

Sentara Leigh Ambulatory Surgery Center Community Health Needs Assessment 2019



**Sentara Leigh Ambulatory Surgery Center
Community Health Needs Assessment (CHNA)
2019**

Table of Contents

| | | |
|------|--|----|
| I. | Introduction | 2 |
| II. | Community Description and Demographics | 3 |
| III. | Health Status Indicators | 10 |
| IV. | Community Insight | 28 |
| V. | Prior CHNA Year-end Progress Report | 53 |

Introduction

Sentara Leigh Ambulatory Surgery Center has conducted a community health needs assessment in collaboration with Sentara Leigh Hospital. The assessment provides us with a picture of the health status of the residents in our communities and provides us with information about health and health-related problems that impact health status.

Our assessment includes a review of population characteristics such as age, educational level, and racial and ethnic composition because social factors are important determinants of health. The assessment also looks at risk factors like obesity and smoking and at health indicators such as infant mortality and preventable hospitalizations. Community input is important so the assessment also includes survey results from key stakeholders including public health, social services, service providers, and those who represent underserved populations. An additional survey of Hampton Roads residents on key health topics was included. The report also includes findings from focus groups with community members on health issues and barriers to achieving good health.

The needs assessment identifies numerous health issues that our communities face. Considering factors such as size and scope of the health problem, the severity and intensity of the problem, the feasibility and effectiveness of possible interventions, health disparities associated with the need, the importance the community places on addressing the need, and consistency with our mission “to improve health every day”, we have identified a number of priority health problems in our area to address in our implementation strategy:

- **Chronic Diseases**
- **Behavioral Health and Substance Use**
- **Social Determinants of Health & Community Partnerships to Improve Health**

Our previous Community Health Needs Assessment also identified a number of health issues. An implementation strategy was developed to address these problems. The hospital has tracked progress on the implementation activities in order to evaluate the impact of these actions. The implementation progress report is available at the end of this report.

Sentara Leigh Ambulatory Surgery Center works with a number of community partners to address health needs. Information on available resources is available from sources like 2-1-1 Virginia and Sentara.com. Together, we will work to improve the health of the communities we serve.

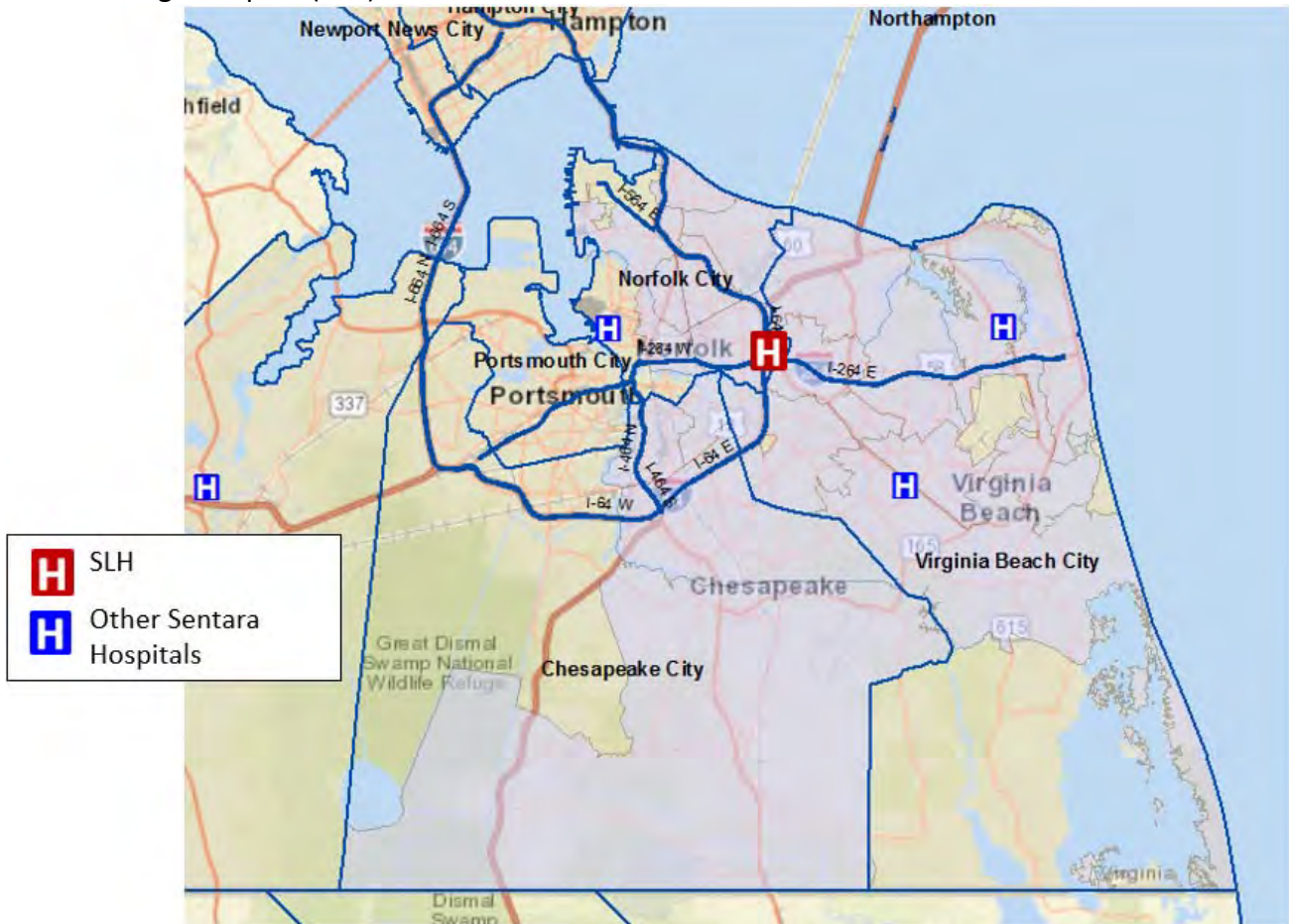
Your input is important to us so that we can incorporate your feedback into our assessments. You may use our online feedback form available on the Sentara.com website. Thanks!

Demographic Information

Population

Highlight Population: The combined population of the Sentara Leigh Hospital (SLH) service area numbers over 940,000 people. The service area of SLH is comprised of 3 localities: the Cities of Virginia Beach, Norfolk, and Chesapeake, with 89% of patients residing in these localities. Virginia Beach is the most populous city in the service region, followed by Norfolk and Chesapeake. Those three cities combined hold 11% of the population of the state of Virginia. SLH is located near the junction of the 3 localities.

The Sentara Leigh Hospital (SLH) Service Area:



Source: Truven/Market Expert

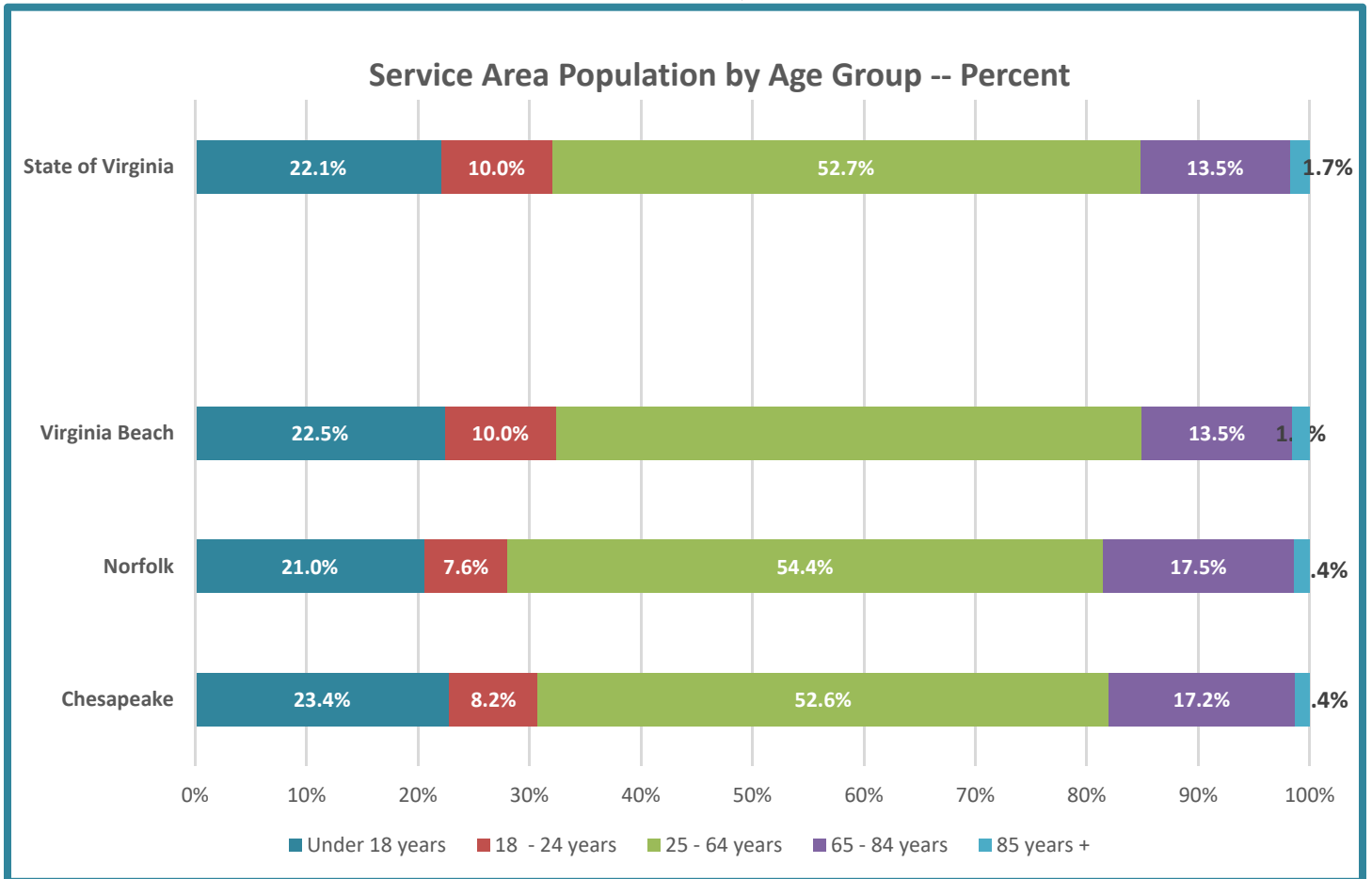
| Population Change | | |
|-------------------|------------------|--------------------|
| Locality | Total Population | % Change 2010-2018 |
| State of Virginia | 8,492,022 | 6.1% |
| Virginia Beach | 455,533 | 4.0% |
| Norfolk | 245,907 | 1.3% |
| Chesapeake | 242,343 | 9.1% |

Highlight Population Change: The service area population as a whole is enjoying robust growth, primarily driven by Chesapeake’s 9.1% growth since 2010. Virginia Beach has seen healthy growth at 4%, while the Norfolk population has remained basically stable with a modest 1.3% growth.

Unless Otherwise Stated for Specific Indicators: Source: Data provided by Claritas, updated in January 2018.
GHRConnects.org managed by Conduent Healthy Communities Institute

Population by Age

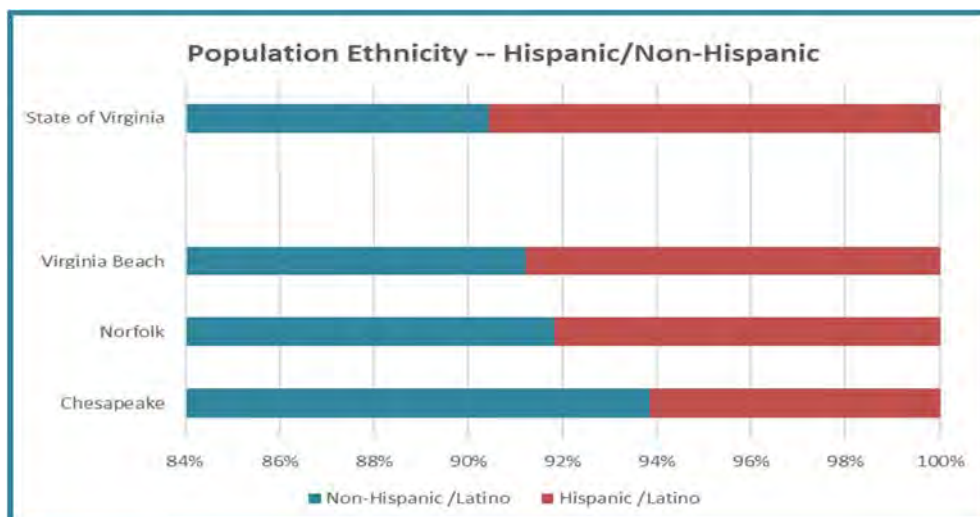
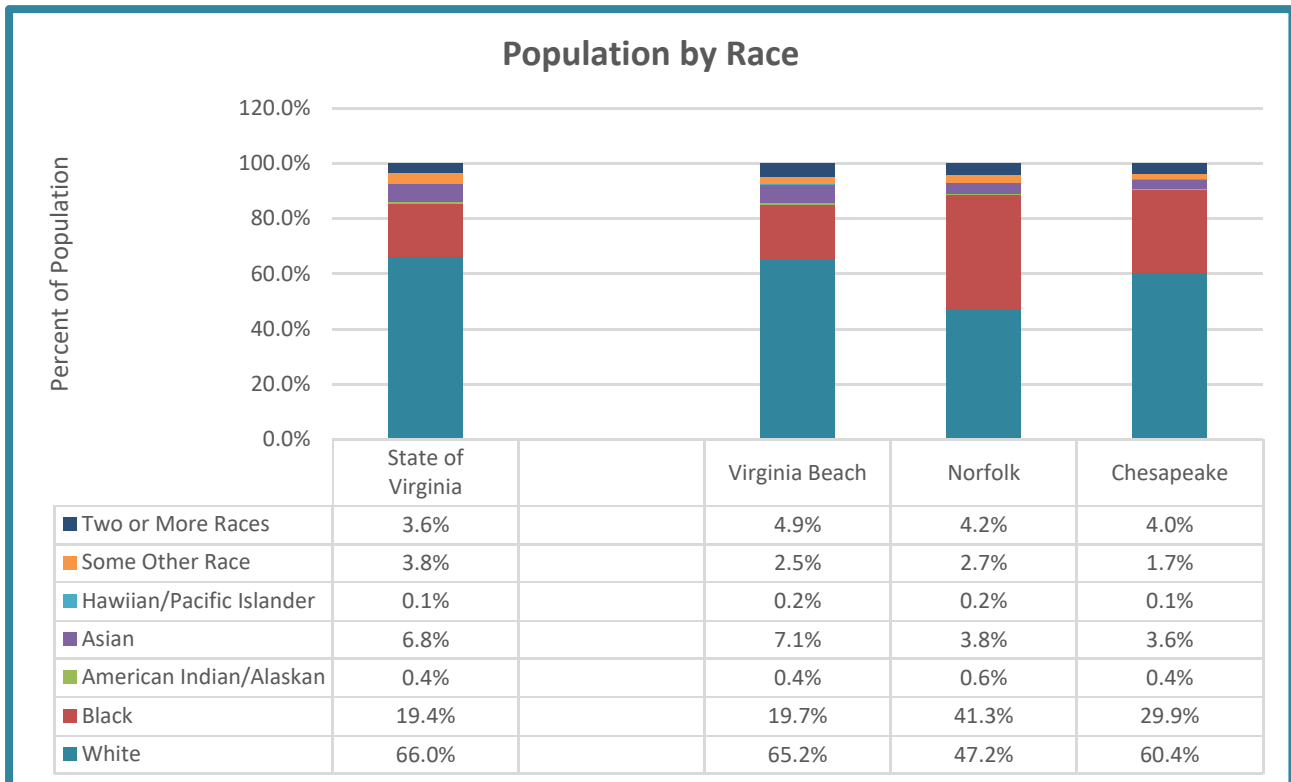
Highlight Population and Age: The service area has a lower percent of residents aged 85+ than the state as a whole, although a higher percent of population aged 65-84 years. The population segments that represent children, young adults and working age adults vary slightly from the statewide proportions.



Population by Race and Ethnicity

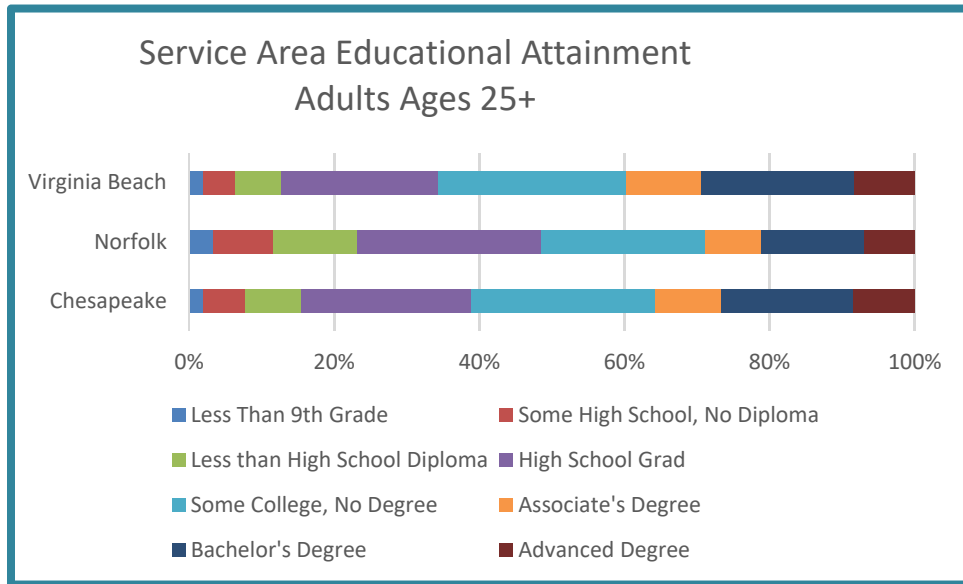
Highlight Population and Race: The population of the service area is overwhelmingly white and black, with Virginia Beach and Norfolk the most diverse communities (15% and 12% combined non-white or black) followed by Chesapeake at 10% combined. Virginia Beach, Norfolk and Chesapeake have small Asian populations, but no other racial groups are represented in the area in any significant number.

Highlight Population Ethnicity: The service area as a whole is home to a small Hispanic population, with Virginia Beach home to the largest Hispanic community with 8.8% of the population followed by Norfolk with 8.2%. Chesapeake has the smallest Hispanic population, at just over 6%. The state of Virginia as a whole has a larger (more than 9%) Hispanic community.



Population and Education

Highlight Education: Education is the basis for stable employment, and financial stability is the foundation for a sustainable household, which provides for the health needs of family members. Collectively, the 3 localities have a lower proportion of the adult population (aged 25 and over) who have not achieved a high school diploma than the state as a whole, although Norfolk's rate of 12.6% exceeds the state rate of 11.2%. Norfolk has a substantially less educated population than either Virginia Beach or Chesapeake, with almost 16% of the population achieving a bachelor's degree compared to approximately 20% in the comparison localities.



| Population by Educational Attainment | | | | | | | | |
|--------------------------------------|---------------------|------------------------------|-------------------------------|------------------|-------------------------|--------------------|-------------------|-----------------|
| | Less Than 9th Grade | Some High School, No Diploma | Less than High School Diploma | High School Grad | Some College, No Degree | Associate's Degree | Bachelor's Degree | Advanced Degree |
| State of Virginia | 4.6% | 6.7% | 11.2% | 24.6% | 19.9% | 7.4% | 21.2% | 11.4% |
| Chesapeake | 2.1% | 6.1% | 8.1% | 24.8% | 26.7% | 9.6% | 19.3% | 8.9% |
| Norfolk | 3.6% | 9.1% | 12.6% | 27.8% | 24.7% | 8.5% | 15.6% | 7.6% |
| Virginia Beach | 2.1% | 4.5% | 6.6% | 22.5% | 26.9% | 10.6% | 22.0% | 8.6% |

Income and Poverty

Highlight Income by Race: While simple poverty rates tell us something about the residents of the service area, by inserting race as a factor we see the racial disparities that constrain residents of the service area in their ability to support and sustain healthy, functioning households for themselves and their children. As with Virginia as a whole, black individuals are likely to have income that is approximately 70% of the general household income and approximately 65% of the income of white households.

Highlight Income by Ethnicity: Similar to the disparity in income by race, income for Hispanic residents of the service area is substantially lower than for the service area as a whole, even lower compared to the income for white residents, but is still higher than the income of black residents.

| Median Household Income by Race/Ethnicity | | | | |
|---|-----------|-----------|-----------|-----------|
| | White | Black | Hispanic | All Races |
| State of Virginia | \$ 76,180 | \$ 49,110 | \$ 65,576 | \$ 71,167 |
| Virginia Beach | \$ 75,038 | \$ 55,476 | \$ 59,639 | \$ 70,700 |
| Norfolk | \$ 62,966 | \$ 34,843 | \$ 43,903 | \$ 49,412 |
| Chesapeake | \$ 83,116 | \$ 57,909 | \$ 61,287 | \$ 74,129 |

Highlight Poverty Calculation: Each year the federal government calculates the income required to provide the absolute, bare necessities to sustain a household in the United States. Because each additional family member does not increase the cost of a household to the same extent (for instance, the cost of housing 4 family members is not 1.3 times higher than the cost of housing 3 family members), the government publishes the federal poverty guidelines (FPG) for families with up to 8 members with a calculation for larger households. The table below presents the poverty level for up to 6 members. For more information, google "federal poverty guidelines" or visit <https://aspe.hhs.gov/poverty-guidelines>.

Highlight Poverty: Poverty is perhaps the most impactful of the social determinants of health, affecting the ability to have stable housing, healthy food, the ability to maintain steady employment, and the ability to access health care when needed. The table below presents the percent of individuals residing in the 3 localities who live in acute (100% FPG) or less acute, but equally debilitating over the long term poverty (200% and 300%). Individuals living over 400% of the FPG are generally considered to have sufficient income and are not considered eligible for government services.

| 2018 Federal Poverty Guidelines | |
|---------------------------------|-----------|
| Household Size: 1 | \$ 12,140 |
| Household Size: 2 | \$ 16,460 |
| Household Size: 3 | \$ 20,780 |
| Household Size: 4 | \$ 25,100 |
| Household Size: 5 | \$ 29,420 |
| Household Size: 6 | \$ 33,740 |

Source: US Department of Health and Human Services

| Percent of the Population Living at Specified Percent of the Federal Poverty Level | | | | |
|--|-------|-------|-------|-------|
| | 100% | 200% | 300% | 400% |
| State of Virginia | 11% | 26.6% | 41.7% | 55.0% |
| Virginia Beach | 8.2% | 23.4% | 40.9% | 56.9% |
| Norfolk | 21.0% | 42.1% | 60.2% | 73.1% |
| Chesapeake | 9.5% | 22.6% | 39.1% | 54.0% |

Source: US Census Bureau: American Factfinder 2017 Estimates

| Percent of the Population Living at Specified Percent of the Federal Poverty Level | | | | |
|--|-------|-------|-------|-------|
| | 100% | 200% | 300% | 400% |
| State of Virginia | 11% | 26.6% | 41.7% | 55.0% |
| Virginia Beach | 8.2% | 23.4% | 40.9% | 56.9% |
| Norfolk | 21.0% | 42.1% | 60.2% | 73.1% |
| Chesapeake | 9.5% | 22.6% | 39.1% | 54.0% |

| Percent of the Population Living at Specified Percent of the Federal Poverty Level | | | | |
|--|-------|-------|-------|-------|
| | 100% | 200% | 300% | 400% |
| State of Virginia | 11% | 26.6% | 41.7% | 55.0% |
| Virginia Beach | 8.2% | 23.4% | 40.9% | 56.9% |
| Norfolk | 21.0% | 42.1% | 60.2% | 73.1% |
| Chesapeake | 9.5% | 22.6% | 39.1% | 54.0% |

Employment

Highlight Employment: Central to a healthy community is an economy that supports individuals in their efforts to live well. Unemployment is a key measure of the state of the local economy and the rate for the service area as a whole is slightly more than that of the state due to the mitigating effect of Virginia Beach, which has twice the population of the other two localities and the lowest rate in the service area. Norfolk is the standout, with a substantially higher unemployment rate, that counter balances the lower rates of Virginia Beach and Chesapeake.



Source: Virginia Economic Commission, Economic Information & Analytics, Local Area Unemployment Statistics, August 2018

Highlight Employers: The largest employers (in number of employees) in the region reflect the military presence of several military bases in the service area. Local governments are large employers throughout the United States, and mirror population as a higher number of students requires a higher number of teachers, for example. Healthcare rounds out the list of largest employers.

| Three Largest Employers by Locality | | | |
|-------------------------------------|-------------------------------------|------------------------|------------------------------------|
| Virginia Beach | City of Virginia Beach Schools | City of Virginia Beach | Sentara Healthcare |
| Norfolk | US Department of Defense | Sentara Healthcare | Norfolk City School Board |
| Chesapeake | Chesapeake City Public School Board | City of Chesapeake | Chesapeake Regional Medical Center |

Source: Virginia Economic Commission, Community Profiles 2018

Health Status Indicators

Below are key health status indicators for the cities representing the **Sentara Leigh Hospital (SLH)** Service Area: Chesapeake, Norfolk, and Virginia Beach. Links are also included to interactive data dashboards on the Greater Hampton Roads Indicators Dashboard, also known as GHRconnects. Here indicators can be explored for a comparison to other nearby localities, change over time, race/ethnicity, and gender, where available. In addition, more indicators are often available through the link.

The key health status indicators are organized in the following data profiles:

- A. Mortality Profile
- B. Hospitalizations for Chronic and Other Conditions Profile
- C. Risk Factor Profile
- D. Cancer Profile
- E. Behavioral Health Profile
- F. Maternal and Infant Health Profile
- G. Spotlight: Opioid Epidemic
- H. Spotlight: Older Adults and Aging

Helpful Tips when Examining the Indicators

Main Comparison Icons

The gauge represents the **distribution** of communities reporting the data, and tells you how you compare to other communities. Keep in mind that in some cases, high values are "good" and sometimes high values are "bad."

-  Green represents the "best" 50th percentile.
-  Yellow represents the 50th to 25th quartile.
-  Red represents the "worst" quartile.

The diamond represents a comparison to a **single value**.

-    The current value is lower than the comparison value.
-    The current value is higher than the comparison value.
-  The current value is not statistically different from the comparison value.

Our icons are color-coded. Green  is good. Red  is bad. Blue  is neither.

Trend over Time

The square represents the measured **trend**.

-    There has been a non-significant increase over time.
-    There has been a non-significant decrease over time.
-    There has been a significant increase over time.
-    There has been a significant decrease over time.
-  There has been neither a statistically significant increase nor decrease over time.

Healthy People 2020 Comparison

The circle represents a comparison to a **target value**.

-  The current value has met, or is better than the target value.
-  The current value not met the target value.

A. Mortality Profile

Highlights: Leading causes of death in localities of the SLH service area were examined. Cancer, heart disease, and accidents were the top three causes of death in the area. In comparison, accidents were the fifth leading cause of death in Virginia, but cancer followed by heart disease were the top causes. In the SLH service area, the crude death rate from all causes was lower than the rate in the state overall. Of the top causes of death, only accidents, diabetes, and Alzheimer's disease had crude death rates higher than the rates for Virginia.

Leading Causes of Death and Death Rates for the Sentara Leigh Hospital Service Area, 2016

| Leading Causes of Death | Chesapeake | Norfolk | Virginia Beach | Total Service Area | Virginia |
|---|------------|---------|----------------|--------------------|----------|
| Counts | | | | | |
| All Causes | 1,723 | 1,951 | 2,995 | 6,669 | 63,100 |
| Cancer | 382 | 411 | 706 | 1,499 | 14,646 |
| Heart Disease | 366 | 399 | 599 | 1,364 | 13,748 |
| Accidents | 91 | 124 | 157 | 372 | 3,070 |
| Stroke | 88 | 95 | 169 | 352 | 3,202 |
| Chronic Obstructive Pulmonary Disease (COPD) | 81 | 82 | 157 | 320 | 3,096 |
| Diabetes | 66 | 76 | 117 | 259 | 1,671 |
| Alzheimer's Disease | 68 | 42 | 125 | 235 | 1,765 |
| Kidney Disease | 41 | 39 | 54 | 134 | 1,542 |
| Blood Poisoning | 35 | 48 | 44 | 127 | 1,336 |
| Influenza and Pneumonia | 25 | 32 | 38 | 95 | 1,490 |
| Crude Death Rates per 100,000 Population | | | | | |
| All Causes | 724.1 | 796.0 | 661.7 | 712.8 | 757.8 |
| Cancer | 160.5 | 167.7 | 156.0 | 160.2 | 175.9 |
| Heart Disease | 153.8 | 162.8 | 132.3 | 145.8 | 165.1 |
| Accidents | 38.2 | 50.6 | 34.7 | 39.8 | 36.9 |
| Stroke | 37.0 | 38.8 | 37.3 | 37.6 | 38.5 |
| Chronic Obstructive Pulmonary Disease (COPD) | 34.0 | 33.5 | 34.7 | 34.2 | 37.2 |
| Diabetes | 27.7 | 31.0 | 25.9 | 27.7 | 20.1 |
| Alzheimer's Disease | 28.6 | 17.1 | 27.6 | 25.1 | 21.2 |
| Kidney Disease | 17.2 | 15.9 | 11.9 | 14.3 | 18.5 |
| Blood Poisoning | 14.7 | 19.6 | 9.7 | 13.6 | 16.0 |
| Influenza and Pneumonia | 10.5 | 13.1 | 8.4 | 10.2 | 17.9 |

Data Source: Deaths - VDH (OIM - Data Management)

GREEN = Rates are better compared to Virginia, **RED** = Rates are worse compared to Virginia

Link to interactive dashboard with age-adjusted rates: [Mortality SLH](#)

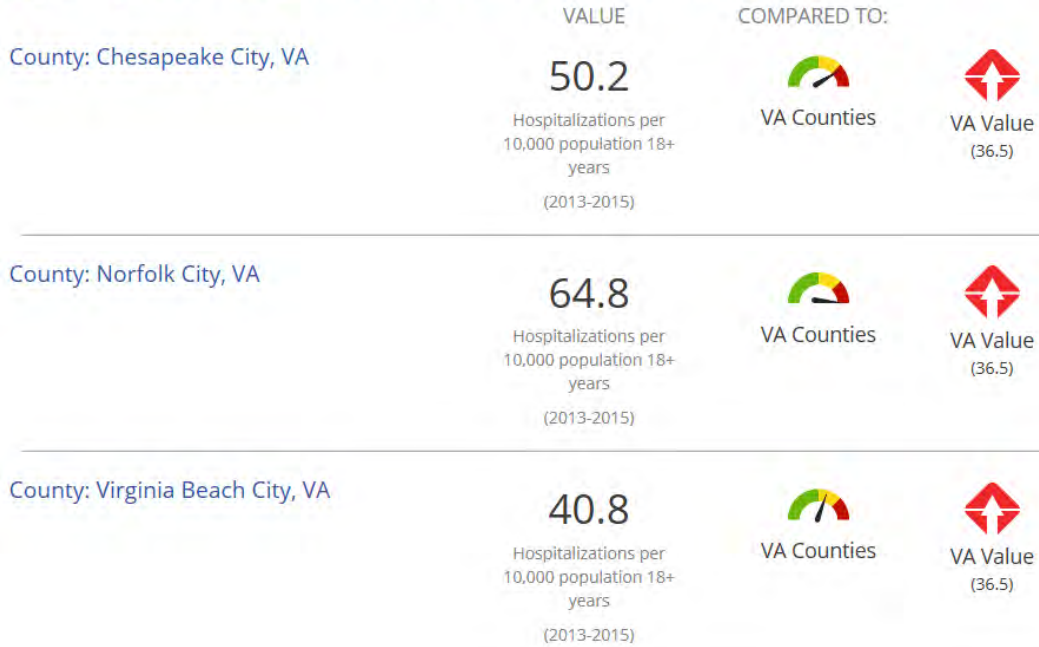
B. Hospitalizations for Chronic and Other Conditions Profile

These often could be avoided with proper outpatient care. Top conditions displayed.

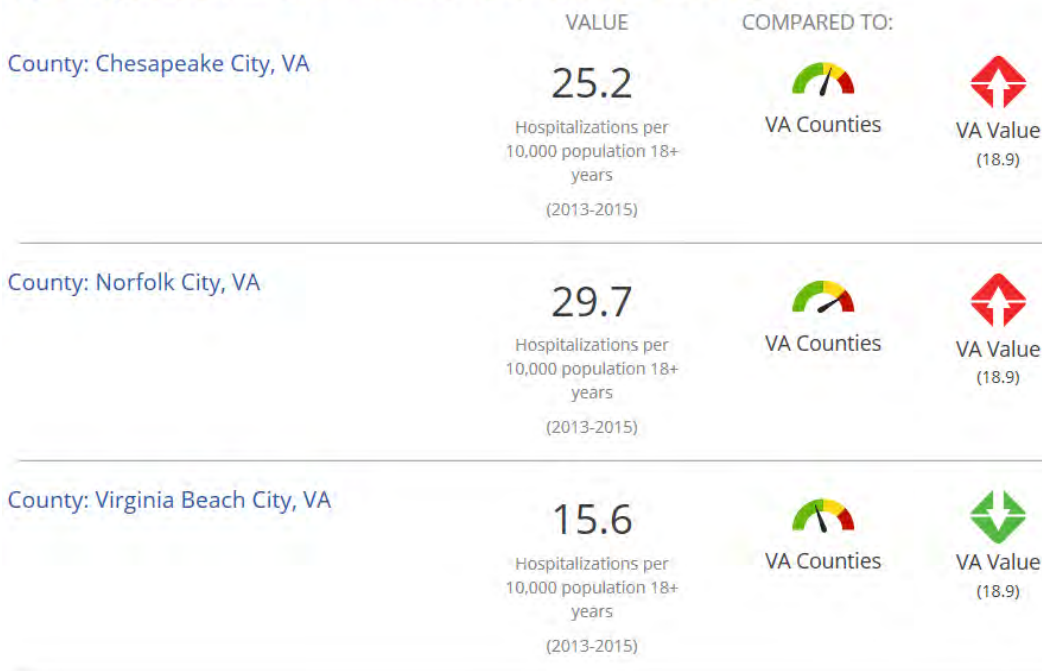
Link to interactive dashboard: [Hospitalizations SLH](#) (more conditions available)

Highlights: Of the conditions examined, heart failure was the condition with the highest age-adjusted hospitalization rate among the localities in the SLH Service Area. Rates were higher than the Virginia rate. Other top conditions included diabetes, community acquired pneumonia, and chronic obstructive pulmonary disease (COPD). For heart failure and diabetes, Norfolk, followed by Chesapeake and then Virginia Beach had the highest rates.

Age-Adjusted Hospitalization Rate due to Heart Failure









Age-Adjusted Hospitalization Rate due to Diabetes



Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia

| | VALUE | COMPARED TO: | |
|---------------------------------|--|--|--|
| County: Chesapeake City, VA | <p>23.6</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p> |  <p>VA Counties</p> |  <p>VA Value (19.6)</p> |
| County: Norfolk City, VA | <p>20.8</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p> |  <p>VA Counties</p> |  <p>VA Value (19.6)</p> |
| County: Virginia Beach City, VA | <p>16.2</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p> |  <p>VA Counties</p> |  <p>VA Value (19.6)</p> |

Age-Adjusted Hospitalization Rate due to COPD

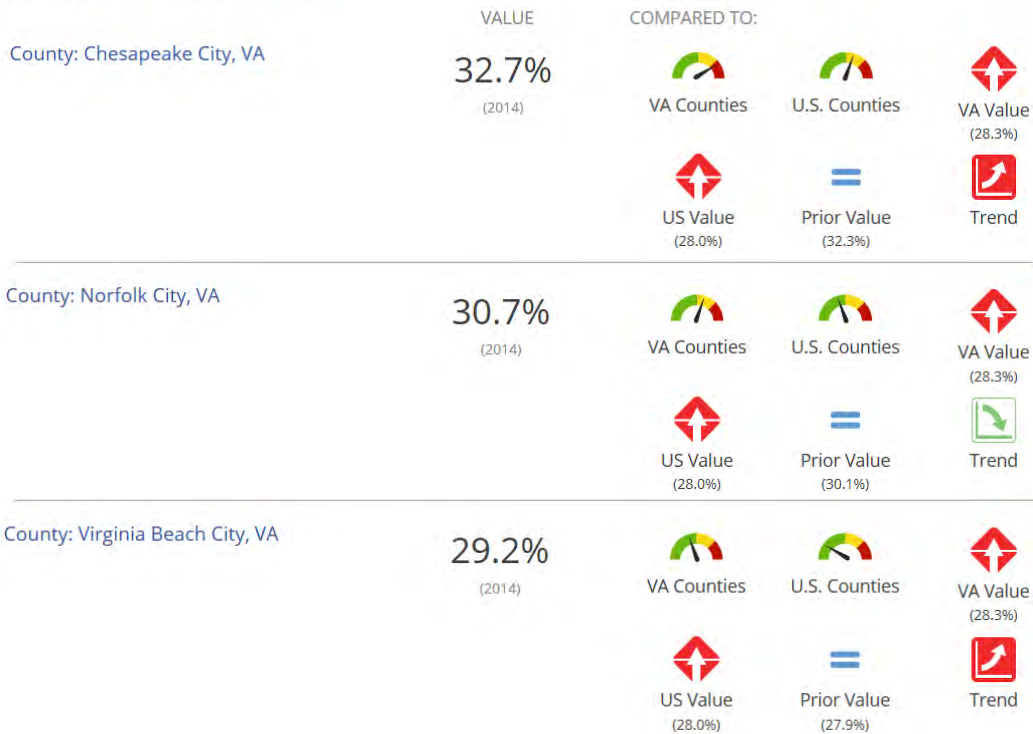
| | VALUE | COMPARED TO: | |
|---------------------------------|--|--|--|
| County: Chesapeake City, VA | <p>26.2</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p> |  <p>VA Counties</p> |  <p>VA Value (19.2)</p> |
| County: Norfolk City, VA | <p>19.5</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p> |  <p>VA Counties</p> |  <p>VA Value (19.2)</p> |
| County: Virginia Beach City, VA | <p>17.2</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p> |  <p>VA Counties</p> |  <p>VA Value (19.2)</p> |

C. Risk Factors Profile

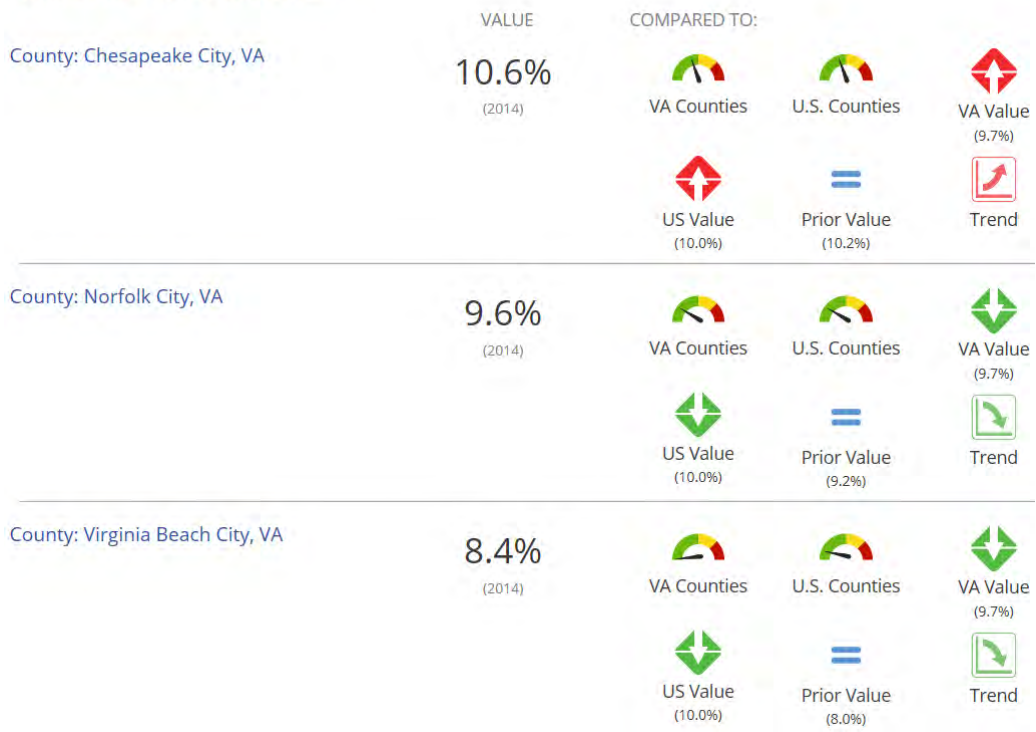
Link to interactive dashboard: [Risk Factors SLH](#) (more indicators available)

Highlights: Obesity percentages were higher for the SLH Service Area compared to Virginia overall. Diabetes was higher in Chesapeake but lower in Virginia Beach and Norfolk. Conversely, the percentage of adults who drink excessively was higher in Virginia Beach and Norfolk compared to the state of Virginia but lower in Chesapeake. Smoking was higher in all localities compared to the United States (US) overall.

Adults 20+ who are Obese



Adults 20+ with Diabetes



Adults who Drink Excessively

| County | VALUE | COMPARED TO: | | |
|---------------------------------|-----------------|--|---|--|
| County: Chesapeake City, VA | 17.1% (2016) | VA Counties US Value (18.0%) | U.S. Counties Prior Value (16.7%) | VA Value (17.4%) HP 2020 Target (25.4%) |
| County: Norfolk City, VA | 21.1% (2016) | VA Counties US Value (18.0%) | U.S. Counties Prior Value (18.6%) | VA Value (17.4%) HP 2020 Target (25.4%) |
| County: Virginia Beach City, VA | 22.0% (2016) | VA Counties US Value (18.0%) | U.S. Counties Prior Value (19.9%) | VA Value (17.4%) HP 2020 Target (25.4%) |

Adults who Smoke

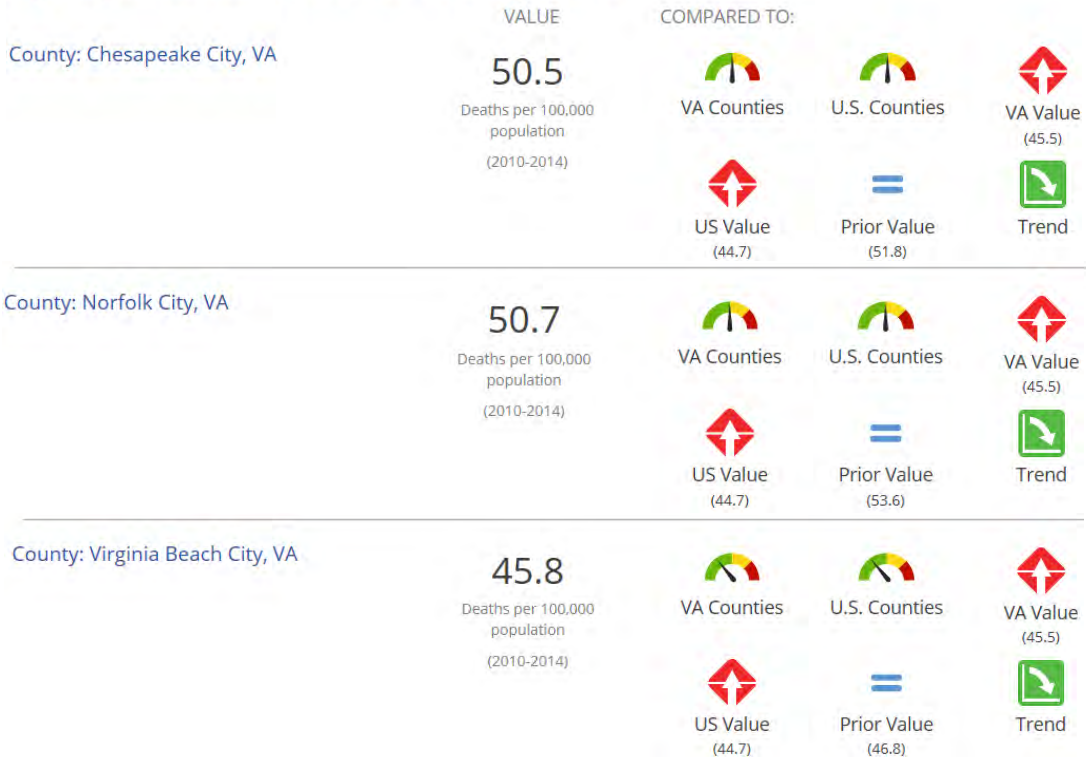
| County | VALUE | COMPARED TO: | | |
|---------------------------------|-----------------|---|-------------------------|----------------------------|
| County: Chesapeake City, VA | 17.7% (2015) | 500 Cities HP 2020 Target (12.0%) | US Value (16.8%) | Prior Value (19.3%) |
| County: Norfolk City, VA | 20.0% (2015) | 500 Cities HP 2020 Target (12.0%) | US Value (16.8%) | Prior Value (22.5%) |
| County: Virginia Beach City, VA | 17.5% (2015) | 500 Cities HP 2020 Target (12.0%) | US Value (16.8%) | Prior Value (19.0%) |

D. Cancer Profile



















Link to interactive dashboard: [Cancer SLH](#) (more indicators available)

Highlights: Death and incidence rates for a variety of cancer types were examined. Mortality rates were highest among lung, breast, and prostate cancers. While these rates were consistently higher in the localities vs. the state overall (except prostate cancer in Virginia Beach), the trends throughout showed improvement over time. Breast followed by prostate and then lung cancer had the highest new or incident case rates across the localities in the SLH service area.



















Age-Adjusted Death Rate due to Lung Cancer





















Age-Adjusted Death Rate due to Breast Cancer

| | VALUE | COMPARED TO: | | |
|---------------------------------|---|--|--|---|
| County: Chesapeake City, VA | 23.0 Deaths per 100,000 females (2010-2014) |  VA Counties |  U.S. Counties |  VA Value (21.9) |
| | |  US Value (21.2) |  Prior Value (22.9) |  Trend |
| County: Norfolk City, VA | 27.0 Deaths per 100,000 females (2010-2014) |  VA Counties |  U.S. Counties |  VA Value (21.9) |
| | |  US Value (21.2) |  Prior Value (27.7) |  Trend |
| County: Virginia Beach City, VA | 23.4 Deaths per 100,000 females (2010-2014) |  VA Counties |  U.S. Counties |  VA Value (21.9) |
| | |  US Value (21.2) |  Prior Value (23.5) |  Trend |



















Age-Adjusted Death Rate due to Prostate Cancer

| | VALUE | COMPARED TO: | | |
|---------------------------------|---|--|--|---|
| County: Chesapeake City, VA | 25.7 Deaths per 100,000 males (2010-2014) |  VA Counties (2007-2011) |  U.S. Counties |  VA Value (21.1) |
| | |  US Value (20.1) |  Prior Value (26.1) |  Trend |
| County: Norfolk City, VA | 26.8 Deaths per 100,000 males (2010-2014) |  VA Counties (2007-2011) |  U.S. Counties |  VA Value (21.1) |
| | |  US Value (20.1) |  Prior Value (26.4) |  Trend |
| County: Virginia Beach City, VA | 19.6 Deaths per 100,000 males (2010-2014) |  VA Counties (2007-2011) |  U.S. Counties |  VA Value (21.1) |
| | |  US Value (20.1) |  Prior Value (20.0) |  Trend |



















All Cancer Incidence Rate

| | VALUE | COMPARED TO: | | |
|---------------------------------|--|--|--|---|
| County: Chesapeake City, VA | 435.1 Cases per 100,000 population (2011-2015) | VA Counties  | U.S. Counties  | VA Value (414.3)  |
| | | US Value (441.2)  | Prior Value (447.7)  | Trend  |
| County: Norfolk City, VA | 468.7 Cases per 100,000 population (2011-2015) | VA Counties  | U.S. Counties  | VA Value (414.3)  |
| | | US Value (441.2)  | Prior Value (472.1)  | Trend  |
| County: Virginia Beach City, VA | 456.6 Cases per 100,000 population (2011-2015) | VA Counties  | U.S. Counties  | VA Value (414.3)  |
| | | US Value (441.2)  | Prior Value (453.4)  | Trend  |



















Breast Cancer Incidence Rate

| | VALUE | COMPARED TO: | | |
|---------------------------------|---|--|--|---|
| County: Chesapeake City, VA | 142.0 Cases per 100,000 females (2011-2015) | VA Counties  | U.S. Counties  | VA Value (127.9)  |
| | | US Value (124.7)  | Prior Value (138.5)  | Trend  |
| County: Norfolk City, VA | 139.5 Cases per 100,000 females (2011-2015) | VA Counties  | U.S. Counties  | VA Value (127.9)  |
| | | US Value (124.7)  | Prior Value (142.0)  | Trend  |
| County: Virginia Beach City, VA | 145.6 Cases per 100,000 females (2011-2015) | VA Counties  | U.S. Counties  | VA Value (127.9)  |
| | | US Value (124.7)  | Prior Value (139.6)  | Trend  |

Prostate Cancer Incidence Rate

| | VALUE | COMPARED TO: | | |
|---------------------------------|---|---|---|--|
| County: Chesapeake City, VA | 112.3 Cases per 100,000 males (2011-2015) |  VA Counties |  U.S. Counties |  VA Value (102.8) |
| | |  US Value (109.0) |  Prior Value (125.4) |  Trend |
| County: Norfolk City, VA | 122.0 Cases per 100,000 males (2011-2015) |  VA Counties |  U.S. Counties |  VA Value (102.8) |
| | |  US Value (109.0) |  Prior Value (126.4) |  Trend |
| County: Virginia Beach City, VA | 100.6 Cases per 100,000 males (2011-2015) |  VA Counties |  U.S. Counties |  VA Value (102.8) |
| | |  US Value (109.0) |  Prior Value (108.5) |  Trend |

Lung and Bronchus Cancer Incidence Rate

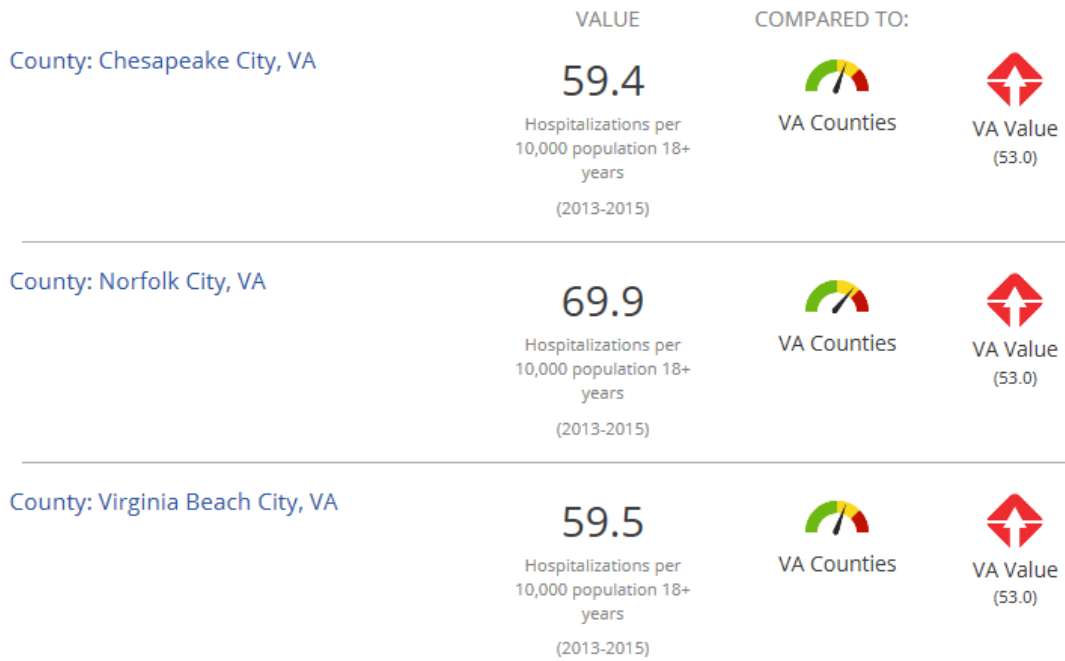
| | VALUE | COMPARED TO: | | |
|---------------------------------|--|--|--|---|
| County: Chesapeake City, VA | 66.5 Cases per 100,000 population (2011-2015) |  VA Counties |  U.S. Counties |  VA Value (58.9) |
| | |  US Value (60.2) |  Prior Value (69.8) |  Trend |
| County: Norfolk City, VA | 74.7 Cases per 100,000 population (2011-2015) |  VA Counties |  U.S. Counties |  VA Value (58.9) |
| | |  US Value (60.2) |  Prior Value (73.1) |  Trend |
| County: Virginia Beach City, VA | 69.9 Cases per 100,000 population (2011-2015) |  VA Counties |  U.S. Counties |  VA Value (58.9) |
| | |  US Value (60.2) |  Prior Value (67.3) |  Trend |

E. Behavioral Health Profile – Mental Health and Substance Abuse

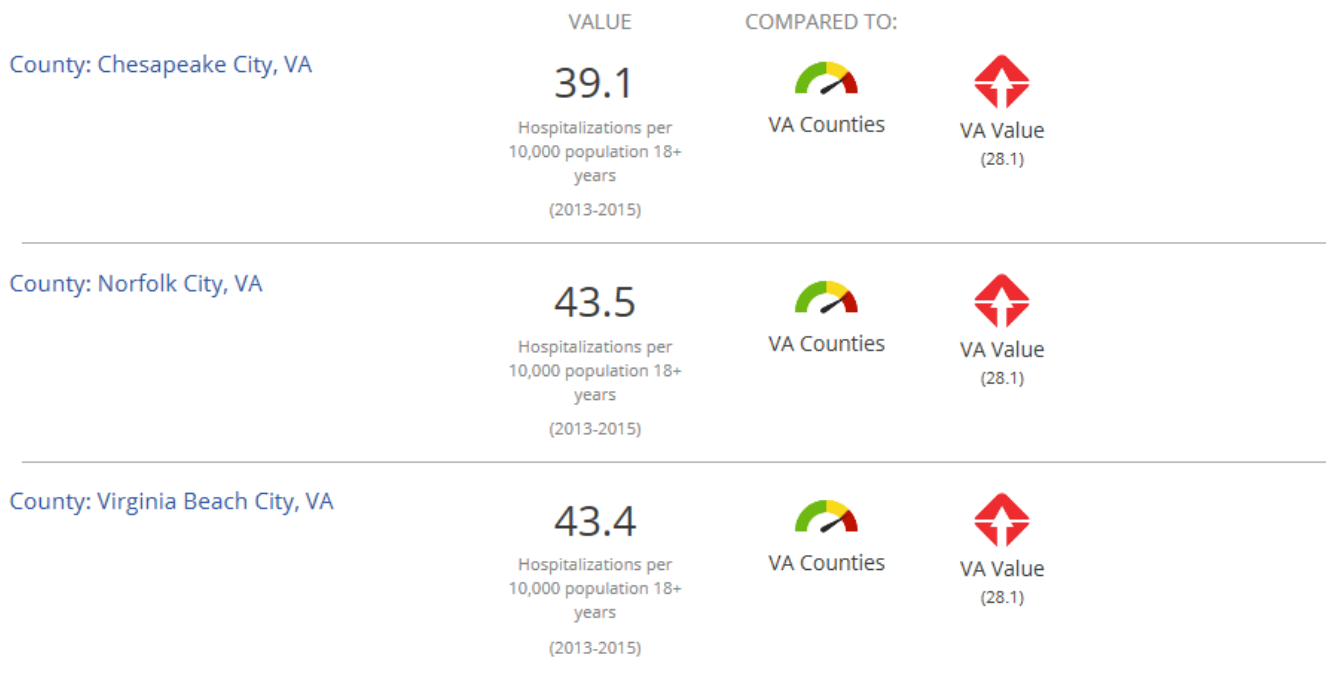
Link to interactive dashboard: [Behavioral Health SLH](#) (more indicators available)

Highlights: Hospitalization rates due to mental health, suicide/self-intentional injury, and alcohol/substance abuse were higher throughout the cities in the SLH service area compared to the overall state rates. Norfolk residents had the highest rate among the cities for mental health and suicide/self-intentional injury hospitalizations, followed by Virginia Beach. For alcohol abuse hospitalizations, Virginia Beach had the highest rate among the three cities. For substance abuse, the highest rate was among Chesapeake residents.







Age-Adjusted Hospitalization Rate due to Mental Health



Age-Adjusted Hospitalization Rate due to Suicide and Intentional Self-inflicted Injury



Age-Adjusted Hospitalization Rate due to Alcohol Abuse

| | VALUE | COMPARED TO: | |
|---------------------------------|--|--|--|
| County: Chesapeake City, VA | <p>13.5</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p> |  <p>VA Counties</p> |  <p>VA Value (12.6)</p> |
| County: Norfolk City, VA | <p>13.5</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p> |  <p>VA Counties</p> |  <p>VA Value (12.6)</p> |
| County: Virginia Beach City, VA | <p>15.6</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p> |  <p>VA Counties</p> |  <p>VA Value (12.6)</p> |

Age-Adjusted Hospitalization Rate due to Substance Abuse

| | VALUE | COMPARED TO: | |
|---------------------------------|---|--|---|
| County: Chesapeake City, VA | <p>9.9</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p> |  <p>VA Counties</p> |  <p>VA Value (6.2)</p> |
| County: Norfolk City, VA | <p>6.6</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p> |  <p>VA Counties</p> |  <p>VA Value (6.2)</p> |
| County: Virginia Beach City, VA | <p>6.8</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p> |  <p>VA Counties</p> |  <p>VA Value (6.2)</p> |

F. Maternal & Infant Health Profile

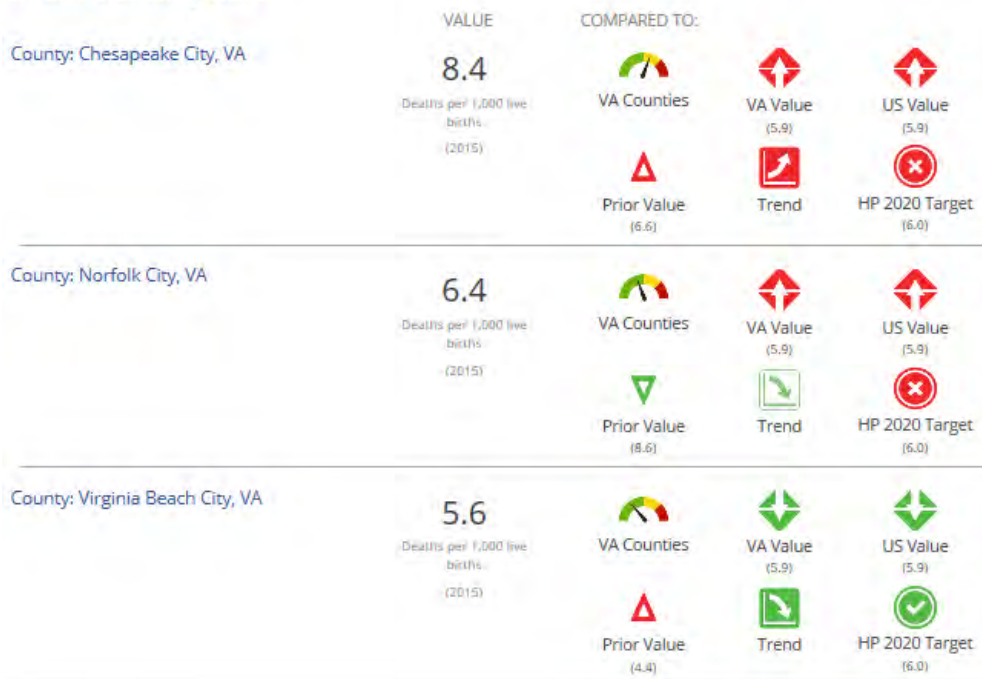
Link to interactive dashboard: [Maternal and Infant Health SLH](#)

Highlights: Cities in the SLH service area had high percentages of babies born with a low birth weight compared to US and Virginia values with the city of Norfolk having the highest. The infant mortality rate was also greater in Chesapeake and Norfolk compared to the US and Virginia, but lower in Virginia Beach. Teen pregnancy rates were also examined; Norfolk was in the worst quartile of localities across the state at a rate of 27.4 pregnancies per 1,000 females aged 15-17 vs. the Virginia rate of 9.6.

Babies with Low Birth Weight



Infant Mortality Rate



G. Spotlight: Opioid Epidemic

In late 2016, the Virginia Health Commissioner declared the opioid crisis a public health emergency due to the growing number of opioid overdoses in Virginia. The declaration has helped to spur communities throughout the state to begin taking action across several areas to combat the epidemic: prevention (legal and illegal), harm reduction (such as naloxone/Narcan strategies), treatment, and culture change.

Link to interactive dashboard: [Opioid Epidemic SLH](#) (more indicators available)

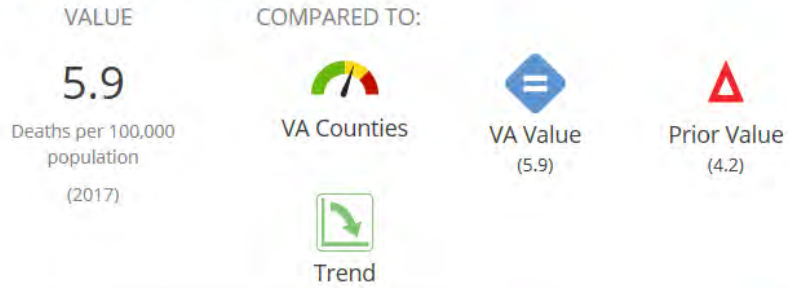
Highlights: Based on 2017 data, the death rate due to fentanyl/heroin overdose in Chesapeake and Norfolk was higher than the state comparison value with Norfolk in the worst quartile of localities across the state. These cities and Virginia Beach were all worsening over time (2013 to 2017) but had all dropped below the peak 2016 values. For deaths due to prescription opioid overdoses, the rates in Norfolk and Virginia Beach were higher than the state rate with the trend increasing over time (2013-2017). Emergency department visits in 2017 due to opioids and heroin were also examined. Chesapeake and Norfolk had high rates of visits for both indicators, while Virginia Beach had only a high rate for heroin. Narcan administration by emergency medical service providers was also examined. Rates were increasing; this, in part, reflects greater access and training to the rescue saving drug that can rapidly reverse overdoses to combat the epidemic.

Death Rate due to Fentanyl and/or Heroin Overdose

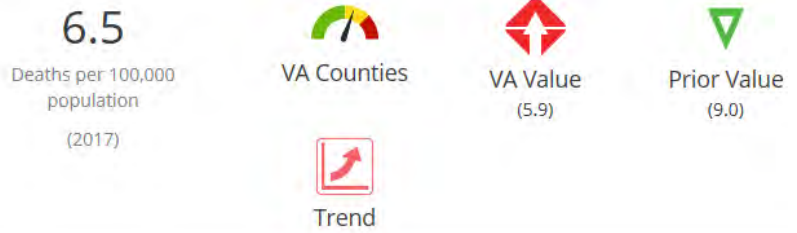


Death Rate due to Prescription Opioid Overdose

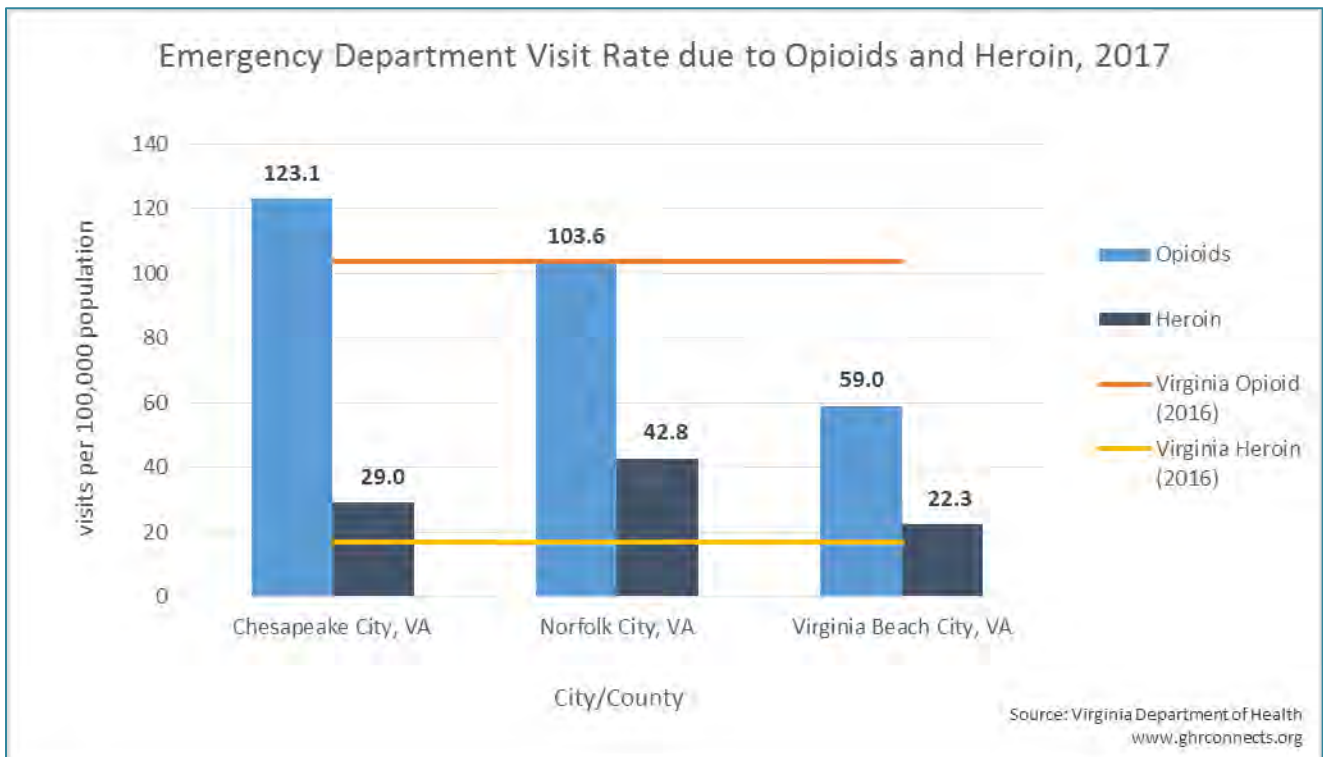
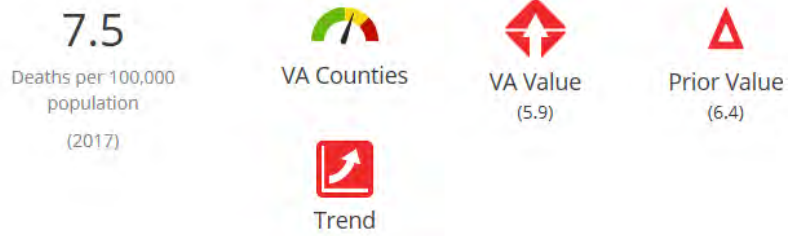
County: Chesapeake City, VA



County: Norfolk City, VA



County: Virginia Beach City, VA



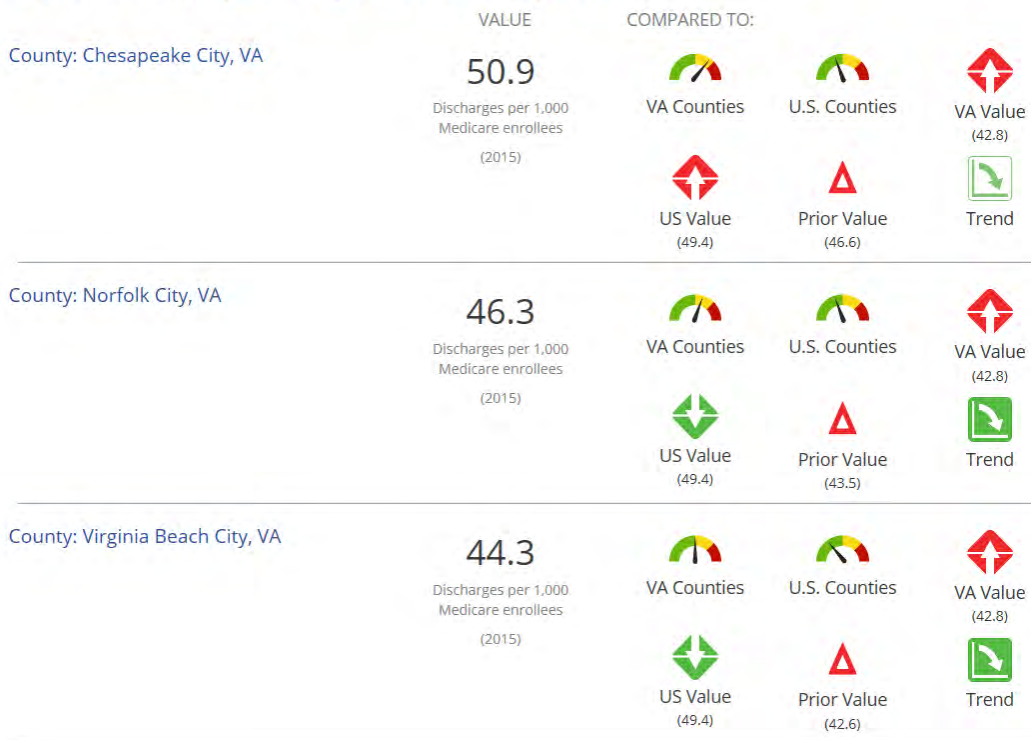
H. Spotlight: Older Adults and Aging

In many communities, the population of older adults are growing at the fastest rate. Challenges come with an aging population, including health related factors and other factors that ultimately impact health. Below are a few indicators that represent key areas related to the wellness of this population.

Link to interactive dashboard: [Older Adults & Aging SLH](#) (more indicators available)

Highlights: Preventable hospital stays among the Medicare population in the SLH service area were higher than for the state. This indicator reflects that there may be opportunities to improve primary and outpatient care in the service area to this population. The percentage of adults aged 65+ with a disability was only high in Norfolk compared to Virginia and US percentages. Adults aged 65+ with an independent living difficulty was also examined; this indicator was also high in Norfolk, as well as Chesapeake (higher than the Virginia value but less than the US value). The percentage of Medicare beneficiaries treated for Alzheimer’s disease or dementia was high throughout the service area compared to Virginia. All three cities were actually in the worst quartile compared to others in the state; however, the trends were significantly decreasing over time (2009 to 2015). Virginia Beach and Norfolk but not Chesapeake had a high percentage of people 65+ who live alone compared to state and national values.



















Preventable Hospital Stays: Medicare Population





















Adults 65+ with a Disability



Alzheimer's Disease or Dementia: Medicare Population

| | VALUE | COMPARED TO: | | |
|---------------------------------|-----------------|---|---|---|
| County: Chesapeake City, VA | 10.0% (2015) |  VA Counties |  U.S. Counties |  VA Value (9.2%) |
| | |  US Value (9.9%) |  Prior Value (9.7%) |  Trend |
| County: Norfolk City, VA | 11.4% (2015) |  VA Counties |  U.S. Counties |  VA Value (9.2%) |
| | |  US Value (9.9%) |  Prior Value (11.4%) |  Trend |
| County: Virginia Beach City, VA | 9.9% (2015) |  VA Counties |  U.S. Counties |  VA Value (9.2%) |
| | |  US Value (9.9%) |  Prior Value (9.9%) |  Trend |

People 65+ Living Alone

| | VALUE | COMPARED TO: | | |
|---------------------------------|----------------------|---|---|--|
| County: Chesapeake City, VA | 22.6% (2012-2016) |  VA Counties |  U.S. Counties |  VA Value (25.9%) |
| | |  US Value (26.4%) |  Prior Value (21.1%) |  Trend |
| County: Norfolk City, VA | 33.3% (2012-2016) |  VA Counties |  U.S. Counties |  VA Value (25.9%) |
| | |  US Value (26.4%) |  Prior Value (33.3%) |  Trend |
| County: Virginia Beach City, VA | 27.0% (2012-2016) |  VA Counties |  U.S. Counties |  VA Value (25.9%) |
| | |  US Value (26.4%) |  Prior Value (26.7%) |  Trend |

| Profile | Data Accessed & Maintained Via | Source/Agency |
|---|---|---|
| Mortality Profile | Virginia Department of Health Mortality Data Portal | Deaths – VDH (OIM – Data Management) |
| Hospitalizations for Chronic and Other Conditions Profile | Healthy Communities Institute. Greater Hampton Roads Community Indicators Dashboard. GHRconnects. http://www.ghrconnects.org/ . | Virginia Health Information (VHI) |
| Risk Factor Profile | | County Health Rankings; Centers for Disease Control and Prevention (CDC) 500 Cities Project |
| Cancer Profile | | National Cancer Institute |
| Behavioral Health Profile | | Virginia Health Information (VHI); County Health Rankings |
| Maternal and Infant Health Profile | | Virginia Department of Health, Division of Health Statistics |
| Spotlight: Opioid Epidemic | | Virginia Department of Health |
| Spotlight: Older Adults and Aging | | The Dartmouth Atlas of Health Care; American Community Survey- United States Census Bureau |

Community Insight

The community insight component of this CHNA consisted of three methodologies: an online Community Key Stakeholder Survey carried by the Sentara Strategy Department, a telephone survey of Hampton Roads residents carried out by the Social Science Research Center at Old Dominion University, and a series of in-depth Community Focus Groups carried out by the hospital.

The Key Stakeholder Survey was conducted jointly with all Sentara hospitals in Hampton Roads in conjunction Bon Secours Hampton Roads, Children’s Hospital of The King’s Daughters, Riverside Health System, and the Department of Health. The survey tool was similar to but expanded from the survey utilized for the 2016 CHNA.

Life in Hampton Roads Health Survey was conducted by Social Science Research Center (SSRC) at Old Dominion University. Sentara Healthcare partnered with the Virginia Beach Public Health Department to develop a robust health section for the SSRC’s annual Life in Hampton Roads Survey. This partnership was new to the CHNA this year.

Community Focus Group Sessions were carried out by the hospital to gain more in-depth insight from community stakeholders. The questions below were utilized. The results of the focus groups are presented after the survey results.

- What are the most serious health problems in our community?
- Who/what groups of individuals are most impacted by these problems?
- What keeps people from being healthy? In other words, what are the barriers to achieving good health?
- What is being done in our community to improve health and to reduce the barriers? What resources exist in the community?
- What more can be done to improve health, particularly for those individuals and groups most in need?
- Considering social determinants impact health outcomes more than clinical care, which of the following resonate as a key social determinant that we should be focusing on?

Key Stakeholder Survey: The survey was conducted jointly by Bon Secours Hampton Roads, Children’s Hospital of The King’s Daughters, Riverside Health System, Sentara Healthcare and the Department of Health in an effort to obtain community input for the study. The *Key Stakeholder Survey* was conducted with a broad-based group of community stakeholders. The survey participants were asked to provide their viewpoints on:

- Important health concerns in the community for adults and for children;
- Significant service gaps in the community for adults and for children;
- Issues impacting the ability of individuals to access care;
- Vulnerable populations in the community;
- Community assets that need strengthening in the community;
- Additional ideas or suggestions for improving community health.

The community stakeholder list included representatives from public health, education, social services, business, local government and local civic organizations, among others. Health system and health department staff conducted outreach for community input via email and in-person and via teleconference at local events and meetings. An email survey request was sent to 922 unduplicated community stakeholders throughout Hampton Roads, and a total of 186 stakeholders in the Sentara Leigh Hospital (SLH) service area submitted a response, although not every respondent answered every question. The respondents provided rich insights about community health in the study region. This report summarized the survey results for those respondents affiliated with the SLH service area.

The stakeholders responding to the survey represent 41 organizations that each have special insight into the health factors that impact the community. The stakeholders work in hospitals and physician offices, City Departments of Social Services, Health Departments and community-based non-profit service organizations working to improve life in Hampton Roads. They are Emergency medical service providers, healthcare providers, fire fighters, pastors, public school teachers and administrators, and social service providers. Some are volunteers, others are career employees in their organizations.

Survey respondents were asked to identify the type of organization that best represents their perspective on health issues through employment or other affiliation. 164 out of the 186 respondents answered this question. The table below presents the roles the respondents play in the community.

| Community Roles of Survey Respondents | | |
|--|-------------|--------|
| Type of Organization | % Responses | Rating |
| Healthcare | 73.3% | 1 |
| Community Nonprofit Organization (Food Bank, United Way, etc.) | 9.2% | 2 |
| Education | 5.5% | 3 |
| Other (Please specify below) | 3.7% | 4 |
| Local Government or Civic Organization | 2.4% | 5 |
| Business Representative | 1.8% | 6 |
| Faith-based Organization | 1.2% | 7 |
| Financial Institution | 1.2% | |
| Law Enforcement / Fire Department / Emergency Medical Services (EMS) | 1.2% | |
| Foundation | 0.6% | 8 |

Additionally, respondents were asked to list a specific organization, if any, that they represent in taking the survey. Their responses are presented on the following page.

Organizations Represented in the Key Stakeholder Survey

| | |
|---|---|
| Access Partnership | Norfolk Department of Public Health |
| American Diabetes Association | Norfolk Fire-Rescue |
| Beech Grove UMC | Old Dominion University |
| Buy Fresh Buy Local Hampton Roads | Olde Towne Medical & Dental Center |
| Catholic Charities of Eastern Virginia | senior services of Southeastern Virginia |
| Champions For Children | Sentara Healthcare |
| CHDK | Sentara Obici Hospital |
| Chesapeake Public Schools | Sentara Princess Anne Hospital |
| Chesapeake CASA | Summit Wellness At The Mount |
| Children's Medical Group | The Barry Robinson Center |
| Compassionate Care Hospice | Urban League of Hampton Roads |
| Consortium for Infant and Child Health (CINCH)/EVMS | VA Beach Dept. of Public Health |
| Department of Public Health | VersAbility Resources |
| Eastern Virginia Medical School | Virginia Department of Health |
| ECPI university | Virginia Oral Health Coalition |
| EVMS ENT | Virginia Supportive Housing |
| Family & Youth Foundations Counseling Service | West Neck Homeowners Association and |
| Hampton Roads Community Health Center | Wordsworth Condo Association |
| Ingleside Civic League | Women, Infant and Children - Virginia Beach |
| JenCare Senior Medical Center | YMCA of South Hampton Roads |
| Norfolk Community Services Board | |

For both adults and, combined, children and teens, survey respondents were asked to review a list of common community health issues. The list of issues draws from the topics in *Healthy People 2020* with some refinements. The survey asked respondents to identify five challenges from the list that they view as important health concerns in the community. Respondents were also invited to identify additional issues not already defined on the list. Of the 186 respondents, 150 provided their concerns for adult challenges. The responses for children’s and teen’s health concerns follow on subsequent pages.

Most Frequently Chosen Health Concerns -- Adults aged 18+

| Health Concern | % Responses | Rating |
|---|-------------|--------|
| Behavioral / Mental Health (Suicide, ADHD, Anxiety, Depression, etc.) | 62.7% | 1 |
| Overweight / Obesity | 59.3% | 2 |
| Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids) | 50.0% | 3 |
| Heart Conditions (Heart Disease, Congestive Heart Failure / CHF, Heart Attacks / AMI, High Blood Pressure / Hypertension) | 46.7% | 4 |
| Diabetes | 35.3% | 5 |
| Cancer | 26.7% | 6 |
| Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes) | 26.0% | 7 |
| Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.) | 24.0% | 8 |
| Dental / Oral Care | 21.3% | 9 |
| Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, Gonorrhea, Herpes, etc.) | 14.7% | 10 |
| Alzheimer's Disease / Dementia | 14.0% | 11 |
| Accidents / Injuries (Unintentional) | 12.7% | 12 |
| Chronic Pain | 12.0% | 13 |
| Environmental Health (Water Quality, Pollution, Mosquito Control, etc.) | 10.0% | 14 |
| Prenatal and Pregnancy Care | 10.0% | |
| Respiratory Diseases (Asthma, COPD, Emphysema) | 10.0% | |
| Hunger | 7.3% | 15 |
| Neurological Conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.) | 6.7% | 16 |
| Violence – Sexual and / or Domestic | 6.7% | |
| Infectious Diseases (Hepatitis, TB, MRSA, etc.) | 6.0% | 17 |
| Physical Disabilities | 6.0% | |
| Intellectual / Developmental Disabilities / Autism | 5.3% | 18 |
| Bullying (Cyber, Workplace, etc) | 3.3% | 19 |
| Drowning / Water Safety | 2.7% | 20 |

Emerging Themes: Throughout Hampton Roads, the most frequently chosen health concern for adults was behavioral health, followed by heart disease, alcohol and substance abuse, obesity, diabetes and cancer. This reflects a growing understanding that behavioral health is integral to overall wellness, as well as pointing to the persistent lack of services to address a health problem with a growing patient population as conditions previously undiagnosed are identified.

In addition to responding to the pre-formulated survey list, 12 individuals listed additional adult health concerns. The responses offer the themes of affordable care, management of chronic conditions, public awareness of current services, and the availability of mental/behavioral health assistance. The “free response” answers draw attention to the connections between what we think of as traditional medical conditions and the non-medical factors in our everyday lives that impact health, and which are known as the “social determinants of health.” In these responses, as in the other free response sections of the survey, a broader vision of health is displayed. The following table presents additional health concerns for adults.

| Free Response Additional Community Health Concerns -- Adults aged 18+ |
|--|
| I note heart conditions as that is sort of the nail in the coffin as far as functionality. But this is the result of obesity, diabetes, poverty, poor medical follow-up, smoking, substance abuse. All of these issues seem to occur singly, or more often in a combination, that results in me seeing people who are unhealthy, disabled, and unable to function in society. |
| balanced diet, availability of healthy, fresh foods across income levels and geographic areas |
| How did Womens health and health care disparities not make this list |
| Getting help in homes of individuals who need them they don't qualify for Medicaid. People only with Medicare having troubling getting physicians to see them due to only having Medicare. |
| Mental health is a growing populations. Yet there's limited organizations that can screen. Barriers such as appointments, transportations comes into play. |
| Asthma, COPD and Arthritis |
| Lack of understanding of community resources that are already available to patients and are under utilized |
| Age 55+ community. Concerned about all areas affecting senior citizens |
| Access to low/no-cost medication, particularly diabetes medications/supplies and high blood pressure medications. Access to behavioral health services - across the whole spectrum; addiction services, mental health (counseling, therapy, medication) services, life skills, etc. |
| Cost of healthcare including prescription medications |
| I am blessed with good health at this time. But, I am very aware of the cancer (breast) rate in this area; very aware of obesity and heart disease are so connected. I am aware of the substance abuse as well. Additionally, because of the work situation so many find themselves, stress and anxiety are huge which leads to all of the following conditions. Americans in general are in poor health and do not take good care of themselves. Virginia Beach has a very active population and appears to be a very athletic minded population. But, I believe that is very small considering the population size. We could be so much healthier. |
| Social isolation, safety |

Emerging Themes: You will note that throughout the survey, where free response questions allow respondents to identify additional areas of interest we found that social and lifestyle elements were often included on the lists. Things such as transportation, affordability and the need for care coordination for health concerns and between organizations that focus on different types of assistance remind us that health is not a stand-alone experience but is instead woven into the lives we lead.

A follow-up question on the survey asks respondents to choose five healthcare services that need to be strengthened for adults in the SLH service area from a list of services that are common in communities across the country. Respondents were given the characteristics of improved access, quality of healthcare, and availability of the service as considerations to take into account when making their choices. The responses of 146 individuals are presented in the table below.

| Community Healthcare Services that Need to be Strengthened -- Adults aged 18+ | | |
|---|-------------|--------|
| Healthcare Service | % Responses | Rating |
| Behavioral / Mental Health Services | 63.7% | 1 |
| Health Insurance Coverage | 45.9% | 2 |
| Alcohol / Substance Abuse Services | 33.6% | 3 |
| Aging Services | 32.9% | 4 |
| Chronic Disease Services (Diabetes, High Blood Pressure/ Hypertension) | 30.1% | 5 |
| Dental / Oral Health Services | 28.1% | 6 |
| Health Promotion and Prevention Services | 26.0% | 7 |
| Care Coordination and Transitions of Care | 24.7% | 8 |
| Public Health Services | 23.3% | 9 |
| Self-Management Services (Nutrition, Exercise, etc.) | 20.6% | 10 |
| Long Term Services / Nursing Homes | 19.2% | 11 |
| Social Services | 19.2% | |
| Chronic Pain Management Services | 16.4% | 12 |
| Domestic Violence / Sexual Assault Services | 14.4% | 13 |
| Family Planning and Maternal Health Services | 14.4% | |
| Primary Care | 13.7% | 14 |
| Home Health Services | 13.0% | 15 |
| Cancer Services | 12.3% | 16 |
| Hospice and Palliative Care Services | 6.9% | 17 |
| Hospital Services (Inpatient, outpatient, emergency care) | 6.9% | |
| Telehealth / Telemedicine | 6.2% | 18 |
| Pharmacy Services | 4.1% | 19 |
| Physical Rehabilitation Services | 2.7% | 20 |
| Bereavement Support Services | 0.7% | 21 |

Emerging Themes: Throughout the survey, behavioral health services top the list of services most in need of strengthening. Across Hampton Roads, health insurance is the second most frequently chosen response, with substance abuse services, chronic disease management services and aging services all following. Uncertainty about health insurance coverage and affordability is part of a changing healthcare landscape and will be addressed, though probably not completely resolved, through Medicaid expansion.

Respondents were also given the opportunity to add free response suggestions of other healthcare services that need to be strengthened for adults. The additional concerns of eight respondents are listed in the table below.

| Free Response Community Healthcare Services that Need to be Strengthened -- Adults aged 18+ |
|---|
| Transportation is a major issue for the aging population. |
| Women's health |
| I work w children |
| Health promotion and prevention is inherent in all of these categories. |
| transportation to physician's offices |
| Services addressing sexually transmitted infections and teenage pregnancy. |
| clients are unaware of services available and not educated on the insurance availability and DSS is swamped. grants for organizational who can assist clients and give resources out there |
| Transportation is a critical barrier to health care for many of our patients. |

Emerging Themes: Women's health, transportation and prevention efforts are seen as important additions to the list of services that need to be strengthened across Hampton Roads. Once again, it is evident that other lifestyle challenges such as housing and transportation are seen as important aspects of

Recognizing that partners in the collaboration that produced this survey may serve differing patient populations, and may have a different focus for needed information when addressing community needs, the survey repeated the two questions about adult health concerns and community services needed for children and teens from birth through age 17. Although the questions and intent are the same as the questions for adults, some of the listed health and community need choices are specific to the population aged 17 and under. Of 186 respondents, 145 answered these questions. The table on the next page presents the most frequently chosen responses.

Most Frequently Chosen Health Concerns -- Children and Teens ages 0 -- 17

| Health Concern | % Responses | Rating |
|--|-------------|--------|
| Behavioral / Mental Health (Suicide, ADD, Anxiety, Depression) | 75.9% | 1 |
| Overweight / Obesity | 61.4% | 2 |
| Bullying (Cyber, Workplace, etc.) | 41.4% | 3 |
| Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids) | 37.9% | 4 |
| Violence In the Home – Child Abuse (Sexual, Physical, Emotional or Neglect) or Exposure to Domestic Violence | 37.2% | 5 |
| Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.) | 34.5% | 6 |
| Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, Gonorrhea, Herpes, etc.) | 22.1% | 7 |
| Accidents / Injuries (Unintentional) | 21.4% | 8 |
| Dental / Oral Care | 21.4% | |
| Hunger | 21.4% | 9 |
| Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes) | 20.7% | 10 |
| Intellectual / Developmental Disabilities / Autism | 19.3% | 11 |
| Teen Pregnancy | 17.9% | 12 |
| Respiratory Diseases (Asthma and Cystic Fibrosis) | 13.1% | 13 |
| Drowning / Water Safety | 7.6% | 14 |
| Eating Disorders | 6.9% | 15 |
| Diabetes | 6.2% | 16 |
| Environmental Health (Water Quality, Pollution, Mosquito Control, etc.) | 4.1% | 17 |
| Physical Disabilities | 2.1% | 18 |
| Cancer | 1.4% | 19 |
| Heart Conditions (Congenital Heart Defects, Fainting and Rhythm Abnormalities) | 1.4% | |
| Infectious Diseases (Hepatitis, TB, MRSA, etc.) | 1.4% | |
| Neurological Conditions (Epilepsy, Seizures, Tourette Syndrome-TICS, Sleep Disorders) | 1.4% | |
| Chronic Pain | 0.0% | 20 |

Emerging Themes: Behavioral health is the most frequently chosen health concern for children and teens, perhaps resulting from the somewhat alarming choices that follow, including obesity, violence, bullying, and substance abuse. This tracks with the increased understanding that modern children live with a great deal of stress, both mental and physical, and it impacts their health in ways we are just beginning to understand. For a more detailed discussion of these effects, follow this link to the Adverse Childhood Experiences (ACES) website:

<https://www.cdc.gov/violenceprevention/acestudy/index.html>

Seven individuals provided additional thoughts on the most important health concerns for children and teens in the community. Their additions are presented below.

| Free Response Additional Community Health Concerns -- Children and Teens ages 0 -- 17 |
|--|
| Vaccination refusal. Over medication - with ADD/depression/ psych meds Antibiotic stewardship |
| Education, sex education, preventing teen pregnancy. |
| No access to primary care without a long wait and well check first. I'm an urgent care doc and we see this all the time on both sides of the Hampton Roads Bridge Tunnel |
| Many things affect children and teens with most connected to parenting skills. |
| Mental health and trauma informed counseling is a huge need in our opinion |
| Barriers for organization having to compete vs. complimenting each organizations. leaving the community without other resources out there. |
| Health promotion should be for children as well. |

Emerging Themes: The responses reflect that children face the same challenges to access that adults do, while recognizing the effect of parenting and living conditions, often things that children have no control over.

The survey next asked respondents to choose five healthcare services for children that need to be strengthened from a list of common healthcare services. Responses from 143 individuals are presented in the table on the next page.

Community Healthcare Services that Need to be Strengthened -- Children and Teens ages 0 -- 17

| Healthcare Service | | Rating |
|---|-------|--------|
| Behavioral / Mental Health Services | 79.0% | 1 |
| Parent Education and Prevention Programming | 53.9% | 2 |
| Child Abuse Prevention and Treatment Services | 51.1% | 3 |
| Dental / Oral Health Services | 34.3% | 4 |
| Self-Management Services (Nutrition, Exercise, etc.) | 33.6% | 5 |
| Social Services | 33.6% | |
| Alcohol / Substance Use Services | 31.5% | 6 |
| Foster Care (Supporting children in the system and their host families) | 30.8% | 7 |
| Care Coordination and Transitions of Care | 29.4% | 8 |
| Health Insurance Coverage | 29.4% | |
| Public Health Services | 24.5% | 9 |
| Primary Care | 21.0% | 10 |
| Home Health Services | 7.7% | 11 |
| Telehealth / Telemedicine | 5.6% | 12 |
| Chronic Disease Services (Diabetes, High Blood Pressure/ Hypertension) | 4.9% | 13 |
| Chronic Pain Management Services | 4.2% | 14 |
| Bereavement Support Services | 2.8% | 15 |
| Physical Rehabilitation Services | 1.4% | 16 |
| Cancer Services | 0.7% | 17 |
| Pharmacy Services | 0.0% | 18 |

Emerging Themes: Continuing the focus on the behavioral health needs of children and teens, behavioral and mental health services are most cited as needing to be strengthened. Across the survey area, this choice is followed by parent education and child abuse prevention and treatment services. As we understand more about how childhood events impact adult health, the call for these support services is likely to grow stronger. For a more detailed discussion of these effects, follow this link to the Adverse Childhood Experiences (ACES) website: <https://www.cdc.gov/violenceprevention/acestudy/index.html>

Free response additional services to be strengthened were suggested by 12 individuals and are presented on the next page.

Free Response Community Health Services that Need to be Strengthened - Children and Teens ages 0 - 17

Violence prevention and gun safety education, Palliative care services

cardiac care.

violence prevention/gun control, obesity management, developmental disorder support

Cannot emphasize more strongly the lack of adequate mental health resources for children, especially those with public insurance or no insurance.

Services can be strengthened but if parents aren't required to access services, it is of no help. Social Services is difficult to access, as is behavioral/mental health services. There is sufficient access to dental/oral health BUT parents must take minors for services.

Prevention - effective prevention strategies will work if put in place correctly and with integrity. Abuse and violence prevention is the key in reducing incidents of domestic violence and abuse.

Home visiting programs

Community safety services

Majority of what I see, parents support due to lack of support in home.

Transportation remains a barrier to health care for teens.

Kinship care/relatives raising children supports need to be dramatically improved. Including educating families and social workers in the direct community (ie caseworkers don't even know basic elements/programs available).

Improving immunization rates for children in the community.

Emerging Themes: Violence prevention and gun safety education is the community service most often cited as needing to be strengthened. Several other responses focused on parenting resources and prevention efforts.

Much of the information we gather on community health needs ties directly or indirectly to access to health care and other services. The table on the next page presents an incomplete list of factors that might influence an individual's access to service. Although the list is brief, it can help clarify and prioritize program design. Of 186 respondents, 147 provided their list of access concerns.

| Factors Impacting Access to Care and Services | | |
|---|-------------|--------|
| Factors | % Responses | Rating |
| Costs | 84.4% | 1 |
| Transportation | 72.8% | 2 |
| Health Insurance | 69.4% | 3 |
| Time Off From Work | 56.5% | 4 |
| Understanding the Use of Health Services | 52.4% | 5 |
| Childcare | 40.8% | 6 |
| No / Limited Home Support Network | 33.3% | 7 |
| Location of Health Services | 30.6% | 8 |
| Lack of Medical Providers | 23.1% | 9 |
| Discrimination | 4.8% | 10 |
| No / Limited Phone Access | 4.8% | 11 |

Emerging Themes: Across Hampton Roads, the top three choices of factors impacting access to care are the same: cost, transportation and health insurance. All three are questions of affordability of care, a consistent concern across services areas and populations.

Six individuals took the opportunity to give free response suggestions for other factors that impact access to care. Their suggestions are presented below.

| Free Response Additional Comments About Access to Healthcare |
|---|
| Few providers of services are available in evenings or weekends making it difficult for working parents to take time off. |
| These are all important. Understanding use of health services is easily a tie for the others I chose, as is child care..... |
| there is no support network for families and if there is then where are they. |
| knowledge of services available and sometimes language barriers |
| Language Barrier should be added |
| I am concerned about the cost of health care in general. I can not retire because I can not afford the cost of my current health insurance. Working for the state -the only perk is good health insurance coverage. ON the outside the cost is awful. I am for all to have good coverage, but I not for the abuse of our system so that people can be covered without working for it. |

Emerging Themes: The lack of providers and unavailability of providers to work extended hours, make access less feasible for those who work outside the home or have other scheduling constraints, and is the most often voiced barrier to care. Lack of childcare and language barriers are consistently cited across the Hampton Roads region as negative factors in accessing care.

Some aspects of access to care impact population segments differentially. Those with fewer resources, such as health insurance, sufficient income, and reliable transportation, struggle harder to access appropriate and sufficient care and other services. The survey included a question designed to identify which consumers face barriers that might be addressed through specific programming. Of 186 respondents, 146 answered the next question.

Most Vulnerable Populations in the Community Needing Support

| Populations | % Responses | Rating |
|---|-------------|--------|
| Low Income Individuals | 54.79% | 1 |
| Uninsured / Underinsured Individuals | 50.68% | 2 |
| Individuals / Families / Children experiencing Homelessness | 49.32% | 3 |
| Individuals Struggling with Substance Use or Abuse | 36.99% | 4 |
| Children (age 0-17 years) | 36.30% | 5 |
| Caregivers (Examples: caring for a spouse with dementia or a child with autism) | 34.93% | 6 |
| Seniors / Elderly | 34.25% | 7 |
| Immigrants or community members who are not fluent in English | 29.45% | 8 |
| Individuals with Intellectual or Developmental Disabilities | 28.08% | 9 |
| Victims of Human Trafficking, Sexual Violence or Domestic Violence | 17.81% | 10 |
| Individuals Transitioning out of Incarceration | 16.44% | 11 |
| Individuals with Physical Disabilities | 15.75% | 12 |
| Unemployed Individuals | 15.75% | |
| Individuals Struggling with Literacy | 13.70% | 13 |
| Individuals in the LGBTQ+ community | 13.01% | 14 |
| Veterans and Their Families | 10.96% | 15 |
| Migrant Workers | 10.27% | 16 |
| Individuals Needing Hospice / End of Life Support | 9.59% | 17 |

Emerging Themes: Respondents agreed across Hampton Roads that low-income individuals, the uninsured, families experiencing homelessness and those struggling with substance abuse are the most vulnerable people in the community, and need supportive services. These answers are consistent with the theme of life conditions creating health issues that we have seen throughout the survey.

Six respondents provided free response additional suggestions for including additional populations, which covered a broad range of community segments and included commentary on the relationships between vulnerabilities and the resulting health issues. The additional suggestions are presented in full in the table below.

| Additional Vulnerable Populations and Additional Information |
|--|
| I would add to the "transitioning out of incarceration" to those currently incarcerated. When I see a patient who is going for trial, he states he may or may not be back for follow-up. They almost never received the medications they need while in jail, and often return to clinic after their sentence having received next to no care in the inefficacious jail clinic. |
| Add seniors and un or underinsured |
| According to data, more people are insured but our organization receives more requests for help now because although they may have coverage, they cannot afford deductibles or monthly copays. Underinsured populations with low incomes or don't understand their benefits call daily for assistance. |
| All of the above also have trouble accessing care for their kids - so all these fundamentally also impact access for children as a vulnerable population. |
| Immigrants or community members who are not fluent in English are a population who need services targeted towards them. |
| really hard to choose just five. it's a vicious circle and some are not even being address or one has more resources and funding then the other ALL POINTS BACK TO MENTAL HEALTH. WE GIVE A PRESENTATION FOR BEATING THE HOLIDAY BLUES, GRIEVING, EDUCATING STAFFS (IN SCHOOLS), FAMILIES HOW TO IDENTIFY SUICIDE IDEATIONS. AGAIN A BARRIER TO GET IN THE SYSTEM. |

Emerging Themes: Often forgotten, people in transitions of any description are often more vulnerable as they face new situations. Prisoners transitioning out of incarceration face many challenges, with few resources to help them. Additionally, the contradiction of more people being technically covered by insurance but unable to pay for care because of a high deductible creates a mistaken impression of the state of health care coverage.

Finally, the survey explored the many factors in addition to medical care that determine an individual’s health. Collectively called the social determinants of health, these factors are becoming increasingly recognized as contributing both directly and indirectly to individual health through processes as different as the effect of household mold on respiratory disease and the effect of stress from unemployment. The effects of social determinants are sometimes subtle, sometimes only discoverable after a health problem is identified, but often important in explaining health status. Of 186 respondents, 145 addressed this question. Respondents were asked to choose five community assets to be strengthened. Their responses are presented in the table on the next page.

| Community Assets that Need to be Strengthened | | |
|---|-------------|--------|
| Community Assets | % Responses | Rating |
| Transportation | 53.1% | 1 |
| Affordable Housing | 48.3% | 2 |
| Affordable Child Care | 46.2% | 3 |
| Healthy Food Access (Fresh Fruits & Vegetables, Community Gardens, Farmers Markets, etc.) | 45.5% | 4 |
| Homelessness | 40.0% | 5 |
| Senior Services | 29.0% | 6 |
| Employment Opportunity/Workforce Development | 25.5% | 7 |
| Social Services | 25.5% | |
| Walk-able and Bike-able Communities (Sidewalks, Bike/Walking Trails) | 24.8% | 8 |
| Neighborhood Safety | 23.5% | 9 |
| Early Childhood Education | 20.7% | 10 |
| Social and Community Networks | 20.0% | 11 |
| Safe Play and Recreation Spaces (Playgrounds, Parks, Sports Fields) | 17.9% | 12 |
| Safety Net Food System (Food Bank, WIC, SNAP, Meals on Wheels, etc.) | 17.2% | 13 |
| Education – Kindergarten through High School | 15.2% | 14 |
| Education – Post High School | 7.6% | 15 |
| Green Spaces | 6.9% | 16 |
| Public Safety Services (Police, Fire, EMT) | 6.9% | |
| Environment – Air & Water Quality | 6.2% | 17 |
| Public Spaces with Increased Accessibility for those with Disabilities | 4.1% | 18 |
| Housing Affordability & Stability | 0.0% | 19 |

Emerging Themes: Consistently across the survey area, the top four community assets in need of strengthening are affordable housing, transportation, access to healthy food, and affordable childcare. All of these choices share an element of cost, but also of infrastructure development and maintenance.

Respondents were also given the opportunity to increase the list by adding factors that impact health. Six individuals added factors, listed in the table below.

| Additional Community Assets and Additional Information |
|--|
| Linkages in Systems of Care |
| When a young family pays for child care, it cancels out a large portion of their income. Rent in a safe neighborhood is out of reach for many. Access to Healthy foods won't work if parents/individuals won't use them. Would like to see SNAP work more like WIC where only healthy foods can be purchased (currently, items like candy, soda, chips and other non-nutritional foods can be obtained with SNAP). |
| Community Task Forces that decide on prevention strategies for their communities... |
| Safe places to play and walkable/bikeable communities also rank high up there. |
| Public Safety is an asset, if we have the community proactive in helping. Education- after school program and have a alternative for detentions and suspensions |
| health safety net |

In closing, survey participants were asked to share any additional thoughts that had emerged through the process of responding to the survey questions. Thirteen respondents shared additional ideas, presented in the table below. We appreciate the time and thought that went into each survey response, and are pleased to present the results here for input into service planning throughout the communities of Hampton Roads.

| Additional Comments and Additional Information |
|--|
| There are a lot of people I see as a specialist who are just utterly lost in the healthcare maze, and who do not know what to do without being explicitly told, multiple times, and who have no instinct or knowledge on how to advocate for themselves. I try to guide them as I can, but I wish everyone could just have a case manager to push them along. "Did you make an appointment with your PCP? Okay, make an appointment with your PCP. Did they not answer? Okay, call again." |
| I have a growing number of families refusing to vaccinate their children. I fear an outbreak may be in the future. I would like us to track better on those who do not vaccinate. |
| Thank you for asking. I'd love to help from a public health standpoint if needed. |
| Need to identify a way to encourage or reward individuals to live a healthy lifestyle, eat nutritional foods, take responsibility for their health. We can continue to provide and strengthen services but unless an individual assumes some responsibility, it won't make a difference. |
| more than 5 in each area really should have been marked.... |
| The community not only needs the mentioned resources, but needs to be empowered to access them. Often times people are turned off to assistance because someone was rude, or they were met with red tape. Self-advocacy is SO important, and unfortunately is not taught. |
| Thank you for the survey and for your collaboration. |
| All the social network is great, but if it's not being shared then we're back to where we were. We can't help our community if there's gap in our resources and social netting. |
| There is little vocal effective advocacy for patients ages 19-64. |
| Thank you for allowing me the opportunity to share my concerns |
| We need early parenting classes in Junior High School, or sooner grades. |
| I closing, I do have an opinion that Americans work very hard and have many health issues directly related to the work place. There is not enough emphasis put on family, culture and core christian values for fear of offending. It is evident in government. Happy Holidays, as opposed to Merry Christmas. We are so concerned about offending instead of respecting peoples differences and valuing them. |
| great survey, covered a really wide range of things. |

Emerging Themes: The first comment above is telling in that it represents the tension between modern healthcare and not-so-modern consumers. Several of the comments presented above reference the need to navigate, coordinate, advocate and educate the population on how to understand and access services. This is in essence the thrust of population health management, and confirms the importance of conducting community needs assessments to hear the voice of the community.

Community Input: Life in Hampton Roads Health Survey

Sentara Healthcare partnered with the Virginia Beach Public Health Department to work with the Social Science Research Center (SSRC) at Old Dominion University to develop a robust health section for their annual Life in Hampton Roads Survey.

The Life in Hampton Roads Survey is an annual telephone survey of residents living in Hampton Roads. The survey includes questions about the quality of life in the region as measured by perceptions on a variety of topics including health, education, transportation, crime, and social/recreational opportunities. The methodology uses a random sample of landline and cell phones. The 2018 survey was conducted May 30 to August 17, 2018. Results were weighted by age, race, gender, and telephone use. The city of Virginia Beach was oversampled with 309 responses. Collectively, the four cities with results displayed below (Virginia Beach, Norfolk, Portsmouth, and Chesapeake) include 613 respondents.

The health portion of the survey included four sections: General Health / Access, Healthy Behaviors / Prevention, Aging, and Behavioral Health – Mental Health / Substance Abuse. The main results in each section are displayed below.

The source for all data is the 2018 Life in Hampton Roads Health Survey Results from the SSRC at Old Dominion University for compiled for the Virginia Beach Department of Public Health.

1. General Health / Access

Highlights: Over 79% of respondents in each of the cities indicated their overall health was “excellent” or “good.” Portsmouth had the highest number of respondents indicating their overall health was poor. When asked where they usually receive care, a large percent of Virginia Beach (72%) and Portsmouth (74%) respondents indicated they go to a general practitioner/family doctor. Norfolk respondents had the highest percent indicating they go to urgent care (20%). Portsmouth had the highest indicating the emergency room (14%) with Virginia Beach the lowest (10%). Across localities, high blood pressure followed by diabetes were the most frequently reported medical conditions of those listed. When asked about health insurance, Virginia Beach and Norfolk had the most respondents reporting no coverage at 9%. In terms of barriers preventing access to a healthcare provider, costs, no available appointments, and inability to get time off work were the most frequent reasons cited. Notably, transportation was cited more by Portsmouth respondents compared to the other cities.

| GENERAL HEALTH / ACCESS | | | | |
|---|----------------|---------|------------|------------|
| Would you say your own health, in general, is excellent, good, fair, or poor? | Virginia Beach | Norfolk | Portsmouth | Chesapeake |
| Excellent | 30.1% | 27.6% | 40.9% | 26.1% |
| Good | 52.7% | 56.4% | 38.3% | 56.8% |
| Fair | 14.1% | 10.7% | 14.5% | 11.7% |
| Poor | 3.0% | 4.7% | 6.2% | 4.5% |
| Don't Know | 0.0% | 0.0% | 0.0% | 0.4% |
| Refused | 0.0% | 0.7% | 0.0% | 0.4% |

GENERAL HEALTH / ACCESS continued

| Where do you usually go to receive care when you do not feel well? | Virginia Beach | Norfolk | Portsmouth | Chesapeake |
|---|-----------------------|----------------|-------------------|-------------------|
| Emergency room | 10.0% | 12.5% | 13.7% | 11.9% |
| Urgent care center | 13.3% | 19.5% | 9.8% | 17.5% |
| General practitioner/family doctor | 72.2% | 58.2% | 74.1% | 60.4% |
| Pharmacist for health advice/medication only | 0.3% | 0.0% | 0.0% | 0.8% |
| Do not see medical professional | 4.2% | 9.1% | 2.4% | 9.5% |
| Don't Know | 0.0% | 0.0% | 0.0% | 0.0% |
| Refused | 0.0% | 0.7% | 0.0% | 0.0% |
| Could you please tell me where a doctor in the past 3 years has told you that you have any of these medical conditions? Select all that apply. | | | | |
| | Virginia Beach | Norfolk | Portsmouth | Chesapeake |
| Heart Disease | 2.6% | 4.9% | 0.0% | 2.7% |
| COPD | 3.6% | 1.6% | 2.2% | 3.6% |
| Diabetes | 10.0% | 10.6% | 4.3% | 7.2% |
| High blood pressure/hypertension | 19.4% | 26.8% | 21.7% | 21.6% |
| Cancer | 2.6% | 1.6% | 0.0% | 1.8% |
| Other | 5.5% | 4.9% | 8.7% | 2.7% |
| None- does not apply | 67.7% | 65.0% | 63.0% | 68.5% |
| Don't Know | 0.0% | 0.0% | 0.0% | 0.0% |
| Refused | 0.3% | 1.6% | 0.0% | 0.9% |
| Who pays for your primary health insurance? | | | | |
| | Virginia Beach | Norfolk | Portsmouth | Chesapeake |
| Private insurance through employer | 40.6% | 42.1% | 51.2% | 42.9% |
| Private insurance you bought yourself | 11.7% | 16.4% | 15.7% | 12.8% |
| Government funded insurance (Medicaid, Medicare, military or veteran's coverage) | 34.4% | 29.8% | 20.8% | 33.3% |
| Health Insurance Marketplace (Obamacare) | 3.7% | 2.1% | 5.5% | 1.1% |
| I do not have health insurance | 9.0% | 8.8% | 1.4% | 6.0% |
| Don't Know | 0.5% | 0.0% | 5.5% | 1.4% |
| Refused | 0.1% | 0.7% | 0.0% | 2.5% |
| In the last 12 months, has there been any time when you wanted or needed to see a healthcare provider but were not able due to: | | | | |
| | Virginia Beach | Norfolk | Portsmouth | Chesapeake |
| Cost | 10.0% | 10.6% | 10.9% | 10.8% |
| Transportation | 2.3% | 2.4% | 6.5% | 3.6% |
| No available appointments | 6.1% | 4.1% | 8.7% | 2.7% |
| Can't get time off work | 4.9% | 6.5% | 6.5% | 4.5% |
| Didn't know where to go | 2.9% | 3.3% | 6.5% | 0.0% |
| Childcare coverage | 0.3% | 3.3% | 6.5% | 0.9% |
| Language barriers | 0.0% | 2.4% | 2.2% | 0.0% |
| None of these | 81.8% | 82.1% | 84.8% | 81.8% |
| Don't Know | 0.0% | 0.0% | 0.0% | 0.0% |
| Refused | 0.0% | 0.8% | 0.0% | 0.0% |

2. Heathy Behaviors / Prevention

Highlights: When asked how often respondents follow preventive screening advice, Portsmouth respondents (72%) followed by Virginia Beach (69%) had the highest percent of “always.” Norfolk respondents had the greatest portion who responded “sometimes”, “rarely”, or “never.” Virginia Beach had the lowest of the cities in terms of those who intake 3 or more servings of fruits and vegetables followed by Norfolk. Portsmouth and Chesapeake had greater percentages of those who exercise 30 or more minutes for 3-4 days and 5-7 days than the other localities. Usage of tobacco products, including e-cigarettes, vaping, and chewing tobacco, was reported highest among Virginia Beach respondents (18.4%) and lowest among Chesapeake respondents (14.6%).

| HEALTHY BEHAVIORS / PREVENTION | | | | |
|---|-----------------------|----------------|-------------------|-------------------|
| If a healthcare provider tells you that you need to have a preventative screening (such as a mammogram, colonoscopy, or other procedure) how often do you follow his/her advice? | Virginia Beach | Norfolk | Portsmouth | Chesapeake |
| Always | 68.7% | 55.6% | 72.1% | 60.8% |
| Often | 17.2% | 22.8% | 23.4% | 22.2% |
| Sometimes | 9.5% | 12.0% | 0.0% | 4.9% |
| Rarely | 2.8% | 2.4% | 0.2% | 4.3% |
| Never | 1.8% | 2.4% | 4.2% | 4.4% |
| Don't Know | 0.0% | 4.2% | 0.0% | 3.3% |
| Refused | 0.0% | 0.7% | 0.0% | 0.0% |
| On an average day, how many servings (1/2 cup) of fruits and vegetables do you have? | Virginia Beach | Norfolk | Portsmouth | Chesapeake |
| None | 4.2% | 7.9% | 1.7% | 5.0% |
| 1-2 servings | 54.4% | 47.8% | 40.2% | 50.8% |
| 3-4 servings | 30.8% | 32.3% | 48.3% | 37.9% |
| 5 or more servings | 9.9% | 11.3% | 9.8% | 6.7% |
| Don't Know | 0.7% | 0.3% | 0.0% | 0.0% |
| Refused | 0.0% | 0.3% | 0.0% | 0.0% |
| In a typical week, how many days do you exercise for 30 minutes or more (for example, brisk walking, jogging, swimming, bicycling, etc.)? | Virginia Beach | Norfolk | Portsmouth | Chesapeake |
| Zero | 18.5% | 18.5% | 23.6% | 19.8% |
| 1-2 days | 26.4% | 26.7% | 16.1% | 18.2% |
| 3-4 days | 34.1% | 26.8% | 18.6% | 31.8% |
| 5-7 days | 21.0% | 28.0% | 41.6% | 30.1% |
| Don't Know | 0.0% | 0.0% | 0.0% | 0.0% |
| Refused | 0.0% | 0.0% | 0.0% | 0.0% |
| Do you currently use tobacco products (cigarettes, cigars, e-cigarettes/vape, smokeless tobacco, chewing tobacco/dip)? | Virginia Beach | Norfolk | Portsmouth | Chesapeake |
| Yes | 18.4% | 17.6% | 15.9% | 14.6% |
| No | 81.6% | 82.4% | 84.1% | 85.4% |
| Don't Know | 0.0% | 0.0% | 0.0% | 0.0% |
| Refused | 0.0% | 0.0% | 0.0% | 0.0% |

3. Aging

Highlights: When asked about awareness and completion of advance care directives, 17% to 30% of respondents had not even heard about them with Virginia Beach having the largest portion of who had not. In terms of hospice usage by a family member, across localities only a fourth to a third of respondents indicated they had a family member use such services. When asked about health issues that are concerning about aging, memory problems/dementia/Alzheimer’s disease was the top issue reported across the cities. Chesapeake followed by Virginia Beach were rated most frequently as “excellent” or “good” places for people to live as they age. Top resources identified as important for the senior population were health and wellness programs. In Virginia Beach, Norfolk, and Chesapeake, home health care was also identified as a top resource; transportation assistance was identified for Portsmouth.

| AGING | | | | |
|---|-----------------------|----------------|-------------------|-------------------|
| Have you heard about and completed an advance care directive, such as Health Care Power of Attorney (HCPA) in which you name someone to make your health care decisions in the event you become incapacitated? | Virginia Beach | Norfolk | Portsmouth | Chesapeake |
| Have heard about and completed | 37.2% | 42.8% | 26.0% | 37.7% |
| Have heard about, not completed | 30.0% | 32.0% | 43.3% | 42.7% |
| Have not heard about | 30.4% | 24.0% | 25.2% | 16.9% |
| Don't Know | 2.2% | 0.1% | 5.5% | 2.7% |
| Refused | 0.3% | 1.0% | 0.0% | 0.0% |
| Have you ever used Hospice services to care for a family member or loved one? | Virginia Beach | Norfolk | Portsmouth | Chesapeake |
| Yes | 28.3% | 26.4% | 32.9% | 26.4% |
| No | 71.5% | 69.3% | 59.4% | 73.6% |
| I have never heard of Hospice services | 0.1% | 1.0% | 7.7% | 0.0% |
| Don't Know | 0.1% | 2.6% | 0.0% | 0.0% |
| Refused | 0.0% | 0.7% | 0.0% | 0.0% |
| Which of the following health related issues concern you about aging? Select all that apply. | Virginia Beach | Norfolk | Portsmouth | Chesapeake |
| Having problems walking/balance issues/falls | 35.9% | 33.3% | 39.1% | 36.0% |
| Vision loss | 38.2% | 31.7% | 23.9% | 36.0% |
| Hearing loss | 34.3% | 31.7% | 30.4% | 26.1% |
| Urinary incompetence/bladder problems | 27.8% | 29.3% | 19.6% | 29.7% |
| Memory problems/dementia/Alzheimer's disease | 47.9% | 41.5% | 43.5% | 50.5% |
| Loneliness/not able to have as many social interactions | 28.8% | 26.8% | 28.3% | 27.0% |
| Other | 3.2% | 2.4% | 15.2% | 3.6% |
| None | 30.0% | 37.4% | 32.6% | 29.7% |
| Don't Know | 0.0% | 0.0% | 0.0% | 0.0% |
| Refused | 0.0% | 0.8% | 0.0% | 0.9% |
| How would you rate your community as a place for people to live as they age? | Virginia Beach | Norfolk | Portsmouth | Chesapeake |
| Excellent | 22.4% | 17.4% | 12.1% | 20.4% |
| Good | 43.4% | 35.2% | 36.2% | 51.9% |
| Fair | 23.6% | 35.4% | 35.0% | 22.7% |
| Poor | 9.6% | 10.2% | 11.6% | 5.1% |
| Don't Know | 1.0% | 1.2% | 5.0% | 0.0% |
| Refused | 0.0% | 0.7% | 0.0% | 0.0% |

| AGING continued | | | | |
|--|-----------------------|----------------|-------------------|-------------------|
| For the senior population in your community, which resource do you think is the most important? | Virginia Beach | Norfolk | Portsmouth | Chesapeake |
| Health and wellness programs | 25.3% | 31.3% | 20.4% | 26.4% |
| Transportation assistance | 13.4% | 10.0% | 22.1% | 16.2% |
| Social/community events | 7.7% | 7.3% | 6.5% | 13.2% |
| Senior centers/gathering places | 6.9% | 5.5% | 1.0% | 1.9% |
| Medication management | 5.1% | 2.8% | 2.1% | 2.0% |
| Assistance with financial matters | 5.4% | 11.1% | 12.6% | 5.7% |
| Home health care | 21.5% | 17.4% | 5.7% | 21.6% |
| End of life care | 1.8% | 1.2% | 0.0% | 2.3% |
| Other | 7.1% | 6.5% | 23.7% | 2.5% |
| Don't Know | 4.8% | 6.2% | 5.9% | 7.7% |
| Refused | 1.0% | 0.7% | 0.0% | 0.5% |

4. Behavioral Health – Mental Health / Substance Abuse

Highlights: Respondents were asked if their doctor had asked about their mental health in the last 12 months; only a third of respondents in Virginia Beach, Norfolk, and Chesapeake said yes. For Portsmouth respondents, the percentage was much lower at 19%. Norfolk and Portsmouth had the highest portion of respondents who reported they had no behavioral health conditions. Virginia Beach had collectively the largest portion who had been told they had depression (17%) or anxiety (14%) and Norfolk the lowest (9% each). When asked about disposal of unused/unwanted medications, 45-59% of respondents in the cities reported that they keep all their medications or finish them. Only 14-22% report bringing these medications to a take-back program. Almost 11% of Portsmouth respondents followed by 9% of Virginia Beach respondents report using prescription drugs other than those that were prescribed to them. When asked about how easily accessible substance use/abuse resource and treatment options are in the community, 30-47% of respondents reported that they did not know (lowest Virginia Beach; highest Chesapeake). Respondents perceived resources/options most widely available in Virginia Beach.

| BEHAVIORAL HEALTH - MENTAL HEALTH / SUBSTANCE ABUSE | | | | |
|--|-----------------------|-------------------|-------------------|-------------------|
| In the past 12 months, has your doctor asked you about your mental health? | Virginia Beach | Norfolk | Portsmouth | Chesapeake |
| Yes | 37.7% | 33.6% | 19.3% | 36.3% |
| No | 61.2% | 65.7% | 80.7% | 63.1% |
| Don't Know | 1.0% | 0.0% | 0.0% | 0.0% |
| Refused | 0.0% | 0.7% | 0.0% | 0.6% |
| Could you please tell me whether a doctor within the past 12 months has told you that you have any of these behavioral health conditions? | | | | |
| Virginia Beach | Norfolk | Portsmouth | Chesapeake | |
| Depression | 16.5% | 8.9% | 13.0% | 9.0% |
| Anxiety | 13.6% | 8.9% | 8.7% | 14.4% |
| Bipolar disorder | 1.6% | 1.6% | 4.4% | 2.7% |
| Schizophrenia | 0.6% | 0.8% | 2.2% | 0.9% |
| Substance use disorder | 0.6% | 0.0% | 0.0% | 3.6% |
| Other | 1.3% | 0.8% | 0.0% | 3.6% |
| No diagnosis | 76.4% | 83.7% | 82.6% | 76.6% |
| Don't Know | 0.0% | 0.0% | 0.0% | 0.9% |
| Refused | 0.3% | 2.4% | 2.2% | 0.9% |

BEHAVIORAL HEALTH - MENTAL HEALTH / SUBSTANCE ABUSE continued

| How do you typically dispose of unused/unwanted prescription medications? Select all that apply. | Virginia Beach | Norfolk | Portsmouth | Chesapeake |
|--|-----------------------|----------------|-------------------|-------------------|
| Throw them away | 24.9% | 19.5% | 17.4% | 21.6% |
| Flush down the toilet | 13.3% | 13.0% | 6.5% | 11.7% |
| Give them to others who need them | 2.1% | 0.8% | 4.3% | 3.6% |
| Bring to a take-back program site (e.g., police station, pharmacy, other) | 15.9% | 17.1% | 21.7% | 13.5% |
| Other | 5.2% | 4.9% | 4.3% | 3.6% |
| I keep all of my medications/finish all meds | 44.6% | 47.2% | 58.7% | 47.8% |
| Don't Know | 0.3% | 0.8% | 4.3% | 0.9% |
| Refused | 0.0% | 0.8% | 0.0% | 0.0% |
| In the past 12 months, have you used prescription drugs other than those that were prescribed to you? | | | | |
| Yes | 8.5% | 2.9% | 10.7% | 7.2% |
| No | 91.5% | 95.7% | 89.3% | 92.1% |
| Don't Know | 0.0% | 0.0% | 0.0% | 0.0% |
| Refused | 0.0% | 1.4% | 0.0% | 0.6% |
| How often during the past year have you failed to do what was normally expected from you because of drinking? | | | | |
| Never | 89.1% | 91.9% | 92.1% | 98.9% |
| Less than monthly | 4.5% | 4.8% | 0.0% | 0.5% |
| Monthly | 3.5% | 0.0% | 0.0% | 0.6% |
| Weekly | 1.7% | 1.0% | 2.0% | 0.0% |
| Daily | 0.8% | 0.0% | 3.7% | 0.0% |
| Almost daily | 0.2% | 0.8% | 2.2% | 0.0% |
| Don't Know | 0.1% | 0.0% | 0.0% | 0.0% |
| Refused | 0.1% | 1.4% | 0.0% | 0.0% |
| How easily accessible are substance use/abuse resources and treatment options in your community? | | | | |
| Resources/options are not available | 6.0% | 4.6% | 2.1% | 11.1% |
| Resources/options are very limited | 23.1% | 22.0% | 28.0% | 19.6% |
| Resources/options are widely available | 40.9% | 31.3% | 22.4% | 21.8% |
| Don't Know | 30.1% | 40.7% | 43.9% | 47.4% |
| Refused | 0.0% | 1.4% | 3.7% | 0.0% |

Survey Demographics

The table on the next page displays the demographics by city of survey respondents.

How representative is the survey for these communities? The survey included a wide age range of participants, with the average age in the mid-40s. Examining race, the percentages of White and Black are similar to the demographics of the cities with the exception that the Asian population was not well captured in the survey. With respect to ethnicity, the Hispanic population was also a bit underrepresented in the survey compared to the demographics of the cities. Examining education, survey participants had the highest portion of Bachelor and advanced degrees from the city of Portsmouth; conversely, demographic data for the cities demonstrate college and advanced degrees percentages are actually the lowest in Portsmouth of the four cities.

| Survey Demographics | Virginia Beach | Norfolk | Portsmouth | Chesapeake |
|--|----------------|---------|------------|------------|
| Gender | | | | |
| Male | 49.2% | 50.6% | 46.2% | 48.1% |
| Female | 50.9% | 47.4% | 49.5% | 51.9% |
| Other or Refused | 0.0% | 2.1% | 4.2% | 0.0% |
| Age | | | | |
| Range | 18-95 | 19-92 | 20-91 | 18-89 |
| Average | 45 | 43 | 45 | 47 |
| Race/Ethnicity | | | | |
| White | 59.4% | 46.6% | 42.8% | 54.0% |
| Black/African-American | 26.3% | 40.5% | 48.6% | 35.7% |
| American Indian/Alaskan Native | 0.7% | 0.5% | 0.0% | 0.4% |
| Asian | 1.8% | 1.1% | 0.0% | 0.9% |
| Native Hawaiian/Pacific Islander | 1.0% | 0.0% | 2.1% | 0.0% |
| Multiracial | 3.7% | 5.0% | 2.3% | 4.9% |
| Other or Refused | 7.1% | 6.3% | 4.2% | 4.2% |
| Hispanic/Latino Origin | | | | |
| Yes | 6.7% | 4.4% | 3.6% | 3.1% |
| No | 93.3% | 91.5% | 87.8% | 96.1% |
| Don't Know or Refused | 0.0% | 4.1% | 8.6% | 0.8% |
| Highest Level of School Completed | | | | |
| Some high school or less | 3.4% | 2.0% | 2.1% | 0.0% |
| High school diploma or GED | 17.7% | 18.5% | 15.1% | 21.0% |
| Some college; completed trade/professional school; or Associate's Degree | 28.8% | 32.8% | 30.5% | 33.7% |
| Bachelor's Degree | 28.4% | 30.7% | 29.4% | 27.8% |
| Graduate Degree | 19.7% | 12.3% | 20.8% | 16.7% |
| Other, Don't Know, or Refused | 2.0% | 3.7% | 2.1% | 0.9% |
| Annual Household Income | | | | |
| Less than \$30K | 7.7% | 15.1% | 8.2% | 16.8% |
| More than \$30K to \$50K | 16.9% | 18.3% | 24.3% | 14.6% |
| More than \$50K to \$75K | 16.9% | 19.8% | 27.3% | 15.0% |
| More than \$75K to \$100K | 17.4% | 11.6% | 6.5% | 18.2% |
| More than 100K | 21.8% | 17.4% | 22.6% | 17.4% |
| Don't Know or Refused | 19.3% | 17.8% | 11.1% | 18.1% |
| Marital Status | | | | |
| Single, not living with a partner | 30.6% | 36.5% | 30.0% | 34.0% |
| Single, living with a partner | 5.6% | 10.8% | 2.1% | 1.6% |
| Married | 51.1% | 37.5% | 52.6% | 45.6% |
| Divorced/separated or Widowed | 12.7% | 12.4% | 15.2% | 18.8% |
| Refused | 0.0% | 2.8% | 0.0% | 0.0% |
| Employment Status | | | | |
| Employed full-time | 62.1% | 61.4% | 59.4% | 56.7% |
| Employed part-time | 10.7% | 8.1% | 10.6% | 11.1% |
| Not employed but looking for work | 3.2% | 9.4% | 0.1% | 0.4% |
| Not employed, NOT looking for work | 2.9% | 1.9% | 12.1% | 7.3% |
| Not employed, retired | 20.8% | 15.5% | 17.7% | 21.9% |
| Don't Know or Refused | 0.3% | 3.7% | 0.0% | 2.6% |

Community Focus Group Session Findings 2019

In addition to the online surveys for community insight, Sentara Leigh Hospital carried out a series of more in-depth Community Focus Groups to obtain greater insight from diverse stakeholders.

Focus groups were often drawn from existing hospital and community groups or sought from other populations in the community, including representatives of underserved communities and consumers of services. The questions below were utilized at each focus group sessions.

- What are the most serious health problems in our community?
- Who/what groups of individuals are most impacted by these problems?
- What keeps people from being healthy? In other words, what are the barriers to achieving good health?
- What is being done in our community to improve health and to reduce the barriers? What resources exist in the community?
- What more can be done to improve health, particularly for those individuals and groups most in need?
- Considering social determinants impact health outcomes more than clinical care, which of the following resonate as a key social determinant that we should be focusing on?

Two focus group sessions were held in May 2019. The number of participants ranged from 6-15. When possible, representatives from the health department and other local hospitals were invited to attend the sessions.

(List the focus groups/stakeholders in order they were carried out; note if any were jointly held)

1. Patient Family Advisory Committee
2. Community Advisory Committee

A brief summary of the key findings for each topic is presented below.

| Topic | Key Findings |
|---|--|
| 1. What are the most serious health problems in our community? | Behavioral Health Diabetes COPD Cancer Heart Failure Obesity High Blood Pressure End-of-life Opioid addiction Mobility issues (e.g. OA, CVA) Access to PCP |
| 2. Who/what groups of individuals are most impacted by these problems? | Low income Poverty x2 No Access to care Homeless Advanced age |

| | |
|--|--|
| | Education level |
| 3. What keeps people from being healthy? In other words, what are the barriers to achieving good health? | Social Determinants Lack of access Lack of knowledge/education x2 No wellness care Compliance Fast-paced lifestyle Income Economy |
| 4. What is being done in our community to improve health and to reduce the barriers? What resources exist in the community? | Vendor fair for employees Clinics Symposiums and classes Church health fairs Rotary club for advanced care planning A Matter of Balance program |
| 5. What more can be done to improve health, particularly for those individuals and groups most in need? | Partner with families Going out to community Transportation x2 Signage Education Improve access to PCP |
| 6. Considering social determinants impact health outcomes more than clinical care, which of the following resonate as a key social determinant that we should be focusing on? | Housing-0 Education- 6 Food- 2 Transportation- 2 Violence- 1 Social support- 6 Employment- 1 Health behavior- 8 |

Sentara Community Health Needs Assessment Implementation Strategy

2018 Progress Report

Sentara Leigh - ASC

Quarter (please indicate): First Quarter Second Quarter Third Quarter Year End

In support of community health needs assessment and related implementation strategies, Sentara will measure the progress toward the community health needs assessment implementation strategies selected by each hospital on a quarterly basis.

To complete this quarterly progress report, the health problems and implementation strategies can be pasted into this document from the hospital's existing Three Year Implementation Strategy document. The quarterly progress should be identified in the third column below.

The quarterly report should include only key actions taken during the quarter; the report does not need to include all activities. Where possible the actions should be quantified, with outcomes measurements if available.

Reports should be emailed to Laura Armstrong-Brauer at larmstr@sentara.com within 15 days of the close of each quarter.

| Health Problem | Implementation Strategy | Progress |
|----------------|--|--|
| All | Strategies that address multiple health problems include: <ul style="list-style-type: none"> • Annual Community Health Fair • American Heart Month | Q1 <ul style="list-style-type: none"> • Continuing monthly Community Committee meetings. • Plans for Spring Community Health Fair at SLH on Saturday, June 9 from 9am-12noon. Coordinating with Orthopedic Service line at SLH to offer an "Orthopedic Stroll" for patients that have had joint replacement at SLH within the last 3 years • Sat on committee meeting to discuss plans this year for participating in Norfolk Christmas Parade for first time in November 2018 • February is American Heart Month. Encouraging SLH ASC wide participation in National Wear Red Day for recognition of heart disease in women. The goal is to improve awareness and provide education on heart health. |
| | | Q2 |

| Health Problem | Implementation Strategy | Progress |
|--|---|--|
| | | <ul style="list-style-type: none"> • Continuing monthly Community Committee meetings. • Hosted 3rd Annual Sentara Leigh Hospital Community Health Fair on June 9 on the campus of Sentara Leigh from 9am-1pm with over 30 vendors and 300 participants including the Post Joint Replacement Surgery Patient/Family Stroll with 120 participants <p>Q3</p> <ul style="list-style-type: none"> • Fundraising kicked off for the United Way of South Hampton Roads with a goal to raise \$65,000 at SLH. • Fundraising kicked off for the American Heart Association Heart Walk, which will occur on November 3, 2018 at Mount Trashmore. <p>Q4</p> <ul style="list-style-type: none"> • SLH ASC Team Coordinator and her team participated in the American Heart Association Heart Walk, which occurred on November 3, 2018 at Mount Trashmore. • 2 Hope Fund families were supported with holiday gifts by the SLH Leigh Management team |
| <p>Problem #1</p> <p>Chronic Diseases</p> | <ul style="list-style-type: none"> • Continue participation on the Norfolk Community Advisory Board and contribute to the MAPP process and Community Health Improvement Plan • Continue participation on the Norfolk Healthcare Collaborative along with all healthcare facilities in the city • Continue participation on the YMCA Community Health Advisory Committee/ Diabetes Prevention Program | <p>Q1</p> <ul style="list-style-type: none"> • Participated in system CHNA coordinators meeting. <p>Q2</p> <ul style="list-style-type: none"> • Hosted 3rd Annual Sentara Leigh Hospital Community Health Fair on June 10th on the campus of Sentara Leigh from 9am-1pm with over 30 vendors and 300 participants including the Post Joint Replacement Surgery Patient/Family Stroll with 120 participants • • Q3 Medicare Education Event “Healthy at Any Age” coordinated by Optima Marketing on July 14 • Fundraising kicked off for the United Way of South Hampton Roads with a goal to raise \$65,000 at SLH. • Fundraising kicked off for the American |

| Health Problem | Implementation Strategy | Progress |
|---|--|---|
| | | <p>Heart Association Heart Walk, which will occur on November 3, 2018 at Mount Trashmore</p> <p>Q4</p> <ul style="list-style-type: none"> • SLH met United Way fundraising goal in October! • SLH ASC participated in the American Heart Association Heart Walk, which occurred on November 3, 2018 at Mount Trashmore. |
| <p>Problem #2</p> <p>Tobacco Use</p> | <ul style="list-style-type: none"> • Provide educational fliers on Tobacco cessation in waiting room • Add educational information to the After Visit Summary upon discharge | <p>Q1</p> <ul style="list-style-type: none"> • fliers are in the surgical waiting room as well as the staff lounge • Hosted 3rd Annual Sentara Leigh Hospital Community Health Fair on June 10th on the campus of Sentara Leigh from 9am-1pm with over 30 vendors and 300 participants including the Post Joint Replacement Surgery Patient/Family Stroll <p>Q2</p> <ul style="list-style-type: none"> • Continue providing smoking cessation literature to patients and their families via our displays in our lobby <p>Q3</p> <ul style="list-style-type: none"> • Fundraising kicked off for the American Heart Association Heart Walk, which will occur on November 3, 2018 at Mount Trashmore ASC Team Coordinator developing team. <p>Q4</p> <ul style="list-style-type: none"> • SLH ASC Team Coordinator created a team and participated in the American Heart Association Heart Walk, which occurred on November 3, 2018 at Mount Trashmore |
| <p>Problem #3</p> <p>Opioid Abuse Issues</p> | <ul style="list-style-type: none"> • Shift away from opioid use in the post-op area • Partner with ambulatory surgeons regarding narcotic prescribing • Medical Staff education on narcotic prescribing | <p>Q1</p> <ul style="list-style-type: none"> • Added PO non-narcotic pain meds in to the OmniCell/Med cabinets for the prescribing surgeons. <p>Q2</p> <ul style="list-style-type: none"> • Continue to decrease “typical” narcotic use in the PACU where appropriate. • Hosted 3rd Annual Sentara Leigh Hospital Community Health Fair on June 10th on the campus of Sentara Leigh |

| Health Problem | Implementation Strategy | Progress |
|----------------|-------------------------|---|
| | | <p>from 9am-1pm with over 30 vendors and 300 participants including the Post Joint Replacement Surgery Patient/Family Stroll</p> <p>Q3</p> <ul style="list-style-type: none"> Continued to encourage surgeons to prescribe non-narcotic pain medications post-operatively Continued distribution of “Chronic Pain Management: Continuing Your chronic pain management in the hospital” brochures <p>Q4</p> <ul style="list-style-type: none"> SLH met United Way fundraising goal! |