

COMMUNITY HEALTH ASSESSMENT

Richmond City

2017

CENTRAL VIRGINIA REGION

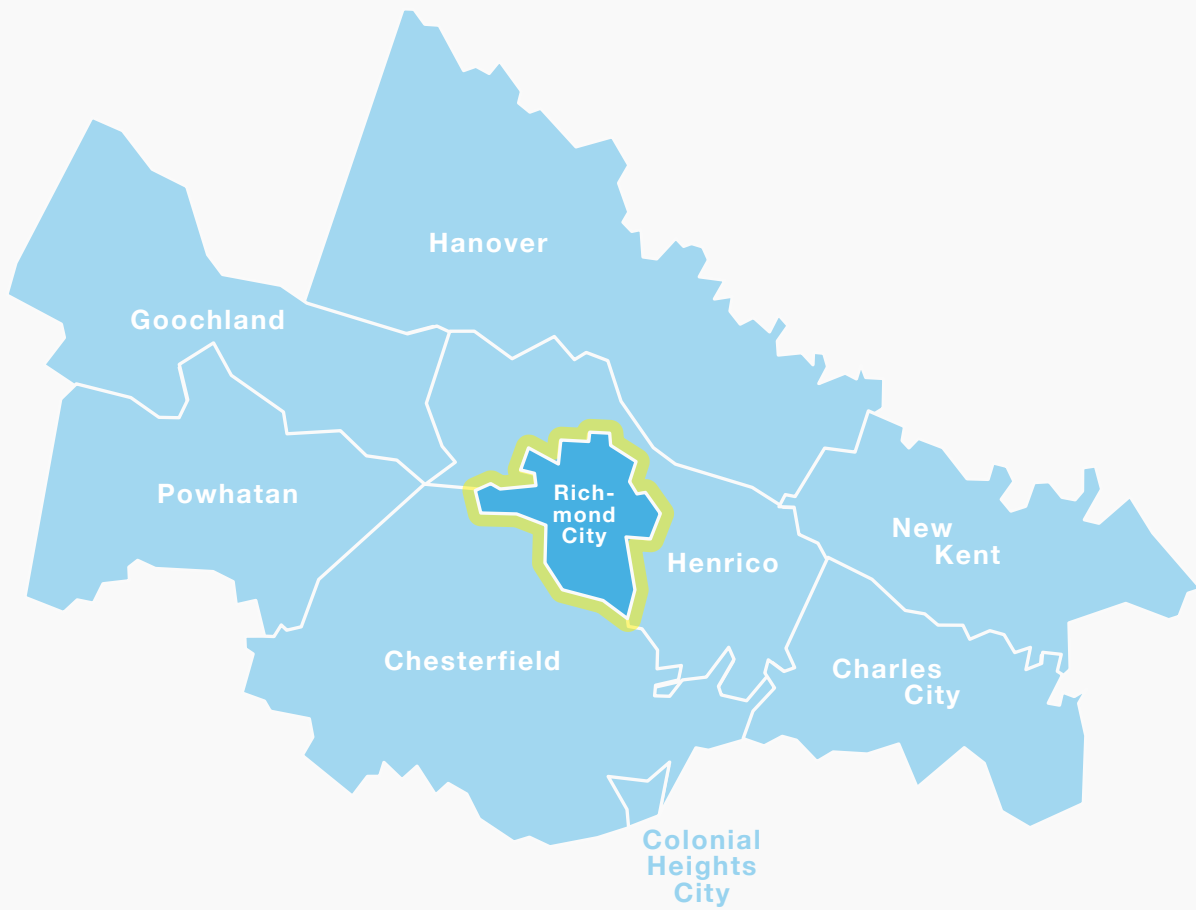







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EXECUTIVE SUMMARY

The Richmond City Health District engaged with community partners to assess the current state of the community's health in our pursuit of accomplishing our mission to "promote healthy living, protect the environment, prevent disease, and prepare the community for disasters."

Health is affected by where and how we live, work, play, and learn. Understanding these factors and how they influence health is critical to efforts aimed to improve the health of the community. Identifying the health issues of an area and their larger context and then developing a plan to address them are key steps in the larger health planning process. To accomplish these goals, the Richmond City Health District, in collaboration with community partners, is working to assess and improve the health of Richmond residents. This effort entails two major phases:

1. A community health assessment (CHA) to identify the health-related needs and strengths of Richmond
2. A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific strategies to be implemented in a coordinated way across the city

This report discusses the findings from the CHA. These findings will inform the creation of the CHIP.

The assessments that collectively make up the CHA were conducted to fulfill several overarching goals, specifically:

To examine the current health status across Richmond as compared to state and national indicators

- To examine the current health status across Richmond as compared to state and national indicators
- To explore the current health concerns among Richmond residents within the social context of their communities
- To identify community strengths, assets, and resources to inform funding and programming priorities of Richmond.

The following priority health issues were identified through this process:



PROCESS

The development of this community health assessment for the City of Richmond was a collaborative effort among various stakeholders in the community in an innovative process whereby existing collaborative programs and processes that most closely align with the goals of the CHA were utilized rather than embarking on a brand new process.

Collaborative projects and assessments referenced throughout the CHA with respect to the identified community health priorities include:

The Capital Region Collaborative's Resident Survey Results and Healthy Community Workgroup Report

The Capital Region Collaborative evolved from discussions between ChamberRVA and the Richmond Regional Planning District Commission to launch a regional effort to engage government, business, and community stakeholders in prioritizing and implementing actions that will enhance the quality of life in the Richmond Region.

CRC'S COLLABORATIVE PROCESS

The region did not need another quick, visioning activity, but instead a sustained collaboration between government, business, and the community.

Through a series of 10 focus groups, 85 public conversations, a scientific telephone survey, and an online survey, more than 8,000 voices came together and identified eight priorities for the region – education, workforce preparation, job creation, social stability, healthy community, coordinated transportation, the James River, and quality place.

In 2012, the Capital Region Collaborative released a report of their findings. The public was invited to join work groups in each priority area, which were tasked with identifying specific ways that the collaborative efforts of the community, business sector, and government agencies could make a difference in each area.

CRC TODAY

CRC continues to use their eight-priority framework to bring together stakeholders in the region. There are action teams for each priority area who use the regional indicators, as well as feedback from the community, original work groups, and specific national best-practice models, to identify strategies to achieve the region's shared vision.

Bon Secours Community Health Needs Assessment

The Affordable Care act enacted on March 23, 2010, added requirements that non-profit hospitals must satisfy in order to retain their 501(c)(3) status. One of those requirements is to conduct a community health needs assessment and adopt an implementation strategy at least once every three years. The Bon Secours Health System serves the larger Richmond, Virginia metropolitan area and includes four hospital facilities whose service areas largely overlap. While the hospitals serve patients from many cities and counties, the majority of patients fall within the counties of Chesterfield, Henrico, Hanover and the City of Richmond. For the purposes of this CHNA document, these are referred to as the "Richmond Core Service Area."

An online survey to assess community needs was conducted as part of the CHNA process. Five community conversations were held as part of the CHNA process, three of these conversations took place in the City of Richmond. The CHNA quantitative and qualitative information with input from the Advisory Board shared results with the Bon Secours Richmond administration. Bon Secours Richmond administration chose four needs to address: Uninsured access to care for individuals with chronic disease conditions, mental health, education, and transportation. Bon Secours Richmond leadership with input and collaboration with community partners created an Implementation Plan to address these needs.

PROCESS

City of Richmond Prescription Drug/Heroin 2016 Needs Assessment

This needs assessment was conducted by Richmond Behavioral Health Authority/Friends of Prevention Coalition as part of the Substance Abuse Block Grant/Partnership for Success grant in 2016. The goal of this needs assessment was to identify needs and assets related to prevention of Heroin use in City of Richmond. The results of this needs assessment will be used to guide the selection of strategies to address substance use prevention in the Richmond community, beginning in Fiscal Year 2017-18.

Data for this assessment was collected through the following methods:

- Coalition Readiness Assessment
- Community Readiness Assessment
- Quantitative Data Sources
- Survey Data Collected
 - Young Adult Survey
 - Young Risk Behavior Survey (YRBS) administered high school students and middle school students in Richmond

Data Review & Prioritization Process

The Friends of Prevention Coalition (FOPC) created a needs assessment team who were responsible for data collection and processing from October 2015 to November 2016, this team compiled data from a variety of sources and identified key data points to share with the coalition in the meetings held in September 2016 and December 2016 respectively. After presenting the data, the needs assessment team reflected on the findings and underwent a discussion of some of the risk and protective factors that correlated with the data that was obtained. The two prioritized issues the coalition will continue

to address in the near future are prescription drug misuse and heroin misuse, specifically among 10-25 year olds in the City of Richmond and working to raise awareness in the community surrounding these issues.

The Virginia State Health Commissioner Dr. Marissa Levine declared the rising opioid crisis as a public health emergency in 2016. As a result of this declaration, a focus on opioid prevention as risen to the top of Richmond's priority list.

Taskforces

The Richmond City Health District leads or partners with the following initiatives at work in the city. The work and planning undertaken by these taskforces connect to the priority health issues described in this community health assessment.

- Food Access and Equity Taskforce
- North Side Strong
- 7th District Health and Wellness Initiative
- Youth Violence and Prevention
- Opioid Taskforce
- Active RVA
- Greater Richmond Coalition for Healthy Children
- RVA Breastfeeds

DEMOGRAPHICS

Demographic Data Profile

The health of a community is largely connected to the demographics and social aspects of its residents, which can be a useful indicator of health concerns. Demographic studies of population are based on factors such as age, race, sex, economic status, education levels, and employment rates, among others. The physical environment in which individuals live, work, play and grow old also has a great impact on their health and quality of life. These cultural and environmental conditions are also known as “Social Determinants of Health.”

Race and Ethnicity Demographics

It has been well established that race and ethnicity are key factors in health disparities. For example, life expectancy, death rates and infant mortality rates are all less favorable among African American populations as compared to other ethnic populations. In 2009, African Americans in the United States had the highest mortality rates from heart disease and stroke as compared to any other ethnic group. Additionally, infants born to African Americans have the highest infant mortality rates, more than twice the rate for whites in 2008. While certain health indicators such as life expectancy and infant mortality have been slowly improving, many minority race groups still experience disproportionately greater burden of preventable disease, death, and disability.¹ In the City of Richmond nearly half the population identifies as African American.²

Total Population	White	African American	American Indian/ Alaskan Native	Asian	Native Hawaiian/ Pacific Islander	Hispanic	Other
220,289	40.6%	48.4%	0.6%	2.5%	0.2%	6.5%	1.4%

Table 1. Population by Race/Ethnicity for Richmond City, 2017 (County Health Rankings)

Age Demographics

Older adults are at higher risk for developing chronic illnesses such as Diabetes Mellitus, Arthritis, Congestive Heart Failure and Dementia, and this proves to be a burden on the health care system. The first of the “baby boomer generation” (adults born between 1946 and 1964) turned 65 in 2011 and this is resulting in an aging population nationwide. It is estimated that by the year 2030, 37 million older adults nationwide will be managing at least one chronic condition. Chronic conditions are the leading cause of death among older adults. Additionally, older adults experience higher rates of hospitalization and low-quality care.³

The City of Richmond shows a higher percentage of 19-64 year olds compared to Virginia overall.

¹ [Minorityhealth.hhs.gov](http://minorityhealth.hhs.gov), HHS Disparities Action Plan

² www.countyhealthranking.org

³ www.healthypeople.gov, Foundation Health Measures; General Health Status

DEMOGRAPHICS

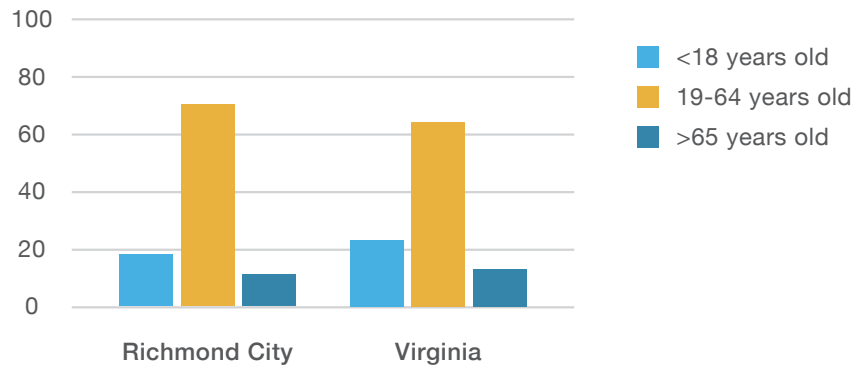


Figure 1. Richmond City Age Distribution by % in Population (ACS)

Income Demographics

It is well established that income level correlates with health status. An association exists between unemployment and mortality rates, especially for causes of death that are attributable to high stress (cardiovascular diseases, mental and behavioral disorders, suicide, and alcohol and tobacco consumption related illnesses).⁴

In 2014, unemployment rates for Richmond residents demonstrate slightly higher but similar rates of unemployment compared to Virginia unemployment rates.

The percentage of unemployment over the past ten years is depicted in the graphics below.⁵

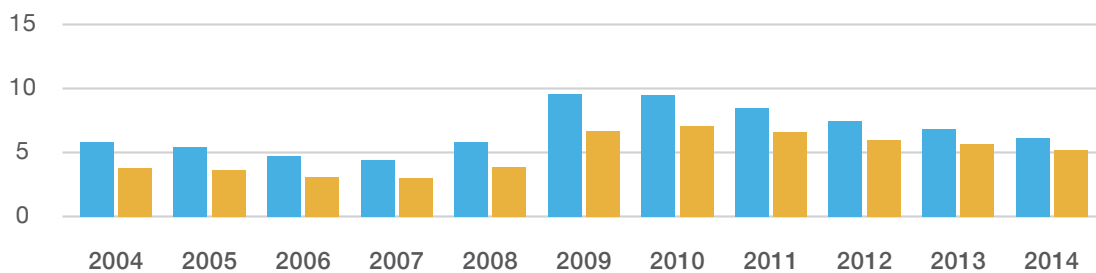


Figure 2. Percentage Unemployment Over Ten Years (Virginia Labor Market Information)

The median household income for the City of Richmond (\$39,249) is dramatically lower than the Virginia state median (\$63,907). The median household income for the United States (\$53,046) is lower than Virginia. Median household incomes in the City of Richmond

⁴ Backhans and Hemmingsson, 2011, Lundin et al., 2014, Garcy and Vagero, 2012, Browning and Heinesen, 2012 Montgomery et al., 2013 Davalos et al., 2012 Deb et al., 2011 and Strully, 2009

⁵ Virginia Labor Market Information www.virginialmi.com

DEMOGRAPHICS

for African American’s (\$29,575) is lower when compared to Caucasians (\$55,051). This finding mirrors the racial disparities found in income in the state and the nation overall.⁶

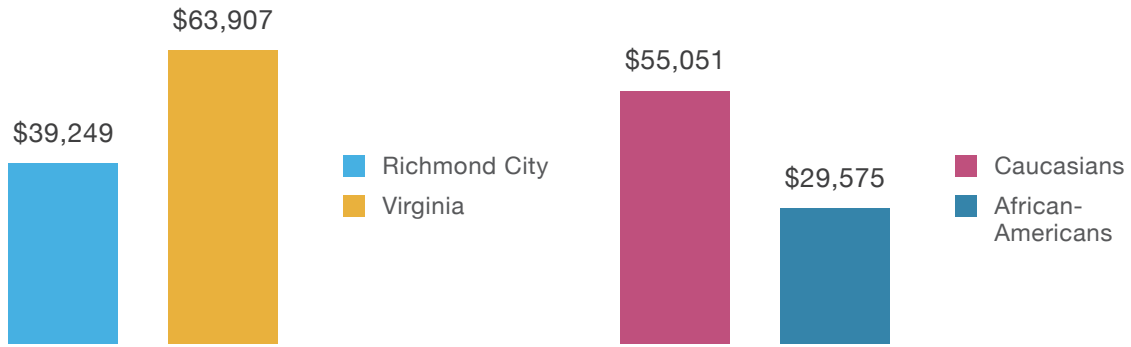


Figure 3. Median Household Income

Figure 4. Median Household Income in Richmond City, by Race

Education Demographics

A direct correlation exists between low levels of education and high poverty rates. High poverty rates in turn have an adverse effect on a community’s health outcomes.

The Healthy People 2020 goal for Educational Level/Graduation Rates aims for at least 82.4% graduation rate for students attending public schools with a regular diploma 4 years after starting the 9th grade. While African Americans living in Virginia overall are reaching the Healthy People 2020 Graduation goal, the African American population in the City of Richmond is falling below that goal. The Hispanic population is also falling significantly below this goal:

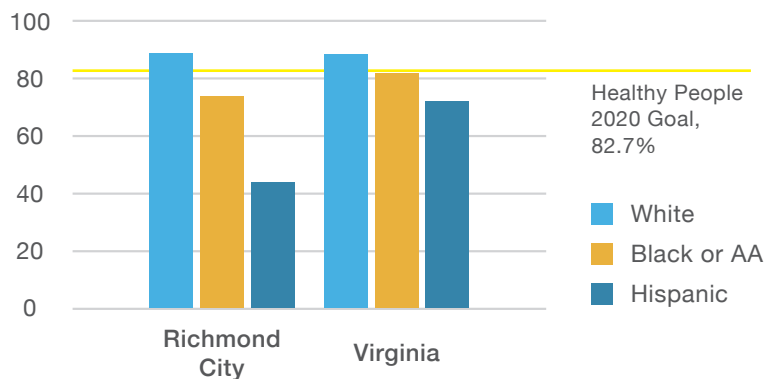


Figure 5. High School Diploma or Equivalent, 2009-2013 (VA Department of Labor and Industry)

⁶ US Census Bureau. (2013) “Selected Economic Characteristics,” 2009-2013 American Community Survey 5-Year Estimates. US Department of Commerce. Web.

DEMOGRAPHICS

Uninsured Population

Research shows that high rates of health insurance coverage positively impact a community's overall health status. Access to healthcare services improves quality of life, school, and work productivity and overall mortality rates.⁷ The Healthy People 2020 goal for Health Insurance aims for 100% of the population to have some form of health insurance coverage. The City of Richmond has a higher percentage of uninsured adults compared to Virginia. The percentages of uninsured children show a much lower degree of variance.⁸

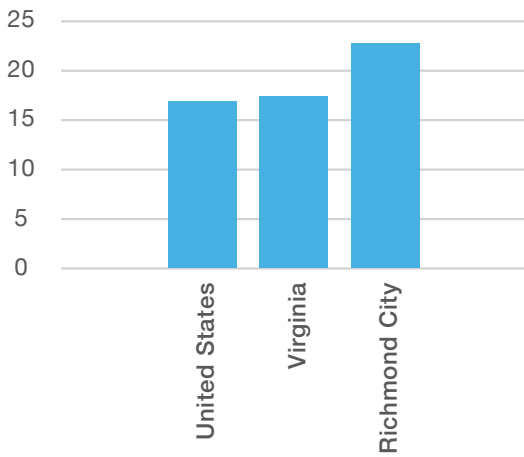


Figure 6. Percentage of Uninsured Adults, 2013 (healthypeople.gov)

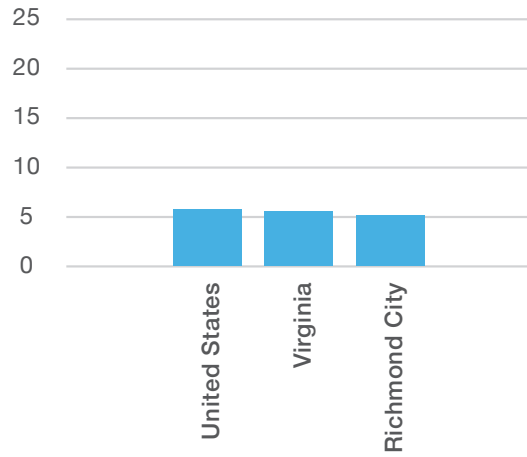


Figure 7. Percentage of Uninsured Children, 2013 (County Health Rankings)

⁷ www.healthypeople.gov, Access to Health Services

⁸ www.countyhealthrankings.org

HEALTH PRIORITIES

PHYSICAL ACTIVITY

The Capital Region Collaborative (see Process section for full description of the Capital Region Collaborative) identified “healthy community” as one of eight priority areas for the region. A health community workgroup was convened as a result of responses from the Capital Region Collaborative’s community survey as well as data emphasizing the need to prioritize physical activity in the region. Physical activity was identified as an area of focus for the region with a strategy to support, expand, and promote programs that offer opportunities for physical activity.

An active lifestyle translates into a healthier and higher quality of life. Moderate, daily physical activity increases your chance of living longer, and it can be as powerful as medicine in treating many medical conditions. For businesses, a healthier workforce can

yield lower healthcare costs and increased productivity and morale, and for students there is also a positive correlation between physical activity, wellness and success in school.

Not only are the health benefits real and tangible, but a community that values an active environment is a more vibrant and attractive place to live. Physical activity can be incorporated into a variety of community settings, including schools, workplaces and neighborhoods.

Conversely, sedentary behavior is a serious public health issue. Inactivity kills close to the same number of people as smoking (over 5 million deaths worldwide each year). It is particularly urgent in low-income communities where fewer people are active and suffer

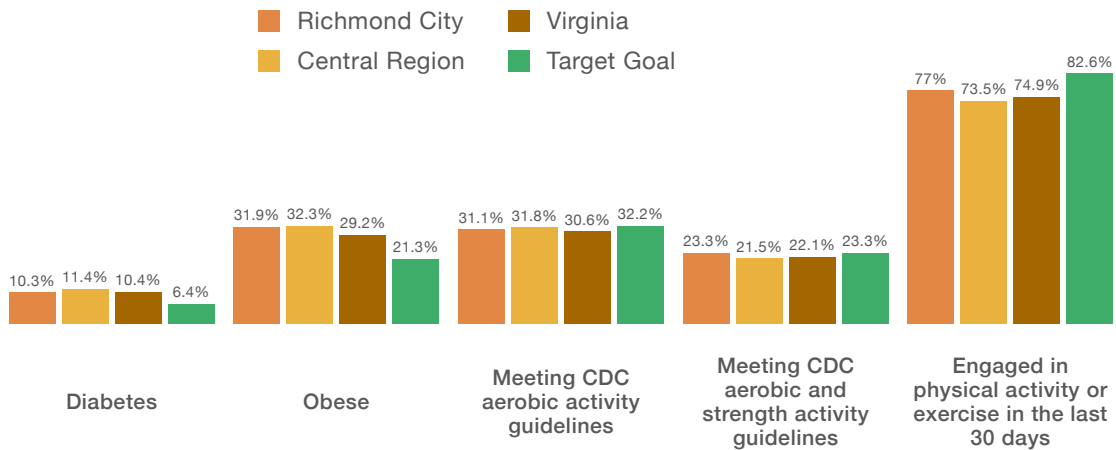


Figure 8. Comparison of Richmond City, Central Region and Virginia Data Versus American College of Sports Medicine (ACSM) American Fitness Index Target Goals (Virginia Department of Health, Division of Policy and Evaluation, Behavioral Risk Factor Surveillance Survey, 2015)

It should be noted that while Richmond’s data concerning physical activity when compared to the state isn’t significant, the regional numbers emphasize the need for physical activity to be prioritized on the regional level.

in greater proportion to health problems than the general population. It is imperative that we address this problem not only from a public health perspective but across all societal sectors—from the education system to transportation planning—in order to make activity a routine part of daily life.

Sports Backers, a local non-profit with a mission to “inspire people from all corners of the Richmond community to live actively,” has guided a collective network of partners and led the process of community engagement. Active RVA was established—a coalition of multiple stakeholders to promote physical activity in the region. Active RVA works to build capacity, leverage resources, and ensure an even playing field in underserved parts of the community.

Active RVA’s priorities:

- **Aligning the strengths of partners.** There are hundreds of businesses, nonprofits, community groups, and individual leaders who contribute every day in small or big

ways to making Richmond more active. Active RVA matches up their strengths so that, together, we make a bigger impact.

- **Changing policy changes opportunity.** The rules, standards, and regulations written into our counties’ and cities’ codes can facilitate and incentivize active living... or they can create barriers. Active RVA is working to get more of the former and less of the latter.
- **Building a culture that celebrates every active lifestyle.** Getting active doesn’t just mean running or going to the gym. It looks a little different for each of us and we can learn from and celebrate every sport, hobby, or routine.
- **Leveraging the best of what we have.** From our rivers to our trails, and our gyms to our schools, our community has a lot already going for it. We can feature and grow what our best resources have to offer.

NUTRITION

The Capital Region Collaborative healthy community workgroup also identified increasing access to, opportunities for, and knowledge of nutrition as an area of importance for the region based on quantitative and qualitative data gathered by the CRC (see Process section for information on the Capital Region Collaborative).

The City of Richmond is littered with “food deserts”, where low-income people with no or infrequent access to vehicles, especially children and elderly people, suffer from the availability of fresh food when grocery stores are far away. Lack of healthy food access is exacerbated by the presence of unhealthy food available at corner stores and fast food restaurants. In a survey administered by the Richmond City Health District in 2016, respondents noted that reasons they might avoid shopping for healthy food at a corner store because it is “too expensive,” “is not fresh,” “store is not clean” and “my area is not safe.” Fast food and processed snacks are high in fat, salt and sugar or high fructose corn syrup and chemicals, and relatively devoid of the nutrients our bodies need. Regular consumption of these foods leads to high incidence of obesity, diabetes, high blood pressure and heart disease. This puts low-income residents at higher risk for disease, and ultimately a disproportionate and unnecessary strain on the local health care system. Children who consume this unhealthy food have been shown to have more difficulty concentrating in school, which further exaggerates already-present educational disparities. Worse, children who are hungry have an even more difficult time. In our region and across the nation, children and minorities suffer the most from food insecurity.



Figure 9. Food Insecurity in the Richmond Region (Feeding America, RRPDC, 2013)

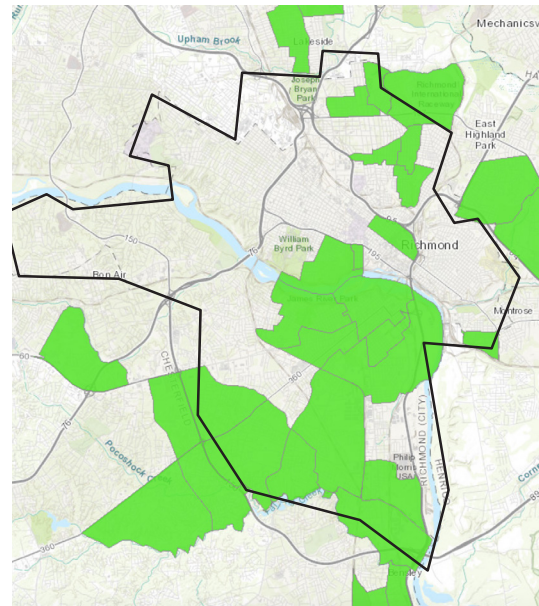


Figure 10. Richmond City Food Desert Map (USDA, 2015)

Health District	Food Environment Index Factors that contribute to a healthy food environment, 0 (worst) to 10 (best)
Richmond	5.8
Virginia	8.3

Table 2. Food Environment Index in the Richmond Region (County Health Rankings)

How does this affect the City of Richmond and why should we focus on changing this?

Healthy food access is a regional issue, and increasing food access can work to solve some regional ills. Data shows time and again that poverty, high health care costs and lack of available workforce hold the City of Richmond back from being as productive and successful as we can be. By addressing healthy food access, we can begin to even the playing field for all residents, giving each a better chance of living a healthy lifestyle and thus better contributing to our region’s success.

The Richmond Food Access and Equity Taskforce headed up by the Richmond City Health District contracted with TMI consulting as a neutral, third-party facilitator to engage with focus groups in food desert communities. The Food Access and Equity Taskforce is taking the lead in addressing

issues raised by the community for needing policy changes to improve healthy food retail and urban agriculture, access to community gardens, and more nutrition education. Thirteen community conversations were conducted in the City of Richmond with the goal of understanding respondents’ awareness of and possible solutions to the problem of food deserts in their communities. The results from these conversations revealed a need to find better ways to connect with Richmond residents. As a result, Task Force is prioritizing the improvement of community engagement efforts. Building relationships and trust within the community is seen as the first step to partner with Richmond residents in effecting positive change.

Themes that emerged from Food Desert Focus Groups
120 respondents total in the City of Richmond, 13 focus groups

- The desire for better and more accessible food resources
- Healthy food access is a thing of the past
- Lack of clarity around which foods are healthy
- Healthy food is unpalatable
- Eating healthy is too difficult
- The need and desire for food and cooking classes

MENTAL HEALTH

Mental Health was reported as a key area of concern in the Richmond community through feedback from the Bon Secours Community Health Needs Assessment Survey (see Process section for full description) and town hall meetings.

According to the National Institute of Mental Health (NIMH), an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States, accounting for 25 percent of all years of life lost to disability and premature mortality.

Untreated mental health disorders are shown to have a serious impact on physical health and are linked with the prevalence, progression, and outcome of some of the most pressing chronic diseases, including diabetes, heart disease, and cancer.¹

In the 2016 Bon Secours Community Health Needs Assessment online survey, Mental Health was identified by the community as the number one priority needing to be addressed in the Richmond Core Service Area. Mental Health disorders are health conditions characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning.

The Virginia Department of Health’s (VDH) Virginia Behavioral Risk Factor Surveillance System (BRFSS) asks participants “have you ever been told that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?” The data shows a higher percentage of respondents who have a depressive disorder residing in the City of Richmond compared to Virginia. The suicide rates have increased slightly in the City of Richmond from 2003 to 2013.

Health District	% Respondents who have a depressive disorder	% Respondents who reported poor mental health
Richmond	20.7%	13.7%
Virginia	16.5%	13.5%

Table 3. Mental Health in Richmond City, 2013 (VDH, BRFSS)

Health District	2003	2013
Richmond	0.108	0.128
Virginia	0.108	0.122

Table 4. Suicide Rates per 1,000 in Richmond City 2003-2013 (VDH, BRFSS)

¹ <http://www.vdh.virginia.gov/administration/vpfbw/documents/pdf/virginia's%20plan%20for%20well-being.pdf>

ACCESS TO CARE

Access to healthcare services was reported as another key area of concern in the Richmond community through feedback from the Bon Secours Community Health Needs Assessment survey and townhall meetings (see Process section for full description of the Bon Secours CHNA). As a result, access to health services emerged as a priority health issue for the City of Richmond.

Research shows that high rates of health insurance coverage positively impact a community’s overall health status. Access to health care services improves quality of life, school and work productivity and overall mortality rates.¹ The Healthy People 2020 goal for health insurance aims for 100% of the population to have some form of health insurance coverage. Compared to Virginia where 17% of adults are uninsured, in the City of Richmond, the percentage of uninsured adults is 20%.²

Access to health care services is also impacted by the availability of physicians. The rate of primary care providers per 100,000 residents in the City of Richmond is lower when compared to the rate in Virginia. The City of Richmond contains Medically Underserved Areas as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Chronic diseases and conditions—such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis—are among the most

	Primary Care	Dental Care	Mental Health
Richmond	101	122.4	250.8
Virginia	124.4	59.9	138.1

Table 5. Rate of Providers to Residents per 100,000, 2013 (County Health Rankings)

common, costly, and preventable of all health problems.³

The three leading causes of death in the the City of Richmond are heart disease, cancer, and stroke. Diabetes is the 6th leading cause of death. Thirty percent (30%) of Richmonders are obese. The Healthy People 2020 goal is 25% or lower.⁴

Lack of health insurance coverage is a significant barrier to seeking needed health care services particularly in the management of a chronic condition.

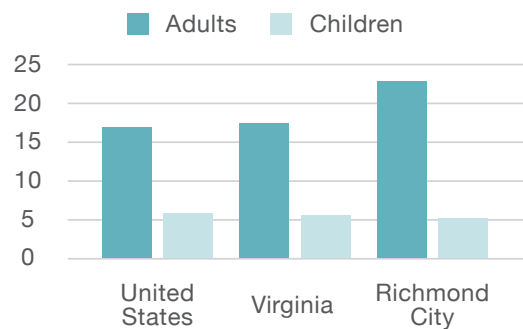


Figure 11. Percentage of Uninsured Adults and Children, 2013 (healthypeople.gov; County Health Rankings)

	Cancer	Heart Disease	Stroke	CLRD*	Injury	Alzheimer’s	Diabetes	Suicide
Richmond	31.8%	36.7%	9.4%	6.7%	6.5%	3.1%	3.8%	2.1%
Virginia	34.6%	32.7%	7.9%	7.7%	6.7%	3.9%	3.9%	2.5%

Table 6. Burden of Disease - Percentages of Death Attributed to Top 8 Causes (VDH Annual Report, 2013)

*Chronic Lower Respiratory Disease

¹ www.healthypeople.gov Access to Health Services
² www.countyhealthrankings.org, Richmond City, 2013
³ http://www.cdc.gov/chronicdisease/overview/index.htm
⁴ https://www.healthypeople.gov/2020/topicsobjectives/topic/diabetes

OPIOID USE

Due to the rising incidence of deaths due to opioid usage in Virginia, Dr. Marissa Levine, Virginia State Health Commissioner, declared the rising opioid crisis as a public health emergency in 2016. As a result of this declaration, a focus on opioid prevention has risen to the top of our city’s health priority list.

In response to the rise of fatal opioid and heroin overdoses in and around Richmond, the Friends of Prevention Coalition (FOPC) in partnership with Richmond Behavioral Health Authority (RBHA) conducted a needs assessment for the City of Richmond surrounding the use of heroin and prescription drug misuse (see Process section for description of this assessment). There were a total of 309 deaths in the City of Richmond from all drugs. When reviewed further, it was found that 130 deaths (42%) were attributed to heroin overdoses, 105 deaths (34%) to prescription opioids, leaving 24% to all other drugs.¹ Heroin use is a growing problem in

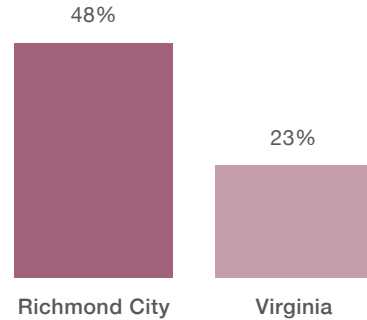


Figure 12. Deaths due to Illegal Drugs (OCME, 2013)

Richmond City as the mortality rates have been consistently higher than surrounding counties for all drug use including heroin and opiates.² Richmond police data reports that lethal overdoses have seen the most drastic increases among white males from 2014-2015. The Tri-Ethnic Center for Prevention Research at Colorado State University has developed a model that identifies the nine dimensions and levels of community readiness—key factors

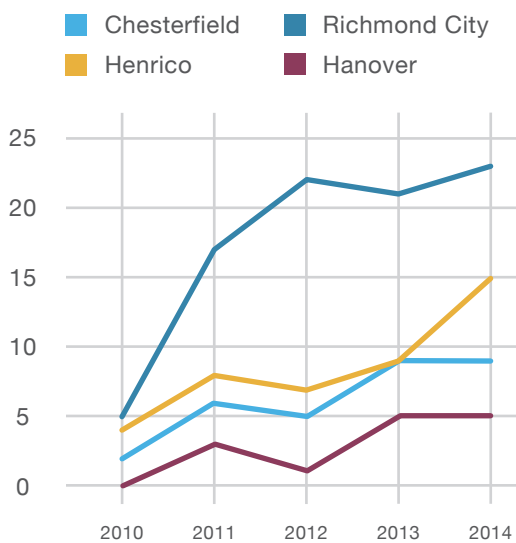


Figure 13. Fatal Heroin Overdose by County (OCME)

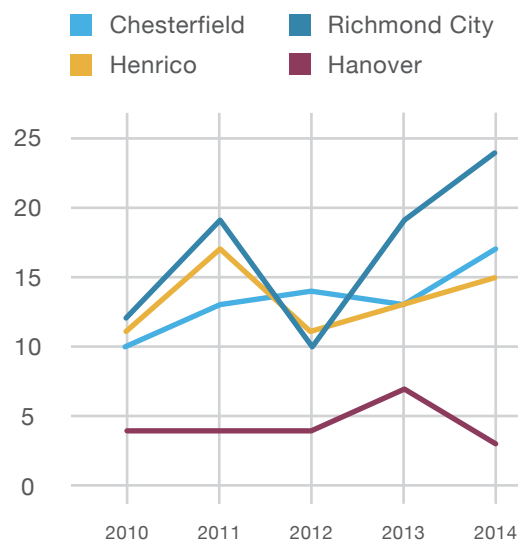


Figure 14. Fatal Opioid Overdose by County (OCME)

¹VDH, 2015
²VDH, 2010-2014

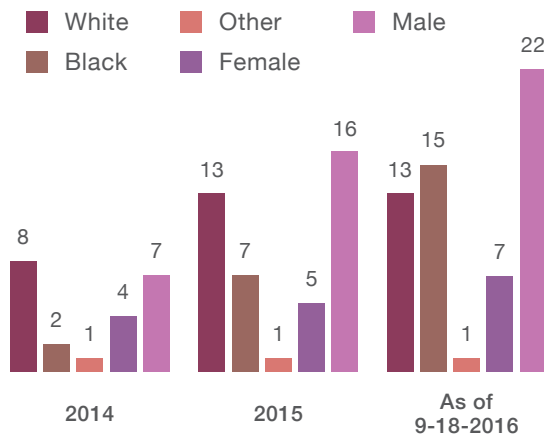


Figure 15. Richmond City Police Report Lethal Overdose Demographic Information (OCME)

influencing a community’s preparedness to take action on an issue. When scored using this model, Richmond City is at Vague Awareness.

Next steps for the coalition include graduating the Richmond community from the Vague Awareness Stage to the Pre-Planning Stage. This will include utilizing various media outlets to raise awareness (radio, television, and social media), holding town hall meetings and facilitating community conversations/presentations. The Centers for Disease Control’s Young Adult Survey emphasized the need for community education based on the perceived ease of access to heroin and the low awareness of safe storage and disposal of prescription drugs. Those addicted to prescription opioids are 40x more likely to also be addicted to heroin.³ Understanding the impact of substance misuse and addiction on public health and the increased risk for long-term medical consequences, it is evident that identifying resources that aim to prevent misuse and intervening early

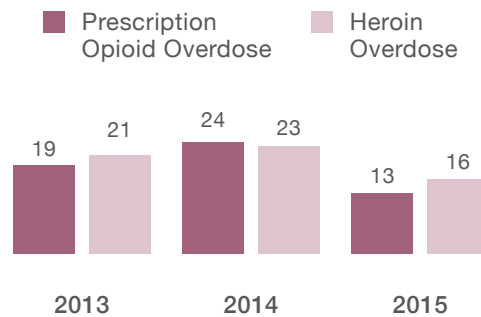


Figure 16. Number of Fatal Overdoses for City of Richmond (OCME)

with those already misusing substances is the beginning of an effective prevention plan. One such program is the Prescription Monitoring Programs. PMPs are systems that maintain controlled prescription drug data to promote the appropriate and legitimate use of controlled substances, while deterring misuse, abuse, and diversion.

What is next for the Friends of Prevention Coalition?

- Engage in strategic planning with community partners
- Facilitate community conversations/informational sessions
- Collaborate with the City of Richmond Heroin Task Force
- Enlist as a distribution site for deactivation pouches
- Solicit various media outlets to enhance community awareness
- Expand training in Prescription Monitoring Programs/addiction disease management

³ CDC, 2014

APPENDIX A

**PARTNERS AND COMMUNITY
RESOURCES**

PHYSICAL ACTIVITY

Fit4Kids
YMCA of Greater Richmond
The Blue Sky Fund
Storefront for Community Design
Health Diagnostic Laboratory
Bike Walk RVA
Anthem
Richmond City Parks and Recreation
Greater Richmond Transit
Commission
Richmond Region Planning District
Commission

NUTRITION

City of Richmond Government
Lewis Ginter Botanical Gardens
Fit4Kids
The Welcome Table
Salvation Army Boys & Girls Club
Shalom Farms
Tricycle Gardens
YMCA
Office of Community Wealth Building
Bon Secours

KidzRCookin

VA Extension

31st Street Baptist Church

Church Hill Activities and Tutoring

Groundworks

Faces of Hope

Sacred Heart

Feed More

Virginia Commonwealth University

Renew Richmond

Ginter Park Presbyterian Church

No Kid Hungry VA

Health Brigade

Neighborhood Resource Center

Community Food Collaborative

Eat Together

MENTAL HEALTH

Bon Secours Bereavement Center.
Bon Secours Richmond Cullather
Brain Tumor Quality of Life Center
Challenge Discovery
Child Savers
Comfort Zone Camp
Commonwealth Catholic Charities

Family Lifeline
Health Place
Hilliard House
Virginia Supportive Housing
Voices for Children
Richmond Behavioral Health Authority
United Methodist Family Services (UMFS)
Stop Child Abuse Now (SCAN)
Safe Harbor

Heart Aware
Medical Society of Virginia
Shalom Farms
Tricycle Gardens
Virginia Asthma Coalition
Virginia Healthcare Foundation

ACCESS TO CARE

Access Now
Bon Secours Care-A-Van
Bon Secours Community Nutrition Services
Bon Secours Diabetes Treatment Center
Bon Secours St. Joseph's Outreach Clinic
Creighton Court Resource Center
Crossover Clinic Community Pharmacy
Federally Qualified Health Centers (2) - Capital Area Health Network (CAHN) and Daily Planet
CrossOver Health Ministry
Fan Free Clinic

OPIOID ABUSE

Richmond Behavioral Health Authority
Friends of Prevention Coalition of Richmond
City of Richmond Police Department
Virginia Commonwealth University
New Deliverance Tabernacle Church
Goodwill Industries
Richmond Promise Neighborhood
Richmond Redevelopment and Housing Authority
Human Resources, Inc.
Family Counseling Center for Recovery
McShin Foundation

APPENDIX B

ASSESSMENTS AND REPORTS

CAPITAL REGION COLLABORATIVE HEALTHY
COMMUNITY WORKGROUP REPORT

click here

BON SECOURS COMMUNITY HEALTH NEEDS
ASSESSMENT 2016

click here

CITY OF RICHMOND PRESCRIPTION DRUG/
HEROIN 2016 NEEDS ASSESSMENT

see attachment

