

# MOBILE UNIT SERVICES RAPID COMMUNITY NEEDS ASSESSMENT LEAH LOVEDAY | CENTRAL SHENANDOAH HEALTH DISTRICT - POPULATION HEALTH COHORT 2, MAY - JULY 2024



# ISSUES/GAPS IDENTIFIED

- Unequal Access to Care in Specific Localities: Bath County lacks a Federally Qualified Health Center. Highland County lacks a permanent physician.
- CSHD District Infrequently Surveyed by Staff: CSHD aids in District Hospital CHA efforts, but does not conduct its own.
- Limited District Presence in Bath & Highland County





## PROJECT OVERVIEW

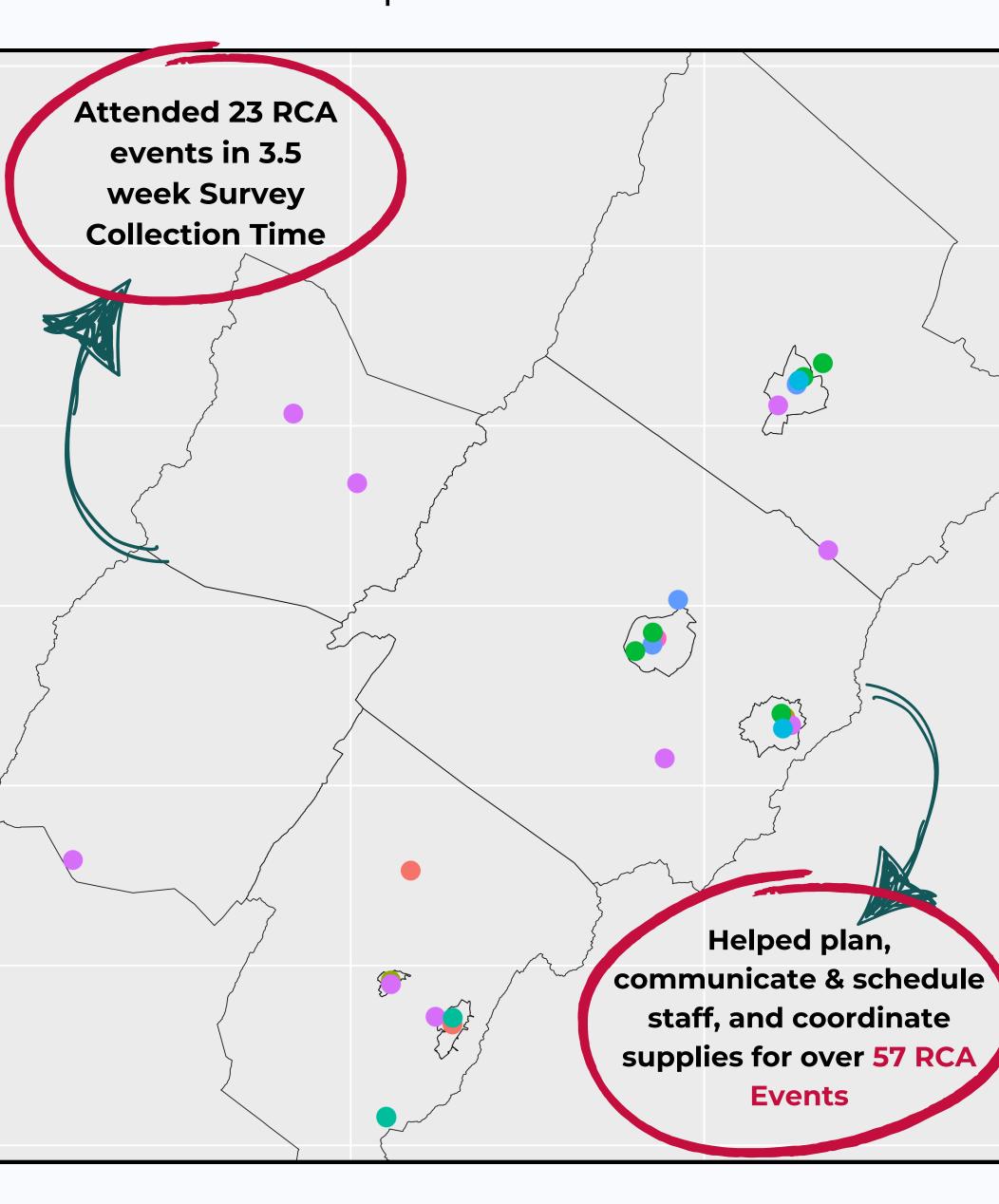
- Goal: CSHD strives to strengthen the relationship with low income and rural populations through the establishment of a mobile clinic. The Rapid Community Needs Assessment aims to capture input on community healthcare and social needs, and mobile unit operations in a 3.5 week time period.
- Outputs: I helped (1) determine RCA focus areas & populations through CHA reviews, (2) design the RCA survey, (3) coordinate RCA tabling, survey distribution, & canvassing with over 57 RCA events (4) coordinate an 11 person RCA team for survey distribution.
- Outcomes: The RCA survey has not only collected needed data, increased CSHD visibility and encouraged vulnerable conversations with our community.

# COMMUNITY ENGAGEMENT

The RCA pushed me to interact & connect our survey in unique ways across CSHD. As an out of area intern, the RCA allowed me to not only interact with our District's community, but be **immersed** in them through many community events, conversations with residents, & community partnerships connections in a short period of time.

Efforts Included:

- Door to Door Canvassing in **Target Census Blocks**
- Tabling at Retail Stores
- Tabling with Community **Partners**
- Tabling at Health **Department Outreach Events**
- WIC Farmers Market Community Events Attended:
- Harrisonburg Reentry Fair
- Augusta Mobile Health Clinics
- RARA Grocery Distribution
- Community in Motion Bus
- Rockbridge Transportation **CAN Community Dinners**



#### CHALLENGES

- Time: Short survey collection period.
- Lack of Community Partnerships & **Contacts in High Need Areas**
- Staff Capacity: Struggle to schedule intense RCA efforts alongside other daily work duties.
- Public's Understanding of Health **Department Services:** Individuals struggled to understand the HD role as not only a clinical service provider, but preventative care as well.

### KEY TAKE AWAYS

- Program Decision Making: We must learn to value quantitative data & community narratives equally.
- Government & the Public's Relationship: Our communities are willing to answer if we have the bravery to not only ask, but to listen.
- Grassroots Change: Community Health Workers social network is pivotal to shifting health outcomes.
- Public Service is My Calling.

#### ACKNOWLEDGMENTS

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