

RAPPAHANNOCK REGION OF VIRGINIA

2019 Community Health Needs Assessment



PRESENTED BY



Mary Washington
Healthcare

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EXECUTIVE SUMMARY



INTRODUCTION

Mary Washington Healthcare (MWHC), along with Be Well Rappahannock (BWR), is pleased to present the report of the 2019–2022 Rappahannock Region Community Health Needs Assessment (CHNA). This CHNA report was developed through a collaborative process involving key community stakeholders and provides an overview of the health needs in the Rappahannock Region (including the City of Fredericksburg and the counties of Caroline, King George eastern Orange, southern Prince William, Spotsylvania, Stafford, and Westmoreland). MWHC partnered with Conduent Healthy Communities Institute (HCI) to conduct the CHNA.

The goal of this report is to offer a meaningful understanding of the health needs across the Rappahannock Region as well as to guide planning efforts to address the greatest health needs. The report provides a foundation for working collaboratively with key stakeholders in the community to improve health. Special attention has been given to identify health disparities, needs of vulnerable populations, and unmet health needs or gaps in services through community input.

SUMMARY OF FINDINGS

The CHNA findings are drawn from an analysis of an extensive set of over 150 health indicators from national and state data sources and in-depth qualitative data sourced from community health leaders, non-health professionals, and community-based organizations. Specific attention was given to identifying and collecting information about vulnerable populations and/or populations with unmet health needs.

The following significant health needs were determined through an analysis of qualitative primary and quantitative secondary data (listed in alphabetical order):

- Access to Health Services and Preventative Care
- Cancer
- Diabetes
- Exercise, Nutrition and Weight
- Heart Disease and Stroke
- Behavioral Health and Behavioral Disorders
- Oral, Dental or Mouth Health
- Public Safety
- Sexual Health
- Substance Abuse
- Transportation

TOP PRIORITIZED NEEDS

On August 28, 2019, MWHC staff, members of BWR and local community leaders came together to prioritize the 11 top health needs, determined through primary and secondary data analysis in a session led by HCI. The HCI team presented the findings from the data analysis and facilitated group discussions which were followed by two rounds of prioritization voting.

Three health needs were identified as top priorities through the prioritization process (listed in the order of the voting results):

- ① Access to Health Services and Preventative Care
- ② Behavioral Health and Behavioral Disorders
- ③ Exercise, Nutrition and Weight





SECTION 2

ORGANIZATIONAL STRUCTURE

MARY WASHINGTON HEALTHCARE

More than 120 years ago, Mary Washington Healthcare (MWHC) began as an eight-room hospital in Fredericksburg, Virginia. Today, it has evolved into a not-for-profit regional system of two hospitals, Mary Washington Hospital (451 beds) and Stafford Hospital (100 beds), and 40 healthcare facilities and wellness services.

The MWHC Board of Trustees is comprised of community leaders who serve in a volunteer capacity to guide the health system's direction. MWHC's mission is to improve the health of the people in the communities it serves. MWHC is led by a team of experienced healthcare professionals who closely adhere to its mission. As a not-for-profit corporation, MWHC invests its profits back into the organization through such activities as upgrading technology, developing new services, and hiring and developing new staff. The result is continuous organizational improvement in the scope and quality of care MWHC delivers to the community. MWHC offers significant financial assistance to patients based on their financial need and provides care regardless of the patient's ability to pay.

MWHC focuses on health promotion and prevention services to help people stay healthy. MWHC's commitment and leadership in investing in the health of the communities it serves are centered around an overall Community Benefit Strategy. In addition to the traditional Community Benefit services, MWHC also invests directly in local community organizations that address healthcare needs and issues through direct grants from two Community Benefit Funds.

A key value of MWHC is to directly utilize community input to drive initiatives that will improve the overall health of the community. MWHC worked with Be Well Rappahannock (BWR) to conduct a Community Health Needs Assessment and implementation strategy.

BWR is a collaborative comprised of agencies representative of the community, with a deep concern for the health and well-being of the residents of the Rappahannock Region. The purpose of the council is to identify and prioritize community needs, provide guidance and oversight over planned community improvements, and monitor progress on priority health and social concerns impacting the Rappahannock Region.

BE WELL RAPPAHANNOCK REPRESENTATIVE ORGANIZATIONS

- Community Collaborative for Youth and Families
- Departments of Social Services — (Rotating Representative)
- Geico — Business Representative
- George Washington Regional Commission — Local Government Representative
- Germanna Community College — Higher Education
- Mary Washington Healthcare

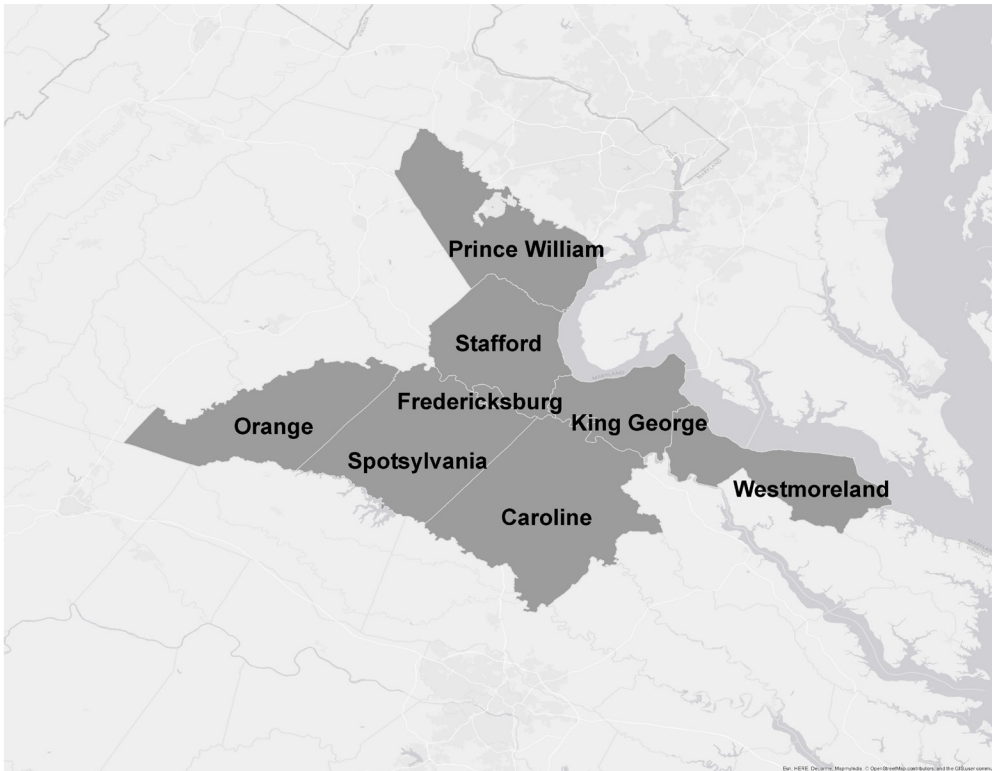
SECTION 2 ORGANIZATIONAL STRUCTURE

- Mary Washington Hospital Foundation
- Mental Health America – Fredericksburg
- Physician Representative – (Rotating Representative)
- Public Defenders – (Rotating Representative)
- Rappahannock Area Community Services Board
- Rappahannock Area Health District
- Rappahannock United Way
- School Administrator
- School Systems (Public) – (Rotating Representative)
- University of Mary Washington – Higher Education

SERVICE AREA

The Rappahannock Region service area is defined by the following locations: Caroline County, City of Fredericksburg, King George County, Orange County, Prince William County, Spotsylvania County, Stafford County, and Westmoreland County. The service area covered by this report is shown in Figure 1.

FIGURE 1: SERVICE AREA MAP



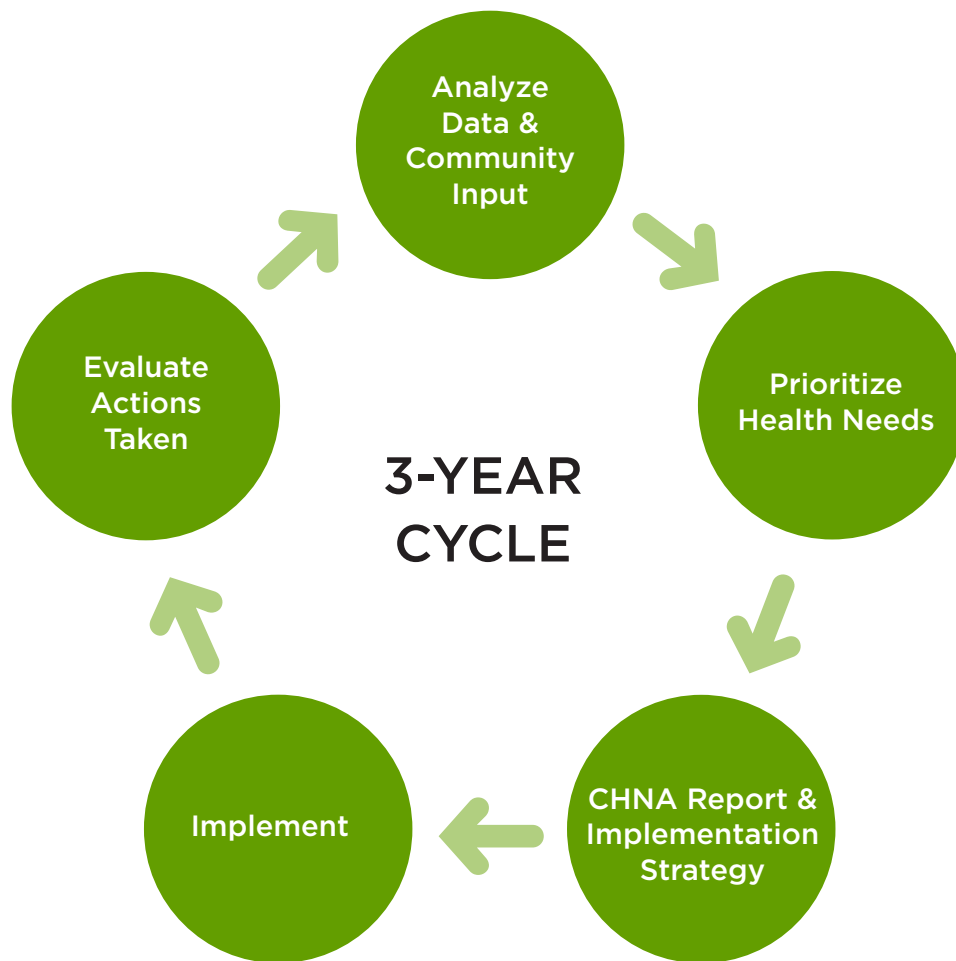
CONSULTANTS

MWHC commissioned Conduent Healthy Communities Institute (HCI) to conduct its 2019-2022 CHNA for the Rappahannock Region. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes.

EVALUATION OF PROGRESS SINCE THE 2016-19 CHNA

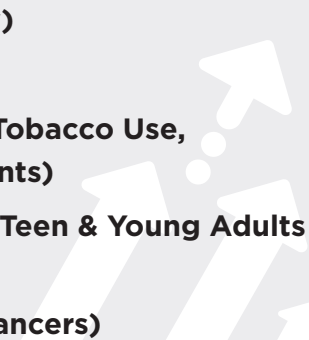


The CHNA process should be viewed as a three-year cycle as shown in Figure 2. An important piece of that cycle is revisiting the progress made on improving the metrics for priority health areas set forth in the preceding CHNA. By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA Cycle.



PRIORITY HEALTH TOPICS FROM THE PRECEDING CHNA

The Rappahannock Region's priority health needs for 2016–2019 were:

- 
- 1. Obesity (including Childhood Obesity)**
 - 2. Access to Health Services**
 - 3. Substance Abuse (with emphasis on Tobacco Use, Illicit Drug Use and Teens & Adolescents)**
 - 4. Behavioral Health (with emphasis on Teen & Young Adults and Seniors)**
 - 5. Cancer (Breast, Lung, and Prostate Cancers)**

IMPLEMENTATION STRATEGY AND OUTCOMES FROM THE PRECEDING CHNA

MWHC created an Implementation Strategy to serve as a roadmap to address the prioritized health needs. For more details on the strategies, tactics, and outcomes, please see Appendix A.

COMMUNITY FEEDBACK ABOUT THE PRECEDING CHNA

The preceding Rappahannock Region CHNA was made available to the public via the organization's website at marywashingtonhealthcare.com. In order to collect comments or feedback, an email address and telephone number were provided on the website to a MWHC representative. No comments had been received on the preceding CHNA via the email at the time this report was written. However, verbal feedback was provided to MWHC from members of the community collaborative steering and advisory committees who had been involved with the 2015 CHNA process. Members spoke favorably of the inclusiveness of the process, the depth and breadth of the data, as well as the analysis of both primary and secondary data sources.

METHODS



Two types of data were analyzed for this CHNA: qualitative primary data collected by HCI and quantitative secondary data collected through surveys conducted by state and national organizations. Each type of data was analyzed using a unique methodology, and findings were organized by health or quality of life topic areas. These findings were then synthesized for a comprehensive overview of the health needs in the Rappahannock Region.

QUANTITATIVE DATA SOURCES AND ANALYSIS

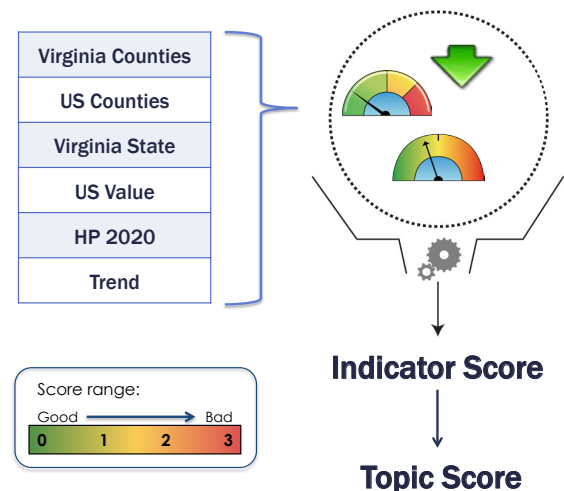
The main source for the secondary data, or data that has been previously collected, is the Community Health Information Resource (CHIR)¹, a publicly available data platform that is maintained by MWHC and HCI. Data on the CHIR tool is retrieved from a variety of state and national sources, including the American Community Survey, Robert Wood Johnson's County Health Rankings, and the Virginia Department of Health. As of July 15, 2019, when the data was queried, there were 186 health and health-related indicators on the CHIR dashboard for which the analysis outlined below could be conducted. For each indicator, the online platform includes several ways (or comparisons) by which to assess the status of each county within the Rappahannock Region. This may include the ability to compare to other Virginia counties and county equivalents, all U.S. counties, the Virginia state value, the U.S. value, the trend over time, and Healthy People 2020 targets.

¹ <http://www.marywashingtonhealthcare.thehcn.net>

For this analysis, we summarized many types of comparisons with a secondary data score for each indicator. The score ranges from zero to three, with zero meaning the best possible score and three the worst possible score. This score summarizes how each county compares to the other counties in Virginia and in the U.S., the state value and the U.S. value, Healthy People 2020 targets, and the trend over the four most recent time periods of measure. The indicator scores are then averaged for broader health topics which are compared across counties in the Rappahannock Region service area. See Figure 3.

See Appendix D for further details on the quantitative data scoring methodology.

FIGURE 3. SECONDARY DATA METHODS



GENDER AND RACE/ETHNICITY DISPARITIES

Indicator data were stratified for gender and race/ethnicity groups when available from the source. The disparity by gender or race/ethnicity was quantified by calculating the Index of Disparity² for all indicators with at least two gender-specific or race/ethnicity-specific values available. This index represents a standardized measure of how different each subpopulation value is compared to the overall population value. Indicators for which there is a higher Index of Disparity value are those where there is evidence of a large health disparity.

² Pearcy JN, Keppel KG. A summary measure of health disparity. *Public Health Reports.* 2002;117(3):273-280.

QUALITATIVE DATA COLLECTION AND ANALYSIS

The qualitative data used in this assessment consists of Key Informant surveys conducted via a 14-question, online survey administered through Survey Monkey, an online survey tool. The survey information was gathered through a combination of check box, free text, and ranking questions.

Surveys were completed in June and July 2019. Key informants were selected for their expertise in and knowledge of the community's needs and for the populations they serve. Thirty-one key informants shared their knowledge about community health needs, barriers, strengths, and opportunities (including the needs for vulnerable and underserved populations).

Additionally, qualitative data was captured during the group discussions held during the prioritization session and provides further insights into the prioritized health needs.

Key Informants were from the following entities:

Caroline County Department of Social Services	George Washington Regional Commission
Caroline County Fire and Rescue	Germanna Community College Police Department
Central Rappahannock Regional Library	Lloyd F. Moss Free Clinic
Community Collaborative for Youth and Families	Mary Washington Healthcare
Division of Social Services	Mental Health America Fredericksburg
Eldercare Connections, LLC	Physician Representative
Empowerhouse	Public Defender Representative
Failsafe-ERA	Rappahannock Area Community Services Board
Fredericksburg Area HIV/AIDS Support Services	Rappahannock Area Health District
Fredericksburg Christian Health Center	Rappahannock EMS Council
Fredericksburg Police Department	Rappahannock United Way
City of Fredericksburg Public Schools	S.E.R.V.E., Inc. (Emergency Relief Organization)
Fredericksburg Regional Chamber of Commerce	Spotsylvania County Department of Fire and Rescue
Geico	The Brisben Center (Services for the Homeless)

Answers entered in the free text boxes within Survey Monkey were coded by relevant topic areas and other key terms using the qualitative analytic tool *Dedoose*.³ Responses were coded based on the health topic or issue cited, maintaining consistent terminology with the broader health topics utilized during the secondary data analysis.

³ Dedoose Version 6.0.24, web application for managing, analyzing, and presenting qualitative and mixed method research data (2015). Los Angeles, CA: Socio-Cultural Research Consultants, LLC (www.dedoose.com).

PRIORITIZATION PROCESS AND FINDINGS

The goal of the prioritization process was to narrow 11 significant health needs, identified through primary and secondary data analysis, down to three prioritized health needs. Participants used a scoring matrix to rate each health need on a scale of one to five based on a set of pre-determined criteria. The higher the score, the closer aligned to the criteria. Figure 5 includes the criteria applied to each health need.

FIGURE 5. RAPPAHANNOCK CHNA CRITERIA FOR PRIORITY SETTING⁴

PRIORITIZATION CRITERIA (NOT LISTED IN ORDER OF PRIORITY)
1. Magnitude of the problem
2. Severity of the problem
3. Relationship to other local/state priorities
4. Potential to demonstrate measurable short/or long-term impact
5. Impact on vulnerable populations
6. Relevancy of the problem to the community
7. Feasibility to sustain and/or secure resources (people, financial, inkind) to address the issue
8. Expertise within Be Well Rappahannock or the broader community to address the issue
9. Alignment with community strengths and assets

⁴ Adapted from: Addressing and Adapting to Community Health Needs. Catholic Health Association, 2011 and Be Well Rappahannock Decision Making Matrix, 2019.

After an initial data presentation by HCI, participants used the totals on their scoring matrix to guide the first round of dot voting. Each participant was given five sticky dots to place by the health need posted on large sheets of paper around the room. Each vote indicated which health needs they wanted to move forward for further discussion and a second round of voting. The top five health needs based on total votes received during the first round of voting, which included additional dot votes to break a tie between three health topics, moved on in the process. Figure 6 includes the results of the first round of dot voting.

FIGURE 6. ROUND ONE VOTING RESULTS — TOP FIVE NEEDS IN BOLD

HEALTH NEED
1. Access to Health Services and Preventative Care
2. Transportation
3. Behavioral Health
4. Substance Abuse
5. Exercise, Nutrition and Weight
6. Diabetes
7. Heart Disease and Stroke
8. Sexual Health
9. Cancer
10. Public Safety
11. Oral, Dental or Mouth

After the first round of voting, the top five health needs were included in what was referred to as “rapid fire discussions” to come up with the ultimate three prioritized health needs. The group discussed each health need for 10 minutes, providing additional insights and thoughts to the data that were presented as they ranked the health need against the criteria on the scoring matrix. Each participant was given sticky dots to place next to one of the five health needs identified through the first round of dot voting. Figure 7 shows the results of the second round of dot voting and the top three prioritized health needs that were identified from the prioritization session.

FIGURE 7. ROUND TWO VOTING RESULTS — TOP THREE PRIORITIZED HEALTH NEEDS IN BOLD

Health Need
1. Access to Health Services and Preventative Care
2. Behavioral Health
3. Exercise, Nutrition and Weight
4. Substance Abuse
5. Transportation

DATA CONSIDERATIONS

Several limitations of the data should be considered when reviewing the findings presented in this report. The topics by which data are organized cover a wide range of health and health-related areas. Within each topic, there is a varying scope and depth of quantitative data indicators (secondary data) and qualitative findings (primary data). In some topics, there is a robust set of quantitative data indicators, but in others there may be a limited number of indicators for which data are collected. For some topics, quantitative data indicators were available only at the health district level for the Rappahannock Region. The breadth of qualitative data findings is dependent upon who was selected to be a key informant as well as the availability of selected key informants to participate.

The Index of Disparity is also limited by data availability. There is no subpopulation data for some indicators, and for others there are only values for a select number of race/ethnic groups. For both quantitative and qualitative data, efforts were made to include as wide a range of secondary data indicators and key informant expertise areas as possible.

DEMOGRAPHICS



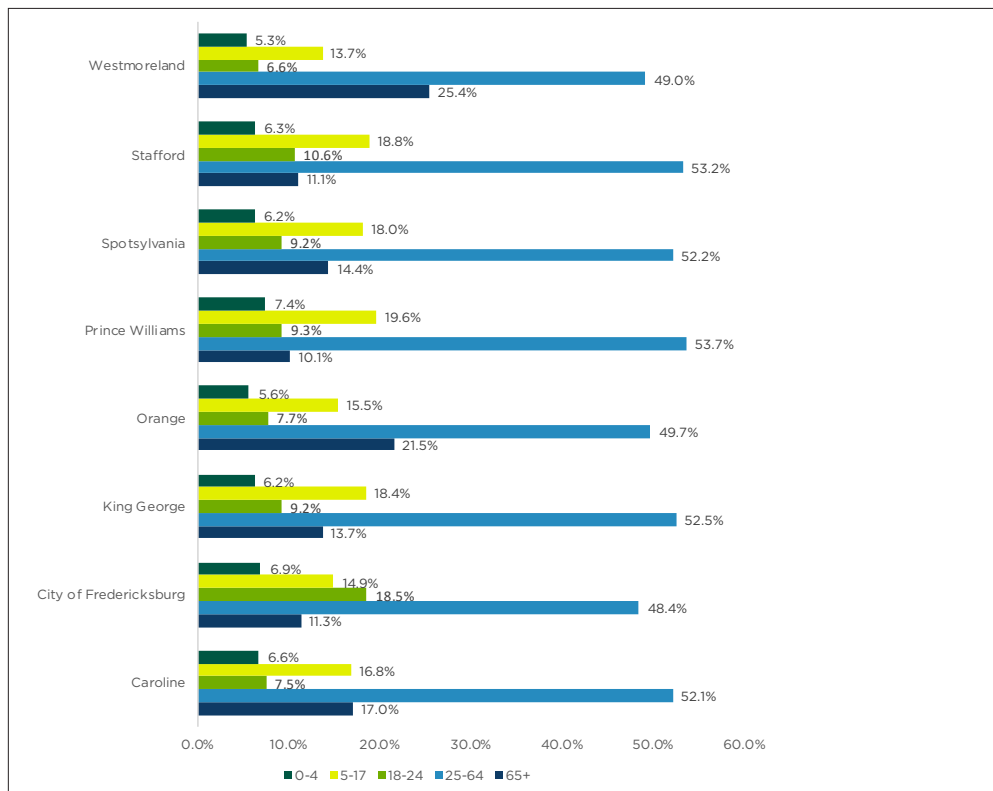
The demographics of a community significantly impact its health profile. Different race/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts.

POPULATION

AGE

Most counties in the Rappahannock Region have similar age distributions to each other and to the state of Virginia. City of Fredericksburg is a notable exception, where the 18 to 24-year-old population accounts for 18.5% of the city’s population, in contrast with the other counties in the area and Virginia State at 9.8%. Orange and Westmoreland counties have higher percentages of older adults where 21.5% and 25.4% of each respective county’s population is aged 65 years or over, compared to Virginia overall at 15.6%.

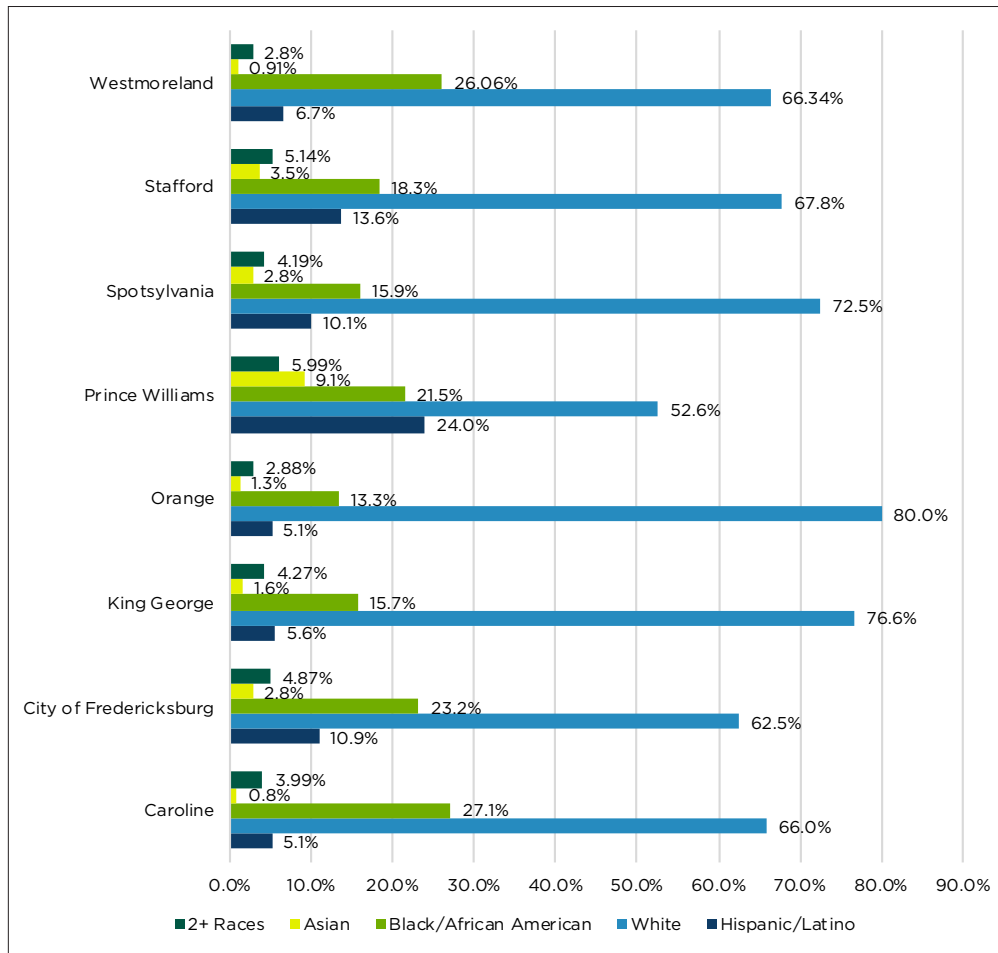
FIGURE 8. PERCENTAGE OF POPULATION BY AGE, 2019



RACE/ETHNIC DIVERSITY

The majority of the population in the Rappahannock Region is White, ranging from 52.6% in Prince William to 80% in Orange (compared to 65.8% in the state). The second largest race/ethnic group is the Black/African American population, ranging from 13.3% in Orange to 27.1% in Caroline (compared to 19.3% in the state). Prince William is the most diverse county; it has the largest Hispanic/Latino population (24%) and a greater percentage of Multiracial, Other, and Asian populations compared to the rest of the region.

FIGURE 9. PERCENTAGE OF POPULATION BY RACE, 2019



SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH

This section explores the social and economic determinants of health shaping the conditions of daily life.

Healthy People 2020 defines social and economic determinants of health as conditions in which people are born, grow, live, work, and age that affect a wide range of health outcomes and risks. The social and economic determinants of health partly explain why some people are healthier than others, and why people more generally are not as healthy as they could be. Resources that address the social and economic determinants of health and improve quality of life can have a significant impact on population health outcomes. Examples of these resources include access to education, public safety, affordable housing, availability of healthy foods, and local emergency and health services.⁴

⁴ <http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health>

INCOME

Stafford and Prince William counties had the highest median household and per capita incomes in the Rappahannock Region as shown in Figure 10 and Figure 11. City of Fredericksburg and Westmoreland County had median household incomes below that of the state. Furthermore, Orange and Caroline County had per capita incomes below that of the state as well.

FIGURE 10. MEDIAN HOUSEHOLD INCOME

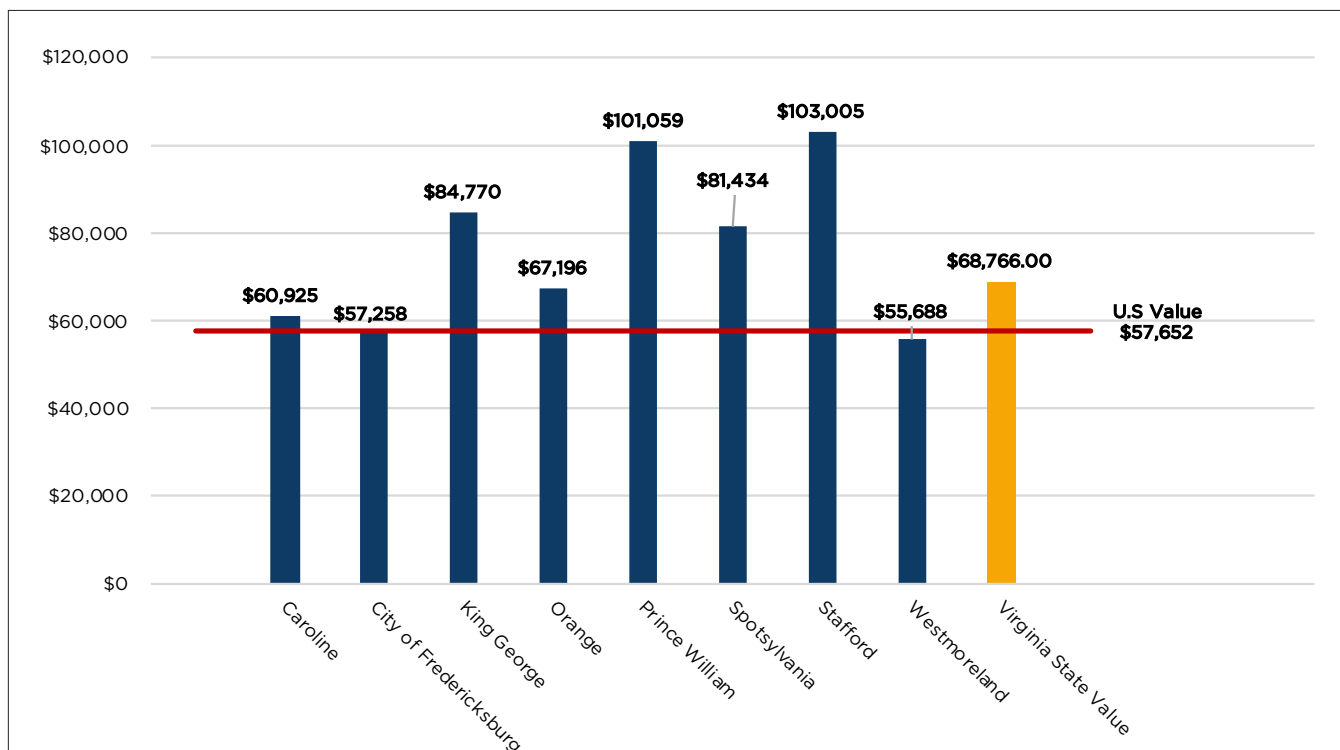
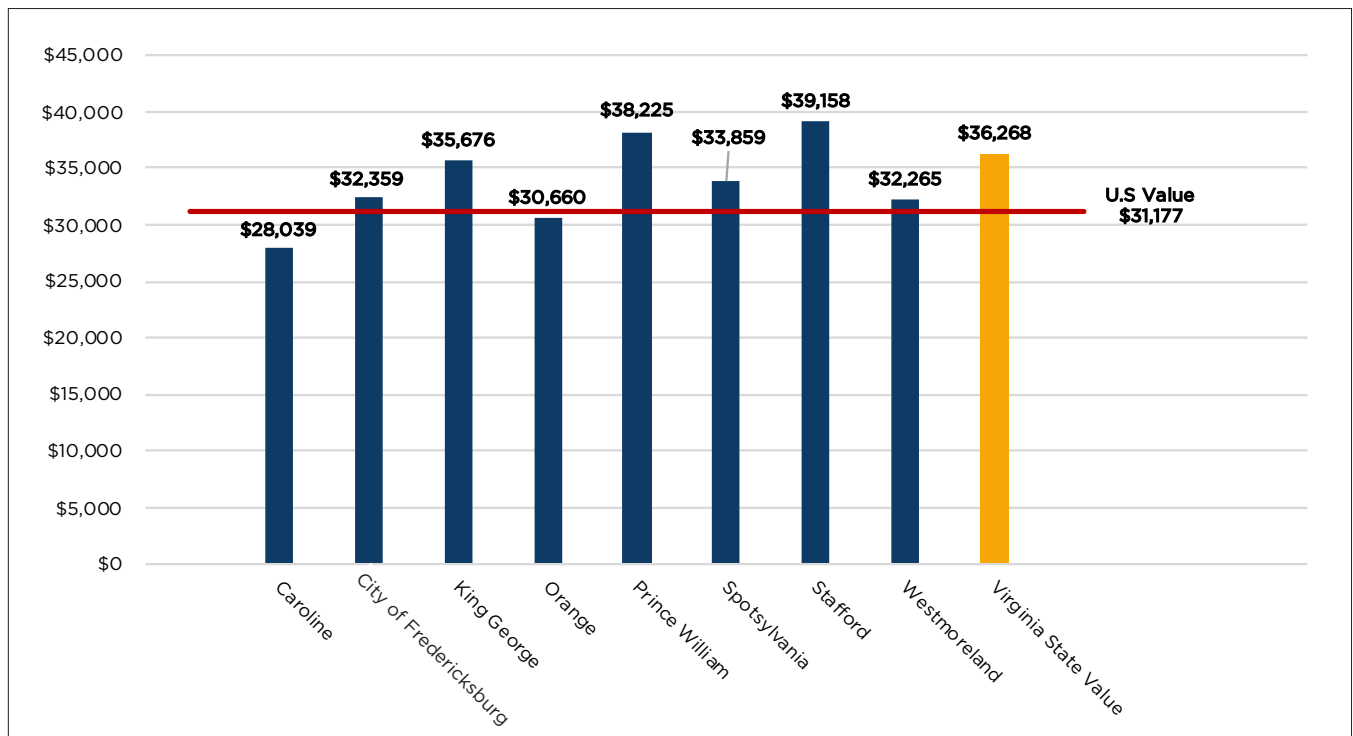


FIGURE 11. PER CAPITA INCOME



POVERTY

City of Fredericksburg had the highest percentage of people living below the federal poverty level, and Stafford had the lowest. Certain race/ethnic groups were more affected by poverty, as seen in Table 1 below.

TABLE 1. PERCENT OF PEOPLE LIVING BELOW POVERTY BY RACE/ETHNICITY, 2013-2017

	Overall	Black	White	Asian	Other	2+ Races	Hisp./ Latino
Caroline	11.9	22.3	6.7	0	30.4	31.3	30
City of Fredericksburg	16.3	19.3	14.1	7.7	47.2	12.7	23.9
King George	5.7	11.1	5	3.7	0	0.5	3.1
Orange	8.9	12	8.7	0	14.1	9.7	6.8
Prince William	7	9.4	3.5	7.1	14.4	10.8	11
Spotsylvania	8	12.5	6.3	6.3	20.1	5.4	14.2
Stafford	4.7	5.9	4.1	5.1	7.9	7.8	5.2
Westmoreland	9.5	12.3	8	0	14.1	8.6	14.9
Virginia	11.2	19.4	8.5	7.5	17.6	13.2	15

American Community Survey

EDUCATION

Caroline and Westmoreland counties had the smallest percentages of residents aged 25 and older with high school or bachelor's degrees. King George County had the highest percentage with high school degrees, and City of Fredericksburg had the highest percentage with bachelor's degrees (Table 2).

TABLE 2. EDUCATIONAL ATTAINMENT

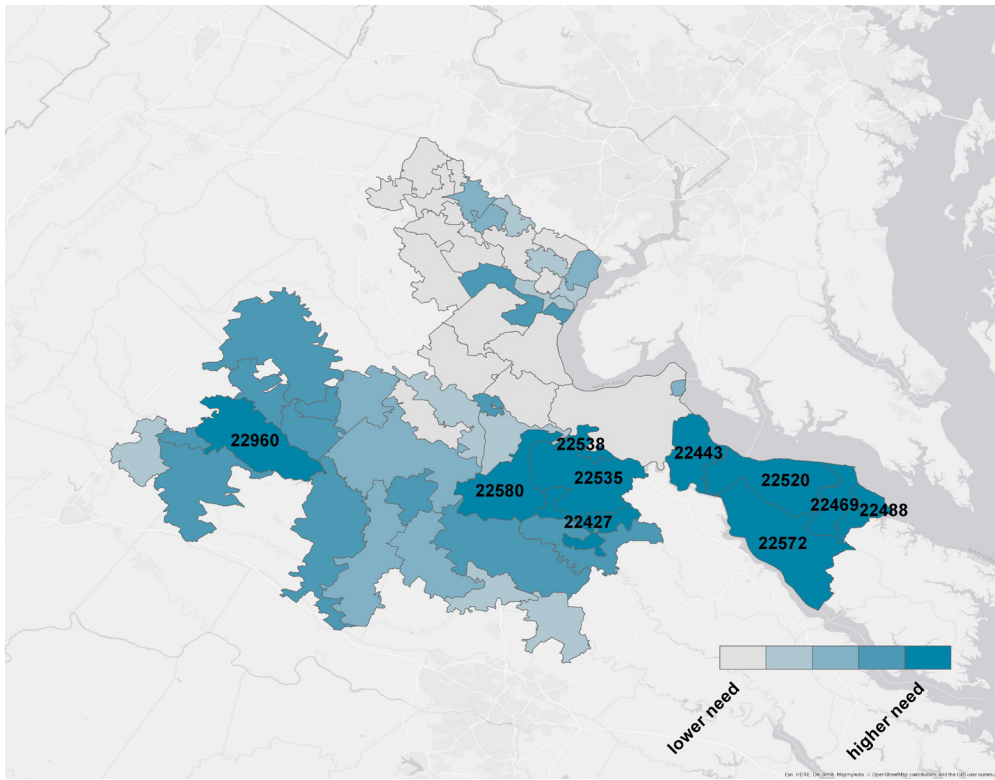
	HIGH SCHOOL DEGREE OR HIGHER*, 2013-2017	BACHELOR'S DEGREE OR HIGHER*, 2013-2017
Caroline	83.5%	19.2%
City of Fredericksburg	91.3%	42.9%
King George	93.8%	34.2%
Orange	88.6%	25.6%
Prince William	88.8%	39.8%
Spotsylvania	89.9%	30.4%
Stafford	93.7%	38.7%
Westmoreland	86.4%	21.1%
<i>Virginia</i>	<i>88.9%</i>	<i>37.6%</i>

*American Community Survey
Percentage of population 25+

SOCIONEEDS INDEX®

HCI developed the SocioNeeds Index® to easily identify areas of high socioeconomic need. This index incorporates estimates for six different social and economic determinants of health that are associated with poor health outcomes. The data, which cover income, poverty, unemployment, occupation, educational attainment, and linguistic barriers, are then standardized and averaged to create one composite index value for every zip code in the United States with a population of at least 300. Zip codes have index values ranging from zero to 100, where higher values are estimated to have the highest socioeconomic need and are correlated with poor health outcomes, including preventable hospitalizations and premature death. Within the Rappahannock Region, zip codes are ranked based on their index value to identify the relative levels of need, as illustrated by the map (Figure 12). The zip codes with the highest levels of socioeconomic need are found in Westmoreland County, Orange County, and Prince William County. Additional information can be found in Appendix E.

FIGURE 12. SOCIONEEDS INDEX®



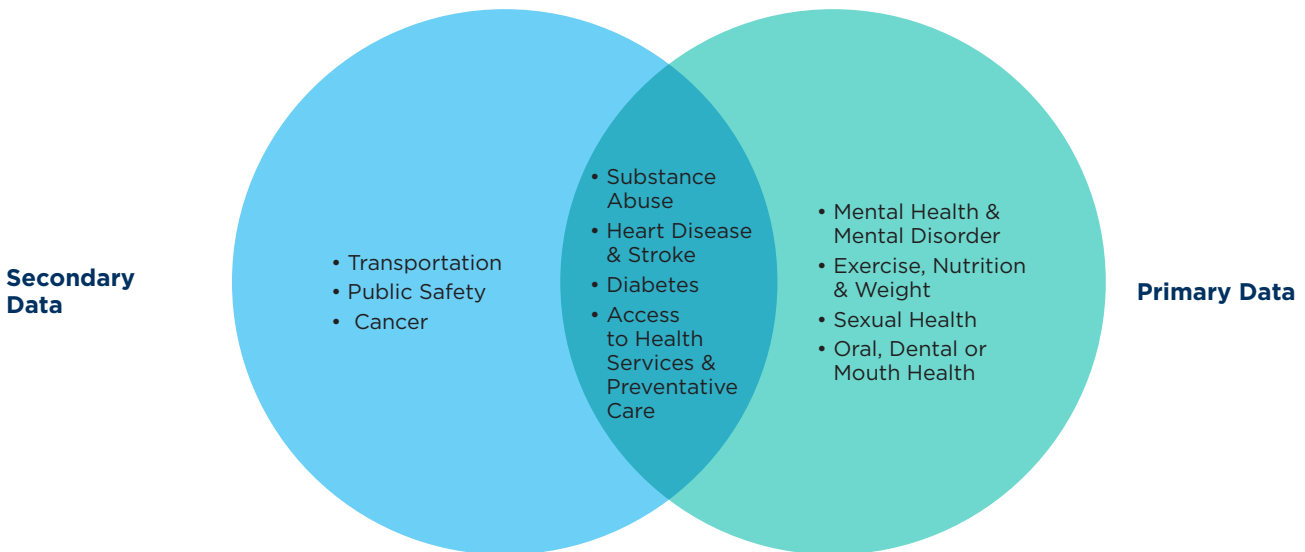
DATA SYNTHESIS



Primary and secondary data were collected, analyzed, and synthesized to identify the significant community health needs in the Rappahannock Region shown in the figure below. Primary data from key informant surveys show the eight most commonly discussed topic areas demonstrating strong evidence of need from that data source. In secondary data, topic areas demonstrating strong evidence of need were the six most common health needs across the Rappahannock Region.

The most common quality of life topic area from both primary and secondary data was also included (transportation). Data for all topic areas shown below are discussed in further detail in the following two sections of this CHNA.

FIGURE 13. DATA SYNTHESIS RESULTS



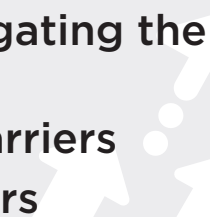
A decorative graphic on the left side of the page features several interlocking gears in shades of brown, green, and pink. Overlaid on these gears are white line-art icons: a person wearing a face mask, a person running, a heart with a pulse line, and a plus sign. The background is a light gray gradient.

PRIORITIZED SIGNIFICANT HEALTH NEEDS

The following section will dive deeper into each of these health needs in order to understand how findings from the secondary and primary data led to the health need becoming a priority for the Rappahannock Region.

ACCESS TO HEALTH SERVICES AND PREVENTATIVE CARE

KEY ISSUES

- ❶ Lack of knowledge in navigating the healthcare system
 - ❷ Cost and transportation barriers
 - ❸ Lack of healthcare providers
- 
- A decorative graphic on the right side of the key issues list features three white arrows pointing upwards and to the right, with a thought bubble containing three dots above them.

LACK OF UNDERSTANDING OF THE HEALTHCARE SYSTEM

A lack of knowledge and difficulty navigating the health system, even for those that have insurance can be barriers to accessing health services and preventative care. Community input from the Rappahannock Region suggests that there are various levels of understanding when it comes to preventative healthcare and why it's important. Additionally, confusion about guidelines for preventative care along with the challenge of not having a primary care physician contribute to access issues.

FINANCIAL BURDEN OF HEALTHCARE ACCESS AND COSTS

High insurance co-pays, rising medication costs, affordable and reliable transportation, and inconvenient health provider hours all make accessing health care a financial struggle. In particular, low income communities will experience these economic hardships more acutely. For example, an individual may have to take a day off from work to see a doctor and often will not get paid for that time off which can impact their monthly income or the time-off request could be denied altogether. This can be especially difficult for those who have to rely on public transportation because the bus schedule and stops are often not conducive to getting around efficiently. Survey data shows that 8.3% of households in City of Fredericksburg do not have access to a car (Table 3). Combined with limits to public transportation and the restricted hours of most healthcare provider offices, many households are not able to access the care they need. (See Transportation section for more information on Transportation in the Rappahannock Region)

TABLE 3. HOUSEHOLDS WITHOUT A VEHICLE

HOUSEHOLDS WITHOUT A CAR, 2013-2017	
Caroline	6.2%
City of Fredericksburg	8.3%
King George	3.8%
Orange	4.3%
Prince William	2.7%
Spotsylvania	3.2%
Stafford	2.0%
Westmoreland	5.6%
<i>Virginia</i>	6.3%

American Community Survey

HEALTHCARE PROVIDER SHORTAGE

The Rappahannock Region has a shortage of primary care providers — especially outside of City of Fredericksburg. For example, the physician primary care provider rate is as low as 17 per 100,000 and 11 per 100,000 population in Westmoreland and Caroline counties respectively. These rates fall significantly below the Virginia rate (76 per 100,000 population) and the U.S Value (88 per 100,000 population). There is a need for non-physician primary care providers where the rates are also well below the Virginia value for all counties outside of City of Fredericksburg. While efforts are underway to attract more providers, according to community input, it is often difficult to attract providers to the Rappahannock Region when many physicians prefer to practice closer to a teaching hospital.

TABLE 4. PRIMARY CARE PROVIDER RATES

	PRIMARY CARE PROVIDER RATE, 2016*	NON-PHYSICIAN PRIMARY CARE PROVIDER RATE, 2018*
Caroline	17	13
City of Fredericksburg	131	413
King George	27	49
Orange	48	25
Prince William	45	46
Spotsylvania	59	62
Stafford	32	33
Westmoreland	11	11
Virginia	76	84
<i>U.S Value</i>	75	88

County Health Rankings
*per 100,000 population

Key Informant Quote:
“The region has resources and agencies to address needs. However, navigation can be complicated and time-consuming.”

BEHAVIORAL HEALTH

KEY ISSUES

- ❶ **Barriers to care — stigma, provider rate (especially in low income areas), lack of integration into health system overall**
- ❷ **Connection with substance abuse — coping mechanism to deal with stress and anxiety**
- ❸ **Stress and depression issues — especially among college, homeless and Medicare population**
- ❹ **High suicide rates — failing to meet the HP 2020 target**

BARRIERS TO MENTAL HEALTHCARE

For people living in the Rappahannock Region, accessing mental healthcare when needed can be a serious challenge. Not only is there stigma around mental health issues as pointed out by Key Informants, but finding a provider in low income communities can be difficult. According to community input, navigating the health care system when someone is dealing with a mental health crisis is nearly impossible. Key Informants also shared that the health system needs to do more to integrate mental health into “whole person care” whereby people are screened for mental health issues and provided treatment options just as they are for physical ailments.

Mental health was the most frequently mentioned issue by Key Informants. As this issue continues to increase, the Key Informants shared that there needs to be more training for people who work in public safety professions to compassionately and effectively deal with community members struggling with mental health issues.

CONNECTION WITH SUBSTANCE ABUSE

The analysis of the Rappahannock Region primary data uncovered the belief that substance abuse is often used as a coping mechanism to deal with stress and anxiety, which is why it's seen as very closely associated with mental health issues. Key Informants serving this population shared that community members who do not have secure, consistent housing are more likely to also struggle with substance abuse. (See Substance Abuse section for more information.)

INCREASING RATES OF DEPRESSION

Depression is a major concern in the region — especially among students, homeless persons, and adults over 65 according to Key Informant discussions and survey data. Among the Medicare population, every county has seen the depression rates increase between 2010 and 2017, many significantly. For the general adult population, the rate of adults ever diagnosed with depression is better than among the Medicare population — only in the Three Rivers Health District⁵ is the rate higher than the state (21.8% vs 19%).

⁵ There are four health districts that serve the Rappahannock Region: Prince William Health District (Prince William County); Rappahannock Health District (Caroline, City of Fredericksburg, King George, Spotsylvania and Stafford Counties); Rappahannock-Rapidan Health District (Orange County); Three Rivers Health District (Westmoreland County)

TABLE 5. DEPRESSION: MEDICARE POPULATION

	DEPRESSION: MEDICARE POPULATION*, 2010	DEPRESSION: MEDICARE POPULATION*, 2017
Caroline	11.6%	15.4%
City of Fredericksburg	17.3%	18.3%
King George	13.1%	14.8%
Orange	12.9%	16.2%
Prince William	9.8%	13.2%
Spotsylvania	12.9%	16.3%
Stafford	13.7%	15.2%
Westmoreland	13.5%	16.2%
Virginia	13.1%	16.6%
<i>U.S Value</i>	<i>14.0%</i>	<i>17.9%</i>

Centers for Medicare and Medicaid Services

TABLE 6. ADULT DIAGNOSED WITH DEPRESSION AND POOR MENTAL HEALTH DAYS

	ADULTS EVER DIAGNOSED WITH DEPRESSION, 2017	POOR MENTAL HEALTH: 5+ DAYS, 2017
Prince William	13.5%	19.5%
Rappahannock	15.6%	15.6%
Rappahannock-Rapidan	15.6%	22.9%
Three Rivers	21.8%	23.4%
<i>Virginia</i>	<i>19.0%</i>	<i>21.5%</i>

Virginia Behavioral Risk Factor Surveillance System

SUICIDE RATE NOT MEETING HEALTHY PEOPLE 2020 TARGET

Between 2007 and 2017, suicide rates for Caroline, City of Fredericksburg, Spotsylvania, Stafford and Westmoreland improved as evidenced by the decline in rate. Rates have gotten worse in King George, Orange and Prince William. Areas of the Rappahannock Region that are falling short of the Healthy People 2020 Target include Caroline, City of Fredericksburg, King George and Orange.

TABLE 7. SUICIDE DEATH RATES

	SUICIDE DEATH RATES*, 2007	SUICIDE DEATH RATES*, 2017
Caroline	22.6	18.4
City of Fredericksburg	27.9	16.6
King George	8.7	10.4
Orange	9.2	22.6
Prince William	7.0	8.0
Spotsylvania	15.2	7.0
Stafford	9.9	7.9
Westmoreland	11.6	9.7
Healthy People 2020 Target	10.2	10.2

Virginia Dept of Health, Division of Health Statistics
*Age-adjusted death rate per 100,000 population

Key Informant Quote:
"Even a very small percent of the population with mental health disorders impact the greater community from the standpoint of resources and public safety."

EXERCISE, NUTRITION, & WEIGHT

KEY ISSUES

- ❶ Access to healthy food is challenging especially for those without a car, low income and/or over 65
- ❷ Rural areas have lower access to parks and recreation facilities compared to more urban environments
- ❸ Obesity rates are increasing over time

ACCESS TO HEALTHY FOOD

The accessibility, availability, and affordability of healthy and varied food options increase the likelihood that residents will have a balanced and nutritious diet. Low access to grocery stores (Table 8) and easy access to fast food (Table 9) may contribute to poor nutrition. Within the Rappahannock Region, Caroline County has the highest percentage of households without a vehicle and low access to a grocery store (4.8%), Orange County has the highest percentage of low-income

individuals (7.6%) and older adults (5.6%) with low access to a grocery store. City of Fredericksburg has the greatest density of fast food restaurants in the region at 1.45 per 1,000 population.

TABLE 8. LOW ACCESS TO A GROCERY STORE

	HOUSEHOLDS WITH NO CAR, 2015	LOW-INCOME, 2015	PEOPLE 65+, 2015
Caroline	4.8%	1.2%	0.7%
City of Fredericksburg	0.4%	2.0%	0.5%
King George	2.1%	0.0%	0.0%
Orange	3.5%	7.6%	5.6%
Prince William	0.7%	3.4%	1.2%
Spotsylvania	1.4%	4.1%	1.8%
Stafford	1.0%	3.4%	1.5%
Westmoreland	2.8%	2.1%	1.2%
U.S Median	2.7%	6.5%	2.8%

U.S. Department of Agriculture – Food Environment Atlas

TABLE 9. FAST FOOD RESTAURANT DENSITY

	FAST FOOD RESTAURANT DENSITY*, 2014
Caroline	0.27
City of Fredericksburg	1.45
King George	0.47
Orange	0.74
Prince William	0.63
Spotsylvania	0.68
Stafford	0.54
Westmoreland	0.23
U.S Median	0.58

U.S. Department of Agriculture – Food Environment Atlas
*per 1,000 population

ACCESS TO EXERCISE OPPORTUNITIES

Convenient and affordable access to parks or recreational facilities (Table 10) promotes physical activity. Caroline and Orange counties have the lowest percentages of individuals who live close to either.

Key Informants provided additional perspective stating busy lifestyles make it difficult for people to find time to exercise and eat healthy, and this contributes to chronic disease in the community like obesity, diabetes, and heart disease. During a group discussion, community input included discussions of the influence of technology and social media on children impacting the amount of physically activity with which children are involved.

TABLE 10. ACCESS TO EXERCISE OPPORTUNITIES

ACCESS TO EXERCISE OPPORTUNITIES, 2014	
Caroline	33.0%
City of Fredericksburg	98.1%
King George	73.4%
Orange	44.8%
Prince William	86.1%
Spotsylvania	75.0%
Stafford	53.4%
Westmoreland	58.1%
<i>Virginia</i>	<i>77.8%</i>

County Health Rankings

RIISING RATES OF OBESITY

Across many areas of the United States, the rates of adults who are obese and overweight are on the rise. The Rappahannock Region is no exception. Compared to the Virginia State value of Adults who are Obese (27.2%), every county has a higher rate ranging from 29.8% in King George County to 41.2% in Caroline County. Between 2011 and 2016, the adult obesity rate also increased for every county except Stafford and Spotsylvania. The rate of adults who are either obese or overweight for each health district is similar to the national rate of 66.6% (Tables 11 and 12). Key Informants also pointed out that childhood obesity rates are also on the rise.

TABLE 11. ADULTS 20+ WHO ARE OBESE

	ADULTS 20+ WHO ARE OBESE, 2011	ADULTS 20+ WHO ARE OBESE, 2016
Caroline	30.0%	41.2%
City of Fredericksburg	29.9%	31.8%
King George	28.8%	29.8%
Orange	32.8%	36.6%
Prince William	26.7%	30.0%
Spotsylvania	31.8%	31.7%
Stafford	35.2%	34.3%
Westmoreland	29.1%	34.4%
<i>Virginia</i>	<i>27.8%</i>	<i>27.2%</i>
<i>HP 2020 Target</i>	<i>30.5%</i>	<i>30.5%</i>

Centers for Disease Control and Prevention

SECTION 7 **PRIORITIZED SIGNIFICANT HEALTH NEEDS**

TABLE 12. ADULTS WHO ARE OVERWEIGHT OR OBESE

ADULTS WHO ARE OVERWEIGHT OR OBESE, 2017	
Prince William	70.9%
Rappahannock	69.5%
Rappahannock-Rapidan	71.1%
Three Rivers	66.0%
Virginia	66.3%
U.S Value	66.6%

Virginia Behavioral Risk Factor Surveillance System

Key Informant Quote:
"Many students are overweight and outside activity is not the norm."



NON-PRIORITIZED SIGNIFICANT HEALTH NEEDS



TRANSPORTATION

Key Informant participants identified transportation as a key challenge to living a healthy life. Transportation was discussed in context of many health needs in the community. One overwhelming issue in the discussion was around the need for local government to focus on a regional approach to mass transit. The Fredericksburg Regional Transit System was mentioned as a resource in the community, but one that does not provide convenient routes or enough buses in the rotation. It was also pointed out that the many bus stops do not have benches or covers for those waiting to ride the bus.

Another issue specific to transportation was related to those who have cars and the high cost to maintain and operate those vehicles. In particular, the cost of gas, insurance, DMV registration, repair, and maintenance costs were barriers to lower income populations. The elderly or disabled who cannot drive face challenges in not only accessing healthcare services, but also services for daily living like groceries, employment, and social services.

For those in the Rappahannock Region who do have a car and are able to drive, Key Informants pointed to the toll that commuting can take on a person's health. Those spending so much time in the car often do not have time to participate in healthy lifestyle behaviors such as exercising. Within the Rappahannock Region, Westmoreland County has the longest Mean Travel Time to Work of approximately 41.5 minutes compared to the other counties in the Rappahannock Region (Table 12).

Key Informant Quote:
"While a bus is available locally, it's not easy to navigate travel in a timely manner."

TABLE 12. MEAN TRAVEL TIME TO WORK

	MEAN TRAVEL TIME TO WORK IN MINUTES, 2013-2017
Caroline	35.6
City of Fredericksburg	27.7
King George	37.1
Orange	39.3
Prince William	39.1
Spotsylvania	38.2
Stafford	40.9
Westmoreland	41.5
Virginia	28.2
U.S Value	26.4

Source: American Community Survey

SUBSTANCE ABUSE

Like other regions of the country, the Rappahannock Region is dealing with effects of the national opioid crisis. For every county except Prince William and Stafford Counties, the Emergency Department Admission Rate for Opioids is higher than the Virginia Value (Table 13) with Orange County having a rate of almost twice the Virginia rate (197 per 100,000 vs 102 per 100,000). While the emergency department admission rate due to opioids is high across the region, the Death Rate due to Prescription Opioids is a bigger problem in Caroline, City of Fredericksburg, King George, and Westmoreland, the death rate is higher than the Virginia value of 5.9 per 100,000 population (Table 14).

TABLE 13. ED ADMISSION RATES DUE TO OPIOIDS

	EMERGENCY DEPARTMENT ADMISSION RATE DUE TO OPIOIDS*, 2017
Caroline	149.1
City of Fredericksburg	155.5
King George	107.8
Orange	197.0
Prince William	64.1
Spotsylvania	112.9
Stafford	80.4
Westmoreland	125.1
<i>Virginia</i>	<i>102.0</i>

Source: Virginia Department of Health

*Age-adjusted ED visit rate per 100,000 population

TABLE 14. DEATH RATES DUE TO PRESCRIPTION OPIOID OVERDOSE

	DEATH RATE DUE TO PRESCRIPTION OPIOID OVERDOSE*, 2017
Caroline	6.6
City of Fredericksburg	7.1
King George	11.5
Orange	2.8
Prince William	4.0
Spotsylvania	4.5
Stafford	4.8
Westmoreland	17.1
<i>Virginia</i>	<i>5.9</i>

Source: Virginia Department of Health

*Age-adjusted death rate per 100,000 population

Representatives of community service organizations in the region worry that while there are federal funds available to deal with opioid misuse and abuse, people suffering from other substance use issues are not able to get the help they need. Community feedback focused on the fact that, culturally, binge drinking is viewed as acceptable in some communities so there is not a focus on drinking as an issue. Secondary data echoed community concerns over other substance abuse such as tobacco use and binge drinking as most counties in the region failed to meet the Healthy People 2020 target for Adults who Smoke (12%) (Table 15).

In the discussion about substance abuse with community members, there was a concern that tobacco use in the community and the rise of vaping with the teen and young adult populations were getting lost in the conversation about substance abuse. They felt more focus needed to be on preventing the use of these substances.

TABLE 15. TOBACCO AND ALCOHOL USE IN ADULTS

	ADULTS WHO SMOKE, 2016	ADULTS WHO DRINK EXCESSIVELY, 2016
Caroline	17.1%	16.5%
City of Fredericksburg	18.1%	18.7%
King George	15.2%	19.9%
Orange	15.9%	17.4%
Prince William	15.2%	18.0%
Spotsylvania	16.9%	20.1%
Stafford	14.2%	19.3%
Westmoreland	17.2%	14.8%
<i>Healthy People 2020 Target</i>	<i>12.0%</i>	<i>25.4%</i>

County Health Rankings

Key Informant Quote:
“Even small amounts of tobacco use can have adverse health consequences.”

HEART DISEASE AND STROKE

Unhealthy behaviors and lifestyle choices can lead to community members suffering from serious illnesses such as Heart Disease and Stroke. Lack of access to health services, healthy food, and transportation to health appointments, as well as not following recommendations for preventative care are identified as contributing to this health issue from the primary data.

The secondary data analysis shows that Caroline County had the highest stroke death rate and Westmoreland County had the highest heart disease death rate in the region in 2017 (Table 16). Most of the region had higher percentages of Medicare beneficiaries treated for cardiovascular and cerebrovascular diseases than the percentage treated in the population overall in the state of Virginia (Table 17).

TABLE 16. DEATH RATES DUE TO HEART DISEASE

	HEART DISEASE* 2017	STROKE* 2017
Caroline	191.2	46.3
City of Fredericksburg	196.1	20.0
King George	124.8	17.4
Orange	151.2	32.1
Prince William	87.7	29.8
Spotsylvania	138.2	31.4
Stafford	140.1	27.5
Westmoreland	202.9	36.8
<i>Virginia</i>	<i>133.1</i>	<i>31.8</i>

Virginia Dept of Health, Division of Health Statistics

*Age-adjusted death rate per 100,000 population

Key Informant Quote:
"These are health conditions that impact a person's quality of life in significant ways."

TABLE 17. CARDIOVASCULAR AND CEREBROVASCULAR DISEASE AMONG MEDICARE BENEFICIARIES

	HYPERLIPIDEMIA 2017	HYPERTENSION 2017	ISCHEMIC HEART DISEASE 2017	STROKE 2017
Caroline	37.2%	64.8%	27.0%	3.8%
City of Fredericksburg	43.9%	58.4%	26.1%	3.8%
King George	47.6%	65.3%	27.9%	3.9%
Orange	37.2%	56.9%	24.0%	3.2%
Prince William	41.2%	56.3%	23.2%	4.0%
Spotsylvania	44.7%	62.1%	27.0%	3.9%
Stafford	45.5%	60.3%	27.4%	4.0%
Westmoreland	47.6%	65.2%	27.7%	4.4%
<i>Virginia</i>	<i>41.0%</i>	<i>59.5%</i>	<i>24.2%</i>	<i>3.8%</i>

Centers for Medicare & Medicaid Services

DIABETES

Diabetes is often discussed in the context of behaviors that can lead to this chronic condition such as lack of exercise and not following a healthy diet. Table 18 below shows Death Rates Due to Diabetes which demonstrates that Caroline, City of Fredericksburg, and Stafford have higher death rates due to diabetes within the Rappahannock Region compared to the State of Virginia. Discussions that contributed to the primary data on this topic were centered on the importance of keeping weight under control, taking time to exercise, and making healthier food choices.

TABLE 18. DEATH RATES DUE TO DIABETES

	DIABETES*, 2017
Caroline	29.6
City of Fredericksburg	25.6
King George	9.4
Orange	14.5
Prince William	10.6
Spotsylvania	15.6
Stafford	20.2
Westmoreland	12.8
<i>Virginia</i>	<i>17.6</i>

Virginia Dept of Health, Division of Health Statistics
 *Age-adjusted death rate per 100,000 population

Most of the Rappahannock Region had higher percentages of Medicare beneficiaries treated for diabetes than the population overall in the state of Virginia (Table 19).

TABLE 19. DIABETES AMONG MEDICARE BENEFICIARIES

	DIABETES, 2017
Caroline	32.4%
City of Fredericksburg	28.0%
King George	31.0%
Orange	26.9%
Prince William	27.1%
Spotsylvania	29.3%
Stafford	28.4%
Westmoreland	28.6%
<i>Virginia</i>	<i>27.8%</i>

Centers for Medicare & Medicaid Services

Key Informant Quote:
 “Busy lifestyles can’t make time and space for healthy eating.”

PUBLIC SAFETY

Public safety was captured in the primary data from the perspective of the toll that adverse childhood experiences have on generations of families that are struggling in the community.

Child abuse and neglect can have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood. All types of child abuse and neglect have long lasting effects throughout life, damaging a child’s sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. City of Fredericksburg has the highest Child Abuse Rates out of all the eight localities in the Rappahannock Region as shown in the (Table 20).

TABLE 20. CHILD ABUSE RATES

	CHILD ABUSE*, 2017
Caroline	2.0
City of Fredericksburg	15.5
King George	1.8
Orange	1.8
Prince William	4.4
Spotsylvania	3.7
Stafford	1.6
Westmoreland	3.4
<i>Virginia</i>	<i>0</i>

Virginia Department of Social Service

*Cases per 1,000 children

Primary data highlighted Intimate Partner Abuse as an issue in the community and the need for more resources to support people who are struggling to find support services when they have left a violent environment.

CANCER

Although cancer was not identified as a top priority in the primary data analysis (it was only mentioned by one Key Informant as a health concern), secondary data shows several warning indicators related to lung, colorectal, and prostate cancer in the Rappahannock Region.

Nearly all counties and county equivalents in the region had higher incidence and death rates than the state due to lung cancer. Additionally, Westmoreland County had the highest incidence rate for colorectal cancer in the region and Caroline County had highest incidence rate of prostate cancer in the region (Table 21). Most of the region had higher death rates due to colorectal cancer than the overall state value (Table 22).

TABLE 21. LUNG, COLORECTAL, AND PROSTATE CANCER INCIDENCE RATES

	LUNG AND BRONCHUS* 2011-2015	COLORECTAL* 2011-2015	PROSTATE** 2011-2015
Caroline	79.3	46.8	127.2
City of Fredericksburg	83.7	33.0	124.0
King George	88.2	45.3	116.7
Orange	63.1	32.9	95.1
Prince William	46.9	29.9	85.4
Spotsylvania	74.1	38.2	113.6
Stafford	74.0	37.5	108.0
Westmoreland	81.7	48.9	120.9
<i>Virginia</i>	<i>58.9</i>	<i>36.0</i>	<i>102.8</i>

National Cancer Institute

*Age-adjusted incidence rate per 100,000 population

**Age-adjusted incidence rate per 100,000 males

TABLE 22. LUNG AND COLORECTAL CANCER DEATH RATES

	LUNG AND BRONCHUS* 2011-2015	COLORECTAL* 2011-2015
Caroline	54.1	16.5
City of Fredericksburg	50.2	14.4
King George	50.4	17.9
Orange	48.5	14.5
Prince William	36.9	11.2
Spotsylvania	47.1	15.8
Stafford	49.7	13.4
Westmoreland	59.0	19.0
<i>Virginia</i>	<i>44.0</i>	<i>14.0</i>

National Cancer Institute

**Age-adjusted death rate per 100,000 population*

SEXUAL HEALTH

Sexual Health was raised as a health concern through the Key Informant survey. Community input focused on risky lifestyle behaviors and a lack of education as contributing to sexual health issues in the Rappahannock Region including HIV and sexually transmitted infections.

Data from the Virginia Department of Health shows some positive news for the region (Table 23). The Teen Birth Rate in the Rappahannock Region is better than the US value of 11 births per 1,000 females under the age of 20 in all but two counties (Orange, 12.2 and Caroline, 13.2). Between 2007 and 2017, there has also been a significant decrease in the Teen Birth Rate across every county. However, community input stresses the need for the continued need for more sexual health education.

TABLE 23. TEEN BIRTH RATE

	TEEN BIRTH RATE, 2007	TEEN BIRTH RATE, 2017
Caroline	24.4	13.2
City of Fredericksburg	22.8	8.9
King George	15.8	9.4
Orange	19.5	12.2
Prince William	18.5	7.9
Spotsylvania	20.0	6.3
Stafford	14.2	5.3
Westmoreland	18.3	9.2
<i>Virginia</i>	<i>-</i>	<i>7.6</i>

Virginia Department of Health, Division of Health Statistics

Live births per 1,000 females under 20 years

Key Informant Quote:
“Women and girls are provided too little information and resources on reproductive health.”

ORAL HEALTH

Key Informants discussed Oral Health issues in context of the challenge community members have with finding affordable dental care. Low income and minority community members were identified as two groups within the community that have more oral health issues because of a lack of dental insurance and their inability to pay for services out of pocket.

The Rappahannock Region has a shortage of dentists, especially outside of City of Fredericksburg where the dentist rates are as low as six per 100,000 population in Westmoreland county. These rates are significantly low in comparison to Virginia or U.S value which is 68 dentists per 100,000 population (Table 24).

TABLE 24. DENTIST RATES

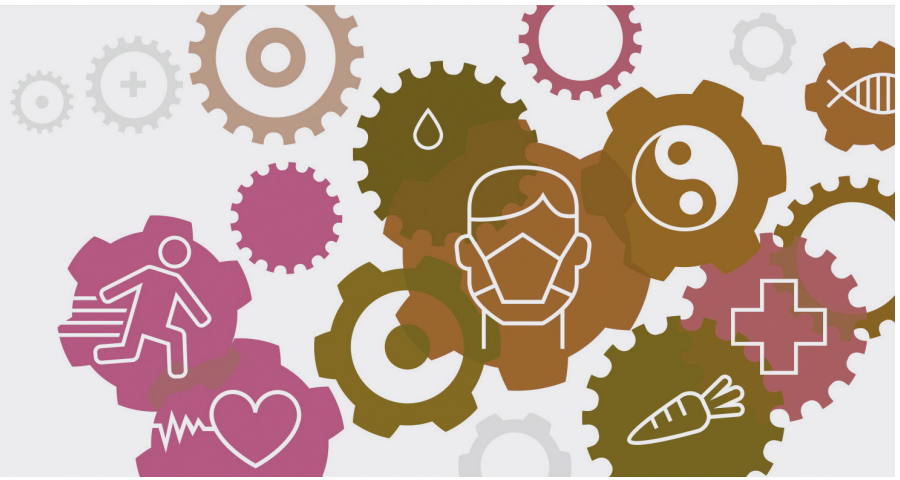
	DENTIST RATE, 2017*
Caroline	23
City of Fredericksburg	208
King George	46
Orange	30
Prince William	53
Spotsylvania	44
Stafford	35
Westmoreland	6
Virginia	68
U.S Value	68

County Health Rankings

*Dentists per 100,000 population



OTHER FINDINGS



Critical components in assessing the needs of a community are identifying barriers and disparities in healthcare. The identification of barriers and disparities helps inform and focus strategies for addressing prioritized health needs.

BARRIERS TO CARE

Community input revealed several barriers to care and wellbeing, which were described in the Prioritized and Non-Prioritized Significant Health Needs sections of this report. They are presented in a summarized list here (not arranged in order of importance or frequency stated):

- Transportation
- Difficulty navigating the healthcare system
- High cost of health care
- Lack of providers for low-income community members
- Stigma around seeking support for mental healthcare
- Accessibility/affordability to healthy food
- Limited exercise options
- Low-income status

DISPARITIES

An important part of the CHNA process is to identify health disparities, the needs of vulnerable populations, and unmet health needs or gaps in services. According to the Center for Disease Control, health disparities are preventable differences in the burden of disease, injury, violence or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Disparity data can help inform future action planning when addressing health needs so as to consider specific populations for more targeted interventions.

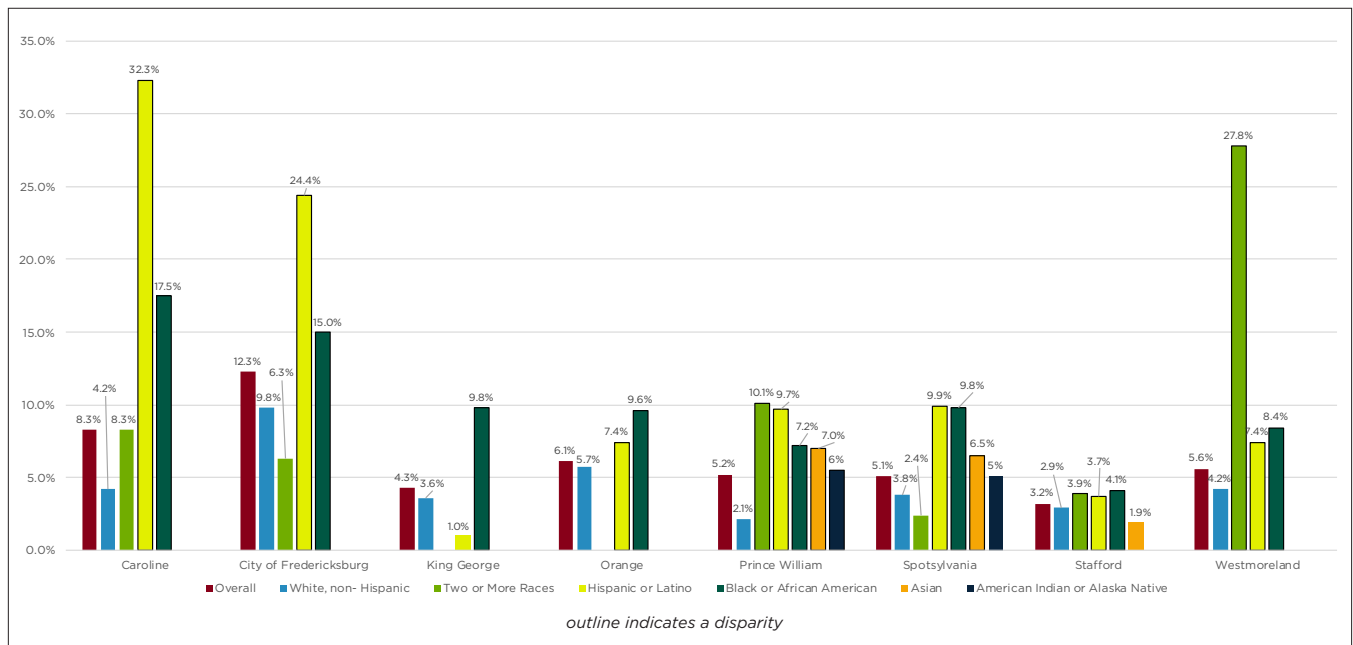
For secondary data health indicators, Conduent Healthy Communities Institute's Index of Disparity tool was used to see if there were large, negative, and concerning differences in indicator values between each subgroup data value and the overall county value. The Index of Disparity was run for each county and two topics were

SECTION 9 OTHER FINDINGS

found to have the greatest race/ethnicity disparities: 1) Poverty and 2) Teen Birth Rate. It is important to note that disparities may exist for other topics, but data may not have been available. For a full list of indicators with negative race/ethnicity disparities, please see Appendix F.

Throughout the region, there were disparities with families and older adults living below the poverty level (figures 14, 15). In every county, there was a disparity with both the African-American and Hispanic rates of families living in poverty compared to the rest of the county. Caroline County and City of Fredericksburg had the highest rates of families living below poverty for Latinos (32% and 24.4%) and African Americans (17.5% and 15.0%). Similarly, for adults 65 and older, there were disparities across the region for Latinos (Orange, Prince William, Spotsylvania, and Westmorland counties), African-Americans (Caroline, City of Fredericksburg, King George, Orange, Prince William and Westmoreland counties) and Asians (City of Fredericksburg, King George, Prince William and Spotsylvania counties).

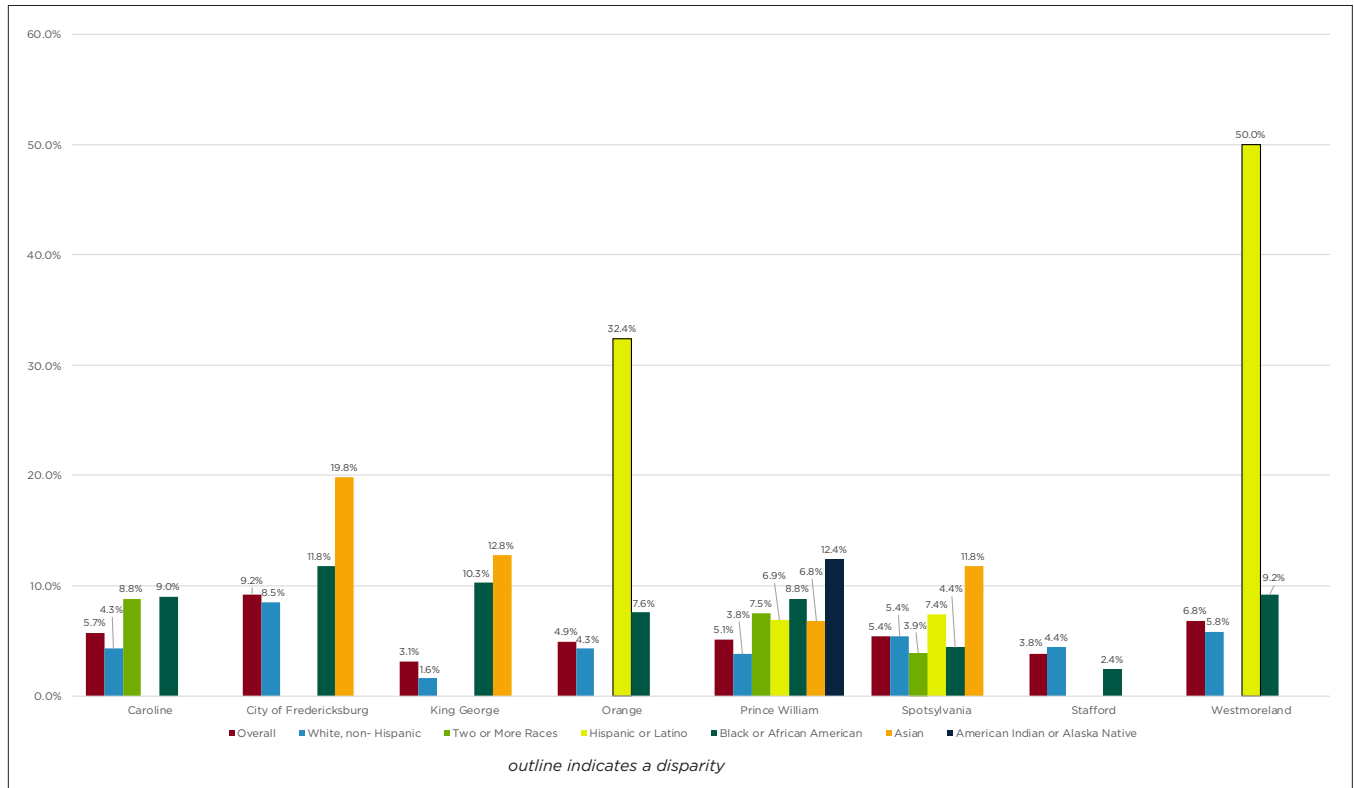
FIGURE 14. RACE/ETHNIC DISPARITIES FOR FAMILIES LIVING BELOW POVERTY LEVEL



American Community Survey



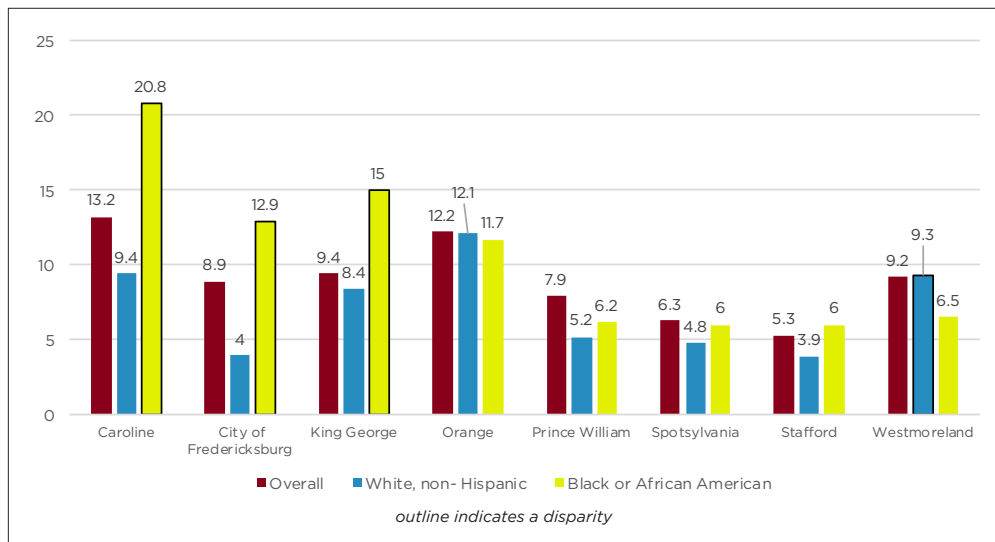
FIGURE 15. RACE/ETHNIC DISPARITIES FOR PEOPLE 65+ LIVING BELOW POVERTY LEVEL



American Community Survey

For three localities in the region – Caroline, City of Fredericksburg and King George – there is a disparity in the teen birth rate for the African-American community (figure 16). The teen birth rate was highest in Caroline County for African-Americans (20.8 per 1000 females under 20) compared to the overall population (13.2 per 1000 females under 20).

FIGURE 16. RACE/ETHNIC DISPARITY FOR TEEN BIRTH RATE



Virginia Department of Health, Division of Health Statistics (edited)

CONCLUSION



This CHNA conducted for Mary Washington Healthcare (MWHC) in partnership with Be Well Rappahannock (BWR) used a comprehensive set of quantitative and qualitative data to determine the top health needs in the Rappahannock Region. The findings in the report will be used to determine the best strategies to improve the health of the region through the development of new programs, enhancement of existing programs, and development of new partnerships.

The prioritization process identified three top health needs: Access to Health Services and Preventative Care; Behavioral Health and Behavioral Issues; and Exercise, Nutrition and Weight. MWHC will outline how it plans to address the health needs of the community in its Implementation Strategy and BWR will consider the findings as it continues to develop its strategic plan.

Please send any feedback and comments about this CHNA to webmaster@mwhc.com with “CHNA Comments” in the subject line. Feedback received will be incorporated into the next CHNA process.



EVALUATION OF IMPACT FROM PREVIOUS CHNA

Mary Washington Healthcare, in compliance with the Internal Revenue Service regulations related to section 501(r) of the Affordable Care Act, created the following document to provide a road map on how it will use the findings of the Rappahannock Region Health Needs Assessment to ensure it is meeting the needs of the communities it serves.

COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

Mary Washington Healthcare and the Rappahannock Area Health District launched the Rappahannock Region Community Health Needs Assessment in January 2015. The Rappahannock Region was charged with completing a Community Health Needs Assessment to identify high priority healthcare needs within the regional Mary Washington Healthcare service area. The Rappahannock Region is financially supported by Mary Washington Healthcare, the Rappahannock United Way, the Rappahannock Area Community Services Board, GEICO, Rappahannock Area Health District, Mary Washington Hospital Foundation, and Spotsylvania Regional Medical Center. The Health Communities Institute out of Stanford University was contracted to facilitate planning meetings, gather and analyze related data, and manage project timelines and schedules.

The Rappahannock Region established two committees: Advisory and Steering. The Rappahannock Region Advisory Committee comprises 40 community volunteers representing regional hospitals, health departments and insurers, private businesses, community-based organizations, and healthcare and mental health services providers. The Rappahannock Region Steering Committee includes representatives from Mary Washington Healthcare, the United Way, GEICO, the Moss Free Clinic, the University of Mary Washington, Spotsylvania Regional Medical Center, and the Rappahannock Area Health District.

Data Collection for the Rappahannock Region Community Health Needs Assessment focused on the following areas: community input, vital statistics, reasons for doctor and clinic visits, risk factors for common illness, lifestyle improvements, and localities where residents were not meeting established health targets. Some data is available only on the countywide level but still provides valuable information. Both qualitative and quantitative data were collected between April and August 2015.

Qualitative primary research:

The qualitative primary research for the 2015 Community Health Needs Assessment was conducted by key informant interviews with community leaders from public and private organizations selected for the Rappahannock Region Advisory Committee and engagement of Mary Washington Healthcare's Citizen Advisory Council, along with solicited community input.

Secondary data and information sources:

Information was obtained from a number of different sources such as the Healthy Communities Institute’s Community Health Information Resource tool (CHIR), the Virginia Department of Health, the American Community Survey, the Urban Institute, Healthy People 2020, and information supplied directly from a sample of healthcare service providers within the defined community.

PRIORITIZING HEALTH NEEDS

The Steering Committee of the Rappahannock Region reviewed and established decision-making criteria to guide their discussions regarding identification of the region’s highest priority healthcare needs. The criteria that follow are not listed in order of priority:

1. Magnitude of the identified priority
2. Severity of the problem – the risk of morbidity and mortality associated with the problem
3. Alignment of the priority with the community’s strengths and health priorities
4. Impact of the identified priority on vulnerable populations – health care disparity
5. Importance of the priority to the community
6. Existing resources addressing the identified priority
7. Relationship of the priority to other community issues
8. Affordability of intervention strategies
9. Potential for short-term and long-term impact on the community

The criteria yielded The Top Five Health Priorities identified through the Rappahannock Region Community Health Needs Assessment:

1. Obesity (including Childhood Obesity, poor nutrition and physical inactivity)
2. Access to Health Services
3. Substance Abuse (with emphasis on Tobacco and Illicit drug use and Teen & Adolescents)
4. Behavioral Health (with emphasis on Teen & Young Adults and Seniors)
5. Cancer (Breast, Lung, and Prostate Cancer)

ADDRESSING THE TOP FIVE HEALTH NEEDS

Mary Washington Hospital and Stafford Hospital organized its implementation strategy around Mary Washington Healthcare’s core Community Benefit objectives established for years 2016-2019. Utilizing the resources of Mary Washington Hospital and Mary Washington Healthcare’s Centers of Excellence, all Top Five Health Needs will be addressed during the three-year time period. The Mary Washington Hospital Implementation Strategy will target persons living in the City of Fredericksburg and the counties of southern Stafford, Spotsylvania, Caroline, King George, Westmoreland and eastern Orange. Not all Community Benefit Programs listed in the implementation strategy will be held on the campus of Mary Washington Hospital. Promotion of activities and data collection will reflect the targeted communities described above and may result in the development of new sites based upon interest and need.

Internal and external strategies (See Note) along with related anticipated outcomes, identified community partnerships, and specific programs/activities for each Community Benefit outcome describe how the health needs are being addressed. The utilization of the Community Health Information Resource (CHIR) tool is encouraged to provide the ability to benchmark those specific diseases and conditions where a measurement or comparison is available to objectively evaluate the effectiveness of these strategies.

The implementation strategy is reviewed by the Mary Washington Healthcare Board of Trustees. Findings from formal evaluations of each Community Benefit program and continuous engagement of community stakeholders influence modifications to the implementation strategy. The implementation strategy is approved annually by the Mary Washington Healthcare's Board of Trustees.

Note: Mary Washington Healthcare considers efforts to support its patients and Associates part of its commitment to the community. Therefore, while programs/activities that are open to the broader community (external strategies) are only reportable to the Internal Revenue Service, Mary Washington Healthcare includes internal strategies targeting only its patients and Associates in addition to reportable external strategies.

Mary Washington Hospital Community Benefit Objectives

Create, promote, and make available educational programs to community groups. These presentations will specifically address health needs identified in the Rappahannock Region Community Health Needs Assessment.

1. Facilitate **access** to health-related services for uninsured/underinsured, while supporting a stronger community referral process.
2. Increase focus on **obesity (including Childhood Obesity, poor nutrition and physical inactivity)** improving and maintaining health. Increase diabetes education and screening opportunities targeting both pre-diabetes/diabetes populations with a focus on programming that addresses nutrition and obesity from birth through adulthood.
3. **Substance Abuse** (with emphasis on Tobacco and Illicit drug use and Teen & Adolescents).
4. Improve access to **behavioral health services**, both directly and in providing support for community initiatives. Inform seniors and their caregivers of relevant issues including understanding of mental changes associated with aging, end-of-life decisions, and community resources. Support the initiatives of youth programs that address behavioral health in youth and young adults.
5. Increase **cancer education and screening opportunities**, while emphasizing the benefits of early detection and proper treatment for breast, lung and prostate cancers specifically.

COMMUNITY BENEFIT OBJECTIVE 1: Facilitate access to health-related services for uninsured/underinsured, while supporting a stronger community referral process and population management.

Top Health Need:

Objective 1 will specifically explore ways to improve access to primary care providers in the Mary Washington Hospital community as well as develop processes to improve the coordination of care for uninsured and/or underinsured patients.

Internal Strategies:

1. Explore opportunities to partner with local primary care physicians and safety net providers to establish referral patterns for all unassigned patients being discharged from the emergency and inpatient departments at Mary Washington Hospital.
2. Provide community resources information to all identified, uninsured/underinsured MWHC patients.

External Strategies:

1. Collaborate with various community service groups and safety-net providers to streamline enrollment processes for financial assistance programs taking into consideration current criteria for various social service programs
2. Host information sessions for community groups and advocates to raise awareness of MWHC's Patient Financial Assistance Programs (PFAP).
3. Raise awareness of community resources, including education related to insurance access

Anticipated Primary Outcomes:

- Improve health status of patients by establishing medical homes resulting in reduced readmission rates for patients seeking primary care follow-up in emergency departments.
- Better understanding of community health-related services in the community and appropriate use of medical services
- Increased participation in MWHC's Patient Financial Assistance Programs as compared to last year.
- Increased coordination of care for uninsured/underinsured patients navigating various free or reduced-fee community services.

Community Benefit Tactic(s) 2016-2019

1. Develop a Community Navigator Program; a partnership between MWHC, key safety-net providers, willing community physicians, and other community partners that will encourage a coordinated continuum of care for uninsured/underinsured. (MWHC Access Workgroup, Safety-net providers' network)

OUTCOMES TO DATE

- **2016** ☉ Completed a Health Navigator worker program and are currently exploring funding with various community partners.
- **2016-2019** ☉ Received a pilot grant program called Team Up for Health that followed uninsured population for an 18-month period. Continue to track and monitor progress on the pilot program participants.

- **2018-2019** ☉ As a result of the VA ruling for Medicaid Expansion, MWHC was able to complete a comprehensive training for our region to create education and awareness for the community and providers alike.

COMMUNITY BENEFIT OBJECTIVE 2: Increase diabetes education and screening opportunities targeting both pre-diabetes/diabetes population with a focus on programming that addresses nutrition and obesity from birth through adulthood.

Objective 2 will address both diabetes and obesity through its strategies and programs. Resources from MWHC’s Diabetes Management Program will be critical in implementing the following strategies.

Internal Strategies:

1. Provide referrals to Community Benefit programs that address diabetes and obesity prevention to pediatric patients and families identified as “at-risk”
2. Provide referrals to Community Benefit programs that address diabetes and obesity prevention to/management to adult patients
3. Promotion of Health & Wellness initiatives related to nutrition and fitness for MWHC Associates

External Strategies:

1. Conduct diabetes-related health screenings in the community
2. Provide diabetes and obesity related support
3. Raise awareness of healthy foods and organizational aids
4. Advocate for area-wide “health living” campaign
5. Supply educational training related to nutrition counseling for healthcare professionals
6. Explore funding opportunities for uninsured patients with an emphasis on higher-risk populations for pre-diabetes and diabetes education and awareness
7. Raise awareness and funds to promote research and support related to diabetes health

Anticipated Primary Outcomes:

- Improved understanding of nutritional needs to reduce on-set of diabetes, as measured by pre- and post-test analysis with Community Benefit program participants.
- Increased knowledge of new and healthy foods to low-income youths and their families using access to free fruits and vegetables, recipe/cooking tips and social media reminders.
- Improved self-efficacy of diabetes management for adolescents, as measured by pre/post-test analysis

Community Benefit Tactics 2016-2019:

1. Continue to host “Kids for a Cure Diabetes” Summer Camp in order to promote healthy management of diabetes and provide educational resources to help children manage their health. (MWHC Diabetes Management Program and Diabetes and Obesity work group)
2. Develop a series of hands-on cooking/nutrition/education classes called the “Fun Food Academy” which will target low-income preschoolers and their families. (Dr. Yum’s Project and the Food Service Director of City of Fredericksburg Schools, Fredericksburg Head Start)
3. Participate in the “Balanced Living with Diabetes” program. (Virginia Cooperative Extension program, Diabetes and obesity workgroup, MWHC Diabetes management Program)
4. Work with the area YMCA to partner the Y-Change Diabetes and Exercise program

COMMUNITY BENEFIT OBJECTIVE 3: Increase focus on improving and maintaining cardiovascular health, with an emphasis on addressing heart disease and stroke, illicit drug use, and tobacco use.

Top Ten Health Needs being addressed:

Cardiovascular health issues and illicit drug/ tobacco use will be addressed under Community Benefit Objective 3. It is expected that topics related to obesity, diabetes and access will also be explored. Resources at Mary Washington Hospital related to the Virginia Heart and Vascular Institute will play a critical role in addressing this objective.

Internal Strategies:

1. Provide referrals to Community Benefit programs as part of discharge planning
2. Work with Wellness Committee programs targeting cardiopulmonary and cardiovascular health coaching to incorporate Community Benefit programming
3. Continuous research and identification of heart-healthy best practices at work places to improve Associate health

External Strategies:

1. Provide cardiopulmonary, cardiovascular and stroke health screenings to improve early detection
2. Provide cardiopulmonary, cardiovascular and stroke support groups that provide education to both caregivers and patients
3. Supply educational training for healthcare professionals to improve recognition and treatment of cardiopulmonary, cardiovascular, and stroke conditions

4. Promote access to and participation in cardiopulmonary, cardiovascular and stroke-related research studies
5. Address tobacco /substance abuse prevention strategies for elementary school aged children
 - a. through school health nurse education
6. Develop substance abuse program designed for youth – including psycho-social support

Anticipated Primary Outcomes:

1. Better understanding of risk factors, disease process, warning signs, and services available will result in patients seeking effective treatment and management sooner
2. Mary Washington Hospital Associates will have the support and direction to engage in cardiovascular wellness
3. The community will have increased access to opportunities to receive health screenings, education, and referral to increase knowledge and encourage appropriate action
4. Increased training for healthcare professionals related to cardio-health problems and tool kit related to lifestyle/behavioral counseling will improve patient’s self-efficacy on managing risks and
 - a. disease, if diagnose

OUTCOMES TO DATE

Opiate Treatment and Recovery Task Force Work Summary

The Opiate Treatment and Recovery Task Force was a direct result of the Opioid Summit held in May of 2017 when the Collaborative took an active role in working with the Be Well Rappahannock Council to facilitate actionable progress on this epidemic. This Task Force regularly met and coordinated with the Prevention Task Force. This combined work has made a significant impact in providing education to the community.

The Opiate Treatment and Recovery Task Force achieved significant milestones in providing outreach to organizations within our region. They completed a survey of local providers, created a document (presented as a flyer) that includes a comprehensive list of doctor’s prescribing Suboxone and Methadone and therapists treating opiate addiction.

Additionally, they developed a two-hour presentation entitled “Opiate Addiction: A Public Health Problem” and provided this training to multiple community organizations including:

- Aquia Harbor Community
- Best Practices Court Team Seminar
- Caroline DSS
- Community Based Probation
- Community Collaborative for Youth and Families

District 21 Probation
Family Solutions
Fredericksburg Department of Social Services
Fredericksburg Public Defenders
George Washington Regional Commission
Good Neighbor
King George Department of Social Services
Rappahannock Area Alcohol Safety Action Program
Rappahannock United Way
Stafford Department of Social Services
United Methodist Family Services

Outcome: There were 285 attendees

The Task Force provided four (1) hour Clinician presentations entitled “Role of Behavioral Health Providers in the Opioid- Epidemic: Assessment, Referral and Brief Interventions” and have made plans to continue making these presentations into 2019.

Fredericksburg September 2018
Fredericksburg October 2018
Richmond November 2018
Prince William December 2018

Total number of clinicians who attended: 126

Opioid Prevention and Harm Reduction Taskforce Work Summary

The Opioid Prevention and Harm Reduction Task Force continue to work towards a creating a social norms campaign related to substance abuse to include social media, print, and billboards. Messages will target various demographics to include adolescents, parents/caregivers, prescribers, and pharmacists. Efforts are underway to create a comprehensive informational folder to support physician-to-physician and pharmacist conversations. REVIVE! Trainings continue to be held, and the Rappahannock Health District provides Narcan to those completing the training. All five localities within Planning District 16 participate in the National Drug Take Back organized by the Drug Enforcement Agency. The addition of a medication collection bin at the Ladysmith CVS drugstore means all five jurisdictions now have a permanent collection bin.

Stakeholders participating on the workgroup include: ABC Pediatrics; Aquia Harbor Security; Community Foundation of the Rappahannock River Region; FAHASS; City of Fredericksburg Government; Fredericksburg Department of Social Services; Germanna Community College Police Department; Mary Washington Healthcare; Mary Washington Hospital Foundation; Mental Health America of Fredericksburg; Office on Youth; Rappahannock Area Community Services Board; Rappahannock Health District; Spotsylvania County Sheriff’s Office; Spotsylvania County Department of Social Services; Stafford County Government; and Wegman’s Pharmacy.

COMMUNITY BENEFIT OBJECTIVE 4: Improve access to behavioral health services, both directly as well as in providing support for community initiatives.

Top Health Need:

Mental health and substance abuse will be addressed in Objective 4. Resources at Mary Washington Hospital related to the Brain Health Center and Snowden at Fredericksburg will play a critical role in addressing this objective.

Internal Strategies:

1. Increase capacity and services provided to promote access at Snowden of Fredericksburg to reduce referrals to other facilities due to the lack of beds or specialty services.
2. Continued mental health assessment and physician-requested consultations for disposition with referrals for appropriate services
3. Provide expertise and references to other Workgroups as they address specific mental health concerns

External Strategies:

1. Continue community-based collaborations with such organizations as the Rappahannock Area Community Services Board, regional utilization management teams, and Mental Health of America and to improve coordination of care and increase access to behavioral health services
2. Continue to provide free mental health assessments and screenings to individuals in the community
 - a. with appropriate referrals to services offered in the community
3. Provide in-kind support to community behavioral support groups, such as Alcoholics Anonymous and Narcotics Anonymous.
4. Continued support 24-hour Crisis Hotline with professional therapists to address immediate, behavioral health needs of community, including referrals to appropriate programs.
5. Explore bilingual programming led by mental health professionals
6. Support the development of a strong mental health workforce with trainings and internships

Anticipated Primary Outcomes:

- Reduction of referrals out-of-area for behavioral services as compared to last year
- Community members will have increased knowledge and awareness of key mental health signs and symptoms as well as a better understanding of services available.

OUTCOMES TO DATE

Goal to educate, create awareness, and identify resources available to the community

Suicide Professional Workshop 📅 2017

- Community experts explored causes and drivers to suicide and developed a working strategy for suicide prevention by understanding the needs of various age cohorts and populations in our community.
Number of Attendees: 60

Suicide Prevention Town Hall

- A community forum that had a national key note speaker Ms. Colleen Carr, MPH as well as panel of behavioral health professionals, counselors, as well as community members with lived experience that shared information and resources to the community at-large.
Number of Attendees: 110

Discussion Panel held at Germanna Community College presented by Mental Health of America

- Mental Health First Aid trainings facilitated by RACSB Prevention teams [Over 460 persons attended 36 trainings to date].
- Multiple screenings of the Kevin Hines documentary, “Suicide: The Ripple Effect”, in PD 16, sponsored by various community partners.
- MWHC along with the RACSB created a resource guide of community resources that was provided at the workshop and Town Hall.

COMMUNITY BENEFIT OBJECTIVE 5: Increase cancer education and screening opportunities, while emphasizing the benefits of early detection and proper treatment.

Top Ten Health Needs being addressed:

Cancer, specifically prostate, lung and breast, will be addressed through Community Benefit Objective 5. In addition, issues related to access to expensive cancer treatments and medications as well as mental health support for cancer patients and their caregivers will be considered. Resources at Mary Washington Hospital related to the Regional Cancer Center will play a critical role in addressing this objective.

Internal Strategies:

1. Special counseling on the MWHC Financial Assistance Policy and improve access for Mary Washington Hospital cancer patient population.
2. Increased access for Mary Washington Hospital cancer patient to clinical trials.
3. To increase the number of Mary Washington Hospital cancer patients that participate in opportunities for complimentary therapies in their cancer care plan.

External Strategies:

1. Provide low-cost or free prostate and breast cancer screenings
2. Continue providing support groups and education for those undergoing cancer treatments, those that have completed treatment and their loved ones/ caregivers.
3. Identify ongoing cancer research and awareness activities open to the community
4. Increase knowledge of diagnosis, treatment and best practices related to cancer for health care professionals
5. Foster support groups in the community of “trusted” individuals such as faith-based organizations, barbers/hair salons, etc

Anticipated Primary Outcomes:

- Through active management, increased access to financial assistance for our most vulnerable cancer patients.
- Cancer support group participants will acquire additional knowledge regarding resources and self-care following participation, as measured by pre- and post-test analyses.
- There will be an increased likelihood of identifying cancer cases at earlier stages.
- The community will be educated on cancer prevention and risk factors, treatment options and insurance information, as measured by pre- and post-test analyses to measure self-efficacy (patients’ confidence in their ability to perform certain health behaviors) rates in patients and the connection with their health outcomes.
- Increase opportunities to have an integrated medicine approach to treating cancer.

Community Benefit Tactics 2016-2019

1. Continue to provide access to Cancer Integrative Medicine therapies through community
 - a. awareness and referral programs. (MWHC Regional Cancer Center)
2. Develop and implement a new process to provide our Cancer patients timely access to financial assistance that will not delay necessary cancer treatment (Regional Cancer Center, Patient Financial Assistance Workgroup)
3. Provide free transportation for Cancer patients to increase access to cancer treatments (Regional
 - a. Cancer Center)
4. Expand pediatric cancer services by partnering with VCU, Ellie’s Angels and the MWHC OP Infusion
 - a. center to provide pediatric patients additional cancer care services. (Regional Cancer Center, Ellie’s
 - b. Angels, MWHC OP Infusion)

5. Host the Power of Pink Breast Cancer Walk to promote education and awareness about breast cancer
 - a. in our community. (Regional Cancer Center)
6. Promote Health Professionals Cancer Weekly Conferences (Regional Cancer Center)

OUTCOMES TO DATE:

Regional Cancer Center Community Benefit Summary

Mary Washington Healthcare has served its communities since 1889 by providing health promotion and prevention services to help people stay healthy and medical care for them when they are sick. Mary Washington Healthcare provides a high level of care to patients throughout Virginia regardless of the ability to pay. This mission of demonstrating Community Benefit is embedded in all that we do for our patients as a non-for-profit healthcare system.

One of the ways we do this is through our exceptional cancer program. The program takes a holistic approach to our patients' care, meaning that we make sure our patient benefits from a strong support group, friendly and encouraging staff, and convenient locations. Everything patients need is in one place, meaning less travel time, less stress, and more time at home. We utilize the latest technology and strive to raise the clinical profile of our programs. In 2018, the MWHC Regional Cancer Center gave over \$1.8 million dollars in free care for our cancer patients that could not pay for the chemotherapy infusions and radiation oncology treatments respectively.

What cancer patients appreciate about our care is our multidisciplinary approach. We hold regular meetings with oncologists, surgeons, radiologists, and other pertinent medical staff to discuss our patients' cases, their treatments, and adjust for their future plan of care. This approach ensures that we benefit from the collaboration of experience and knowledge to come up with a plan of care that is best for our patient. In 2018, RCC physicians donated 328 volunteer hours which equates \$48k in free clinical care that enhanced cancer care for our patients. Our renowned cancer nurse navigators provided over 5k hours of services that equates to over \$200k.

One of the most successful additions to the RCC cancer service offerings is our free integrative medicine services. These services range from massage therapy to pet therapy. All these services are covered by the Regional Cancer Center and the generous time of our community therapists. In 2018, the integrative medicine services totaled over 600 clinical hours which equates in over \$30k in the cost of services rendered.

The RCC also provides free genetic counseling to our patients. In 2018, we provided 744 hours that represents over \$97k in free costs for this service.

Through community programs, services and partnerships, Mary Washington Healthcare is effectively addressing the health needs of its communities, including the most vulnerable among us. Community Benefit programs including those provided through our cancer program directly impact our community as well as improve the overall health of our patients and Associates.

KEY INFORMANT SURVEY QUESTIONS

Rappahannock Region Key Informant Survey

Mary Washington Healthcare is conducting its triannual Community Health Needs Assessment for the greater Rappahannock Region in accordance with the federal requirements of the Affordable Care Act.

This survey, which takes approximately 30 minutes to complete, will help local healthcare providers, public health representatives and community service organizations better understand the community health concerns that need to be addressed.

As you complete the survey, please do so from the lens of the primary population you serve. However, know that there are areas within the survey for you to share a broader perspective based on your knowledge and experience.

Thank you for providing your thoughtful input by completing this survey by July 22 and for all you do in the community to make it a better place to live, work and play.

If you have any questions contact Philip.brown@mwhc.com or Jamia.crockett@mwhc.com.

1. What counties make up your "primary service area." Check all that apply. *(Primary service area: The counties where 80% or more of the people you serve come from.)*

- Caroline
- Fredericksburg City
- King George
- Orange
- Prince William
- Spotsylvania
- Stafford
- Westmoreland

2. Name

3. Title

4. Organization

5. Describe the main population you serve. (ex. medically underserved, low-income, homeless, LGBTQ, Hispanic, minority, seniors etc.)

6. Primary Focus Area of Your Organization

Rappahannock Region Key Informant Survey

Community Health Status

Next, we'd like to hear your thoughts and opinions about the community's health... **Please answer the next questions with your primary service area in mind.**

7. Overall health of your primary service area.

	Very good	Good	OK	Poor	Very poor	Don't know/not sure
How would you rate the health of your community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. What are the most important health conditions in your primary service area? (Select up to 3)

- Cancer**
- Diabetes**
- Eye Health** (vision)
- Heart Disease, Stroke, High Blood Pressure, and Heart Failure**
- Infectious Diseases** (tuberculosis, measles, mumps, rubella, flu, pneumonia, Lyme disease, etc.)
- Injuries and Safety** (falls, motor vehicle safety, pedestrian safety, domestic violence, assault, etc.)
- Mental Health and Mental Disorders** (depression, anxiety, trauma, crisis, etc.)
- Other (please specify)
- Obesity/Overweight**
- Oral, Dental, or Mouth Health** (tooth decay, gum disease, etc.)
- Preventive Care** (wellness visits, mammograms, Pap smears, flu shots, colonoscopy, etc.)
- Reproductive Health** (contraceptives, planned or unintended pregnancy, family planning / counseling, prenatal care, etc.)
- Respiratory/Lung Diseases** (asthma, COPD, etc.)
- Sexual Health** (sexual health education, safe sexual experiences, HIV, gonorrhea, syphilis, chlamydia, HPV, etc.)
- Substance Abuse** (alcohol, tobacco, e-cigs, drugs, opioids, prescription drugs, etc.)

9. Briefly describe why you selected these health conditions and which populations are impacted.

10. What is contributing to these health conditions in your primary service area?

11. What barriers does the community you serve face in trying to live a healthy life? (check all that apply)

- Access to Health Services** (getting health insurance, paying for healthcare, etc.)
- Diet, Food, Nutrition** (lack of affordable healthy foods, fast food, knowledge of healthy diet, etc.)
- Discrimination** (by gender, race, age, etc.)
- Education**
- Employment** (jobs, etc.)
- Environmental Quality** (poor air quality, lead exposure, exposure to secondhand smoke, etc.)
- Healthcare Navigation** (understanding health issues or insurance, finding a doctor, etc.)
- Housing**
- Language Barriers or Cultural Diversity**
- Physical Activity and Exercise** (time to exercise, safe parks and spaces to exercise, etc.)
- Poverty**
- Public Safety or Community Violence** (crime, public violence, etc.)
- Transportation** (public buses, access to car, ability to move freely in your community)
- Social Environment** (social ties, community resources, family relations, faith community, etc.)
- Other** (please specify)

12. Briefly describe why you selected these particular barriers and which populations are impacted.

13. What are some of the strengths and resources in the community you serve that address the top health conditions and barriers?

Rappahannock Region Key Informant Survey				
Community Health Status				
14. Do you agree with the following statements about your primary service area?				
Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
Public transportation and other transit opportunities are available and convenient				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who need health care get it				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services and support are available for people with chronic health conditions (diabetes, asthma, disabilities)				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are safe places to exercise and play				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is healthy, affordable food options available				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare options are affordable and reliable				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal and infant programs are available to support new mothers				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schools serve nutritious and affordable food				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schools educate students about the effects of alcohol, tobacco, drug use, teen pregnancy and violence				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teens learn skills to make good discussions and handle conflict, peer pressure and stress				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug treatment services are available and adequate				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health problems are recognized and treated in our community				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Older adults have the opportunity to contribute to the lives of others				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Older adults enjoy a good quality of life				

APPENDIX B KEY INFORMANT SURVEY QUESTIONS

Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seniors have access to affordable and healthy food				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People have a voice and influence in things that matter to them				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbors care and look after one another				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local government responds to and meets the needs of this community				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for your participation!

Please be sure to click '**Done**' at the bottom right to ensure your voice is heard.

COMMUNITY RESOURCES

COMMUNITY RESOURCES IDENTIFIED THROUGH KEY INFORMANT INTERVIEWS

COMMUNITY RESOURCE	FOR MORE INFORMATION:
Lloyd Moss Free Clinic	http://lloydfmossfreeclinic.org/
Community Health Center of the	http://www.cvhsinc.org/locations/chcrr
Caroline Family Practice	http://www.cvhsinc.org/locations/cfp
FRED Transit System	http://www.ridefred.com/
Caroline Children's Dental Program	http://www.cvhsinc.org/locations/ccdp
Rappahannock Area Community Services Board	http://www.racsb.state.va.us/
The Haven Domestic Violence Shelter and Services	http://havenshelter.org/index.html
Manassas Park Community Center	http://www.manassasparkcommunitycenter.com/
Prince William Area Free Clinic	http://www.pwafc.org/
Fredericksburg Christian Health Center	http://www.fchc.us/
Fredericksburg Counseling Services	http://www.fcsagency.org/
Community Collaborative for Youth and Families	http://www.thecommunitycollaborative.org/
Mental Health America Fredericksburg	http://mhafred.org/
Rappahannock Area Agency on Aging	http://raaa16.org/
Brisben	http://www.brisbencenter.org/
Hazel Hill Healthcare Project	https://www.facebook.com/HazelHillHealthcareProject/info/
Micah	http://www.micahfredericksburg.org/respice-home/
Mary's Shelter	http://www.marysshelterra.org/
Rappahannock United Way	http://www.rappahannockunitedway.org/
Grace	http://thegocf.org/
Fredericksburg Area HIV/AIDS Support Services	http://www.fahass.org/
Community Wellness Coalition	http://www.shiloholdsite.org/wellness-coalition.html
Rappahannock Area Office on Youth	http://www.officeonyouth.org/
Rappahannock Area Health	http://www.vdh.virginia.gov/LHD/rappahan/
Islamic Ummah of Fredericksburg	https://www.facebook.com/Ummahfredericksburg/info/
Boys & Girls Club of the	http://bgcrr.org/
Rappahannock Council Against Sexual Assault	http://www.rcasa.org/
Fredericksburg Pregnancy Center	http://www.fredericksburgchoices.com/
Teen Challenge	http://www.teenchallengeva.org/

COMMUNITY RESOURCES INVENTORY BY MARY WASHINGTON HEALTHCARE

COMMUNITY RESOURCES	COMMUNITY RESOURCES
ACTS Helpline	Healthy Food Access for Better Nutrition
CAC Quarterly Meetings & Engagement	Healthy Living Pays
Cancer Integrative Medicine Program	Heart to Heart Support Group
CHCRR: Access to Care	Improving Local Food Access for Low-
CHCRR: Patient Education and Case Management	iVolunteer
Citizen Advisory Council	iVolunteer
Community Based Eligibility Worker	Kids for Cure - Diabetes Summer Camp
Community Health Navigator	Northern Neck Head Start
Community Policy Collaborations:	Operation Medicine Cabinet
Community Update Newsletter	Patient Financial Assistance Program
Community Wide Health and Wellness	Prevention Services-Suicide Prevention
COMPASS (Care Options Make for	Prostate Cancer Screening
Complicated Obstetrical and High Risk	Pulmonary Pals Support Group
Counseling Services	Residential Recovery Program
CPR Anytime	RxP
Emergency Medical Technician (EMT)	Senior Safety Conference
Equipment Connection	Stafford Farmers Market
Every Woman's Life Program	Stafford Schools Children's Insurance
Falls Prevention Education	Stafford Schools Head Start Nutrition
FRED	Stafford's Health Insurance Enrollment
Free Mental Health Assessments	Sunshine Ballpark - Safe Play
Fun Food Academy	Survivor Play
Garden of Angels	Uninsured Patient Program
Guadalupe Free Clinic	VHVI Heart Failure REACH Program
Hazel Hill Healthcare Project	Westmoreland Outreach Clinic
Healthy Families Partnership	

QUANTITATIVE DATA

SECONDARY DATA SOURCES

The main source for the secondary data, or data that has been previously collected, is Community Health Information Resource (CHIR), a publicly available data platform that is maintained by MWHC and HCI.

The following is a list of both local and national sources for which data is maintained for Rappahannock Region on Community Health Information Resource.

- American Community Survey
- American Lung Association
- Centers for Medicare & Medicaid Services
- County Health Rankings
- Feeding America
- National Cancer Institute
- National Center for Education Statistics
- National Environmental Public Health Tracking Network
- Small Area Health Insurance Estimates
- The Dartmouth Atlas of Health Care
- U.S. Bureau of Labor Statistics
- U.S. Census — County Business Patterns
- U.S. Department of Agriculture - Food Environment Atlas
- U.S. Environmental Protection Agency
- United For ALICE
- Virginia Department of Education
- Virginia Department of Health
- Virginia Department of Health, Division of Health Statistics
- Virginia Department of Social Services
- Virginia State Board of Elections

SECONDARY DATA SCORING

Each indicator from Community Health Information Resource was assessed for the counties within the Rappahannock Region using up to six comparisons as possible. Each one is scored from 0-3 depending on how the county value compares to the relevant benchmarks as described below.

COMPARISON TO DISTRIBUTION OF VIRGINIA AND U.S. COUNTY VALUES

A distribution is created by taking all county values, ordering them from low to high, and dividing them into four equally sized groups based on their order. The comparison score is determined by which of these four groups (quartiles) the county falls in. This method is used to score the comparison to a distribution of all Virginia counties and to a distribution of all U.S. counties.



COMPARISON TO VIRGINIA VALUE AND U.S. VALUE

For the comparisons to a single value, the scoring depends on whether the county within Rappahannock Region has a better or worse value, and the percent difference between the two values. The same method is used to score the comparison to the value for Virginia state and to the U.S. value.

COMPARISON TO HEALTHY PEOPLE 2020 TARGET

For a comparison to a Healthy People 2020 target, the scoring depends on whether the target is met or unmet, and the percent difference between the indicator value and the target value.

COMPARISON TO TREND

The Mann-Kendall statistical test for trend is used to assess whether the indicator value is increasing over time or decreasing over time, and whether the trend is statistically significant.

The trend comparison uses the four most recent comparable values for the state, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

MISSING VALUES

Indicator scores are calculated using the comparison scores, the availability of which depends on the data source. All missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average.

INDICATOR AND TOPIC SCORES

Indicator scores are calculated by averaging all comparison scores. Topic scores are calculated as an average of all relevant indicator scores, and indicators may be included in multiple topics as appropriate.

DATA

The tables on the following pages present the data used in the quantitative data analysis by county. The first table of each county appendix presents topic scores, with higher scores indicating higher need. The tables following the topic scores contain a comprehensive list of the indicators for each topic. To identify the source for each indicator, please consult the Community Health Information Resource.

DATA SCORING APPENDIX: TOPIC SCORES

HEALTH AND QUALITY OF LIFE TOPICS	SCORE
Diabetes	2.21
Access to Health Services	2.04
Education	1.95
Heart Disease & Stroke	1.94
Respiratory Diseases	1.84
Cancer	1.75
Transportation	1.71
Substance Abuse	1.63
Children's Health	1.58
Older Adults & Aging	1.58
Wellness & Lifestyle	1.56
Social Environment	1.51
Mental Health & Mental Disorders	1.49
Maternal, Fetal & Infant Health	1.42
Other Chronic Diseases	1.37
Exercise, Nutrition, & Weight	1.36
Environment	1.33
Immunizations & Infectious Diseases	1.32
Women's Health	1.25
Economy	1.25
Public Safety	1.03

CAROLINE COUNTY

DATA SCORING APPENDIX: INDICATOR SCORES BY TOPIC

SCORE	ACCESS TO HEALTH SERVICES	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Primary Care Provider Rate	<i>providers/100,000 population</i>	16.6		76.4	75.4	2016	4
2.39	Dentist Rate	<i>dentists/100,000 population</i>	23		67.9	68.4	2017	4
2.39	Non-Physician Primary Care Provider Rate	<i>providers/100,000 population</i>	13.1		83.9	88.2	2018	4
1.81	Adults with Health Insurance: 18-64	<i>percent</i>	86.4	100	87.9		2017	9
1.75	Clinical Care Ranking	<i>ranking</i>	117				2019	4
1.72	Preventable Hospital Stays: Medicare Population	<i>discharges/1,000 Medicare enrollees</i>	51.1		42.8	49.4	2015	10
1.69	Children with Health Insurance	<i>percent</i>	94.3	100	95		2017	9

SCORE	CANCER	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Colorectal Cancer Incidence Rate	<i>cases/100,000 population</i>	46.8	39.9	36	39.2	2011-2015	6
2.42	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/100,000 males</i>	31.8	21.8	22.7	19.6	2008-2012	6
2.22	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/100,000 population</i>	16.5	14.5	14	14.5	2011-2015	6
2.22	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/100,000 population</i>	54.1	45.5	44	43.4	2011-2015	6
2.22	All Cancer Incidence Rate	<i>cases/100,000 population</i>	485.1		414.3	441.2	2011-2015	6
2.17	Lung and Bronchus Cancer Incidence Rate	<i>cases/100,000 population</i>	79.3		58.9	60.2	2011-2015	6
2.17	Prostate Cancer Incidence Rate	<i>cases/100,000 males</i>	127.2		102.8	109	2011-2015	6
2.06	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/100,000 population</i>	13.2		11	11.6	2011-2015	6
1.67	Age-Adjusted Death Rate due to Cancer	<i>deaths/100,000 population</i>	179.8	161.4	163.8	163.5	2011-2015	6
1.44	Breast Cancer Incidence Rate	<i>cases/100,000 females</i>	121.1		127.9	124.7	2011-2015	6
1.44	Cancer: Medicare Population	<i>percent</i>	7.8		8.6	8.2	2017	3
0.17	Melanoma Incidence Rate	<i>cases/100,000 population</i>	12		19	21.3	2011-2015	6
0.11	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/100,000 females</i>	19.3	20.7	22.2	21.5	2009-2013	6

SCORE	CHILDREN'S HEALTH	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.19	Non-Marital Births	<i>percent</i>	46.5		34.6	39.8	2017	18
1.78	Child Abuse Rate	<i>cases/1,000 children</i>	2		0		2017	19

1.78	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	32	38	21	2017	5
1.69	Children with Health Insurance	<i>percent</i>	94.3	100	95	2017	9
1.06	Child Food Insecurity Rate	<i>percent</i>	14.9	13.2	17	2017	5
1.00	Children with Low Access to a Grocery Store	<i>percent</i>	0.9			2015	13

SCORE	DIABETES	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Diabetes: Medicare Population	<i>percent</i>	32.4		27.8	27.2	2017	3
2.36	Age-Adjusted Death Rate due to Diabetes	<i>deaths/100,000 population</i>	29.6		17.6	21.5	2017	18
1.67	Diabetic Monitoring: Medicare Population	<i>percent</i>	86.7		87.6	85.7	2015	10

SCORE	ECONOMY	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Homeowner Vacancy Rate	<i>percent</i>	2.4		1.6	1.7	2013-2017	1
2.17	Poverty Status by School Enrollment	<i>percent</i>	18.2		11	15.1	2013-2017	1
1.83	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	53.2		59.1		2016	15
1.83	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	34.8		30		2016	15
1.78	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	32		38	21	2017	5
1.72	Per Capita Income	<i>dollars</i>	28039		36268	31177	2013-2017	1
1.72	Students Eligible for the Free Lunch Program	<i>percent</i>	42.3		35	40.4	2016-2017	7
1.67	Households that are Below the Poverty Threshold	<i>percent</i>	12		10.9		2016	15
1.61	Children Living Below Poverty Level	<i>percent</i>	19.7		14.9	20.3	2013-2017	1
1.56	SNAP Certified Stores	<i>stores/1,000 population</i>	0.8				2016	13
1.42	Social and Economic Factors Ranking	<i>ranking</i>	67				2019	4
1.39	Households with Supplemental Security Income	<i>percent</i>	5.1		4.2	5.4	2013-2017	1
1.39	Unemployed Workers in Civilian Labor Force	<i>percent</i>	2.8		2.5	3.3	April 2019	11
1.22	Median Household Income	<i>dollars</i>	60925		68766	57652	2013-2017	1
1.17	Food Insecurity Rate	<i>percent</i>	11.3		10.2	12.5	2017	5
1.06	Child Food Insecurity Rate	<i>percent</i>	14.9		13.2	17	2017	5

1.06	Families Living Below Poverty Level	<i>percent</i>	8.3	7.8	10.5	2013-2017	1
1.06	Households with Cash Public Assistance Income	<i>percent</i>	2.1	2	2.6	2013-2017	1
1.06	People Living 200% Above Poverty Level	<i>percent</i>	71.3	74	67.2	2013-2017	1
1.06	People Living Below Poverty Level	<i>percent</i>	11.9	11.2	14.6	2013-2017	1
1.00	Low-Income and Low Access to a Grocery Store	<i>percent</i>	1.2			2015	13
0.61	Homeownership	<i>percent</i>	71.6	59.3	56	2013-2017	1
0.50	Income Inequality		0.4	0.5	0.5	2013-2017	1
0.50	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	14.8	23.3	27.1	2013-2017	1
0.50	Severe Housing Problems	<i>percent</i>	13.6	15.2	18.4	2011-2015	4
0.39	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	35.2	48.9	50.6	2013-2017	1
0.17	People 65+ Living Below Poverty Level	<i>percent</i>	5.7	7.4	9.3	2013-2017	1

SCORE	EDUCATION	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.39	Student-to-Teacher Ratio	<i>students/ teacher</i>	19.7		15.1	16.5	2016-2017	7
2.11	8th Grade Students Proficient in Reading	<i>percent</i>	62.9		77.3		2017-2018	16
2.11	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	19.2		37.6	30.9	2013-2017	1
2.00	8th Grade Students Proficient in Math	<i>percent</i>	45.2		62.6		2017-2018	16
2.00	High School Graduation	<i>percent</i>	84.1	87	91.6		2018	16
1.78	4th Grade Students Proficient in Math	<i>percent</i>	74.9		79.4		2017-2018	16
1.67	4th Grade Students Proficient in Reading	<i>percent</i>	70.3		76.4		2017-2018	16
1.50	People 25+ with a High School Degree or Higher	<i>percent</i>	83.5		89	87.3	2013-2017	1

SCORE	ENVIRONMENT	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Access to Exercise Opportunities	<i>percent</i>	41.2		82.3	83.9	2019	4
2.11	Grocery Store Density	<i>stores/1,000 population</i>	0.1				2014	13
1.83	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	4.8				2015	13
1.83	Recognized Carcinogens Released into Air	<i>pounds</i>	1715.5				2017	14
1.61	Number of Extreme Heat Days	<i>days</i>	22				2016	8

1.61	Number of Extreme Heat Events	<i>events</i>	4				2016	8
1.61	PBT Released	<i>pounds</i>	48460.6				2017	14
1.56	SNAP Certified Stores	<i>stores/1,000 population</i>	0.8				2016	13
1.42	Physical Environment Ranking	<i>ranking</i>	51				2019	4
1.39	Months of Mild Drought or Worse	<i>months per year</i>	5				2016	8
1.39	Number of Extreme Precipitation Days	<i>days</i>	134				2016	8
1.39	Recreation and Fitness Facilities	<i>facilities/1,000 population</i>	0.1				2014	13
1.28	Daily Dose of UV Irradiance	<i>Joule per square meter</i>	2631	2710			2015	8
1.22	Farmers Market Density	<i>markets/1,000 population</i>	0.1				2016	13
1.17	Liquor Store Density	<i>stores/100,000 population</i>	6.6	5.4	10.5		2016	12
1.14	Annual Ozone Air Quality	<i>grade</i>	B				2015-2017	2
1.06	Food Environment Index		8.4	8.9	7.7		2019	4
1.00	Children with Low Access to a Grocery Store	<i>percent</i>	0.9				2015	13
1.00	Low-Income and Low Access to a Grocery Store	<i>percent</i>	1.2				2015	13
1.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	0.7				2015	13
1.00	People with Low Access to a Grocery Store	<i>percent</i>	4.8				2015	13
0.89	Fast Food Restaurant Density	<i>restaurants/1,000 population</i>	0.3				2014	13
0.50	Severe Housing Problems	<i>percent</i>	13.6	15.2	18.4		2011-2015	4
0.39	Houses Built Prior to 1950	<i>percent</i>	9.3	12.1	18		2013-2017	1

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Access to Exercise Opportunities	<i>percent</i>	41.2		82.3	83.9	2019	4
2.17	Adults 20+ who are Obese	<i>percent</i>	32.2	30.5	28.8	28.5	2015	4
2.11	Grocery Store Density	<i>stores/1,000 population</i>	0.1				2014	13
1.83	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	4.8				2015	13
1.78	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	32		38	21	2017	5
1.58	Health Behaviors Ranking	<i>ranking</i>	78				2019	4
1.56	SNAP Certified Stores	<i>stores/1,000 population</i>	0.8				2016	13
1.39	Recreation and Fitness Facilities	<i>facilities/1,000 population</i>	0.1				2014	13

1.22	Farmers Market Density	<i>markets/1,000 population</i>	0.1				2016	13
1.17	Food Insecurity Rate	<i>percent</i>	11.3	10.2	12.5		2017	5
1.06	Child Food Insecurity Rate	<i>percent</i>	14.9	13.2	17		2017	5
1.06	Food Environment Index		8.4	8.9	7.7		2019	4
1.00	Children with Low Access to a Grocery Store	<i>percent</i>	0.9				2015	13
1.00	Low-Income and Low Access to a Grocery Store	<i>percent</i>	1.2				2015	13
1.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	0.7				2015	13
1.00	People with Low Access to a Grocery Store	<i>percent</i>	4.8				2015	13
0.89	Fast Food Restaurant Density	<i>restaurants/1,000 population</i>	0.3				2014	13
0.22	Workers who Walk to Work	<i>percent</i>	4.1	3.1	2.4	2.7	2013-2017	1

SCORE	HEART DISEASE & STROKE	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.3		8.4	8.4	2017	3
2.53	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/100,000 population</i>	46.3	34.8	31.8	37.6	2017	18
2.33	Ischemic Heart Disease: Medicare Population	<i>percent</i>	27		24.2	26.9	2017	3
2.28	Hypertension: Medicare Population	<i>percent</i>	64.8		59.5	57.1	2017	3
2.14	Age-Adjusted Death Rate due to Heart Disease	<i>deaths/100,000 population</i>	191.2		133.1	92.9	2017	18
1.83	Heart Failure: Medicare Population	<i>percent</i>	13.6		12.5	13.9	2017	3
1.61	Stroke: Medicare Population	<i>percent</i>	3.8		3.8	3.8	2017	3
1.31	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/100,000 population 35+ years</i>	50				2016	8
0.83	Hyperlipidemia: Medicare Population	<i>percent</i>	37.2		41.1	40.7	2017	3

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.61	Lyme Disease Cases	<i>cases</i>	15				2015-2017	17
1.61	Tuberculosis Cases	<i>cases</i>	2				2015-2017	17
1.44	Hepatitis C Incidence Rate (18-30 years)	<i>cases/100,000 population</i>	131.2		140.9		2017	17
1.39	HIV Diagnosis Rate	<i>cases/100,000 population</i>	9.9		10.6		2017	17
1.19	Chlamydia Incidence Rate	<i>cases/100,000 population</i>	356.9		471.6	497.3	2016	17
1.19	Gonorrhea Incidence Rate	<i>cases/100,000 population</i>	76.7		131.8	145.8	2016	17

1.06	Syphilis Incidence Rate: Early Stage	<i>cases/100,000 population</i>	3.3		12.8		2016	17
1.03	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/100,000 population</i>	8.2		10.5	14.3	2017	18

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.19	Non-Marital Births	<i>percent</i>	46.5		34.6	39.8	2017	18
2.19	Teen Birth Rate	<i>live births/1,000 females under 20 years</i>	13.2		7.6	9.6	2017	18
1.83	Teen Pregnancy Rate	<i>pregnancies/1,000 females aged 15-17</i>	19.8	36.2	8.1		2017	18
1.31	Mothers who Received Early Prenatal Care	<i>percent</i>	84.1	77.9	80.5	77.1	2016	18
1.08	Babies with Low Birth Weight	<i>percent</i>	7.6	7.8	8.4	8.3	2017	18
0.72	Infant Mortality Rate	<i>deaths/1,000 live births</i>	0	6	5.3		2017	18
0.64	Babies with Very Low Birth Weight	<i>percent</i>	1.2	1.4	1.5	1.4	2017	18

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.14	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	18.4	10.2	11.8	14	2017	18
1.86	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	30.7		23.9	31	2017	18
1.33	Depression: Medicare Population	<i>percent</i>	15.4		16.6	17.9	2017	3
1.17	Frequent Mental Distress	<i>percent</i>	11.4		11	15	2016	4
0.94	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9		10.2	10.9	2017	3

SCORE	OLDER ADULTS & AGING	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Chronic Kidney Disease: Medicare Population	<i>percent</i>	26.3		23.4	24	2017	3
2.61	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.3		8.4	8.4	2017	3
2.61	Diabetes: Medicare Population	<i>percent</i>	32.4		27.8	27.2	2017	3
2.39	Asthma: Medicare Population	<i>percent</i>	5.9		5.4	5.1	2017	3
2.33	Ischemic Heart Disease: Medicare Population	<i>percent</i>	27		24.2	26.9	2017	3
2.28	Hypertension: Medicare Population	<i>percent</i>	64.8		59.5	57.1	2017	3
1.94	COPD: Medicare Population	<i>percent</i>	11.9		10.7	11.7	2017	3
1.86	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/100,000 population</i>	30.7		23.9	31	2017	18

1.83	Heart Failure: Medicare Population	<i>percent</i>	13.6		12.5	13.9	2017	3
1.67	Diabetic Monitoring: Medicare Population	<i>percent</i>	86.7		87.6	85.7	2015	10
1.61	Stroke: Medicare Population	<i>percent</i>	3.8		3.8	3.8	2017	3
1.44	Cancer: Medicare Population	<i>percent</i>	7.8		8.6	8.2	2017	3
1.33	Depression: Medicare Population	<i>percent</i>	15.4		16.6	17.9	2017	3
1.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	0.7				2015	13
0.94	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9		10.2	10.9	2017	3
0.83	Hyperlipidemia: Medicare Population	<i>percent</i>	37.2		41.1	40.7	2017	3
0.83	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	29.3		32.6	33.1	2017	3
0.61	Osteoporosis: Medicare Population	<i>percent</i>	4.1		6	6.4	2017	3
0.61	People 65+ Living Alone	<i>percent</i>	22.1		25.6	26.2	2013-2017	1
0.17	People 65+ Living Below Poverty Level	<i>percent</i>	5.7		7.4	9.3	2013-2017	1

SCORE	OTHER CHRONIC DISEASES	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Chronic Kidney Disease: Medicare Population	<i>percent</i>	26.3		23.4	24	2017	3
0.83	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	29.3		32.6	33.1	2017	3
0.61	Osteoporosis: Medicare Population	<i>percent</i>	4.1		6	6.4	2017	3

SCORE	PUBLIC SAFETY	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.78	Child Abuse Rate	<i>cases/1,000 children</i>	2		0		2017	19
0.81	Violent Crime Rate	<i>crimes/100,000 population</i>	142.7		207	386.5	2014-2016	4
0.50	Alcohol-Impaired Driving Deaths	<i>percent</i>	22.7		31.1	28.6	2013-2017	4

SCORE	RESPIRATORY DISEASES	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.39	Asthma: Medicare Population	<i>percent</i>	5.9		5.4	5.1	2017	3
2.22	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/100,000 population</i>	54.1	45.5	44	43.4	2011-2015	6
2.17	Lung and Bronchus Cancer Incidence Rate	<i>cases/100,000 population</i>	79.3		58.9	60.2	2011-2015	6

1.94	COPD: Medicare Population	<i>percent</i>	11.9		10.7	11.7	2017	3
1.61	Tuberculosis Cases	<i>cases</i>	2				2015-2017	17
1.53	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/100,000 population</i>	33.6		29.8	40.9	2017	18
1.03	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/100,000 population</i>	8.2		10.5	14.3	2017	18

SCORE	SOCIAL ENVIRONMENT	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Single-Parent Households	<i>percent</i>	40.6		29.8	33.3	2013-2017	1
2.39	Mean Travel Time to Work	<i>minutes</i>	35.6		28.2	26.4	2013-2017	1
2.17	Households with an Internet Subscription	<i>percent</i>	68.6		80.7	78.7	2013-2017	1
2.11	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	19.2		37.6	30.9	2013-2017	1
1.78	Child Abuse Rate	<i>cases/1,000 children</i>	2		0		2017	19
1.72	Per Capita Income	<i>dollars</i>	28039		36268	31177	2013-2017	1
1.61	Children Living Below Poverty Level	<i>percent</i>	19.7		14.9	20.3	2013-2017	1
1.50	Households with One or More Types of Computing Devices	<i>percent</i>	82.3		88.6	87.2	2013-2017	1
1.50	People 25+ with a High School Degree or Higher	<i>percent</i>	83.5		89	87.3	2013-2017	1
1.42	Social and Economic Factors Ranking	<i>ranking</i>	67				2019	4
1.22	Median Household Income	<i>dollars</i>	60925		68766	57652	2013-2017	1
1.06	People Living Below Poverty Level	<i>percent</i>	11.9		11.2	14.6	2013-2017	1
1.06	Social Associations	<i>membership as-sociations/10,000 population</i>	12.6		11.2	9.3	2016	4
0.89	Voter Turnout: Presidential Election	<i>percent</i>	80.2		72.8		2016	20
0.61	Homeownership	<i>percent</i>	71.6		59.3	56	2013-2017	1
0.61	People 65+ Living Alone	<i>percent</i>	22.1		25.6	26.2	2013-2017	1

SCORE	SUBSTANCE ABUSE	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Death Rate due to Drug Poisoning	<i>deaths/100,000 population</i>	24.3		15.6	19.2	2015-2017	4
2.00	Adults who Smoke	<i>percent</i>	17.1	12	15.3	17	2016	4
2.00	Emergency Department Admission Rate due to Opioids	<i>admissions/100,000 population</i>	149.1		102		2017	17
1.94	Death Rate due to Fentanyl and/or Heroin Overdose	<i>deaths/100,000 population</i>	13.3		11		2017	17

1.72	Death Rate due to Prescription Opioid Overdose	<i>deaths/100,000 population</i>	6.6		5.9		2017	17
1.67	Emergency Department Admission Rate due to Heroin	<i>admissions/100,000 population</i>	19.9		18.9		2017	17
1.58	Health Behaviors Ranking	<i>ranking</i>	78				2019	4
1.17	Adults who Drink Excessively	<i>percent</i>	16.5	25.4	17.4	18	2016	4
1.17	Liquor Store Density	<i>stores/100,000 population</i>	6.6		5.4	10.5	2016	12
0.50	Alcohol-Impaired Driving Deaths	<i>percent</i>	22.7		31.1	28.6	2013-2017	4

SCORE	TRANSPORTATION	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.39	Mean Travel Time to Work	<i>minutes</i>	35.6		28.2	26.4	2013-2017	1
2.39	Solo Drivers with a Long Commute	<i>percent</i>	56.8		39.4	35.2	2013-2017	4
2.28	Workers Commuting by Public Transportation	<i>percent</i>	0.3	5.5	4.4	5.1	2013-2017	1
1.83	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	4.8				2015	13
1.50	Households without a Vehicle	<i>percent</i>	6.2		6.3	8.8	2013-2017	1
1.39	Workers who Drive Alone to Work	<i>percent</i>	79.5		77.3	76.4	2013-2017	1
0.22	Workers who Walk to Work	<i>percent</i>	4.1	3.1	2.4	2.7	2013-2017	1

SCORE	WELLNESS & LIFESTYLE	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Insufficient Sleep	<i>percent</i>	37.2		36.3	38	2016	4
1.83	Life Expectancy	<i>years</i>	77		79.4	79.1	2015-2017	4
1.58	Morbidity Ranking	<i>ranking</i>	69				2019	4
1.00	Frequent Physical Distress	<i>percent</i>	10.7		10.7	15	2016	4

SCORE	WOMEN'S HEALTH	UNITS	CAROLINE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.19	Non-Marital Births	<i>percent</i>	46.5		34.6	39.8	2017	18
1.44	Breast Cancer Incidence Rate	<i>cases/100,000 females</i>	121.1		127.9	124.7	2011-2015	6
0.11	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/100,000 females</i>	19.3	20.7	22.2	21.5	2009-2013	6

CITY OF FREDERICKSBURG

DATA SCORING APPENDIX: TOPIC SCORES

HEALTH AND QUALITY OF LIFE TOPICS	SCORE
Women's Health	2.33
Substance Abuse	1.98
Mental Health & Mental Disorders	1.95
Cancer	1.94
Diabetes	1.84
Public Safety	1.77
Older Adults & Aging	1.70
Respiratory Diseases	1.69
Economy	1.65
Wellness & Lifestyle	1.64
Maternal, Fetal & Infant Health	1.60
Children's Health	1.59
Education	1.58
Social Environment	1.56
Heart Disease & Stroke	1.46
Immunizations & Infectious Diseases	1.46
Environment	1.41
Other Chronic Diseases	1.35
Exercise, Nutrition, & Weight	1.25
Transportation	1.19
Access to Health Services	1.14

CITY OF FREDERICKSBURG

DATA SCORING APPENDIX: INDICATOR SCORES BY TOPIC

SCORE	ACCESS TO HEALTH SERVICES	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.81	Children with Health Insurance	percent	94.2	100	95		2017	8
1.72	Preventable Hospital Stays: Medicare Population	discharges/ 1,000 Medicare enrollees	51		42.8	49.4	2015	9
1.64	Adults with Health Insurance: 18-64	percent	87	100	87.9		2017	8
1.42	Clinical Care Ranking	ranking	67				2019	3
0.83	Primary Care Provider Rate	providers/ 100,000 population	130.8		76.4	75.4	2016	3
0.39	Dentist Rate	dentists/ 100,000 population	208		67.9	68.4	2017	3
0.17	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	412.6		83.9	88.2	2018	3

SCORE	CANCER	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Lung and Bronchus Cancer Incidence Rate	cases/100,000 population	83.7		58.9	60.2	2011-2015	5
2.50	Breast Cancer Incidence Rate	cases/100,000 females	148.7		127.9	124.7	2011-2015	5
2.42	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	31.2	20.7	25.1		2004-2008	5
2.42	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	34	21.8	26		2005-2009	5
2.39	All Cancer Incidence Rate	cases/100,000 population	497.3		414.3	441.2	2011-2015	5
2.39	Oral Cavity and Pharynx Cancer Incidence Rate	cases/100,000 population	16		11	11.6	2011-2015	5
2.22	Prostate Cancer Incidence Rate	cases/100,000 males	124		102.8	109	2011-2015	5
2.17	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	50.2	45.5	44	43.4	2011-2015	5
2.00	Cancer: Medicare Population	percent	9.1		8.6	8.2	2017	2
1.61	Melanoma Incidence Rate	cases/100,000 population	20.1		19	21.3	2011-2015	5
1.44	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	165.9	161.4	163.8	163.5	2011-2015	5
0.94	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	14.4	14.5	14	14.5	2011-2015	5
0.17	Colorectal Cancer Incidence Rate	cases/100,000 population	33	39.9	36	39.2	2011-2015	5

SCORE	CHILDREN'S HEALTH	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	Child Abuse Rate	<i>cases/1,000 children</i>	15.5		0		2017	17
2.08	Non-Marital Births	<i>percent</i>	48.8		34.6	39.8	2017	16
1.81	Children with Health Insurance	<i>percent</i>	94.2	100	95		2017	8
1.56	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	33		38	21	2017	4
1.17	Children with Low Access to a Grocery Store	<i>percent</i>	2.3				2015	12
0.83	Child Food Insecurity Rate	<i>percent</i>	15		13.2	17	2017	4

SCORE	DIABETES	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Diabetic Monitoring: Medicare Population	<i>percent</i>	85.7		87.6	85.7	2015	9
1.78	Diabetes: Medicare Population	<i>percent</i>	28		27.8	27.2	2017	2
1.75	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	25.6		17.6	21.5	2017	16

SCORE	ECONOMY	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Students Eligible for the Free Lunch Program	<i>percent</i>	60.3		35	40.4	2016-2017	6
2.50	Homeowner Vacancy Rate	<i>percent</i>	3.9		1.6	1.7	2013-2017	1
2.50	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	44		23.3	27.1	2013-2017	1
2.39	Homeownership	<i>percent</i>	32.4		59.3	56	2013-2017	1
2.22	Severe Housing Problems	<i>percent</i>	19.2		15.2	18.4	2011-2015	3
2.06	Families Living Below Poverty Level	<i>percent</i>	12.3		7.8	10.5	2013-2017	1
2.06	People Living Below Poverty Level	<i>percent</i>	16.3		11.2	14.6	2013-2017	1
2.00	Food Insecurity Rate	<i>percent</i>	14.9		10.2	12.5	2017	4
2.00	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	38.7		59.1		2016	13
2.00	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	45.7		30		2016	13
2.00	Income Inequality		0.5		0.5	0.5	2013-2017	1
1.94	People 65+ Living Below Poverty Level	<i>percent</i>	9.2		7.4	9.3	2013-2017	1
1.89	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	51.4		48.9	50.6	2013-2017	1

1.83	Households that are Below the Poverty Threshold	<i>percent</i>	15.5	10.9		2016	13
1.67	Children Living Below Poverty Level	<i>percent</i>	20	14.9	20.3	2013-2017	1
1.58	Social and Economic Factors Ranking	<i>ranking</i>	90			2019	3
1.56	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	33	38	21	2017	4
1.44	SNAP Certified Stores	<i>stores/1,000 population</i>	1.1			2016	12
1.33	Unemployed Workers in Civilian Labor Force	<i>percent</i>	3	2.5	3.3	April 2019	10
1.17	Low-Income and Low Access to a Grocery Store	<i>percent</i>	2			2015	12
1.17	Median Household Income	<i>dollars</i>	57258	68766	57652	2013-2017	1
1.06	People Living 200% Above Poverty Level	<i>percent</i>	70.2	74	67.2	2013-2017	1
1.00	Per Capita Income	<i>dollars</i>	32359	36268	31177	2013-2017	1
0.83	Child Food Insecurity Rate	<i>percent</i>	15	13.2	17	2017	4
0.67	Poverty Status by School Enrollment	<i>percent</i>	10.7	11	15.1	2013-2017	1
0.50	Households with Supplemental Security Income	<i>percent</i>	3	4.2	5.4	2013-2017	1
0.39	Households with Cash Public Assistance Income	<i>percent</i>	1.4	2	2.6	2013-2017	1

SCORE	EDUCATION	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.33	4th Grade Students Proficient in Math	<i>percent</i>	61.8		79.4		2017-2018	14
2.33	4th Grade Students Proficient in Reading	<i>percent</i>	55.1		76.4		2017-2018	14
2.11	8th Grade Students Proficient in Reading	<i>percent</i>	66.7		77.3		2017-2018	14
2.00	8th Grade Students Proficient in Math	<i>percent</i>	57.1		62.6		2017-2018	14
1.89	High School Graduation	<i>percent</i>	82.6	87	91.6		2018	14
0.89	Student-to-Teacher Ratio	<i>students/teacher</i>	14.2		15.1	16.5	2016-2017	6
0.72	People 25+ with a High School Degree or Higher	<i>percent</i>	91.3		89	87.3	2013-2017	1
0.39	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	42.9		37.6	30.9	2013-2017	1

SCORE	ENVIRONMENT	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.22	Liquor Store Density	<i>stores/100,000 population</i>	17.7		5.4	10.5	2016	11

2.22	Severe Housing Problems	<i>percent</i>	19.2	15.2	18.4	2011-2015	3
2.00	Houses Built Prior to 1950	<i>percent</i>	19.6	12.1	18	2013-2017	1
1.67	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	1.4			2014	12
1.61	Number of Extreme Heat Days	<i>days</i>	25			2016	7
1.56	Food Environment Index		7.8	8.9	7.7	2019	3
1.44	Grocery Store Density	<i>stores/1,000 population</i>	0.2			2014	12
1.44	SNAP Certified Stores	<i>stores/1,000 population</i>	1.1			2016	12
1.42	Physical Environment Ranking	<i>ranking</i>	47			2019	3
1.39	Months of Mild Drought or Worse	<i>months per year</i>	6			2016	7
1.39	Number of Extreme Precipitation Days	<i>days</i>	125			2016	7
1.39	Recreation and Fitness Facilities	<i>facilities/1,000 population</i>	0.1			2014	12
1.28	Daily Dose of UV Irradiance	<i>Joule per square meter</i>	2582	2710		2015	7
1.22	Farmers Market Density	<i>markets/1,000 population</i>	0.1			2016	12
1.17	Children with Low Access to a Grocery Store	<i>percent</i>	2.3			2015	12
1.17	Low-Income and Low Access to a Grocery Store	<i>percent</i>	2			2015	12
1.17	People with Low Access to a Grocery Store	<i>percent</i>	8.7			2015	12
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	0.4			2015	12
1.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	0.5			2015	12
0.50	Access to Exercise Opportunities	<i>percent</i>	100	82.3	83.9	2019	3

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Food Insecurity Rate	<i>percent</i>	14.9		10.2	12.5	2017	4
1.67	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	1.4				2014	12
1.58	Health Behaviors Ranking	<i>ranking</i>	89				2019	3
1.56	Adults 20+ who are Obese	<i>percent</i>	30.3	30.5	28.8	28.5	2015	3
1.56	Food Environment Index		7.8		8.9	7.7	2019	3
1.56	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	33		38	21	2017	4
1.44	Grocery Store Density	<i>stores/1,000 population</i>	0.2				2014	12

1.44	SNAP Certified Stores	stores/ 1,000 population	1.1				2016	12
1.39	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2014	12
1.22	Farmers Market Density	markets/ 1,000 population	0.1				2016	12
1.17	Children with Low Access to a Grocery Store	percent	2.3				2015	12
1.17	Low-Income and Low Access to a Grocery Store	percent	2				2015	12
1.17	People with Low Access to a Grocery Store	percent	8.7				2015	12
1.00	Households with No Car and Low Access to a Grocery Store	percent	0.4				2015	12
1.00	People 65+ with Low Access to a Grocery Store	percent	0.5				2015	12
0.83	Child Food Insecurity Rate	percent	15		13.2	17	2017	4
0.50	Access to Exercise Opportunities	percent	100		82.3	83.9	2019	3
0.22	Workers who Walk to Work	percent	6.1	3.1	2.4	2.7	2013-2017	1

SCORE	HEART DISEASE & STROKE	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.25	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	196.1		133.1	92.9	2017	16
2.06	Atrial Fibrillation: Medicare Population	percent	9		8.4	8.4	2017	2
1.72	Hyperlipidemia: Medicare Population	percent	43.9		41.1	40.7	2017	2
1.72	Stroke: Medicare Population	percent	3.8		3.8	3.8	2017	2
1.39	Ischemic Heart Disease: Medicare Population	percent	26.1		24.2	26.9	2017	2
1.22	Heart Failure: Medicare Population	percent	12.8		12.5	13.9	2017	2
1.17	Hypertension: Medicare Population	percent	58.4		59.5	57.1	2017	2
1.14	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	38.4				2016	7
0.47	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	20	34.8	31.8	37.6	2017	16

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.14	Chlamydia Incidence Rate	cases/ 100,000 population	665.1		471.6	497.3	2016	15
2.08	Gonorrhea Incidence Rate	cases/ 100,000 population	142.3		131.8	145.8	2016	15

1.44	Hepatitis C Incidence Rate (18-30 years)	<i>cases/ 100,000 population</i>	139.5		140.9		2017	15
1.39	Lyme Disease Cases	<i>cases</i>	13				2015-2017	15
1.39	Tuberculosis Cases	<i>cases</i>	0				2015-2017	15
1.25	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	10.7		10.5	14.3	2017	16
1.06	Syphilis Incidence Rate: Early Stage	<i>cases/ 100,000 population</i>	3.6		12.8		2016	15
0.89	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	0		10.6		2017	15

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	9.5	6	5.3		2017	16
2.08	Non-Marital Births	<i>percent</i>	48.8		34.6	39.8	2017	16
1.72	Teen Pregnancy Rate	<i>pregnancies/ 1,000 females aged 15-17</i>	29.1	36.2	8.1		2017	16
1.58	Teen Birth Rate	<i>live births/ 1,000 females under 20 years</i>	8.9		7.6	9.6	2017	16
1.31	Mothers who Received Early Prenatal Care	<i>percent</i>	80.6	77.9	80.5	77.1	2016	16
1.19	Babies with Low Birth Weight	<i>percent</i>	7.9	7.8	8.4	8.3	2017	16
1.19	Babies with Very Low Birth Weight	<i>percent</i>	1.4	1.4	1.5	1.4	2017	16

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.36	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	60.6		23.9	31	2017	16
2.25	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	16.6	10.2	11.8	14	2017	16
2.11	Depression: Medicare Population	<i>percent</i>	18.3		16.6	17.9	2017	2
1.72	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	10.8		10.2	10.9	2017	2
1.33	Frequent Mental Distress	<i>percent</i>	11.8		11	15	2016	3

SCORE	OLDER ADULTS & AGING	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Asthma: Medicare Population	<i>percent</i>	6.3		5.4	5.1	2017	2
2.36	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	60.6		23.9	31	2017	16
2.33	People 65+ Living Alone	<i>percent</i>	30.1		25.6	26.2	2013-2017	1

2.11	Depression: Medicare Population	<i>percent</i>	18.3	16.6	17.9	2017	2
2.06	Atrial Fibrillation: Medicare Population	<i>percent</i>	9	8.4	8.4	2017	2
2.00	Cancer: Medicare Population	<i>percent</i>	9.1	8.6	8.2	2017	2
2.00	Diabetic Monitoring: Medicare Population	<i>percent</i>	85.7	87.6	85.7	2015	9
1.94	People 65+ Living Below Poverty Level	<i>percent</i>	9.2	7.4	9.3	2013-2017	1
1.83	Chronic Kidney Disease: Medicare Population	<i>percent</i>	23.9	23.4	24	2017	2
1.78	Diabetes: Medicare Population	<i>percent</i>	28	27.8	27.2	2017	2
1.72	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	10.8	10.2	10.9	2017	2
1.72	Hyperlipidemia: Medicare Population	<i>percent</i>	43.9	41.1	40.7	2017	2
1.72	Stroke: Medicare Population	<i>percent</i>	3.8	3.8	3.8	2017	2
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	31.1	32.6	33.1	2017	2
1.39	Ischemic Heart Disease: Medicare Population	<i>percent</i>	26.1	24.2	26.9	2017	2
1.22	Heart Failure: Medicare Population	<i>percent</i>	12.8	12.5	13.9	2017	2
1.17	Hypertension: Medicare Population	<i>percent</i>	58.4	59.5	57.1	2017	2
1.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	0.5			2015	12
0.72	COPD: Medicare Population	<i>percent</i>	10.1	10.7	11.7	2017	2
0.72	Osteoporosis: Medicare Population	<i>percent</i>	5.1	6	6.4	2017	2

SCORE	OTHER CHRONIC DISEASES	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Chronic Kidney Disease: Medicare Population	<i>percent</i>	23.9		23.4	24	2017	2
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	31.1		32.6	33.1	2017	2
0.72	Osteoporosis: Medicare Population	<i>percent</i>	5.1		6	6.4	2017	2

SCORE	PUBLIC SAFETY	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	Child Abuse Rate	<i>cases/1,000 children</i>	15.5		0		2017	17
1.97	Violent Crime Rate	<i>crimes/ 100,000 population</i>	422.6		207	386.5	2014-2016	3
1.22	Alcohol-Impaired Driving Deaths	<i>percent</i>	28.6		31.1	28.6	2013-2017	3

SCORE	RESPIRATORY DISEASES	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Asthma: Medicare Population	<i>percent</i>	6.3		5.4	5.1	2017	2
2.61	Lung and Bronchus Cancer Incidence Rate	<i>cases/100,000 population</i>	83.7		58.9	60.2	2011-2015	5
2.17	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	50.2	45.5	44	43.4	2011-2015	5
1.39	Tuberculosis Cases	<i>cases</i>	0				2015-2017	15
1.25	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	10.7		10.5	14.3	2017	16
1.08	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/ 100,000 population</i>	26.9		29.8	40.9	2017	16
0.72	COPD: Medicare Population	<i>percent</i>	10.1		10.7	11.7	2017	2

SCORE	SOCIAL ENVIRONMENT	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Single-Parent Households	<i>percent</i>	45.7		29.8	33.3	2013-2017	1
2.39	Homeownership	<i>percent</i>	32.4		59.3	56	2013-2017	1
2.33	People 65+ Living Alone	<i>percent</i>	30.1		25.6	26.2	2013-2017	1
2.11	Child Abuse Rate	<i>cases/1,000 children</i>	15.5		0		2017	17
2.11	Voter Turnout: Presidential Election	<i>percent</i>	65.2		72.8		2016	18
2.06	People Living Below Poverty Level	<i>percent</i>	16.3		11.2	14.6	2013-2017	1
1.94	Mean Travel Time to Work	<i>minutes</i>	27.7		28.2	26.4	2013-2017	1
1.67	Children Living Below Poverty Level	<i>percent</i>	20		14.9	20.3	2013-2017	1
1.58	Social and Economic Factors Ranking	<i>ranking</i>	90				2019	3
1.17	Median Household Income	<i>dollars</i>	57258		68766	57652	2013-2017	1
1.11	Social Associations	<i>membership associations/ 10,000 population</i>	13.1		11.2	9.3	2016	3
1.00	Households with an Internet Subscription	<i>percent</i>	80.3		80.7	78.7	2013-2017	1
1.00	Per Capita Income	<i>dollars</i>	32359		36268	31177	2013-2017	1

0.83	Households with One or More Types of Computing Devices	<i>percent</i>	90.6		88.6	87.2	2013-2017	1
0.72	People 25+ with a High School Degree or Higher	<i>percent</i>	91.3		89	87.3	2013-2017	1
0.39	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	42.9		37.6	30.9	2013-2017	1

SCORE	SUBSTANCE ABUSE	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	26		15.6	19.2	2015-2017	3
2.33	Death Rate due to Fentanyl and/or Heroin Overdose	<i>deaths/ 100,000 population</i>	38.9		11		2017	15
2.22	Liquor Store Density	<i>stores/ 100,000 population</i>	17.7		5.4	10.5	2016	11
2.17	Adults who Smoke	<i>percent</i>	18.1	12	15.3	17	2016	3
2.00	Emergency Department Admission Rate due to Heroin	<i>admissions/ 100,000 population</i>	81.3		18.9		2017	15
2.00	Emergency Department Admission Rate due to Opioids	<i>admissions/ 100,000 population</i>	155.5		102		2017	15
1.94	Death Rate due to Prescription Opioid Overdose	<i>deaths/ 100,000 population</i>	7.1		5.9		2017	15
1.83	Adults who Drink Excessively	<i>percent</i>	18.7	25.4	17.4	18	2016	3
1.58	Health Behaviors Ranking	<i>ranking</i>	89				2019	3
1.22	Alcohol-Impaired Driving Deaths	<i>percent</i>	28.6		31.1	28.6	2013-2017	3

SCORE	TRANSPORTATION	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.94	Mean Travel Time to Work	<i>minutes</i>	27.7		28.2	26.4	2013-2017	1
1.89	Households without a Vehicle	<i>percent</i>	8.3		6.3	8.8	2013-2017	1
1.22	Workers Commuting by Public Transportation	<i>percent</i>	4.4	5.5	4.4	5.1	2013-2017	1
1.11	Solo Drivers with a Long Commute	<i>percent</i>	31.1		39.4	35.2	2013-2017	3
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	0.4				2015	12
0.94	Workers who Drive Alone to Work	<i>percent</i>	71.5		77.3	76.4	2013-2017	1
0.22	Workers who Walk to Work	<i>percent</i>	6.1	3.1	2.4	2.7	2013-2017	1

SCORE	WELLNESS & LIFESTYLE	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Insufficient Sleep	<i>percent</i>	36.8		36.3	38	2016	3
1.83	Life Expectancy	<i>years</i>	77.4		79.4	79.1	2015-2017	3
1.58	Morbidity Ranking	<i>ranking</i>	78				2019	3
1.33	Frequent Physical Distress	<i>percent</i>	11.6		10.7	15	2016	3

SCORE	WOMEN'S HEALTH	UNITS	CITY OF FREDERICKSBURG	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	148.7		127.9	124.7	2011-2015	5
2.42	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	31.2	20.7	25.1		2004-2008	5
2.08	Non-Marital Births	<i>percent</i>	48.8		34.6	39.8	2017	16

KING GEORGE COUNTY

DATA SCORING APPENDIX: TOPIC SCORES

HEALTH AND QUALITY OF LIFE TOPICS	SCORE
Cancer	1.98
Transportation	1.93
Heart Disease & Stroke	1.80
Diabetes	1.71
Access to Health Services	1.70
Older Adults & Aging	1.68
Substance Abuse	1.65
Respiratory Diseases	1.62
Women's Health	1.46
Other Chronic Diseases	1.43
Maternal, Fetal & Infant Health	1.40
Exercise, Nutrition, & Weight	1.34
Immunizations & Infectious Diseases	1.33
Children's Health	1.25
Education	1.24
Mental Health & Mental Disorders	1.20
Environment	1.20
Wellness & Lifestyle	1.15
Public Safety	1.14
Social Environment	0.92
Economy	0.76

KING GEORGE COUNTY

DATA SCORING APPENDIX: INDICATOR SCORES BY TOPIC

SCORE	ACCESS TO HEALTH SERVICES	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.39	Primary Care Provider Rate	<i>providers/100,000 population</i>	26.9		76.4	75.4	2016	3
2.17	Dentist Rate	<i>dentists/100,000 population</i>	45.6		67.9	68.4	2017	3
2.06	Non-Physician Primary Care Provider Rate	<i>providers/100,000 population</i>	49.4		83.9	88.2	2018	3
1.58	Clinical Care Ranking	<i>ranking</i>	91				2019	3
1.50	Preventable Hospital Stays: Medicare Population	<i>discharges/1,000 Medicare enrollees</i>	51.6		42.8	49.4	2015	9
1.14	Adults with Health Insurance: 18-64	<i>percent</i>	91.3	100	87.9		2017	8
1.03	Children with Health Insurance	<i>percent</i>	96	100	95		2017	8

SCORE	CANCER	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Lung and Bronchus Cancer Incidence Rate	<i>cases/100,000 population</i>	88.2		58.9	60.2	2011-2015	5
2.42	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/100,000 females</i>	35.6	20.7	24.8		2005-2009	5
2.39	Colorectal Cancer Incidence Rate	<i>cases/100,000 population</i>	45.3	39.9	36	39.2	2011-2015	5
2.33	Melanoma Incidence Rate	<i>cases/100,000 population</i>	22.8		19	21.3	2011-2015	5
2.28	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/100,000 population</i>	50.4	45.5	44	43.4	2011-2015	5
2.22	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/100,000 population</i>	17.9	14.5	14	14.5	2011-2015	5
2.11	Prostate Cancer Incidence Rate	<i>cases/100,000 males</i>	116.7		102.8	109	2011-2015	5
1.89	Age-Adjusted Death Rate due to Cancer	<i>deaths/100,000 population</i>	178.8	161.4	163.8	163.5	2011-2015	5
1.72	All Cancer Incidence Rate	<i>cases/100,000 population</i>	449.9		414.3	441.2	2011-2015	5
1.72	Cancer: Medicare Population	<i>percent</i>	8.6		8.6	8.2	2017	2
1.33	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/100,000 population</i>	11.4		11	11.6	2011-2015	5
0.89	Breast Cancer Incidence Rate	<i>cases/100,000 females</i>	112.5		127.9	124.7	2011-2015	5

SCORE	CHILDREN'S HEALTH	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.39	Food Insecure Children Likely Ineligible for Assistance	percent	43		38	21	2017	4
1.61	Child Abuse Rate	cases/1,000 children	1.8		0		2017	18
1.08	Non-Marital Births	percent	32.9		34.6	39.8	2017	17
1.03	Children with Health Insurance	percent	96	100	95		2017	8
1.00	Children with Low Access to a Grocery Store	percent	0				2015	12
0.39	Child Food Insecurity Rate	percent	11.8		13.2	17	2017	4

SCORE	DIABETES	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Diabetes: Medicare Population	percent	31		27.8	27.2	2017	2
1.94	Diabetic Monitoring: Medicare Population	percent	85.8		87.6	85.7	2015	9
0.75	Age-Adjusted Death Rate due to Diabetes	deaths/100,000 population	9.4		17.6	21.5	2017	17

SCORE	ECONOMY	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.39	Food Insecure Children Likely Ineligible for Assistance	percent	43		38	21	2017	4
2.28	Homeowner Vacancy Rate	percent	2.6		1.6	1.7	2013-2017	1
1.56	SNAP Certified Stores	stores/1,000 population	0.7				2016	12
1.25	Social and Economic Factors Ranking	ranking	25				2019	3
1.00	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	percent	71.9		59.1		2016	14
1.00	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	21.4		30		2016	14
1.00	Households that are Below the Poverty Threshold	percent	6.7		10.9		2016	14
1.00	Low-Income and Low Access to a Grocery Store	percent	0				2015	12
0.72	Per Capita Income	dollars	35676		36268	31177	2013-2017	1
0.72	Unemployed Workers in Civilian Labor Force	percent	2.4		2.5	3.3	April 2019	10

0.67	People Living 200% Above Poverty Level	<i>percent</i>	80.4	74	67.2	2013-2017	1
0.61	Households with Cash Public Assistance Income	<i>percent</i>	1.2	2	2.6	2013-2017	1
0.61	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	37.3	48.9	50.6	2013-2017	1
0.50	Income Inequality		0.4	0.5	0.5	2013-2017	1
0.50	People Living Below Poverty Level	<i>percent</i>	5.7	11.2	14.6	2013-2017	1
0.50	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	18.2	23.3	27.1	2013-2017	1
0.50	Poverty Status by School Enrollment	<i>percent</i>	4.7	11	15.1	2013-2017	1
0.50	Students Eligible for the Free Lunch Program	<i>percent</i>	26.1	35	40.4	2016-2017	6
0.39	Child Food Insecurity Rate	<i>percent</i>	11.8	13.2	17	2017	4
0.39	Children Living Below Poverty Level	<i>percent</i>	8.2	14.9	20.3	2013-2017	1
0.39	Families Living Below Poverty Level	<i>percent</i>	4.3	7.8	10.5	2013-2017	1
0.39	Homeownership	<i>percent</i>	68.3	59.3	56	2013-2017	1
0.39	Households with Supplemental Security Income	<i>percent</i>	3.7	4.2	5.4	2013-2017	1
0.39	Median Household Income	<i>dollars</i>	84770	68766	57652	2013-2017	1
0.39	People 65+ Living Below Poverty Level	<i>percent</i>	3.1	7.4	9.3	2013-2017	1
0.39	Severe Housing Problems	<i>percent</i>	9.8	15.2	18.4	2011-2015	3
0.17	Food Insecurity Rate	<i>percent</i>	8.1	10.2	12.5	2017	4

SCORE	EDUCATION	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	4th Grade Students Proficient in Math	<i>percent</i>	77.5		79.4		2017-2018	15
1.56	Student-to-Teacher Ratio	<i>students/ teacher</i>	15.2		15.1	16.5	2016-2017	6
1.44	4th Grade Students Proficient in Reading	<i>percent</i>	77.3		76.4		2017-2018	15
1.44	8th Grade Students Proficient in Math	<i>percent</i>	65.8		62.6		2017-2018	15
1.22	High School Graduation	<i>percent</i>	95.2	87	91.6		2018	15
1.06	8th Grade Students Proficient in Reading	<i>percent</i>	84.4		77.3		2017-2018	15

0.72	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	34.2	37.6	30.9	2013-2017	1
0.50	People 25+ with a High School Degree or Higher	<i>percent</i>	93.8	89	87.3	2013-2017	1

SCORE	ENVIRONMENT	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Access to Exercise Opportunities	<i>percent</i>	66.1		82.3	83.9	2019	3
2.00	Grocery Store Density	<i>stores/1,000 population</i>	0.1				2014	12
1.61	Months of Mild Drought or Worse	<i>months per year</i>	7				2016	7
1.61	Number of Extreme Heat Days	<i>days</i>	27				2016	7
1.56	SNAP Certified Stores	<i>stores/1,000 population</i>	0.7				2016	12
1.50	Farmers Market Density	<i>markets/1,000 population</i>	0				2016	12
1.39	Number of Extreme Precipitation Days	<i>days</i>	135				2016	7
1.33	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	2.1				2015	12
1.28	Daily Dose of UV Irradiance	<i>Joule per square meter</i>	2622		2710		2015	7
1.25	Physical Environment Ranking	<i>ranking</i>	22				2019	3
1.22	Fast Food Restaurant Density	<i>restaurants/1,000 population</i>	0.5				2014	12
1.17	Recognized Carcinogens Released into Air	<i>pounds</i>	27.9				2017	13
1.06	Recreation and Fitness Facilities	<i>facilities/1,000 population</i>	0.1				2014	12
1.00	Children with Low Access to a Grocery Store	<i>percent</i>	0				2015	12
1.00	Low-Income and Low Access to a Grocery Store	<i>percent</i>	0				2015	12
1.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	0				2015	12
1.00	People with Low Access to a Grocery Store	<i>percent</i>	0				2015	12
0.78	Food Environment Index		8.9		8.2	7.3	2017	3
0.39	Houses Built Prior to 1950	<i>percent</i>	6.7		12.1	18	2013-2017	1
0.39	Liquor Store Density	<i>stores/100,000 population</i>	3.8		5.4	10.5	2016	11

0.39	Severe Housing Problems	<i>percent</i>	9.8	15.2	18.4	2011-2015	3
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SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.78	Workers who Walk to Work	<i>percent</i>	0.5	3.1	2.4	2.7	2013-2017	1
2.39	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	43		38	21	2017	4
2.17	Access to Exercise Opportunities	<i>percent</i>	66.1		82.3	83.9	2019	3
2.00	Grocery Store Density	<i>stores/1,000 population</i>	0.1				2014	12
1.56	SNAP Certified Stores	<i>stores/1,000 population</i>	0.7				2016	12
1.50	Farmers Market Density	<i>markets/1,000 population</i>	0				2016	12
1.42	Health Behaviors Ranking	<i>ranking</i>	37				2019	3
1.39	Adults 20+ who are Obese	<i>percent</i>	29.3	30.5	28.8	28.5	2015	3
1.33	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	2.1				2015	12
1.22	Fast Food Restaurant Density	<i>restaurants/1,000 population</i>	0.5				2014	12
1.06	Recreation and Fitness Facilities	<i>facilities/1,000 population</i>	0.1				2014	12
1.00	Children with Low Access to a Grocery Store	<i>percent</i>	0				2015	12
1.00	Low-Income and Low Access to a Grocery Store	<i>percent</i>	0				2015	12
1.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	0				2015	12
1.00	People with Low Access to a Grocery Store	<i>percent</i>	0				2015	12
0.78	Food Environment Index		8.9		8.2	7.3	2017	3
0.39	Child Food Insecurity Rate	<i>percent</i>	11.8		13.2	17	2017	4
0.17	Food Insecurity Rate	<i>percent</i>	8.1		10.2	12.5	2017	4

SCORE	HEART DISEASE & STROKE	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Hypertension: Medicare Population	<i>percent</i>	65.3		59.5	57.1	2017	2
2.39	Hyperlipidemia: Medicare Population	<i>percent</i>	47.6		41.1	40.7	2017	2

2.28	Ischemic Heart Disease: Medicare Population	<i>percent</i>	27.9	24.2	26.9	2017	2	
2.17	Stroke: Medicare Population	<i>percent</i>	3.9	3.8	3.8	2017	2	
1.83	Atrial Fibrillation: Medicare Population	<i>percent</i>	8.9	8.4	8.4	2017	2	
1.83	Heart Failure: Medicare Population	<i>percent</i>	13.2	12.5	13.9	2017	2	
1.42	Age-Adjusted Death Rate due to Heart Disease	<i>deaths/100,000 population</i>	124.8	133.1	92.9	2017	17	
1.14	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/100,000 population 35+ years</i>	41.4			2016	7	
0.47	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/100,000 population</i>	17.4	34.8	31.8	37.6	2017	17

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.78	HIV Diagnosis Rate	<i>cases/100,000 population</i>	11.5		10.6		2017	16
1.61	Lyme Disease Cases	<i>cases</i>	20				2015-2017	16
1.61	Tuberculosis Cases	<i>cases</i>	1				2015-2017	16
1.44	Syphilis Incidence Rate: Early Stage	<i>cases/100,000 population</i>	3.9		12.8		2016	16
1.28	Hepatitis C Incidence Rate (18-30 years)	<i>cases/100,000 population</i>	122.5		140.9		2017	16
1.19	Gonorrhea Incidence Rate	<i>cases/100,000 population</i>	66.6		131.8	145.8	2016	16
1.08	Chlamydia Incidence Rate	<i>cases/100,000 population</i>	341		471.6	497.3	2016	16
0.64	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/100,000 population</i>	3.2		10.5	14.3	2017	17

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.36	Babies with Very Low Birth Weight	<i>percent</i>	1.7	1.4	1.5	1.4	2017	17
1.75	Teen Birth Rate	<i>live births/1,000 females under 20 years</i>	9.4		7.6	9.6	2017	17
1.67	Teen Pregnancy Rate	<i>pregnancies/1,000 females aged 15-17</i>	11	36.2	8.1		2017	17
1.08	Mothers who Received Early Prenatal Care	<i>percent</i>	83.6	77.9	80.5	77.1	2016	17
1.08	Non-Marital Births	<i>percent</i>	32.9		34.6	39.8	2017	17
1.00	Infant Mortality Rate	<i>deaths/1,000 live births</i>	3.5	6	5.3		2017	17
0.86	Babies with Low Birth Weight	<i>percent</i>	7.3	7.8	8.4	8.3	2017	17

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.86	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	29.8		23.9	31	2017	17
1.78	Alzheimer's Disease or Dementia: Medicare Population	percent	10.3		10.2	10.9	2017	2
1.00	Depression: Medicare Population	percent	14.8		16.6	17.9	2017	2
0.86	Age-Adjusted Death Rate due to Suicide	deaths/100,000 population	10.4	10.2	11.8	14	2017	17
0.50	Frequent Mental Distress	percent	9.9		11	15	2016	3

SCORE	OLDER ADULTS & AGING	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Hypertension: Medicare Population	percent	65.3		59.5	57.1	2017	2
2.44	Diabetes: Medicare Population	percent	31		27.8	27.2	2017	2
2.39	Hyperlipidemia: Medicare Population	percent	47.6		41.1	40.7	2017	2
2.33	Asthma: Medicare Population	percent	5.8		5.4	5.1	2017	2
2.28	Ischemic Heart Disease: Medicare Population	percent	27.9		24.2	26.9	2017	2
2.17	Chronic Kidney Disease: Medicare Population	percent	25		23.4	24	2017	2
2.17	Stroke: Medicare Population	percent	3.9		3.8	3.8	2017	2
1.94	Diabetic Monitoring: Medicare Population	percent	85.8		87.6	85.7	2015	9
1.86	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	29.8		23.9	31	2017	17
1.83	Atrial Fibrillation: Medicare Population	percent	8.9		8.4	8.4	2017	2
1.83	Heart Failure: Medicare Population	percent	13.2		12.5	13.9	2017	2
1.78	Alzheimer's Disease or Dementia: Medicare Population	percent	10.3		10.2	10.9	2017	2
1.72	Cancer: Medicare Population	percent	8.6		8.6	8.2	2017	2
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	31		32.6	33.1	2017	2
1.11	COPD: Medicare Population	percent	10.4		10.7	11.7	2017	2
1.00	Depression: Medicare Population	percent	14.8		16.6	17.9	2017	2

1.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	0				2015	12
0.61	Osteoporosis: Medicare Population	<i>percent</i>	4.3		6	6.4	2017	2
0.61	People 65+ Living Alone	<i>percent</i>	22		25.6	26.2	2013-2017	1
0.39	People 65+ Living Below Poverty Level	<i>percent</i>	3.1		7.4	9.3	2013-2017	1

SCORE	OTHER CHRONIC DISEASES	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Chronic Kidney Disease: Medicare Population	<i>percent</i>	25		23.4	24	2017	2
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	31		32.6	33.1	2017	2
0.61	Osteoporosis: Medicare Population	<i>percent</i>	4.3		6	6.4	2017	2

SCORE	PUBLIC SAFETY	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.61	Child Abuse Rate	<i>cases/1,000 children</i>	1.8		0		2017	18
0.94	Alcohol-Impaired Driving Deaths	<i>percent</i>	25.6		31.1	28.6	2013-2017	3
0.86	Violent Crime Rate	<i>crimes/100,000 population</i>	105.8		207	386.5	2014-2016	3

SCORE	RESPIRATORY DISEASES	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Lung and Bronchus Cancer Incidence Rate	<i>cases/100,000 population</i>	88.2		58.9	60.2	2011-2015	5
2.33	Asthma: Medicare Population	<i>percent</i>	5.8		5.4	5.1	2017	2
2.28	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/100,000 population</i>	50.4	45.5	44	43.4	2011-2015	5
1.61	Tuberculosis Cases	<i>cases</i>	1				2015-2017	16
1.11	COPD: Medicare Population	<i>percent</i>	10.4		10.7	11.7	2017	2
0.86	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/100,000 population</i>	24.7		29.8	40.9	2017	17
0.64	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/100,000 population</i>	3.2		10.5	14.3	2017	17

SCORE	SOCIAL ENVIRONMENT	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Mean Travel Time to Work	<i>minutes</i>	37.1		28.2	26.4	2013-2017	1

1.61	Child Abuse Rate	<i>cases/1,000 children</i>	1.8	0		2017	18
1.61	Social Associations	<i>membership associations/10,000 population</i>	10.4	11.2	9.3	2016	3
1.25	Social and Economic Factors Ranking	<i>ranking</i>	25			2019	3
0.89	Voter Turnout: Presidential Election	<i>percent</i>	83.5	72.8		2016	19
0.83	Households with an Internet Subscription	<i>percent</i>	83.6	80.7	78.7	2013-2017	1
0.83	Households with One or More Types of Computing Devices	<i>percent</i>	91.6	88.6	87.2	2013-2017	1
0.72	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	34.2	37.6	30.9	2013-2017	1
0.72	Per Capita Income	<i>dollars</i>	35676	36268	31177	2013-2017	1
0.61	People 65+ Living Alone	<i>percent</i>	22	25.6	26.2	2013-2017	1
0.61	Single-Parent Households	<i>percent</i>	23.7	29.8	33.3	2013-2017	1
0.50	People 25+ with a High School Degree or Higher	<i>percent</i>	93.8	89	87.3	2013-2017	1
0.50	People Living Below Poverty Level	<i>percent</i>	5.7	11.2	14.6	2013-2017	1
0.39	Children Living Below Poverty Level	<i>percent</i>	8.2	14.9	20.3	2013-2017	1
0.39	Homeownership	<i>percent</i>	68.3	59.3	56	2013-2017	1
0.39	Median Household Income	<i>dollars</i>	84770	68766	57652	2013-2017	1

SCORE	SUBSTANCE ABUSE	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Death Rate due to Drug Poisoning	<i>deaths/100,000 population</i>	29.6		15.6	19.2	2015-2017	3
2.33	Adults who Drink Excessively	<i>percent</i>	19.9	25.4	17.4	18	2016	3
2.11	Death Rate due to Prescription Opioid Overdose	<i>deaths/100,000 population</i>	11.5		5.9		2017	16
2.00	Emergency Department Admission Rate due to Heroin	<i>admissions/100,000 population</i>	46.2		18.9		2017	16
1.67	Death Rate due to Fentanyl and/or Heroin Overdose	<i>deaths/100,000 population</i>	11.5		11		2017	16
1.67	Emergency Department Admission Rate due to Opioids	<i>admissions/100,000 population</i>	107.8		102		2017	16
1.42	Health Behaviors Ranking	<i>ranking</i>	37				2019	3
1.17	Adults who Smoke	<i>percent</i>	15.2	12	15.3	17	2016	3

0.94	Alcohol-Impaired Driving Deaths	<i>percent</i>	25.6		31.1	28.6	2013-2017	3
0.39	Liquor Store Density	<i>stores/100,000 population</i>	3.8		5.4	10.5	2016	11

SCORE	TRANSPORTATION	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Mean Travel Time to Work	<i>minutes</i>	37.1		28.2	26.4	2013-2017	1
2.78	Workers who Walk to Work	<i>percent</i>	0.5	3.1	2.4	2.7	2013-2017	1
2.33	Solo Drivers with a Long Commute	<i>percent</i>	50		39.4	35.2	2013-2017	3
1.83	Workers who Drive Alone to Work	<i>percent</i>	82.6		77.3	76.4	2013-2017	1
1.56	Workers Commuting by Public Transportation	<i>percent</i>	1.4	5.5	4.4	5.1	2013-2017	1
1.33	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	2.1				2015	12
0.83	Households without a Vehicle	<i>percent</i>	3.8		6.3	8.8	2013-2017	1

SCORE	WELLNESS & LIFESTYLE	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.50	Life Expectancy	<i>years</i>	79		79.4	79.1	2015-2017	3
1.33	Insufficient Sleep	<i>percent</i>	34.7		36.3	38	2016	3
1.25	Morbidity Ranking	<i>ranking</i>	22				2019	3
0.50	Frequent Physical Distress	<i>percent</i>	9		10.7	15	2016	3

SCORE	WOMEN'S HEALTH	UNITS	KING GEORGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.42	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/100,000 females</i>	35.6	20.7	24.8		2005-2009	5
1.08	Non-Marital Births	<i>percent</i>	32.9		34.6	39.8	2017	17
0.89	Breast Cancer Incidence Rate	<i>cases/100,000 females</i>	112.5		127.9	124.7	2011-2015	5

ORANGE COUNTY

DATA SCORING APPENDIX: TOPIC SCORES

HEALTH AND QUALITY OF LIFE TOPICS	SCORE
Prevention & Safety	2.18
Women's Health	2.03
Transportation	1.86
Substance Abuse	1.84
Public Safety	1.82
Access to Health Services	1.69
Exercise, Nutrition, & Weight	1.68
Children's Health	1.63
Environment	1.56
Mental Health & Mental Disorders	1.51
Maternal, Fetal & Infant Health	1.46
Respiratory Diseases	1.38
Immunizations & Infectious Diseases	1.34
Heart Disease & Stroke	1.31
Cancer	1.31
Education	1.26
Social Environment	1.25
Wellness & Lifestyle	1.23
Older Adults & Aging	1.21
Economy	1.06
Diabetes	0.97
Other Chronic Diseases	0.85

ORANGE COUNTY

DATA SCORING APPENDIX: INDICATOR SCORES BY TOPIC

SCORE	ACCESS TO HEALTH SERVICES	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	47.8		76.4	75.4	2016	3
2.39	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	25		83.9	88.2	2018	3
1.83	Dentist Rate	<i>dentists/ 100,000 population</i>	30.5		67.9	68.4	2017	3
1.81	Adults with Health Insurance: 18-64	<i>percent</i>	86.2	100	87.9		2017	8
1.69	Children with Health Insurance	<i>percent</i>	93.8	100	95		2017	8
1.42	Clinical Care Ranking	<i>ranking</i>	62				2019	3
0.17	Preventable Hospital Stays: Medicare Population	<i>discharges/ 1,000 Medicare enrollees</i>	34.6		42.8	49.4	2015	9

SCORE	CANCER	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.33	Cancer: Medicare Population	<i>percent</i>	8.9		8.6	8.2	2017	2
2.00	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	135.2		127.9	124.7	2011-2015	5
1.89	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	23.4	20.7	21.8	20.9	2011-2015	5
1.81	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	23.2	21.8	20.2	19.5	2011-2015	5
1.56	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	48.5	45.5	44	43.4	2011-2015	5
1.39	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	14.5	14.5	14	14.5	2011-2015	5
1.39	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	11.7		11	11.6	2011-2015	5
1.22	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	171.7	161.4	163.8	163.5	2011-2015	5
1.17	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	63.1		58.9	60.2	2011-2015	5
0.83	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	410.4		414.3	441.2	2011-2015	5
0.67	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	95.1		102.8	109	2011-2015	5
0.39	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	32.9	39.9	36	39.2	2011-2015	5
0.33	Melanoma Incidence Rate	<i>cases/ 100,000 population</i>	15		19	21.3	2011-2015	5

SCORE	CHILDREN'S HEALTH	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.19	Non-Marital Births	<i>percent</i>	44.8		34.6	39.8	2017	16

1.78	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	30		38	21	2017	4
1.69	Children with Health Insurance	<i>percent</i>	93.8	100	95		2017	8
1.67	Children with Low Access to a Grocery Store	<i>percent</i>	5.5				2015	12
1.56	Child Abuse Rate	<i>cases/1,000 children</i>	1.8		0		2017	17
0.89	Child Food Insecurity Rate	<i>percent</i>	13.8		13.2	17	2017	4

SCORE	DIABETES	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.28	Diabetes: Medicare Population	<i>percent</i>	26.9		27.8	27.2	2017	2
0.92	Age-Adjusted Death Rate due to Diabetes	<i>deaths/100,000 population</i>	14.5		17.6	21.5	2017	16
0.72	Diabetic Monitoring: Medicare Population	<i>percent</i>	90.4		87.6	85.7	2015	9

SCORE	ECONOMY	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Homeowner Vacancy Rate	<i>percent</i>	3		1.6	1.7	2013-2017	1
2.39	Households with Cash Public Assistance Income	<i>percent</i>	4		2	2.6	2013-2017	1
1.78	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	30		38	21	2017	4
1.67	Low-Income and Low Access to a Grocery Store	<i>percent</i>	7.6				2015	12
1.61	Severe Housing Problems	<i>percent</i>	15.4		15.2	18.4	2011-2015	3
1.56	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	49.3		48.9	50.6	2013-2017	1
1.56	SNAP Certified Stores	<i>stores/1,000 population</i>	0.8				2016	12
1.42	Social and Economic Factors Ranking	<i>ranking</i>	50				2019	3
1.33	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	28.3		30		2016	13
1.17	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	62.7		59.1		2016	13
1.17	Per Capita Income	<i>dollars</i>	30660		36268	31177	2013-2017	1
1.11	Students Eligible for the Free Lunch Program	<i>percent</i>	34.3		35	40.4	2016-2017	6
1.06	People Living 200% Above Poverty Level	<i>percent</i>	72.9		74	67.2	2013-2017	1
1.00	Households that are Below the Poverty Threshold	<i>percent</i>	9.1		10.9		2016	13
0.89	Child Food Insecurity Rate	<i>percent</i>	13.8		13.2	17	2017	4
0.89	Unemployed Workers in Civilian Labor Force	<i>percent</i>	2.7		2.5	3.3	April 2019	10

0.72	Children Living Below Poverty Level	<i>percent</i>	14.8	14.9	20.3	2013-2017	1
0.72	Households with Supplemental Security Income	<i>percent</i>	3.8	4.2	5.4	2013-2017	1
0.67	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	19.4	23.3	27.1	2013-2017	1
0.56	Food Insecurity Rate	<i>percent</i>	8.6	10.2	12.5	2017	4
0.56	Poverty Status by School Enrollment	<i>percent</i>	9	11	15.1	2013-2017	1
0.50	Income Inequality		0.4	0.5	0.5	2013-2017	1
0.50	Median Household Income	<i>dollars</i>	67196	68766	57652	2013-2017	1
0.39	Homeownership	<i>percent</i>	69.5	59.3	56	2013-2017	1
0.39	People 65+ Living Below Poverty Level	<i>percent</i>	4.9	7.4	9.3	2013-2017	1
0.17	Families Living Below Poverty Level	<i>percent</i>	6.1	7.8	10.5	2013-2017	1
0.17	People Living Below Poverty Level	<i>percent</i>	8.9	11.2	14.6	2013-2017	1

SCORE	EDUCATION	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.56	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	25.6		37.6	30.9	2013-2017	1
1.44	4th Grade Students Proficient in Math	<i>percent</i>	83.2		79.4		2017-2018	14
1.44	8th Grade Students Proficient in Math	<i>percent</i>	65.4		62.6		2017-2018	14
1.33	4th Grade Students Proficient in Reading	<i>percent</i>	79.7		76.4		2017-2018	14
1.22	People 25+ with a High School Degree or Higher	<i>percent</i>	88.6		89	87.3	2013-2017	1
1.17	High School Graduation	<i>percent</i>	93.2	87	91.6		2018	14
1.06	8th Grade Students Proficient in Reading	<i>percent</i>	81.1		77.3		2017-2018	14
0.89	Student-to-Teacher Ratio	<i>students/teacher</i>	14.2		15.1	16.5	2016-2017	6

SCORE	ENVIRONMENT	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Access to Exercise Opportunities	<i>percent</i>	56.5		82.3	83.9	2019	3
2.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	5.6				2015	12
1.94	Fast Food Restaurant Density	<i>restaurants/1,000 population</i>	0.7				2014	12
1.89	Grocery Store Density	<i>stores/1,000 population</i>	0.1				2014	12
1.83	Months of Mild Drought or Worse	<i>months per year</i>	7				2016	7
1.83	People with Low Access to a Grocery Store	<i>percent</i>	25.2				2015	12
1.75	Physical Environment Ranking	<i>ranking</i>	109				2019	3
1.67	Children with Low Access to a Grocery Store	<i>percent</i>	5.5				2015	12

1.67	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	3.5				2015	12
1.67	Low-Income and Low Access to a Grocery Store	<i>percent</i>	7.6				2015	12
1.61	Number of Extreme Heat Days	<i>days</i>	24				2016	7
1.61	Number of Extreme Heat Events	<i>events</i>	3				2016	7
1.61	Severe Housing Problems	<i>percent</i>	15.4	15.2	18.4		2011-2015	3
1.56	SNAP Certified Stores	<i>stores/1,000 population</i>	0.8				2016	12
1.39	Liquor Store Density	<i>stores/100,000 population</i>	8.4	5.4	10.5		2016	11
1.39	Number of Extreme Precipitation Days	<i>days</i>	133				2016	7
1.33	Farmers Market Density	<i>markets/1,000 population</i>	0.1				2016	12
1.33	Recreation and Fitness Facilities	<i>facilities/1,000 population</i>	0.1				2014	12
1.28	Daily Dose of UV Irradiance	<i>Joule per square meter</i>	2615	2710			2015	7
0.89	Food Environment Index		8.5	8.9	7.7		2019	3
0.39	Houses Built Prior to 1950	<i>percent</i>	8.6	12.1	18		2013-2017	1

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Adults 20+ who are Obese	<i>percent</i>	35	30.5	28.8	28.5	2015	3
2.61	Workers who Walk to Work	<i>percent</i>	1.3	3.1	2.4	2.7	2013-2017	1
2.17	Access to Exercise Opportunities	<i>percent</i>	56.5		82.3	83.9	2019	3
2.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	5.6				2015	12
1.94	Fast Food Restaurant Density	<i>restaurants/1,000 population</i>	0.7				2014	12
1.89	Grocery Store Density	<i>stores/1,000 population</i>	0.1				2014	12
1.83	People with Low Access to a Grocery Store	<i>percent</i>	25.2				2015	12
1.78	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	30		38	21	2017	4
1.67	Children with Low Access to a Grocery Store	<i>percent</i>	5.5				2015	12
1.67	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	3.5				2015	12
1.67	Low-Income and Low Access to a Grocery Store	<i>percent</i>	7.6				2015	12
1.58	Health Behaviors Ranking	<i>ranking</i>	82				2019	3
1.56	SNAP Certified Stores	<i>stores/1,000 population</i>	0.8				2016	12
1.33	Farmers Market Density	<i>markets/1,000 population</i>	0.1				2016	12
1.33	Recreation and Fitness Facilities	<i>facilities/1,000 population</i>	0.1				2014	12

0.89	Child Food Insecurity Rate	<i>percent</i>	13.8	13.2	17	2017	4
0.89	Food Environment Index		8.5	8.9	7.7	2019	3
0.56	Food Insecurity Rate	<i>percent</i>	8.6	10.2	12.5	2017	4

SCORE	HEART DISEASE & STROKE	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.9		8.4	8.4	2017	2
2.03	Age-Adjusted Death Rate due to Heart Disease	<i>deaths/100,000 population</i>	151.2		133.1	92.9	2017	16
1.14	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/100,000 population 35+ years</i>	45.5				2016	7
1.11	Hypertension: Medicare Population	<i>percent</i>	56.9		59.5	57.1	2017	2
1.11	Ischemic Heart Disease: Medicare Population	<i>percent</i>	24		24.2	26.9	2017	2
1.08	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/100,000 population</i>	32.1	34.8	31.8	37.6	2017	16
0.94	Heart Failure: Medicare Population	<i>percent</i>	12		12.5	13.9	2017	2
0.94	Stroke: Medicare Population	<i>percent</i>	3.2		3.8	3.8	2017	2
0.83	Hyperlipidemia: Medicare Population	<i>percent</i>	37.2		41.1	40.7	2017	2

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.94	Hepatitis C Incidence Rate (18-30 years)	<i>cases/100,000 population</i>	244.8		140.9		2017	15
1.83	Lyme Disease Cases	<i>cases</i>	31				2015-2017	15
1.47	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/100,000 population</i>	12.5		10.5	14.3	2017	16
1.44	HIV Diagnosis Rate	<i>cases/100,000 population</i>	5.6		10.6		2017	15
1.03	Chlamydia Incidence Rate	<i>cases/100,000 population</i>	293.9		471.6	497.3	2016	15
0.89	Syphilis Incidence Rate: Early Stage	<i>cases/100,000 population</i>	0		12.8		2016	15
0.81	Gonorrhea Incidence Rate	<i>cases/100,000 population</i>	28.3		131.8	145.8	2016	15

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.36	Babies with Very Low Birth Weight	<i>percent</i>	1.8	1.4	1.5	1.4	2017	16
2.19	Non-Marital Births	<i>percent</i>	44.8		34.6	39.8	2017	16
2.19	Teen Birth Rate	<i>live births/1,000 females under 20 years</i>	12.2		7.6	9.6	2017	16
1.11	Teen Pregnancy Rate	<i>pregnancies/1,000 females aged 15-17</i>	6.3	36.2	8.1		2017	16

1.00	Infant Mortality Rate	<i>deaths/1,000 live births</i>	4.4	6	5.3		2017	16
0.92	Mothers who Received Early Prenatal Care	<i>percent</i>	84.9	77.9	80.5	77.1	2016	16
0.47	Babies with Low Birth Weight	<i>percent</i>	6.2	7.8	8.4	8.3	2017	16

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.42	Age-Adjusted Death Rate due to Suicide	<i>deaths/100,000 population</i>	22.6	10.2	11.8	14	2017	16
2.08	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/100,000 population</i>	31.9		23.9	31	2017	16
1.28	Depression: Medicare Population	<i>percent</i>	16.2		16.6	17.9	2017	2
0.94	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.2		10.2	10.9	2017	2
0.83	Frequent Mental Distress	<i>percent</i>	10.6		11	15	2016	3

SCORE	OLDER ADULTS & AGING	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.9		8.4	8.4	2017	2
2.33	Cancer: Medicare Population	<i>percent</i>	8.9		8.6	8.2	2017	2
2.08	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/100,000 population</i>	31.9		23.9	31	2017	16
2.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	5.6				2015	12
1.28	Asthma: Medicare Population	<i>percent</i>	4.7		5.4	5.1	2017	2
1.28	Depression: Medicare Population	<i>percent</i>	16.2		16.6	17.9	2017	2
1.28	Diabetes: Medicare Population	<i>percent</i>	26.9		27.8	27.2	2017	2
1.17	COPD: Medicare Population	<i>percent</i>	9.8		10.7	11.7	2017	2
1.11	Hypertension: Medicare Population	<i>percent</i>	56.9		59.5	57.1	2017	2
1.11	Ischemic Heart Disease: Medicare Population	<i>percent</i>	24		24.2	26.9	2017	2
1.00	Chronic Kidney Disease: Medicare Population	<i>percent</i>	20.7		23.4	24	2017	2
0.94	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.2		10.2	10.9	2017	2
0.94	Heart Failure: Medicare Population	<i>percent</i>	12		12.5	13.9	2017	2
0.94	Osteoporosis: Medicare Population	<i>percent</i>	4.5		6	6.4	2017	2
0.94	Stroke: Medicare Population	<i>percent</i>	3.2		3.8	3.8	2017	2
0.83	Hyperlipidemia: Medicare Population	<i>percent</i>	37.2		41.1	40.7	2017	2
0.72	Diabetic Monitoring: Medicare Population	<i>percent</i>	90.4		87.6	85.7	2015	9
0.61	People 65+ Living Alone	<i>percent</i>	22		25.6	26.2	2013-2017	1

0.61	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	28.5		32.6	33.1	2017	2
0.39	People 65+ Living Below Poverty Level	<i>percent</i>	4.9		7.4	9.3	2013-2017	1

SCORE	OTHER CHRONIC DISEASES	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.00	Chronic Kidney Disease: Medicare Population	<i>percent</i>	20.7		23.4	24	2017	2
0.94	Osteoporosis: Medicare Population	<i>percent</i>	4.5		6	6.4	2017	2
0.61	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	28.5		32.6	33.1	2017	2

SCORE	PUBLIC SAFETY	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Alcohol-Impaired Driving Deaths	<i>percent</i>	50		31.1	28.6	2013-2017	3
1.56	Child Abuse Rate	<i>cases/1,000 children</i>	1.8		0		2017	17
1.08	Violent Crime Rate	<i>crimes/100,000 population</i>	110.5		207	386.5	2014-2016	3

SCORE	RESPIRATORY DISEASES	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.64	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/100,000 population</i>	40.5		29.8	40.9	2017	16
1.56	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/100,000 population</i>	48.5	45.5	44	43.4	2011-2015	5
1.47	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/100,000 population</i>	12.5		10.5	14.3	2017	16
1.28	Asthma: Medicare Population	<i>percent</i>	4.7		5.4	5.1	2017	2
1.17	COPD: Medicare Population	<i>percent</i>	9.8		10.7	11.7	2017	2
1.17	Lung and Bronchus Cancer Incidence Rate	<i>cases/100,000 population</i>	63.1		58.9	60.2	2011-2015	5

SCORE	SOCIAL ENVIRONMENT	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Single-Parent Households	<i>percent</i>	36.8		29.8	33.3	2013-2017	1
2.39	Mean Travel Time to Work	<i>minutes</i>	39.3		28.2	26.4	2013-2017	1
1.94	Social Associations	<i>membership associations/10,000 population</i>	10.1		11.2	9.3	2016	3
1.56	Child Abuse Rate	<i>cases/1,000 children</i>	1.8		0		2017	17
1.56	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	25.6		37.6	30.9	2013-2017	1
1.50	Households with an Internet Subscription	<i>percent</i>	75.4		80.7	78.7	2013-2017	1

1.42	Social and Economic Factors Ranking	<i>ranking</i>	50				2019	3
1.22	People 25+ with a High School Degree or Higher	<i>percent</i>	88.6	89	87.3		2013-2017	1
1.22	Voter Turnout: Presidential Election	<i>percent</i>	78.5	72.8			2016	18
1.17	Households with One or More Types of Computing Devices	<i>percent</i>	87.7	88.6	87.2		2013-2017	1
1.17	Per Capita Income	<i>dollars</i>	30660	36268	31177		2013-2017	1
0.72	Children Living Below Poverty Level	<i>percent</i>	14.8	14.9	20.3		2013-2017	1
0.61	People 65+ Living Alone	<i>percent</i>	22	25.6	26.2		2013-2017	1
0.50	Median Household Income	<i>dollars</i>	67196	68766	57652		2013-2017	1
0.39	Homeownership	<i>percent</i>	69.5	59.3	56		2013-2017	1
0.17	People Living Below Poverty Level	<i>percent</i>	8.9	11.2	14.6		2013-2017	1

SCORE	SUBSTANCE ABUSE	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Alcohol-Impaired Driving Deaths	<i>percent</i>	50		31.1	28.6	2013-2017	3
2.61	Death Rate due to Drug Poisoning	<i>deaths/100,000 population</i>	30.8		15.6	19.2	2015-2017	3
2.11	Death Rate due to Fentanyl and/or Heroin Overdose	<i>deaths/100,000 population</i>	19.7		11		2017	15
2.00	Emergency Department Admission Rate due to Heroin	<i>admissions/100,000 population</i>	76		18.9		2017	15
2.00	Emergency Department Admission Rate due to Opioids	<i>admissions/100,000 population</i>	197		102		2017	15
1.58	Health Behaviors Ranking	<i>ranking</i>	82				2019	3
1.50	Adults who Smoke	<i>percent</i>	15.9	12	15.3	17	2016	3
1.39	Liquor Store Density	<i>stores/100,000 population</i>	8.4		5.4	10.5	2016	11
1.33	Adults who Drink Excessively	<i>percent</i>	17.4	25.4	17.4	18	2016	3
1.06	Death Rate due to Prescription Opioid Overdose	<i>deaths/100,000 population</i>	2.8		5.9		2017	15

SCORE	TRANSPORTATION	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Solo Drivers with a Long Commute	<i>percent</i>	55.8		39.4	35.2	2013-2017	3
2.61	Workers who Walk to Work	<i>percent</i>	1.3	3.1	2.4	2.7	2013-2017	1
2.39	Mean Travel Time to Work	<i>minutes</i>	39.3		28.2	26.4	2013-2017	1
1.67	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	3.5				2015	12
1.56	Workers Commuting by Public Transportation	<i>percent</i>	1.4	5.5	4.4	5.1	2013-2017	1
1.39	Workers who Drive Alone to Work	<i>percent</i>	79.4		77.3	76.4	2013-2017	1
0.56	Households without a Vehicle	<i>percent</i>	4.3		6.3	8.8	2013-2017	1

SCORE	WELLNESS & LIFESTYLE	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.67	Life Expectancy	years	77.6		79.4	79.1	2015-2017	3
1.25	Morbidity Ranking	ranking	34				2019	3
1.17	Insufficient Sleep	percent	34.1		36.3	38	2016	3
0.83	Frequent Physical Distress	percent	9.7		10.7	15	2016	3

SCORE	WOMEN'S HEALTH	UNITS	ORANGE COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.19	Non-Marital Births	percent	44.8		34.6	39.8	2017	16
2.00	Breast Cancer Incidence Rate	cases/100,000 females	135.2		127.9	124.7	2011-2015	5
1.89	Age-Adjusted Death Rate due to Breast Cancer	deaths/100,000 females	23.4	20.7	21.8	20.9	2011-2015	5

PRINCE WILLIAM COUNTY

DATA SCORING APPENDIX: TOPIC SCORES

HEALTH AND QUALITY OF LIFE TOPICS	SCORE
Transportation	1.63
Access to Health Services	1.59
Children's Health	1.57
Exercise, Nutrition, & Weight	1.43
Education	1.42
Immunizations & Infectious Diseases	1.39
Maternal, Fetal & Infant Health	1.37
Environment	1.32
Public Safety	1.31
Wellness & Lifestyle	1.28
Other Chronic Diseases	1.28
Diabetes	1.27
Older Adults & Aging	1.26
Heart Disease & Stroke	1.15
Substance Abuse	1.06
Women's Health	1.06
Social Environment	1.00
Mental Health & Mental Disorders	0.94
Respiratory Diseases	0.90
Economy	0.86
Cancer	0.53

PRINCE WILLIAM COUNTY

DATA SCORING APPENDIX: INDICATOR SCORES BY TOPIC

SCORE	ACCESS TO HEALTH SERVICES	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.06	Primary Care Provider Rate	providers/100,000 population	45.3		76.4	75.4	2016	4
1.86	Children with Health Insurance	percent	93.3	100	95		2017	9
1.83	Non-Physician Primary Care Provider Rate	providers/100,000 population	45.8		83.9	88.2	2018	4
1.81	Adults with Health Insurance: 18-64	percent	86.1	100	87.9		2017	9
1.58	Clinical Care Ranking	ranking	75				2019	4
1.50	Dentist Rate	dentists/100,000 population	52.9		67.9	68.4	2017	4
0.50	Preventable Hospital Stays: Medicare Population	discharges/1,000 Medicare enrollees	38.5		42.8	49.4	2015	10

SCORE	CANCER	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.50	Breast Cancer Incidence Rate	cases/100,000 females	116.2		127.9	124.7	2011-2015	6
1.44	Cancer: Medicare Population	percent	7.8		8.6	8.2	2017	3
1.00	Age-Adjusted Death Rate due to Breast Cancer	deaths/100,000 females	20.2	20.7	21.8	20.9	2011-2015	6
0.81	Age-Adjusted Death Rate due to Prostate Cancer	deaths/100,000 males	17.9	21.8	20.2	19.5	2011-2015	6
0.69	Cervical Cancer Incidence Rate	cases/100,000 females	5.4	7.3	6.2	7.5	2011-2015	6
0.61	Melanoma Incidence Rate	cases/100,000 population	10.9		19	21.3	2011-2015	6
0.50	All Cancer Incidence Rate	cases/100,000 population	365.1		414.3	441.2	2011-2015	6
0.47	Age-Adjusted Death Rate due to Melanoma	deaths/100,000 population	2.1	2.4	2.7	2.6	2011-2015	6
0.39	Oral Cavity and Pharynx Cancer Incidence Rate	cases/100,000 population	9		11	11.6	2011-2015	6
0.33	Prostate Cancer Incidence Rate	cases/100,000 males	85.4		102.8	109	2011-2015	6
0.17	Lung and Bronchus Cancer Incidence Rate	cases/100,000 population	46.9		58.9	60.2	2011-2015	6
0.00	Age-Adjusted Death Rate due to Cancer	deaths/100,000 population	143.8	161.4	163.8	163.5	2011-2015	6
0.00	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/100,000 population	11.2	14.5	14	14.5	2011-2015	6

0.00	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/100,000 population</i>	36.9	45.5	44	43.4	2011-2015	6
0.00	Colorectal Cancer Incidence Rate	<i>cases/100,000 population</i>	29.9	39.9	36	39.2	2011-2015	6

SCORE	CHILDREN'S HEALTH	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	44		38	21	2017	5
1.86	Children with Health Insurance	<i>percent</i>	93.3	100	95		2017	9
1.83	Children with Low Access to a Grocery Store	<i>percent</i>	6.4				2015	13
1.72	Child Abuse Rate	<i>cases/1,000 children</i>	4.4		0		2017	20
1.03	Non-Marital Births	<i>percent</i>	31.3		34.6	39.8	2017	19
0.39	Child Food Insecurity Rate	<i>percent</i>	10		13.2	17	2017	5

SCORE	DIABETES	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.72	Diabetic Monitoring: Medicare Population	<i>percent</i>	86.2		87.6	85.7	2015	10
1.44	Diabetes: Medicare Population	<i>percent</i>	27.1		27.8	27.2	2017	3
0.64	Age-Adjusted Death Rate due to Diabetes	<i>deaths/100,000 population</i>	10.6		17.6	21.5	2017	19

SCORE	ECONOMY	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	44		38	21	2017	5
2.11	SNAP Certified Stores	<i>stores/1,000 population</i>	0.4				2016	13
2.00	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	51.7		48.9	50.6	2013-2017	1
1.50	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	30.5		30		2016	15
1.25	Social and Economic Factors Ranking	<i>ranking</i>	15				2019	4
1.17	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	62.3		59.1		2016	15
1.17	Low-Income and Low Access to a Grocery Store	<i>percent</i>	3.4				2015	13

1.00	Households that are Below the Poverty Threshold	<i>percent</i>	7.2	10.9		2016	15
1.00	Severe Housing Problems	<i>percent</i>	14.9	15.2	18.4	2011-2015	4
0.83	People 65+ Living Below Poverty Level	<i>percent</i>	5.1	7.4	9.3	2013-2017	1
0.72	Households with Cash Public Assistance Income	<i>percent</i>	1.6	2	2.6	2013-2017	1
0.72	Students Eligible for the Free Lunch Program	<i>percent</i>	31.8	35	40.4	2016-2017	7
0.67	Per Capita Income	<i>dollars</i>	38225	36268	31177	2013-2017	1
0.61	Children Living Below Poverty Level	<i>percent</i>	9.8	14.9	20.3	2013-2017	1
0.61	Families Living Below Poverty Level	<i>percent</i>	5.2	7.8	10.5	2013-2017	1
0.61	People Living 200% Above Poverty Level	<i>percent</i>	81.4	74	67.2	2013-2017	1
0.61	People Living Below Poverty Level	<i>percent</i>	7	11.2	14.6	2013-2017	1
0.50	Homeownership	<i>percent</i>	69.2	59.3	56	2013-2017	1
0.50	Households with Supplemental Security Income	<i>percent</i>	2.4	4.2	5.4	2013-2017	1
0.50	Income Inequality		0.4	0.5	0.5	2013-2017	1
0.50	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	11.2	23.3	27.1	2013-2017	1
0.39	Child Food Insecurity Rate	<i>percent</i>	10	13.2	17	2017	5
0.39	Food Insecurity Rate	<i>percent</i>	5.8	10.2	12.5	2017	5
0.39	Homeowner Vacancy Rate	<i>percent</i>	1.1	1.6	1.7	2013-2017	1
0.39	Median Household Income	<i>dollars</i>	101059	68766	57652	2013-2017	1
0.39	Poverty Status by School Enrollment	<i>percent</i>	7.4	11	15.1	2013-2017	1
0.17	Unemployed Workers in Civilian Labor Force	<i>percent</i>	2.2	2.5	3.3	April 2019	11

SCORE	EDUCATION	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Student-to-Teacher Ratio	<i>students/ teacher</i>	16.6		15.1	16.5	2016-2017	7
1.78	4th Grade Students Proficient in Reading	<i>percent</i>	75.8		76.4		2017-2018	17
1.67	4th Grade Students Proficient in Math	<i>percent</i>	79.6		79.4		2017-2018	17
1.61	8th Grade Students Proficient in Math	<i>percent</i>	63.6		62.6		2017-2018	17

1.61	8th Grade Students Proficient in Reading	<i>percent</i>	76.3		77.3		2017-2018	17
1.44	People 25+ with a High School Degree or Higher	<i>percent</i>	88.8		89	87.3	2013-2017	1
1.11	High School Graduation	<i>percent</i>	92.1	87	91.6		2018	17
0.33	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	39.8		37.6	30.9	2013-2017	1

SCORE	ENVIRONMENT	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	SNAP Certified Stores	<i>stores/1,000 population</i>	0.4				2016	13
1.83	Children with Low Access to a Grocery Store	<i>percent</i>	6.4				2015	13
1.83	Farmers Market Density	<i>markets/1,000 population</i>	0				2016	13
1.78	Grocery Store Density	<i>stores/1,000 population</i>	0.1				2014	13
1.75	Physical Environment Ranking	<i>ranking</i>	126				2019	4
1.67	People with Low Access to a Grocery Store	<i>percent</i>	21.7				2015	13
1.61	Months of Mild Drought or Worse	<i>months per year</i>	7				2016	8
1.61	PBT Released	<i>pounds</i>	107434.8				2017	14
1.61	Recognized Carcinogens Released into Air	<i>pounds</i>	650.1				2017	14
1.56	Fast Food Restaurant Density	<i>restaurants/1,000 population</i>	0.6				2014	13
1.33	Recreation and Fitness Facilities	<i>facilities/1,000 population</i>	0.1				2014	13
1.31	Annual Ozone Air Quality	<i>grade</i>	C				2015-2017	2
1.28	Daily Dose of UV Irradiance	<i>Joule per square meter</i>	2546		2710		2015	8
1.17	Low-Income and Low Access to a Grocery Store	<i>percent</i>	3.4				2015	13
1.17	People 65+ with Low Access to a Grocery Store	<i>percent</i>	1.2				2015	13
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	0.7				2015	13
1.00	Severe Housing Problems	<i>percent</i>	14.9		15.2	18.4	2011-2015	4
0.61	Liquor Store Density	<i>stores/100,000 population</i>	4.2		5.4	10.5	2016	12
0.56	Food Environment Index		9.3		8.9	7.7	2019	4

0.50	Access to Exercise Opportunities	<i>percent</i>	97.5	82.3	83.9	2019	4
0.39	Houses Built Prior to 1950	<i>percent</i>	2.1	12.1	18	2013-2017	1

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Workers who Walk to Work	<i>percent</i>	1.2	3.1	2.4	2.7	2013-2017	1
2.61	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	44		38	21	2017	5
2.11	SNAP Certified Stores	<i>stores/1,000 population</i>	0.4				2016	13
1.83	Children with Low Access to a Grocery Store	<i>percent</i>	6.4				2015	13
1.83	Farmers Market Density	<i>markets/1,000 population</i>	0				2016	13
1.78	Adults 20+ who are Obese	<i>percent</i>	29.7	30.5	28.8	28.5	2015	4
1.78	Grocery Store Density	<i>stores/1,000 population</i>	0.1				2014	13
1.67	People with Low Access to a Grocery Store	<i>percent</i>	21.7				2015	13
1.56	Fast Food Restaurant Density	<i>restaurants/1,000 population</i>	0.6				2014	13
1.44	Adults Engaging in Physical Activity	<i>percent</i>	74.5		74.1	74.4	2017	16
1.33	Recreation and Fitness Facilities	<i>facilities/1,000 population</i>	0.1				2014	13
1.25	Health Behaviors Ranking	<i>ranking</i>	23				2019	4
1.17	Low-Income and Low Access to a Grocery Store	<i>percent</i>	3.4				2015	13
1.17	People 65+ with Low Access to a Grocery Store	<i>percent</i>	1.2				2015	13
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	0.7				2015	13
0.56	Food Environment Index		9.3		8.9	7.7	2019	4
0.50	Access to Exercise Opportunities	<i>percent</i>	97.5		82.3	83.9	2019	4
0.39	Child Food Insecurity Rate	<i>percent</i>	10		13.2	17	2017	5
0.39	Food Insecurity Rate	<i>percent</i>	5.8		10.2	12.5	2017	5

SCORE	HEART DISEASE & STROKE	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.94	Stroke: Medicare Population	<i>percent</i>	4		3.8	3.8	2017	3

1.72	Hyperlipidemia: Medicare Population	<i>percent</i>	41.2		41.1	40.7	2017	3
1.17	Atrial Fibrillation: Medicare Population	<i>percent</i>	7.8		8.4	8.4	2017	3
1.14	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/100,000 population 35+ years</i>	27.9				2016	8
1.11	Hypertension: Medicare Population	<i>percent</i>	56.3		59.5	57.1	2017	3
1.11	Ischemic Heart Disease: Medicare Population	<i>percent</i>	23.2		24.2	26.9	2017	3
0.81	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/100,000 population</i>	29.8	34.8	31.8	37.6	2017	19
0.78	Heart Failure: Medicare Population	<i>percent</i>	11.5		12.5	13.9	2017	3
0.58	Age-Adjusted Death Rate due to Heart Disease	<i>deaths/100,000 population</i>	87.7		133.1	92.9	2017	19

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	HIV Diagnosis Rate	<i>cases/100,000 population</i>	12.5		10.6		2017	18
1.61	Lyme Disease Cases	<i>cases</i>	181				2015-2017	18
1.61	Tuberculosis Cases	<i>cases</i>	62				2015-2017	18
1.42	Chlamydia Incidence Rate	<i>cases/100,000 population</i>	419.1		471.6	497.3	2016	18
1.42	Gonorrhea Incidence Rate	<i>cases/100,000 population</i>	70.4		131.8	145.8	2016	18
1.22	Syphilis Incidence Rate: Early Stage	<i>cases/100,000 population</i>	8		12.8		2016	18
1.11	Hepatitis C Incidence Rate (18-30 years)	<i>cases/100,000 population</i>	63.8		140.9		2017	18
0.64	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/100,000 population</i>	5.3		10.5	14.3	2017	19

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.36	Babies with Very Low Birth Weight	<i>percent</i>	1.7	1.4	1.5	1.4	2017	19
1.47	Mothers who Received Early Prenatal Care	<i>percent</i>	79.8	77.9	80.5	77.1	2016	19
1.36	Teen Birth Rate	<i>live births/1,000 females under 20 years</i>	7.9		7.6	9.6	2017	19
1.31	Babies with Low Birth Weight	<i>percent</i>	7.7	7.8	8.4	8.3	2017	19
1.17	Teen Pregnancy Rate	<i>pregnancies/1,000 females aged 15-17</i>	7.4	36.2	8.1		2017	19

1.03	Non-Marital Births	<i>percent</i>	31.3		34.6	39.8	2017	19
0.89	Infant Mortality Rate	<i>deaths/1,000 live births</i>	3.3	6	5.3		2017	19

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.53	Poor Mental Health: 5+ Days	<i>percent</i>	19.5		21.5		2017	16
1.11	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.2		10.2	10.9	2017	3
1.08	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/100,000 population</i>	22.2		23.9	31	2017	19
0.83	Depression: Medicare Population	<i>percent</i>	13.2		16.6	17.9	2017	3
0.58	Age-Adjusted Death Rate due to Suicide	<i>deaths/100,000 population</i>	8	10.2	11.8	14	2017	19
0.50	Frequent Mental Distress	<i>percent</i>	9.6		11	15	2016	4

SCORE	OLDER ADULTS & AGING	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.39	Asthma: Medicare Population	<i>percent</i>	6.1		5.4	5.1	2017	3
1.94	Stroke: Medicare Population	<i>percent</i>	4		3.8	3.8	2017	3
1.72	Diabetic Monitoring: Medicare Population	<i>percent</i>	86.2		87.6	85.7	2015	10
1.72	Hyperlipidemia: Medicare Population	<i>percent</i>	41.2		41.1	40.7	2017	3
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	31.7		32.6	33.1	2017	3
1.44	Cancer: Medicare Population	<i>percent</i>	7.8		8.6	8.2	2017	3
1.44	Diabetes: Medicare Population	<i>percent</i>	27.1		27.8	27.2	2017	3
1.17	Atrial Fibrillation: Medicare Population	<i>percent</i>	7.8		8.4	8.4	2017	3
1.17	Chronic Kidney Disease: Medicare Population	<i>percent</i>	21.4		23.4	24	2017	3
1.17	Osteoporosis: Medicare Population	<i>percent</i>	5.3		6	6.4	2017	3
1.17	People 65+ with Low Access to a Grocery Store	<i>percent</i>	1.2				2015	13
1.11	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.2		10.2	10.9	2017	3
1.11	Hypertension: Medicare Population	<i>percent</i>	56.3		59.5	57.1	2017	3

1.11	Ischemic Heart Disease: Medicare Population	<i>percent</i>	23.2	24.2	26.9	2017	3
1.08	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/100,000 population</i>	22.2	23.9	31	2017	19
0.83	COPD: Medicare Population	<i>percent</i>	9	10.7	11.7	2017	3
0.83	Depression: Medicare Population	<i>percent</i>	13.2	16.6	17.9	2017	3
0.83	People 65+ Living Below Poverty Level	<i>percent</i>	5.1	7.4	9.3	2013-2017	1
0.78	Heart Failure: Medicare Population	<i>percent</i>	11.5	12.5	13.9	2017	3
0.61	People 65+ Living Alone	<i>percent</i>	18	25.6	26.2	2013-2017	1

SCORE	OTHER CHRONIC DISEASES	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	31.7		32.6	33.1	2017	3
1.17	Chronic Kidney Disease: Medicare Population	<i>percent</i>	21.4		23.4	24	2017	3
1.17	Osteoporosis: Medicare Population	<i>percent</i>	5.3		6	6.4	2017	3
SCORE	PUBLIC SAFETY	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Deaths due to Homicide	<i>deaths</i>	43				2015-2017	18
1.72	Child Abuse Rate	<i>cases/1,000 children</i>	4.4		0		2017	20
1.19	Violent Crime Rate	<i>crimes/100,000 population</i>	185.5		207	386.5	2014-2016	4
0.50	Alcohol-Impaired Driving Deaths	<i>percent</i>	19.2		31.1	28.6	2013-2017	4

SCORE	RESPIRATORY DISEASES	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.39	Asthma: Medicare Population	<i>percent</i>	6.1		5.4	5.1	2017	3
1.61	Tuberculosis Cases	<i>cases</i>	62				2015-2017	18
0.83	COPD: Medicare Population	<i>percent</i>	9		10.7	11.7	2017	3
0.64	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/100,000 population</i>	24.9		29.8	40.9	2017	19
0.64	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/100,000 population</i>	5.3		10.5	14.3	2017	19

0.17	Lung and Bronchus Cancer Incidence Rate	<i>cases/100,000 population</i>	46.9		58.9	60.2	2011-2015	6
0.00	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/100,000 population</i>	36.9	45.5	44	43.4	2011-2015	6

SCORE	SOCIAL ENVIRONMENT	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.39	Mean Travel Time to Work	<i>minutes</i>	39.1		28.2	26.4	2013-2017	1
2.17	Social Associations	<i>membership associations/10,000 population</i>	6.4		11.2	9.3	2016	4
1.94	Voter Turnout: Presidential Election	<i>percent</i>	68.2		72.8		2016	21
1.72	Child Abuse Rate	<i>cases/1,000 children</i>	4.4		0		2017	20
1.44	People 25+ with a High School Degree or Higher	<i>percent</i>	88.8		89	87.3	2013-2017	1
1.25	Social and Economic Factors Ranking	<i>ranking</i>	15				2019	4
0.67	Households with One or More Types of Computing Devices	<i>percent</i>	96		88.6	87.2	2013-2017	1
0.67	Per Capita Income	<i>dollars</i>	38225		36268	31177	2013-2017	1
0.61	Children Living Below Poverty Level	<i>percent</i>	9.8		14.9	20.3	2013-2017	1
0.61	People 65+ Living Alone	<i>percent</i>	18		25.6	26.2	2013-2017	1
0.61	People Living Below Poverty Level	<i>percent</i>	7		11.2	14.6	2013-2017	1
0.50	Homeownership	<i>percent</i>	69.2		59.3	56	2013-2017	1
0.50	Households with an Internet Subscription	<i>percent</i>	91.9		80.7	78.7	2013-2017	1
0.39	Median Household Income	<i>dollars</i>	101059		68766	57652	2013-2017	1
0.33	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	39.8		37.6	30.9	2013-2017	1
0.17	Single-Parent Households	<i>percent</i>	21.7		29.8	33.3	2013-2017	1

SCORE	SUBSTANCE ABUSE	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.67	Adults who Drink Excessively	<i>percent</i>	18	25.4	17.4	18	2016	4
1.44	Death Rate due to Fentanyl and/or Heroin Overdose	<i>deaths/100,000 population</i>	8.1		11		2017	18
1.33	Emergency Department Admission Rate due to Heroin	<i>admissions/100,000 population</i>	16.7		18.9		2017	18

1.25	Health Behaviors Ranking	<i>ranking</i>	23				2019	4
1.17	Emergency Department Admission Rate due to Opioids	<i>admissions/100,000 population</i>	64.1		102		2017	18
1.06	Death Rate due to Prescription Opioid Overdose	<i>deaths/100,000 population</i>	4		5.9		2017	18
1.00	Adults who Smoke	<i>percent</i>	15.2	12	15.3	17	2016	4
0.61	Death Rate due to Drug Poisoning	<i>deaths/100,000 population</i>	11.5		15.6	19.2	2015-2017	4
0.61	Liquor Store Density	<i>stores/100,000 population</i>	4.2		5.4	10.5	2016	12
0.50	Alcohol-Impaired Driving Deaths	<i>percent</i>	19.2		31.1	28.6	2013-2017	4

SCORE	TRANSPORTATION	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Solo Drivers with a Long Commute	<i>percent</i>	62.7		39.4	35.2	2013-2017	4
2.83	Workers who Walk to Work	<i>percent</i>	1.2	3.1	2.4	2.7	2013-2017	1
2.39	Mean Travel Time to Work	<i>minutes</i>	39.1		28.2	26.4	2013-2017	1
1.17	Workers who Drive Alone to Work	<i>percent</i>	75.3		77.3	76.4	2013-2017	1
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	0.7				2015	13
0.83	Workers Commuting by Public Transportation	<i>percent</i>	5.3	5.5	4.4	5.1	2013-2017	1
0.39	Households without a Vehicle	<i>percent</i>	2.7		6.3	8.8	2013-2017	1

SCORE	WELLNESS & LIFESTYLE	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Insufficient Sleep	<i>percent</i>	38		36.3	38	2016	4
1.83	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	82.9		83.6	82.4	2017	16
1.25	Morbidity Ranking	<i>ranking</i>	17				2019	4
0.83	Life Expectancy	<i>years</i>	82.4		79.4	79.1	2015-2017	4
0.50	Frequent Physical Distress	<i>percent</i>	8.7		10.7	15	2016	4

SCORE	WOMEN'S HEALTH	UNITS	PRINCE WILLIAM COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.50	Breast Cancer Incidence Rate	<i>cases/100,000 females</i>	116.2		127.9	124.7	2011-2015	6
1.03	Non-Marital Births	<i>percent</i>	31.3		34.6	39.8	2017	19

1.00	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/100,000 females</i>	20.2	20.7	21.8	20.9	2011-2015
0.69	Cervical Cancer Incidence Rate	<i>cases/100,000 females</i>	5.4	7.3	6.2	7.5	2011-2015

SPOTSYLVANIA COUNTY

DATA SCORING APPENDIX: TOPIC SCORES

HEALTH AND QUALITY OF LIFE TOPICS	SCORE
Heart Disease & Stroke	1.81
Older Adults & Aging	1.72
Transportation	1.72
Substance Abuse	1.71
Public Safety	1.67
Diabetes	1.62
Access to Health Services	1.60
Education	1.58
Cancer	1.54
Exercise, Nutrition, & Weight	1.50
Women's Health	1.50
Respiratory Diseases	1.48
Other Chronic Diseases	1.48
Children's Health	1.41
Environment	1.39
Mental Health & Mental Disorders	1.34
Immunizations & Infectious Diseases	1.21
Social Environment	1.09
Maternal, Fetal & Infant Health	1.08
Wellness & Lifestyle	0.98
Economy	0.94

SPOTSYLVANIA COUNTY

DATA SCORING APPENDIX: INDICATOR SCORES BY TOPIC

SCORE	ACCESS TO HEALTH SERVICES	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Preventable Hospital Stays: Medicare Population	<i>discharges/ 1,000 Medicare enrollees</i>	58.7		42.8	49.4	2015	9
1.94	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	59.1		76.4	75.4	2016	3
1.89	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	61.6		83.9	88.2	2018	3
1.75	Clinical Care Ranking	<i>ranking</i>	109				2019	3
1.50	Dentist Rate	<i>dentists/ 100,000 population</i>	43.6		67.9	68.4	2017	3
1.31	Adults with Health Insurance: 18-64	<i>percent</i>	88.3	100	87.9		2017	8
0.81	Children with Health Insurance	<i>percent</i>	95.4	100	95		2017	8

SCORE	CANCER	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.33	Cancer: Medicare Population	<i>percent</i>	8.8		8.6	8.2	2017	2
2.17	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	74.1		58.9	60.2	2011-2015	5
2.11	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	461.6		414.3	441.2	2011-2015	5
1.92	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	7.6	7.3	6.2	7.5	2011-2015	5
1.89	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	113.6		102.8	109	2011-2015	5
1.83	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	15.8	14.5	14	14.5	2011-2015	5
1.83	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	126.2		127.9	124.7	2011-2015	5
1.67	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	11.6		11	11.6	2011-2015	5
1.56	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	38.2	39.9	36	39.2	2011-2015	5
1.47	Age-Adjusted Death Rate due to Melanoma	<i>deaths/ 100,000 population</i>	2.8	2.4	2.9	2.7	2008-2012	5
1.22	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	47.1	45.5	44	43.4	2011-2015	5
1.11	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	20.9	20.7	21.8	20.9	2011-2015	5
1.11	Melanoma Incidence Rate	<i>cases/ 100,000 population</i>	17.7		19	21.3	2011-2015	5
0.61	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	158.4	161.4	163.8	163.5	2011-2015	5

0.25	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/100,000 males</i>	16.5	21.8	20.2	19.5	2011-2015	5
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SCORE	CHILDREN'S HEALTH	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.39	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	43		38	21	2017	4
2.00	Children with Low Access to a Grocery Store	<i>percent</i>	6.9				2015	12
1.94	Child Abuse Rate	<i>cases/1,000 children</i>	3.7		0		2017	17
1.14	Non-Marital Births	<i>percent</i>	35.5		34.6	39.8	2017	16
0.81	Children with Health Insurance	<i>percent</i>	95.4	100	95		2017	8
0.17	Child Food Insecurity Rate	<i>percent</i>	11.8		13.2	17	2017	4

SCORE	DIABETES	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.28	Diabetic Monitoring: Medicare Population	<i>percent</i>	82.4		87.6	85.7	2015	9
1.78	Diabetes: Medicare Population	<i>percent</i>	29.3		27.8	27.2	2017	2
0.81	Age-Adjusted Death Rate due to Diabetes	<i>deaths/100,000 population</i>	15.6		17.6	21.5	2017	16

SCORE	ECONOMY	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.39	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	43		38	21	2017	4
2.11	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	52.5		48.9	50.6	2013-2017	1
2.11	SNAP Certified Stores	<i>stores/1,000 population</i>	0.7				2016	12
1.83	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	35.5		30		2016	13
1.50	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	58.8		59.1		2016	13
1.50	Low-Income and Low Access to a Grocery Store	<i>percent</i>	4.1				2015	12
1.42	Social and Economic Factors Ranking	<i>ranking</i>	37				2019	3
1.17	Students Eligible for the Free Lunch Program	<i>percent</i>	32.3		35	40.4	2016-2017	6

1.00	Households that are Below the Poverty Threshold	<i>percent</i>	5.7	10.9		2016	13
1.00	Poverty Status by School Enrollment	<i>percent</i>	8	11	15.1	2013-2017	1
0.89	Homeowner Vacancy Rate	<i>percent</i>	1.5	1.6	1.7	2013-2017	1
0.89	Households with Cash Public Assistance Income	<i>percent</i>	2	2	2.6	2013-2017	1
0.72	Severe Housing Problems	<i>percent</i>	13.1	15.2	18.4	2011-2015	3
0.67	People Living 200% Above Poverty Level	<i>percent</i>	79.3	74	67.2	2013-2017	1
0.67	Per Capita Income	<i>dollars</i>	33859	36268	31177	2013-2017	1
0.67	Unemployed Workers in Civilian Labor Force	<i>percent</i>	2.6	2.5	3.3	April 2019	10
0.61	Children Living Below Poverty Level	<i>percent</i>	10.8	14.9	20.3	2013-2017	1
0.61	Households with Supplemental Security Income	<i>percent</i>	3.5	4.2	5.4	2013-2017	1
0.50	Income Inequality		0.4	0.5	0.5	2013-2017	1
0.50	People 65+ Living Below Poverty Level	<i>percent</i>	5.4	7.4	9.3	2013-2017	1
0.50	People Living Below Poverty Level	<i>percent</i>	8	11.2	14.6	2013-2017	1
0.50	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	14.8	23.3	27.1	2013-2017	1
0.39	Families Living Below Poverty Level	<i>percent</i>	5.1	7.8	10.5	2013-2017	1
0.39	Homeownership	<i>percent</i>	71.9	59.3	56	2013-2017	1
0.39	Median Household Income	<i>dollars</i>	81434	68766	57652	2013-2017	1
0.17	Child Food Insecurity Rate	<i>percent</i>	11.8	13.2	17	2017	4
0.17	Food Insecurity Rate	<i>percent</i>	7.7	10.2	12.5	2017	4

SCORE	EDUCATION	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	8th Grade Students Proficient in Reading	<i>percent</i>	73.7		77.3		2017-2018	14
2.00	Student-to-Teacher Ratio	<i>students/ teacher</i>	17.1		15.1	16.5	2016-2017	6
1.83	4th Grade Students Proficient in Math	<i>percent</i>	79.2		79.4		2017-2018	14
1.78	8th Grade Students Proficient in Math	<i>percent</i>	58.4		62.6		2017-2018	14
1.56	4th Grade Students Proficient in Reading	<i>percent</i>	75.4		76.4		2017-2018	14
1.50	High School Graduation	<i>percent</i>	91.2	87	91.6		2018	14
1.17	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	30.4		37.6	30.9	2013-2017	1
0.83	People 25+ with a High School Degree or Higher	<i>percent</i>	89.9		89	87.3	2013-2017	1

SCORE	ENVIRONMENT	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	SNAP Certified Stores	stores/1,000 population	0.7				2016	12
2.00	Children with Low Access to a Grocery Store	percent	6.9				2015	12
1.83	Access to Exercise Opportunities	percent	73.7		82.3	83.9	2019	3
1.83	People with Low Access to a Grocery Store	percent	23.4				2015	12
1.78	Grocery Store Density	stores/1,000 population	0.1				2014	12
1.67	Farmers Market Density	markets/1,000 population	0				2016	12
1.67	Fast Food Restaurant Density	restaurants/1,000 population	0.7				2014	12
1.61	Months of Mild Drought or Worse	months per year	7				2016	7
1.61	Number of Extreme Heat Days	days	25				2016	7
1.61	Number of Extreme Heat Events	events	4				2016	7
1.50	Low-Income and Low Access to a Grocery Store	percent	4.1				2015	12
1.42	Physical Environment Ranking	ranking	43				2019	3
1.33	People 65+ with Low Access to a Grocery Store	percent	1.8				2015	12
1.33	Recreation and Fitness Facilities	facilities/1,000 population	0.1				2014	12
1.17	Daily Dose of UV Irradiance	Joule per square meter	2562		2710		2015	7
1.17	Households with No Car and Low Access to a Grocery Store	percent	1.4				2015	12
0.72	Severe Housing Problems	percent	13.1		15.2	18.4	2011-2015	3
0.56	Food Environment Index		8.9		8.9	7.7	2019	3
0.39	Houses Built Prior to 1950	percent	2.5		12.1	18	2013-2017	1
0.39	Liquor Store Density	stores/100,000 population	4.5		5.4	10.5	2016	11

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.56	Workers who Walk to Work	percent	0.6	3.1	2.4	2.7	2013-2017	1
2.39	Food Insecure Children Likely Ineligible for Assistance	percent	43		38	21	2017	4
2.11	SNAP Certified Stores	stores/1,000 population	0.7				2016	12
2.00	Children with Low Access to a Grocery Store	percent	6.9				2015	12

1.83	Access to Exercise Opportunities	<i>percent</i>	73.7	82.3	83.9	2019	3	
1.83	People with Low Access to a Grocery Store	<i>percent</i>	23.4			2015	12	
1.78	Grocery Store Density	<i>stores/1,000 population</i>	0.1			2014	12	
1.67	Farmers Market Density	<i>markets/1,000 population</i>	0			2016	12	
1.67	Fast Food Restaurant Density	<i>restaurants/1,000 population</i>	0.7			2014	12	
1.58	Health Behaviors Ranking	<i>ranking</i>	71			2019	3	
1.50	Low-Income and Low Access to a Grocery Store	<i>percent</i>	4.1			2015	12	
1.39	Adults 20+ who are Obese	<i>percent</i>	30.7	30.5	28.8	28.5	2015	3
1.33	People 65+ with Low Access to a Grocery Store	<i>percent</i>	1.8			2015	12	
1.33	Recreation and Fitness Facilities	<i>facilities/1,000 population</i>	0.1			2014	12	
1.17	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.4			2015	12	
0.56	Food Environment Index		8.9	8.9	7.7	2019	3	
0.17	Child Food Insecurity Rate	<i>percent</i>	11.8	13.2	17	2017	4	
0.17	Food Insecurity Rate	<i>percent</i>	7.7	10.2	12.5	2017	4	

SCORE	HEART DISEASE & STROKE	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.3		8.4	8.4	2017	2
2.28	Ischemic Heart Disease: Medicare Population	<i>percent</i>	27		24.2	26.9	2017	2
2.17	Hypertension: Medicare Population	<i>percent</i>	62.1		59.5	57.1	2017	2
2.17	Stroke: Medicare Population	<i>percent</i>	3.9		3.8	3.8	2017	2
2.06	Hyperlipidemia: Medicare Population	<i>percent</i>	44.7		41.1	40.7	2017	2
1.86	Age-Adjusted Death Rate due to Heart Disease	<i>deaths/100,000 population</i>	138.2		133.1	92.9	2017	16
1.11	Heart Failure: Medicare Population	<i>percent</i>	12.3		12.5	13.9	2017	2
1.08	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/100,000 population 35+ years</i>	50.3				2016	7
0.92	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/100,000 population</i>	31.4	34.8	31.8	37.6	2017	16

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.94	Hepatitis C Incidence Rate (18-30 years)	<i>cases/ 100,000 population</i>	231.8		140.9		2017	15
1.61	Tuberculosis Cases	<i>cases</i>	6				2015-2017	15
1.33	Syphilis Incidence Rate: Early Stage	<i>cases/ 100,000 population</i>	4.6		12.8		2016	15
1.08	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	313.5		471.6	497.3	2016	15
1.06	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	4.5		10.6		2017	15
1.03	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	52.1		131.8	145.8	2016	15
0.42	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	5.9		10.5	14.3	2017	16

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.89	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	8	6	5.3		2017	16
1.36	Babies with Very Low Birth Weight	<i>percent</i>	1.5	1.4	1.5	1.4	2017	16
1.14	Mothers who Received Early Prenatal Care	<i>percent</i>	84.9	77.9	80.5	77.1	2016	16
1.14	Non-Marital Births	<i>percent</i>	35.5		34.6	39.8	2017	16
0.81	Teen Birth Rate	<i>live births/ 1,000 females under 20 years</i>	6.3		7.6	9.6	2017	16
0.72	Teen Pregnancy Rate	<i>pregnancies/ 1,000 females aged 15-17</i>	2.7	36.2	8.1		2017	16
0.47	Babies with Low Birth Weight	<i>percent</i>	6.7	7.8	8.4	8.3	2017	16

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.36	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	38		23.9	31	2017	16
1.67	Depression: Medicare Population	<i>percent</i>	16.3		16.6	17.9	2017	2
1.44	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	10		10.2	10.9	2017	2
0.67	Frequent Mental Distress	<i>percent</i>	10.4		11	15	2016	3
0.58	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	7	10.2	11.8	14	2017	16

SCORE	OLDER ADULTS & AGING	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Atrial Fibrillation: Medicare Population	percent	9.3		8.4	8.4	2017	2
2.36	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	38		23.9	31	2017	16
2.33	Cancer: Medicare Population	percent	8.8		8.6	8.2	2017	2
2.28	Diabetic Monitoring: Medicare Population	percent	82.4		87.6	85.7	2015	9
2.28	Ischemic Heart Disease: Medicare Population	percent	27		24.2	26.9	2017	2
2.17	Hypertension: Medicare Population	percent	62.1		59.5	57.1	2017	2
2.17	Stroke: Medicare Population	percent	3.9		3.8	3.8	2017	2
2.11	Asthma: Medicare Population	percent	5.6		5.4	5.1	2017	2
2.06	Hyperlipidemia: Medicare Population	percent	44.7		41.1	40.7	2017	2
2.00	Chronic Kidney Disease: Medicare Population	percent	24.3		23.4	24	2017	2
1.78	Diabetes: Medicare Population	percent	29.3		27.8	27.2	2017	2
1.67	Depression: Medicare Population	percent	16.3		16.6	17.9	2017	2
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	31		32.6	33.1	2017	2
1.44	Alzheimer's Disease or Dementia: Medicare Population	percent	10		10.2	10.9	2017	2
1.33	COPD: Medicare Population	percent	10.5		10.7	11.7	2017	2
1.33	People 65+ with Low Access to a Grocery Store	percent	1.8				2015	12
1.11	Heart Failure: Medicare Population	percent	12.3		12.5	13.9	2017	2
0.94	Osteoporosis: Medicare Population	percent	5.2		6	6.4	2017	2
0.50	People 65+ Living Below Poverty Level	percent	5.4		7.4	9.3	2013-2017	1
0.39	People 65+ Living Alone	percent	18.9		25.6	26.2	2013-2017	1

SCORE	OTHER CHRONIC DISEASES	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Chronic Kidney Disease: Medicare Population	percent	24.3		23.4	24	2017	2

1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	31	32.6	33.1	2017	2
0.94	Osteoporosis: Medicare Population	<i>percent</i>	5.2	6	6.4	2017	2

SCORE	PUBLIC SAFETY	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Alcohol-Impaired Driving Deaths	<i>percent</i>	42.4		31.1	28.6	2013-2017	3
1.94	Child Abuse Rate	<i>cases/1,000 children</i>	3.7		0		2017	17
1.39	Deaths due to Homicide	<i>deaths</i>	6				2015-2017	15
0.75	Violent Crime Rate	<i>crimes/100,000 population</i>	172.1		207	386.5	2014-2016	3

SCORE	RESPIRATORY DISEASES	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Lung and Bronchus Cancer Incidence Rate	<i>cases/100,000 population</i>	74.1		58.9	60.2	2011-2015	5
2.11	Asthma: Medicare Population	<i>percent</i>	5.6		5.4	5.1	2017	2
1.61	Tuberculosis Cases	<i>cases</i>	6				2015-2017	15
1.53	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/100,000 population</i>	34.8		29.8	40.9	2017	16
1.33	COPD: Medicare Population	<i>percent</i>	10.5		10.7	11.7	2017	2
1.22	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/100,000 population</i>	47.1	45.5	44	43.4	2011-2015	5
0.42	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/100,000 population</i>	5.9		10.5	14.3	2017	16

SCORE	SOCIAL ENVIRONMENT	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Social Associations	<i>membership associations/10,000 population</i>	7.2		11.2	9.3	2016	3
2.39	Mean Travel Time to Work	<i>minutes</i>	38.2		28.2	26.4	2013-2017	1
1.94	Child Abuse Rate	<i>cases/1,000 children</i>	3.7		0		2017	17
1.94	Voter Turnout: Presidential Election	<i>percent</i>	68		72.8		2016	18
1.42	Social and Economic Factors Ranking	<i>ranking</i>	37				2019	3
1.17	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	30.4		37.6	30.9	2013-2017	1
0.83	Households with an Internet Subscription	<i>percent</i>	86.3		80.7	78.7	2013-2017	1

0.83	Households with One or More Types of Computing Devices	<i>percent</i>	92.7	88.6	87.2	2013-2017	1
0.83	People 25+ with a High School Degree or Higher	<i>percent</i>	89.9	89	87.3	2013-2017	1
0.67	Per Capita Income	<i>dollars</i>	33859	36268	31177	2013-2017	1
0.61	Children Living Below Poverty Level	<i>percent</i>	10.8	14.9	20.3	2013-2017	1
0.56	Single-Parent Households	<i>percent</i>	25.6	29.8	33.3	2013-2017	1
0.50	People Living Below Poverty Level	<i>percent</i>	8	11.2	14.6	2013-2017	1
0.39	Homeownership	<i>percent</i>	71.9	59.3	56	2013-2017	1
0.39	Median Household Income	<i>dollars</i>	81434	68766	57652	2013-2017	1
0.39	People 65+ Living Alone	<i>percent</i>	18.9	25.6	26.2	2013-2017	1

SCORE	SUBSTANCE ABUSE	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Alcohol-Impaired Driving Deaths	<i>percent</i>	42.4		31.1	28.6	2013-2017	3
2.33	Adults who Drink Excessively	<i>percent</i>	20.1	25.4	17.4	18	2016	3
2.00	Death Rate due to Drug Poisoning	<i>deaths/100,000 population</i>	18.7		15.6	19.2	2015-2017	3
1.83	Emergency Department Admission Rate due to Heroin	<i>admissions/100,000 population</i>	21.2		18.9		2017	15
1.83	Emergency Department Admission Rate due to Opioids	<i>admissions/100,000 population</i>	112.9		102		2017	15
1.78	Death Rate due to Fentanyl and/or Heroin Overdose	<i>deaths/100,000 population</i>	11.4		11		2017	15
1.67	Adults who Smoke	<i>percent</i>	16.9	12	15.3	17	2016	3
1.58	Health Behaviors Ranking	<i>ranking</i>	71				2019	3
1.06	Death Rate due to Prescription Opioid Overdose	<i>deaths/100,000 population</i>	4.5		5.9		2017	15
0.39	Liquor Store Density	<i>stores/100,000 population</i>	4.5		5.4	10.5	2016	11

SCORE	TRANSPORTATION	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.56	Workers who Walk to Work	<i>percent</i>	0.6	3.1	2.4	2.7	2013-2017	1
2.44	Solo Drivers with a Long Commute	<i>percent</i>	48.5		39.4	35.2	2013-2017	3
2.39	Mean Travel Time to Work	<i>minutes</i>	38.2		28.2	26.4	2013-2017	1
1.78	Workers Commuting by Public Transportation	<i>percent</i>	2.5	5.5	4.4	5.1	2013-2017	1
1.17	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.4				2015	12

1.17	Workers who Drive Alone to Work	<i>percent</i>	78.4	77.3	76.4	2013-2017	1
0.50	Households without a Vehicle	<i>percent</i>	3.2	6.3	8.8	2013-2017	1

SCORE	WELLNESS & LIFESTYLE	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.33	Insufficient Sleep	<i>percent</i>	34.8		36.3	38	2016	3
1.25	Morbidity Ranking	<i>ranking</i>	28				2019	3
0.83	Life Expectancy	<i>years</i>	79.7		79.4	79.1	2015-2017	3
0.50	Frequent Physical Distress	<i>percent</i>	9.3		10.7	15	2016	3

SCORE	WOMEN'S HEALTH	UNITS	SPOTSYLVANIA COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.92	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	7.6	7.3	6.2	7.5	2011-2015	5
1.83	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	126.2		127.9	124.7	2011-2015	5
1.14	Non-Marital Births	<i>percent</i>	35.5		34.6	39.8	2017	16
1.11	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	20.9	20.7	21.8	20.9	2011-2015	5

STAFFORD COUNTY

DATA SCORING APPENDIX: TOPIC SCORES

HEALTH AND QUALITY OF LIFE TOPICS	SCORE
Heart Disease & Stroke	1.87
Access to Health Services	1.75
Diabetes	1.73
Transportation	1.68
Older Adults & Aging	1.64
Public Safety	1.51
Exercise, Nutrition, & Weight	1.49
Cancer	1.46
Immunizations & Infectious Diseases	1.44
Women's Health	1.42
Respiratory Diseases	1.40
Children's Health	1.38
Environment	1.32
Other Chronic Diseases	1.31
Mental Health & Mental Disorders	1.31
Education	1.28
Substance Abuse	1.28
Wellness & Lifestyle	1.15
Social Environment	0.91
Maternal, Fetal & Infant Health	0.82
Economy	0.78

STAFFORD COUNTY

DATA SCORING APPENDIX: INDICATOR SCORES BY TOPIC

SCORE	ACCESS TO HEALTH SERVICES	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.22	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	33.4		83.9	88.2	2018	4
2.22	Primary Care Provider Rate	providers/ 100,000 population	31.9		76.4	75.4	2016	4
2.17	Dentist Rate	dentists/ 100,000 population	34.8		67.9	68.4	2017	4
2.00	Preventable Hospital Stays: Medicare Population	discharges/ 1,000 Medicare enrollees	56.2		42.8	49.4	2015	10
1.58	Clinical Care Ranking	ranking	88				2019	4
1.03	Adults with Health Insurance: 18-64	percent	90.8	100	87.9		2017	9
1.03	Children with Health Insurance	percent	95.5	100	95		2017	9

SCORE	CANCER	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.39	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	25.2	20.7	21.8	20.9	2011-2015	6
2.28	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	13.5		11	11.6	2011-2015	6
2.17	Cancer: Medicare Population	percent	8.6		8.6	8.2	2017	3
2.06	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	74		58.9	60.2	2011-2015	6
1.94	Breast Cancer Incidence Rate	cases/ 100,000 females	129.8		127.9	124.7	2011-2015	6
1.83	All Cancer Incidence Rate	cases/ 100,000 population	450.2		414.3	441.2	2011-2015	6
1.56	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	49.7	45.5	44	43.4	2011-2015	6
1.56	Prostate Cancer Incidence Rate	cases/ 100,000 males	108		102.8	109	2011-2015	6
1.39	Colorectal Cancer Incidence Rate	cases/ 100,000 population	37.5	39.9	36	39.2	2011-2015	6
0.89	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	162.6	161.4	163.8	163.5	2011-2015	6
0.78	Melanoma Incidence Rate	cases/ 100,000 population	15.1		19	21.3	2011-2015	6
0.67	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	13.4	14.5	14	14.5	2011-2015	6
0.47	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	12.4	21.8	20.2	19.5	2011-2015	6
0.47	Cervical Cancer Incidence Rate	cases/ 100,000 females	4.9	7.3	6.2	7.5	2011-2015	6

SCORE	CHILDREN'S HEALTH	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.39	Food Insecure Children Likely Ineligible for Assistance	percent	50		38	21	2017	5
2.00	Children with Low Access to a Grocery Store	percent	7.8				2015	13
1.61	Child Abuse Rate	cases/1,000 children	1.6		0		2017	19
1.03	Children with Health Insurance	percent	95.5	100	95		2017	9
0.86	Non-Marital Births	percent	29.7		34.6	39.8	2017	18
0.39	Child Food Insecurity Rate	percent	10.1		13.2	17	2017	5

SCORE	DIABETES	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.78	Diabetes: Medicare Population	percent	28.4		27.8	27.2	2017	3
1.75	Age-Adjusted Death Rate due to Diabetes	deaths/100,000 population	20.2		17.6	21.5	2017	18
1.67	Diabetic Monitoring: Medicare Population	percent	85.1		87.6	85.7	2015	10

SCORE	ECONOMY	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.39	Food Insecure Children Likely Ineligible for Assistance	percent	50		38	21	2017	5
2.00	SNAP Certified Stores	stores/1,000 population	0.5				2016	13
1.89	Renters Spending 30% or More of Household Income on Rent	percent	51		48.9	50.6	2013-2017	1
1.67	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	32.2		30		2016	15
1.25	Social and Economic Factors Ranking	ranking	12				2019	4
1.17	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	percent	63.3		59.1		2016	15
1.17	Low-Income and Low Access to a Grocery Store	percent	3.4				2015	13
1.00	Households that are Below the Poverty Threshold	percent	4.5		10.9		2016	15
0.83	Students Eligible for the Free Lunch Program	percent	22.1		35	40.4	2016-2017	7
0.61	Homeownership	percent	72.6		59.3	56	2013-2017	1
0.61	Households with Cash Public Assistance Income	percent	1.2		2	2.6	2013-2017	1
0.61	Households with Supplemental Security Income	percent	3		4.2	5.4	2013-2017	1

0.61	People Living 200% Above Poverty Level	<i>percent</i>	84.7	74	67.2	2013-2017	1
0.56	Per Capita Income	<i>dollars</i>	39158	36268	31177	2013-2017	1
0.50	Homeowner Vacancy Rate	<i>percent</i>	1.3	1.6	1.7	2013-2017	1
0.50	Income Inequality		0.4	0.5	0.5	2013-2017	1
0.50	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	8.4	23.3	27.1	2013-2017	1
0.50	Unemployed Workers in Civilian Labor Force	<i>percent</i>	2.5	2.5	3.3	April 2019	11
0.39	Child Food Insecurity Rate	<i>percent</i>	10.1	13.2	17	2017	5
0.39	Children Living Below Poverty Level	<i>percent</i>	6.4	14.9	20.3	2013-2017	1
0.39	Median Household Income	<i>dollars</i>	103005	68766	57652	2013-2017	1
0.39	Poverty Status by School Enrollment	<i>percent</i>	5.3	11	15.1	2013-2017	1
0.33	Severe Housing Problems	<i>percent</i>	11.7	15.2	18.4	2011-2015	4
0.17	Families Living Below Poverty Level	<i>percent</i>	3.2	7.8	10.5	2013-2017	1
0.17	Food Insecurity Rate	<i>percent</i>	6.3	10.2	12.5	2017	5
0.17	People 65+ Living Below Poverty Level	<i>percent</i>	3.8	7.4	9.3	2013-2017	1
0.17	People Living Below Poverty Level	<i>percent</i>	4.7	11.2	14.6	2013-2017	1

SCORE	EDUCATION	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Student-to-Teacher Ratio	<i>students/teacher</i>	17.4		15.1	16.5	2016-2017	7
1.83	4th Grade Students Proficient in Math	<i>percent</i>	79.2		79.4		2017-2018	16
1.50	8th Grade Students Proficient in Math	<i>percent</i>	70.3		62.6		2017-2018	16
1.44	4th Grade Students Proficient in Reading	<i>percent</i>	76.6		76.4		2017-2018	16
1.17	8th Grade Students Proficient in Reading	<i>percent</i>	80.9		77.3		2017-2018	16
0.78	High School Graduation	<i>percent</i>	94.7	87	91.6		2018	16
0.56	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	38.7		37.6	30.9	2013-2017	1
0.50	People 25+ with a High School Degree or Higher	<i>percent</i>	93.7		89	87.3	2013-2017	1

SCORE	ENVIRONMENT	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Children with Low Access to a Grocery Store	<i>percent</i>	7.8				2015	13
2.00	Grocery Store Density	<i>stores/1,000 population</i>	0.1				2014	13

2.00	SNAP Certified Stores	<i>stores/1,000 population</i>	0.5				2016	13
1.83	Farmers Market Density	<i>markets/1,000 population</i>	0				2016	13
1.83	People with Low Access to a Grocery Store	<i>percent</i>	25.8				2015	13
1.61	Months of Mild Drought or Worse	<i>months per year</i>	7				2016	8
1.61	Number of Extreme Heat Days	<i>days</i>	24				2016	8
1.61	Number of Extreme Precipitation Days	<i>days</i>	132				2016	8
1.61	Recognized Carcinogens Released into Air	<i>pounds</i>	149				2017	14
1.50	Access to Exercise Opportunities	<i>percent</i>	75.8	82.3	83.9		2019	4
1.50	Recreation and Fitness Facilities	<i>facilities/1,000 population</i>	0.1				2014	13
1.39	PBT Released	<i>pounds</i>	858.3				2017	14
1.28	Daily Dose of UV Irradiance	<i>Joule per square meter</i>	2584	2710			2015	8
1.25	Physical Environment Ranking	<i>ranking</i>	32				2019	4
1.22	Fast Food Restaurant Density	<i>restaurants/1,000 population</i>	0.5				2014	13
1.17	Low-Income and Low Access to a Grocery Store	<i>percent</i>	3.4				2015	13
1.17	People 65+ with Low Access to a Grocery Store	<i>percent</i>	1.5				2015	13
1.14	Annual Ozone Air Quality	<i>grade</i>	B				2015-2017	2
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1				2015	13
0.56	Food Environment Index		9.2	8.9	7.7		2019	4
0.39	Houses Built Prior to 1950	<i>percent</i>	2.7	12.1	18		2013-2017	1
0.39	Liquor Store Density	<i>stores/100,000 population</i>	2.8	5.4	10.5		2016	12
0.33	Severe Housing Problems	<i>percent</i>	11.7	15.2	18.4		2011-2015	4

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Workers who Walk to Work	<i>percent</i>	0.9	3.1	2.4	2.7	2013-2017	1
2.39	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	50		38	21	2017	5
2.00	Children with Low Access to a Grocery Store	<i>percent</i>	7.8				2015	13
2.00	Grocery Store Density	<i>stores/1,000 population</i>	0.1				2014	13
2.00	SNAP Certified Stores	<i>stores/1,000 population</i>	0.5				2016	13
1.94	Adults 20+ who are Obese	<i>percent</i>	31.9	30.5	28.8	28.5	2015	4

1.83	Farmers Market Density	<i>markets/1,000 population</i>	0				2016	13
1.83	People with Low Access to a Grocery Store	<i>percent</i>	25.8				2015	13
1.50	Access to Exercise Opportunities	<i>percent</i>	75.8	82.3	83.9		2019	4
1.50	Recreation and Fitness Facilities	<i>facilities/1,000 population</i>	0.1				2014	13
1.25	Health Behaviors Ranking	<i>ranking</i>	32				2019	4
1.22	Fast Food Restaurant Density	<i>restaurants/1,000 population</i>	0.5				2014	13
1.17	Low-Income and Low Access to a Grocery Store	<i>percent</i>	3.4				2015	13
1.17	People 65+ with Low Access to a Grocery Store	<i>percent</i>	1.5				2015	13
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1				2015	13
0.56	Food Environment Index		9.2	8.9	7.7		2019	4
0.39	Child Food Insecurity Rate	<i>percent</i>	10.1	13.2	17		2017	5
0.17	Food Insecurity Rate	<i>percent</i>	6.3	10.2	12.5		2017	5

SCORE	HEART DISEASE & STROKE	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.4		8.4	8.4	2017	3
2.39	Hyperlipidemia: Medicare Population	<i>percent</i>	45.5		41.1	40.7	2017	3
2.28	Ischemic Heart Disease: Medicare Population	<i>percent</i>	27.4		24.2	26.9	2017	3
2.00	Hypertension: Medicare Population	<i>percent</i>	60.3		59.5	57.1	2017	3
1.94	Stroke: Medicare Population	<i>percent</i>	4		3.8	3.8	2017	3
1.86	Age-Adjusted Death Rate due to Heart Disease	<i>deaths/100,000 population</i>	140.1		133.1	92.9	2017	18
1.61	Heart Failure: Medicare Population	<i>percent</i>	13.1		12.5	13.9	2017	3
1.14	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/100,000 population 35+ years</i>	35				2016	8
0.75	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/100,000 population</i>	27.5	34.8	31.8	37.6	2017	18

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.94	Hepatitis C Incidence Rate (18-30 years)	<i>cases/100,000 population</i>	179.7		140.9		2017	17
1.83	Tuberculosis Cases	<i>cases</i>	9				2015-2017	17

1.61	Lyme Disease Cases	<i>cases</i>	51				2015-2017	17
1.44	Syphilis Incidence Rate: Early Stage	<i>cases/ 100,000 population</i>	4.9	12.8			2016	17
1.42	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	336.6	471.6	497.3		2016	17
1.33	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	6.2	10.6			2017	17
1.19	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	62.7	131.8	145.8		2016	17
0.75	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	10.5	10.5	14.3		2017	18

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.03	Mothers who Received Early Prenatal Care	<i>percent</i>	85.7	77.9	80.5	77.1	2016	18
1.00	Teen Pregnancy Rate	<i>pregnancies/ 1,000 females aged 15-17</i>	4.7	36.2	8.1		2017	18
0.89	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	4	6	5.3		2017	18
0.86	Non-Marital Births	<i>percent</i>	29.7		34.6	39.8	2017	18
0.69	Babies with Low Birth Weight	<i>percent</i>	6.5	7.8	8.4	8.3	2017	18
0.64	Babies with Very Low Birth Weight	<i>percent</i>	1.2	1.4	1.5	1.4	2017	18
0.64	Teen Birth Rate	<i>live births/ 1,000 females under 20 years</i>	5.3		7.6	9.6	2017	18

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.36	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	44.9		23.9	31	2017	18
1.78	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	10.3		10.2	10.9	2017	3
1.33	Depression: Medicare Population	<i>percent</i>	15.2		16.6	17.9	2017	3
0.58	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	7.9	10.2	11.8	14	2017	18
0.50	Frequent Mental Distress	<i>percent</i>	9.8		11	15	2016	4

SCORE	OLDER ADULTS & AGING	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.4		8.4	8.4	2017	3
2.39	Hyperlipidemia: Medicare Population	<i>percent</i>	45.5		41.1	40.7	2017	3
2.36	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	44.9		23.9	31	2017	18

2.28	Ischemic Heart Disease: Medicare Population	<i>percent</i>	27.4	24.2	26.9	2017	3
2.17	Cancer: Medicare Population	<i>percent</i>	8.6	8.6	8.2	2017	3
2.00	Hypertension: Medicare Population	<i>percent</i>	60.3	59.5	57.1	2017	3
1.94	Asthma: Medicare Population	<i>percent</i>	5.2	5.4	5.1	2017	3
1.94	Stroke: Medicare Population	<i>percent</i>	4	3.8	3.8	2017	3
1.78	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	10.3	10.2	10.9	2017	3
1.78	Diabetes: Medicare Population	<i>percent</i>	28.4	27.8	27.2	2017	3
1.67	Chronic Kidney Disease: Medicare Population	<i>percent</i>	23.1	23.4	24	2017	3
1.67	Diabetic Monitoring: Medicare Population	<i>percent</i>	85.1	87.6	85.7	2015	10
1.61	Heart Failure: Medicare Population	<i>percent</i>	13.1	12.5	13.9	2017	3
1.33	Depression: Medicare Population	<i>percent</i>	15.2	16.6	17.9	2017	3
1.33	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	30.3	32.6	33.1	2017	3
1.17	People 65+ with Low Access to a Grocery Store	<i>percent</i>	1.5			2015	13
0.94	COPD: Medicare Population	<i>percent</i>	9.8	10.7	11.7	2017	3
0.94	Osteoporosis: Medicare Population	<i>percent</i>	5	6	6.4	2017	3
0.50	People 65+ Living Alone	<i>percent</i>	15.9	25.6	26.2	2013-2017	1
0.17	People 65+ Living Below Poverty Level	<i>percent</i>	3.8	7.4	9.3	2013-2017	1

SCORE	OTHER CHRONIC DISEASES	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.67	Chronic Kidney Disease: Medicare Population	<i>percent</i>	23.1		23.4	24	2017	3
1.33	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	30.3		32.6	33.1	2017	3
0.94	Osteoporosis: Medicare Population	<i>percent</i>	5		6	6.4	2017	3

SCORE	PUBLIC SAFETY	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.61	Child Abuse Rate	<i>cases/1,000 children</i>	1.6		0		2017	19
1.61	Deaths due to Homicide	<i>deaths</i>	13				2015-2017	17
1.58	Violent Crime Rate	<i>crimes/100,000 population</i>	196.9		207	386.5	2014-2016	4
1.22	Alcohol-Impaired Driving Deaths	<i>percent</i>	28.3		31.1	28.6	2013-2017	4

SCORE	RESPIRATORY DISEASES	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.06	Lung and Bronchus Cancer Incidence Rate	<i>cases/100,000 population</i>	74		58.9	60.2	2011-2015	6
1.94	Asthma: Medicare Population	<i>percent</i>	5.2		5.4	5.1	2017	3
1.83	Tuberculosis Cases	<i>cases</i>	9				2015-2017	17
1.56	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/100,000 population</i>	49.7	45.5	44	43.4	2011-2015	6
0.94	COPD: Medicare Population	<i>percent</i>	9.8		10.7	11.7	2017	3
0.75	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/100,000 population</i>	19.9		29.8	40.9	2017	18
0.75	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/100,000 population</i>	10.5		10.5	14.3	2017	18

SCORE	SOCIAL ENVIRONMENT	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Mean Travel Time to Work	<i>minutes</i>	40.9		28.2	26.4	2013-2017	1
2.61	Social Associations	<i>membership associations/10,000 population</i>	5.8		11.2	9.3	2016	4
1.61	Child Abuse Rate	<i>cases/1,000 children</i>	1.6		0		2017	19
1.25	Social and Economic Factors Ranking	<i>ranking</i>	12				2019	4
0.89	Voter Turnout: Presidential Election	<i>percent</i>	83.4		72.8		2016	20
0.83	Households with One or More Types of Computing Devices	<i>percent</i>	95.5		88.6	87.2	2013-2017	1
0.61	Homeownership	<i>percent</i>	72.6		59.3	56	2013-2017	1
0.56	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	38.7		37.6	30.9	2013-2017	1
0.56	Per Capita Income	<i>dollars</i>	39158		36268	31177	2013-2017	1
0.50	Households with an Internet Subscription	<i>percent</i>	91.8		80.7	78.7	2013-2017	1
0.50	People 25+ with a High School Degree or Higher	<i>percent</i>	93.7		89	87.3	2013-2017	1
0.50	People 65+ Living Alone	<i>percent</i>	15.9		25.6	26.2	2013-2017	1
0.50	Single-Parent Households	<i>percent</i>	21.6		29.8	33.3	2013-2017	1
0.39	Children Living Below Poverty Level	<i>percent</i>	6.4		14.9	20.3	2013-2017	1
0.39	Median Household Income	<i>dollars</i>	103005		68766	57652	2013-2017	1
0.17	People Living Below Poverty Level	<i>percent</i>	4.7		11.2	14.6	2013-2017	1

SCORE	SUBSTANCE ABUSE	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Adults who Drink Excessively	percent	19.3	25.4	17.4	18	2016	4
2.00	Emergency Department Admission Rate due to Heroin	admissions/100,000 population	37.4		18.9		2017	17
1.33	Death Rate due to Drug Poisoning	deaths/100,000 population	14.6		15.6	19.2	2015-2017	4
1.28	Death Rate due to Fentanyl and/or Heroin Overdose	deaths/100,000 population	6.9		11		2017	17
1.28	Death Rate due to Prescription Opioid Overdose	deaths/100,000 population	4.8		5.9		2017	17
1.25	Health Behaviors Ranking	ranking	32				2019	4
1.22	Alcohol-Impaired Driving Deaths	percent	28.3		31.1	28.6	2013-2017	4
1.17	Emergency Department Admission Rate due to Opioids	admissions/100,000 population	80.4		102		2017	17
0.83	Adults who Smoke	percent	14.2	12	15.3	17	2016	4
0.39	Liquor Store Density	stores/100,000 population	2.8		5.4	10.5	2016	12

SCORE	TRANSPORTATION	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Workers who Walk to Work	percent	0.9	3.1	2.4	2.7	2013-2017	1
2.61	Mean Travel Time to Work	minutes	40.9		28.2	26.4	2013-2017	1
2.61	Solo Drivers with a Long Commute	percent	53.6		39.4	35.2	2013-2017	4
1.39	Workers Commuting by Public Transportation	percent	4.1	5.5	4.4	5.1	2013-2017	1
1.00	Households with No Car and Low Access to a Grocery Store	percent	1				2015	13
0.94	Workers who Drive Alone to Work	percent	74.5		77.3	76.4	2013-2017	1
0.39	Households without a Vehicle	percent	2		6.3	8.8	2013-2017	1

SCORE	WELLNESS & LIFESTYLE	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Insufficient Sleep	percent	37.8		36.3	38	2016	4
1.25	Morbidity Ranking	ranking	19				2019	4
0.83	Life Expectancy	years	80.5		79.4	79.1	2015-2017	4
0.50	Frequent Physical Distress	percent	9		10.7	15	2016	4

SCORE	WOMEN'S HEALTH	UNITS	STAFFORD COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.39	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	25.2	20.7	21.8	20.9	2011-2015	6
1.94	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	129.8		127.9	124.7	2011-2015	6
0.86	Non-Marital Births	<i>percent</i>	29.7		34.6	39.8	2017	18
0.47	Cervical Cancer Incidence Rate	<i>Farmers Market Density</i>	4.9	7.3	6.2	7.5	2011-2015	6

WESTMORELAND COUNTY

DATA SCORING APPENDIX: TOPIC SCORES

HEALTH AND QUALITY OF LIFE TOPICS	SCORE
Cancer	2.26
Access to Health Services	2.15
Heart Disease & Stroke	2.14
Transportation	2.00
Substance Abuse	1.91
Respiratory Diseases	1.90
Women's Health	1.88
Maternal, Fetal & Infant Health	1.75
Public Safety	1.73
Older Adults & Aging	1.72
Wellness & Lifestyle	1.52
Education	1.45
Social Environment	1.43
Other Chronic Diseases	1.43
Diabetes	1.38
Environment	1.35
Exercise, Nutrition, & Weight	1.32
Children's Health	1.24
Economy	1.22
Immunizations & Infectious Diseases	1.10
Mental Health & Mental Disorders	1.07

WESTMORELAND COUNTY

DATA SCORING APPENDIX: INDICATOR SCORES BY TOPIC

SCORE	ACCESS TO HEALTH SERVICES	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Dentist Rate	<i>dentists/100,000 population</i>	5.6		67.9	68.4	2017	3
2.61	Non-Physician Primary Care Provider Rate	<i>providers/100,000 population</i>	11.3		83.9	88.2	2018	3
2.61	Primary Care Provider Rate	<i>providers/100,000 population</i>	11.4		76.4	75.4	2016	3
1.97	Adults with Health Insurance: 18-64	<i>percent</i>	84.4	100	87.9		2017	8
1.83	Preventable Hospital Stays: Medicare Population	<i>discharges/1,000 Medicare enrollees</i>	53.9		42.8	49.4	2015	9
1.75	Clinical Care Ranking	<i>ranking</i>	120				2019	3
1.47	Children with Health Insurance	<i>percent</i>	94.1	100	95		2017	8

SCORE	CANCER	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.78	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/100,000 females</i>	27.6	20.7	21.8	20.9	2011-2015	5
2.78	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/100,000 population</i>	19	14.5	14	14.5	2011-2015	5
2.78	Colorectal Cancer Incidence Rate	<i>cases/100,000 population</i>	48.9	39.9	36	39.2	2011-2015	5
2.61	Age-Adjusted Death Rate due to Cancer	<i>deaths/100,000 population</i>	197.5	161.4	163.8	163.5	2011-2015	5
2.61	Lung and Bronchus Cancer Incidence Rate	<i>cases/100,000 population</i>	81.7		58.9	60.2	2011-2015	5
2.61	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/100,000 population</i>	19.3		11	11.6	2011-2015	5
2.50	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/100,000 population</i>	59	45.5	44	43.4	2011-2015	5
2.44	Cancer: Medicare Population	<i>percent</i>	9.3		8.6	8.2	2017	2
2.44	Prostate Cancer Incidence Rate	<i>cases/100,000 males</i>	120.9		102.8	109	2011-2015	5
2.28	All Cancer Incidence Rate	<i>cases/100,000 population</i>	467.5		414.3	441.2	2011-2015	5
2.17	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/100,000 males</i>	35	21.8	26.3		2004-2008	5
0.94	Melanoma Incidence Rate	<i>cases/100,000 population</i>	17.2		19	21.3	2011-2015	5
0.50	Breast Cancer Incidence Rate	<i>cases/100,000 females</i>	105.7		127.9	124.7	2011-2015	5

SCORE	CHILDREN'S HEALTH	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.36	Non-Marital Births	percent	54.1		34.6	39.8	2017	17
1.67	Child Abuse Rate	cases/1,000 children	3.4		0		2017	18
1.47	Children with Health Insurance	percent	94.1	100	95		2017	8
1.17	Children with Low Access to a Grocery Store	percent	1.3				2015	12
0.61	Food Insecure Children Likely Ineligible for Assistance	percent	8		38	21	2017	4
0.17	Child Food Insecurity Rate	percent	11		13.2	17	2017	4

SCORE	DIABETES	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.94	Diabetic Monitoring: Medicare Population	percent	85.9		87.6	85.7	2015	9
1.78	Diabetes: Medicare Population	percent	28.6		27.8	27.2	2017	2
0.42	Age-Adjusted Death Rate due to Diabetes	deaths/100,000 population	12.8		17.6	21.5	2017	17

SCORE	ECONOMY	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Students Eligible for the Free Lunch Program	percent	66.4		35	40.4	2016-2017	6
2.50	Persons with Disability Living in Poverty (5-year)	percent	35.3		23.3	27.1	2013-2017	1
2.50	Renters Spending 30% or More of Household Income on Rent	percent	59.6		48.9	50.6	2013-2017	1
2.39	Homeowner Vacancy Rate	percent	5.1		1.6	1.7	2013-2017	1
2.06	Homeownership	percent	52.4		59.3	56	2013-2017	1
1.72	Unemployed Workers in Civilian Labor Force	percent	3.3		2.5	3.3	April 2019	10
1.61	Income Inequality		0.5		0.5	0.5	2013-2017	1
1.58	Social and Economic Factors Ranking	ranking	80				2019	3
1.56	Median Household Income	dollars	55688		68766	57652	2013-2017	1
1.50	Households that are Below the Poverty Threshold	percent	11.7		10.9		2016	14
1.33	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	percent	59.7		59.1		2016	14

1.33	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	28.7	30		2016	14
1.17	Low-Income and Low Access to a Grocery Store	<i>percent</i>	2.1			2015	12
1.06	SNAP Certified Stores	<i>stores/1,000 population</i>	1.2			2016	12
1.00	People Living 200% Above Poverty Level	<i>percent</i>	69.8	74	67.2	2013-2017	1
1.00	Per Capita Income	<i>dollars</i>	32265	36268	31177	2013-2017	1
0.83	Food Insecurity Rate	<i>percent</i>	10.8	10.2	12.5	2017	4
0.83	Households with Supplemental Security Income	<i>percent</i>	4.1	4.2	5.4	2013-2017	1
0.72	People 65+ Living Below Poverty Level	<i>percent</i>	6.8	7.4	9.3	2013-2017	1
0.72	Severe Housing Problems	<i>percent</i>	12.7	15.2	18.4	2011-2015	3
0.61	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	8	38	21	2017	4
0.56	People Living Below Poverty Level	<i>percent</i>	9.5	11.2	14.6	2013-2017	1
0.50	Poverty Status by School Enrollment	<i>percent</i>	4.7	11	15.1	2013-2017	1
0.39	Children Living Below Poverty Level	<i>percent</i>	4	14.9	20.3	2013-2017	1
0.39	Households with Cash Public Assistance Income	<i>percent</i>	1.2	2	2.6	2013-2017	1
0.17	Child Food Insecurity Rate	<i>percent</i>	11	13.2	17	2017	4
0.17	Families Living Below Poverty Level	<i>percent</i>	5.6	7.8	10.5	2013-2017	1

SCORE	EDUCATION	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	4th Grade Students Proficient in Math	<i>percent</i>	67.4		79.4		2017-2018	15
2.11	4th Grade Students Proficient in Reading	<i>percent</i>	68.2		76.4		2017-2018	15
1.89	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	21.1		37.6	30.9	2013-2017	1
1.33	People 25+ with a High School Degree or Higher	<i>percent</i>	86.4		89	87.3	2013-2017	1
1.22	8th Grade Students Proficient in Reading	<i>percent</i>	78.2		77.3		2017-2018	15
1.11	8th Grade Students Proficient in Math	<i>percent</i>	73.2		62.6		2017-2018	15
0.94	High School Graduation	<i>percent</i>	93.3	87	91.6		2018	15
0.89	Student-to-Teacher Ratio	<i>students/teacher</i>	13.7		15.1	16.5	2016-2017	6

SCORE	ENVIRONMENT	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Access to Exercise Opportunities	percent	44.8		82.3	83.9	2019	3
2.06	Liquor Store Density	stores/100,000 population	11.4		5.4	10.5	2016	11
1.67	Recreation and Fitness Facilities	facilities/1,000 population	0.1				2014	12
1.61	Months of Mild Drought or Worse	months per year	8				2016	7
1.61	Number of Extreme Heat Days	days	28				2016	7
1.61	Number of Extreme Heat Events	events	5				2016	7
1.61	Recognized Carcinogens Released into Air	pounds	7				2017	13
1.58	Physical Environment Ranking	ranking	86				2019	3
1.50	Households with No Car and Low Access to a Grocery Store	percent	2.8				2015	12
1.44	Daily Dose of UV Irradiance	Joule per square meter	2645		2710		2015	7
1.39	Number of Extreme Precipitation Days	days	137				2016	7
1.39	PBT Released	pounds	3				2017	13
1.17	Children with Low Access to a Grocery Store	percent	1.3				2015	12
1.17	Low-Income and Low Access to a Grocery Store	percent	2.1				2015	12
1.17	People 65+ with Low Access to a Grocery Store	percent	1.2				2015	12
1.17	People with Low Access to a Grocery Store	percent	5.8				2015	12
1.06	Houses Built Prior to 1950	percent	13.1		12.1	18	2013-2017	1
1.06	SNAP Certified Stores	stores/1,000 population	1.2				2016	12
1.00	Grocery Store Density	stores/1,000 population	0.3				2014	12
0.89	Farmers Market Density	markets/1,000 population	0.1				2016	12
0.89	Fast Food Restaurant Density	restaurants/1,000 population	0.2				2014	12
0.89	Food Environment Index		8.5		8.9	7.7	2019	3
0.72	Severe Housing Problems	percent	12.7		15.2	18.4	2011-2015	3

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Adults 20+ who are Obese	percent	33.8	30.5	28.8	28.5	2015	3
2.61	Workers who Walk to Work	percent	1	3.1	2.4	2.7	2013-2017	1
2.50	Access to Exercise Opportunities	percent	44.8		82.3	83.9	2019	3
1.67	Recreation and Fitness Facilities	facilities/1,000 population	0.1				2014	12
1.58	Health Behaviors Ranking	ranking	96				2019	3
1.50	Households with No Car and Low Access to a Grocery Store	percent	2.8				2015	12
1.17	Children with Low Access to a Grocery Store	percent	1.3				2015	12
1.17	Low-Income and Low Access to a Grocery Store	percent	2.1				2015	12
1.17	People 65+ with Low Access to a Grocery Store	percent	1.2				2015	12
1.17	People with Low Access to a Grocery Store	percent	5.8				2015	12
1.06	SNAP Certified Stores	stores/1,000 population	1.2				2016	12
1.00	Grocery Store Density	stores/1,000 population	0.3				2014	12
0.89	Farmers Market Density	markets/1,000 population	0.1				2016	12
0.89	Fast Food Restaurant Density	restaurants/1,000 population	0.2				2014	12
0.89	Food Environment Index		8.5		8.9	7.7	2019	3
0.83	Food Insecurity Rate	percent	10.8		10.2	12.5	2017	4
0.61	Food Insecure Children Likely Ineligible for Assistance	percent	8		38	21	2017	4
0.17	Child Food Insecurity Rate	percent	11		13.2	17	2017	4

SCORE	HEART DISEASE & STROKE	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Stroke: Medicare Population	percent	4.4		3.8	3.8	2017	2
2.44	Hypertension: Medicare Population	percent	65.2		59.5	57.1	2017	2
2.39	Hyperlipidemia: Medicare Population	percent	47.6		41.1	40.7	2017	2
2.28	Atrial Fibrillation: Medicare Population	percent	9.1		8.4	8.4	2017	2

2.28	Ischemic Heart Disease: Medicare Population	<i>percent</i>	27.7		24.2	26.9	2017	2
2.25	Age-Adjusted Death Rate due to Heart Disease	<i>deaths/ 100,000 population</i>	202.9		133.1	92.9	2017	17
1.92	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	36.8	34.8	31.8	37.6	2017	17
1.44	Heart Failure: Medicare Population	<i>percent</i>	12.8		12.5	13.9	2017	2
1.42	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	49.2				2016	7

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.61	Lyme Disease Cases	<i>cases</i>	4				2015-2017	16
1.28	Hepatitis C Incidence Rate (18-30 years)	<i>cases/ 100,000 population</i>	82.5		140.9		2017	16
1.19	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	79.4		131.8	145.8	2016	16
1.11	Syphilis Incidence Rate: Early Stage	<i>cases/ 100,000 population</i>	0		12.8		2016	16
0.97	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	368.7		471.6	497.3	2016	16
0.89	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	0		10.6		2017	16
0.64	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	6		10.5	14.3	2017	17

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.53	Babies with Low Birth Weight	<i>percent</i>	10.9	7.8	8.4	8.3	2017	17
2.53	Babies with Very Low Birth Weight	<i>percent</i>	2.7	1.4	1.5	1.4	2017	17
2.36	Non-Marital Births	<i>percent</i>	54.1		34.6	39.8	2017	17
1.64	Teen Birth Rate	<i>live births/ 1,000 females under 20 years</i>	9.2		7.6	9.6	2017	17
1.42	Mothers who Received Early Prenatal Care	<i>percent</i>	78.5	77.9	80.5	77.1	2016	17
1.06	Teen Pregnancy Rate	<i>pregnancies/ 1,000 females aged 15-17</i>	7.5	36.2	8.1		2017	17
0.72	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	0	6	5.3		2017	17

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.42	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	24.6		23.9	31	2017	17
1.28	Depression: Medicare Population	percent	16.2		16.6	17.9	2017	2
1.17	Frequent Mental Distress	percent	11.8		11	15	2016	3
0.86	Age-Adjusted Death Rate due to Suicide	deaths/100,000 population	9.7	10.2	11.8	14	2017	17
0.61	Alzheimer's Disease or Dementia: Medicare Population	percent	8.8		10.2	10.9	2017	2

SCORE	OLDER ADULTS & AGING	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Stroke: Medicare Population	percent	4.4		3.8	3.8	2017	2
2.44	Cancer: Medicare Population	percent	9.3		8.6	8.2	2017	2
2.44	Hypertension: Medicare Population	percent	65.2		59.5	57.1	2017	2
2.39	Hyperlipidemia: Medicare Population	percent	47.6		41.1	40.7	2017	2
2.28	Atrial Fibrillation: Medicare Population	percent	9.1		8.4	8.4	2017	2
2.28	Ischemic Heart Disease: Medicare Population	percent	27.7		24.2	26.9	2017	2
2.17	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	33.2		32.6	33.1	2017	2
1.94	COPD: Medicare Population	percent	12.3		10.7	11.7	2017	2
1.94	Diabetic Monitoring: Medicare Population	percent	85.9		87.6	85.7	2015	9
1.78	Diabetes: Medicare Population	percent	28.6		27.8	27.2	2017	2
1.78	People 65+ Living Alone	percent	26.8		25.6	26.2	2013-2017	1
1.50	Chronic Kidney Disease: Medicare Population	percent	22.3		23.4	24	2017	2
1.44	Asthma: Medicare Population	percent	5.1		5.4	5.1	2017	2
1.44	Heart Failure: Medicare Population	percent	12.8		12.5	13.9	2017	2
1.42	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	24.6		23.9	31	2017	17
1.28	Depression: Medicare Population	percent	16.2		16.6	17.9	2017	2
1.17	People 65+ with Low Access to a Grocery Store	percent	1.2				2015	12

0.72	People 65+ Living Below Poverty Level	<i>percent</i>	6.8	7.4	9.3	2013-2017	1
0.61	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	8.8	10.2	10.9	2017	2
0.61	Osteoporosis: Medicare Population	<i>percent</i>	3.7	6	6.4	2017	2

SCORE	OTHER CHRONIC DISEASES	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	33.2		32.6	33.1	2017	2
1.50	Chronic Kidney Disease: Medicare Population	<i>percent</i>	22.3		23.4	24	2017	2
0.61	Osteoporosis: Medicare Population	<i>percent</i>	3.7		6	6.4	2017	2

SCORE	PUBLIC SAFETY	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Alcohol-Impaired Driving Deaths	<i>percent</i>	40		31.1	28.6	2013-2017	3
1.67	Child Abuse Rate	<i>cases/1,000 children</i>	3.4		0		2017	18
1.03	Violent Crime Rate	<i>crimes/100,000 population</i>	139.1		207	386.5	2014-2016	3

SCORE	RESPIRATORY DISEASES	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Lung and Bronchus Cancer Incidence Rate	<i>cases/100,000 population</i>	81.7		58.9	60.2	2011-2015	5
2.50	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/100,000 population</i>	59	45.5	44	43.4	2011-2015	5
2.25	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/100,000 population</i>	46.2		29.8	40.9	2017	17
1.94	COPD: Medicare Population	<i>percent</i>	12.3		10.7	11.7	2017	2
1.44	Asthma: Medicare Population	<i>percent</i>	5.1		5.4	5.1	2017	2
0.64	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/100,000 population</i>	6		10.5	14.3	2017	17

SCORE	SOCIAL ENVIRONMENT	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Mean Travel Time to Work	<i>minutes</i>	41.5		28.2	26.4	2013-2017	1
2.11	Voter Turnout: Presidential Election	<i>percent</i>	61.6		72.8		2016	19
2.06	Homeownership	<i>percent</i>	52.4		59.3	56	2013-2017	1

1.89	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	21.1	37.6	30.9	2013-2017	1
1.83	Households with One or More Types of Computing Devices	<i>percent</i>	81	88.6	87.2	2013-2017	1
1.78	People 65+ Living Alone	<i>percent</i>	26.8	25.6	26.2	2013-2017	1
1.67	Child Abuse Rate	<i>cases/1,000 children</i>	3.4	0		2017	18
1.67	Households with an Internet Subscription	<i>percent</i>	71.9	80.7	78.7	2013-2017	1
1.58	Social and Economic Factors Ranking	<i>ranking</i>	80			2019	3
1.56	Median Household Income	<i>dollars</i>	55688	68766	57652	2013-2017	1
1.33	People 25+ with a High School Degree or Higher	<i>percent</i>	86.4	89	87.3	2013-2017	1
1.00	Per Capita Income	<i>dollars</i>	32265	36268	31177	2013-2017	1
0.56	People Living Below Poverty Level	<i>percent</i>	9.5	11.2	14.6	2013-2017	1
0.50	Single-Parent Households	<i>percent</i>	23.4	29.8	33.3	2013-2017	1
0.39	Children Living Below Poverty Level	<i>percent</i>	4	14.9	20.3	2013-2017	1
0.39	Social Associations	<i>membership associations/10,000 population</i>	21	11.2	9.3	2016	3

SCORE	SUBSTANCE ABUSE	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Death Rate due to Drug Poisoning	<i>deaths/100,000 population</i>	41.5		15.6	19.2	2015-2017	3
2.50	Alcohol-Impaired Driving Deaths	<i>percent</i>	40		31.1	28.6	2013-2017	3
2.11	Death Rate due to Fentanyl and/or Heroin Overdose	<i>deaths/100,000 population</i>	17.1		11		2017	16
2.11	Death Rate due to Prescription Opioid Overdose	<i>deaths/100,000 population</i>	17.1		5.9		2017	16
2.06	Liquor Store Density	<i>stores/100,000 population</i>	11.4		5.4	10.5	2016	11
2.00	Adults who Smoke	<i>percent</i>	17.2	12	15.3	17	2016	3
2.00	Emergency Department Admission Rate due to Heroin	<i>admissions/100,000 population</i>	22.7		18.9		2017	16
1.83	Emergency Department Admission Rate due to Opioids	<i>admissions/100,000 population</i>	125.1		102		2017	16
1.58	Health Behaviors Ranking	<i>ranking</i>	96				2019	3
0.33	Adults who Drink Excessively	<i>percent</i>	14.8	25.4	17.4	18	2016	3

SCORE	TRANSPORTATION	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Mean Travel Time to Work	minutes	41.5		28.2	26.4	2013-2017	1
2.61	Solo Drivers with a Long Commute	percent	54.9		39.4	35.2	2013-2017	3
2.61	Workers who Walk to Work	percent	1	3.1	2.4	2.7	2013-2017	1
2.11	Workers Commuting by Public Transportation	percent	0.5	5.5	4.4	5.1	2013-2017	1
1.61	Workers who Drive Alone to Work	percent	78.8		77.3	76.4	2013-2017	1
1.50	Households with No Car and Low Access to a Grocery Store	percent	2.8				2015	12
0.94	Households without a Vehicle	percent	5.6		6.3	8.8	2013-2017	1

SCORE	WELLNESS & LIFESTYLE	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Life Expectancy	years	76.8		79.4	79.1	2015-2017	3
1.58	Morbidity Ranking	ranking	91				2019	3
1.33	Frequent Physical Distress	percent	11.2		10.7	15	2016	3
1.33	Insufficient Sleep	percent	35		36.3	38	2016	3

SCORE	WOMEN'S HEALTH	UNITS	WESTMORELAND COUNTY	HP2020	VIRGINIA	U.S.	MEASUREMENT PERIOD	SOURCE
2.78	Age-Adjusted Death Rate due to Breast Cancer	deaths/100,000 females	27.6	20.7	21.8	20.9	2011-2015	5
2.36	Non-Marital Births	percent	54.1		34.6	39.8	2017	17
0.50	Breast Cancer Incidence Rate	cases/100,000 females	105.7		127.9	124.7	2011-2015	5

SOCIONEEDS INDEX®

BACKGROUND

Community health improvement efforts must determine what sub-populations are most in need in order to most effectively focus services and interventions. While health data is essential in identifying disparities, limitations in the granularity of health indicators limit their utility in identifying relative need. Many measures of population health are published at the state and county level and are rarely available for sub-county geographies.

Social and economic indicators for which estimates are available at the sub-county level can provide insight as to what populations are most in need. Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity, and cancer. The correlation between socioeconomic status and health has been well documented¹.

HCI advises that social and economic factors be considered when assessing community health needs, but recognizes the complicated nature of analyzing a large number of inter-related indicators with various levels of impact on health outcomes. In order to summarize socioeconomic indicators in a way that is meaningful to understanding community health needs for specific zip codes, HCI has developed the SocioNeeds Index.

SELECTION AND WEIGHTING OF INDEX COMPONENTS

Social and economic estimates for 2019 were obtained for all U.S. counties and zip codes from the Claritas 2019 population estimates. Components considered for inclusion in the index were selected based on the strength of their Pearson correlation coefficient with premature death outcomes at the county level. The components of the SocioNeeds Index are listed in the table below.

TOPIC	INDICATOR
Income	Average Household Income
Poverty	Families Below Poverty
Unemployment	Percent of Civilian Labor Force Unemployed
Occupation	Percent of Employed Civilian Population in White Collar Occupation
Education	Population 25+ with a High School Degree or Higher
Language	Population 5+ that Speaks Only English at Home

PRESENTATION OF INDEX VALUES WITHIN A COMMUNITY

Final index values range from 0-100, representing the percentile of each zip code among all U.S. zip codes. For counties, the 0-100 index value represents the percentile of each county among all U.S. counties. Within the community, the index values are grouped into five ranks, where a low rank represents a low level of need and a high rank represents a high level of need. These ranks are determined using natural breaks classification, which groups the zip codes or counties into clusters based on similar index values. This method minimizes the variance within a rank, and maximizes the variance between ranks. All zip codes with a population of over 300 persons, as reported by Claritas estimates, are included in the SocioNeeds Index. Those with populations under 300 persons are excluded.

DATA

The tables on the following pages present the Socionees Index by zip-codes for Rappahannock Region.

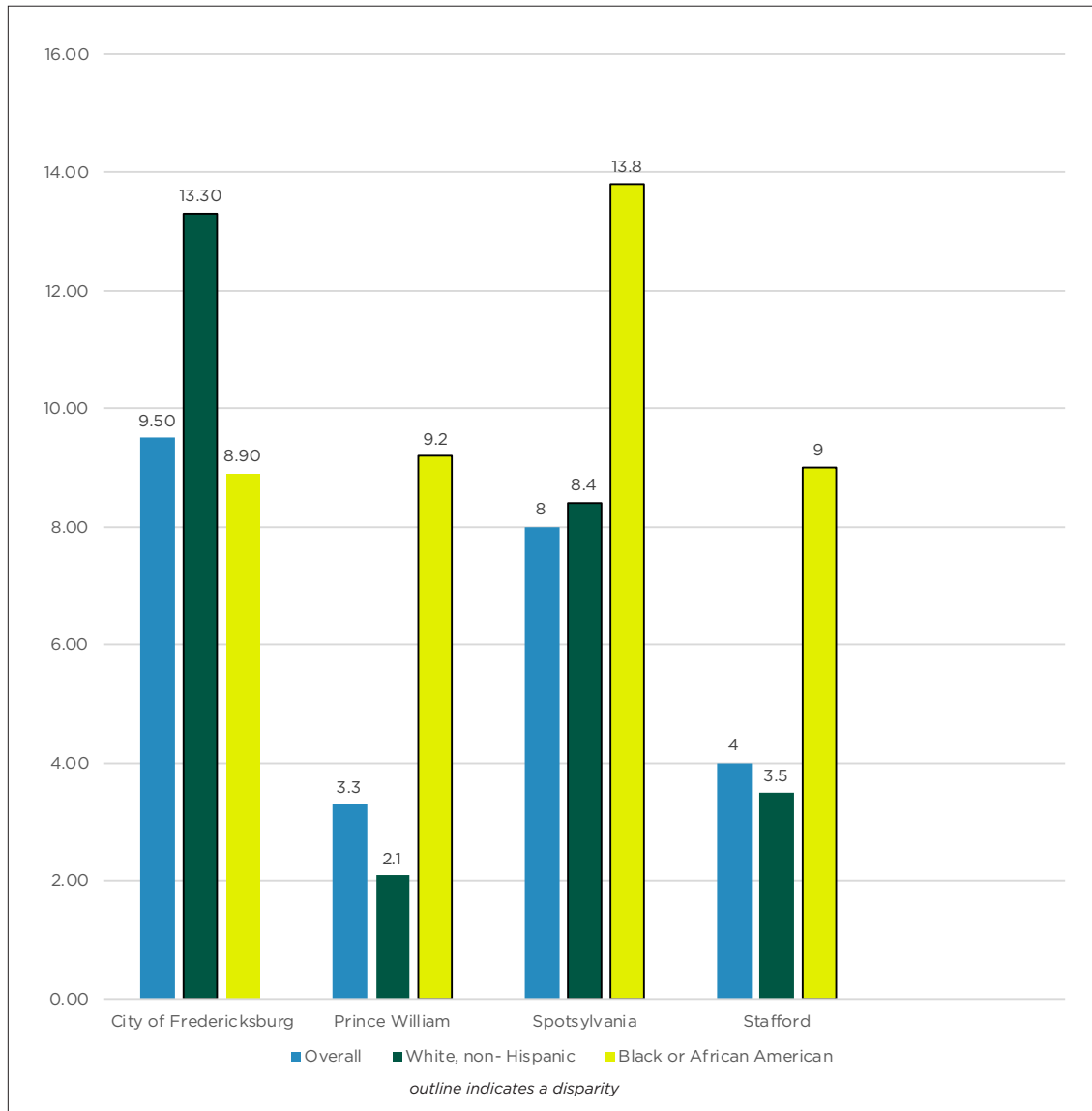
ZIP CODE	SOCIO NEEDS		POPULATION	COUNTY
	INDEX	RANK		
22488	80.1	5	1,328	Westmoreland
22469	71.9	5	2,084	Westmoreland
22572	70.2	5	7,197	Westmoreland
22960	65.9	5	11,018	Orange
20109	62.4	5	42,917	Prince William
22427	57	4	3,389	Caroline
22534	56.2	4	2,872	Spotsylvania
22580	55.2	4	5,372	Caroline
22514	55	4	2,433	Caroline
23117	52.1	4	10,551	Spotsylvania
22733	51.3	4	2,374	Orange
22172	50.3	4	11,397	Prince William
22535	50	4	816	Caroline
22546	49.3	4	16,915	Caroline
22942	46.6	4	9,242	Orange
22701	46	4	35,976	Orange
22567	45.8	4	3,125	Orange
22542	45	4	2,166	Orange
23024	45	4	9,099	Spotsylvania
22401	43.9	4	27,958	City of Fredericksburg
20110	41.5	4	48,432	Prince William
22191	40.5	3	70,531	Prince William
20111	39	3	36,816	Prince William
22443	38.4	3	8,529	Westmoreland
22538	35.1	3	307	Caroline
22520	35	3	5,484	Westmoreland

APPENDIX E **SOCIONEEDS INDEX**

22026	33.8	3	18,388	Prince William
22448	32.1	3	717	King George
22134	30.8	3	7,269	Prince William
22923	28.9	3	5,614	Orange
22193	28.4	3	81,282	Prince William
22972	28.4	3	353	Orange
23069	28.4	3	3,403	Caroline
22551	26.4	3	20,511	Spotsylvania
23015	23.6	2	4,842	Caroline
22408	18	2	30,771	Spotsylvania
22407	17.9	2	60,671	Spotsylvania
22508	16.7	2	13,952	Orange
23047	16.1	2	2,174	Caroline
22485	14.7	2	25,801	King George
22192	14.3	2	57,704	Prince William
22553	11.5	2	15,340	Spotsylvania
22405	9.3	1	32,218	Stafford
22406	9.2	1	26,192	Stafford
20119	8.3	1	4,421	Prince William
22556	5.8	1	30,121	Stafford
20181	4.6	1	8,959	Prince William
22554	4.5	1	60,197	Stafford
20136	4.3	1	33,890	Prince William
22025	3.4	1	19,525	Prince William
20155	3.3	1	36,029	Prince William
20112	2.3	1	28,765	Prince William
20137	1.8	1	1,978	Prince William
20169	1.6	1	27,190	Prince William
20143	0.8	1	1,128	Prince William

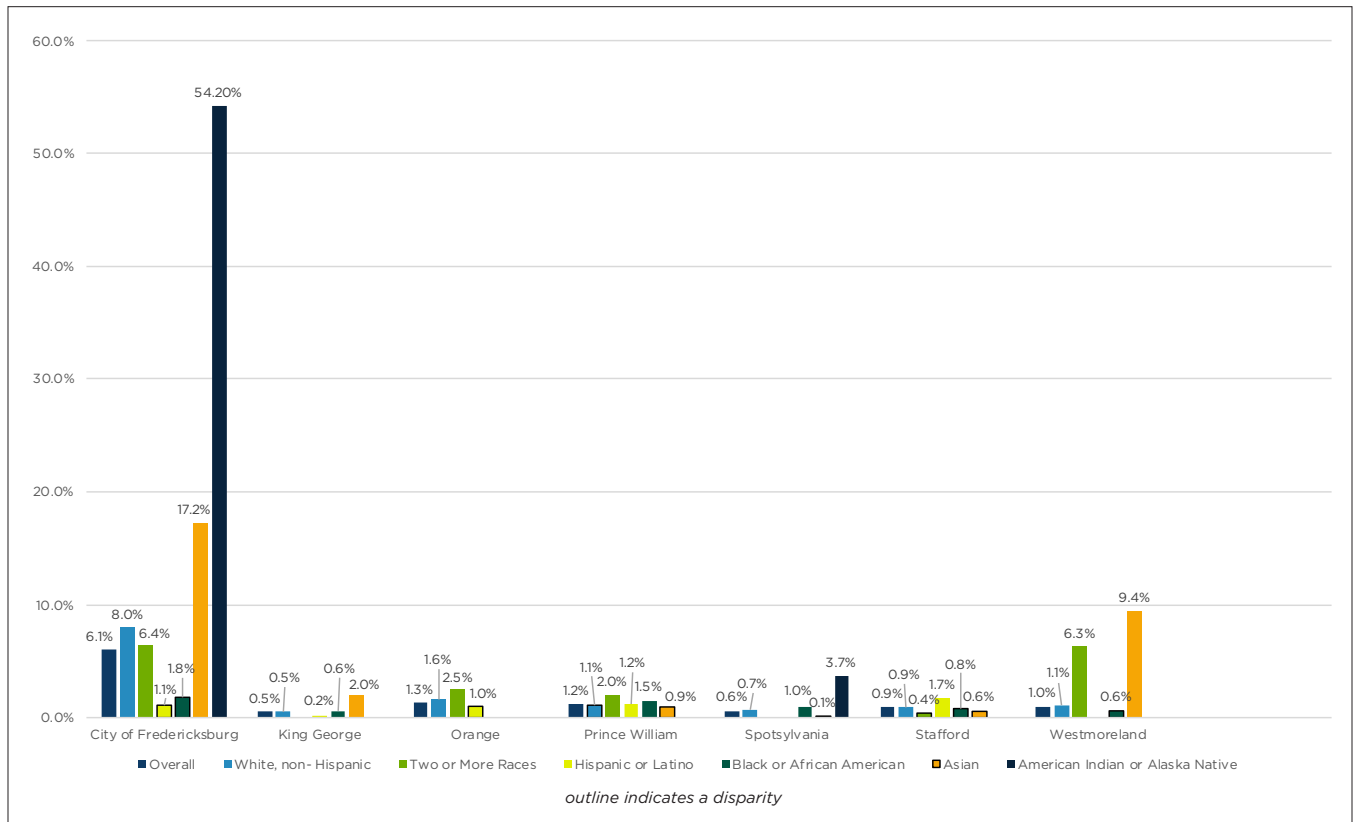
DISPARITIES

FIGURE 17. INFANT MORTALITY RATE



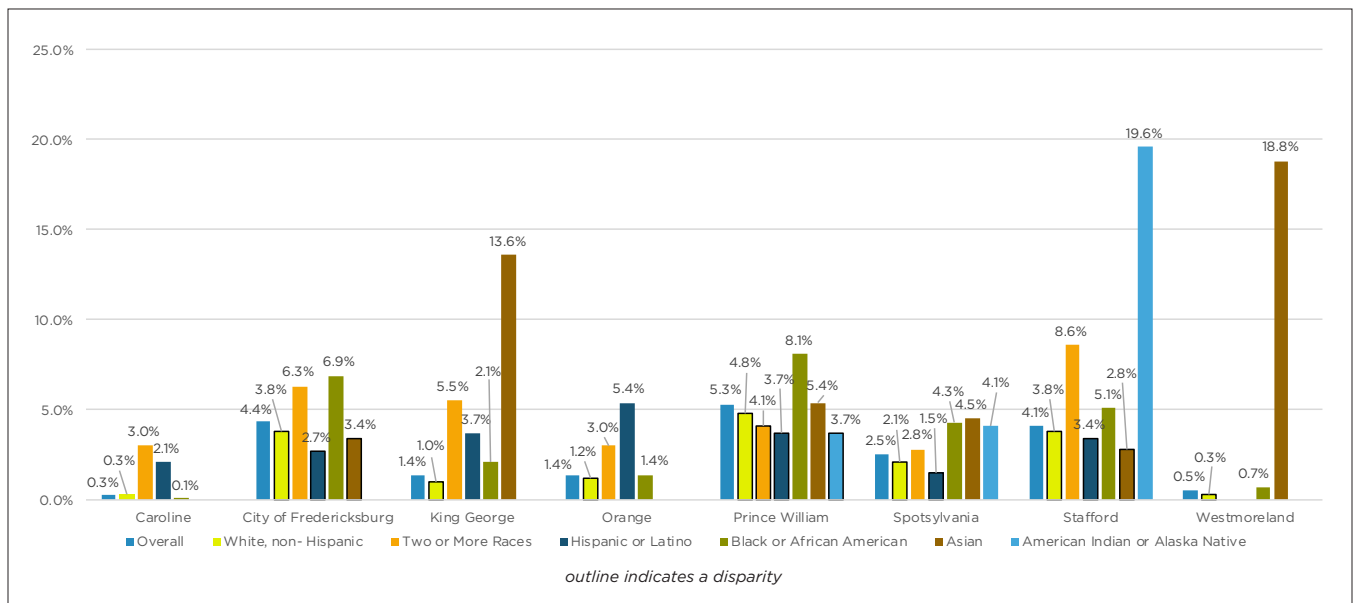
Virginia Department of Health, Division of Health Statistics

FIGURE 18. RACE/ETHNIC DISPARITIES FOR WORKERS WHO WALK TO WORK



American Community Survey

FIGURE 19. RACE/ETHNIC DISPARITIES FOR WORKERS COMMUTING BY PUBLIC TRANSPORTATION



American Community Survey