UVA Health Culpeper Medical Center

Community Health Needs Assessment
Culpeper, Orange, Madison, Fauquier counties
Virginia 2023-2025

Approved by the UVA Community Health Unified Community Board on November 28, 2023

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I. Introduction

UVA Health Culpeper Medical Center (CPMC), in partnership with the Culpeper Wellness Foundation, Fauquier Health, PATH Foundation, and Rappahannock Rapidan Health District conducted a Community Health Needs Assessment (CHNA) in 2023 to determine the most pressing health needs in the community. The assessment identifies significant health needs of vulnerable populations in the Piedmont Region. UVA Health Culpeper Medical Center will strengthen the community's health by offering health and wellness programming, clinical services, and financial support in response to the specific health needs identified.

a. Organizational overview

On July 1, 2021, UVA Health Culpeper Medical Center became part of UVA Health along with two additional medical centers located in greater Prince William and Haymarket. This means that our combined network of physician offices, outpatient facilities and medical centers are aligned with UVA Medical Center in Charlottesville – an academic health system that includes four hospitals across Virginia along with the UVA School of Medicine, UVA School of Nursing, UVA Physicians Group and the Claude Moore Health Sciences Library.

UVA Health exists to transform health and inspire hope for all Virginians and beyond.
Our employees and physician partners strive every day to bring our mission, vision and values to life. We demonstrate this commitment to our patients by working together to be the nation's leading public academic health system and best place to work – while transforming patient care, research, education and engagement in the diverse communities we serve.

Our organization:

- Maintains an active community health outreach program
- Demonstrates superior outcomes for many health conditions as indicated by our state and national quality scores
- Develops nationally recognized innovative programs that address significant health issues
- Seek partnerships that aim to reduce health inequities
- Invests in non-profit organizations that address identified health needs
- Is committed to its responsibility to work with community organizations and governmental agencies to make our communities better places to live, work and play.

UVA Health Culpeper Medical Center (formerly Novant Health UVA Health System Culpeper Medical Center) is a 70-bed acute care community hospital with a comprehensive offering of services. This includes a 24/7 emergency department, a family birth center, and comprehensive specialty services. We bring together world-class technology and clinicians to provide a high-quality healthcare experience so patients can focus on healing and wellness.

b. Our defined community

UVA Health Culpeper Medical Center defines the community it serves by the zip codes representing the hospital's in-patient population outlined below.

Zip Code	City/Town	County/Jurisdiction
22701	Culpeper	Culpeper County
20106	Amissiville	Culpeper County
22724	Jeffersonton	Culpeper County
22713	Boston	Culpeper County
20186	Warrenton	Fauquier County
22960	Orange	Orange County
22727	Madison	Madison County

A comparison of county data from each geographic area from which the hospital draws its patients was conducted. Based on county populations, comparison of race/ethnicity, median income, educational attainment, persons in poverty and foreign-born individuals, Piedmont Region residents represents the highest population of potentially underserved, low-income and minority individuals.

The table below is a demographic profile of the region as of 2021 unless otherwise noted.

Demographic Snapshot Profile					
Indicator (Note: All definitions from US Census Bureau)	**Culpeper**	**Fauquier**	**Madison**	**Orange County**	**Virginia**
2021 Total Population	52,021	72,416	13,731	36,001	8,582,479
Age					
2021 Median Age	34.6	32.7	35.6	43.2	39.2
2021 Child Population (Age <18)	24.6%	23.3%	20.6%	18.7%	24.0%
2021 Working-Age Population (Age 18-64)	60.1%	60.3%	56.5%	59.0%	62.5%
2021 Senior Population (Age 65+)	15.4%	16.4%	22.9%	19.8%	15.5%
Sex					
2021 Male Population	50.1%	50.2%	48.8%	48.9%	49.5%
2021 Female Population	49.9%	49.8%	51.2%	51.1%	50.5%
Race and Ethnicity					
2021 American Indian/Alaska Native Population	0.3%	0.3%	0.0%	0.0%	0.9%
2021 Asian Population	1.0%	1.6%	0.8%	1.4%	6.8%
2021 Black/African American Population	13.5%	6.9%	7.4%	12.8%	19.0%
2021 Other Race Population	6.5%	1.1%	.3%	1.5%	3.09%
2021 White Population	72.2%	84.3%	86.4%	79.2%	65.0%
2021 Population of Two or More Races	6.4%	5.7%	5.1%	3.1%	5.8%
2021 Native Hawaiian	.1%	0%	0%	0%	.06%
2021 Hispanic Population	11.9%	9,2%	3.2%	5.6%	15.5%
Educational Attainment					
2021 High School graduate or higher, percent of persons 25 years +	88.9%	92.8%	87.6%	89.6%	90.89%
2021 Bachelor's degree or higher, ages 25 years +	26.5%	37.7%	24.7%	26.1%	40.39%
Income					
2021 Per Capita Income	$35,826	$49,440	$35,538	$36,389	$43,267
2021 Median Household Income	$85,274	$111,368	$72,349	$79.211	$80,615
2021 Households Below the Poverty Level	8.4%	4.4%	5.8%	5.9%	10.3%
2021 Population Below 100% Poverty Level	7.2%	5.9%	8.7%	11.3%	9.9%
2021 Population Below 200% Poverty Level	23.0%	13.3%	29.2%	21.3%	23.6%

Source: CHS analysis of population estimates and projections obtained from ESRI using ArcGIS software.

Demographic Profile

As outlined in the demographic snapshot profile chart, UVA Health Culpeper Medical Center (CPMC) serves patients from the greater Piedmont area which includes Culpeper. As of 2021, the greater Piedmont area is home to an estimated 174,169 people. The expected growth between 2022-2030 is six percent for the region, which is higher than the state's expected five percent. CPMC's patient population is composed of the highest number of potentially underserved, low-income and minority individuals from the Primary Service Area who also experience language barriers with limited English proficiency. The estimates are based on data from the U.S. Census Bureau, as published in the Virginia Community Health Improvement Data Portal or (in the case of population projections) the Weldon Cooper Center for Public Service at the University of Virginia. Some of the estimates may differ from local sources due to differences in timing and estimation methodology. Focusing on rates, compared to Virginia as a whole, the study region is more rural, is less racially diverse, and has lower levels of poverty.

To develop a deeper understanding of local demographics, it can be helpful to 'look inside' city and county boundaries for diversity in population demographics by zip code. By exploring this type of demographic diversity, it is possible to appreciate the rich diversity of the community, and also identify geographic areas with a higher presence of populations who may be more vulnerable to various health conditions.

The average median age of people from the Culpeper, Fauquier, Orange and Madison counties is 36.5 years old. The median age of residents in Orange is higher at 43 years old as compared to the state's average age of 39 years old. Older adults use far more health care services than do younger groups. Although older adults vary greatly in terms of health status, the majority of this demographic group have at least one chronic condition that requires care.[1]

The diverse race and ethnicity of residents in the geographic area CPMC patients come from is higher compared to the Virginia's average. In 2021, 8.6 % identified as Hispanic in the Piedmont Region and 9.9 percent as African-American. Those of mixed race accounted for 5.6 percent of the region.

Educational attainment in the four counties is approximately 12% lower than the state average for a bachelor's degree while the 89.7 percent average for a high school degree is more than 1 percent less than the state average. Adults with higher educational attainment live healthier and longer lives compared to their less educated peers.[2]

Income levels for people living in the Piedmont Region areas exceeds the Virginia average of $80,615, bolstered by Culpeper County ($85,274) and Fauquier County ($111,368). Despite the higher levels of income, 7.6% of the people living in the Piedmont Region are living 100% below the federal poverty level and 19.1% are living 200 percent under the federal poverty level. This may be due to the high cost of living and other factors.

[1] Health Status and Health Care Service Utilization; https://www.ncbi.nlm.nih.gov/books/NBK215400/
[2] The relationship between education and health: reducing disparities through a contextual approach; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5880718/

II. Assessment

The following are excerpts and findings for the five-county region encompassed by Planning District 9. To access the full report, please visit https://uvahealth.com/services/community-relations

a) Collaborative community partners

The 2023 Community Health needs Assessment (CHNA) is a collaborative effort of five regional organizations that decided to collaborate on the project. UVA Health Culpeper Medical Center partnered with Rappahannock Rapidan Health District, Culpeper Wellness Foundation, the PATH Foundation and Fauquier Health.

As part of this assessment process, special attention was paid to the needs of the underserved. The process emphasized collaboration among community partners to improve the overall health of the community.

To ensure input from public health professionals, leaders of medically underserved communities, and persons with broad knowledge of the community, invitations were distributed to a large number of individuals and community groups. The group worked collaboratively to support the assessment process.

b) Solicitation

We solicited input from persons who represent the broad interest of the Rappahannock Rapidan Health District – which includes Culpeper County, Fauquier County, Madison County, Orange County and Rappahannock County.

Such persons who represent the broad interest of these communities include Hispanics, persons living in poverty and those without a high school degree. A targeted distribution of paper surveys was utilized in an effort to reach areas of the population that may not have been able to access the online survey. Paper copies were distributed at community events and to community groups where a diverse population is served. Through both online and paper surveys, participants surveyed similarly represented the communities represented in the Rappahannock Rapdian Health District.

c) Data collection and analysis

Primary Data

The Community Health Needs Assessment Health Check Survey

A community health check survey for residents from the Rappahannock Rapidan Health District was created. The CHNA Health Check Survey was made available to community residents from March 29, 2023 to May 1, 2023. Surveys were administered online and in paper copy, both provided in both English and Spanish. Paper surveys were made available at local community events, at partner locations, through media outlets, at health fairs and to local community groups representing the medically underserved to ensure that participants surveyed represented the medically underserved, uninsured, low-income and minority populations.

Participants surveyed similarly represented the Rappahannock Rapidan Health District:

- 78% female; 22% male
- 11% ages 65+
- 31% identified as Hispanic/Latino; 9% identified as African-American or Black; 1% identified as Asian
- 13% less than high school graduate; 17% high school diploma or GED; 9% associate's degree, 22% college degree; 15% graduate degree

Areas identified as gaps in the quantitative data sampling included an underrepresentation of males.

Secondary Data

Along with the outlined primary data, secondary data was collected from other sources and reviewed.

Health data was gathered and analyzed from the following sources:

- Virginia Department of Health Division of Health Statistics
- US Census Bureau

III. Prioritized Health Needs

The CHNA survey identified the following key data points from participant responses:

- When asked to choose from a list of 18 health concerns that may affect children or adults in their community, respondents identified the top five health concerns: 1) Behavioral/Mental Health, 2) Affordable health insurance, 3) Healthcare for the uninsured and underinsured, 4) Dental services, 5) Primary care services

- When asked to identify up to five factors that they would identify as their idea of a healthy community, respondents identified the top five factors: 1) health care services and coverage, 2) Health related social supports, 3) Food security, 4) Substance use, 5) Mental health

- When asked to identify up to five factors that they would identify as community services that need improvement respondents identified the top five factors: 1) public transportation, 2) Housing services, 3) Childcare services, 4) Long term services, 5) Aging Services

- The mortality rate in Virginia – a measure of the frequency of deaths in a defined population over a certain period of time, reveals health disparities. The leading causes of death are: 1) Cancer, 2) Unspecified dementia, 3) Heart Disease), 4) Cerebrovascular Disease (Stroke), 5) Alzheimer's Disease, 6) Chronic Pulmonary Disease, 7) Pancreatic Cancer, 8) Breast Cancer, 9) Accidental poisoning by exposure to narcotics

a. Community Prioritization

On March 16, 2023, and March 27, 2023, in person community insight events were held to present CHNA survey results and receive input from community members and stakeholders representing the broad interests of the medically underserved, low-income, and minority populations. These town halls provided an opportunity to hear directly from the community in their own words.

The responses during these events highlighted the following themes for prioritization:

1) Behavioral/mental health (substance use)
2) Chronic disease
3) Access to care
4) Housing services
5) Aging Services

UVA Health Culpeper Medical Center is committed to the health and wellness of its community. CPMC is unable to directly address affordable housing and aging services n due to resource constraints, a lack of expertise and effective interventions, however we work with and support partners who are addressing these issues in our community.

b. Facility prioritization

In addition to the community rankings, UVA Health Culpeper Medical Center (CPMC) reviewed the top five diagnosis codes for inpatient and outpatient hospital emergency room visits year- to-date July 1, 2022 to April 15, 2023.

UVA Health Culpeper Medical Center
Emergency Department Top 5 Diagnoses YTD July-April 2023

Inpatient		Outpatient	
Diagnosis	**Volume**	**Diagnosis**	**Volume**
Sepsis, unspecified organism	111	Chest pain, unspecified type	3,118
Heart failure or shock	94	Nausea with vomiting, unspecified	2,248
Simple pneumonia	88	Abdominal pain, unspecified	1,214
Respiratory infections	62	Elevated blood pressure	1,187
Chronic obstructive pulmonary	54	Hypertension, unspecified type	1,029

A review of the hospital emergency room visits indicates the top inpatient diagnosis codes are correlated with chronic issues that typically affect the aging population and also symptoms related to heart disease. Upon analysis of the outpatient diagnosis codes, it was apparent that many of the patients seen had symptoms that could be related to a number of chronic conditions, including (but notlimited to) chronic stress, heart disease, obesity, diabetes and other chronic issues related to aging. In addition, community stakeholders and community members' request to prioritize behavioral/mental health aligns with the community benefit implementation planning committee subject matter expert observed needs.

Upon a comprehensive review of the community's recommended prioritized outcomes, written comments from the previous CHNA and the Medical Center's emergency department top 5 diagnosis codes, UVA Health Culpeper Medical Center leadership team and UVA Community Health Inc. Board evaluated this information based on the scope, severity, health disparities associated with the need, and the estimated feasibility and effectiveness of possible interventions. Also through the community listening sessions and feedback from community partners, other key areas were identified. Through this thorough evaluation, the team agreed on the following three top significant health priorities for CPMC community benefit implementation plan:

1. Access to care
2. Behavioral health/mental health & substance use
3. Chronic disease

IV. Issues Identified for Remediation

In the following section UVA Health Culpeper Medical Center will address each of the top three prioritized needs in the 2022-2025 community benefit implementation strategy. Each need includes actions that must be taken to achieve improved community health. Outlined within each need, CPMC will identify the description of need, programs, resources and intended actions, anticipated impact, priority populations, evaluation plan, intervention strategies, tactics for achievement, growth targets, and community partners. The following action plans were developed through evaluation of CPMC programs and resources.

a) Priority 1: Access to care

The number one concern heard among the community was the lack of available primary care and specialty care providers. Anecdotally, we've heard that residents have a year, or longer, waiting period to see their primary care physician. Our steering committee recommends a recruitment plan for staffing, especially primary care providers so community members have quicker access to care. The other recommendation was to streamline the care process with a position "chart scrubber," an individual who reviews records in advance of each appointment so they get everything ready for the physician or provider.

a. *Priority 2: Behavioral/Mental Health (Substance Use)*

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime.[4] In the Community Health Needs Assessment Survey, community residents were asked a series of questions related to health concerns. 58% of residents identified access to mental health services as an area they would like to see added or improved. Another community health concern survey respondents shared was Substance Use (Alcohol, Drugs) was a top concern (36%). Participants of the town hall events confirmed this critical need. Additionally, the 2022 Culpeper County Public School Youth Risk Behavior Survey showed 45% of high school youth felt sad or hopeless every day for two weeks or more and 23.4% of students in seventh through 12th grade considered attempting suicide. Our recommended action would be to continue our partnerships with organizations such as Encompass Community Supports to address mental health and behavioral health and to continue to support organizations that address these issues with grants and sponsorships.

b) Priority 3: Chronic Disease – Management and Prevention

Six in ten Americans live with at least one chronic disease, like heart disease and stroke, cancer, or diabetes. These and other chronic diseases are the leading causes of death and disability in America. In the Community Health Needs Assessment Survey, respondents noted their most important community health concerns as cancer, Overweight/Obesity, Respiratory Disease, and Heart Conditions. Additionally, mortality indicators show Cancer and heart disease were the leading causes of death in local communities and for the state of Virginia in the timeframes shown. The total number of years of potential life lost (rate per 100,000 population) in the region were 7,249, higher than the state average. The recommended action is to increase screenings in the community, including blood pressure checks at events that the Community Engagement team participates in.

All programs, resources and intended actions to address access to care, behavioral/mental health (substance use) and chronic disease in the implementation strategy are intended to assist the community with varying needs.

UVA Health Culpeper Medical Center is committed to working to address each of the identified areas of need through resource allocation and support of the following programs:

IDENTIFIED PRIORITY:	PROGRAM:	ACTION :	INTENDED OUTCOME:
1.Access to care	Increasing number of providers and programs to allow for more preventive care	Recruitment plan for staffing Streamline care process Train individuals to check their blood pressure Help reduce turnover with "nurse sabbatical" – create roles that they could engage in without leaving workforce	To increase frequency and availability of visits to providers for community residents
2. Mental Health, Substance Use	Mental Health, Substance Use Education	Provide basic mental health education to individuals from various community sectors	Create awareness of the impact of substance use and mental health conditions and provide tools to build resiliency
3. Chronic Disease - Management and Prevention	Wellness Education and Screenings	Working in collaboration with community partners, to offer health education and subject matter expertise regarding healthy behaviors, chronic disease management and access to care.	Increase awareness of chronic disease prevention managementand strategies.

V. 2020-2022 CHNA and Implementation Plan Update

The pandemic impacted the 2020-2022 community implementation plan. Novant Health UVA Health System Culpeper Medical Center (now UVA Health Culpeper Medical Center) pivoted its community engagement, refocusing efforts to prioritize coordination of community vaccinations in response to the health crisis facing the community, especially the most vulnerable. The primary goal set for each priority area was to increase the number of community members reached through screenings and health education. All goals were met for each priority area.

Mental Health – substance use

- Participated in Drug Take Back Day
- Participated in health education programs, classes, and health fairs
- Provided programs for stress management/depression
- Partnership with governmental agencies to provide behavioral health trainings
- Smoking cessation programming support

Chronic Disease – management and prevention

- Participated in health education program, classes, and health fairs to promote health and wellness. Topics included: nutrition, cholesterol, cancer, consumer health, matter of balance, caregiver support, child safety, weight management, heart health, stroke, COPD
  Provided COVID-19 booster clinics in partnership with Rappahannock Rapidan Health District
- Health & wellness screenings: diabetes, mammography, blood pressure, BMI checks
- Speakers' bureau support for chronic disease health talks
- Provided education to students in medical and health sciences.

VI. Role of the board and administration

UVA Health, UVA Community Health, UVA Community Health United Community Board, and UVA Health Culpeper Medical Center administration are active participants in the community benefit process. Through strategic planning initiatives focused on chronic disease, community health outreach, and access to care, leadership provides direction on actions and intended impact, and serves as the approving body for the community health needs assessment and community benefit implementation plan. Administrative leaders serve on the assessment process teams, priority setting committee and action planning team and hospital board members participate and provide input to the community benefit plans. All members are actively involved in the priority setting discussion and outreach planning process. Additionally, community benefit reports are provided to the board and facility leadership teams throughout the calendar year for ongoing education. The UVA Community Health Unified Community Board has reviewed and approved the Community Health Needs Assessment.

Appendix A: Community Health Coalition of the Piedmont Region

Agency
Rappahannock Rapidan Health District*
Culpeper Wellness Foundation**
UVA Health Culpeper Medical Center
PATH Foundation
Culpeper Free Clinic
Encompass Community Supports**
Fauquier Health

*Representative of a state, local, tribal, or regional governmental public health department (or equivalent department or agency}

** Members of medically underserved, low-income, and minority populations in the communityserved by the hospital facility, or individuals or organizations serving or representing the interests of such populations