



# Community Health Assessment

Surry County  
2023

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## Message from Alton Hart, Jr., MD, MPH, MDiv

As the Director of the Crater Health District, I have the role of leading the health departments for eight very distinct communities in southcentral Virginia, all with their own assets, perspectives, and, of course, distinguishing health needs and priorities. One thing that unifies all of our localities is that the social determinants of health play a critical role in health outcomes. The social determinants of health are the circumstances of where you live and include factors such as access to quality schools, access to healthy and affordable foods, quality and affordable housing, crime rates, and other factors related to the built and natural environments.



One of the core functions of public health in the 21st century is to convene stakeholders representing the local public health system to holistically assess the health of the community. Stakeholders include public and private sector partners, including the health district, social services, healthcare providers, managed care organizations, public safety, behavioral health providers, local government entities, neighborhood organizations, civic groups, faith-based groups, and others. I am incredibly thankful to all the partners who answered my invitation to join the Community Health Assessment (CHA) Ad Hoc Committee for the county of Surry.

The next phase, following the CHA processes in all eight localities of the Crater Health District, is to mobilize collective action to address the root causes of health inequities and improve health and quality of life in our communities. We will do this by establishing a Crater Health Advisory Council made up of local public health system partners throughout the eight localities of Crater to lead the community health improvement planning (CHIP) process, using the prioritized health issues identified in the CHAs.

I am looking forward to collaborating with the residents and community partners of Surry to create healthier communities for all who live here.

## **Acknowledgments**

The Crater Health District would like to sincerely thank the following community organizations, businesses, and residents for their participation in the 2023 Community Health Assessment (CHA). We would especially like to thank the Cameron Foundation for their support and collaboration throughout the process.

### **Core Community Health Assessment Team of Crater Health District**

- Stacie Desper, Population Health Community Coordinator
- Christy Lemay, Population Health Epidemiologist
- Fota Sall, CHA/CHIP Coordinator
- Harrison Stover, Crater Health District Intern
- Julie Thacker, Population Health Manager

### **Surry Ad Hoc Committee**

- Beatrice Johns (Crater Health District, Nursing)
- Tara Rose (Crater Health District, Population Health)
- LaJeune Stone (Department of Youth and Family Services)
- Horace Wade (County of Surry, Planning)
- LaSonya White (Virginia Tech, Cooperative Extension)

## Purpose & Background

### Overview of Crater Health District

Virginia Department of Health's Crater Health District is a system of seven health departments in southcentral Virginia. The district begins 23 miles south of Richmond and extends to the North Carolina state border. With more than 160,000 people with varying health needs living in our district, we work to build resilient communities throughout the cities of Petersburg, Hopewell, and Emporia, as well as the counties of Dinwiddie, Greensville, Prince George, Surry, and Sussex.

### What is a Community Health Assessment (CHA)

A community health assessment (referred to as "CHA" hereafter) is a report used to describe the overall health and wellness of a community or region. CHAs are an involved process and are usually convened and facilitated by an organization such as a health department or another similar community health organization. Due to the detail and time involved with CHAs, the entire process takes on average, 12 to 18 months to complete. The CHA process is an important part of improving a local community's health status; it also helps to imagine a community's future. CHAs allow public health professionals, residents, and medical practitioners to understand the current state of health in the community. The National Association of County and City Health Officials (NACCHO) is a public health organization that was formed to represent the voice of local public health. NACCHO provides technical assistance, guidance, and informs best practices in local public health, and was responsible for developing the MAPP (Mobilizing for Action through Planning and Partnership) framework. The CHA Core Team used NACCHO's MAPP framework to inform the Surry CHA; however, the process was

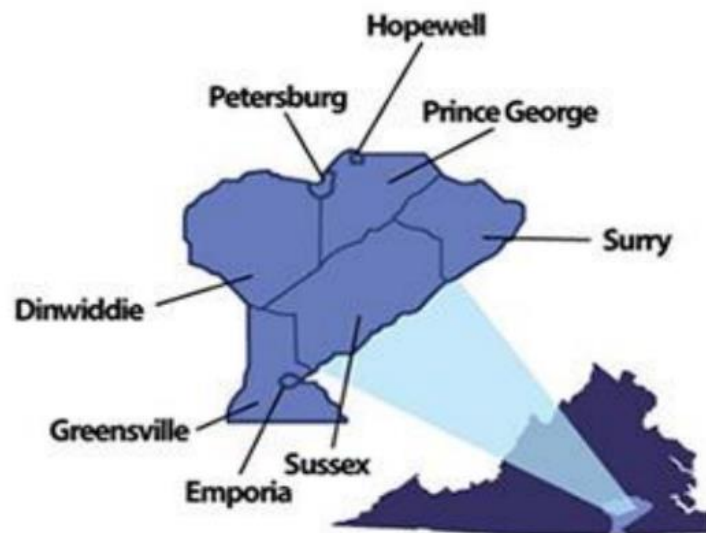
**"A community health assessment is a careful, systematic examination of the health status of the community that is used to identify key health problems and assets in the community."**

**-Virginia Department of Health**

adapted to suit the local community context, needs, and timelines. That included adapting the CHA phases to align with the Cameron Foundation's Community Health Needs Assessment (CHNA). The CHA Core Team also eliminated the Local Public Health System Assessment to align with the newly updated MAPP process to be released later in 2023. Finally, the Forces of Change Assessment will be completed for the entire health district later in 2023.

## Previous Community Health Assessments

Prior to the current 2023 CHA, Crater Health District previously completed two CHAs in 2018. The 2018 CHAs were completed in conjunction with the Cameron Foundation and the Virginia Department of Health's Central Office. Although Crater Health District has eight localities in total, Crater Health District was only able to complete two of the CHAs (Petersburg and Hopewell) in 2018 due to time and staffing constraints. Additionally, Bon Secours completed community health needs assessments for their two hospitals, Southside Medical Center in Petersburg, Virginia, and Southern Virginia Medical Center, in Emporia, Virginia, in 2022. The Cameron Foundation recently completed a CHNA for their service areas, including five of the eight Crater Health District localities, which was published in June 2023. Crater Health District collaborated with the Cameron Foundation on that process, including serving on the CHNA Steering Committee and supporting their data collection processes. Between February and June of 2023, the Crater Health District CHA Team convened committees in each locality to complete seven community health assessments.



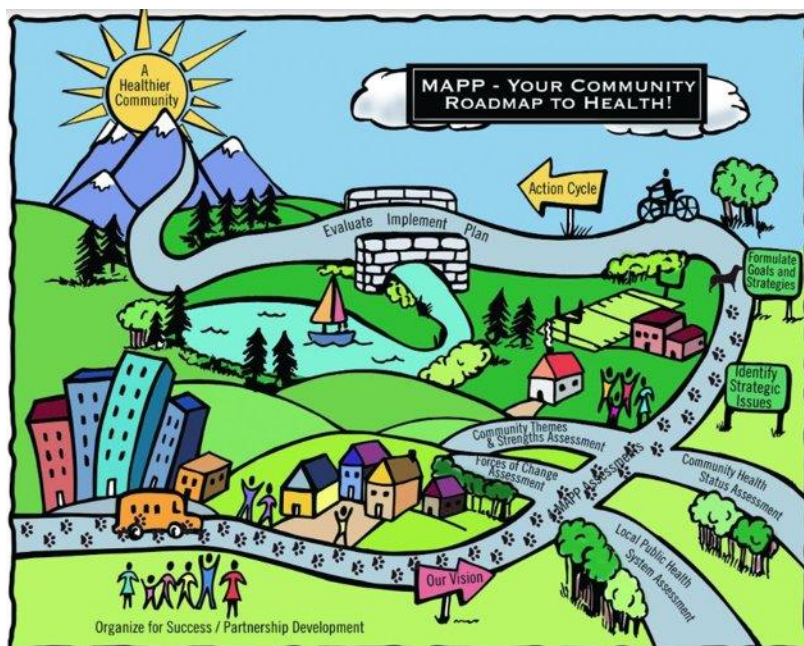
*Crater Health District Map*

## Overview of the Process

### Phases of a Community Health Assessment (CHA)

The six phases of the MAPP CHA process are as follows<sup>1</sup>:

- **Phase 1-** Organize for Success & Partnership Development
- **Phase 2:** Visioning
- **Phase 3:** The Four Assessments
- **Phase 4:** Identify Strategic Issues
- **Phase 5:** Formulate Goals & Strategies
- **Phase 6:** Action Cycle



Mobilizing for Action through Planning and Partnerships (MAPP) Framework

### Aspects of a Community Health Assessment

The Surry CHA process included many components and organizations. The CHA process includes phases one through three of the MAPP process. To work through all three phases of the MAPP CHA process, the Crater Health District CHA team recruited diverse representatives of the community to gather varied perspectives and represent a broad view of health. The following provides an overview of the six phases of the MAPP process, which includes community health assessment (phases 1-3) and community health improvement planning (phases 4-6).

**Phase 1:** To begin the CHA process, Crater Health District collaborated with the Cameron Foundation, who had engaged the Institute for Public Health Innovation to provide staffing support and technical assistance for their community health needs assessment (CHNA) process. Crater Health District collaborated with the Cameron Foundation and the Institute for Public Health Innovation (IPHI) as members of the CHNA steering committee and supported the Cameron Foundation's data collection process. Also, during this phase, the CHA Team for the Crater Health District began recruiting members for the Surry Ad Hoc team.

<sup>1</sup> National Association of City and County Health Officials (NACCHO). (2013). Mobilizing for action through planning and partnerships user's handbook.



**Phases 2 & 3:** Next, the Crater Health District held Ad Hoc Committee meetings. During the Ad Hoc Committees, vision statements for each locality were created, and two of the MAPP assessments were completed. One was the Community Health Status Assessment, which reviews and prioritizes a broad set of quantitative health and quality of life data. The other assessment was the Community Themes and Strengths Assessment, which reviews qualitative data, including survey data, asset maps, and focus group themes to prioritize assets, issues, and perceptions in the community.

**Phases 4, 5, and 6:** After all CHA reports are finalized for the eight localities in the Crater Health District, the next step is to complete the Forces of Change Assessment and begin the process of creating a Community Health Improvement Plan (CHIP). This includes the creation of an Advisory Council, which will review the CHA data from all localities and will help guide the process for creating a single CHIP for the Crater Health District. The CHIP will then be the leading framework to help guide Surry's health vision for the next five years until a new CHA process begins.

### Ad Hoc Committees

#### Convening Ad Hoc Committees

Each resident experiences their community through a different lens; therefore, it is essential to gather varied input during the CHA process. The CHA Core Team recruited diverse ad hoc committee members, representatives of the local public health system, and the community. Ad Hoc Committees were convened for phases 2 and 3 of the CHA process.

Due to Crater Health District's large service area, ad hoc committees were divided into groups of two (Petersburg/Dinwiddie, Hopewell/Prince George, Greenville/Emporia, and Surry/Sussex). This allowed the CHA Core Team to make the timeline of the meetings more manageable. Although committees were grouped together for meeting times, each locality broke out into sub-groups to create their locality's vision, review their locality's data, and complete the two assessments.

Ad hoc committee meetings were held from January to June 2023, with each group having four meetings each during the eight weeks. Each meeting lasted two hours. Some localities chose to meet only virtually, whereas the majority of localities wanted a mix of in-person and virtual meetings.





### **Ad Hoc Committee: Surry**

The Surry Ad Hoc Committee met over the course of four consecutive weeks in June of 2023. Two of the meetings were held in person and two were online via Microsoft Teams. Excluding the Crater Health District meeting facilitators, the Surry Ad Hoc Committee meetings had 5 consistent participants per meeting. Each meeting was recorded with participant consent.

**Meeting 1:** Surry's Ad Hoc Committee made introductions, created group expectations and rules, reviewed key public health terms, reviewed an overview of the CHA process, updated an asset map of Surry, and completed a visioning exercise. Meeting one was held in person at the Jessica Ann Moore (JAM) Foundation in Sussex County.

**Meeting 2:** Surry's Ad Hoc Committee reviewed over 100 health, quality of life, and social determinant of health data indicators and shared photos they had taken of their community.

**Meeting 3:** Surry's Ad Hoc Committee prioritized 15 indicators through an extensive and detailed facilitated discussion and voted on a community vision.

**Meeting 4:** Surry's Ad Hoc Committee reviewed qualitative data including the survey and focus group data that were collected by the CHA Core Team, replicating the survey and focus group processes developed by The Cameron Foundation and IPHI for use in the Crater Health District CHA process. Additional data included asset maps created during the Ad-Hoc meeting process. During the fourth meeting, the Ad Hoc committee completed the Community Themes and Strengths Assessment through a facilitated discussion of assets, perceptions, and issues within their community. The final vision was also presented. Meeting 4 was held in person at the JAM Foundation in Sussex, VA.

### **Creating a Vision for the Future**

#### **Visioning Process**

Visioning is an essential aspect of the CHA process. It allows residents to envision their community in the future. MAPP describes visioning as an avenue to "... provide focus, purpose, and direction to the CHA/CHIP so that participants collectively achieve a shared vision for the future." Each locality has its own individual vision statement.

The visioning process was a multistep exercise. For the first step, the CHA Core Team gathered online responses from the public using REDCap. The survey was also posted online on all of Crater Health District's social media pages and by any community partners who agreed to share the survey online. Paper survey responses were also administered by Medical Reserve Corps volunteers in person at local health department buildings.

The CHA Core Team attempted to only collect vision responses from people who worked or lived within each locality. The Ad Hoc Committee also participated in a visioning exercise to provide additional input.

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## Surry Vision Statement

*Surry is a family-centered diverse community that embraces wellness, takes pride in their rich heritage, and strives to enrich quality of life for future generations.*

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### Surry's Vision Statement

To create the vision, the responses from the previously mentioned data collection methods were aggregated into a word cloud. The word cloud emphasized the words that were most common among the responses collected. In a staff meeting, the CHA Core Team used the word cloud to create multiple potential vision statements. After the various potential statements were created, the Surry Ad Hoc Committee voted for their preferred vision statement via REDCap. The following statement received the greatest number of votes from the Surry Ad Hoc Committee and was chosen as the vision for the 2023 Surry Community Health Assessment: "Surry is a family-centered diverse community that embraces wellness, takes pride in their rich heritage, and strives to enrich the quality of life for future generations."

### Community Health Status Assessment

The Community Health Status Assessment asks, "How healthy are our residents?" and "What does the health status of our community look like?"<sup>2</sup>. Ad Hoc Committee members reviewed over 100 indicators, including demographics, health outcomes, health behavior, infectious disease, maternal/child health, environmental health, and social determinants of health data. To determine which areas of health to focus on, the Ad Hoc Committee members prioritized a large list of indicators during meetings two and three.

At the start of the process, there were about 125 indicators. The health indicator data were pulled from various sources such as VDH's Cares Portal, Census Bureau, County Health Rankings, and the American Community Survey. The most recent available data were used, which could range from

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<sup>2</sup> National Association of City and County Health Officials (NACCHO). (2013). Mobilizing for action through planning and partnerships user's handbook.

2010 to 2021. Health indicators were organized into various categories such as employment, COVID-19, cancer, environment, community safety, and more. For the indicators that had available health disparities data by age, race/ethnicity, and gender, that information was included, as well as data that indicated a trend over time. Whenever available, there were also comparison data shared, to show how Surry compared either to the health district overall, the state of Virginia, and/or the United States. This helps put the data into context, to show where Surry County is faring better or worse than average.

The ad hoc committee extensively reviewed and discussed the data indicators during an entire two-hour meeting to ensure that all committee members understood the data and their significance and were able to ask questions about the data.

### Surry Demographics Profile



A total of 6,563 people live in Surry County, Virginia according to the U.S. Census Bureau American Community Survey 5-year estimates from 2017-2021. The population density for this area, estimated at 24 persons per square mile, is less than the national average population density of 93 persons per square mile.

According to the American Community Survey, the male population of Surry is 49.3%, and 50.7% of the population is female. Also included in the 5-year population estimates from the American Community Survey is the total population by race alone, which showed that 55.7% of the population of Surry is White, 43.2% is Black, 0.9% is multiple races, and 0.1% is Asian. The Hispanic or Latino population of Surry is 2.7%. For additional information on the demographics of Surry

and other indicators of health and wellbeing, visit the Virginia Department of Health's data portal:

<https://virginiawellbeing.com/virginia-community-health-improvement-data-portal/>

**Prioritized Indicators: Surry's Top 15:** The Surry Ad Hoc committee prioritized the 15 indicators below for the 2023 Community Health Assessment (these are ranked in no particular order). The prioritization was a two-step process. First, all of the indicators, excluding the demographics data,

were put into a REDCap survey. Ad hoc committee members were asked to select their 15 top indicators based on their impact on the community's health, especially considering health disparities, as well as the feasibility of addressing the issue(s) corresponding with the indicator over the next 3 to 5 years. The results from the REDCap survey yielded some clear consensus, and all of the indicators that received a majority of votes from the respondents were automatically included in the top 15. The committee then reviewed the indicators that received a high number of votes in the survey but where there was not a clear consensus. This facilitated discussion resulted in the remaining prioritized health indicators, for a total of 15.

### Prioritized Indicators with Data: Surry's Top 15

#### A. Food Deserts and Adult Consumption of Fruits and Vegetables

	Food Desert Census Tracts	Food Desert Population
<b>Surry</b>	2	7,058
<b>Crater Health District</b>	20	74,441
<b>Virginia</b>	269	1,147,233
<b>United States</b>	9,293	39,074,974

Data Source: Virginia's Plan for Well-Being. US Department of Agriculture, Economic Research Service. USDA- Food Access Research Atlas. 2019.

	Weighted Percent of Adults Who Have Consumed Fruits and Vegetables 5 or More Times a Day in the Crater Health District
<b>2013</b>	11.4%
<b>2015</b>	10.5%
<b>2017</b>	16.9%
<b>2019</b>	13.7%
<b>2021</b>	14.5%

Data Source: Behavioral Risk Factor Surveillance System, 2013-2021

#### B. Percent of Adults who are Overweight

	Percentage of Adult Obesity
<b>Surry</b>	39%
<b>Virginia</b>	32%
<b>United States</b>	32%

Data Source: County Health Rankings, Behavioral Risk Factor Surveillance System, 2020. \*Percentage of the adult population (ages 18 and older) that reports a body mass index (BMI) greater than or equal to 30.

## C. Access to Exercise Opportunities- Physical Inactivity Indicator

	Surry	Virginia	United States
<b>Percentage of the Population with Adequate Access to Locations for Physical Activity</b>	10%	83%	84%
<b>Percentage of Adults Reporting No Leisure-Time Physical Activity</b>	26%	20%	22%

Adequate Access to Locations for Physical Activity Data Source: County Health Rankings, ArcGIS Business Analyst and Living Atlas of the World; YMCA; US Census TIGER/Line Shapefiles, 2022 and 2020. \*Individuals are considered to have adequate access to exercise opportunities if they: reside in a census block that is within a half mile of a park or reside in a census block that is within one mile of a recreational facility in an urban area or reside in a census block that is within three miles of a recreational facility in a rural area.

Physical Inactivity Data Source: County Health Rankings, Behavioral Risk Factor Surveillance System, 2020. \*Percentage of Adults ages 18 and over reporting no leisure-time physical activity in the past month.

## D. Percent of Youth who Have Suicidal Thoughts

	9 <sup>th</sup> Grade	10 <sup>th</sup> Grade	11 <sup>th</sup> Grade	12 <sup>th</sup> Grade	Female	Male	Total
<b>Virginia</b>	16.7%	17.7%	13.8%	16%	21%	11.4%	16%
<b>United States</b>	17.7%	18.5%	19.3%	19.6%	24.1%	13.3%	18.8%

Data Source: Virginia Department of Health, Division of Health Population Data, Youth Risk Behavior Survey, 2019. Grade level is used in place of age due to US-level data being reported by grade level.

## E. Low Birth Weight

	Total Live Births	Low Birth Weight	Low Birth Weight, Percent
<b>Surry</b>	62	7	11.29%
<b>Crater Health District</b>	1,874	213	11.37%
<b>Virginia</b>	94,694	7,852	8.29%

Data Source: Virginia's Plan for Well-Being. Virginia Department of Health, Vital Event Statistics Program, Office of Information Management. 2020.

## F. Diabetes

	Crude Prevalence, Percent	Age-Adjusted Prevalence, Percent
<b>Surry</b>	17.2%	12.4%
<b>United States</b>	11.3%	9.9%

Data Source: Centers for Disease and Control, CDC. National Center for Chronic Disease and Health Promotion, Division of Population Health. PLACES: Local Data for Better Health. Modeled-based estimates from BRFSS 2019-2020. Population counts from Census 2010 estimates and American Community Survey 2015-2019.

**G. Heart Disease and High Blood Pressure**

		Crude Prevalence, Percent	Age-Adjusted Prevalence, Percent
<b>Surry</b>	<b>Coronary Heart Disease Among Adults</b>	8.9%	6.1%
	<b>High Blood Pressure Among Adults</b>	46.5%	37.9%
<b>United States</b>	<b>Coronary Heart Disease Among Adults</b>	6.4%	5.5%
	<b>High Blood Pressure Among Adults</b>	32.6%	29.6%

Data Source: Centers for Disease and Control, CDC. National Center for Chronic Disease and Health Promotion, Division of Population Health. PLACES: Local Data for Better Health. Modeled-based estimates from BRFSS 2019-2020. Population counts from Census 2010 estimates and American Community Survey 2015-2019.

**H. Cancer Mortality, Rate per 100,000**

	Total Population (2016-2020 Average)	Five Year Total Deaths	Crude Death Rate per 100,000	Age-Adjusted Death Rate per 100,000
<b>Surry</b>	6,473	91	281.2	167.9
<b>Crater Health District</b>	155,047	1,891	243.9	195.4
<b>Virginia</b>	8,505,119	75,783	178.2	149.8
<b>United States</b>	326,747,554	2,998,371	183.5	149.4

Data Source: Virginia's Plan for Well-Being. Centers for Disease Control and Prevention, CDC- National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.

**I. Lung Disease/COPD**

	Crude Prevalence, Percent	Age-Adjusted Prevalence, Percent
<b>Surry</b>	9.1%	6.9%
<b>United States</b>	6.4%	5.6%

Data Source: Centers for Disease and Control, CDC. National Center for Chronic Disease and Health Promotion, Division of Population Health. PLACES: Local Data for Better Health. Modeled-based estimates from BRFSS 2019-2020. Population counts from Census 2010 estimates and American Community Survey 2015-2019.



## J. Educational Attainment

	No High School Diploma	High School Only	Some College	Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
Surry	14.63%	32.1%	23.5%	7.2%	16.7%	5.9%
Crater Health District	14.7%	35.5%	22.3%	8.9%	12.4%	6.2%
Virginia	9.17%	23.8%	18.7%	7.9%	22.8%	17.6%
United States	11.13%	26.5%	20.0%	8.7%	20.6%	13.1%

Data Source: Virginia's Plan for Well-Being. US Census Bureau, American Community Survey. 2017-2021.

## K. Self-Harm and Suicide Related ED Visits, Rate per 100,000

	Self-Harm and Suicide-Related ED Visit Counts	Rate per 100,000
Surry	24	394.5
Crater Health District	1,667	1,150.4
Virginia	55,067	680.9

Data Source: Virginia's Plan for Well-Being. Virginia Department of Health, Syndromic Surveillance Data, Division of Surveillance and Investigation, Office of Epidemiology. 2021.

## L. Substance Use Disorder, Rate per 100,000

	Total Population	Hospitalizations with Substance Use Disorder	Rate per 100,000
Surry	6,385	5	78.31
Crater Health District	154,042	247	160.35
Virginia	8,590,563	6,447	75.05

Data Source: Virginia's Plan for Well-Being. Virginia Department of Health. 2020.

## M. Poverty

	Percent of Population Below 100% Federal Poverty Level	Percent of Population Below 200% Federal Poverty Level
Surry	14.78%	32.31%
Crater Health District	15.25%	36.00%
Virginia	9.94%	23.59%
United States	12.63%	29.21%

Data Source: Virginia's Plan for Well-Being. US Census Bureau. American Community Survey. 2017-2021.

**N. Uninsured Children**

	<b>Percent of Population Ages 0-18 without Insurance</b>
<b>Surry</b>	5.75%
<b>Crater Health District</b>	4.19%
<b>Virginia</b>	4.40%
<b>United States</b>	5.40%

Data Source: Virginia's Plan for Well-Being. US Census Bureau, Small Area Health Insurance Estimates. 2020.

**O. Childcare Centers**

	<b>Number of Childcare Centers per 1,000 Population Under 5 Years Old</b>
<b>Surry</b>	3
<b>Virginia</b>	7
<b>United States</b>	7

Data Source: County Health Rankings, Homeland Infrastructure Foundation-Level Data, 2010-2022. \*Number of childcare centers per 1,000 population under 5 years old.

## Community Themes and Strengths

### Overview

The Community Themes and Strengths Assessment is another part of the CHA process. MAPP describes the Community Themes and Strengths Assessment as an avenue to gain “...a deep understanding of the issues that residents feel are important by answering the questions: ‘What is important to our community?’ and ‘How is quality of life perceived in our community?’ and ‘What assets do we have that can be used to improve community health?’”<sup>3</sup> This assessment included creating asset maps and gathering survey data, anecdotes, and thoughts from local focus group participants.

### Asset Maps

Assets can be described as anything that improves the quality of life in a community. The CHA Core Team collected data about local assets through a variety of means. Surry’s Ad Hoc committee members were tasked with listing community assets and provided commentary on assets that had already been listed by the focus group participants. A general list of categories was given to help members brainstorm assets: Education/Learning, Health, Behavioral and Social Services, Community Based Organizations, Parks, Recreation and Outdoors, and Culture & Attractions. During the focus group held by the Crater Health District, community members were asked to list any assets from their locality. Both lists of assets, along with suggested edits from the Ad Hoc Committee, were used to create the final asset maps. Any assets that were not physically in the locality, but utilized by residents within the locality, were removed from the map. Maps were made using Google Maps.



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<sup>3</sup> National Association of City and County Health Officials (NACCHO). (2013). Mobilizing for action through planning and partnerships user’s handbook.

## Focus Groups

Each focus group was used as a forum for an open and honest discussion between local community members. Focus groups were used to collect information from community members about their concerns, likes/dislikes about their locality, and any assets they knew of. The Focus group had the same series of questions; questions were developed by the Cameron Foundation CHNA Steering Committee.

Focus groups led by the Cameron Foundation, Institute for Public Health Innovation (IPHI), and supported by the Crater Health District and other community partners were conducted between September and November 2022. Participants were recruited in early autumn 2022 via email, social media, and word-of-mouth; about 10 participants were present for each focus group. Each focus group had one or two facilitators (from the Cameron Foundation, Crater Health District, or other community partners) and one or two notetakers (from Crater Health District and/or IPHI). All meetings were recorded using a recording device or a password-protected iPhone. Each meeting was about two hours long; food and refreshments were provided.

As partners in their CHNA process, the Cameron Foundation shared the focus group analyses they collected with Crater Health District to use in CHA ad hoc committee meetings for the localities where the catchment areas overlapped. Crater Health District replicated the focus group questions used and conducted additional focus groups in the localities outside of The Cameron Foundation's catchment area, including Greenville/Emporia and Surry.

## Focus Group: Questions Asked



### Focus Group: Surry

The Surry Focus Group was held on December 7, 2022, at the Blackwater Regional Library in Surry County. There were 11 participants, two notetakers, and two facilitators. Refreshments were provided to all participants and the meeting was audio-recorded. During the Surry Focus Group, discussions centered around the lack of critical infrastructure, healthcare access, and aging in place. The main themes from the Surry Focus Group are listed below.

#### Key Themes from the Surry Focus Group

- Aging Population
- Community Engagement
- Need for More Medical Facilities and Walk-In Clinics
- Lack of Community Collaboration and a Shared Vision
- Need for More Recreational Activities
- Affordable Housing
- Transportation
- Internet Access
- Access to Resources and Healthy Foods
- Job Creation and Business Collaborations

### Community Health Assessment Survey

The Crater Health District worked in conjunction with the Cameron Foundation and IPHI to disseminate the Community Health Needs Assessment Survey to the public within Petersburg, Dinwiddie, Hopewell, Prince George, and Sussex. The Cameron Foundation's service area does not extend to Greenville, Emporia, or Surry; Crater Health District replicated the survey and distributed the surveys for these three localities separately.

A total of 346 surveys were collected for all 8 localities.

#### Community Health Assessment Survey: Greenville and Emporia

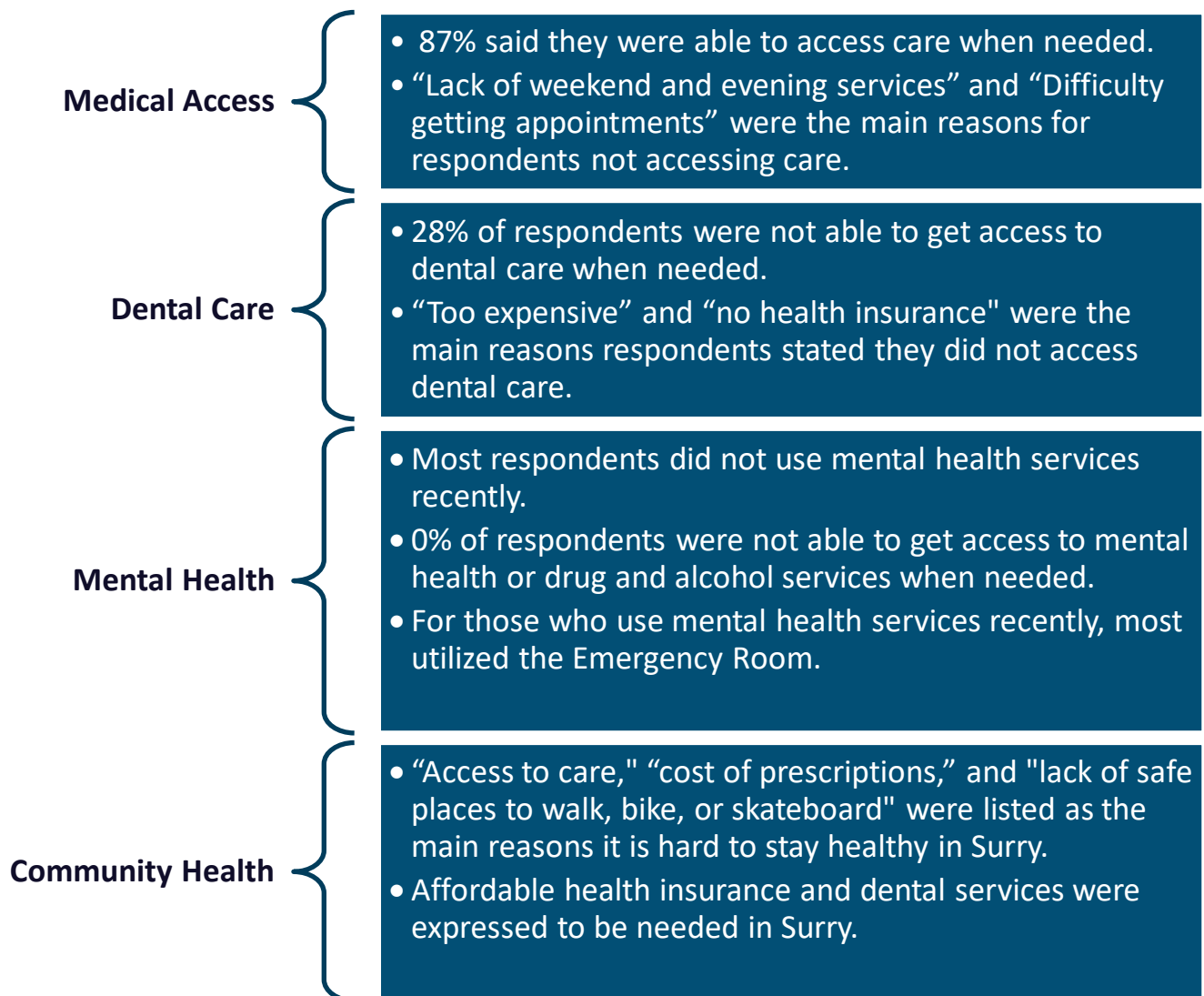
A limitation of the survey analysis for each locality is that there was a low response rate. In Surry County, 47 surveys were collected (total includes paper and online surveys). 87% of survey respondents were Black. While there was diversity in the age groups responding to the survey, 66% were 55 or older. The overall majority of respondents were women, at 84%.



Numerous questions were asked of each respondent on the survey regarding medical care, ease of access, dental care, support services, and safety. The majority of survey respondents sought medical advice from healthcare providers or the internet.

### Surry Survey Results

A summary of survey results from the Surry community health needs survey is provided in the graphic below.



**Asset Map: Surry**

During the Focus Groups and Ad Hoc Committee meetings, participants were asked to list all assets they believed existed within their locality. The following figure includes the assets listed and mapped by the ad hoc committee.



## Assets, Issues, and Perceptions: Surry

During the final Ad Hoc Committee meeting for Surry County, committee members were asked to review the survey data, focus group data, and asset maps. While reviewing the data, committee members, guided by Crater Health District facilitators, discussed key assets, issues, and perceptions of their local community. Rather than listing individual assets, issues, and perceptions, these were the thematic or overarching findings that could be supported by the data from the asset maps, focus groups, and survey results. “Assets” are defined as community strengths; “Issues” are defined as community challenges; and, “Perceptions” are defined as ideas, true or untrue, that people inside or outside of the community, hold about the community. Discussion notes were recorded; see below for the full chart of assets, issues, and perceptions identified during the final Surry Ad Hoc committee meeting. The assets, issues, and perceptions charts provide the synthesized and summarized data for the Community Themes and Strengths Assessment.

Assets	Evidence from Qualitative Data
<b>Faith-Based Organizations</b>	<ul style="list-style-type: none"> <li>• Churches</li> </ul>
<b>Community-Based Organizations</b>	<ul style="list-style-type: none"> <li>• Divine 9 volunteers/finance</li> <li>• 4-H</li> <li>• Career and Tech Center</li> <li>• Brightpoint (workforce)</li> </ul>
<b>Youth/Education Programs</b>	<ul style="list-style-type: none"> <li>• Department of Sys.</li> <li>• Brightpoint (workforce)</li> </ul>
<b>Tourism</b>	<ul style="list-style-type: none"> <li>• Farmer’s Market</li> <li>• Hampton Roads Winery</li> <li>• Bacon’s Castle</li> <li>• Marina</li> <li>• Ferry</li> <li>• Chippokes State Park</li> <li>• Pipisco Reserve</li> </ul>
<b>Lots of Greenspaces</b>	<ul style="list-style-type: none"> <li>• Hampton Roads Winery</li> <li>• DBrewery Blueberry Farm</li> <li>• College Run Farm</li> <li>• Parks and Recreation Parks</li> <li>• Pipisco Reserve</li> <li>• James River Watershed</li> </ul>
<b>Elderly Population</b>	<ul style="list-style-type: none"> <li>• Volunteers</li> </ul>
<b>Positive Community Engagement</b>	<ul style="list-style-type: none"> <li>• Volunteering</li> </ul>
<b>Dominion Energy</b>	<ul style="list-style-type: none"> <li>• Brings more business and jobs</li> </ul>
<b>COVID-19</b>	<ul style="list-style-type: none"> <li>• More people became tech savvy</li> </ul>

Issues	Evidence from Qualitative Data
<b>Aging Population</b>	<ul style="list-style-type: none"> <li>• Census data on aging</li> <li>• Focus data/anecdotes on aging population</li> <li>• Brain Drain</li> <li>• Data on legacy/bequest</li> <li>• Family property and former farming families: most of their children do not want to stay and keep up with the property</li> <li>• Medicare programs for the elderly</li> </ul>
<b>Lack of Accessible Healthcare</b>	<ul style="list-style-type: none"> <li>• Reference in Data Walk</li> <li>• Need for walk-in pharmacies, no pharmacies in Surry</li> </ul>
<b>Lack of Housing</b>	<ul style="list-style-type: none"> <li>• No homes for sale</li> <li>• People are not selling</li> <li>• Mostly single-family homes available that people cannot afford</li> <li>• Lack of diverse housing</li> </ul>
<b>Youth Leaving</b>	<ul style="list-style-type: none"> <li>• Housing not catered to young middle-income.</li> <li>• No jobs available</li> <li>• Young teachers that start in Surry move on to other counties</li> </ul>
<b>Lack of Job Diversity and Lack of Awareness of Career Development Resources</b>	<ul style="list-style-type: none"> <li>• Jobs are given to out of the area.</li> <li>• Lack of job creation</li> <li>• Majority of people commute out of Surry to go to work.</li> <li>• Based off “who-you-know”</li> <li>• People don’t know about the job fairs or how to make resumes.</li> <li>• Transportation issues to interviews</li> </ul>
<b>Lack of Good Transportation Resources</b>	<ul style="list-style-type: none"> <li>• Difficult to get to jobs</li> <li>• Bridge has not been built yet</li> </ul>
<b>Lack of Entertainment Options for Families</b>	<ul style="list-style-type: none"> <li>• No big venues to hold events</li> </ul>
<b>Effects of COVID-19</b>	<ul style="list-style-type: none"> <li>• Negative effects on mental health</li> <li>• Decrease on academic performance</li> <li>• Summer camps just starting back up and the children are homesick</li> </ul>

Perceptions	Evidence from Qualitative Data
<b>We want to maintain being as extremely rural are</b>	<ul style="list-style-type: none"> <li>• People not from Surry think that is how we want to stay, but we want to develop certain pockets of Surry that is not extremely rural.</li> <li>• People think that we are “off-the-grid” and disconnected.</li> </ul>
<b>Surry is highly uneducated</b>	<ul style="list-style-type: none"> <li>• Provisional teachers leave once they get their credentials.</li> </ul>
<b>Farmers are unsuccessful</b>	<ul style="list-style-type: none"> <li>• Lots of wealthy farmers in the area</li> <li>• Lots of advantages as farmers.</li> </ul>

## Conclusion

The CHA process helps to provide a broad view of the health of a community, including assets and areas of concern. The Surry Ad Hoc Committee Members identified several strengths and opportunities that can be leveraged to address the health issues identified and prioritized over the next five years. The next phase in the process is the recruitment of the Crater Health Advisory Council, which will include representation from the Surry Ad Hoc Committee. This Advisory Council will review all of the priorities from the seven CHAs for Crater Health District’s eight localities, to synthesize three to five strategic health issues that District partners will work collaboratively to address over the next several years.

Thank you for reading the 2023 Surry Community Health Assessment.



*Photo by Lajeune Stone*