UVA-HEALTHSOUTH
Rehabilitation Hospital

UVA-HealthSouth Rehabilitation Hospital

Community Health Needs Assessment

Issued: July 2016

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I.   Executive Summary

University of Virginia HealthSouth Rehabilitation Hospital (UVA-HealthSouth) is a 50-bed inpatient rehabilitation hospital that offers comprehensive inpatient and sports medicine rehabilitation services designed to return patients to leading active and independent lives.

In an effort to align hospital services with the needs of the community they serve, leaders from UVA-HealthSouth have analyzed secondary health research conducted by local, state and federal agencies and conducted primary data analysis. The goal of this analysis was to ensure essential health needs of the community are being addressed by services available across the UVA-HealthSouth network. UVA-HealthSouth intends to use this Community Health Needs Assessment to address the needs of the community at large in order to implement necessary and productive community-based initiatives. The results of this assessment are being used to advance community health in order to:

1. Increase access to needed health and rehabilitation services

2. Support community needs around obesity reduction and prevention

3. Enhance access to mental health services

4. Improve community resources for the disabled population & their caregivers

Furthermore, this assessment will be used to support efforts of UVA-HealthSouth's leadership to identify areas where specific strategies and objectives of the organization can be optimized to meet the needs of the community served.

II.   Background & Purpose

The Patient Protection and Affordable Care Act (ACA), enacted in March 2010, stipulates that hospital organizations under 501(c)(3) status must adhere to new regulatory requirements, including conducting a Community Health Needs Assessment and adopting an implementation strategy at least once every three years.

Under the new mandated provisions set by Section 501(r) of the ACA, hospital organizations must complete a Community Health Needs Assessment (CHNA) that addresses the hospital's community needs as determined by and aligned with Local, State and Federal identified needs. Along with identifying community needs, the hospital organization will also accompany their CHNA with an Implementation Plan (IP) [a tool used to illustrate critical steps in developing a program to fill unmet needs] outlining the action to be taken to meet the identified needs of the given community. Each hospital must also report on the progress and implementation of the previously written CHNA and IP cycle (IRS, 2016).

A. University of Virginia-HealthSouth Rehabilitation Hospital (UVA-HealthSouth)

Overview of Hospital

UVA-HealthSouth provides a wide range of physical rehabilitation services and has a vast network of highly skilled, independent private practice physicians and HealthSouth therapists and nurses, and the most innovative equipment and rehabilitation technology, ensuring that all patients have access to the highest quality care. UVA-HealthSouth offers 42 semi-private and eight (8) private rooms.

In addition to caring for general rehabilitation diagnoses such as hip fractures, amputations, burns, neurological diseases, brain injuries, cardiac and other medically complex patients, UVA-HealthSouth has specialized inpatient programs for stroke and spinal cord injuries.

Definition of Market Area

UVA-HealthSouth Rehabilitation Hospital is located in the City of Charlottesville, Virginia and is surrounded by Albemarle County, Virginia. The community predominantly served by UVA-HealthSouth lies mostly in parts of the City of Charlottesville and Albemarle County and is illustrated in Exhibit 1.

EXHIBIT 1: UVA-HEALTHSOUTH'S MARKET AREAS
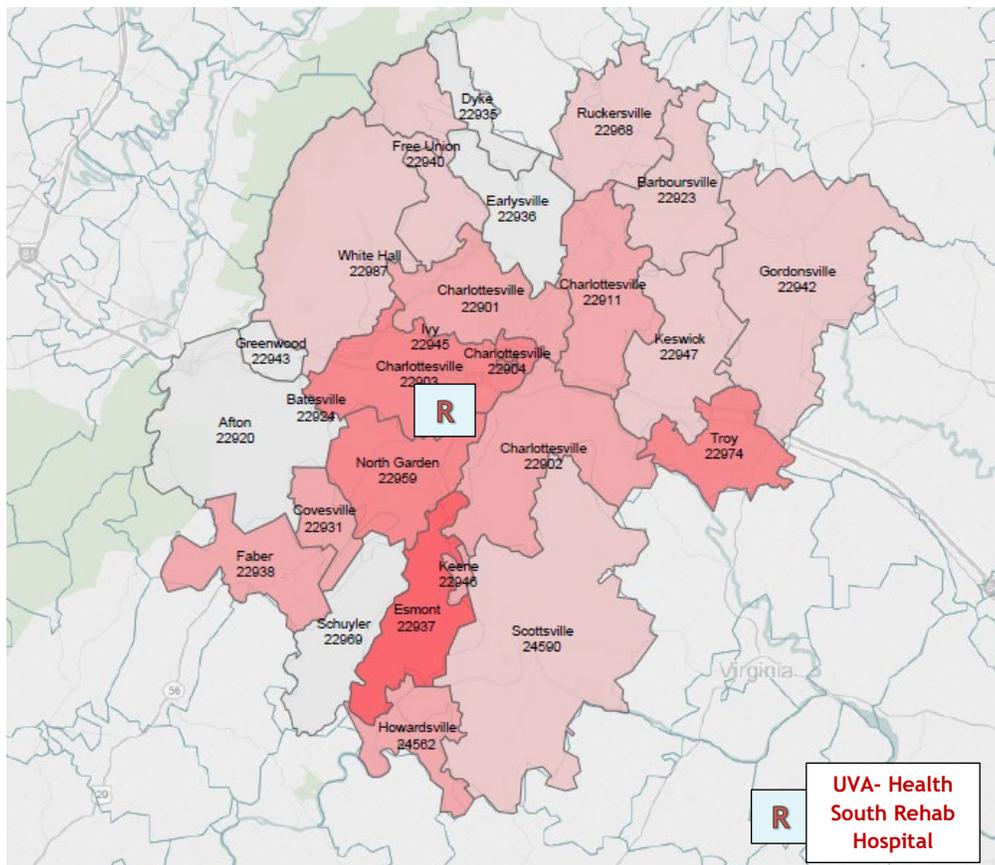
UVA-HealthSouth Rehabilitation Hospital Services

UVA-HealthSouth had approximately 1,300 admissions in the 12-month period prior to the development of this report (May 2015-April 2016). UVA-HealthSouth has an average length of stay consistently reported at 12 days. 69.2% of the total annual admissions are admitted from University of Virginia Medical Center, 28.3% from Sentara Martha Jefferson Hospital, and the remaining 2.5% from other area hospitals. Medicare is a predominant payor for most of these discharges, followed by Medicaid Managed care.

As seen in Exhibit 2 below, of the approximately 1,300 discharges, approximately 17% of those discharges came from the Stroke Program, 15% from Neurological Conditions, 10% from Non-hip and joint Orthopedics and 9% from Orthopedic Hips.

EXHIBIT 2: UVA-HEALTHSOUTH'S HOSPITAL DISCHARGES BY PROGRAM AREA

5/1/2015 through 4/30/2016	
PROGRAM AREA	**NUMBER OF DISCHARGES**
STROKE PROGRAM	216
NEUROLOGICAL COND.	194
ORTHOPEDIC - OTHER	130
ORTHOPEDIC - HIP	122
SPINAL CORD NON TRAM	102
OTHER CONDITIONS	97
CARDIAC PROGRAM	96
AMPUTEE-LOWER EXT.	55
BRAIN INJURY-NON TRA	48
MULT TR NO BRAIN/SCN	48
BRAIN INJURY-TRAUMA	43
ORTHOPEDIC - JOINT	40
PULMONARY PROGRAM	30
SPINAL CORD INJ TRAM	22
MULT TR W/ BRAIN/SCT	20
ARTHRITIS	17
PAIN MANAGEMENT	10
BURN PROGRAM	7
GUILLIAN-BARRE	5
ORTHO-OSTEOARTHRITIS	1
Total Discharges	**1,303**

III. Overview of Methodology

UVA-HealthSouth formed a CHNA Workgroup comprised of UVA-HealthSouth and University of Virginia Hospital leadership and administrators, who guided and managed the community health needs assessment and implementation strategy process. In addition, the CHNA workgroup worked closely with BDO Consulting (BDO) to complete the secondary data review and assist with identifying implementation strategies.

Data Collection

To best understand the health of UVA-HealthSouth's community, quantitative and qualitative data from both primary and secondary sources were collected. More specifically, this report includes data from the US Census, Robert Wood Johnson Foundation County Health evaluations, University of Virginia Department of Health data, third party market assessments and hospital discharge data. Findings were interpreted and reported for the purpose of making them more accessible to UVA-HealthSouth's community. Community input was obtained through in-person surveys, focus groups, and informational interviews with various stakeholders. The knowledge gathered from community members in this way helped to provide context to the empirical findings. Through the use of these multiple methods, the overall report offers comprehensive information to help in defining community health priorities, UVA-HealthSouth Hospital's priorities, and implementation efforts aimed at addressing community health needs.

Primary Data

Both Qualitative and Quantitative Data were collected, analyzed, and synthesized in order to identify community needs.

- **Community Survey Data**
  In the spring and summer of 2016, a community health assessment survey was conducted of community members present at UVA-HealthSouth's outpatient clinics, University of Virginia Medical Center's outpatient clinics, household members representing community in the service area, employees of UVA-HealthSouth, University of Virginia Medical Center and Sentara Martha Jefferson Hospital, and patients and their family members. A total of 302 surveys were completed and entered into Survey Monkey's advanced software. The survey was commissioned by CHNA Workgroup members to capture a comprehensive picture of City of Charlottesville and Albemarle County residents' health status, quality of life, healthcare access, and coverage and utilization trends. A copy of the survey can be found in the Appendix A.

- **<u>Focus Groups</u>**
  During the summer of 2016, the CHNA workgroup organized focus group discussions among administrators and care providers at James Q. Miller Multiple Sclerosis Clinic and at the University of Virginia Spine Center, who represented the broad resource needs of patients requiring rehab services in the area and provided input on health needs and appropriate resources required in the community.

- **<u>Community Leadership Interviews</u>**
  During June of 2016, UVA-HealthSouth solicited the input of individuals who represent the broad interests of the community and individuals in leadership roles in public health at the Virginia Department of Health, health system and hospital executives, and other healthcare providers, both in the form of email surveys and in-person interviews. A copy of the discussion tools and survey can be found in the Appendix B.

- **<u>Hospital Discharge Data</u>**
  Patient Discharge data from UVA-HealthSouth was used to describe hospital admission patterns from the past 12 months (May 2015 to April 2016).

Secondary Data

There were several sources of secondary data that were reviewed, including:
- U.S. Census. 2015 Community Survey (demographic data, socioeconomic data, insurance data, poverty data)
- Health status and access indicators available from: County Health Rankings & Roadmaps; Robert Wood Johnson Foundation program, 2016
- Virginia Department of Health, 2014
- U.S. Centers for Disease Control and Prevention, CHSI Information for Improving Community Health, Community Health Status Indicators Project, 2015
- Community Profile Albemarle County, Virginia Employment Commission
- Community Profile City of Charlottesville, Virginia Employment Commission

Community Engagement Approach & CHNA Implementation Strategy

The goal of the Community Health Needs Assessment is to inform and guide the development of an implementation strategy aimed at impacting and improving the overall health of the UVA-HealthSouth community. In conjunction with UVA-HealthSouth leadership and stakeholders, a process was identified to collect input from public health experts as well as community leaders and representatives in the community served by the hospital. The qualitative input received was then synthesized to derive major themes that support, establish, and prioritize community health needs.

First, the data described above was used to identify priority health concerns for the communities UVA-HealthSouth serves. As part of this process, the CHNA workgroup examined existing efforts and resources available to improve these conditions. After that, a *Health Priorities & Implementation Strategy Review Session* was conducted which involved a process around prioritization of community needs. Finally, a process of determining which needs will be addressed was performed through guidance and input from key stakeholders in the community. This process led to a mapping out of new programs and policies that can be implemented to address the needs identified by the data and community members in the form of an implementation strategy and specific action plan.

Information Gaps

To the best of UVA-HealthSouth's knowledge, no information gaps have affected UVA-HealthSouth's ability to reach reasonable conclusions regarding community health needs.

IV. Results

A. Secondary Data

Demographic Characteristics of Community

UVA-HealthSouth Rehabilitation Hospital is located in the City of Charlottesville and is surrounded by Albemarle County. UVA-HealthSouth's market areas lie mainly within these regions. According to the US Census, Albemarle County and City of Charlottesville's population in 2015 was 152,300. As seen below in Exhibit 3, the county and the City's population has grown in the last 5 years.

EXHIBIT 3: UVA-HEALTHSOUTH'S POPULATION ESTIMATES

Annual Estimates of the City of Charlottsville & Albermarle County Resident Population: April 1, 2010 to July 1, 2015

■ Population Estimate (as of July 1)

Year	Population Estimate
2010	142,711
2011	144,035
2012	145,928
2013	148,232
2014	149,944
2015	152,300
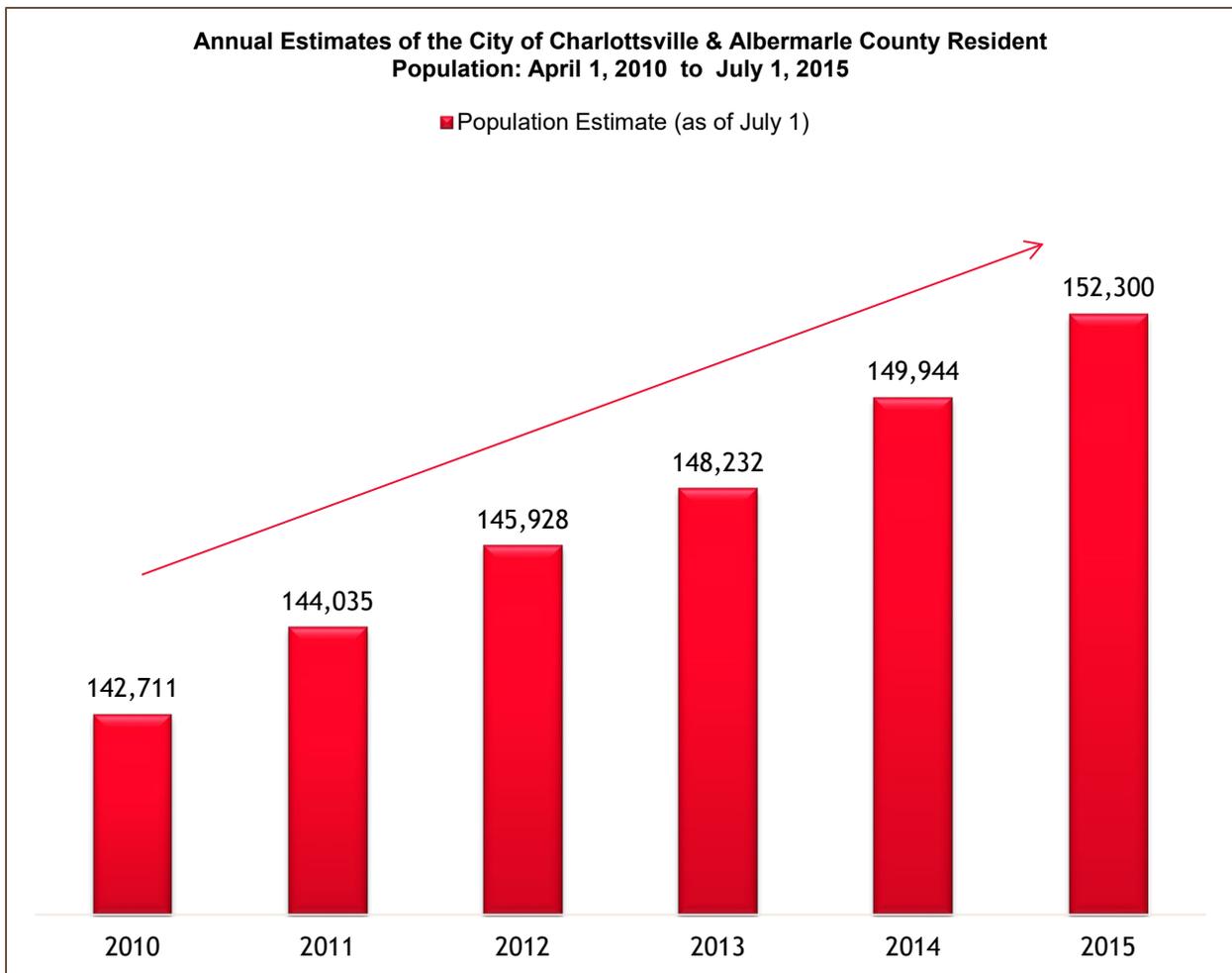
Source: US Census, American Community Survey Projections to 2015

As seen in Exhibit 4, the average age in Albemarle County and City of Charlottesville varies across the different zip codes in the county and the city. However, the average age is relatively high in most of the zip codes located in these regions.

EXHIBIT 4: ALBEMARLE COUNTY & CITY OF CHARLOTTESVILLE AGE DISTRIBUTION
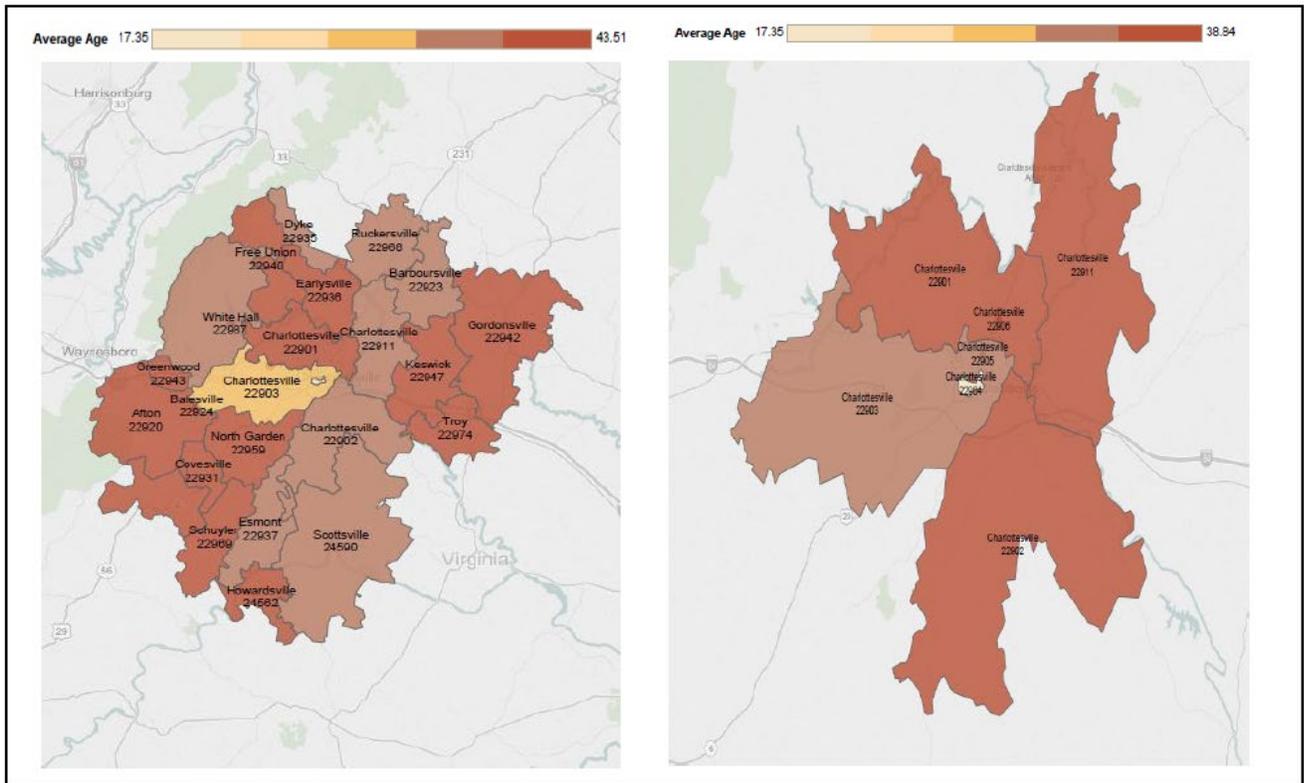
Source: US Census, American Community Survey Projections to 2015

According to the US Census, Albemarle County resident's racial and ethnic makeup in 2015 was:

- 82% Non-Hispanic White
- 10% African American
- 4.9% Asian, Native Hawaiian/Pacific Islander
- 2% Other
- 0.7% Hispanic
- 0.4% American Indian or Alaskan Native

According to the US Census, City of Charlottesville resident's racial and ethnic makeup in 2015 was:

- 70% Non-Hispanic White
- 19% African American
- 7% Asian, Native Hawaiian/Pacific Islander
- 5% Hispanic
- 3% Two or more Races
- 0.4% American Indian or Alaskan Native

Disability is defined in a variety of ways including: experiencing difficulty in participating in certain activities (such as lifting and carrying objects, seeing, hearing, talking, walking or climbing stairs), having more severe disabilities that require assistance in personal care needs (i.e. bathing) or routine care needs (i.e. housework). For the purpose of the UVA-Health-South Community Health Needs Assessment, disability was defined as such: being limited in any activities because of physical, mental, or emotional problems.

The 2014 American Community Survey estimated that in Albemarle County+, 6% of the population between ages 0-64 have some form of disability and 30% of the population ages 65+ live with disability. While in the City of Charlottesville, 7% of the population between ages 0-64 has some form of disability and 31% of the population ages 65+ live with disability as depicted in Exhibit 5.

EXHIBIT 5: POPULATION DISABILITY STATUS
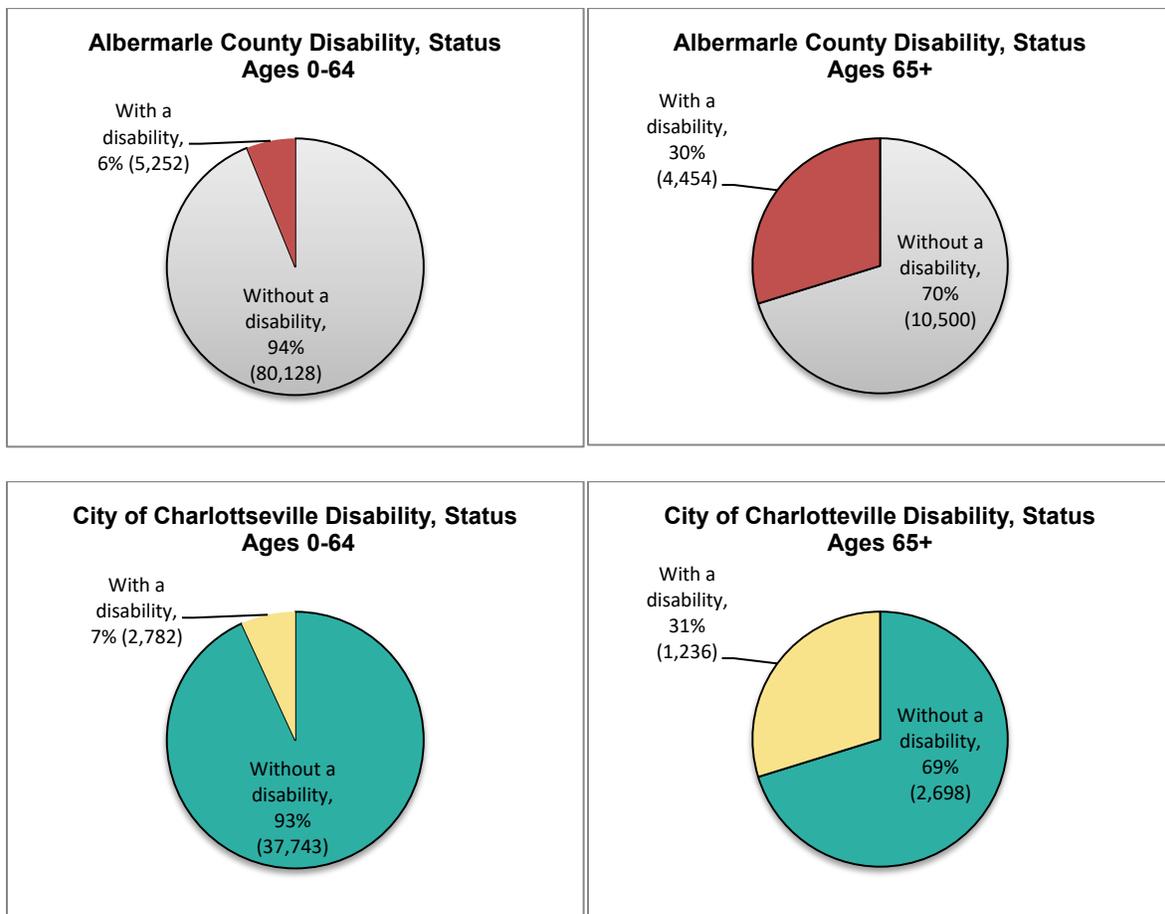
Source: US Census, American Community Survey Projections to 2015

The 2014 American Community Survey estimated that among those age 18-64 in Albemarle County, 6% were living with ambulatory difficulty (walking or climbing stairs), 2% were living with self-care difficulty (dressing or bathing), and 4% had difficulty living independently (difficulty doing errands alone such as visiting a doctor's office or shopping). Among people

age 65 and older in Albemarle County in 2014, an estimated 24% were living with ambulatory difficulty, 8% were living with self-care difficulty, and 17% had difficulty living independently.

In the City of Charlottesville, 4% were living with ambulatory difficulty (walking or climbing stairs), 2% were living with self-care difficulty (dressing or bathing), and 3% had difficulty living independently (difficulty doing errands alone such as visiting a doctor's office or shopping). Among people age 65 and older in the City of Charlottesville in 2014, an estimated 22% were living with ambulatory difficulty, 7% were living with self-care difficulty, and 14% had difficulty living independently. Based on these results, the CHNA Workgroup concluded that the elderly bear an inequitable share of disability-related outcomes in the Albemarle County and City of Charlottesville communities.

Median Income in Albemarle County is estimated to be $67,958, which is relatively high compared to national and State of Virginia averages, while Median Income in the City of Charlottesville is estimated to be $42,718 which is relatively low compared to national, state and County of Albemarle averages as depicted in the Exhibit below.

EXHIBIT 6: MEDIAN INCOME COMPARISONS

Median Income Comparisons

$67,958		$66,155	
			$53,657
	$42,718		
Albemarle County	**City of Charlottesville**	**Virginia**	**United States**
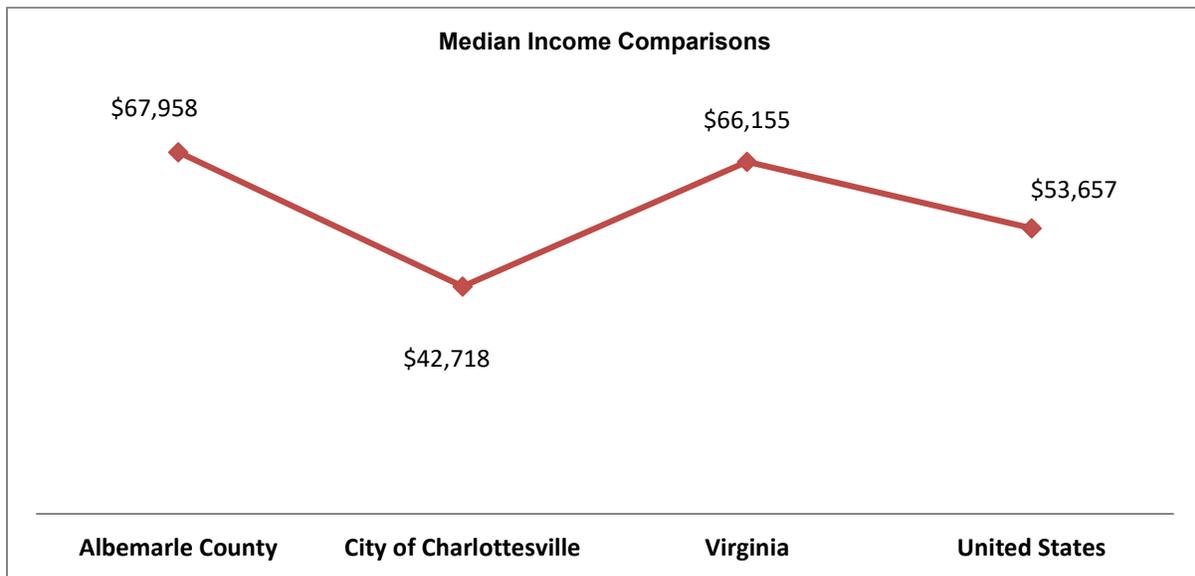
Source: US Census, American Community Survey Projections to 2015

As seen in Exhibit 7 below, the median income in UVA-HealthSouth's primary service area varies across the different zip codes served, which provides a reference to the healthcare access needs among different socioeconomic groups.

EXHIBIT 7: MEDIAN INCOME IN UVA-HEALTHSOUTH'S PRIMARY SERVICE AREA

Median Household Income (dollars)

$34,766 $112,368
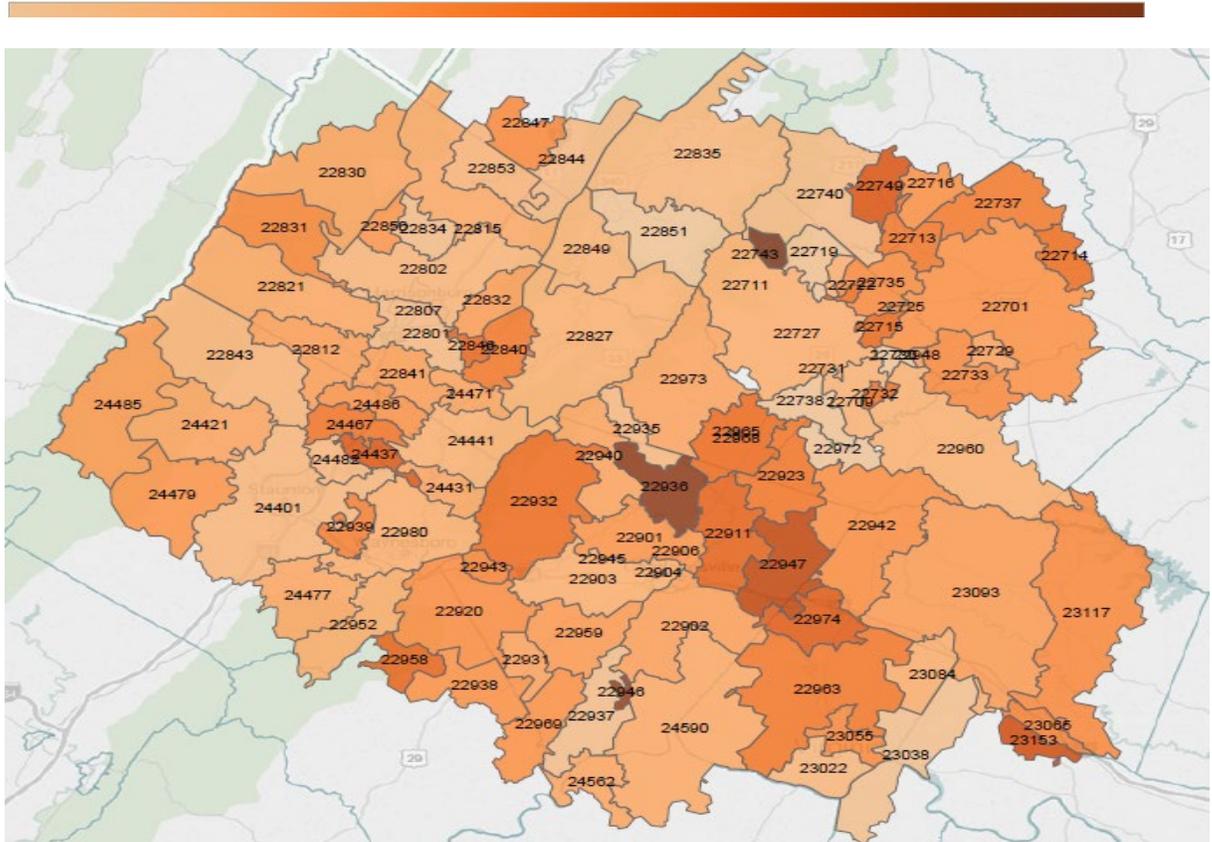
Source: US Census, American Community Survey Projections to 2015

In addition, as reported in the US census, 9.7% of the population in Albemarle County is living below poverty level, while in the City of Charlottesville, it is estimated that 28% of the population is living below poverty level. This socioeconomic distinction between the two regions is critical to understand the financial well-being of the two communities in terms of affording healthcare.

As reported by benchmarks from the US Census, the proportion of community members completing undergraduate and graduate education in Albemarle County and the City of Charlottesville averages higher than National and State Level medians as depicted in Exhibit 8 below. This is valuable information that indicates a need to further promote specific education programs (i.e. health access and prevention) to community members to impact their overall health status.

EXHIBIT 8: LEVELS OF EDUCATION IN ALBEMARLE COUNTY & CITY OF CHARLOTTESVILLE

Albemarle County & City of Charlottseville Educational Attainment
(Population 18 years and over)

	Graduate or professional degree	Bachelor's degree	Associate's degree	Some college, no degree	High school graduate (includes equivalency)	9th to 12th grade, no diploma	Less than 9th grade
Albemarle County	22%	24%	5%	20%	20%	5%	3%
City of Charlottesville	19%	22%	3%	25%	22%	6%	4%
Virginia	13%	19%	7%	23%	26%	8%	4%
United States	10%	17%	8%	24%	28%	9%	5%
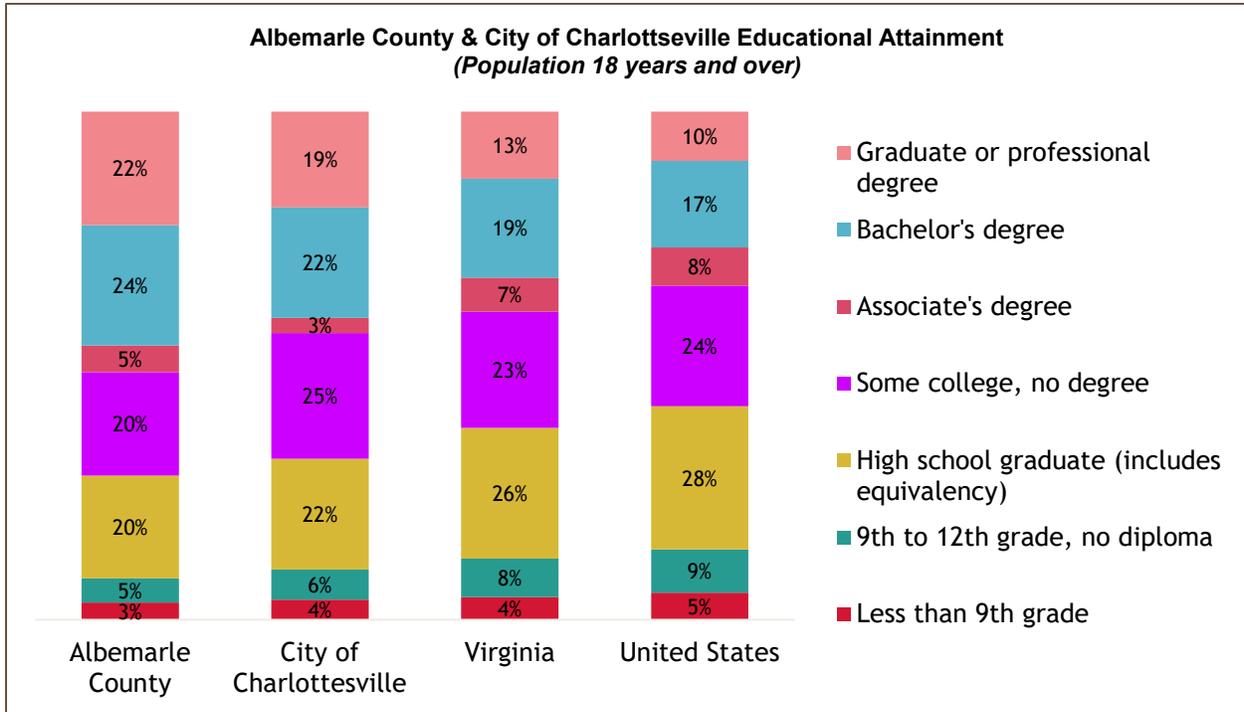
Source: US Census, American Community Survey Projections to 2015

Health Rankings

By any definition, health care has multiple components that determine the overall health outcomes for a community. Consequentially, quality of life outcomes are influenced by many factors ranging from less than optimal health behaviors (e.g. smoking, lack of physical activity, excessive drinking, etc.) to socioeconomic factors. Behavioral Risk Factor Surveillance System (BRFSS) ranks county and independent cities on several key indicators by giving weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment. Based on these rankings, Albemarle County's Health Outcomes rankings over the years have tended to show significant improvement compared to other counties in the State of Virginia, as illustrated in Exhibit 9, demonstrating that all interventions around health promotion have been positively received by the community. However, Health Outcome Rankings for the City of Charlottesville have been deteriorating, supporting the need for more intervention to improve the city's rankings.

The Robert Wood Johnson Foundation produces an annual report that ranks counties and cities in Virginia based on two major indices of population health: health outcomes (length

and quality of life) and health factors (clinical care, health behaviors/alcohol and drug use, social/environmental factors and physical environment). A ranking of "1" is the best, and "134" is the worst in the State of Virginia. A significant proportion of UVA-HealthSouth's patients come from across Albemarle County and the City of Charlottesville, and thus it is useful to understand where the county and the city rank as a whole in Virginia.
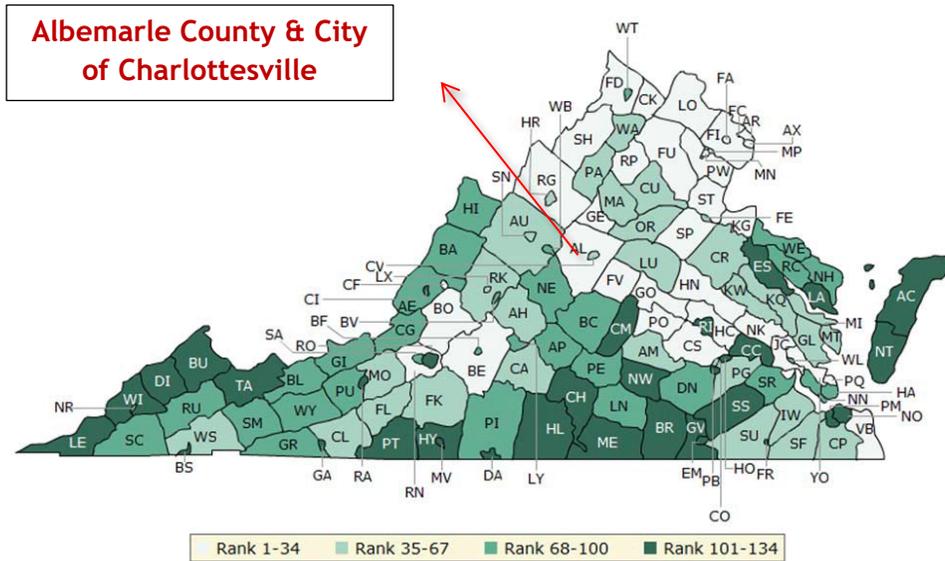
Source: County Health Rankings & Roadmaps, Robert Wood Johnson Program, 2015

EXHIBIT 9: HEALTH OUTCOMES ALBEMARLE COUNTY & CITY OF CHARLOTTESVILLE
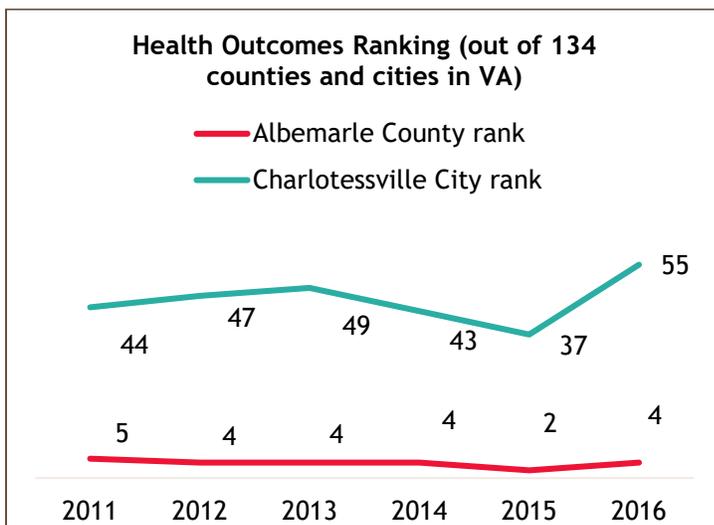
Based on equal weighting of measures around length of life (premature death) and quality of life (poor or fair health, poor physical health days, poor mental health days, low birth weight);

Albemarle County ranks among the top 5 counties in the state of Virginia with improved health outcomes over the past 5 years. City of Charlottesville ranks 55 out of 134 and has shown a decline in its overall health outcomes.

EXHIBIT 10: QUALITY OF LIFE ALBEMARLE COUNTY & CITY OF CHARLOTTESVILLE

Quality of Life Ranking (out of 134 counties and cities in VA)

— Albemarle Country rank
— Charlottesville City rank
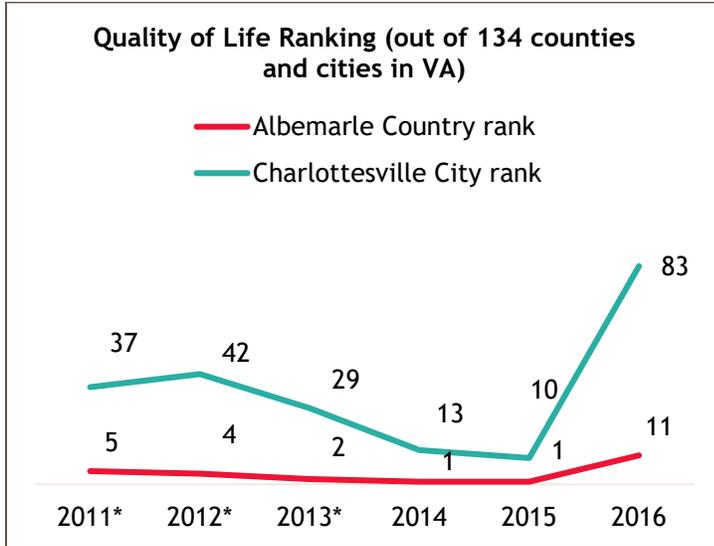
Based on weighting of measures around poor or fair health, poor physical health, mental health days, and low birth weight;

The overall Quality of life ranking has declined in Albemarle County from 1 to 11 in 2016, and in City of Charlottesville from 10 to 83 indicating the need for healthcare services and education to support improvement of these measures.

Source: County Health Rankings & Roadmaps, Robert Wood Johnson Program, 2015

Health Issues

Cancer is the leading cause of death among adults in Albemarle County and in the City of Charlottesville, followed by heart diseases as illustrated in Exhibit 11, indicating the need for preventative and curative services in this region.

EXHIBIT 11: LEADING CAUSES OF DEATH

LEADING CAUSES OF DEATH	ALBEMARLE	City of Charlottesville	VIRGINIA	UNITED STATES
HEART DISEASE	19.11%	19%	21.74%	23.53
UNINTENTIONAL INJURY	4.18%	4.33%	4.48%	5.03
CANCER	22.53%	23.6%	23.03%	22.52%
OTHER CAUSES	54.18%	53.1%	50.75%	48.92
TOTAL DEATHS	790	254	62,309	2,596,993

Source U.S Centers for Disease Control and Prevention

As illustrated in Exhibit 12, diabetes incidence rates in Albemarle and in the City of Charlottesville have decreased and are lower than the State of Virginia averages.

EXHIBIT 12: DIABETES TRENDS

% OF ADULTS AGED 20 AND ABOVE WITH DIAGNOSED DIABETES	2016	2015
ALBEMARLE	8%	10%
CITY OF CHARLOTTESVILLE	9%	10%
VIRGINIA	9%	10%

Source: County Health Rankings & Roadmaps, Robert Wood Johnson Program, 2015

Stroke mortality rates are high in Albemarle County and in the City of Charlottesville compared to State of Virginia averages as shown in Exhibit 13.

EXHIBIT 13: STROKE TRENDS

MORTALITY DUE TO STROKE (2014)	ALBEMARLE COUNTY	CITY OF CHARLOTTESVILLE	VIRGINIA	UNITED STATES
RATE OF DEATHS DUE TO STROKE	40.3 (per 100,000)	49 (per 100,000)	37 (per 100,000)	46 (per 100,000)

Source: Virginia Department of Health & Source U.S Centers for Disease Control and Prevention

Obesity can affect adults, children, and infants, and lead to poor quality of life and many chronic health conditions. It occurs when a person consumes more calories than they burn, and thus gains weight. However, the calorie needs of individuals vary widely. Diet and exercise is important, but genes, the environment, and social factors all play a role as well. Exhibit 14 below shows the 2016 obesity trend in Albemarle County and in the City of Charlottesville compared to that of the US Median and the State of Virginia.

EXHIBIT 14: OBESITY TRENDS

Adult Obesity (2016)

	Albemarle	City of Charlottesville	Virginia	US Median
■ Adult Obesity	23%	27%	27%	31%
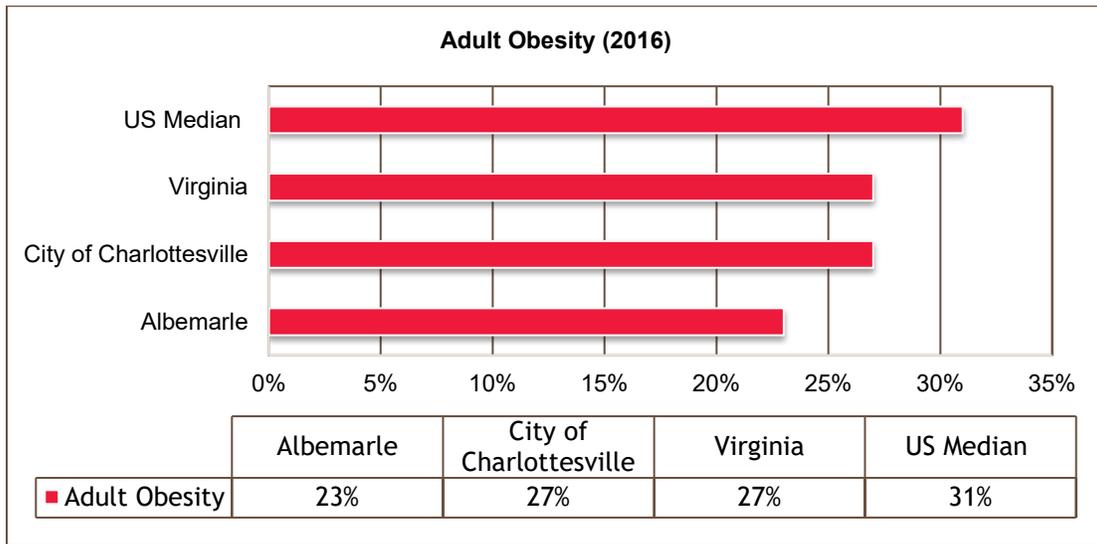
Source: County Health Rankings & Roadmaps, Robert Wood Johnson Program, 2015

Environmental Quality

The overall county ranking is based on a county's physical environment, which is measured by a combination of air pollution levels, drinking water violations, housing problems, driving alone to work, and long commutes. Albemarle County and City of Charlottesville's physical environment has deteriorated over the last few years, as shown in Exhibit 15, indicating a need for community level stakeholder involvement and community initiatives to improve the overall environmental quality in this region.

EXHIBIT 15: ENVIRONMENTAL CONDITIONS

Physical Environment Ranking (out of 134 counties and cities)

Albemarle County rank ——— Charlottesville City rank ———

45	35	33	47	53	98
13	3	5	27	26	22
2011	2012	2013	2014	2015	2016
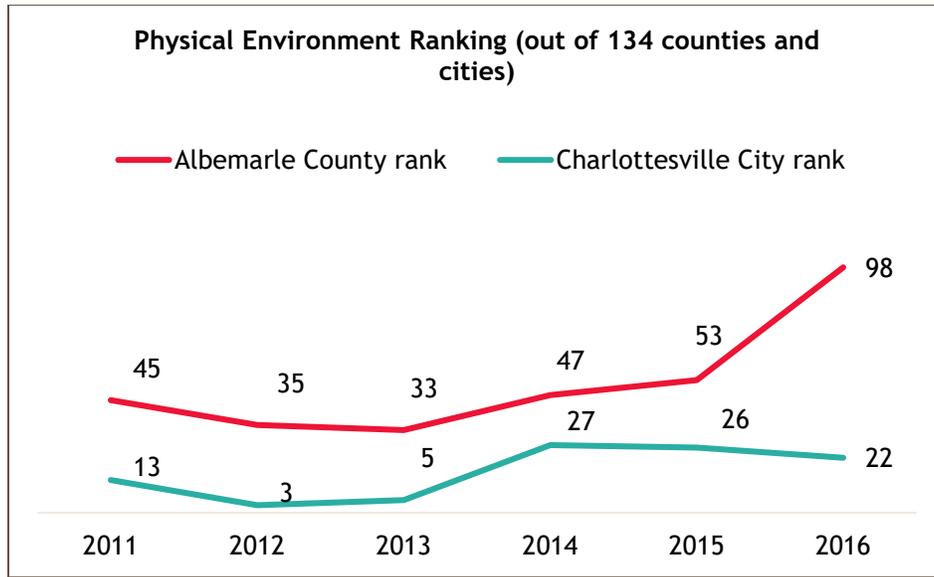
Source: County Health Rankings & Roadmaps, Robert Wood Johnson Program, 2015

In addition, there is a need to improve quality of life by improving access to more exercise options in Albemarle County, as demonstrated in Exhibit 16. The proportion of population who has access to exercise options in Albemarle County is lower than that of the State of Virginia and in the City of Charlottesville.

EXHIBIT 16: ACCESS TO EXERCISE OPTIONS

% OF POPULATION WHO HAVE ACCESS TO EXERCISE OPTIONS	2016	2015
ALBEMARLE	74%	77%
CITY OF CHARLOTTESVILLE	100%	100%
VIRGINIA	81%	81%

Source: County Health Rankings & Roadmaps, Robert Wood Johnson Program, 2015

Food Environment

The Food Environment Index looks at factors that contribute to a healthy food environment, with 0 being the worst and 10 being the best. Although the index does not have any dramatic changes for Albemarle County and the City of Charlottesville, Virginia and the US Median, the index is still relatively high, indicating that there are relatively healthy food environments at national, state, and county levels as depicted in Exhibit 17.

EXHIBIT 17: FOOD CONDITIONS

FOOD ENVIRONMENT INDEX	2016	2015	2014
ALBEMARLE	8.6	8.8	9.0
CITY OF CHARLOTTESVILE	7.2	7.1	7.5
VIRGINIA	8.3	8.3	8.5
US MEDIAN	7.2	7.3	N/A

Source: County Health Rankings & Roadmaps, Robert Wood Johnson Program, 2015

Yet, according to Robert Wood Johnson County Health Rankings, in 2015, the percentage of the population that lacked adequate access to food was 10% in Albemarle County, 18% in City of Charlottesville and 12% in the State of Virginia.

Unhealthy Behaviors

Albemarle County has low median averages of key unhealthy behavior indicators such as adult smoking, obesity, and physical inactivity compared to national and state level indicators. However, in the City of Charlottesville, unhealthy behaviors such as adult smoking are fairly high compared to national and state medians as depicted in Exhibit 18. When looking at the physical inactivity, smoking, and adult obesity trends in Albemarle County and in the City of Charlottesville, it is alarming to see how many adults are engaged in such unhealthy behaviors. These indicators point to a need for health promotion services in Albemarle County and in the City of Charlottesville to educate the population about these unhealthy behaviors and support improvement of overall health outcomes.

EXHIBIT 18: METRICS ON UNHEALTHY BEHAVIORS

Unhealthy Behavior	Metrics	Albemarle	City of Charlottesville	Virginia	US Median
Adult Smoking	defined as % of adults that report a BMI >= 30	15%	22%	20%	18%
Adult Obesity	defined as % of adults that report a BMI >= 30	23%	26%	27%	31%
Physical Inactivity	defined as % of adults aged 20 and over reporting no leisure-time physical activity	20%	19%	22%	28%

Source: County Health Rankings & Roadmaps, Robert Wood Johnson Program, 2015

Healthcare, Coverage, Access and Utilization

As illustrated in Exhibit 19, there is a higher percent of uninsured population among Black or African Americans, American Indian, Native American & Other Pacific Islander, and other undisclosed races in Albemarle County and the City of Charlottesville. In addition, a high proportion of the population that has attained less than a high school education is uninsured, as shown in Exhibit 20, indicating a need for improved health system navigation based on educational and support services for these groups in the community.

EXHIBIT 19: UNINSURED BY RACE IN ALBEMARLE COUNTY & CITY OF CHARLOTTSVILLE
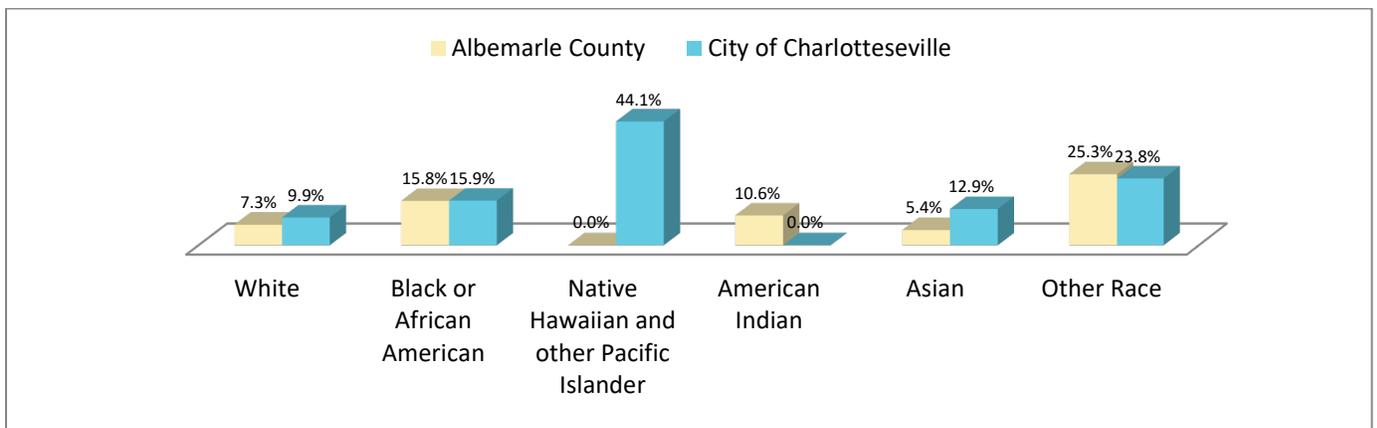
Source: US Census, American Community Survey Projections to 2015

EXHIBIT 20: UNINSURED BY EDUCATIONAL STATUS
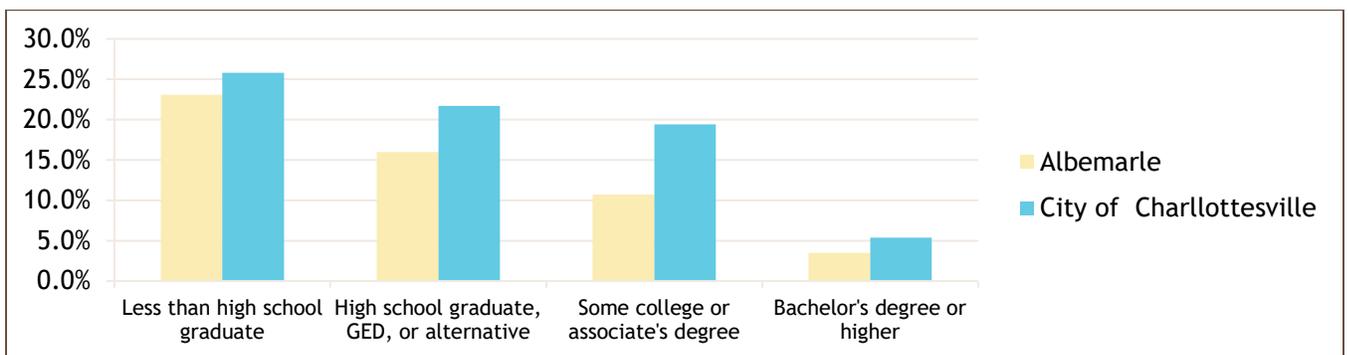
Source: US Census, American Community Survey Projections to 2015

Availability of Healthcare Personnel and Resources

There are adequate primary care providers in proportion to the population in Albemarle County and in the City of Charlottesville as shown in Exhibit 21, demonstrating that all levels of preventative measures can be implemented through support of these primary care providers.

EXHIBIT 21: AVAILABILITY OF PRIMARY CARE PROVIDERS

PRIMARY CARE PROVIDERS (2016)	ALBEMARLE COUNTY	CITY OF CHARLOTTESVILE	VIRGINIA
RATIO OF POPULATION OF PRIMARY CARE PROVIDERS OTHER THAN PHYSICIAN	2,223:1	243:1	1,530:1

Source: County Health Rankings & Roadmaps, Robert Wood Johnson Program, 2015

B. Primary Data: Results from Community Health Needs Assessment Survey

To gather community input, UVA-HealthSouth's Stakeholder Engagement Work Group members and leads organized and conducted a community health needs assessment survey to understand the overall health status of the community, identify any community health needs or gaps related to healthcare access and utilization, and to assess the adequacy of health insurance coverage among community members.

A total of 302 community members were surveyed between the ages of 16-95, representing diverse ethnicities and those who were residing in UVA-HealthSouth's primary and secondary service area zip codes.

Health Status and Quality of Life

Overall, survey respondents have positive perceptions of their general health and most of them reported their health to be excellent/very good/good. Despite reporting overall good health, community members expressed a desire to maintain their current weight and lose weight to improve their quality of life.

Survey respondents reported the following pre-existing health conditions; health conditions are ranked by frequency of response in Exhibit 22 below.

EXHIBIT 22: HEALTH CONDITIONS BY PERCENT OF RESPONDENTS

Health Conditions	% of Respondents
High Blood Pressure	30%
Depression	22%
Arthritis	20%

Health Conditions	% of Respondents
Orthopedic Injuries	20%
Diabetes	11%
Neurological Disorders	11%
Obesity/Weight Loss Issues	9%
Mental Health Issues	7%
Heart Disease & Stroke	7%
Lung Disease	3%
Cancer	2%
Pregnancy	2%
Hip Fractures	2%
Liver Disease	1%
Developmental Disability	1%
Drug or Alcohol Addiction	0%

The City of Charlottesville and Albemarle County community members' survey responses also highlight some of the major impairments or health problems that limit their day-to-day activities: back or neck problems (23%), any walking problem (15%), arthritis (13%), and dealing with stress/anxiety/depression (11%) were the most frequently reported health problems. The remaining impairments or health problems are outlined in Exhibit 23 below. Some of these impairments highlight the need for mental health and rehabilitation and physical therapy healthcare services to reduce the identified health problems in the community.

EXHIBIT 23: MAJOR IMPAIRMENTS OR HEALTH PROBLEMS LIMIT YOUR ACTIVITIES
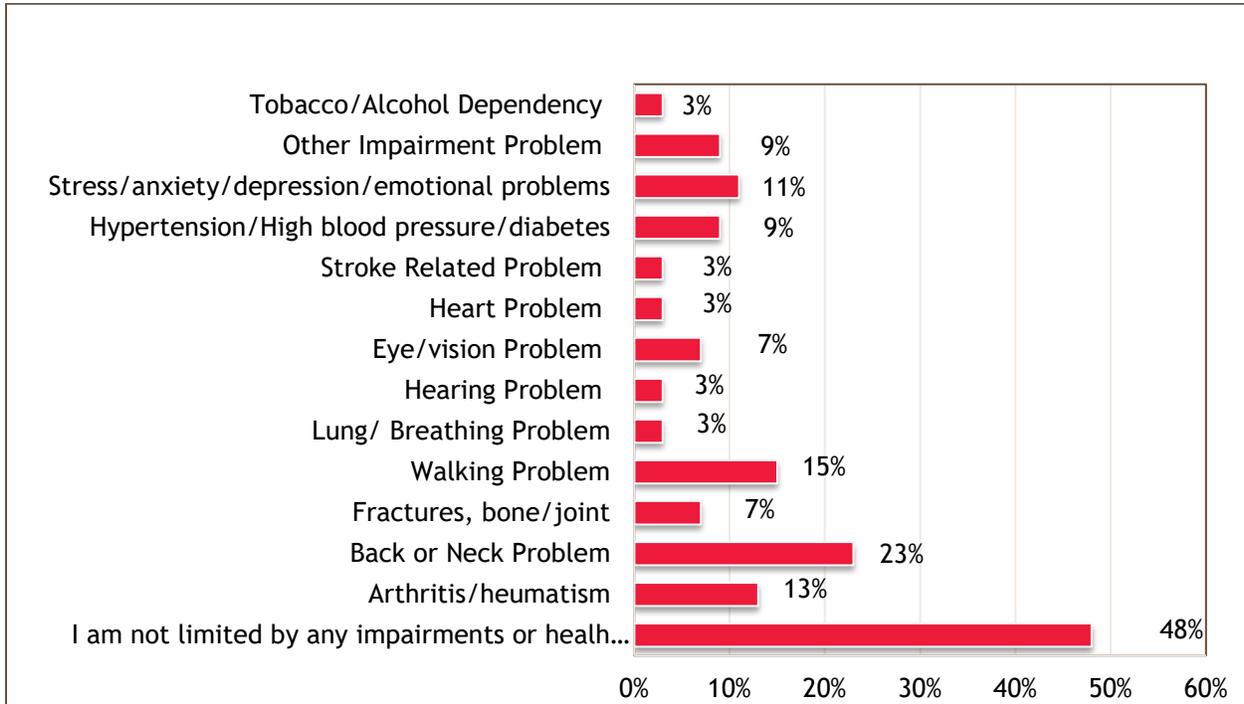
The members of the community surveyed who reported having some sort of an impairment or health problem also responded that they need assistance from other people to carry out day-to-day activities such as bathing, household chores, and shopping etc. In addition, 21% of the respondents report being the caregiver to a friend or family member who has a health problem, disability or illness.

Chronic care issues and mental health problems were also reported as conditions limiting activities for the respondents.

Healthcare Access and Utilization

The majority of the members of the community surveyed described seeking care for prominent health issues (such as Arthritis, High Blood Pressure, Neurological Disorders, Obesity or Weight Issues, Diabetes) at the doctor's office, community health centers, or at a clinic in a hospital. The survey respondents identified a need to have expanded physician hours and for there to be an improved availability of appointments with the doctor. Among the community surveyed, 29% of the respondents report going to an ER when the doctor's office was not open and 7% report going to an ER as they were unable to get an appointment at the hospital.

In addition, 18% of the survey respondents report accessing primary care and 13% report accessing dental health services outside of the City of Charlottesville and Albemarle County in the past 12 months. Based on the responses of community members, their primary care doctor was the primary resource for patients to seek information about their healthcare. At the same time, a majority of the respondents report having no transportation issues when it comes to accessing healthcare, showing their ease in accessing overall healthcare services.

Healthcare Coverage

Based on survey responses around healthcare coverage needs, a wide majority of the survey respondents from the community found the healthcare coverage in their communities to be adequate as seen in Exhibit 24. However, more than half of the respondents conveyed concerns with co-pays, premiums, and high deductibles.

EXHIBIT 24: SURVEY RESPONDENTS ADEQUACY OF HEALTH INSURANCE COVERAGE
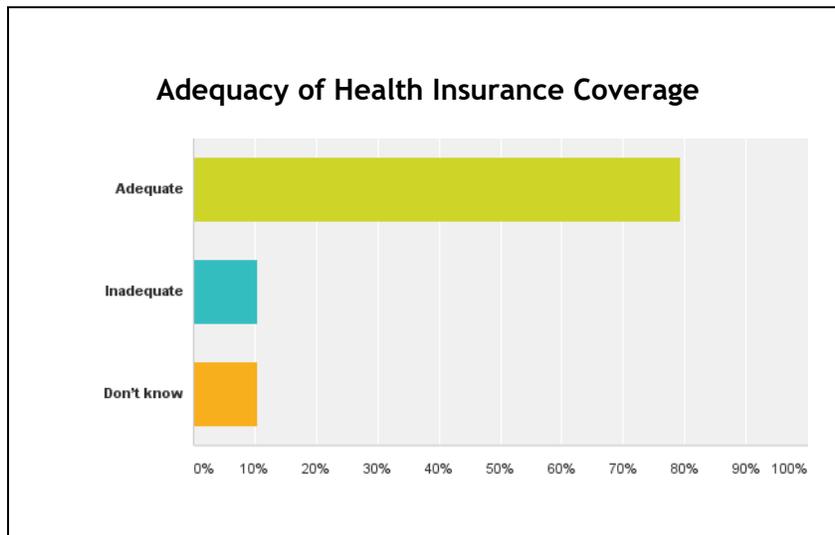
The Healthcare coverage percentages were also relatively high in the community, with 86% of the respondents reporting having some sort of health insurance coverage, be it private or public. In this community, employer-based health insurance coverage was the most prominent way of accessing health care followed by Medicare, and then Medicaid.

C. <u>Primary Data: Results from Focus Groups/Interview</u>

Community Leader Surveys & Focus Groups

Surveys and focus groups were conducted involving participation from community leaders representing a diverse group including major public health organizations, key healthcare providers in the City of Charlottesville and Albemarle County, and public relations experts etc. who serve the populations in the hospital's service area. A copy of the survey can be found in Appendix 1.

The responding organizations are listed below:

- University of Virginia Spine Clinic
- HealthSouth Rehabilitation Hospital of Petersburg
- Augusta Health System
- James Q Miller Multiple Sclerosis Clinic
- Wellmont Health System
- Virginia Department of Health

These community leaders identified some key issues accessing healthcare services which included: Access to care, patient compliance with physician orders, overweight/obesity, and mental health. Respondents also identified cancer, diabetes, dental health, heart disease, tobacco use and substance abuse/alcohol use as other issues.

Moreover, they identified gaps in service delivery in the healthcare system in Albemarle County as insufficient access to patient navigators, limited access to primary care and mental health services, limited patient education and few medical specialists.

Community input further identified that the most significant barriers that keep people in the community from accessing needed healthcare were an inability to navigate the health care system, access to specialized care, inability to pay out-of-pocket expenses (copays, prescriptions, etc.) and availability of providers/appointments.

Responses were consistent when asked what challenges people in the community face in trying to maintain healthy lifestyles, such as lack of urgency regarding personal health, and lack of access to gyms and exercise spaces.

When asked what factors caused community members to seek care elsewhere, respondents noted access to specialized care and major surgery as primary reasons. Respondents also stated that geographic proximity to clinics brought people in to UVA- HealthSouth from outside of the community.

Some of the existing organizational issues within the health system, as described by respondents, were related to patient navigation of the healthcare system with a lack of patient navigators being the primary reason for this. In addition, siloed care pathways, difficult appointment scheduling, and delays/long wait times were also noted.

A number of community challenges were identified by the community leaders, which included barriers to care and health, lack of accessible/available exercise spaces, lack of in-home accessibility equipment, lack of access to transportation, time restraints when managing chronic conditions and a lack of education about available services and providers in the area.

Community input suggested implementing a number of initiatives to address some of the above issues such as Faith Community Nurse Network, wellness partnerships, financial stability coordinators, accepting of charity cases by hospitals and Department of Health education and communication initiatives.

V.   Findings & Summary

Four significant health needs were identified through the Community Health Needs Assessment (CHNA):

EXHIBIT 25: SIGNIFICANT HEALTH NEEDS

1. **Increase access to needed health and rehabilitation services**

2. **Support community needs around obesity reduction and prevention**

3. **Enhance access to mental health services**

4. **Increase community resources for disabled population & caregivers**

Description of Needs Prioritization Process

A UVA-HealthSouth CHNA Implementation strategy and needs prioritization session was organized and facilitated by BDO and UVA-HealthSouth's CHNA Workgroup. After reviewing the primary and secondary data analysis for UVA-Health South, a team of leaders from the hospital assembled to determine priority health needs. The needs prioritization process included input from hospital leaders who work closely with the community and have an in-depth understanding of the needs of the community they serve.

The UVA-HealthSouth's CHNA work group determined a set of criteria with which to select priority health needs. These included: (1) magnitude of the problem, (2) alignment of the problem with organizational strengths and priorities, and (3) existing resources to address the problem. Feedback from external community leaders, as described in the Focus Groups/Leadership Interviews of this report, was a driving factor in this prioritization process as well. The health needs covered in the implementation strategy address those identified through the CHNA. In addition to the actions UVA-HealthSouth intends to take to address the identified health needs, UVA-HealthSouth set forth how these strategies will reduce these

barriers and delineate performance measures to track the strategies' impact on the barriers. UVA-HealthSouth also identifies the programs and resources they will commit to address the health needs.

VI.   Implementation Plan

EXHIBIT 26: IMPLEMENTATION PLAN

Priorities	Implementation Strategies	Performance Measures
Support Community needs around Obesity Reduction and Prevention	• **Organize free Body Mass Index (BMI) Measurement Camps in the community.** • **Disseminate educational programming and materials on obesity reduction & better nutrition at these camps**	**# of BMI Measurement Camp participants collected**
Improve Access to Quality Community Resources for Disabled Population & Caregivers	• **Collaborate with Social Services Agencies on programming through hospital specifics support group/committees**	**Improvement in the # of patient/caregivers reporting access to community resources** **Level of participation in new or enhanced support group**
Enhance Access to Mental Health Services	• **Encourage improved physician screening/referrals for patients with mental health disorders and support the improvement of access to mental health support services in the community**	**# of mental health screenings**
Improve Access to Needed Health and Rehabilitation Services	• **Engage with existing Patient Navigator programs and care management programs to improve access to healthcare services.**	**# of community members referred to patient navigators/care managers**

Implementation Plan Summary Addressing the need for Supporting Obesity Reduction and Prevention in the Community

It was emphasized that UVA-HealthSouth's community has concerning rates of obesity while conducting the community health needs assessment. Community members had a desire to improve their quality of life by maintaining healthy lifestyles and adequately reducing obesity in the community. To address this need, UVA-HealthSouth will organize health camps where they will provide free tests to the community to measure Body Mass Index and also disseminate educational programming and materials on obesity prevention and reduction.

Implementation Plan Summary Addressing Improved Community Resources for Disabled Population & Caregivers

Improved resources for the disabled population and their caregivers were identified as a priority during UVA-HealthSouth's community health needs assessment. To address this need, UVA-HealthSouth will work with Social Services agencies and public agencies to create

appropriate goals and organize support groups such as stroke, fall prevention, etc., as well as connect patients and caregivers to existing community services. The goal will be enhance access to resources already available and strengthen resources where there is a gap, primarily focused on the elderly in the Albemarle and Charlottesville communities, and community and in-home caretakers.

Implementation Plan Summary Addressing the need for Enhanced Access to Mental Health Services

UVA-HealthSouth's community health needs assessment saw an emphasis on the need for enhanced access to mental health services. To address this need, UVA-HealthSouth will work to enhance an existing process currently in place to screen patients for mental health disorders, connect patients with an identified need to the appropriate mental health services in the community, and provide the necessary follow-up to ensure patients are connected to services. This process will include tracking patient screening and follow-up to measure success and allow for modifications as needed.

Implementation Plan Summary Addressing the need for Increase Access to Needed Health and Rehabilitation Healthcare Services/Providers

During the community health needs assessment, it was emphasized that health systems in UVA-HealthSouth's community needed to address patients' lack of awareness about the existence of services around rehabilitation needs of the community. Even if aware, confusion exists about how to access rehabilitation services appropriately and navigate the health system. This resulted in a consistent suggestion that the general community engage and improve Patient Navigation and Care Management Programs to assist community members in accessing services and managing health information. Patient navigators are health professionals, community health workers, or highly trained patient liaisons who coordinate healthcare for patients and assist them in navigating the healthcare system. A care manager is a health and human services professional who acts as a guide and advocate for families who are caring for older relatives or disabled adults. Care Managers are educated and experienced in several fields related to aging life care/care management including, but not limited to nursing, gerontology, social work or psychology with a specialized focus on issues related to aging and elder care. Patient navigators/Care Managers can help patients evaluate their treatment options, obtain referrals, get appointments, seek insurance coverage and apply for financial assistance. UVA-Health South will work to connect patients requiring additional support to existing community care management/patient navigator services and enhance existing services.

VII.   Conclusions

As part of its overall CHNA and CHNA Implementation Strategy, UVA-HealthSouth will focus on these primary needs and work in collaboration with others throughout the community to best utilize resources, improve communication and work toward measurable changes that address unmet needs in Albemarle County and the City of Charlottesville.

VIII.   Appendix

Appendix A – UVA-HealthSouth Community Health Assessment Survey

UVA-HealthSouth Rehabilitation Hospital is conducting a Community Health Needs Assessment (CHNA). As part of this project, we are gathering information to better understand the healthcare services available in City of Charlottesville and Albemarle County. Please share your thoughts with us by answering the following questions. Your participation is voluntary, and your responses are anonymous. You must be 18 years of age or older to participate.

We greatly appreciate your participation in this survey. Thank you

SOCIO-DEMOGRAPHICS

1. **What is your zip code? _____**

2. **What is your age? _____**

3. **What gender do you identify with?**
    __ Female   __ Male   __ Transgender

4. **What is your ethnicity? (check all that apply)**
    __ African American   __ Caucasian
    __ African   __ Latino/Hispanic
    __ Asian   __ Native American
    __ Arabic/Middle Eastern   __ Mixed race/ethnicity
    __ Caribbean/ West Indian __ Pacific Islander
    __Other (specify)

5. **What is your highest level of education? (check one)**
    __ K-8 grade   __ Some college
    __ Some high school __ College graduate
    __ High school graduate __ Graduate school
    __ Technical school   __ Other (please specify) _____

6. **Employment Status? (Check one)**
    __Full-time Employed for wages
    __Part-time Self-employed
    __Out of work for more than 1 year
    __Out of work for less than 1 year
    __Homemaker
    __Student
    __Retired
    __Unable to work

7. **Is your annual household income from all sources (Check one)**
    __ Less than $10,000
    __$10,000 to $14,999
    __$15,000 to $19,999
    __$20,000 to $24,999
    __$25,000 to $34,999
    __$35,000 to $49,999
    __$50,000 to $74,999
    __$75,000 or more
    __Don't know

8. **What is your household type?**
   __ Single Adult
   __ Adults
   __ Adult(s) with children
   __ Elderly only (Age 65+)

HEALTH STATUS AND QUALITY OF LIFE

9. **Would you say that in general your health is:**
   __ Excellent
   __Very good
   __Good
   __Fair
   __Poor

10. **Are you now trying to..**
    __Maintain your current weight, that is, to keep from gaining weight
    __ Lose weight
    __ Gain weight
    __ None of the above

11. **What major impairments or health problems limit your activities? (Check All That Apply)**
    __I am not limited by any impairments or health problems
    __Arthritis/rheumatism
    __Back or neck problem
    __Fractures, bone/joint
    __Walking problem
    __Lung/breathing problem
    __Hearing problem
    __Eye/vision problem
    __Heart problem
    __ Stroke-related problem
    __Hypertension/high blood pressure Diabetes
    __Cancer
    __Stress/anxiety/depression/emotional problems
    __Tobacco dependency Alcohol
    __Drug addiction
    __Learning disability
    __Developmental disability
    __Other impairment/problem _____

13. Because of any impairment or health problem, do you need the help of other persons with any of the following needs? (Check All That Apply)

__Eating Bathing Dressing
__Getting around the house

__Household chores
__Doing necessary business (eg. Using computer, typing, writing etc.)
__Shopping
__ other_____

14. During the past month, did you provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability?

__Yes
__No
__Don't know

HEALTHCARE ACCESS AND UTILIZATON

15. **Do you have any of the following health conditions? (check all that apply)**
    __ Arthritis   __ Lung disease (e.g. COPD, emphysema)
    __ Cancer   __ Mental health issues
    __ Diabetes   __ Depression
    __ Drug and/or alcohol addiction __ Heart disease & stroke
    __ Pregnancy
    __ Orthopedic Injuries   __ Neurological Disorders
    __ High Blood Pressure   __ Liver Disease
    __ Obesity/weight loss issues   __ Hip Fractures
    __ Developmental Disability (mental retardation, cerebral palsy, epilepsy, autism,)
    __Other (please specify) _____

16. **Which of the following conditions do you get health care treatment for? (check all that apply)**
    __ Arthritis   __ Lung disease (e.g. COPD, emphysema)
    __ Cancer   __ Mental health issues
    __ Diabetes   __ Depression
    __ Drug and/or alcohol addiction __ Heart disease & stroke
    __ Orthopedic Injuries   __ Neurological Disorders
    __ High Blood Pressure   __ Liver Disease
    __ Obesity/weight loss issues   __ Hip Fractures
    __ Developmental Disability (mental retardation, cerebral palsy, epilepsy, autism,)
    __ Pregnancy
    __Other (please specify) _____

17. **If you get treatment for these conditions or any other health concerns, where do you/they go? (check all that apply)**
    __ Health care provider's office (Doctor or other)
    __ Traditional healer's office (holistic health clinic)
    __ Community health center or clinic
    __ Clinic in hospital
    __ Urgent care center

__ Hospital emergency department
__ Other: _____
__ Do not get treatment

18. **What transportation issues do you have when you need services? (Check All That Apply)**
__No car
__No driver's license
__Can't afford gas
__Disabled
__Car does not work
__No car insurance
__Other car issues/expenses
__Limited public transportation available or accessible
__No public transportation available or accessible
__I do not have any transportation issues

19. **In the past year, if you went to a health care provider, what was the reason? (check all that apply)**

__ Medical emergency   __ Needed a note from a health care provider
__ Medical test   __ Regular check-up
__ Didn't feel well   __ Follow-up visit
__ Medication refill   __ Did not go to a health care provider

20. **In the past year, have you been to an Emergency Department?**
__ Yes   If yes, how many times? _____
__ No

21. **If you went to the Emergency Department, what was the reason? (check all that apply)**
__ Emergency room is closest provider   __ Health care provider said to go
__ No other place to go   __ Doctor's office not open
__ Arrived by ambulance   __ Problem too serious for doctor's office
__ Only hospital could help   __ Most care is at emergency room
__ Could not get an appointment with a health care provider

22. **Do you know what to do for you or members of your household if a health condition gets worse?**

___ Yes
___ No
If yes, where do you go?_____

23. **Are you satisfied or dissatisfied with your health care?**
__ Very satisfied
__ Somewhat satisfied
__ Somewhat dissatisfied

__ Dissatisfied
__ Not receiving care

24. **In the past 12 months, have you chosen to go outside of Albemarle County for any of these health care services? (Check All That Apply)**

__Don't use any services outside of Albemarle County
__Specialty care
__ Primary care
__ Dental services
__ Cardiac care
__Orthopedic care
__Cancer care
__Mental health care
__Hospice care Palliative care
__ Pediatric care
__Obstetrics/Gynecology/NICU
__ Developmental disability services
__ Addiction services
__Another service_____
__Don't know

25. **How do you prefer to get information about your health or healthcare services? (Check All That Apply)**

__Family member or friend
__My doctor
__Newspaper articles or radio/television news stories
__Internet searches
__Advertising or mailings from hospitals, clinics, or doctors' offices
__Facebook
__Billboards
__Texts on cell phone
__Other
__Don't know

HEALTH CARE COVERAGE

26. **Do you have any kind of health coverage, including health insurance, prepaid plans such as HMO's, or governmental plans such as Medicare, Medicaid, or Healthy Start/Healthy Families?**

    __Yes
    __No – **GO TO QUESTION 27**
    __Don't know/Not sure

27. **What type of health care coverage do you use to pay for most of your medical care?**

__Your employer
__Someone else's employer
__A plan that you or someone else buys on your own
__Medicare
__Medicaid or Medical Assistance
__The military, CHAMPUS, TriCare, or the VA
__The Indian Health Service
__Some other source
__None
__Don't know

28. **Do you consider your health care coverage adequate or inadequate?**

__Adequate
__Inadequate
__Don't know

29. **Have you had any of the following issues regarding your health care coverage? (Check All That Apply)**

__Co-pays are too high
__Premiums are too high
__Deductibles are too high
__High deductible with HSA account
__Opted out of certain coverage because I could not afford it
__Opted out of certain coverage because I did not need it
__I cannot understand my insurance plan
__Working with my insurance company (such as inability to contact customer service, too long a wait on the phone, claims are often denied, etc)
__None of the above
__Don't know

Appendix B - Stakeholder Engagement Approach Overview – Focus Group/Survey

1) **Survey:**
    a. <u>Goal</u>: Surveys to secure feedback about community health needs and gaps in health and social services
    b. <u>Survey Targets</u>: a) Community members (concert) b) UVA-Health South Rehabilitation Hospital, UVA Medical Center, and Sentara Martha Jefferson Hospital patients & caregivers c) Patients & caregivers of other community providers

2) **Key Informational Interviews & Focus Groups**
    a. **Goal:** Collect information from health and community experts familiar with particular populations and patients, patients and caregivers, and healthcare providers/stakeholders.
    b. **Targets:**
    1) Health & Community stakeholders: a) Post-Acute Division of UVAMC (post-acute providers) b) CFO's from VA hospitals c) Rehab- Board of VA Hospital Association d) Public health stakeholders e) Other healthcare providers in Charlottesville (e.g. Sentara Martha Jefferson Hospital)
    2) Patient & Caregiver Groups a) Stroke Comeback Club b)Brain Injury Support Group, c) Alcoholics Anonymous meeting d)Other?
    3) UVA-Providers Focus Group or interviews (Case Managers, other providers)

Introduction Statement: to be referenced prior to start of focus groups/interviews

UVA-HealthSouth Rehabilitation Hospital is conducting a Community Health Needs Assessment (CHNA) that will help the organization to better understand the needs of the people we serve, even after they leave UVA-HealthSouth. Focus groups and interviews are being conducted with key stake holders in the community (Community Partners, Patients/Family members and Community programs and services). The purpose is to create an action plan to prioritize and address the community health needs that are identified. The end goal is to improve the health of the community, especially among the most vulnerable populations due to disability or socioeconomic challenges.

We are interested in learning what works well, but we are most interested in identifying things that can be improved.

Key Informational Interviews /Focus Groups:

I.   **Health & Community stakeholders:**

a) Post-Acute Division of UVAMC (post-acute providers)

b) CFO's from VA hospitals

c) Rehab- Board of VA Hospital Association

d) Public health stakeholders

_____

Name/Title:

Organization/Affiliation:

Organization Type:

a)   Health care provider

b)   Mental/behavioral health organization

c)   Non-profit/social service/aging

d)   Faith based/culture organization

e)   Education/Youth Services

f)   Government/Housing/Transportation Sector

g)   Business Sector

h)   Community Member

i)   Other (please specify)

1. Briefly describe the services your organization offers, and the populations you serve.

2. What are the top five (5) health issues you see in your community:

     a.   Access to care/uninsured

     b.   Cancer

     c.   Dental health

     d.   Diabetes

     e.   Heart disease

     f.   Mental health/suicide

     g.   Overweight/obesity

     h.   Stroke

     i.   Substance abuse/alcohol use

     j.   Tobacco

     k.   Other (specify)

3. In your opinion what are the biggest issues or concerns facing the people served by your organization/in your community and in surrounding communities?

   Examples include: a) Affordable medical care b) Primary care providers c) medical specialties d) mental health services e) substance abuse services f) bilingual services g) transportation h) prescription assistance i) health education/information j) coordination of care/services h) health screening i) other

4. Please share any trends you have witnessed in the following areas:

   a. Noted demographic changes (size, age, race/ethnicity) particularly focusing on vulnerable populations

   b. Economic variables/social determinants of health

   c. Provider community, physicians, hospitals and other healthcare providers

   d. Health status

   e. Access to care

5. If residents are leaving the community to receive certain services, what services are not accessible locally? Why do residents need to travel for care? Are people entering the county for services? Why/from where?

6. Please discuss the kinds of problems that the people served by your agency (by community agencies) have in accessing health care, mental and behavioral health, and/or social services for themselves and/or their families?

   Examples include: a) language barriers b) transportation c) lack of health insurance d) lack of information on available resources e) delays in getting needed care f) economic factors g) other (please specify)_____

7. What are the community organizations/assets that are or could be working to address these needs?

8. What role do you see the hospitals in the area currently playing to help address the community health issues? What role do you think they should play?

9. If resources were not a concern, what specific initiatives would you recommend to address the most pressing access or health status problems in the community?

10. What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy and/or training to manage chronic conditions like diabetes or heart disease?

II. Patient & Caregiver Groups

    a) Stroke Comeback Club

    b) Brain Injury Support Group

    c) Alcohol Anonymous meeting

    d) Other?

_____

1. What are your leading health concerns?

2. What are your top five barriers to receiving needed healthcare or other services:

    a. Affordable care/cost

    b. Lack of insurance

    c. Lack of transportation

    d. Provide not a member of the insurance plan

    e. Difficulty getting an appointment

    f. Lack of behavioral health services

    g. Transportation

    h. Prescription assistance

    i. Health education/information

    j. Coordination of care/services

3. What has been your experience with UVA-Health South? What if anything would make your experience more positive?

4. It would be easier to manage my condition if I had access to the following programs or services: Please name.

5. What is your experience navigating the health care system? What challenges do you face?

6. Please provide ideas for making health care and the community friendlier to people with disabilities: Please name: (For Stroke Comeback Group and Brain Injury Support Group only)

III. Key Informational Interviews/Brief Questionnaire

      a. UVA-HealthSouth Providers (e.g. Case Managers)

_____

1. What are the leading health concerns among the populations you serve?

2. What gaps have you identified through patient interaction and issues raised to you by patients, families and caregivers?

3. What recommendations do you have for addressing these gaps?

4. Please provide your thoughts on programs and services available at UVA-HealthSouth? Are there healthcare services that are missing and/or under-resourced?

5. Are there social services that are missing or under-resourced?

6. Prevention/wellness: What works, what doesn't work?

7. Access to care: what works, what doesn't work?

8. Care coordination: what works, what doesn't work?

9. Please provide your thoughts on programs and services available in community based settings.

      a. Include: Clinical and Quality of Life/Social