Hospital for Extended Recovery

Community Health Needs Assessment 2019

SENTARA®

Community Health Needs Assessment (CHNA)

2019

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Introduction

The Hospital for Extended Recovery (HER), as a hospital unit closely associated with Sentara Norfolk General Hospital (SNGH), has participated in the SNGH community health needs assessment of the area that we serve. 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. The report also includes findings from focus groups with community members on health issues and barriers to achieving good health. While the HER shares some health data with SNGH, we have conducted separate focus groups that represent those in the community most interested in the scope of the services we offer.

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:

Behavioral Health/Substance Abuse	**Heart Disease**
Obesity/Nutrition	**Alzheimer's Disease/Dementia**

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.

HER 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.

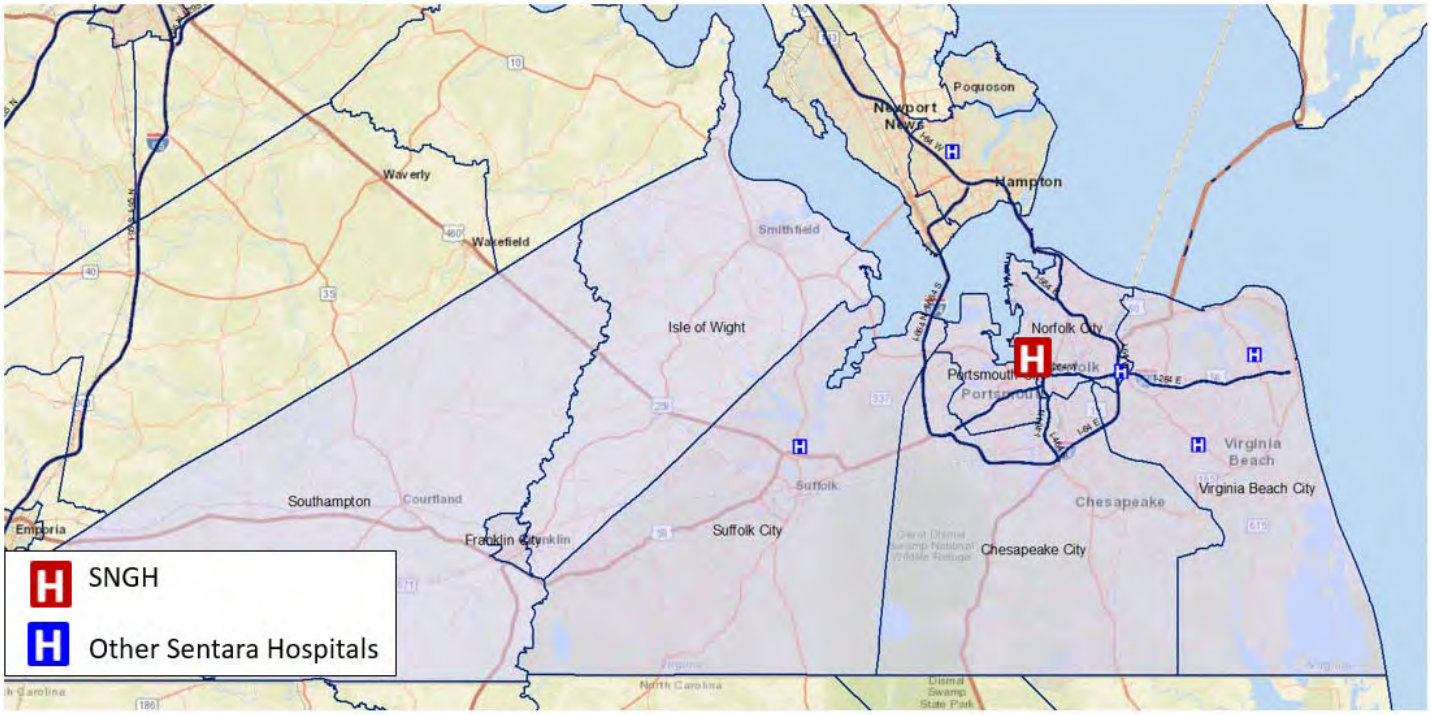
Your input is important to us so that we can incorporate your feedback into our assessments. You may use our online feedback form available on the Sentara.com website. Thanks!

Demographic Information

Population

Highlight Population: The combined population of the Sentara Norfolk General Hospital (SNGH) service area numbers over 1.1 million people. The service area of SNGH is comprised of 8 localities: the Cities of Norfolk, Chesapeake, Virginia Beach, Portsmouth, Suffolk, and Franklin, as well as the Counties of the Isle of Wight and Southampton. 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. Some of the localities in the service area are very rural within the 2,015 square mile region.

The Sentara Norfolk General Hospital (SNGH) Service Area:



Source: Truven/Market Expert

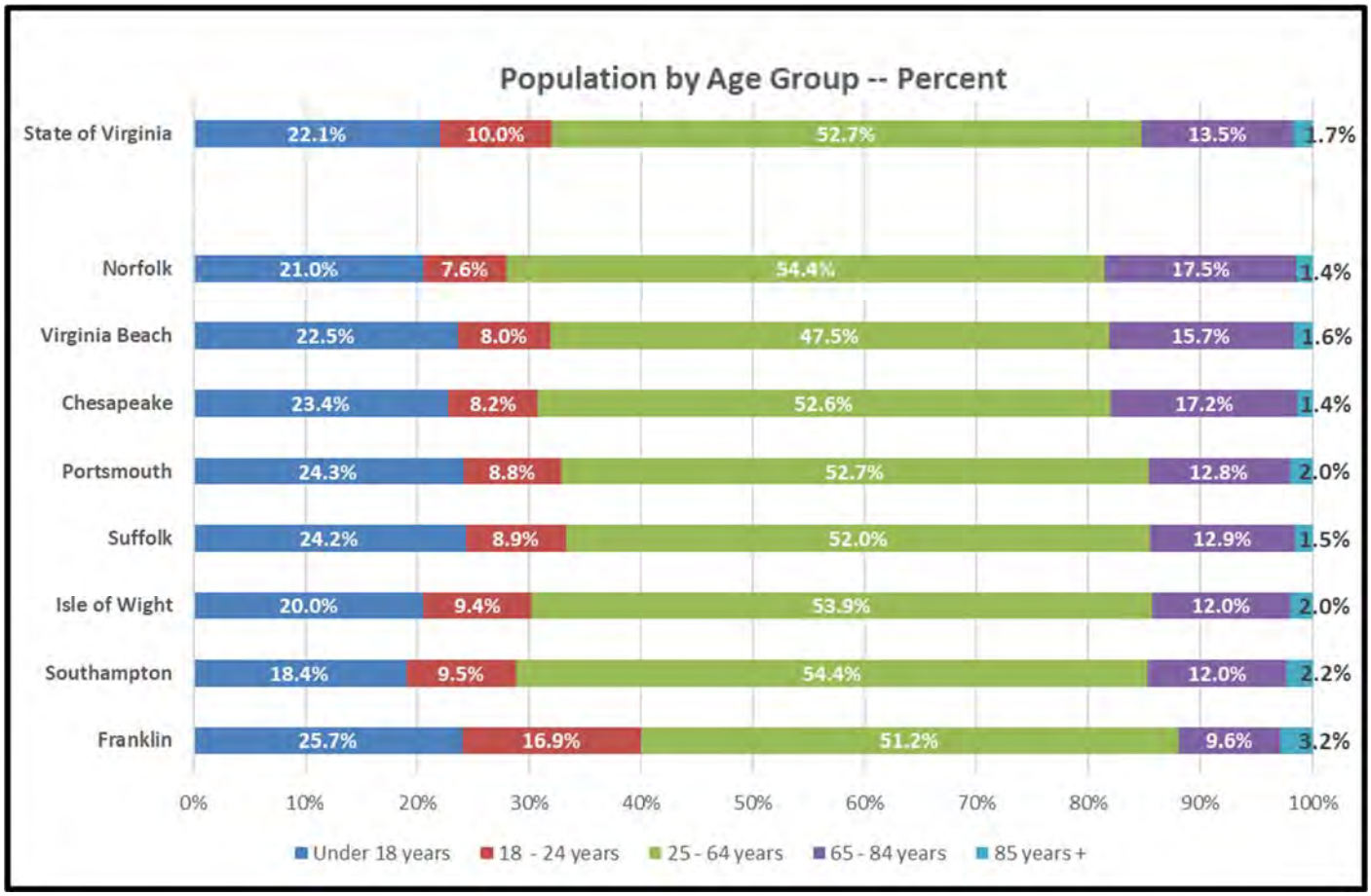
Population Change		
Locality	**Total Population**	**% Change 2010-2018**
State of Virginia	8,492,022.00	6.14%
Norfolk	245,907.00	1.28%
Virginia Beach	455,533.00	4.00%
Chesapeake	242,343.00	9.06%
Portsmouth	95,247.00	-0.30%
Suffolk	91,570.00	8.26%
Isle of Wight	37,129.00	5.27%
Southampton	17,993.00	-3.11%
Franklin	8,355.00	-2.65%

Highlight Population Change: The service area population as a whole is enjoying healthy growth, primarily driven by Chesapeake's 9.1% growth since 2010 and Suffolk's 8.3%. Norfolk, Virginia Beach and Isle of Wight have seen moderate growth, while Portsmouth, Southampton and Franklin have actually lost population.

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 higher percent of residents aged 65+ than the state as a whole, Norfolk, Virginia Beach and Chesapeake having the highest percent of the senior population. Franklin has the highest percent of the very elderly, aged 85+, and surprisingly, also has the highest percent of children under the age of 18, followed by Portsmouth and Suffolk.



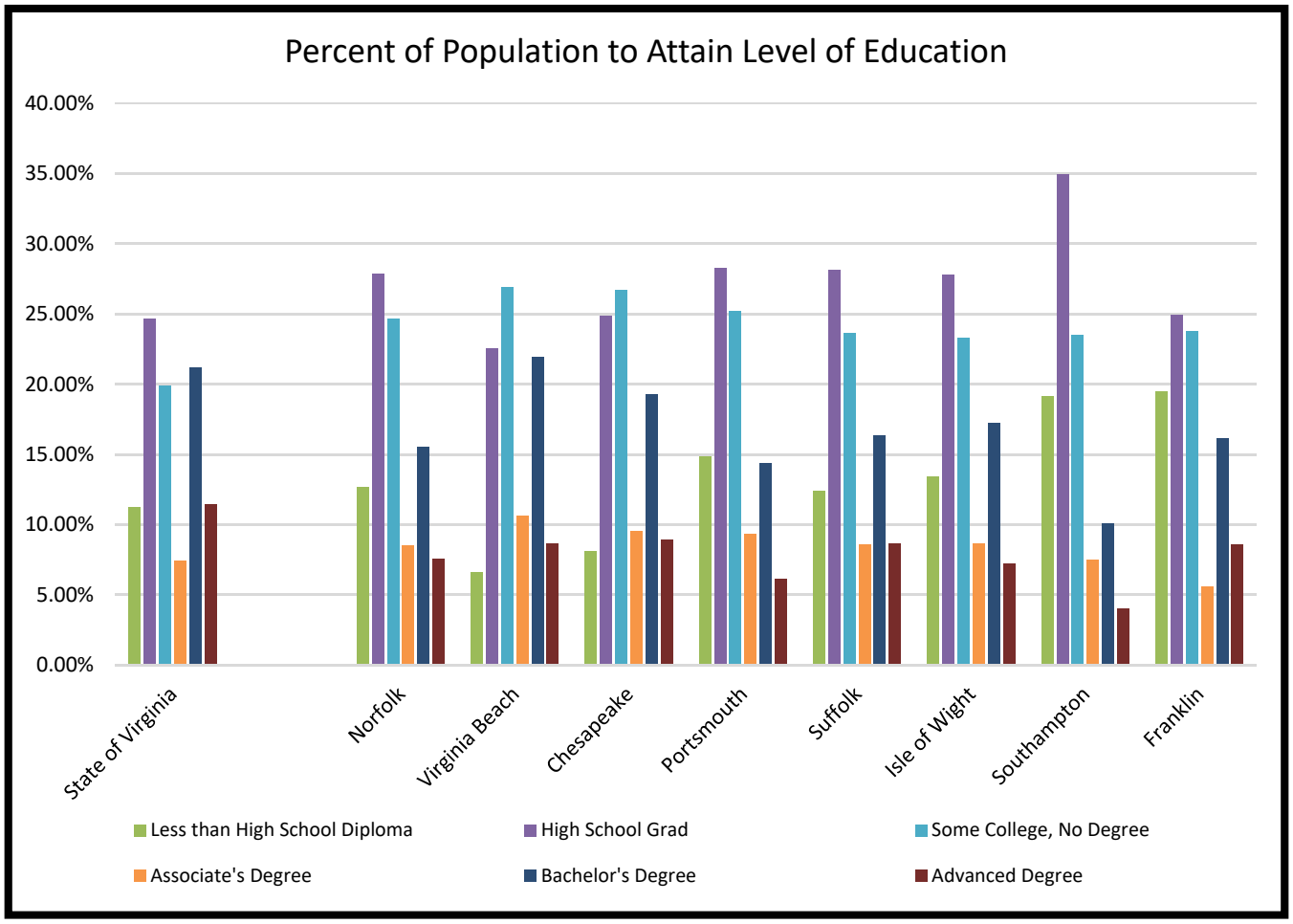
Population by Race and Ethnicity

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. All other localities have no more than 7% combined non-white or black population. 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 population as a whole has a small Hispanic population, with Virginia Beach home to the largest Hispanic community with 8.78% of the population followed by Norfolk with 8.16%. No other community in the service area has more than 5% Hispanic community, with Southampton and Franklin having less than 3%.

Population by Race and Ethnicity										
		Race							Ethnicity	
Locality	Population	White	Black	American Indian /Alaskan Native	Asian	Native Hawaiian/ Pacific Islander	Some Other Race	2+ Races	Non-Hispanic /Latino	Hispanic /Latino
State of Virginia	8,492,022	66.0%	19.4%	0.4%	6.8%	0.1%	3.8%	3.6%	90.4%	9.6%
Norfolk	245,907	47.2%	41.3%	0.6%	3.8%	0.2%	2.7%	4.2%	91.8%	8.2%
Virginia Beach	455,533	65.2%	19.7%	0.4%	7.1%	0.2%	2.5%	4.9%	90.4%	9.6%
Chesapeake	242,343	60.4%	29.9%	0.4%	3.6%	0.1%	1.7%	4.0%	93.9%	6.1%
Portsmouth	95,247	40.1%	53.2%	0.5%	1.4%	0.1%	1.4%	3.3%	95.4%	4.6%
Suffolk	91,570	51.1%	42.4%	0.4%	2.0%	0.1%	1.2%	2.9%	95.3%	4.7%
Isle of Wight	37,129	72.3%	22.7%	0.5%	1.1%	0.1%	0.9%	2.4%	96.4%	3.6%
Franklin	8,355	38.6%	56.7%	0.4%	1.0%	0.1%	0.9%	2.4%	97.8%	2.2%
Southampton	17,993	61.2%	35.2%	0.5%	0.4%	0.1%	0.5%	2.2%	98.3%	1.7%

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. Franklin and Southampton have the highest percent of individuals aged 25+ who have less than a high school diploma, while Chesapeake has the highest percent of residents with advanced or professional degrees.



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. In Southampton and Franklin, Hispanic households earn 40% of the earnings of white households.

Median Household Income by Race/Ethnicity				
	White	Black	Hispanic	All Races
State of Virginia	$ 76,180	$ 49,110	$ 65,576	$ 71,167
Norfolk	$ 62,966	$ 34,843	$ 43,903	$ 49,412
Virginia Beach	$ 75,038	$ 55,476	$ 59,639	$ 70,700
Chesapeake	$ 83,116	$ 57,909	$ 61,287	$ 74,129
Portsmouth	$ 61,764	$ 41,568	$ 46,188	$ 51,406
Suffolk	$ 78,243	$ 46,290	$ 65,318	$ 65,386
Isle of Wight	$ 78,025	$ 44,954	$ 92,568	$ 69,606
Franklin	$ 59,060	$ 32,934	$ 24,107	$ 40,368
Southampton	$ 66,143	$ 34,624	$ 24,737	$ 52,626

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 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.

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

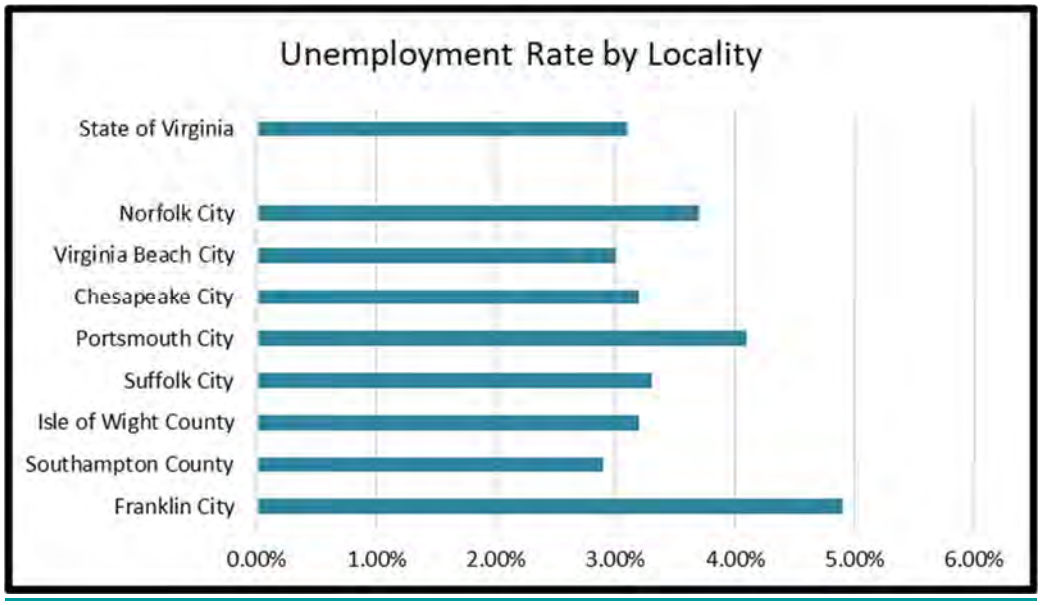
Source: United States Department of Health and Human Services

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%
Norfolk	21%	42.1%	60.2%	73.1%
VB	8%	23.4%	40.9%	56.9%
Chesapeake	10%	22.6%	39.1%	54.0%
Portsmouth	18%	38.4%	57.9%	71.9%
Suffolk	12%	26.3%	42.7%	57.4%
Isle of Wight	11%	22.9%	36.9%	53.7%
Southampton	15%	33.8%	51.3%	67.5%
Franklin	17%	43.8%	58.7%	72.4%

Source: US Census Bureau: American Factfinder 2017 Estimates

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 with few exceptions, the rate is lower in the SNGH service area than in the state as a whole. Franklin City, Portsmouth and Norfolk have unemployment rates substantially higher than the state, while Virginia Beach and Southampton rates are marginally lower than unemployment in Virginia as a whole.



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 and regionally large employers round out the list of largest employers.

Three Largest Employers by Locality			
Norfolk	US Department of Defense	Sentara Healthcare	Norfolk City School Board
Virginia Beach	City of Virginia Beach Schools	City of Virginia Beach	Sentara Healthcare
Chesapeake	Chesapeake City Public School Board	City of Chesapeake	Chesapeake Regional Medical Center
Portsmouth	US Department of Defense	Portsmouth City Public Schools	Maryview Hospital
Suffolk	Suffolk Public Schools	City of Suffolk	Science Applications Internat'l Corp
Isle of Wight	Smithfield Fresh Meats Corporation	Isle of Wight Cty School Board	Green Mountain Coffee Roasters Inc
Southampton	Southampton County Public School Brd	Deerfield Correctional Center	County of Southampton
Franklin	Southampton Memorial Hospital	Franklin City Public Schools	Wal Mart

Source: Virginia Economic Commission, Community Profiles 2018

Health Status Indicators

Below are key health status indicators for the counties representing the **Sentara Norfolk General Hospital (SNGH)** Service Area. 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

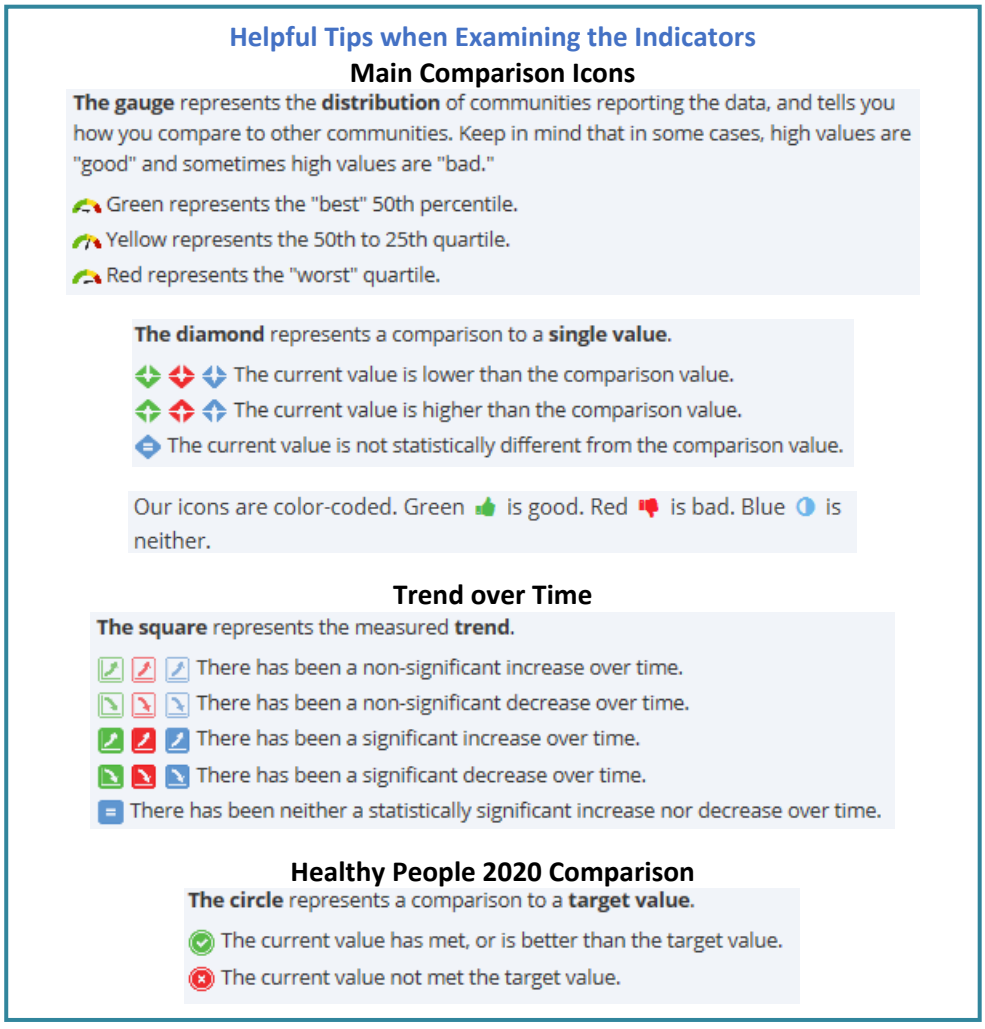
D. Cancer Profile

E. Behavioral Health Profile

F. Maternal and Infant Health Profile

G. Spotlight: Opioid Epidemic

H. Spotlight: Community and Gun Violence



A. Mortality Profile

Highlights: Leading causes of death in localities of the SNGH 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 service area, the crude death rate from all causes was greater than the rate in the state overall. Of the top causes of death, accidents, stroke, diabetes, and Alzheimer's disease were the causes with crude death rates higher than the rates for Virginia.

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

Leading Causes of Death	Chesapeake	Franklin	Isle of Wight County	Norfolk	Portsmouth	Southampton County	Suffolk	Virginia Beach	Total Service Area	Virginia
Counts										
All Causes	1,723	147	329	1,951	1,085	187	707	2,995	9,124	63,100
Cancer	382	33	68	411	215	50	174	706	2,039	14,646
Heart Disease	366	35	67	399	227	39	157	599	1,889	13,748
Accidents	91	6	13	124	57	9	30	157	487	3,070
Stroke	88	12	12	95	49	10	31	169	466	3,202
Chronic Obstructive Pulmonary Disease (COPD)	81	7	19	82	55	6	32	157	439	3,096
Diabetes	66	1	10	76	52	5	25	117	352	1,671
Alzheimer's Disease	68	2	16	42	45	4	41	125	343	1,765
Kidney Disease	41	2	4	39	34	4	23	54	201	1,542
Blood Poisoning	35	4	4	48	22	3	17	44	177	1,336
Influenza and Pneumonia	25	--	7	32	17	3	5	38	127	1,490
Crude Death Rates per 100,000 Population										
All Causes	**724.1**	**1,769.8**	**899.0**	**796.0**	**1,139.1**	**1,035.6**	**792.0**	**661.7**	**771.2**	757.8
Cancer	**160.5**	**397.3**	**185.6**	**167.7**	**225.7**	**276.9**	**194.9**	**156.0**	**172.3**	175.9
Heart Disease	**153.8**	**421.4**	**183.1**	**162.8**	**238.3**	**216.0**	**175.9**	**132.3**	**159.7**	165.1
Accidents	**38.2**	**72.2**	**35.5**	**50.6**	**59.8**	**49.8**	**33.6**	**34.7**	**41.2**	36.9
Stroke	**37.0**	**144.5**	**32.8**	**38.8**	**51.4**	**55.4**	**34.7**	**37.3**	**39.4**	38.5
Chronic Obstructive Pulmonary Disease (COPD)	**34.0**	**84.3**	**51.9**	**33.5**	**57.7**	**33.2**	**35.8**	**34.7**	**37.1**	37.2
Diabetes	**27.7**	**12.0**	**27.3**	**31.0**	**54.6**	**27.7**	**28.0**	**25.9**	**29.8**	20.1
Alzheimer's Disease	**28.6**	**24.1**	**43.7**	**17.1**	**47.2**	**22.2**	**45.9**	**27.6**	**29.0**	21.2
Kidney Disease	**17.2**	**24.1**	**10.9**	**15.9**	**35.7**	**22.2**	**25.8**	**11.9**	**17.0**	18.5
Blood Poisoning	**14.7**	**48.2**	**10.9**	**19.6**	**23.1**	**16.6**	**19.0**	**9.7**	**15.0**	16.0
Influenza and Pneumonia	**10.5**	**--**	**19.1**	**13.1**	**17.8**	**16.6**	**5.6**	**8.4**	**10.7**	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 SNGH

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 SNGH *(more conditions available)*

Highlights: Of the conditions examined, heart failure was the condition with the highest age-adjusted hospitalization rate in the SNGH Service Area with Franklin followed by Norfolk having the highest rates. Across localities, the rates were higher than the Virginia rate (except in Southampton County). Other top conditions included diabetes and community acquired pneumonia.

Age-Adjusted Hospitalization Rate due to Heart Failure

	VALUE	COMPARED TO:	
County: Chesapeake City, VA	50.2 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (36.5)
County: Franklin City, VA	105.1 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (36.5)
County: Isle of Wight, VA	39.4 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (36.5)
County: Norfolk City, VA	64.8 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (36.5)
County: Portsmouth City, VA	54.1 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (36.5)
County: Southampton, VA	36.2 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (36.5)
County: Suffolk City, VA	54.9 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (36.5)
County: Virginia Beach City, VA	40.8 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (36.5)

Age-Adjusted Hospitalization Rate due to Diabetes

	VALUE	COMPARED TO:	
County: Chesapeake City, VA	25.2 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (18.9)
County: Franklin City, VA	51.6 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (18.9)
County: Isle of Wight, VA	19.8 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (18.9)
County: Norfolk City, VA	29.7 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (18.9)
County: Portsmouth City, VA	31.8 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (18.9)
County: Southampton, VA	13.5 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (18.9)
County: Suffolk City, VA	20.3 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (18.9)
County: Virginia Beach City, VA	15.6 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (18.9)

Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia

	VALUE	COMPARED TO:	
County: Chesapeake City, VA	23.6 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (19.6)
County: Franklin City, VA	62.7 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (19.6)
County: Isle of Wight, VA	17.7 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (19.6)
County: Norfolk City, VA	20.8 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (19.6)
County: Portsmouth City, VA	14.6 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (19.6)
County: Southampton, VA	23.9 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (19.6)
County: Suffolk City, VA	18.1 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (19.6)
County: Virginia Beach City, VA	16.2 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (19.6)

C. Risk Factors Profile

Link to interactive dashboard: Risk Factors SNGH *(more indicators available)*

Highlights: Obesity percentages were higher for all localities in the SNGH Service Area compared to Virginia and the United States (US) values. Diabetes percentages were also higher in all localities except Norfolk and Virginia Beach. Conversely, the percentage of adults who drink excessively was higher in Virginia Beach and Norfolk compared to the state of Virginia and the US but lower throughout the other localities. Smoking was also examined; there were high percentages of smoking except in Isle of Wight.

Adults 20+ who are Obese

	VALUE	COMPARED TO:					
County: Chesapeake City, VA	32.7% (2014)	VA Counties	U.S. Counties	VA Value (28.3%)	US Value (28.0%)	Prior Value (32.3%)	Trend
County: Franklin City, VA	35.3% (2014)	VA Counties	U.S. Counties	VA Value (28.3%)	US Value (28.0%)	Prior Value (34.4%)	Trend
County: Isle of Wight, VA	32.2% (2014)	VA Counties	U.S. Counties	VA Value (28.3%)	US Value (28.0%)	Prior Value (29.3%)	Trend
County: Norfolk City, VA	30.7% (2014)	VA Counties	U.S. Counties	VA Value (28.3%)	US Value (28.0%)	Prior Value (30.1%)	Trend
County: Portsmouth City, VA	36.6% (2014)	VA Counties	U.S. Counties	VA Value (28.3%)	US Value (28.0%)	Prior Value (37.2%)	Trend
County: Southampton, VA	31.1% (2014)	VA Counties	U.S. Counties	VA Value (28.3%)	US Value (28.0%)	Prior Value (31.1%)	Trend
County: Suffolk City, VA	33.1% (2014)	VA Counties	U.S. Counties	VA Value (28.3%)	US Value (28.0%)	Prior Value (31.9%)	Trend
County: Virginia Beach City, VA	29.2% (2014)	VA Counties	U.S. Counties	VA Value (28.3%)	US Value (28.0%)	Prior Value (27.9%)	Trend

Adults 20+ with Diabetes

	VALUE	COMPARED TO:					
County: Chesapeake City, VA	10.6% (2014)	VA Counties	U.S. Counties	VA Value (9.7%)	US Value (10.0%)	Prior Value (10.2%)	Trend
County: Franklin City, VA	14.2% (2014)	VA Counties	U.S. Counties	VA Value (9.7%)	US Value (10.0%)	Prior Value (14.9%)	Trend
County: Isle of Wight, VA	12.4% (2014)	VA Counties	U.S. Counties	VA Value (9.7%)	US Value (10.0%)	Prior Value (12.6%)	Trend

County: Norfolk City, VA	9.6% (2014)	VA Counties	U.S. Counties	VA Value (9.7%)	US Value (10.0%)	Prior Value (9.2%)	Trend
County: Portsmouth City, VA	12.9% (2014)	VA Counties	U.S. Counties	VA Value (9.7%)	US Value (10.0%)	Prior Value (14.0%)	Trend
County: Southampton, VA	13.7% (2014)	VA Counties	U.S. Counties	VA Value (9.7%)	US Value (10.0%)	Prior Value (12.6%)	Trend
County: Suffolk City, VA	12.0% (2014)	VA Counties	U.S. Counties	VA Value (9.7%)	US Value (10.0%)	Prior Value (10.9%)	Trend
County: Virginia Beach City, VA	8.4% (2014)	VA Counties	U.S. Counties	VA Value (9.7%)	US Value (10.0%)	Prior Value (8.0%)	Trend

Adults who Drink Excessively

	VALUE	COMPARED TO:				
County: Chesapeake City, VA	17.1% (2016)	VA Counties	U.S. Counties	VA Value (17.4%)	US Value (18.0%)	Prior Value (16.7%)
County: Franklin City, VA	13.2% (2016)	VA Counties	U.S. Counties	VA Value (17.4%)	US Value (18.0%)	Prior Value (12.6%)
County: Isle of Wight, VA	17.2% (2016)	VA Counties	U.S. Counties	VA Value (17.4%)	US Value (18.0%)	Prior Value (16.9%)
County: Norfolk City, VA	21.1% (2016)	VA Counties	U.S. Counties	VA Value (17.4%)	US Value (18.0%)	Prior Value (18.6%)
County: Portsmouth City, VA	15.6% (2016)	VA Counties	U.S. Counties	VA Value (17.4%)	US Value (18.0%)	Prior Value (14.7%)
County: Southampton, VA	14.9% (2016)	VA Counties	U.S. Counties	VA Value (17.4%)	US Value (18.0%)	Prior Value (14.7%)
County: Suffolk City, VA	16.8% (2016)	VA Counties	U.S. Counties	VA Value (17.4%)	US Value (18.0%)	Prior Value (15.7%)
County: Virginia Beach City, VA	22.0% (2016)	VA Counties	U.S. Counties	VA Value (17.4%)	US Value (18.0%)	Prior Value (19.9%)

D. Cancer Profile

Link to interactive dashboard: Cancer SNGH *(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), generally the trends throughout showed improvement over time with some exceptions. In general, breast cancer, followed by prostate and then lung cancer had the highest new or incident case rates across the localities in the SNGH service area. Localities with the greatest all cancer incidence rates were Franklin, Norfolk, and then Portsmouth in order of decreasing incidence. The trend was improving in Norfolk and Portsmouth, but getting worse in Franklin.

Age-Adjusted Cancer Death Rates by Cancer Type and City/County in the SNGH Service Area, 2010-2014

Age-Adjusted Death Rate	Chesapeake	Franklin	Isle of Wight County	Norfolk	Portsmouth	Southampton County	Suffolk	Virginia Beach	Virginia
Breast Cancer per 100,000 females	23.0	48.2	33.3	27.0	29.9	33.6	27.7	23.4	21.9
Colorectal Cancer per 100,000 population	14.6	--	15.1	14.3	17.7	22.4	20.3	12.3	14.2
Lung Cancer per 100,000 population	50.5	48.5	44.0	50.7	57.4	45.5	47.3	45.8	45.5
Prostate Cancer per 100,000 males	25.7	--	27.6	26.8	34.7	39.4	40.9	19.6	21.1

Cancer Incidence Rates by Cancer Type and City/County in the SNGH Service Area, 2011-2015

Incidence Rate	Chesapeake	Franklin	Isle of Wight County	Norfolk	Portsmouth	Southampton County	Suffolk	Virginia Beach	Virginia
Breast Cancer per 100,000 females	142.0	143.3	150.6	139.5	132.5	132.3	146.7	145.6	127.9
Colorectal Cancer per 100,000 population	34.6	67.7	37.4	42.3	42.3	42.1	43.6	34.5	36.0
Lung Cancer per 100,000 population	66.5	57.9	53.3	74.7	72.5	64.5	56.9	69.9	58.9
Prostate Cancer per 100,000 males	112.3	146.4	104.3	122.0	147.9	108.7	130.3	100.6	102.8

Data Source: Healthy Communities Institute. Greater Hampton Roads Community Indictors Dashboard. GHRconnects. From National Cancer Institute.

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

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: Franklin City, VA	492.8 Cases per 100,000 population (2011-2015)	VA Counties	U.S. Counties	VA Value (414.3)	
		US Value (441.2)	Prior Value (604.3)	Trend	
County: Isle of Wight, VA	424.4 Cases per 100,000 population (2011-2015)	VA Counties	U.S. Counties	VA Value (414.3)	
		US Value (441.2)	Prior Value (432.3)	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: Portsmouth City, VA	464.6 Cases per 100,000 population (2011-2015)	VA Counties	U.S. Counties	VA Value (414.3)	
		US Value (441.2)	Prior Value (468.0)	Trend	
County: Southampton, VA	437.2 Cases per 100,000 population (2011-2015)	VA Counties	U.S. Counties	VA Value (414.3)	
		US Value (441.2)	Prior Value (389.2)	Trend	
County: Suffolk City, VA	450.5 Cases per 100,000 population (2011-2015)	VA Counties	U.S. Counties	VA Value (414.3)	
		US Value (441.2)	Prior Value (461.5)	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	

E. Behavioral Health Profile – Mental Health and Substance Abuse

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

Highlights: Hospitalization rates due to mental health, suicide/self-intentional injury, and alcohol/substance abuse were examined. Localities except Isle of Wight, Southampton, and Suffolk had higher hospitalization rates due to mental health and suicide/self-intentional injury compared to Virginia rates. Portsmouth residents, followed by Franklin and Norfolk had the highest rates. For alcohol abuse hospitalizations, Chesapeake, Franklin, Norfolk, and Virginia Beach residents had rates higher than the state value (Franklin and Virginia Beach the highest). For substance abuse, residents of all localities except Isle of Wight and Southampton had hospitalization rates greater than Virginia (Franklin and Chesapeake the highest).

Age-Adjusted Hospitalization Rate due to Mental Health

	VALUE	COMPARED TO:	
County: Chesapeake City, VA	59.4 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (53.0)
County: Franklin City, VA	90.0 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (53.0)
County: Isle of Wight, VA	45.7 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (53.0)
County: Norfolk City, VA	69.9 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (53.0)
County: Portsmouth City, VA	95.8 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (53.0)
County: Southampton, VA	30.7 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (53.0)
County: Suffolk City, VA	52.6 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (53.0)
County: Virginia Beach City, VA	59.5 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (53.0)

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

	VALUE	COMPARED TO:	
County: Chesapeake City, VA	39.1 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (28.1)
County: Franklin City, VA	49.8 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (28.1)
County: Isle of Wight, VA	22.4 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (28.1)
County: Norfolk City, VA	43.5 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (28.1)
County: Portsmouth City, VA	56.9 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (28.1)
County: Southampton, VA	13.6 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (28.1)
County: Suffolk City, VA	25.4 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (28.1)
County: Virginia Beach City, VA	43.4 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (28.1)

Age-Adjusted Hospitalization Rate due to Alcohol Abuse

	VALUE	COMPARED TO:	
County: Chesapeake City, VA	13.5 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (12.6)
County: Franklin City, VA	21.6 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (12.6)
County: Isle of Wight, VA	10.7 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (12.6)
County: Norfolk City, VA	13.5 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (12.6)
County: Portsmouth City, VA	11.0 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (12.6)
County: Southampton, VA	6.5 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (12.6)
County: Suffolk City, VA	10.1 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (12.6)
County: Virginia Beach City, VA	15.6 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (12.6)

Age-Adjusted Hospitalization Rate due to Substance Abuse

	VALUE	COMPARED TO:	
County: Chesapeake City, VA	9.9 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (6.2)
County: Franklin City, VA	16.0 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (6.2)
County: Isle of Wight, VA	5.7 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (6.2)
County: Norfolk City, VA	6.6 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (6.2)
County: Portsmouth City, VA	7.7 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (6.2)
County: Southampton, VA	5.7 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (6.2)
County: Suffolk City, VA	6.7 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (6.2)
County: Virginia Beach City, VA	6.8 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (6.2)

F. Maternal & Infant Health Profile

Link to interactive dashboard: [Maternal & Infant Health SNGH](#) *(more indicators available)*

Highlights: Localities in the SNGH service area except Isle of Wight had high percentages of babies born with a low birth weight compared to US and Virginia values. Franklin, Southampton, Suffolk, and Norfolk had the highest percentages. The infant mortality rate was also greater in the localities compared to the US and Virginia except for Isle of Wight and Virginia Beach, which had lower values. Teen pregnancy rates were also examined; Portsmouth, Norfolk, and Franklin were in the worst quartile of localities across the state at rates of 33.0/27.4/24.4 pregnancies per 1,000 females aged 15-17 vs. the Virginia rate of 9.6.

Babies with Low Birth Weight

	VALUE	COMPARED TO:					
		VA Counties	VA Value (7.9%)	US Value (8.1%)	Prior Value	Trend	HP 2020 Target (7.8%)
County: Chesapeake City, VA	8.7% (2015)				(8.6%)		
County: Franklin City, VA	11.3% (2015)				(9.5%)		
County: Isle of Wight, VA	5.9% (2015)				(7.0%)		
County: Norfolk City, VA	10.1% (2015)				(7.0%)		
County: Portsmouth City, VA	9.5% (2015)				(11.5%)		
County: Southampton, VA	10.2% (2015)				(8.5%)		
County: Suffolk City, VA	10.2% (2015)				(8.5%)		
County: Virginia Beach City, VA	8.2% (2015)				(7.6%)		

Infant Mortality Rate

	VALUE	COMPARED TO:					
County: Chesapeake City, VA	8.4 Deaths per 1,000 live births	VA Counties	VA Value (5.9)	US Value (5.9)	Prior Value (6.6)	Trend	HP 2020 Target (6.0)
County: Franklin City, VA	15.0 Deaths per 1,000 live births	VA Counties	VA Value (5.9)	US Value (5.9)	Prior Value (19.0)	Trend	HP 2020 Target (6.0)
County: Isle of Wight, VA	2.8 Deaths per 1,000 live births	VA Counties	VA Value (5.9)	US Value (5.9)	Prior Value (10.8)	Trend	HP 2020 Target (6.0)
County: Norfolk City, VA	6.4 Deaths per 1,000 live births	VA Counties	VA Value (5.9)	US Value (5.9)	Prior Value (8.6)	Trend	HP 2020 Target (6.0)
County: Portsmouth City, VA	11.0 Deaths per 1,000 live births	VA Counties	VA Value (5.9)	US Value (5.9)	Prior Value (4.7)	Trend	HP 2020 Target (6.0)
County: Southampton, VA	16.9 Deaths per 1,000 live births	VA Counties	VA Value (5.9)	US Value (5.9)	Prior Value (7.0)	Trend	HP 2020 Target (6.0)
County: Suffolk City, VA	9.5 Deaths per 1,000 live births	VA Counties	VA Value (5.9)	US Value (5.9)	Prior Value (4.6)	Trend	HP 2020 Target (6.0)
County: Virginia Beach City, VA	5.6 Deaths per 1,000 live births	VA Counties	VA Value (5.9)	US Value (5.9)	Prior Value (4.4)	Trend	HP 2020 Target (6.0)

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 SNGH *(more indicators available)*

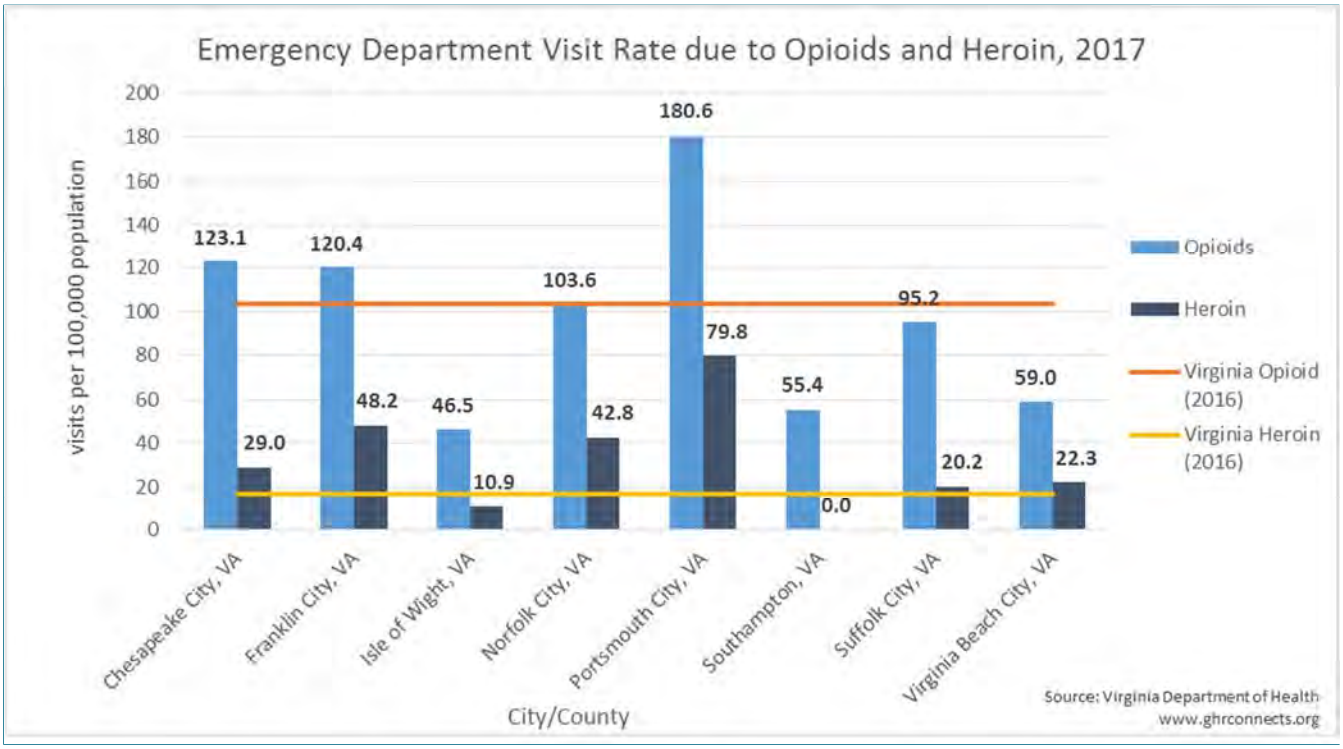
Highlights: Based on 2017 data, death rates due to fentanyl/heroin overdose were increasing for all localities in the SNGH service area except Suffolk. Rates were higher than the Virginia rate in Chesapeake, Franklin, Norfolk, and Portsmouth. Notably, the latter three localities were in the worst quartile in the state. Death rates due to prescription opioid overdose were increasing for Isle of Wight, Norfolk, Southampton, and Virginia Beach. Death rates were higher than the Virginia rate for all localities in the SNGH service area except in Chesapeake, Franklin, and Suffolk. Emergency department visits in 2017 due to opioids and heroin were also examined. High rates of visits due to opioids were seen among residents of Portsmouth, Chesapeake, Franklin, and Norfolk. High rates of visits due to heroin were among residents of all localities except Isle of Wight and Southampton. Narcan administration by emergency medical service providers was also examined. Rates were increasing throughout the service area; 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

	VALUE	COMPARED TO:			
County: Chesapeake City, VA	11.8 Deaths per 100,000 population	VA Counties	VA Value (11.0)	Prior Value (14.3)	Trend
County: Franklin City, VA	24.1 Deaths per 100,000 population	VA Counties	VA Value (11.0)	Prior Value (0.0)	Trend
County: Isle of Wight, VA	10.9 Deaths per 100,000 population	VA Counties	VA Value (11.0)	Prior Value (8.2)	Trend
County: Norfolk City, VA	18.8 Deaths per 100,000 population	VA Counties	VA Value (11.0)	Prior Value (24.1)	Trend
County: Portsmouth City, VA	26.2 Deaths per 100,000 population	VA Counties	VA Value (11.0)	Prior Value (26.2)	Trend
County: Southampton, VA	5.5 Deaths per 100,000 population	VA Counties	VA Value (11.0)	Prior Value (11.1)	Trend
County: Suffolk City, VA	6.7 Deaths per 100,000 population	VA Counties	VA Value (11.0)	Prior Value (4.5)	Trend
County: Virginia Beach City, VA	10.4 Deaths per 100,000 population	VA Counties	VA Value (11.0)	Prior Value (12.4)	Trend

Death Rate due to Prescription Opioid Overdose

	VALUE	COMPARED TO:			
County: Chesapeake City, VA	5.9 Deaths per 100,000 population	VA Counties	VA Value (5.9)	Prior Value (4.2)	Trend
County: Franklin City, VA	0.0 Deaths per 100,000 population	VA Counties	VA Value (5.9)	Prior Value (0.0)	Trend
County: Isle of Wight, VA	8.2 Deaths per 100,000 population	VA Counties	VA Value (5.9)	Prior Value (10.9)	Trend
County: Norfolk City, VA	6.5 Deaths per 100,000 population	VA Counties	VA Value (5.9)	Prior Value (9.0)	Trend
County: Portsmouth City, VA	11.5 Deaths per 100,000 population	VA Counties	VA Value (5.9)	Prior Value (8.4)	Trend
County: Southampton, VA	11.1 Deaths per 100,000 population	VA Counties	VA Value (5.9)	Prior Value (0.0)	Trend
County: Suffolk City, VA	3.4 Deaths per 100,000 population	VA Counties	VA Value (5.9)	Prior Value (4.5)	Trend
County: Virginia Beach City, VA	7.5 Deaths per 100,000 population	VA Counties	VA Value (5.9)	Prior Value (6.4)	Trend



H. Spotlight: Community and Gun Violence

Many communities around the country are experiencing high rates of violence, which can directly and indirectly impacts health in a variety of ways. Gun violence alone is a top contributor to premature death. Deaths due to firearms are considered largely preventable; as a result, gun violence has been identified as a key public health issue by national agencies. We have selected a few indicators to examine violence in the communities we serve, including the death rate due to firearms and violent crime rate. Violent crime defined by the Federal Bureau of Investigation (FBI) includes the following offenses: murder, rape, robbery, and aggravated assault, all of which have deleterious effects on communities.

Highlights: The rate of deaths due to firearms is higher in Virginia than the national rate. Both nationally and in Virginia, there are disparities among death rates by race/ethnicity with the black population having a higher death rate than the white population. When deaths were examined for localities within the SNGH service area, Portsmouth, Norfolk, Chesapeake, and Isle of Wight had rates higher than the state rate. Portsmouth and Norfolk had the highest rates of death due to firearms. The violent crime rate was much higher in several localities compared to the state rate: Portsmouth, Norfolk, Franklin, Chesapeake, and Suffolk. Portsmouth followed by Norfolk had the highest rates not only in the SNGH service area but across all of Hampton Roads.

Deaths due to Firearms in Virginia and the United States by Race/Ethnicity, 2016

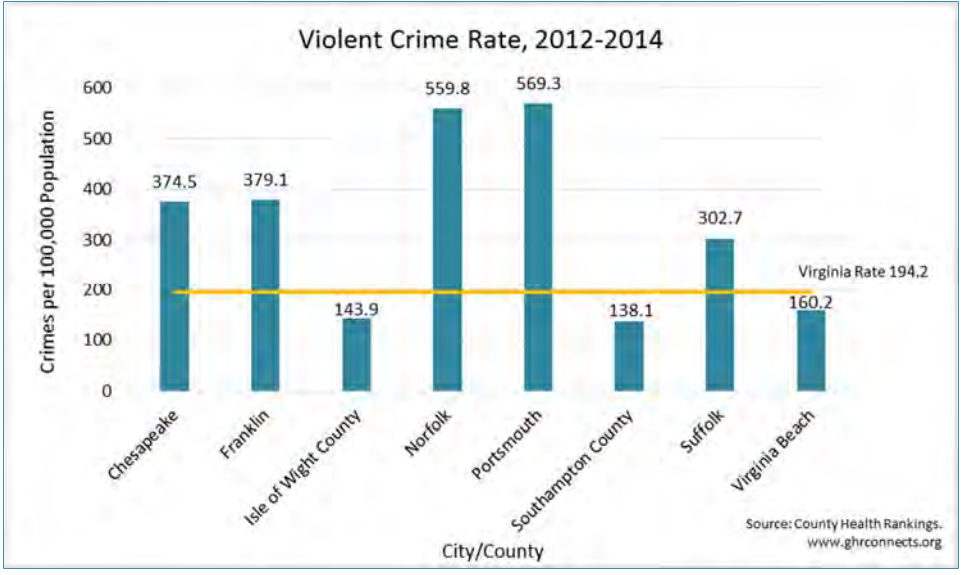
	Total Deaths	Rate per 100,000 Population		Death Rates per 100,000 Population		
				White	Black	Other
Virginia	1,049	12.1		10.8	18.8	Not sufficient data
United States	38,658	11.8		11.9	21.6	4.0

Data Sources: Centers for Disease Control and Prevention, CDC WONDER database. Kaiser Family Foundation, State Health Facts Data, Number of Deaths Due to Firearms.

Deaths due to Firearms in the SNGH Service Area, 2012-2016

	Chesapeake	Franklin	Isle of Wight County	Norfolk	Portsmouth	Southampton County	Suffolk	Virginia Beach	Virginia
Count	147	10	24	218	100	--	47	224	4,588
Rate per 100,000 population	**13**	**8**	**13**	**18**	**21**	--	11	**10**	11

Data Source: County Health Rankings. http://www.countyhealthrankings.org/app/virginia/2018/measure/factors/148/data.



Sources

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 Indictors 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: Community and Gun Violence		County Health Rankings; Centers for Disease Control and Prevention, CDC WONDER database. Kaiser Family Foundation, State Health Facts Data, Number of Deaths Due to Firearms.

Community Insight

The community insight component of this CHNA consisted of two methodologies: an online Community Key Stakeholder Survey carried by the Sentara Strategy Department and a series of more 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.

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 232 stakeholders in the Sentara Norfolk General Hospital (SNGH) 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 SNGH service area.

The stakeholders responding to the survey represent 61 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. 202 out of the 232 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
Healthcare	66.3%
Community Nonprofit Organization (Food Bank, United Way, etc.)	10.4%
Education	6.9%
Local Government or Civic Organization	4.5%
Other (Please specify below)	4.5%
Business Representative	2.0%
Foundation	2.0%
Faith-based Organization	1.5%
Financial Institution	1.0%
Law Enforcement / Fire Department / Emergency Medical Services (EMS)	1.0%

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	Olde Towne Medical & Dental Center
American Diabetes Association	Paul D. Camp Community College
Beech Grove United Methodist Church	Peninsula Health District
Bon Secours/Mercy Health System	Peninsula Metropolitan YMCA
Buy Fresh Buy Local Hampton Roads	Portsmouth Public Schools
Catholic Charities of Eastern Virginia	Riverside Health System
Center for Child & Family Services	senior services of Southeastern Virginia
Champions For Children	Sentara Healthcare
Chesapeake Public Schools	Sentara Obici Hospital
Chesapeake CASA	Sentara Princess Anne Hospital
Children's Hospital of The King's Daughters	Southampton Department of Social Services
Children's Medical Group	Suffolk Department of Social Services
City of Suffolk	Summit Wellness At The Mount
Compassionate Care Hospice	The Barry Robinson Center
Consortium for Infant and Child Health (CINCH)/EVMS	Urban League of Hampton Roads
Department of Public Health	VA Beach Department of Public Health
Eastern Virginia Medical School	VersAbility Resources
ECPI university	Virginia Beach Women, Infants and Children Program
Eastern Virginia Medical School -- Ear/Nose & Throat	Virginia Career Works- Greater Peninsula
Family & Youth Foundations Counseling Service	Virginia Department of Health
Hampton Roads Community Health Center	Virginia League for Planned Parenthood
Ingleside Civic League	Virginia Oral Health Coalition
Isle of Wight County Board of Supervisors	Virginia Supportive Housing
JenCare Senior Medical Centers	West Neck Homeowners Association and Wordsworth Condo Association
Main Street United Methodist Church	Western Tidewater Community Services Board
Norfolk Community Services Board	Western Tidewater Free Clinic
Norfolk Department of Public Health	Western Tidewater Health District
Norfolk Fire-Rescue	Women, Infant and Children Program
Oasis Social Ministry	Women, Infant and Children - Virginia Beach
Obici Healthcare Foundation	YMCA of South Hampton Roads
Old Dominion University	

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 232 respondents, 185 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.)	61.6%	1
Overweight / Obesity	58.4%	2
Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids)	51.9%	3
Heart Conditions (Heart Disease, Congestive Heart Failure / CHF, Heart Attacks / AMI, High Blood Pressure / Hypertension)	48.7%	4
Diabetes	38.9%	5
Cancer	26.5%	6
Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.)	22.7%	7
Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes)	21.6%	8
Dental / Oral Care	21.1%	9
Alzheimer's Disease / Dementia	15.7%	10
Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, Gonorrhea, Herpes, etc.)	13.0%	11
Chronic Pain	10.8%	12
Prenatal and Pregnancy Care	10.8%	
Accidents / Injuries (Unintentional)	10.3%	13
Respiratory Diseases (Asthma, COPD, Emphysema)	10.3%	
Hunger	9.7%	14
Environmental Health (Water Quality, Pollution, Mosquito Control, etc.)	8.7%	15
Neurological Conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)	7.0%	16
Violence – Sexual and / or Domestic	6.5%	17
Intellectual / Developmental Disabilities / Autism	5.4%	18
Infectious Diseases (Hepatitis, TB, MRSA, etc.)	4.9%	19
Physical Disabilities	4.9%	
Bullying (Cyber, Workplace, etc.)	2.7%	20
Drowning / Water Safety	2.7%	21

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, 14 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
Oral Health
Getting help in homes of individuals who need them they don't qualify for Medicaid. People only with Medicare having troubling getting physcians 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
Lack of access to primary, behavioral and oral health care lack of choices for healthy eating and active living
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 SNGH 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 179 individuals are presented in the table on the next page.

Community Healthcare Services that Need to be Strengthened -- Adults aged 18+		
Healthcare Service	**% Responses**	**Rating**
Behavioral / Mental Health Services	63.1%	1
Health Insurance Coverage	41.9%	2
Alcohol / Substance Abuse Services	36.3%	3
Chronic Disease Services (Diabetes, High Blood Pressure/ Hypertension)	33.5%	4
Aging Services	31.8%	5
Dental / Oral Health Services	28.5%	6
Health Promotion and Prevention Services	27.4%	7
Public Health Services	24.0%	8
Care Coordination and Transitions of Care	21.8%	9
Social Services	21.8%	
Self-Management Services (Nutrition, Exercise, etc.)	20.7%	10
Primary Care	19.0%	11
Long Term Services / Nursing Homes	17.9%	12
Chronic Pain Management Services	14.0%	13
Domestic Violence / Sexual Assault Services	14.0%	
Family Planning and Maternal Health Services	14.0%	
Home Health Services	12.9%	14
Cancer Services	11.2%	15
Hospice and Palliative Care Services	6.2%	16
Hospital Services (Inpatient, outpatient, emergency care)	6.2%	
Telehealth / Telemedicine	6.2%	
Pharmacy Services	3.9%	17
Physical Rehabilitation Services	2.2%	18
Bereavement Support Services	0.6%	19

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 nine respondents are listed in the table on the next page.

Free Response Community Healthcare Services that Need to be Strengthened -- Adults aged 18+
Transportation is a major issue for the aging population.
I do not see adults
Women's health
same
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 health

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 needs are specific to the population aged 17 and under. Of 232 respondents, 178 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)	73.6%	1
Overweight / Obesity	60.1%	2
Bullying (Cyber, Workplace, etc)	42.7%	3
Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids)	39.3%	4
Violence In the Home – Child Abuse (Sexual, Physical, Emotional or Neglect) or Exposure to Domestic Violence	37.1%	5
Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.)	33.7%	6
Hunger	23.0%	7
Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes)	22.5%	8
Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, Gonorrhea, Herpes, etc.)	20.8%	9
Teen Pregnancy	20.2%	10
Dental / Oral Care	19.7%	11
Accidents / Injuries (Unintentional)	19.1%	12
Intellectual / Developmental Disabilities / Autism	19.1%	
Respiratory Diseases (Asthma and Cystic Fibrosis)	11.2%	13
Eating Disorders	7.9%	14
Drowning / Water Safety	7.3%	15
Diabetes	6.2%	16
Environmental Health (Water Quality, Pollution, Mosquito Control, etc.)	3.9%	17
Physical Disabilities	2.3%	18
Heart Conditions (Congenital Heart Defects, Fainting and Rhythm Abnormalities)	1.7%	19
Neurological Conditions (Epilepsy, Seizures, Tourette Syndrome-TICS, Sleep Disorders)	1.7%	
Cancer	1.1%	20
Infectious Diseases (Hepatitis, TB, MRSA, etc.)	1.1%	
Chronic Pain	0.0%	21

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 on the next page.

Free Response Additional Community Health Concerns -- Children and Teens ages 0 -- 17
Vaccination refusalOver medication - with ADD/depression/ psych medsAntibiotic 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 boths sides of the hrbt
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 and teens that need to be strengthened from a list of common healthcare services. Responses from 176 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	**% Responses**	**Rating**
Behavioral / Mental Health Services	77.3%	1
Parent Education and Prevention Programming	55.7%	2
Child Abuse Prevention and Treatment Services	51.7%	3
Self-Management Services (Nutrition, Exercise, etc.)	34.1%	4
Foster Care (Supporting children in the system and their host families)	33.0%	5
Social Services	33.0%	
Alcohol / Substance Use Services	32.4%	6
Dental / Oral Health Services	32.4%	
Health Insurance Coverage	27.3%	7
Care Coordination and Transitions of Care	25.6%	8
Public Health Services	25.6%	
Primary Care	21.6%	9
Home Health Services	6.8%	10
Chronic Disease Services (Diabetes, High Blood Pressure/ Hypertension)	6.3%	11
Telehealth / Telemedicine	5.7%	12
Chronic Pain Management Services	3.4%	13
Bereavement Support Services	2.3%	14
Physical Rehabilitation Services	1.1%	15
Cancer Services	0.6%	16
Pharmacy Services	0.0%	17

Emerging Themes: Continuing the focus on the behavioral health needs of children, teens and adults, 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 13 individuals and are presented in the table 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 educationPalliative care services
cardiac care.
violence prevention/gun controlobesity managementdevelopmental 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).
Water Safety/Drowning Prevention Tween/Teen Leadership Programs
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 232 respondents, 180 provided their list of access concerns.

Factors Impacting Access to Care and Services		
Factors	**% Responses**	**Rating**
Costs	83.9%	1
Transportation	75.6%	2
Health Insurance	68.9%	3
Understanding the Use of Health Services	53.3%	4
Time Off From Work	52.2%	5
Childcare	43.3%	6
No / Limited Home Support Network	31.7%	7
Location of Health Services	31.1%	8
Lack of Medical Providers	25.6%	9
No / Limited Phone Access	5.0%	10
Discrimination	3.9%	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.

Seven individuals took the opportunity to give free response suggestions for other factors that impact access to care. Their suggestions are presented in the table on the next page

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Free Response Additional Comments About Access to Healthcare
Lack of providers in Rural areas
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 the 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 232 respondents, 179 answered the next question.

Most Vulnerable Populations in the Community Needing Support		
Populations	**% Responses**	**Rating**
Low Income Individuals	58.7%	1
Uninsured / Underinsured Individuals	49.2%	2
Individuals / Families / Children experiencing Homelessness	48.0%	3
Individuals Struggling with Substance Use or Abuse	41.9%	4
Children (age 0-17 years)	36.9%	5
Seniors / Elderly	36.3%	6
Caregivers (Examples: caring for a spouse with dementia or a child with autism)	33.0%	7
Immigrants or community members who are not fluent in English	28.5%	8
Individuals with Intellectual or Developmental Disabilities	26.8%	9
Individuals Transitioning out of Incarceration	18.4%	10
Victims of Human Trafficking, Sexual Violence or Domestic Violence	17.9%	11
Individuals with Physical Disabilities	15.6%	12
Unemployed Individuals	15.1%	13
Individuals Struggling with Literacy	13.4%	14
Veterans and Their Families	12.3%	15
Individuals in the LBGTQ+ community	11.7%	16
Individuals Needing Hospice / End of Life Support	9.5%	17
Migrant Workers	8.4%	18

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.

Nine 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 on the following page.

Additional Vulnerable Populations Needing Support 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 PRESRENTATION 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 232 respondents, 177 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	52.5%	1
Affordable Housing	49.2%	2
Healthy Food Access (Fresh Fruits & Vegetables, Community Gardens, Farmers Markets, etc.)	45.2%	3
Affordable Child Care	43.5%	4
Homelessness	37.9%	5
Employment Opportunity/Workforce Development	28.8%	6
Senior Services	28.8%	
Neighborhood Safety	25.4%	7
Social Services	24.3%	8
Social and Community Networks	22.0%	9
Walk-able and Bike-able Communities (Sidewalks, Bike/Walking Trails)	21.5%	10
Early Childhood Education	20.9%	11
Safe Play and Recreation Spaces (Playgrounds, Parks, Sports Fields)	19.8%	12
Safety Net Food System (Food Bank, WIC, SNAP, Meals on Wheels, etc.)	17.0%	13
Education – Kindergarten through High School	16.4%	14
Public Safety Services (Police, Fire, EMT)	8.5%	15
Education – Post High School	7.9%	16
Green Spaces	6.8%	17
Environment – Air & Water Quality	5.7%	18
Public Spaces with Increased Accessibility for those with Disabilities	4.5%	19
Housing Affordability & Stability	0.0%	20

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. Fourteen respondents shared additional ideas, presented in the table on the next page. 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.
Although I live and work in Virginia Beach, I am not informed of all issues facing our city so my answers are limited to what I do know.
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 Focus Group Session Findings

In addition to the online surveys for community insight, Hospital for Extended Recovery 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?

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

1. Parents of special needs children, including those children with emotional, physical, and mental disabilities (12 participants).
2. City of Virginia Beach Emergency Communications, Public Safety Telecommunicators representing Fire, Police and Rescue operations (15 participants).
3. Group of senior citizens in Assisted Living facilities(6 participants).

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

Topic	Key Findings
What are the most serious health problems in our community?	Access to programs for children with special needs Lack of services for special needs children who become adults Support for caregivers, including physical and emotional support Access to affordable healthcare and supplies Lack of knowledge related to how to navigate the healthcare system Opiod addiction and overdose Mental health: appropriate diagnosis and access to affordable treatment Lack of resources to pay for help at home, medications, and/or equipment Dementia and memory loss Obesity Homelessness Diabetes Support for Veterans, especially those suffering PTSD

Who/what groups of individuals are most impacted by these problems?	Children and adults with special needs Mental and behavioral health patients Veterans Homeless individuals and families Older adults living on a fixed income Those without good family support Low income families Those without access to transportation to access healthcare resources Those without the knowledge of the resources available Those without functional family dynamics Those with substance abuse issues
What keeps people from being healthy? In other words, what are the barriers to achieving good health?	The high cost of care and lack of knowledge surrounding where to get assistance Lack of insurance and the cost of healthcare Dysfunctional families Lack of transportation Stigma of mental health diagnosis Lack of Family support Cyclic behavior of bad decisions and not accepting accountability for behavior Healthcare providers being overbooked and not being able to spend enough time with their patients
What is being done in our community to improve health and to reduce the barriers? What resources exist in the community?	Senior Services of Southeastern Virginia Healthy Families Virginia Beach from the Virginia Department of Health provides support to expectant parent and families with young children Virginia Department of Health Clinic Appointments Norfolk Community Services Board assists with treatment programs for people with substance abuse Hampton Veterans Affairs provides assistance to our veterans i-Ride transit from the Senior Services of Southeastern Virginia provides free transportation Care Connection for Children from CHKD program provides case management and care coordination services with independent, private specialists and practitioners regardless of a family's income. Foodbank of Southeastern Virginia and the Peninsula Salvation Army
What more can be done to improve health, particularly for those individuals and groups most in need?	Educate that addiction is a disease like any other medical condition Educate to remove the shame surrounding mental health conditions and for better understanding More rehabilitative programs for inmates Better understanding from school systems in regards to special needs children – constantly having to fight for services and having IEPs approved

	Tone down all of the technology in healthcare, older patients are easily confused and feel misplaced in the technology driven culture. Healthier options when providing free foods and meals Bring the healthcare to the patient
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?	Economic stability Availability of basic resources – housing, food, clothing Homelessness Education Access to information Literacy Where a person resides and expectations of their culture Family dynamics

Hospital for Extended Recovery Community Health Needs Assessment Implementation Strategy

2018 Progress Report

Hospital for Extended Recovery

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

In support of community health needs assessment and related implementation strategies, Hospital for Extended Recovery 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 lrarmstr@sentara.com within 15 days of the close of each quarter.

Health Problem	Three Year Implementation Strategies	Progress
All	Strategies that address multiple health problems include: • Continue to monitor local and regional health statistics to ascertain emerging needs and to evaluate progress on addressing continuing needs. • Hospital for Extended Recovery leadership participation on community advisory groups addressing both health and other community issues. • Continue to offer free health screenings at community health events • Continue to participate in community fundraising events to benefit disease prevention/treatment and/or the underprivileged.	• Collaborate with the Ronald McDonald House Charities of Norfolk to provide support for families at CHKD and SNGH and education. • Collected food items for the RMHC pantry and a team from the HER prepared a meal for the families at the RMH. • Collaborated with the Food Bank of Southeastern Virginia and the Eastern Shore and collected 134 pounds of food for the Food Bank in November. • The team at HER contributed 30 Christmas stockings to the Salvation Army for their Christmas Depot program in December. • Participated in the SLH Community Fair in June and educated on the importance of smoking cessation. • Participated in school supply drive for underprivileged children. Collected 4 boxes of school supplies in August.
Problem #1 Diabetes	• Participate in community screening events • Provide Community Education about prevention, diagnosis, and living with the disease during National Diabetes Month • Provide education to Hospital for Extended Recovery nurses so they can serve as diabetes	• Ensure the Hospital for Extended Recovery has representation on the Diabetes Resource Council in Sentara to support their peers in training. Two members of our team are currently DRAs. • Engaged with the SNGH Diabetes Educators to ensure our Diabetic patients

Health Problem	Three Year Implementation Strategies	Progress
	resource associates to our patients and to the community.	were properly educated prior to discharge. •
Problem #2 Heart Disease/High Blood Pressure/CHF	• Participate in community screening events • Participate in community fundraising events • Partner with community based organizations and nonprofits to support activities focused on prevention • Target heart healthy education and prevention interventions among people in high risk groups and groups with greater knowledge disparity	• Hospital for Extended Recovery staff provided continued education to their patients and families regarding Heart Disease/ Better living habits/ Diet, and high blood pressure. • Volunteered with the American Red Cross during Blood Drives to take Blood Pressures to identify individuals in the community with potential high blood pressure. •
Problem #3 Alzheimer's Disease	• Coordinate Discharge Planning and Care with facilities that care for individuals with Alzheimer's. • Partner with the EVMS Glennan Center for Geriatrics and Gerontology to identify gaps services and evaluate the possibility for additional services.	• The HER Social Worker worked with nine patients and families with the diagnosis of Alzheimer's for safe placement and emotional support. • Participated in "The Longest Day" through the Alzheimer's association. Raised over $600 for research and help for caregivers. Educated families and patients about the resources available to families with loved ones who have dementia.
Problem #4 Cancer	• Participate in community screening events • Participate in community fundraising events • Continue to participate in Tobacco Cessation events with the Salvation Army	• Provided consul and literature to twelve Hospital for Extended Recovery patients on tobacco cessation. • Accompanied patients to AA meetings on Sundays at SNGH to assist with cessation of smoking and opioid usage. • Participated in the Relay for Life in Chesapeake, VA. Raised over $1000 for the treatment and care of cancer patients
Problem #5 Mental Health Conditions	Participate in community---based collaborative efforts to improve access to mental health services as opportunities arise. • Collaborate with the local Community Service Board • Identify gaps in psychiatric services and evaluate the possibility for additional services	• Identified the need for psychiatric services for 6 patients admitted to the Hospital for Extended Recovery and ensured follow-up after discharge. • Worked with Norfolk CSB with two patients to ensure they had the services they required upon discharge. • Participated in the "Out of the Darkness" walk and raised over $500 for suicide prevention.