
Planning District 15 Health & Human Services Needs Assessment



Central Virginia Health Planning Agency

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The Richmond Memorial Health Foundation

The Local Governments of PD 15 including:

Charles City County
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Hanover County
Henrico County
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Powhatan County
Richmond City



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EXECUTIVE SUMMARY

During the first three quarters of 2007, the Central Virginia Health Planning Agency (CVHPA), a nonprofit community health planning organization, conducted a health and human services needs assessment of Planning District (PD) 15, funded by the Richmond Memorial Health Foundation as well as the planning district's local governments. PD 15 includes the counties of Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent, and Powhatan, and the city of Richmond. PD 15 is one of four planning districts that comprise the CVHPA's primary service area.

A needs assessment involves reviewing and analyzing both quantitative and qualitative data in order to gain a better understanding of the health and human service needs in the service area. From the data/information, priority needs by locality can be identified.

The intended outcomes of this comprehensive needs assessment are:

- an objective identification and comprehensive assessment of the Foundation's service area's needs, assisting in the targeting of its funding
- improved utilization of the area's existing community organizations' limited resources by focusing resources on the areas of greatest need
- an available resource to assist community organizations in their planning and resource development efforts since much of the community level data and qualitative information will have been collected and analyzed
- a catalyst for community improvement

The quantitative data of this needs assessment includes the following data components - demographic, socioeconomic, education, health, and crime indicators. The data were collected and analyzed by locality and by census tract or zip code level, as appropriate or as available. To the extent possible, the locality specific data are compared to the data for PD 15 and Virginia. Furthermore, historical data is provided, when available, to determine possible trends.

In addition to the quantitative data, qualitative information was obtained and reviewed. The sources of data include the CVHPA's household level community health needs assessment survey conducted in the late fall 2005/winter 2006; an online survey of health and human services organizations conducted from June to August 2007; and 40 key informant interviews completed during March to May 2007.

The final section lists the priority needs by locality and for PD 15 overall. This list helps identify problem areas that should be areas of focus.

DEMOGRAPHIC DATA

PD 15's 2006 population is 933,105. From 2000 to 2006, both PD 15's and Virginia's total population increased, with PD 15's percentage being slightly higher than Virginia's (7.8% versus 7.4%). Over the next five years, PD 15's total population is projected to increase at

almost the same rate as Virginia's (6.2% compared to 6.0%). While Chesterfield is expected to have the largest increase in the number of people from 2006 to 2011, Powhatan will have the largest percentage increase in population. Richmond is the only PD 15 locality expected to lose population from 2006 to 2011.

PD 15's percentage of black population is almost 50% higher than Virginia's percentage (28.8% compared to 19.7%). Richmond has the highest percentage (56.2%) of the black population while Hanover has the highest percentage (87.5%) of the white population. Charles City has the highest percentage (7.5%) of the non-white/non-black ("other") population, reflecting the relatively large representation of American Indians in its community. PD 15's percentage of the documented Hispanic population is approximately half of Virginia's percentage (3.3% compared to 6.1%). Chesterfield has the highest percentage (4.6%) of the Hispanic population in the area.

In 2006, PD 15 as compared to Virginia has: 1) an almost identical percentage of the 0-19 age group; 2) lower percentages of the 20-44 and 65+ age groups; and 3) a slightly higher percentage of the 45-64 age group. The 20-44 age group represents the largest identified population group, both currently and in the next five years. Of note, comparing the four age groups' percentages in 2006 to the 2011 percentages reveals that the percentages of both the 0-19 and 20-44 age groups in each of the PD 15 localities are decreasing while the percentages of both the 45-64 and 65+ age groups are increasing. This also applies to Virginia as a whole. Nevertheless, the actual growth in all age groups will cause an increased need for services across the life span.

PD 15 has a higher percentage of single parents than Virginia, 30% compared to 27%. More than one of every two parents in Richmond City is a single parent, while in Charles City and Henrico, almost one of every three parents is single. While Powhatan has the lowest percentage of single parents, all of the area's localities have at least one in six households being headed by a single parent.

SOCIOECONOMIC INDICATORS

With the exception of the City of Richmond, with a median income of less than 60% of the area average, and to a lesser extent Charles City County, PD15 is more affluent than the State average, with a median household income of \$56,073 in 2004. There is income disparity between localities, with one in four children (0-17 years) in Richmond City living in households at or below **100% of the Federal Poverty Level (FPL)**. *In 2007, the household income of a family of four people at 100% of the FPL equates to \$20,650 annually.* All other localities have a lower percentage of children in poverty than either the area or state percentage of 11%. Of concern is that while the growth in the median household income in PD 15 has exceeded the state average, the area's increase in the percentage of individuals and children in poverty has almost doubled the state percent growth.

Overall, the area has a low unemployment rate (3%), but the number of people unemployed (15,643) in 2006 is almost double the number unemployed in 2000. Richmond City, followed by Charles City, has the highest unemployment rate in the area. All other localities

have rates below Virginia's unemployment rate. Perhaps as a result of higher unemployment rates, Richmond City and Charles City County have higher participation rates in many social services programs while PD 15's rate relative to the State varies by program.

PD 15's 2006 percentage of students approved for free/reduced price school lunches was lower than Virginia's 2006 percentage (29.5% versus 33.3%), even though PD 15's child poverty rate is the same as the State's rate. From 1997 to 2006, PD 15's percentage of students approved for free or reduced price lunches has increased from 27.1% to 29.5% of all students while Virginia's percentages has increased by only about one percentage point. The percentage of students receiving free/reduced price lunches varies by locality, ranging from 12.2% in Powhatan to 74.0% in Richmond, and within school districts.

EDUCATION-RELATED INDICATORS

Most schools within the greater Richmond area have experienced an improving trend or no significant change in their Standards of Learning (SOL) pass rate percentages over the last five years; however, the region generally shows slightly less favorable SOL trends than the State trends. While many of the poorer performing schools are clustered in the urban core of Richmond, Henrico, and Chesterfield, many of the rural areas are also impacted.

PD 15's high school dropout rate is lower than Virginia's rate. However, approximately 80% of PD 15 residents 25 years and older have at least a high school degree compared to approximately 82% of Virginia residents 25 years and older. Charles City has the lowest percentage of its population with at least a high school degree/GED, followed by Richmond, Goochland, and Powhatan. Some of the lower educational attainment seen in rural areas can be due to the relatively larger representation of long-time elderly residents with limited educations. Nevertheless, for today's younger population, having a lower level of educational attainment significantly impacts a person's lifetime earning potential and access to jobs that provide health insurance and other benefits.

HEALTH RELATED INDICATORS

A summary of the main findings from the inpatient data are as follows:

- PD 15's 2005 overall inpatient discharge rate is slightly higher than Virginia's discharge rate. Richmond has the highest inpatient discharge rate of the eight PD 15 localities.
- As expected, the female population utilized inpatient care more frequently than the male population.
- The representation of discharges of the white population is lower than the white representation in the demographic data while the representation of discharges of the black population is higher than the black representation in the demographic data, perhaps reflecting differences in access to or use of primary and preventive services.

- All four PD 15 age groups have higher discharge rates when compared to Virginia's, with the 0-19 and 20-44 age groups having the largest percentage difference. The higher discharge rate for these two age groups could indicate issues regarding access to primary health or preventive care; inappropriate hospitalization; or limited utilization of preventive care.
- Richmond had either the highest or the second highest discharge rate for each of the four age groups.
- All localities except Richmond have the same top two DRGs, vaginal delivery without complicating diagnoses followed by psychoses. Of note, Richmond's, as well as PD 15's, top DRG is psychoses, followed by vaginal delivery without complicating diagnoses. The area's large percentage of mental health discharges continues to be of great concern.
- PD 15's cardiology inpatient use rate is almost identical to Virginia's rate.
- CJW is the hospital most frequently utilized by PD 15 residents, followed by Bon Secours St. Mary's Hospital and MCV Hospitals.
- Medicare is the top payer for PD 15, followed by Anthem, and managed care plans. Almost one of every twenty inpatients in PD 15 does not have insurance coverage. If significant payment reductions occur to the Medicare program, the ability of hospitals to provide care to the uninsured as well as the facilities' long term financial viability could be impacted.

PD 15's and Virginia's overall birth rate and teen birth rate have declined from 2000 to 2005, with the area's rate for both remaining below the state rate. However, during the same period, the area's and Virginia's percentage of births to unmarried mothers increased with the area's percentage (36.3%) being four percentage points higher than the state percentage. The percentage of low birth weight infants in PD 15 remains higher than and is increasing faster than Virginia's percentage. Currently, almost 10% of all infants are low birth weight in the greater Richmond area. Low birth weight can result in significant health, educational, and other problems for a child and significant financial costs for society and the child's family. Early and appropriate prenatal care can often reduce the number of low birth weight infants.

More than one in five children in the Richmond area are enrolled in these Medicaid or FAMIS (slightly more than the statewide percentage), with one in two Richmond children dependent on these programs to receive medical services. Even in the wealthier localities, approximately 10% or more of all children are enrolled in these important health care financing programs.

With 122 of the State's total 777 infant deaths, PD 15 accounts for 15.7% of all infant deaths in Virginia. Over half (55.7%) of PD 15's infant deaths are black infants and PD 15 accounts for 21.3% of all black infant deaths in Virginia. PD 15's overall infant mortality rate is 31.0% higher than Virginia's rate. Its black infant mortality rate is 23.6% higher than Virginia's

rate. Of the PD 15 localities, Richmond has the highest overall infant mortality rate. Clearly, efforts need to be targeted toward reducing the number of infant deaths in PD 15.

PD 15's overall age adjusted death rate per 100,000 population in 2005 was 858.4, which is 7.5% higher than Virginia's overall age adjusted death rate of 798.6. These top ten causes of death account for 75% of all PD 15 deaths. Of note, PD 15's Alzheimer's disease death rate is 30% higher than Virginia's rate.

The top five leading causes of cancer deaths in PD 15 are lung and bronchus; female breast; colorectal; pancreas; and prostate. In general, PD 15's white and black age adjusted death rates are higher than Virginia's corresponding death rates. For all five leading causes of cancer deaths, PD 15's and Virginia's black population's age adjusted death rate is higher than PD 15's and Virginia's white population's age adjusted death rate. While PD 15's white and black age adjusted death rates for lung and bronchus cancer are fairly similar, the difference in rates for the white and black population vary significantly for the other four leading causes of cancer deaths, with rates for the black population being greater and ranging from 36.1% higher for pancreatic cancer to 74.0% higher for prostate cancer. Based on the data, racial disparity appears to occur relative to deaths from cancer. Several factors could cause this disparity including lack of access to primary care; lower access to or utilization of prevention screenings; less aggressive or appropriate treatment; and lifestyle differences.

OTHER INDICATORS

More than 500 cases of founded child abuse and neglect in PD 15 occurred in 2006. PD 15's rate was slightly lower than Virginia's rate and the percentage change in PD 15's rate per 1,000 children from 2000 to 2006 has been declining at a faster rate than Virginia's percentage change. Early intervention programs for at risk families can have an impact on reducing abuse and neglect.

PD 15 reported 271 arrests of persons under the age of 18 for violent crimes. PD 15's juvenile violent crime arrest rate is more than 50% greater than the State rate. Henrico and Chesterfield have the highest arrest rates.

PD 15 reported 1,386 adult arrests for violent crimes. PD 15's adult violent crime arrest rate is 65% greater than the State rate. Richmond has the highest arrest rates, followed by Goochland and Henrico.

HOUSEHOLD COMMUNITY NEEDS ASSESSMENT SURVEY

A summary of the CVHPA's household level community health needs survey conducted in the winter of 2005/2006 include the following:

- Almost one in seventeen people in PD 15 is uninsured at any point in time. Males and the black population are more likely to be uninsured.
- The black population and those under 45 years of age in PD 15 are more likely to report being unable to receive needed health care.

- The percentage of people in PD 15 without dental insurance is over five times the percentage of people without health insurance.
- Of the one in nine PD 15 households who reported that they needed mental health services, one in nine households was unable to receive needed mental health services.
- Slightly more than one in every seven residents in PD 15 leave the area for medical specialists, with residents of rural counties being more likely to leave their community.
- One in three PD 15 residents has been diagnosed with high blood pressure. The percentage is highest among the black and older populations.
- One in every three PD 15 residents has been diagnosed with high cholesterol. The percentage is highest, as expected, among the older population.
- One in nine people in PD 15 has been diagnosed with diabetes, with a higher prevalence among the black population.
- Slightly more than one in seven households in PD 15 have a member with asthma, with a higher percentage among black households. Of these households, slightly more than one in four indicate that the family member is not receiving treatment for asthma.
- Opportunities exist in PD 15 to educate/encourage residents to receive cancer screenings, especially screening for colon cancer.
- Slightly more than one in five PD 15 households report that a family member uses tobacco products. The percentage is highest among males, the black population and those under 45.
- More than one in six PD 15 households state that a family member has consumed five or more drinks on one occasion. The percentage is highest among males, the black population, and those under 45.
- More than four in ten PD 15 residents indicate they are overweight. The percentage is highest among the black population and the 45 and over population.

SURVEY OF HEALTH AND HUMAN SERVICES PROVIDERS

The main findings from the online surveys of health and human services organizations conducted in the summer of 2007 include the following:

- The demographic groups served by the largest number of respondents include all age groups; middle age adults; all races; black population; and low income adults and families.
- The greatest needs of the organizations' clients are centered on basic family needs (e.g. transportation, affordable housing, nutrition, employment opportunities); access to health insurance; and mental health care. This list also is applicable to the most critical needs.
- The most critical health and human services needs in the organizations' service area are very similar to the greatest needs of the organizations' clients.
- The greatest barriers to obtaining health or human services are lack of transportation; lack of funding for program/services; and inability of clients to pay for services.
- The top responses given for the greatest impact on improving the future health status of PD 15 residents are increased funding for programs/services; greater awareness of services available; more collaboration between the agencies offering health and human services; increased health care coverage; and improved transportation/geographic access to services.
- The greatest impact on improving the overall quality of life of PD 15 residents includes the following: employment opportunities; affordable quality housing; greater health insurance coverage; transportation; and mental health care.

KEY INFORMANT INTERVIEWS

In the spring of 2007, the CVHPA interviewed 40 key informants in PD 15 to obtain information about the health and human services needs for their organization as well as the planning district in general. The main findings from these interviews are listed below.

- The organizations' primarily work with the following demographic groups - entire population; all age groups; low income families; and school age children. For the demographic groups that the organizations serve, the most pressing needs include transportation; financial access to health care and services; and affordable housing.
- Lack of funding for programs/services and lack of transportation are the top two barriers that organizations face in improving the lives of their clients.
- Richmond is the locality in PD 15 with the most needs based on the rating scale completed by the interviewees. The top six community needs in PD 15 are **behavioral health care; dental health care; access to aging services; access to medications; affordable and quality adult day care; and homelessness.**
- The demographic groups in PD 15 with the greatest needs (tie for the number one response) are the elderly population and low income families. The primary specific needs (tie for the number one response) of these demographic groups in PD 15 are

transportation and financial access to health care and health care services. While transportation was noted as a great concern for these PD 15 demographic groups, it also was noted as an overall barrier for the community.

- More health education/prevention education programs; increased health care insurance coverage; and increased access to health care services are the most frequent responses given as having the greatest impact on improving the future health for residents in PD 15.
- Affordable housing, transportation, and employment/job training are the most frequent responses given as having the greatest impact on improving the overall quality of life for PD 15 residents.

FINDINGS

In summary, the following findings are noted from the PD 15 health and human services needs assessment:

- PD 15's demographics include a greater representation of the black population and the 45-64 age group when compared to Virginia overall. The 20-44 age group represents the largest identified population group, both currently and in the next five years.
- The representation of discharges of the white population is lower than the white representation in the demographic data while the representation of discharges of the black population is higher than the black representation in the demographic data, perhaps reflecting differences in access to or use of primary and preventive services.
- All four PD 15 age groups have higher discharge rates when compared to Virginia's, with the 0-19 and 20-44 age groups having the largest percentage difference. The higher discharge rate for these two age groups could indicate issues regarding access to primary health or preventive care; inappropriate hospitalization; or limited utilization of preventive care.
- PD 15 has a large percentage of mental health discharges.
- More than two of every three black births are to unmarried women while one in five of all white births are to unmarried women.
- The percentage of low birth weight infants in PD 15 remains higher than and is increasing faster than Virginia's percentage. Currently, almost 10% of all infants are low birth weight in PD 15.
- PD 15 accounts for 15.7% of all infant deaths in Virginia. Over half (55.7%) of PD 15's infant deaths are black infants and PD 15 accounts for 21.3% of all black infant deaths in Virginia. PD 15's overall infant mortality rate is 31.0% higher than Virginia's rate. Its black infant mortality rate is 23.6% higher than Virginia's rate. Of the PD 15 localities, Richmond has the highest overall infant mortality rate. Clearly, efforts need to be targeted toward reducing the number of infant deaths in PD 15.

- In general, PD 15's white and black age adjusted death rates are higher than Virginia's corresponding death rates. For all five leading causes of cancer deaths, PD 15's and Virginia's black population's age adjusted death rate is higher than PD 15's and Virginia's white population's age adjusted death rate. While PD 15's white and black age adjusted death rates for lung and bronchus cancer are fairly similar, the difference in rates for the white and black population vary significantly for the other four leading causes of cancer deaths, with rates for the black population being greater and ranging from 36.1% higher for pancreatic cancer to 74.0% higher for prostate cancer. Based on the data, racial disparity appears to occur relative to deaths from cancer. Several factors could cause this disparity including lack of access to primary care; lower access to or utilization of prevention screenings; less aggressive or appropriate treatment; and lifestyle differences.
- As identified by the interview participants, the top six community needs in PD 15 are behavioral health care; dental health care; access to aging services; access to medications; affordable and quality adult day care; and homelessness.

RECOMMENDATIONS

Richmond is the locality with the largest number of negative indicators, followed by Charles City. Strategies targeted to these two localities could positively influence the overall health status of PD 15. Based on the demographics and other data/information reviewed, opportunities exist in PD 15 to target certain demographic groups in the area – the black population; teenagers and their families; young mothers; the 45-64 age group; and the 65+ age group – and develop programs for their particular needs, specifically targeting efforts to reduce health disparities based on race or economic status.

In addition to improving the overall access to health care and support services, the greatest community needs in PD 15 are identified as behavioral health care; dental health care; access to aging services; access to medications; affordable and quality adult day care; and homelessness. Program development focused on these particular needs for the entire, or a large portion, of PD 15 should improve a number of health indicators and the overall quality of life for PD 15 residents. Moreover, many of these needs are interdependent, such as access to transportation which impacts access to health care services, support services, and workforce training and worksites. Furthermore, the CVHPA would recommend PD 15 address one or two priority needs in the entire planning district as well as target services to specific demographic groups in high need localities to obtain the most effective utilization of resources.

INTRODUCTION AND OVERVIEW

During the first three quarters of 2007, the Central Virginia Health Planning Agency (CVHPA), a nonprofit community health planning organization, conducted a health and human services needs assessment of Planning District (PD) 15, funded by the Richmond Memorial Health Foundation as well as the planning district's local governments. PD 15 includes the counties of Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent, and Powhatan, and the city of Richmond. PD 15 is one of four planning districts that comprise the CVHPA's primary service area.

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- improved utilization of the area's existing community organizations' limited resources by focusing resources on the areas of greatest need
- an available resource to assist community organizations in their planning and resource development efforts since much of the community level data and qualitative information will have been collected and analyzed
- a catalyst for community improvement

The quantitative data of this needs assessment includes the following data components - demographic, socioeconomic, education, health, and crime indicators. The data were collected and analyzed by locality and by census tract or zip code level, as appropriate or as available. To the extent possible, the locality specific data are compared to the data for PD 15 and Virginia. Furthermore, historical data is provided, when available, to determine possible trends.

In addition to the quantitative data, qualitative information was obtained and reviewed. The sources of data include the CVHPA's household level community health needs assessment survey conducted in the late fall 2005/winter 2006; an online survey of health and human services organizations conducted from June to August 2007; and 40 key informant interviews completed during March to May 2007.

The final section lists the priority needs by locality and for PD 15 overall. This list helps identify problem areas that should be areas of focus.

DEMOGRAPHIC DATA

Demographic data were obtained from the US Census Bureau for 2000 at the census tract level for the study area. Since census tracts are unique to each locality, which is unlike zip codes, the data by census tract better represent a locality’s demographics. Data on age, gender, race, and households without vehicles were analyzed. The localities’ data were compared to the data for Planning District (PD) 15 and for Virginia. In addition, data on age, gender, and race for 2006 and 2011 were purchased from CLARITAS, a national demographic data organization. *Please note that the CLARITAS data include the prison and college student populations as well as the population living in non-households.* Maps of PD 15 and its census tracts are included in **Attachment A**.

The following section summarizes the findings by demographic group. Unless otherwise noted, the population data provided is for 2006. Please note that the rankings of the 2006 and 2011 demographic data are generally the same because the projections are based primarily on 2000 actual and 2006 estimates. The detailed tables for the demographic data as well as maps of some of the data (age groups and race) showing the concentration of the particular demographic indicator for the study area are included in **Attachment B**. Also, note that the cumulative percentages may differ slightly from the data in Attachment B due to rounding.

OVERALL

The following table shows the total population for PD 15 and Virginia as well as the percentage changes from 2000 to 2006, 2006 to 2011, and 2000 to 2011. As illustrated, from 2000 to 2006, PD 15’s total population increased slightly more than Virginia’s total population. This same trend is expected to continue through 2011.

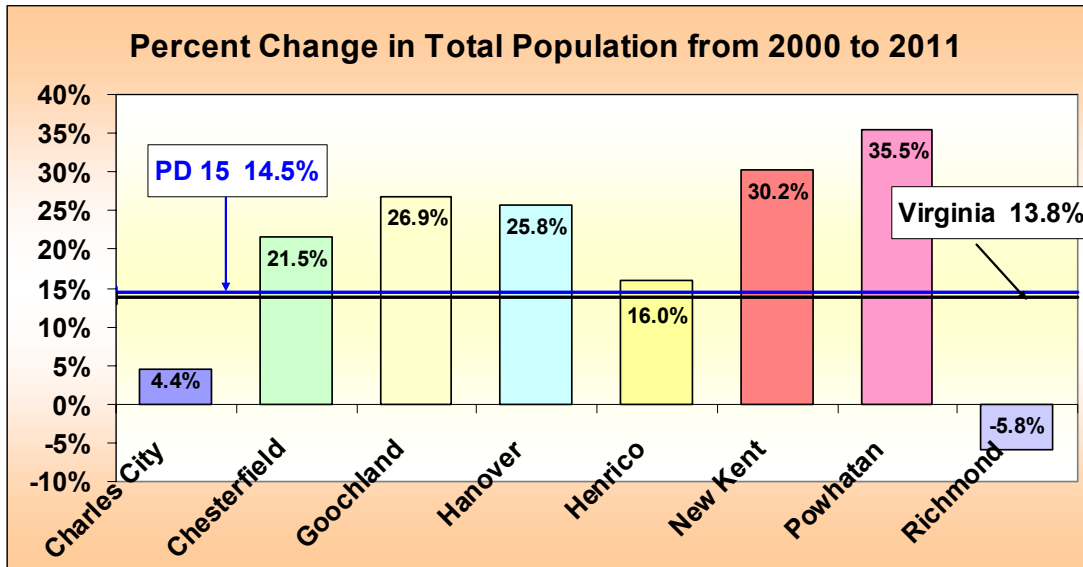
Total Population for 2000, 2006, and 2011 with Percentage Changes

| Locality | 2000 | 2006 | 2011 | % Change 2000-2006 | % Change 2006-2011 | % Change 2000-2011 |
|--------------|------------------|------------------|------------------|--------------------|--------------------|--------------------|
| Charles City | 6,926 | 7,101 | 7,232 | 2.5% | 1.8% | 4.4% |
| Chesterfield | 259,903 | 290,320 | 315,713 | 11.7% | 8.7% | 21.5% |
| Goochland | 16,863 | 19,354 | 21,403 | 14.8% | 10.6% | 26.9% |
| Hanover | 86,320 | 98,548 | 108,582 | 14.2% | 10.2% | 25.8% |
| Henrico | 262,300 | 284,189 | 304,295 | 8.3% | 7.1% | 16.0% |
| New Kent | 13,462 | 15,836 | 17,525 | 17.6% | 10.7% | 30.2% |
| Powhatan | 22,377 | 26,775 | 30,325 | 19.7% | 13.3% | 35.5% |
| Richmond | 197,790 | 190,982 | 186,313 | -3.4% | -2.4% | -5.8% |
| PD 15 | 865,941 | 933,105 | 991,388 | 7.8% | 6.2% | 14.5% |
| VA | 7,078,515 | 7,599,244 | 8,055,381 | 7.4% | 6.0% | 13.8% |

Sources: 2000 US Census, CLARITAS for 2006 and 2011 data

- As illustrated in the following chart, all PD 15 localities except Richmond are projected to gain population through 2011, with Powhatan expected to have the

highest percentage increase in population. Richmond’s population is projected to decline by 5.8% from 2000 to 2011.



Sources: 2000 US Census, CLARITAS 2011

GENDER

The following chart provides the 2006 population estimates by gender for PD 15 and Virginia. As is evidenced, the percentage of females in both PD 15 and Virginia are higher than the corresponding male percentages, with PD 15’s female percentage being higher.

Percentage of Population by Gender (2006)

| Locality | Male | | Female | |
|-----------------|------------------|--------------|------------------|--------------|
| | # | % | # | % |
| Charles City | 3,486 | 49.1% | 3,615 | 50.9% |
| Chesterfield | 142,292 | 49.0% | 148,028 | 51.0% |
| Goochland | 9,718 | 50.2% | 9,636 | 49.8% |
| Hanover | 48,537 | 49.3% | 50,011 | 50.7% |
| Henrico | 134,665 | 47.4% | 149,524 | 52.6% |
| New Kent | 8,010 | 50.6% | 7,826 | 49.4% |
| Powhatan | 14,512 | 54.2% | 12,263 | 45.8% |
| Richmond | 89,596 | 46.9% | 101,386 | 53.1% |
| PD 15 | 450,816 | 48.3% | 482,289 | 51.7% |
| Virginia | 3,741,291 | 49.2% | 3,857,953 | 50.8% |

Source: CLARITAS 2006

- Males represent a relatively high percentage of the population in Powhatan (54.2%). This county is projected to have the highest male percentage in 2011 as well. The high percentage of males in Powhatan County is probably attributed to the state prison in the county (census tract 5003).
- Census tract 4003 in Goochland County and census tracts 204 and 305 in Richmond also have high percentages of males, probably attributable to the penal facilities in those areas.
- Females represent a relatively high percentage of the population in Richmond (53.1%) and Henrico (52.6%). This ranking is also the same in 2011. There generally tends to be a higher percentage of females in urban areas, which are often associated with lower incomes compared to suburban areas.

RACE

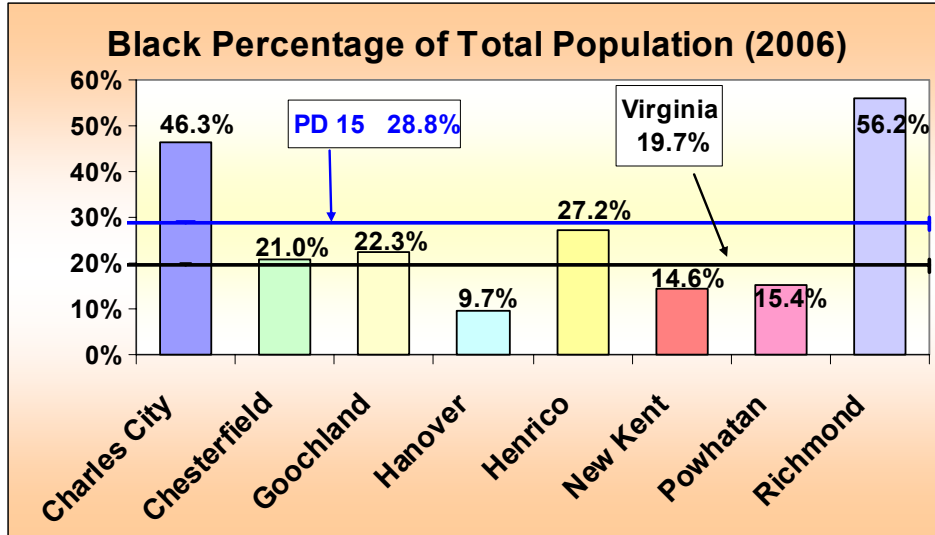
The following table provides the 2006 population estimates by race.

Percentage of Population by Race (2006)

| Locality | White | | Black | | Asian | | Other | |
|-----------------|------------------|--------------|------------------|--------------|----------------|-------------|----------------|-------------|
| | # | % | # | % | # | % | # | % |
| Charles City | 3,263 | 46.0% | 3,287 | 46.3% | 16 | 0.2% | 535 | 7.5% |
| Chesterfield | 208,871 | 71.9% | 60,917 | 21.0% | 7,993 | 2.8% | 12,539 | 4.3% |
| Goochland | 14,576 | 75.3% | 4,311 | 22.3% | 249 | 1.3% | 218 | 1.1% |
| Hanover | 86,242 | 87.5% | 9,545 | 9.7% | 1,079 | 1.1% | 1,682 | 1.7% |
| Henrico | 182,862 | 64.3% | 77,186 | 27.2% | 14,024 | 4.9% | 10,117 | 3.6% |
| New Kent | 12,996 | 82.1% | 2,310 | 14.6% | 112 | 0.7% | 418 | 2.6% |
| Powhatan | 22,251 | 83.1% | 4,114 | 15.4% | 57 | 0.2% | 353 | 1.3% |
| Richmond | 73,238 | 38.3% | 107,427 | 56.2% | 2,396 | 1.3% | 7,921 | 4.1% |
| PD 15 | 604,299 | 64.8% | 269,097 | 28.8% | 25,926 | 2.8% | 33,783 | 3.6% |
| Virginia | 5,364,399 | 70.6% | 1,486,902 | 19.7% | 343,107 | 4.5% | 404,836 | 5.3% |

Source: CLARITAS 2006

- PD 15's percentage of the black population is almost 50% higher than Virginia's percentage.
- Compared to Virginia's percentage, PD 15 has lower percentages of both the Asian and the other races population.
- The following chart illustrates the percentage of the black population in PD 15's localities. Richmond has the highest percentage (56.2%) of black residents. This ranking is projected to remain the same in 2011.



Source: CLARITAS 2006

- Hanover has the highest percentage (87.5%) of white residents.
- Henrico has the highest percentage (4.9%) of the Asian population.
- Charles City has the highest percentage (7.5%) of the other races population. Charles City’s high percentage is reflective of the native American Indian population residing in the county.

HISPANIC

The following table provides the 2006 population estimates of Hispanics. As is illustrated, PD 15 does not have a high percentage of documented Hispanics. In fact, PD 15’s percentage of the Hispanic population is approximately half Virginia’s documented percentage. A range exists among the PD 15’s localities’ percentages of the Hispanic population – from 0.7% in Charles City to 4.6% in Chesterfield.

Percentage of Hispanic Population (2006)

| Locality | Hispanic | |
|-----------------|----------------|-------------|
| | # | % |
| Charles City | 51 | 0.7% |
| Chesterfield | 13,210 | 4.6% |
| Goochland | 285 | 1.5% |
| Hanover | 1,247 | 1.3% |
| Henrico | 8,745 | 3.1% |
| New Kent | 244 | 1.5% |
| Powhatan | 352 | 1.3% |
| Richmond | 6,797 | 3.6% |
| PD 15 | 30,931 | 3.3% |
| Virginia | 461,064 | 6.1% |

Source: CLARITAS 2006

AGE

The population data were broken down by the following age groups: 0-4; 5-9; 10-14; 15-19; 20-34; 35-44; 45-54; 55-64; 65-74; 75-84; and 85+. The data for these groups are included in Attachment B. For this analysis, the age groups were aggregated into four categories: 0-19; 20-44; 45-64; and 65+.

The following table and charts show the percentage of the total population by age groups. As illustrated below, in 2006, PD 15 as compared to Virginia has: 1) an almost identical percentage of the 0-19 age group; 2) lower percentages of the 20-44 and 65+ age groups; and 3) a slightly higher percentage of the 45-64 age group. Among the age groups, PD 15's 45-64 age group has the largest percentage point difference compared to the corresponding percentages for Virginia. Of note, comparing the four age groups' percentages in 2006 to 2011 percentages reveals that the percentages of both the 0-19 and 20-44 age groups in each of the PD 15 localities are decreasing while the percentages of both the 45-64 and 65+ age groups are increasing. This also applies to Virginia as a whole.

Percentage of Population by Age Groups

| Locality | 2006 | | | | 2011 | | | |
|-----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | 0-19 | 20-44 | 45-64 | 65+ | 0-19 | 20-44 | 45-64 | 65+ |
| Charles City | 22.0% | 31.5% | 31.8% | 14.7% | 20.8% | 29.0% | 33.7% | 16.5% |
| Chesterfield | 28.7% | 34.5% | 28.6% | 8.2% | 26.1% | 32.8% | 30.3% | 10.7% |
| Goochland | 22.6% | 34.9% | 29.5% | 13.0% | 21.8% | 32.5% | 30.9% | 14.9% |
| Hanover | 27.6% | 32.6% | 28.2% | 11.6% | 25.6% | 30.4% | 30.5% | 13.4% |
| Henrico | 26.7% | 35.2% | 25.8% | 12.3% | 26.0% | 32.5% | 28.1% | 13.4% |
| New Kent | 25.1% | 34.7% | 30.1% | 10.1% | 22.9% | 32.3% | 32.1% | 12.7% |
| Powhatan | 25.3% | 38.1% | 27.1% | 9.5% | 23.9% | 35.5% | 28.9% | 11.8% |
| Richmond | 25.6% | 38.1% | 23.3% | 13.0% | 25.2% | 36.0% | 25.4% | 13.5% |
| PD 15 | 27.0% | 35.3% | 26.6% | 11.0% | 25.6% | 33.1% | 28.8% | 12.6% |
| Virginia | 26.8% | 35.7% | 25.9% | 11.6% | 25.8% | 33.5% | 27.7% | 13.0% |

Source: CLARITAS 2006 and 2011

The following section provides additional information on the four age groups.

0-19 Population

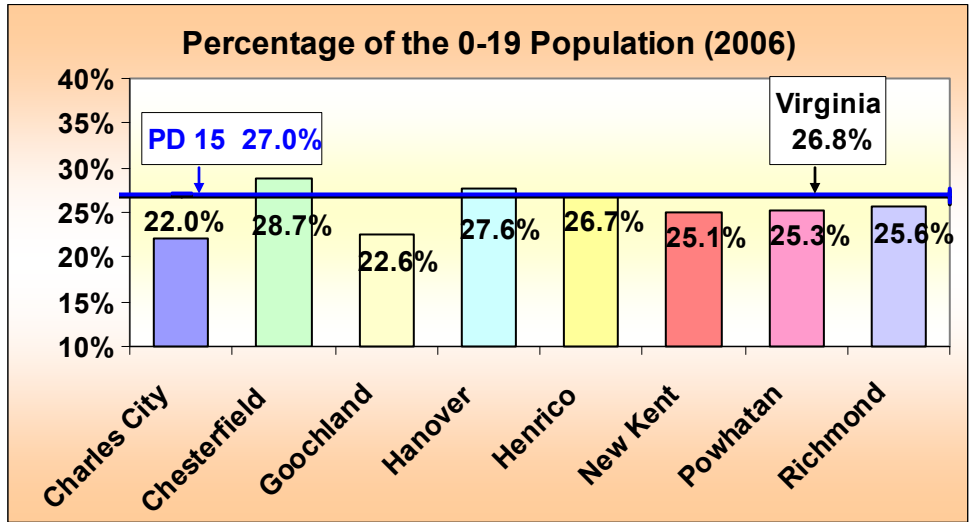
The following table shows the percentage of PD 15’s 0-19 population for 2006 and 2011. As evidenced, PD 15 has almost the same percentage (27.0%) as Virginia’s percentage (26.8%) of the 0-19 age group. The percentage of the 0-19 population will decline from 2006 to 2011.

Number and Percentage of Population Ages 0 - 19

| Locality | 2006 | | 2011 | |
|-----------------|------------------|--------------|------------------|--------------|
| | # | % | # | % |
| Charles City | 1,560 | 22.0% | 1,505 | 20.8% |
| Chesterfield | 83,235 | 28.7% | 82,534 | 26.1% |
| Goochland | 4,374 | 22.6% | 4,658 | 21.8% |
| Hanover | 27,177 | 27.6% | 27,797 | 25.6% |
| Henrico | 75,794 | 26.7% | 79,128 | 26.0% |
| New Kent | 3,976 | 25.1% | 4,015 | 22.9% |
| Powhatan | 6,770 | 25.3% | 7,240 | 23.9% |
| Richmond | 48,799 | 25.6% | 46,871 | 25.2% |
| PD 15 | 251,685 | 27.0% | 253,748 | 25.6% |
| Virginia | 2,037,025 | 26.8% | 2,079,775 | 25.8% |

Source: CLARITAS 2006 and 2011

As illustrated in the following chart, Chesterfield has the highest percentage of the 0-19 population while Charles City has the lowest percentage. Chesterfield’s high percentage is driven by the number of families with school aged children currently living in the area.



Source: CLARITAS 2006

20-44 Population

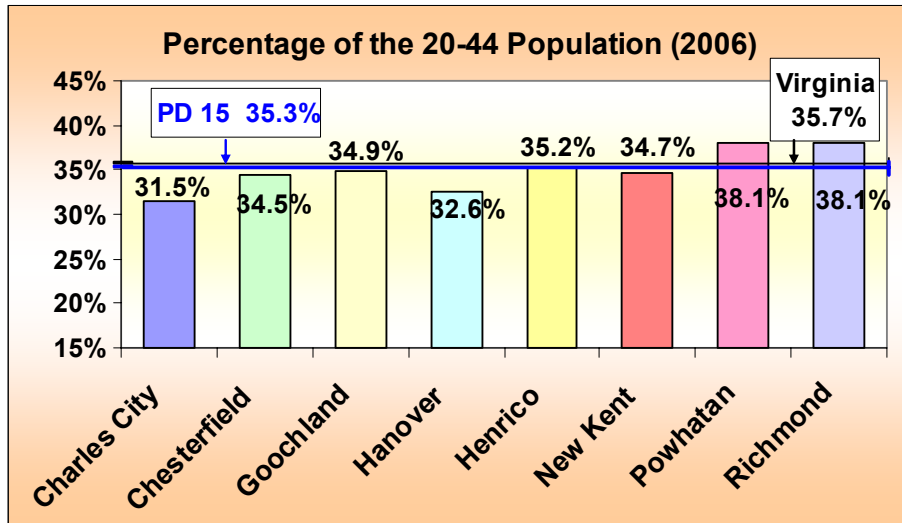
The following table shows the percentage of PD 15’s 20-44 population for 2006 and 2011. As evidenced, PD 15 has a slightly lower percentage (35.3%) of the 20-44 age group as compared to Virginia’s percentage (35.7%). The percentage of the 20-44 population will decrease from 2006 to 2011. However, the 20-44 age group represents the largest identified population group, both currently and in the next five years.

Number and Percentage of Population Ages 20 - 44

| Locality | 2006 | | 2011 | |
|-----------------|------------------|--------------|------------------|--------------|
| | # | % | # | % |
| Charles City | 2,240 | 31.5% | 2,098 | 29.0% |
| Chesterfield | 100,083 | 34.5% | 103,570 | 32.8% |
| Goochland | 6,746 | 34.9% | 6,946 | 32.5% |
| Hanover | 32,167 | 32.6% | 33,063 | 30.4% |
| Henrico | 99,952 | 35.2% | 98,860 | 32.5% |
| New Kent | 5,494 | 34.7% | 5,666 | 32.3% |
| Powhatan | 10,205 | 38.1% | 10,755 | 35.5% |
| Richmond | 72,808 | 38.1% | 67,040 | 36.0% |
| PD 15 | 329,695 | 35.3% | 327,998 | 33.1% |
| Virginia | 2,713,536 | 35.7% | 2,696,147 | 33.5% |

Source: CLARITAS 2006 and 2011

As illustrated in the following chart, Powhatan and Richmond have the highest percentage (38.1%) of the 20-44 population while Charles City has the lowest percentage (31.5%).



Source: CLARITAS 2006

45-64 Population

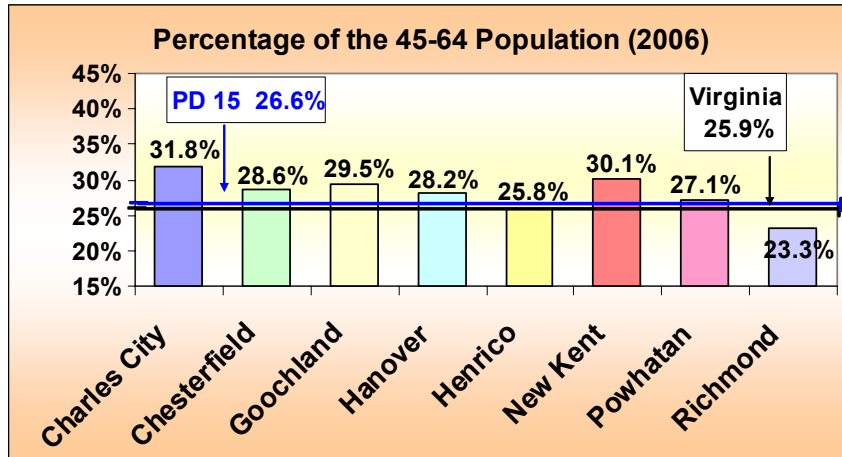
The following table shows the percentage of PD 15’s 45-64 population for 2006 and 2011. As shown, PD 15 has a slightly higher percentage (26.6%) of the 45-64 age group as compared to Virginia’s percentage (25.9%). The percentage of the 45-64 population will increase from 2006 to 2011. Among the age groups, PD 15’s 45-64 age group has the largest percentage point difference compared to the corresponding percentages for Virginia.

Number and Percentage of Population Ages 45-64

| Locality | 2006 | | 2011 | |
|-----------------|------------------|--------------|------------------|--------------|
| | # | % | # | % |
| Charles City | 2,259 | 31.8% | 2,434 | 33.7% |
| Chesterfield | 83,052 | 28.6% | 95,687 | 30.3% |
| Goochland | 5,713 | 29.5% | 6,611 | 30.9% |
| Hanover | 27,798 | 28.2% | 33,171 | 30.5% |
| Henrico | 73,356 | 25.8% | 85,580 | 28.1% |
| New Kent | 4,761 | 30.1% | 5,618 | 32.1% |
| Powhatan | 7,268 | 27.1% | 8,764 | 28.9% |
| Richmond | 44,464 | 23.3% | 47,320 | 25.4% |
| PD 15 | 248,671 | 26.6% | 285,185 | 28.8% |
| Virginia | 1,946,472 | 25.9% | 2,230,916 | 27.7% |

Source: CLARITAS 2006 and 2011

As illustrated in the following chart, Charles City has the highest percentage (31.8%) of the 45-64 population while Richmond has the lowest percentage (23.3%).



Source: CLARITAS 2006

65+ Population

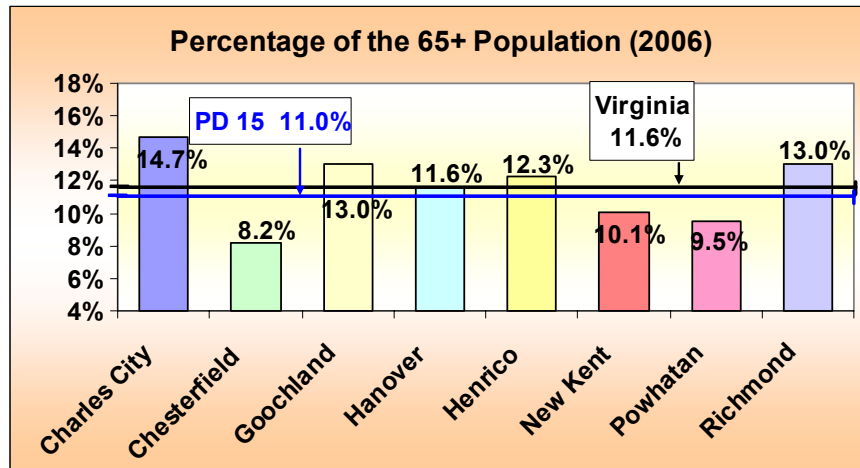
The following table shows the percentage of PD 15’s 65+ population for 2006 and 2011. As illustrated, PD 15 has a lower percentage (11.0%) of the 65+ age group as compared to Virginia’s percentage (11.6%). However, as the 45-64 age group ages over the next twenty years, this likely will impact the percentage of the 65+ age group in PD 15. In fact, this is partly reflective in the percent increase of the 65+ population from 2006 to 2011.

Number and Percentage of Population Ages 65+

| Locality | 2006 | | 2011 | |
|-----------------|----------------|--------------|------------------|--------------|
| | # | % | # | % |
| Charles City | 1,042 | 14.7% | 1,195 | 16.5% |
| Chesterfield | 23,950 | 8.2% | 33,922 | 10.7% |
| Goochland | 2,521 | 13.0% | 3,188 | 14.9% |
| Hanover | 11,406 | 11.6% | 14,511 | 13.4% |
| Henrico | 35,087 | 12.3% | 40,727 | 13.4% |
| New Kent | 1,605 | 10.1% | 2,226 | 12.7% |
| Powhatan | 2,532 | 9.5% | 3,566 | 11.8% |
| Richmond | 24,911 | 13.0% | 25,082 | 13.5% |
| PD 15 | 103,054 | 11.0% | 124,457 | 12.6% |
| Virginia | 884,211 | 11.6% | 1,048,544 | 13.0% |

Source: CLARITAS 2006 and 2011

As seen in the following chart, Charles City has the highest percentage (14.7%) of the 65+ population while Chesterfield has the lowest percentage (8.2%).

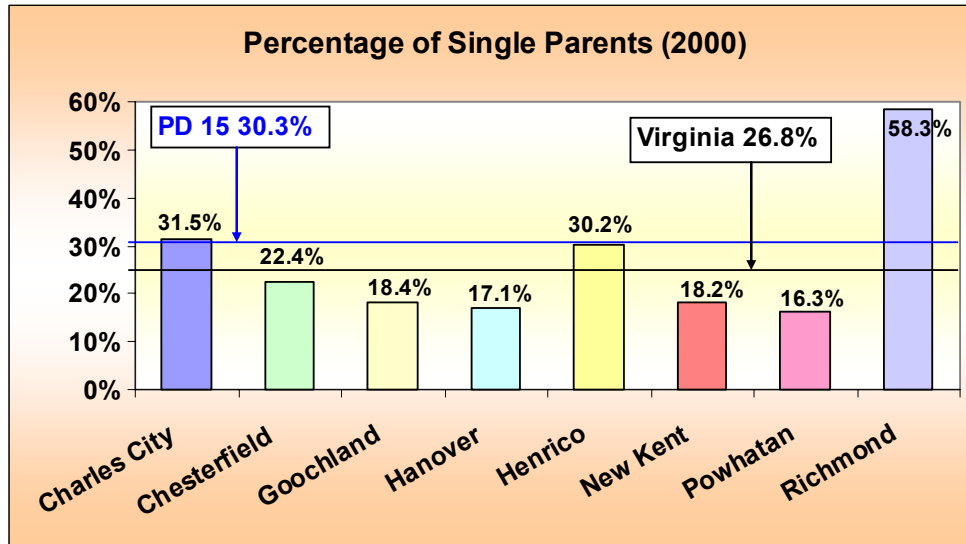


Source: CLARITAS 2006

SINGLE PARENT HOUSEHOLDS

The 2000 Census provides information about the number of households with single parents including information by census tract about the gender of the parent and the age of their children. Single parent households are defined as households with only one adult present with children residing in the household. Single parent families often have greater economic and child care challenges that can increase stress on parents, their children, and the communities in which they live. Detailed information about these households is included in **Attachment B**.

As shown below, PD 15 has a higher percentage of single parents than Virginia, 30% compared to 27%. More than one of every two parents in Richmond is a single parent, while in Charles City and Henrico, almost one of every three parents is single. While Powhatan has the lowest percentage of single parents, all of the area’s localities have at least one in six parents being a single parent.



Source: 2000 U.S. Census Bureau

No census tracts in Charles City, Goochland, Hanover, New Kent, or Powhatan had 50% or more of their households with children headed by single parents. Only three census tracts (1004.05, 1004.06, and 1006) in Chesterfield and nine census tracts (2004.1, 2008.04, 2008.05, 2010.02, 2010.03, 2011.01, 2012.02, 2014.05, and 2015.01) in Henrico had 50% or more single parent households with children. However, in Richmond, 40 of its 65 census tracts (almost 62% of all tracts) had 50% or more of their households with children headed by single parents, with seven tracts having 80% or more being single parents.

In summary, the main findings from the demographic data are as follows:

1. PD 15's total population is increasing at a slightly higher rate than Virginia's population.
2. PD 15's percentage of black population is almost 50% higher than Virginia's percentage.
3. PD 15 does not have high concentrations of other minorities or documented Hispanics residing in the planning district.
4. The percentages of the 45-64 and 65+ age groups are increasing more than the percentages of the 0-19 and 20-44 age groups over the next five years. Nevertheless, the actual growth in all age groups will cause an increased need for services across the life span.
5. PD 15's percentage of the 45-64 age group is slightly higher than Virginia's percentage. The 45-64 age group may place greater demands on the health system, especially inpatient care, and other support services over the next ten to twenty years.
6. All PD 15 localities have at least one in six parents being a single parent.

SOCIOECONOMIC INDICATORS

Detailed data of socioeconomic indicator data and maps by census tract, when available, are included in **Attachment C**. Of note, the CVHPA completed a Greater Richmond Area Child and Youth Needs and Assets Assessment for *The Community Foundation: Serving Richmond and Central Virginia* in July 2007. This report has more detailed information about the children and youth population, including data on poverty, disabilities, special education, students with limited English proficiency, foster care, and a summary of studies and reports on children and youth. A copy of this assessment is expected to be available on the CVHPA’s website (www.cvhpa.org) in the fall of 2007.

HOUSEHOLD INCOME & POVERTY

The following table illustrates the median household income by locality for 2004, as well as individuals and children (0-17 years) living in households with incomes up to 100% of the Federal Poverty Level (FPL). *In 2007, the household income of a family of four people at 100% of the FPL equates to \$20,650 annually.* As shown, with the exception of the City of Richmond, with a median income of less than 60% of the area average, and to a lesser extent Charles City County, PD15 is more affluent than the State average, with a median household income of \$56,073.

| Locality | 2004 Median Household Income | Individuals in Poverty | % of Individuals in Poverty | Children in Poverty | % of Children in Poverty |
|----------------------|------------------------------|------------------------|-----------------------------|---------------------|--------------------------|
| Charles City | \$44,887 | 712 | 10% | 179 | 11% |
| Chesterfield | \$63,931 | 18,778 | 7% | 6,277 | 8% |
| Goochland | \$64,369 | 1,252 | 7% | 309 | 8% |
| Hanover | \$67,979 | 4,938 | 5% | 1,329 | 5% |
| Henrico | \$53,009 | 21,612 | 8% | 6,637 | 9% |
| New Kent | \$61,001 | 864 | 6% | 268 | 7% |
| Powhatan | \$60,864 | 1,375 | 5% | 386 | 6% |
| Richmond | \$32,547 | 36,402 | 19% | 12,062 | 25% |
| PD 15 Average | \$56,073 | 10,742 | 9% | 3,431 | 11% |
| Virginia | \$51,103 | 705,037 | 10% | 221,675 | 11% |

Sources: US Census Bureau Small Area Income and Poverty Estimates 2000 & 2004, Virginia Employment Commission Population Data 2000 & 2004

Of concern is that while the growth in the median household income in PD 15 has exceeded the state average, the area’s increase in the percentage of individuals and children in poverty has almost doubled the state percent growth. This would appear to indicate a widening gap between the wealthier members of our localities and those with the fewest resources. The only area that showed a decrease in the percentage of children in poverty was Charles City, while Chesterfield, Hanover, and Henrico all experienced significant increases in both the number and percentage of individuals and children in poverty. Nevertheless, much of this increase reflects the overall increase in population in these areas. It is important to note that an area can have a

higher number of people in poverty but experience a decline in the percentage of people in poverty due to overall population growth in an area.

| Locality | Percent of Change 2000 - 2004 | | |
|----------------------|-------------------------------|------------------------|---------------------|
| | Median Household Income | Individuals in Poverty | Children in Poverty |
| Charles City | 5.0% | 6.0% | -13.5% |
| Chesterfield | 9.2% | 48.3% | 31.8% |
| Goochland | 14.3% | 16.9% | 1.6% |
| Hanover | 14.8% | 36.7% | 23.7% |
| Henrico | 7.8% | 33.3% | 19.9% |
| New Kent | 13.8% | 26.5% | 4.3% |
| Powhatan | 12.7% | 23.2% | 3.5% |
| Richmond | 4.6% | 6.6% | 1.1% |
| PD 15 Average | 10.3% | 24.7% | 9.0% |
| Virginia | 9.5% | 13.5% | 4.6% |

HOUSEHOLDS WITHOUT VEHICLES

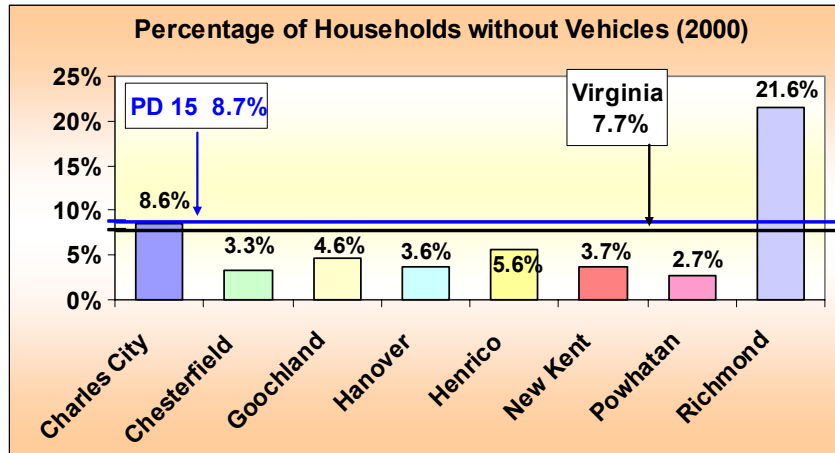
The following table shows the percentage of households without vehicles (2000 data) in PD 15 and Virginia. As noted, PD 15 has a higher percentage of households without vehicles when compared to Virginia’s percentage. This is primarily driven by Richmond’s high percentage of households without vehicles (21.6%).

Percentage of Households without Vehicles

| Locality | Households without Vehicles | |
|-----------------|-----------------------------|-------------|
| | # | % |
| Charles City | 229 | 8.6% |
| Chesterfield | 3,106 | 3.3% |
| Goochland | 283 | 4.6% |
| Hanover | 1,105 | 3.6% |
| Henrico | 6,067 | 5.6% |
| New Kent | 180 | 3.7% |
| Powhatan | 193 | 2.7% |
| Richmond | 18,284 | 21.6% |
| PD 15 | 29,447 | 8.7% |
| Virginia | 206,604 | 7.7% |

Source: 2000 US Census

As illustrated in the chart below, a wide range exists among the PD 15 localities' percentages of households without vehicles. However, most of the localities are significantly below PD 15's percentage. As previously noted, the exception is Richmond. Lacking transportation can create a barrier to receiving many services, including health and human services. In addition, without adequate transportation, a person may have difficulty obtaining and/or retaining employment, hindering his/her ability to afford services.



Source: 2000 US Census

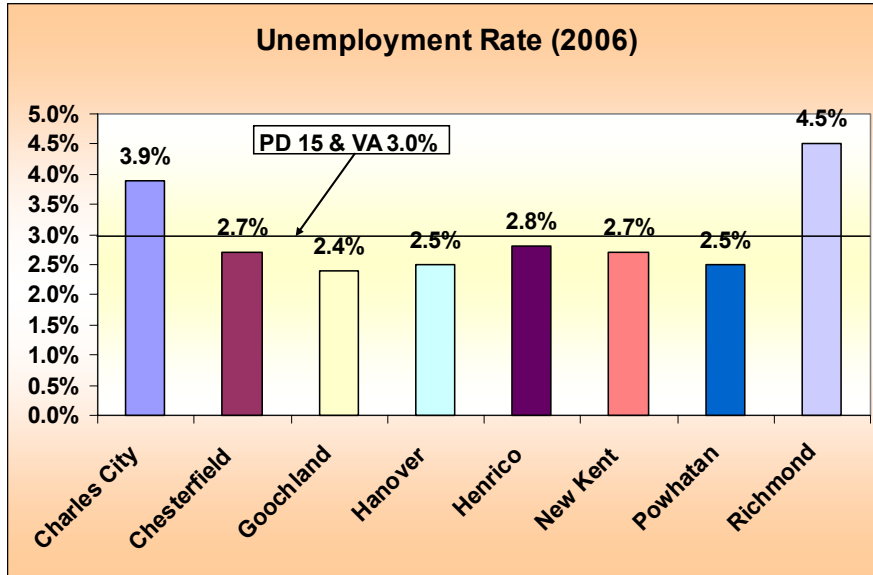
UNEMPLOYMENT RATES

The following table shows the annual non-seasonally adjusted unemployment rate for the Richmond area and Virginia. During the seven year time period, the area's unemployment rate has fluctuated with the State rate, after being below Virginia's rate in 2000. Overall, the area has a low unemployment rate but the number of people unemployed (15,643) is almost double the number unemployed in 2000. Note, however, that these are conservative estimates of unemployment since they might not capture those who have stopped searching for work, settled for part-time work, or are underemployed.

| | 2000 | 2003 | 2006 |
|-------------------------------|------|------|------|
| PD 15/Greater Richmond | 1.8% | 4.0% | 3.0% |
| Virginia | 2.2% | 4.1% | 3.0% |

Source: Virginia Employment Commission

The following chart illustrates the unemployment rates by locality for 2006. Richmond, followed by Charles City, has the highest unemployment rate in the area. All other localities have rates below Virginia's unemployment rate.



Sources: LAUS 2006 Bureau of Labor Statistics; Virginia Employment Commission

OWNER OCCUPIED HOMES AND AVERAGE SALE PRICE

Home ownership helps to provide stability and connection to an area. The percentage of home ownership for the area by locality was obtained from the 2000 US Census and is depicted in the table below. The locally specific average sale price information of single family homes from January to May of 2007 is from the Richmond Association of Realtors while the State average is from the Virginia Association of Realtors for May 2007. Note that the sale price average for the area includes both the Richmond and the Tri-Cities areas.

| Locality | Average Sale Price* | Total Number of Occupied Housing Units | % Owner Occupied |
|-----------------|---------------------|--|------------------|
| Charles City | \$202,043 | 2,670 | 84.9% |
| Chesterfield | \$281,615 | 93,772 | 80.9% |
| Goochland | \$522,537 | 6,158 | 86.6% |
| Hanover | \$321,294 | 31,121 | 84.3% |
| Henrico | \$281,615 | 108,121 | 65.7% |
| New Kent | \$313,805 | 4,925 | 88.7% |
| Powhatan | \$312,943 | 7,258 | 88.8% |
| Richmond | \$249,217 | 84,549 | 46.1% |
| Average | \$268,003 | 338,574 | 68.1% |
| Virginia | \$284,627 | 2,699,173 | 68.1% |

*The average sale price covers an area larger than just the counties above

Sources: Housing Units - 2000 Census; Sale price of single family residences – Richmond Association of Realtors (thru May 2007); Virginia Association of Realtors (for May 2007)

The area's percentage of home ownership in 2000 matched Virginia's percentage of 68.1%. Only Richmond and Henrico have a lower percentage of owner occupied housing than Virginia's percentage, reflecting their more urban nature (with more multi-unit rental dwellings) and Richmond's lower income. *The average sale price for the area would require a household income of at least \$65,000 to afford the home*, more than the area's 2004 average household income of approximately \$56,000. Moreover, for areas with higher prices than the average, the income requirement could easily price many families out of the market in those communities, further segregating communities by socioeconomic status.

TANF (TEMPORARY ASSISTANCE FOR NEEDY FAMILIES) RECIPIENTS

Temporary Assistance for Needy Families (TANF) is a federal program administered by the Virginia Department of Social Services that provides cash assistance to families with children with incomes up to 100% of the Federal Poverty Level. There is currently a two year lifetime limit for TANF assistance, unless an individual with children is disabled (then up until the child is 18 or graduated from high school), resulting in relatively few people qualifying for TANF for an extended period of time. As shown below, only Charles City County and Richmond City exceed the January 2007 State rate of 8.8 persons per 1,000 receiving TANF assistance.

**Persons Receiving TANF by Locality
January 2007**

| Locality | Persons | Persons per 1,000 Population Participating |
|--------------------|----------------|---|
| Charles City | 69 | 9.7 |
| Chesterfield | 1,524 | 5.2 |
| Goochland | 65 | 3.4 |
| Hanover | 275 | 2.8 |
| Henrico | 2,496 | 8.8 |
| New Kent | 55 | 3.5 |
| Powhatan | 55 | 2.1 |
| Richmond | 6,164 | 32.3 |
| PD 15 Total | 10,703 | 11.5 |
| Virginia | 66,506 | 8.8 |

Sources: Virginia Department of Social Services 2007; CLARITAS

WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM PARTICIPATION

The women, infants and children nutrition program, funded by the federal government and administered by the Virginia Department of Health, provides supplemental nutritional support to low-income (up to 185% of the Federal Poverty Level) perinatal women and infants and children up to five years of age. The following table shows the participation rate per 1,000 for women ages 15-44 years and children 0-5 years:

WIC Enrollment Numbers & Rates per 1,000 (2006)

| Locality | Women | | Infants & Children | |
|-----------------|-------------|---------------|--------------------|----------------|
| | Rate | # | Rate | # |
| Charles City | 21.5 | 29 | 599.1 | 127 |
| Chesterfield | 15.6 | 982 | 240.1 | 2,484 |
| Goochland | 9.7 | 38 | 170.9 | 104 |
| Hanover | 3.1 | 186 | 157.6 | 528 |
| Henrico | 18.6 | 1,121 | 272.1 | 3,018 |
| New Kent | 10.9 | 37 | 248.9 | 113 |
| Powhatan | 8.3 | 43 | 157.6 | 136 |
| Richmond | 34.1 | 1,515 | 650.8 | 4,433 |
| PD 15 | 19.6 | 3,951 | 324.4 | 10,943 |
| Virginia | 22.5 | 36,099 | 359.7 | 102,139 |

Note: Infants = 0-12 months, Children = 1-5 years, Women = 15-44 Years. 2005 population data applied to 2006 women enrollment rates

Sources: Virginia Department of Social Services 2006; Population data from Virginia Employment Commission 2005 and CLARITAS 2006

Note that the WIC participation rates appear to be greatest in areas with higher child poverty rates, with Richmond and Charles City having infants and children rates of almost double the State rates. New Kent’s infant and children’s rate is relatively high compared to its poverty percentage, perhaps reflecting a good job of enrolling eligible infants and children or higher poverty rates of the county’s younger children. It appears that there are greater opportunities to enroll more perinatal women in WIC since only Richmond has a higher rate than the State rate and its rate is only 50% greater than Virginia’s.

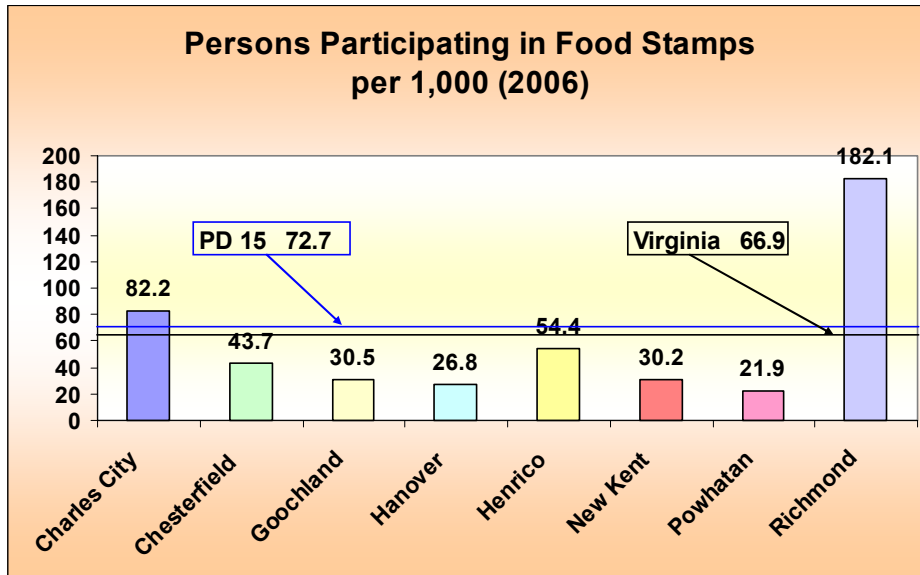
FOOD STAMPS PARTICIPATION

Food stamps is a program funded by the United States Department of Agriculture and administered by the Virginia Department of Social Services to provide nutritional support to people of all ages with incomes of up to 130% of the Federal Poverty Level. The area’s participation rate is approximately 9% higher than the State rate.

| Locality | Persons | Persons per 1,000 Population Participating |
|--------------------|----------------|--|
| Charles City | 584 | 82.2 |
| Chesterfield | 12,696 | 43.7 |
| Goochland | 590 | 30.5 |
| Hanover | 2,644 | 26.8 |
| Henrico | 15,446 | 54.4 |
| New Kent | 479 | 30.2 |
| Powhatan | 587 | 21.9 |
| Richmond | 34,782 | 182.1 |
| PD 15 Total | 67,808 | 72.7 |
| Virginia | 508,113 | 66.9 |

Sources: 2006 Virginia Department of Social Services; CLARITAS

As illustrated by the chart below, Richmond’s participation rate is almost three times the State rate while its poverty percentage is about double the State rate. Overall, it appears that the area has appropriate utilization of this important program based on poverty rates.

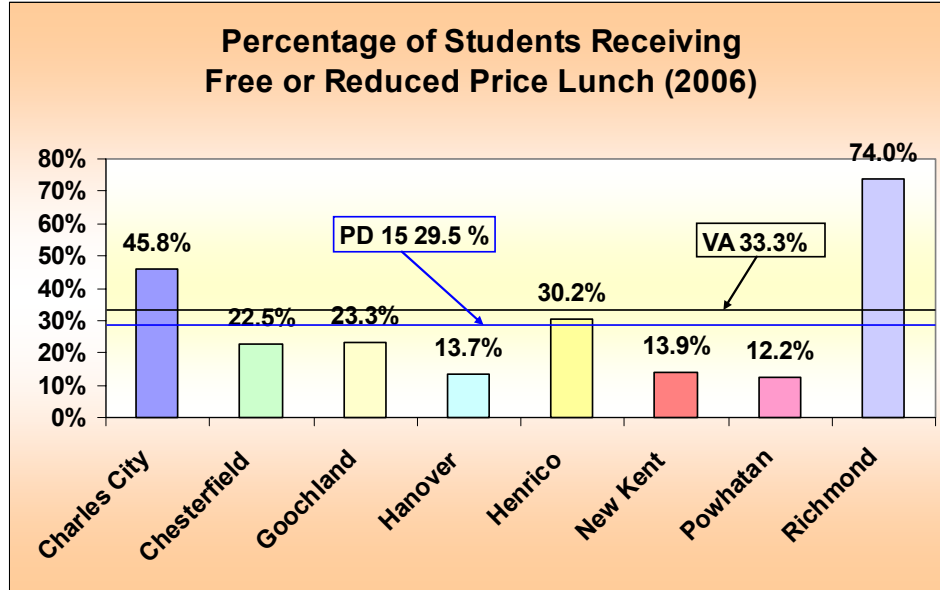


Sources: 2006 Virginia Department of Social Services, CLARITAS

FREE/REDUCED PRICE LUNCH PARTICIPATION

The percentage of students approved for free/reduced price school lunches was reviewed for 1997 through 2006. The school lunch program is funded by the United States Department of Agriculture and administered by the Virginia Department of Education, providing free meals to children from families with incomes up to 130% of the Federal Poverty Level and reduced priced meals to children from families with incomes between 130% and 185% of the Federal Poverty

Level. As illustrated in the chart below, PD 15's 2006 percentage of students approved for free/reduced price school lunches was lower than Virginia's 2006 percentage, even though PD 15's child poverty rate is the same as the State's rate.



Source: 2006 Virginia Department of Education-School Nutrition Program

From 1997 to 2006, PD 15's percentage of students approved for free or reduced price lunches has increased from 27.1% to 29.5% of all students while Virginia's percentages has increased by only about one percentage point to approximately one in three Virginia students. Over the ten year period, Richmond (going from 68% to 74% of all students) and Chesterfield (going from 16% to 22%) have seen the largest percentage point increases, followed by Henrico (going from 26% to 30% of all students), in students approved for free/reduced price school lunches. Both New Kent (going from 15% to 14% of all students) and Powhatan (going from 14% to 12%) were the only localities that experienced a decrease in students receiving free/reduced price school lunches, reflecting the increased affluent development for families in those counties.

Students Receiving Free or Reduced Price Lunches

| Locality | 1997 | | 2006 | |
|-----------------|--------------|--------------|----------------|--------------|
| | # | % | # | % |
| Charles City | 437 | 43.1% | 388 | 45.8% |
| Chesterfield | 5,894 | 16.4% | 9,036 | 22.5% |
| Goochland | 461 | 23.7% | 540 | 23.3% |
| Hanover | 1,214 | 11.0% | 1,789 | 13.7% |
| Henrico | 6,985 | 25.9% | 9,937 | 30.2% |
| New Kent | 345 | 15.1% | 374 | 13.9% |
| Powhatan | 442 | 13.9% | 536 | 12.2% |
| Richmond | 19,727 | 67.9% | 18,176 | 74.0% |
| PD 15 | 4,438 | 27.1% | 5,097 | 29.5% |
| Virginia | 3,445 | 32.2% | 392,004 | 33.3% |

Note: Percent of students is out of total students per school district

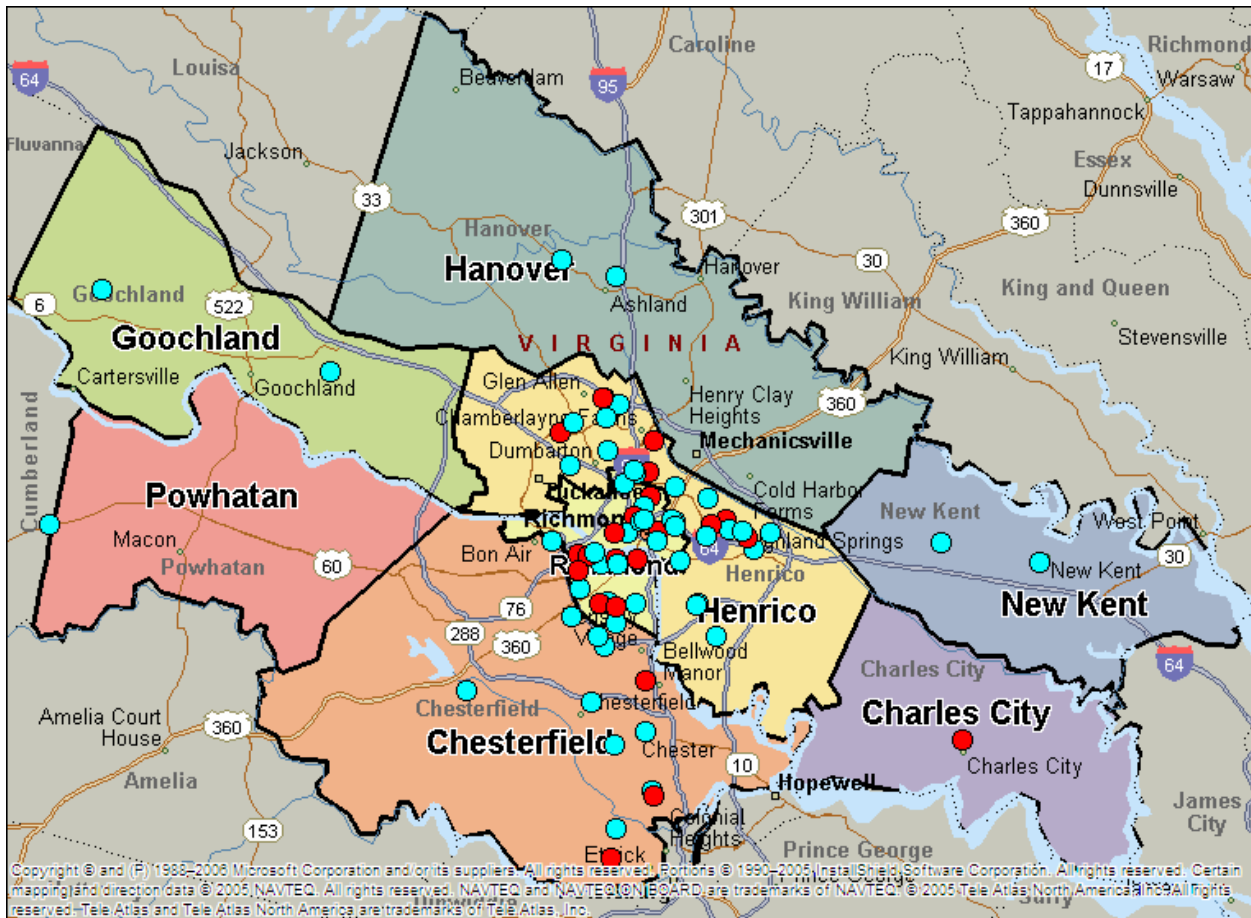
Source: 2006 Virginia Department of Education-School Nutrition Program

EDUCATION RELATED INDICATORS

Detailed data of education related indicator data and maps by school, when available, are included in **Attachment D**.

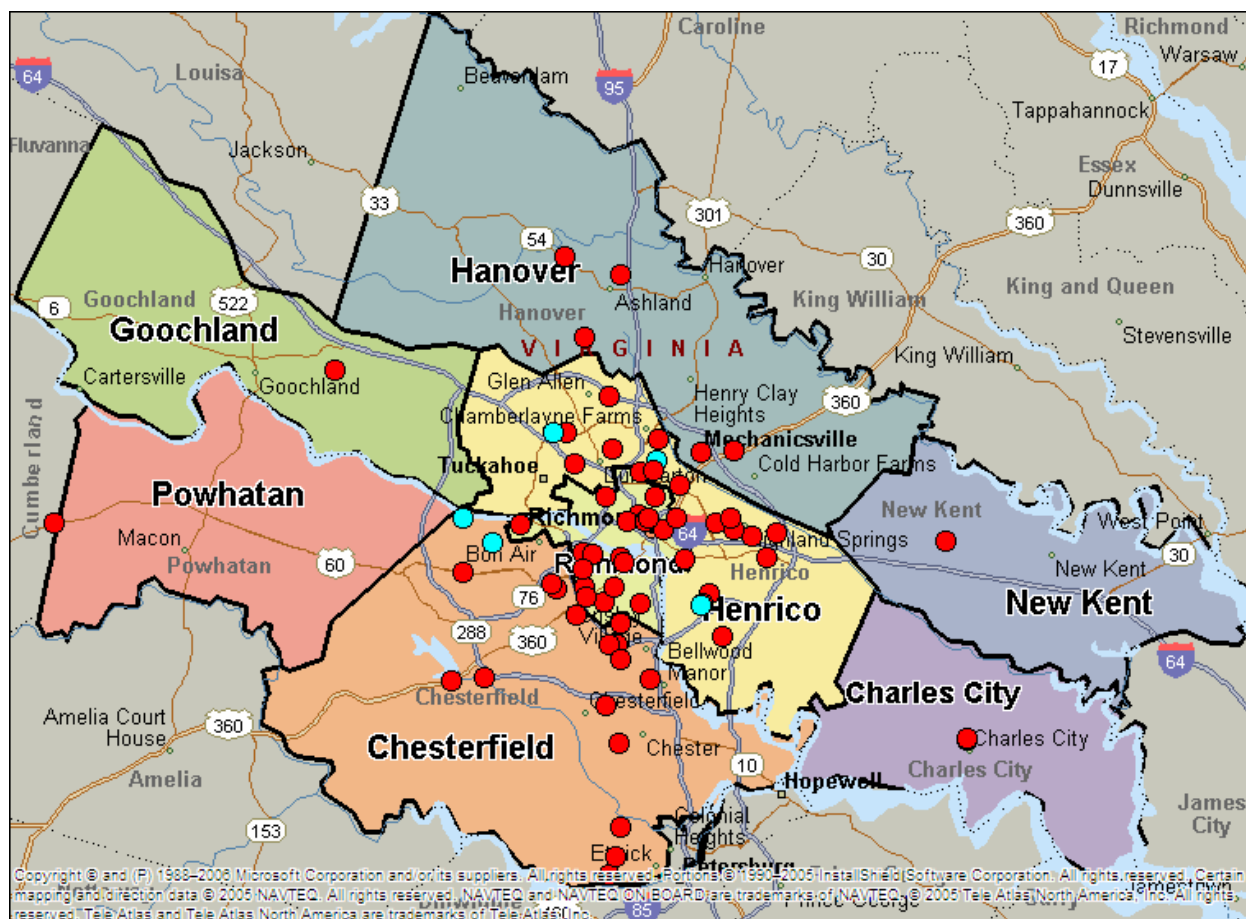
STANDARDS OF LEARNING TEST SCORES

Standards of Learning are standardized tests taken by all Virginia public school students to measure their achievement in certain subject areas at different points in their academic careers. Tables in Attachment D illustrate the percent passing in 2005 by school, grade and subject area, trends by locality, grade, and subject area, and detailed maps showing the schools with percent passing that are up to 15% below the State averages (shown in blue) for that subject area and those schools that are more than 15% below the State averages (shown in red) for that subject area. The following map illustrates the location of those schools with **poorer than the State 2005 average English test performance** in 5th grade (elementary), 8th grade (middle school), or high school end of course. While many of the poorer performing schools are clustered in the urban core of Richmond, Henrico, and Chesterfield, many of the rural areas also are impacted.



The following map illustrates the location of those schools with **poorer than the State 2005 average math SOL test performance** in 5th grade (elementary), 8th grade (middle school),

or Algebra I (high school). It is interesting that, while fewer in number than the English poor performing schools, many of the poorer math performing schools are more than 15% below the State average.



Included in Attachment D are tables that show the general SOL test pass rate trends from 2001 to 2005 by grade, subject area, and locality. Note that most areas have experienced an improving trend or no significant change in their pass rate percentages over the five year period; however, the region generally showed slightly less favorable SOL trends than the State trends.

CHILDREN IN HEAD START

Head Start is a largely federal funded program that serves primarily low income three and four year old children in order to prepare them for school. As illustrated in the table below, the highest percentage of enrolled three and four year old children are in Charles City, Richmond, and New Kent. Henrico and Chesterfield have the lowest percentage of participation. Much of this is due to the limited number of student spots available in most communities, since the program has been “flat funded” for a number of years, which has limited enrollment in communities with a rapidly increasing number of new children. The program that serves New Kent and Charles City appears to equally allocate those slots between the two counties.

| Locality | 2006 | |
|-----------------|---------------|-------------|
| | # | % |
| Charles City | 28 | 15.5% |
| Chesterfield | 196 | 2.2% |
| Goochland | 19 | 3.7% |
| Hanover | 123 | 4.3% |
| Henrico | 172 | 1.8% |
| New Kent | 28 | 6.8% |
| Powhatan | 34 | 4.6% |
| Richmond | 812 | 14.3% |
| PD 15 | 1,412 | 5.0% |
| Virginia | 16,383 | 6.8% |

Note: Percentage extrapolated from 0-4 years population, estimating ages 3 and 4

Sources: Virginia Department of Education; CLARITAS

HIGH SCHOOL DROPOUT PERCENTAGE

Significant discussion exists about how to accurately reflect high school dropouts. As noted below, the State changed its method of calculating the number of dropouts in 2001-2002; therefore, comparisons to previous years should be made with caution. High school dropout data are collected by school and are included in Attachment D. As illustrated below, the dropout rate in PD 15 has remained lower than the State rate. The greatest percentage of dropouts appears to be in Henrico, followed by Richmond and Charles City. As would be expected, in the localities with more than one high school, the alternative/community high schools have significantly higher high school dropout percentages, but Henrico is seeing dropout percentages of 5% or greater among four other high schools as well.

High School Dropout Percentage by Locality

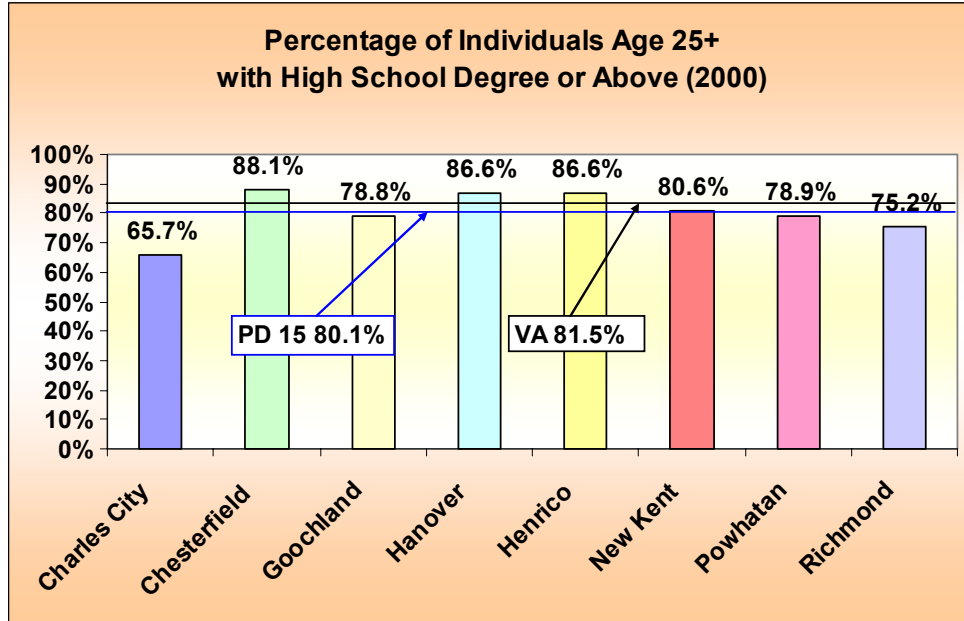
| Locality | 2000 | | 2003 | | 2005 | |
|-----------------|---------------|-------------|---------------|-------------|---------------|-------------|
| | # | % | # | % | # | % |
| Charles City | 14 | 3.2% | 2 | 0.5% | 10 | 2.4% |
| Chesterfield | 749 | 3.2% | 364 | 1.4% | 503 | 1.9% |
| Goochland | 22 | 2.5% | 9 | 1.0% | 4 | 0.4% |
| Hanover | 20 | 0.3% | 21 | 0.3% | 55 | 0.6% |
| Henrico | 340 | 1.8% | 379 | 1.9% | 678 | 3.1% |
| New Kent | 24 | 2.2% | 13 | 1.1% | 10 | 0.8% |
| Powhatan | 33 | 2.2% | 29 | 1.8% | 19 | 0.1% |
| Richmond | 285 | 2.8% | 1,228 | 1.9% | 250 | 2.5% |
| PD 15 | 1,487 | 2.3% | 2,045 | 1.2% | 1,529 | 1.5% |
| Virginia | 12,477 | 2.5% | 11,601 | 2.2% | 10,608 | 1.9% |

Note: Beginning with the 2001-02 dropout reporting, the dropout percentage is calculated as the number of dropouts for a given school year divided by the membership on September 30th of that school year. Dropout rates include students enrolled in 7th through 12th grade.

Sources: 2000, 2002, 2005 Virginia Department of Education Dropout Statistics

EDUCATIONAL ATTAINMENT

The educational attainment of residents 25 years and older was obtained from the US Census. The following chart shows by locality the total percentage of the population 25 years and older with a high school degree/General Educational Development (GED) diploma or above. Approximately 80% of PD 15 residents 25 years and older have at least a high school degree compared to approximately 82% of Virginia residents 25 years and older. Excluding high school degree/GED attainment, for all other levels of educational attainment (associate degree, bachelor’s degree, master’s degree, professional school degree, and doctorate degree), PD 15 has a lower percentage of each degree attained, especially for master’s degrees, than Virginia.



Source: 2000 US Census

Charles City has the lowest percentage of its population with at least a high school degree/GED, followed by Richmond, Goochland, and Powhatan. Some of the lower educational attainment seen in rural areas can be due to the relatively larger representation of long-time elderly residents with limited educations. Nevertheless, for today's younger population, having a lower level of educational attainment significantly impacts a person's lifetime earning potential and access to jobs that provide health insurance and other benefits.

HEALTH RELATED INDICATORS

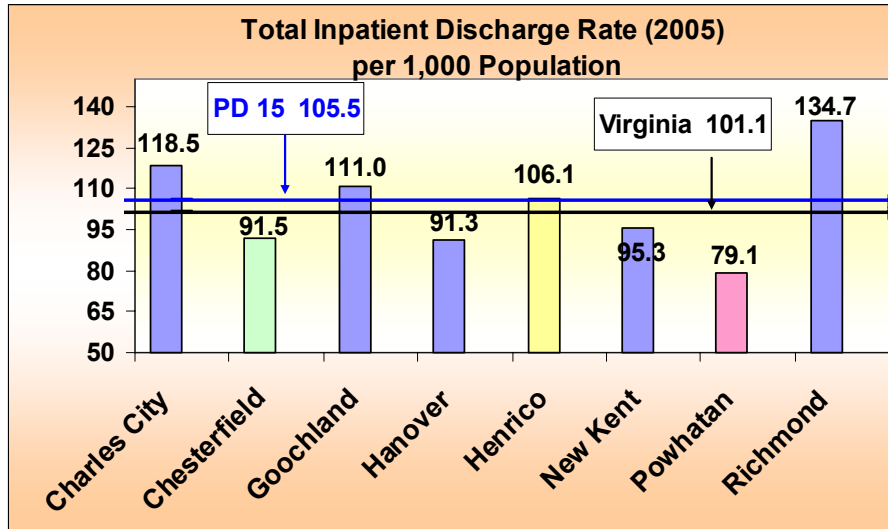
INPATIENT HOSPITAL DISCHARGES

All discharges from Virginia's acute care hospitals are reported to Virginia Health Information (VHI). Numerous types of data, such as the patient's age, ZIP code, and diagnosis, are collected about each patient. The data used for this analysis is from CY 2005, the most recent year of the VHI data at the time of this analysis, and is based on the ZIP code given for each patient's residence. VHI data reviewed and analyzed for this assessment included the patients' gender, race, age, DRG, facility utilized, and payment source. Each PD 15 locality's data were compared to the corresponding inpatient utilization data for PD 15 and Virginia.

Please note that some ZIP codes are post office boxes and do not have populations associated with them; therefore, discharge use rates for these specific zip codes could not be calculated. Although zip codes extend across city/county borders, they are assigned to a specific city/county; therefore, comparison between the inpatient data (based on zip codes) and the demographic data (based on census tracts) should be used cautiously. Moreover, caution should be taken when reviewing data with relatively small numbers of discharges. Nonetheless, the comparison still provides valuable comparative information and should be used with other data and information included in this report to obtain insights about PD 15's health care needs.

Attachment E includes ZIP code area maps for PD 15. **Attachment F** includes the detailed inpatient data tables for CY 2005. Of note, when the discharge rate is given, the rate is per 1,000 population and includes only residents who are discharged from Virginia hospitals. The following summarizes some of the major findings from the 2005 inpatient data:

- The 2005 overall inpatient discharge rate for PD 15 (105.5) is 4% higher than Virginia's discharge rate (101.1).
- Richmond has the highest inpatient discharge rate (134.7). Richmond's inpatient discharge rate is 28% higher than PD 15's discharge rate and 33% higher than Virginia's inpatient discharge rate.



Sources: Virginia Health Information 2005; CLARITAS 2006

Gender

- Nationally, women use hospital inpatient services more than men. As expected, all PD 15 localities have more female discharges than male discharges.
- The gender composition of PD 15’s 2005 discharges (38.5% males and 61.5% females) reveals a slightly lower percentage of males and a slightly higher percentage of females when compared to Virginia’s percentage of discharges. This could be related to the higher percentage of females in PD 15 overall’s population.
- The gender composition of the inpatient data was compared to the gender composition of the demographic data and is illustrated in the table below. PD 15 shows a smaller difference between the gender split of the demographic data and inpatient data than Virginia does, reflected in the inpatient discharge rates by gender shown in the table below.

Comparison of Gender Composition of Demographic and Inpatient Data

| | Demographic Data | | Inpatient Data | |
|---------------------|------------------|--------------|----------------|--------------|
| | Male | Female | Male | Female |
| Charles City | 49.1% | 50.9% | 42.1% | 57.9% |
| Chesterfield | 49.0% | 51.0% | 38.1% | 61.9% |
| Goochland | 50.2% | 49.8% | 49.5% | 50.5% |
| Hanover | 49.3% | 50.7% | 40.1% | 59.8% |
| Henrico | 47.4% | 52.6% | 36.8% | 63.2% |
| New Kent | 50.6% | 49.4% | 42.6% | 57.4% |
| Powhatan | 54.2% | 45.8% | 41.2% | 58.8% |
| Richmond | 46.9% | 53.1% | 38.6% | 61.4% |
| PD 15 | 48.3% | 51.7% | 38.5% | 61.5% |
| Virginia | 49.2% | 50.8% | 39.0% | 61.0% |

Sources: Virginia Health Information 2005; CLARITAS 2006

The following table compares the inpatient discharge rate by gender.

2005 Inpatient Discharge Rate per 1000 Population by Gender

| Locality | Male | Female |
|---------------------|-------------|--------------|
| Charles City | 100.8 | 135.8 |
| Chesterfield | 71.2 | 111.1 |
| Goochland | 109.5 | 112.6 |
| Hanover | 74.3 | 107.7 |
| Henrico | 82.3 | 127.6 |
| New Kent | 80.8 | 110.1 |
| Powhatan | 59.7 | 102.5 |
| Richmond | 110.7 | 156.0 |
| PD 15 | 84.0 | 125.7 |
| Virginia | 80.2 | 121.5 |

Sources: Virginia Health Information 2005; CLARITAS 2006

- The female discharge rate in 2005 for each PD 15 locality is higher than the male discharge rate, which is likely attributable to maternity hospitalization and a woman’s longer lifespan (older people use more health care services). PD 15’s overall female discharge rate (125.7) is 3% higher than Virginia’s overall female discharge rate (121.5).
- PD 15’s overall male discharge rate (84.0) is 5% higher than Virginia’s overall male discharge rate (80.2).

- The slightly higher discharge rates for both males and females in PD 15 may indicate a lack of appropriate primary health care, inappropriate hospitalization, and/or increased incidence of conditions (e.g., child birth, trauma, and cardiovascular disease) that generally require hospitalization. However, the difference between PD 15's and Virginia's discharge rates is not significant.

Race

The following table shows the inpatient discharge rate by race. Of note, the Asian population represented a total of 966 discharges, or 1% of the total PD 15 discharges while Hispanics represented a total of 1,954 discharges, or 2% of the total PD 15 discharges. Because of the relatively small number of discharges, use rates for these two groups were not calculated as they would not prove informative. Moreover, based on information from a previous immigrant study conducted by the CVHPA, the Asian and Hispanic populations are relatively younger than the white and black populations. Younger populations typically have lower hospital utilization.

2005 Inpatient Discharge Rate per 1000 Population by Race

| Locality | White | Black | Other |
|-----------------|--------------|--------------|--------------|
| Charles City | 95.1 | 145.1 | 90.6 |
| Chesterfield | 93.9 | 85.3 | 93.6 |
| Goochland | 101.7 | 135.7 | 138.0 |
| Hanover | 87.5 | 117.5 | 110.9 |
| Henrico | 119.5 | 113.2 | 103.9 |
| New Kent | 93.8 | 108.6 | 73.1 |
| Powhatan | 80.9 | 69.5 | 86.5 |
| Richmond | 114.0 | 149.2 | 111.7 |
| PD 15 | 102.4 | 123.8 | 101.9 |
| Virginia | 98.8 | 116.1 | 347.6 |

Sources: Virginia Health Information 2005; CLARITAS 2006

- PD 15's service area's discharge rates for the white and black populations in 2005 were 4% and 7% higher, respectively, than Virginia's discharge rates for the white and black populations.
- The racial composition of PD 15's discharges is 60.9% white and 33.1% black. The representation of discharges of the white population is lower than the white representation in the demographic data (64.8%) while the representation of discharges of the black population is higher than the black representation in the demographic data (28.8%).

Age

The discharge data are broken down into the following age groups: 0-19; 20-34; 35-44; 45-54; 55-64; 65-74; 75-84; and 85+. The detailed data are located in Attachment F.

For this analysis, the inpatient data are aggregated into four age categories (0-19; 20-44; 45-64; and 65+). The following table provides the 2005 inpatient discharge rate per 1000 population by these four age categories.

2005 Inpatient Discharge Rate per 1000 Population by Age

| Locality | 0-19 | 20-44 | 45-64 | 65+ |
|---------------------|-------------|--------------|--------------|--------------|
| Charles City | 39.4 | 94.4 | 116.9 | 290.4 |
| Chesterfield | 35.2 | 84.7 | 84.1 | 329.2 |
| Goochland | 25.2 | 84.7 | 121.6 | 315.2 |
| Hanover | 30.8 | 69.9 | 84.2 | 314.5 |
| Henrico | 34.5 | 87.3 | 94.4 | 331.6 |
| New Kent | 29.8 | 75.8 | 97.9 | 296.9 |
| Powhatan | 29.3 | 60.8 | 79.8 | 289.5 |
| Richmond | 50.7 | 111.4 | 163.7 | 330.2 |
| PD 15 | 37.4 | 89.6 | 103.5 | 326.5 |
| Virginia | 30.4 | 81.2 | 102.9 | 321.5 |

Sources: Virginia Health Information 2005; CLARITAS 2006

- All four PD 15 age groups have higher discharge rates when compared to Virginia’s.
- Richmond has the highest discharge rate for three of the four age groups. The only exception is the 65+ age group for which Henrico has the highest rate. However, Richmond’s rate for the 65+ age group is the second highest.
- For the 0-19 age group, Richmond has the highest discharge rate (50.7). This rate is 36% higher than PD 15’s discharge rate and 67% greater than Virginia’s discharge rate.
- For the 20-44 age group, Richmond has the highest discharge rate (111.4). This rate is 24% higher than PD 15’s discharge rate and 37% greater than Virginia’s discharge rate.
- For the 45-64 age group, Richmond again has the highest discharge rate (163.7). This rate is 58% higher than PD 15’s discharge rate and 59% greater than Virginia’s discharge rate.
- For the 65+ age group, Henrico has the highest discharge rate (331.6). This rate is 2% higher than PD 15’s discharge rate and 3% greater than Virginia’s discharge rate.

Certain inpatient data (gender, race, and age) were compared to the demographic data for the locality, PD 15, and Virginia. Please note the following: the inpatient data is categorized by ZIP codes while the demographic data is categorized by census tracts. The use rates by gender, race, and age groups were calculated using 2006 population estimates by ZIP code obtained from CLARITAS.

The following chart compares the 2006 demographic data with the 2005 inpatient data for adults in three age groups: young adults to middle age (20-44 years), older middle age (45-64 years) and older adults (65+ years).

Comparison of Demographic and Inpatient Utilization Data

| | 20-44 | 45-64 | 65+ |
|---------------------------------|-------|-------|-------|
| Demographics | | | |
| PD 15 Total | 35.3% | 26.6% | 11.0% |
| Virginia Total | 35.7% | 25.9% | 11.6% |
| | | | |
| Inpatient Discharges | | | |
| PD 15 Total | 30.0% | 26.1% | 34.3% |
| Virginia Total | 28.7% | 26.3% | 37.0% |
| | | | |
| Inpatient Discharge Rate | | | |
| PD 15 Total | 89.6 | 103.5 | 326.5 |
| Virginia Total | 81.2 | 102.9 | 321.5 |

Sources: Virginia Health Information 2005; CLARITAS 2006

- As expected, the inpatient discharge rate increases with age, especially for the 65 and older age group.
- PD 15’s discharge rates for all three age groups are higher than the corresponding age groups’ discharge rates for Virginia.
 - 20-44 age group: 10% higher than Virginia’s
 - 45-64 age group: 0.6% higher than Virginia’s
 - 65+ age group: 2% higher than Virginia’s
- The higher discharge rate for the 20-44 age group could denote issues regarding access to or limited utilization of primary health or preventive care and could be an indicator of increased, preventable future health needs.

DRG

The following table shows the top five DRGs by the percentage of total discharges for PD 15 and Virginia.

| Diagnosis | Charles City | Chesterfield | Goochland | Hanover | Henrico | New Kent | Powhatan | Richmond | PD 15 | Virginia |
|--|--------------|--------------|--------------|-------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Psychoses | 3.6% | 6.1% | 4.3% | 1.3% | 6.0% | 4.2% | 4.6% | 10.2% | 6.9% | 4.7% |
| Vaginal Delivery w/o Complicating Diag | 4.2% | 7.8% | 4.5% | 1.9% | 7.3% | 5.3% | 8.2% | 5.7% | 6.8% | 6.9% |
| Cesarean Section w/o CC | 3.1% | 3.6% | 2.7% | 1.0% | 3.6% | 2.7% | 3.8% | 2.4% | 3.2% | 3.1% |
| Heart Failure & Shock | | 2.0% | | 0.7% | 2.7% | 2.0% | 2.4% | 3.5% | 2.6% | 2.9% |
| Intracranial Hemorrhage or Cerebral Injury | | | 2.5% | 0.7% | | | | 1.8% | 1.8% | 1.6% |
| Simple Pneumonia & Pleurisy Age > 17 W | 2.6% | | | | | | | | 1.5% | 2.4% |
| Septicemia Age > 17 | 2.4% | | | | | | | | 1.5% | 1.6% |
| Uterine & Adnexa Proc for Non-Malignant | | 2.1% | | | | | | | 1.6% | 1.5% |
| Major Joint & Limb Reattachment Procedure | | | 2.3% | | 2.1% | 2.1% | 2.7% | | 1.8% | 1.9% |
| Total | 15.9% | 21.6% | 16.3% | 5.6% | 21.7% | 16.3% | 21.7% | 23.6% | 27.7% | 26.6% |

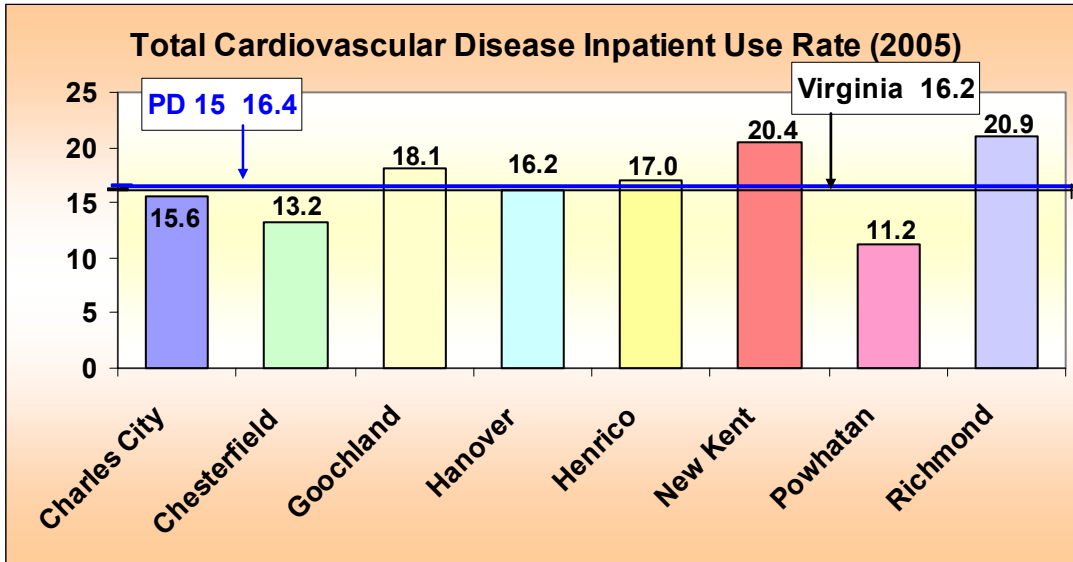
Source: Virginia Health Information 2005

- PD 15 and Virginia have four of the same top five DRGs, but in a different rank order. Nevertheless, PD 15’s large percentage of mental health discharges continues to be of great concern.
- All localities except Richmond have the same top two DRGs, vaginal delivery without complicating diagnoses followed by psychoses. These DRGs also are the top two for Virginia.
- Of note, Richmond’s top DRG is psychoses, followed by vaginal delivery without complicating diagnoses. This is the same order for PD 15’s top two DRGs. Richmond’s high percentage of the psychoses DRG influences the order of PD 15’s top two DRGs, where the psychoses’ percentage is almost identical to the vaginal delivery without complicating diagnoses’ percentage.

Cardiovascular Disease Data

In 2007, the CVHPA completed a statewide assessment of inpatient cardiovascular disease (CVD) data. Inpatient CVD data for 2005 indicated that PD 15’s overall CVD inpatient discharge rate per 1000 population was 16.4, which is almost identical to Virginia’s rate of 16.2. PD 15’s CVD inpatient discharge rate ranks 17th out of the 21 planning districts; thus, in general, CVD appears not to be as significant a problem in PD 15 as it is in other planning districts.

- As illustrated in the chart below, Richmond had the highest overall CVD inpatient discharge rate (20.9) in PD 15, which is 27% higher than PD 15's rate.



Source: Virginia Health Information 2005

Facility

The following chart shows the facilities with the greatest percentage of total discharges for PD 15. Please note that Chippenham/Johnston-Willis (CJW) includes data for both the Chippenham and Johnston-Willis campuses and Henrico Doctors’ Hospital includes data for both the Forest and Parham campuses. As is illustrated, CJW is the most frequently utilized hospital by PD 15 residents, representing more than one of every four PD 15 discharges. CJW, Bon Secours St. Mary’s Hospital, and MCV Hospitals account for 61% of the PD 15 total discharges.

| Locality | Chippenham/ Johnston Willis Medical Center | Bon Secours St. Mary's Hospital | MCV Hospitals | Henrico Doctors Hospital | Bon Secours Memorial Regional Medical Center | Total |
|--------------|--|------------------------------------|------------------|--------------------------------|--|--------------|
| Charles City | 7.0% | 11.7% | 14.9% | 7.4% | 18.9% | 34.0% |
| Chesterfield | 61.0% | 8.4% | 12.1% | 6.1% | | 26.6% |
| Goochland | 6.4% | 26.3% | 17.6% | 36.7% | 1.4% | 80.6% |
| Hanover | 3.7% | 17.7% | 3.7% | 20.7% | 38.8% | 42.1% |
| Henrico | 6.0% | 28.0% | 13.0% | 32.0% | 10.0% | 73.0% |
| New Kent | 3.0% | 13.0% | 12.0% | 9.0% | 30.0% | 34.0% |
| Powhatan | 69.0% | 9.0% | 8.0% | 6.0% | | 23.0% |
| Richmond | 22.0% | 17.0% | 29.0% | 8.0% | 6.0% | 54.0% |
| PD 15 | 26.3% | 18.0% | 16.9% | 16.2% | 9.1% | 86.5% |

Source: Virginia Health Information 2005

Payer

Please note that VHI's patient level payer data, with the exception of Medicare, can be somewhat unreliable because of the absence of plan identifiers; thus, this caveat needs to be recognized when using the payer data. Health care payers, excluding the "other" payer category, are shown in the table below.

| Locality | Medicare | Anthem | HMO/PPO | Commercial | Medicaid | Self pay/ Indigent |
|-----------------|--------------|--------------|--------------|-------------|--------------|-----------------------|
| Charles City | 44.7% | 17.8% | 14.1% | 3.2% | 10.4% | 6.5% |
| Chesterfield | 34.8% | 25.9% | 18.6% | 2.9% | 9.4% | 4.9% |
| Goochland | 39.5% | 35.2% | 12.1% | 2.0% | 5.3% | 3.9% |
| Hanover | 42.1% | 26.7% | 17.8% | 2.8% | 5.1% | 2.6% |
| Henrico | 43.1% | 21.7% | 17.0% | 3.0% | 8.1% | 3.3% |
| New Kent | 38.6% | 27.1% | 16.8% | 3.5% | 6.5% | 3.8% |
| Powhatan | 35.4% | 31.7% | 17.5% | 2.4% | 7.0% | 4.3% |
| Richmond | 39.9% | 14.3% | 10.6% | 2.6% | 19.7% | 6.6% |
| PD 15 | 39.6% | 21.8% | 15.6% | 2.8% | 11.4% | 4.6% |
| Virginia | 41.9% | 18.8% | 14.1% | 5.0% | 11.0% | 4.8% |

Source: Virginia Health Information 2005

- As is evidenced, Medicare is the payer for the largest percentage of discharges for all eight PD 15 localities, PD 15, and Virginia. PD 15's Medicare percentage is lower than Virginia's percentage. This is reflective of the fact that PD 15 has a slightly lower percentage of the 65+ age group than Virginia does and a particularly high discharge rate among its younger population groups.

- Anthem is the payer for the next largest percentage of discharges in both PD 15 and Virginia. In fact, Medicare and Anthem are the payers for more than 60% of PD 15's discharges.
- PD 15 has higher percentages of HMO/PPO (managed care plans) and Medicaid than Virginia does.
- PD 15 and Virginia's percentages of the self pay/indigent discharges are almost identical. However, both Richmond and Charles City have relatively high percentages of self pay/indigent discharges, which may be indicative of several factors, including the localities' socioeconomic status and lack of awareness of or opportunities to enroll people in government sponsored programs.

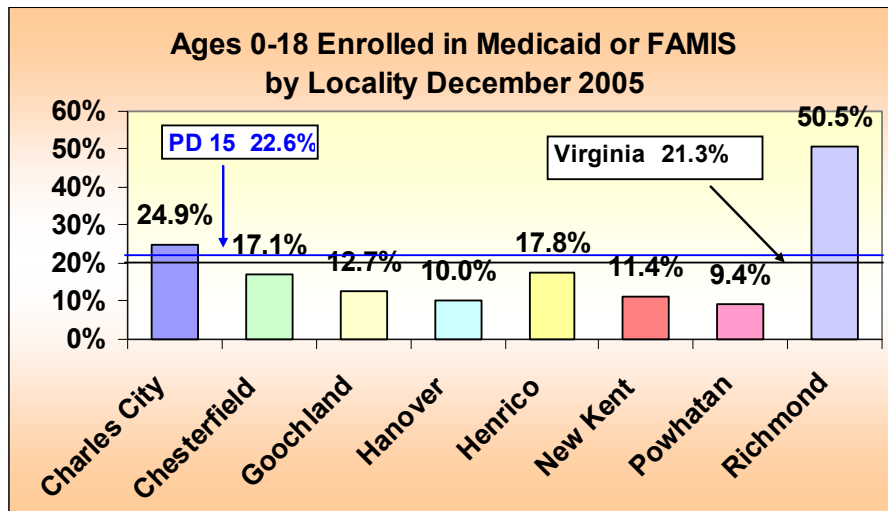
In summary, the following findings are noted from the inpatient data.

1. PD 15's 2005 overall inpatient discharge rate is slightly higher than Virginia's discharge rate. Richmond has the highest inpatient discharge rate of the eight PD 15 localities.
2. As expected, the female population utilized inpatient care more frequently than the male population.
3. The representation of discharges of the white population is lower than the white representation in the demographic data while the representation of discharges of the black population is higher than the black representation in the demographic data, perhaps reflecting differences in access to or use of primary and preventive services.
4. All four PD 15 age groups have higher discharge rates when compared to Virginia's, with the 0-19 and 20-44 age groups having the largest percentage difference. The higher discharge rate for these two age groups could indicate issues regarding access to primary health or preventive care; inappropriate hospitalization; or limited utilization of preventive care.
5. Richmond had either the highest or the second highest discharge rate for each of the four age groups.
6. All localities except Richmond have the same top two DRGs, vaginal delivery without complicating diagnoses followed by psychoses. Of note, Richmond's, as well as PD 15's, top DRG is psychoses, followed by vaginal delivery without complicating diagnoses. PD 15's large percentage of mental health discharges continues to be of great concern.
7. PD 15's cardiology inpatient use rate is almost identical to Virginia's rate.
8. CJW is the hospital most frequently utilized by PD 15 residents, followed by Bon Secours St. Mary's Hospital and MCV Hospitals.

9. Medicare is the top payer for PD 15, followed by Anthem, and managed care plans. Almost one of every twenty inpatients in PD 15 does not have insurance coverage. If significant payment reductions occur to the Medicare program, the ability of hospitals to provide care to the uninsured as well as the facilities' long term financial viability could be impacted.

NUMBER OF CHILDREN ENROLLED IN MEDICAID OR FAMIS

Due to the new data release rules from the Virginia Department of Medical Assistance Services, data for localities with less than 20,000 residents are not available for 2006 or later. Therefore, the chart below reflects enrollment of children and youth ages 0-18 in Medicaid or Family Access Medical Insurance Security (FAMIS), the child health insurance program for those children living in households with incomes up to 200% of the Federal Poverty Level but who do not qualify for Medicaid.



Sources: December 1, 2005 Provided by the Virginia Healthcare Foundation, VEC Population Projections 2006

As illustrated, more than one in five children in PD 15 are enrolled in these public programs (slightly more than the statewide percent), with one in two Richmond children dependent on these programs to receive medical services. Even in the wealthier localities, approximately 10% or more of all children are enrolled in these important health care financing programs.

BIRTH RATES

The table below compares various birth statistics for PD 15 and Virginia. The following is noted from the statistics:

- As is evidenced, PD 15's and Virginia's overall birth rate has declined slightly during the five year period, with PD 15's rate staying slightly below the State rate.

- Similarly, PD 15's and Virginia's teen birth rate has decreased from 2000 to 2005, and PD 15's teen birth rate remains below the State's rate. A high teen birth rate negatively impacts a locality's overall health because of the increased economic and emotional challenges faced by teenagers in caring for the child over the child's lifetime.
- Of note, more than a third of all births in PD 15 in 2000 and 2005 were to unmarried mothers, remaining higher than and increasing faster than Virginia's percentage (32%) of non-marital births. Young and/or unmarried mothers often have less financial and emotional support to raise a child and address medical problems typically seen in low birth weight infants. However, unmarried does not necessarily mean that the child's father is not present in the child's and mother's household.
- The percentage of low birth weight infants in PD 15 remains higher than and is increasing faster than Virginia's percentage. Currently, almost 10% of all infants are low birth weight in PD 15.

| | PD 15 | | | Virginia | | |
|------------------------------------|--------|------|---------|----------|------|---------|
| | Number | Rate | Percent | Number | Rate | Percent |
| Births* | | | | | | |
| 2000 | 11,919 | 13.8 | N/A | 98,864 | 14.0 | N/A |
| 2005 | 12,561 | 13.5 | N/A | 104,488 | 13.8 | N/A |
| Births to Teenagers** | | | | | | |
| 2000 | 1,168 | 19.4 | N/A | 9,803 | 20.5 | N/A |
| 2005 | 1,067 | 16.5 | N/A | 8,905 | 17.6 | N/A |
| Births to Unmarried Mothers | | | | | | |
| 2000 | 4,027 | N/A | 33.8% | 29,635 | N/A | 30.0% |
| 2005 | 4,559 | N/A | 36.3% | 33,681 | N/A | 32.2% |
| Low Weight Births | | | | | | |
| 2000 | 1,082 | N/A | 9.1% | 1,224 | N/A | 8.0% |
| 2005 | 7,886 | N/A | 9.7% | 8,594 | N/A | 8.2% |

*Birth rate per 1000 female population (15-44)

**Birth rate per 1000 female population (10-19)

Source: Virginia Department of Health 2000 and 2005

TEENAGE BIRTHS

As illustrated in the table below, most teen births occur to women who are 18 or 19 years of age, with only Richmond having a significant number of births to teenagers ages 15-17 years. In fact, with five births in Henrico and three births in Chesterfield to girls less than 15 years, Richmond is the only locality in 2005 with a significant rate of very young teenage births. Of

course, many would advocate that even one birth to a teenage girl is one too many given the potential obstacles that mother and child have to overcome.

| Locality | # of Teenage Live Births | | | | Birth Rate | | | |
|-----------------|--------------------------|------------|--------------|--------------|-------------|------------|-------------|-------------|
| | Total | < 15 | 15 - 17 | 18 - 19 | Total | < 15 | 15 - 17 | 18 - 19 |
| Charles City | 8 | 0 | 1 | 7 | 20.8 | 0.0 | 10.0 | 82.4 |
| Chesterfield | 253 | 3 | 76 | 174 | 11.4 | 0.3 | 10.4 | 43.7 |
| Goochland | 11 | 0 | 3 | 8 | 10.3 | 0.0 | 7.5 | 51.9 |
| Hanover | 57 | 0 | 14 | 43 | 8.0 | 0.0 | 6.1 | 32.4 |
| Henrico | 255 | 5 | 71 | 179 | 14.1 | 0.5 | 12.3 | 66.6 |
| New Kent | 10 | 0 | 3 | 7 | 9.7 | 0.0 | 9.0 | 44.6 |
| Powhatan | 13 | 0 | 3 | 10 | 8.0 | 0.0 | 5.8 | 40.8 |
| Richmond City | 460 | 15 | 144 | 301 | 35.4 | 2.7 | 43.7 | 74.0 |
| PD 15 | 1,067 | 23 | 315 | 729 | 16.5 | 0.7 | 15.7 | 57.4 |
| Virginia | 8,905 | 129 | 2,521 | 6,255 | 17.6 | 0.5 | 16.3 | 62.2 |

Source: Virginia Department of Health 2005

NON-MARITAL BIRTHS

Often marriage provides additional financial and emotional supports to new mothers and their children that sometimes is not available to unmarried mothers. However, as mentioned previously, unmarried does not necessarily mean that the child’s father is not present in the child’s and mother’s household. While the percentage of non-marital births to black mothers is more than three times the percentage of non-marital births to white mothers, the increase in the percentage of non-marital births is considerably greater among white women when compared to black women both in PD 15 and Virginia. More than two of every three black births are to unmarried women while one in five of all white births are to unmarried women.

While some relatively rural counties, such as Powhatan, Goochland, and Charles City, have seen a decrease in their percentage of non-marital births, others, such as New Kent and Hanover, have experienced a significant increase. Richmond’s decrease in the percentage of non-marital births is a direct result of the decline in the number of total live births.

Non-Marital Births

| Locality | Percentage in 2005 | | | | Percentage Change 2000-2005 | | | |
|-----------------|--------------------|--------------|--------------|--------------|-----------------------------|--------------|-------------|--------------|
| | Total | White | Black | Other | Total | White | Black | Other |
| Charles City | 50.6% | 34.2% | 72.2% | 20.0% | -0.2% | 25.3% | -3.7% | -20.0% |
| Chesterfield | 27.9% | 22.0% | 53.5% | 18.8% | 17.2% | 20.2% | 12.4% | 21.3% |
| Goochland | 17.7% | 9.9% | 69.2% | 0.0% | -5.3% | 15.1% | 35.7% | 0.0% |
| Hanover | 19.7% | 15.2% | 60.8% | 19.2% | 25.5% | 25.6% | 18.1% | 131.3% |
| Henrico | 32.2% | 20.1% | 65.8% | 10.9% | 16.7% | 29.7% | 8.4% | 2.8% |
| New Kent | 24.7% | 22.0% | 40.9% | 50.0% | 33.5% | 91.3% | -27.0% | 0.0% |
| Powhatan | 16.0% | 12.3% | 66.7% | 33.3% | -10.1% | -17.4% | 45.6% | 0.0% |
| Richmond City | 61.2% | 30.5% | 83.1% | 44.9% | -0.3% | 21.0% | 3.5% | 70.7% |
| PD 15 | 36.3% | 21.4% | 71.3% | 17.0% | 7.4% | 25.1% | 4.5% | 22.3% |
| Virginia | 32.2% | 24.3% | 63.8% | 20.3% | 7.3% | 17.4% | 0.9% | 23.0% |

Source: Virginia Department of Health’s Vital Statistics 2000 and 2005

LOW WEIGHT BIRTHS

The percentage of low birth weight infants in PD 15 remains higher than and is increasing faster than Virginia’s percentage. Currently, almost 10% of all infants in PD 15 are low birth weight. While the percentage is growing faster among white births, the percentage of low birth weight black infants is almost double the percentage for white infants (14.1% versus 7.7%). In fact, the largest growth in low birth weight infants is among “other” races, growing from 6.5% in 2000 to 8.8% in 2005. New Kent and Chesterfield have both experienced a significant increase in their percentages of low birth weight infants, particularly among black mothers in New Kent and mothers of “other” races in Chesterfield. Nevertheless, Richmond’s black mothers appear to be at particular risk for delivery of a low birth weight infant.

| Locality | % with Low Birth Weight | | | | % Change in LBW Percentage | | | |
|-----------------|-------------------------|-------------|--------------|-------------|----------------------------|--------------|-------------|--------------|
| | 2005 | | | | 2000-2005 | | | |
| | Total | White | Black | Other | Total | White | Black | Other |
| Charles City | 11.4% | 10.5% | 13.9% | 0.0% | 18.7% | 15.7% | 25.1% | 0.0% |
| Chesterfield | 8.8% | 7.9% | 12.4% | 9.4% | 29.9% | 29.6% | 16.0% | 213.7% |
| Goochland | 7.6% | 6.4% | 15.4% | 0.0% | -29.9% | -18.6% | -24.6% | 0.0% |
| Hanover | 7.7% | 6.9% | 11.8% | 19.2% | 3.0% | 10.3% | -32.8% | 53.8% |
| Henrico | 9.3% | 7.8% | 12.6% | 8.6% | 9.1% | 17.0% | -2.6% | 5.7% |
| New Kent | 8.6% | 6.0% | 27.3% | 0.0% | 69.0% | -3.2% | 0.0% | 0.0% |
| Powhatan | 4.6% | 4.6% | 0.0% | 33.3% | -43.1% | -40.3% | -100.0% | 0.0% |
| Richmond City | 12.8% | 8.7% | 16.0% | 5.1% | -1.3% | 9.1% | 2.7% | -41.7% |
| PD 15 | 9.7% | 7.7% | 14.1% | 8.8% | 6.6% | 14.9% | 0.7% | 35.4% |
| Virginia | 8.2% | 7.0% | 12.8% | 7.0% | 2.5% | 16.7% | 0.8% | 0.0% |

Source: Virginia Department of Health’s Vital Statistics 2000 and 2005

Low birth weight can result in significant health, educational, and other problems for a child and significant financial costs to society and the child’s family. Early and appropriate prenatal care can often reduce the number of low birth weight infants.

INFANT MORTALITY

The table below provides the number of infant deaths and the infant death rate per 1,000 live births by locality for 2005. With 122 of the State’s total 777 infant deaths, PD 15 accounts for 15.7% of all infant deaths in Virginia. Over half (55.7%) of PD 15’s infant deaths are black infants and PD 15 accounts for 21.3% of all black infant deaths in Virginia.

PD 15’s overall infant mortality rate is 31.0% higher than Virginia’s rate. Its black infant mortality rate is 23.6% higher than Virginia’s rate. Of the PD 15 localities, Richmond has the highest overall infant mortality rate while Goochland has the highest infant death rate for black infants. Please note that Goochland had only one death, which was a black infant, causing an extremely high rate. Clearly, efforts need to be targeted toward reducing the number of infant deaths in PD 15.

| Locality | Number of Infant Deaths | | | | Rates per 1,000 Live Births | | | |
|-----------------|-------------------------|------------|------------|-----------|-----------------------------|------------|-------------|-------------|
| | Total | White | Black | Other | Total | White | Black | Other |
| Charles City | 1 | 1 | 0 | 0 | 12.7 | 26.3 | 0.0 | 0.0 |
| Chesterfield | 29 | 15 | 11 | 3 | 7.8 | 5.4 | 15.9 | 17.6 |
| Goochland | 1 | 0 | 1 | 0 | 5.1 | 0.0 | 38.5 | 0.0 |
| Hanover | 5 | 3 | 2 | 0 | 4.8 | 3.3 | 19.6 | 0.0 |
| Henrico | 46 | 18 | 24 | 4 | 11.2 | 7.2 | 20.4 | 9.3 |
| New Kent | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Powhatan | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Richmond | 40 | 9 | 30 | 1 | 13.2 | 7.5 | 17.2 | 12.8 |
| PD 15 | 122 | 46 | 68 | 8 | 9.7 | 5.7 | 17.8 | 11.2 |
| Virginia | 777 | 427 | 319 | 31 | 7.4 | 5.9 | 14.4 | 3.0 |

Source: Virginia Department of Health Vital Statistics 2005

DEATHS

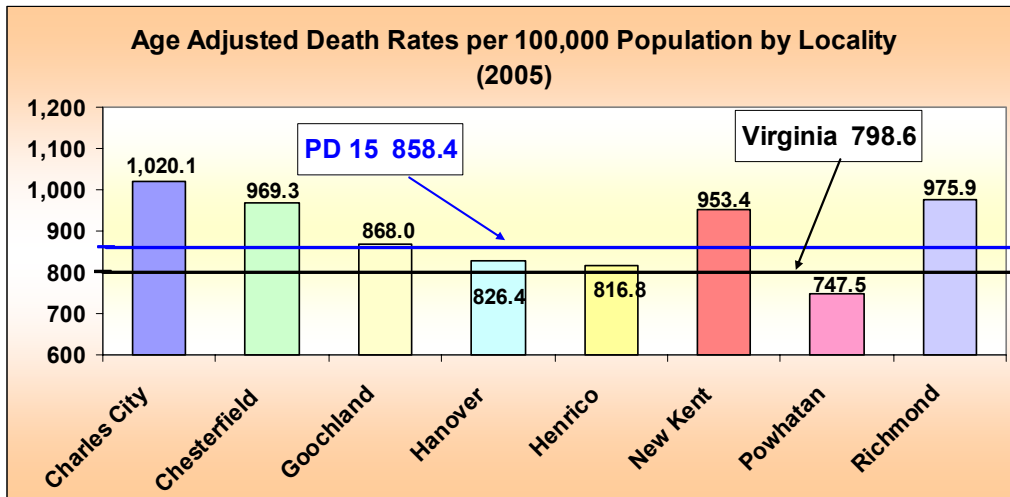
PD 15’s overall age adjusted death rate per 100,000 population in 2005 was 858.4, which is 7.5% higher than Virginia’s overall age adjusted death rate of 798.6. Of the fourteen selected causes of death, PD 15’s age adjusted death rates are 4.9% to 30.2% higher for eleven of these causes of death. The following table provides a comparison of the death rates for some of the major causes of death.

**Age Adjusted Death Rates for Selected Causes of Death
per 100,000 Population (2005)**

| Locality | Total Deaths | Diseases of the Heart | Malignant Neoplasms | Cerebrovascular Diseases | Alzheimer's Disease | Nephritis and Nephrosis |
|-----------------|--------------|-----------------------|---------------------|--------------------------|---------------------|-------------------------|
| Charles City | 1,020.1 | 288.5 | 150.0 | 68.3 | 40.3 | 51.6 |
| Chesterfield | 969.3 | 222.1 | 232.3 | 71.0 | 44.7 | 18.3 |
| Goochland | 868.0 | 168.9 | 233.4 | 73.1 | 29.6 | 10.2 |
| Hanover | 826.4 | 207.7 | 194.6 | 74.8 | 31.8 | 17.2 |
| Henrico | 816.8 | 182.1 | 182.4 | 55.7 | 30.0 | 22.3 |
| New Kent | 953.4 | 236.1 | 259.6 | 42.0 | 96.0 | 10.1 |
| Powhatan | 747.5 | 161.5 | 218.5 | 52.4 | 24.6 | 15.3 |
| Richmond | 975.9 | 217.2 | 215.5 | 55.4 | 17.8 | 28.4 |
| PD 15 | 858.4 | 195.7 | 200.5 | 58.1 | 29.3 | 21.2 |
| Virginia | 798.6 | 197.2 | 188.1 | 52.0 | 22.5 | 17.7 |

Source: Virginia Department of Health Vital Statistics 2005

The following chart illustrates the age adjusted death rate per 100,000 population for all causes of death by locality for 2005. Charles City has the highest overall age adjusted death rate of the PD 15 localities, partly influenced by the relatively small number of deaths in Charles City, which can create significantly variability in rates from year to year.



Source: Virginia Department of Health Vital Statistics 2005

The top ten causes of death, ranked by number of deaths in PD 15, are listed in the table below. These top ten causes of death account for 75% of all PD 15 deaths. For eight of the ten death causes, PD 15's rate is higher than Virginia's corresponding rate. For the two that are lower (diseases of the heart and unintentional injury), PD 15's and Virginia's rates are fairly similar. Of note, PD 15's Alzheimer's disease death rate is 30% higher than Virginia's rate.

Top Ten Leading Causes of Death and Death Rates per 100,000 Population by Locality (2005)

| Cause of Death | PD 15 | | Virginia | |
|--------------------------------|--------|-------|----------|-------|
| | Number | Rate | Number | Rate |
| Malignant Neoplasms | 1,773 | 200.5 | 13,826 | 188.1 |
| Diseases of Heart | 1,705 | 195.7 | 14,132 | 197.2 |
| Cerebrovascular Disease | 494 | 58.1 | 3,666 | 52.0 |
| Chronic Obs. Pulmonary Disease | 378 | 44.5 | 2,895 | 41.2 |
| Unintentional Injury | 309 | 34.1 | 2,610 | 35.0 |
| Alzheimer's Disease | 244 | 29.3 | 1,548 | 22.5 |
| Diabetes Mellitus | 202 | 23.6 | 1,634 | 22.5 |
| Influenza and Pneumonia | 191 | 22.4 | 1,462 | 20.8 |
| Nephritis and Nephrosis | 181 | 21.2 | 1,260 | 17.7 |
| Septicemia | 177 | 20.5 | 1,197 | 16.8 |

Source: Virginia Department of Health Vital Statistics 2005

The following table shows the disease with the highest death rate by age group and by locality. As evidenced, the highest death rate for the child, youth, and young adult population is unintentional injury. Cancer is the leading cause of death in the 45-64 population whereas diseases of the heart become the main cause of death for the elderly population. **Attachment F** provides detailed data on the top ten leading causes of death by age group and by locality.

| | 0-4 | 5-14 | 15-19 | 20-44 | 45-64 | 65+ |
|-------------------|---|-----------------------------|-----------------------------|-----------------------------|----------------------------|--------------------------|
| PD 15 | Unintentional Injury/Influenza and Pneumonia | Unintentional Injury | Unintentional Injury | Unintentional Injury | Malignant Neoplasms | Diseases of Heart |
| PD 15 Rate | 8.1 | 6.4 | 22.3 | 28.5 | 219.4 | 1,274.6 |
| Virginia Rate | 10.1 | 5.3 | 28.6 | 31.8 | 210.1 | 1,276.8 |

Source: Virginia Department of Health Vital Statistics 2005

Because malignant neoplasms represents both the highest number of deaths in PD 15 as well as the highest death rate, additional data is provided on cancer deaths. The top five leading causes of cancer deaths in PD 15 are lung and bronchus; female breast; colorectal; pancreas; and prostate. The tables below provide the data for these five leading causes of cancer deaths by race for each PD 15 locality.

In general, PD 15's white and black age adjusted death rates are higher than Virginia's corresponding death rates. For all five leading causes of cancer deaths, PD 15's and Virginia's black population's age adjusted death rate is higher than PD 15's and Virginia's white population's age adjusted death rate. While PD 15's white and black age adjusted death rates for lung and bronchus cancer are fairly similar, the difference in rates for the white and black population vary significantly for the other four leading causes of cancer deaths, with rates for the black population being greater and ranging from 36.1% higher for pancreatic cancer to 74.0%

higher for prostate cancer. Based on the data, racial disparity appears to occur relative to deaths from cancer. Several factors could cause this disparity including lack of access to primary care; lower access to or utilization of prevention screenings; less aggressive or appropriate treatment; and lifestyle differences.

Lung and Bronchus Cancer Age Adjusted Death Rates per 100,000 Population (2005)

| Locality | All Races | | White | | Black | | Asian | |
|-----------------|------------|-------------|------------|-------------|------------|-------------|----------|-------------|
| | # | Rate | # | Rate | # | Rate | # | Rate |
| Charles City | 6 | 71.1 | 2 | 51.0 | 4 | 88.3 | 0 | 0.0 |
| Chesterfield | 152 | 72.8 | 134 | 75.2 | 13 | 56.4 | 4 | 88.9 |
| Goochland | 13 | 65.6 | 7 | 37.2 | 6 | 137.7 | 0 | 0.0 |
| Hanover | 67 | 69.2 | 64 | 74.2 | 3 | 33.3 | 0 | 0.0 |
| Henrico | 150 | 53.3 | 122 | 55.2 | 24 | 50.4 | 4 | 56.9 |
| New Kent | 4 | 29.0 | 4 | 39.2 | 0 | 0.0 | 0 | 0.0 |
| Powhatan | 13 | 61.2 | 9 | 47.0 | 4 | 150.6 | 0 | 0.0 |
| Richmond | 132 | 64.3 | 53 | 54.1 | 78 | 73.0 | 1 | 86.2 |
| PD 15 | 537 | 61.1 | 395 | 61.2 | 132 | 61.9 | 9 | 62.3 |
| Virginia | 4,134 | 56.3 | 3,345 | 56.6 | 730 | 61.8 | 55 | 23.2 |

Source: Virginia Department of Health Vital Statistics 2005

Female Breast Cancer Age Adjusted Death Rates per 100,000 Population (2005)

| Locality | All Races | | White | | Black | | Asian | |
|-----------------|------------|-------------|------------|-------------|-----------|-------------|----------|-------------|
| | # | Rate | # | Rate | # | Rate | # | Rate |
| Charles City | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Chesterfield | 45 | 31.8 | 29 | 25.8 | 14 | 49.3 | 1 | 44.8 |
| Goochland | 7 | 62.7 | 4 | 54.5 | 2 | 82.2 | 0 | 0.0 |
| Hanover | 20 | 35.9 | 16 | 32.2 | 4 | 71.2 | 0 | 0.0 |
| Henrico | 58 | 33.7 | 43 | 32.3 | 15 | 44.8 | 0 | 0.0 |
| New Kent | 3 | 44.0 | 3 | 63.0 | 0 | 0.0 | 0 | 0.0 |
| Powhatan | 3 | 20.5 | 3 | 23.0 | 0 | 0.0 | 0 | 0.0 |
| Richmond | 34 | 28.9 | 11 | 19.3 | 23 | 36.2 | 0 | 0.0 |
| PD 15 | 170 | 32.1 | 109 | 28.1 | 58 | 42.2 | 1 | 17.2 |
| Virginia | 1,092 | 25.7 | 814 | 24.1 | 257 | 34.5 | 18 | 10.6 |

Source: Virginia Department of Health Vital Statistics 2005

Colorectal Cancer Age Adjusted Death Rates per 100,000 Population (2005)

| Locality | All Races | | White | | Black | | Asian | |
|-----------------|------------|-------------|------------|-------------|-----------|-------------|----------|------------|
| | # | Rate | # | Rate | # | Rate | # | Rate |
| Charles City | 1 | 12.9 | 1 | 35.6 | 0 | 0.0 | 0 | 0.0 |
| Chesterfield | 41 | 22.7 | 36 | 23.9 | 4 | 17.6 | 1 | 9.4 |
| Goochland | 6 | 28.0 | 4 | 20.2 | 2 | 43.1 | 0 | 0.0 |
| Hanover | 14 | 15.5 | 11 | 13.8 | 3 | 32.2 | 0 | 0.0 |
| Henrico | 49 | 17.4 | 35 | 15.3 | 13 | 25.6 | 1 | 8.4 |
| New Kent | 5 | 34.8 | 4 | 33.4 | 1 | 36.5 | 0 | 0.0 |
| Powhatan | 2 | 12.3 | 1 | 8.3 | 1 | 38.0 | 0 | 0.0 |
| Richmond | 38 | 17.5 | 13 | 12.1 | 25 | 23.1 | 0 | 0.0 |
| PD 15 | 156 | 18.1 | 105 | 16.5 | 49 | 23.2 | 2 | 7.7 |
| Virginia | 1,225 | 16.8 | 907 | 15.4 | 292 | 25.1 | 25 | 11.0 |

Source: Virginia Department of Health Vital Statistics 2005

Pancreatic Cancer Age Adjusted Death Rates per 100,000 Population (2005)

| Locality | All Races | | White | | Black | | Asian | |
|-----------------|------------|-------------|-----------|-------------|-----------|-------------|----------|-------------|
| | # | Rate | # | Rate | # | Rate | # | Rate |
| Charles City | 2 | 21.3 | 1 | 19.1 | 0 | 0.0 | 0 | 0.0 |
| Chesterfield | 28 | 13.7 | 25 | 14.2 | 2 | 6.8 | 1 | 59.6 |
| Goochland | 3 | 17.7 | 2 | 13.1 | 1 | 22.5 | 0 | 0.0 |
| Hanover | 3 | 3.0 | 3 | 3.4 | 0 | 0.0 | 0 | 0.0 |
| Henrico | 39 | 13.6 | 29 | 12.5 | 10 | 19.1 | 0 | 0.0 |
| New Kent | 5 | 33.0 | 5 | 40.0 | 0 | 0.0 | 0 | 0.0 |
| Powhatan | 10 | 43.0 | 9 | 44.1 | 1 | 23.9 | 0 | 0.0 |
| Richmond | 28 | 13.1 | 7 | 6.2 | 21 | 19.5 | 0 | 0.0 |
| PD 15 | 118 | 13.2 | 81 | 12.2 | 35 | 16.6 | 1 | 13.6 |
| Virginia | 851 | 11.6 | 669 | 11.3 | 171 | 14.7 | 8 | 4.0 |

Source: Virginia Department of Health Vital Statistics 2005

Prostate Cancer Age Adjusted Death Rates per 100,000 Population (2005)

| Locality | All Races | | White | | Black | | Asian | |
|-----------------|-----------|-------------|-----------|-------------|-----------|-------------|----------|------------|
| | # | Rate | # | Rate | # | Rate | # | Rate |
| Charles City | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Chesterfield | 31 | 52.2 | 24 | 47.5 | 7 | 101.3 | 0 | 0.0 |
| Goochland | 2 | 30.5 | 1 | 29.3 | 1 | 50.8 | 0 | 0.0 |
| Hanover | 6 | 17.0 | 4 | 14.1 | 2 | 48.0 | 0 | 0.0 |
| Henrico | 26 | 26.3 | 19 | 22.5 | 7 | 51.5 | 0 | 0.0 |
| New Kent | 4 | 66.5 | 1 | 10.0 | 3 | 454.2 | 0 | 0.0 |
| Powhatan | 2 | 27.2 | 2 | 31.8 | 0 | 0.0 | 0 | 0.0 |
| Richmond | 27 | 33.9 | 13 | 27.1 | 14 | 38.5 | 0 | 0.0 |
| PD 15 | 98 | 33.0 | 64 | 28.8 | 34 | 50.1 | 0 | 0.0 |
| Virginia | 720 | 27.3 | 517 | 23.8 | 197 | 51.0 | 4 | 5.7 |

Source: Virginia Department of Health Vital Statistics 2005

DISABILITIES

The 2000 Census provides disability data, by census tract, for type of disability and by age (data are included in **Attachment F**). The disability data and analysis for the youth population (5-15 years and 6-20 years) is included in the Greater Richmond Area Child and Youth Needs and Assets Assessment. By far, the greatest disability for the working population (21-64 years) is employment disabilities, followed by physical disabilities. The percentages of mental disabilities and sensory and self-care disabilities are fairly similar. Of note, the sensory and self-care disabilities have been combined in the following tables. *Note that the numbers are unduplicated and assignment is made to the primary disability.* As shown below for the 21-64 population, New Kent and Powhatan have the highest percentages of physical disabilities, Goochland has the highest percentages of both mental and sensory and self-care disabilities, and Charles City has the highest percentage of employment disabilities. In addition, PD 15 has a highest percentage of its population with physical disabilities than Virginia does.

| 21-64 Years by Disability | | | | | | | | | |
|---------------------------|---------------|--------------|---------------|-------------|---------------------|--------------|----------------|--------------|----------------|
| Locality | Physical | | Mental | | Sensory & Self-Care | | Employment | | Total |
| | # | % | # | % | # | % | # | % | # |
| Charles City | 138 | 22.8% | 14 | 2.3% | 54 | 8.9% | 399 | 66.0% | 605 |
| Chesterfield | 3,069 | 28.1% | 1,019 | 9.3% | 1,302 | 11.9% | 5,533 | 50.7% | 10,923 |
| Goochland | 174 | 26.2% | 91 | 13.7% | 118 | 17.8% | 281 | 42.3% | 664 |
| Hanover | 915 | 23.1% | 344 | 8.7% | 589 | 14.9% | 2,109 | 53.3% | 3,957 |
| Henrico | 2,689 | 22.5% | 1,134 | 9.5% | 1,312 | 11.0% | 6,836 | 57.1% | 11,971 |
| New Kent | 170 | 30.7% | 57 | 10.3% | 90 | 16.2% | 237 | 42.8% | 554 |
| Powhatan | 226 | 30.2% | 105 | 14.0% | 96 | 12.8% | 322 | 43.0% | 749 |
| Richmond | 2,537 | 19.3% | 1,382 | 10.5% | 1,035 | 7.9% | 8,198 | 62.3% | 13,152 |
| PD 15 | 9,918 | 23.3% | 4,126 | 9.7% | 4,596 | 10.8% | 23,915 | 56.2% | 42,555 |
| Virginia | 53,311 | 16.4% | 29,815 | 9.2% | 42,126 | 12.9% | 200,110 | 61.5% | 325,362 |

Source: 2000 Census

In the 65+ age group, physical disabilities become the primary disability. As shown in the table below, Charles City has both the highest percentages of physical and mental disabilities while New Kent has the highest percentage of sensory and self-care disabilities. Please note that Charles City’s percentage reflects its small population coupled with a relatively small number of people with the disability. In addition, PD 15’s percentages of each disability are fairly similar to the Virginia’s corresponding percentages.

| 65+ Years by Disability | | | | | | | |
|-------------------------|---------------|--------------|--------------|-------------|---------------------|--------------|----------------|
| Locality | Physical | | Mental | | Sensory & Self-Care | | Total |
| | # | % | # | % | # | % | # |
| Charles City | 74 | 74.7% | 19 | 19.2% | 6 | 6.1% | 99 |
| Chesterfield | 1,831 | 67.5% | 252 | 9.3% | 631 | 23.2% | 2,714 |
| Goochland | 187 | 70.6% | 15 | 5.7% | 63 | 23.8% | 265 |
| Hanover | 984 | 68.0% | 110 | 7.6% | 353 | 24.4% | 1,447 |
| Henrico | 2,732 | 66.9% | 309 | 7.6% | 1,045 | 25.6% | 4,086 |
| New Kent | 116 | 47.5% | 18 | 7.4% | 110 | 45.1% | 244 |
| Powhatan | 190 | 65.3% | 15 | 5.2% | 86 | 29.6% | 291 |
| Richmond | 2,623 | 69.3% | 293 | 7.7% | 871 | 23.0% | 3,787 |
| PD 15 | 8,737 | 67.5% | 1,031 | 8.0% | 3,175 | 24.5% | 12,943 |
| Virginia | 74,102 | 66.4% | 8,779 | 7.9% | 28,737 | 25.7% | 111,618 |

Source: 2000 Census

The following chart shows the rates of disability by locality for the 21-64 and 65+ age groups in 2000. Note that while PD 15's disability rate for the 21-64 age group is 7% higher than Virginia's rate, the PD 15 disability rate for the 65+ age group is 16% lower than the Virginia rate. Charles City has the highest disability rate for the 21-64 age group whereas New Kent has the highest disability rate for the 65+ age group. As expected, the disability rate increases as people age.

| Disability Rates per 1,000 Population | | | | | | |
|---------------------------------------|------------------|----------------|--------------|----------------|----------------|--------------|
| Locality | 21-64 Years | | | 65+ | | |
| | Total Pop | # Disabled | Rate | Total Pop | # Disabled | Rate |
| Charles City | 4,268 | 605 | 141.8 | 874 | 99 | 113.3 |
| Chesterfield | 154,966 | 10,923 | 70.5 | 21,007 | 2,714 | 129.2 |
| Goochland | 10,703 | 664 | 62.0 | 2,109 | 265 | 125.7 |
| Hanover | 50,643 | 3,957 | 78.1 | 9,159 | 1,447 | 158.0 |
| Henrico | 155,787 | 11,971 | 76.8 | 32,601 | 4,086 | 125.3 |
| New Kent | 8,388 | 554 | 66.0 | 1,268 | 244 | 192.4 |
| Powhatan | 14,240 | 749 | 52.6 | 1,883 | 291 | 154.5 |
| Richmond | 117,276 | 13,152 | 112.1 | 26,129 | 3,787 | 144.9 |
| PD 15 | 516,270 | 42,555 | 82.4 | 95,030 | 12,943 | 136.2 |
| Virginia | 4,240,700 | 325,362 | 76.7 | 687,540 | 111,618 | 162.3 |

Source: 2000 Census

OTHER INDICATORS

Several other indicators were reviewed. Further data on these indicators are included in **Attachment G**.

CHILD ABUSE OR NEGLECT

The rates of founded child abuse or neglect per 1,000 children were reviewed for 2000, 2003, and 2006. The following chart illustrates the 2006 child abuse or neglect rate per 1,000 population under 18 and the percentage change from 2000 to 2006. Note that rates can vary widely in localities with relatively few children because the number of founded cases is not extraordinarily large. It should be noted that these rates are dependent on various factors, such as the accuracy of the data reporting to the localities and/or Virginia, the willingness of individuals to report child abuse and neglect, and the level of follow-up by Social Services Departments. Therefore, higher founded rates do not necessarily mean that a locality has more child abuse and neglect; however, they can serve as a conservative indicator of actual abuse and neglect.

| Locality | % Change 2000 – 2006 | | | |
|-----------------|----------------------|------------|---------------|---------------|
| | Children | Rate | Children | Rate |
| Charles City | 4 | 2.6 | -42.9% | -43.3% |
| Chesterfield | 68 | 0.8 | -82.5% | -84.1% |
| Goochland | 5 | 1.3 | 0.0% | -8.4% |
| Hanover | 25 | 0.8 | -55.4% | -63.3% |
| Henrico | 204 | 2.7 | -20.0% | -29.6% |
| New Kent | 7 | 1.8 | -58.8% | -63.6% |
| Powhatan | 1 | 0.1 | -93.3% | -94.6% |
| Richmond | 204 | 4.6 | -47.8% | -48.6% |
| PD 15 | 518 | 2.1 | -54.4% | -58.9% |
| Virginia | 4,741 | 2.5 | -47.3% | -50.9% |

Source: Virginia Department of Social Services 2006

In 2006, PD 15’s rate was slightly lower than Virginia’s rate. The percentage change in PD 15’s child abuse or neglect rate per 1,000 children from 2000 to 2006 has been declining at a faster rate than Virginia’s percentage change. Each locality in PD 15 has experienced a decline in the child abuse or neglect rate, with Goochland showing the least decline and Powhatan the greatest decline between 2000 and 2006. Note, however, that both of these localities have a very small number of cases.

JUVENILE AND ADULT ARRESTS

PD 15 reported 281 arrests of persons under the age of 18 for violent crimes. As shown in the following table, PD 15’s juvenile violent crime arrest rate is more than 50% greater than the State rate. Henrico and Chesterfield have the highest arrest rates, followed by Hanover and then Richmond. Differences in arrest rates can reflect actual differences in the level of crime

committed by young people residing in those localities, but it also can reflect differences in the local authorities' ability to make arrests or the location of the crimes.

Juvenile Arrests

| Locality | Murder | | Forcible Rape | | Robbery | | Aggravated Assault | | Total Violent Crime |
|-----------------|-----------|------------|---------------|-------------|------------|-------------|--------------------|--------------|---------------------|
| | # | Rate | # | Rate | # | Rate | # | Rate | Rate |
| Charles City | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0.0 |
| Chesterfield | 1 | 4.7 | 30 | 140.9 | 23 | 108.0 | 70 | 328.8 | 582.5 |
| Goochland | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1 | 91.2 | 91.2 |
| Hanover | 0 | 0.0 | 6 | 92.3 | 1 | 15.4 | 6 | 92.3 | 200.1 |
| Henrico | 1 | 6.1 | 7 | 43.0 | 29 | 178.0 | 76 | 466.4 | 693.4 |
| New Kent | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0.0 |
| Powhatan | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0.0 |
| Richmond | 0 | 0.0 | 5 | 26.6 | 7 | 37.2 | 18 | 95.7 | 159.5 |
| PD 15 | 2 | 3.0 | 48 | 71.5 | 60 | 89.3 | 171 | 254.6 | 418.3 |
| Virginia | 18 | 3.5 | 224 | 44.1 | 438 | 86.2 | 672 | 132.2 | 265.9 |

Source: Crime in Virginia Arrest Report 2005, Virginia State Police Association

PD 15 reported 1,386 adult arrests for violent crimes. As shown in the following table, PD 15's adult violent crime arrest rate is 65% greater than the State rate. Richmond has the highest arrest rates, followed by Goochland and Henrico. Goochland's rate could be influenced by its relatively small population compared to other PD 15 localities.

Adult Arrests

| Locality | Murder | | Forcible Rape | | Robbery | | Aggravated Assault | | Total Violent Crime |
|-----------------|------------|-------------|---------------|-------------|--------------|-------------|--------------------|--------------|---------------------|
| | # | Rate | # | Rate | # | Rate | # | Rate | Rate |
| Charles City | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1 | 18.0 | 18.0 |
| Chesterfield | 9 | 4.3 | 61 | 29.3 | 75 | 36.1 | 140 | 67.3 | 137.1 |
| Goochland | 1 | 6.7 | 4 | 26.8 | 1 | 6.7 | 28 | 187.3 | 227.4 |
| Hanover | 2 | 2.9 | 11 | 16.0 | 16 | 23.3 | 18 | 26.2 | 68.4 |
| Henrico | 11 | 5.3 | 15 | 7.3 | 114 | 55.3 | 263 | 127.5 | 195.3 |
| New Kent | 0 | 0.0 | 3 | 27.1 | 0 | 0.0 | 5 | 45.2 | 72.2 |
| Powhatan | 0 | 0.0 | 0 | 0.0 | 1 | 5.1 | 4 | 20.5 | 25.7 |
| Richmond | 60 | 41.0 | 46 | 31.4 | 166 | 113.3 | 331 | 226.0 | 411.7 |
| PD 15 | 83 | 12.2 | 140 | 20.6 | 373 | 54.8 | 790 | 116.1 | 203.7 |
| Virginia | 318 | 5.8 | 1,009 | 18.3 | 1,399 | 25.4 | 4,079 | 74.1 | 123.7 |

Source: Crime in Virginia Arrest Report 2005, Virginia State Police Association

QUALITATIVE INFORMATION

COMMUNITY NEEDS ASSESSMENT SURVEY

In the winter of 2005/2006, the CVHPA, with the support of various hospitals and other organizations, contracted with a professional survey research firm to conduct a community needs assessment survey of 3,000 households in Health Planning Region (HPR) IV, which includes Planning District 15 as well as Planning Districts 13, 14, and 19. Each locality had 100 households surveyed, with the exception of Chesterfield, Henrico, and Richmond, which each had 200 households surveyed. This was the third time the survey was conducted; the first two surveys occurred in 1999 and 2002. A variety of questions, covering such topics as health coverage, health access, health conditions, and community needs, were asked. A summary report of the third survey was published in May 2006.

The responses to various questions were analyzed for each PD 15 locality and compared to the overall PD 15 and HPR IV responses. For another point of comparison, the responses from the Centers for Disease Control and Prevention's 2006 Behavioral Risk Factor Surveillance System Survey (BRFSS) were included for questions that were the same or similar to the household level community needs assessment questions. The BRFSS provides both state and national comparisons.

The household level community needs assessment responses were analyzed by three demographic groups: 1) gender; 2) race (white, black, other - only the white and black are discussed in this analysis); and 3) age (under 45 and 45 and older). The survey data have been weighted to account for the ages and races of respondents. The following explanation about the weighting is provided by the Wessex Group, which conducted the survey. "The data have been adjusted to reflect the distribution of the age of the head of household and the ethnic backgrounds as reported by the US Census Bureau for 2000 for each of the localities served by the CVHPA. Weighting is a common technique used in survey research to mechanically balance a sampling process and to make it look more like the population it purports to represent. Each data element within a specific sub-sample (locality or planning district) is given a slightly different weight in direct proportion to the difference in the representation of the sample characteristic and the population." Thus, weighting survey data provide a measure to ensure the results are representative of the population surveyed. In addition, please note that different weights were applied to the individual locality, the planning district, and the health planning region; thus, caution should be taken when comparing an individual locality's percentage to the health planning region percentage. Furthermore, the differences in the age and racial composition of the localities and the overall planning district can impact the percentages as well.

Of note, the sample size of 100 households in a locality is a statistically significant sample size overall. However, caution should be taken when using data from some of the demographic groups with small numbers; nonetheless, this information can still be useful in identifying potential areas of concern. In reviewing the findings, please note that most of the survey respondents were women.

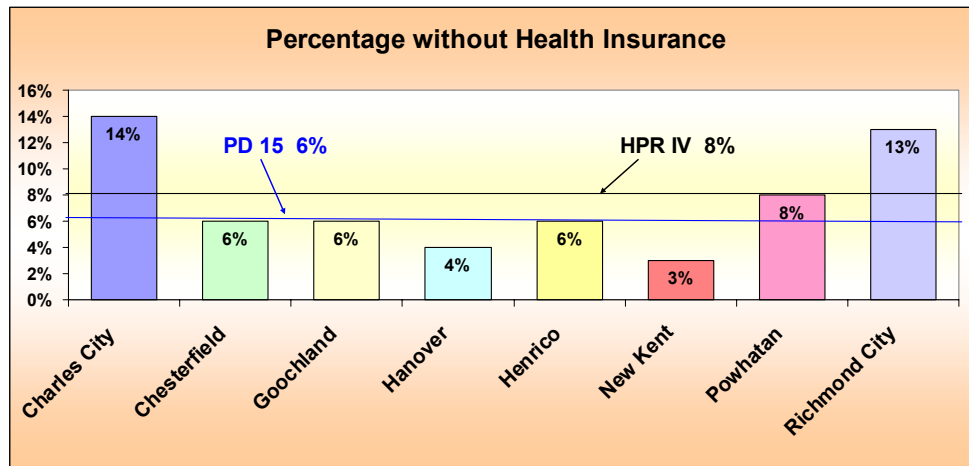
This section is divided into five topic areas – insurance coverage and access to care; chronic health conditions; preventive screenings; lifestyle issues; and rating of community problems. The detailed analysis of the responses is included in **Attachment H**.

Insurance Coverage and Access to Care

This section covers responses to questions involving insurance coverage for health and dental and access to health, dental, and medical services as well as medical specialists.

Health Care Coverage

Of the eight localities in PD 15, Charles City has the highest percentage (14%) of residents without health insurance, followed closely by Richmond (13%). For PD 15, the percentage of residents without health insurance is lower than HPR IV’s percentage. This is probably occurring because PD 15 is more urban overall, with greater access to employment offering health insurance, than the other three planning districts in HPR IV. Nonetheless, these are conservative estimates since it represents those uninsured at a single point in time and many people have periods of being uninsured throughout a year. Moreover, the number of uninsured people nationally between 2005 and August 2007 has increased five percent because of several factors, including erosions in employment-based insurance and the cost of health insurance.



Source: CVHPA’s Community Needs Assessment Survey 2005/2006

The following are noted when reviewing this question’s responses by gender, race, and age:

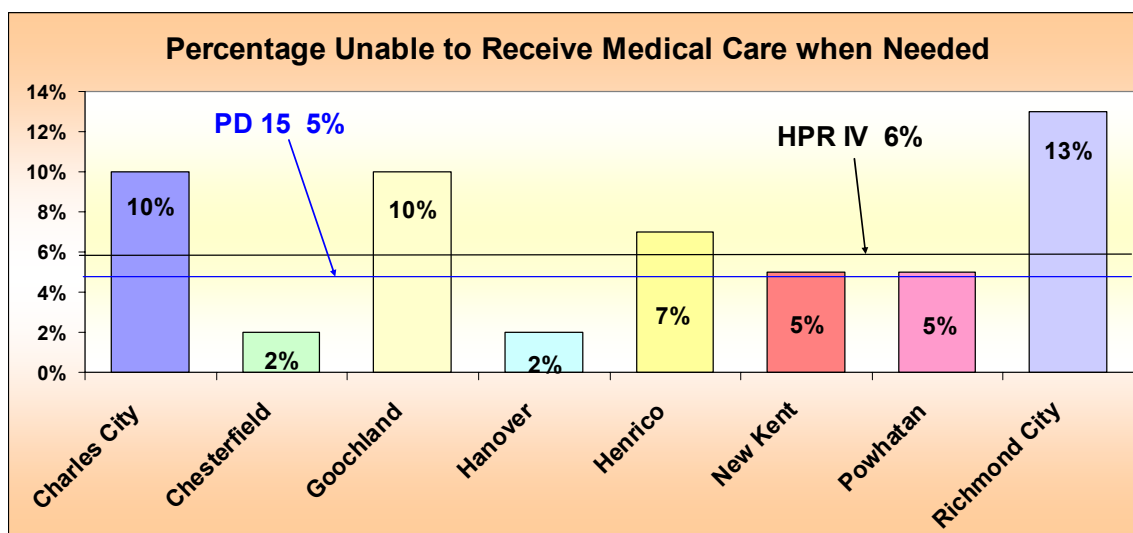
1. Five PD 15 localities have higher percentages of males without insurance. Charles City has the highest percentage (20%) of males without health insurance as well as the highest percentage (12%) of females.
2. Five PD 15 localities have higher percentages of the black population without health insurance. Charles City has the highest percentage (17%) of the white population while Henrico has the highest percentage (21%) of the black population without health insurance. PD 15’s percentage of the black population without health

insurance is almost four and one half times the percentage of the white population without health insurance in PD 15.

3. The percentage of the under 45 population without health insurance is higher than the percentage of people over 45 in five PD 15 localities. PD 15's percentage of the under 45 population without insurance is 60% greater than the percentage of the 45 and older population without insurance. This is most likely attributable to limited employer based health insurance for some of the younger population and Medicare coverage for those 65 and older.

Access to Health Care

As illustrated in the following chart, of the PD 15 localities, Richmond has the highest percentage (13%) of residents indicating that they have problems receiving health care when needed. Richmond's percentage is significantly higher than PD 15's percentage. PD 15's percentage of residents unable to receive medical care when needed is almost identical to HPR IV's percentage.



Source: CVHPA's Community Needs Assessment Survey 2005/2006

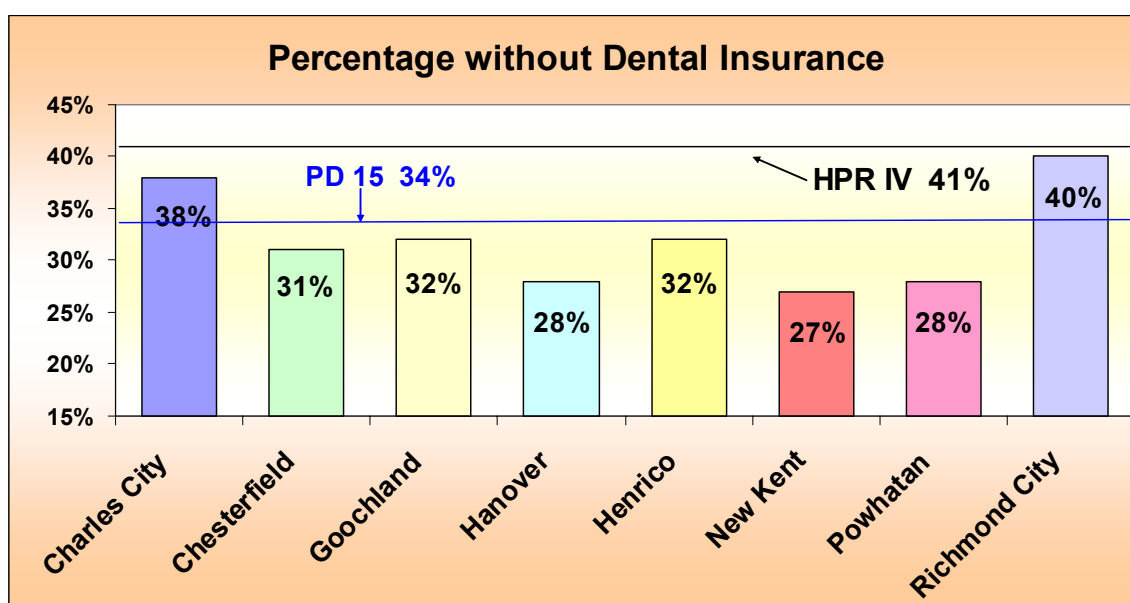
The following are noted when reviewing this question's responses by gender, race, and age:

1. Of the eight PD 15 localities, Goochland has the highest percentage (14%) of males while Richmond has the highest percentage (15%) of females who reported being unable to receive needed medical care.
2. Charles City has the highest percentage (12%) of the white population and Goochland has the highest percentage (23%) of the black population indicating they were unable to receive needed health care. The black population in five PD 15 localities has higher percentages than the white population reporting they were unable to receive needed health care. This is also true for PD 15 overall.

- The percentage of the under 45 population in six PD 15 localities reporting they were unable to receive needed health care is higher than the corresponding percentages of people over 45. PD 15's percentage of the under 45 population stating they were unable to receive needed health care is slightly higher than the percentage of the 45 and older population.

Dental Care Coverage

Richmond has the highest percentage (40%) of adults without dental insurance. PD 15's percentage of adults without dental insurance is lower than HPR IV's percentage. The percentage of PD 15's adults without dental insurance is over five times greater than those without health insurance. This also is true for HPR IV.



Source: CVHPA's Community Needs Assessment Survey 2005/2006

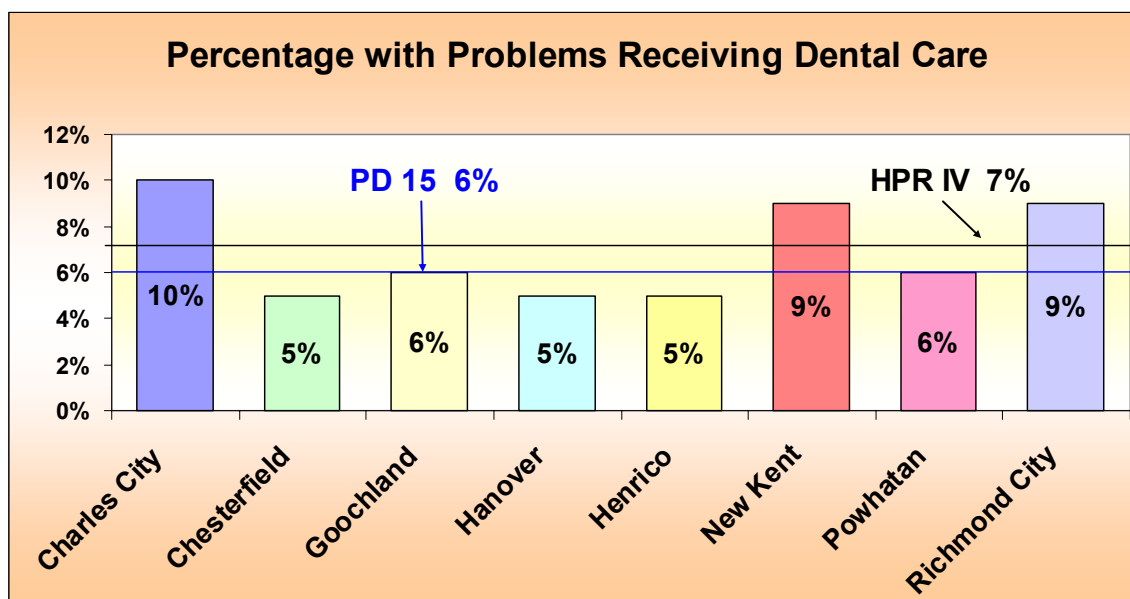
The following are noted when reviewing the question's response by gender, race, and age:

- Charles City has the highest percentage (51%) of males while Richmond has the highest percentage (42%) of females without dental insurance. Five PD 15 localities have higher percentages of males who lack dental insurance, which is also true for PD 15 overall.
- Charles City and Richmond have the highest percentage (37%) of the white population and Powhatan has the highest percentage (45%) of the black population lacking dental insurance. In general, the black population in PD 15 localities has a higher percentage without dental insurance when compared to the white population's percentage. Both PD 15 and HPR IV have higher percentages of the black population without dental insurance.

- The percentage of the 45 and older population without dental insurance is generally significantly higher than the under 45 population in all PD 15 localities. For PD 15 overall, the percentage of the 45 and older population without dental insurance is almost twice the percentage of the under 45 population. This can be attributed to several reasons, including Medicare and Medicaid not offering dental coverage to adults and the relative difficulty of obtaining affordable non-employment related dental insurance.

Access to Dental Care

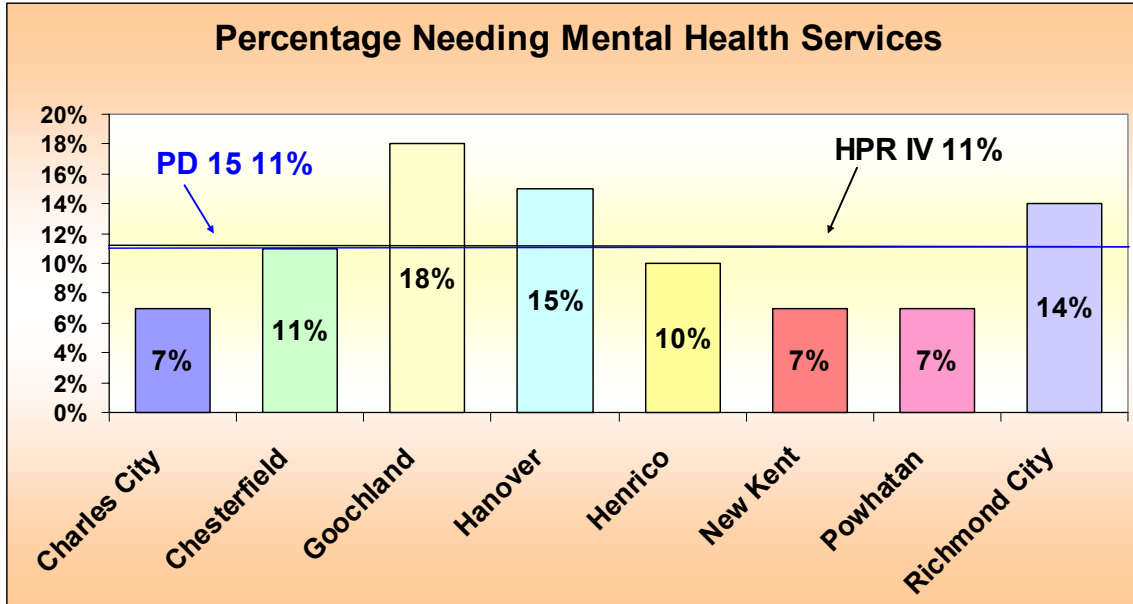
Charles City has the highest percentage (10%) of residents indicating that they have problems receiving dental care when needed, followed closely by New Kent (9%) and Richmond (9%). PD 15's percentage of residents reporting problems receiving dental care is almost identical to HPR IV's percentage.



Source: CVHPA's Community Needs Assessment Survey 2005/2006

Mental Health Services Needed

Goochland has the highest percentage (18%) of residents indicating that a household member needed mental health services within the past year. In PD 15, one in nine households indicates that a household member needed mental health services.



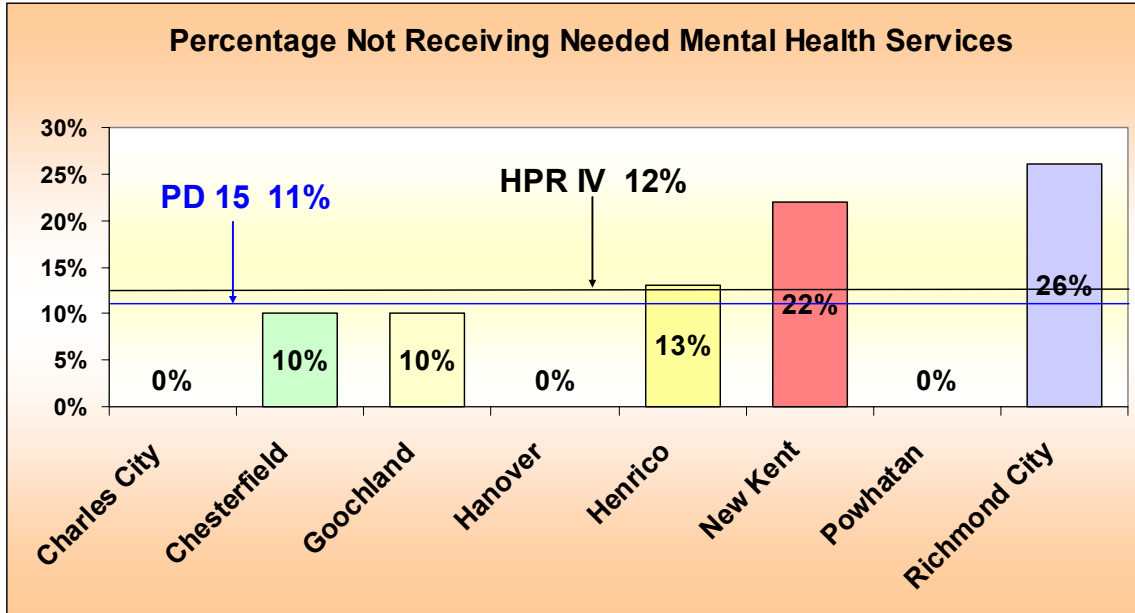
Source: CVHPA’s Community Needs Assessment Survey 2005/2006

The following are noted when reviewing the question’s response by gender, race, and age. **Typically, the need for mental health and substance abuse services are underreported. All demographic group differences can reflect a greater need for these services and/or less willingness to identify and/or report the need for services.**

1. Hanover had the highest percentage (14%) of males while Goochland had the highest percentage (24%) of females reporting some household member needing mental health services. PD 15 overall has a higher percentage of females (13%) reporting a household member needing mental health services.
2. Goochland had the highest percentages of both the white population (17%) and the black population (25%) reporting a need for mental health services. PD 15’s overall percentage of the black population reporting a need for mental health services is slightly higher than the white population’s percentage.
3. Goochland had both the highest percentage (20%) of the under 45 population and the highest percentage (18%) of the 45 and over population reporting a need for mental health services. In PD 15 overall, those under 45 were almost 50% more likely to report a need for mental health services compared to those 45 and over.

Mental Health Services Received

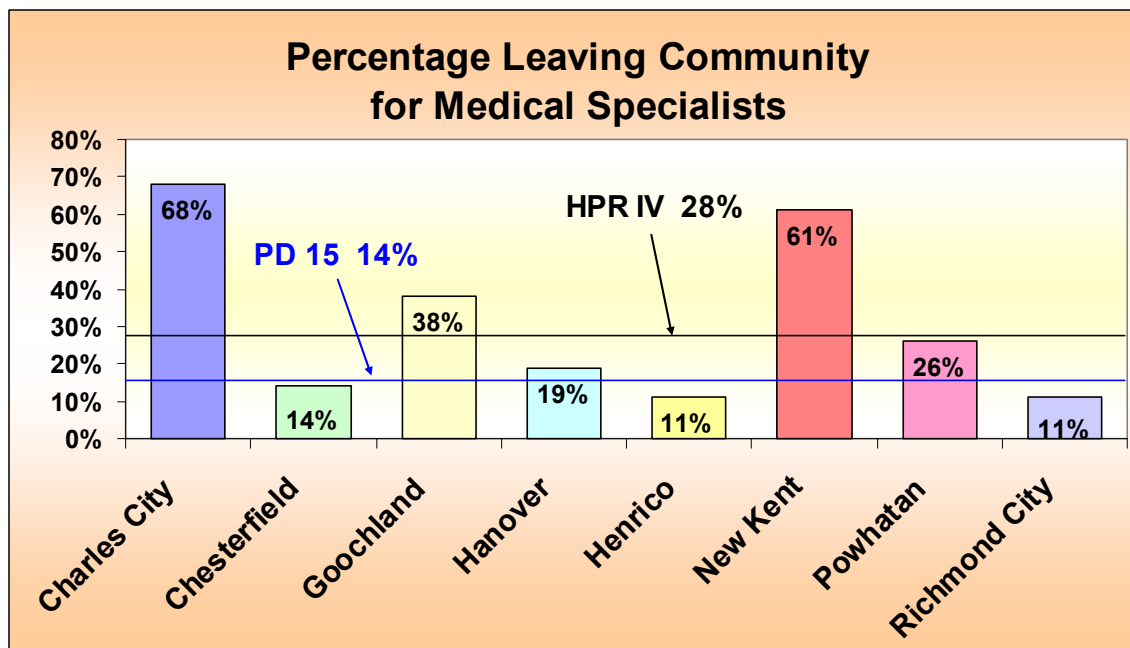
Richmond has the highest percentage (26%) of households indicating that they did not receive needed mental health services. PD 15’s percentage is almost identical to HPR IV’s percentage. Of the one in nine PD 15 households needing mental health care, one in nine households also reported they did not receive needed mental health services.



Source: CVHPA's Community Needs Assessment Survey 2005/2006

Leaving Community for Medical Specialists

Charles City has the highest percentage (68%) of residents indicating that they left the community to seek medical specialists. This is not surprising since this PD 15 locality has limited physician supply and is one of the more rural localities in the planning district. Also, PD 15's percentage of residents reporting they left the community to seek medical specialists is half of HPR IV's percentage. This is expected since the other three health planning districts in HPR IV are predominantly rural areas, where typically the availability of medical specialists is limited.



Source: CVHPA's Community Needs Assessment Survey 2005/2006

The following are noted when reviewing the question's response by gender, race, and age:

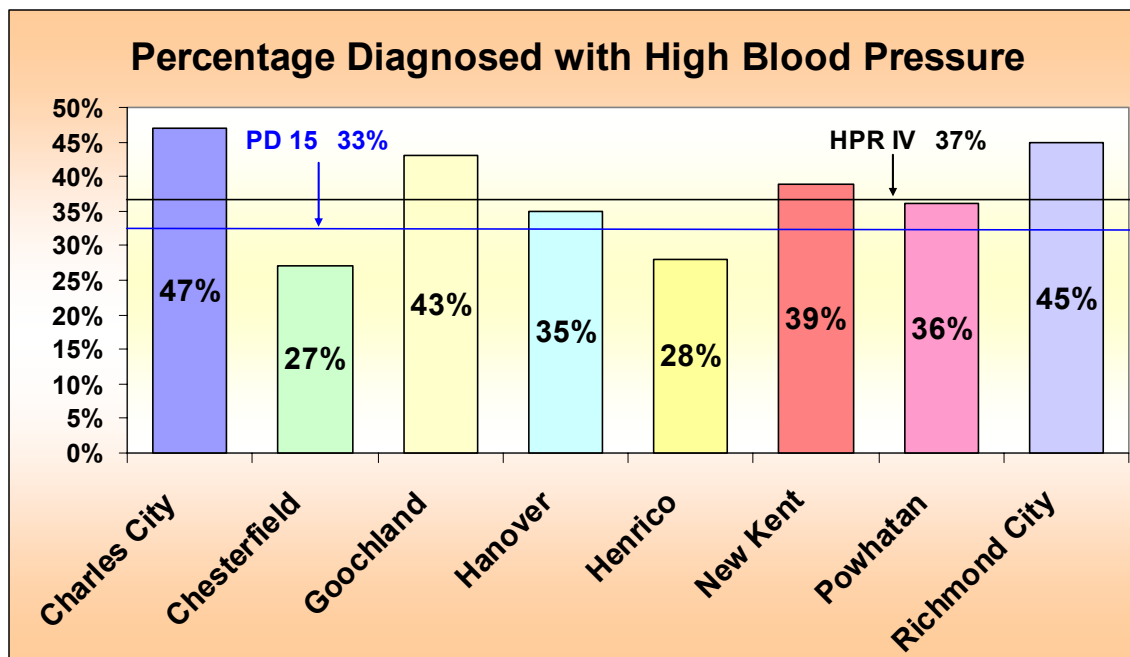
1. New Kent had the highest percentage (63%) of males leaving their community for medical specialists while Charles City had the highest percentage (72%) of females. As a whole, PD 15 has a higher percentage of female residents leaving the community for medical specialists.
2. Charles City had the highest percentage (74%) of the white population in PD 15 leaving the community for medical specialists. Both Charles City and Goochland have the highest percentage (58%) of the black population traveling outside their locality for medical specialists.
3. Charles City had the highest percentages of both the under 45 (60%) and the 45 and older population (71%) who leave their community for medical specialists.

Chronic Health Conditions

This section covers responses to various chronic health conditions – high blood pressure, high cholesterol, diabetes, and asthma.

High Blood Pressure

Charles City has the highest percentage (47%) of residents stating that they have high blood pressure. Overall, one in three residents in PD 15 has been diagnosed with high blood pressure compared to almost two in five HPR IV residents.



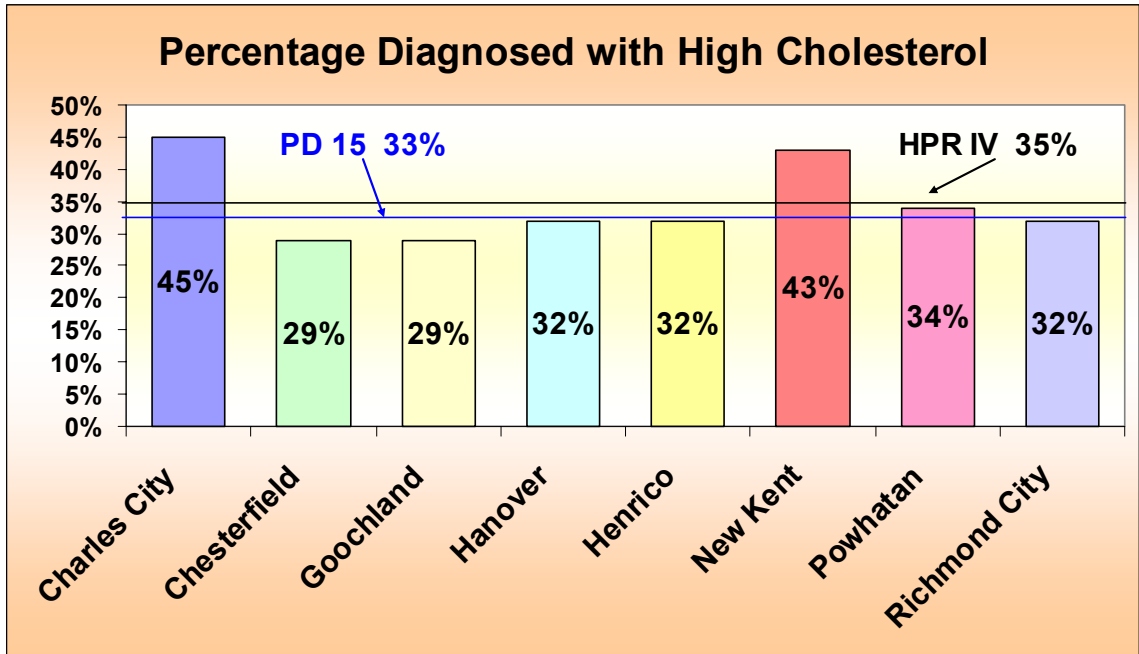
Source: CVHPA's Community Needs Assessment Survey 2005/2006

The following are noted when reviewing the question's response by gender, race, and age:

1. New Kent had the highest percentage (53%) of males while Goochland had the highest percentage of females (47%) diagnosed with high blood pressure. As a whole, PD 15's percentage (34%) of females with high blood pressure is slightly higher than the percentage (32%) of males.
2. Goochland had the highest percentage (37%) of the white population while Powhatan had the highest percentage of the black population (72%) diagnosed with high blood pressure. For all PD 15 localities, the percentage of the black population with high blood pressure is at least 17% higher than the percentage of the white population. For PD 15, the black population's percentage is almost double the white population's percentage.
3. Charles City had the highest percentage (29%) of the under 45 population whereas Richmond had the highest percentage (59%) of the 45 and older population diagnosed with high blood pressure. In all localities, as expected, the percentage of the 45 and older population with high blood pressure is significantly higher (at least 83%) than the under 45 population. This finding, of course, also applies to PD 15's percentage; with the 45 and older percentage being four times higher than the under 45 population.

High Cholesterol

Charles City has the highest percentage (45%) of residents indicating that they have been diagnosed with high cholesterol. PD 15's percentage is slightly lower than HPR IV's percentage. Overall, one in three PD 15 residents has high cholesterol compared to slightly more than one in three HPR IV residents.



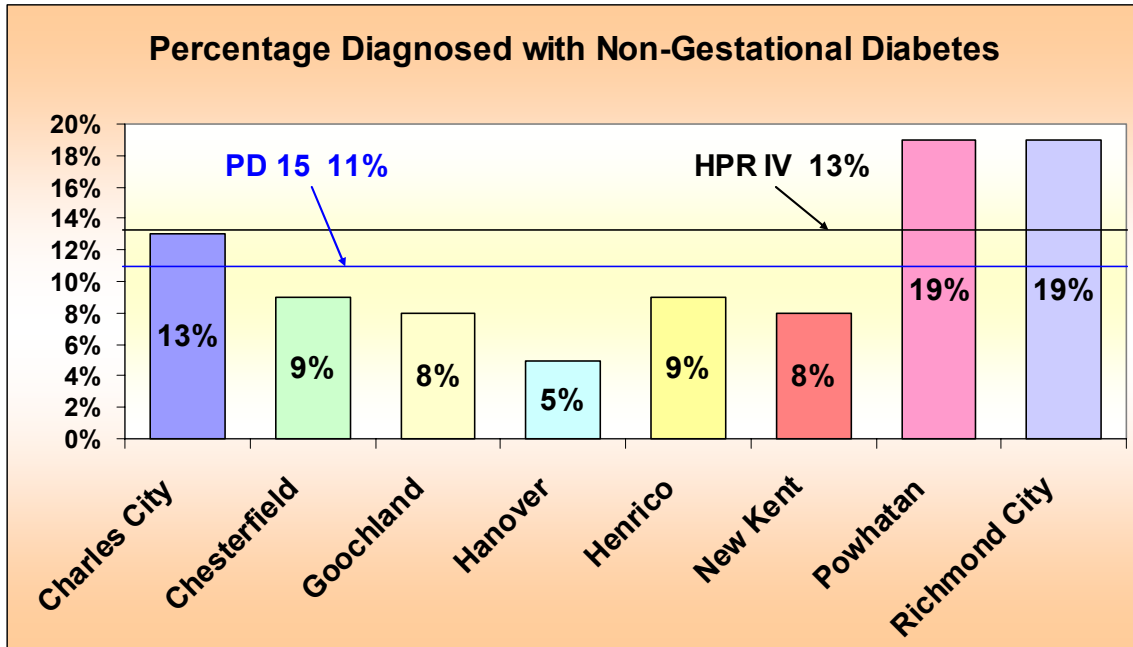
Source: CVHPA's Community Needs Assessment Survey 2005/2006

The following are noted when reviewing the question's response by gender, race, and age:

1. Charles City has the highest percentage (46%) of the male population and Charles City and New Kent have the highest percentage (45%) of the female population diagnosed with high cholesterol. As a whole, the percentage (36%) of males in PD 15 diagnosed with high cholesterol is higher than the percentage (31%) of females.
2. Charles City has the highest percentage (45%) of the white population diagnosed with high cholesterol while Hanover has the highest percentage (59%) of the black population. Overall, PD 15's percentage (36%) of black population diagnosed with high cholesterol is higher than PD 15's percentage (32%) of the white population.
3. Powhatan has the highest percentage (30%) of the under 45 population diagnosed with high cholesterol whereas Charles City has the highest percentage (59%) of the 45 and older population. In all PD 15 localities, as expected, the percentage of the 45 and older population diagnosed with high cholesterol is generally significantly higher (at least 23%) than the under 45 population.

Diabetes

Both Powhatan and Richmond have the highest percentage (19%) of residents reporting that they have been diagnosed with diabetes. Overall, one in nine people in PD 15 has been diagnosed with diabetes compared to almost one in eight people in HPR IV.



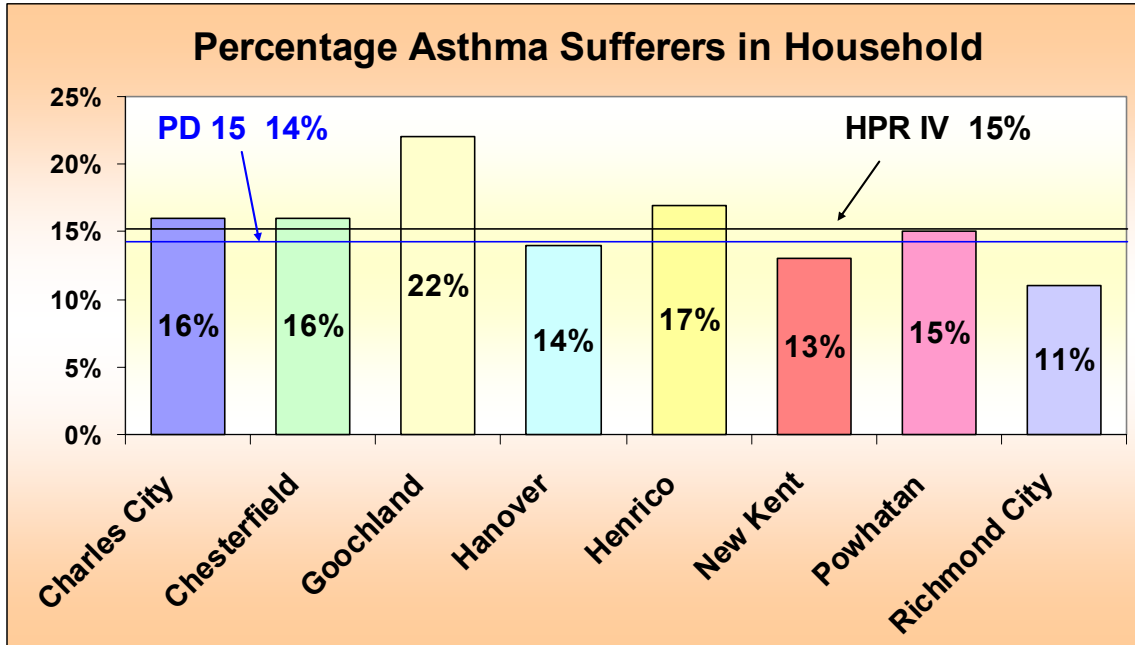
Source: CVHPA’s Community Needs Assessment Survey 2005/2006

The following are noted when reviewing the question’s response by gender, race, and age:

1. Richmond has the highest percentage (29%) of the male population while Powhatan has the highest percentage (16%) of the female population diagnosed with diabetes. PD 15’s percentages (11%) of the male and female population diagnosed with diabetes are identical.
2. Powhatan has the highest percentages of the white population (13%) and the black population (55%) diagnosed with diabetes. Overall, PD 15 has a higher percentage (more than twice) of its black population diagnosed with diabetes compared to its white population.
3. Richmond has the highest percentage (11%) of the under 45 population diagnosed with diabetes and Powhatan has the highest percentage (27%) for the 45 and older population. For all localities in PD 15, the population over 45 has a significantly higher percentage with diabetes than the population under 45. This also is true for PD 15, where the percentage of 45 and older population with diabetes is three and one half times the under 45 percentage. This finding is expected as the prevalence of diabetes increases with age.

Asthma

Goochland has the highest percentage (22%) of residents indicating they have an asthma sufferer in their household. PD 15's and HPR IV's percentages of residents indicating they have an asthma sufferer in their household are almost identical, representing approximately one in seven households.



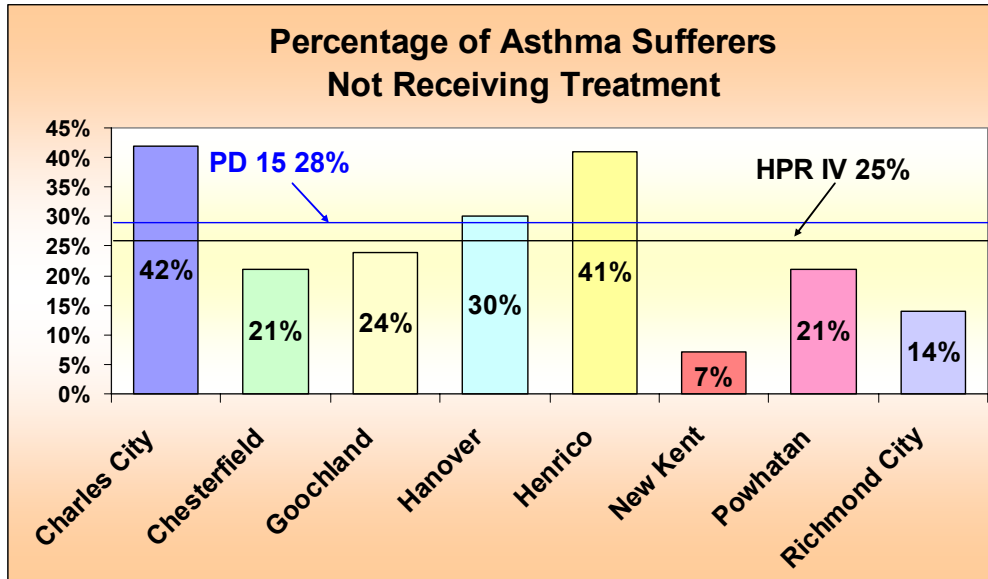
Source: CVHPA's Community Needs Assessment Survey 2005/2006

The following is noted when reviewing this question's responses by race. Of note, since the survey respondent is not usually the person with asthma, any analysis by age or gender is not particularly useful.

1. All PD 15 localities except for Charles City and Hanover have a higher percentage of the black population with an asthma sufferer in the household. Henrico has the highest percentage (37%) of the black population with an asthma sufferer. Overall, PD 15's percentage of the black population with an asthma sufferer is almost 50% higher than the percentage of the white population.

Asthma Sufferer Receiving Treatment

Charles City has the highest percentage (42%) of residents indicating they have an asthma sufferer in their household who is not receiving treatment. PD 15's percentage of households indicating that they have an asthma sufferer in their household who is not receiving treatment is slightly higher than HPR IV's percentage. For PD 15, of the approximately one in seven households stating they have an asthma sufferer, more than one of four households indicated that the person is not receiving treatment.



Source: CVHPA’s Community Needs Assessment Survey 2005/2006

The following is noted when reviewing this question’s responses by race. As noted above, since the survey respondent is not usually the person with asthma, any analysis by age or gender is not particularly useful.

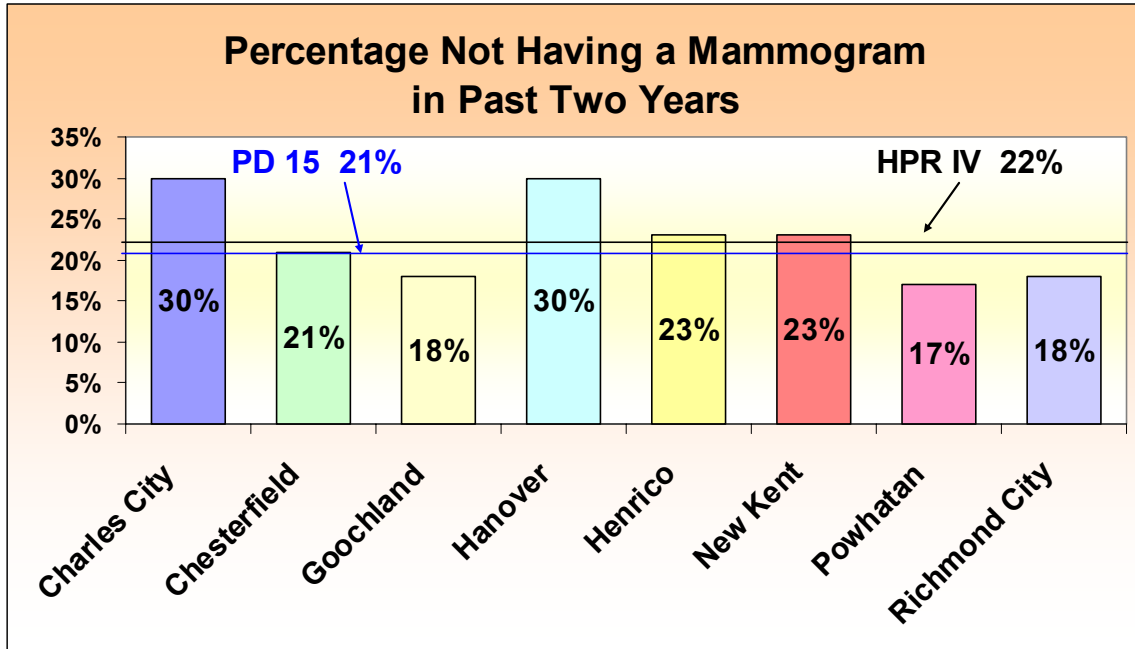
1. Henrico has the highest percentage (41%) of the white population reporting an asthma sufferer not receiving treatment while Charles City has the highest percentage (50%) of the black population reporting an asthma sufferer not receiving treatment. The black population in three localities (Charles City, Chesterfield, and Powhatan) is greater than the white population reporting not receiving treatment for asthma. Overall, PD 15’s percentage of the white population not receiving treatment for asthma is higher than the percentage of the black population.

Preventive Screening

The following section provides information on various cancer prevention screening/exams (mammography, PAP, colon, and prostate).

Mammography

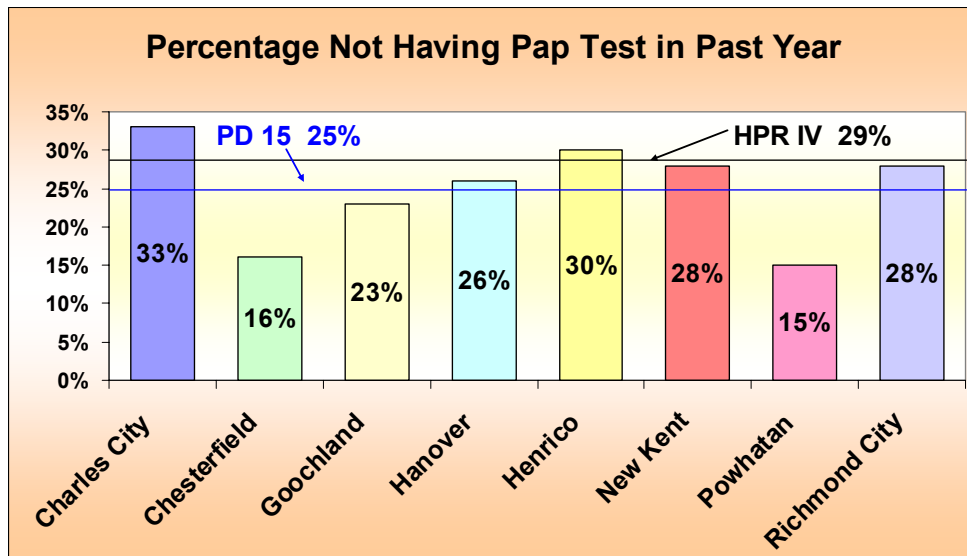
Both Charles City and Hanover have the highest percentage (30%) of female residents age 40 and over reporting that they have not had a mammogram within the past two years. For PD 15, more than one in every five female residents in this age group have not had a mammogram within the past two years, which is almost identical to HPR IV.



Source: CVHPA's Community Needs Assessment Survey 2005/2006

Pap Test

Charles City has the highest percentage (33%) of female residents reporting they have not had a PAP test within the last year. One in four female PD 15 residents reports they have not had a PAP test within the last year compared to almost one in three female residents in HPR IV.



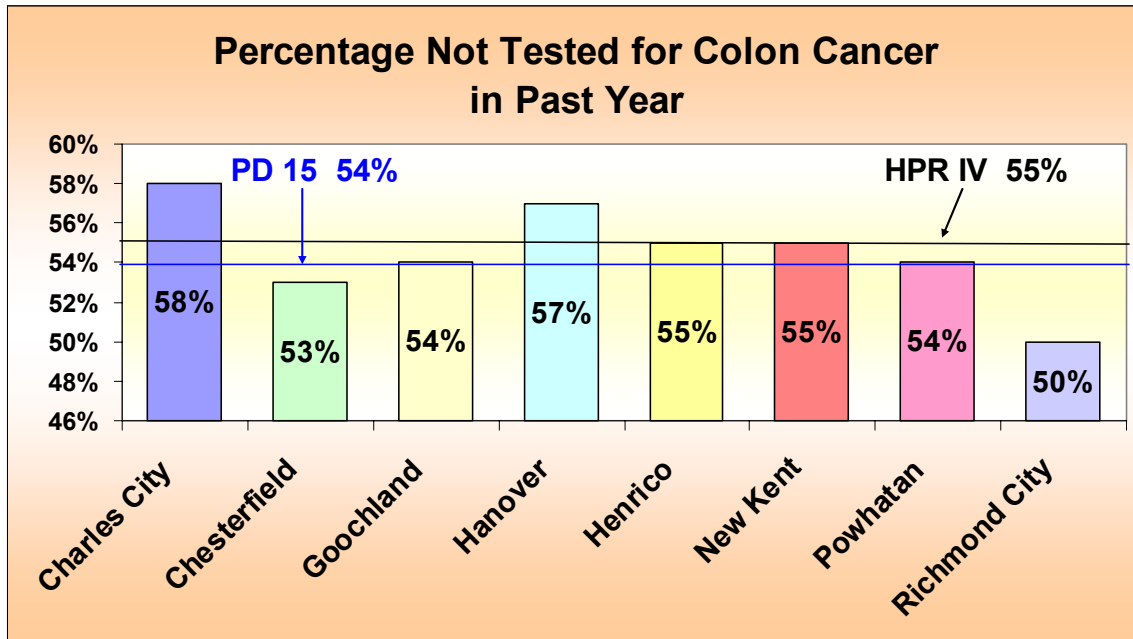
Source: CVHPA's Community Needs Assessment Survey 2005/2006

The following are noted when reviewing this question’s responses by race and age.

1. Charles City has the highest percentage (44%) of the white female population indicating that they have not had a PAP test within the last year while Hanover has the higher percentage (45%) of the black population. Overall, in PD 15, one in four white females and almost one in three black females reported they have not had a PAP test within the last year
2. Richmond has the highest percentage (28%) of the female population under 45 years old while Charles City has the highest percentage (43%) of the female population 45 years and older indicating that they have not had a PAP test within the last year. In PD 15, approximately one in five women under 45 years old and almost one in three women 45 years and older report they have not had a PAP test within the last year.

Colon Screen

All PD 15 localities have at least 50% of the respondents age 50 and older stating they have not had a colon cancer screen in the past year, with Charles City having the highest percentage (58%) not being screened. PD 15’s percentage is almost identical to HPR IV’s percentage. Overall, more than one in two PD 15 as well as HPR IV residents in this age group report they have not had a colon screen within the last year.



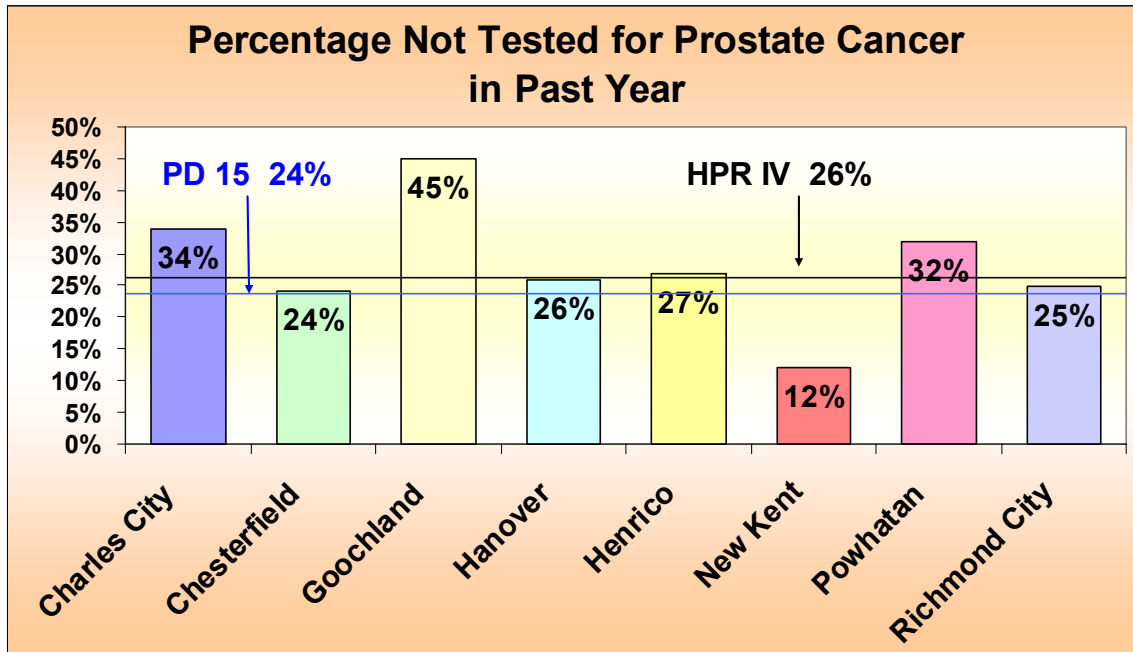
Source: CVHPA’s Community Needs Assessment Survey 2005/2006

The following are noted when reviewing this question’s responses by gender and race. Because this question was asked only to those 50 years and older, an age analysis was not performed.

1. Goochland has the highest percentage (73%) of the male population while Charles City has the highest percentage (66%) of the female population reporting they have not had a colon screen within the last year.
2. New Kent has the highest percentage (60%) of the white population and Henrico has the highest percentage (65%) of the black population indicating that they have not had a colon screen within the last year. Overall, PD 15 has a higher percentage (56%) of its white population indicating that they have not had a colon screen within the last year compared to the black population's percentage (45%).

Prostate Screen

Goochland has the highest percentage (45%) of male residents age 50 years and older reporting they have not had a prostate screen within the last year. Overall, almost one out of every four PD 15 male residents in this age group reports they have not had a prostate screen within the last year.



Source: CVHPA's Community Needs Assessment Survey 2005/2006

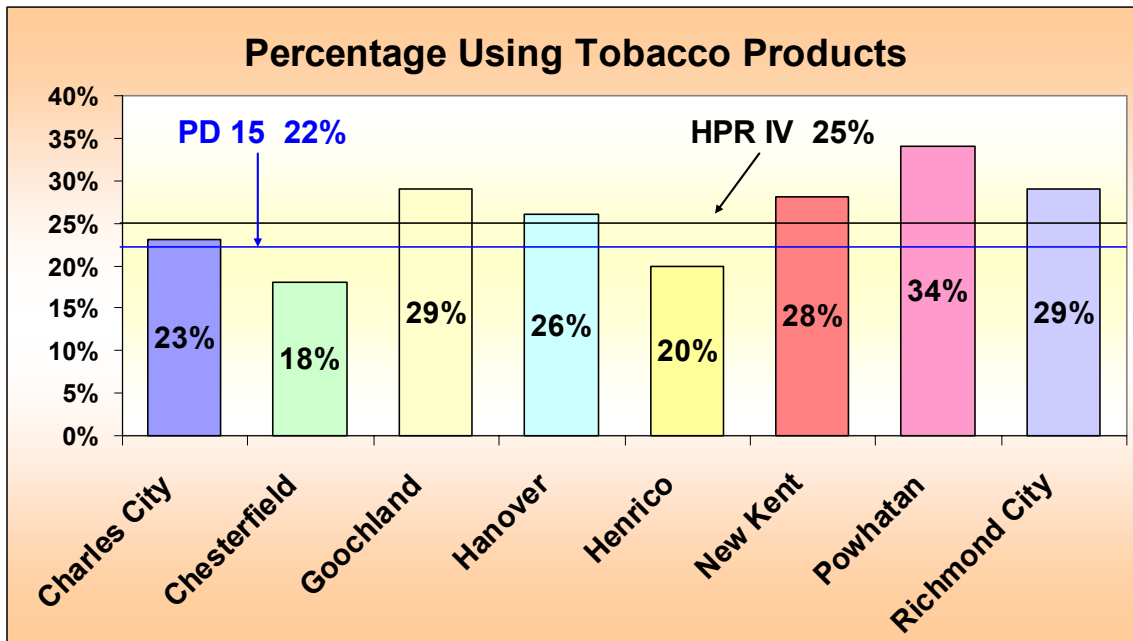
The following is noted when reviewing this question's response by race. Because this question was asked only to those males age 50 and older, age analysis was not performed.

1. Goochland has the highest percentages of both the white male population (45%) and the black male population (63%) indicating that they have not had a prostate screen within the last year. Overall, in PD 15, almost one in four white males and almost one in three black males report they have not had a prostate screen within the last year.

Lifestyle Issues

Tobacco Products Usage

Powhatan has the highest percentage (34%) of residents indicating that a household member uses tobacco products. Overall, slightly more than one in five PD 15 residents report a household member using tobacco products compared to one in four HPR IV residents.



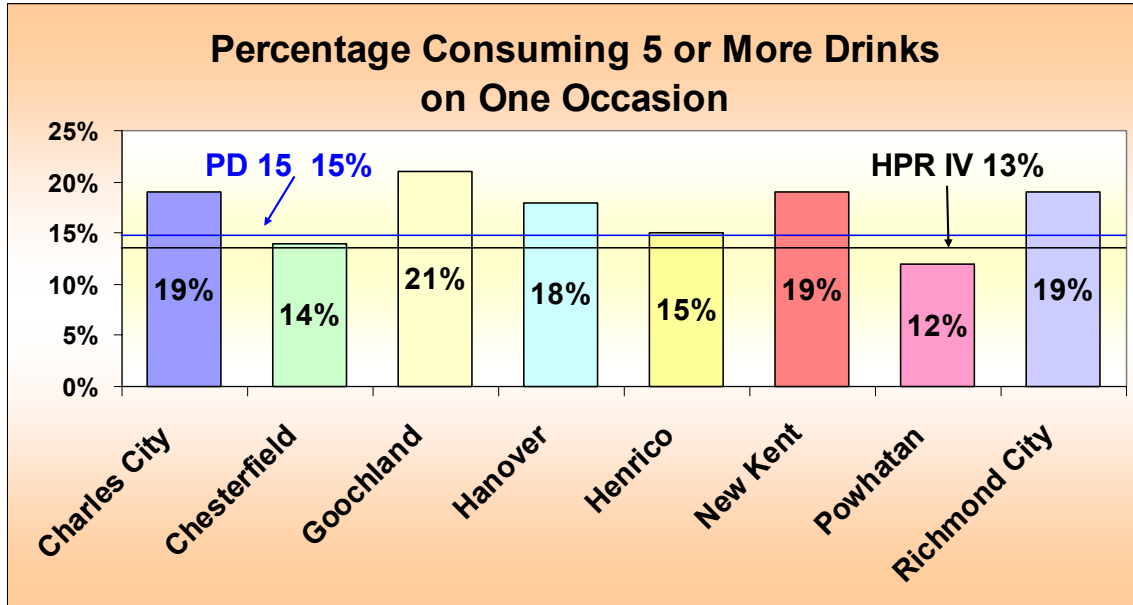
Source: CVHPA’s Community Needs Assessment Survey 2005/2006

The following are noted when reviewing this question’s responses by gender, race, and age:

1. Richmond and Powhatan have the highest percentage (32%) of the male population while Powhatan has the highest percentage (35%) of the female population reporting a tobacco product user in the household. PD 15’s percentage of the male population using tobacco products is higher than the female population’s percentage.
2. Powhatan has the highest percentage (38%) of the white population and Hanover has the highest percentage (66%) of the black population indicating a tobacco product user in the household. Overall, PD 15’s percentage of the black population using tobacco products is higher than the white population’s percentage.
3. Powhatan has the highest percentage (50%) of the under 45 population with a tobacco product user in the household while Goochland and Hanover have the highest percentage (27%) of the 45 and older population. Overall, PD 15’s percentage (26%) of the under 45 population using tobacco products is higher than the 45 and over population’s percentage (20%).

Alcohol Usage

Goochland has the highest percentage (21%) of residents indicating that a household member had five or more drinks on one occasion. Overall, slightly more than one in seven PD 15 residents report a household member having five or more drinks on one occasion.



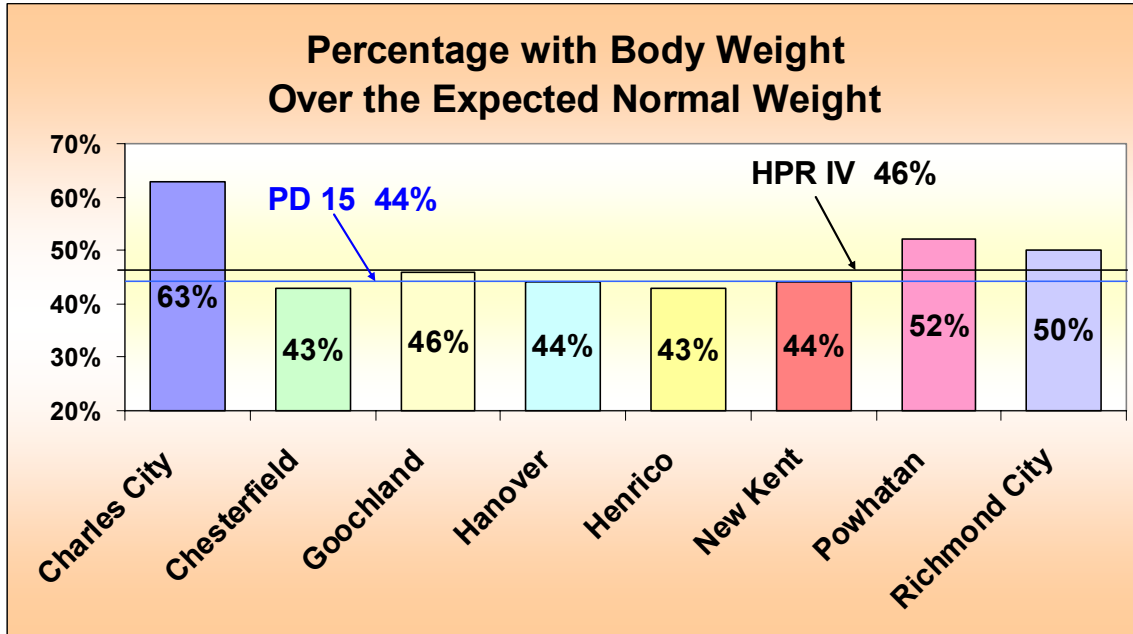
Source: CVHPA’s Community Needs Assessment Survey 2005/2006

The following are noted when reviewing this question’s responses by gender, race, and age:

1. Richmond has the highest percentage (36%) of the male population while Goochland has the highest percentage (20%) of the female population reporting a household member had five or more drinks on one occasion. PD 15’s percentage of males having five or more drinks on one occasion is twice the female’s percentage.
2. Charles City has the highest percentage (25%) of the white population and Goochland and Henrico have the highest percentage (27%) of the black population indicating a household member had five or more drinks on one occasion. Overall, PD 15’s percentage (19%) of the black population having five or more drinks on one occasion is higher than the white population’s percentage (15%).
3. Goochland has the highest percentage (30%) of the under 45 population while Charles City and Goochland have the highest percentage (17%) of the 45 and older population indicating a household member had five or more drinks on one occasion. Overall, PD 15’s percentage (24%) of the under 45 population having five or more drinks on one occasion is more than double the 45 and over population’s percentage (11%).

Body Weight

Charles City has the highest percentage (63%) of residents indicating that they are overweight. Overall, more than four in ten PD 15 residents report they are overweight.



Source: CVHPA’s Community Needs Assessment Survey 2005/2006

The following are noted when reviewing this question’s responses by gender, race, and age:

1. Charles City has both the highest percentage of the male population (64%) the female population (63%) indicating they are overweight. PD 15’s percentage (47%) of the male population stating they are overweight is higher than the female population’s percentage (43%).
2. Powhatan has the highest percentage (55%) of the white population and Charles City and Chesterfield have the highest percentage (71%) of the black population indicating they are overweight. Overall, PD 15’s percentage (57%) of the black population reporting they are overweight is higher than the white population’s percentage (42%).
3. Powhatan has the highest percentage (59%) of the under 45 population who state they are overweight while Charles City has the highest percentage (66%) of the 45 and older population. Overall, almost four in ten of PD 15’s residents under 45 indicate they are overweight compared to almost one in two PD 15 residents who are 45 and over.

Rating of Community Problems

Respondents were asked to rate various community problems on a scale of 1 to 5, with 1 indicating not a problem and 5 indicating a very serious problem. The percentage of people who responded to a community problem as either serious or very serious was calculated (this worksheet titled serious/very serious problems is located in **Attachment H**). Percentages that were 30.0% or greater are shaded in red and percentages that were between 25.0% and 29.9% are shaded in yellow.

Two community problems shaded in red for all PD 15 localities are **1) violence on TV, movies, in music and 2) cost of affordable or available health care. Lack of transportation was shaded red in all PD 15 localities except Richmond**, which has a public transportation system. The next eight prominent community problems in PD 15 (at least six localities shaded either red or yellow) are as follows:

- **lack of affordable or available long term care insurance**
- **lack of affordable and quality housing**
- **need for improved cooperation among cultural and ethnic groups**
- **lack of emergency planning in case of disaster or terrorist situation**
- **lack of affordable or available mental health service**
- **alcohol and other illegal drug use by children and adolescents**
- **lack of after school supervision**
- **lack of employer sponsored health insurance**

The table below provides the ranking of the top three community needs by locality. As illustrated, TV and media violence is the top community need for all PD 15 localities except New Kent which ranked this need as number two. Transportation is identified as the second greatest community problem in five of the eight PD 15 localities. Health care cost is noted as the third greatest community problem in four of the eight PD 15 localities.

Ranking of Top Community Needs

| Locality | #1 | #2 | #3 |
|-----------------------------|--------------------------------------|----------------------------------|---------------------------|
| Charles City | Transportation/TV and media violence | Long term care | Health care cost |
| Chesterfield | TV and media violence | Transportation | Ethnic cooperation |
| Goochland | TV and media violence | Transportation | Long term care |
| Hanover | TV and media violence | Transportation | Health care cost |
| Henrico | TV and media violence | Transportation/health care costs | Ethnic cooperation |
| New Kent | Transportation | TV and media violence | Health care cost |
| Powhatan | TV and media violence | Transportation | Health care cost |
| Richmond | TV and media violence | Community violence | Teen pregnancy |
| Planning District 15 | TV and media violence | Transportation | Ethnic cooperation |

In summary, the main findings from the community needs assessment survey are as follows:

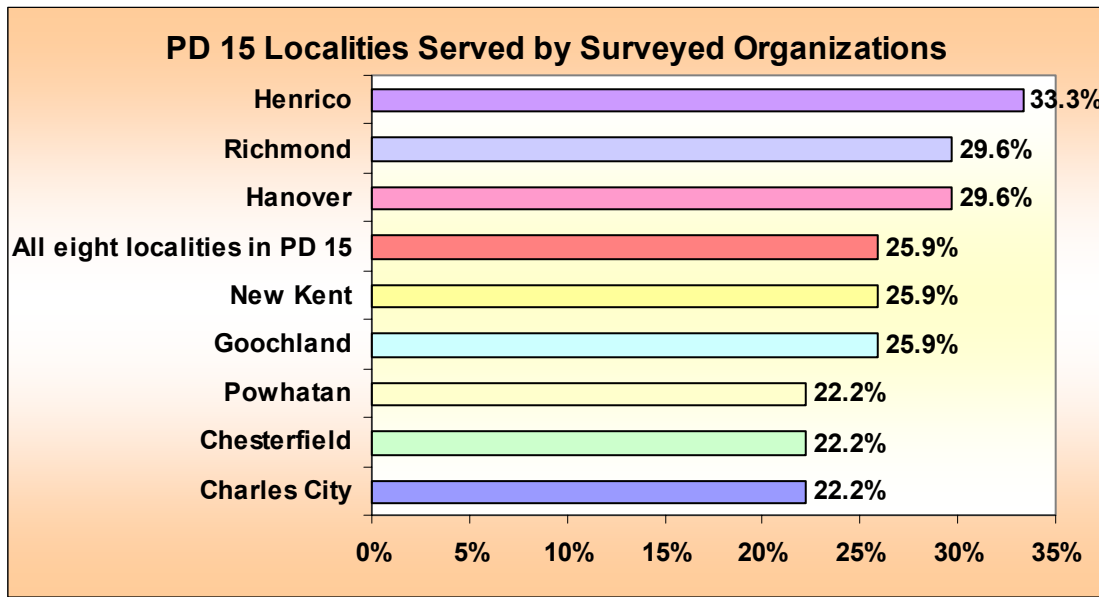
1. Almost one in seventeen people in PD 15 is uninsured at any point in time. Males and the black population are more likely to be uninsured.
2. The black population and those under 45 years of age in PD 15 are more likely to report being unable to receive needed health care.
3. The percentage of people in PD 15 without dental insurance is over five times the percentage of people without health insurance.
4. Of the one in nine PD 15 households who reported that they needed mental health services, one in nine households was unable to receive needed mental health services.
5. Slightly more than one in every seven residents in PD 15 leave the area for medical specialists, with residents of rural counties being more likely to leave their community.
6. One in three PD 15 residents has been diagnosed with high blood pressure. The percentage is highest among the black and older populations.
7. One in every three PD 15 residents has been diagnosed with high cholesterol. The percentage is highest, as expected, among the older population.
8. One in nine people in PD 15 has been diagnosed with diabetes, with a higher prevalence among the black population.
9. Slightly more than one in seven households in PD 15 have a member with asthma, with a higher percentage among black households. Of these households, slightly more than one in four indicate that the family member is not receiving treatment for asthma.
10. Opportunities exist in PD 15 to educate/encourage residents to receive cancer screenings, especially screening for colon cancer.
11. Slightly more than one in five PD 15 households report that a family member uses tobacco products. The percentage is highest among males, the black population and those under 45.
12. More than one in six PD 15 households state that a family member has consumed five or more drinks on one occasion. The percentage is highest among males, the black population, and those under 45.
13. More than four in ten PD 15 residents indicate they are overweight. The percentage is highest among the black population and the 45 and over population.

SURVEY OF HEALTH AND HUMAN SERVICES PROVIDERS

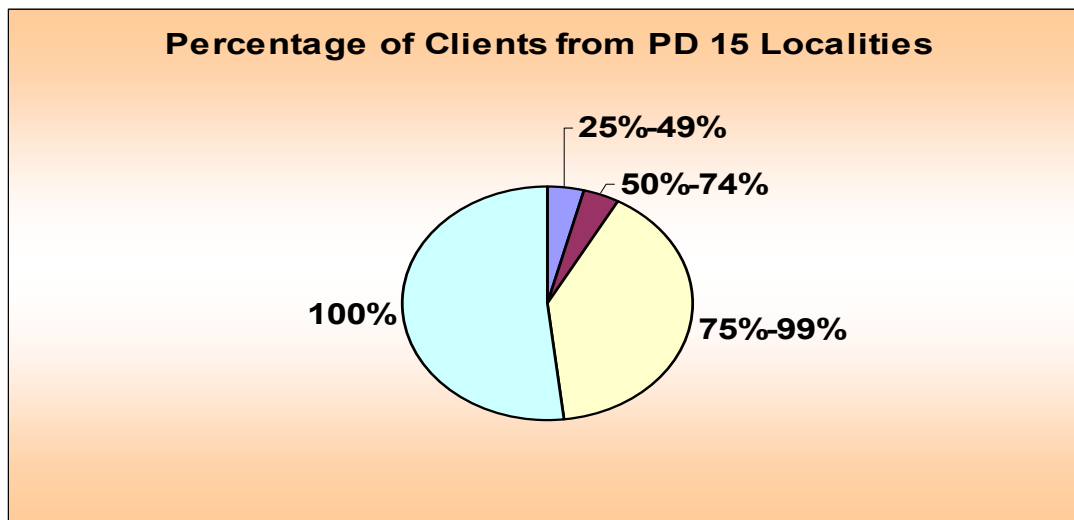
To obtain additional qualitative information about the health and human services needs of PD 15 residents, an on-line survey of organizations that provide health and human services to PD 15 residents was conducted from June to August 2007. Eighty-one organizations, including social services, health departments, mental health organizations, emergency medical services, YMCAs, and other nonprofits, were sent e-mail messages requesting their participation in completing the survey. After several follow-ups, 27 unduplicated surveys were completed, for a response rate of 33% of the organizations.

Organization Specific Information

As evidenced in the chart below, one-fourth of all respondents serve all eight localities that comprise PD 15. The top three localities served are Henrico, Richmond, and Hanover. As a whole, the respondents represent a good sample of the localities based on the percentages served. Two-thirds of the survey respondents’ organizations have only one office in PD 15.



Ninety percent of respondents have several programs with an average of 3.7 programs. As illustrated in the pie chart below, 92% of respondents (23 organizations) reported that at least 75% of their clients originate from PD 15.



Over half (54%) reported they have a waiting list for their services. The waiting list covers a range of services, including mental health, preschool programs, emergency home repair, companion services, and home visitation services. The wait time varies significantly, from two weeks to a year, depending on the service.

The demographic groups, in descending order, served by the largest number of respondents include:

- All age groups (70% of all respondents serve all ages)
- Middle age adults (41-64 years)
- All races (92% of all respondents serve all races)
- Black population
- Low income adults
- Low income families and children
- Disabled adults
- Disabled preschoolers
- Disabled elderly

The table below shows the percentage of respondents reporting the following as **unmet needs of their client population**. It appears that the greatest needs of their clients are centered on basic family needs (e.g. transportation, affordable housing, nutrition, employment opportunities); access to health insurance; and mental health care.

| Unmet Need | % Reporting |
|---|--------------------|
| Transportation | 66.7% |
| Affordable quality housing | 58.3% |
| Lack of/limited health insurance | 45.8% |
| Nutrition/obesity | 45.8% |
| Employment opportunities | 41.7% |
| Mental health care | 41.7% |
| Dental care | 37.5% |
| Domestic violence prevention/support services | 37.5% |
| After school programs | 33.3% |
| Parenting skills | 33.3% |
| Chronic disease management | 33.3% |
| Medical care | 33.3% |
| Substance abuse prevention/treatment | 33.3% |
| Financial skills training | 33.3% |
| Health/prevention education | 29.2% |
| Prescription drugs | 29.2% |
| Recreational/physical activity opportunities | 29.2% |
| Elder care | 25.0% |

Community Specific Information

The table below shows the percentage of respondents who identified the following as the most critical health and human service **needs in the organizations’ service area.**

| Critical Needs | % Reporting |
|--------------------------------------|--------------------|
| Affordable quality housing | 62.5% |
| Transportation | 58.3% |
| Lack of/limited health insurance | 37.5% |
| Employment opportunities | 25.0% |
| Mental health care | 20.8% |
| Medical care | 20.8% |
| Child care | 16.7% |
| Parenting skills | 16.7% |
| Chronic disease management | 16.7% |
| Nutrition/obesity | 16.7% |
| Health/prevention education | 12.5% |
| Substance abuse prevention/treatment | 12.5% |
| Mentoring programs | 12.5% |
| Services for the disabled population | 12.5% |

Some similarities exist between the unmet needs of the client population and the most critical health and human services needs in the organizations’ service area. The following shows the rank order of the top five needs from both charts. As evidenced, the top three needs are the same, with the first and second top needs reversed in the list of the critical needs in the service area.

| Need | Unmet Needs of Clients | Critical Needs in Service Area |
|----------------------------------|------------------------|--------------------------------|
| | <i>Ranking</i> | <i>Ranking</i> |
| Transportation | 1 | 2 |
| Affordable, quality housing | 2 | 1 |
| Lack of/limited health insurance | 3 | 3 |
| Nutrition/obesity | 4 | 10 |
| Employment opportunities | 5 | 4 |
| Mental health care | 6 | 5 |

The table below shows the reported **greatest barriers to obtaining health or human services** for PD 15 residents (respondents were asked to choose up to five). As shown, lack of transportation and financial resources (organization and client) are the top barriers to obtaining services.

| Barriers to Obtaining Services | % Reporting |
|--|-------------|
| Lack of transportation | 60.0% |
| Lack of funding for programs/services | 56.0% |
| Inability of clients to pay for services | 48.0% |
| Lack of health care insurance | 40.0% |
| Affordable quality housing | 36.0% |
| Lack of awareness of services provided by organization | 32.0% |
| Affordable health care | 28.0% |
| Lack of/limited employment | 24.0% |

Survey participants were asked to rank three things that would have the greatest impact on **improving the future health status** of residents in PD 15. The following responses, ranked by frequency, were cited as the number one response:

- Increased health care insurance coverage
- Increased funding for programs/services
- Greater awareness of services available
- Improved transportation/geographic access to services

When all responses are totaled, regardless of ranking, the following were cited most frequently:

- Increased funding for programs/services
- Greater awareness of services available
- More collaboration between the agencies offering health and human services
- Increased health care insurance coverage
- Improved transportation/geographic access to services

In responding to what **type of programs/services need to be developed or expanded**, *only seven responses were provided*. The following were the only responses mentioned by more than one responder (in relative order):

- Public transportation
- Health insurance coverage and services to low income

Survey participants were asked to rank three things that would have the greatest impact on **improving the overall quality of life** of residents in PD 15. The following responses, ranked by frequency, were cited as the number one response:

- Employment opportunities
- Affordable quality housing
- Greater health care insurance coverage

When all responses are totaled, regardless of ranking, the following were cited most frequently:

- Employment opportunities
- Affordable quality housing
- Lack of/limited health insurance
- Transportation
- Mental health care

In summary, the main findings from the surveys include the following:

1. The demographic groups served by the largest number of respondents include all age groups; middle age adults; all races; black population; and low income adults and families.
2. The greatest needs of the organizations' clients are centered on basic family needs (e.g. transportation, affordable housing, nutrition, employment opportunities); access to health insurance; and mental health care. This list also is applicable to the most critical needs.
3. The most critical health and human services needs in the organizations' service area are very similar to the greatest needs of the organizations' clients.
4. The greatest barriers to obtaining health or human services are lack of transportation; lack of funding for program/services; and inability of clients to pay for services.

5. The top responses given for the greatest impact on improving the future health status of PD 15 residents are increased funding for programs/services; greater awareness of services available; more collaboration between the agencies offering health and human services; increased health care coverage; and improved transportation/geographic access to services.
6. The greatest impact on improving the overall quality of life of PD 15 residents include the following: employment opportunities; affordable quality housing; greater health insurance coverage; transportation; and mental health care.

KEY INFORMANT INTERVIEWS

In the spring of 2007, the CVHPA interviewed 40 key informants in PD 15 including local government officials, health department directors, school superintendents, community services boards' and social service agency directors, among others. Several interviews included more than one person; thus almost 55 people participated in these interviews. **Attachment I** includes a list of the organizations contacted, the individual interviewed, and his/her title. Most of the people interviewed in PD 15 have been in their current position for a significant length of time, almost seven years. The average tenure with their organization is 12 years while the median tenure is nine and a half years. Therefore, it can be assumed that the findings from the interviews provide a good representation of the organizations' clients' needs as well as PD 15's needs overall.

The standardized interview protocol is included in **Attachment J**. Questions asked included such topics as the most pressing needs of groups served; greatest barriers to improving the lives of the people served; barriers to obtaining health or human services; a ranking of PD 15's needs overall and by locality; and the greatest impact on improving the future health status as well as overall quality of life for residents in PD 15.

The following provides a summary of the most frequent responses for some of the interview questions. The number of times the response was given is noted. Responses cited by fewer than four people generally are not included.

Organization Specific Information

Of the demographic groups that the organizations primarily work with, the top responses were:

- Everyone – 21
- All age groups – 11
- Low income families – 6
- School age – 6
- All children/youth – 5

For the main demographic groups the organizations work with, the most pressing needs of these groups included:

- Transportation – 13
- Financial access to health care and services – 10
- Affordable housing – 10
- Medical care – 8
- Child care/after school programs – 6
- Mental health/substance abuse care – 5
- Employment opportunities – 5
- Elder care – 5
- Financial supports/subsidies – 5
- Teen pregnancy prevention/sex education – 5
- Lifestyle issues – 5

The most frequently mentioned responses to the **greatest barriers these organizations face in improving the lives of their clients** include the following:

- Lack of funding for programs/services – 13
- Lack of transportation – 8
- Lack of awareness of services provided by the organization – 7
- Lack of programs/services to meet clients' needs – 7
- Lack of overall health care providers – 6
- Geographical access to services – 5

Community Specific Information

The organizations were asked to rank the health and human services needs of PD 15's population on a scale of one to five, with 1 being relatively few needs and 5 being many needs relatively to other neighboring districts (e.g. greater Petersburg area, Tidewater area). The organizations then rated each locality in their service area using the same scale. The following chart shows the average ratings of needs for each locality in PD 15 and for PD 15 overall. *Please note that some of the localities only had a few people rank the locality; therefore, caution should be taken when using some of the individual localities' rankings.* As is evidenced, respondents indicated that PD 15 has slightly greater needs compared to neighboring planning districts. Richmond was identified as the locality in PD 15 with the greatest needs compared to the other localities. Charles City follows closely behind as the second locality having the greatest needs.

| Locality | Rating of Locality's Needs Compared to Other PD 15 Localities |
|--------------|---|
| Charles City | 3.6 |
| Chesterfield | 2.5 |
| Goochland | 2.7 |
| Hanover | 2.4 |
| Henrico | 2.9 |
| New Kent | 2.8 |
| Powhatan | 2.6 |
| Richmond | 3.7 |
| PD 15 | 3.3 |

The interviewees were asked to rate various community needs on a scale of one to five, with one indicating lowest need and five indicating highest need. Ratings were provided for the locality/localities the organization serves and, if the respondent was able, for PD 15. Ratings between 3.7 and 4.3 are shaded yellow while ratings between 4.4 and 5.0 are shaded red. The following chart shows the average rankings for each community need. *Please note that some of the localities only had a few people rank the locality; therefore, caution should be taken when using some of the individual localities' rankings.* As illustrated, Richmond is the locality in PD 15 with the most needs based on the rating scale. **Based on the averages of the responses by locality for each community need, the top six community needs in PD 15 are as follows:**

- behavioral health care
- dental health care
- access to aging services
- access to medications
- affordable and quality adult day care
- homelessness

| Community Need | Charles City | Chesterfield | Goochland | Hanover | Henrico | New Kent | Powhatan | Richmond | PD 15 |
|---|--------------|--------------|------------|------------|------------|------------|------------|------------|------------|
| Primary health care | 3.6 | 2.1 | 2.5 | 2.3 | 2.3 | 3.3 | 3.2 | 3.3 | 2.9 |
| Dental health care | 3.7 | 2.0 | 3.0 | 2.4 | 2.7 | 3.3 | 3.8 | 3.6 | 3.4 |
| Behavioral health care | 3.5 | 3.2 | 3.0 | 3.0 | 3.0 | 2.9 | 3.1 | 4.0 | 3.6 |
| Counseling | 3.2 | 3.0 | 2.9 | 2.9 | 2.8 | 2.8 | 2.9 | 3.5 | 3.0 |
| Case management (e.g. chronic disease, mental health) | 3.4 | 3.0 | 2.9 | 2.8 | 3.0 | 3.6 | 3.1 | 3.6 | 3.3 |
| Access to medications | 3.8 | 2.9 | 2.7 | 3.0 | 3.0 | 3.1 | 3.1 | 3.4 | 3.4 |
| EMS | 3.4 | 1.8 | 2.1 | 1.6 | 1.8 | 2.8 | 2.4 | 2.1 | 2.3 |
| Education | 3.1 | 1.8 | 1.9 | 1.3 | 1.6 | 2.3 | 2.1 | 3.9 | 2.8 |
| Health education/prevention education | 3.6 | 3.5 | 3.0 | 2.7 | 3.0 | 2.7 | 3.0 | 3.3 | 3.0 |
| Workforce training | 3.6 | 2.6 | 2.6 | 2.1 | 2.7 | 2.5 | 2.9 | 3.6 | 3.3 |
| Health manpower | 3.8 | 3.0 | 2.7 | 3.2 | 3.2 | 3.6 | 3.3 | 3.2 | 3.1 |
| Transportation | 3.6 | 3.5 | 3.9 | 3.7 | 3.4 | 3.6 | 3.6 | 3.3 | 3.3 |
| Housing | 4.0 | 2.9 | 3.3 | 3.1 | 3.7 | 3.2 | 3.2 | 3.9 | 3.2 |
| Affordable and quality child care | 3.3 | 2.9 | 3.0 | 2.6 | 3.4 | 2.9 | 2.9 | 3.4 | 3.3 |
| Teen pregnancy | 2.8 | 2.4 | 2.3 | 2.3 | 3.3 | 2.9 | 2.0 | 4.6 | 3.3 |
| Foster care | 2.4 | 3.3 | 2.9 | 1.5 | 2.5 | 2.3 | 2.4 | 4.3 | 3.1 |
| Parenting support and education | 3.1 | 2.4 | 2.3 | 1.5 | 2.8 | 2.5 | 2.1 | 4.1 | 3.1 |
| Social support (e.g. mentoring, AA/NA, etc.) | 3.4 | 2.7 | 2.8 | 2.5 | 2.9 | 2.8 | 2.5 | 3.9 | 2.9 |
| Domestic violence aid | 3.1 | 2.4 | 3.1 | 2.2 | 2.7 | 2.8 | 2.9 | 3.3 | 3.3 |
| Affordable and quality adult day care | 3.9 | 3.2 | 3.6 | 2.3 | 3.1 | 3.3 | 3.1 | 3.5 | 3.4 |
| Access to aging services | 4.0 | 3.6 | 3.1 | 2.8 | 3.1 | 3.4 | 3.1 | 3.7 | 3.4 |
| Homelessness | 2.1 | 2.5 | 1.9 | 1.7 | 2.2 | 1.6 | 1.5 | 4.4 | 3.4 |
| Language barriers | 1.5 | 3.5 | 1.8 | 2.1 | 3.1 | 2.0 | 1.7 | 3.2 | 3.2 |
| Cultural barriers | 2.0 | 3.1 | 2.2 | 1.9 | 2.9 | 1.7 | 1.6 | 3.2 | 2.9 |
| Average | 3.2 | 2.8 | 2.7 | 2.4 | 2.8 | 2.8 | 2.8 | 3.6 | 3.2 |

The most frequently mentioned demographic groups in PD 15 with the greatest health and human services needs included the following:

- Older adults – 9
- Low income families – 9
- Low income children/youth – 7
- Black population – 7
- All children/youth – 6
- Low income elderly – 8
- Black families – 5

The greatest needs of the identified demographic groups in PD 15 included the following:

- Transportation – 13
- Financial access to health care/health care services/lack of health insurance – 13
- Health/prevention education – 7
- Affordable, quality housing – 7
- Prenatal/perinatal services – 6
- Lack of access to primary health care and prevention health care – 6
- Medical care – 6
- Mental health care – 6
- Substance abuse prevention/treatment – 5
- Elder care services – 5

Ninety-three percent of the interviewees stated that PD 15 residents experience **barriers in obtaining either health or human services**. The greatest barriers included the following:

- Lack of transportation – 25
- Inability of clients to pay for services – 12
- Lack of health care insurance/financial access to health care – 11
- Lack of funding for programs/services – 8
- Lack of awareness of services provided by the organization – 5
- Lack of programs/services to meet clients' needs – 5

The top responses to the **greatest impact on improving future health status** for PD 15 residents included the following. The percentage was calculated by the number of responses for that question divided by the number of respondents (40).

- Increased health care insurance coverage – 8 (20%)
- More health education/prevention education programs – 8 (20%)
- Increased access to health care services – 6 (15%)
- Increased primary care and ambulatory services – 3 (8%)

When all responses are totaled, regardless of ranking, the following were cited most frequently:

- More health education/prevention education programs – 13
- Increased health care insurance coverage – 9
- Increased access to health care services – 8

As evidenced, more health education/prevention education programs becomes the top overall response, followed by increased health care insurance coverage.

The top responses to the greatest impact on **improving the overall quality of life** for PD 15 residents are listed below. The percentage was calculated by the number of responses for that question divided by the number of respondents (40).

- Affordable housing – 6 (15%)
- Employment/job training – 5 (13%)
- Transportation – 4 (10%)
- Children/youth education – 4 (10%)
- Economic development – 3 (8%)

When all responses are totaled, regardless of ranking, the following were cited most frequently:

- Affordable housing - 9
- Transportation – 6
- Employment/job training – 6
- Children/youth education – 5
- Economic development – 4

In summary, the main findings from PD 15's interviews are as follows:

1. The organizations' primarily work with the following demographic groups - entire population; all age groups; low income families; and school age children. For these demographic groups that the organizations serve, the most pressing needs include transportation; financial access to health care and services; and affordable housing.
2. Lack of funding for programs/services and lack of transportation are the top two barriers that organizations face in improving the lives of their clients.
3. Richmond is the locality in PD 15 with the most needs based on the rating scale completed by the interviewees. The top six community needs in PD 15 are **behavioral health care; dental health care; access to aging services; access to medications; affordable and quality adult day care; and homelessness.**
4. The demographic groups in PD 15 with the greatest needs (tie for the number one response) are the elderly population and low income families. The primary specific needs (tie for the number one response) of these demographic groups in PD 15 are transportation and financial access to health care and health care services. While

transportation was noted as a great concern for these PD 15 demographic groups, it also was noted as an overall barrier for the community.

5. More health education/prevention education programs; increased health care insurance coverage; and increased access to health care services are the most frequent responses given as having the greatest impact on improving the future health for residents in PD 15.
6. Affordable housing, transportation, and employment/job training are the most frequent responses given as having the greatest impact on improving the overall quality of life for PD 15 residents.

FINDINGS

In summary, the following findings are noted from the PD 15 health and human services needs assessment:

1. PD 15's demographics includes a greater representation of the black population and the 45-64 age group when compared to Virginia overall. The 20-44 age group represents the largest identified population group, both currently and in the next five years.
2. The representation of discharges of the white population is lower than the white representation in the demographic data while the representation of discharges of the black population is higher than the black representation in the demographic data, perhaps reflecting differences in access to or use of primary and preventive services.
3. All four PD 15 age groups have higher discharge rates when compared to Virginia's, with the 0-19 and 20-44 age groups having the largest percentage difference. The higher discharge rate for these two age groups could indicate issues regarding access to primary health or preventive care; inappropriate hospitalization; or limited utilization of preventive care.
4. PD 15 has a large percentage of mental health discharges.
5. More than two of every three black births are to unmarried women while one in five of all white births are to unmarried women.
6. The percentage of low birth weight infants in PD 15 remains higher than and is increasing faster than Virginia's percentage. Currently, almost 10% of all infants are low birth weight in PD 15.
7. PD 15 accounts for 15.7% of all infant deaths in Virginia. Over half (55.7%) of PD 15's infant deaths are black infants and PD 15 accounts for 21.3% of all black infant deaths in Virginia. PD 15's overall infant mortality rate is 31.0% higher than Virginia's rate. Its black infant mortality rate is 23.6% higher than Virginia's rate. Of the PD 15 localities, Richmond has the highest overall infant mortality rate. Clearly, efforts need to be targeted toward reducing the number of infant deaths in PD 15.
8. In general, PD 15's white and black age adjusted death rates are higher than Virginia's corresponding death rates. For all five leading causes of cancer deaths, PD 15's and Virginia's black population's age adjusted death rate is higher than PD 15's and Virginia's white population's age adjusted death rate. While PD 15's white and black age adjusted death rates for lung and bronchus cancer are fairly similar, the difference in rates for the white and black population vary significantly for the other four leading causes of cancer deaths, with rates for the black population being greater and ranging from 36.1% higher for pancreatic cancer to 74.0% higher for prostate cancer. Based on the data, racial disparity appears to occur relative to deaths from cancer. Several factors could cause this disparity including lack of access to primary care; lower access to or

utilization of prevention screenings; less aggressive or appropriate treatment; and lifestyle differences.

- As identified by the interview participants, the top six community needs in PD 15 are behavioral health care; dental health care; access to aging services; access to medications; affordable and quality adult day care; and homelessness.

The following table provides a summary of the key indicators by locality with the locality having the highest rate or percentage identified. For three indicators (household income; owner occupied homes; and educational attainment), the locality with the lowest number or percentage is noted. **Localities are shaded yellow if their rate or percentage is above Virginia’s corresponding rate or percentage.** Two indicators (Hispanic and the inpatient discharge rate for other population) are not shaded because no locality’s figure was above Virginia’s figure. Also, for the community needs assessment survey responses, no highlighting was inserted because state percentages for these indicators are unavailable. **Attachment K** provides the actual figures for these key indicators by locality in PD 15.

Summary of Key Indicators by Locality

| Indicator | Charles City | Chesterfield | Goochland | Hanover | Henrico | New Kent | Powhatan | Richmond |
|--------------------------------|----------------|----------------|-----------|----------------|----------------|----------|----------------|------------------|
| Population Growth | | | | | | | | |
| Actual Growth (2006-2011) | | Highest | | | | | | Declining |
| Largest % increase (2006-2011) | | | | | | | Highest | |
| Gender | | | | | | | | |
| Male (%) | | | | | | | Highest | |
| Female (%) | | | | | | | | Highest |
| Race | | | | | | | | |
| White (%) | | | | Highest | | | | |
| Black (%) | | | | | | | | Highest |
| Asian (%) | | | | | Highest | | | |
| Other (%) | Highest | | | | | | | |
| Hispanic (%) | | Highest | | | | | | |
| Age Groups | | | | | | | | |
| 0-19 (%) | | Highest | | | | | | |
| 20-44 (%) | | | | | | | Highest | Highest |
| 45-64 (%) | Highest | | | | | | | |
| 65+ | Highest | | | | | | | |
| Single Parent Households (%) | | | | | | | | Highest |
| Household Income (actual) | | | | Highest | | | | Lowest |

| Indicator | Charles City | Chesterfield | Goochland | Hanover | Henrico | New Kent | Powhatan | Richmond |
|---|----------------|--------------|----------------|---------|---------|----------|----------|----------------|
| Poverty - individuals (%) | | | | | | | | Highest |
| Poverty - children (%) | | | | | | | | Highest |
| Households without Vehicles (%) | | | | | | | | Highest |
| Unemployment Rate (%) | | | | | | | | Highest |
| Owner Occupied Homes (%) | | | | | | | | Lowest |
| TANF Recipients (rate) | | | | | | | | Highest |
| WIC Program - women (rate) | | | | | | | | Highest |
| WIC Program – infants and children (rate) | | | | | | | | Highest |
| Food Stamps (rate) | | | | | | | | Highest |
| Free/Reduced Price Lunch (%) | | | | | | | | Highest |
| Children in Head Start (%) | Highest | | | | | | | |
| High School Dropout (%) | | | | | Highest | | | Second highest |
| Educational Attainment (%) | Lowest | | | | | | | |
| Inpatient Discharge Rate | | | | | | | | |
| Overall (rate) | | | | | | | | Highest |
| Male (rate) | | | Second highest | | | | | Highest |
| Female (rate) | Second highest | | | | | | | Highest |
| White (rate) | | | | | Highest | | | Second highest |
| Black (rate) | Second highest | | | | | | | Highest |
| Other (rate) | | | Highest | | | | | |
| 0-19 (rate) | | | | | | | | Highest |
| 20-44 (rate) | | | | | | | | Highest |
| 45-64 (rate) | | | | | | | | Highest |
| 65+ (rate) | | | | | Highest | | | |

| Indicator | Charles City | Chesterfield | Goochland | Hanover | Henrico | New Kent | Powhatan | Richmond |
|---|------------------------|-----------------------|-----------------------|----------------|----------------|-----------------------|----------|--|
| Cardiovascular Disease Inpatient (rate) | | | | | | | | Highest |
| Births | | | | | | | | |
| Teenage Births (%) | | | | | | | | Highest |
| Non-marital Births (%) | Highest white | | | | | | | Highest overall and highest black |
| Low Weight Births (%) | Highest white | | | | | Highest black | | Highest overall |
| Infant Mortality (rate) | Highest white | | Highest black | | | | | Highest overall |
| Total Age Adjusted Death Rate | Highest overall | | | | | | | Second highest |
| Heart Disease Age Adjusted Death Rate | Highest | | | | | Second highest | | |
| Stroke Age Adjusted Death Rate | | | Second highest | Highest | | | | |
| Malignant Neoplasms Age Adjusted Death Rate | | | Second highest | | | Highest | | |
| Alzheimer's Disease Age Adjusted Death Rate | | Second highest | | | | Highest | | |
| Child Abuse or Neglect (rate) | | | | | | | | Highest |
| Juvenile Violent Crime Rate | | Second highest | | | Highest | | | |
| Adult Violent Crime Rate | | | Second highest | | | | | Highest |
| No Health Insurance (%) | Highest | | | | | | | Second highest |
| Unable to Receive Health Care When Needed (%) | | | | | | | | Highest |
| No Dental Insurance (%) | | | | | | | | Highest |
| Unable to Receive Dental Care When Needed (%) | Highest | | | | | | | |

| Indicator | Charles City | Chesterfield | Goochland | Hanover | Henrico | New Kent | Powhatan | Richmond |
|---|--------------|--------------|-----------|---------|---------|----------|----------|----------|
| Mental Health Services Needed (%) | | | Highest | | | | | |
| Unable to Receive Needed Mental Health Services (%) | | | | | | | | Highest |
| Leaving Community for Medical Specialists (%) | Highest | | | | | | | |
| High Blood Pressure (%) | Highest | | | | | | | |
| High Cholesterol (%) | Highest | | | | | | | |
| Diabetes (%) | | | | | | | Highest | Highest |
| Asthma Sufferer in Household (%) | | | Highest | | | | | |
| Not Receiving Treatment for Asthma (%) | Highest | | | | | | | |
| Mammography Not Received (%) | Highest | | | Highest | | | | |
| Pap Test Not Received (%) | Highest | | | | | | | |
| Colon Cancer Screen - Not Tested (%) | Highest | | | | | | | |
| Prostate Screen - Not Tested (%) | | | Highest | | | | | |
| Tobacco Product User in Household (%) | | | | | | | Highest | |
| Excessive Alcohol User in Household (%) | | | Highest | | | | | |
| Overweight (%) | Highest | | | | | | | |
| Greatest Community Needs per Interviews | | | | | | | | Greatest |

RECOMMENDATIONS

As indicated in the table above, Richmond is the locality with the largest number of negative indicators, followed by Charles City. Strategies targeted to these two localities could positively influence the overall health status of PD 15. Based on the demographics and other data/information reviewed, opportunities exist in PD 15 to target certain demographic groups in the area – the black population; teenagers and their families; young mothers; the 45-64 age group; and the 65+ age group – and develop programs for their particular needs, specifically targeting efforts to reduce health disparities based on race or economic status.

In addition to improving the overall access to health care and support services, the greatest community needs in PD 15 are identified as behavioral health care; dental health care; access to aging services; access to medications; affordable and quality adult day care; and homelessness. Program development focused on these particular needs for the entire, or a large portion, of PD 15 should improve a number of health indicators and the overall quality of life for PD 15 residents. Moreover, many of these needs are interdependent, such as access to transportation which impacts access to health care services, support services, and workforce training and worksites. Furthermore, the CVHPA would recommend PD 15 address one or two priority needs in the entire planning district and target services to specific demographic groups in high need localities to obtain the most effective utilization of resources.

In summary, from this quantitative and qualitative needs assessment, it is hoped that this report not only provides beneficial information that will assist Richmond Memorial Health Foundation, local governments, and nonprofit organizations in targeting their resources to address the most pressing needs in PD 15, but also serves as a catalyst for community improvement.