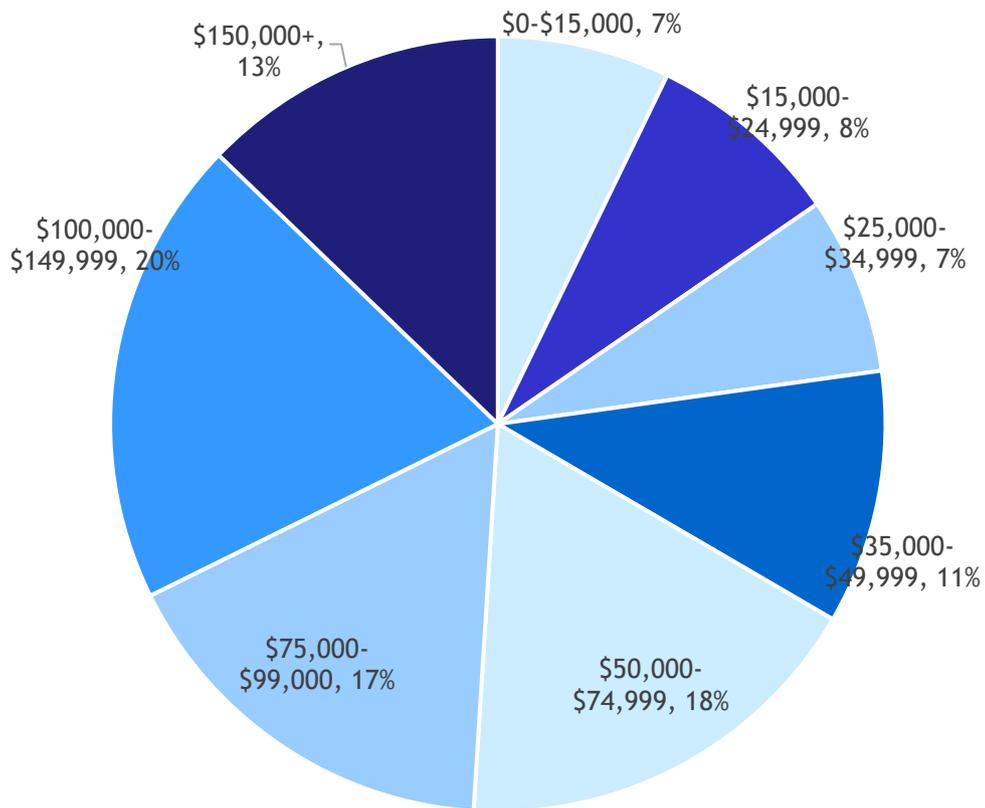
Population Distribution by Age



Population Distribution by Race and Ethnicity



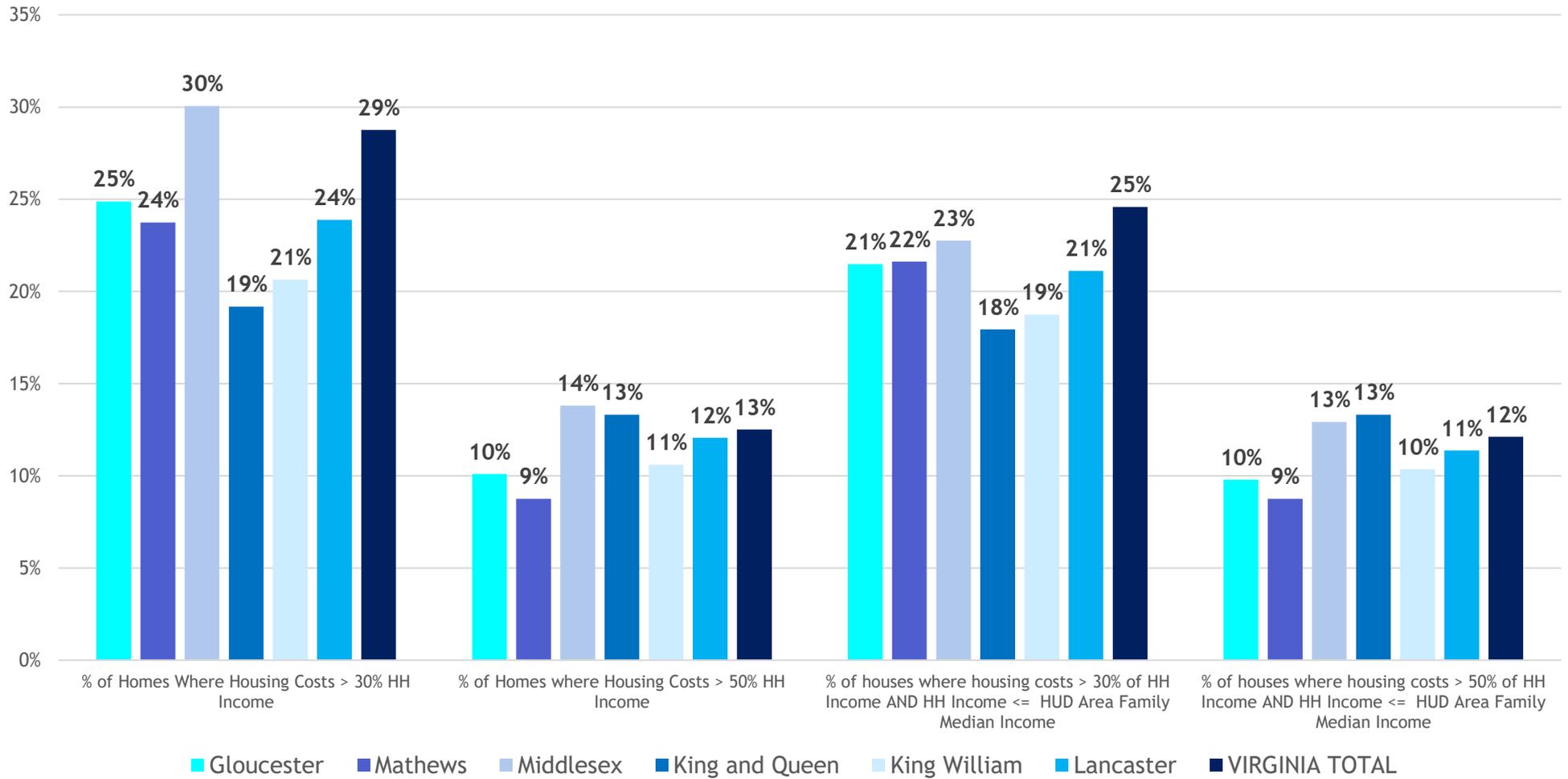
2025 Income Projections:



Average Household Income	\$95,481
Median Household Income	\$73,662
Per Capita Household Income	\$39,405

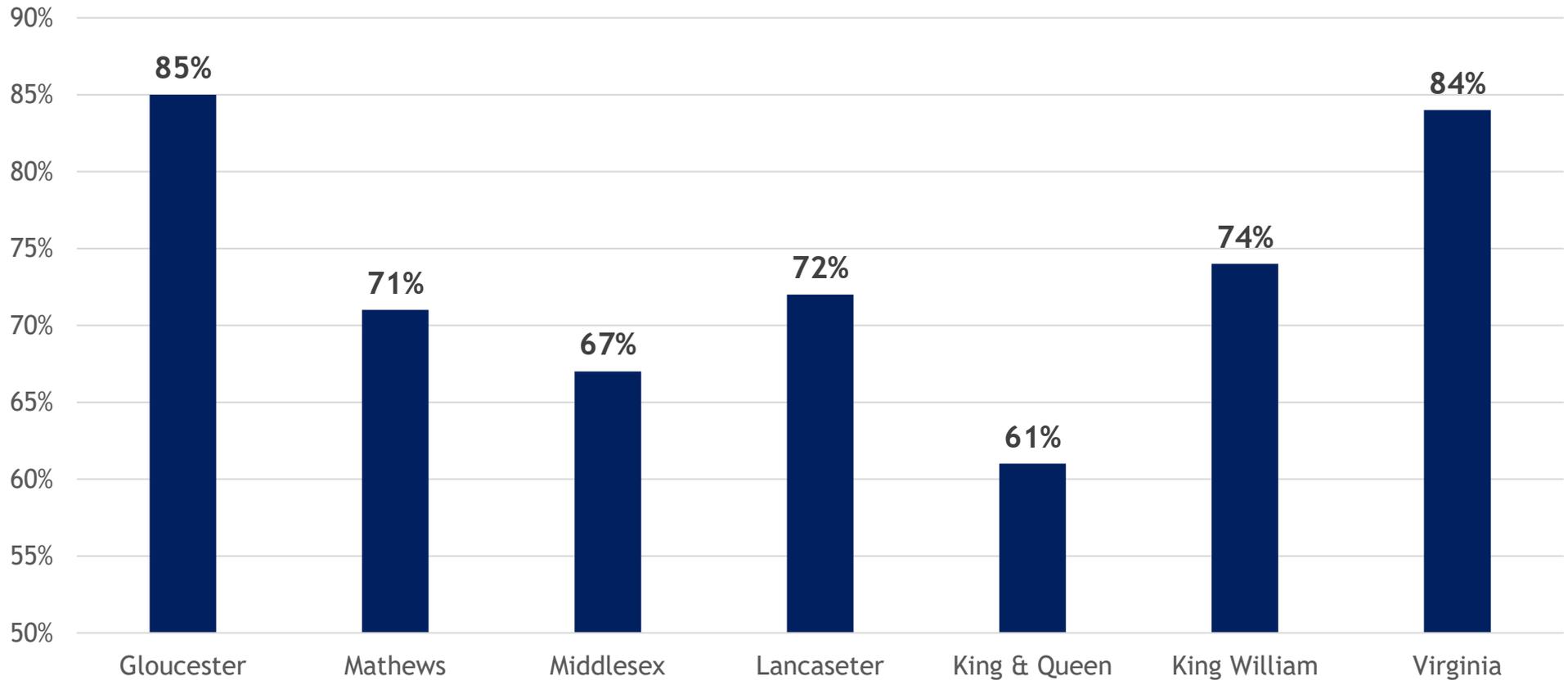
Housing Insecurity:

Housing Insecurity Measures

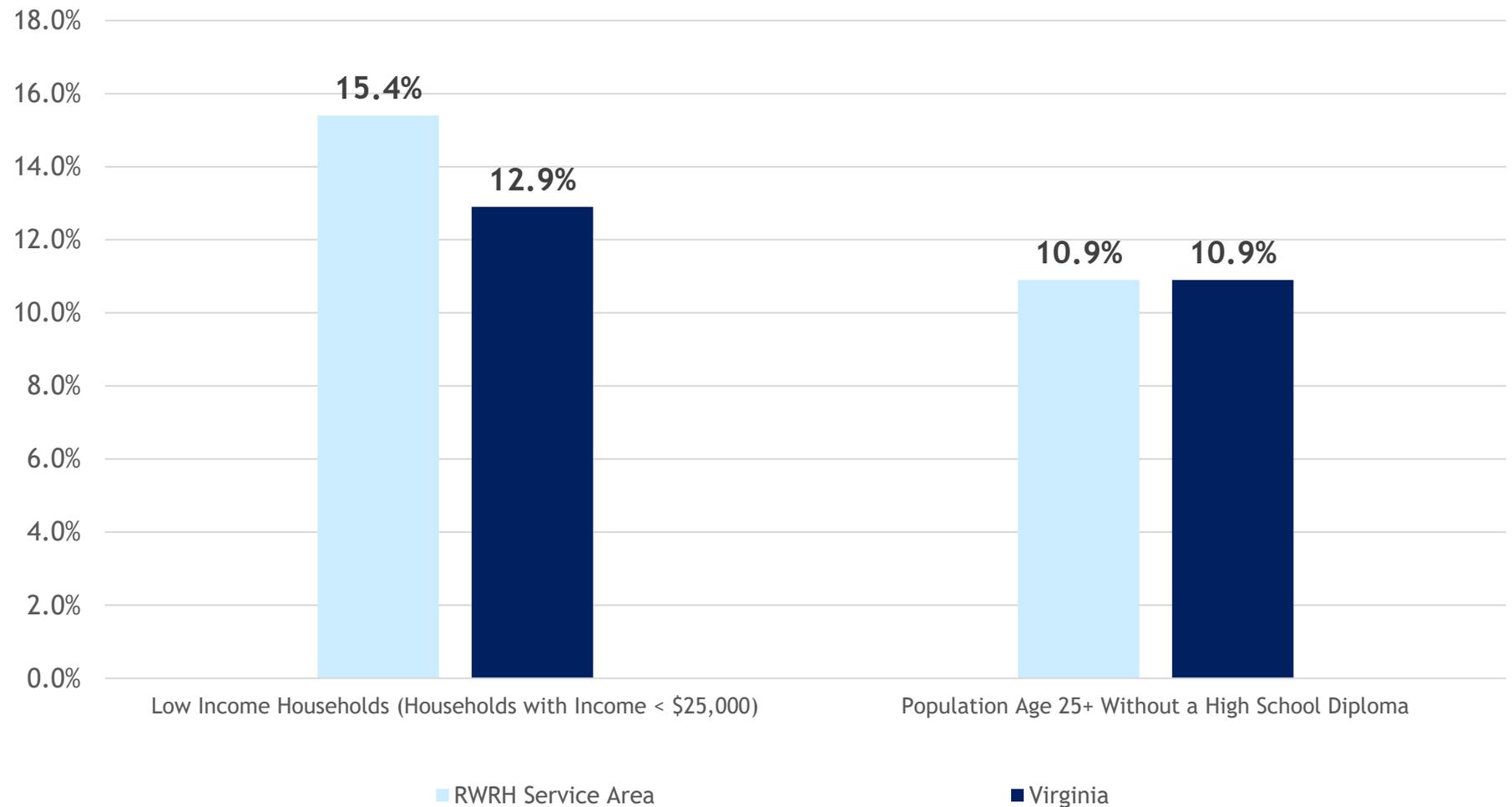


Percent of Population with Broadband Access

% of Population with Broadband Access



Income and Education vs Virginia



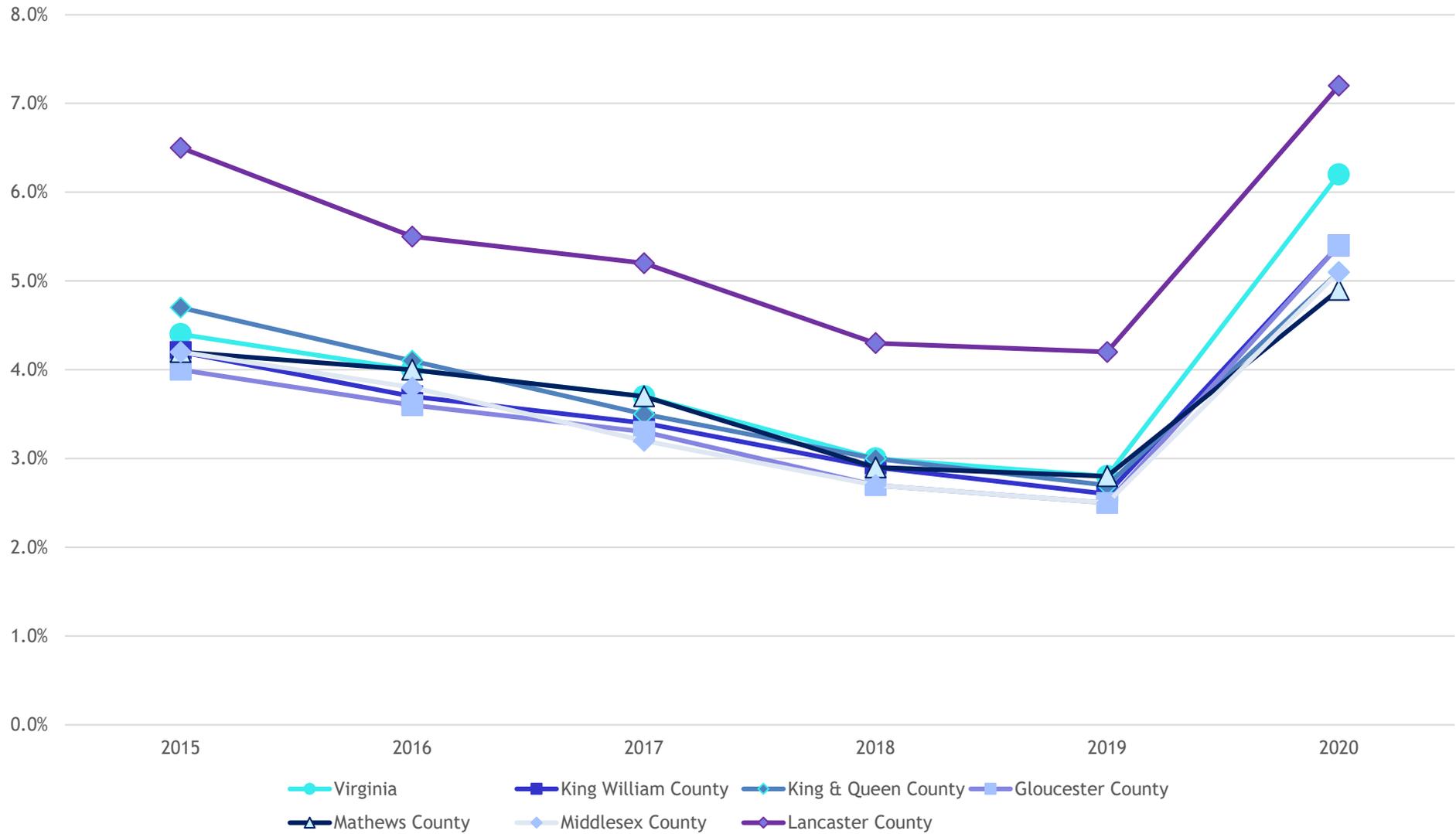
Demographic Data

Exhibit 1-A Demographic Summary Report for Study Region 2010-2025				
Demographic Indicator	2010 Census	2020 Estimates	2025 Projections	2020 to 2025
Total Population	71,696	73,639	75,651	2.7%
Population Density (Pop/Sq Mi)	107.90	108.63	111.60	2.7%
Total Households	29,193	30,054	31,055	3.3%
Population by Race				
White	60,167 83.9%	61,299 83.2%	62,103 82.1%	1.3%
Black	8,876 12.4%	8,583 11.7%	9,143 12.1%	6.5%
American Indian or Alaska Native	338 0.5%	426 0.6%	446 0.6%	4.8%
Asian/Native Hawaiian/Other Pacific Islander	480 0.7%	709 1.0%	809 1.1%	14.1%
Some Other Race	398 0.6%	655 0.9%	756 1.0%	15.5%
Two or More Races	1,437 2.0%	1,968 2.7%	2,394 3.2%	21.6%
Population by Ethnicity				
Hispanic	1,533 2.1%	2,545 3.5%	2,956 3.9%	16.2%
Not Hispanic or Latino	70,163 97.9%	71,094 96.5%	72,695 96.1%	2.3%
Population by Age				
0 to 4	3,354 4.7%	3,544 4.8%	3,443 4.6%	-2.9%
5 to 14	8,203 11.4%	7,573 10.3%	7,501 9.9%	-1.0%
15 to 19	4,575 6.4%	4,001 5.4%	3,729 4.9%	-6.8%
20 to 24	3,363 4.7%	3,593 4.9%	3,966 5.2%	10.4%
25 to 34	6,736 9.4%	7,876 10.7%	8,122 10.7%	3.1%
35 to 44	8,683 12.1%	7,578 10.3%	8,027 10.6%	5.9%
45 to 54	12,064 16.8%	9,650 13.1%	8,817 11.7%	-8.6%
55 to 64	10,834 15.1%	12,225 16.6%	11,597 15.3%	-5.1%
65 to 74	7,836 10.9%	9,943 13.5%	11,057 14.6%	11.2%
75 to 84	4,323 6.0%	5,546 7.5%	7,028 9.3%	26.7%
85+	1,724 2.4%	2,110 2.9%	2,365 3.1%	12.1%
Median Age:				
Total Population	45.8	48.1	48.8	

Exhibit 1-B Socioeconomic Report for Study Region 2010-2025							
Households by Income	2010 Census		2020 Estimates		2025 Projections	2020 to 2025	
\$0 - \$15,000	2,914	10.0%	2,617	8.7%	2,222	7.2%	-15.1%
\$15,000 - \$24,999	3,353	11.5%	2,840	9.5%	2,551	8.2%	-10.2%
\$25,000 - \$34,999	2,985	10.2%	2,515	8.4%	2,301	7.4%	-8.5%
\$35,000 - \$49,999	4,173	14.3%	3,548	11.8%	3,285	10.6%	-7.4%
\$50,000 - \$74,999	6,772	23.2%	6,112	20.3%	5,463	17.6%	-10.6%
\$75,000 - \$99,999	3,997	13.7%	4,667	15.5%	5,193	16.7%	11.3%
\$100,000 - \$149,999	3,265	11.2%	4,663	15.5%	6,057	19.5%	29.9%
\$150,000 +	1,735	5.9%	3,092	10.3%	3,983	12.8%	28.8%
Average Hhld Income	\$68,612		\$84,117		\$95,481		13.5%
Median Hhld Income	\$53,980		\$63,903		\$73,662		15.3%
Per Capita Income	\$28,187		\$34,550		\$39,405		14.1%
Employment							
Total Population 16+	59,214		61,685		63,930		3.6%
Total Labor Force	34,147 57.7%		39,261 63.6%		39,746 62.2%		1.2%
Civilian, Employed	31,565 92.4%		37,750 96.2%		37,891 95.3%		0.4%
Civilian, Unemployed	2,278 6.7%		1,195 3.0%		1,537 3.9%		28.7%
In Armed Forces	303 0.9%		316 0.8%		317 0.8%		0.4%
Not In Labor Force	25,068 42.3%		22,424 36.4%		24,185 37.8%		7.9%
% Blue Collar	14,085 44.6%		17,176 45.5%		17,269 45.7%		0.5%
% White Collar	17,480 55.4%		20,574 54.5%		20,622 54.6%		0.2%
Housing Units							
Total Housing Units	36,578		38,769		40,219		3.7%
Total Occupied Housing Units	29,193 79.8%		30,054 77.5%		31,055 77.2%		3.3%
Owner Occupied:Owned with a mortgage or loan	15,197 52.1%		14,613 48.6%		15,023 48.4%		2.8%
Owner Occupied:Owned free and clear	8,203 28.1%		9,037 30.1%		9,362 30.1%		3.6%
Renter Occupied	5,794 19.8%		6,403 21.3%		6,670 21.5%		4.2%
Vacant	7,385 20.2%		8,716 22.5%		9,164 22.8%		5.1%
Vehicles Available							
0 Vehicles Available	1,097 3.8%		1,316 4.4%		1,370 4.4%		4.0%
1 Vehicle Available	7,553 25.9%		7,235 24.1%		7,423 23.9%		2.6%
2+ Vehicles Available	20,542 70.4%		21,502 71.5%		22,262 71.7%		3.5%
Average Vehicles Per Household	2.19		2.29		2.30		0.4%
Marital Status							
Married, Spouse Present	31,571 52.5%		33,854 54.2%		34,740 53.7%		2.6%
Married, Spouse Absent	3,645 6.1%		2,862 4.6%		3,003 4.6%		4.9%
Divorced	6,394 10.6%		6,412 10.3%		6,726 10.4%		4.9%
Widowed	4,269 7.1%		4,645 7.4%		4,794 7.4%		3.2%
Never Married	14,260 23.7%		14,749 23.6%		15,444 23.9%		4.7%
Age 15+ Population	60,139		62,522		64,708		3.5%
Educational Attainment							
Grade K - 8	1,718 3.3%		1,652 3.0%		1,710 3.0%		3.5%
Grade 9 - 11	4,725 9.1%		4,153 7.6%		4,257 7.5%		2.5%
High School Graduate	18,834 36.1%		18,460 33.6%		19,026 33.4%		3.1%
Some College, No Degree	12,302 23.6%		12,500 22.8%		12,936 22.7%		3.5%
Associates Degree	3,607 6.9%		4,862 8.9%		5,162 9.1%		6.2%
Bachelor's Degree	6,860 13.1%		8,140 14.8%		8,509 14.9%		4.5%
Graduate Degree	3,863 7.4%		4,923 9.0%		5,171 9.1%		5.0%
No Schooling Completed	292 0.6%		237 0.4%		240 0.4%		0.9%
Age 25+ Population	52,201		54,928		57,012		3.8%

Labor Market

Unemployment Rates 2015-2020



Labor Market

Top 10 Employers in Each Locality

Gloucester County

1. Gloucester County Schools
2. Riverside Health System
3. Wal Mart
4. County of Gloucester
5. Virginia Institute of Marine Science
6. Rappahannock Community College
7. Food Lion
8. Lowes
9. York Convalescent Center
10. Home Depot

Mathews County

1. Mathews County School Board
2. Brambles Inc
3. Mathews County Board of Supervisors
4. Food Lion
5. Riverside Health System
6. Star Fields
7. MSC Development
8. Richardson's Café
9. Hand & Stone Massage and Facial Spa
10. Southwind Cafe

Middlesex County

1. Middle Peninsula Northern Neck Mental Health Center
2. Middlesex County Schools
3. Chesapeake bay Agency on Aging
4. County of Middlesex
5. Pepsi Bottling Group
6. MHC Property Management
7. Riverside Health System
8. Dockside Health & Rehab Center
9. Middle Peninsula Regional Security Center
10. Food Lion

King & Queen County

1. King & Queen County Public Schools
2. County King & Queen
3. Ball Lumber Company
4. United Laboratory
5. Walter C Via Enterprises
6. CP Anderson Trucking
7. Crop Production Services
8. Bennett Mineral Company
9. Nick's Spaghetti and Steak House
10. Push of Newtown Inc.

King William County

1. Alliance Group Rock Team
2. King William County Schools
3. Nestle Purina Petcare
4. Food Lion
5. County of King William
6. Town of West Point School Board
7. McDonalds
8. Town of West Point
9. Parent Child Corporation
10. Three Rivers Health & Rehabilitation Center

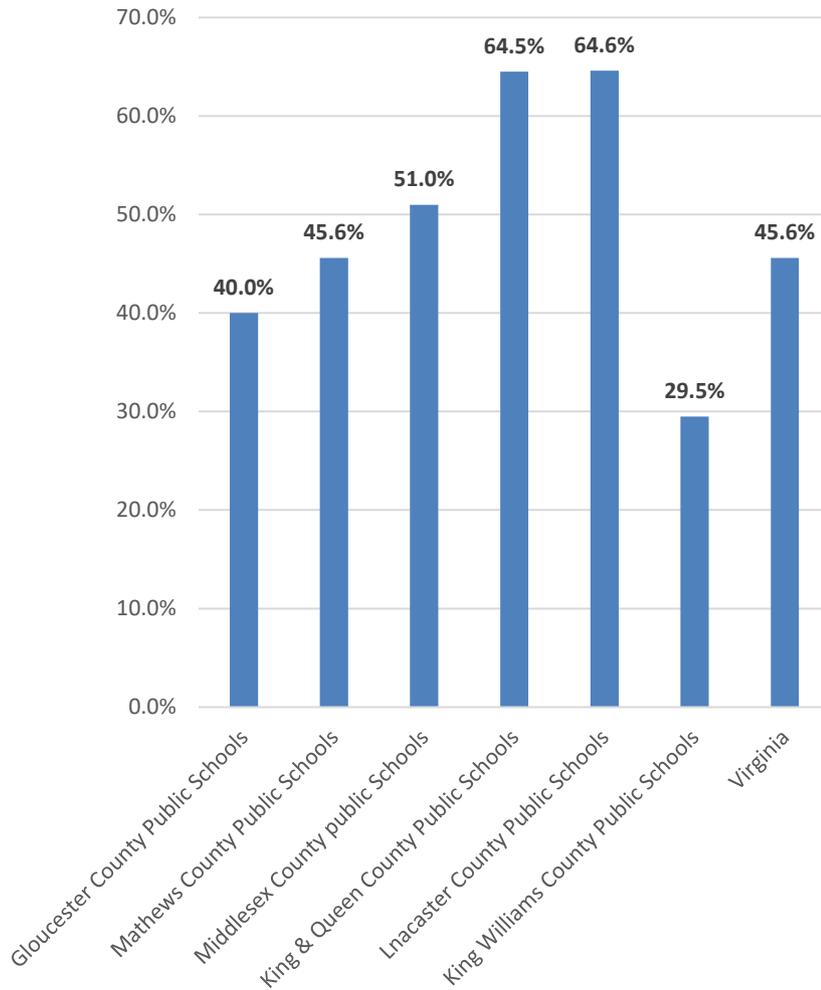
Lancaster County

1. Bon Secours Health
2. Rappahannock Westminster Canterbury
3. Wal Mart
4. Lancaster County School Board
5. Tides Inn
6. County of Lancaster
7. Chesapeake Bank
8. Northern Neck Insurance Company
9. Visiting Angels
10. Compass Entertainment Complex

Food Insecurity:

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

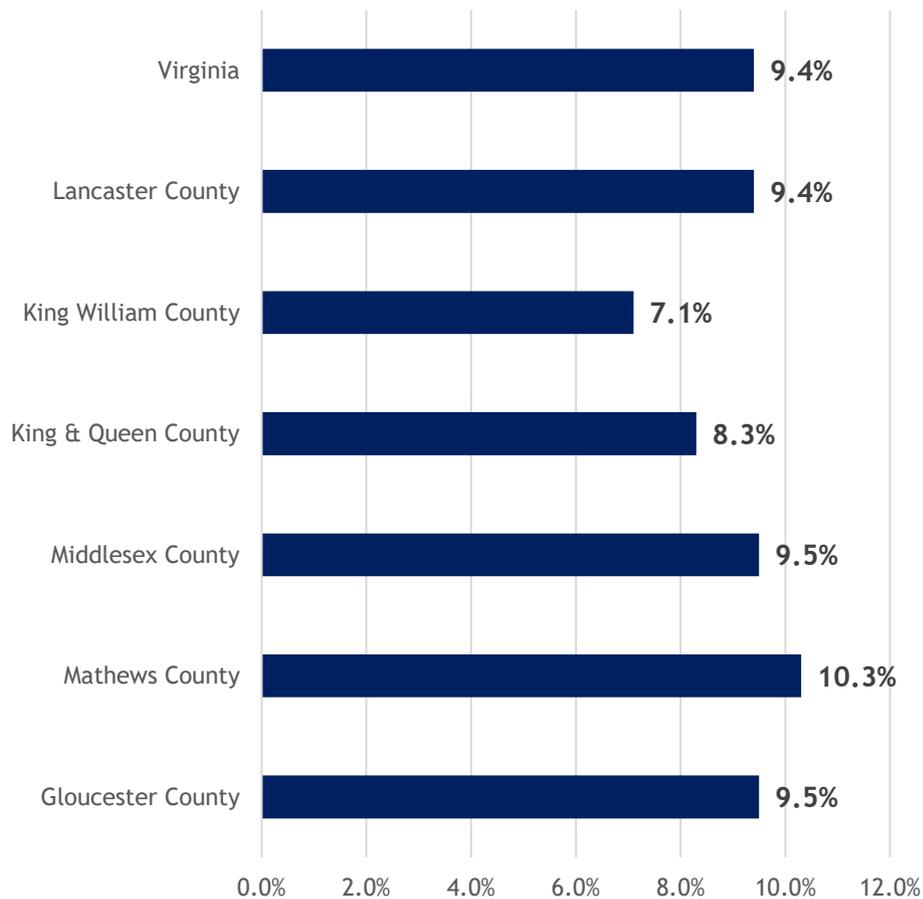
Students Eligible for Free or Reduced Lunch as % of Total Students in Public Schools 2019-2020



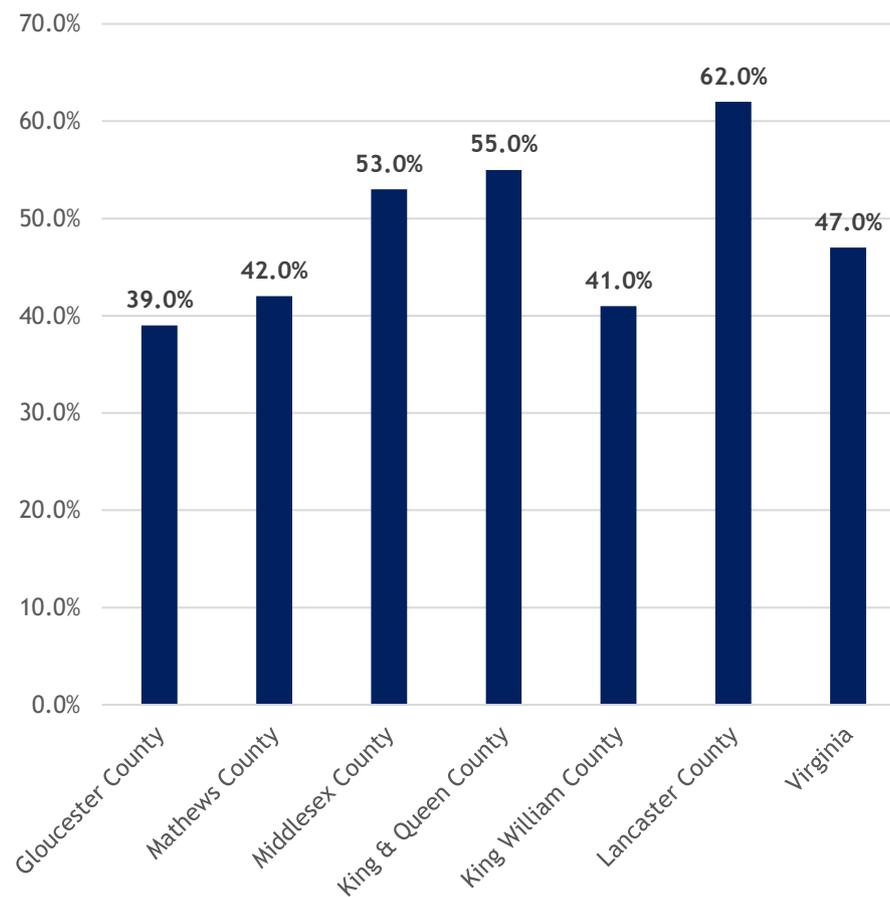
	SNP Memb. (Total Students)	Free Eligible	Free %	Reduced Eligible	Reduced %	Total F/R Eligible	Total F/R %
Gloucester County Schools	5,212	1,688	32.4%	399	7.7%	2,087	40.0%
Mathews County Schools	996	376	37.8%	78	7.8%	454	45.6%
Middlesex County Schools	1,144	510	44.6%	73	6.4%	583	51.0%
King & Queen County Public Schools	625	359	57.4%	44	7.0%	403	64.5%
Lancaster County Public Schools	1,103	662	60.0%	51	4.6%	713	64.6%
King William County Public Schools	2,203	571	25.9%	78	3.5%	649	29.5%
Virginia Total	1,294,730	525,711	40.6%	64,541	5.0%	590,252	45.6%

Food Insecurity

Food Insecurity Rate by Locality

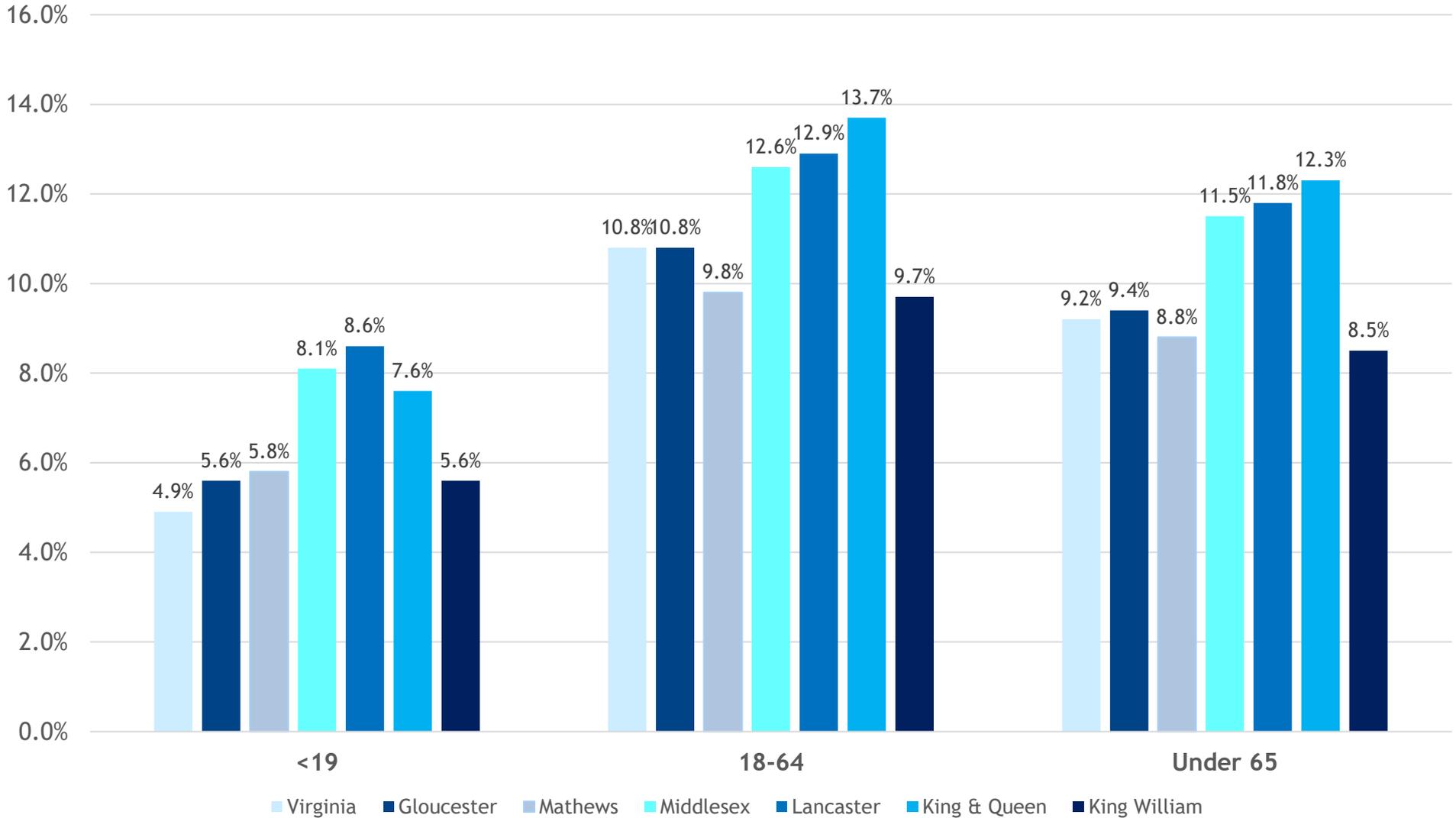


% of Population Below SNAP Threshold of 130% Poverty Level



The Uninsured Non-Elderly

Uninsured Non-Elderly

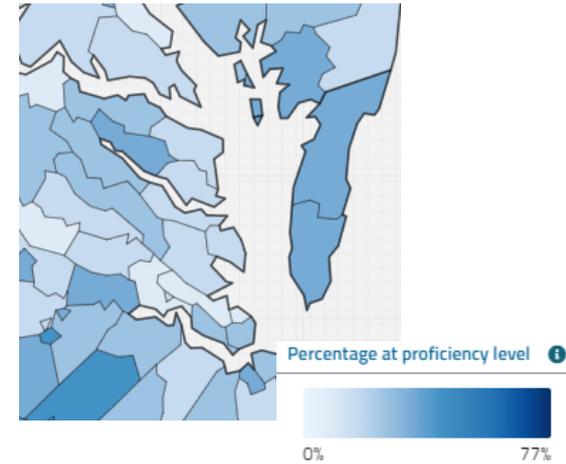
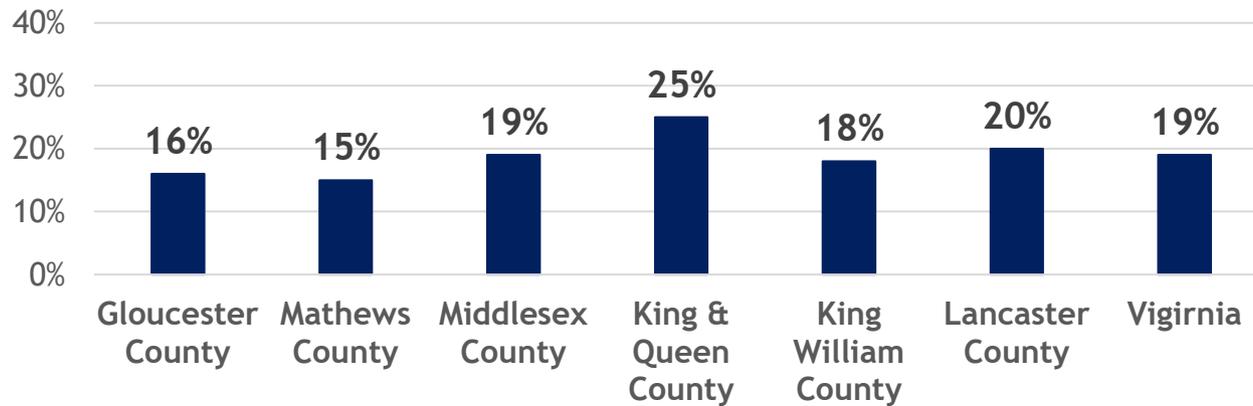


Medically Underserved Areas

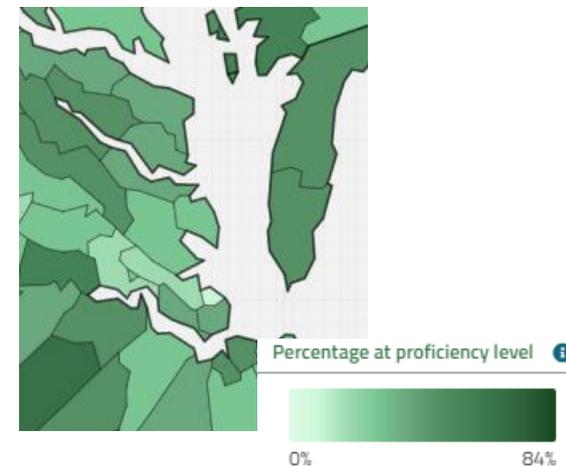
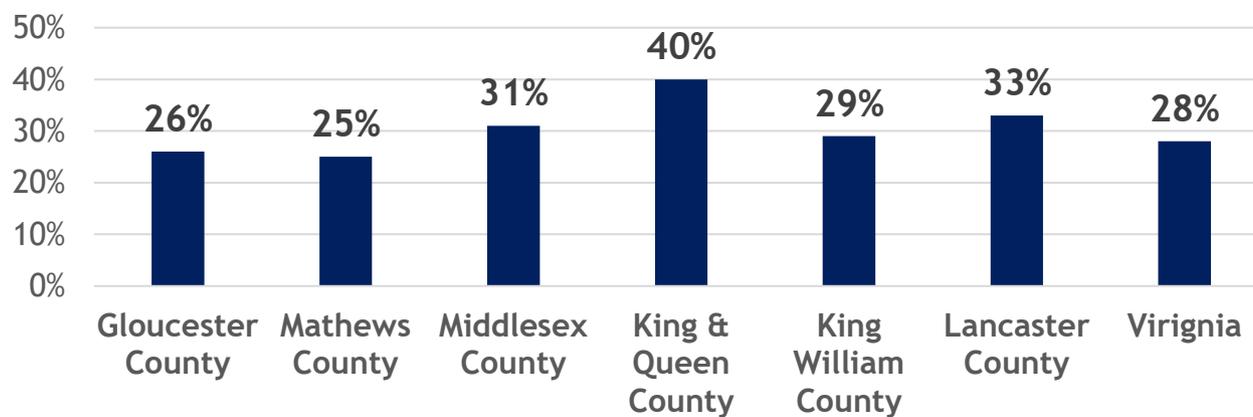
Locality	MUA / MUP Designation	Index of Medical Underservice Score	Status	Rural / Non-Rural
Petsworth Division - Gloucester County	Primary Care - Medically Underserved Area	61.4	Designated	Non-Rural
Mathews County	Primary Care - Medically Underserved Area	57.7	Designated	Non-Rural
Middlesex County	Primary Care - Medically Underserved Area	53.0	Designated	Rural
King William Service Area	Primary Care - Medically Underserved Area	56.6	Designated	Non-Rural
Lancaster County	Primary Care - Medically Underserved Area	55.4	Designated	Rural
King & Queen County	Primary Care - Medically Underserved Area	61.7	Designated	Non-Rural
SOURCE: United States Health Resources and Service Administration muafind.HRSA.gov				

Percent of Population < Level 1 Literacy and Numeracy

% of Population < Level 1 Literacy

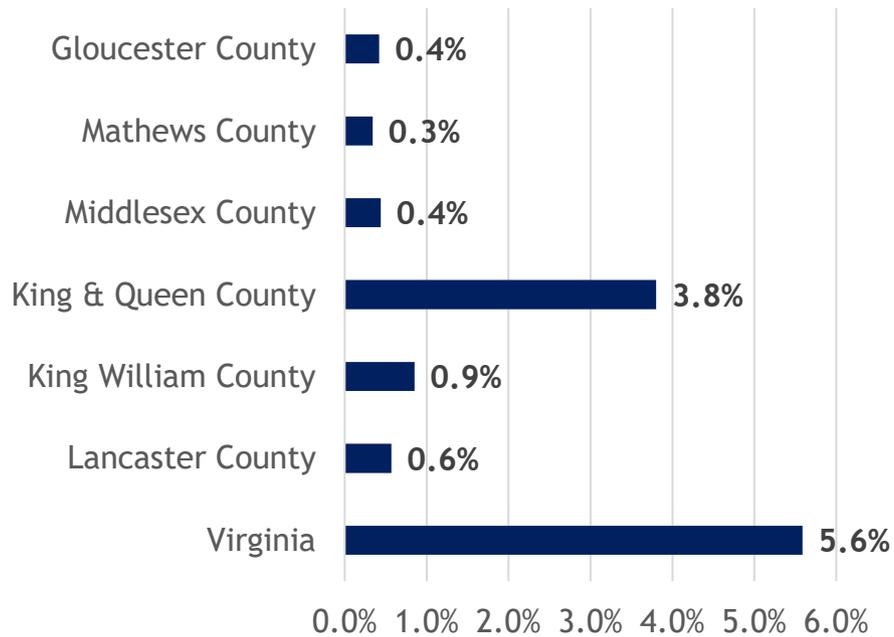


% of Population < Level 1 Numeracy



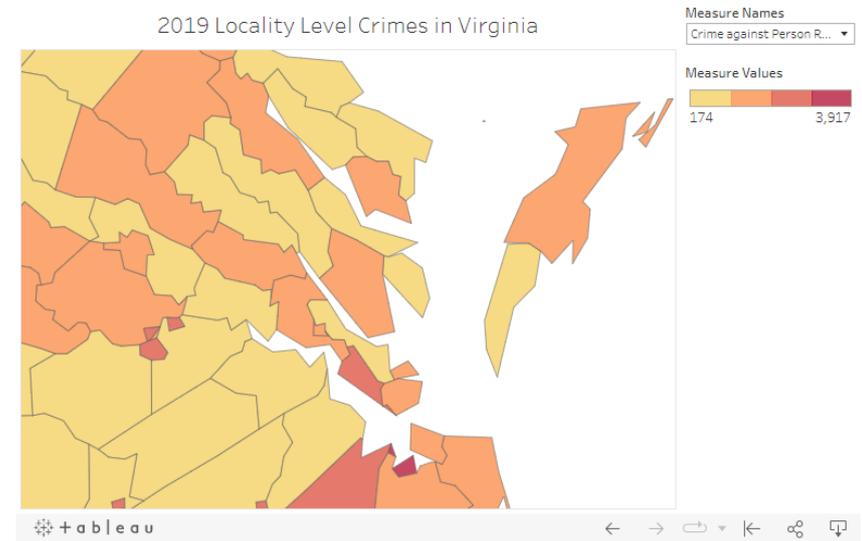
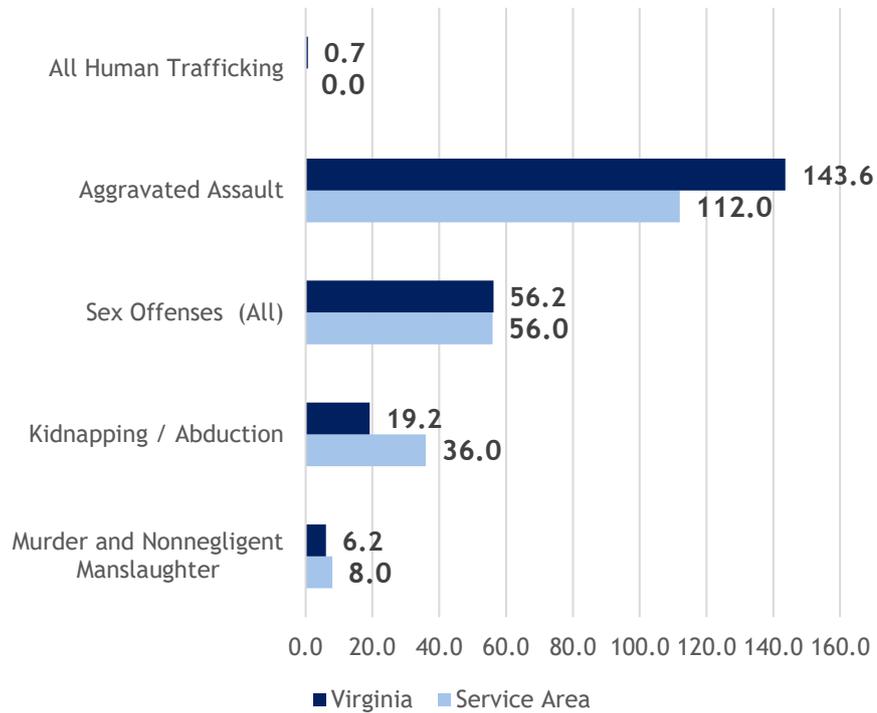
Limited English Proficiency

% of Population with LEP

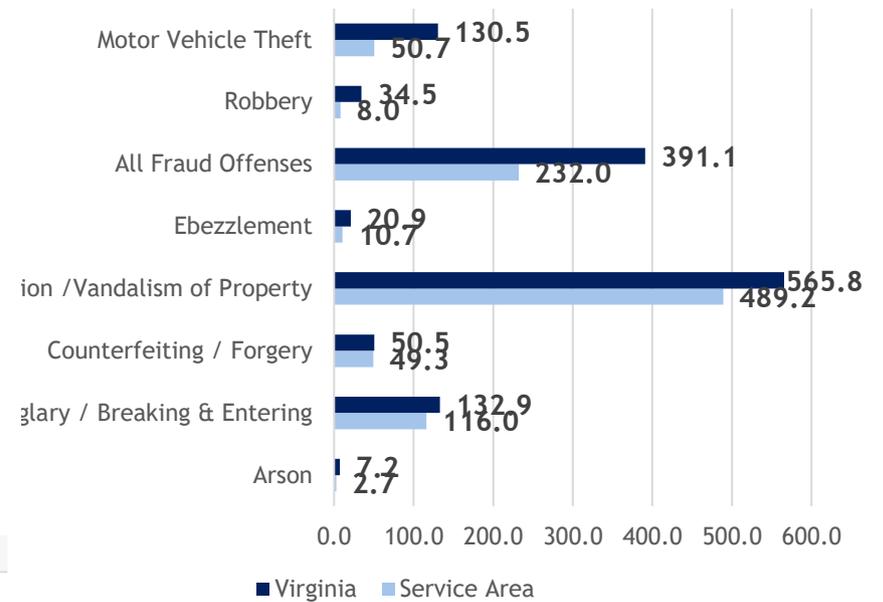
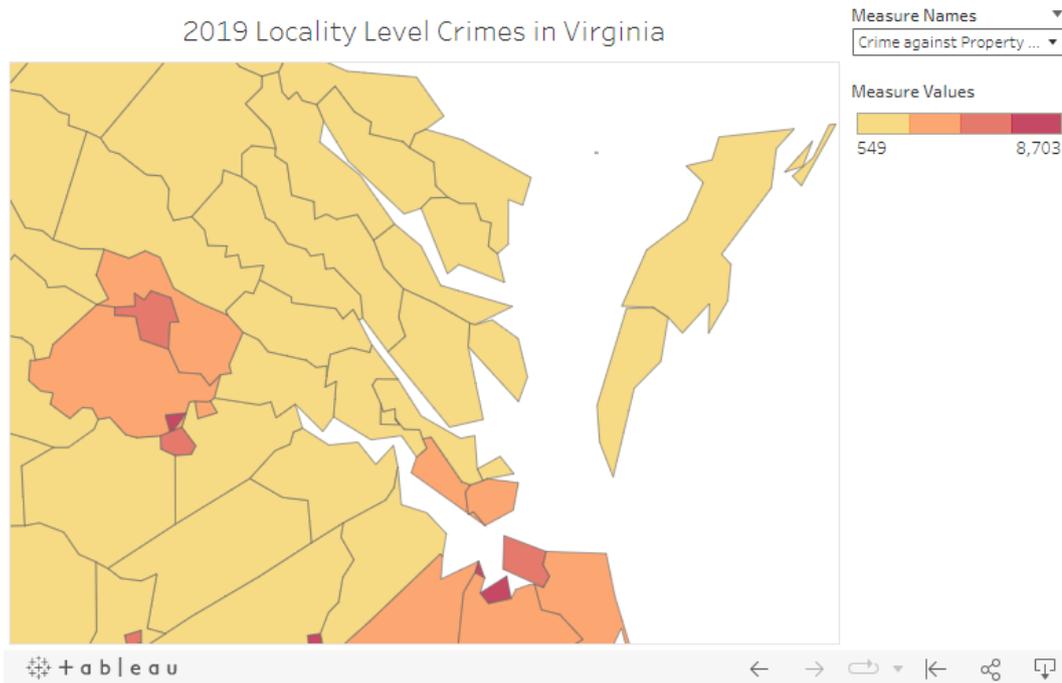


Language	Population in RWRH Service Area	LEP% of RWRH Service Area
Spanish or Spanish Creole	486	0.6%
Tagalog	26	0%
German	24	0%
French (incl Patois and Cajun)	23	0%
Portuguese / Portuguese Creole	22	0%
Korean	22	0%

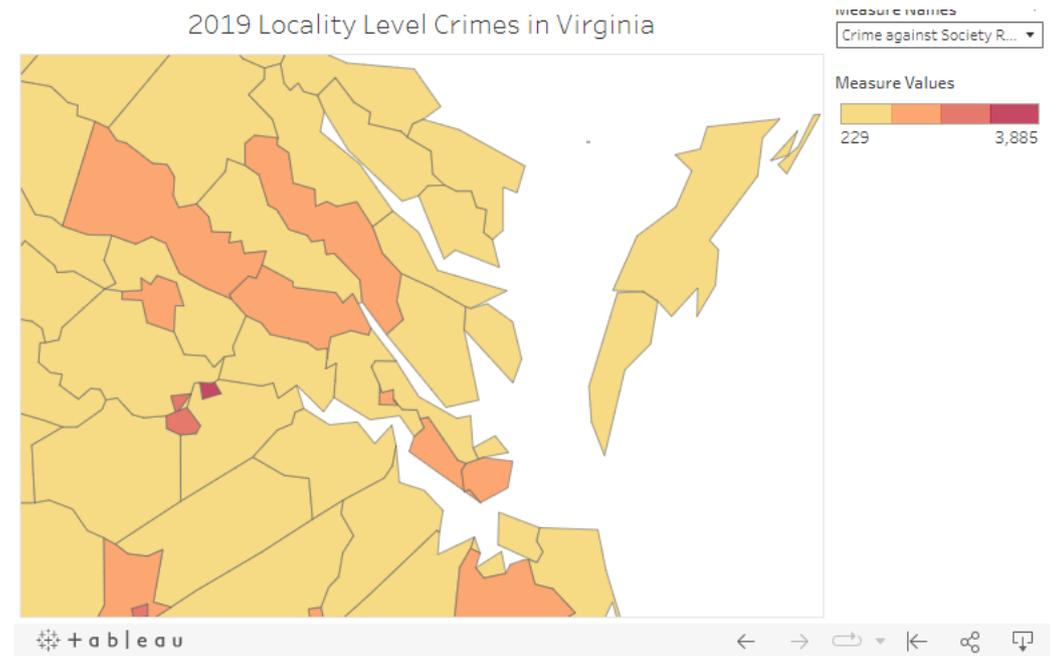
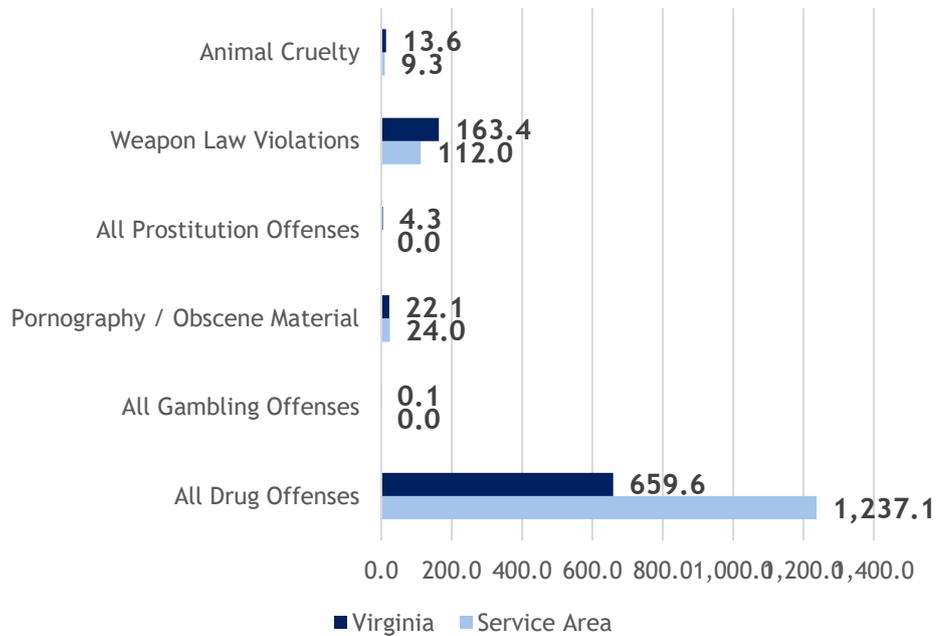
Crimes Against People (Rates per 100k Population)



Crimes Against Property (Rates per 100k Population)



Crimes Against Society (Rates per 100k Population)

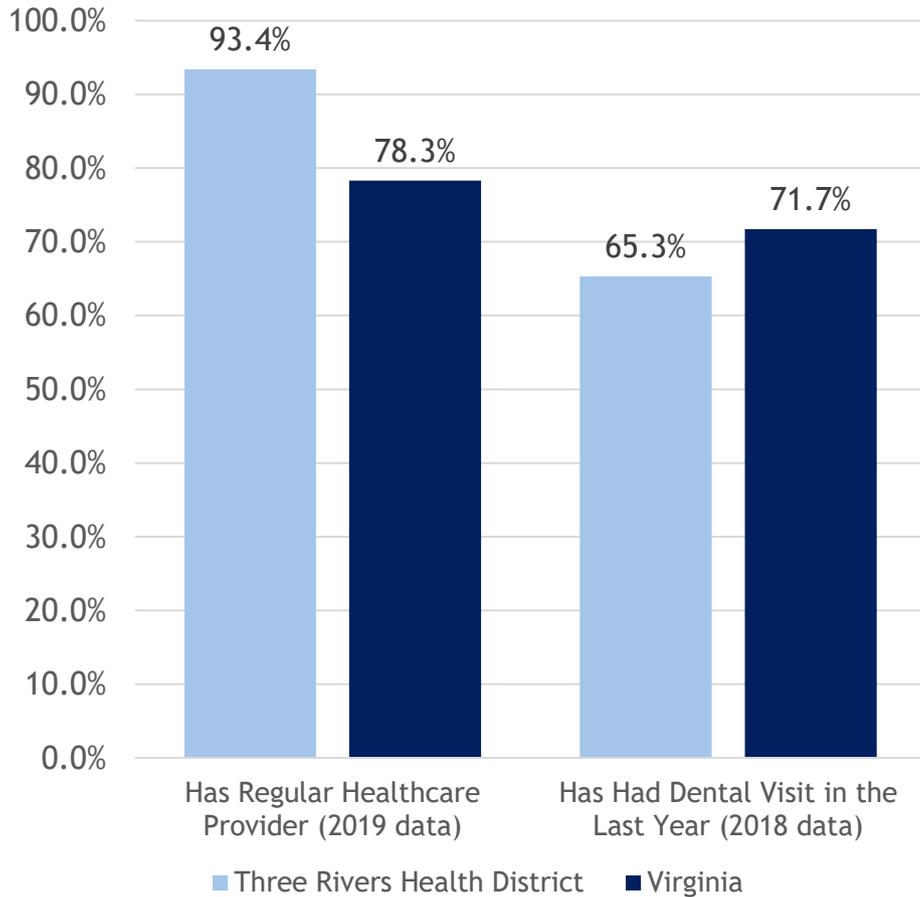


The RWRH Community

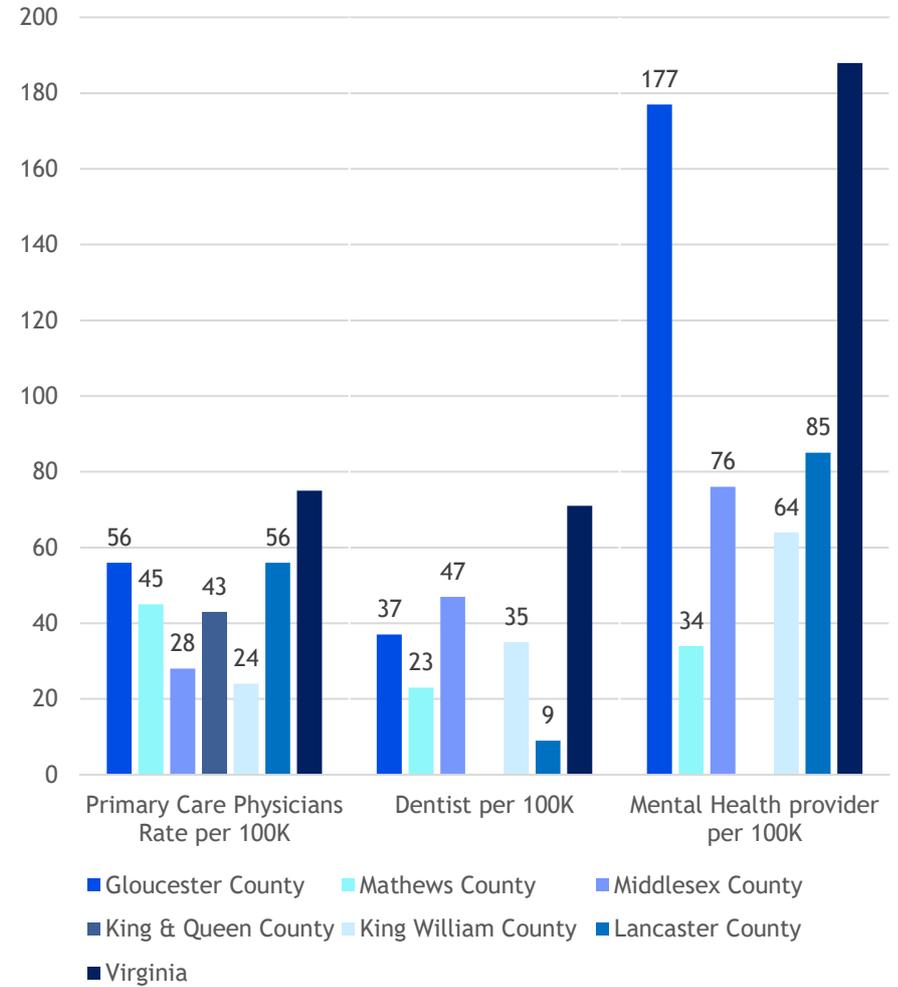
Primary & Preventative Health Profile and
Regional Health Resources

Healthcare Access

Access to Primary & Preventative Oral Healthcare



Providers per 100K

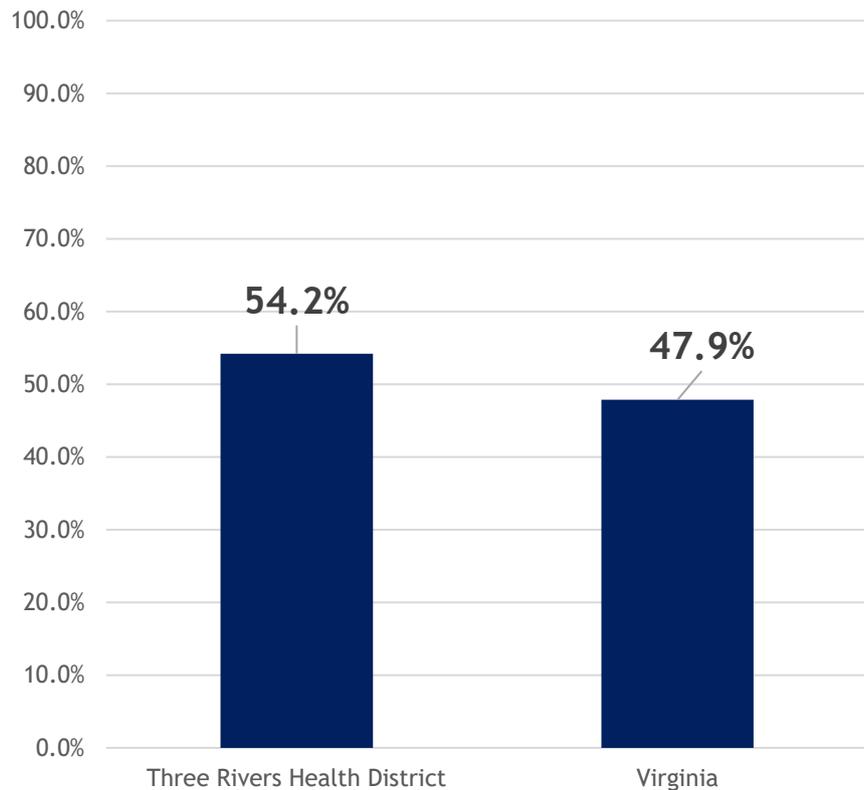


Source: Virginia Department of Health Behavioral Risk Factor Surveillance Survey <https://www.vdh.virginia.gov/brfss/>

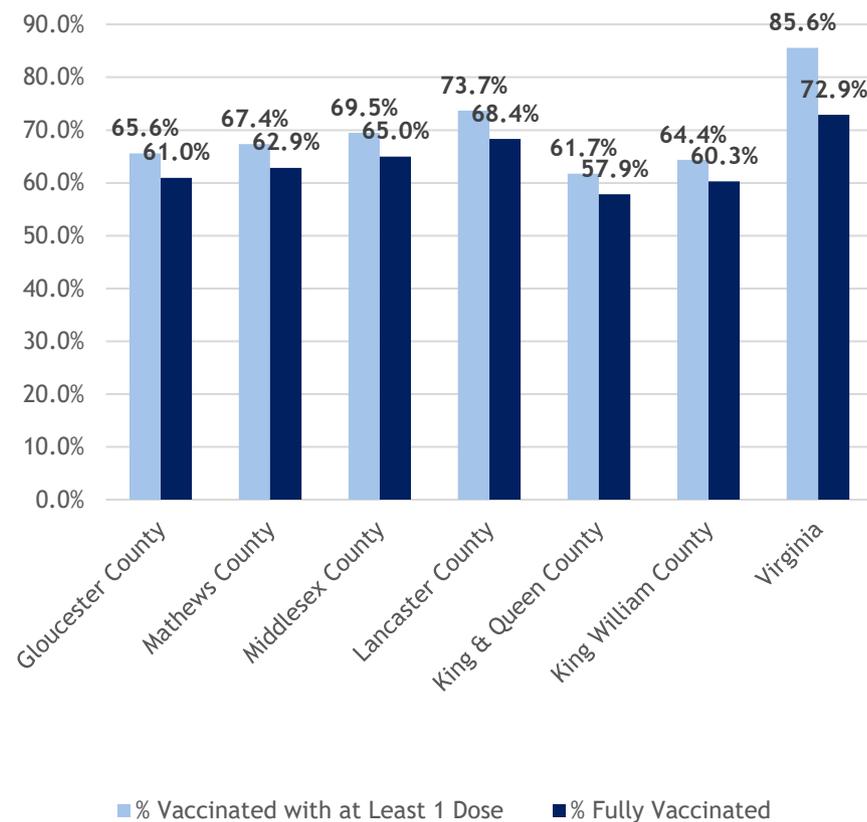
Source: 2018 data County Health Rankings

Vaccination Rates: Flu, COVID-19

Flu Vaccine Rate (2019)



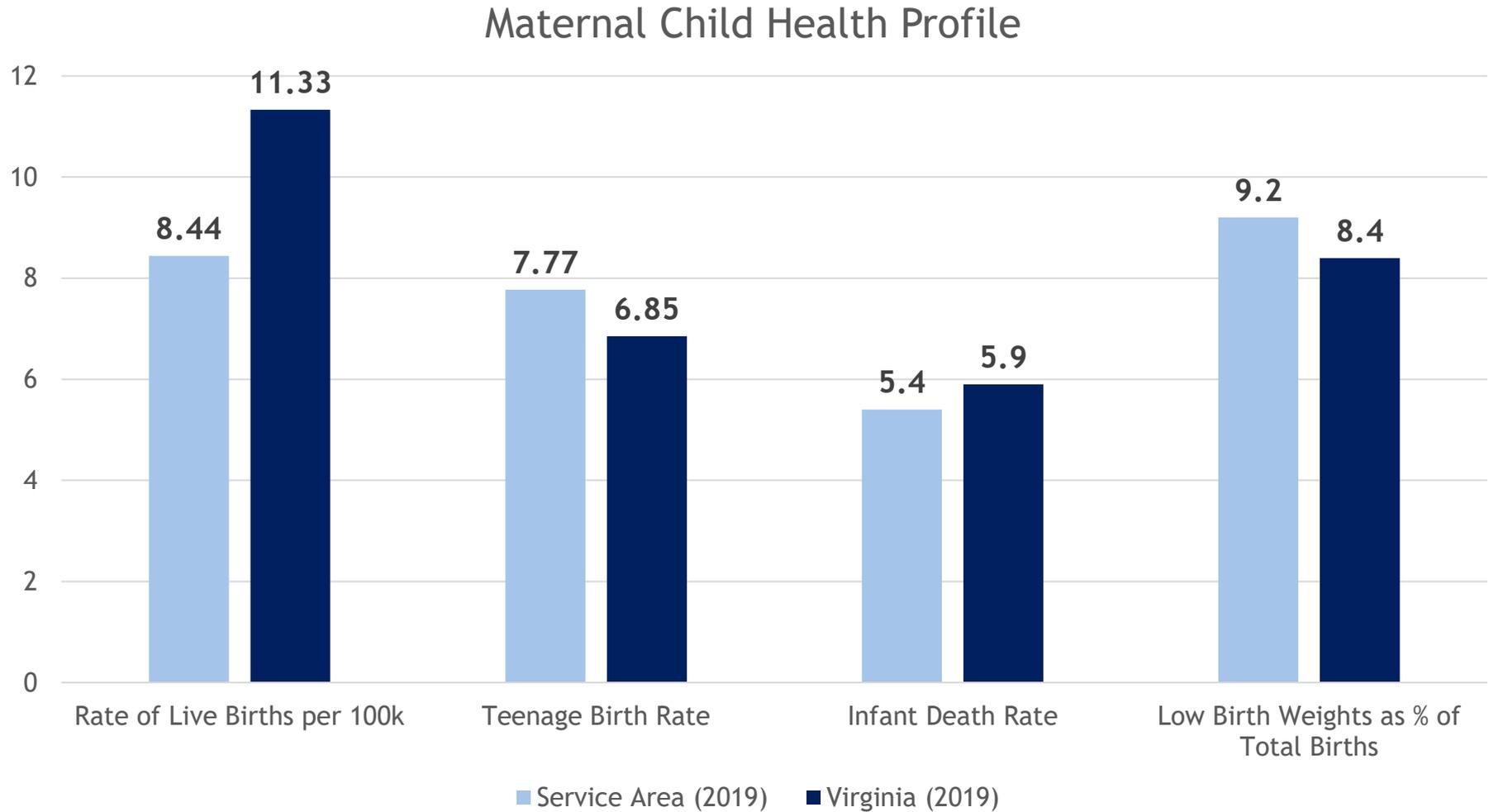
COVID-19 Vaccination Rates (2/2022)



BRFSS

Service Area vs Virginia (2019)

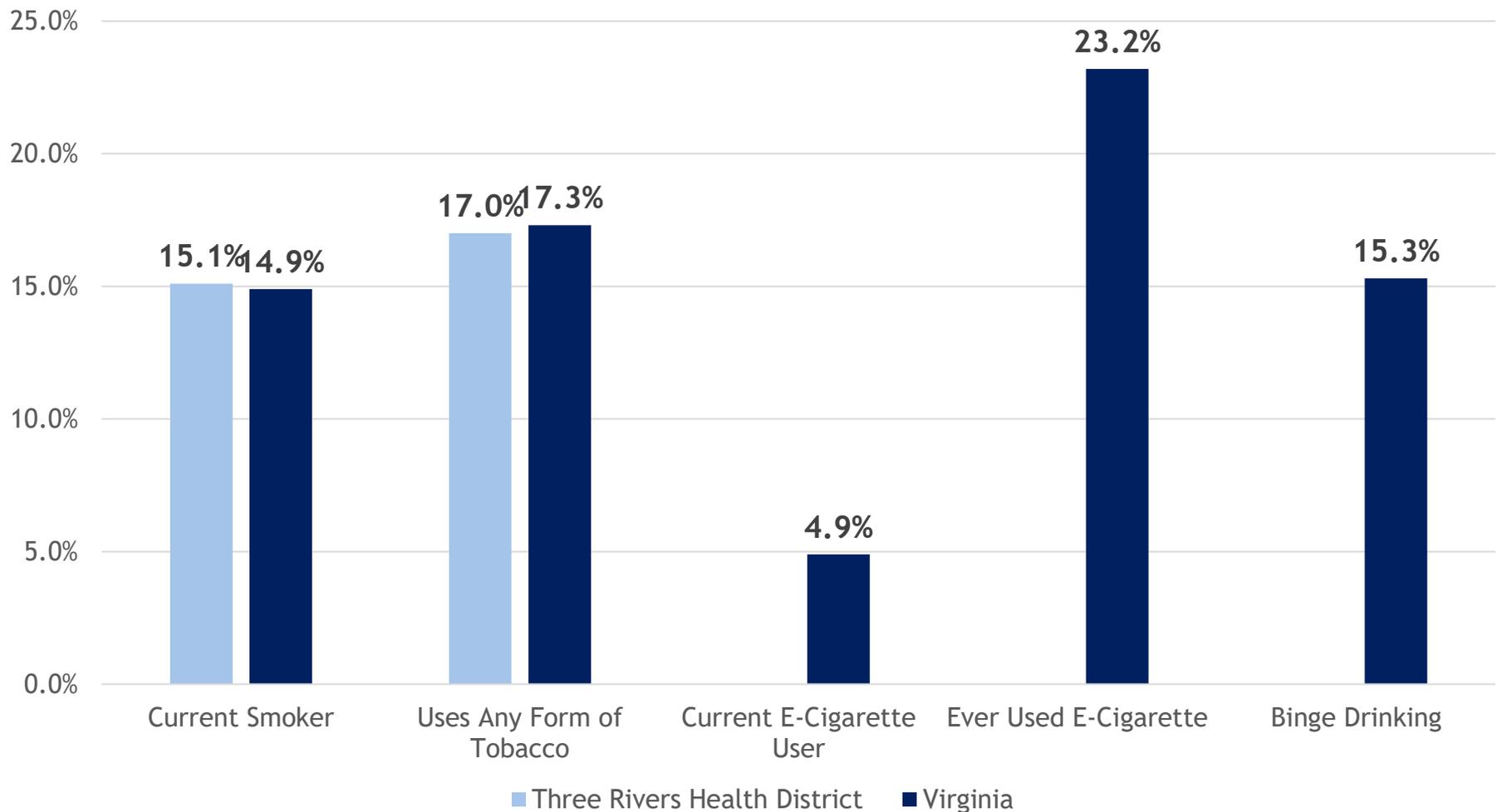
Live Births, Teenage Births and Infant Death Rates per 100k



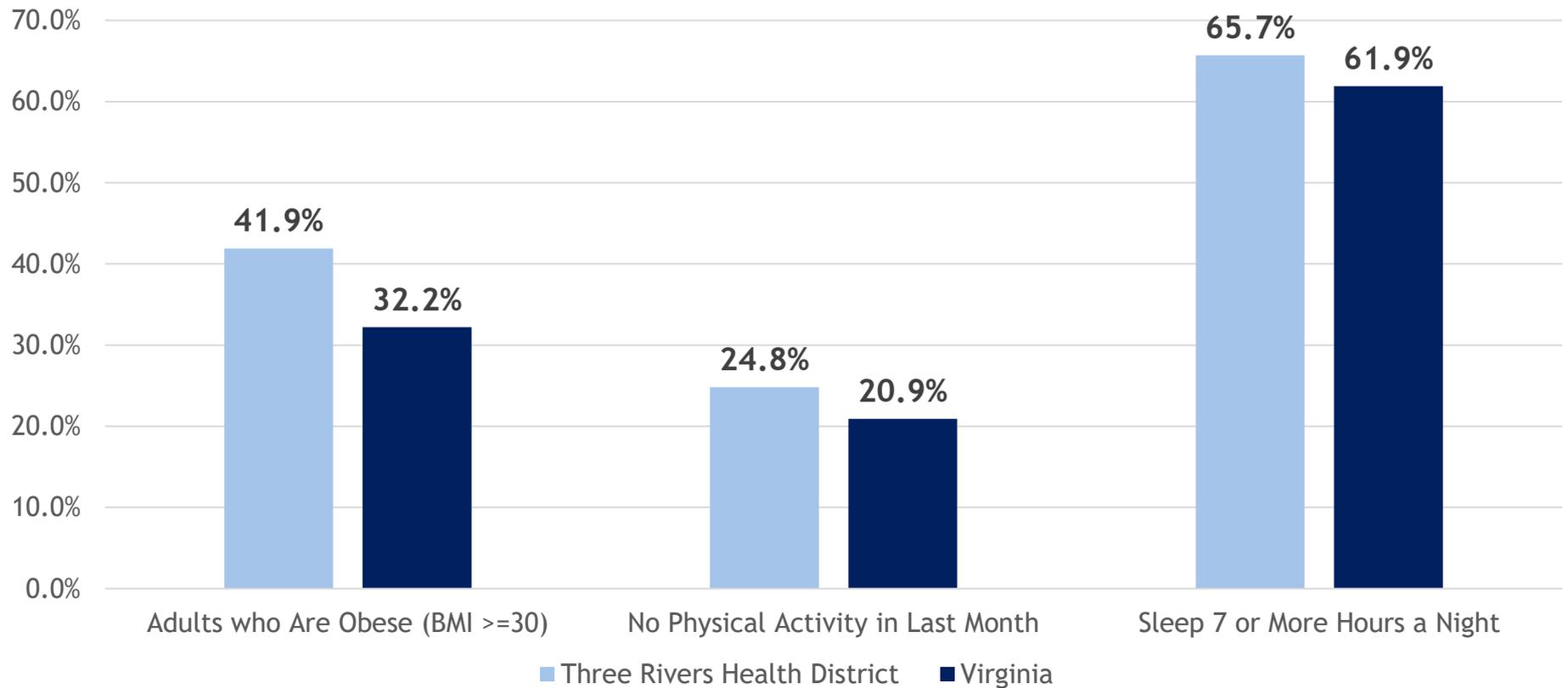
Maternal and Infant Health Profile (2019)

	RWRH Service Area	Virginia
Total Live Births	811	97,434
Rate of Live Births per 100k	8.44	11.33
Total Low Weight Births	75	8,162
Low birth Weight as Percent of Total Births	9.2%	8.4%
Total Live Births to Teens (age 10 - 19)	39	3,651
Teenage Birth rate	7.77	6.85
Live Births to Teens <15	0	29
Live Births to Teens Age 15-17	10	824
Live Births to Teens age 18-19	29	2,798
Total Infant Deaths	6	570
Infant Death Rate	5.4	5.9

Tobacco, Alcohol and E-Cigarette Use

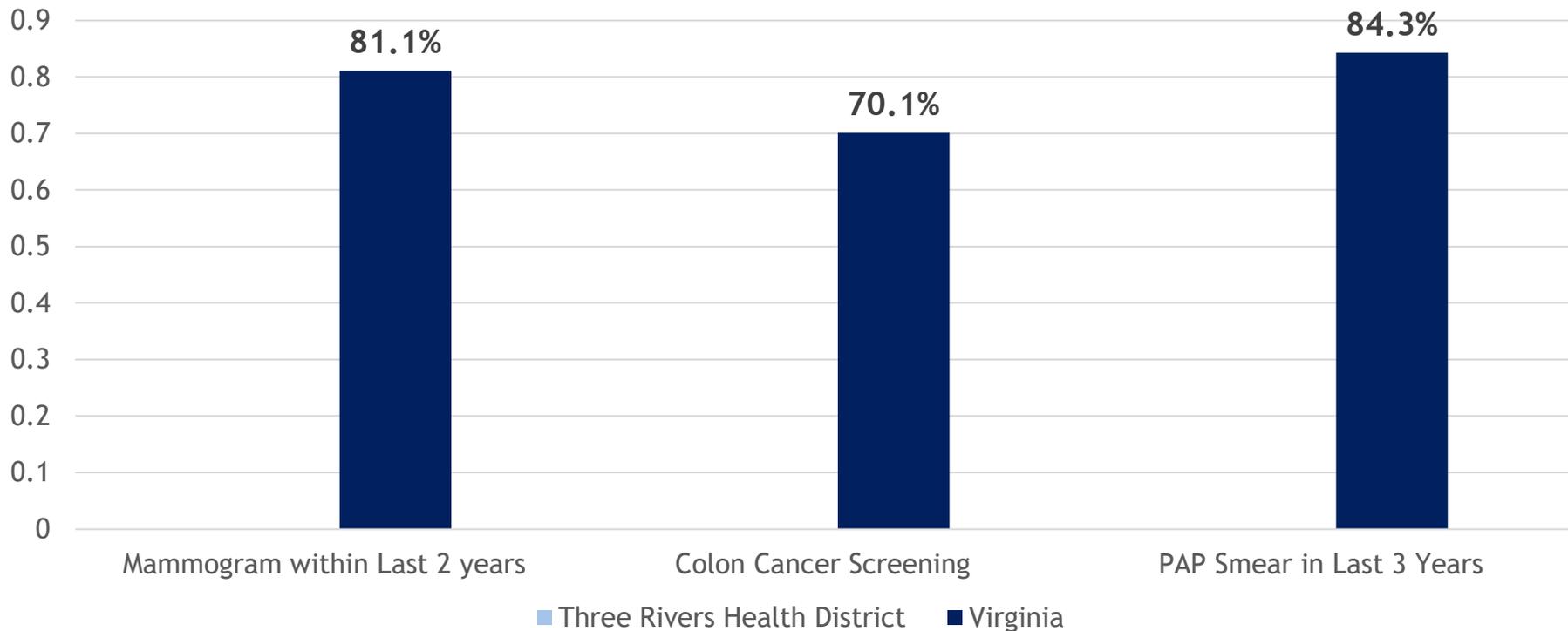


Obesity, Physical Inactivity and Adequate Sleep Rates



Cancer Screening Rates

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



The RWRH Community

COVID-19 Pandemic

COVID: Three Rivers Health District

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

Number of Cases by Report Date for Three Rivers District for the past year

Number of cases by the date reported to VDH

■ New Cases

■ New Cases 7 Day Average



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

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

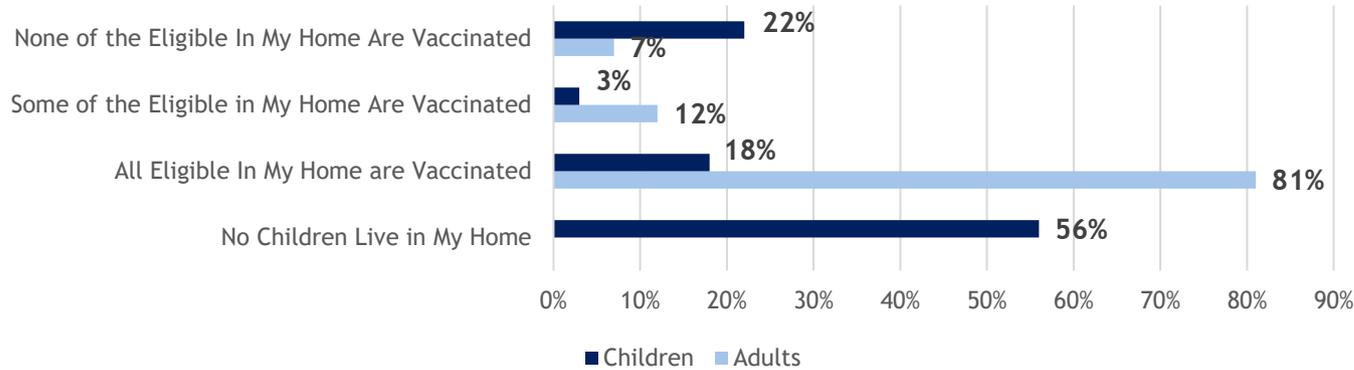
† VDH adopted the updated CDC COVID-19 2021 Surveillance Case Definition on September 1, 2021 which is found here: --

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

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

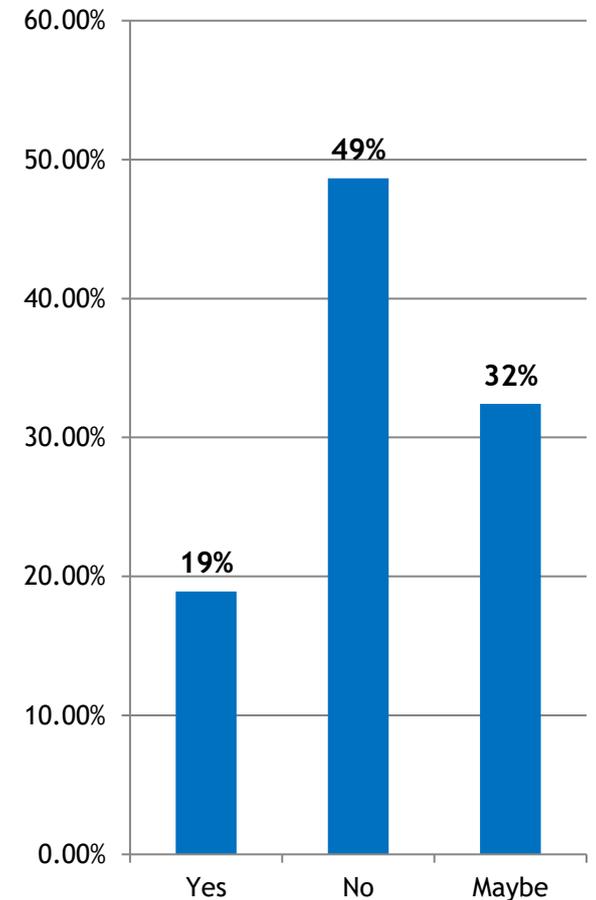
RWRH Area Community Member Survey Responses on COVID-19

Did the Members of Your Household Get the COVID-19 Vaccine?

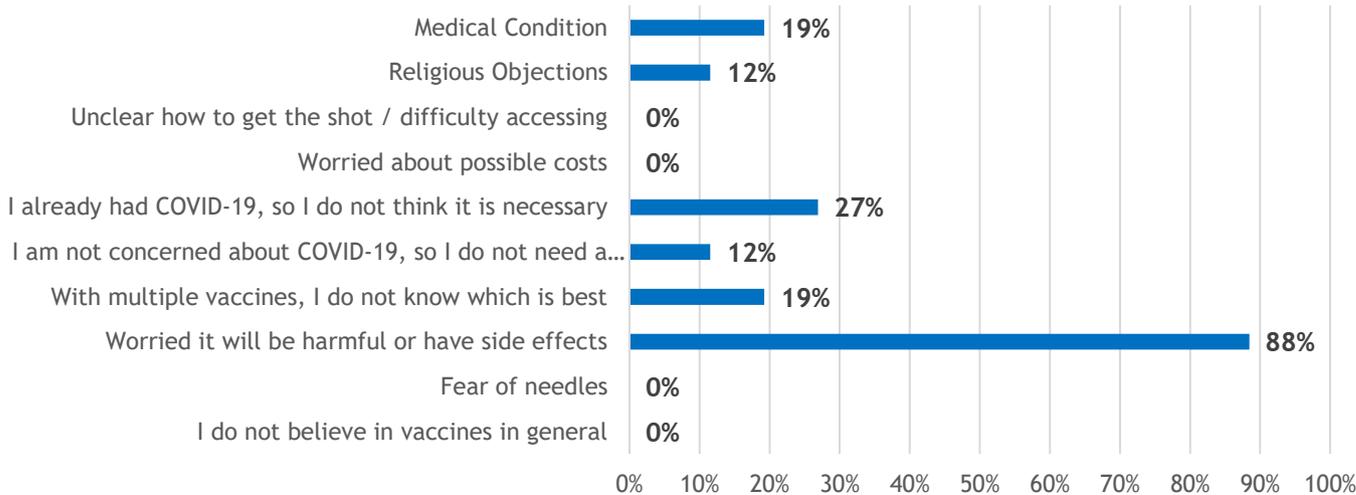


This question was only asked on the Community Member version of the survey

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

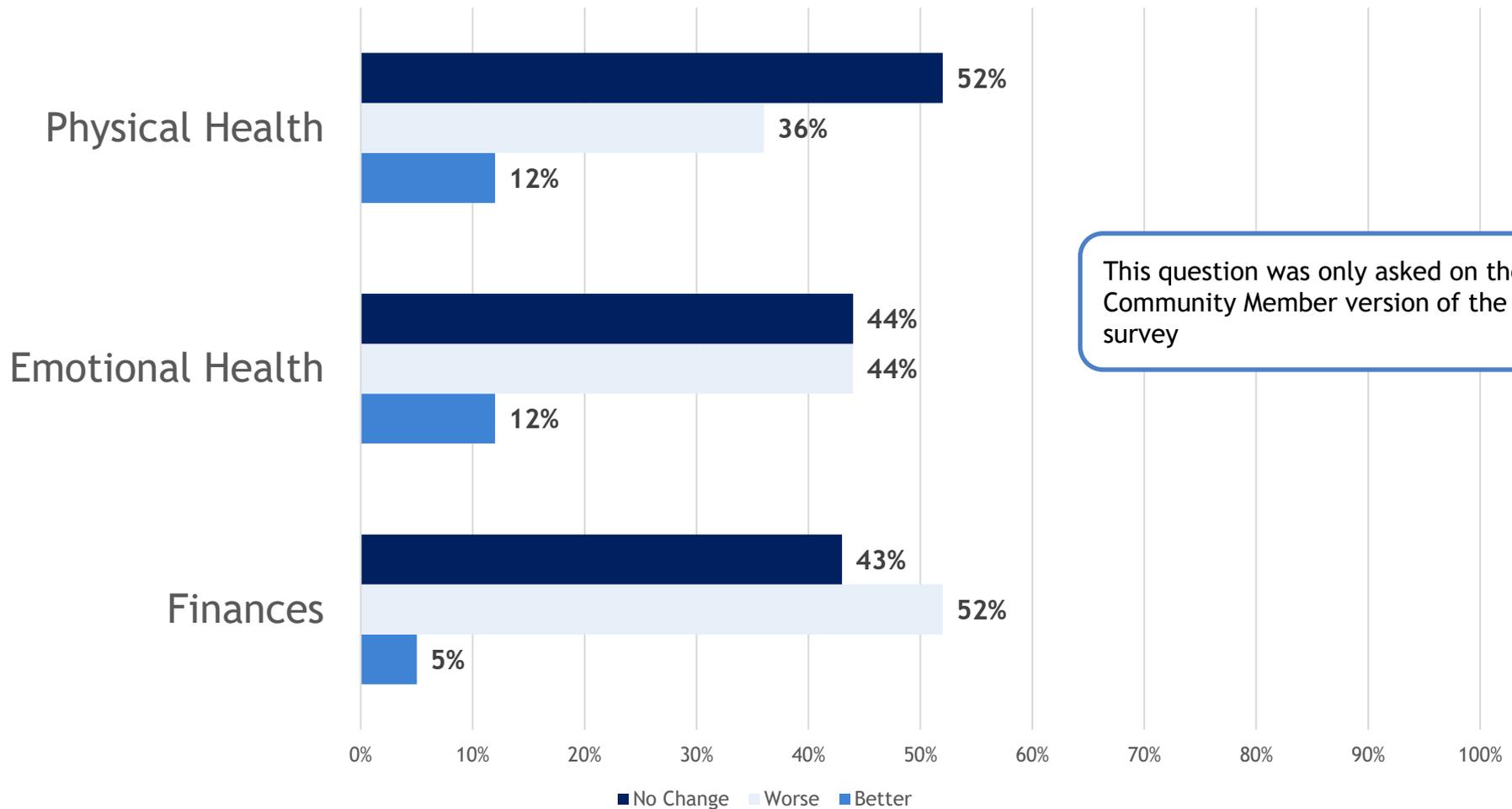


Please share your concerns about the COVID-19 Vaccine (Select all that apply)



RWRH Area Community Member Survey:

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



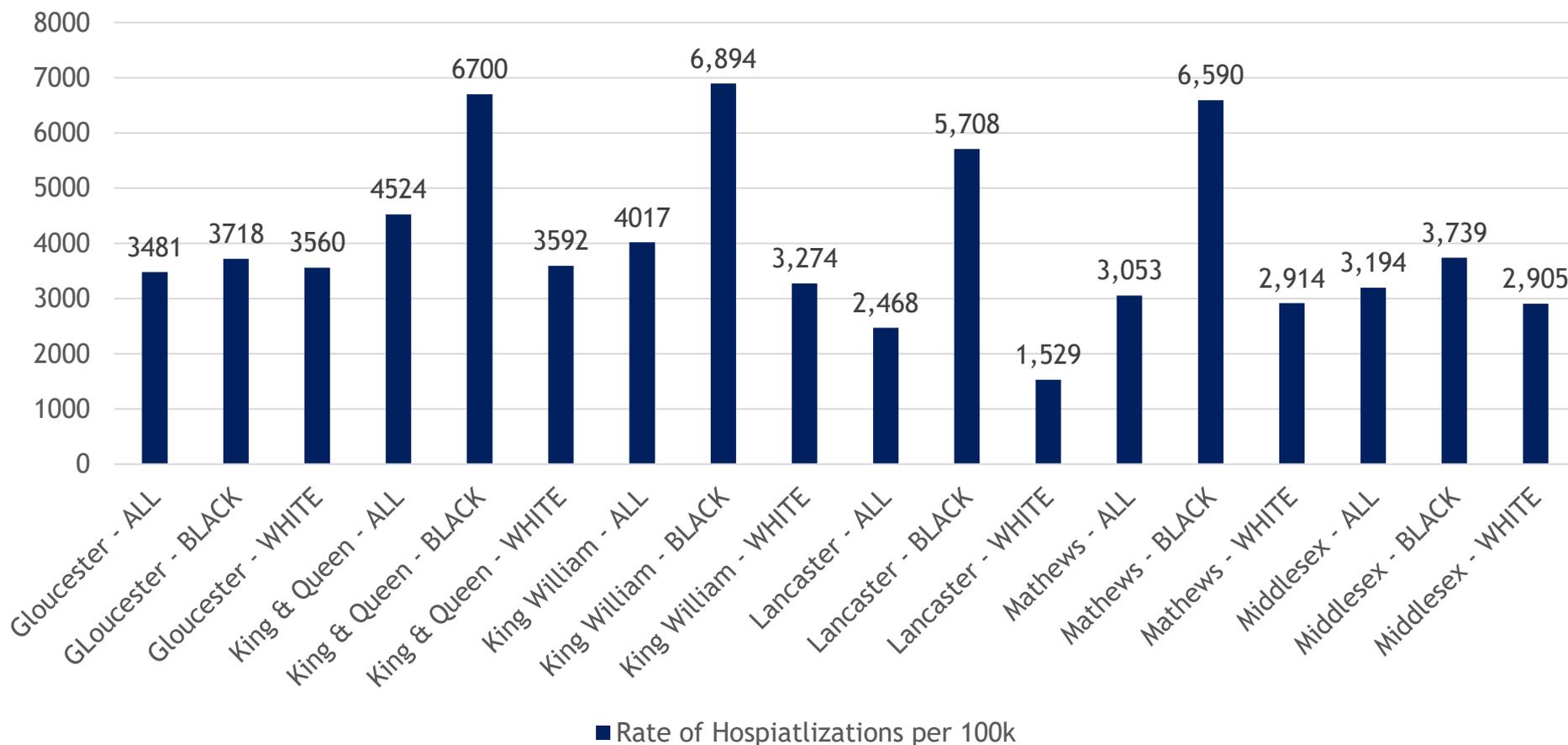
The RWRH Community

Morbidity & Mortality

Preventable Hospitalizations

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

Preventable Hospitalizations: Rate of Stays for Ambulatory Conditions per 100K Medicare Enrollees

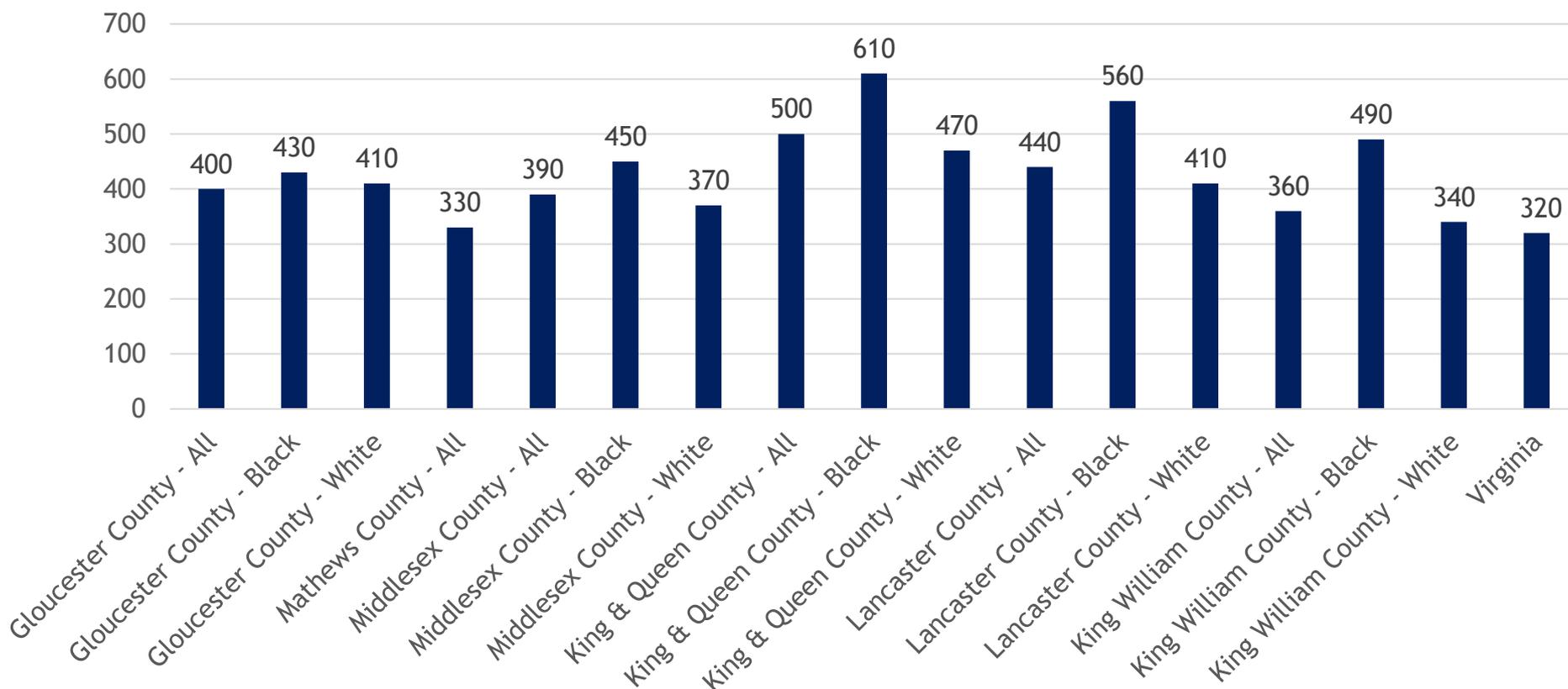


Premature Age Adjusted Mortality

Number of Deaths Among Residents <75 per 100k (age adjusted)

2017-2019 is most recent data available

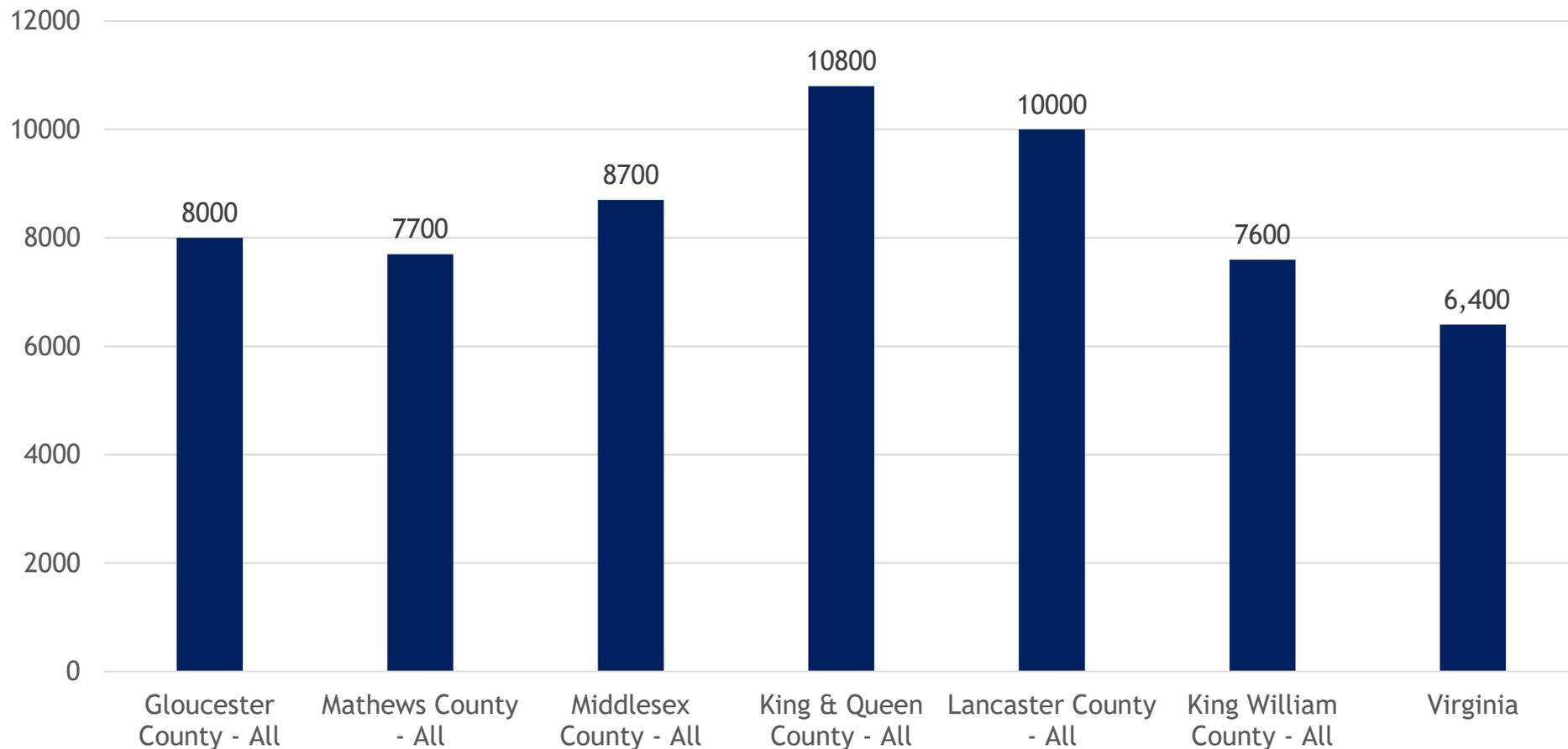
Premature Age Adjusted Mortality: Number of Deaths Among Residents <75 per 100K



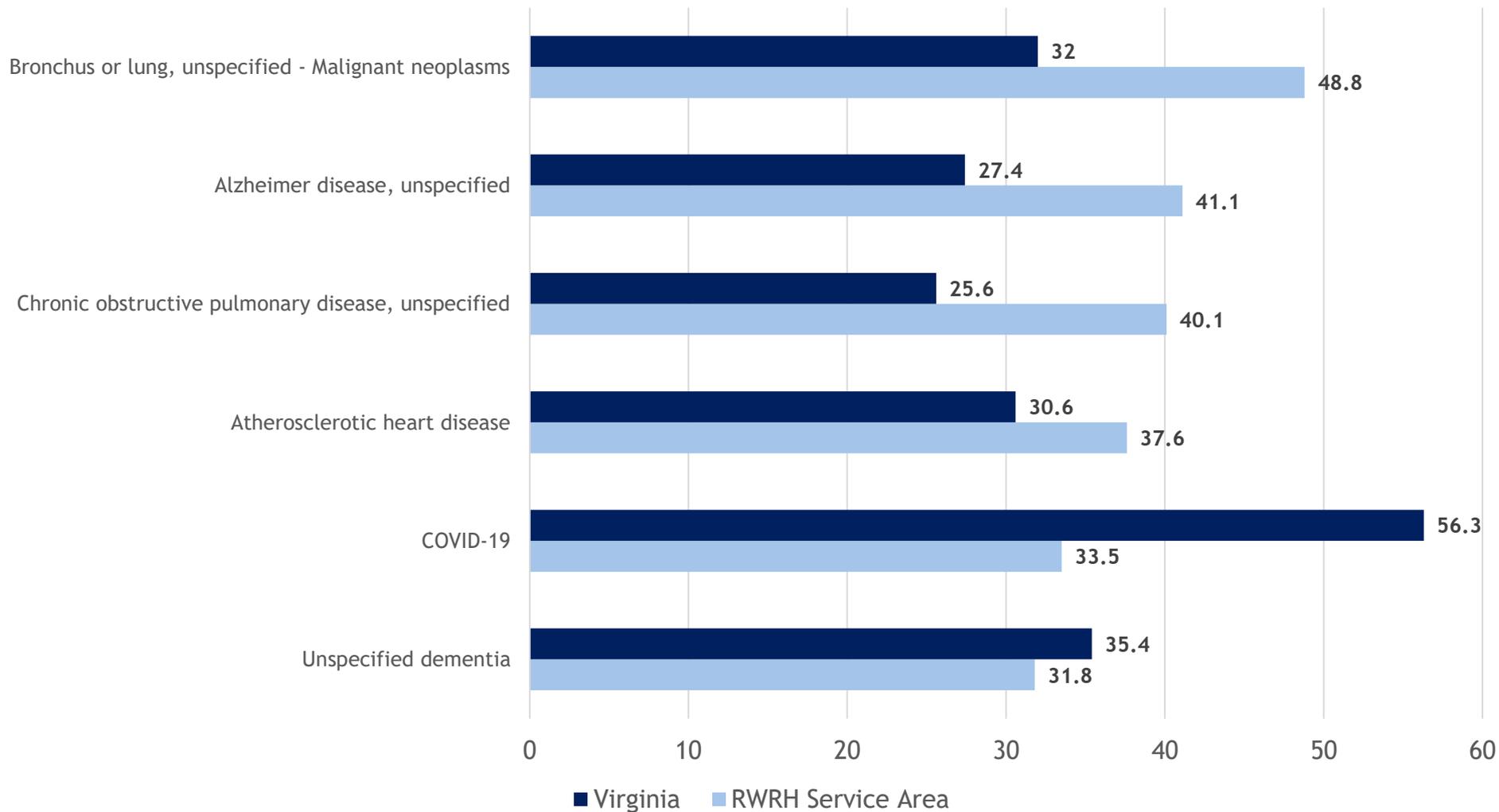
Years Potential Life Lost

Years of Potential Life Lost Before Age 75 per 100k (age adjusted)

2017-2019 is most recent data available



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

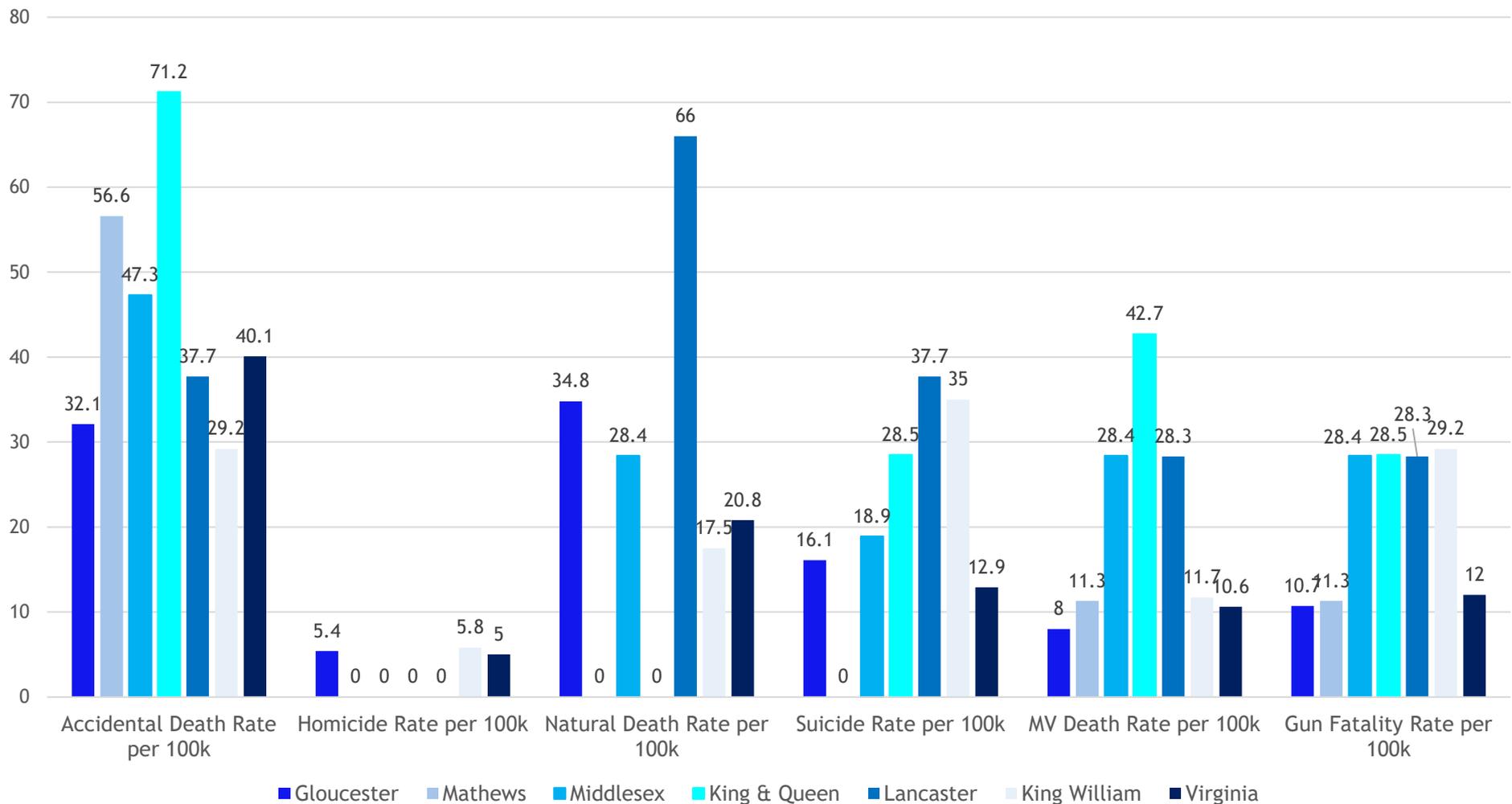


Cause of Death

Cause of Death	Study Area (2020)			Virginia (2020)		
	Number of Deaths	Crude Death Rate per 100,000	Age Adjusted Death Rate per 100,000	Number of Deaths	Crude Death Rate per 100,000	Age Adjusted Death Rate per 100,000
All Deaths	936	1,468.6	911.4	80,596	938.2	792.8
Bronchus or lung, unspecified - Malignant neoplasms	53	83.2	48.8	3,465	40.3	32
Alzheimer disease, unspecified	46	72.2	41.1	2,738	31.9	27.4
Chronic obstructive pulmonary disease, unspecified	45	70.6	40.1	2,696	31.4	25.6
Atherosclerotic heart disease	43	67.5	37.6	3,167	36.9	30.6
Unspecified dementia	36	56.5	31.8	3,549	41.3	35.4
COVID-19	36	56.5	33.5	5,821	67.8	56.3
Acute myocardial infarction, unspecified	34	53.3	31.6	2,352	27.4	22.3
Congestive heart failure	29	45.5	26.3	1,875	21.8	18.5
Stroke, not specified as haemorrhage or infarction	20	31.4	18.1	1,746	20.3	16.9
Pancreas, unspecified - Malignant neoplasm	17	unreliable		1,190	13.9	11.1
Breast, unspecified - Malignant neoplasm	15	unreliable		1,118	13.0	10.8
Essential (primary) hypertension	14	unreliable		591	6.9	5.7
Unspecified diabetes mellitus, without complications	13	unreliable		965	11.2	9.2
Parkinson's Disease	13	unreliable		1,054	12.3	10.4
Septicaemia, unspecified	12	unreliable		950	11.1	9.2
Malignant neoplasm without specification of site	12	unreliable		727	8.5	7
Pulmonary embolism without mention of acute cor pulmonale	11	unreliable		268	3.1	2.7
Other and unspecified cirrhosis of the liver	11	unreliable		664	7.7	6.2
Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified	11	unreliable		1,277	14.9	15.3
Hypertensive heart disease with (congestive) heart failure	10	unreliable		338	3.9	3.3
Hypertensive heart disease without (congestive) heart failure	10	unreliable		519	6	5.1
Other forms of acute ischemic heart disease	10	unreliable		465	5.4	4.5

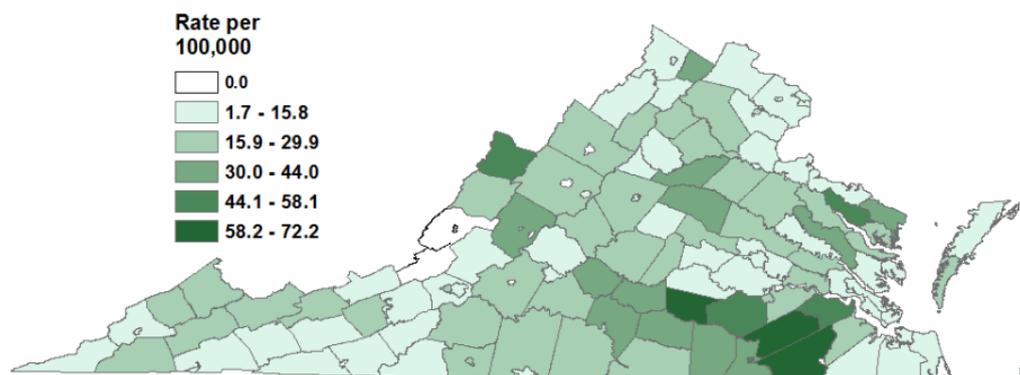
Mortality Rates per 100K by Category

Office of the Chief Medical Examiner
Death Rate per 100k by Type of Death

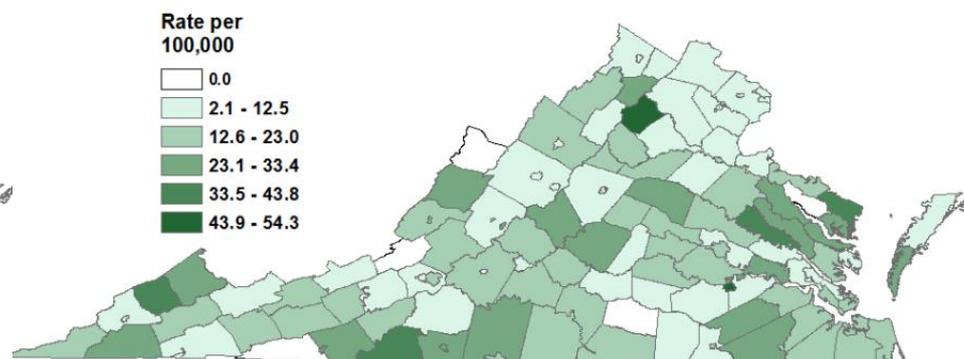


Motor Vehicle & Gun-Related Fatalities by Locality

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



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



The RWRH Community

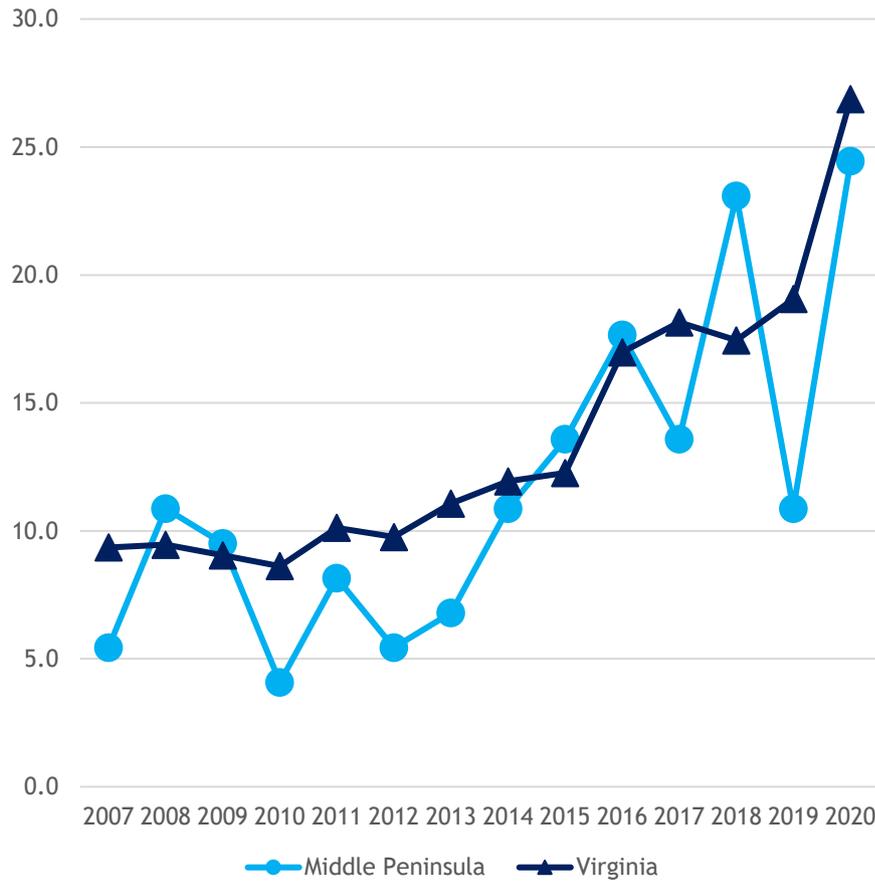
Behavioral & Mental Health

Inpatient Hospital Behavioral Health Discharges

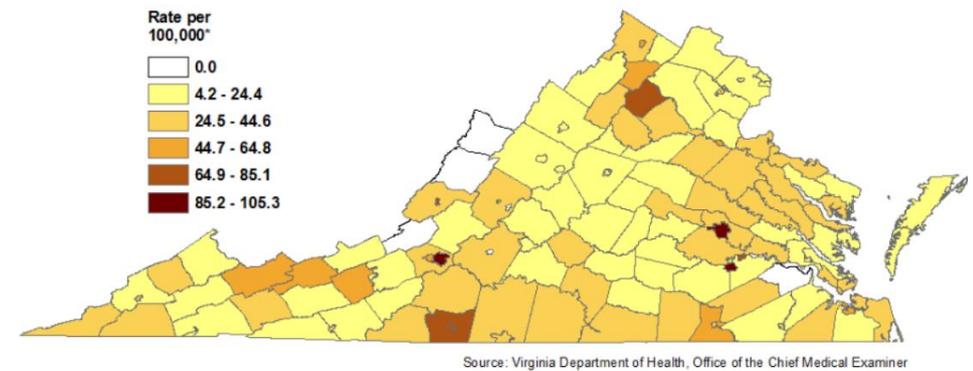
DRG	DRG Description	Middle Peninsula Service Area (2020)		Virginia (2020)		Variance From State Crude rate per 100,000
		Number of Inpatient Discharges	Crude Rate per 100,000	Number of Inpatient Discharges	Crude Rate per 100,000	
	All inpatient behavioral health discharges	404	4.69	51,636	5.97	(1.28)
880	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	5	0.06	1,147	0.13	(0.07)
881	DEPRESSIVE NEUROSES	9	0.10	2,984	0.34	(0.24)
882	NEUROSES EXCEPT DEPRESSIVE	12	0.14	1,265	0.15	(0.01)
883	DISORDERS OF PERSONALITY & IMPULSE CONTROL	2	0.02	339	0.04	(0.02)
884	ORGANIC DISTURBANCES & MENTAL RETARDATION	12	0.14	1,135	0.13	0.01
885	PSYCHOSES	265	3.07	31,077	3.59	(0.52)
886	BEHAVIORAL & DEVELOPMENTAL DISORDERS	2	0.02	175	0.02	0.00
887	OTHER MENTAL DISORDER DIAGNOSES		0.00	34	0.00	(0.00)
894	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	4	0.05	1,235	0.14	(0.10)
895	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	12	0.14	3,338	0.39	(0.25)
896	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	23	0.27	1,374	0.16	0.11
897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	58	0.67	7,533	0.87	(0.20)

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

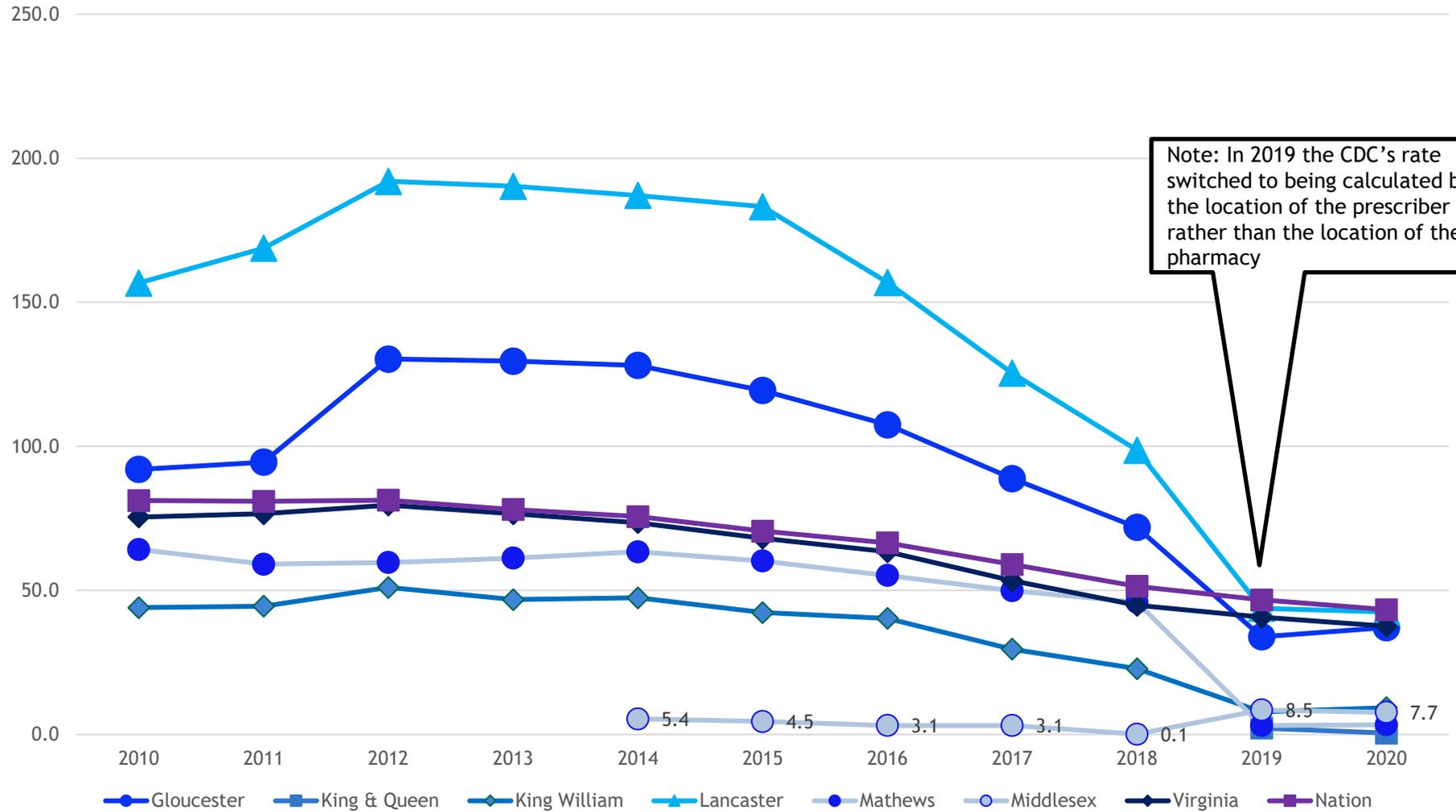
Middle Peninsula vs Virginia Fatal Drug Overdoses per 100,000 by Year



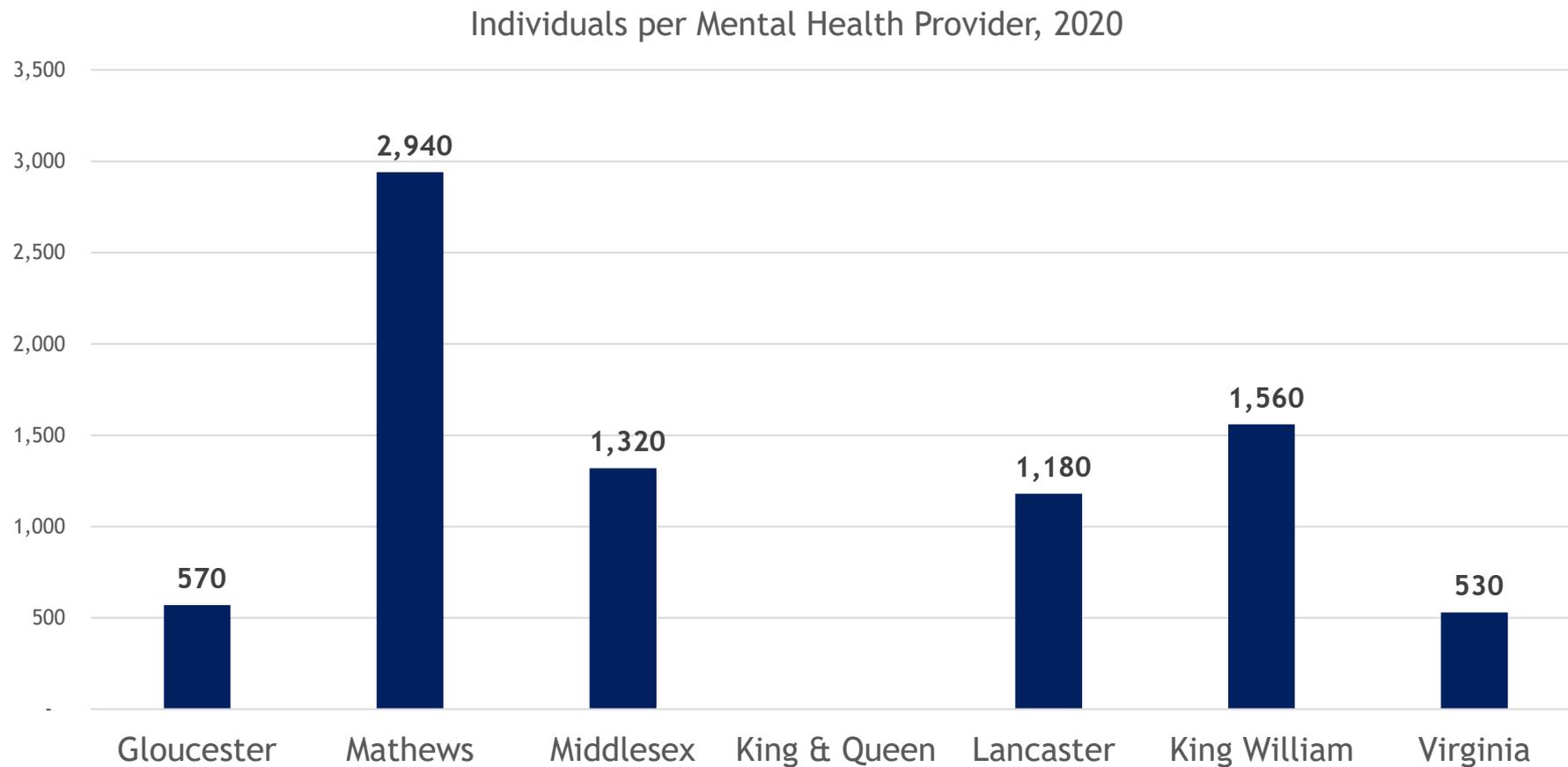
Rate of All Fatal Drug Overdoses, All Substances, by Locality of Overdose, 2020



Opioid Dispensing Rate per 100 Persons

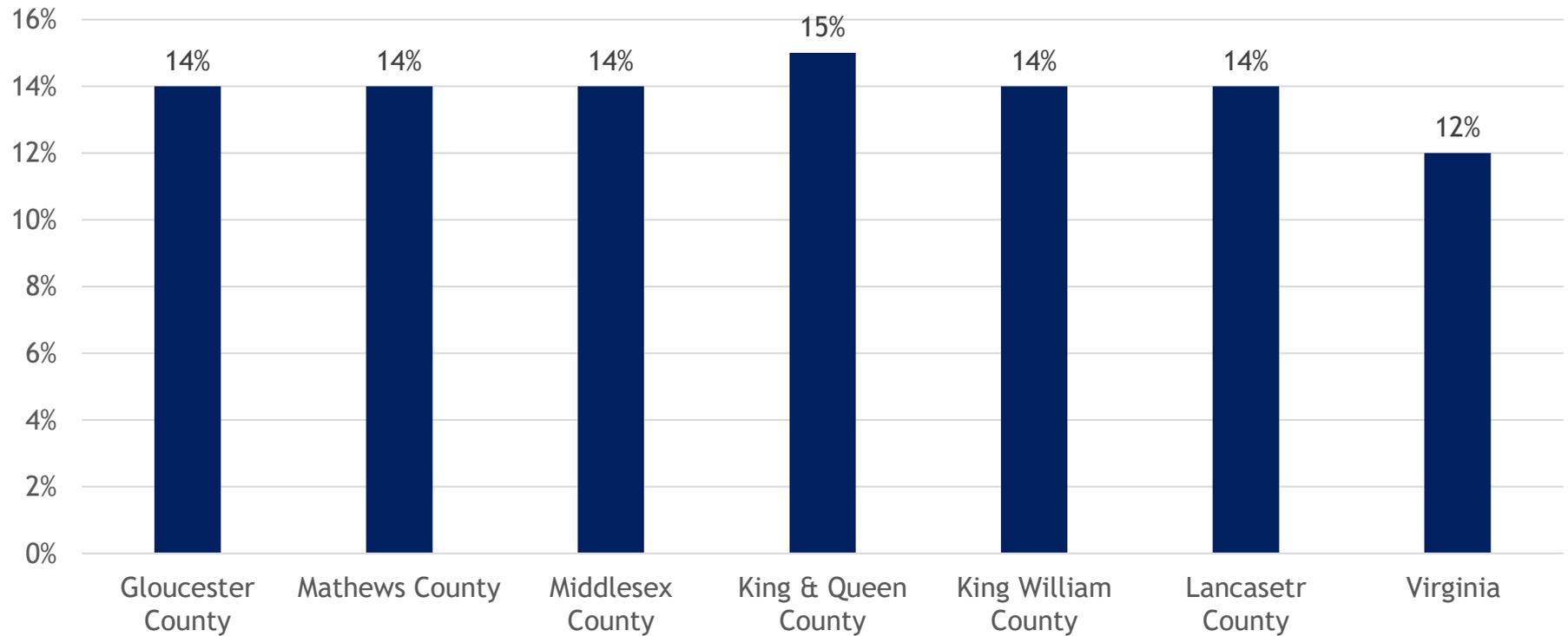


Mental Health Provider Ratio



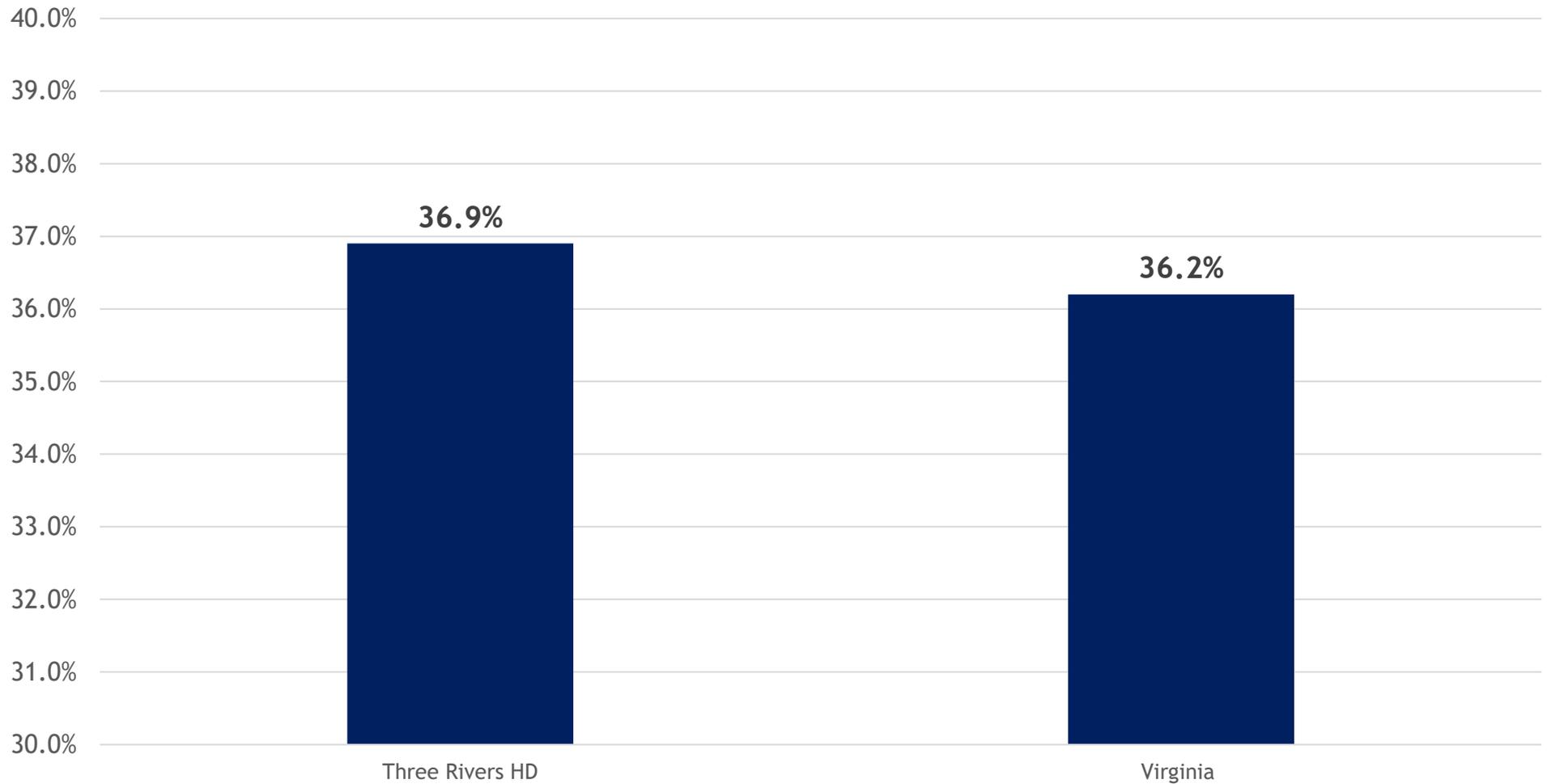
Frequent Mental Distress: Percentage of Adults Reporting 14 or More Days of Poor Mental Health per Month

(2018 is most recent data available)



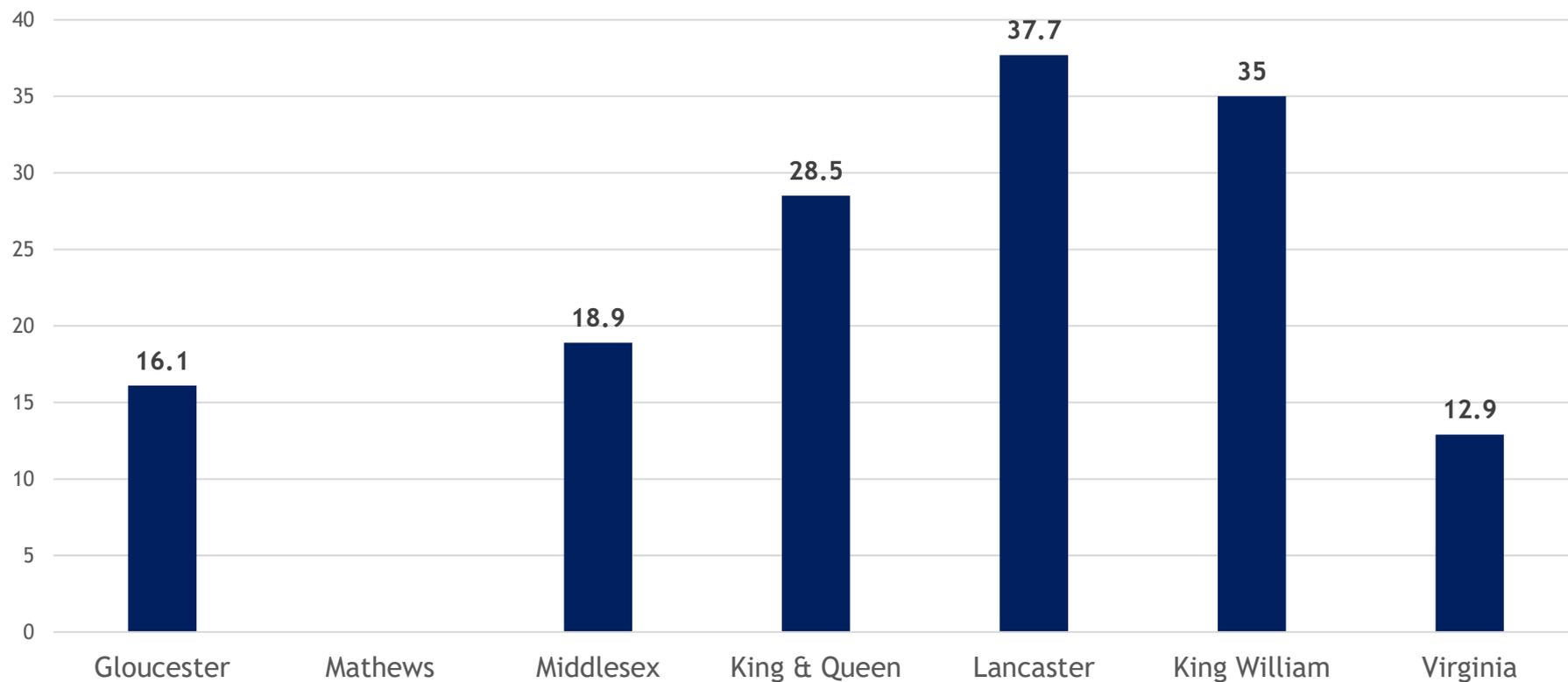
Poor Mental Health: Reported 1 or More Days of Poor Mental Health in the Last 30 Days

(2018 is most recent data available)



Suicide Rate

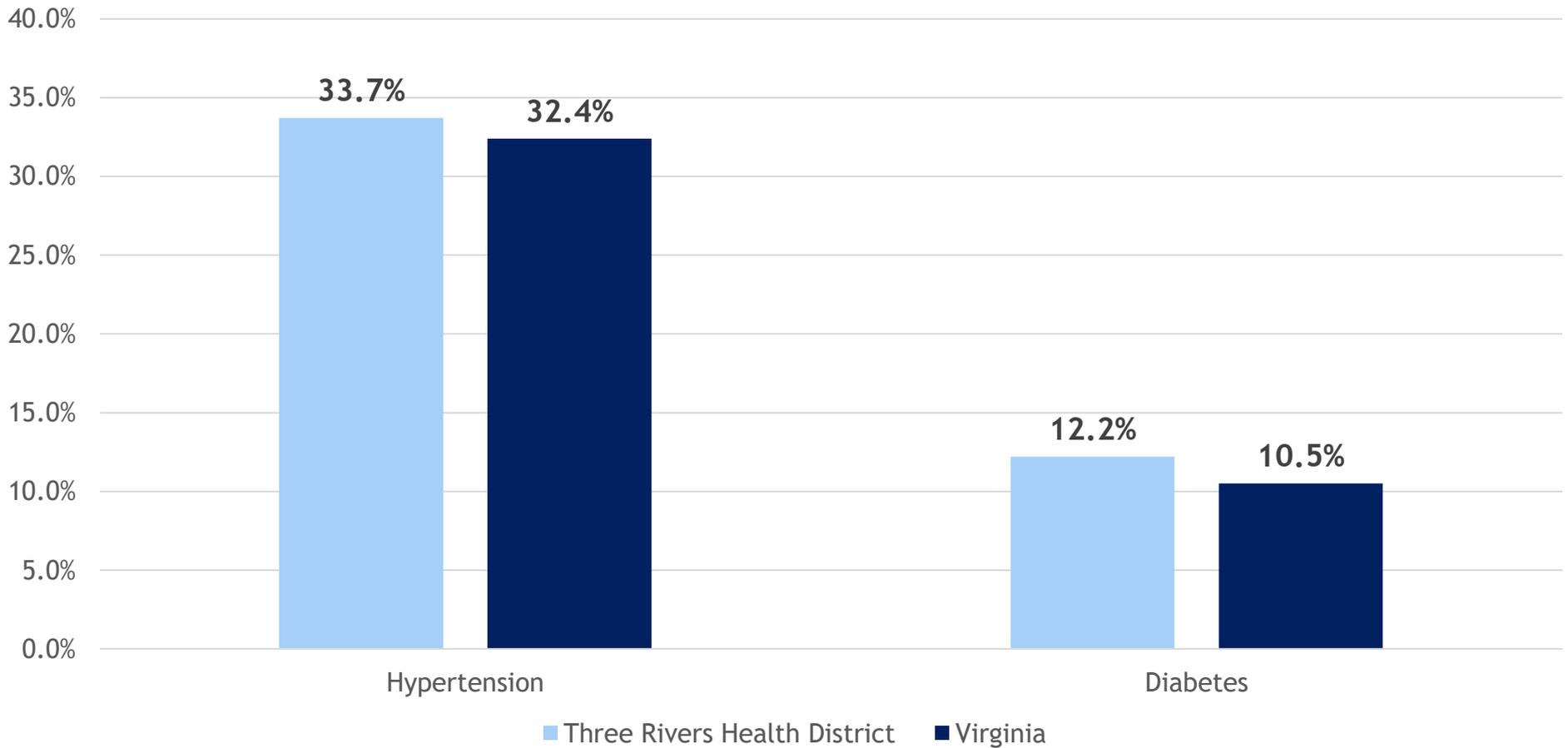
Office of the Chief Medical Examiner
Suicide Rate per 100k, 2019



The RWRH Community

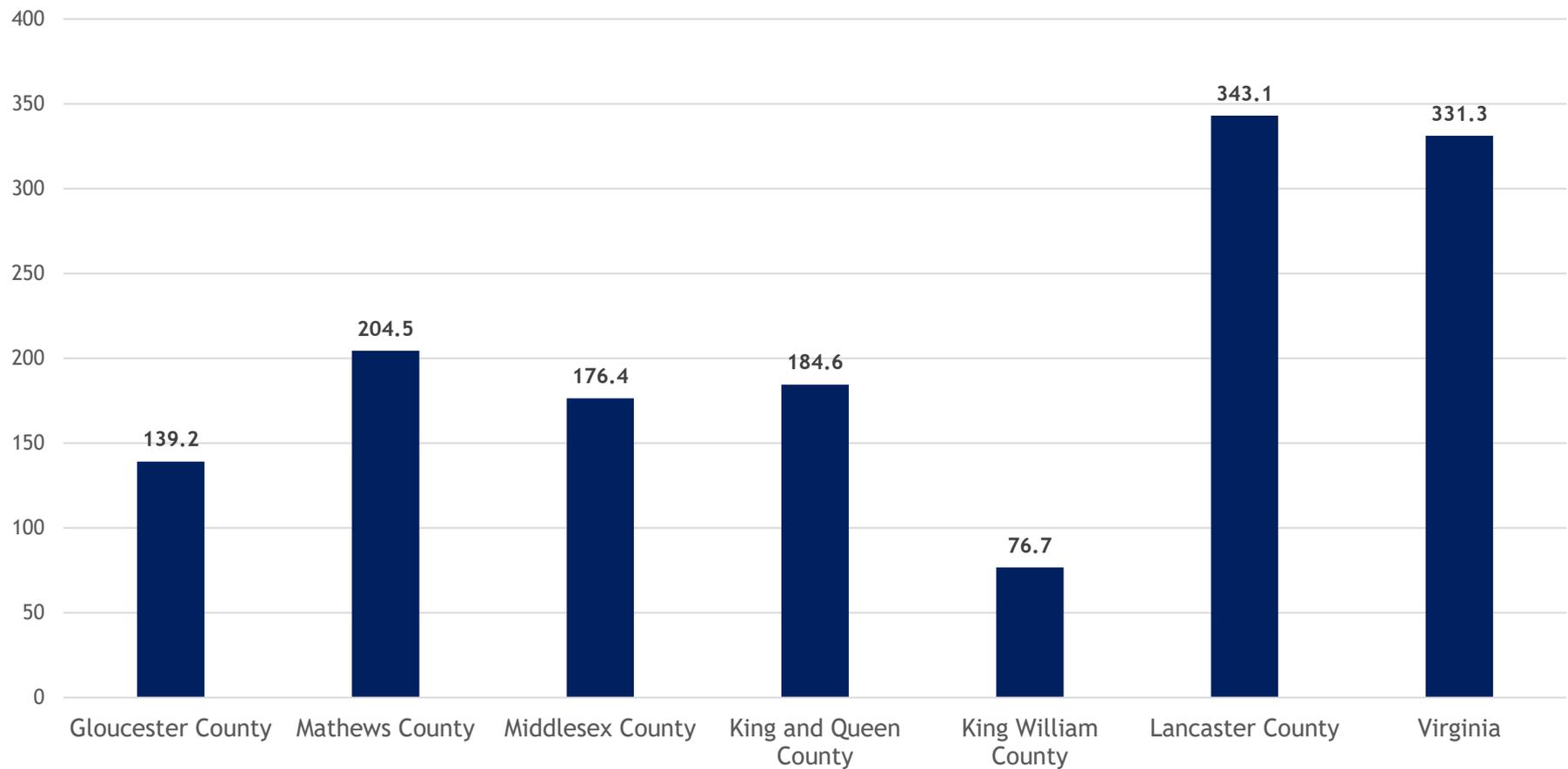
Chronic Disease Management in the Community

Hypertension and Diabetes

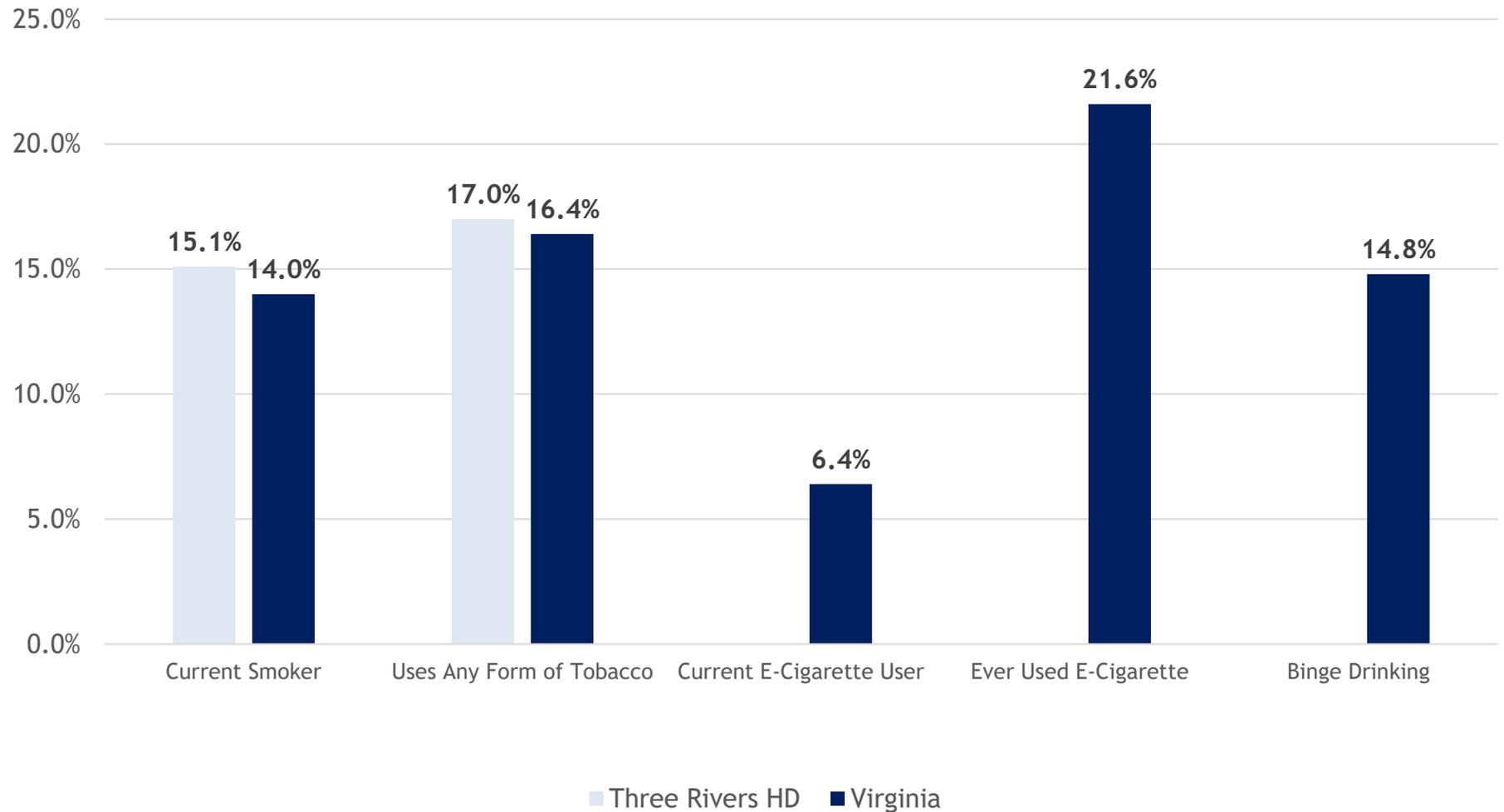


HIV/AIDS Rates per 100k

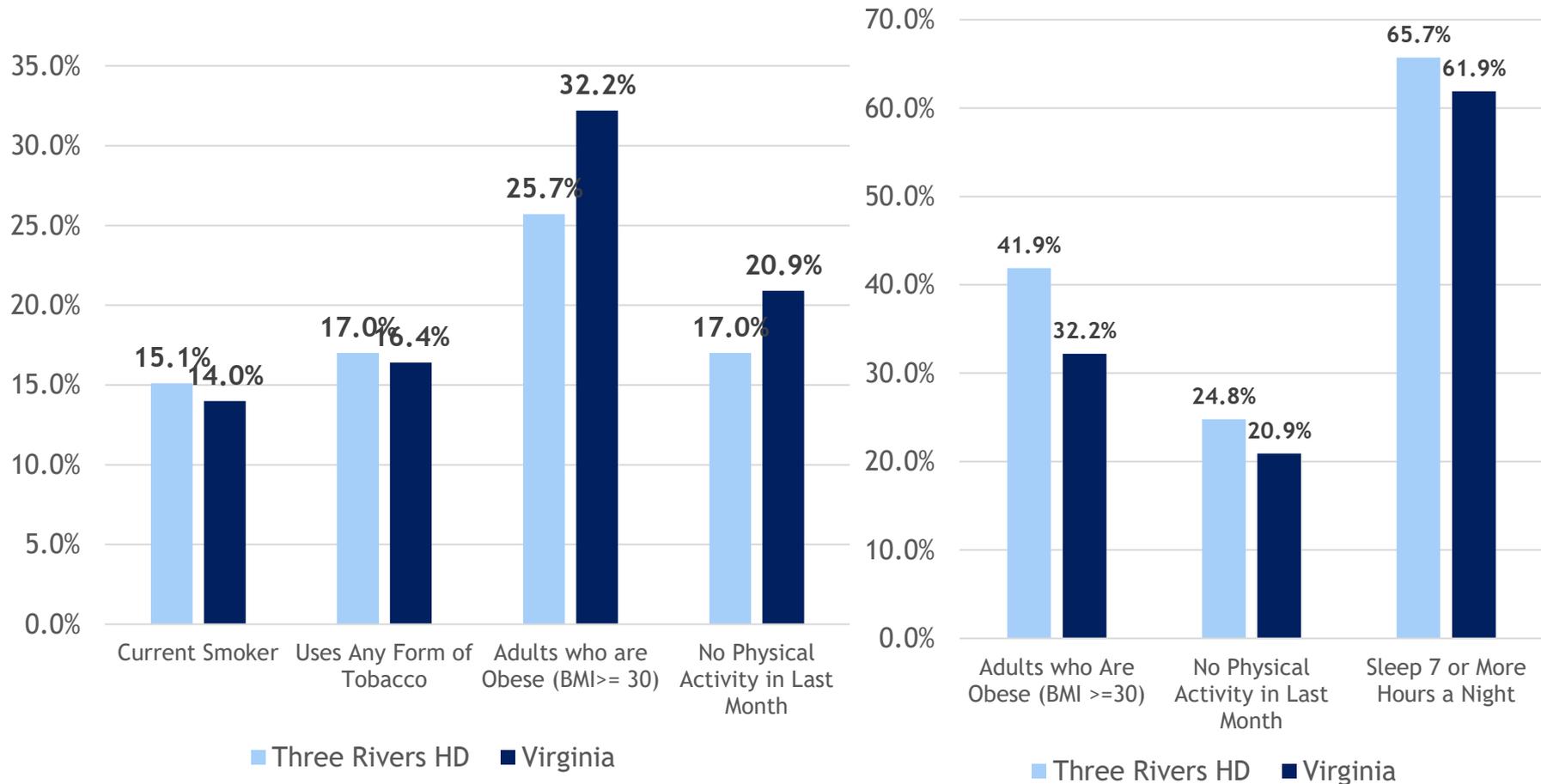
All HIV+ and AIDS Rates per 100K



Tobacco, Alcohol and E-Cigarette Use

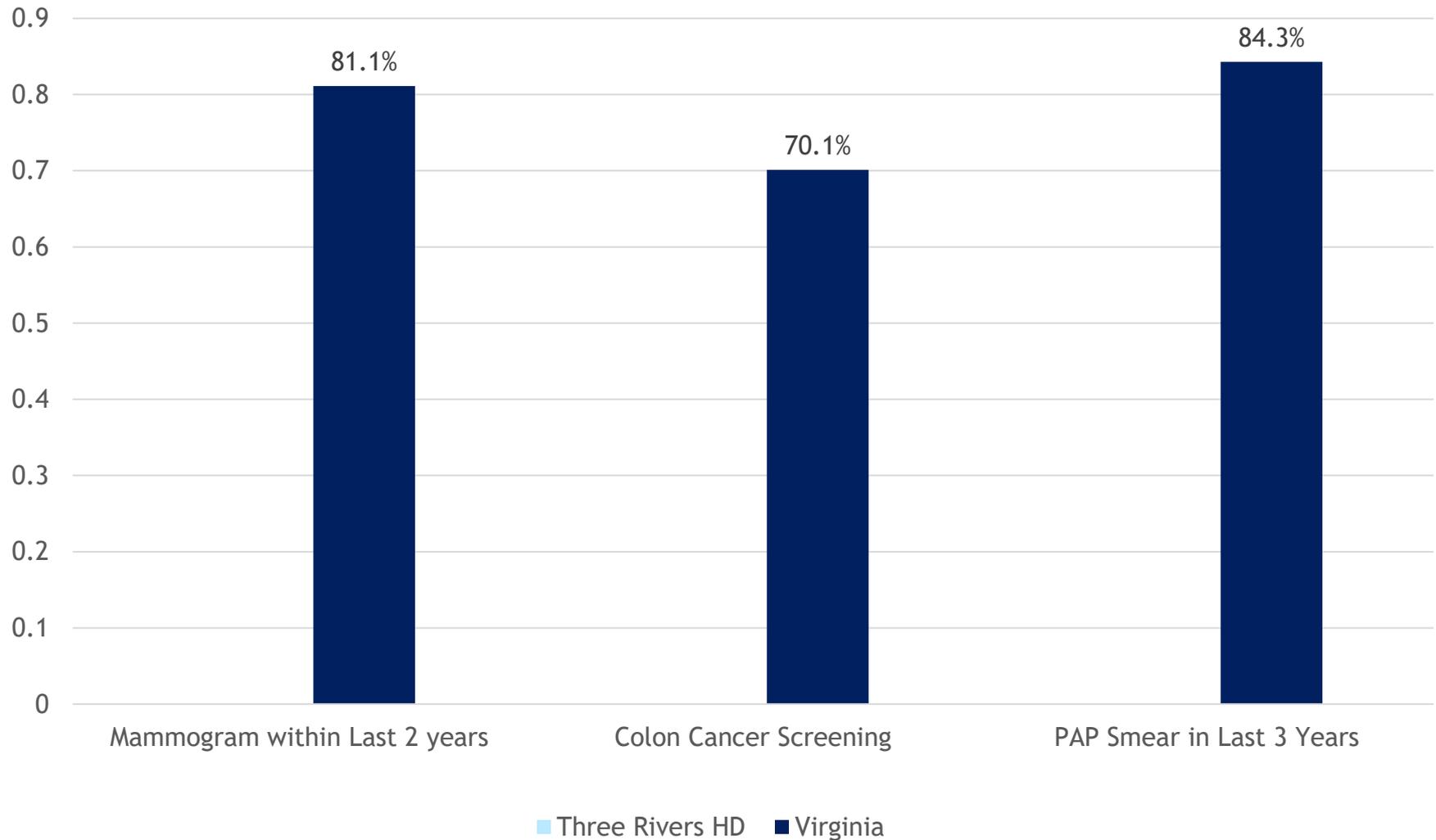


Obesity, Physical Inactivity and Adequate Sleep Rates



Cancer Screening Rates

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



The RWRH Community

Hampton Roads Community Survey

About the Community Survey

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

There were 2 forms of the online survey:

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

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

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

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

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

Respondents to the survey in the Riverside Walter Reed Hospital Service Area:

On the Stakeholder Survey, 286 Individuals indicated they served individuals in Gloucester, Mathews, Middlesex, Lancaster, King & Queen and King William Counties. Multiple individuals noted they served individuals in multiple areas.

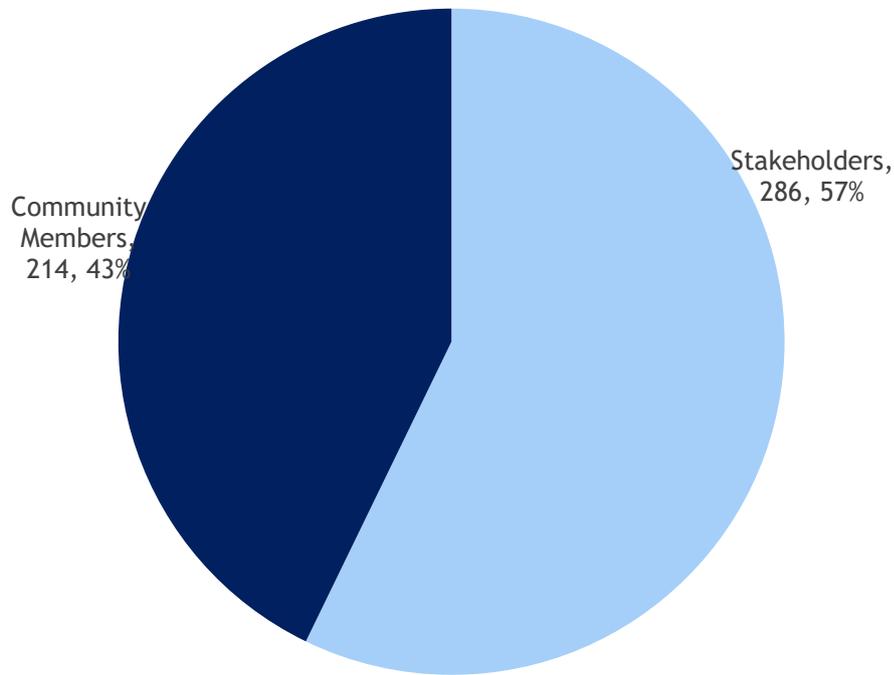
On the Community Member Survey, 214 individuals responded that they resided in Gloucester, Mathews, Middlesex, Lancaster, King & Queen and King William Counties.

This combines for a total of 500 responses to the combined survey. This is an increase from all prior CHNA cycles

	2013	2016	Change from 2013 - 2016	2019	Change from 2016 - 2019	2022	Change from 2019-2022
RWRH Total	43	49	14.0%	106	116%	500	372%

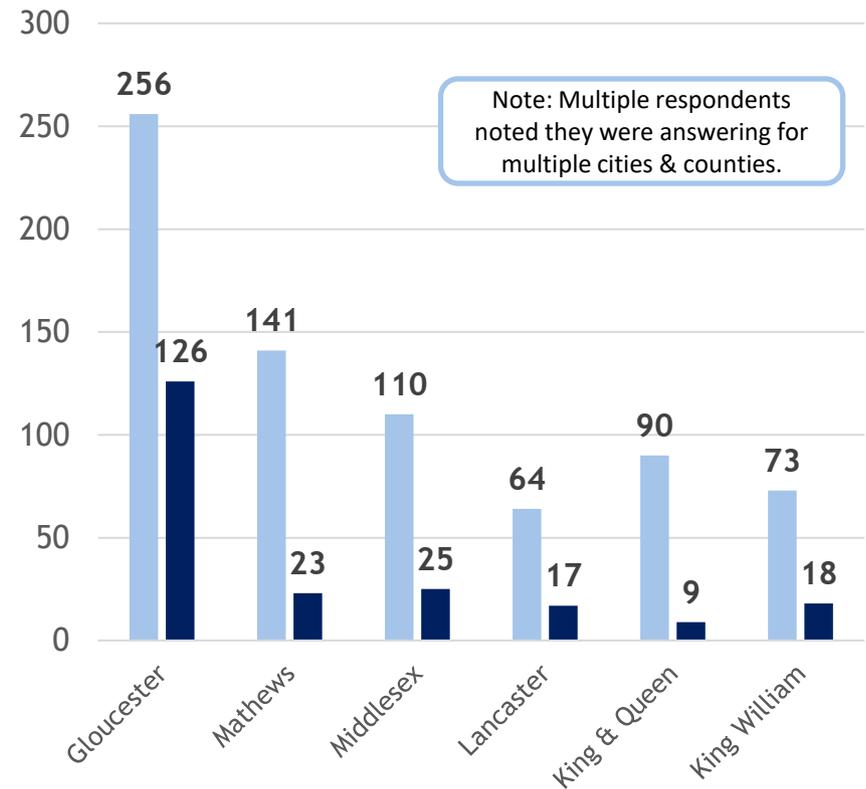
Community Survey: Respondent Type and Geographic Affiliation

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



■ Stakeholders ■ Community Members

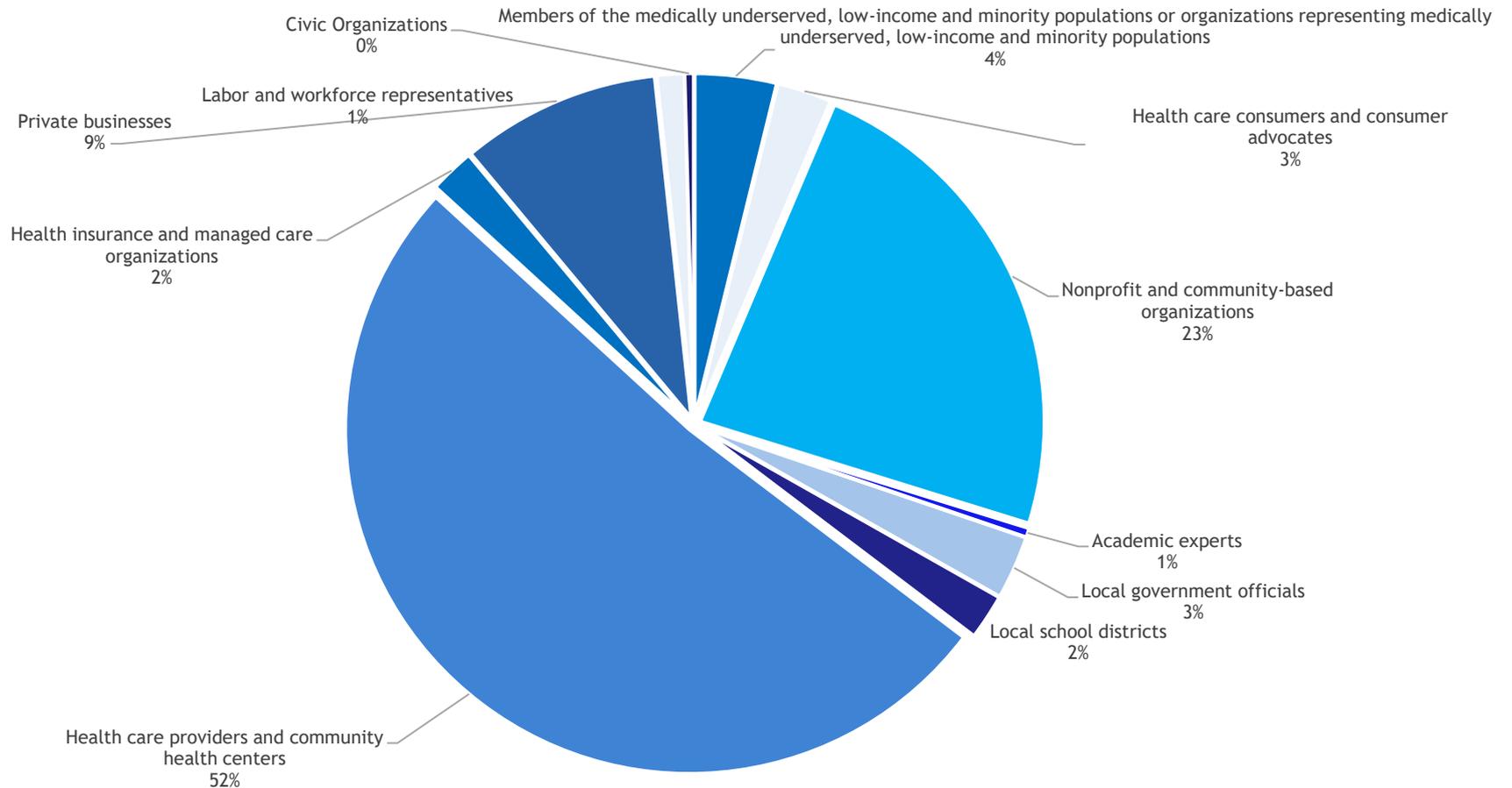
County of Residence (Community Members) / County or Counties Served (Community Stakeholders)



■ Stakeholder ■ Community Members

Community Stakeholder Survey

Affiliated Businesses & Organizations of Those Who Completed the Stakeholder Survey



Community Stakeholder Survey

Affiliated Businesses & Organizations of Those Who Completed the Stakeholder Survey

211 Virginia / The Planning Council
7 Hills Advisors

A&S Environmental, Inc.
Acnm

Alphatec Surveyors, Ltd

Apeil Showers Inc

APEX Physical Therapy

Aspire New Life, LLC

Asthma & Allergy Foundation of America

Avalon Center x 2

Bay Aging x3

Bay Rivers Telehealth Alliance

Beltone Ledford Audiology & Hearing Aid Center

Bon Secours Mercy Health x6

Boo Williams Summer League/Boo Williams Sportsplex

Boys & Girls Clubs of the Virginia Peninsula x2

Brain Injury Association of Virginia x2

BuzzRx

Canon Enterprises

Carrington Place of Tappahannock

Cascadia Counseling, PLLC

Celebrate Healthcare LLC

CFF Properties

Children's Specialty Group

Child Care Aware of Virginia x2

Children's Special Group, PLLC x4

CHKD x10

Coastal Homebirth. Llc

Courthouse Pediatrics

Currently with FQHC, Formerly VDH, local politician

Department for Aging and Rehabilitative Services
Dignity for the Aged
Dilon Technologies, Inc

Division of Child Support Enforcement

Dominion Psychological Associates, LLC
DT Electric, LLC

Eastern Virginia Medical School & Medical Group
ECPI School of Nursing
enCircle
EVa Homebirth, LLC
Food Lion

Foundation for Rehabilitation Equipment & Endowment (F.R.E.E.)
Freed Veterinary Hospital

Girl Scouts of the Colonial Coast

Gloucester Mathews Care Clinic x2
Grace ABA

Hampton Roads Eye Associates - Gloucester

Hampton Roads Pediatric Dentistry
High School
Hospital Liaison Committee for Jehovah's Witnesses
Hotel kids inc
Integrated Health Service
JLS Real Estate

King & Queen Department of Social Services x3
King and Queen County
Lakeside Center

Lancaster County Sheriff's Office

Ledwith-Lewis Free Clinic
Legacy Hospice

Master Center for Addiction Medicine
MD Express Urgent Care

Merrimac Juvenile Detention Center

Middle Peninsula Northern Neck CSB x11
Middle Peninsula Regional Adult & Career Education

Middlesex County Public Schools

Middlesex Department of Social Services
Moms In Motion
Mother Nurture Midwifery

New Morning Star Baptist church
Optima Health x 2
OutKind Counseling

Pamela Cappetta, Ed.D., PC
Parlor Salon

Pediatric Associates of Williamsburg
Peninsula Family Dentistry

Peninsula Pastoral Counseling Center
Personal Touch
Phillips Energy, Inc.

Pinnacle Treatment Center-American Addiction treatment Center
Project Nana, Inc.
Rivermont Schools

Riverside Health System (all divisions) x 61
Self Protection Awareness SPA
Sentara x14

ServiceMaster Commercial Services

Sheetz Inc.

Smart Beginnings VA Peninsula

Southeastern Virginia Health System
The Children's Clinic LTD

The Milieu Therapeutic Services

The Up Center

The Village Midwife

Thimble Shoals Counseling & Therapy Center

Three Rivers Health District

Town of West Point

TPMG

United Negro College Fund (UNCF)

United Way of the Virginia Peninsula

Unitedhealthcare

Va Dept of Health, RAM, MRC

VCE FCS Family Focus

Virginia Affiliate of The American College of Nurse-Midwives

Virginia Cooperative Extension

Virginia Cooperative Extension FCS Family Focus Program

Virginia Department of Health x3

Virginia Health Catalyst

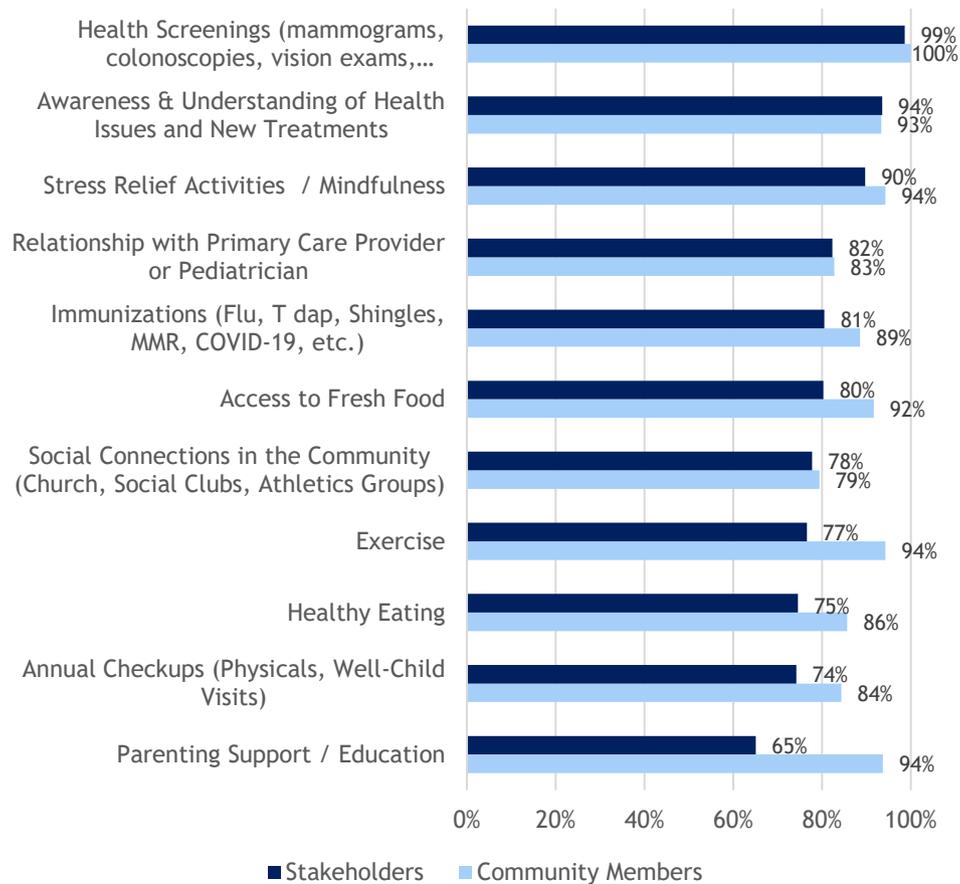
Virginia Hope

Virginia Peninsula Foodbank x2

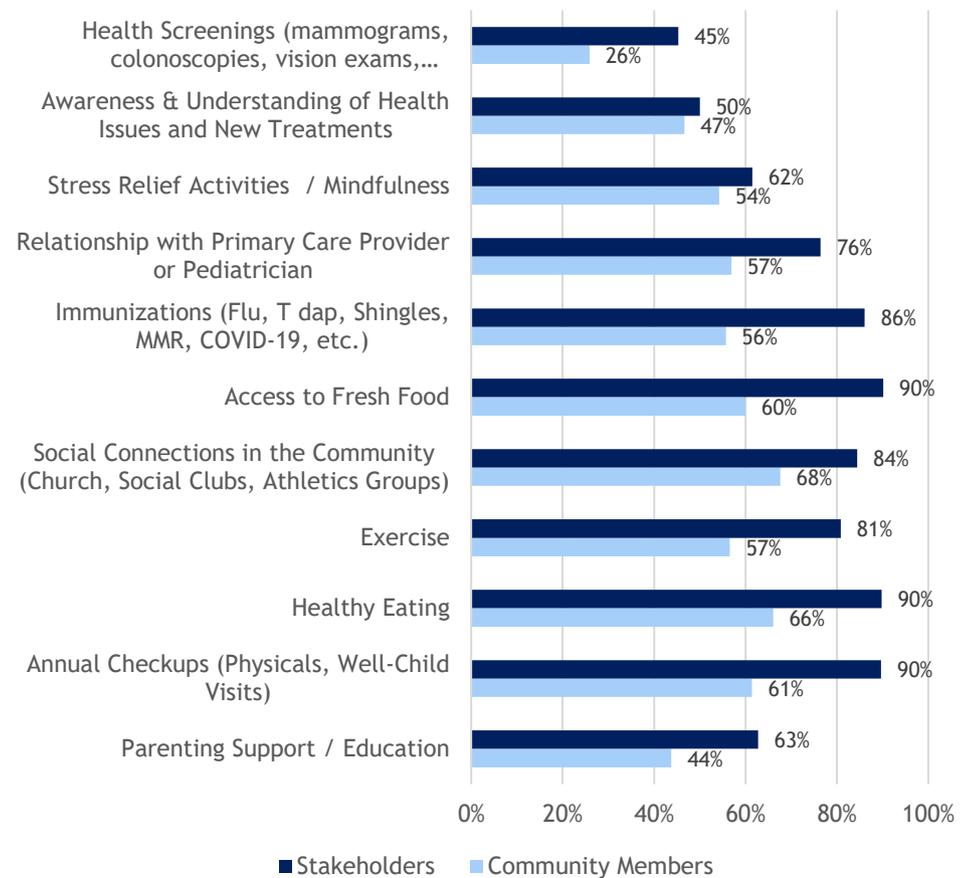
York County School Division

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

For Adults In The Family / That I Serve

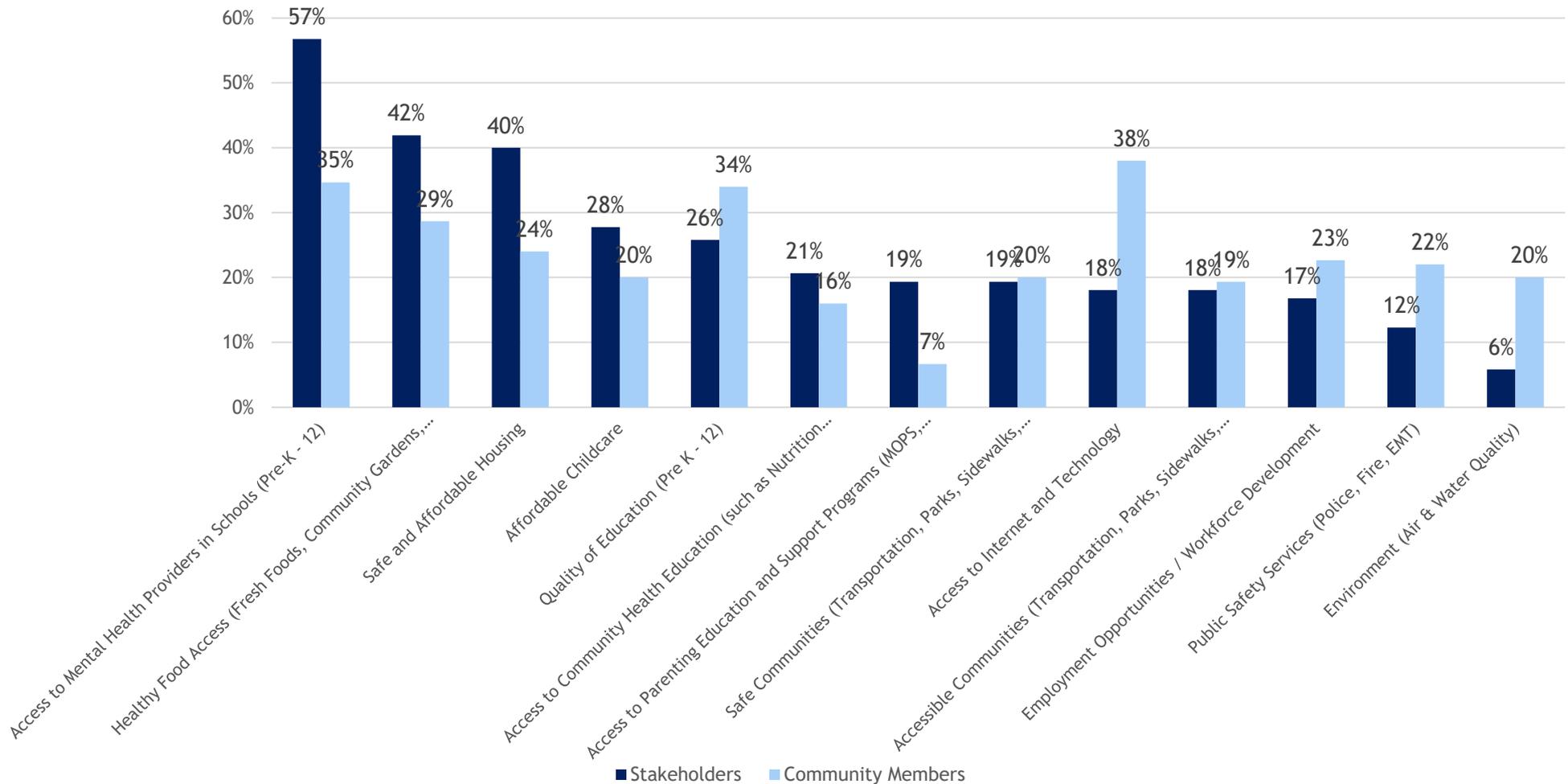


For Children In The Family / That I Serve



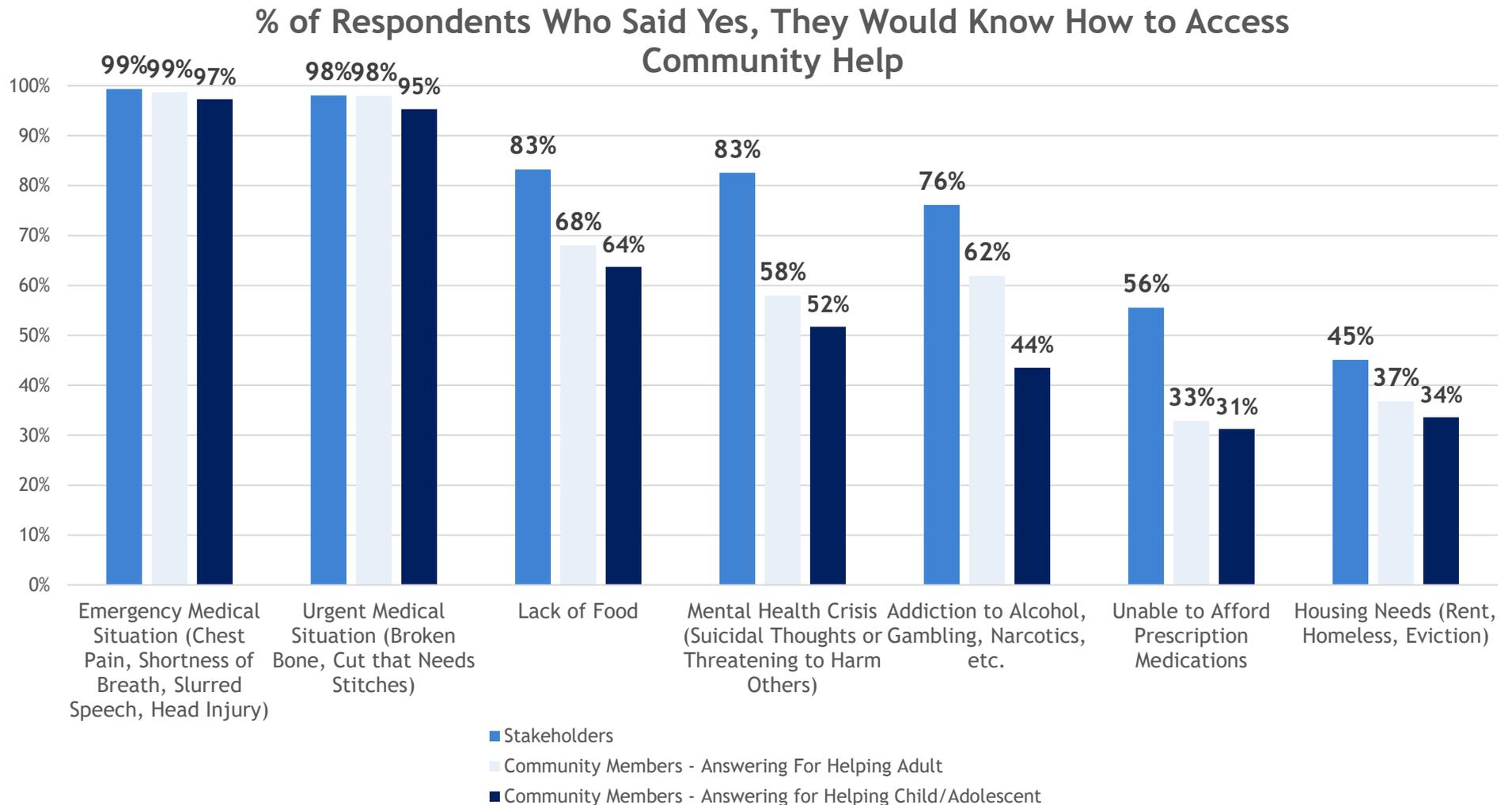
Community Survey:

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



Community Survey:

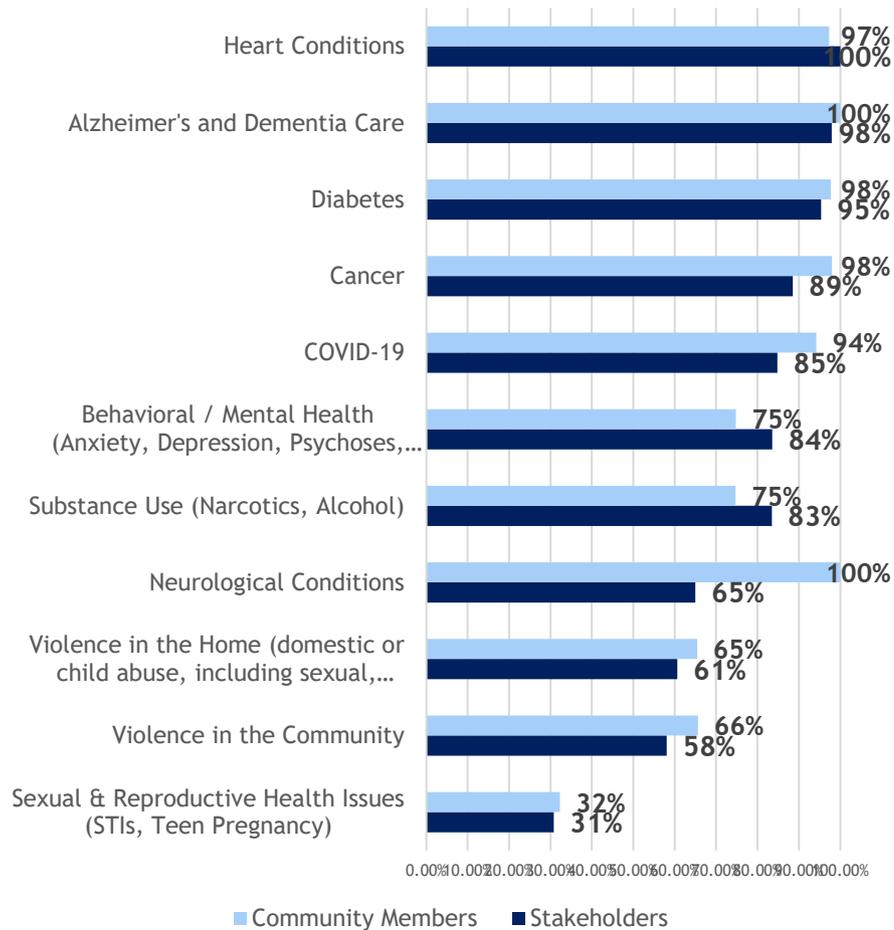
If Someone Were to Experience Any of These Situations, Would You Know How To Get Community Help?



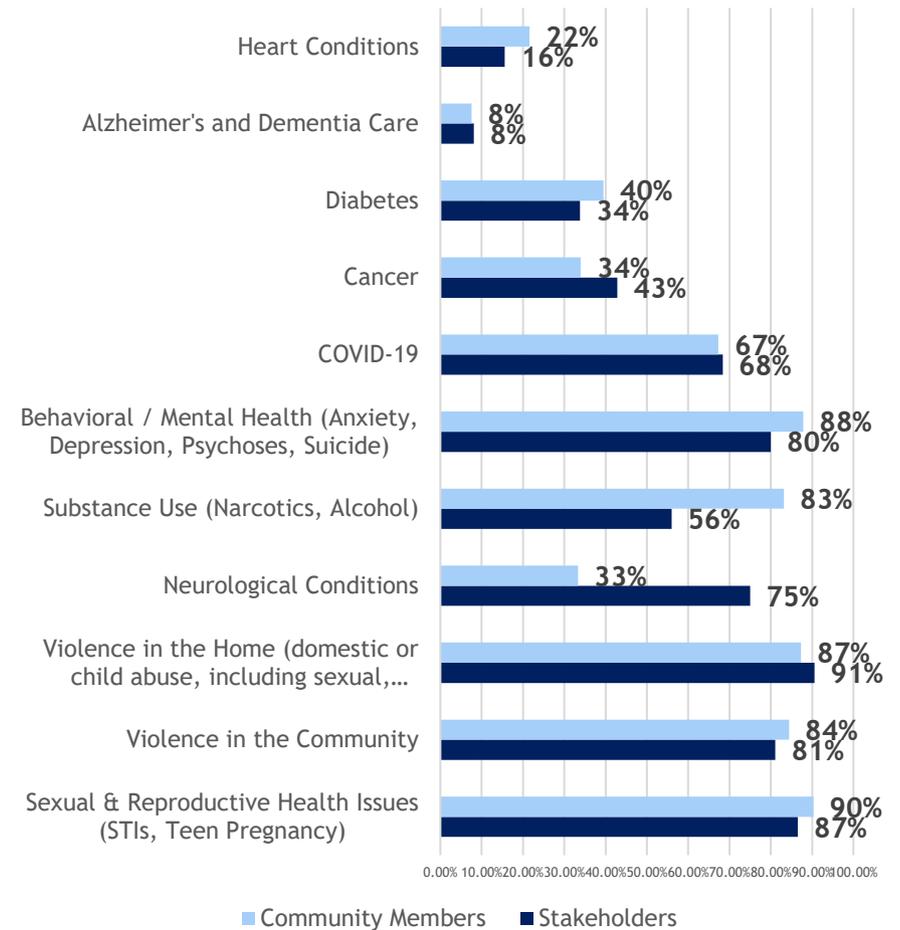
Community Survey:

Please Select the Top 3 Most Important Health Concerns in Your Community

For Adults



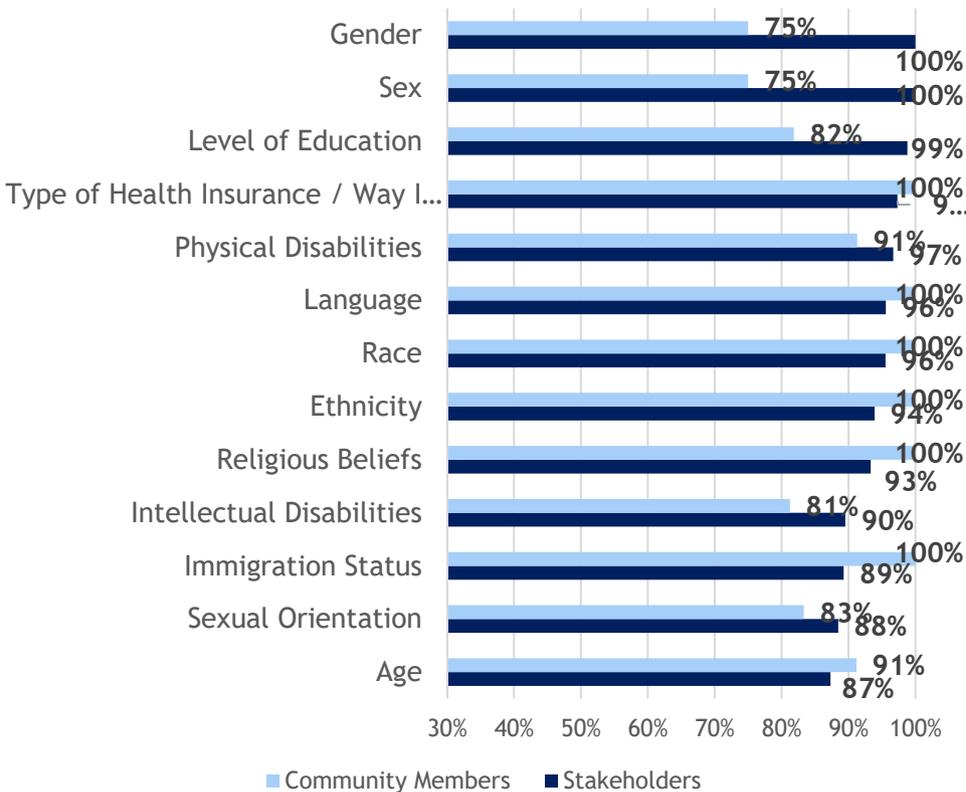
For Children



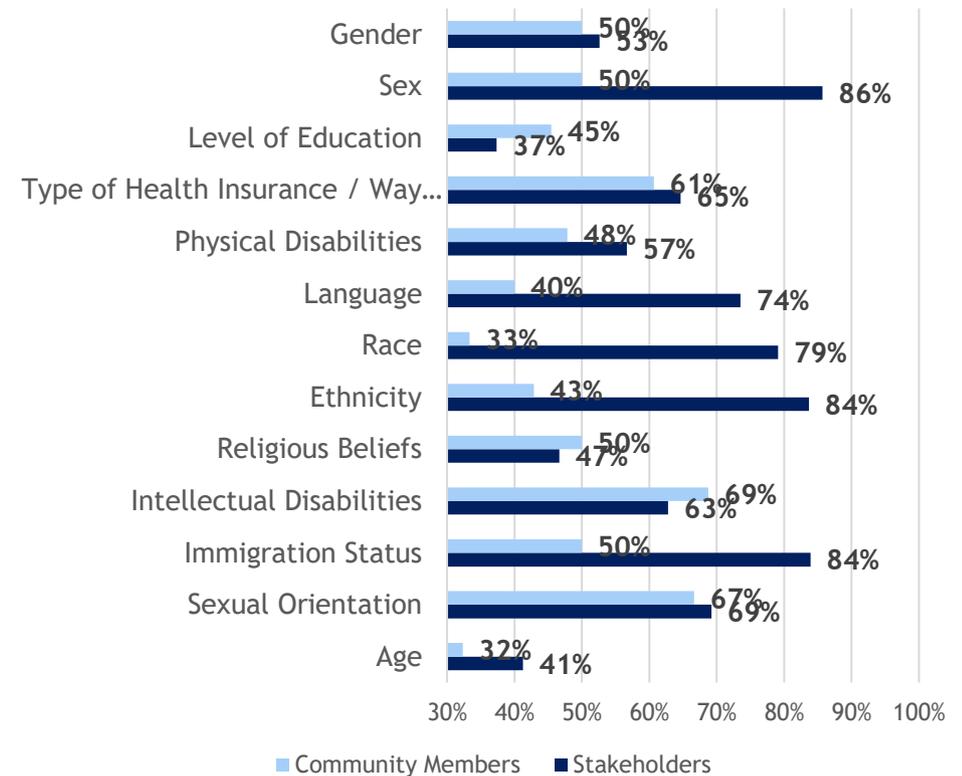
Community Survey:

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

For Adults

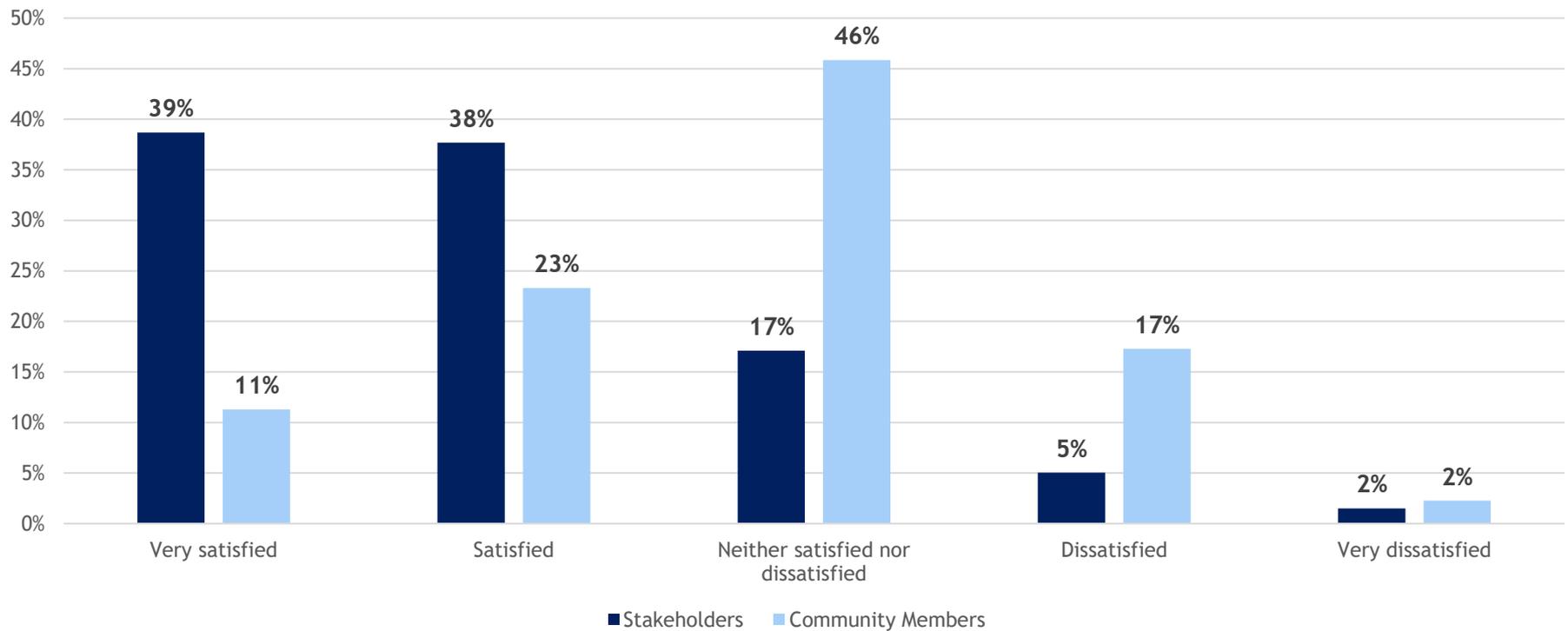


For Children



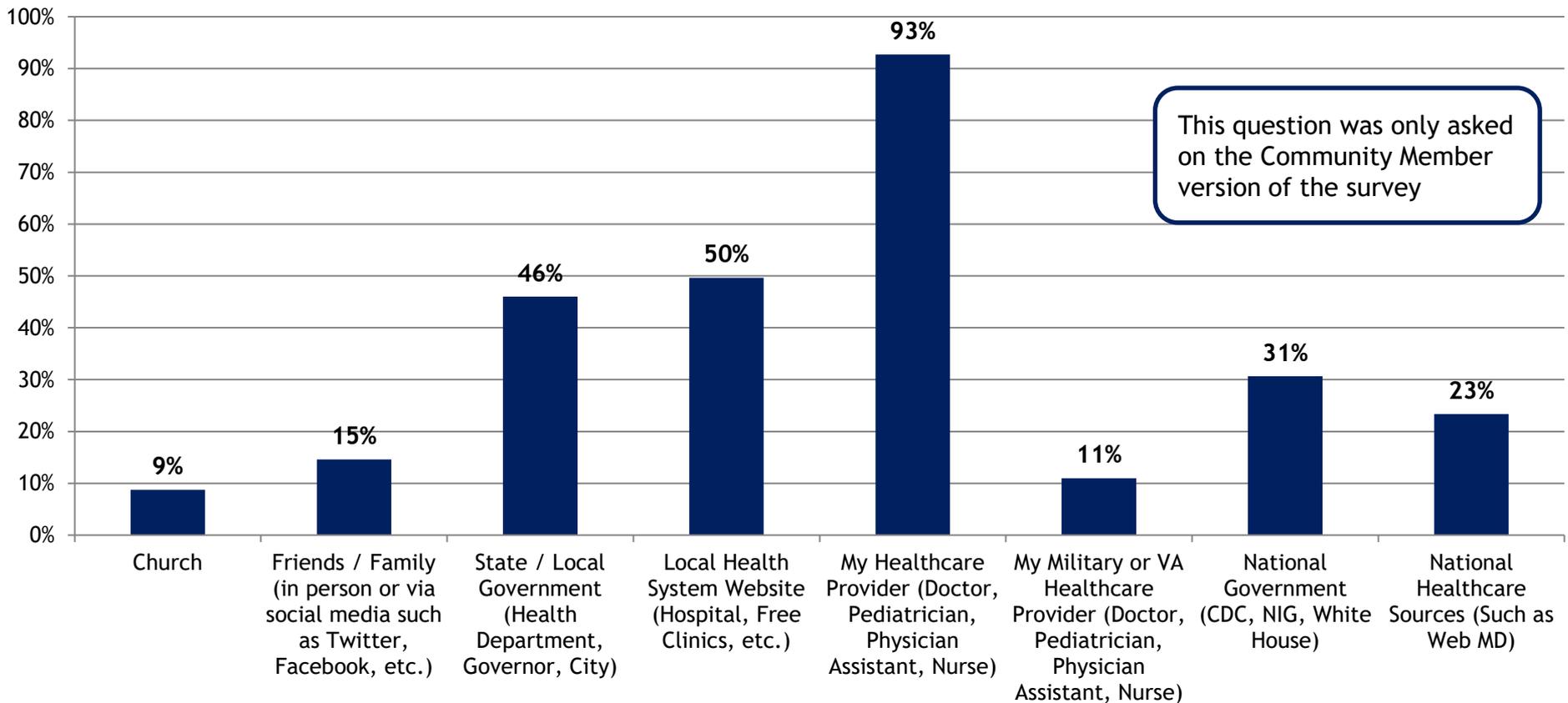
Community Survey:

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



Community Member Survey:

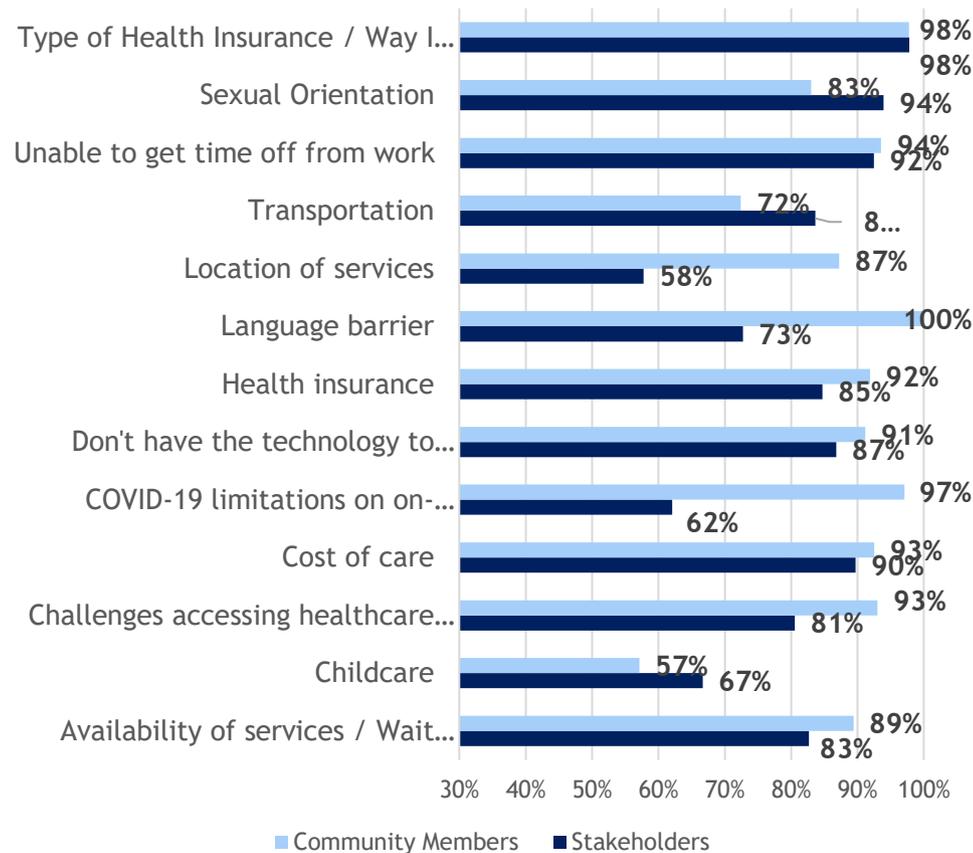
Which of the Following Do You Consider to be a Trusted Source of Health Information?



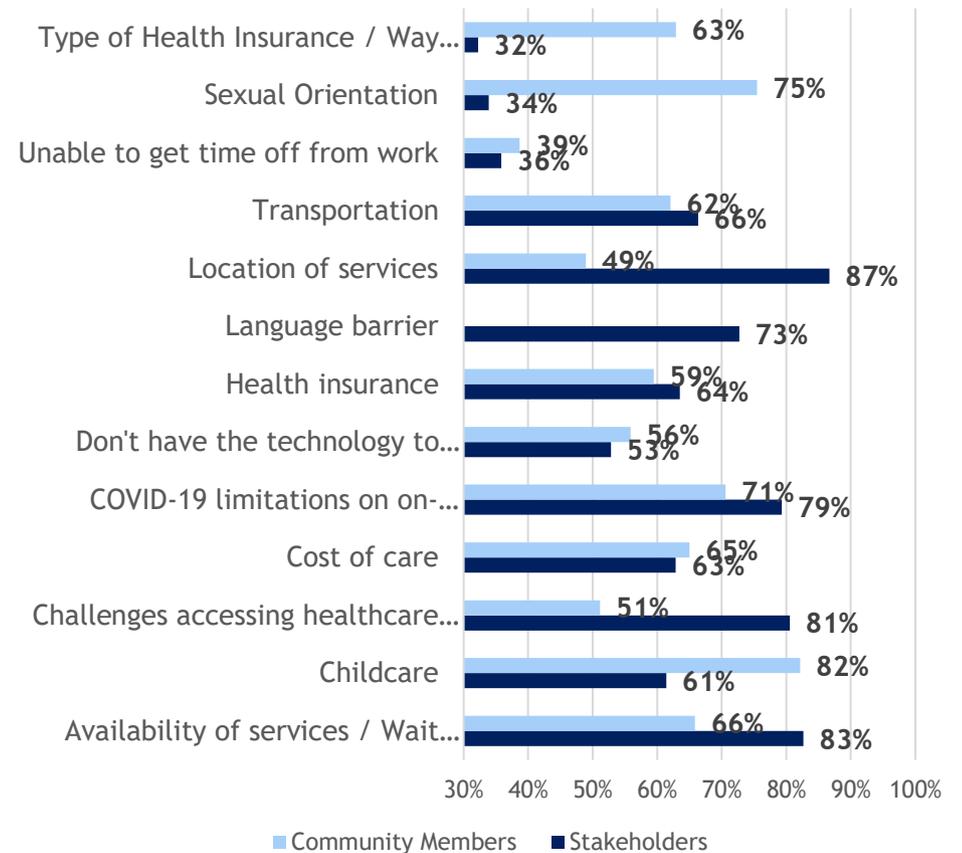
Community Survey:

Check the Top 3 Barriers that Make It Difficult for BOTH Adults AND Children (If Applicable) in Your Home (Community Member) / That You Serve (Community Stakeholder) to Access Healthcare Services

For Adults

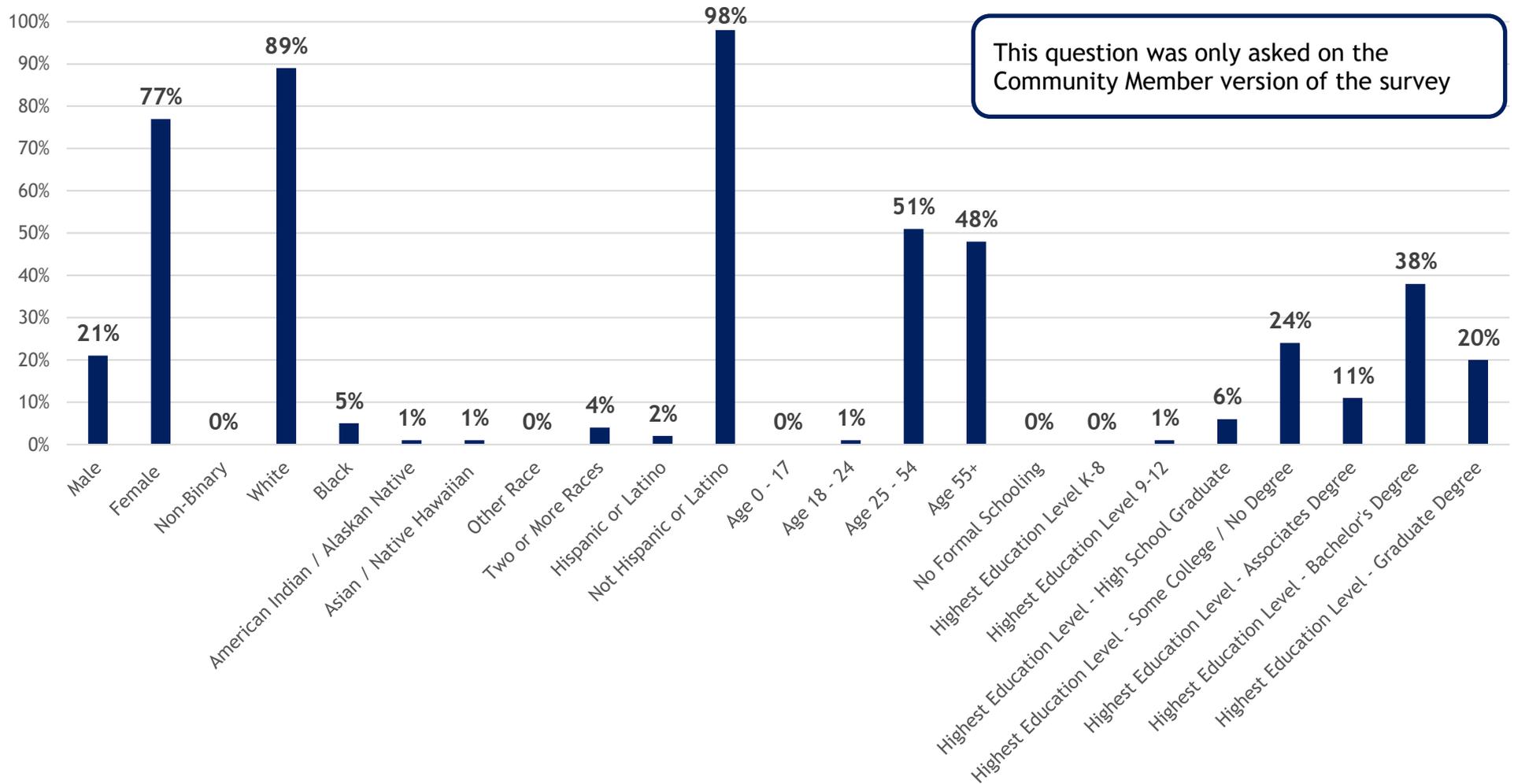


For Children

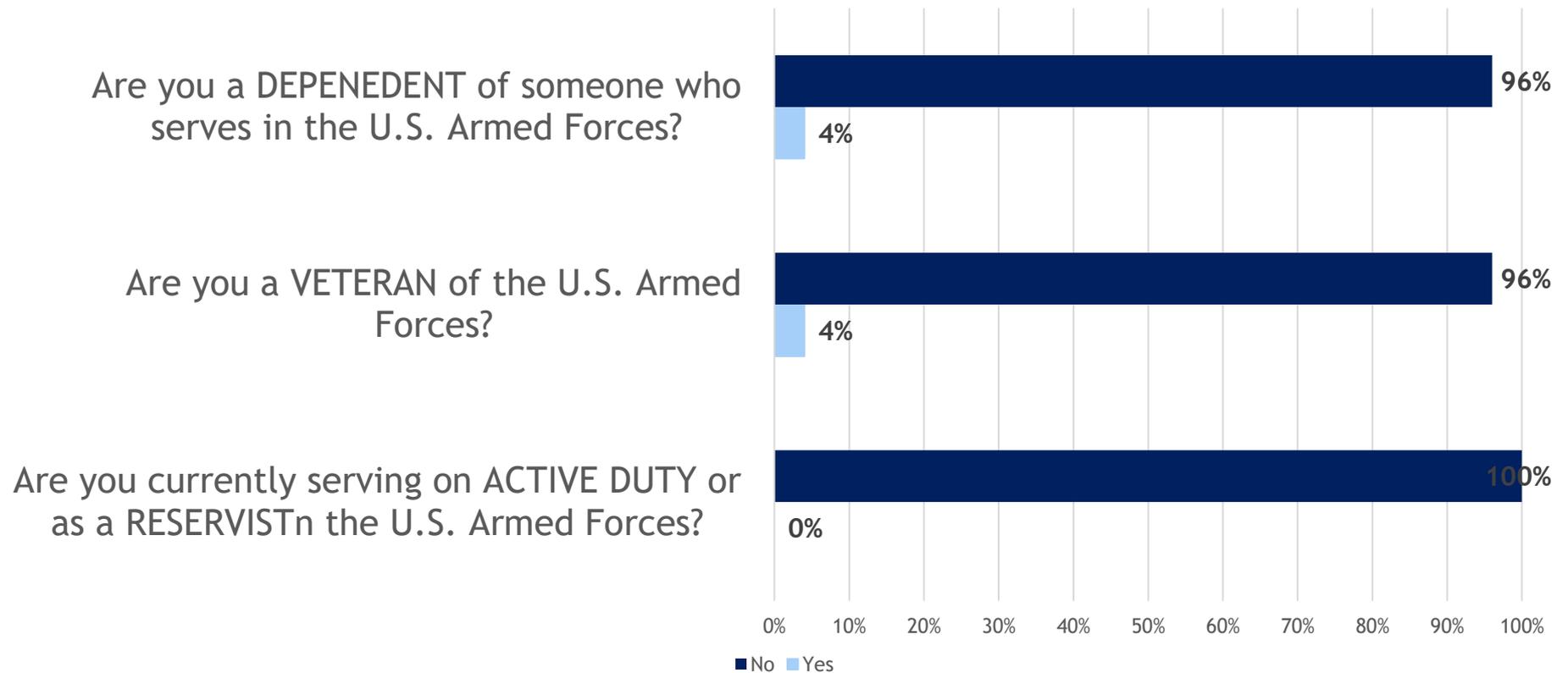


Community Member Survey:

About Respondents - Sex, Race, Ethnicity, Age, Education Level



Community Member Survey: Respondents Relationship with Armed Forces

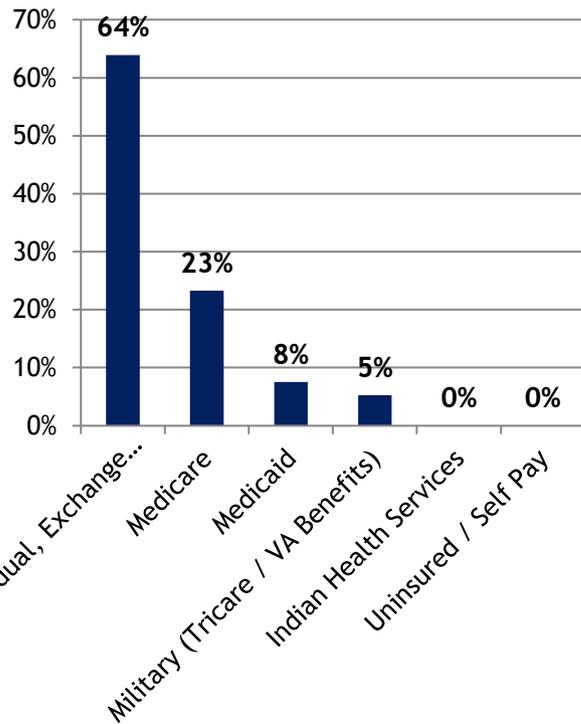


This question was only asked on the Community Member version of the survey

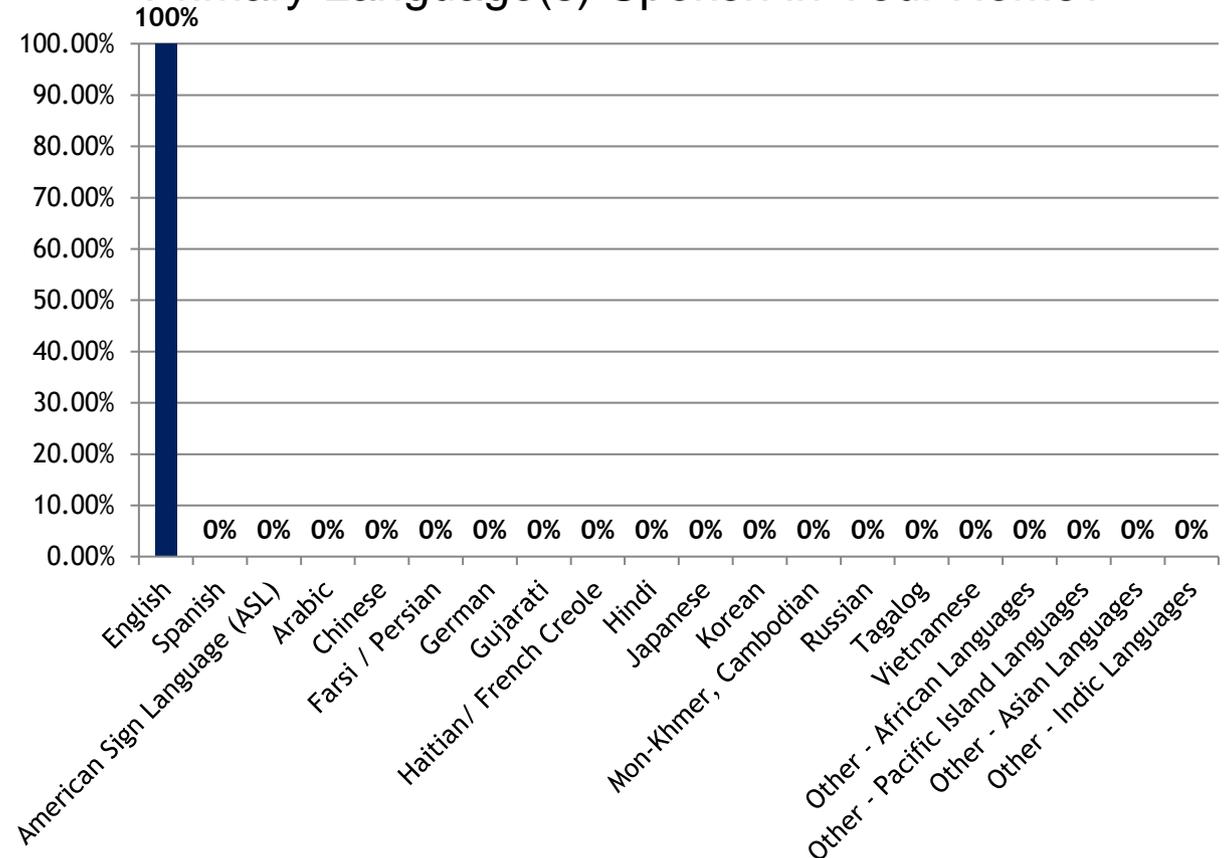
Community Member Survey:

About Respondents - Insurance and Languages in the Home

Insurance



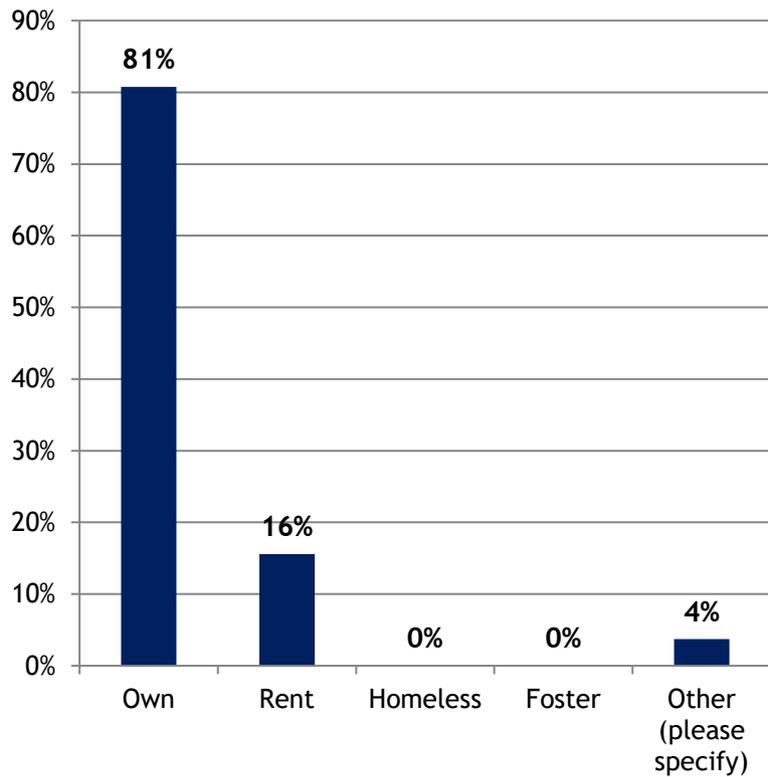
Primary Language(s) Spoken in Your Home?



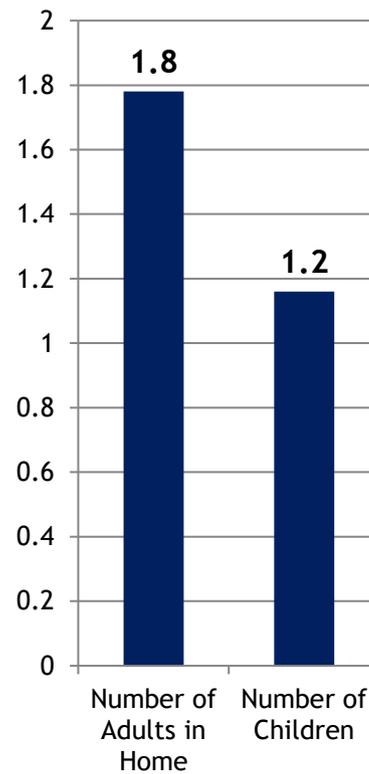
This question was only asked on the Community Member version of the survey

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

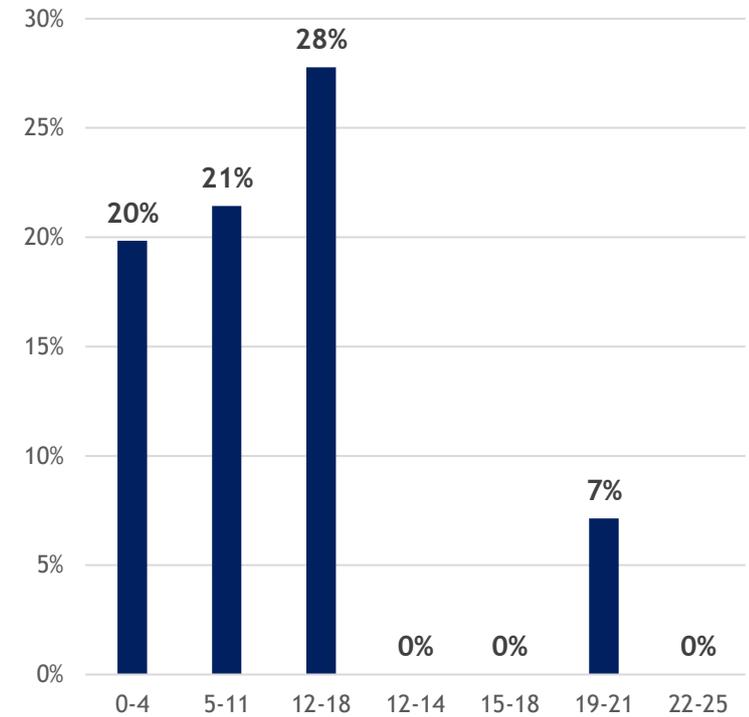
Housing



Live With:



Ages of Children Living in the Home



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

Implementation Plan Progress Report

Progress on RWRH 2020-2022 CHNA & Implementation Plan

RWRH Community Health Work 2020-2022: Unprecedented Times Required Unprecedented Response

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

RWRH Community Health Work 2020-2022: COVID-19 Pandemic Response



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

Riverside continued to serve the people of the Middle Peninsula throughout the pandemic, and the community came out to show their support of our Middle Peninsula team.



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



RWRH Community Health Work 2020-2022: Aging Services

2020-2022 Commitment: Community resources for aging adults include or will be expanded to include the following:

RISE Program (Riverside's Introduction to Supervised Exercise Program)

- RWRH had hoped to offer to referred RMG patients at no charge and to general community members at a charge. Due to constrained resources during the pandemic, Riverside was unable to offer free of charge.
- The program was offered at a discounted-price for RMG-referred patients and at a charge for community members. Dietary consults were also made available to RISE participants at an additional charge.



FAMILIES Program

- RWRH had planned to continue to promote the FMAILIES program supporting caregivers of individuals living with dementia. FAMILIES counseling was offered through the Alzheimer's Association and CEALH (Center for Excellence in Aging and Lifelong Health), and RWRH hosted Alzheimer's support groups but had to suspend them when in-person gatherings weren't possible due to the pandemic.
- Middle Peninsula residents do have access to the CEALH services of the Geriatric Assessment clinic at the driving evaluation program, which are both located in Williamsburg.

RWRH Community Health Work 2020-2022: Aging Services

Advanced Care Planning:

- The commitment was that the clinical team at RWRH would work to provide information and education to its team members to move the Advanced Care Planning initiative forward. This was implemented as planned.
- In acute care team members were educated to implement the ACP process, which begins on admission. Patients are asked upon admission if they have Advanced Directives in place so that copied can be included in the electronic medical record. If one isn't in place, then Care Management assists with information upon request.
- If the patient transitions to LLH, on intake, the Social Worker and/or Intake nurse inquires, offer information, etc. Then, the Provider will have a discussion within 24-48 hours re Advanced Care Planning.
- The physician leaders are huge proponents of having a plan, assessing the plan, and continuing to review and adjust as needed with the patient/resident, family, etc. The ACP is reviewed and adjusted appropriately throughout the stay. This was emphasized during the pandemic to be sure staff could actively review ACPs to ensure that appropriate care, interventions and assessments were followed.



RWRH Community Health Work 2020-2022: Aging Services



Memory Cafés and Other Services

- RWRH planned, in conjunction with the Peninsula Agency on Aging, to offer Memory Cafés as a supportive environment for individuals with dementia and their caregivers to visit with others facing the same challenges. The initial plan was put on hold due to the pandemic.
- Resources that were available included: Music and Memory cares at each lifelong health location, safeguards at Saluda, Mathews and Heron Cove known as “Wander Guards” where residents have bracelets that alert staff when a resident wearing one is within range of an exit.
- In 2022, Memory Cafés were established in Williamsburg and Yorktown, and plans are to establish one on the Middle Peninsula in the year ahead. Additionally, resources on the Peninsula are available that include an Adult Day Care facility and Respite options. Additionally, all lifelong health team members who work with memory patients receive training through the Memory Care Academy as well as Positive Approach to Dementia (PAC) training.

RWRH Community Health Work 2020-2022: Aging Services

Palliative Care

- The commitment was to increase palliative care resources with a RWRH RMG physician securing a palliative care fellowship. This has been achieved as Dr. Sarah West obtained a Palliative Care Fellowship at VCU. She also maintain administrative offices at RWRH, sees patients and families on site at lifelong health facilities, in the RWRH inpatient units and in her administrative office at RWRH. She also assists care management and engages on cases as needed.

Senior-Focused Wellness Programming

- The commitment was for the Riverside Wellness and Fitness Center - Middle Peninsula to continue to provide programs targets at the aging population. Classes include: Functional TRX, Body Motion, Building Balance, Chair One, Train Your Brain, Mid Pen Crafters Den, Enhanced and Expanded Aqua Fitness classes.



RWRH Community Health Work 2020-2022: Transportation

2020-2022 Commitment: RWRH recognizes the need to add a new bus stop at RWRH. RWRH will approach Bay Transit with the goal of building a covered bus stop, with RWRH contributing financial resources to erect a safely lit shelter.

Covered Bus Stop

- Instead of building a new covered shelter as initially intended, the hospital included covered bus stops at hospital entrances as part of the hospital expansion and construction project. This is now used by both patients and team members to safely travel to and from the hospital.

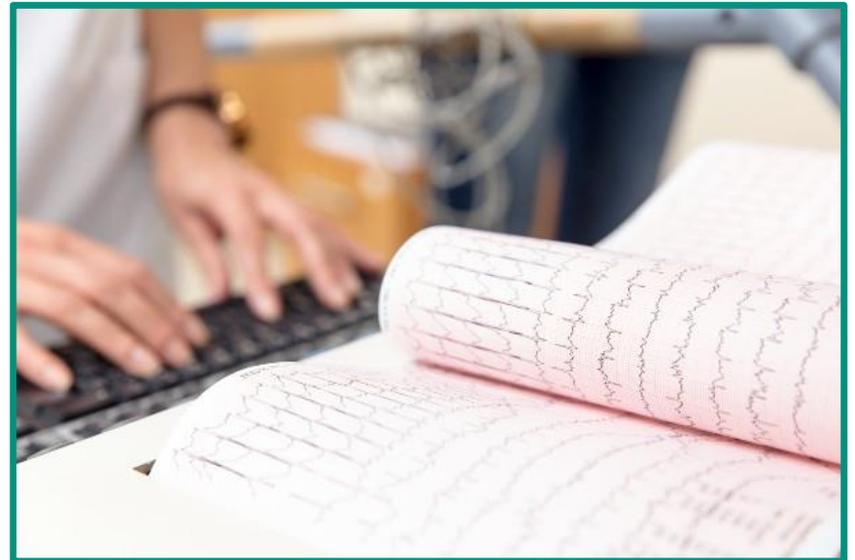


RWRH Community Health Work 2020-2022: Cardiovascular Health and Heart Disease

2020-2022 Commitment: As part of its commitment to the cardiovascular health of the residents of the Middle Peninsula, RWRH will add additional cardiovascular services to the Middle Peninsula, including:

Advanced Cardiovascular Diagnostic Testing Center

- RWRH had intended to establish an advanced cardiovascular diagnostic testing center that would provide testing and treatment such as stress echo, transesophageal echo and noninvasive ventilator support.
- This was delayed due to the pandemic. It is currently being reviewed as a potential capital project for a phased in approach beginning in 2023. There has also been a donations from the family of Mabel Owens Brown Driver which will support this initiative.



Middle Peninsula Cardiology and Vascular Surgery

- The hope was to recruit a dedicated cardiologist who would also do interventional rotations within the RMG cardiology group. The goal was to also have a rotating a physician from the RMG Vascular practice.
- RWRH continues to recruit a dedicated cardiologist, but the RMG cardiology group continues to rotate a provider to the Middle Peninsula five days a week. Vascular surgery has expanded to the Middle Peninsula and the patient volumes have been steady.

RWRH Community Health Work 2020-2022: Cardiovascular Health and Heart Disease



Programs Focused on Cardiovascular Health

- The goal was to provide community outreach and education to patients and the community about cardiovascular disease, heart disease, early detection and living a healthy lifestyle. The goal was also to develop programs that will improve health and help patients recover from heart disease.
- While not as originally envisioned, outreach and education on cardiovascular health continued through the pandemic, though the methods had to change and adapt due to restrictions on in-person gatherings. Much of the community health outreach had to move online during this time period. Physician talks were recorded and shared via video, as were patients who shared their experiences. Blogs on a wide variety of health topics were developed as well. Both were shared on the Riverside website as well as multiple social media channels such as Instagram, Facebook and YouTube. In 2022 some in-person events returned.
- Additionally, preliminary work was completed to add Pulmonary Rehab services to the offerings of RWRH hospital as part of the Cardiac Rehab program. Unfortunately, due to Covid restrictions and to maintain patient safety, this was put on hold. Cardiac Rehab services were paused for several months during this time, but this has been restarted and is slowly returning to normal operations which is expected to be completed by the fourth quarter of 2022. Education of the patients enrolled in Cardiac Rehab has resumed fully and continues to be a priority in their recovery.



RWRH Community Health Work 2020-2022: Chronic Disease

2020-2022 Commitment: RWRH will establish an outpatient destination to accommodate rheumatology, GI, antibiotics and non-chemotherapy-related infusions.

Outpatient Infusion Services

- Non-chemotherapy outpatient infusions and injections for some chronic diseases are performed on an outpatient basis at RWRH seven days a week. As RWRH is not a 340-B location, economic feasibility limits the ability to provide some types of medications and some non-generic drugs. The RWRH pharmacy director works closely with prescribing physicians to consult on whether generic versions of expensive drugs for newly prescribed medications requiring infusions. The corporate pharmacy team and analysts partner with RWRH to determine cost-value-reimbursement on a case-by-case basis for some newly prescribed cases. When the medications cannot be done at RWRH, the patients are still able to access the care at RRMC.

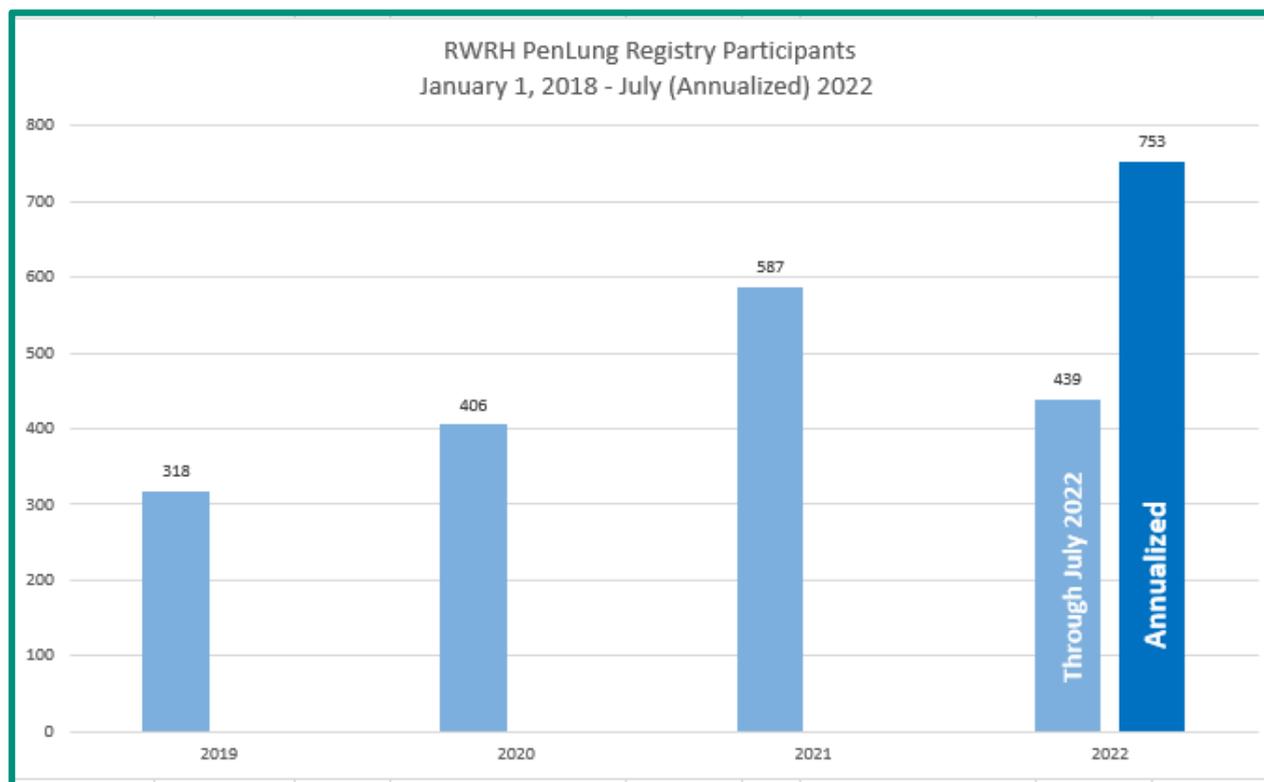


RWRH Community Health Work 2020-2022: Lung Cancer

2020-2022 Commitment: Continue participation with the PenLung registry which allows for Riverside to accept Medicare and Medicaid patients in addition to commercial and out-of-pocket patients.

PenLung Registry

- The PenLung software in 2019. The MidPen RMG primary care practices developed a clinical pathway to identify and refer the appropriate patients once all requirements regarding pack-year minimums and consecutive years smoked were met.
- Participants rose from 318 in 2019, to 406 in 2020 and 587 in 2021. Annualized July 2022 participants were 753, which is more than double the 2019 total.
- From 2019 to 2022, detection rates rose from under 5% to 17.24%.



RWRH Community Health Work 2020-2022: Substance Abuse

2020-2022 Commitment: Continue in-place transitional processes where individuals (from ED, inpatient, others) are referred to addiction management specialists. Continue efforts to minimize opioid exposure through responsible and appropriate prescribing tactics such as multi-modal pain management and education to patients and providers. Continue to partner with other organizations, such as the CSB.



Supporting Patients Battling Addiction

- With the opening of RBHC's Partial Hospitalization, Detox and Outpatient Treatment programs in February 2022, patients are referred directly to RBHC from RWRH's emergency room following a crisis.
- RWRH's Outpatient Care Coordinator ensures a seamless transition for ER crisis patients and patients with addictions to CSB services, RBHC addiction services, and other community partners who are skilled in working with these individuals.
- If RBHC is unable to accommodate, the Outpatient Care Coordinator works with several programs locally and throughout Virginia for placement.

RWRH 2023-2025 Implementation Plan

Process Overview

Riverside CHNA & Implementation Plan 2023 - 2025: Planning Process

Community Health Needs Assessment Process

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

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

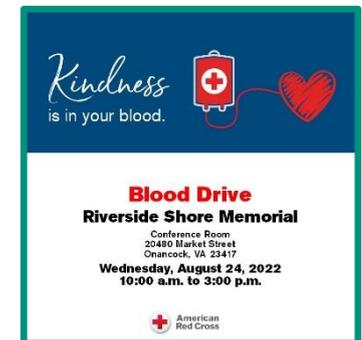
- The COVID-19 pandemic experience demonstrated the impact Riverside could have on the health of our community when all of the resources across the health system were focused on solving the same problem.
- While during previous CHNA cycles each hospital across Riverside Health System identified unique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

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

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

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

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



RWRH 2023-2025 Implementation Plan

Focus Areas

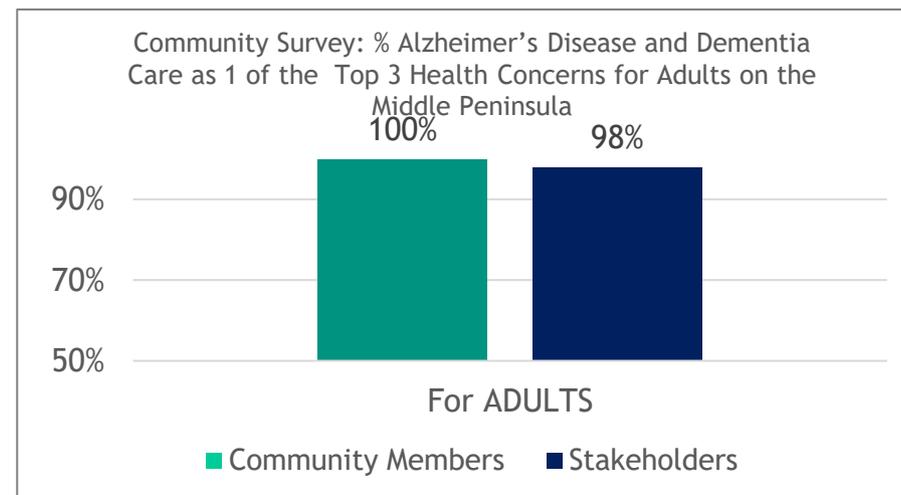
Riverside CHNA & Implementation Plan 2023 - 2025:

Focus Area 1 - Memory and Dementia Services

As noted on slide 39, multiple forms of dementia were noted among the top causes of death on the Middle Peninsula in 2020. Unspecified dementia and Alzheimer’s disease (unspecified) were among the top 20 cases of death in 2020. When examined together, there were 82 deaths on the Middle Peninsula from Alzheimer’s or Unspecified Dementia, with a Crude Death Rate per 100K (not Age Adjusted) of 104.8—which is 73.5% higher than seen in Virginia as a whole.

	Middle Peninsula		Virginia	
	Deaths in 2020	Crude Death Rate per 100k	Deaths in 2020	Crude Death Rate per 100k
Unspecified Dementia	36	56.5	5,821	41.3
Alzheimer's Disease (unspecified)	46	72.2	2,738	31.9
2 Top Dementia Types Combined	82	104.8	8,559	60.7

As noted on slide 65, 92% of community respondents and 100% of stakeholder respondents identified Alzheimer’s Disease and Dementia care as one of the most important health concerns for adults in the Middle Peninsula community.



Riverside CHNA & Implementation Plan 2023 - 2025:

Focus Area 1 - Memory and Dementia Services

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

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



Riverside CHNA & Implementation Plan 2023 - 2025:

Focus Area 1 - Memory and Dementia Services

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



Memory Cafés

While initially planned for the last CHNA process, Memory Cafés had to be put on hold due to concerns about social distancing. Moving forward, RWRH will explore implementing these opportunities in conjunction with community partners so that both patients with dementia issues and caregivers can come together in a relaxed, social environment to share experiences and support each other. These have been successful in the Peninsula and Williamsburg markets, and we look forward to bringing this to the Middle Peninsula.

Riverside CHNA & Implementation Plan 2023 - 2025:

Focus Area 1 - Memory and Dementia Services

Purple Flower Project

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

One of RWRH's sister facilities will be piloting a project to use a small purple flower on a door or chart as a way to quietly notify staff that the patient or resident in the room has a memory issue. This notification system along with special training for team members will help staff and volunteers adjust their communications with and expectations of the individual.

Following a successful implementation at the other facility, RWRH hopes to implement the same program on the Middle Peninsula.



Riverside CHNA & Implementation Plan 2023 - 2025:

Focus Area 1 - Memory and Dementia Services

Expanding Primary Care Expertise

RWRH examine the possibility of exploring enhanced services provided by Family and Internal Medicine Patient Navigators to include memory and dementia services.

RWRH will also explore donor opportunities to support adding positions, including four Patient Navigator positions between the primary care locations.



Riverside CHNA & Implementation Plan 2023 - 2025:

Focus Area 2 - Opioid Stewardship and Substance Use Disorder

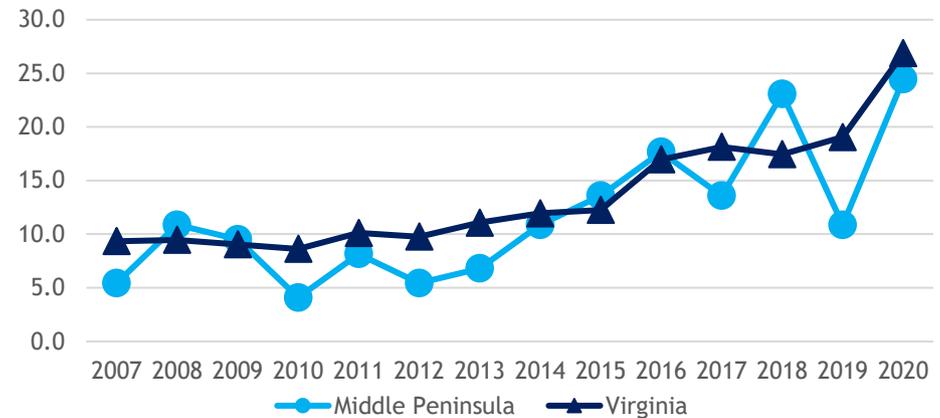
The importance of this issue was clear in both the quantitative data and qualitative input.

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

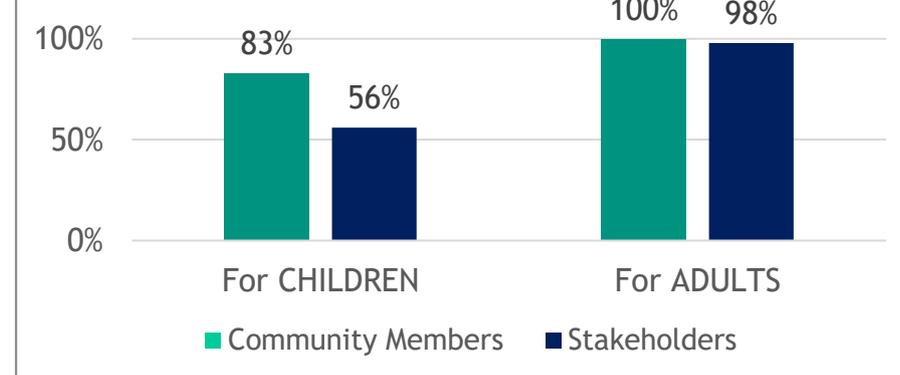
As noted on slide 65, 75% of community respondents and 83% of stakeholder respondents identified substance use disorder as one of the most important health concerns for adults in the Middle Peninsula community. Additionally, 83% of community members and 56% of stakeholders identified substance use disorder as one of the most important health issues for children on the Middle Peninsula.

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

Middle Peninsula vs Virginia Fatal Drug Overdoses per 100,000 by Year



Community Survey: % Identifying Substance Use Disorder as 1 of the Top 3 Health Concerns for Adults & Children on the Middle Peninsula



Riverside CHNA & Implementation Plan 2023 - 2025:

Focus Area 2 - Opioid Stewardship and Substance Use Disorder

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

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

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

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

Riverside CHNA & Implementation Plan 2023 - 2025:

Focus Area 2 - Opioid Stewardship and Substance Use Disorder

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

Internal Health System Projects:



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

Community Partnership Projects:



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

Riverside CHNA & Implementation Plan 2023 - 2025:

Focus Area 2 - Opioid Stewardship and Substance Use Disorder

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

Internal Health System Projects:

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



Riverside CHNA & Implementation Plan 2023 - 2025:

Focus Area 2 - Opioid Stewardship and Substance Use Disorder

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



Internal Health System Projects:

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

Riverside CHNA & Implementation Plan 2023 - 2025: RWRH-Specific Focus Areas

RWRH also met with several local organizations in addition to everything already noted. Specifically, this included:

- Ken Pollock, Transit Director, Bay Transit
- Fred Weymouth, Co-Founder, Director and Pastor, The FIX Ministry
- Crystal Booker, Director of Development and Communications, Bacon Street
- Darrell Warren, Sheriff, Gloucester County Sheriff's Office

Based on these conversations and internal leadership discussions, RWRH added two additional projects as part of the Implementation Plan:

- Suicide Prevention and Intervention
- Medical Transportation

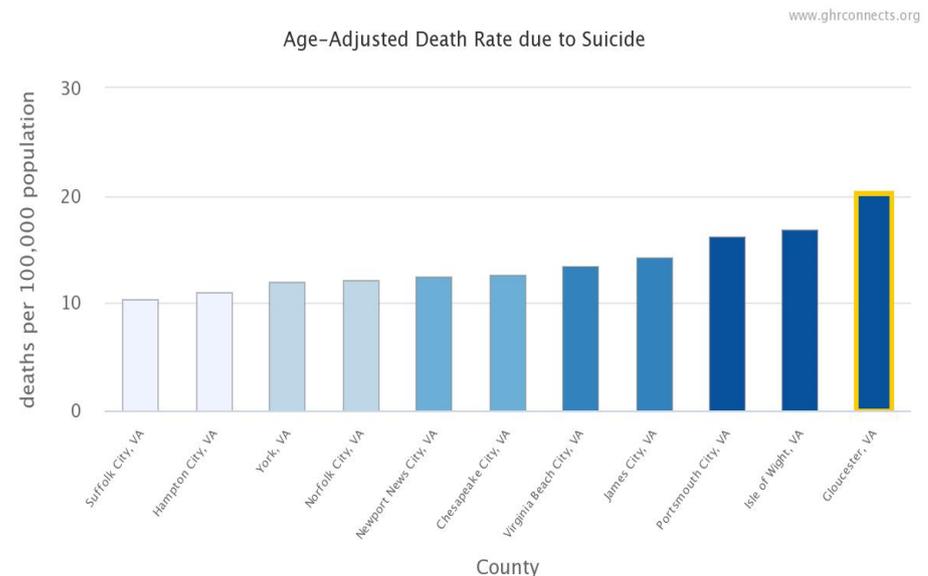
Riverside CHNA & Implementation Plan 2023 - 2025: Additional Focus Area- Suicide Prevention and Intervention

Suicide and attempted suicide is preventable, is devastating to individuals and families across the Middle Peninsula. While the emergency room is a place of last resort, ideally the mental and behavioral health challenges that drive someone to attempt suicide are best managed in other environments - both to improve the patient experience as well as to conserve resources in the emergency room. Suicide death rates in Gloucester County are higher than any surrounding county. Since the pandemic, suicide and attempted suicide has been increasing in teens and adults.

Preventing suicide will be focus for RWRH with a goal of preventing visits seen in the emergency department for suicide attempts.

To achieve this, RWRH will partner with RHS experts, including Riverside Behavioral and Mental Health staff, as well as community partners such as Bacon Street to develop educational materials targeted at the community. RWRH will also work to increase referrals to appropriate resources for patients at risk of suicide.

Additionally, RWRH will also explore additional iCare screening tools and active observation in the emergency room and inpatient units, the utilization of one-on-one sitters and ligature assessments to help care for this patient population.



Source: Centers for Disease Control and Prevention (2016-2018)

<https://www.ghrconnects.org/indicators/index/view?indicatorId=120&localeId=2907>

Riverside CHNA & Implementation Plan 2023 - 2025: Additional Focus Area- Medical Transportation

As seen in rural areas around the country, public transportation and medical transportation remains very difficult to secure on the Middle Peninsula. No Uber or other third-party transportation is available on the Middle Peninsula other than one taxi company and Bay Transit - which does not operate after hours or weekend. Patients traveling to and from appointments or home from the hospital or an emergency room visit struggle to secure services.

Bay Transit currently has very limited scope of service across the county and very limited 'stops.' In order to expand services, Bay Transit is planning to discontinue the two buses running 8a-4p M-F only, including the two stops at RWRH ("Gloucester hiveXpress"). This will leave 'on demand' services only "Bay Transit Express" with seven stops in and around the Courthouse Area. According to the Transportation Director, Ken Pollock, the Bay Transit Express is expanding later this year to extend down to the Point and further north to Saluda.

As medical transport continues to be a challenge for individuals on the Middle Peninsula, RWRH will collaborate with Bay Transit and other services to investigate, establish and implement innovative transportation option. Ideally this will help:

- Patients requiring a ride home from the hospital
- Patients requiring a ride to and from medical appointments
- Diagnostic procedures and/or medical treatments, such as chemotherapy or radiation oncology treatments

RWRH 2022-2025 CHNA & Implementation Plan

Appendices

Riverside CHNA & Implementation Plan 2023 - 2025 :

Appendix 1: Notes on Data and Quantitative Data Sources

Notes on Data Use and Availability

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

Quantitative Data Sources

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

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

Riverside CHNA & Implementation Plan 2023 - 2025 :

Appendix 1: Notes on Data and Quantitative Data Sources

Quantitative Data Sources (Continued)

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

Riverside CHNA & Implementation Plan 2023 - 2025 :

Appendix 2: Qualitative Community Input

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

There were 2 forms of the online survey:

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

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

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

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

Of all of the surveys completed, the data was filtered so the data included in the Riverside Walter Reed Hospital indicated they lived in Gloucester, Mathews, Middlesex, Lancaster, King & Queen and King William counties or that they worked serving adults or children in those same localities.

Riverside CHNA & Implementation Plan 2023 - 2025 :

Appendix 2: Qualitative Community Input

On the Stakeholder Survey, 286 individual indicated they served individuals in Gloucester, Mathews, Middlesex, Lancaster, King & Queen and King William counties. Multiple individuals noted they served individuals in multiple areas. Individuals completing the stakeholder survey were asked to include information on the government, organization or company they worked for and their job title. A list of all organizations represented, along with other detailed information on the demographic and geographic breakdown of the respondents is included in the appendices.

On the Community Member Survey 214 individuals responded that they resided in Gloucester, Mathews, Middlesex, Lancaster, King & Queen and King William Counties

This combines for a total of 500 responses to the combined survey for RWRH. This is an increase from all prior CHNA cycles.

	2013	2016	Change from 2013 - 2016	2019	Change from 2016 - 2019	2022	Change from 2019-2022
RWRH Total	43	49	14.0%	106	116%	500	372%

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