ALLEGHANY HIGHLANDS

COMMUNITY HEALTH ASSESSMENT

2024

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LETTER FROM THE STEERING COMMITTEE

Dear Community Members and Friends of the Alleghany Highlands,

It is with great pleasure that we present the 2024 Alleghany Highlands Community Health Assessment (CHA). This report lays the foundation for how we can work together to improve our community's health.

Live Well Alleghany Highlands (LWAH) is a collaborative effort among community stakeholders, supported by the Alleghany Health District of the Virginia Department of Health (VDH). LWAH reviews the outcomes and challenges highlighted by the CHA to determine strategies for implementing changes that improve health and well-being. These initiatives will be outlined in the upcoming Community Health Improvement Plan. We have adopted the following commitments for engagement, which serve as guidelines for exploring the data in this assessment:

- LWAH collaborates across multiple organizations, values transparency, and fosters effective communication.
- LWAH approaches community health improvement with humility by practicing empathy and responding to community needs.
- LWAH keeps equity at the center of all efforts, using data to identify and address inequities and disparities.
- LWAH strives to assess needs, collaborate with partners, and educate our citizens to enhance the physical and mental wellness of our community.

The goal of this document is to explore community health outcomes in the context of the conditions in which we live, learn, work, and play—recognizing that these factors significantly affect our health and well-being. Data for this CHA comes from established sources, such as the VDH, the Centers for Disease Control and Prevention, and the U.S. Census Bureau, as well as from community insights gathered via survey.

Fortunately, the Alleghany Highlands benefits from strong community-based organizations and an engaged healthcare sector, both ready to address these concerns.

Thank you for exploring this report. We invite you to join us as we work to improve the health and wellness of our community.

Sandra McHenry, MD

Sandra McHenry, MD
LWAH Steering Committee Chair

Erin Via

Erin Via
LWAH Past Steering Committee Chair

LIVE WELL ALLEGHANY HIGHLANDS
Our community, our health, our future

CORE CONTRIBUTORS FROM THE ALLEGHANY HEALTH DISTRICT

Core Contributors from the Alleghany Health District:

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This report was developed with support from the Live Well Alleghany Highlands steering committee. A full list of contributing members and organizations can be found in Appendix A.

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EXECUTIVE SUMMARY

The Roanoke City and Alleghany Health Districts (RCAHD) and the Live Well Alleghany Highlands (LWAH) steering committee are committed to improving the health of the Alleghany Highlands. Conducted on a 3-year cycle, the Community Health Assessment (CHA) is used to identify health outcomes for community partners to target interventions for the next 1-2 years (i.e., the remainder of the CHA cycle). This report intends to empower community members and organizations to effectively improve overall community health and wellbeing.

RCAHD, the LWAH steering committee, and local cross-sector partners collaborated to conduct the 2024 Alleghany Highlands CHA. The LWAH steering committee was presented with aggregate data collected from the Community Health and Well-being Survey along with health conditions data from secondary sources (e.g., VDH, CDC, US Census Bureau). After reviewing the data, the LWAH steering committee identified 2 priority health issues in the community: **chronic disease and mental health & substance use disorders.**

The following report outlines the 2024 Alleghany Highlands CHA process, data collection methods, prioritization of health outcomes, and demographic details of the community. This report also summarizes the community level data for 6 key community health categories (chronic disease, mental health & substance use disorders, maternal child health, communicable disease, injury & violence, and premature mortality).

INTRODUCTION

The CHA process is a systematic approach used in the public health and healthcare sectors to identify areas of need within a community[1]. The CHA process is comprised of cross-sector community collaboration and comprehensive data collection (both quantitative and qualitative). The CHA is typically conducted every 3 years to get a "snapshot" of needs within the community and inform a strategic plan to address needs within the community known as the Community Health Improvement Plan (CHIP)[2].

2020 COMMUNITY HEALTH ASSESSMENT

In 2020, the first CHA for the Alleghany Highlands was published by the LWAH steering committee in conjunction with RCAHD and VDH. Community members and cross-sector community partners (e.g., Community Services Board, YMCA, Alleghany Health and Rehab, Covington City) identified the following 2020 CHA priority focus areas and developed programs and resources to improve community health outcomes :

Community knowledge of resources

- Developed a community resource guide outlining local support services and resources with contact information

Community substance use

- Established a recovery court program
- Opened Recover – VA, a drop-in center for those with substance use disorder

Kindergarten readiness & grade level reading

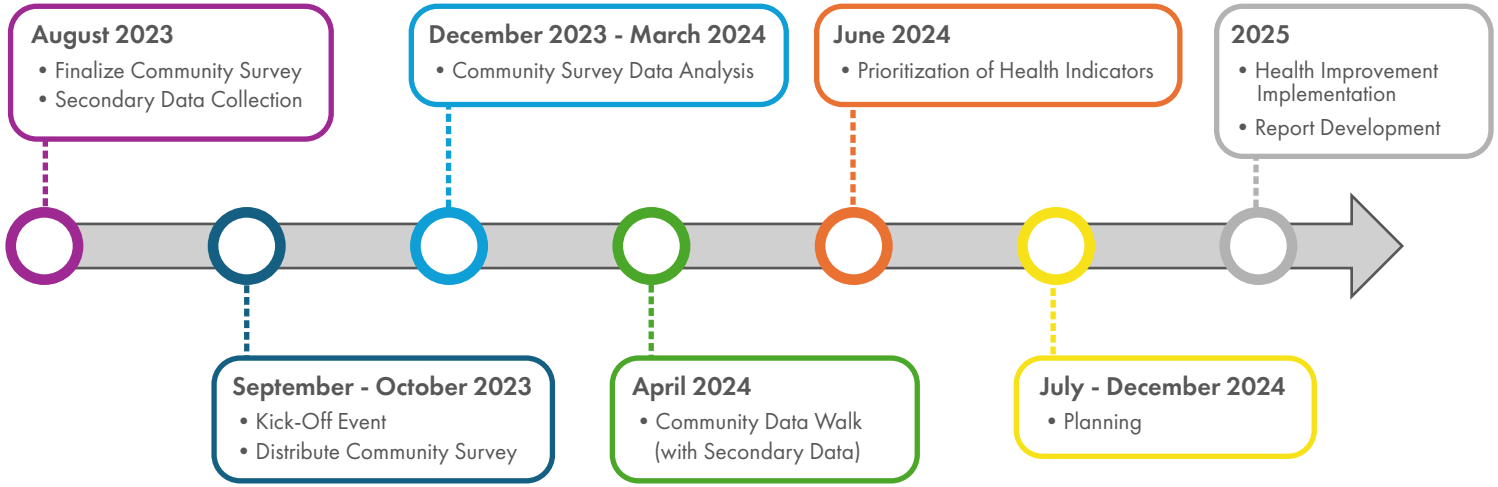
- Implemented the STREAMn3 curriculum across pre-school classrooms
- Conducted outreach with families through ChildFind and other family-friendly events
- Offered Dolly Parton Imagination Library to all Alleghany Highlands familie

[1] An Introduction to Community Health Needs Assessment (CHNA) - Community Commons
[2] GHCommunityToolKit-UnderstandingaCHNA.pdf

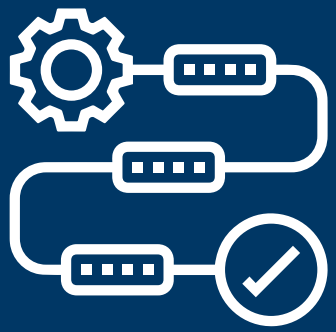
2024 COMMUNITY HEALTH ASSESSMENT

The 2024 – 2027 CHA was produced by RCAHD in collaboration with community partners to identify emerging and ongoing needs of families in Alleghany County and the City of Covington, Virginia. The LWAH steering committee was convened in August 2023 and worked to finalize and distribute the community health and well-being survey in September 2023, as shown in Figure 1 below. Between December 2023 and March 2024, RCAHD staff analyzed the community survey data and prepared secondary health data. Those data were presented to the LWAH steering committee and community members at a data walk event in April 2024. After reviewing the data, steering committee members identified health priorities to develop a plan for health improvement efforts to address health outcomes in the identified priority areas within the Alleghany Highlands community.

Figure 1: CHA-CHIP Timeline



METHODOLOGY



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COMMUNITY SURVEY

The Community Health and Well-Being Survey, originally developed for the Roanoke Valley Community Health Assessment, was adapted for use for Covington City and Alleghany County in collaboration with the Carilion Clinic Community Health & Development Team and the LWAH steering committee. The Community Health and Well-Being survey is a 27-question instrument that was developed to collect data from community members regarding access to care, other health-related services, health status, community strengths, quality of life, subjective well-being and demographics (Appendix C: Community Health and Well-Being Survey)[3] . The survey included frequently used questions from the following established community surveys:

- Previous Roanoke Valley Community Health Surveys
- Cantril's Ladder
- Community Themes and Strengths Assessments, National Association of County and City Health Officials (NACCHO), Mobilizing for Action through Planning and Partnerships (MAPP)
- Community Healthy Living Index, YMCA
- Behavioral Risk Factor Surveillance System, CDC
- National Health Interview Survey, CDC
- Youth Risk Behavior Surveillance System, CDC
- Martin County Community Health Assessment, Martin County, North Carolina

The survey was distributed via web-link and hard copy to the LWAH steering committee partners and local agencies to collect survey responses from community members within Alleghany County and Covington City. The population of interest for the Community Health and Well-Being Survey was residents of Alleghany County and Covington City who were over age 18. The surveys were distributed, and responses were collected between October – November 2023. Most of the survey responses were collected electronically through the Qualtrics web-link; however, a paper copy was provided to individuals who were unable to complete the survey online, and their responses were entered into the Qualtrics link by RCAHD's population health staff.

A total of 116 survey responses were collected and validated. Further survey results can be found in Appendix D: Survey Results. The Carilion Clinic Community Health and Development Team exported all Alleghany County and Covington City responses from Qualtrics and shared them with the RCAHD's population health team who then analyzed and reported survey responses using Qualtrics and Microsoft Excel.

SECONDARY DATA

Secondary data included in this assessment were obtained from publicly available data sources including VDH, Centers for Disease Control and Prevention (CDC), and the US Census Bureau. Data were accessed via the Virginia's Plan for Well-Being, Virginia Community Health Improvement Data Portal[4], a product of the University of Missouri that collates data and easily generates counts and rates by indicator and geography from publicly available data sources (e.g., CDC, US Census Bureau, etc.). Secondary data were exported and graphed in Microsoft Excel to create the figures that are used throughout this report.

PRIORITIZATION OF COMMUNITY HEALTH NEEDS

All secondary data were presented to the LWAH steering committee and the wider community at an April 2024 data walk. Participants reviewed select health indicator data, including life expectancy, leading causes of death, and underlying social determinants of health. Following the presentation, attendees explored posters with the secondary data in 5 categories – maternal & child health, chronic disease, communicable disease, mental health and substance

[3] 2024 Roanoke Valley Community Health Assessment published by Carilion Clinic

[4] https://virginiawellbeing.com/virginia-community-health-improvement-data-portal/

use disorders, and injury & violence. After the event, the LWAH steering committee convened to vote on their choice of the most important health outcomes within the community. The 2 categories with the most steering committee votes were 1) chronic disease and 2) mental health and substance use disorders.

REPORT AND DATA LIMITATIONS

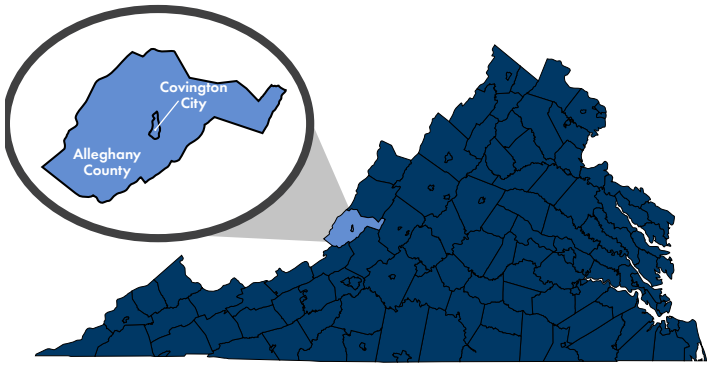
Secondary data were pulled for the most recent year available. Because different data sources (e.g., CDC, US Census Bureau, etc.) have different time frames and methodologies for collecting and analyzing data, the reference year for data may vary throughout this report.

This report contains rates for various health indicators that are relevant to this community. Rates allow indicators to be compared across populations (e.g., age groups, sex, etc.). Note that this report does not include measures of statistical significance, therefore please use caution when comparing rates. Furthermore, caution should also be taken when interpreting health indicators representing a very small number of people.

ALLEGHANY HIGHLANDS

The Alleghany Highlands are located in a western Virginia area named after its unique location in the Alleghany mountains[5]. The Alleghany Highlands encompasses Covington City, Alleghany County, and other unincorporated towns such as Iron Gate and Clifton Forge.

Historically the Alleghany Highlands were home to the agriculture and railroad industries, however, over time the area has become home to the Jefferson and George Washington National Forests among other national scenic areas and has become a destination for outdoor recreation[7].



The total average population of the Alleghany Highlands between 2019-2023 was 20,633 people, with 14,962 residents in Alleghany County and 5,671 residents in Covington City (Table 1)[6]. Alleghany County has a total area of 446.6 square miles and a population density of 34 people per square mile between 2019-2023. Covington City has a total area of 5.5 square miles and a population density of 1,037 people per square mile between 2019-2023[8].

Table 1: Basic demographic data for Alleghany County and Covington City

Demographic Indicator	Alleghany County	Covington City	Virginia
Total Population (2019-2023)[5]	14,962	5,671	8,657,499
Population under 18 years old	2,734	1,291	1,893,985
Population 65+ years old	3,857	1,103	1,410,160
% White	92.4	80.0	61.7
% African American	5.5	12.3	18.8
% Other*	2.0	6.5	12.7
Highest Level of Education Completed (2019-2023)[7]			
No High School Diploma (%)	9.9	13	8.7
High School Only (%)	45	50	24
Bachelor's Degree (%)	8.8	6.0	7.8
Graduate or Professional Degree (%)	6.8	3.6	18
Median Household Income(as of 2023)[6]	$58,215	$49,519	$89,864
Cost-Burdened Households (%)(2019-2023)[7]	17.7	22.3	26.7

Note: Other* includes the following categories - Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, some other race, and multiple races.

[5] https://alleghanyhistorical.org/our-history/
[6] US Census Bureau, American Community Survey. 2019-2023.
[7] Data Source: US Census Bureau, American Community Survey. 2019-2023
[8] US Census Bureau, Small Area Income Estimates. 2023

COMMUNITY DEMOGRAPHICS
Continued

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POPULATION

As shown in Table 1, the Alleghany Highlands are an aging community with 25.7% (3,857) of residents over 65 years old in Alleghany County and 19.4% (1,103) of residents over 65 in Covington City. The population of residents under the age of 18 is 18.2% (2,734) in Alleghany County and 22.7% (1,291) in Covington City. Compared to Virginia, where 16.3% of the population is over 65, Alleghany County and Covington City have a higher proportion of aging individuals (residents over 65). A majority of the Alleghany Highlands population identifies as white (Alleghany County 92.4%; Covington City 80.0%)[9].

EDUCATION

The Alleghany Highlands have higher rates of residents who did not complete high school (obtain a high school diploma) compared to the state of Virginia between 2019-2023 (Table 1). With respect to higher education, more residents in Alleghany County (8.8%) completed a bachelor's degree compared to both Covington City (6.0%) and Virginia (7.8%) between 2019-2023.

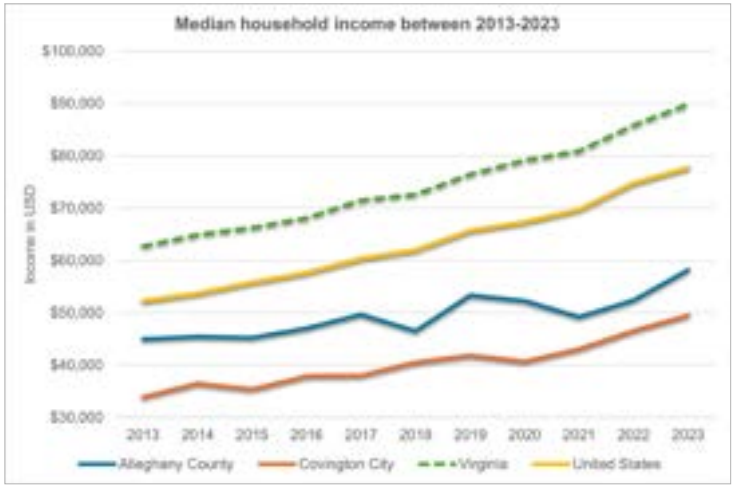
Live Well Alleghany Highlands 2024 Data Walk

[9] US Census Bureau, American Community Survey. 2019-2023.
[10] US Census Bureau, Small Area Income Estimates. 2023.

INCOME

The median household income in Alleghany County is $58,215 and $49,515 in Covington City as of 2023, which is lower compared to Virginia's median household income ($89,864) . Since 2013, the Alleghany Highlands median household income has increased, but remained lower than the Virginia median household income, as shown in Figure 2.[8]

Figure 2



Source: US Census Bureau, Small Area Income Estimates. 2023.

HOUSING

Cost-burdened households are defined as households where housing costs (e.g., rent, mortgage) are more than 30% of their monthly income for both homeowners and renters[10]. In Alleghany County, 17.7% (1,115) of families are considered cost-burdened households and 22.3% (557) of families are considered cost-burdened households; this is lower when compared to the state of Virginia (26.7% cost-burdened households).

PRIORITY FOCUS AREA: CHRONIC DISEASE

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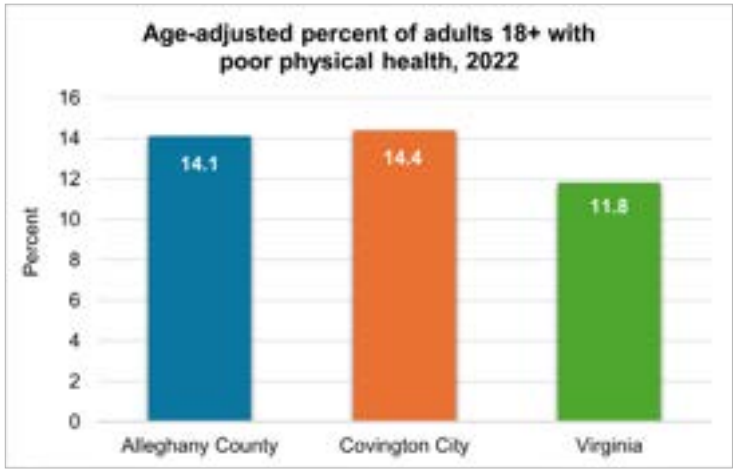
PHYSICAL HEALTH

Chronic diseases (also known as noncommunicable diseases) comprise a broad category of conditions that last longer than 1 year and require ongoing medical treatment or limit an individual's daily living or both. Common chronic diseases include heart disease, cancer, and diabetes[11]. Most chronic diseases can be prevented by engaging in healthy behaviors such as regular physical activity, good nutrition, and avoidance of harmful substances such as tobacco use, excessive alcohol, and other drugs and by seeking preventative care from a healthcare provider.

Figure 3



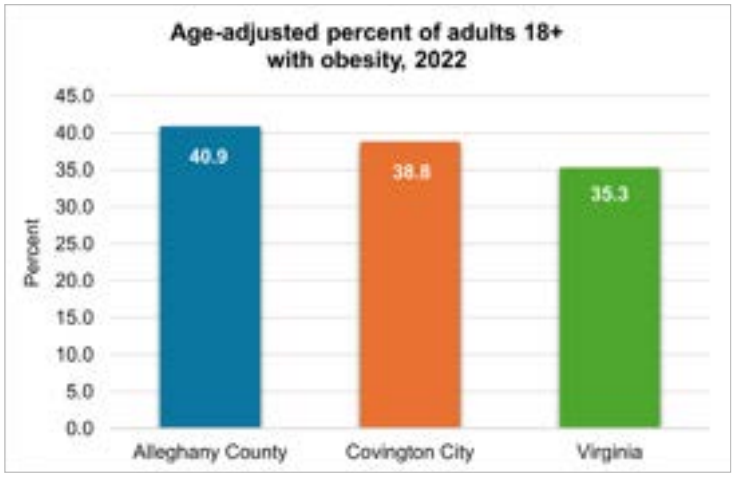
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2022.

- Poor physical health is defined as the percent of adults aged 18 or older who report 14 or more days in the past 30 days where their physical health was "not good".
- In 2022, **14.1%** of adults in Alleghany County and **14.4%** of adults in Covington City reported poor physical health, which was **higher** compared to the state of Virginia (where **11.8%** of adults reported poor physical health).

[11] https://www.cdc.gov/chronic-disease/prevention/index.html

OBESITY

Figure 4



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2022.

- The obesity indicator included the percentage of adults aged 18 and older who are obese with a body mass index (BMI) > 30.0 that was calculated from self-reported height and weight reported by the individual.
- As of 2022, **40.9%** of adults in Alleghany County and **38.8%** of adults in Covington City were obese (with a BMI > 30.0). This was **higher** compared to the **35.3%** of adults across Virginia who were obese.

PRIORITY FOCUS AREA: CHRONIC DISEASE

Continued

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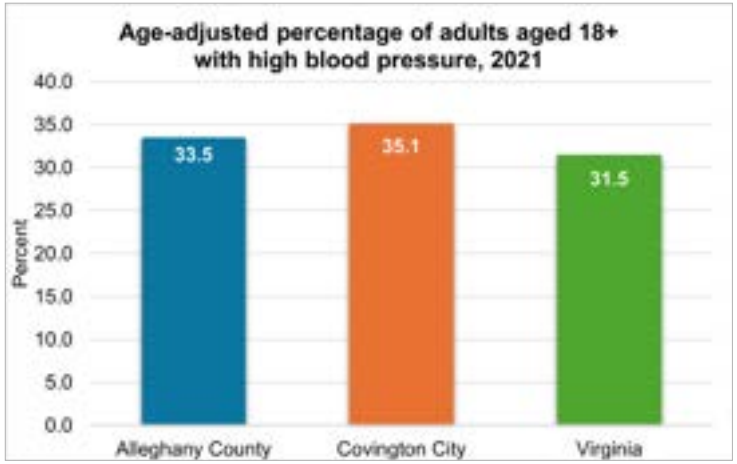
HYPERTENSION

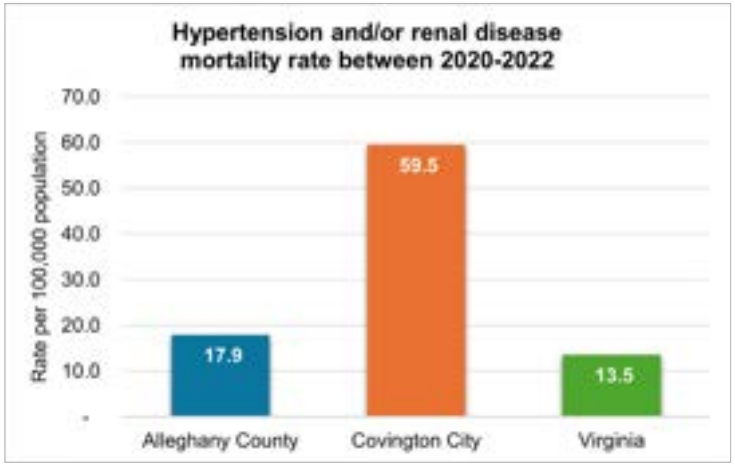
Figure 5



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2021.

- High blood pressure, also known as hypertension, was defined as adults aged 18 and older who have been told by a doctor, nurse, or other healthcare provider that they had hypertension. This indicator **does not** include women who were told they had hypertension in pregnancy or individuals who were told they had borderline hypertension.
- **33.5%** of adults in Alleghany County and **35.1%** of adults in Covington City reported being diagnosed with high blood pressure. The percentage of adults with hypertension was **higher** compared to the **31.5%** of adults in Virginia with high blood pressure.

Figure 6



Source: Virginia Department of Health, Virginia Department of Health, Office of Information Management, Division of Health Statistics. Data directly obtained via email from Virginia Department of Health 2022.

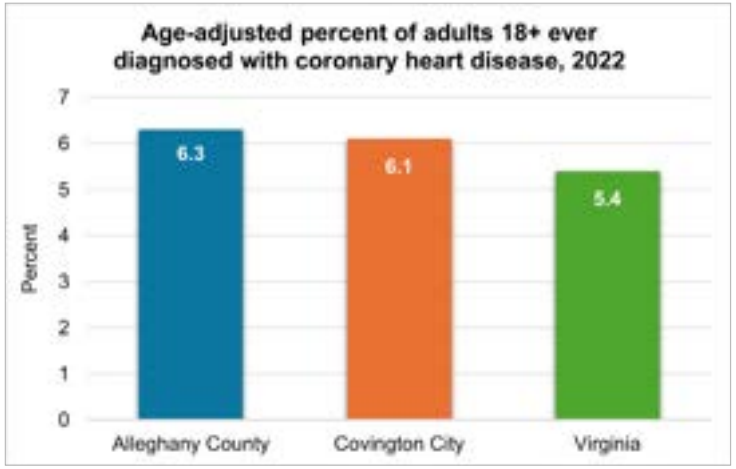
- This indicator reports the rate of deaths due to primary hypertension and/or renal diseases (e.g., primary hypertension, hypertensive chronic kidney disease, and secondary hypertension) for the 3-year average 2020-2022.
- Deaths secondary to hypertension and or renal disease were more than 3 times **higher** in Covington City with a rate of **59.5 deaths per 100,000 population** when compared to Alleghany County (**17.9 deaths per 100,000 population**) and Virginia (**13.5 deaths per 100,00 population**).

PRIORITY FOCUS AREA: CHRONIC DISEASE

Continued

HEART DISEASE

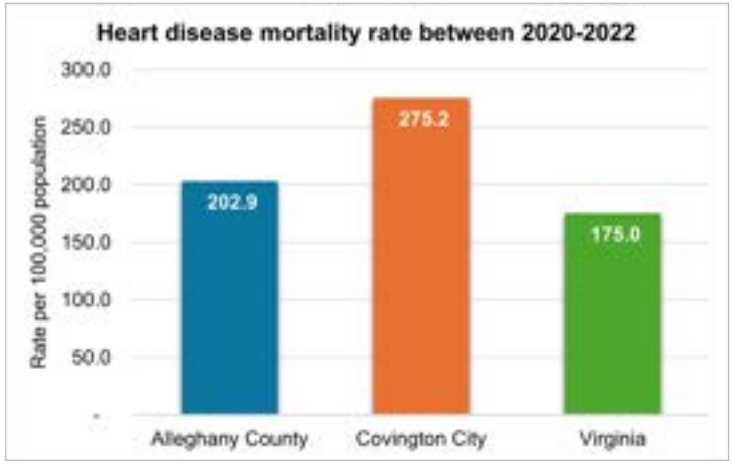
Figure 7



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2022.

- Coronary heart disease was defined as adults aged 18 and older who have been told by a doctor, nurse, or other healthcare professional that they had angina (chest pain) or coronary heart disease.
- As of 2022, **6.3%** of adults in Alleghany County and **6.1%** of adults in Covington City aged 18 years and older reported that they had been diagnosed with heart disease. This was **higher** compared to the **5.4%** of adults in Virginia reported ever having been diagnosed with coronary heart disease.

Figure 8



Source: Virginia Department of Health, Virginia Department of Health, Office of Information Management, Division of Health Statistics. Data directly obtained via email from Virginia Department of Health 2022.

- Heart disease mortality rate is reported as the rate of deaths due to diseases of the heart or cardiovascular diseases with Virginia residence for the 3-year average 2020-2022, including major cardiovascular diseases and heart disease.
- The 3-year average rates of heart disease mortality between 2020-2022 were highest in Covington City with a rate of **275.2 deaths per 100,000 population** when compared to Alleghany County (**202.9 deaths per 100,000 population**) and Virginia **(175.0 deaths per 100,00 population).**

PRIORITY FOCUS AREA: CHRONIC DISEASE

Continued

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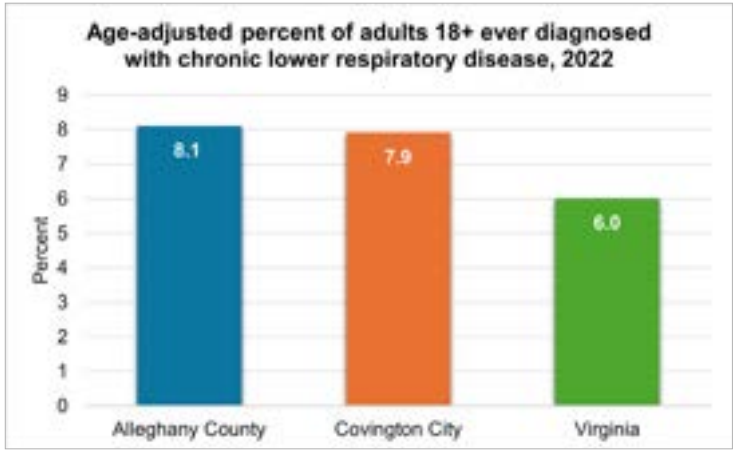
RESPIRATORY DISEASE

Figure 9

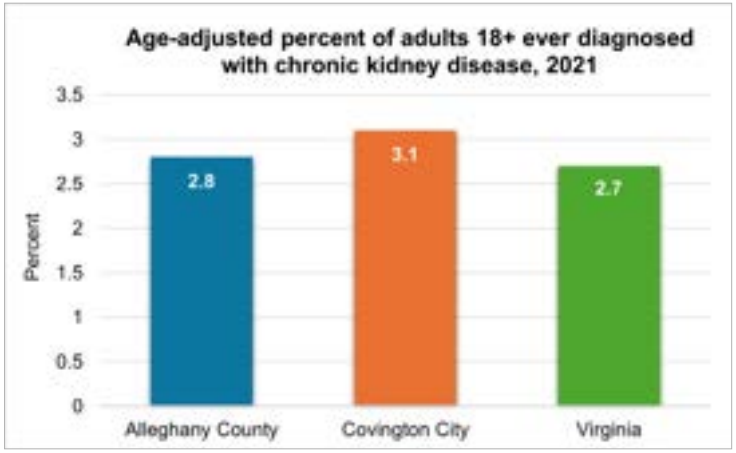


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2022.

- The chronic lower respiratory disease indicator reflects the percentage of adults aged 18 and older who report having been told by a doctor, nurse, or healthcare professional that they had chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis.
- In 2022, **8.1%** of adults in Alleghany County and **7.9%** of adults in Covington City reported ever being diagnosed with chronic lower respiratory disease (including COPD, emphysema, or chronic bronchitis). The rates of chronic lower respiratory disease in Alleghany County and Covington City were **higher** compared to the **6.0%** of adults in Virginia who reported ever being diagnosed with chronic lower respiratory disease in 2022.

KIDNEY DISEASE

Figure 10



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2021.

- Chronic kidney disease is defined as the percentage of adults aged 18 and older who report having been told by a doctor, nurse, or other healthcare professional that they have kidney disease.
- In 2021, **2.8%** of adults in Alleghany County and **3.1%** of adults in Covington City reported ever having been diagnosed with chronic kidney disease. The rates of chronic kidney disease in Alleghany County and Covington City were **higher** compared to the **2.7%** of adults reporting chronic kidney disease in Virginia as of 2021.

PRIORITY FOCUS AREA: CHRONIC DISEASE

Continued

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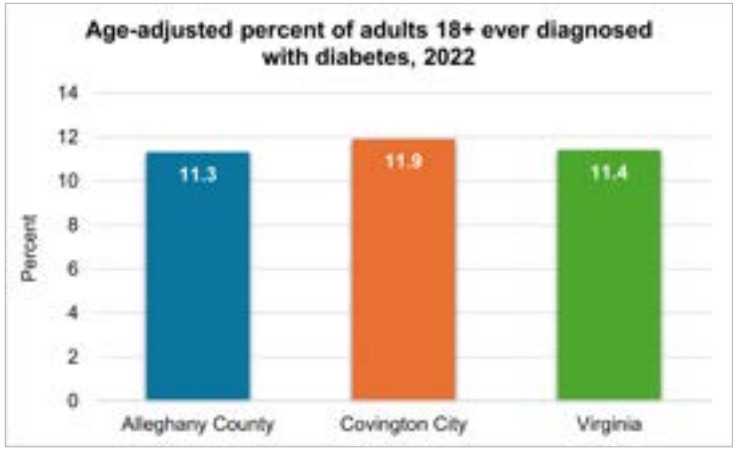
DIABETES

Figure 11

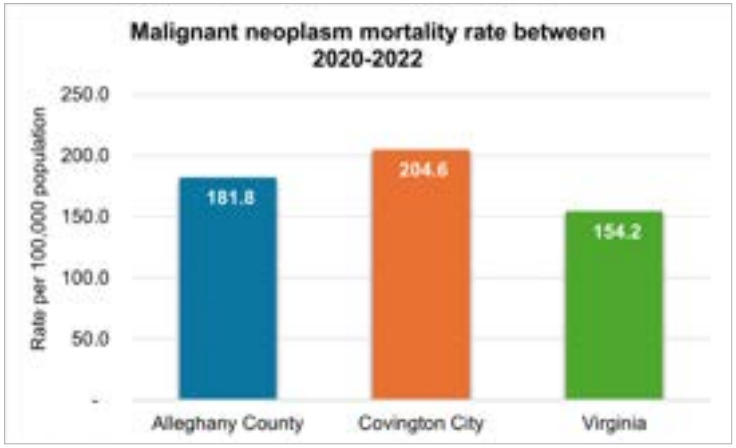


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2022.

- This indicator refers to the percentage of adults aged 18 and older who report ever having been told by a doctor, nurse, or other healthcare professional that they had diabetes. This does not include individuals who were diagnosed with diabetes during pregnancy (gestational diabetes).
- In 2022, **11.3%** of adults in Alleghany County reported being diagnosed with diabetes, which was lower compared to the state of Virginia. **11.9%** of adults in Covington City reported ever having been diagnosed with diabetes, which was **higher** compared to the **11.4%** of adults across Virginia who reported ever having been diagnosed with diabetes.

CANCER MORTALITY

Figure 12



Source: Virginia Department of Health, Virginia Department of Health, Office of Information Management, Division of Health Statistics. Data directly obtained via email from Virginia Department of Health 2022.

- This indicator reports the rate of deaths due to malignant neoplasms or cancerous tumors/tissue growth with Virginia residence for the 3-year average 2020-2022, excluding lymphoid, hematopoietic and related tissue cancers.
- The 3-year average rates of malignant neoplasm between 2020-2022 were highest in Covington City with a rate of **204.6 deaths per 100,000 population** when compared to Alleghany County (**181.8 deaths per 100,000 population**) and Virginia (**154.2 deaths per 100,00 population**).

PRIORITY FOCUS AREA: MENTAL HEALTH & SUBSTANCE USE DISORDER

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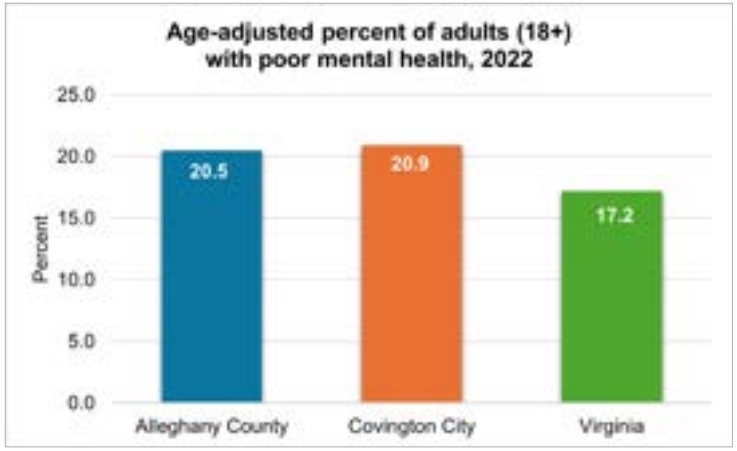
MENTAL HEALTH

Mental and physical health are important elements of an individual's overall well-being. Mental health is an element of behavioral health and encompasses an individual's emotional, psychological, and social well-being. How an individual thinks, feels, acts, relates to others, handles stress, and makes choices are all factors that relate to mental health.

Figure 13



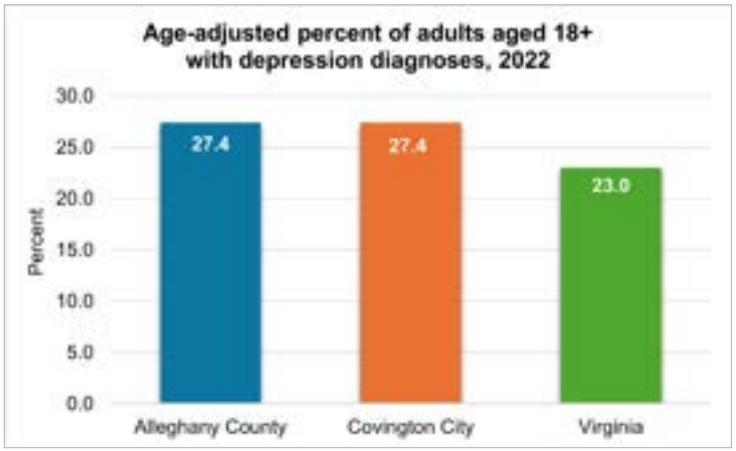
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2022.

- Poor mental health is defined by adults aged 18 and older who report 14 or more days during past month (30 days) where their mental health was "not good". Prevalence rates of "poor mental health" were calculated for adults in Alleghany County, Covington City, and the state of Viriginia from the CDC Places dataset and estimated based on responses from the Behavioral Risk Factor Surveillance System.
- Among adults in 2022, **20.5%** of Alleghany County residents and **20.9%** of Covington City residents reported poor mental health outcomes. These rates were higher among adults in Alleghany County and Covington City compared to Virginia (**17.2%**).

DEPRESSION

Mental health disorders can range from mild to severe and can affect an individual's behavior, mood, and/or thinking. Examples of mental health disorders include, but are not limited to, depression, anxiety, attention deficit hyperactivity disorder (ADHD), suicide and suicide behavior, post-traumatic stress disorder (PTSD), eating disorders, and substance use disorder[12,13]. Mental health disorders can affect individuals' ability to function, potentially impacting their ability to thrive and achieve social well-being.

Figure 14



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2022.

- "Diagnosed depression" is defined by individuals aged 18 and older who have been told by a doctor, nurse, or other healthcare professional that they had depressive disorder.
- Among adults in 2022, **27.4%** of Alleghany County residents and **27.4%** of Covington City residents reported depression diagnoses. The rates of depression diagnoses among adults in Alleghany County and Covington City were **higher** than the **23.0%** of adults that reported depression diagnoses across the state of Virginia.

[12] https://www.cdc.gov/mental-health/about/index.html
[13] https://www.samhsa.gov/mental-health

PRIORITY FOCUS AREA: MENTAL HEALTH & SUBSTANCE USE DISORDER

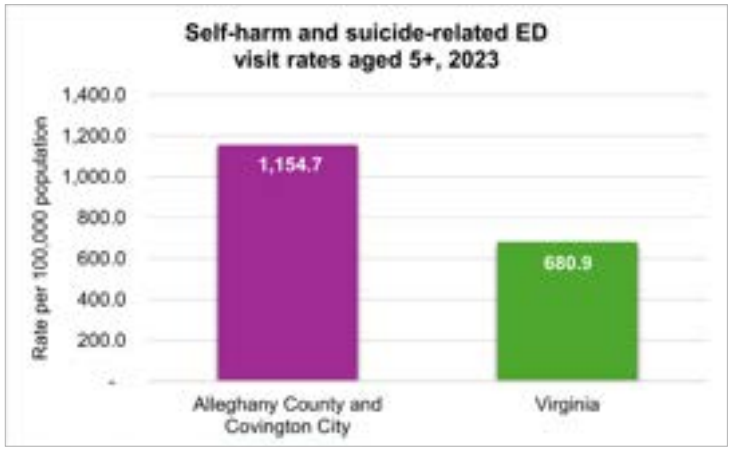
Continued

Alleghany Highlands

2024 Community Health Assessment

SELF-HARM & SUICIDE

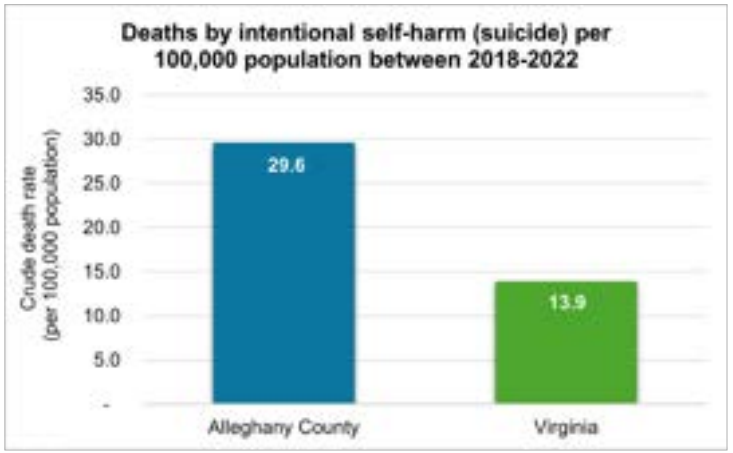
Figure 15



Source: Virginia Department of Health, , Syndromic Surveillance Data, Division of Surveillance and Investigation, Office of Epidemiology - Virginia Department of health. Data directly obtained via email from Virginia Syndromic Surveillance 2023.

- Self-harm and suicide-related Emergency Department (ED) visit rates are defined by the number and rate of self-harm and suicide-related ED visits, per 100,000 population among Virginia residents aged 5 years and older. This indicator includes visits with suicidal ideation or thoughts, self-harm, or suicide attempts.
- As of 2023, the self-harm and suicide-related ED visit rates for Alleghany County and Covington City were **1,154.7 per 100,000 population**, which was **higher** than the Virginia rate (**680.9 per 100,000 population**). The rates for this indicator were combined for Alleghany County and Covington City.

Figure 16



Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

- Deaths by intentional self-harm or suicide reflects the 5-year average death rate per 100,000 population from 2018-2022. Figure 16 reflects crude rates. Data is considered suppressed for counties that have fewer than 20 deaths in the 5-year time frame.
- Between 2018-2022, the crude death rate by intentional self-harm or suicide was **29.6 per 100,000 population** in Alleghany County, which was **higher** compared to the state of Virginia (**rate of 13.9 per 100,000 population**). There were no data available in Covington City between 2018-2022 for this indicator.

PRIORITY FOCUS AREA: MENTAL HEALTH & SUBSTANCE USE DISORDER

Continued

SUBSTANCE USE DISORDER

Substance use disorder (SUD) is a "cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems".[14] SUD encompasses both legal and illegal substances including, but not limited to, tobacco, alcohol, marijuana, and opioids, and can range in severity depending on the number of symptoms that the individual exhibits. It is not uncommon for individuals living with SUD to also experience symptoms of other mental health disorders (e.g., depression, anxiety, etc.), as both diseases can have similar risk factors[15].

SUD has been an ongoing issue nationwide since the beginning of the opioid pandemic. SUD remains a critical issue in many communities, especially more rural areas, like Alleghany County and Covington City. Following national trends, the local data for Alleghany and Covington reveal an overall increase in substance use disorder and mental health conditions during and after the COVID-19 pandemic.

With respect to overdose data, in Covington City, hospitalization rates for accidental overdose were more than 3 times the state average. Like many communities, Alleghany County and Covington City have seen rising overdose death rates in the last several years.

[14] www.cdc.gov/overdose-prevention/media/pdfs/2024/07/Addiction-Medicine-Primer.pdf
[15] https://nida.nih.gov/research-topics/co-occurring-disorders-health-conditions

Live Well Alleghany Highlands 2024 Data Walk

PRIORITY FOCUS AREA: MENTAL HEALTH & SUBSTANCE USE DISORDER

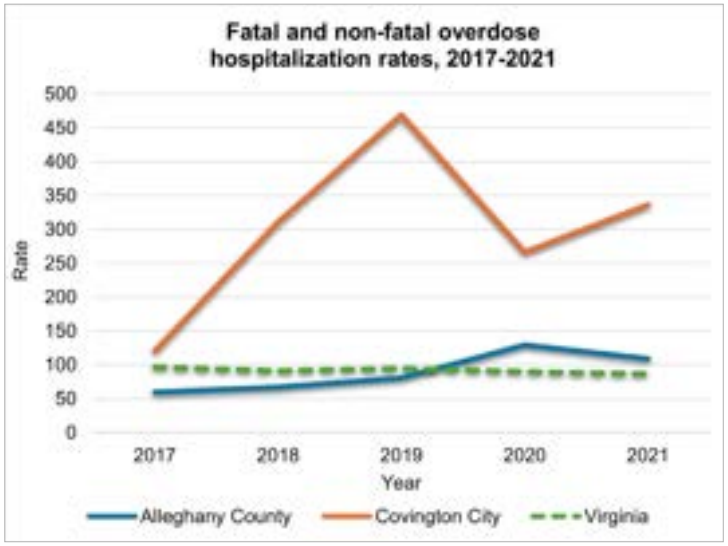
Continued

Alleghany Highlands

2024 Community Health Assessment

OVERDOSE HOSPITALIZATION & DEATH RATES

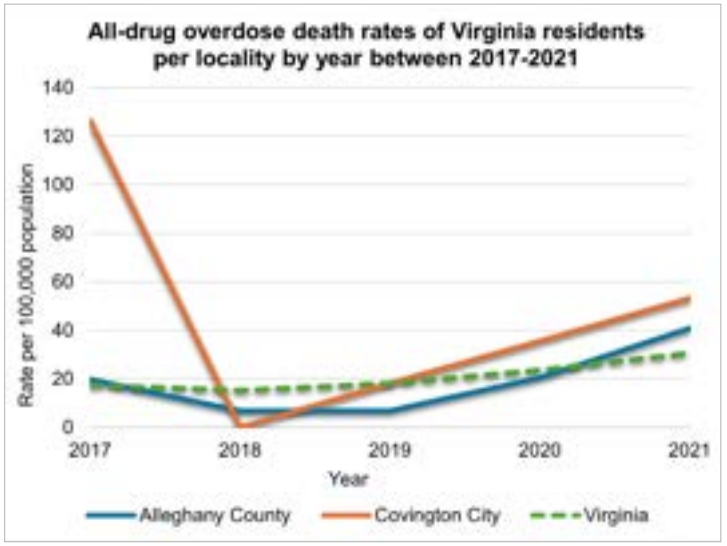
Figure 17



Source: Virginia Health Information, Office of Information Management, VDH

- Hospitalization rates secondary to drug overdoses were obtained from the Virginia Health Information maintained by the Office of Information Management at VDH. The city or county is based on the patient's residence zip code at the time of hospitalization; some zip codes may cross city/county boundaries and can result in under- or over-reporting of hospitalization rates where zip codes cross city and/or county boundaries. The overdose hospitalization rates include both fatal and non-fatal all-drug overdoses.
- In Covington City, fatal and non-fatal overdose hospitalization rates appear to have peaked in 2019. As of 2021, the overdose hospitalization rates were **336.9 per 100,000 people** in Covington City and **108.8 per 100,000 people** in Alleghany County. The overdose hospitalization rates for both Covington City and Alleghany County were **higher** than the drug overdose hospitalization rates of Virginia (**86.4 per 100,000 people**).

Figure 18



Source: Virginia Vital Event Statistics Program, Virginia Department of Health, VDH. Data analyzed by the Injury and Violence Epidemiology Team, Office of Family Health Services, VDH, 2023.

- Overdose death rates are another important measure of the burden of substance use disorder. Deaths are based on the individual's residence at the time of death; overdose mortality data only includes Virginia residents.
- In 2021, the death rates secondary to drug overdose were highest in Covington City (**53.2 deaths per 100,000 population**), followed by Alleghany County (**40.8 deaths per 100,000 population**); both had **higher** all-drug overdose death rates compared to the state of Virgina (**30.5 deaths per 100,000 population**).

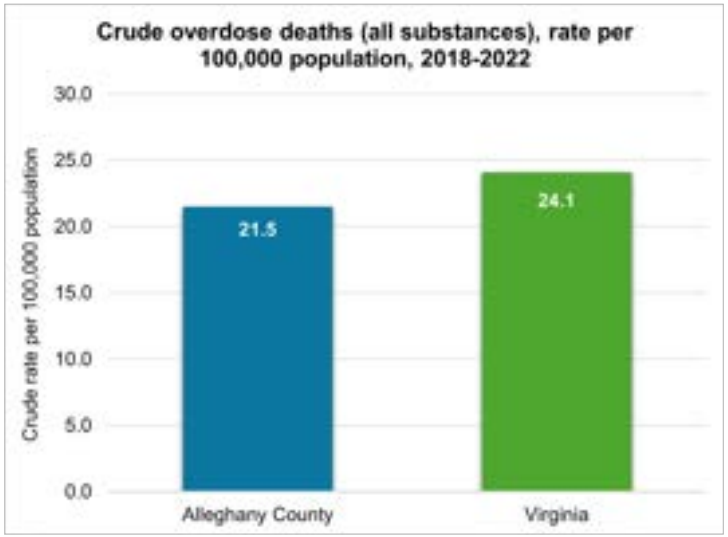
PRIORITY FOCUS AREA: MENTAL HEALTH & SUBSTANCE USE DISORDER

Continued

Alleghany Highlands

2024 Community Health Assessment

Figure 19



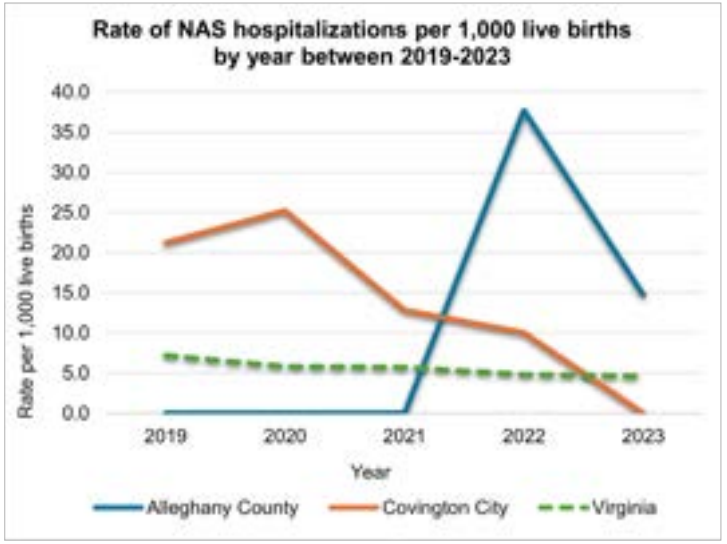
Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.

- This metric for crude overdose death rates is a 5-year average of overdose deaths between 2018-2022 and only includes localities where data is available.
- Between 2018-2022, the overdose death rate in Alleghany County was **21.5 overdose deaths per 100,000 population**, which was **lower** compared to the Virginia average of **24.1 overdose deaths per 100,000 population**. There is no data available in Covington City for this metric between 2018-2022.

NEONATAL ABSTINENCE SYNDROME

Neonatal abstinence syndrome (NAS) is a group of symptoms, including symptoms of drug withdrawal, that infants experience after birth if they are exposed to drugs in the womb, prior to birth[16]. NAS is most often associated with opioids, which include prescribed medicines such as codeine or oxycodone.

Figure 20



Source: Virginia Health Information, maintained by the Office of Information Management, VDH – Maternal & Child Health Dashboard, 2023.

- NAS hospitalization rates were obtained for Virginia residents between 2019-2023.
- There were zero instances of NAS reported from Alleghany County between 2019 and 2021. NAS hospitalization rates in Alleghany County rose to **37.7 per 1,000 live births** in 2022 and have declined in 2023 (to **14.7 per 1,000 live births**). However, the rates in Alleghany County were **higher** compared to the rate of Virginia (**4.6 per 1,000 live births in 2023**).

[16] Neonatal Abstinence Syndrome - Stanford Medicine Children's Health

MATERNAL & CHILD HEALTH

Alleghany Highlands

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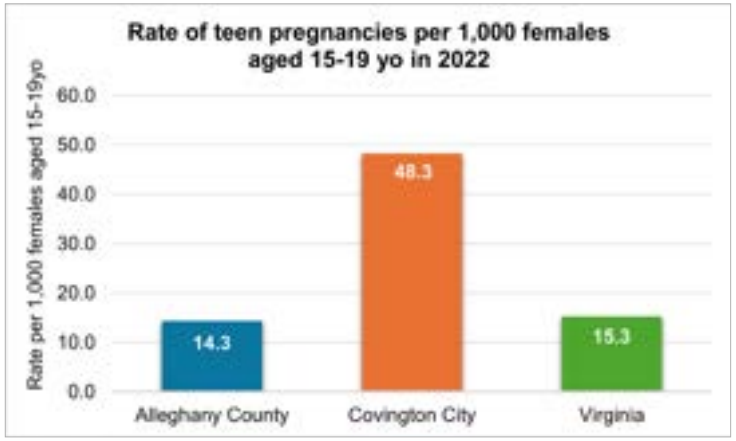
INTRODUCTION

Maternal and child health is an important area for public health interventions, as this is an opportune time to end preventable deaths among women, children, and adolescents and to improve overall health and well-being[17]. Access to essential quality health services, education, and nutrition services remain a struggle for many women and parents. Teen pregnancy has unique medical risks, such as a lack of prenatal care, high blood pressure, premature birth, low birth weight, STDs, and postpartum depression. Apart from health concerns, teen pregnancy also has serious social and economic consequences. Teen births are more likely to lead to poor outcomes for both teenage mothers and their children.

PREGNANCY RATES

Figure 21



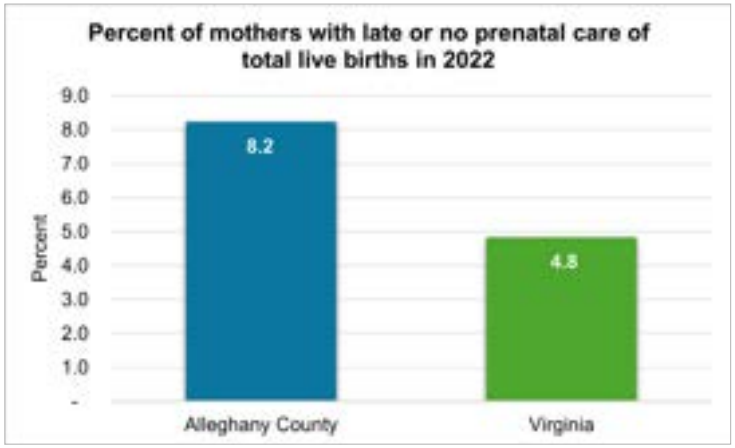
Source: Virginia Department of Health, VDH - Maternal & Child Health. Data directly obtained via email from Virginia Department of Health, 2022.

- The teen pregnancy rate indicator reports the rate of pregnancies per 1,000 females aged 15 to 19 with Virginia residence in 2022.
- Covington City's rate of teen pregnancy (**48.3 per 1,000 females 15-19 yo**) is over 3 times **higher** when compared to Alleghany County (**14.3 per 1,000 females 15-19 yo**) and the state of Virginia (**15.3 per 1,000 females 15-19 yo**). The Alleghany County and Covington City rates for this indicator are unstable and should be interpreted with caution.

[17] Maternal and Child Health

PRENATAL CARE

Figure 22



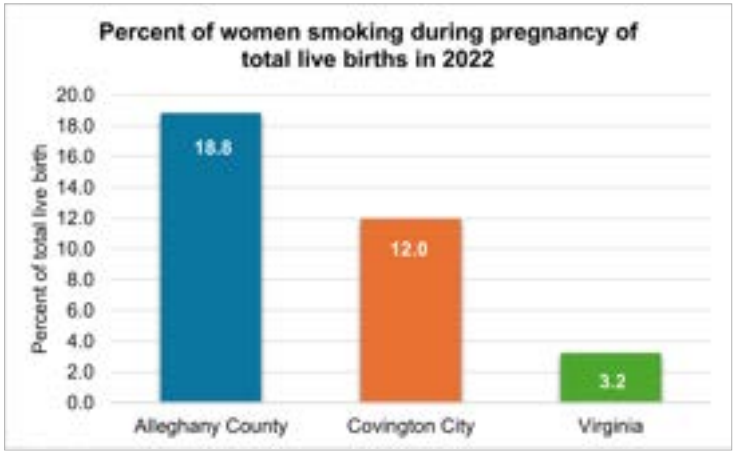
Source: Virginia Department of Health, VDH - Maternal & Child Health. Data directly obtained via email from Virginia Department of Health, 2022.

- The mothers with late or no prenatal care indicator reports the percentage of mothers who have not received adequate prenatal care among total live births with Virginia residence in 2022. Late or no prenatal care is defined as pregnancy-related care beginning in the 3rd trimester (7-9 months) or when no pregnancy-related care was received at all.
- Alleghany County (**8.2%**) had higher rates or mothers with late or no prenatal care when compared to Virginia (**4.8%**). Rates for this indicator are not reported for Covington City, as the rate is suppressed. The rate for Alleghany County is considered unstable, due to the small number of individuals reported for this indicator.

SMOKING IN PREGNANCY

In general, men are disproportionately affected by substance use disorder compared to women; however, women are at highest risk for SUD in their reproductive years (i.e., are of childbearing age).[18] Rates of prenatal exposure to SUD are an ongoing public health concern; the most common substances used during pregnancy are tobacco, marijuana, and alcohol.[19, 20]

Figure 23



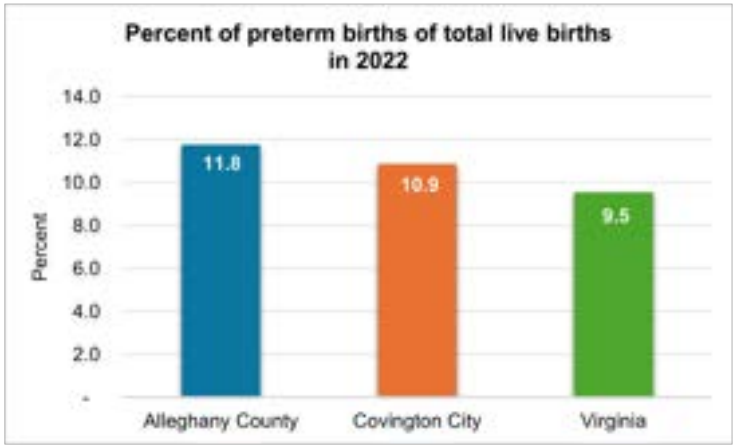
Source: Virginia Department of Health, VDH - Maternal & Child Health. Data directly obtained via email from Virginia Department of Health, 2022.

- The rates of smoking during pregnancy indicator reports the percentage of women who smoke during pregnancy of total live births with Virginia residence.
- In 2022, **18.8%** of women who had a live birth in Alleghany County and **12.0%** in Covington City reported smoking during pregnancy. These rates of smoking during pregnancy (in Covington City and Alleghany County) were more than 3 times **higher** than the statewide rates of smoking during pregnancy of **3.2%**.

[18] Co-Occurring Disorders and Health Conditions | National Institute on Drug Abuse
[19] Substance Use in Pregnancy - StatPearls - NCBI Bookshelf

PRETERM BIRTHS

Figure 24



Source: Virginia Department of Health, VDH - Maternal & Child Health. Data directly obtained via email from Virginia Department of Health, 2022.

- Preterm births are reported as the percentage of preterm births of total live births with Virginia residence in 2022. Preterm birth is defined as births that occur before 37 weeks of pregnancy have been completed.
- When compared to the rate of preterm births (i.e., births before 37 weeks of pregnancy completed) in Virginia (**9.5%**), Covington City (**10.9%**) and Alleghany County (**11.8%**) have **higher** rates of preterm births in 2022.

[20] Substance Use During Pregnancy | Maternal Infant Health | CDC

MATERNAL & CHILD HEALTH

Continued

INFANT & CHILD MORTALITY

- Infant mortality is defined as deaths of children under one year of age, some of whom may have been born in the previous year. Leading causes of infant death include birth defects, preterm birth, low birth weight, sudden infant death syndrome, injuries, and maternal pregnancy complications. High rates of infant mortality indicate the existence of broader issues, especially factors such as poor access to care.
- Child mortality reports the rate of deaths of children ages 1-9 per 100,000 children with Virginia residence for the three-year average 2020-2022. The leading causes for child death include unintentional injuries such as motor vehicle accidents, drowning, fire, falls, and poisoning; developmental and genetic conditions that were present at birth; homicide; and cancer. Premature death among children, especially from preventable causes, is an enormous loss of potential life.
- Data for both infant and child mortality indicators were evaluated, as these indicators can highlight issues related to maternal & child health (e.g., pre- and post-natal care and programs supporting women, infants, and children). However, data for infant & child mortality rates are suppressed due to small numbers for these indicators.

COMMUNICABLE DISEASE

Alleghany Highlands

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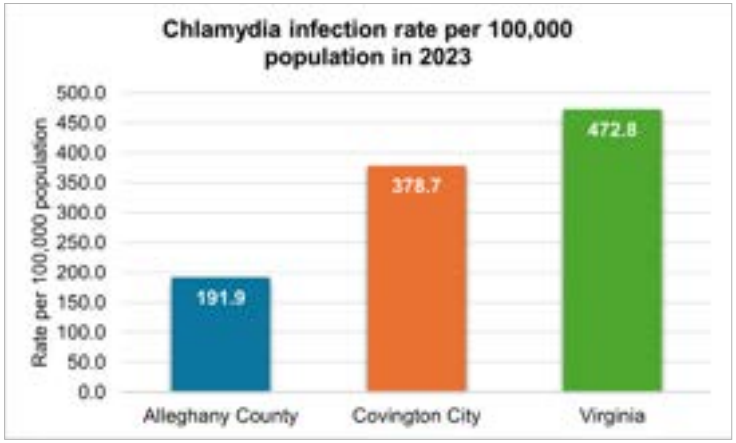
INTRODUCTION

Sexually Transmitted Infections (STIs) are caused by more than 30 different bacteria, viruses, and parasites known to be transmitted through sexual contact; 8 pathogens are linked to the greatest incidence of STIs [21]. STIs are preventable using a combination of safe sex education, condoms, and vaccines. This report will focus on the following reportable STIs: gonorrhea, chlamydia and HIV.

CHLAMYDIA

Figure 25



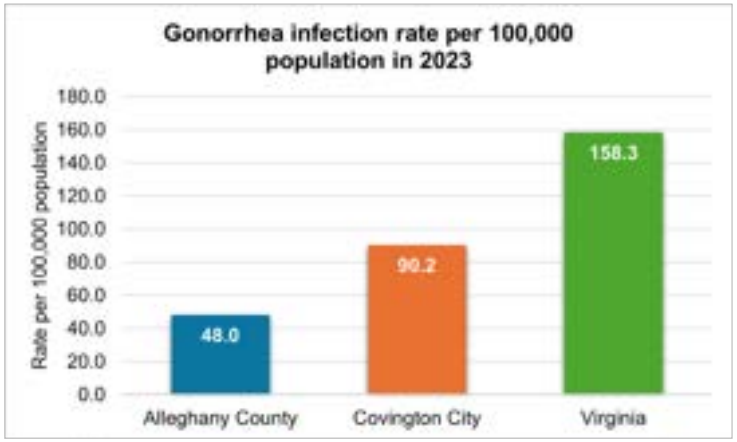
Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.

- Chlamydia incidence rates in 2023 were **lower** in Alleghany County and Covington compared to the state of Virginia.
- The chlamydia incidence rate in Alleghany County was **191.9 per 100,000 population** and **378.7 per 100,000 population** in Covington, which is **lower** when compared to the rate in Virginia (**472.8 per 100,000 population**).

[21] https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis)

GONORRHEA

Figure 26

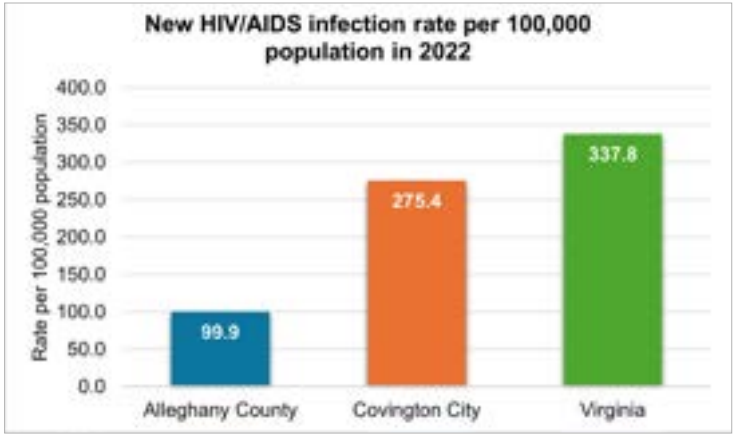


Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.

- The gonorrhea incidence rate in Alleghany County was **48.0 per 100,000** population and **90.2 per 100,000** population in Covington, which is **lower** when compared to the rate in Virginia (**158.3 per 100,000 population**).

HIV/AIDS

Figure 27



Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.

- This indicator reports the prevalence of HIV in the report area as a rate per 100,000 population over age 13. The data reflect people with diagnosed HIV infection at the end of the latest reporting year, or people living with infection classified as stage 3 (AIDS) at the end of the latest report year.
- The rate of new HIV/AIDS infections in Alleghany County was **99.9 per 100,000 population** and **275.4 per 100,000 population** in Covington, which is **lower** when compared to the rate in Virginia (**337.8 per 100,000 population**).

INJURY & VIOLENCE

Alleghany Highlands

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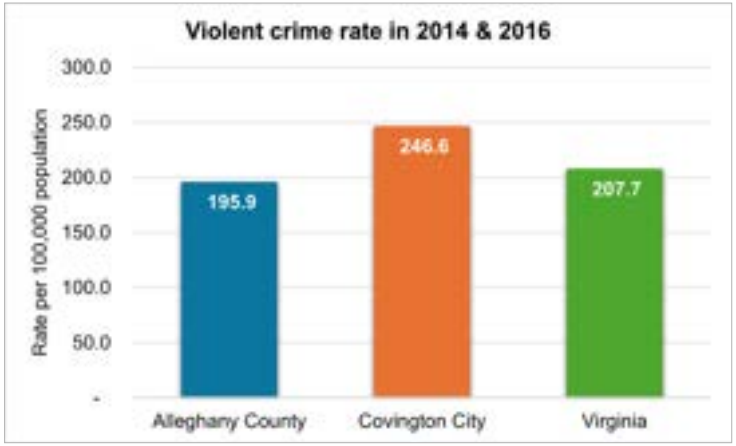
Community Health Assessment

INTRODUCTION

Injuries can be a result of many causes including motor vehicle crashes (MVC), falls, drowning, burns, poisoning, and acts of violence against oneself or others[22]. In addition to the concern for death and injury, associated injuries and exposure to instances of violence, especially in childhood, can increase the risk of poor mental health, substance use disorder, and unhealthy habits that can lead to chronic disease (e.g., heart disease, diabetes, and cancer).

CRIME

Figure 28



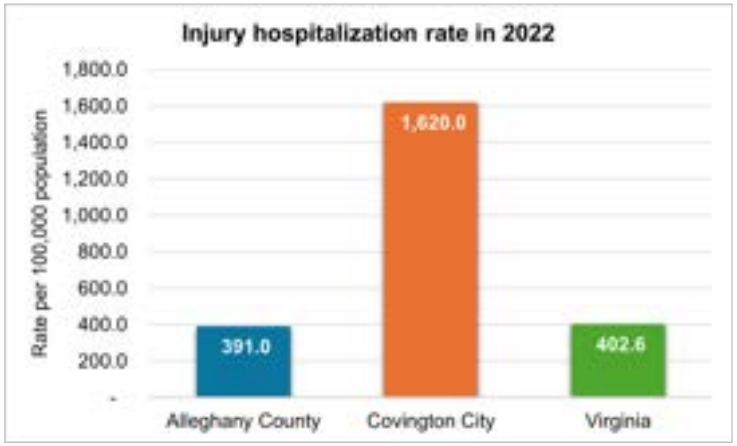
Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2014 & 2016.

- Violent crime is reported as the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault.
- The rate of violent crime in Covington was **246.6 per 100,000 population** in 2014 & 2016, which is **higher** when compared to Virginia (**207.7 per 100,000 population**) and Alleghany County (**195.9 per 100,000 population**). The violent crime data presented here from 2014 & 2016 reflect the most recent data available.

[22] https://www.who.int/news-room/fact-sheets/detail/injuries-and-violence

INJURY

Figure 29

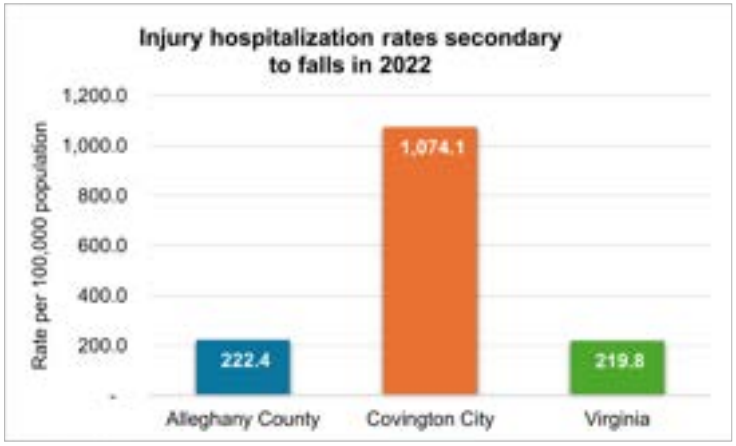


Source: Virginia Department of Health, Virginia Department of Health. Data directly obtained via email from Virginia Department of Health 2022.

- Injury hospitalization rate is reported as the number and rate of hospital inpatient stays due to all types of injuries, per 100,000 total population. All injuries include anatomic injuries (e.g., foreign bodies, burns, frostbite) poisoning by drugs, medicaments, and biological substances, other and unspecified effects of external causes, traumatic injuries and abuse complicating pregnancy, childbirth.
- The rate of all injury hospitalizations in Covington was **1,620.0 per 100,000 population**, which is over 3 times **higher** when compared to injury hospitalization rates in Alleghany County (**391.0 per 100,000 population**) and Virginia (**402.6 per 100,000 population**).

FALL-RELATED INJURIES

Figure 30

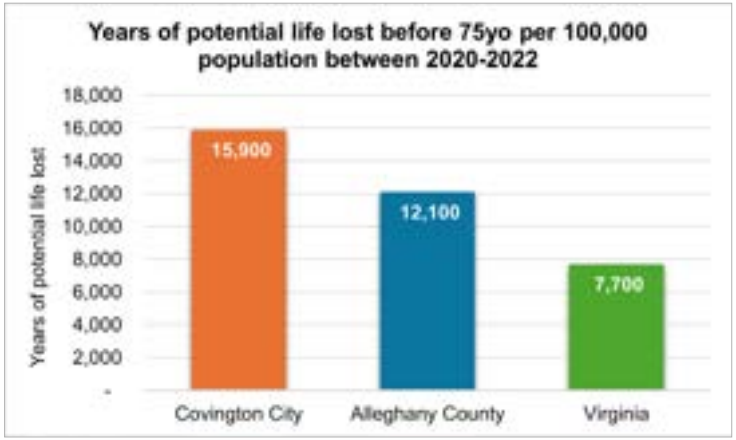


Source: Virginia Department of Health, Virginia Department of Health. Data directly obtained via email from Virginia Department of Health 2022.

- Fall-related injury hospitalizations are reported as the rate of hospital inpatient stays due to fall-related injuries, per 100,000 population. Unintentional falls are where a person may slip, stumble, trip, or lose balance and collapse.
- The rate of fall related injury hospitalizations in Covington was **1,074.1 per 100,000 population**, which is over 4 times **higher** when compared to injury hospitalization rates in Alleghany County (**222.4 per 100,000 population**) and Virginia (**219.8 per 100,000 population**).
- Data for fire-arm related hospitalizations, MVC related deaths, and assault-related injuries were evaluated as these indicators can highlight issues related to general safety and well-being. However, data for these indicators are suppressed due to small case counts.

YEARS OF POTENTIAL LIFE LOST

Figure 31

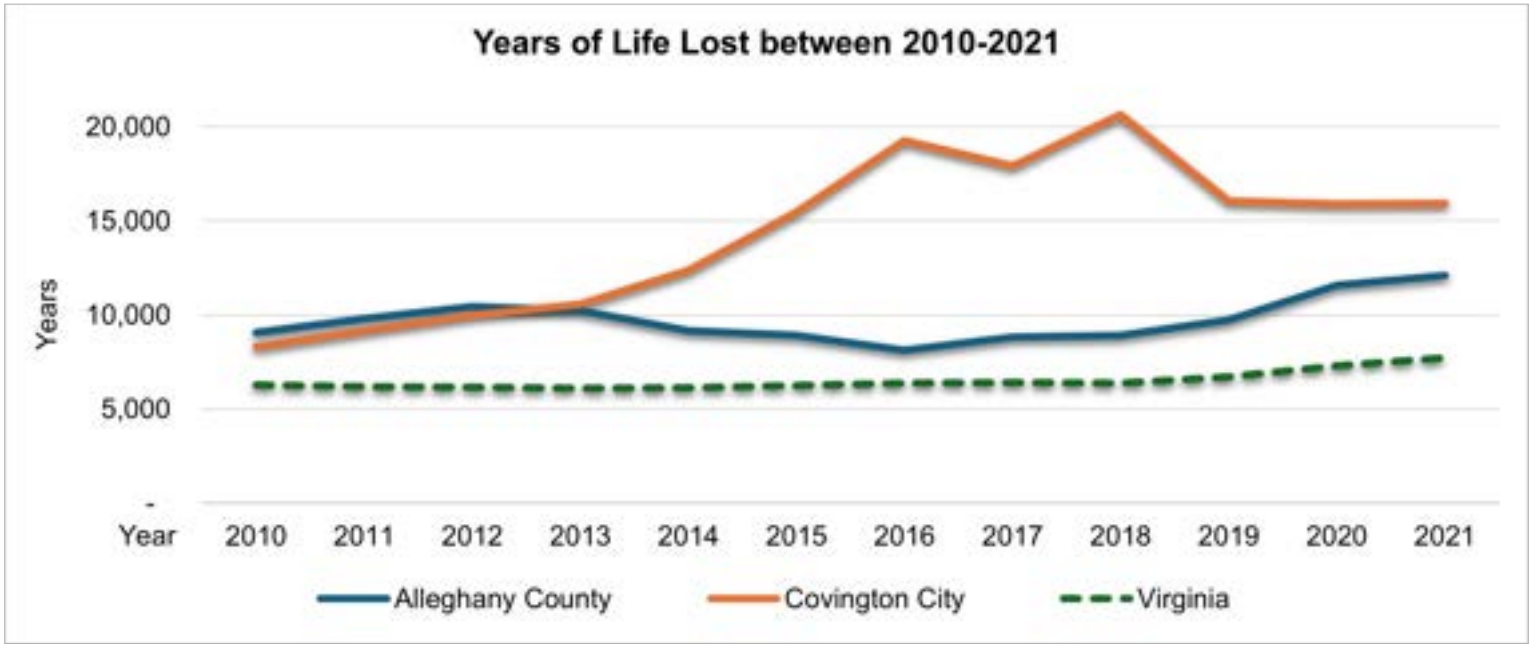


Source: National Center for Health Statistics – National Vital Statistics System; 2020-2022.

- Years of potential life lost (YPLL) is a public health measure that reflects the impacts of deaths that occur before a cutoff year, in this instance age 75[23]. This indicator shows the total years of potential life lost before age 75 per 100,000 population and is adjusted for age.
- Years of potential life lost were highest in Covington between 2020-2022, with **15,900 potential years of life lost**. This was **higher** when compared to Alleghany County (**12,100 years of potential life lost**) and Virginia (**7,700 years of potential life lost**).

Since 2010, the years of potential life lost in both Alleghany County and Covington has been higher when compared to Virginia and the United States.

Figure 32

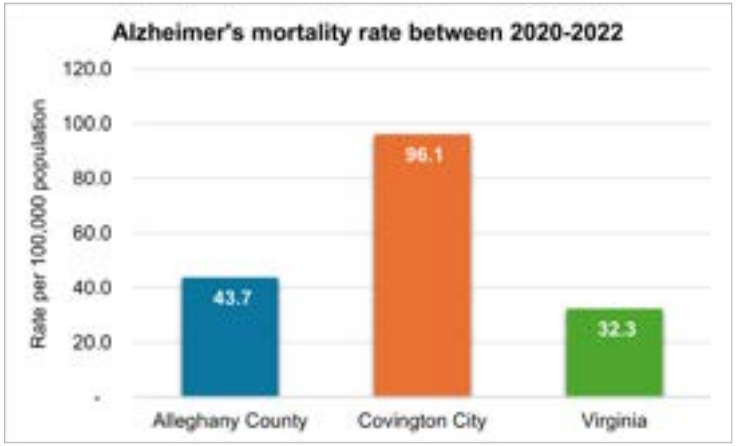


Source: National Center for Health Statistics – National Vital Statistics System; 2020-2022.

[23] https://www.cdc.gov/mmwr/preview/mmwrhtml/00016649.htm

ALZHEIMER'S DISEASE MORTALITY

Figure 33



Source: Virginia Department of Health, Office of Information Management, Division of Health Statistics. Data directly obtained via email from Virginia Department of Health, 2022.

- This indicator reports the rate of deaths due to Alzheimer's disease (i.e., through the International Classification of Diseases, 10th Revision code G30) of Virginia residents for the three-year average 2020-2022.
- Deaths secondary to Alzheimer's disease were more than 2 times **higher** in Covington with a rate of **96.1 deaths per 100,000 population** when compared to Alleghany County (**43.7 deaths per 100,000 population**) and 3 times higher than the Virginia rate (**32.3 deaths per 100,00 population**).

NEXT STEPS

Alleghany Highlands

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Community Health Assessment

LWAH NEXT STEPS

The 2024 Alleghany Highlands CHA process, facilitated by RCAHD, elevated the voices of key community stakeholders to identify chronic disease and mental health & substance use disorder as the priority focus areas for community health improvement efforts. Not only are health outcomes related to chronic disease and mental health & substance use disorders leading causes of poor health and death nationwide, they are also worse in both Alleghany County and Covington City compared to the entire state of Virginia.

The intention of this report goes beyond simply identifying problems within the community, it also serves as a starting point to implement community-wide solutions to these challenges. RCAHD, the LWAH steering committee and local community partners are committed to developing a Community Health Improvement Plan (CHIP) to address and improve community health outcomes related to chronic disease, mental health and substance use disorders.

Live Well Alleghany Highlands 2024 Data Walk

APPENDIX A: REPORT CONTRIBUTORS

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APPENDIX B: REPORT STRUCTURE & RELEVANT DEFINITIONS

REPORT STRUCTURE

For each topic area (chronic disease; mental health and substance use disorder; maternal and child health; communicable disease; injury and violence; and premature mortality), this report includes:

- A general introduction and description of the priority
- A definition of the indicator and the source from which its data originated
- Narrative interpretation that describes indicator findings across Covington City, Alleghany County, and Virginia
- A bar chart or line graph comparing the rates of a health condition or outcome across Covington City, Alleghany County, and Virginia

SECONDARY DATA

Secondary data included in this assessment were obtained from publicly available data sources including VDH, Centers for Disease Control and Prevention, and the US Census Bureau. Data were accessed via the Virginia's Plan for Well-Being, Virginia Community Health Improvement Data Portal, a University of Missouri product that collates data and generates counts and rates by indicator and geography from publicly available sources (e.g., Centers for Disease Control and Prevention, US Census Bureau, etc.). All data have been pulled from the most recent year available.

[24] https://doh.wa.gov/sites/default/files/legacy/Documents/1500/Rateguide.pdf
[25] https://hdpulse.nimhd.nih.gov/data/suppressed.html

RELEVANT DATA DEFINITIONS

Age-adjusted rate – Age-adjusted rates are used when comparing rates of health events affected by confounding factors or when comparing different populations. Because the occurrence of many health conditions is related to age, a common adjustment for public health data is age-adjustment[24]. Most graphs represent age-adjusted rates.

Crude rate – A crude rate is often used when a summary measure is useful (e.g., for diseases such as tuberculosis or hepatitis). Crude rates do not take age into account. Crude rates are used when there is interest in the overall burden of a disease in the population, irrespective of age[24]. The summary narrative interpretations that follow typically apply crude rates to represent the overall burden.

Suppressed rate or count – When the numbers of cases used to compute rates or counts are small, they tend to have poor reliability[25]. Therefore, to limit misinterpretation and misuse of counts and rates that are small (typically fewer than 5 cases), they are considered suppressed.

Unstable rate – Rates based on small numbers of health outcomes can fluctuate widely from year to year for reasons other than a true change in the frequency of the health outcome . For measures that have small counts, where a rate would be unstable, the counts are often combined across localities or years into larger totals that are more stable[26].

[26] https://doh.wa.gov/sites/default/files/legacy/Documents/1500/Rateguide.pdf

APPENDIX C: COMMUNITY HEALTH & WELLBEING SURVEY

Alleghany Highlands

2024 Community Health Assessment

Alleghany Highlands HEALTH AND WELL-BEING SURVEY

COMMUNITY THEMES

1. Where do you live?

❒ Alleghany County
❒ Covington City
❒ Other: _____

2. How would you describe where you live?

❒ City/Town ❒ Country/Rural ❒ Mixed ❒ Other _____

3. What is your ZIP code? _____

4. What are the <u>most important issues</u> impacting you or your family's health and well-being? (*Please check <u>all that apply</u>*)

<u>Health Factors</u>

❒ Access to affordable housing
❒ Access to healthy foods
❒ Accidents in the home (e.g., falls, burns, cuts)
❒ Alcohol and illegal drug use
❒ Aging problems (e.g., arthritis, hearing/vision loss, etc.)
❒ Bullying
❒ Cell phone use / texting and driving / distracted driving
❒ Child abuse / neglect
❒ Climate change
❒ Domestic violence
❒ Environmental health (e.g., water quality, air quality, pesticides, etc.)
❒ Firearm injury
❒ Gambling
❒ Homicide
❒ Housing problems (e.g., mold, bed bugs, lead paint)
❒ Injuries
❒ Lack of exercise / physical activity
❒ Neighborhood safety
❒ No air conditioning in my home or unable to use it
❒ Not getting "shots" to prevent disease
❒ Not using seat belts / child safety seats / helmets
❒ Poor eating habits
❒ Prescription drug misuse
❒ Sexual assault
❒ Social isolation
❒ Transportation problems
❒ Tobacco use / smoking / vaping
❒ Unsafe sex
❒ Discrimination / racism / violence
❒ Other:

_____

Health Conditions or Outcomes

- ❒ Cancers
- ❒ COVID-19 / coronavirus
- ❒ Dementia
- ❒ Dental problems
- ❒ Diabetes
- ❒ Grief
- ❒ Heart disease and stroke
- ❒ High blood pressure
- ❒ HIV / AIDS
- ❒ Infant health (e.g., low birthweight, premature birth, etc.)
- ❒ Lung disease
- ❒ Mental health problems
- ❒ Overweight / obesity
- ❒ Stress
- ❒ Suicide
- ❒ Teenage pregnancy
- ❒ Other: _____

5. Which of the following are hard to get in our community? *(Check all that apply)*

Routine Healthcare

- ❒ Adult dental care
- ❒ Child dental care
- ❒ Family doctor/primary care
- ❒ Annual check-up / Well-visits
- ❒ Vision care
- ❒ Women's health/family planning
- ❒ Immunizations
- ❒ Lab work
- ❒ Medication/medical supplies
- ❒ Mental health counseling

Urgent/Emergency Care

- ❒ Ambulance services
- ❒ Emergency room care
- ❒ Sick visits
- ❒ Inpatient hospital care
- ❒ X-rays
- ❒ Domestic violence services

Substance Use Services

- ❒ Help to quit smoking
- ❒ Outpatient substance use treatment
- ❒ Inpatient substance use treatment
- ❒ Peer recovery specialists

Specialty Care

- ❒ Alternative therapy (e.g., herbal, acupuncture, massage)
- ❒ Cancer care
- ❒ Chiropractic care
- ❒ Dermatology
- ❒ Eldercare
- ❒ End of life / hospice / palliative care
- ❒ Physical therapy

Education

- ❒ Education and literacy
- ❒ Translation assistance

Housing

- ❒ Affordable / safe places to live
- ❒ Help paying for rent / utilities
- ❒ Home repairs

Financial Help

- ❒ General banking / financial assistance
- ❒ Medical bills
- ❒ TANF (Temporary Assistance for Needy Families)
- ❒ Unemployment benefits
- ❒ Paying for medications
- ❒ Health Insurance
- ❒ Food benefits (SNAP, WIC)

Other Support Services

- ❒ Childcare
- ❒ Employment / jobs assistance
- ❒ Legal services
- ❒ Transportation
- ❒ Veterans' services
- ❒ Other: _____

6. What are the <u>greatest strengths</u> of our community? *(Check <u>all</u> that apply)*

- ❒ Opportunities to be involved in the community
- ❒ Welcoming of diversity (racial, cultural, faith, economic, sexual orientation)
- ❒ Access to healthy food
- ❒ Housing that is affordable
- ❒ Services that support basic needs (food, clothing, temporary cash assistance)
- ❒ Access to healthcare
- ❒ Educational opportunities (schools, libraries, vocational programs, universities)
- ❒ Good jobs/healthy economy
- ❒ Mental health/substance use services
- ❒ Public safety and health (law enforcement, fire, EMS, public health)
- ❒ Access to parks and recreation
- ❒ A walk-able/bike-able community
- ❒ Clean air
- ❒ Clean environment
- ❒ Arts and cultural events
- ❒ Working to end homelessness
- ❒ Good place to raise children
- ❒ Other: _____

7. What would <u>most improve</u> the quality of life in our community? *(Check <u>all</u> that apply)*

- ❒ Opportunities to be involved in the community
- ❒ Welcoming of diversity (racial, cultural, faith, economic, sexual orientation)
- ❒ Access to healthy food
- ❒ Housing that is affordable
- ❒ Services that support basic needs (food, clothing, temporary cash assistance)
- ❒ Access to healthcare
- ❒ Educational opportunities (schools, libraries, vocational programs, universities)
- ❒ Good jobs/healthy economy
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- ❒ Public safety and health (law enforcement, fire, EMS, public health)
- ❒ Access to parks and recreation
- ❒ A walk-able/bike-able community
- ❒ Clean air
- ❒ Clean environment
- ❒ Arts and cultural events
- ❒ Working to end homelessness
- ❒ Good place to raise children
- ❒ Other: _____

OVERALL INDIVIDUAL WELL-BEING

8. Here is a picture of a ladder. The top of the ladder (10) represents the best possible life for you and the bottom (1) represents the worst possible life for you. Where on the ladder you feel you stand right now?

1 2 3 4 5 6 7 8 9 10

9. On which step do you think you will stand five years from now?

1 2 3 4 5 6 7 8 9 10

10. Now imagine the top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you. Please indicate where on the ladder you stand right now.

1 2 3 4 5 6 7 8 9 10

11. How often do you feel lonely?

Always 0 1 2 3 4 5 6 7 8 9 10 Never

12. If you were in trouble, do you have relatives or friends you can count on to help you whenever you need them?

Always 0 1 2 3 4 5 6 7 8 9 10 Never

DEMOGRAPHIC INFORMATION

1. Do you have health insurance?

❒ No ❒ Yes ❒ Choose not to answer

2. <u>If you have no health insurance</u>, why don't you have insurance? (*Check <u>all</u> that apply)*

❒ Not applicable (I have health insurance)
❒ I don't understand my insurance options
❒ Insurance is too expensive
❒ I am unemployed
❒ I need assistance enrolling
❒ I am no longer eligible for Medicaid
❒ I do not have a permanent address
❒ I do not use healthcare
❒ I go to a free clinic
❒ I pay for healthcare out of pocket
❒ Other: _____
❒ Choose not to answer

3. What is your age? _____

❒ Under 18 years
❒ 18-24 years
❒ 25-34 years
❒ 35-44 years
❒ 45-54 years
❒ 55-59 years
❒ 60-64 years
❒ 65-74 years
❒ 75-84 years
❒ 85+ years
❒ Choose not to answer

4. What sex were you assigned at birth?

❒ Male ❒ Female ❒ Intersex ❒ Choose not to answer

5. What is your gender? *(Choose all that apply.)*

❒ Male ❒ Female ❒ Non-binary ❒ Transgender ❒ Choose not to answer

6. What is your sexual orientation? _____

7. Do you live in a home with household members who are younger than 18 years old?

❒ Yes ❒ No ❒ Choose not to answer

8. Do you live in a home with household members who are 65 years and older?

❒ Yes ❒ No ❒ Choose not to answer

9. Are you currently pregnant or have you been pregnant within the last 12 months?

❒ Yes–currently pregnant ❒ Yes–pregnant within the last 12 months
❒ No ❒ Not applicable ❒ Choose not to answer

10. In the past six months, have you been regularly living in stable housing that you own, rent, or stay in as a part of a household?

❒ Yes ❒ No ❒ Choose not to answer

11. What is your highest education level completed?

❒ Less than high school ❒ Some high school ❒ High school diploma / GED ❒ Associate's
❒ Bachelor's ❒ Master's ❒ Doctorate / PhD ❒ Choose not to answer

12. What language do you speak at home? ❒ English ❒ Spanish ❒ Other: _____

13. What is your race or ethnicity? ***(Check all that apply)***

❒ Native Hawaiian / Pacific Islander ❒ Asian ❒ Black / African American ❒ White ❒ Choose not to answer
❒ American Indian / Alaskan Native ❒ Hispanic or Latino ❒ More than one race ❒ Middle Eastern or North African ❒ Other: _____

14. What is your yearly household income?

❒ Less than $10,000 ❒ $10,000-$49,999 ❒ $50,000 – $99,999 ❒ $100,000-$149,999 ❒ $150,000 or more
❒ Choose not to answer

15. Is there anything else we should know about your (or someone living in your home) health care needs in the Alleghany Highlands?

Thank you for providing your input to make our community a healthier place!

APPENDIX D:

PRIMARY DATA SURVEY RESULTS & VALIDATION METHODOLOGY

Alleghany Highlands

2024
Community Health Assessment

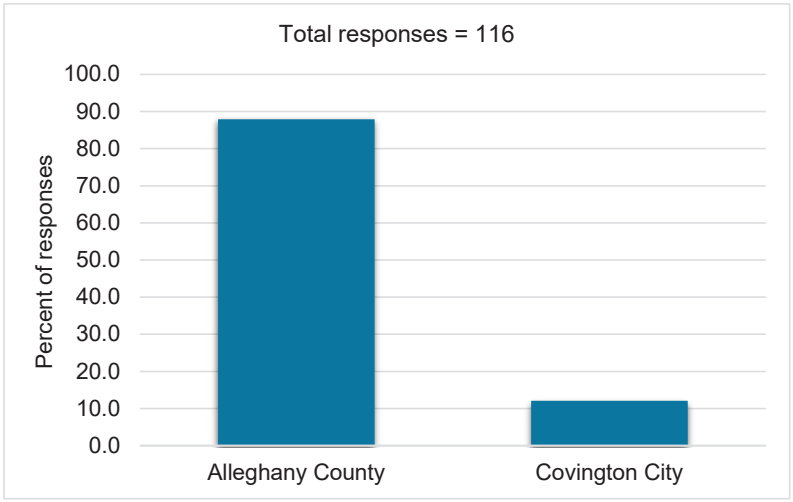
Appendix D: Primary data survey results and validation methodology

Results from the Community Health and Well-being survey, a publicly available survey completed by community members, underwent a data-cleaning and validation process. As an example, survey responses were filtered by location and zip code. To ensure the integrity of the community's voice, surveys completed by individuals who did not reside in the report area (Alleghany County and Covington) were removed. The remaining survey responses were analyzed to generate the tables and graphs that follow.

Community Health and Wellbeing survey results

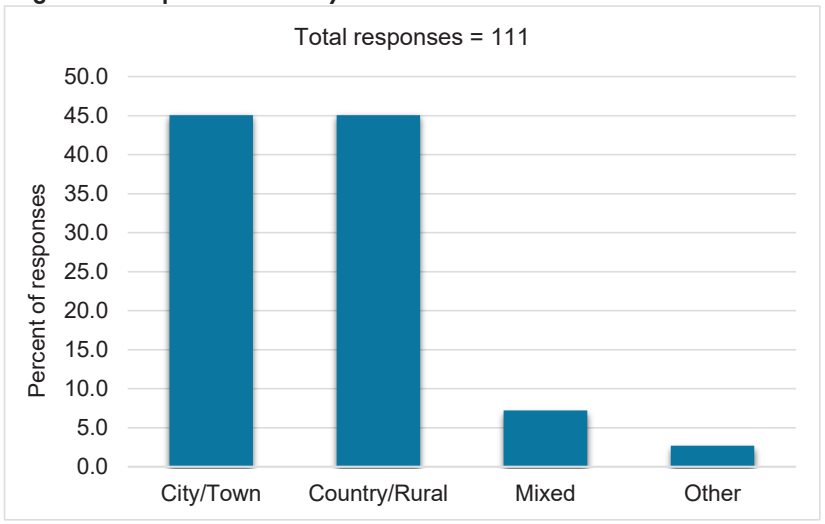
Q: Where do you live? (select one)

Figure A1: Place of Residence



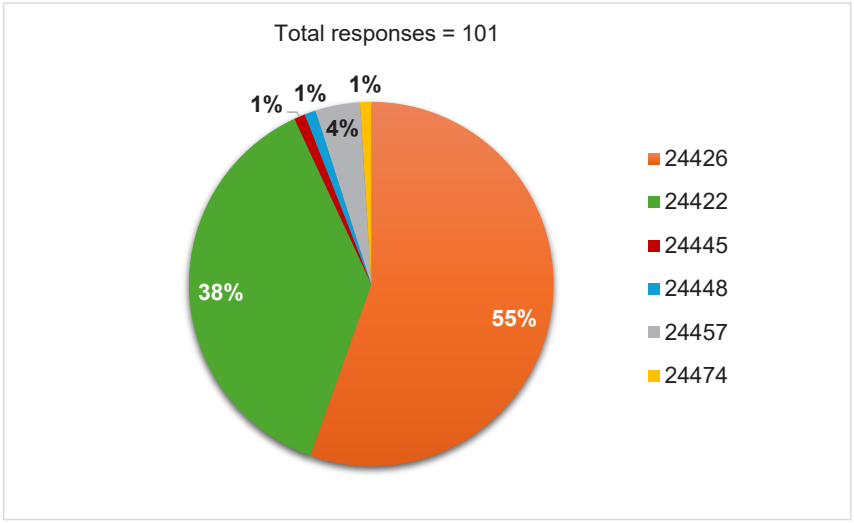
Q: How would you describe where you live? (select one)

Figure A2: Population Density



Q: What is your zip code? (free text)

Figure A3: Residence by Zip Code



APPENDIX D:

PRIMARY DATA SURVEY RESULTS & VALIDATION METHODOLOGY

Continued

Q: What are the most important issues impacting you or your family's health and well-being? (select all that apply)

Table A4: Factors Impacting Health

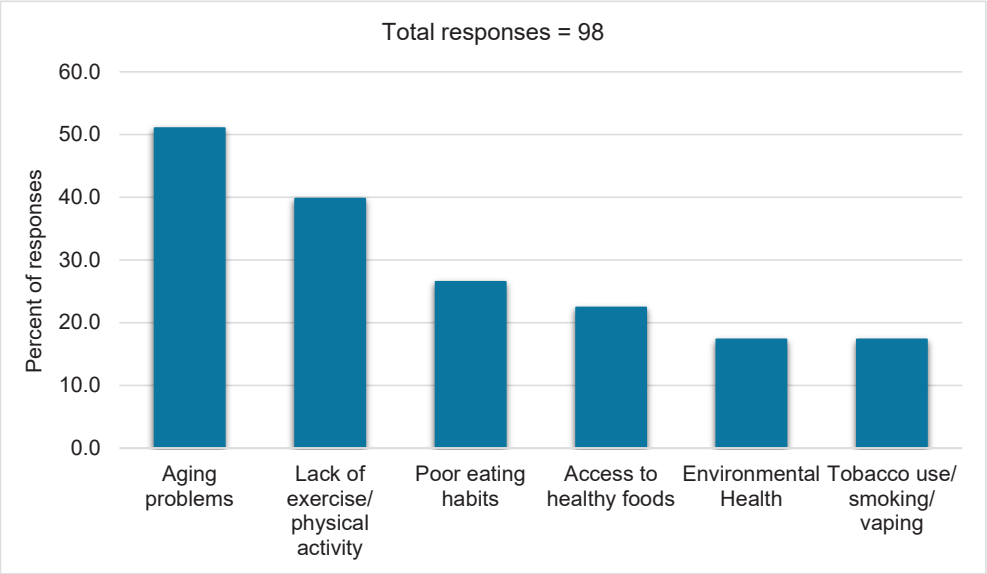
Response	Count	Percent of responses
Aging problems	50	51.0
Lack of exercise/ physical activity	39	39.8
Poor eating habits	26	26.5
Access to healthy foods	22	22.4
Environmental Health	17	17.3
Tobacco use/ smoking/ vaping	17	17.3
Cell phone use/ texting and driving/ distracted driving	15	15.3
Climate change	13	13.3
Alcohol and illegal drug use	11	11.2
Access to affordable housing	10	10.2
Accidents in the home	10	10.2
Bullying	10	10.2
Transportation problems	10	10.2
Neighborhood safety	9	9.2
Other	9	9.2
Child abuse/ neglect	5	5.1
Domestic violence	5	5.1
Injuries	5	5.1
Prescription drug misuse	5	5.1
Social isolation	5	5.1
Housing problems	4	4.1
Not getting "shots" to prevent disease	4	4.1
Not suing seat belts/ child safety seats/ helmets	4	4.1
No air conditioning in my home or unable to use it	3	3.1
Discrimination/ racism/ violence	3	3.1
Unsafe sex	2	2.0
Firearm injury	1	1.0
Gambling	1	1.0
Homicide	0	0.0
Sexual assault	0	0.0

APPENDIX D:

PRIMARY DATA SURVEY RESULTS & VALIDATION METHODOLOGY

Continued

Figure A4: Top Five Factors Influencing Health – 5th Place Ties

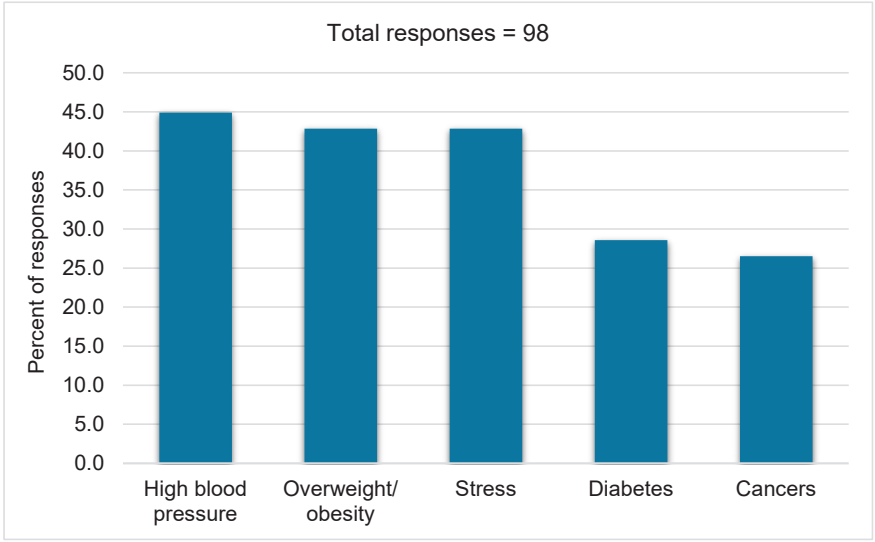


Q: What are the most important issues impacting you or your family's health and well-being? (select all that apply)

Table A5: Conditions impacting health

Response	Count	Percent of responses
High blood pressure	44	44.9
Overweight/ obesity	42	42.9
Stress	42	42.9
Diabetes	28	28.6
Cancers	26	26.5
Mental health problems	25	25.5
Dental problems	21	21.4
Heard disease and stroke	20	20.4
Grief	15	15.3
Lung disease	9	9.2
Dementia	8	8.2
COVID-19/ coronavirus	7	7.1
Other	6	6.1
Teenage pregnancy	4	4.1
Suicide	2	2.0
HIV/ AIDS	0	0.0
Infant health	0	0.0

Figure A5: Conditions impacting health – top 5



There were seven questions addressing which resources, including health care, are difficult to access in the community.

Overarching Q: Which of the following is hard to get in our community? (select all that apply)

Table A6: Access to routine healthcare

Response	Count	Percent of responses
Family doctor/ primary care	37	42.5
Mental health counseling	28	32.2
Women's health/ family planning	27	31.0
Adult dental care	22	25.3
Vision care	22	25.3
Annual check-up/ well-visits	20	23.0
Child dental care	14	16.1
Medication/ medical supplies	12	13.8
Lab work	10	11.5
Immunizations	4	4.6

Figure A6: Access to routine healthcare – top 5

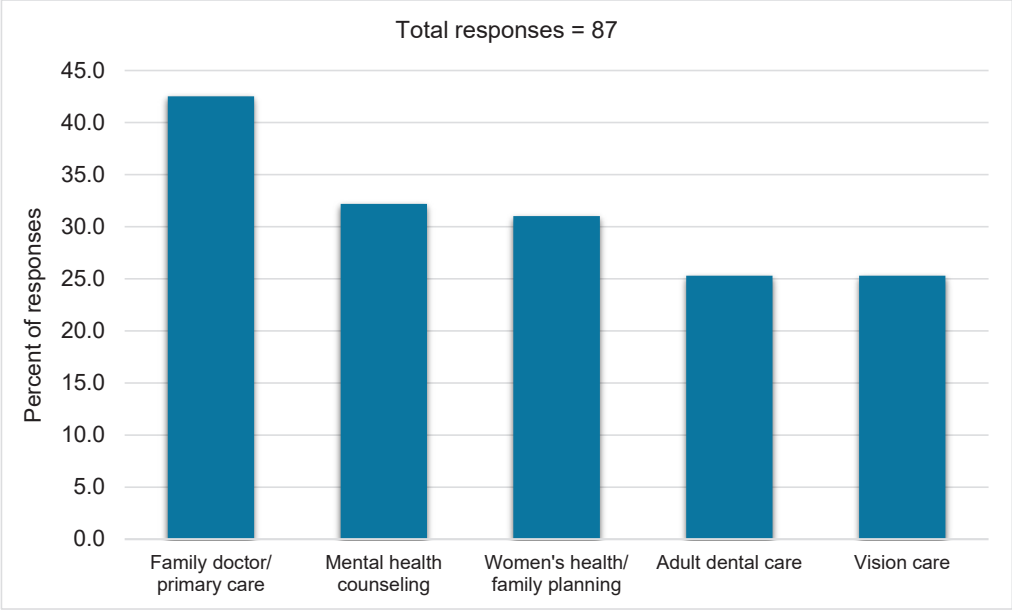


Table A7: Access to urgent/emergent care

Response	Count	Percent of responses
Sick visits	31	35.6
Domestic violence services	12	13.8
Inpatient hospital care	11	12.6
Emergency room care	10	11.5
Ambulance services	5	5.7
X-rays	5	5.7

Figure A7: Access to care – urgent/emergent care, 5th place ties

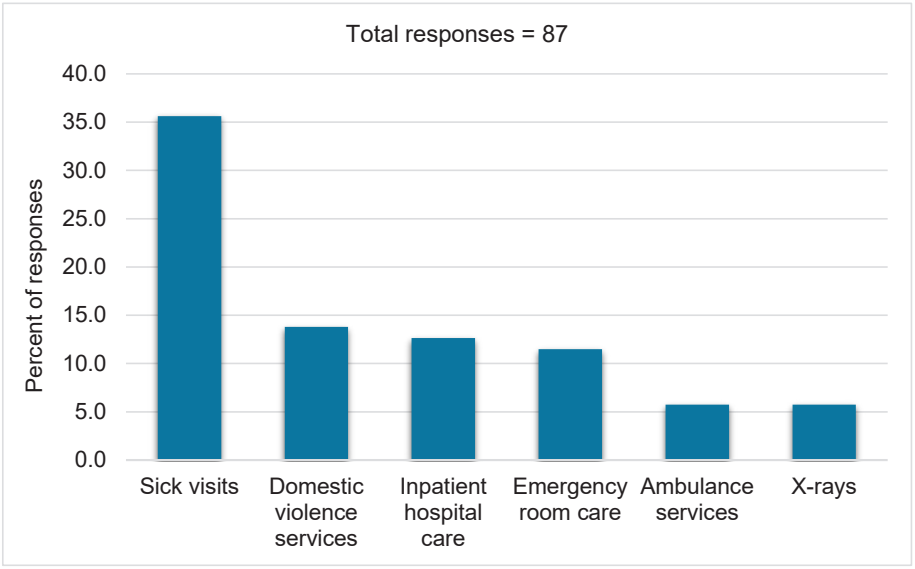


Table A8: Access to care – substance use services

Response	Count	Percent of responses
Inpatient substance use treatment	36	41.4
Help to quit smoking	29	33.3
Outpatient substance use treatment	23	26.4
Peer recovery specialists	18	20.7

Figure A8: Access to care – substance use services

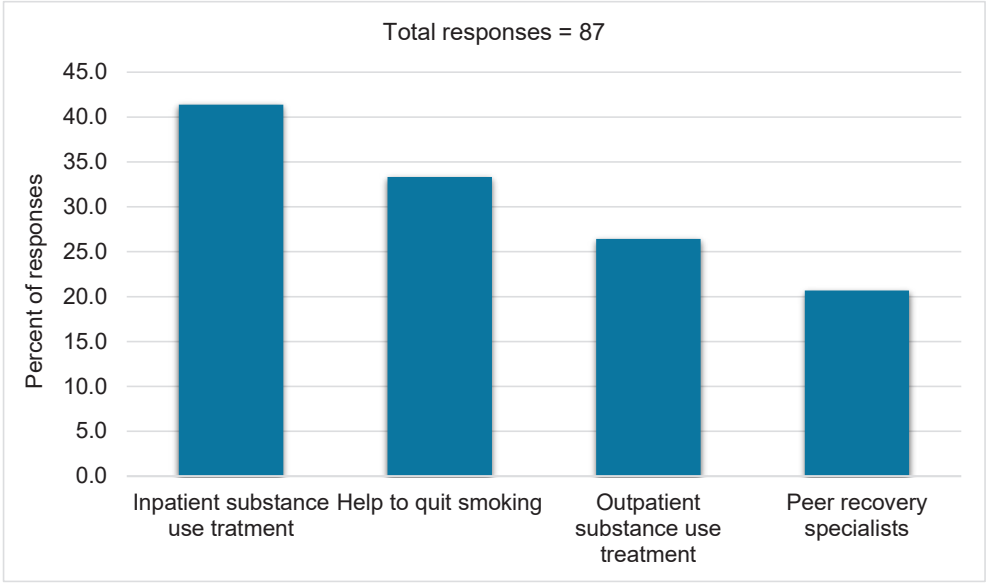


Table A9: Access to specialty care

Response	Count	Percent of responses
Dermatology	48	55.2
Alternative therapy (e.g., herbal, acupuncture, massage)	38	43.7
Eldercare	32	36.8
Cancer care	20	23.0
Chiropractic care	19	21.8
End of life/ hospice/ palliative care	11	12.6
Physical therapy	7	8.0

Figure A9: Access to specialty care – top 5

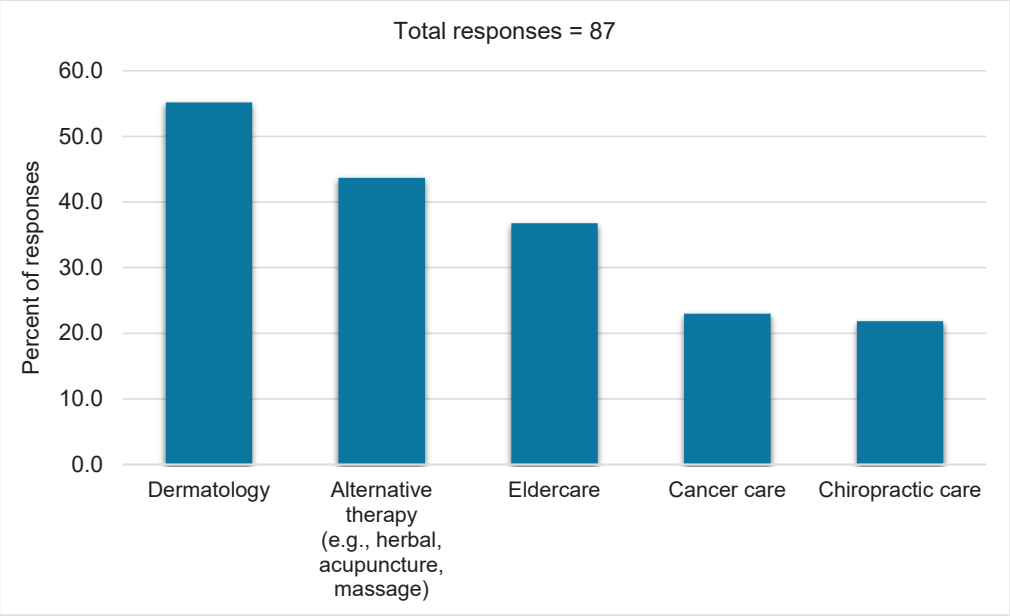


Table A10: Access to education and housing

Response	Count	Percent of responses
Home repairs	52	59.8
Affordable/ safe places to live	40	46.0
Help paying for rent/ utilities	26	29.9
Translation assistance	19	21.8
Education and literacy	7	8.0

Figure A10: Access to education and housing – top 5

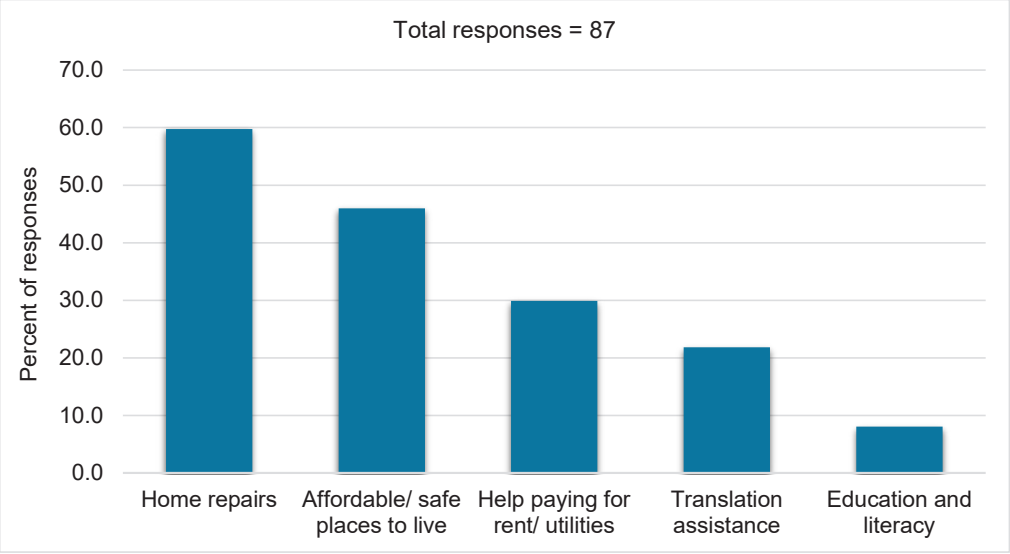


Table A11: Access to financial assistance

Response	Count	Percent of responses
Paying for medications	27	31.0
Health Insurance	22	25.3
Medical bills	17	19.5
Food benefits (SNAP, WIC)	14	16.1
Unemployment benefits	11	12.6
General banking/ financial assistance	10	11.5
TANF (temporary assistance for needy families)	8	9.2

Figure A11: Access to financial assistance – top 5

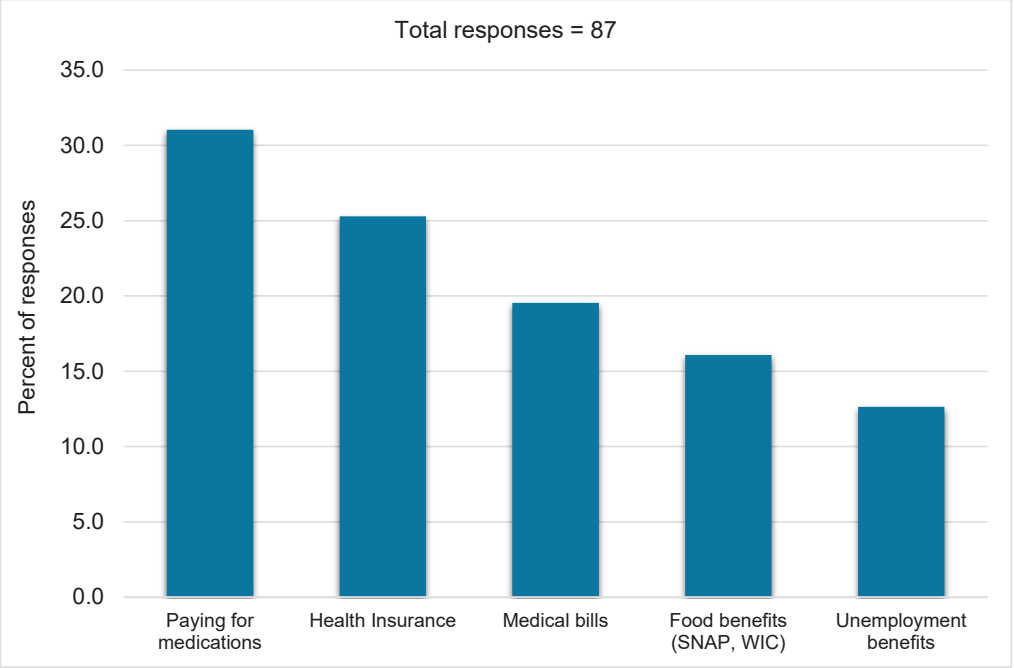
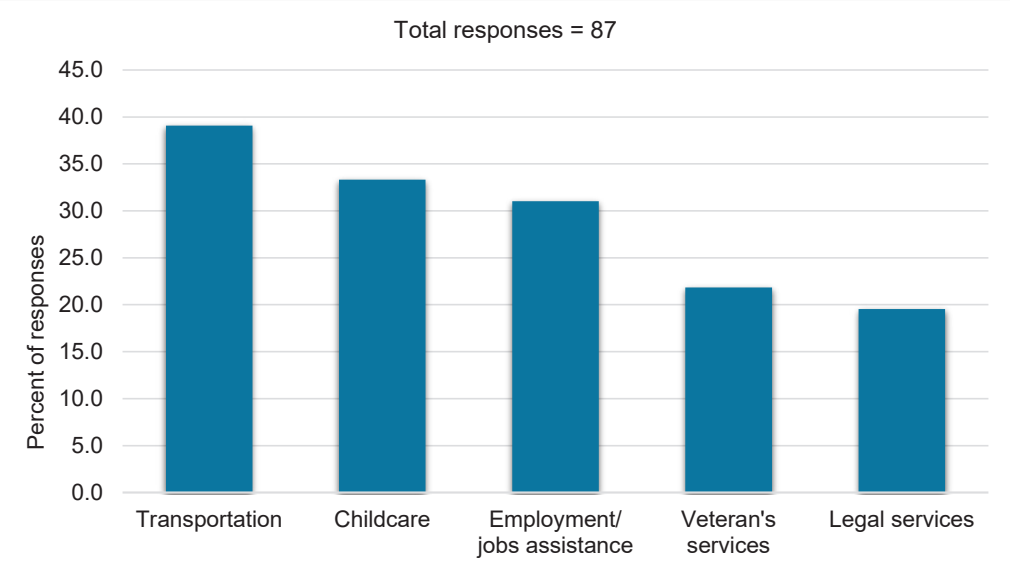


Table A12: Access to support services

Response	Count	Percent of responses
Transportation	34	39.1
Childcare	29	33.3
Employment/ jobs assistance	27	31.0
Veteran's services	19	21.8
Legal services	17	19.5
Other	3	3.4

Figure A12: Access to support services – top 5

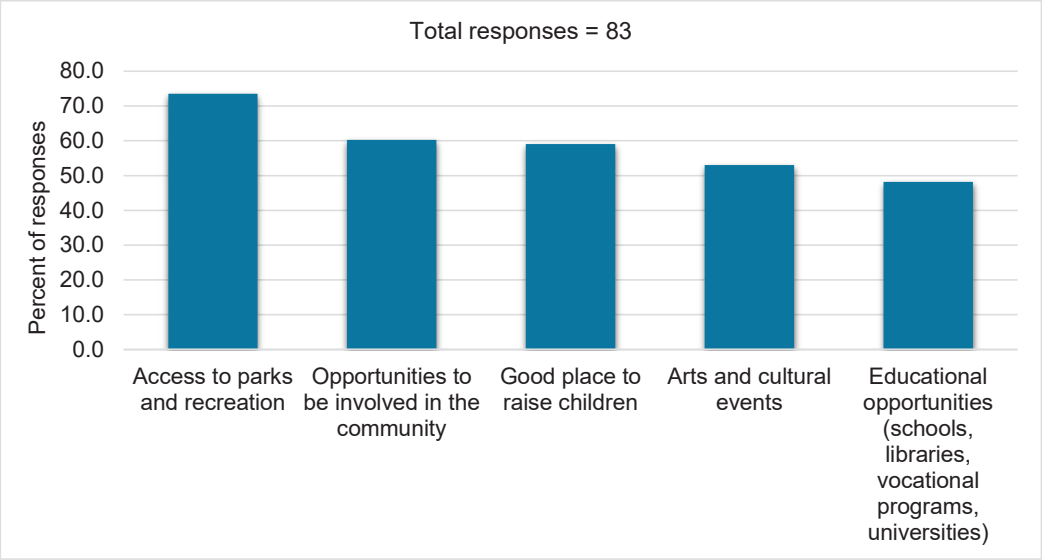


Q: What are the greatest strengths of our community? (select all that apply)

Table A13: Community strengths

Response	Count	Percent of responses
Access to parks and recreation	61	73.5
Opportunities to be involved in the community	50	60.2
Good place to raise children	49	59.0
Arts and cultural events	44	53.0
Educational opportunities (schools, libraries, vocational programs, universities)	40	48.2
Public safety and health (law enforcement, fire, EMS, public health)	39	47.0
A walk-able/ bike-able community	38	45.8
Access to healthy food	22	26.5
Services that support basic needs (food, clothing, temporary cash assistance)	22	26.5
Welcoming diversity (racial, cultural, faith, economic, sexual orientation)	21	25.3
Access to healthcare	19	22.9
Mental health/ substance use services	17	20.5
Clean air	16	19.3
Housing that is affordable	13	15.7
Clean environment	13	15.7
Good jobs/ healthy economy	8	9.6
Working to end homelessness	4	4.8
Other	1	1.2

Figure A13: Community strengths – top 5

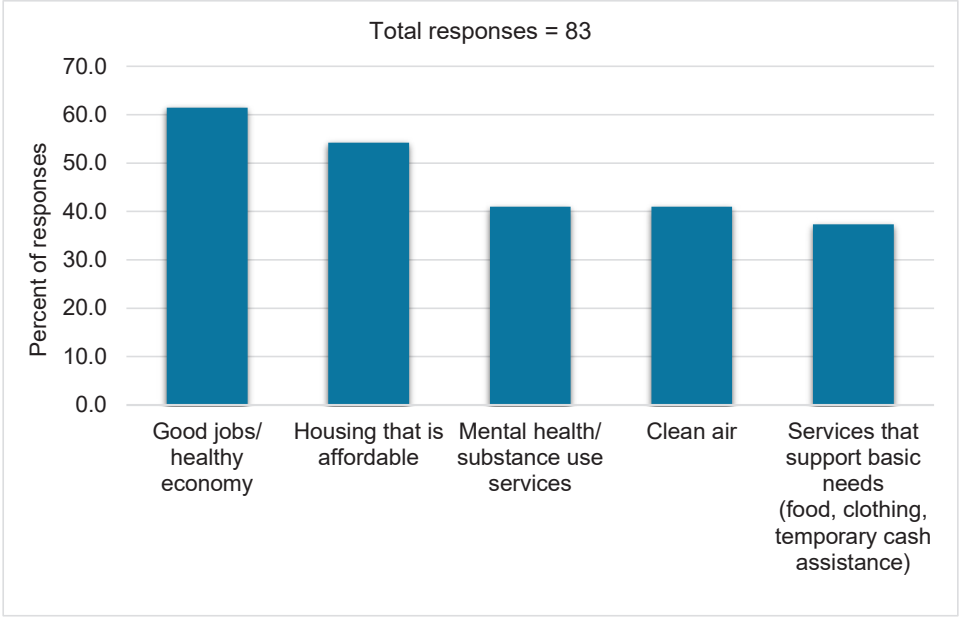


Q: What would most improve the quality of life in our community? (select all that apply)

Table A14: Areas for community improvement

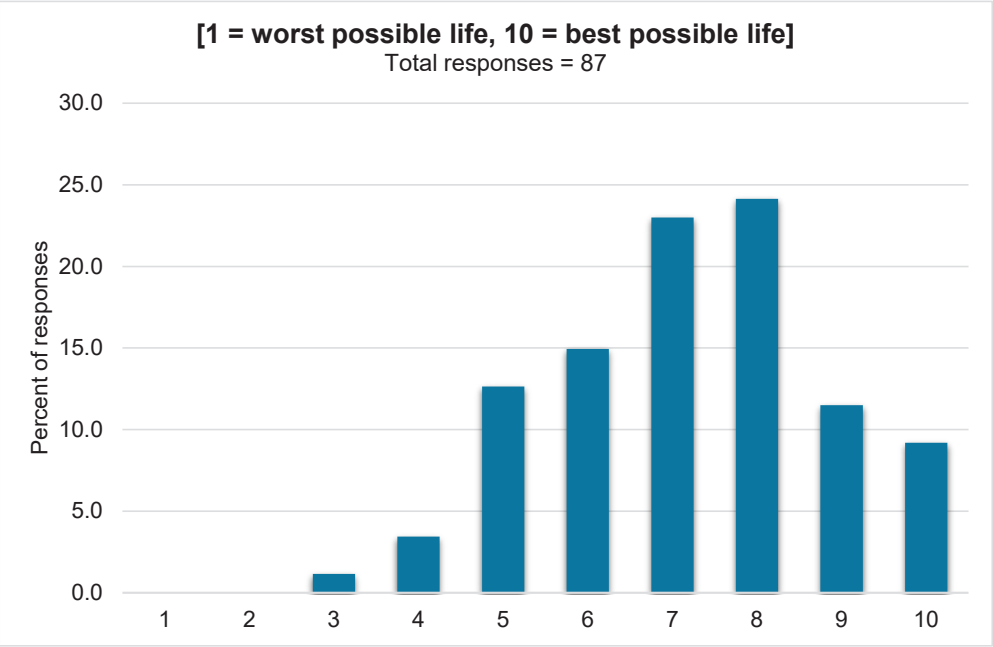
Response	Count	Percent of responses
Good jobs/ healthy economy	51	61.4
Housing that is affordable	45	54.2
Mental health/ substance use services	34	41.0
Clean air	34	41.0
Services that support basic needs (food, clothing, temporary cash assistance)	31	37.3
Clean environment	27	32.5
Access to healthy food	25	30.1
Access to healthcare	25	30.1
Welcoming diversity (racial, cultural, faith, economic, sexual orientation)	24	28.9
Working to end homelessness	23	27.7
Good place to raise children	18	21.7
Opportunities to be involved in the community	17	20.5
Access to parks and recreation	16	19.3
Public safety and health (law enforcement, fire, EMS, public health)	15	18.1
A walk-able/ bike-able community	15	18.1
Educational opportunities (schools, libraries, vocational programs, universities)	14	16.9
Arts and cultural events	11	13.3
Other	3	3.6

Figure A14: Areas for community improvement – top 5



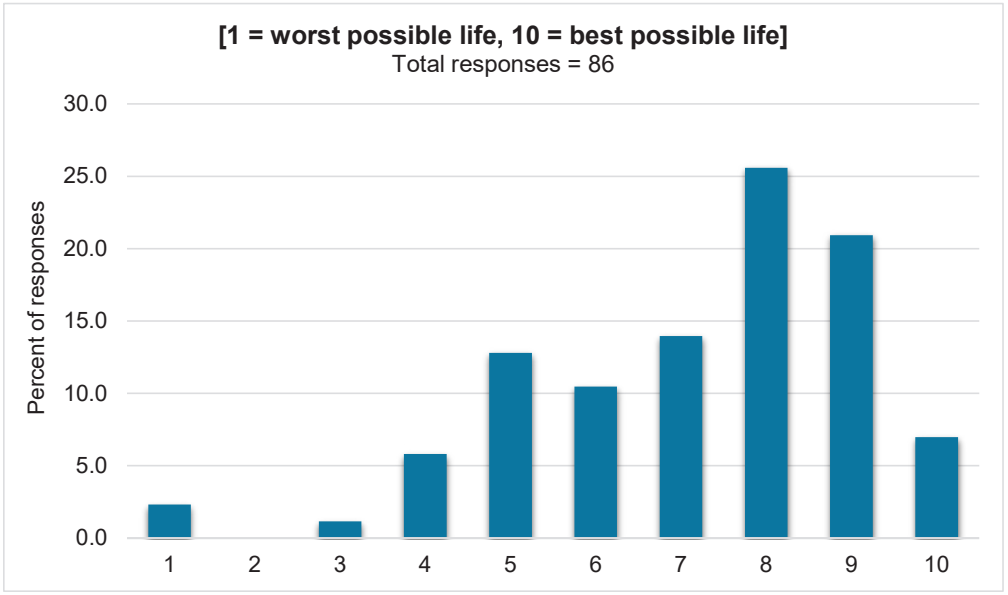
Q: Here is a picture of a ladder. The top of the ladder (10) represents the best possible life for you and the bottom (1) represents the worst possible life for you. Where on the ladder do you feel you stand right now? (select one)

Figure A15: Current subjective well-being



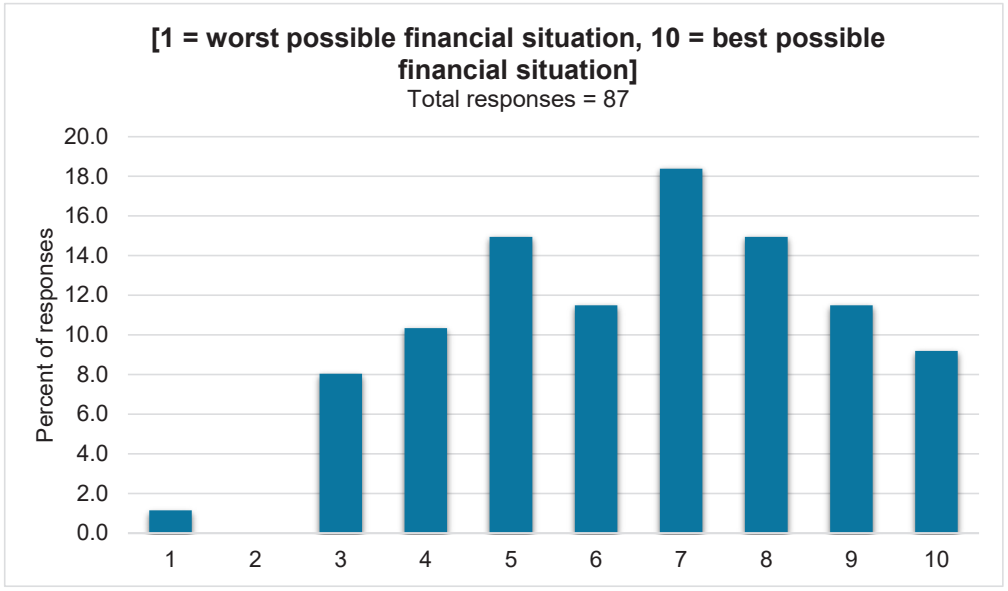
Q: On which step do you think you will stand five years from now? (select one)

Figure A16: Subjective well-being in 5 years



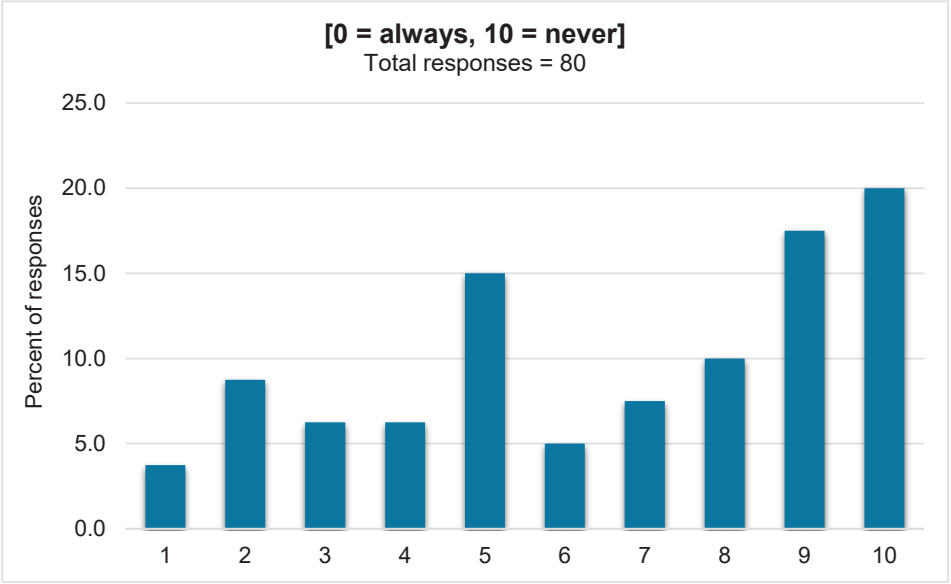
Q: Now imagine the top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst financial situation for you. Please indicate where on the ladder you stand right now. (select one)

Figure A17: Financial subjective well-being



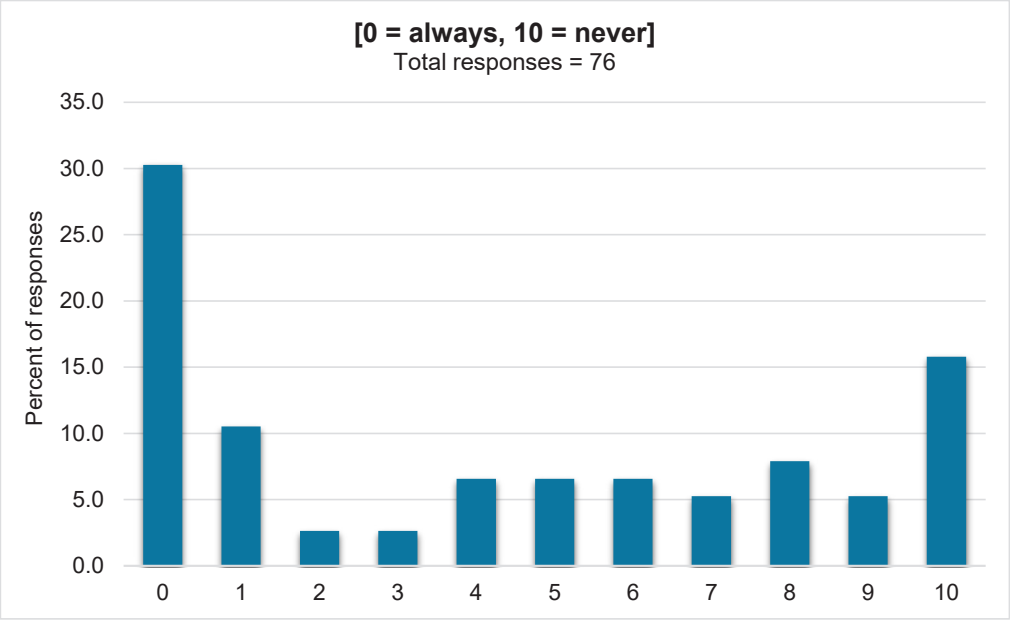
Q: How often do you feel lonely? (select one)

Figure A18: Social connection – loneliness



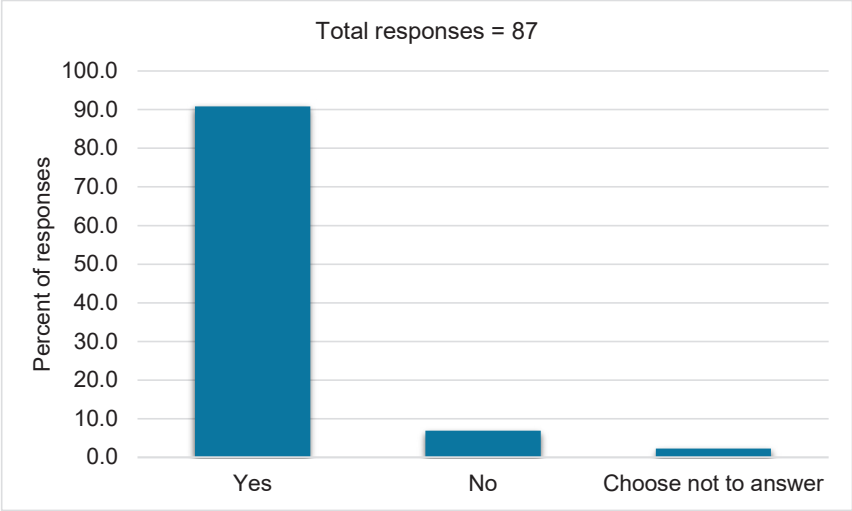
Q: If you were in trouble, do you have relatives or friends you can count on to help you whenever you need them? (select one)

Figure A19: Social connection – family support



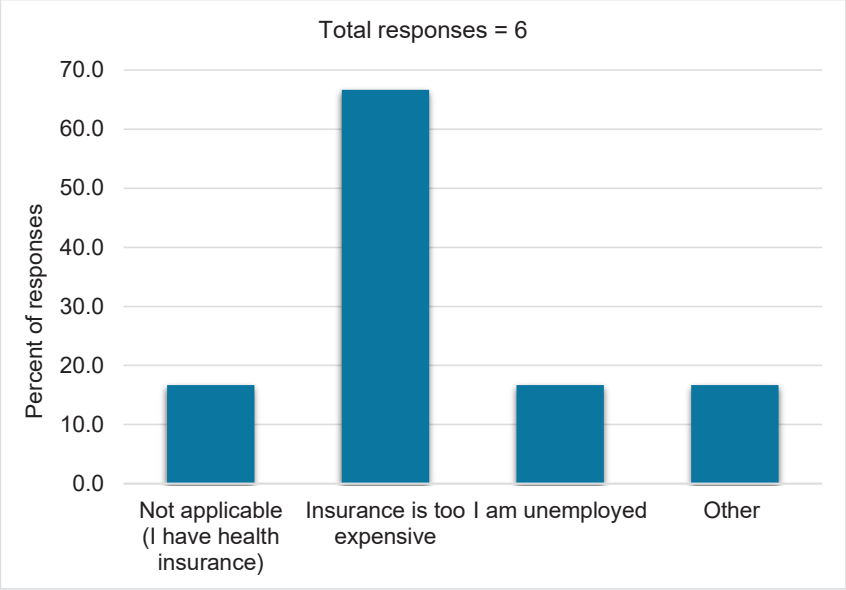
Q: Do you have health insurance? (select one)

Figure A20: Health insurance coverage



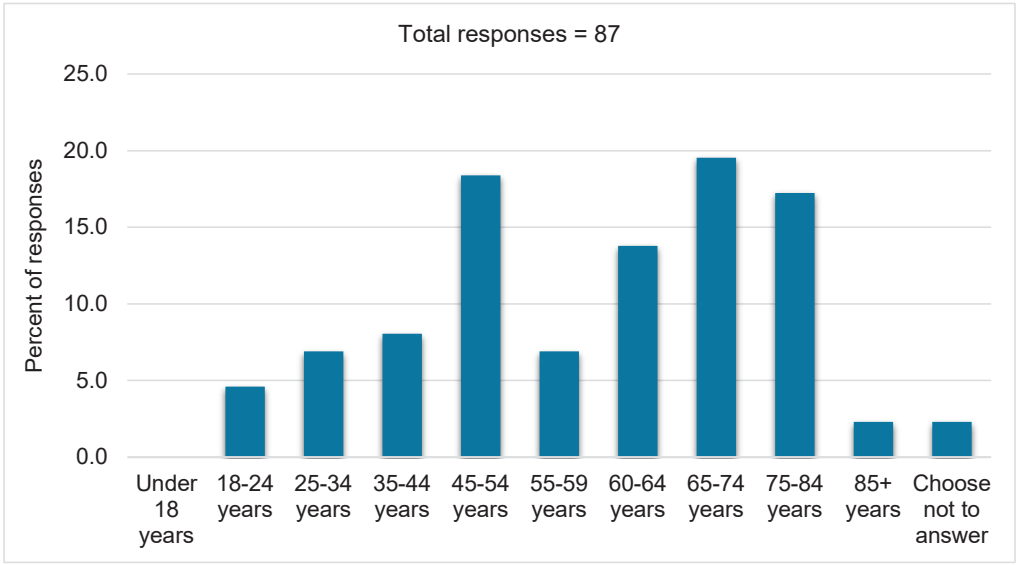
Q: If you have no health insurance, why don't you have insurance? (select all that apply)

Figure A21: Reasons for not having health insurance



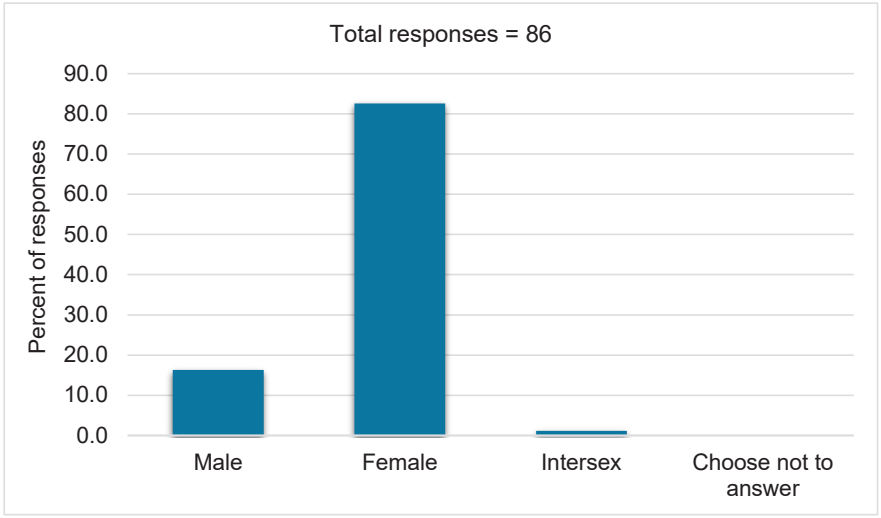
Q: What is your age? (select one)

Figure A22: Age



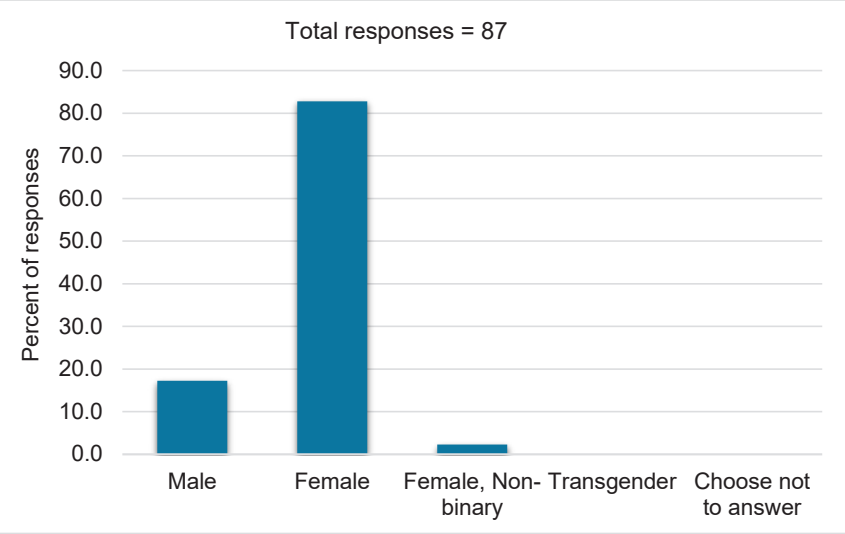
Q: What sex were you assigned at birth? (select one)

Figure A23: Sex assigned at birth



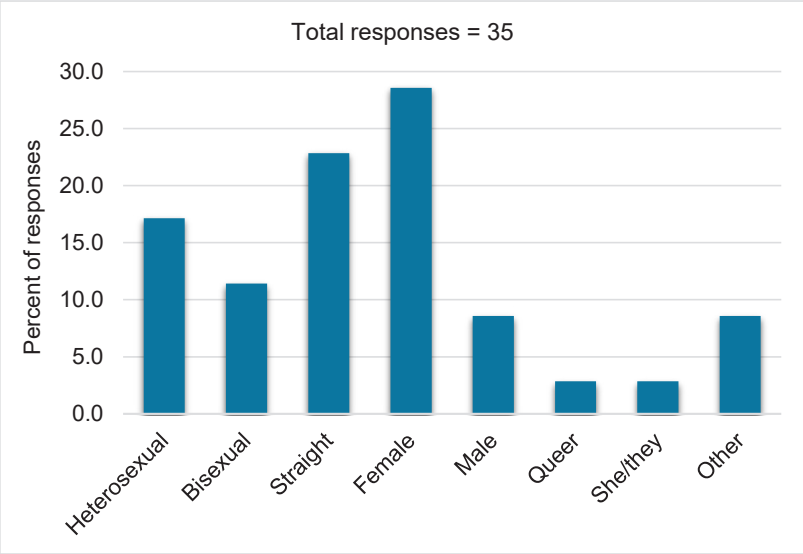
Q: What is your gender? (select all that apply)

Figure A24: Gender



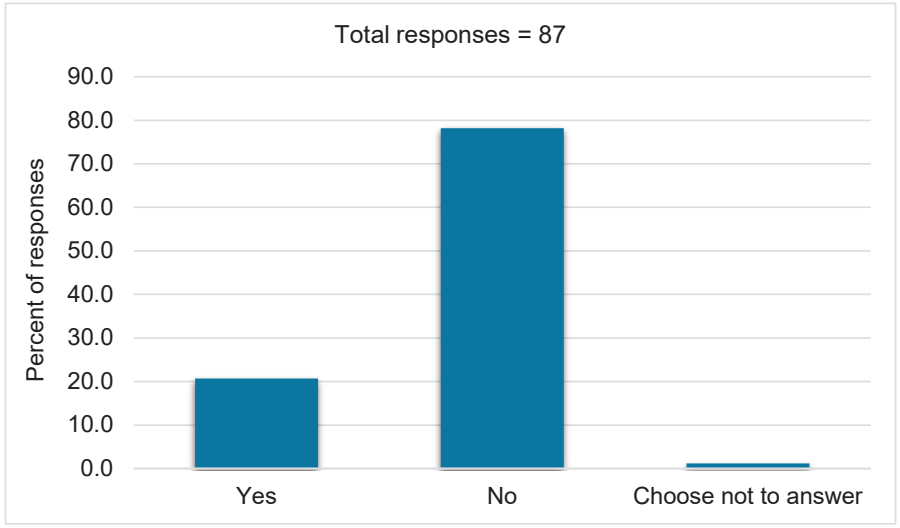
Q: What is your sexual orientation? (free text)

Figure A25: Sexual orientation



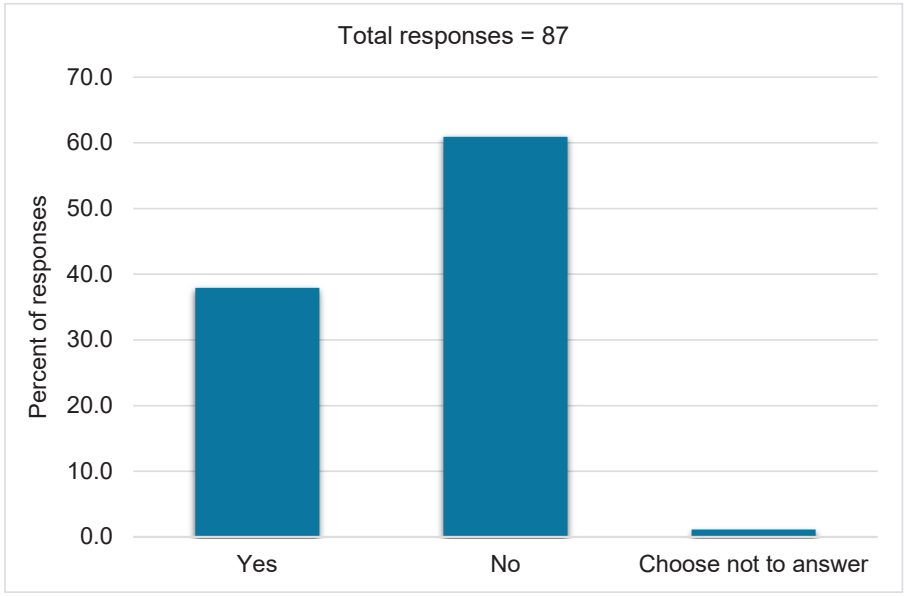
Q: Do you live in a home with household members who are younger than 18 years old? (select one)

Figure A26: Household composition – under 18 years old



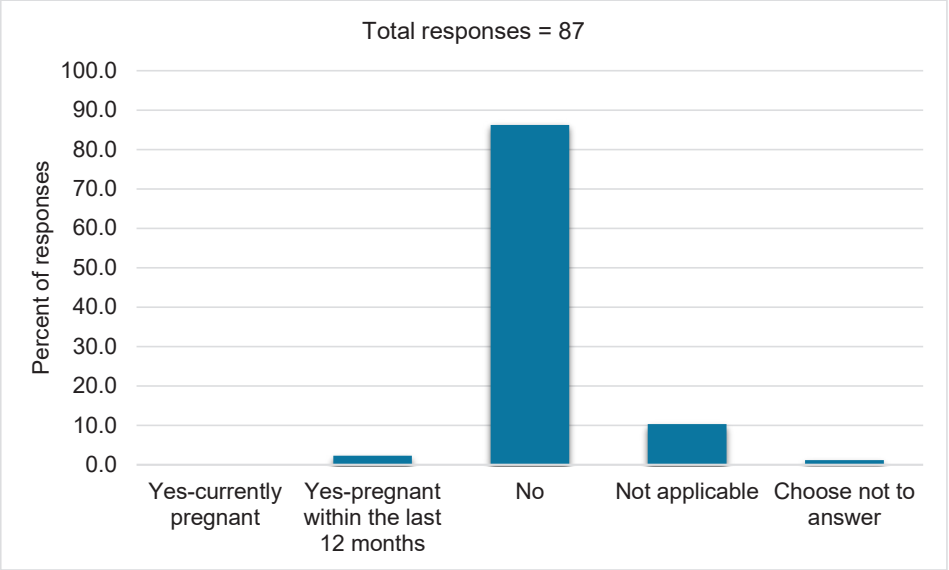
Q: Do you live in a home with household members who are older than 65 years old? (select one)

Figure A27: Household composition – over 65 years old



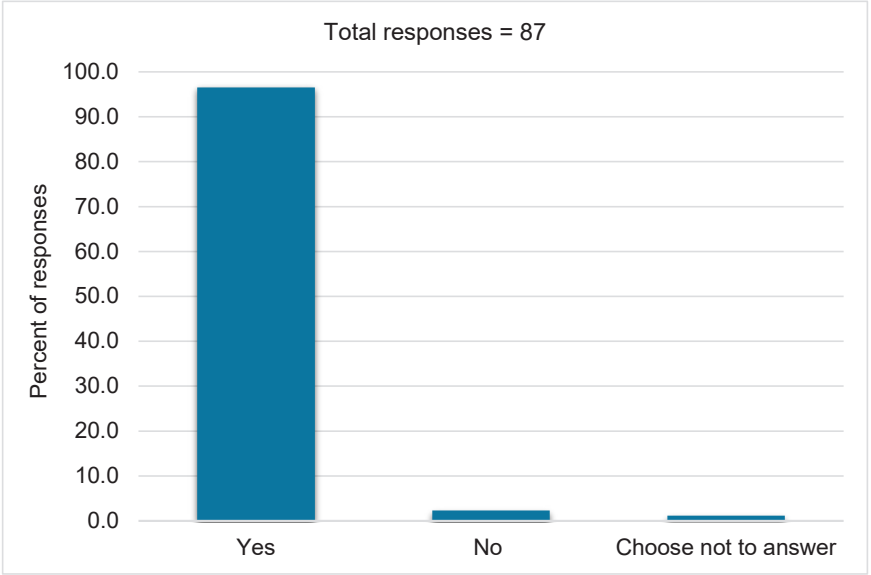
Q: Are you currently pregnant or have you been pregnant within the last 12 months? (select one)

Figure A28: Pregnancy status



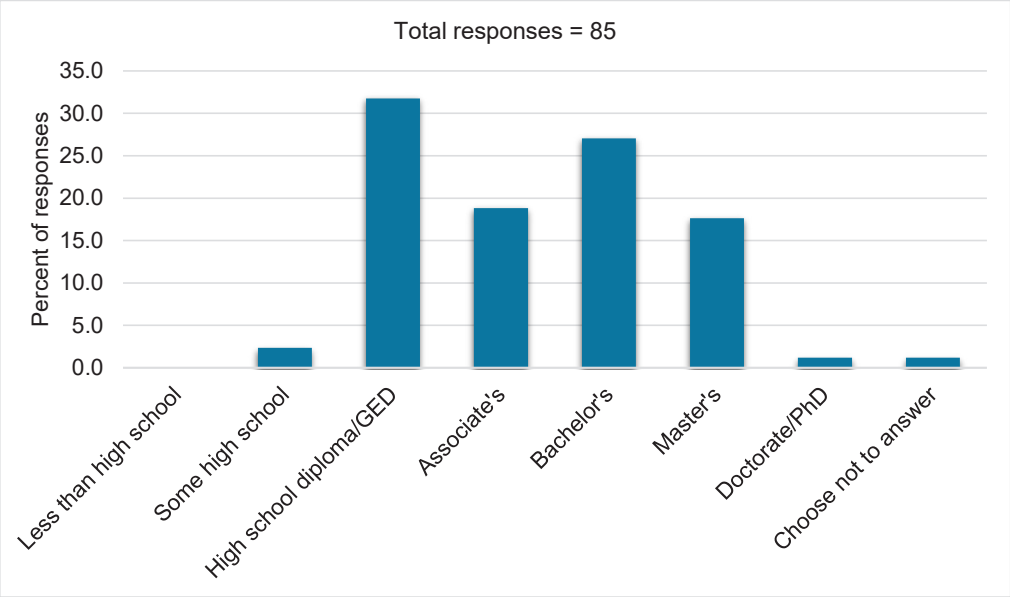
Q: In the past six months, have you been regularly living in stable housing that you own, rent, or stay in as a part of a household?

Figure A29: Stable housing



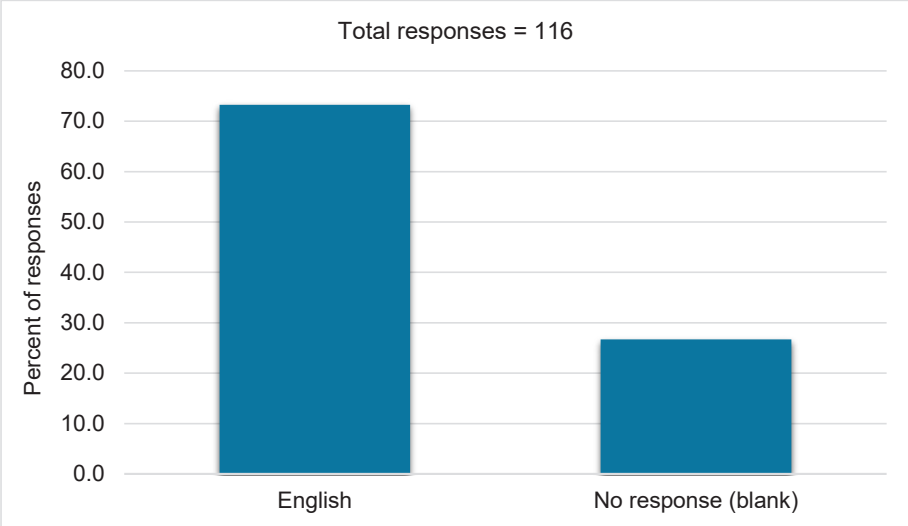
Q: What is your highest education level completed? (select one)

Figure A30: Education



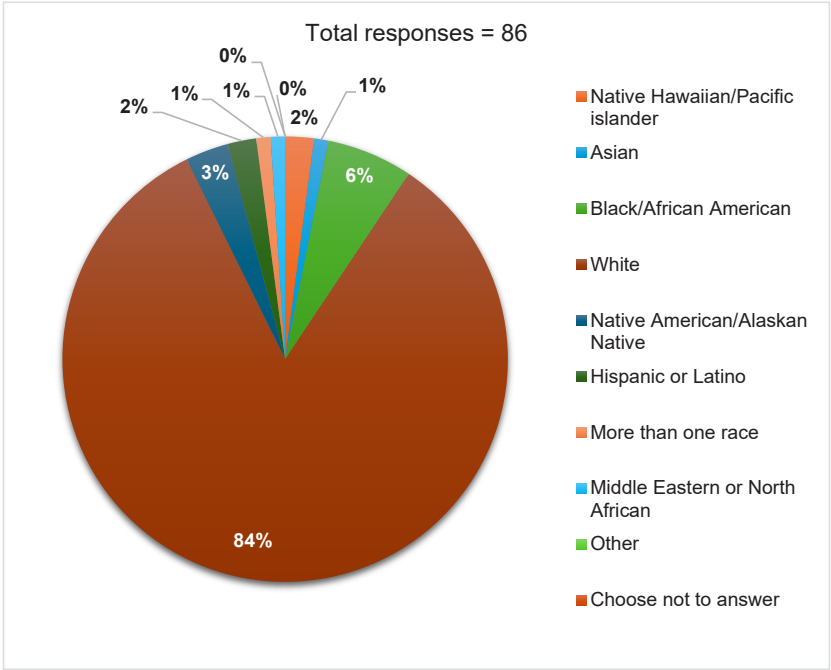
Q: What language do you speak at home? (select one)

Figure A31: Language



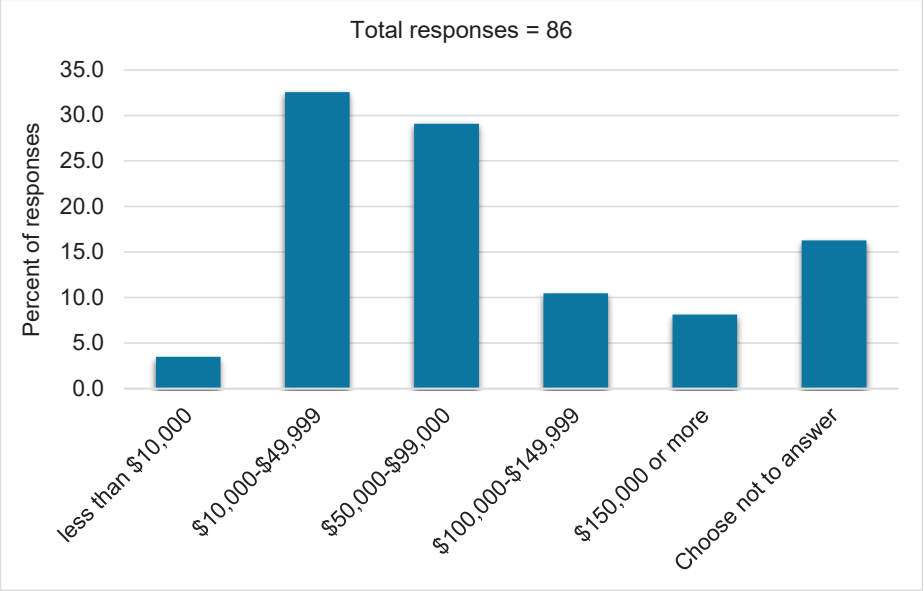
Q: What is your race or ethnicity? (select all that apply)

Figure A32: Race and ethnicity



Q: What is your yearly household income? (select one)

Figure A33: Annual household income



Q: Is there anything else we should know about your (or someone living in your home) health care needs in the Alleghany Highlands? (free text)

Figure A34: Additional feedback

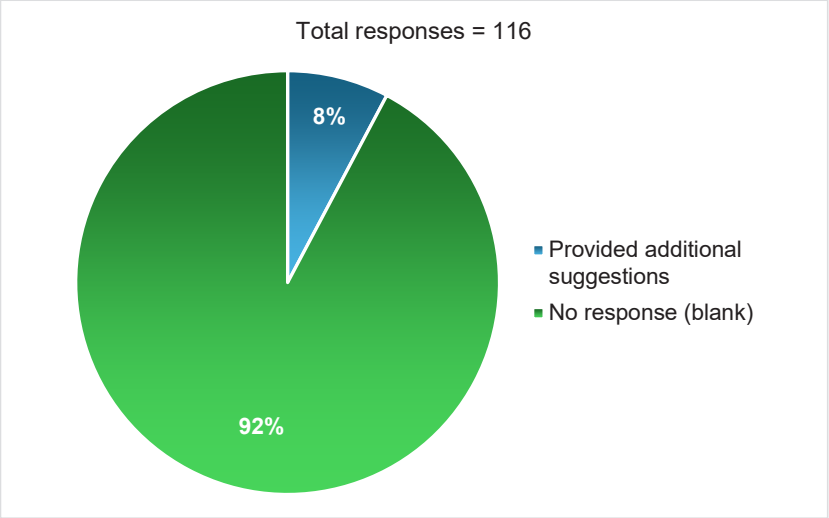


Figure A35: Additional feedback

APPENDIX E: SECONDARY DATA

Demographics

- According to the U.S. Census Bureau American Community Survey 2019-23 5-year estimates, a total of 20,633 people live in the 452.04 square mile report area (Alleghany County and Covington City) defined for this assessment. The population density for this area, estimated at 46 persons per square mile, is less than the national average population density of 94 persons per square mile.

- Data source: US Census Bureau, American Community Survey. 2019-2023.

Table A36: Total population

Location	Total population, 2019-2023	Total land area (square miles), 2019-2023	Population density (per square mile), 2019-2023
Alleghany Highlands (Covington City + Alleghany County)	20,633	452.0	46.0
Alleghany County	14,962	446.6	34.0
Covington City	5,671	5.5	1,037.0
Rural Virginia	825,974	16,336.1	51.0
Virginia	8,657,499	39,482.1	219.0
United States	332,387,540	3,533,298.6	94.0

- This indicator reports the total population of the report area (Alleghany County and Covington City) by sex. The percentage values could be interpreted as, for example, "Among the total report area population, the percentage of population that is male is 48.9%."

- Data source: US Census Bureau, American Community Survey. 2019-2023.

Table A37: Total population by sex

Location	Male, count 2019-2023	Female, count 2019-2023	Male, percent 2019-2023	Female, percent 2019-2023
Alleghany Highlands (Covington City + Alleghany County)	10,094	10,539	48.9	51.1
Alleghany County	7,418	7,544	49.6	50.4
Covington City	2,676	2,995	47.2	52.8
Rural Virginia	415,877	410,097	50.4	49.7
Virginia	4,278,490	4,379,009	49.4	50.6
United States	164,545,087	167,842,453	49.5	50.5

- This indicator reports the percentage of people in the population by age groups in the report area (Alleghany County and Covington). The percentage values could be interpreted as, for example, "Of the total population in Alleghany County, the percentage of population age 0-4 is 4.1%."

- Data source: US Census Bureau, American Community Survey. 2019-2023.

Table A38: Total population by age

Location	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Alleghany Highlands (Covington City + Alleghany County)	4.6	15.0	8.0	11.0	1.39	11.6	15.5	24.0
Alleghany County	4.1	14.2	7.3	10.9	9.62	12.3	15.8	25.8
Covington City	5.9	16.9	9.8	11.4	12.4	9.5	14.6	19.5
Rural Virginia	4.5	15.2	8.2	11.1	11.8	12.8	14.5	22.0
Virginia	4.8	14.3	8.0	11.3	11.2	12.5	15.1	22.9
United States	5.8	16.4	9.4	13.8	13.7	12.6	12.7	15.6

- This indicator reports the total population (count) of the report area (Alleghany County and Covington) by self-reported race.

- Data source: US Census Bureau, American Community Survey. 2018-2022.

Table A39: Total population by race

Location	White	Black	Asian	American Indian/Alaska Native	Native Hawaiian/ Pacific Islander	Some other Race	Multiple races
Alleghany Highlands (Covington City + Alleghany County)	18,363	1,528	77	0	0	192	473
Alleghany County	13,824	828	10	0	0	68	232
Covington City	4,539	700	67	0	0	124	241
Rural Virginia	629,132	138,750	5,839	1,291	395	12,264	38,303
Virginia	5,344,175	1,623,031	593,606	27,216	5,679	351,544	712,248
United States	210,875,446	41,070,890	19,352,659	2,924,996	629,292	21,940,536	35,593,721

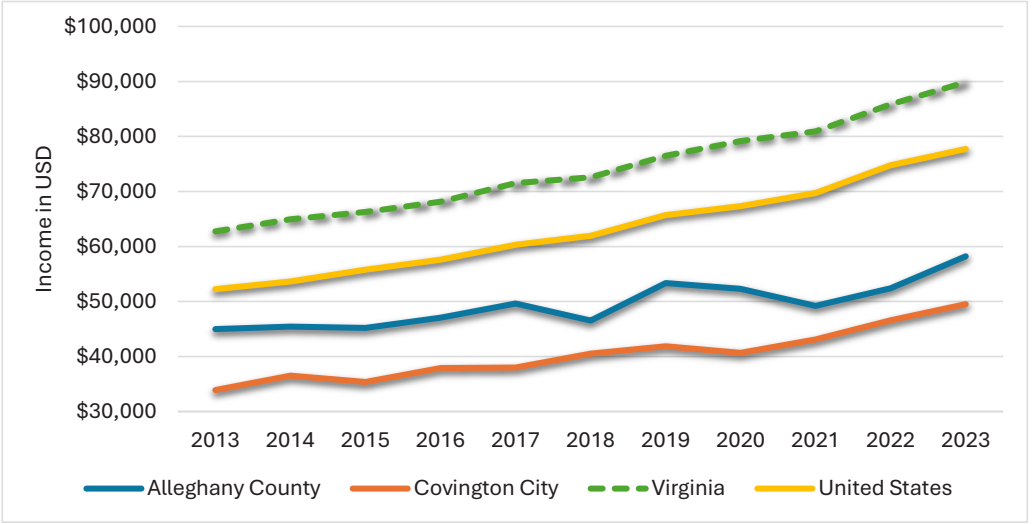
- 2013 - 2023 trend data estimates for Median Annual Household incomes are shown in the report area (Alleghany County and Covington) below.

- Data source: US Census Bureau, Small Area Income Estimates. 2023.

Table A40: Median household income (USD)

Location	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Alleghany County	$44,983	$45,454	$45,210	$47,037	$49,655	$46,538	$53,341	$52,281	$49,197	$52,412	$58,215
Covington City	$33,904	$36,503	$35,374	$37,904	$38,000	$40,504	$41,842	$40,683	$43,075	$46,592	$49,519
Virginia	$62,745	$64,923	$66,263	$68,127	$71,518	$72,600	$76,471	$79,154	$80,926	$85,838	$89,864
United States	$52,250	$53,657	$55,775	$57,617	$60,336	$61,937	$65,712	$67,340	$69,717	$74,755	$77,719

Figure A40: Median household income, 2013-2023



- This indicator reports the percentage of the households for which housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters, offering a measure of housing affordability. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 8,785 total households in the report area (Alleghany County and Covington), 1,672 or 19.03% of the population live in cost-burdened households.

- Data source: US Census Bureau, American Community Survey. 2019-2023.

Table A41: Cost burdened households

Location	Total households 2019-2023	Cost-burdened households, count 2019-2023	Cost-burdened households, percent 2019-2023
Alleghany Highlands (Covington City + Alleghany County)	8,785	1,672	19.0
Alleghany County	6,292	1,115	17.7
Covington City	2,493	557	22.3
Rural Virginia	331,584	72,762	21.9
Virginia	3,326,260	887,522	26.7
United States	127,482,865	37,330,839	29.3

- Educational attainment shows the distribution of the highest level of education achieved in the report area. It can be used to help schools and businesses better understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Educational attainment is calculated for persons over 25 years old and is an estimated average for the period from 2019 to 2023. For the selected area (Alleghany County and Covington), 8.0% have at least a college bachelor's degree, while 45.8% stopped their formal educational attainment after high school.

- Data source: US Census Bureau, American Community Survey. 2019-2023.

Table A42: Adult educational attainment

Data between 2019-2023	No high school diploma (percent)	High school only (percent)	Some college (percent)	Associate's degree (percent)	Bachelor's degree (percent)	Graduate or professional degree (percent)
Alleghany Highlands (Covington City + Alleghany County)	10.7	45.8	21.9	7.6	8.0	6.0
Alleghany County	9.9	44.5	22.0	8.0	8.8	6.8
Covington City	13.0	49.5	21.7	6.3	6.0	3.6
Rural Virginia	14.5	36.8	19.8	8.6	12.4	8.0
Virginia	8.7	23.9	18.2	7.8	23.3	18.2
United States	10.6	26.2	19.4	8.8	21.3	13.7

Chronic disease

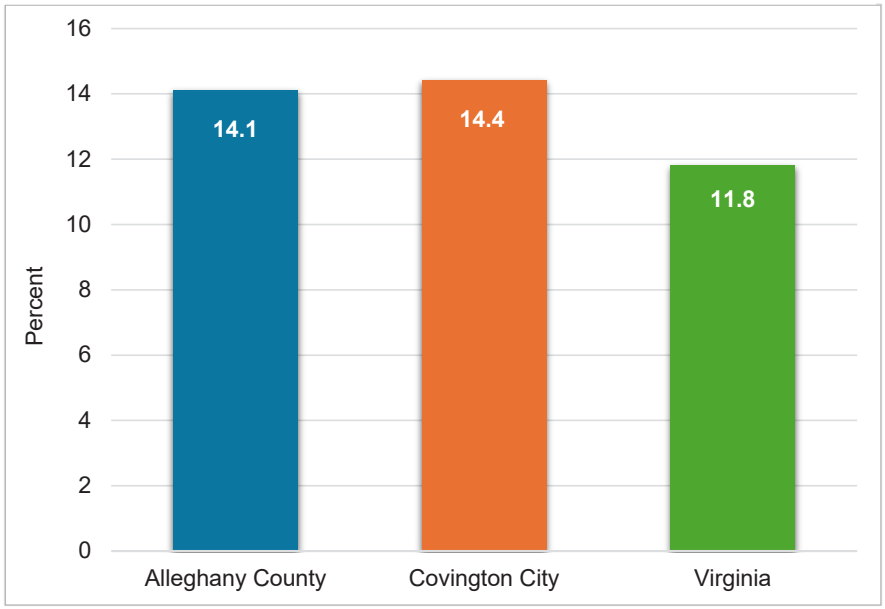
- This indicator captures the percentage of adults aged 18 and older who report 14 or more days during the past 30 days during which their physical health was not good. Within the report area (Alleghany County and Covington), of the total population age 18 and older, 15.9% reported poor physical health in the past month.

- Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

Table A43: Poor physical health

Location	Total population	Percent of adults age 18+ with poor physical health (crude), 2022	Percent of adults age 18+ with poor physical health (age-adjusted), 2022
Alleghany Highlands (Covington City + Alleghany County)	20,514	15.9	14.2
Alleghany County	14,835	16.1	14.1
Covington City	5,679	15.4	14.4
Rural Virginia	826,447	16.2	14.7
Virginia	8,683,619	12.4	11.8
United States	333,287,557	12.7	12.0

Figure A43: Age-adjusted percent of adults with poor physical health, 2022

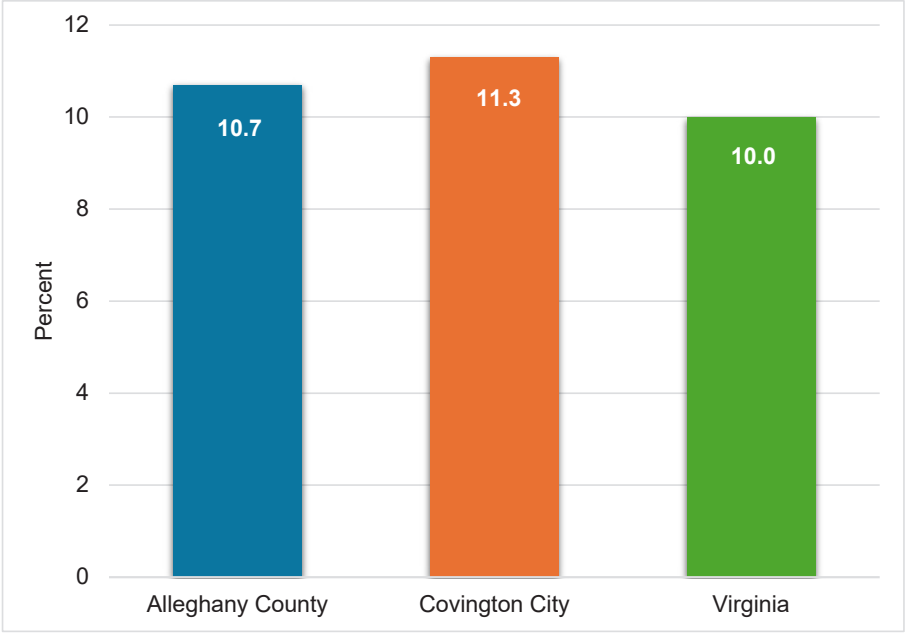


- This indicator reports the percentage of adults aged 18 and older who answer "yes" to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and "Do you still have asthma?" Within the report area (Alleghany County and Covington), of the total population age 18 and older, there were 10.7% reported having asthma.
- Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

Table A44: Asthma

Location	Total population	Percent of adults age 18+ with current asthma (crude), 2022	Percent of adults age 18+ with current asthma (age-adjusted), 2022
Alleghany Highlands (Covington City + Alleghany County)	20,514	10.7	10.9
Alleghany County	14,835	10.5	10.7
Covington City	5,679	11.1	11.3
Rural Virginia	826,447	10.8	11.0
Virginia	8,683,619	9.9	10.0
United States	333,287,557	9.9	9.9

Figure A44: Age-adjusted percent of adults (18+) with current asthma, 2022



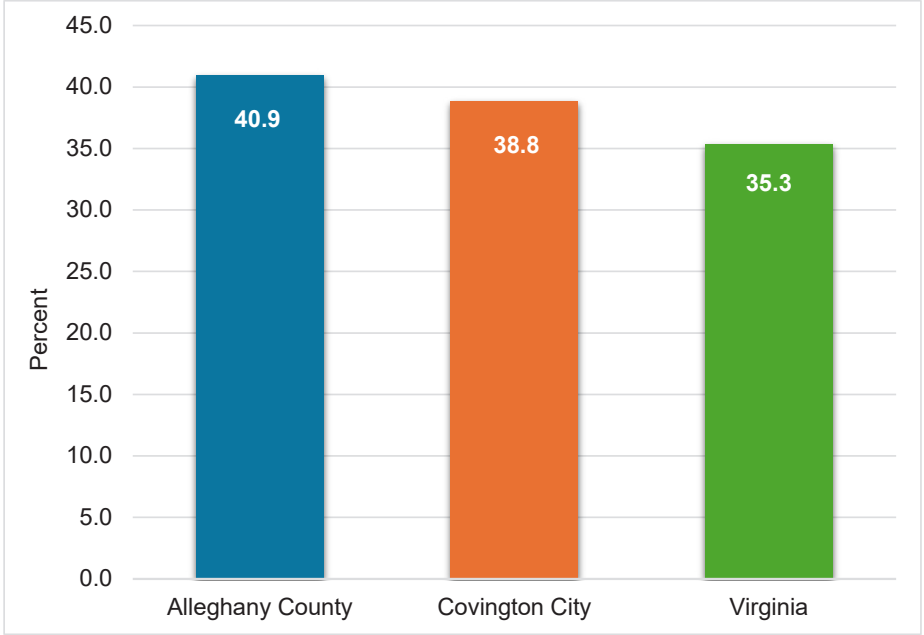
- This indicator reports the number and percentage of adults aged 18 and older who are obese, defined as having a body mass index (BMI) =30.0 kg/m², calculated from self-reported weight and height. Within the report area (Alleghany County and Covington), of the total population age 18 and older, 40.1% are obese.

- Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

Table A45: Obesity

Location	Total population	Percent of adults age 18+ with obesity (crude), 2022	Percent of adults age 18+ with obesity (age-adjusted), 2022
Alleghany Highlands (Covington City + Alleghany County)	20,514	40.1	40.3
Alleghany County	14,835	40.7	40.9
Covington City	5,679	38.5	38.8
Rural Virginia	826,447	40.3	40.6
Virginia	8,683,619	35.1	35.3
United States	333,287,557	33.3	33.4

Figure A45: Age-adjusted percent of adults (18+) with obesity, 2022



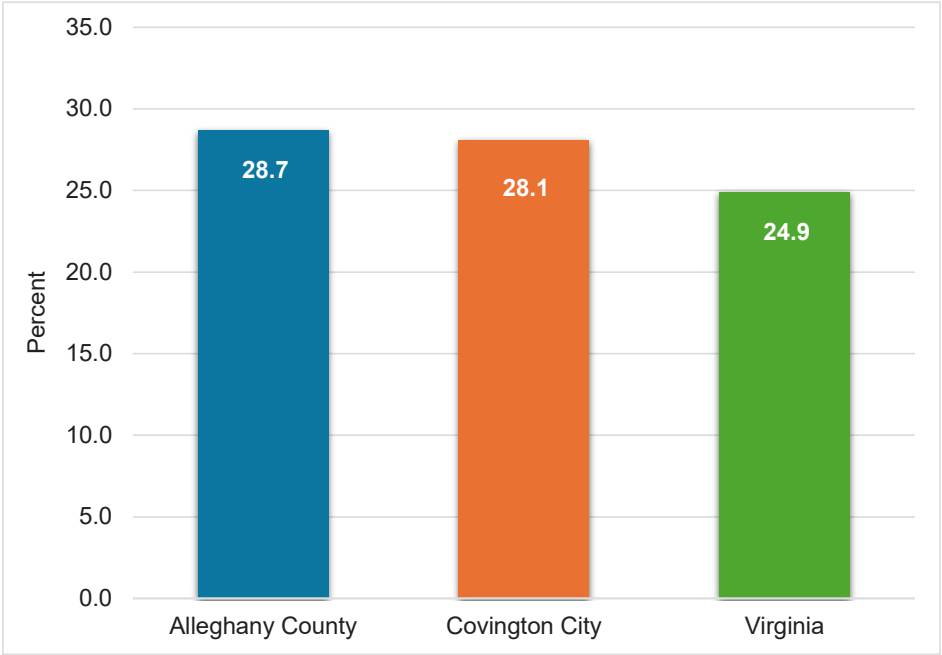
- This indicator reports the number and percentage of adults aged 18 and older who report having been told by a doctor, nurse, or other health professional that they had arthritis. Within the report area (Alleghany County and Covington), of the total population age 18 and older, 36.5% have arthritis.

- Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

Table A46: Arthritis

Location	Total population	Percent of adults age 18+ with arthritis (crude), 2022	Percent of adults age 18+ with arthritis (age-adjusted), 2022
Alleghany Highlands (Covington City + Alleghany County)	20,514	36.5	28.5
Alleghany County	14,835	38.1	28.7
Covington City	5,679	32.3	28.1
Rural Virginia	826,447	35.0	28.2
Virginia	8,683,619	27.4	24.9
United States	333,287,557	26.6	23.3

Figure A46: Age-adjusted percent of adults (18+) with arthritis, 2022

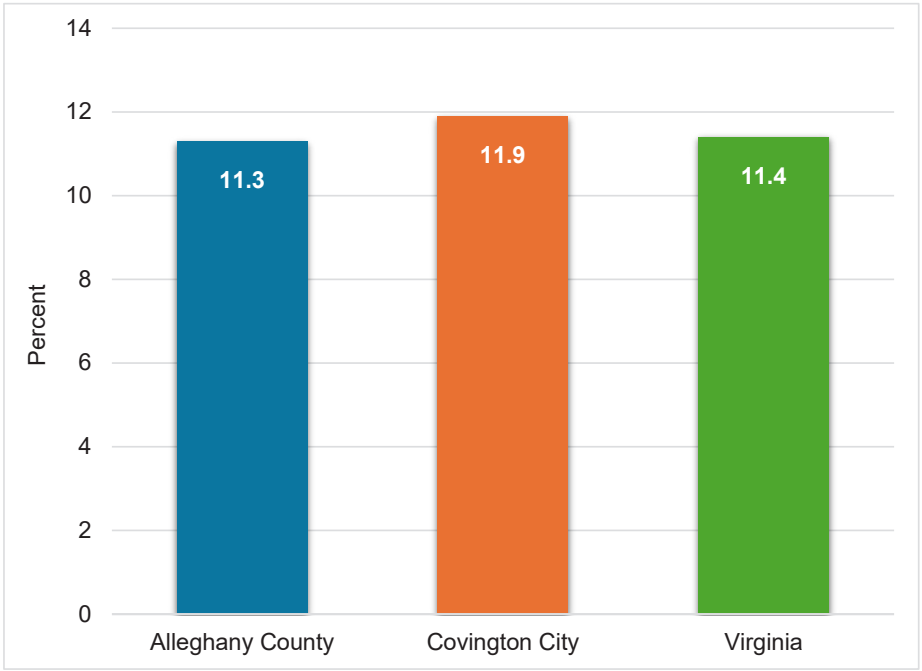


- This indicator reports the number and percentage of adults aged 18 and older who report ever been told by a doctor, nurse, or other health professional that they have diabetes other than diabetes during pregnancy. Within the report area (Alleghany County and Covington), of the total population age 18 and older, 15.4% have diabetes.
- Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

Table A47: Diabetes

Location	Total population	Percent of adults age 18+ ever diagnosed with diabetes (crude), 2022	Percent of adults age 18+ ever diagnosed with diabetes (age-adjusted), 2022
Alleghany Highlands (Covington City + Alleghany County)	20,514	15.4	11.5
Alleghany County	14,835	15.7	11.3
Covington City	5,679	14.7	11.9
Rural Virginia	826,447	16.0	12.5
Virginia	8,683,619	12.7	11.4
United States	333,287,557	12.0	10.4

Figure A47: Age-adjusted percent of adults (18+) ever diagnosed with diabetes, 2022



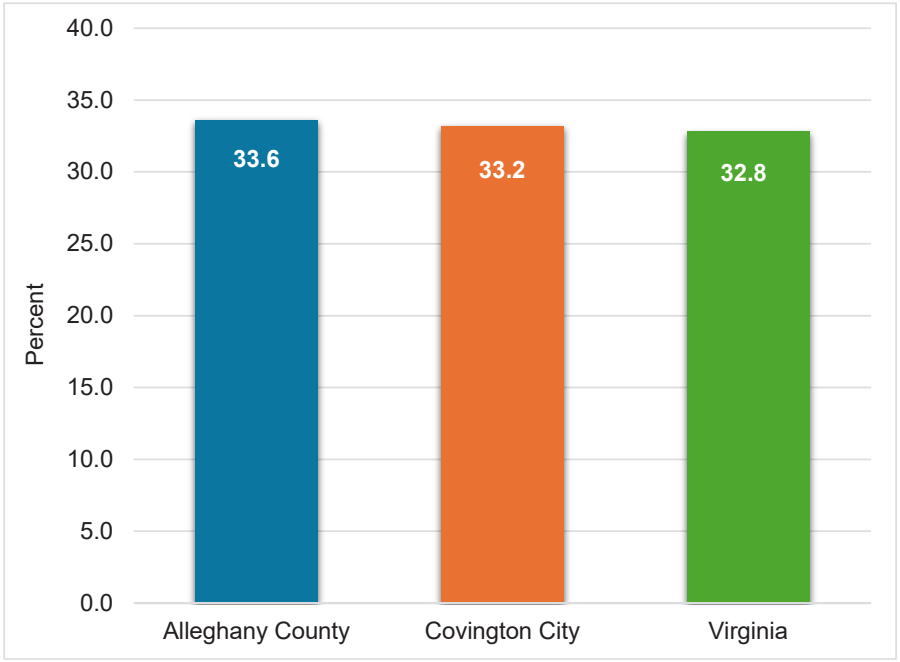
- This indicator reports the percentage of adults aged 18 and older who report having been told by a doctor, nurse, or other health professional that they had high cholesterol. Within the report area (Alleghany County and Covington), of the total population age 18 and older, 41.7% reported having high cholesterol.

- Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.

Table A48: High cholesterol

Location	Total population	Percent of adults age 18+ with high cholesterol (crude), 2021	Percent of adults age 18+ with high cholesterol (age-adjusted), 2021
Alleghany Highlands (Covington City + Alleghany County)	20,514	41.7	33.5
Alleghany County	14,835	42.4	33.6
Covington City	5,679	39.9	33.2
Rural Virginia	826,447	40.5	33.0
Virginia	8,683,619	36.7	32.8
United States	333,287,557	35.5	30.4

Figure A48: Age-adjusted percent of adults (18+) with high cholesterol, 2021



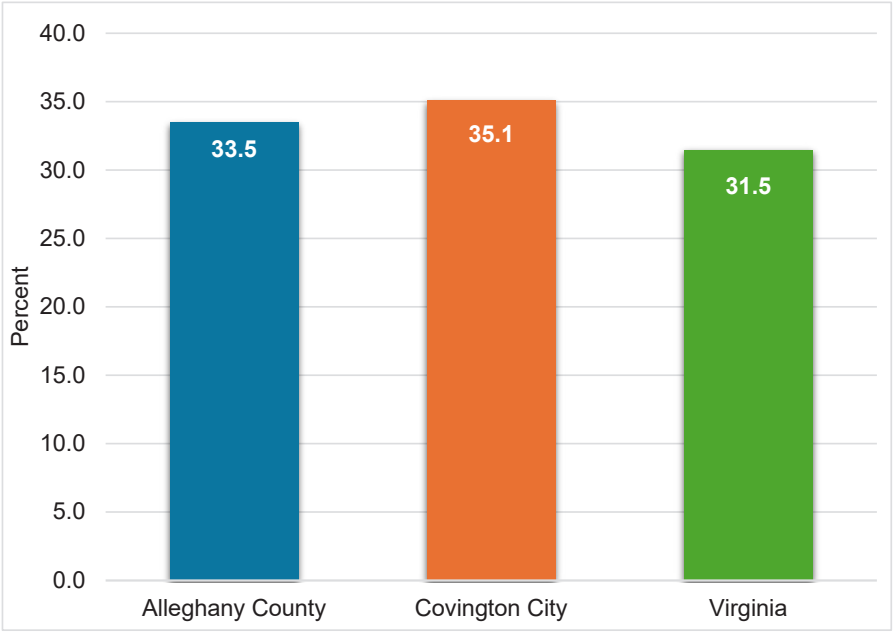
- This indicator reports the percentage of adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (HTN). Women who were told they had high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included. Within the report area (Alleghany County and Covington), of the total population age 18 and older, 41.8% have hypertension.

- Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.

Table A49: Hypertension

Location	Total population	Percent of adults age 18+ with HTN (crude), 2021	Percent of adults age 18+ with HTN (age-adjusted), 2021
Alleghany Highlands (Covington City + Alleghany County)	20,514	41.8	33.9
Alleghany County	14,835	42.3	33.5
Covington City	5,679	40.5	35.1
Rural Virginia	826,447	41.8	35.1
Virginia	8,683,619	34.0	31.5
United States	333,287,557	32.7	29.6

Figure A49: Age-adjusted percentage of adults (18+) with high blood pressure, 2021

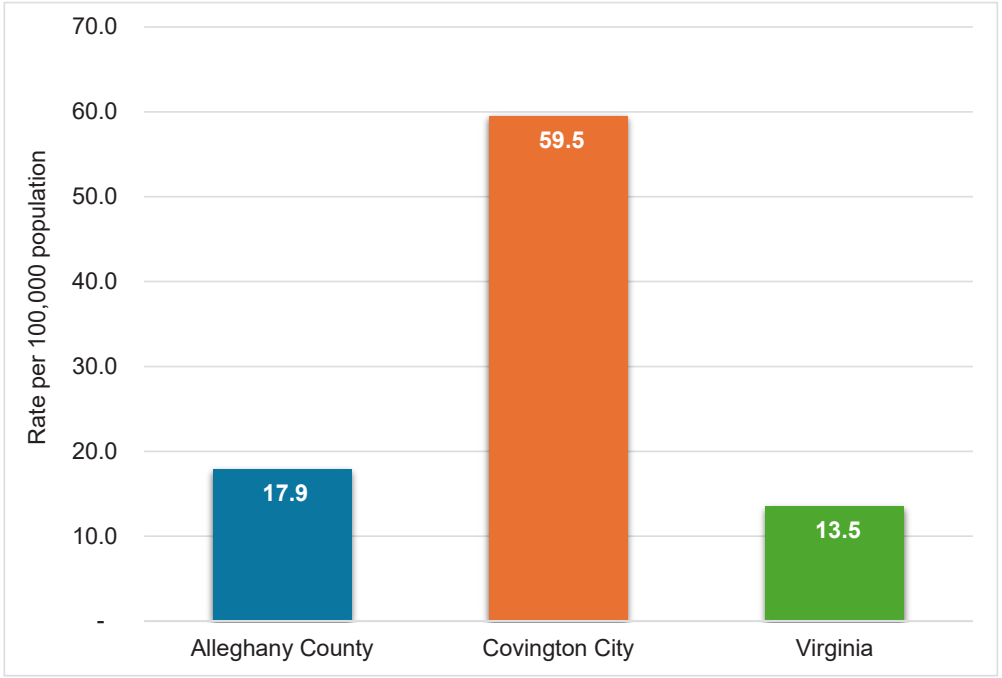


- This indicator reports the rate of deaths due to primary hypertension and/or renal (kidney) diseases with Virginia residence for the three-year average 2020-2022. Within the report area (Alleghany County and Covington), the hypertension and/or kidney disease mortality rate was 36.8/100,000.
- Note: The International Classification of Diseases, 10th Revision (ICD-10) codes as I10 as essential (primary) hypertension, I12 as hypertensive chronic kidney disease, and I15 as secondary hypertension.
- Data source: Virginia Department of Health, Virginia Department of Health, Office of Information Management, Division of Health Statistics. Data directly obtained via email from Virginia Department of Health 2022.

Table A50: Hypertension and/or renal disease mortality

Location	Total Deaths 2020-2022	Deaths due to hypertension and/or renal disease, rate per 100,000 population, 2020-2022
Alleghany Highlands (Covington City + Alleghany County)	22	36.8
Alleghany County	12	17.9
Covington City	10	59.5
Rural Virginia	521	23.3
Virginia	2,799	13.5

Figure A50: Hypertension and/or renal disease mortality rate, 2020-2022



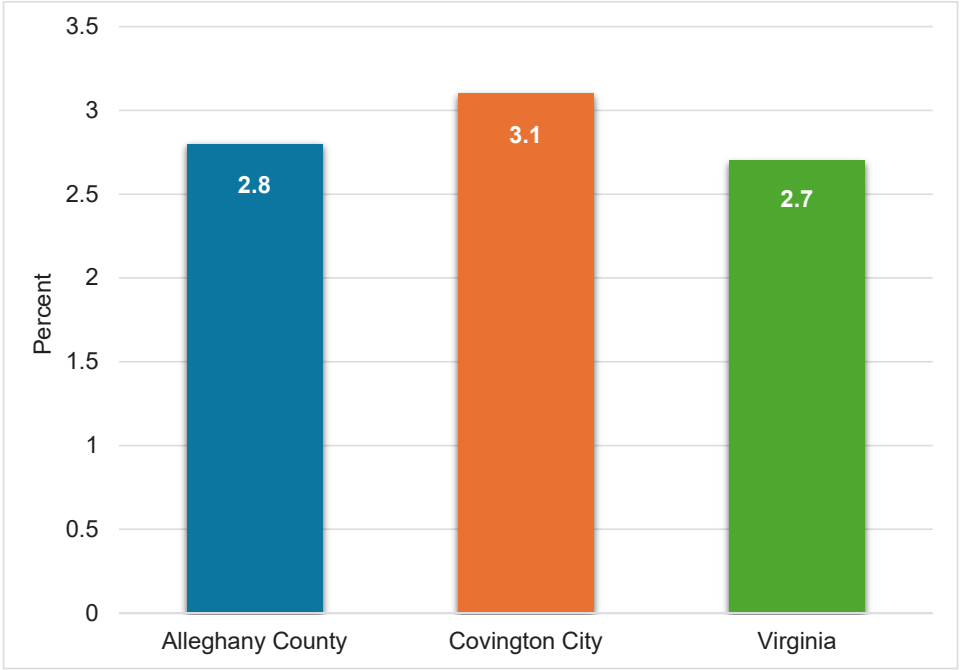
- This indicator reports the number and percentage of adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have kidney disease. Within the report area (Alleghany County and Covington), of the total population age 18 and older, 3.9% have kidney disease.

- Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.

Table A51: Kidney disease

Location	Total population	Percent of adults age 18+ ever diagnosed with chronic kidney disease (crude), 2021	Percent of adults age 18+ ever diagnosed with chronic kidney disease (age-adjusted), 2021
Alleghany Highlands (Covington City + Alleghany County)	20,514	3.9	2.9
Alleghany County	14,835	3.9	2.8
Covington City	5,679	3.8	3.1
Rural Virginia	826,447	3.9	3.0
Virginia	8,683,619	3.0	2.7
United States	333,287,557	3.1	2.7

Figure A51: Age-adjusted percent of adults (18+) ever diagnosed with chronic kidney disease, 2021



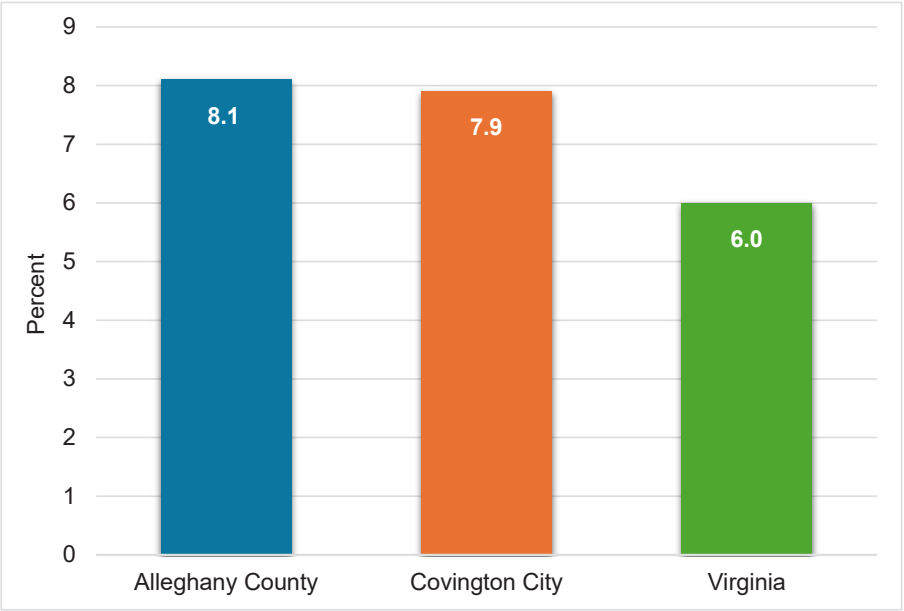
- This indicator reports the percentage of adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis. Within the report area (Alleghany County and Covington), of the total population age 18 and older, 10.4% reported having chronic obstructive pulmonary disease.

- Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

Table A52: Chronic lower respiratory diseases

Location	Total population	Percent of adults age 18+ ever diagnosed with chronic lower respiratory disease (crude), 2022	Percent of adults age 18+ ever diagnosed with chronic lower respiratory disease (age-adjusted), 2022
Alleghany Highlands (Covington City + Alleghany County)	20,514	10.4	8.0
Alleghany County	14,835	10.8	8.1
Covington City	5,679	9.3	7.9
Rural Virginia	826,447	10.4	8.3
Virginia	8,683,619	6.7	6.0
United States	333,287,557	6.8	5.9

Figure A52: Age-adjusted percent of adults (18+) ever diagnosed with chronic lower respiratory disease, 2022

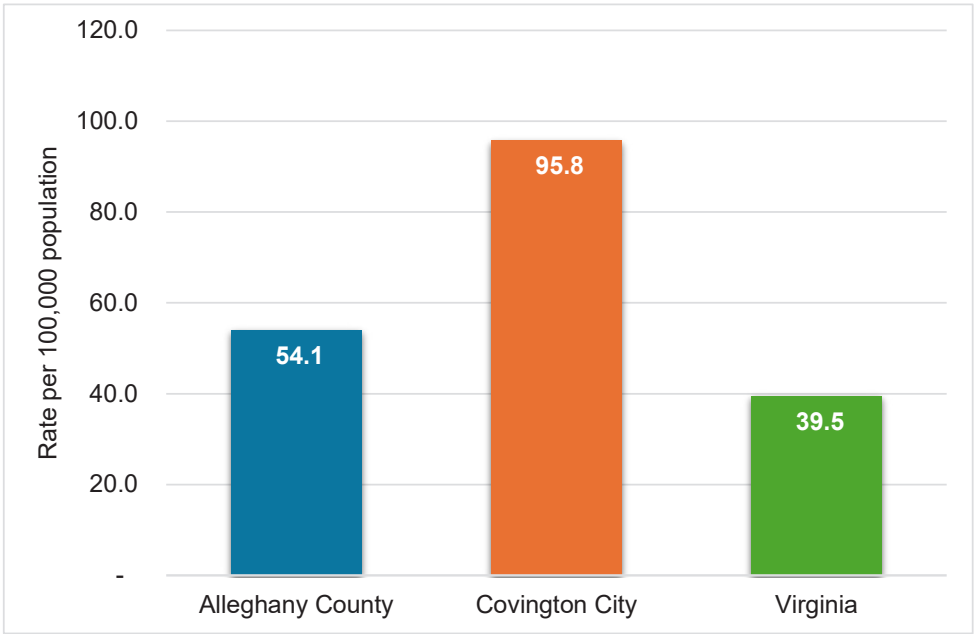


- This indicator reports the rate of deaths due to chronic lower respiratory diseases with Virginia residence for the three-year average 2020-2022. Within the report area (Alleghany County and Covington), the lower respiratory mortality rate was 68.2/100,000.
- Note: The International Classification of Diseases, 10th Revision (ICD-10) codes V01-X59, Y85-Y86 as major external causes of morbidity. For example, V01 refers to pedestrian injured in collision with pedal cycle, while Y86 refers to sequelae of other accidents or when death occurs a year or more after the original event.
- Data source: Virginia Department of Health, Virginia Department of Health, Office of Information Management, Division of Health Statistics. Data directly obtained via email from Virginia Department of Health 2022.

Table A53: Chronic lower respiratory disease mortality

Location	Total deaths 2020-2022	Deaths due to chronic lower respiratory diseases, rate per 100,000 population, 2020-2022
Alleghany Highlands (Covington City + Alleghany County)	62	68.2
Alleghany County	41	54.1
Covington City	21	95.8
Rural Virginia	1,877	53.3
Virginia	9,858	39.5

Figure A53: Chronic lower respiratory diseases mortality rate, 2020-2022



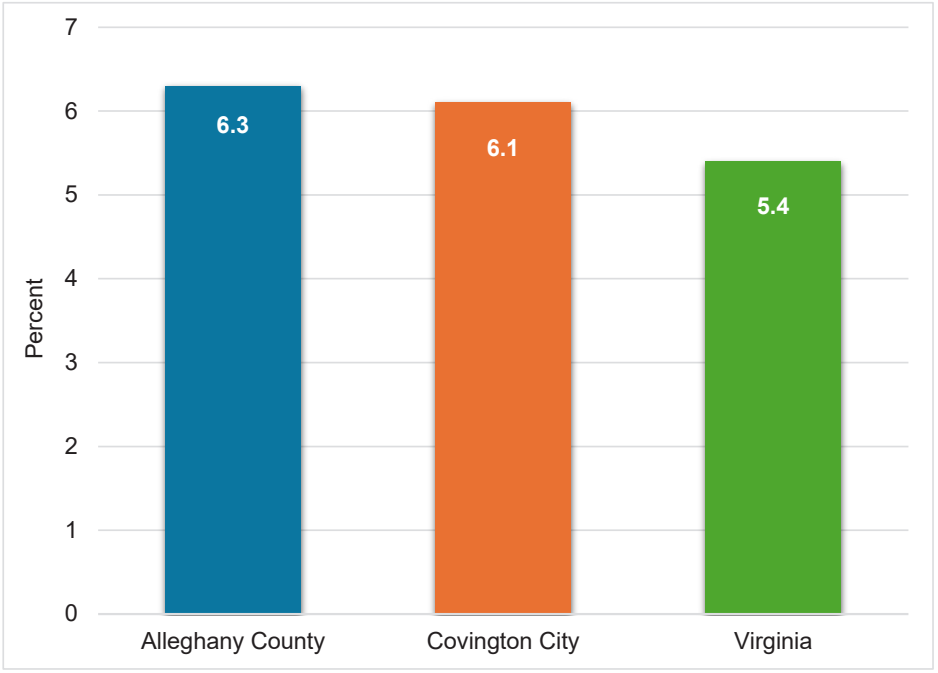
- This indicator reports the percentage of adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had angina or coronary heart disease. Within the report area (Alleghany County and Covington), of the total population age 18 and older, 9.1% reported having coronary heart disease.

- Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

Table A54: Coronary heart disease

Location	Total population	Percent of adults age 18+ ever diagnosed with coronary heart disease (crude), 2022	Percent of adults age 18+ ever diagnosed with coronary heart disease (age-adjusted), 2022
Alleghany Highlands (Covington City + Alleghany County)	20,514	9.1	6.2
Alleghany County	14,835	9.6	6.3
Covington City	5,679	7.9	6.1
Rural Virginia	826,447	9.0	6.5
Virginia	8,683,619	6.3	5.4
United States	333,287,557	6.8	5.7

Figure A54: Age-adjusted percent of adults (18+) ever diagnosed with coronary heart disease, 2022

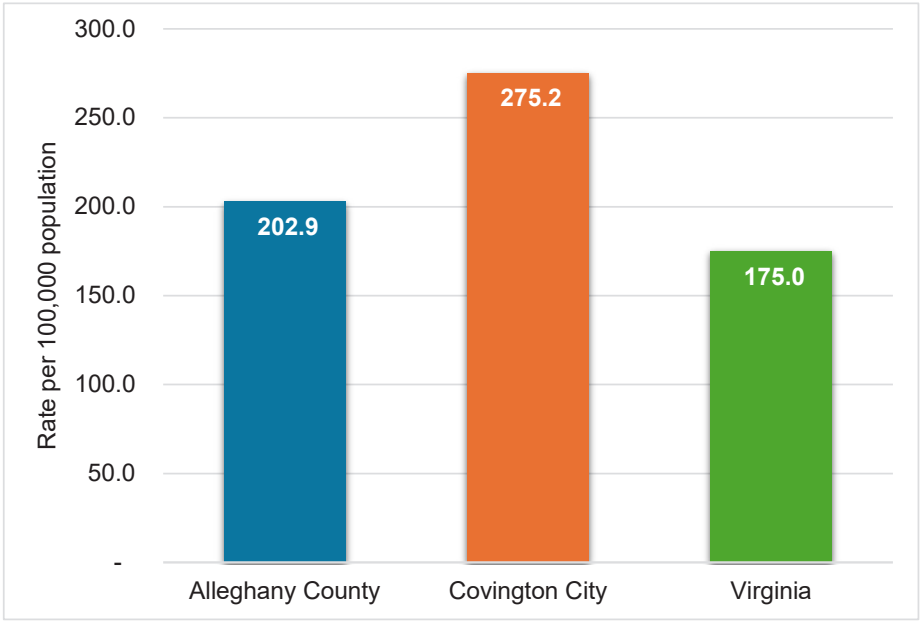


- This indicator reports the rate of deaths due to diseases of the heart or cardiovascular diseases with Virginia residence for the three-year average 2020-2022. Within the report area (Alleghany County and Covington), the heart disease mortality rate was 222.8/100,000.
- Note: The International Classification of Diseases, 10th Revision (ICD-10) codes I00-I09, I11, I13, I20-I51 as major cardiovascular diseases, including heart disease. For example, I00 refers to rheumatic fever without heart involvement, while I51 refers to complications and ill-defined descriptions of heart disease.
- Data source: Virginia Department of Health, Virginia Department of Health, Office of Information Management, Division of Health Statistics. Data directly obtained via email from Virginia Department of Health 2022.

Table A55: Heart disease mortality

Location	Total deaths 2020-2022	Deaths due to heart disease, rate per 100,000 population, 2020-2022
Alleghany Highlands (Covington City + Alleghany County)	218	222.8
Alleghany County	158	202.9
Covington City	60	275.2
Rural Virginia	8,018	213.2
Virginia	49,072	175.0

Figure A55: Heart disease mortality rate, 2020-2022



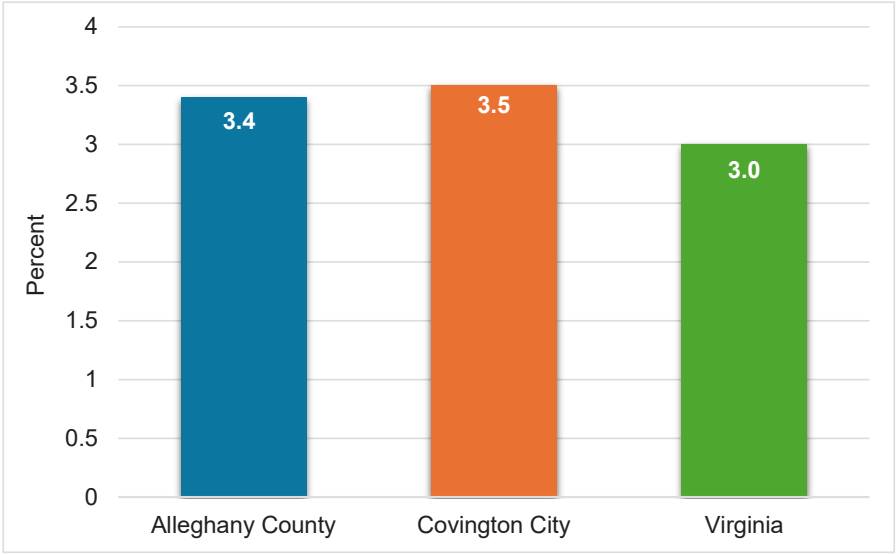
- This indicator reports the number and percentage of adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have had a stroke. Within the report area (Alleghany County and Covington), of the total population age 18 and older, 4.7% reported having had a stroke.

- Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

Table A56: Stroke

Location	Total population	Percent of adults age 18+ ever having a stroke (crude), 2022	Percent of adults age 18+ ever having a stroke (age-adjusted), 2022
Alleghany Highlands (Covington City + Alleghany County)	20,514	4.7	3.4
Alleghany County	14,835	4.8	3.4
Covington City	5,679	4.3	3.5
Rural Virginia	826,447	4.9	3.7
Virginia	8,683,619	3.4	3.0
United States	333,287,557	3.6	3.1

Figure A56: Age-adjusted percent of adults (18+) ever having a stroke, 2022

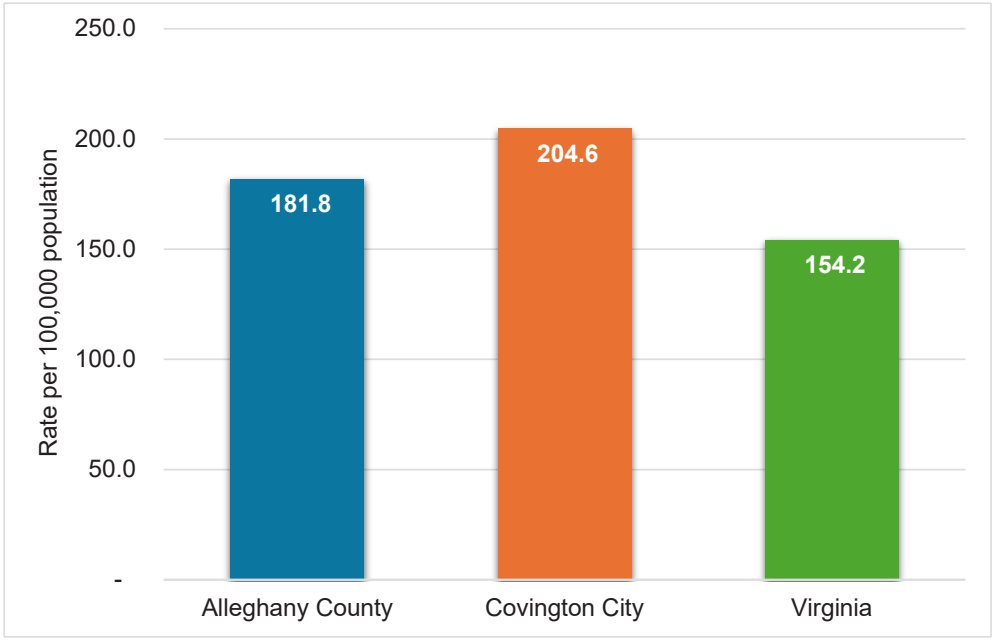


- This indicator reports the rate of deaths due to malignant neoplasms or cancerous tumors/tissue growth with Virginia residence for the three-year average 2020-2022. Within the report area (Alleghany County and Covington), the cancer mortality rate was 187.6/100,000.
- Note: The International Classification of Diseases, 10th Revision (ICD-10) codes C00–C97 as malignant neoplasms, or cancers, that are stated or presumed to be primary at specific sites, excluding lymphoid, hematopoietic, and related tissue. For example, C00 refers to malignant neoplasms of the lip, while C97 refers to malignant neoplasms of multiple independent (primary) sites.
- Data source: Virginia Department of Health, Virginia Department of Health, Office of Information Management, Division of Health Statistics. Data directly obtained via email from Virginia Department of Health 2022.

Table A57: Cancer mortality

Location	Total deaths 2020-2022	Deaths due to neoplasm, rate per 100,000 population, 2020-2022
Alleghany Highlands (Covington City + Alleghany County)	198	187.6
Alleghany County	148	181.8
Covington City	50	204.6
Rural Virginia	7,148	182.0
Virginia	46,883	154.2

Figure A57: Malignant neoplasm mortality rate, 2020-2022



Mental health

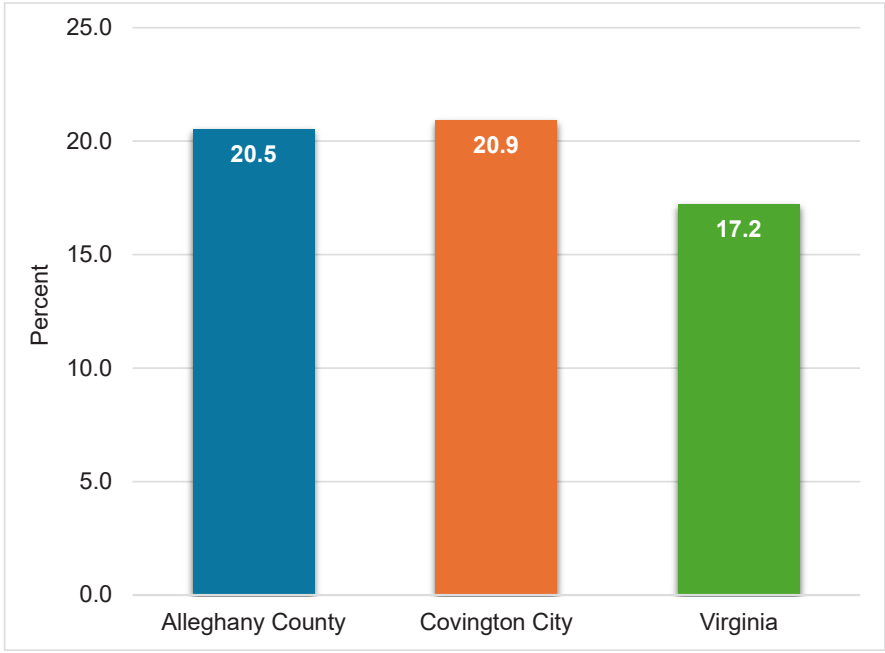
- This indicator reports the percentage of adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good. Within the report area (Alleghany County and Covington), of the total population age 18 and older, 18.2% reported poor mental health in the past month.

- Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2022.

Table A58: Poor mental health

Location	Total population	Percent of adults age 18+ with poor mental health (crude), 2022	Percent of adults age 18+ with poor mental health (age-adjusted), 2022
Alleghany Highlands (Covington City + Alleghany County)	20,514	18.2	20.6
Alleghany County	14,835	17.9	20.5
Covington City	5,679	19.0	20.9
Rural Virginia	826,447	18.2	20.2
Virginia	8,683,619	16.5	17.2
United States	333,287,557	15.8	16.4

Figure A58: Age-adjusted percent of adults (18+) with poor mental health, 2022



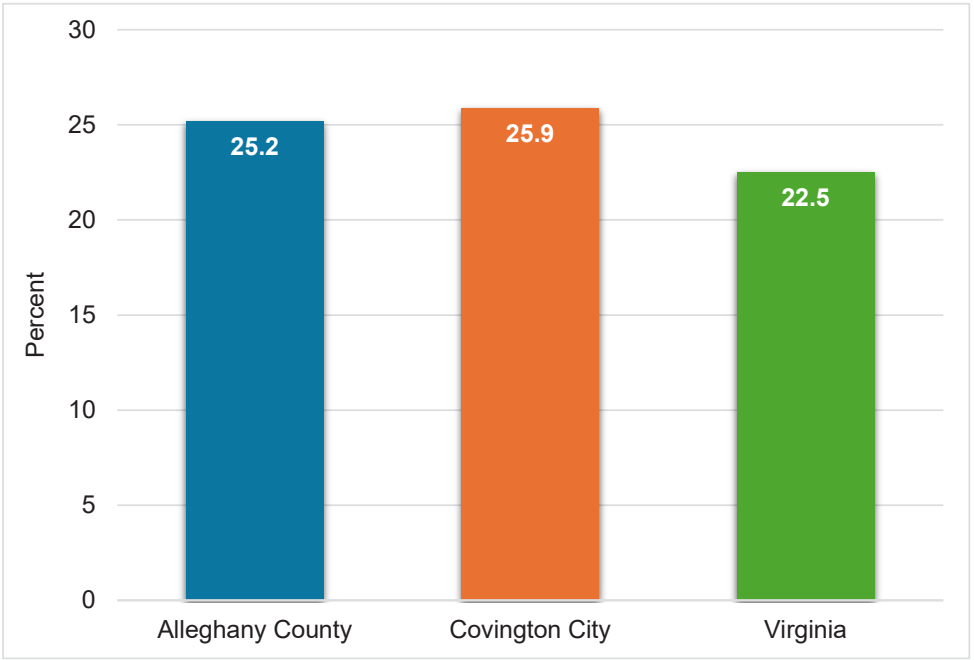
- This indicator reports the percentage of adults aged 18 and older who report having been told by a doctor, nurse, or other health professional that they had depressive disorder. Within the report area (Alleghany County and Covington), of the total population age 18 and older, 25.4% reported having depressive disorder.

- Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2022.

Table A59: Depression

Location	Total population	Percent of adults age 18+ who reported depression diagnoses (crude), 2022	Percent of adults age 18+ who reported depression diagnoses (age-adjusted), 2022
Alleghany Highlands (Covington City + Alleghany County)	20,514	25.4	27.4
Alleghany County	14,835	25.2	27.4
Covington City	5,679	25.9	27.4
Rural Virginia	826,447	24.4	26.0
Virginia	8,683,619	22.5	23.0
United States	333,287,557	20.7	21.1

Figure A59: Crude percent of adults aged 18+ with depression diagnoses, 2022



- This indicator reports the number and rate of self-harm and suicide-related emergency department (ED) visits, per 100,000 population among Virginia residents ages 5 years and older, as of 2023. Within the report area (Alleghany County and Covington), the self-harm and suicide-related ED visit rate was 1154/100,000.

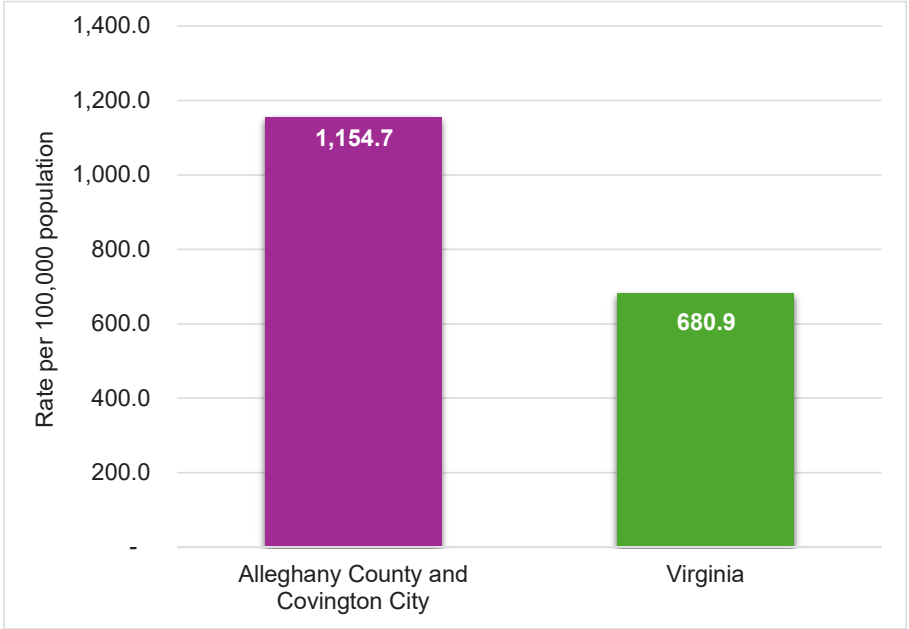
- Note: Some Virginia city and county localities are combined to calculate a self-harm or suicide-related visit count and rate. Check the methodology section for more details.

- Data source: Virginia Department of Health, Syndromic Surveillance Data, Division of Surveillance and Investigation, Office of Epidemiology - Virginia Department of health. Data directly obtained via email from Virginia Syndromic Surveillance 2023.

Table A60: Self-harm & suicide-related ED visits

Location	Self-harm and suicide-related ED visit counts, 2023	Self-harm and suicide-related ED visit, rate (per 100,000 population 5+), 2023	Note
Alleghany Highlands (Covington City + Alleghany County)	225	1,154.7	*data for Covington City and Alleghany County were combined for the rate calculation
Rural Virginia	no data	no data	n/a
Virginia	55,067	680.9	n/a

Figure A60: Self-harm and suicide-related ED visit rates aged 5+, 2023



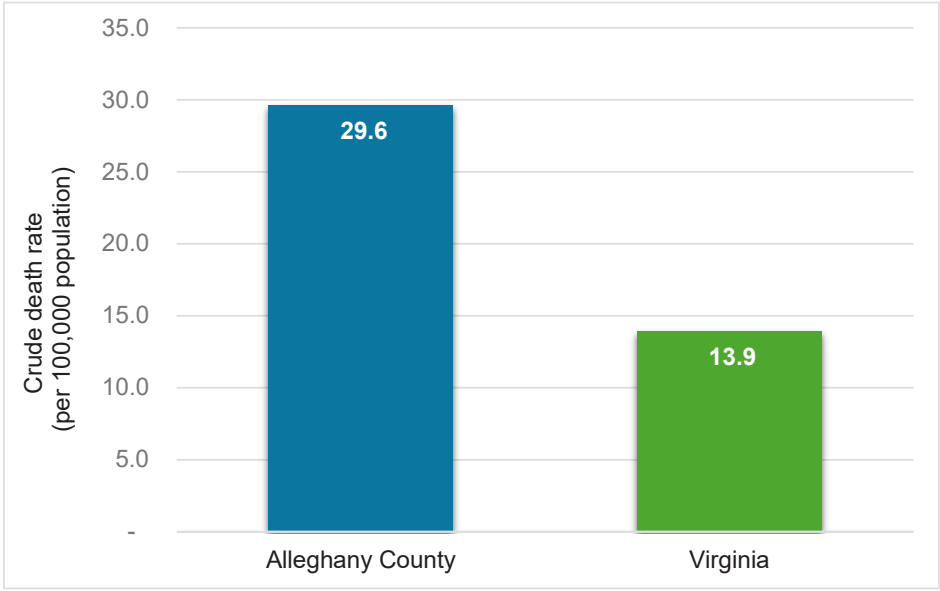
- This indicator reports the 2018-2022 five-year average rate of death due to intentional self-harm (suicide) per 100,000 population. This indicator is relevant because suicide is an indicator of poor mental health. Within the report area (Alleghany County and Covington), there are a total of 22 deaths due to suicide. This represents a crude death rate of 29.6 per 100,000 total population.

- Data source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

Table A61: Deaths by suicide

Location	Toal population, 2018-2022 average	Five-year total deaths, 2018-2022 total	Crude death rate (per 100,000 population), 2018-2022
Alleghany Highlands (Covington City + Alleghany County)	20,465	22	29.6
Alleghany County	14,858	22	29.6
Covington City	5,607	No data	No data
Rural Virginia	827,200	752	20.3
Virginia	8,593,932	5,981	13.9
United States	330,014,476	239,493	14.5

Figure A61: Deaths by intentional self-harm (suicide) per 100,000 population, 2018-2022



Substance use disorder

- This indicator reports the rate of hospitalization secondary to overdose from 2017-2021 per 100,000 population. In Alleghany County, the rates of overdose hospitalizations peaked in 2020, with a rate of 129.2/100,000. In Covington, the rates of overdose hospitalizations peaked in 2019 at 469.5 overdose hospitalizations per 100,000. In 2021, the overdose hospitalization rates for both Alleghany County (108.8/100,000) and Covington (336.9/100,000) were higher compared to Virginia (86.4/100,000).

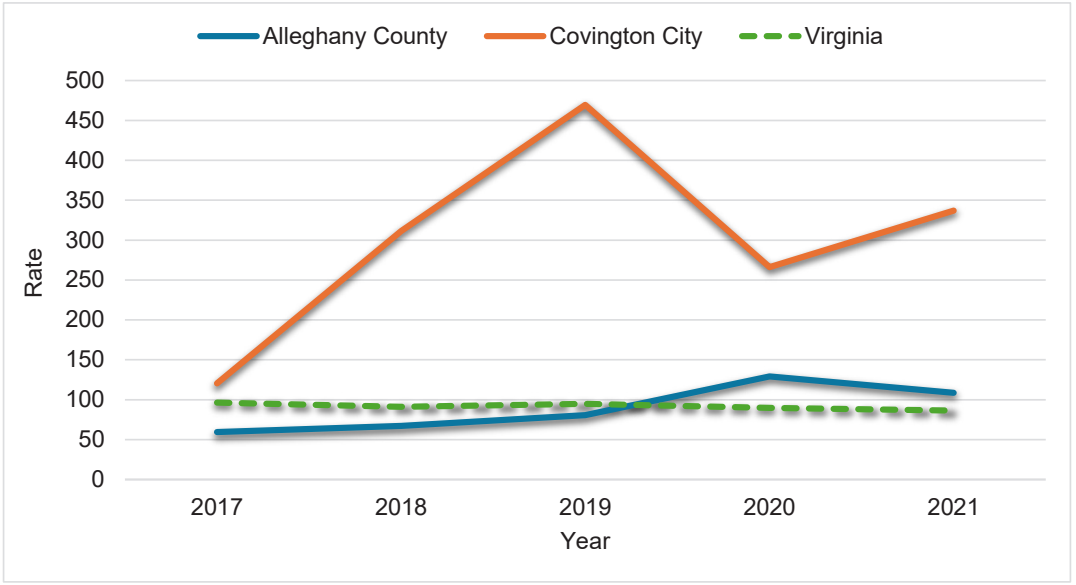
- Note: The city/county is based on the zip code of the patient's residence at time of hospitalization. Some Virginia zip codes may cross city/county boundaries. This may cause under- or over-reporting of hospitalizations at the city/county level for those localities with zip codes that cross boundaries. Data includes fatal hospitalizations.

- Data source: Data are from Virginia Health Information and maintained by Office of Information Management, Virginia Department of Health. 2023.

Table A62: Overdose hospitalization rates

Location	All-drug OD hospitalizations rates by year				
Alleghany Highlands (Covington City + Alleghany County)	2017	2018	2019	2020	2021
Alleghany County	59.5	67.1	80.8	129.2	108.8
Covington City	120.5	311.4	469.5	266.0	336.9
Virginia	96.4	91.1	94.7	89.9	86.4

Figure A62: Fatal and non-fatal overdose hospitalization rates, 2017-2021



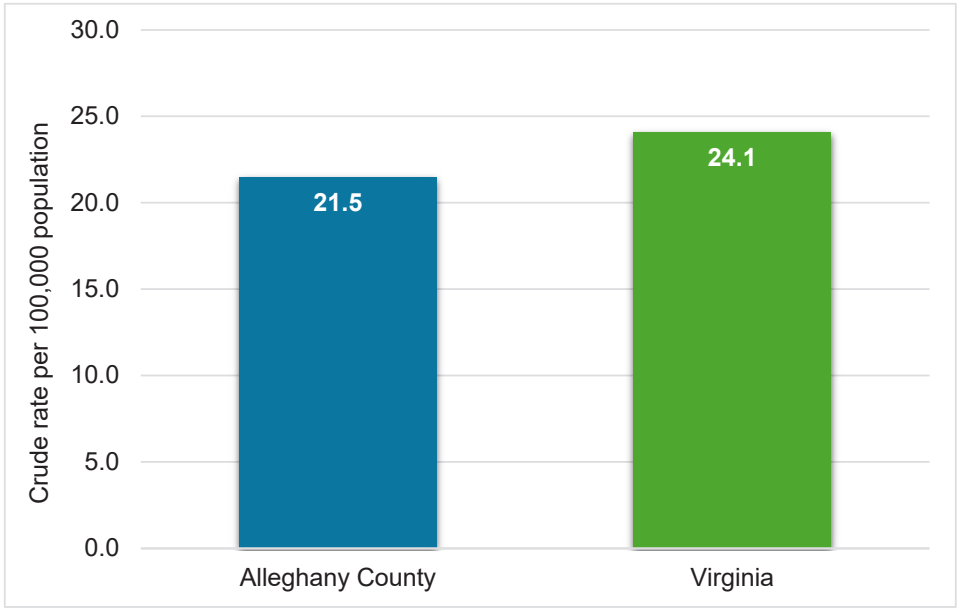
- This indicator reports the 2018-2022 five-year average rate of death due to drug overdose of all substances per 100,000 population. This indicator is relevant because drug overdose, the leading cause of US injury deaths, has increased dramatically in recent years. Within the report area (Alleghany County and Covington), there are a total of 16 deaths due to drug overdose for all substances. This represents a crude death rate of 21.5 per every 100,000.

- Data source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.

Table A63: Drug overdose deaths

Location	Total population, 2018-2022 average	Five-year total deaths, 2018-2022 total	Crude death rate per 100,000 population, between 2018-2022
Alleghany Highlands (Covington City + Alleghany County)	20,465	16	21.5
Alleghany County	14,858	16	21.5
Covington City	5,607	No data	No data
Rural Virginia	827,200	1,097	28.1
Virginia	8,593,932	10,357	24.1
United States	330,014,476	444,436	26.9

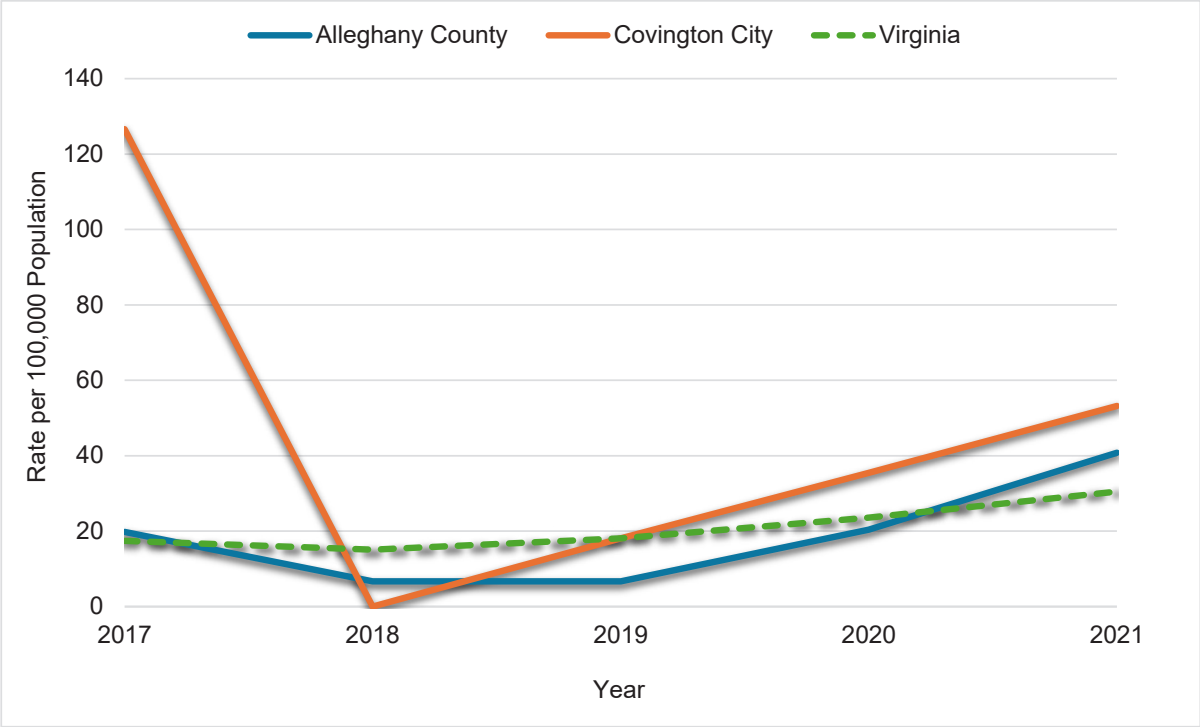
Figure A63: Crude overdose deaths (all substances), rate per 100,000 population, 2018-2022



- This indicator reports drug overdose death rates of individuals who are Virginia residents at the time of death. The deaths represented in the figure below represent Virginia residents only, despite where the death occurred. In 2021, the overdose death rates for both Alleghany County (40.8/100,000) and Covington (53.2/100,000) were higher compared to Virginia (30.5/100,000).

- Data source: Data are from death certificates reported to the Virginia Vital Event Statistics Program, Virginia Department of Health (VDH). 2023.

Figure A64: All-drug overdose death rates of Virginia residents per locality by year, 2017-2021



- This indicator reports the number and rate of hospital inpatient stays due to neonatal abstinence syndrome (NAS), per 1,000 birth hospitalizations. NAS is also known as neonatal drug dependency or withdrawal symptoms, and predominantly occurs from maternal use of opiates, such as heroin, or opioids such as methadone, fentanyl, and prescription pain medications during pregnancy. In Alleghany County, the NAS rate was 14.7/100,000.

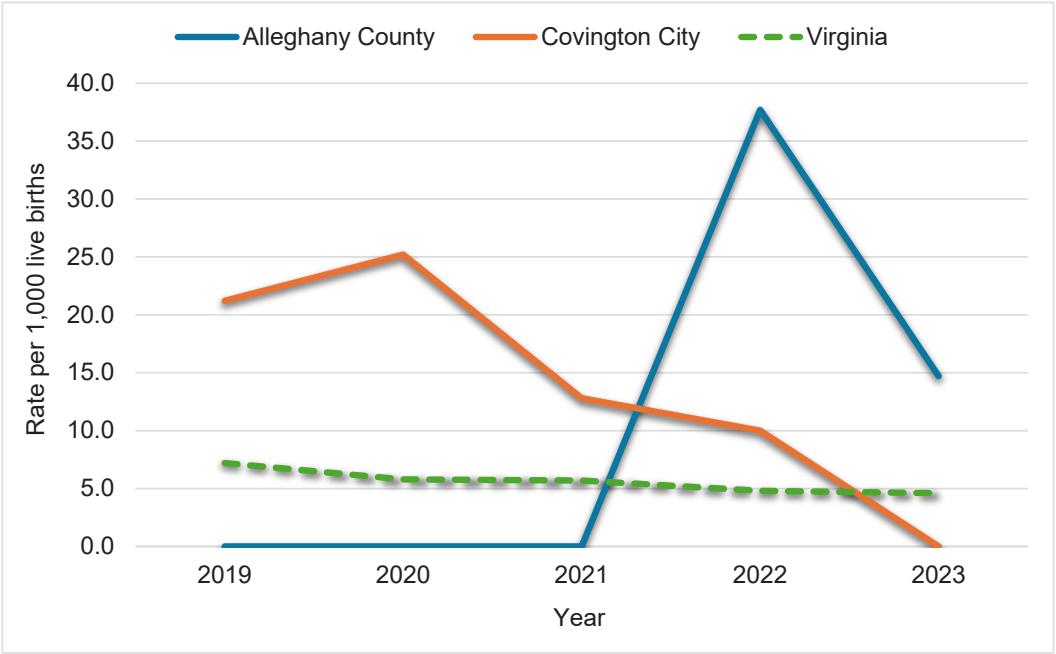
- Note: Counts and rates of infants born with NAS are based on inpatient hospitalization records identified by ICD-9-CM diagnosis code 779.5 (drug withdrawal syndrome in newborn) and ICD-10-CM diagnosis code P96.1 (neonatal withdrawal symptoms from maternal use of drugs of addiction) present on the record for Virginia residents only. Data for 2016 and onward are based on ICD-10-CM. NAS counts represented on this dashboard are not suppressed.

- Data source: Virginia Department of Health, VDH - Maternal & Child Health Dashboard, 2023.

Table A65: Neonatal abstinence syndrome

Rate of NAS hospitalizations per 1,000 live births					
Location	2019	2020	2021	2022	2023
Alleghany County	0.0	0.0	0.0	37.7	14.7
Covington City	21.2	25.2	12.8	10.0	0.0
Virginia	7.2	5.8	5.7	4.8	4.6

Figure A65: Rate of NAS hospitalization per 1,000 live births by year, 2019-2023



Maternal and child health

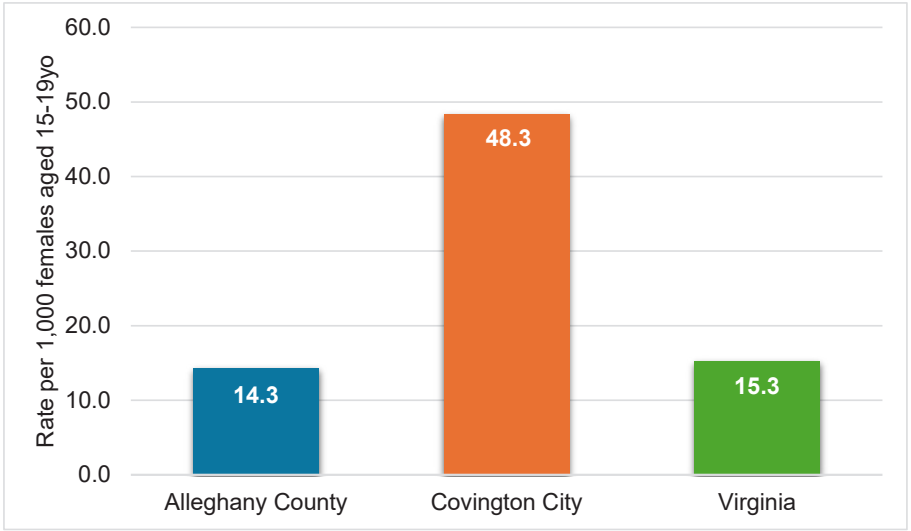
- This indicator reports the rate of pregnancies per 1,000 females aged 15 to 19 years old with Virginia residence in 2022. Teen pregnancy has unique medical risks as lack of prenatal care, high blood pressure, premature birth, low birth weight, STDs, and postpartum depression. Teen pregnancy also has serious social and economic consequences as births are more likely to lead to poor outcomes for both teen mothers and their children. In the report area (Covington and Alleghany), the teen pregnancy rate was 24.2/1,000 females ages 15-19yo.

- Data source: Virginia Department of Health, VDH - Maternal & Child Health. Data directly obtained via email from Virginia Department of Health, 2022.

Table A66: Teen pregnancy rates

Location	Female population ages 15-19, 2022	Pregnancies of females ages 15-19, 2022	Teen pregnancies, rate per 1,000 females ages 15-19, 2022
Alleghany Highlands (Covington City + Alleghany County)	495	12	24.2
Alleghany County	350	5	14.3
Covington City	145	7	48.3
Rural Virginia	22,792	504	22.1
Virginia	273,019	4,166	15.3

Figure A66: Rate of teen pregnancies per 1,000 females aged 15-19yo, 2022



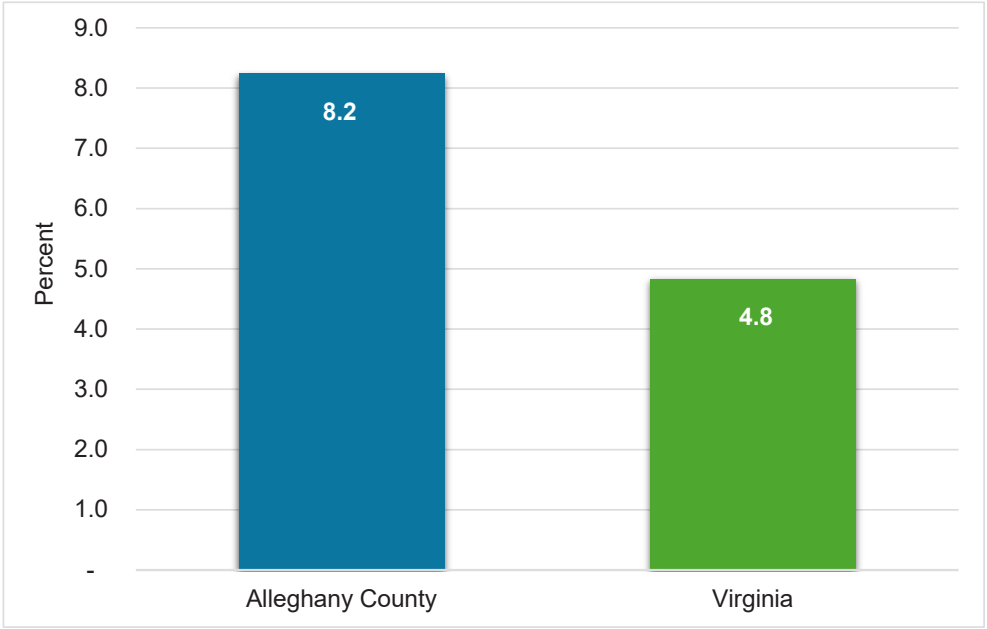
- This indicator reports the percentage of mothers who have not received adequate prenatal care of total live births with Virginia residence in 2022. Late or no prenatal care is defined as pregnancy-related care beginning in the 3rd trimester (7-9 months) or when no pregnancy-related care was received at all. Prenatal care reduces complications during pregnancy and prevents problems during delivery. A lack of adequate prenatal care increases the risk of low birth weight and other poor birth outcomes from medical conditions or behavior risk factors during pregnancy. Within the report area (Alleghany County and Covington combined), 4.5% of live births occurred to mothers who had late or no prenatal care.

- Data source: Virginia Department of Health, VDH - Maternal & Child Health. Data directly obtained via email from Virginia Department of Health, 2022.

Table A67: Prenatal care

Location	Total live births	Late or no prenatal care, 2022	Late or no prenatal care, percent, 2022
Alleghany Highlands (Covington City + Alleghany County)	177	8	4.5
Alleghany County	85	7	8.2
Covington City	92	Suppressed	Suppressed
Rural Virginia	7,597	328	4.3
Virginia	95,615	4,615	4.8

Figure A67: Percent of mother with late or no prenatal care of total live births, 2022



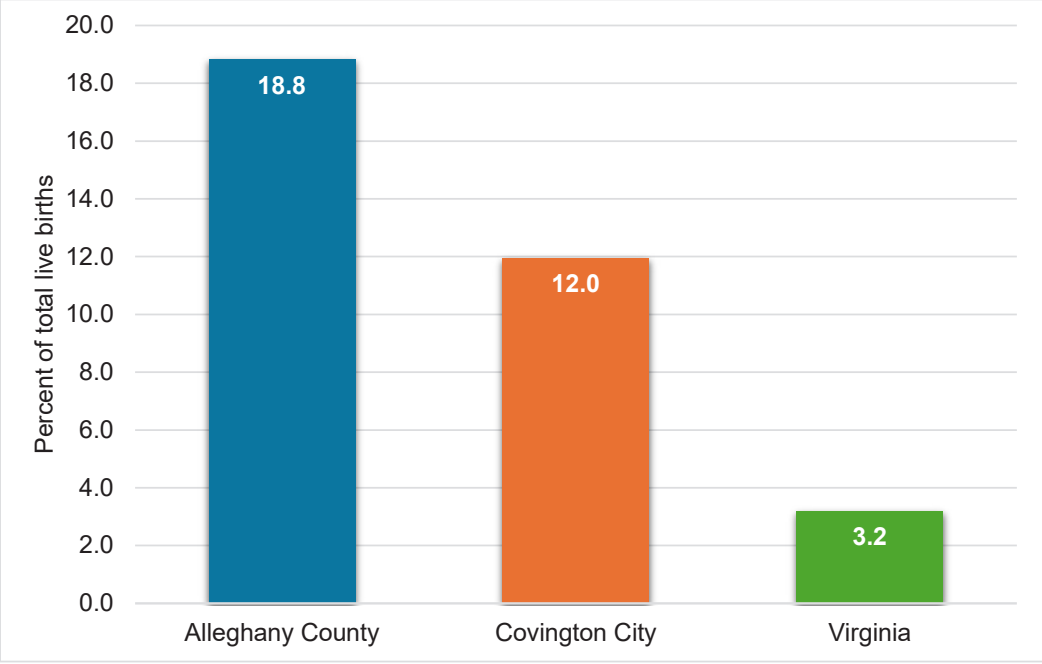
- This indicator reports the percentage of women who smoke during pregnancy of total live births with Virginia residence in 2022. Smoking during pregnancy harms both mother and baby, increasing the risk of miscarriage, pregnancy complications, preterm delivery, low birth weight, defects in the lung and brain of the unborn baby, and sudden infant death syndrome (SIDS). To be safe, all kinds of cigarettes should be completely quit during pregnancy. Within the report area (Alleghany County and Covington combined), 15.3% of live births occurred to mothers who had smoked during pregnancy.

- Data source: Virginia Department of Health, VDH - Maternal & Child Health. Data directly obtained via email from Virginia Department of Health, 2022.

Table A68: Smoking during pregnancy

Location	Total live births	Women smoking during pregnancy, 2022	Women smoking during pregnancy, percent of total live births, 2022
Alleghany Highlands (Covington City + Alleghany County)	177	27	15.3
Alleghany County	85	16	18.8
Covington City	92	11	12.0
Rural Virginia	7,597	766	10.1
Virginia	95,615	3,070	3.2

Figure A68: Percent of women smoking during pregnancy of total live births, 2022



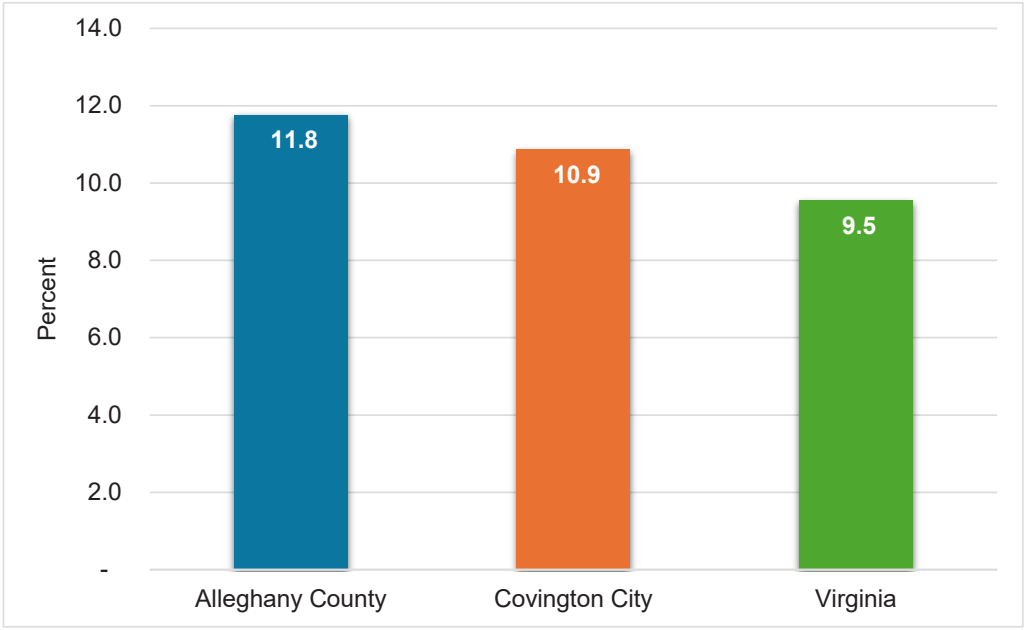
- This indicator reports the percentage of preterm births of total live births with Virginia residence in 2022. Preterm birth is defined as births that occur before 37 weeks of pregnancy have been completed. Preterm birth and low birth weight account for a high rate of infant deaths and disabilities. Babies who survive may have breathing problems, feeding difficulties, or developmental delay. Spontaneous preterm delivery is the leading cause of US neonatal morbidity and is the most common reason for hospitalization during pregnancy. Within the report area (Alleghany County and Covington combined), 15.3% of live births occurred to mothers who had smoked during pregnancy.

- Data source: Virginia Department of Health, VDH - Maternal & Child Health. Data directly obtained via email from Virginia Department of Health, 2022.

Table A69: Preterm births

Location	Total live births	Preterm births, 2022	Preterm births, percent, 2022
Alleghany Highlands (Covington City + Alleghany County)	177	20	11.3
Alleghany County	85	10	11.8
Covington City	92	10	10.9
Rural Virginia	7,597	786	10.3
Virginia	95,615	9,131	9.5

Figure A69: Percent of preterm births of total live births, 2022



- This indicator reports the deaths of infants per 1,000 live births with Virginia residence for three-year average 2020-2022. Infant mortality is defined as deaths of children under one year of age, some of whom may have been born in the previous year. The leading causes of infant death include birth defects, preterm birth and low birth weight, sudden infant death syndrome, injuries (e.g., suffocation), and maternal pregnancy complications. High rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health. Within the report area (Alleghany County and Covington combined), the data are suppressed due to low counts.
- Data source: Virginia Department of Health, VDH - Maternal & Child Health. Data directly obtained via email from Virginia Department of Health, 2022.

Table A70: Infant mortality

Location	Total live births, 2022	Total infant deaths, 2022	Infant death rates (per 1,000 total live births), 2022
Alleghany Highlands (Covington City + Alleghany County)	555	Suppressed	Suppressed
Alleghany County	298	Suppressed	Suppressed
Covington City	257	Suppressed	Suppressed
Rural Virginia	23,153	176	7.6
Virginia	285,956	1,711	6.0

- This indicator reports the rate of deaths of children ages 1-9 per 100,000 children with Virginia residence for three-year average 2020-2022. The leading causes for child death include unintentional injuries such as motor vehicle accidents, drowning, fire, falls, and poisoning; developmental and genetic conditions that were present at birth; homicide; and cancer. Premature death among children, especially from preventable causes, is an enormous loss of potential life. Within the report area (Alleghany County and Covington combined), the data are suppressed due to low counts.
- Data source: Virginia Department of Health, VDH - Maternal & Child Health. Data directly obtained via email from Virginia Department of Health, 2022.

Table A71: Child mortality

Location	Total children ages 1-9 yo, 2022	Total deaths of children ages 1-9 yo, 2022	Child mortality, rate per 100,000 ages 1-9 yo, 2022
Alleghany Highlands (Covington City + Alleghany County)	11,562	Suppressed	Suppressed
Alleghany County	7,650	Suppressed	Suppressed
Covington City	3,912	Suppressed	Suppressed
Rural Virginia	267,963	61	22.8
Virginia	2,771,556	457	16.5

Communicable disease

- This indicator reports the total number chlamydia cases occurring in the report area. Within the report area (Alleghany County and Covington combined), there were 243.3 reported chlamydia infections per 100,000 population in 2023.

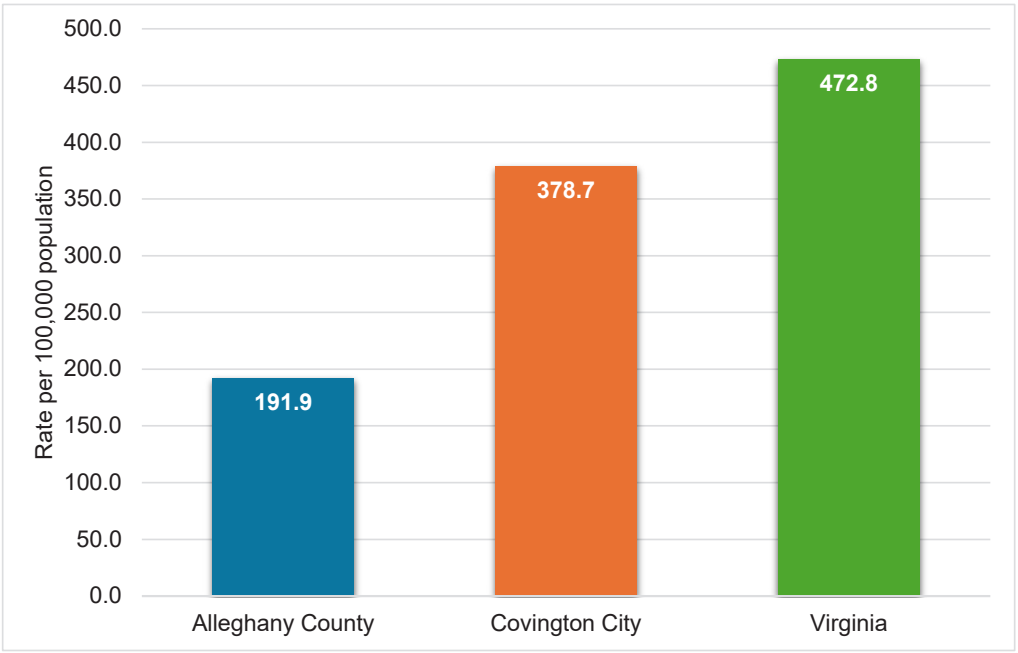
- Note: Rates are presented per 100,000 population. The number of cases is based on laboratory-confirmed diagnoses that occurred between January 1- December 31 of the latest reporting year. These data are delivered to and analyzed by the CDC as part of the Nationally notifiable STD surveillance system.

- Data source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.

Table A72: Chlamydia infections, 2023

Location	Total population	Chlamydia infections, 2023	Chlamydia infections, rate per 100,000 population, 2023
Alleghany Highlands (Covington City + Alleghany County)	20,140	49	243.3
Alleghany County	14,595	28	191.9
Covington City	5,545	21	378.7
Rural Virginia	828,001	2,676	323.2
Virginia	8,715,698	41,206	472.8
United States	334,914,895	1,648,568	492.2

Figure A72: Chlamydia infection rate per 100,000 population, 2023



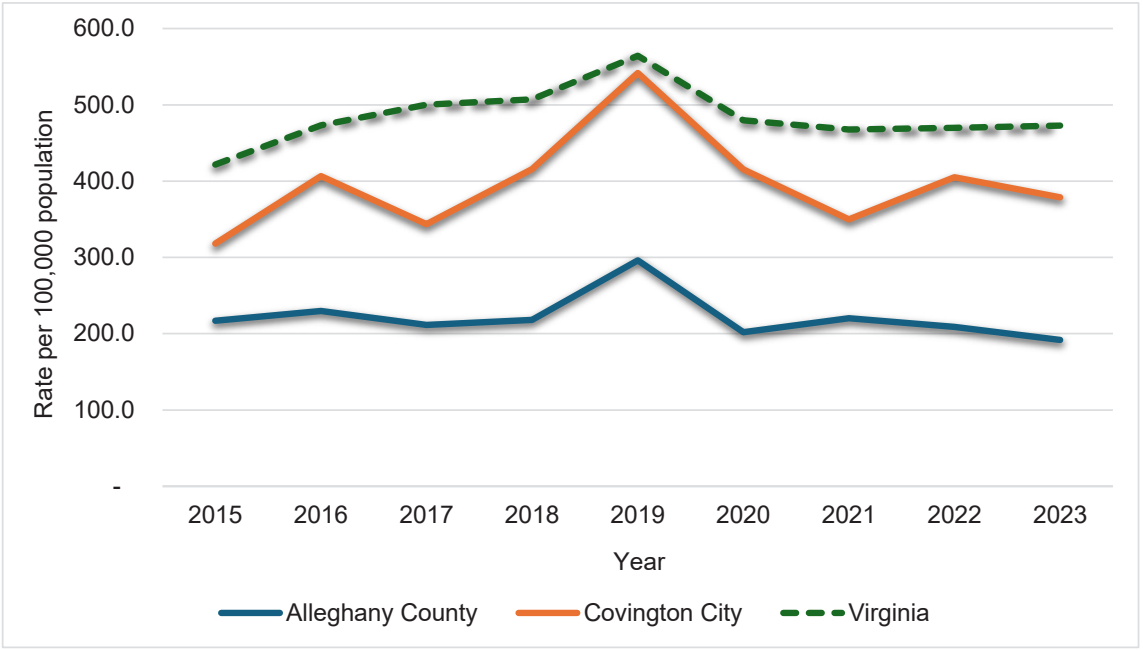
- The table below displays *trends* in the rate of diagnosed chlamydia cases for years 2015 through 2023. Rates are expressed per 100,000 total population.

- Data source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.

Table A73: Chlamydia incidence by year

Chlamydia incidence rate per 100,000 population between 2015-2023									
Location	2015	2016	2017	2018	2019	2020	2021	2022	2023
Alleghany County	216.9	229.6	211.6	218.2	296.1	201.9	220.2	209.0	191.8
Covington City	318.1	406.5	343.5	415.8	541.7	415.3	349.8	405.0	378.7
Virginia	421.7	473.2	500.3	507.3	564.3	479.9	467.6	469.7	472.8

Figure A73: Chlamydia incidence rate per 100,000 population by year, 2015-2022



- This indicator reports the number gonorrhea cases occurring in the report area. Within the report area (Alleghany County and Covington City combined), there were 59.6 reported chlamydia infections per 100,000 population in 2023.

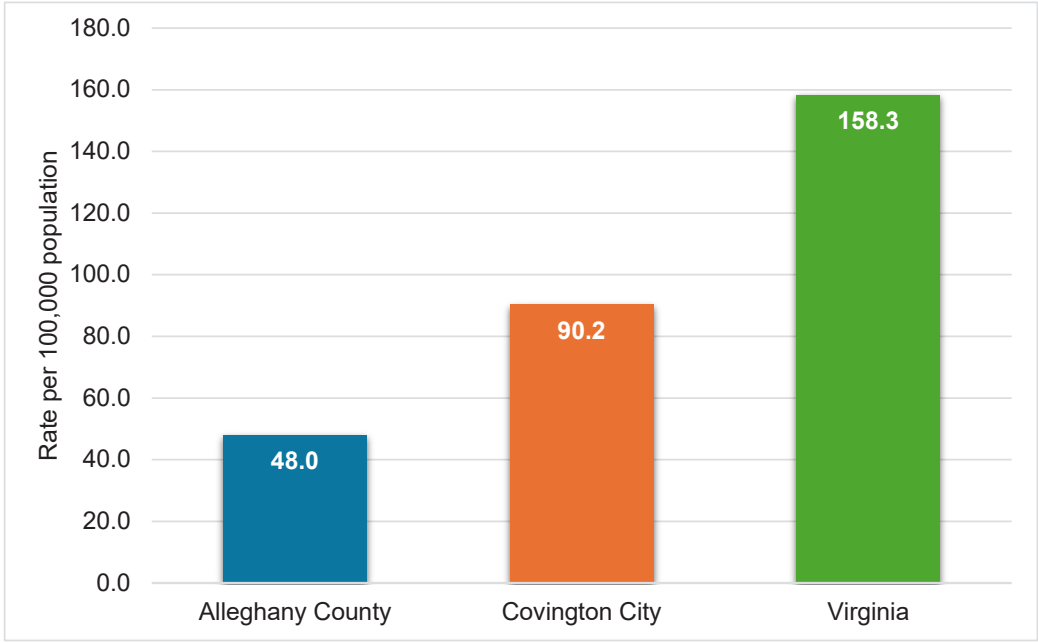
- Note: Rates are presented per 100,000 population. The number of cases is based on laboratory-confirmed diagnoses that occurred between January 1 - December 31 of the latest reporting year. These data are delivered to and analyzed by the CDC as part of the Nationally notifiable STD surveillance system.

- Data source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.

Table A74: Gonorrhea infections, 2023

Location	Total population	Gonorrhea infections, 2023	Gonorrhea infections, rate per 100,000 population, 2023
Alleghany Highlands (Covington City + Alleghany County)	20,140	12	59.6
Alleghany County	14,595	7	48.0
Covington City	5,545	5	90.2
Virginia	8,715,698	13,795	158.3
United States	334,914,895	599,604	179.0

Figure A74: Gonorrhea infection rate per 100,000 population, 2023



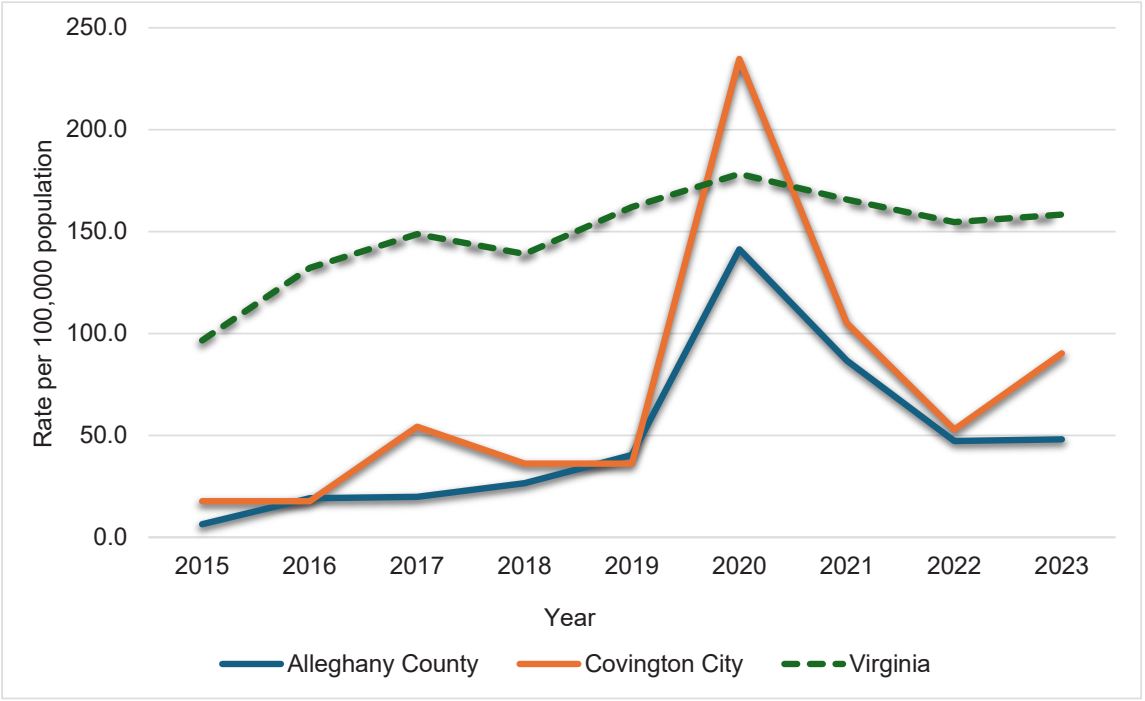
- The table below displays *trends* in the rate of diagnosed gonorrhea cases for years 2015 through 2023. Rates are expressed per 100,000 total population.

- Data source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.

Table A75: Gonorrhea incidence by year

Gonorrhea incidence rate per 100,000 population between 2015-2023									
Location	2015	2016	2017	2018	2019	2020	2021	2022	2023
Alleghany County	6.4	19.1	19.8	26.5	40.4	141.3	86.7	47.2	48.0
Covington City	17.7	17.7	54.2	36.2	36.1	234.7	105.0	52.8	90.2
Virginia	96.6	132.2	148.7	139	162.1	178.3	165.7	154.7	158.3

Figure A75: Gonorrhea incidence rate per 100,000 population by year, 2015-2022



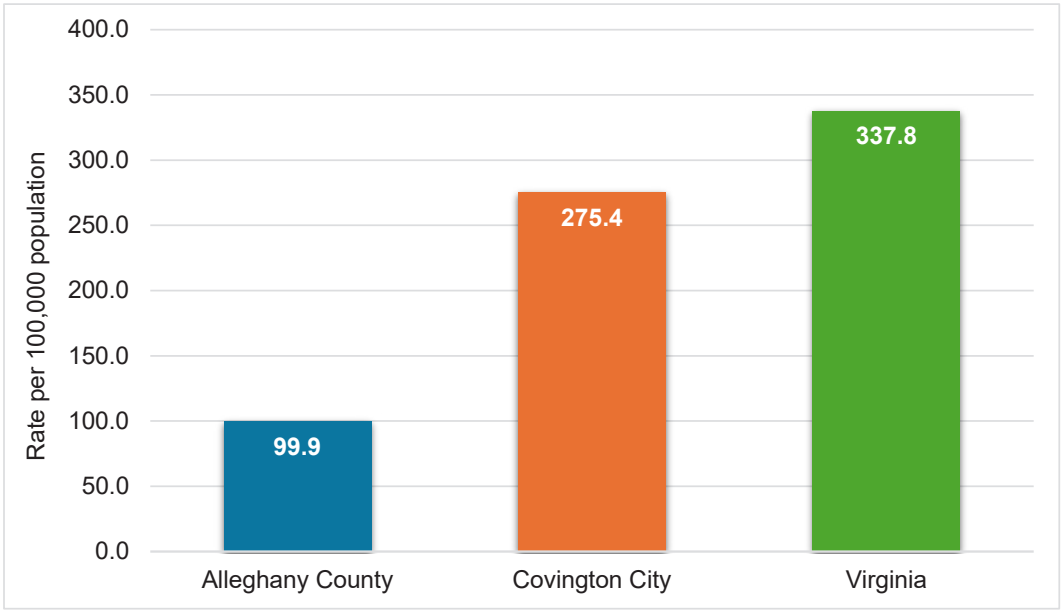
- Unlike chlamydia and gonorrhea for which incidence (new cases) are reported, this indicator reports the *prevalence* (all cases, not only new cases) of HIV in the report area (Alleghany County and Covington) as a rate per 100,000 population over age 13. The data reflect persons living with diagnosed HIV infection at the end of the latest reporting year, or persons living with infection ever classified as stage 3 (AIDS) at the end of the latest report year. Within the report area (Alleghany County and Covington combined), there were 26 people over the age of 13 living with HIV, reflecting a prevalence rate of 146.6/100,000.

- Data source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.

Table A76: HIV/AIDS prevalence, 2022

Location	Population age 13yo+	Population with HIV/AIDS, 2022	Population with HIV/AIDS, rate per 100,000 population, 2022
Alleghany Highlands (Covington City + Alleghany County)	17,736	26	146.6
Alleghany County	13,025	13	99.9
Covington City	4,721	13	275.4
Rural Virginia	716,774	1,501	215.1
Virginia	7,366,881	24,886	337.8
United States	282,494,087	1,092,023	386.6

Figure A76: New HIV/AIDS infection rate per 100,000 population, 2022



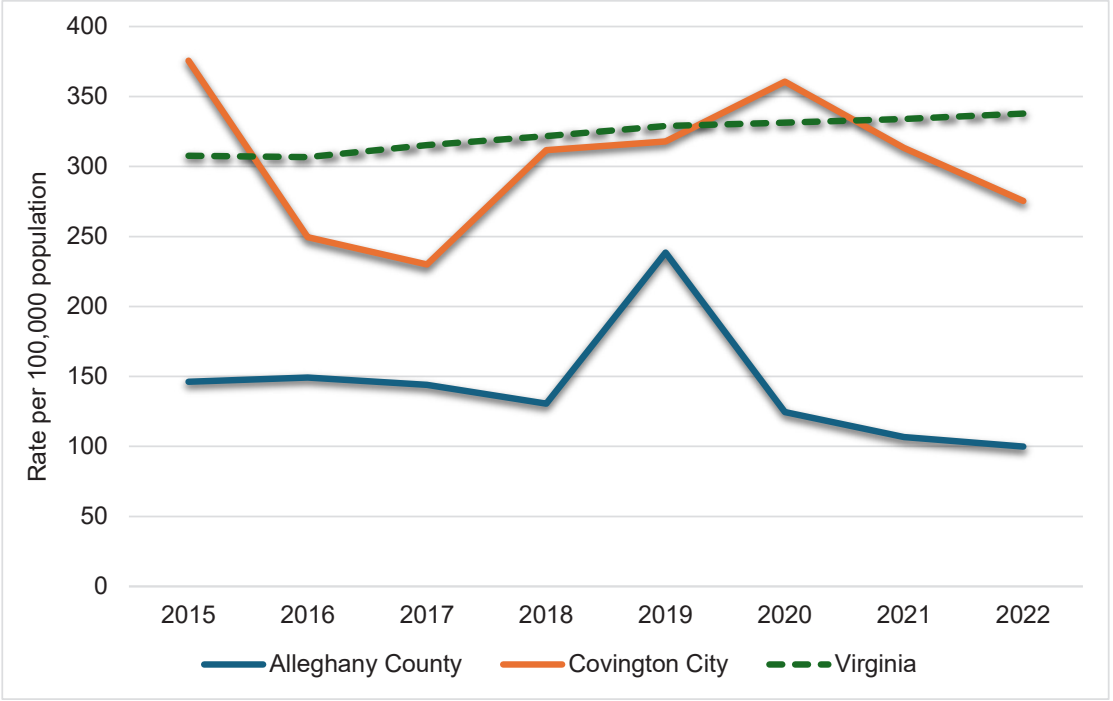
- The table below displays *trends* in the prevalence rate for HIV/AIDS for years 2009 through 2022. Rates are expressed per 100,000 population age 13 and older.

- Data source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.

Table A77: HIV prevalence by year

HIV prevalence rate per 100,000 population between 2015-2022								
Location	2015	2016	2017	2018	2019	2020	2021	2022
Alleghany County	146.2	149.3	144.0	130.5	238.5	124.6	106.6	99.9
Covington City	375.6	249.6	230.0	311.7	317.8	360.6	313.3	275.4
Virginia	307.7	306.7	315.3	321.7	329.0	331.4	333.9	337.8

Figure A77: HIV prevalence rate per 100,000 population over 13yo by year, 2015-2022



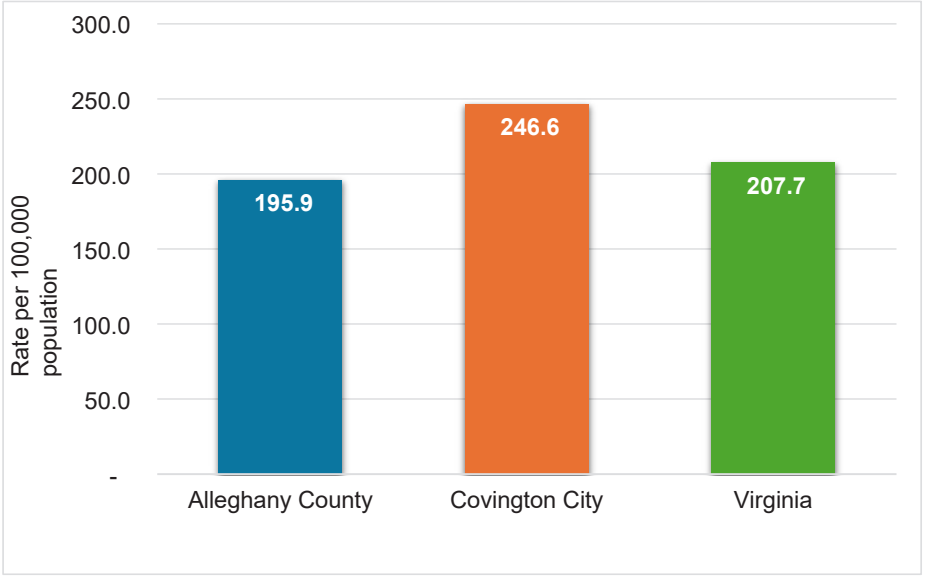
Injury and violence

- This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. This indicator is relevant because it assesses community safety. Violent crime includes homicide, rape, robbery, and aggravated assault. Within the report area (Alleghany County and Covington combined), there were 45 such crimes, reflecting a rate of 209.3/100,000 in 2014 and 2016.
- Note: Data are suppressed for counties if, for both years of available data, the population reported by agencies is less than 50% of the population reported in census or less than 80% of agencies measuring crimes reported data. The data for this indicator are obtained from the 2022 County Health Rankings, which utilizes figures from the 2014 and 2016 FBI Uniform Crime Reports.
- Data source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2014 & 2016.

Table A78: Violent crime rate

Location	Violent crimes, 2014 & 2016	Violent crime rate (per 100,000 population), 2014 & 2016
Alleghany Highlands (Covington City + Alleghany County)	45	209.3
Alleghany County	31	195.9
Covington City	14	246.6
Rural Virginia	1,461	174.4
Virginia	17,321	207.7
United States	1,240,534	386.5

Figure A78: Violent crime rate in 2014 & 2016

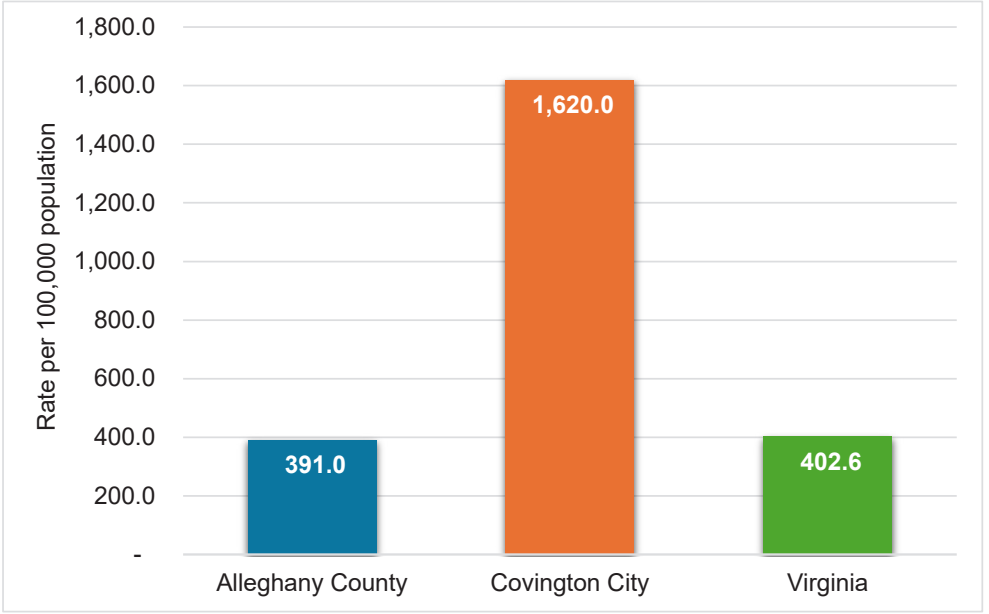


- This indicator reports the number and rate of hospital inpatient stays due to all types of injuries, per 100,000 total population. Within the report area (Alleghany County and Covington combined), there were 150 hospitalizations associated with injuries, reflecting a rate of 731.7/100,000 in 2022.
- Note: All injuries include anatomic injuries; foreign bodies, burns, corrosions, frostbite; poisoning by drugs, medicaments, and biological substances; toxic effects of substances nonmedicinal as to source; other and unspecified effects of external causes; certain early complications of trauma; traumatic injuries and abuse complicating pregnancy, childbirth, and the puerperium; periprosthetic fracture around internal prosthetic joint; periprosthetic fracture around internal prosthetic joint. Though rarely an immediate threat to life, injuries are generally serious enough to warrant acute inpatient care.
- Data source: Virginia Department of Health, Virginia Department of Health. Data directly obtained via email from Virginia Department of Health 2022.

Table A79: Injury hospitalizations

Location	Hospitalizations for all injuries, 2022	Hospitalizations for all injuries, rate per 100,000 population, 2022
Alleghany Highlands (Covington City + Alleghany County)	150	731.7
Alleghany County	58	391.0
Covington City	92	1,620.0
Rural Virginia	3,816	458.3
Virginia	34,958	402.6

Figure A79: Injury hospitalization rate, 2022



- This indicator reports the number and rate of hospital inpatient stays due to fall-related injuries, per 100,000 population. Within the report area (Alleghany County and Covington combined), there were 94 hospitalizations associated with falls, reflecting a rate of 458.5/100,000 in 2022.

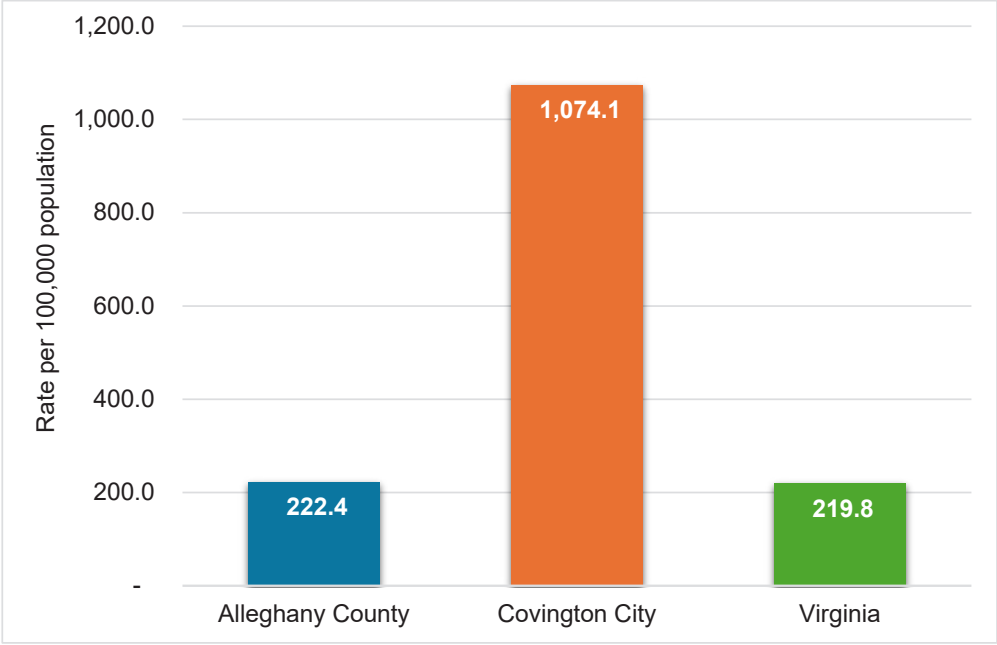
- Note: Unintentional falls are where a person may slip, stumble, trip, or lose balance and collapse. Falls can happen anywhere - on stairs, ladders, furniture, from one level to another, or other locations. Unintentional falls can lead to severe health loss, including death.

- Data source: Virginia Department of Health, Virginia Department of Health. Data directly obtained via email from Virginia Department of Health 2022.

Table A80: Fall-related injury hospitalizations

Location	Injury hospitalizations secondary to falls, 2022	Injury hospitalizations secondary to falls, rate per 100,000 population, 2022
Alleghany Highlands (Covington City + Alleghany County)	94	458.5
Alleghany County	33	222.4
Covington City	61	1,074.1
Rural Virginia	2,064	247.9
Virginia	19,089	219.8

Figure A80: Injury hospitalization rates secondary to falls, 2022



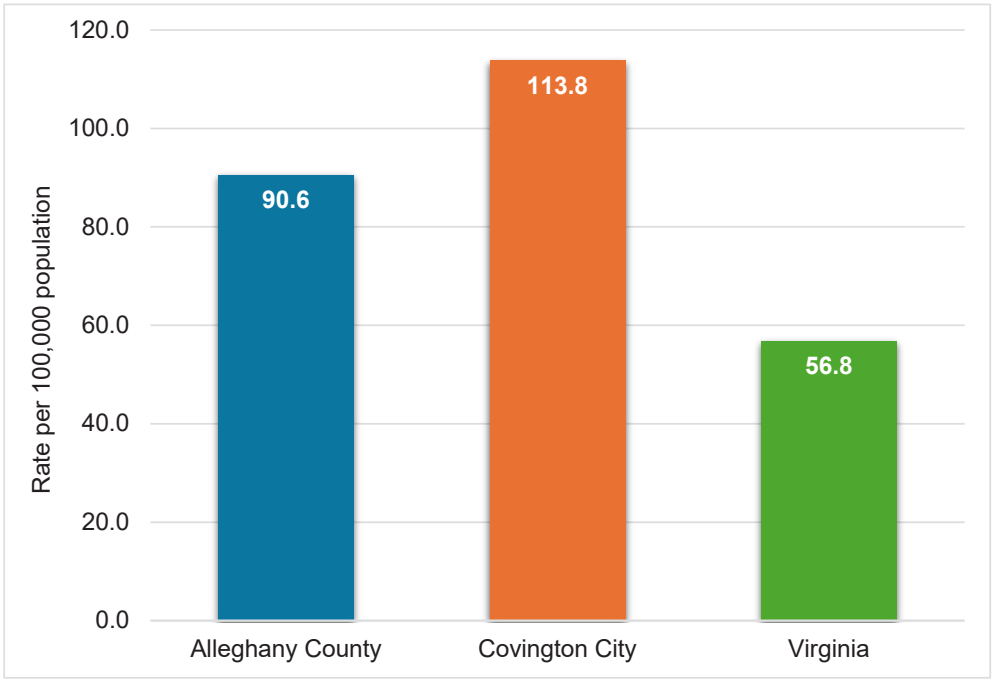
- This indicator reports the 2019-2023 five-year average rate of death due to unintentional injury per 100,000 population. Figures are reported as crude rates. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because unintentional injuries are a leading cause of US deaths. Within the report area (Alleghany County and Covington), there are a total of 99 deaths due to unintentional injury, representing an average annual rate of crude death rate of 97.0 per 100,000 population.

- Data source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.

Table A81: Unintentional injury death rate

Location	Total population, 2019-2023 average	Five-year total deaths, 2019-2023 total	Crude death rate (per 100,000 population)
Alleghany Highlands (Covington City + Alleghany County)	20,419	99	97.0
Alleghany County	14,795	67	90.6
Covington City	5,624	32	113.8
Rural Virginia	826,985	3,487	84.6
Virginia	8,633,535	24,501	56.8
United States	331,563,969	1,048,667	63.3

Figure A81: Unintentional injury death rate per 100,000 population, 2019-2023



Premature mortality

- This indicator reports the years of life lost to premature deaths between 2020-2022. In Covington, 15,900 years of lost life were associated with deaths of people under age 75, per 100,000 people while in Alleghany County, 12,100 years of life were lost.

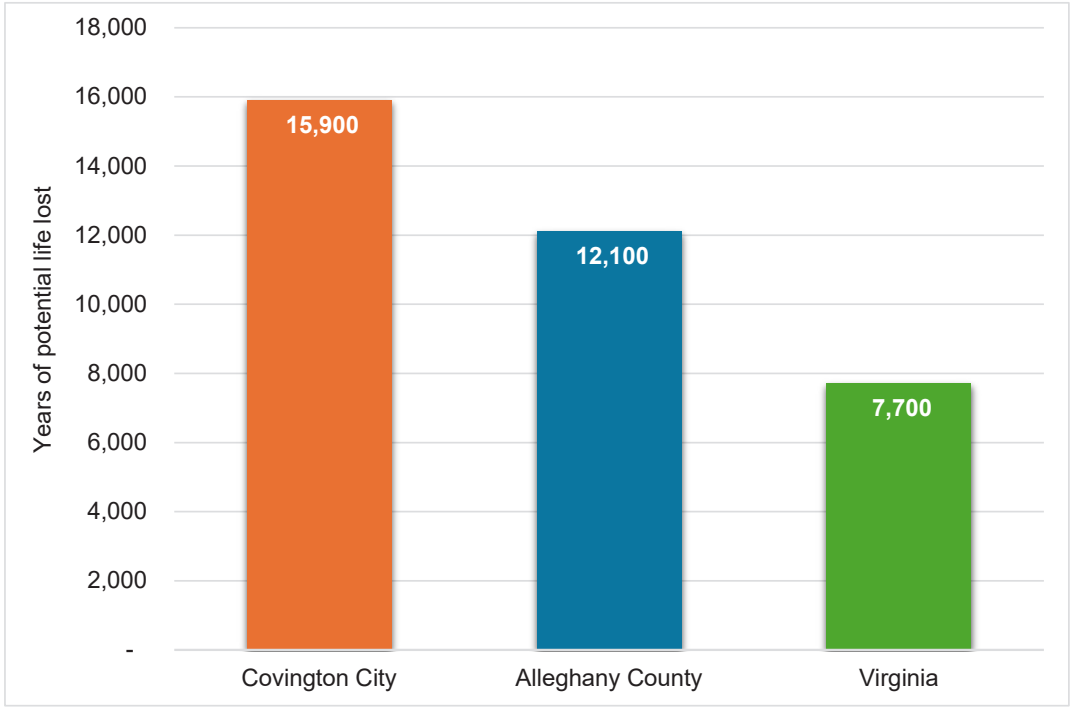
- Note: Premature mortality is defined as years of potential life lost before age 75 per 100,000 population (age-adjusted). Error margin: 12,300-19,600, years of data used: 2020-2022. Use caution if comparing these data with prior years.

- Data source: National Center for Health Statistics – National Vital Statistics System between 2020-2022.

Table A82: Premature mortality

Location	Premature death, years of life lost, 2020-2022
Covington City	15,900
Alleghany County	12,100
Virginia	7,700
United States	8,400

Figure A82: Years of potential life lost before 70yo per 100,000 population, 2020-2022

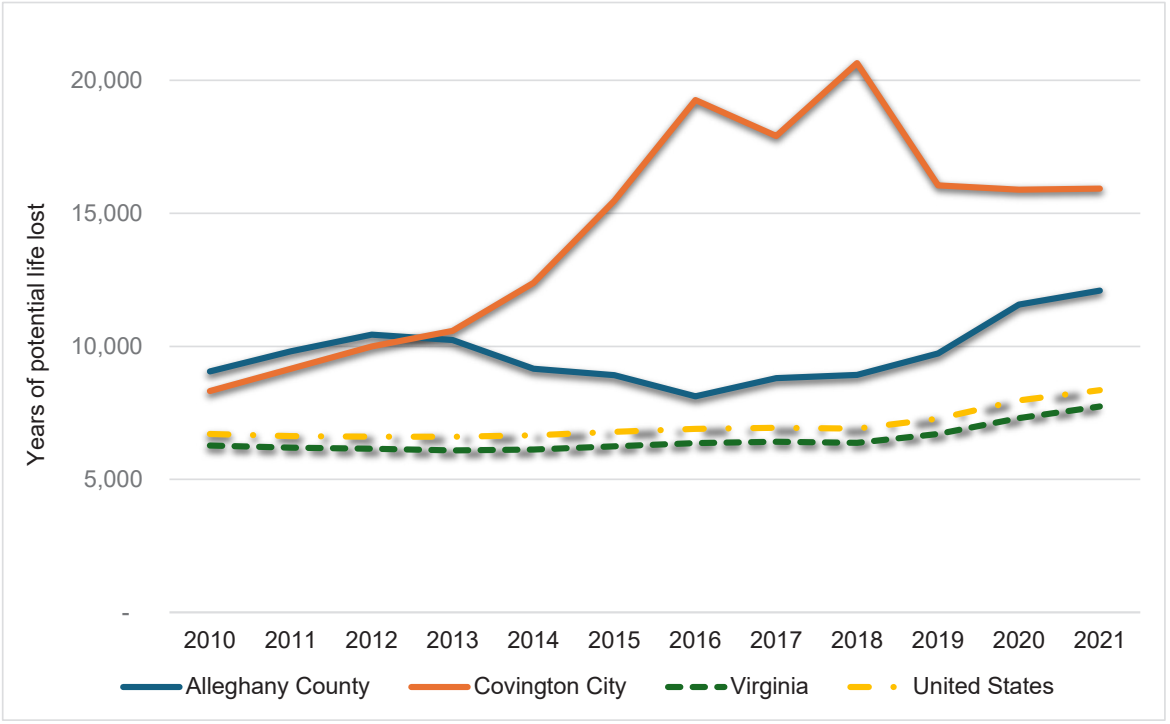


- The table below displays *trends* in years of potential life lost between 2010 through 2021. Rates are expressed per 100,000 population.
- Data source: National Center for Health Statistics – National Vital Statistics System between 2020-2022.

Table A83: Years of potential life lost since 2010

Location	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Alleghany County	9,055	9,814	10,443	10,239	9,159	8,914	8,121	8,809	8,921	9,732	11,573	12,095
Covington City	8,319	9,156	9,993	10,578	12,382	15,478	19,254	17,906	20,647	16,046	15,888	15,933
Virginia	6,270	6,192	6,147	6,088	6,122	6,245	6,360	6,411	6,376	6,707	7,297	7,739
United States	6,704	6,622	6,605	6,601	6,658	6,783	6,901	6,940	6,907	7,282	7,972	8,352

Figure A83: Years of potential life lost, 2010-2021



- This indicator reports the rate of deaths due to Alzheimer's diseases with Virginia residence for the three-year average 2020-2022. Within the report area (Alleghany County and Covington combined), there were 49 deaths associated with Alzheimer's disease in 2020-2022, reflecting an average annual rate of 61.9/100,000.

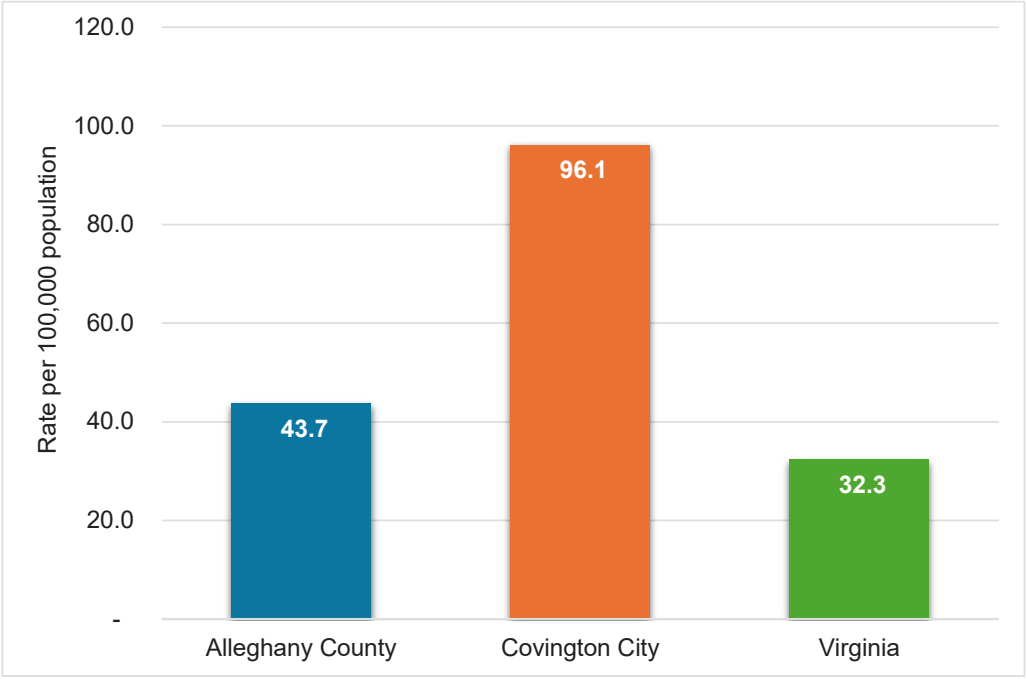
- Note: The International Classification of Diseases, 10th Revision (ICD-10) code G30.

- Data source: Virginia Department of Health, Virginia Department of Health, Office of Information Management, Division of Health Statistics. Data directly obtained via email from Virginia Department of Health 2022.

Table A84: Alzheimer's disease mortality

Location	Total deaths 2020-2022	Deaths due to Alzheimer's disease, rate per 100,000 population, 2020-2022
Alleghany Highlands (Covington City + Alleghany County)	49	61.9
Alleghany County	32	43.7
Covington City	17	96.1
Rural Virginia	1,284	40.4
Virginia	7,942	32.3

Figure A84: Alzheimer's disease mortality rate, 2020-2022

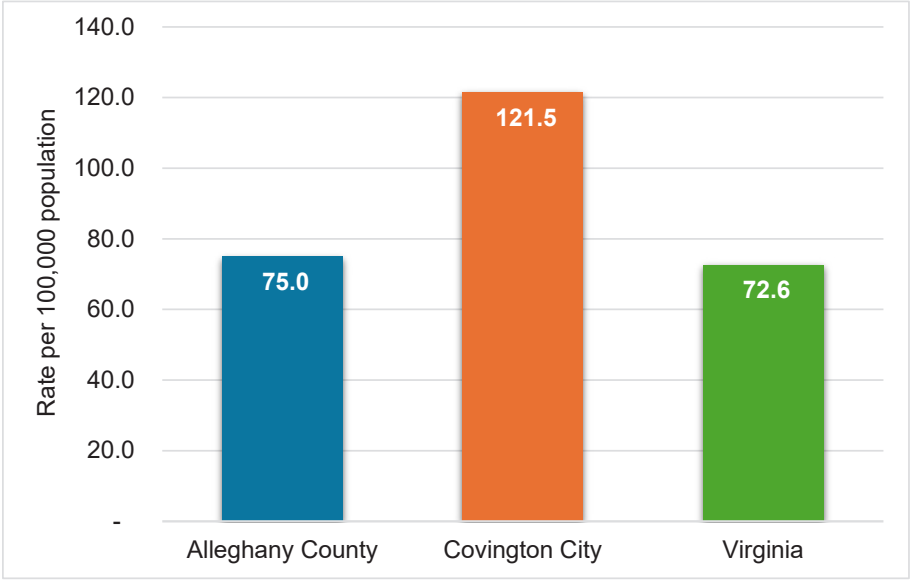


- This indicator reports the rate of deaths due to accidents or injuries with Virginia residence for the three-year average 2020-2022. Within the report area (Alleghany County and Covington combined), there were 58 deaths associated with accidents or injuries in 2020-2022, reflecting an average annual rate of 90.2/100,000.
- Note: The International Classification of Diseases, 10th Revision (ICD-10) codes V01-X59, Y85-Y86 as major external causes of morbidity. For example, V01 refers to pedestrian injured in collision with pedal cycle, while Y86 refers to sequelae of other accidents or when death occurs a year or more after the original event.
- Data source: Virginia Department of Health, Virginia Department of Health, Office of Information Management, Division of Health Statistics. Data directly obtained via email from Virginia Department of Health 2022.

Table A85: Injury mortality rate

Location	Total deaths 2020-2022	Deaths due to accidents, rate per 100,000 population, 2020-2022
Alleghany Highlands (Covington City + Alleghany County)	58	90.2
Alleghany County	39	75.0
Covington City	19	121.5
Rural Virginia	2,110	90.1
Virginia	15,108	72.6

Figure A85: Injury mortality rate, 2020-2022



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