Sentara Halifax Regional Hospital
Community Health Needs Assessment
2015

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Sentara Halifax Regional Hospital 2015 Community Health Needs Assessment

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I. Introduction

Sentara Halifax Regional Hospital has conducted a 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 service providers, governmental officials, and representatives of underserved and minority populations. The report also includes findings from and interviews and a community focus group 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.

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 in the Appendix.

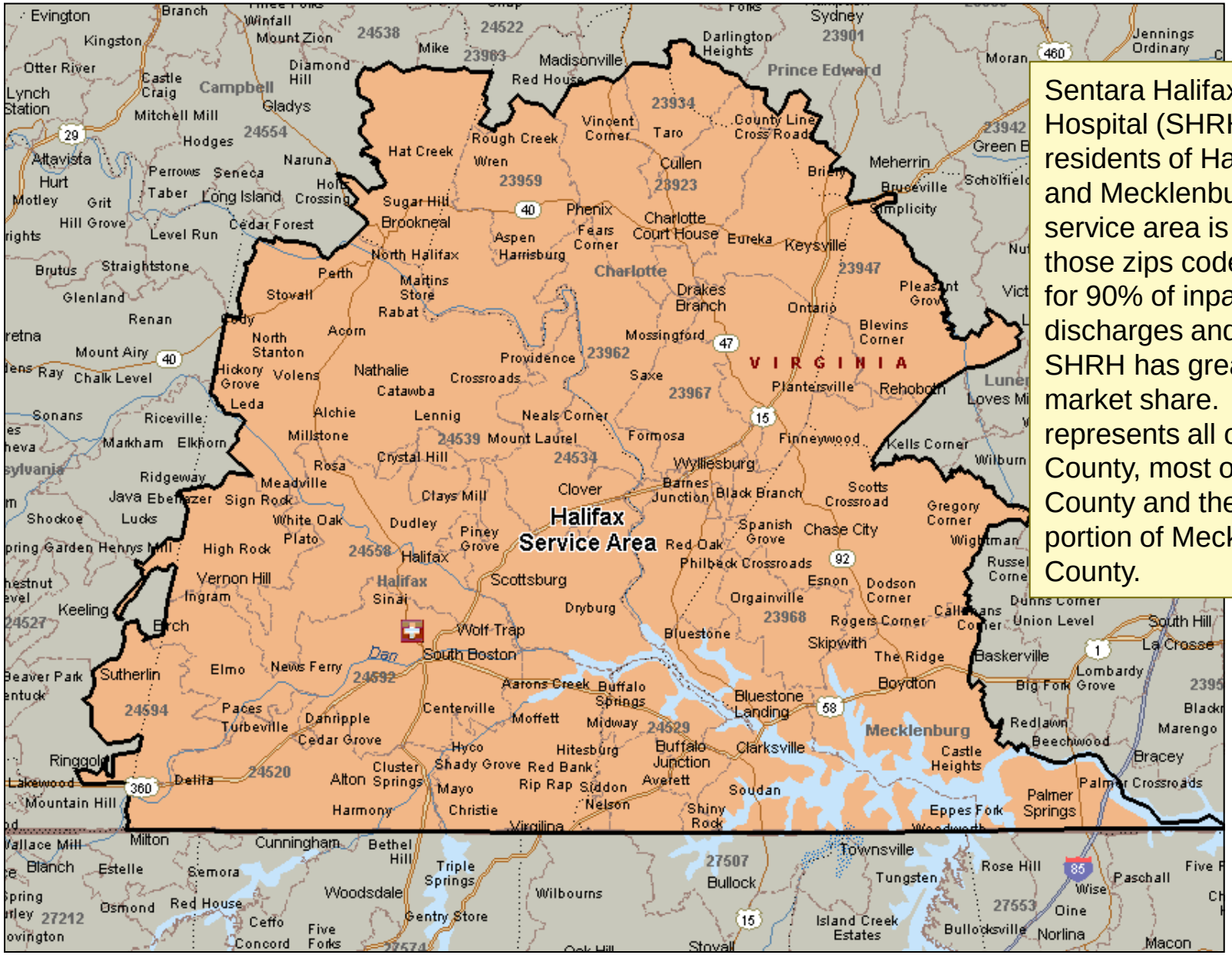
Sentara Halifax Regional Hospital works with a number of community partners to address health needs. Information on available resources is available from sources like 2-1-1 Virginia and Sentara.com. Together, we will work to improve the health of the communities we serve.

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!

Sentara Halifax Regional Hospital (SHRH)
2015
Community Health Needs Assessment

Demographic Data and Information

Community Description: SHRH Service Area Definition



Sentara Halifax Regional Hospital (SHRH) serves residents of Halifax, Charlotte and Mecklenburg counties. Its service area is based on those zips codes accounting for 90% of inpatient discharges and in which SHRH has greater than 10% market share. This definition represents all of Halifax County, most of Charlotte County and the western portion of Mecklenburg County.

Area-wide Key Demographic Characteristics

DEMOGRAPHIC CHARACTERISTICS	Selected Area	VA	USA
2010 Total Population	71,704	8,001,055	308,745,538
2015 Total Population	69,460	8,374,075	319,459,991
2020 Total Population	68,781	8,770,743	330,689,365
% Change 2015 - 2020	-1.0%	4.7%	3.5%
Average Household Income	$50,332	$66,172	$74,165

POPULATION DISTRIBUTION

	Age Distribution				
Age Group	2015	% of Total	2020	% of Total	VA 2015 % of Total
0-14	11,214	16.1%	10,460	15.2%	18.6%
15-17	2,680	3.9%	2,568	3.7%	3.8%
18-24	5,740	8.3%	5,947	8.6%	10.1%
25-34	6,767	9.7%	7,470	10.9%	13.5%
35-54	16,469	23.7%	14,325	20.8%	27.2%
55-64	11,049	15.9%	10,933	15.9%	12.8%
65+	15,541	22.4%	17,078	24.8%	14.0%
Total	69,460	100.0%	68,781	100.0%	100.0%

EDUCATION LEVEL

	Education Level Distribution		
2015 Adult Education Level	Pop Age 25+	% of Total	VA % of Total
Less than High School	4,582	9.2%	5.0%
Some High School	6,458	13.0%	7.3%
High School Degree	18,085	36.3%	25.4%
Some College/Assoc. Degree	13,670	27.4%	27.1%
Bachelor's Degree or Greater	7,031	14.1%	35.2%
Total	49,826	100.0%	100.0%

- **The area's 2015 total population is 69,460, with projected decline of -1.0% over the next five years.**
  - This rate of growth is lower than Virginia and the U.S.
- **22.4% of the population, or 15,541, is over the age of 65 and expected to grow to 24.8% of the population by 2020.**
  - This is a higher percent compared to Virginia at 14.0% and the U.S at 14.7%.
  - The area is much older than the state and aging at a faster rate than the rest of the state.
  - By 2020, 1 in 4 area residents will be over 65
- **22.2% of the population age 25+ does not have a high school degree.**
  - This is a higher percentage compared to Virginia at 12.3% and the U.S. at 13.9%.
  - Only 14.1% of area residents have a bachelor's degree or greater; this is less than half the percent of Virginians overall with a bachelor's degree or greater which is 35.2%

Source: Truven/Market Expert

Area-wide Key Demographic Characteristics, Cont.

- **The projected growth of females, child bearing age (15-44) is -1.1%**, which is lower than the state and the US
- **35.1% of the population has a household income below $25,000.**
  - This is double the rate of Virginia at 17.8% . 200% of the current Federal Poverty Level for a family of four is $48,500.
- **33.6% of the population is Black Non-Hispanic and 62.3.% is White non-Hispanic.**
  - This percent Black non-Hispanic population is larger than that of Virginia (18.9%)

	2015	2020	% Change	Virginia % Change
Total Male Population	33,391	33,116	-0.8%	4.80%
Total Female Population	36,069	35,665	-1.1%	4.70%
Females, Child Bearing Age	11,081	11,032	-0.4%	1.40%

HOUSEHOLD INCOME DISTRIBUTION

	Income Distribution		
2015 Household Income	HH Count	% of Total	VA % of Total
<$15K	5,474	18.8%	9.5%
$15-25K	4,743	16.3%	8.3%
$25-50K	8,150	27.9%	20.6%
$50-75K	5,205	17.8%	17.3%
$75-100K	2,604	8.9%	12.8%
Over $100K	3,002	10.3%	31.4%
Total	**29,178**	**100.0%**	**100.0%**

RACE/ETHNICITY

	Race/Ethnicity Distribution		
Race/Ethnicity	2015 Pop	% of Total	VA % of Total
White Non-Hispanic	43,256	62.3%	62.9%
Black Non-Hispanic	23,354	33.6%	18.9%
Hispanic	1,421	2.0%	9.0%
Asian & Pacific Is. Non-Hispanic	322	0.5%	6.2%
All Others	1,107	1.6%	3.0%
Total	**69,460**	**100.0%**	**100.0%**

Source: Truven/Market Expert

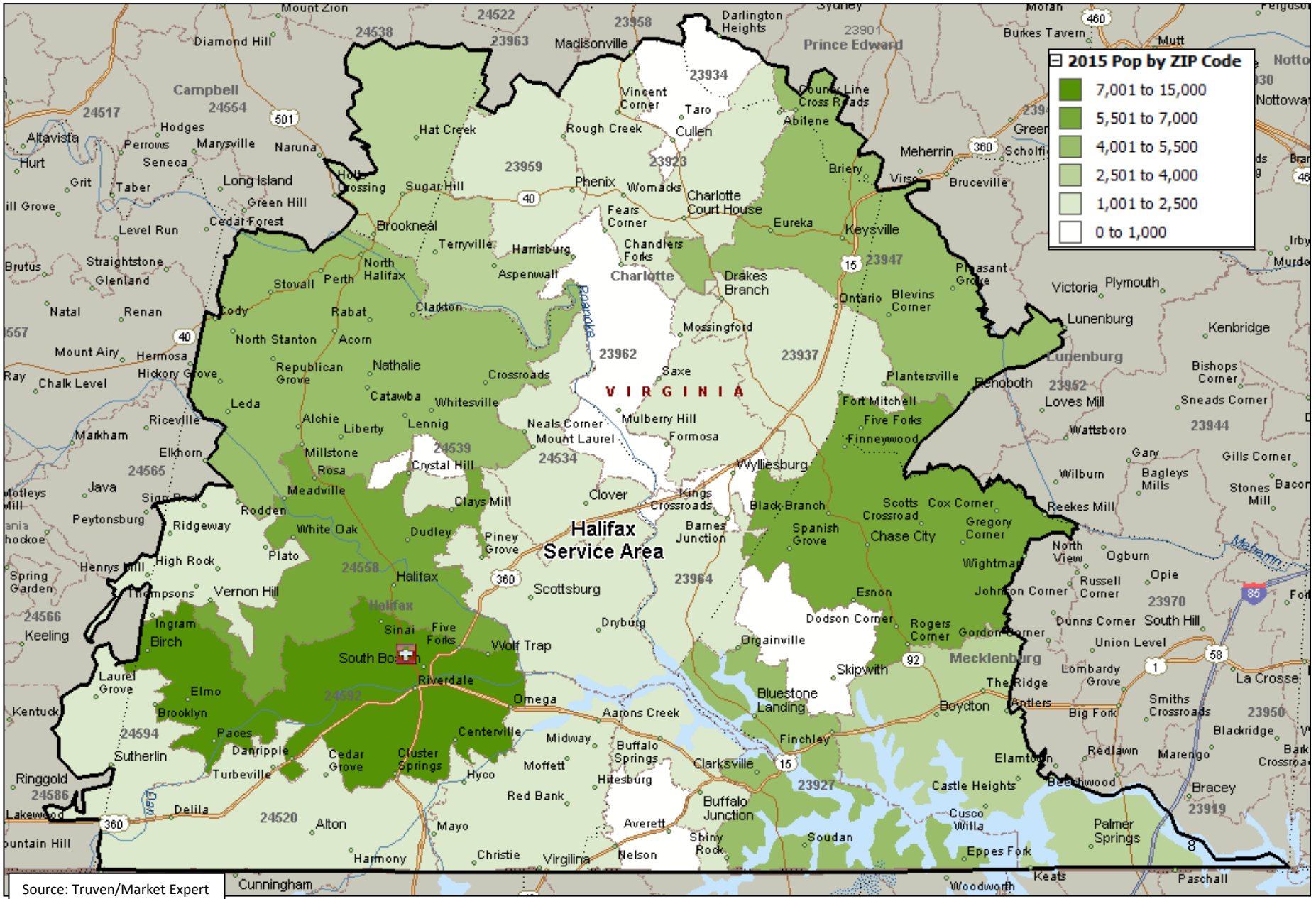
Key Demographic Data by Zip*

City / County	ZIP Code	ZIP City	Total Pop 2015	Total Pop 2020	% Change 2015-2020	% 65+ 2015	% 65+ 2020	Pop Density	% of Households with Income Below $25,000	% of Pop 25+ without High School Diploma	% of Service Area Pop
Halifax	24592	South Boston	13,558	13,613	0.4%	22.6%	24.7%	104.7	36.6%	19.6%	19.5%
Halifax	24558	Halifax	6,219	6,181	-0.6%	22.4%	24.9%	64.3	31.7%	23.6%	9.0%
Mecklenburg	23924	Chase City	5,906	5,609	-5.0%	21.8%	24.2%	41.5	32.4%	22.6%	8.5%
Halifax	24577	Nathalie	5,142	5,141	0.0%	21.8%	24.4%	26.4	36.0%	27.8%	7.4%
Charlotte	23947	Keysville	4,212	4,164	-1.1%	21.2%	23.7%	30.5	34.9%	20.2%	6.1%
Mecklenburg	23927	Clarksville	4,208	4,105	-2.4%	29.5%	32.5%	58.1	36.3%	13.0%	6.1%
Campbell	24528	Brookneal	3,228	3,279	1.6%	21.0%	23.8%	31.9	34.9%	26.0%	4.6%
Mecklenburg	23917	Boydton	3,148	3,117	-1.0%	24.4%	27.0%	28.9	37.2%	22.2%	4.5%
Charlotte	23923	Charlotte Court Ho	2,446	2,488	1.7%	20.1%	22.2%	28.2	31.2%	19.2%	3.5%
Halifax	24520	Alton	2,435	2,423	-0.5%	20.7%	22.9%	25.7	36.3%	17.6%	3.5%
Halifax	24589	Scottsburg	2,265	2,225	-1.8%	20.8%	23.6%	27.9	37.8%	17.3%	3.3%
Halifax	24598	Virgilina	2,048	2,037	-0.5%	22.9%	25.3%	25.3	32.3%	17.5%	2.9%
Charlotte	23937	Drakes Branch	1,761	1,763	0.1%	19.9%	22.7%	26.3	36.8%	32.1%	2.5%
Pittsylvania	24594	Sutherlin	1,718	1,697	-1.2%	18.0%	21.2%	37.0	33.0%	27.0%	2.5%
Halifax	24534	Clover	1,652	1,641	-0.7%	21.9%	24.8%	34.1	42.0%	23.9%	2.4%
Mecklenburg	24529	Buffalo Junction	1,693	1,622	-4.2%	25.5%	26.7%	49.6	31.7%	14.5%	2.4%
Halifax	24597	Vernon Hill	1,187	1,183	-0.3%	21.4%	24.1%	25.1	40.5%	26.5%	1.7%
Charlotte	23967	Saxe	1,124	1,101	-2.0%	20.1%	23.3%	25.7	36.8%	35.6%	1.6%
Charlotte	23959	Phenix	1,051	1,042	-0.9%	21.8%	23.3%	21.8	31.9%	19.9%	1.5%
Charlotte	23964	Red Oak	1,017	977	-3.9%	22.3%	24.9%	23.8	30.3%	22.4%	1.5%
Charlotte	23962	Randolph	906	895	-1.2%	23.0%	25.5%	15.3	37.0%	28.2%	1.3%
Mecklenburg	23968	Skipwith	850	816	-4.0%	27.1%	29.3%	23.2	39.6%	17.1%	1.2%
Charlotte	23934	Cullen	772	786	1.8%	17.4%	20.1%	25.2	29.8%	16.6%	1.1%
Mecklenburg	24580	Nelson	529	503	-4.9%	22.5%	25.6%	22.5	29.1%	17.6%	0.8%
Charlotte	23976	Wylliesburg	243	234	-3.7%	21.4%	26.5%	22.4	29.1%	25.3%	0.3%
Halifax	24539	Crystal Hill	142	139	-2.1%	24.6%	24.5%	20.5	32.3%	23.6%	0.2%
TOTAL SHRH Service Area			**69,460**	**68,781**	**-1.0%**	**22.4%**	**24.8%**	**37.1**	**35.0%**	**21.6%**	
Virginia			8,374,075	8,770,743	4.7%	14.0%	16.2%	210.1	17.8%	12.3%	
USA			319,459,991	330,689,223	3.5%	14.7%	16.7%	89.8	23.5%	13.9%	

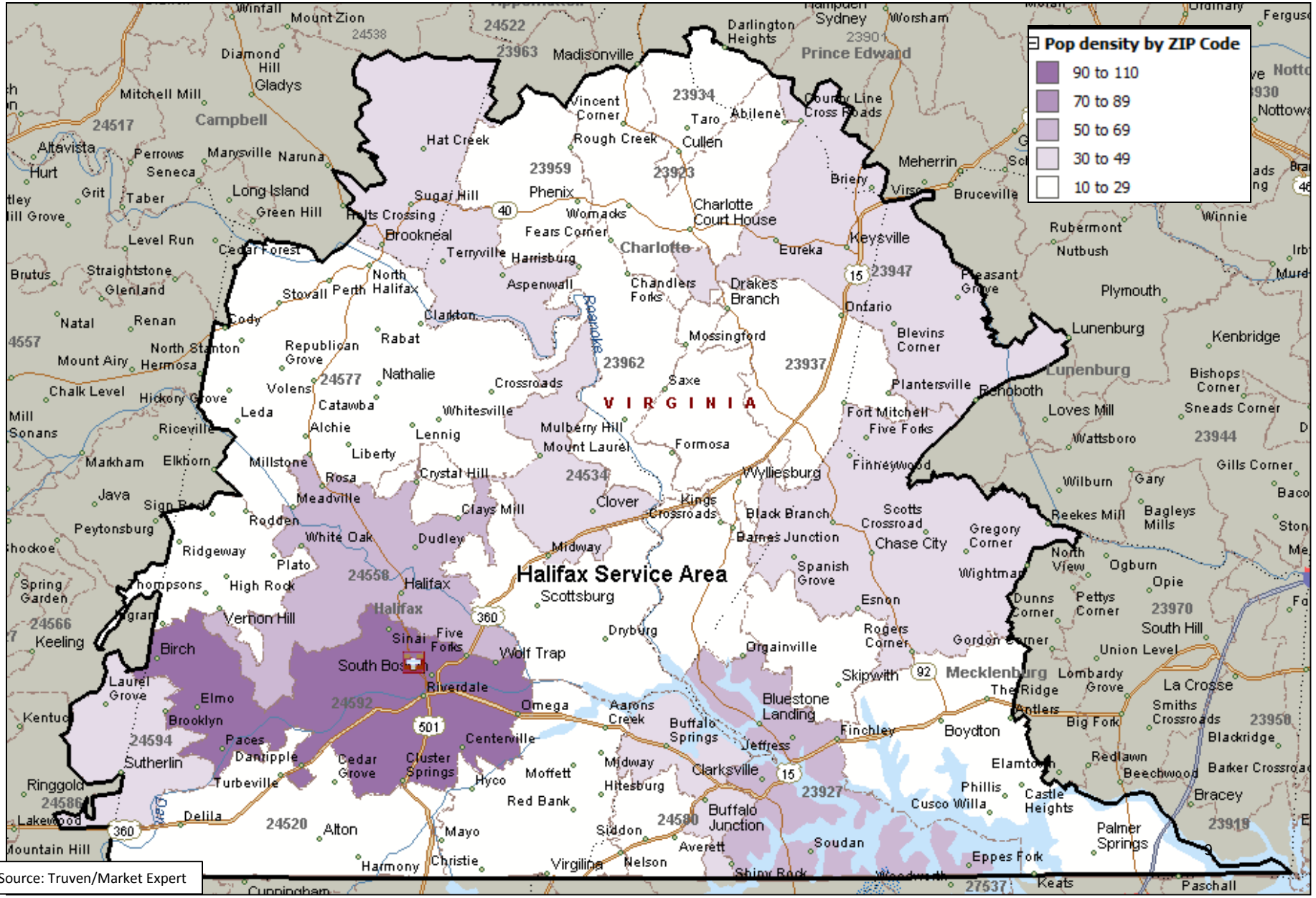
*Maps on following pages

Source: Truven/Market Expert

Total Population by Zip Code

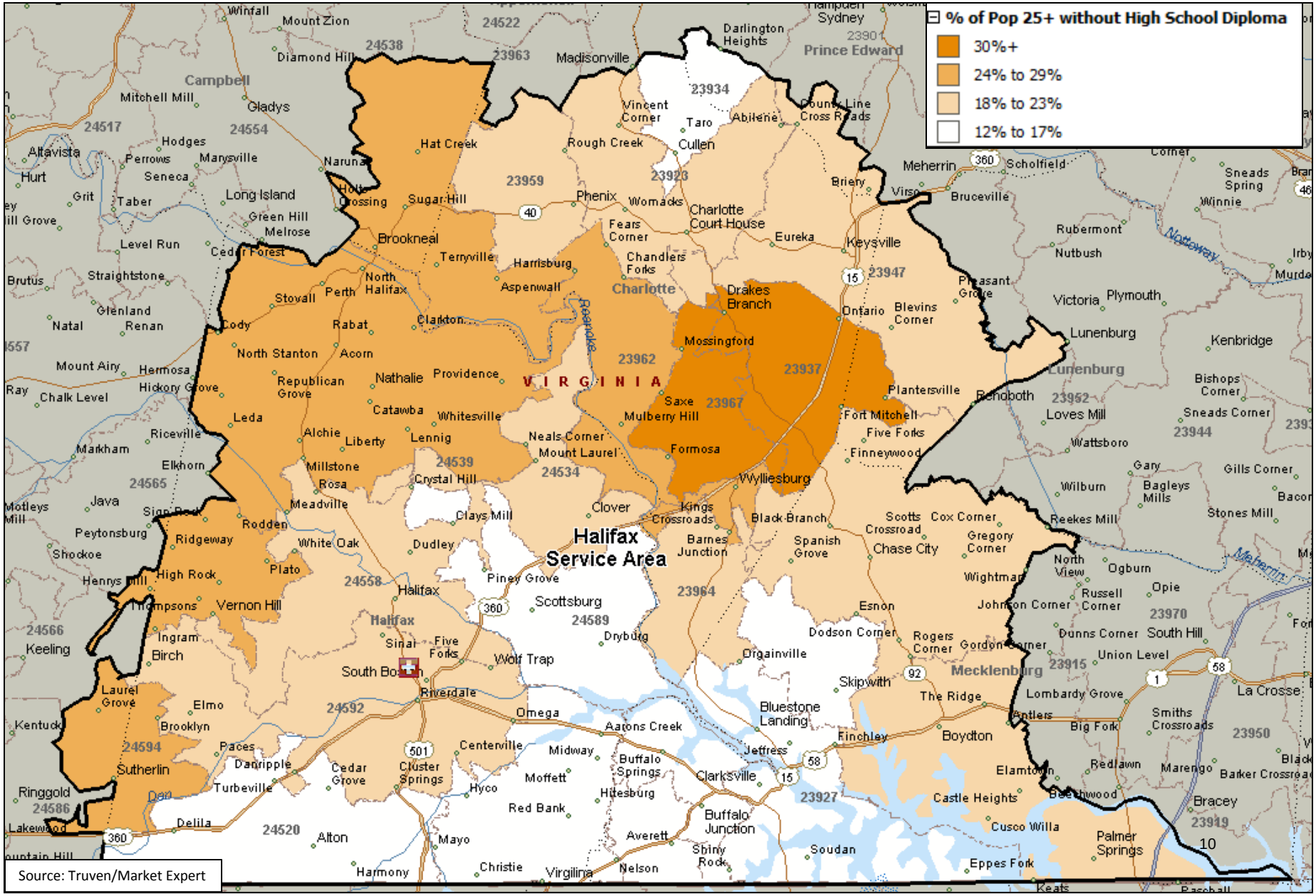


Population Density by Zip Code

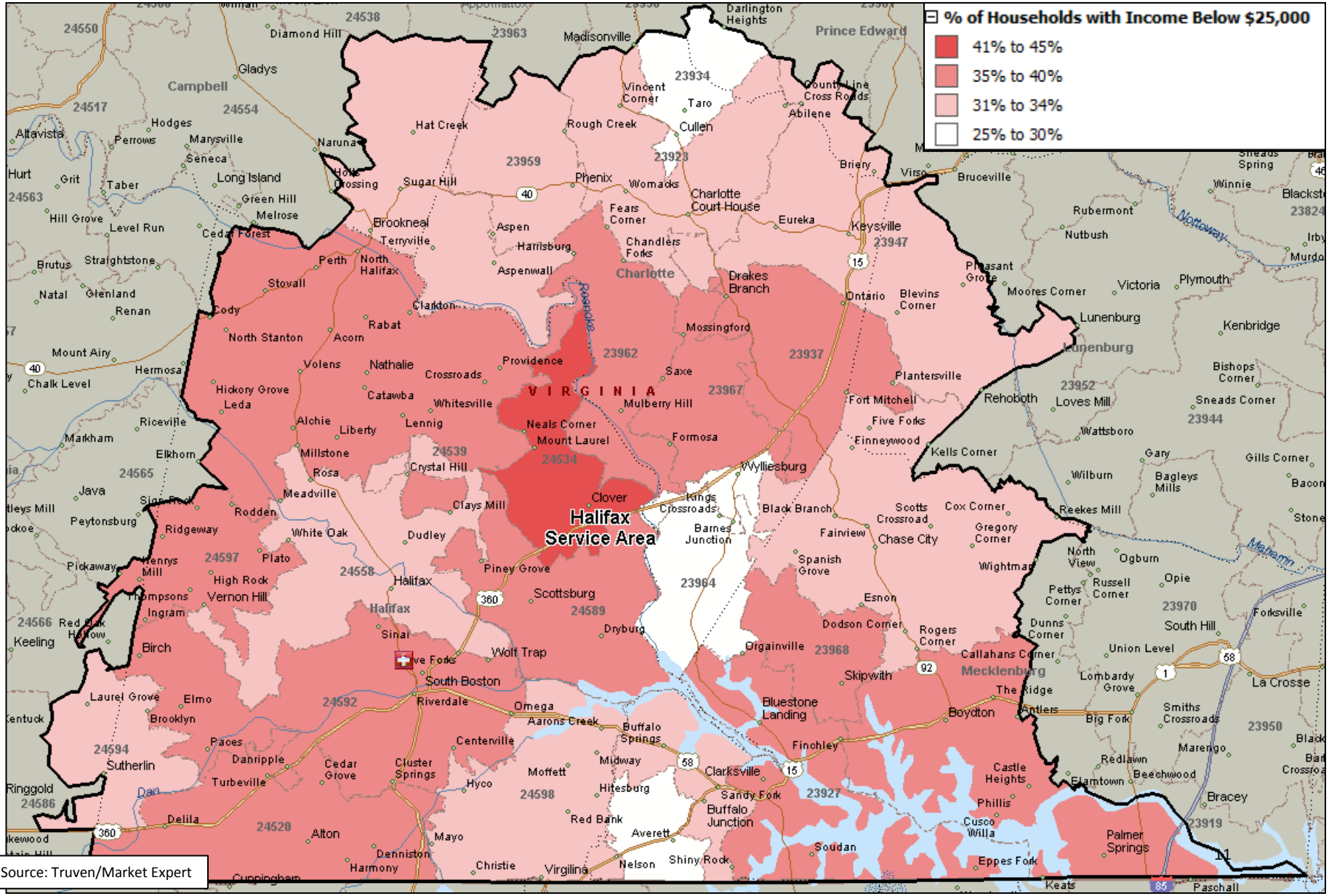


Source: Truven/Market Expert

Percent of Population 25+ without High School Diploma



Percent of Households with Income Below $25,000



County Health Rankings 2015								
A project of the University of Wisconsin in partnership with Robert Wood Johnson Foundation								
						County Rankings		
						133 Localities reporting		
				*Top US		(Ranking: 1 is best of 133)		
	Halifax	Charlotte	Mecklenburg	Performers	Virginia	Halifax	Charlotte	Mecklenburg
Health Outcomes						96	121	104
Length of Life						84	113	107
Premature death	8,514	9,998	9,775	5,200	6,192			
Quality of Life						107	125	94
Poor or fair health	16%	28%	15%	10%	14%			
Poor physical health days	3.8	4.7	3.6	2.5	3.2			
Poor mental health days	3.8	2.9	3	2.3	3.1			
Low birthweight	11.1%	11.7%	10.9%	5.9%	8.3%			
Health Factors						102	108	110
Health Behaviors						101	105	120
Adult smoking	21%	26%	29%	14%	18%			
Adult obesity	35%	31%	34%	25%	28%			
Food Environment Index	6.3	6.4	6.9	8.4	8.3			
Physical inactivity	29%	25%	27%	20%	22%			
Access to Exercise Opportunities	46%	24%	60%	92%	81%			
Excessive drinking	11%		11%	10%	16%			
Alcohol-impaired driving deaths	58%	29%	28%	14%	31%			
Sexually transmitted infections	432	556	463	138	427			
Teen birth rate	44	41	45	20	29			
Clinical Care						81	106	75
Uninsured	17%	20%	19%	11%	14%			
Primary care physicians	1,887:1	3,101:1	1,380:1	1,045:1	1,344:1			
Dentists	2,529:1	3,076:1	3,928:1	1,377:1	1,611:1			

Mental Health Providers	1,264:1	12,305:1	1,571:1	386:1	724:1			
								Page 2
County Health Rankings 2015								
						County Rankings		
						131 Localities reporting		
				***National**		**(Ranking: 1 is best of 133)**		
	Halifax	**Charlotte**	**Mecklenburg**	**Benchmark**	**Virginia**	**Halifax**	**Charlotte**	**Mecklenburg**
Preventable hospital stays	47	57	62	41	55			
Diabetic monitoring	88%	87%	89%	90%	87%			
Mammography screening	57.5%	63.9%	70.7%	70.7%	63.4%			
Social & Economic Factors						111	101	117
High school graduation	77%	83%	78%		83%			
Some college	56.4%	47.2%	49.2%	71.0%	68.2%			
Unemployment	9.2%	7.9%	9.9%	4.0%	5.5%			
Children in poverty	29%	28%	28%	13%	16%			
Income Inequality	4.9	4.3	4.6	3.7	4.8			
Children in single parent houses	42%	44%	42%	20%	30%			
Social Associations	16.5	16.1	15.1	22.0	11.3			
Violent crime rate	139	148	185	59	200			
Injury Deaths	84	89	69	50	52			
Physical Environment						49	123	17
Air pollution-particulate matter	12.5	12.5	12.3	9.5	12.7			
Drinking Water Violations	2%	83%	2%	0%	2%			
Severe Housing Problems	14%	13%	14%	9%	15%			
Driving Alone to Work	84%	70%	78%	71%	77%			
Long Commute -- driving alone	28%	44%	32%	15%	38%			
* 90% percentile, only 10% are better								
Trending Better								
Mixed, Unstable Trend								

Trending Worse								

SHRH CHNA 2015

The University of Virginia's Weldon Cooper Center for Public Service lists population demographics for the Halifax Regional service area as presented in the table below.

Table of Total Population Aged 65+ in Halifax Regional Service Area 2012 -- 2040					
Year	**Halifax**	**Mecklenburg**	**Charlotte**	**Total 65+**	**Total Population**
2012	7,488	7,097	2,426	17,011 (21%)	80,002
2020	8,740	8,069	3,463	20,272 (25%)	81,170
2030	10,049	9,718	3,246	23,013 (28%)	80,884
2040	10,029	9,747	3,222	22,998 (29%)	80,650
Table of Total Population Aged 85+ in Halifax Regional Service Area 2012 -- 2040					
Year	**Halifax**	**Mecklenburg**	**Charlotte**	**Total 85+**	**Total Population**
2012	949	820	279	2,048 (2.5%)	80,002
2020	1,018	845	315	2,178 (2.6%)	81,170
2030	1,211	963	342	2,516 (3.1%)	80,884
2040	1,627	1,232	406	3,265 (4%)	80,650
Table of Total Population Aged 80+ in Halifax Regional Service Area 2012 -- 2040					
Year	**Halifax**	**Mecklenburg**	**Charlotte**	**Total 80+**	**Total Population**
2012	1,876	1,770	590	4,236 (5.3%)	80,002
2020	2,061	1,798	673	4,532 (5.6%)	81,170
2030	2,733	2,239	751	5,723 (7.1%)	80,884
2040	3,332	2,809	959	7,100 (8.8%)	80,650

While the total population is only projected to increase by less than one percent, the population of residents aged 65 and over is set to climb from21% of the population to 29%, an increase of 35%. The population of the very elderly, aged 85 and older, will climb from 2.5% of the population to 4%, an increase of 59% over 2012 population estimates. The population of residents who will be 80 years old or more, 5.3% of the population in 2012, and encompassing the ages most likely to need nursing home care for the first time, will increase to 8.8% in 2040, an increase of 68%. Clearly the need for more nursing home beds is going to be an ongoing challenge.

Health Status Indicators Report

Prepared for Sentara Halifax Regional Hospital

By Community Health Solutions

December 2015

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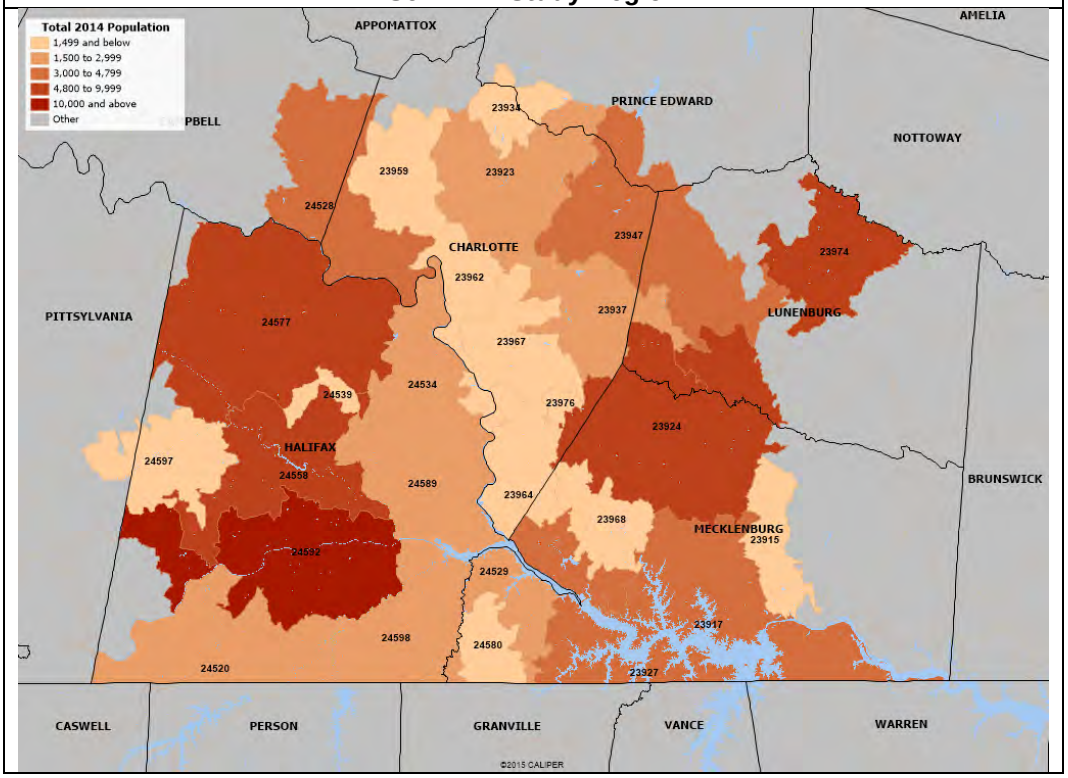
Introduction

This document presents a health status indicators report for Sentara Halifax Regional Hospital. The report was commissioned by Sentara Healthcare and Sentara Halifax Regional Hospital, and produced by Community Health Solutions. The study presents health status indicators for the Sentara Halifax Regional Hospital (Sen HRH) region. The study region includes Charlotte, Halifax and Mecklenburg counties.

Sen HRH Study Region



The study draws upon multiple data sources to present nine health indicator profiles in the following categories:

1. Mortality Profile
2. Maternal and Infant Health Profile
3. Preventable Hospitalization Profile
4. Behavioral Health Hospitalization Profile
5. Adult Health Risk Factor Profile
6. Youth Health Risk Factor Profile
7. Uninsured Profile
8. Cancer Profile
9. Communicable Disease Profile

The profiles are presented in order in the following pages. Following the profiles, *Appendix A* presents a set of Zip Code-Level maps of selected indicators, accompanied by a table of the same indicators. *Appendix B* provides detail on the methods used to produce the indicators.

By design, the profiles do not include every possible indicator of community health. The profiles are focused on a core set of indicators that provide broad insight into community health, and for which there were readily available data sources. The results of this profile can be used to evaluate community health status compared to the Commonwealth of Virginia overall. The results can also be helpful for determining the number of people affected by specific health concerns.

1. Mortality Profile

This profile presents indicators of death counts and rates for the local area compared to Virginia. The indicators are based on analysis of death record data provided by the Virginia Department of Health, and demographic data from Alteryx, Inc. (see *Appendix B* for details on methods.) As shown in ***Exhibit 1. Mortality Profile*** **(2013):**

- In 2013 there were 1,067 deaths in the study region.
- The leading causes of death in the study region were heart disease and cancer.
- The age-adjusted death rates for the study region were higher than the state rates for deaths for all causes combined, and for all specific causes of death where a rate was calculated.

Indicator	Virginia	Sen HRH Study Region
Counts		
Deaths by All Causes	62,309	1,067
Counts-Leading 14 Causes of Death		
Heart Disease Deaths	13,543	265
Malignant Neoplasms (Cancer) Deaths	14,348	238
Cerebrovascular Disease (Stroke) Deaths	3,278	68
Chronic Lower Respiratory Disease Deaths	3,168	56
Nephritis and Nephrosis Deaths	1,547	46
Diabetes Mellitus Deaths	1,618	42
Unintentional Injury Deaths	2,794	37
Influenza and Pneumonia Deaths	1,430	23
Septicemia Deaths	1,464	21
Alzheimer's Disease Deaths	1,634	16
Chronic Liver Disease Deaths	836	16
Suicide Deaths	1,047	12
Primary Hypertension and Renal Disease Deaths	629	12
Parkinson's Disease Deaths	549	5
Age Adjusted Death Rates per 100,000 Population		
Deaths by All Causes	720.1	881.1
Heart Disease Deaths	155.9	208.1
Malignant Neoplasms (Cancer) Deaths	161.3	194.6
Cerebrovascular Disease (Stroke) Deaths	38.5	58.0
Chronic Lower Respiratory Disease Deaths	37.2	41.8
Nephritis and Nephrosis Deaths	18.0	37.1
Diabetes Mellitus Deaths	18.3	33.9
Unintentional Injury Deaths	33.00	39.6
Influenza and Pneumonia Deaths	16.8	--
Septicemia Deaths	17.7	--
Alzheimer's Disease Deaths	19.6	--
Chronic Liver Disease Deaths	8.9	--
Suicide Deaths	12.2	--
Primary Hypertension and Renal Disease Deaths	7.2	--
Parkinson's Disease Deaths	6.7	--

Exhibit 1. Mortality Profile (2013)

-- Rates are not calculated where n<30

2. Maternal and Infant Health Profile

This profile presents indicators of maternal and infant health for the local area compared to Virginia. The indicators are based on analysis of birth record data provided by the Virginia Department of Health, and demographic data from Alteryx, Inc. (see *Appendix B* for details on methods.) As shown in ***Exhibit 2. Maternal and Infant Health Profile*** **(2013):**

- In 2013 there were 796 live births in the study region. Among these were 93 low weight births, 171 late prenatal care births, 402 non-marital births, and 90 live births to teens.
- The study region had a lower birth rate than Virginia in 2013. The study region had higher rates than Virginia for multiple indicators including low weight births, late prenatal care births, and teen pregnancy and live births for ages 15-17 and 18-19.
- Focusing on infant mortality, there were 39 infant deaths for the study region from 2009 to 2013. The rate of infant mortality was above the state rate for this period.

Exhibit 2. Maternal and Infant Health Profile (2013)

Indicator	Virginia	Sen HRH Study Region
Counts		
Total Pregnancies	126,655	869
Induced Terminations of Pregnancy	19,724	55
Natural Fetal Deaths	4,954	18
Total Live Births	101,977	796
Low Weight Births (under 2,500 grams / 5 lb. 8 oz.)	8,178	93
Births Without Early Prenatal Care (No Prenatal Care in First 13 Weeks)	13,435	171
Non-Marital Births	35,289	402
Total Teen Pregnancies Ages 10-19	7,447	96
Pregnancies- Teens Age 18-19	5,647	74
Pregnancies- Teens Age 15-17	1,712	22
Pregnancies-Teens Age <15	88	0
Live Births to Teens Age 10-19	5,316	90
Live Births to Teens Age 18-19	4,073	69
Live Births to Teens Age 15-17	1,208	21
Live Births to Teens Age <15	35	0
Total Infant Deaths 2009-2013	3,402	39
Rates		
Live Birth Rate per 1,000 Population	12.3	10.1
Low Weight Births pct. of Total Live Births	8%	12%
Births Without Early Prenatal Care (No Prenatal Care in First 13 Weeks) pct. of Total Live Births	13%	21%
Non-Marital Births pct. of Total Live Births	35%	51%
Teenage (age 10-19) Pregnancy Rate per 1,000 Teenage Female Population (age 10-19)	14.4	20.6
Pregnancy Rate- Teens Age 18-19	11.3	14.3
Pregnancy Rate- Teens Age 15-17	50.4	92.6
Pregnancy Rate-Teens Age <15	0.3	0.0
Teenage (age 10-19) Live Birth Rate per 1,000 Teenage Female Population (age 10-19)	10.3	19.3
Teenage (age 18-19) Live Birth Rate per 1,000 Teenage Female Population (age 18-19)	36.4	86.4
Teenage (age 15-17) Live Birth Rate per 1,000 Teenage Female Population (age 15-17)	8.0	13.6
Teenage (age <15) Live Birth Rate per 1,000 Teenage Female Population (age <15)	0.1	0.0
Five-Year Infant Mortality Rate per 1,000 Live Births) 2009-2013	6.6	9.9

-- Rates are not calculated where n<30

3. Preventable Hospitalization Profile

The Agency for Healthcare Research and Quality (AHRQ) identifies a defined set of conditions (called Prevention Quality Indicators, or 'PQIs') for which hospitalization should be avoidable with proper outpatient health care. PQI measures can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions." High rates of hospitalization for these conditions indicate potential gaps in access to quality outpatient services for community residents. This profile presents indicators of preventable hospitalizations based on PQI definitions for the local area compared to Virginia. The indicators are based on analysis of hospital discharge data provided by the Virginia Health Information (VHI), and demographic data from Alteryx, Inc. (see *Appendix B* for details on methods.) The analysis includes records of discharges of Virginia residents from Virginia hospitals excluding state and federal facilities.

As shown in ***Exhibit 3. Preventable Hospitalization Profile*** **(2013):**

- In 2013 there were 1,449 PQI hospital discharges for residents of the study region.
- The leading causes of PQI discharge in the study region were Congestive Heart Failure, COPD or Asthma in Older Adults, Diabetes, Bacterial Pneumonia, and Dehydration.
- The age-adjusted PQI discharge rates for the study region were higher than the Virginia rates for all PQI diagnoses combined, and for the five leading causes of PQI discharges.

Exhibit 3. Preventable Hospitalization Profile (2013)

Indicator	Virginia	Sen HRH Study Region
Counts		
All PQI Diagnoses	78,768	1,449
Congestive Heart Failure, PQI Discharges	18,239	390
COPD or Asthma In Older Adults, PQI Discharges	16,026	387
Diabetes, PQI Discharges	11,099	254
Bacterial Pneumonia, PQI Discharges	11,867	156
Dehydration, PQI Discharges	7,743	112
Urinary Tract Infection, PQI Discharges	8,452	98
Hypertension, PQI Discharges	2,768	21
Perforated Appendix, PQI Discharges	1,189	14
Asthma in Younger Adults, PQI Discharges	941	12
Angina, PQI Discharges	444	5
Age Adjusted Rates per 100,000 Population		
All PQI Diagnoses	900.8	1,350.2
Congestive Heart Failure, PQI Discharges	209.1	321.0
COPD or Asthma In Older Adults, PQI Discharges	176.3	332.3
Diabetes, PQI Discharges	127.1	312.8
Bacterial Pneumonia, PQI Discharges	136.4	129.7
Dehydration, PQI Discharges	89.5	101.3
Urinary Tract Infection, PQI Discharges	100.1	90.3
Hypertension, PQI Discharges	31.7	--
Perforated Appendix, PQI Discharges	13.7	--
Asthma in Younger Adults, PQI Discharges	12.0	--
Angina, PQI Discharges	5.0	--

-- Rates are not calculated where n<30

4. Behavioral Health Hospitalization Profile

Behavioral health services are typically defined to include services for people whose lives are affected by mental health conditions, substance use disorders, or intellectual and other developmental disabilities. From this perspective, behavioral health is another important indicator of community health status. The indicators in this Behavioral Health Hospitalization Profile are based on analysis of hospital discharge data provided by the Virginia Health Information (VHI), and demographic data from Alteryx, Inc. (see *Appendix B* for details on methods.) The analysis includes records of discharges of Virginia residents from Virginia hospitals excluding state and federal facilities.

As shown in ***Exhibit 4. Behavioral Health Hospitalization Profile*** **(2013):**

- In 2013 there were 502 behavioral health discharges for residents of the study region.
- The leading diagnoses for behavioral health hospitalization in the study region were Affective Psychoses, Schizophrenic Disorders, Depressive Disorder, Senility Without Mention of Psychosis, Other Nonorganic Psychoses, Altered Mental Status and Alcoholic Psychoses.
- The BH discharge rates for the study region were lower than the state rates for all BH diagnoses combined, and for Affective Psychoses and Schizophrenic Disorders. The local BH discharge rate was higher for depression.

Exhibit 4. Behavioral Health Hospitalization Profile (2013)

Indicator	Virginia	Sen HRH Study Region
Counts-BH Discharges		
Total BH Discharges for All Diagnoses	60,600	502
Counts-Leading 15 BH Discharges		
Affective Psychoses, BH Discharges	26,709	209
Schizophrenic Disorders, BH Discharges	8,136	54
Depressive Disorder, Not Elsewhere Classified, BH Discharges	3,503	41
Senility Without Mention of Psychosis, BH Discharges	1,688	29
Other Nonorganic Psychoses, BH Discharges	2133	25
Altered Mental Status, BH Discharges	1,000	22
Alcoholic Psychoses, BH Discharges	4,037	21
Neurotic Disorders, BH Discharges	1,207	13
Other Organic Psychotic Conditions-Chronic, BH Discharges	795	13
Drug Psychoses, BH Discharges	2,121	9
Symptoms Involving Head or Neck, BH Discharges	933	9
Alcohol Dependence Syndrome, BH Discharges	2,391	8
Adjustment Reaction, BH Discharges	2,271	7
Non Dependent Abuse of Drugs, BH Discharges	600	7
Drug Dependence, BH Discharges	816	2
Crude Rates Per 100,000 Population		
All Diagnoses	734.8	637.8
Affective Psychoses, BH Discharges	323.9	265.5
Schizophrenic Disorders, BH Discharges	98.7	68.6
Depressive Disorder, Not Elsewhere Classified, BH Discharges	42.5	52.1
Senility Without Mention of Psychosis, BH Discharges	20.5	--
Other Nonorganic Psychoses, BH Discharges	25.9	--
Altered Mental Status, BH Discharges	12.1	--
Alcoholic Psychoses, BH Discharges	49.0	--
Neurotic Disorders, BH Discharges	14.6	--
Other Organic Psychotic Conditions-Chronic, BH Discharges	9.6	--
Drug Psychoses, BH Discharges	25.7	--
Symptoms Involving Head or Neck, BH Discharges #	11.3	--
Alcohol Dependence Syndrome, BH Discharges	29.0	--
Adjustment Reaction, BH Discharges	27.5	--
Non Dependent Abuse of Drugs, BH Discharges	7.3	--
Drug Dependence, BH Discharges	9.9	--

-- Rates are not calculated where n<30

5. Adult Health Risk Factor Profile

This profile presents indicators of adult health risks for adults age 18+ based on analysis of data from the Virginia Behavioral Risk Factor Surveillance Survey and demographic data from Alteryx, Inc. (see *Appendix B* for details on methods.) Please note that all indicators in this profile are estimates based on statistical analysis of survey data, and therefore subject to estimation error.

As shown in ***Exhibit 5. Adult Health Risk Factor Profile* (2014-Estimates)**, substantial numbers of adults have lifestyle health risks related to nutrition, weight, physical inactivity, tobacco and alcohol. Please note that these estimates reflect general patterns based on statistical analysis of multiple years of survey data. Because of data limitations, it is not possible to assign specific margins of error or levels of significance to these statistical estimates. Likewise, it is not possible to calculate the statistical significance of differences between local rates and state rates. See Appendix B for details.

Exhibit 5. Adult Health Risk Factor Profile (2014-Estimates) [1]

Indicator		Virginia	Sen HRH Study Region
Estimates-Counts			
Estimated Adults age 18+		6,393,583	62,035
Lifestyle Risk Factors	Less than Five Servings of Fruits and Vegetables Per Day	5,114,866	50,429
	Overweight or Obese	3,964,021	40,848
	Not Meeting Recommendations for Physical Activity in the Past 30 Days	3,068,920	31,447
	At-risk for Binge Drinking (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	1,150,845	8,256
	Smoker	1,214,781	13,968
Chronic Conditions	High Cholesterol (was checked, and told by a doctor or other health professional it was high)	2,237,754	21,527
	High Blood Pressure (told by a doctor or other health professional)	1,918,075	19,142
	Arthritis (told by a doctor or other health professional)	1,534,460	16,004
	Diabetes (told by a doctor or other health professional)	575,422	6,896
General Health Status	Limited in any Activities because of Physical, Mental or Emotional Problems	1,214,781	13,176
	Fair or Poor Health Status	1,022,973	9,120
Behavioral Health Risk Factors	Dissatisfied with Their Life	359,536	4,673
	Frequent Mental Distress	457,497	6,547
	Inadequate Social or Emotional Support	412,372	4,352
Estimates-Percent of Adults Age 18+			
Lifestyle Risk Factors	Less than Five Servings of Fruits and Vegetables Per Day	80%	81%
	Overweight or Obese	62%	66%
	Not Meeting Recommendations for Physical Activity in the Past 30 Days	48%	51%
	At-risk for Binge Drinking (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	18%	13%
	Smoker	19%	23%
Chronic Conditions	High Cholesterol (was checked, and told by a doctor or other health professional it was high)	35%	35%
	High Blood Pressure (told by a doctor or other health professional)	30%	31%
	Arthritis (told by a doctor or other health professional)	24%	26%
	Diabetes (told by a doctor or other health professional)	9%	11%
General Health Status	Limited in any Activities because of Physical, Mental or Emotional Problems	19%	21%
	Fair or Poor Health Status	16%	15%
Behavioral Health Risk Factors	Dissatisfied with Their Life	6%	8%
	Frequent Mental Distress	7%	11%
	Inadequate Social or Emotional Support	6%	7%

[1] State-level estimates are provided for reference only, and direct comparisons of local estimates with state estimates are not recommended. Review *Appendix B* for full details.

6. Youth Health Risk Factor Profile

This profile presents estimates of health risks for youth age 10-14 and 14-19. The indicators in this profile are estimates based on analysis of data from the Virginia Youth Risk Behavioral Surveillance System from the Centers for Disease Control (2013) and demographic data from Alteryx, Inc. (see *Appendix B* for details on methods.) Please note that all indicators in this profile are estimates, and therefore subject to estimation error.

As shown in ***Exhibit 6. Youth Health Risk Factor Profile*** **(2014-Estimates)**, substantial numbers of youth have lifestyle health risks related to nutrition, weight, alcohol, mental health, physical inactivity, and tobacco. Please note that these estimates reflect general patterns based on statistical analysis of survey data. Because of data limitations, it is not possible to assign specific margins of error or levels of significance to these statistical estimates. Likewise, it is not possible to calculate the statistical significance of differences between local rates and state rates. See Appendix B for details.

Exhibit 6. Youth Health Risk Factor Profile (2014-Estimates) [2]

Indicator		Virginia	Sen HRH Study Region
Estimates-Counts			
High School Youth Age 14-19			
Total Estimated High School Youth Age 14-19		*654,462*	*5,818*
Risk Factors	Met Guidelines for Fruit and Vegetable Intake	54,707	467
	Overweight or Obese	179,050	1,669
	Not Meeting Recommendations for Physical Activity in the Past Week	363,586	3,206
	Used Tobacco in the Past 30 Days	118,572	1,063
	Have at least One Drink of Alcohol at least One Day in the Past 30 Days	178,173	1,591
General Health Status	Feel Sad or Hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities)	165,270	1,399
Middle School Youth Age 10-14			
Total Estimated Middle School Youth Age 10-14		*523,850*	*4,856*
Risk Factors	Met Guidelines for Fruit and Vegetable Intake	125,285	1,178
	Not Meeting Recommendations for Physical Activity in the Past Week	178,443	1,669
	Used Tobacco in the Past 30 Days	19,192	185
Estimates-Percent			
High School Youth Age 14-19			
Risk Factors	Met Guidelines for Fruit and Vegetable Intake	8%	8%
	Overweight or Obese	27%	29%
	Not Meeting Recommendations for Physical Activity in the Past Week	56%	55%
	Used Tobacco in the Past 30 Days	18%	18%
	Have at least One Drink of Alcohol at least One Day in the Past 30 Days	27%	27%
General Health Status	Feel Sad or Hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities)	25%	24%
Middle School Youth Age 10-14			
Risk Factors	Met Guidelines for Fruit and Vegetable Intake	24%	24%
	Not Meeting Recommendations for Physical Activity in the Past Week	34%	34%
	Used Tobacco in the Past 30 Days	4%	4%

[2] State-level estimates are provided for reference only, and direct comparisons of local estimates with state estimates are not recommended. Review *Appendix B* for full details.

7. Uninsured Profile

This profile presents estimates of the uninsured population within the 0-64 age group. The indicators in this profile are estimates based on analysis of data from the U.S. Census Bureau Small Area Health Insurance Estimates and demographic estimates from Alteryx, Inc. (see *Appendix B* for details on methods.) Please note that all indicators in this profile are subject to estimation error. Also, because of limitations in the data it is not possible to calculate the statistical significance of differences between local rates and state rates. See Appendix B for details.

As shown in ***Exhibit 7. Uninsured Profile*** **(2014-Estimates):**

- At any given point in 2014 an estimated 10,862 residents of the study region were uninsured.
- The estimated number of uninsured children age 0-18 was 1,313 in the study region. Among uninsured children, it is estimated that roughly half have family income below 200 percent of the federal poverty level, possibly making them income-eligible for coverage through the state Medicaid or FAMIS program.
- The estimated number of uninsured adults age 19-64 was 9,549 in the study region. Among uninsured adults, it is estimated that more than half have family income below 200 percent of the federal poverty level.

Exhibit 7. Uninsured Profile (2014-Estimates)

Indicator	Virginia	Sen HRH Study Region
Estimated Uninsured Counts*		
Uninsured Nonelderly Age 0-64	1,013,986	10,862
Uninsured Children Age 0-18	120,105	1,313
Uninsured Children Age 0-18 <=138% FPL	327,185	429
Uninsured Children Age 0-18 <=200% FPL	479,797	653
Uninsured Children Age 0-18 <=250% FPL	578,328	778
Uninsured Children Age 0-18 <=400% FPL	749,463	1,032
Uninsured Children Age 0-18 138-400% FPL	422,276	603
Uninsured Adults Age 19-64	893,456	9,549
Uninsured Adults Age 19-64 <=138% FPL	327,185	4,222
Uninsured Adults Age 19-64 <=200% FPL	479,797	5,944
Uninsured Adults Age 19-64 <=250% FPL	578,328	6,926
Uninsured Adults Age 19-64 <=400% FPL	749,463	8,573
Uninsured Adults Age 19-64 138-400% FPL	422,276	4,350
Estimated Uninsured Percent		
Uninsured Children Percent	6%	8%
Uninsured Adults Percent	17%	21%

*FPL Categories are cumulative

8. Cancer Profile

This profile presents indicators of cancer counts for the study region and Virginia. The indicators are based on analysis of cancer registry and death record data provided by the Virginia Department of Health. (see *Appendix B* for details on methods.)

As shown in ***Exhibit 8A. Cancer Incidence by Site*** **(2008-2012):**

- From 2008-2012, there were 2,532 residents diagnosed with cancer in the study region.
- The three leading sites of cancer were lung and bronchus, prostate and breast (among females only).
- Local-stage diagnosis rates were lower in the study region than in Virginia for all cancer sites combined; and for breast, colorectal, lung and bronchus, and prostate cancers.

As shown in ***Exhibit 8B. Cancer Deaths by Site*** **(2009-2013):**

- From 2009-2013, there were 1,194 cancer deaths in the study region.
- The leading sites for cancer deaths in the study region were lung and bronchus, colorectal, prostate and breast (female only).

Exhibit 8A. Cancer Incidence by Site (2008-2012)

Indicator	Virginia	Sen HRH Study Region
Counts		
2008-2012 Cancer Incidence -All Sites	183,650	2,532
2008-2012 Diagnosed at Local Stage-All Sites	82,981	1,020
2008-2012 Cancer Incidence -Lung and Bronchus	26,509	424
2008-2012 Diagnosed at Local Stage-Lung and Bronchus	5,021	61
2008-2012 Cancer Incidence -Prostate	25,706	395
2008-2012 Diagnosed at Local Stage-Prostate	20,549	295
2008-2012 Cancer Incidence -Breast (Female Only)	28,621	352
2008-2012 Diagnosed at Local Stage-Breast (Female Only)	17,948	210
2008-2012 Cancer Incidence -Colorectal	16,015	227
2008-2012 Diagnosed at Local Stage-Colorectal	6,266	85
2008-2012 Cancer Incidence -Oral Cavity	4,550	65
2008-2012 Diagnosed at Local Stage-Oral Cavity	1,353	14
2008-2012 Cancer Incidence -Melanoma	7,673	47
2008-2012 Diagnosed at Local Stage-Melanoma	5,601	36
2008-2012 Cancer Incidence -Ovarian	2,698	24
2008-2012 Diagnosed at Local Stage-Ovarian	388	0
2008-2012 Cancer Incidence -Cervical	1,337	12
2008-2012 Diagnosed at Local Stage-Cervical	620	0
Rate (percent diagnosed at the local stage)*		
2008-2012 Diagnosed at Local Stage-All Sites pct. of Total Diagnosed	45%	40%
2008-2012 Diagnosed at Local Stage-Lung and Bronchus pct. of Total Diagnosed	19%	14%
2008-2012 Diagnosed at Local Stage-Prostate pct. of Total Diagnosed	80%	75%
2008-2012 Diagnosed at Local Stage-Breast (Female Only) pct. of Total Diagnosed	63%	60%
2008-2012 Diagnosed at Local Stage-Colorectal pct. of Total Diagnosed	39%	37%
2008-2012 Diagnosed at Local Stage-Oral Cavity pct. of Total Diagnosed	30%	--
2008-2012 Diagnosed at Local Stage-Melanoma pct. of Total Diagnosed	73%	--
2008-2012 Diagnosed at Local Stage-Ovarian pct. of Total Diagnosed	14%	--
2008-2012 Diagnosed at Local Stage-Cervical Cancer pct. of Total Diagnosed	46%	--

-- Rates are not provided because record level data cannot be accessed due to patient confidentiality restrictions.
* There may be cases in the study region where the diagnosis stage is unknown.

Exhibit 8B. Cancer Deaths by Site (2009-2013)

Indicator*	Virginia	Sen HRH Study Region
Counts		
Five Year Total (2009-2013) Cancer Deaths, All Sites	70,846	1,194
Five Year Total (2009-2013) Cancer Deaths, Lung and Bronchus	19,765	340
Five Year Total (2009-2013) Cancer Deaths, Colorectal	6,021	97
Five Year Total (2009-2013) Cancer Deaths, Prostate	3,451	84
Five Year Total (2009-2013) Cancer Deaths, Breast (Female Only)	5,252	83
Five Year Total (2009-2013) Cancer Deaths, Ovarian	1,799	29
Five Year Total (2009-2013) Cancer Deaths, Melanoma	1,194	13
Five Year Total (2009-2013) Cancer Deaths, Oral Cavity	1,008	13
Five Year Total (2009-2013) Cancer Deaths, Cervical	400	10

*Rates are not provided because data to calculate rates are not readily available.

9. Communicable Disease Profile

This profile presents indicators of communicable disease counts and rates for the study region and Virginia. The indicators are based on analysis of communicable disease annual reports by the Virginia Department of Health. (see *Appendix B* for details on methods.) As shown in ***Exhibit 9. Selected Communicable Disease Profile*** **(2014):**

- In 2014, there were 321 cases of chlamydia, 70 cases of gonorrhea, six new cases of HIV, and two cases of early syphilis.
- The study region had a lower rate of disease than Virginia as a whole for chlamydia and gonorrhea.

Exhibit 9. Selected Communicable Disease Profile (2014)

Indicator	Virginia	Sen HRH Study Region
Counts		
Chlamydia Diagnoses	35,473	321
Gonorrhea Diagnoses	8,128	70
Newly Diagnosed Cases of HIV Disease	940	6
Total Early Syphilis Diagnoses	545	2
Crude Rates per 100,000 Population		
Chlamydia Diagnoses (rate per 100,000)	429.4	405.7
Gonorrhea Diagnoses (rate per 100,000)	98.4	88.5
Newly Diagnosed Cases of HIV Disease (rate per 100,000)	11.4	--
Total Early Syphilis Diagnoses (rate per 100,000)	6.6	--

-- Rates are not calculated where n<30.

APPENDIX A: Zip Code-Level Maps

The Zip Code-Level maps in this section illustrate the geographic distribution of the zip code-level study region on key health status indicators. Following the maps is a table with the underlying data. The maps in this section include the following for 2013/2014:

1. Total Deaths, 2013	9. Estimated Adult Age 18+ Smokers, 2014
2. Heart Disease Deaths, 2013	10. Estimated Adults Age 18+ with No Dental Visit in the Last Year, 2014
3. Cerebrovascular Disease (Stroke) Deaths, 2013	11. Estimated Adults Age 18+ with Diabetes, 2014
4. Malignant Neoplasm (Cancer) Deaths, 2013	12. Estimated Adults Age 18+ who are Overweight or Obese, 2014
5. Total Live Births, 2013	13. Estimated High School-aged Youth (age 14-19) who are Overweight or Obese, 2014
6. Total Teenage Live Births (age<17), 2013	14. Estimated Uninsured Children Age 0-18, 2014
7. Total Prevention Quality Indicator Hospitalization Discharges, 2013	15. Estimated Uninsured Adults, Age 19-64, 2014
8. Total Behavioral Health Hospitalization Discharges, 2013	

Technical Notes

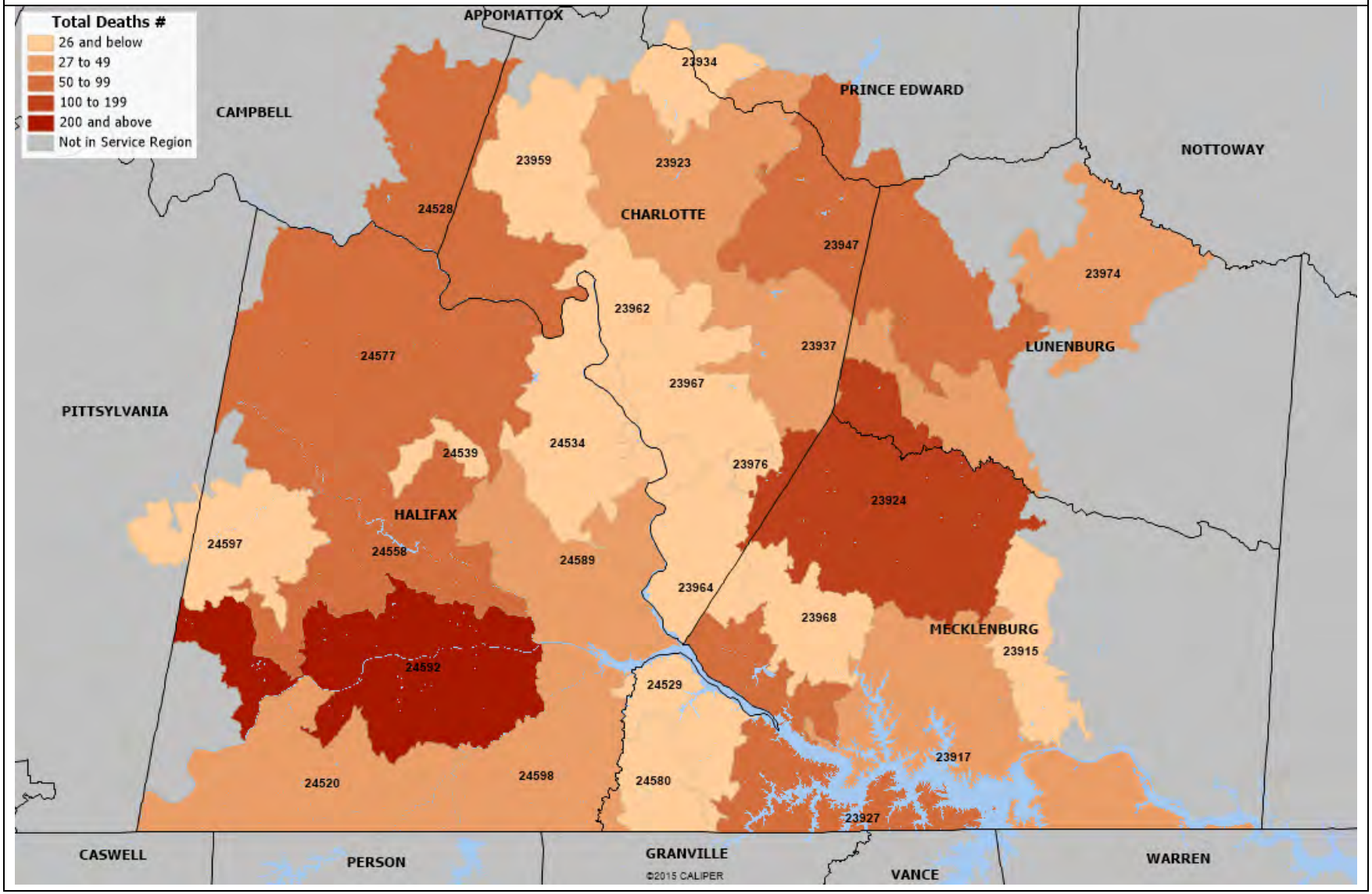
1. The maps and data include 27 zip codes, as identified by Sentara Halifax Regional Hospital, most of which fall within Charlotte, Halifax and Mecklenburg counties. It is important to note that zip code boundaries do not automatically align with city/county boundaries, and there are some zip codes that extend beyond the county boundaries. Also, not all zip codes in each of the three localities were identified by Sentara Halifax Regional Hospital as part of the Zip Code-Level Study Region. Consequently, the combined zip-code-level totals for the maps differ from the study region totals listed throughout the body of the report.

2. The maps show counts rather than rates. Rates are not mapped at the zip code-level because in some zip codes the population is too small to support rate-based comparisons.

3. Data are presented in natural breaks.

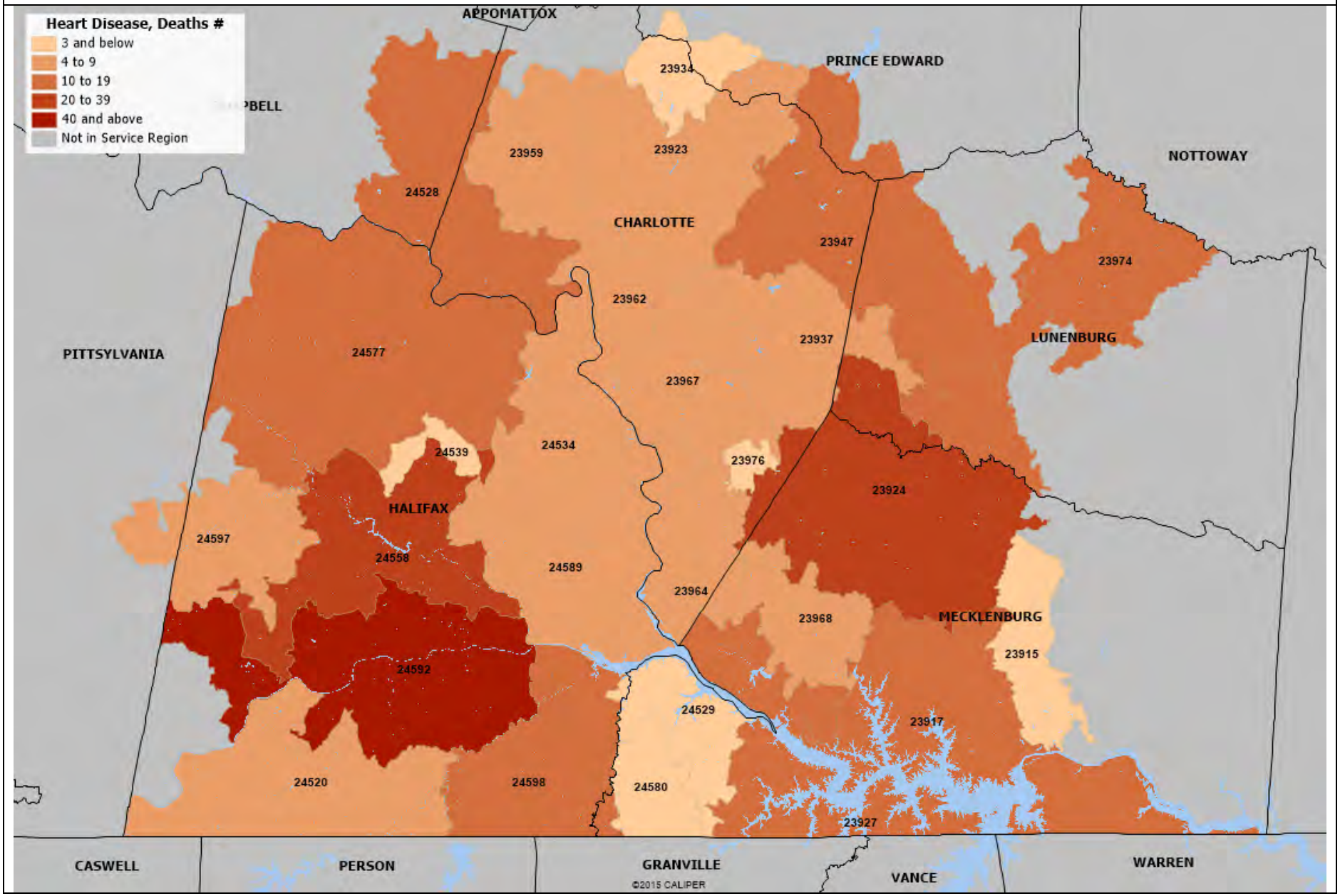
4. Zip Code-Level Study Region zip codes with zero values are noted.

Map 1: Total Deaths, 2013



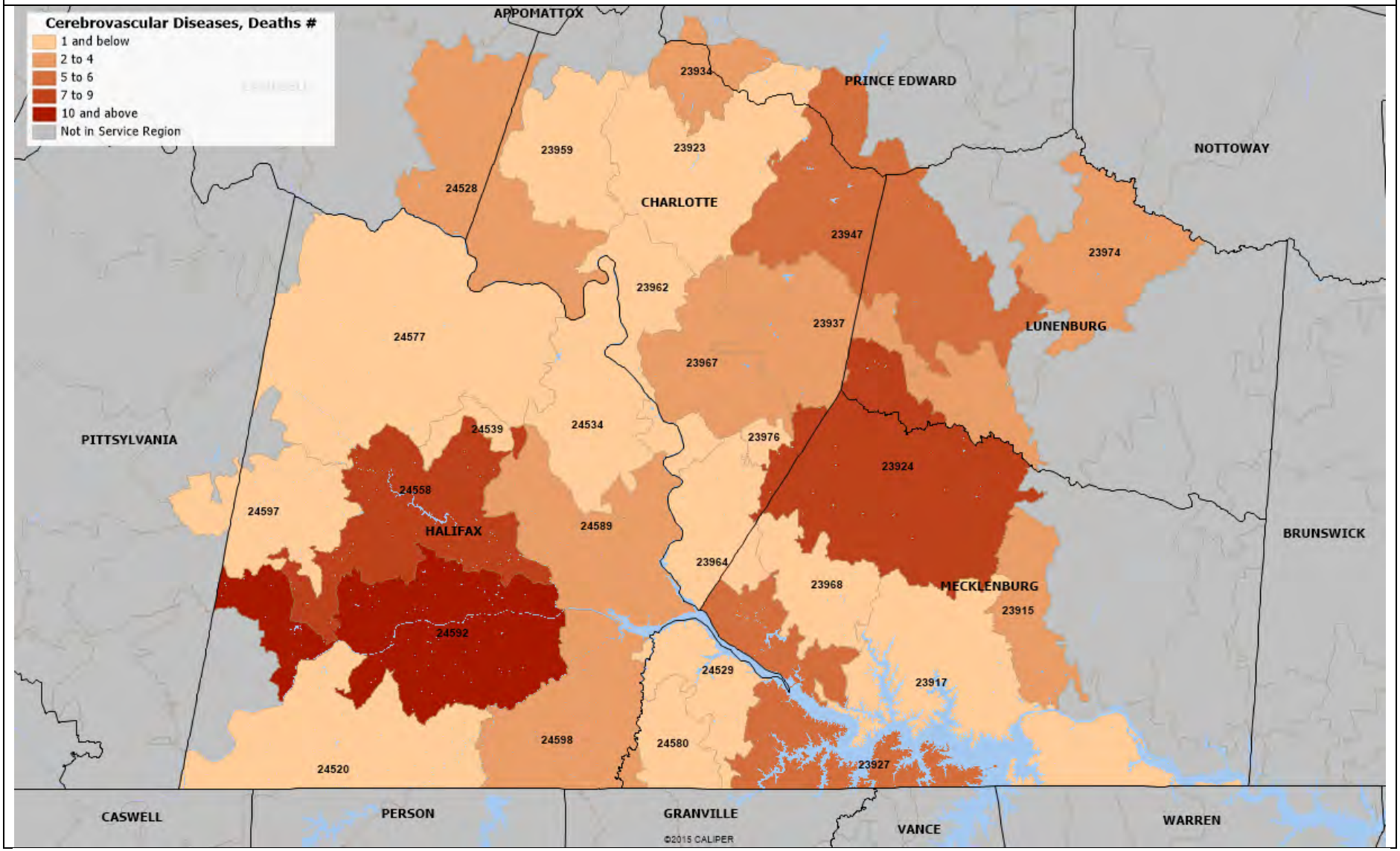
Source: Community Health Solutions analysis of death record data from the Virginia Department of Health. See details in methods in Appendix B. Notes: There were no recorded deaths for zip code 24539.

Map 2: Heart Disease Deaths, 2013



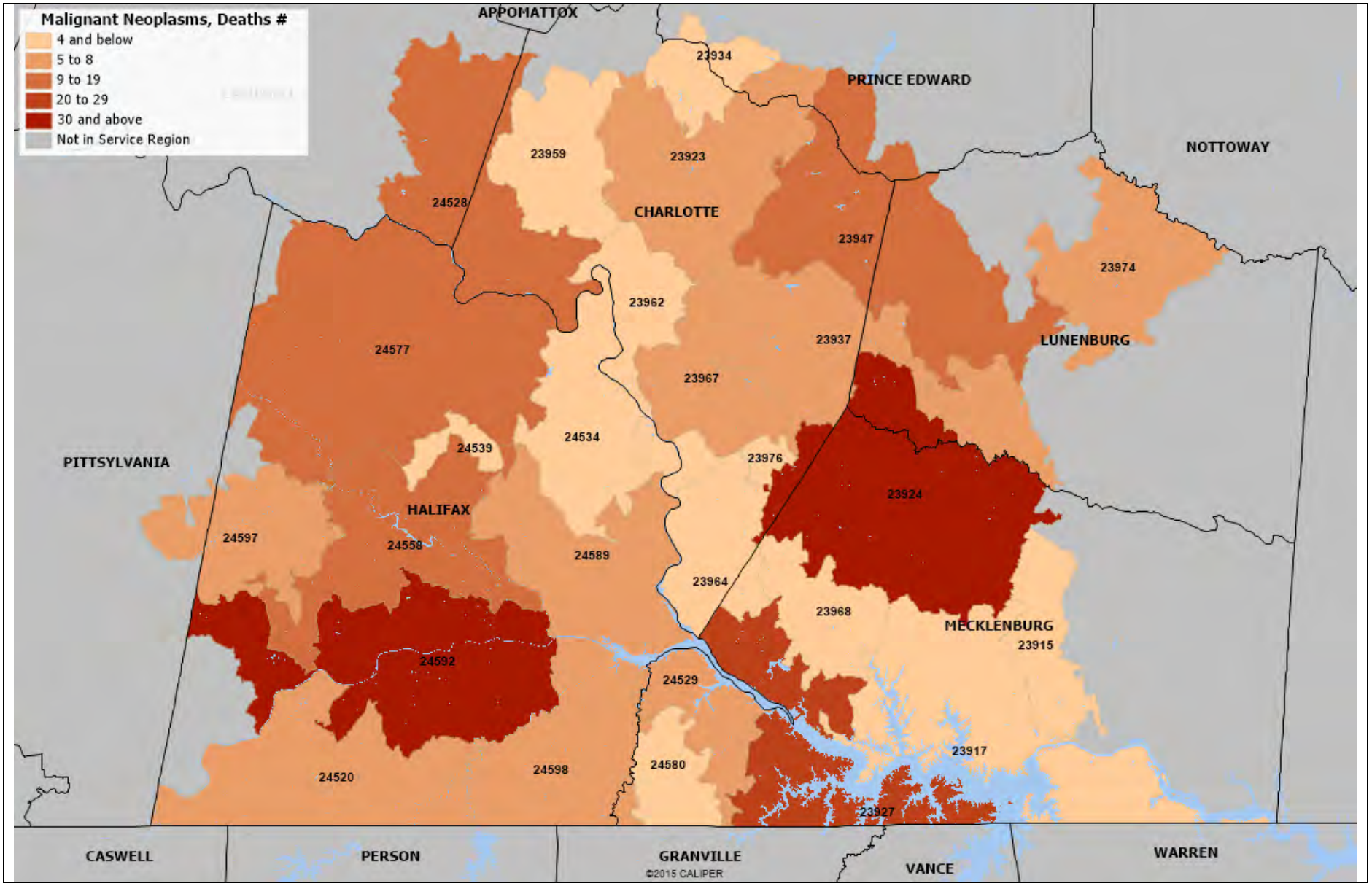
Source: Community Health Solutions analysis of death record data from the Virginia Department of Health. See details in methods in Appendix B. Notes: There were no reported heart disease deaths for zip codes 23934, 23976, 24539, and 24580.

Map 3: Cerebrovascular Disease (Stroke) Deaths, 2013



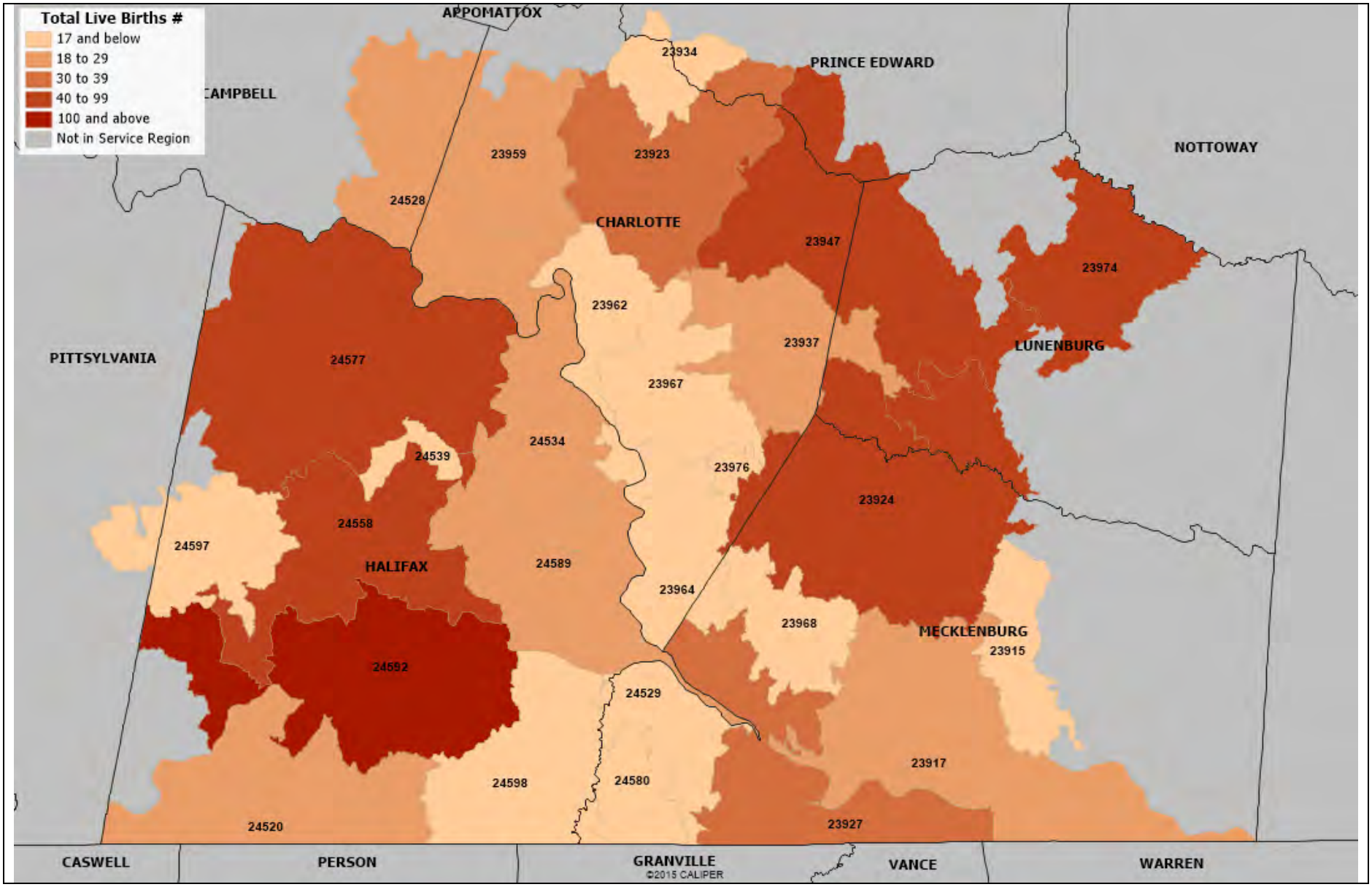
Source: Community Health Solutions analysis of death record data from the Virginia Department of Health. See details in methods in Appendix B. Notes: There were no reported stroke deaths for zip codes 23959, 23962, 23976, 24520, 24534, 24539, 24577, and 24580.

Map 4: Malignant Neoplasm (Cancer) Deaths, 2013



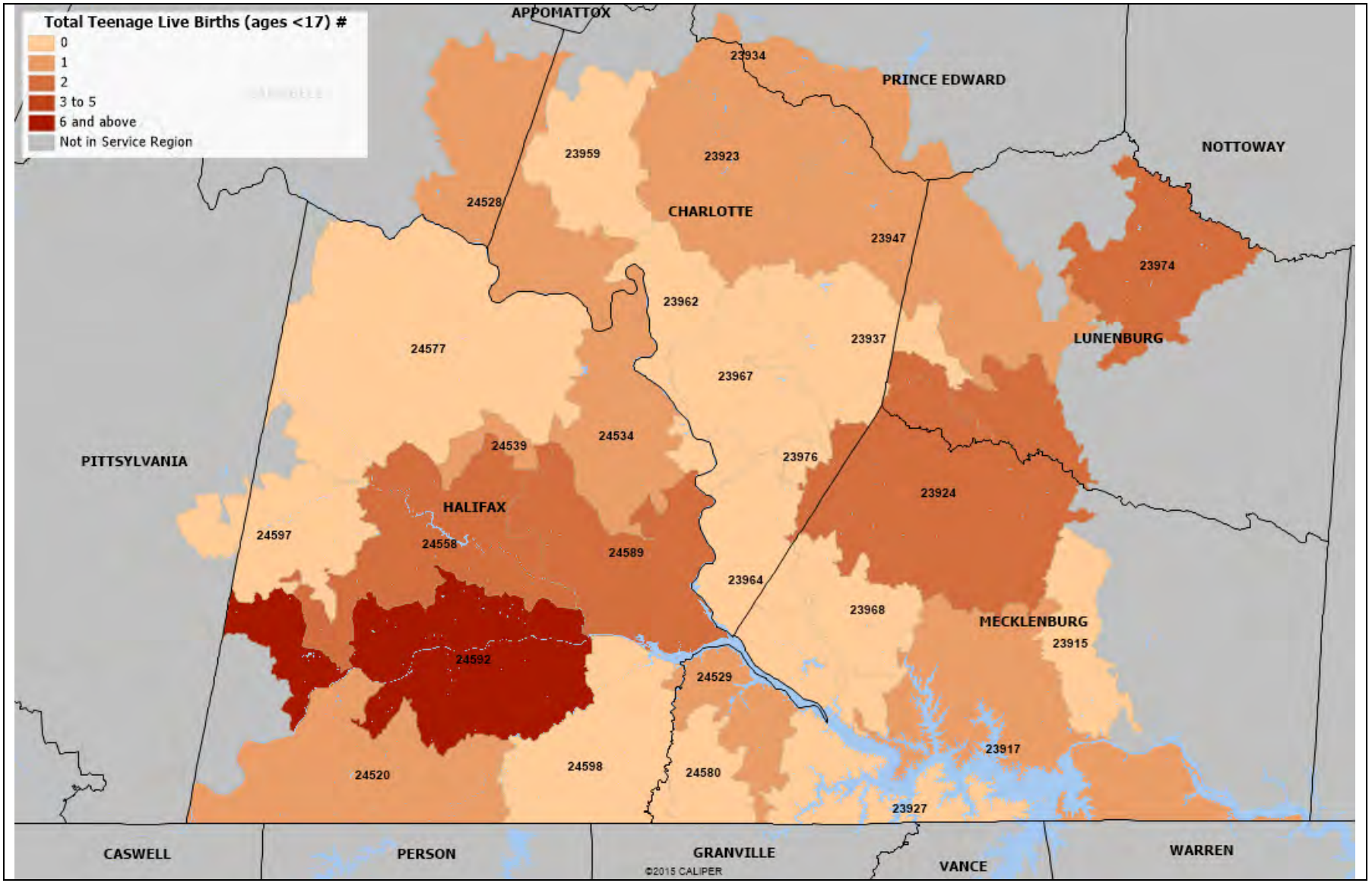
Source: Community Health Solutions analysis of death record data from the Virginia Department of Health. See details in methods in Appendix B. Notes: There were no reported cancer deaths for zip codes 23976 and 24539.

Map 5: Total Live Births, 2013



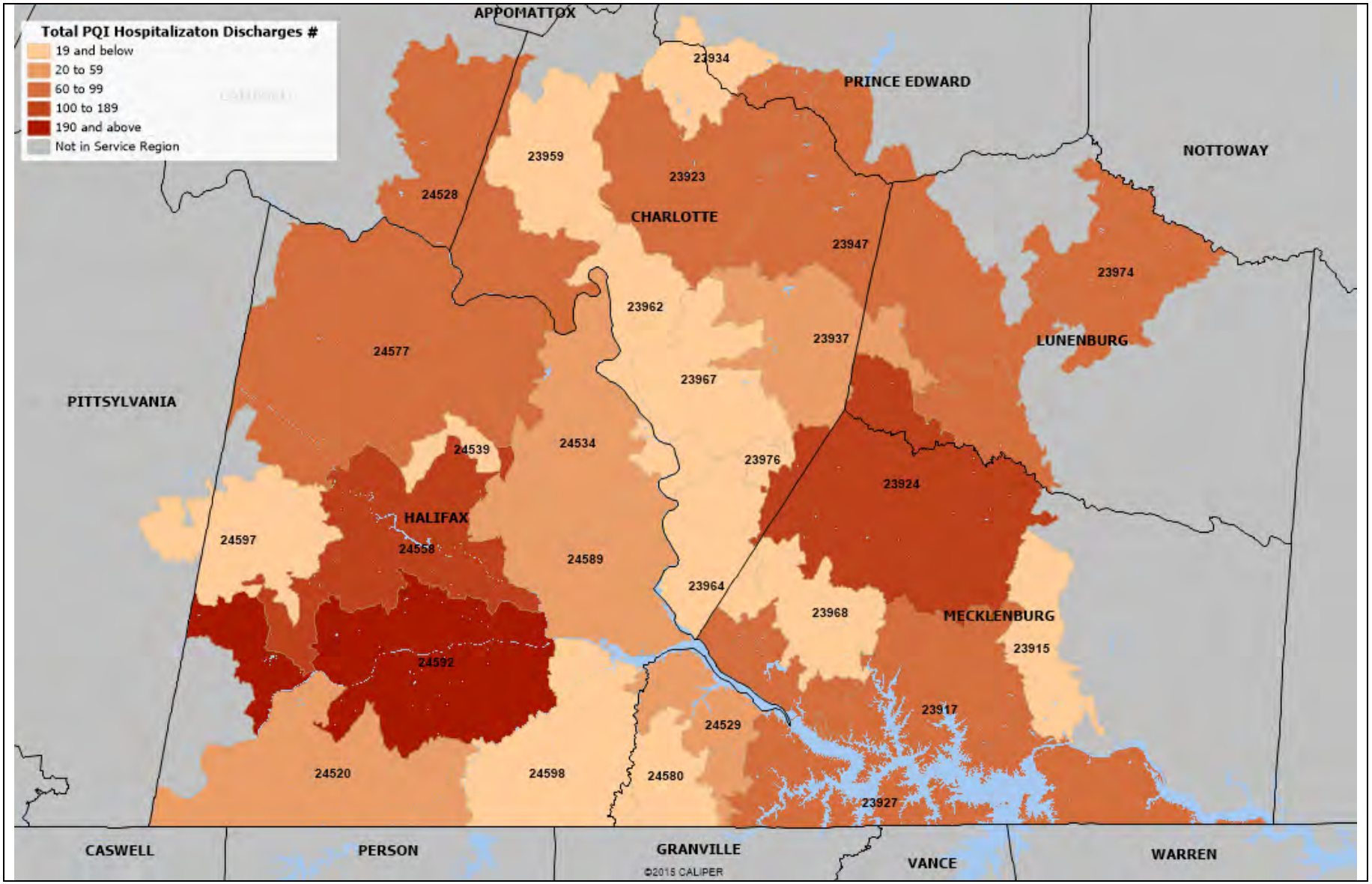
Source: Community Health Solutions analysis of birth record data from the Virginia Department of Health. See details in methods in Appendix B.

Map 6: Total Teenage Live Births (age <17), 2013



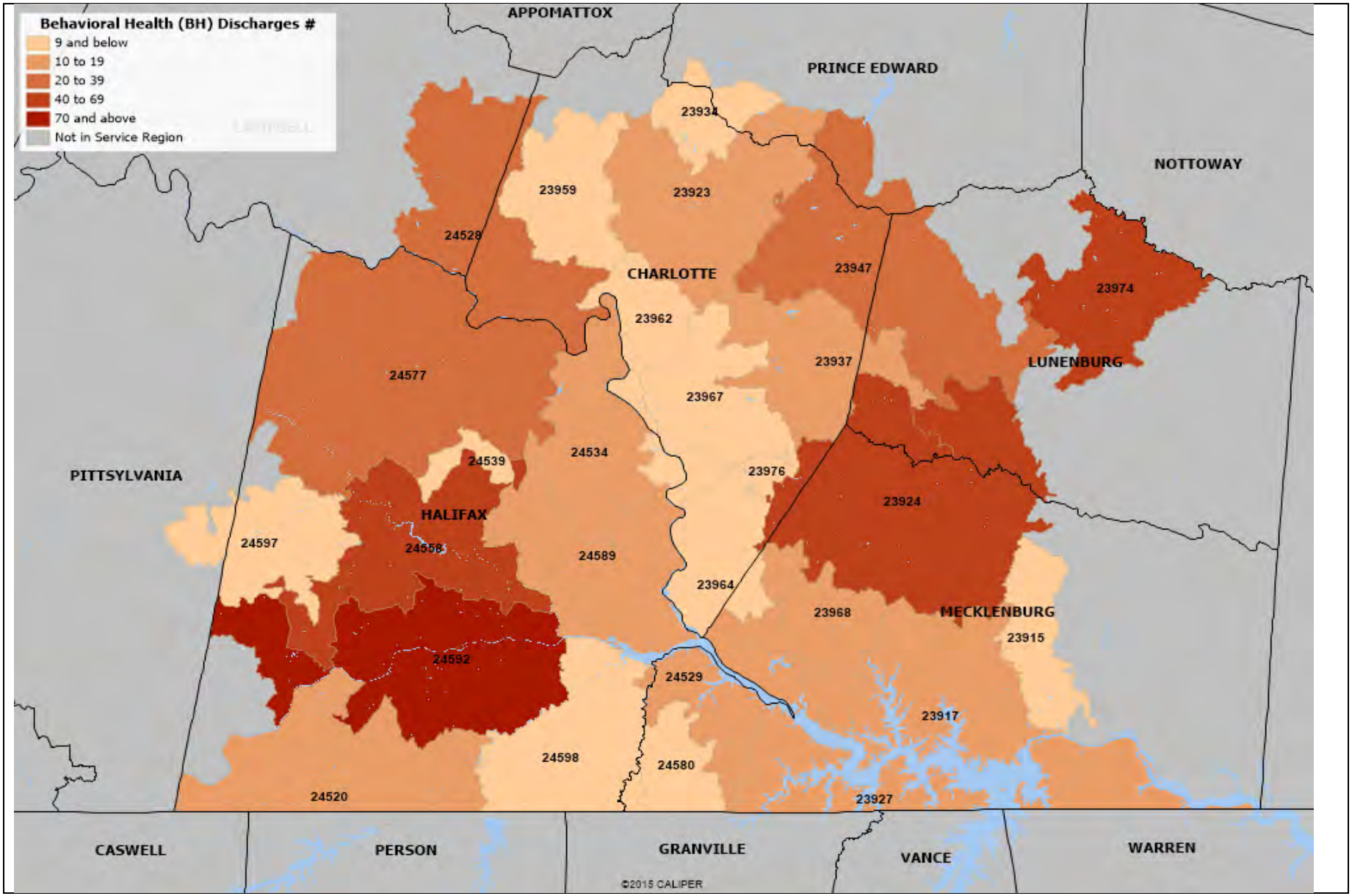
Source: Community Health Solutions analysis of birth record data from the Virginia Department of Health. See details in methods in Appendix B. Notes: There were no reported teenage live births for zip codes 23915, 23927, 23937, 23959, 23962, 23964, 23967, 23968, 23976, 24577, 24580, 24597, and 24598.

Map 7: Total Prevention Quality Indicator (PQI) Hospitalization Discharges, 2013



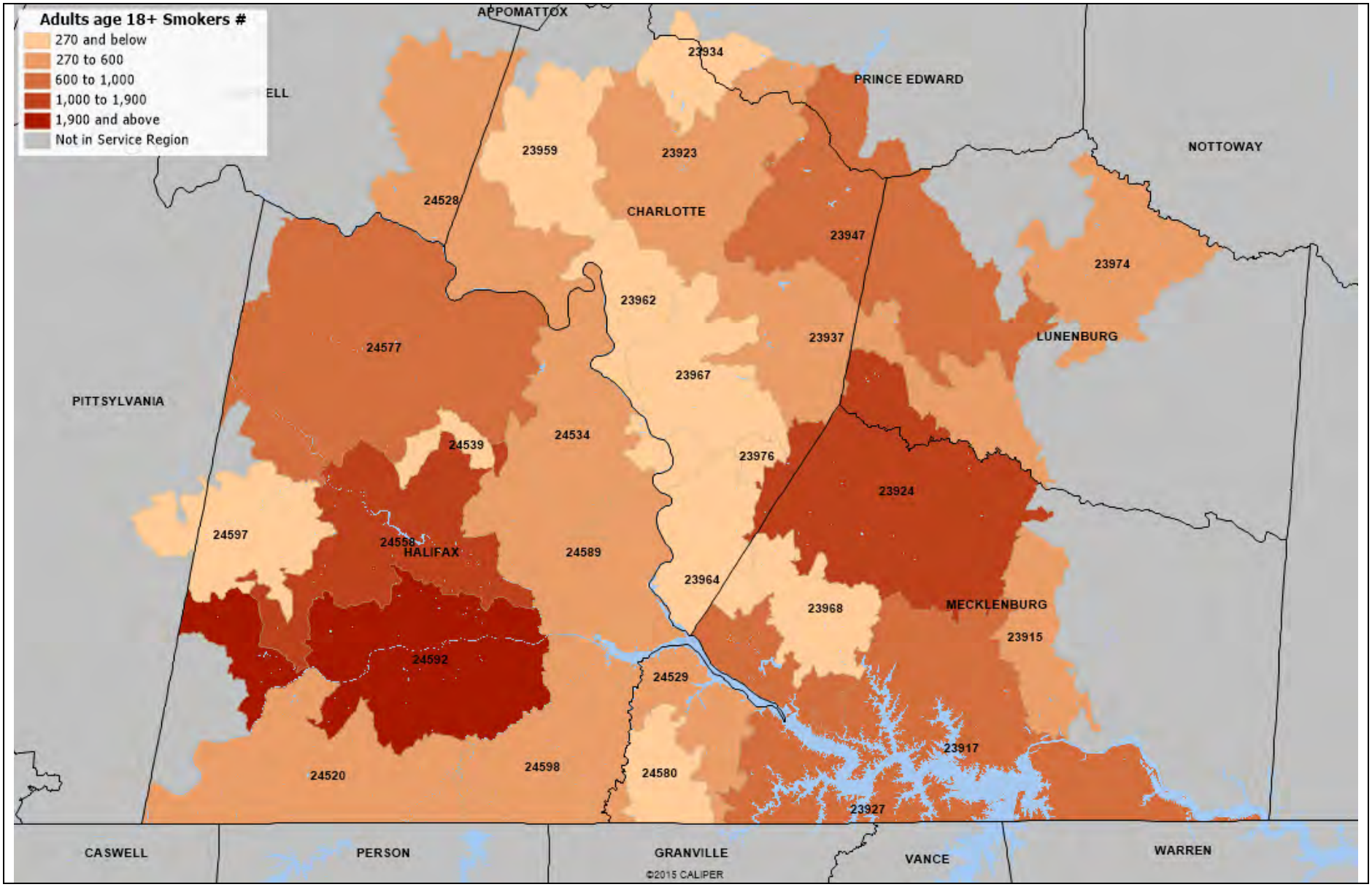
Source: Community Health Solutions analysis of hospital discharge data from Virginia Health Information and demographic data from Alteryx, Inc. See details on methods in Appendix B.

Map 8: Total Behavioral Health (BH) Hospitalization Discharges, 2013



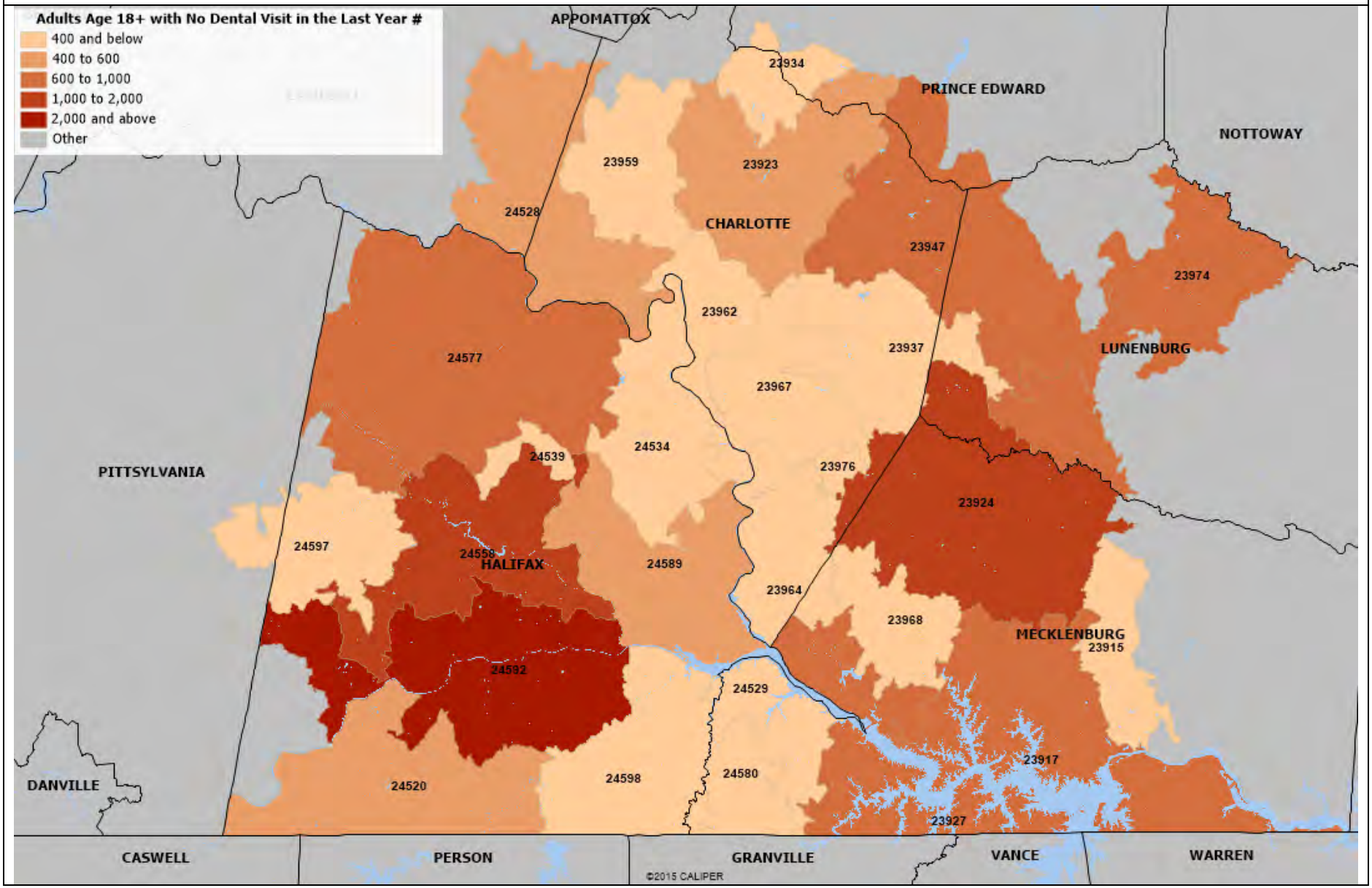
Source: Community Health Solutions analysis of hospital discharge data from Virginia Health Information and demographic data from Alteryx, Inc. See details on methods in Appendix B. There were no reported Behavioral Health discharges for zip codes 23976.

Map 9: Estimated Adults Age 18+ Smokers, 2014-Estimates



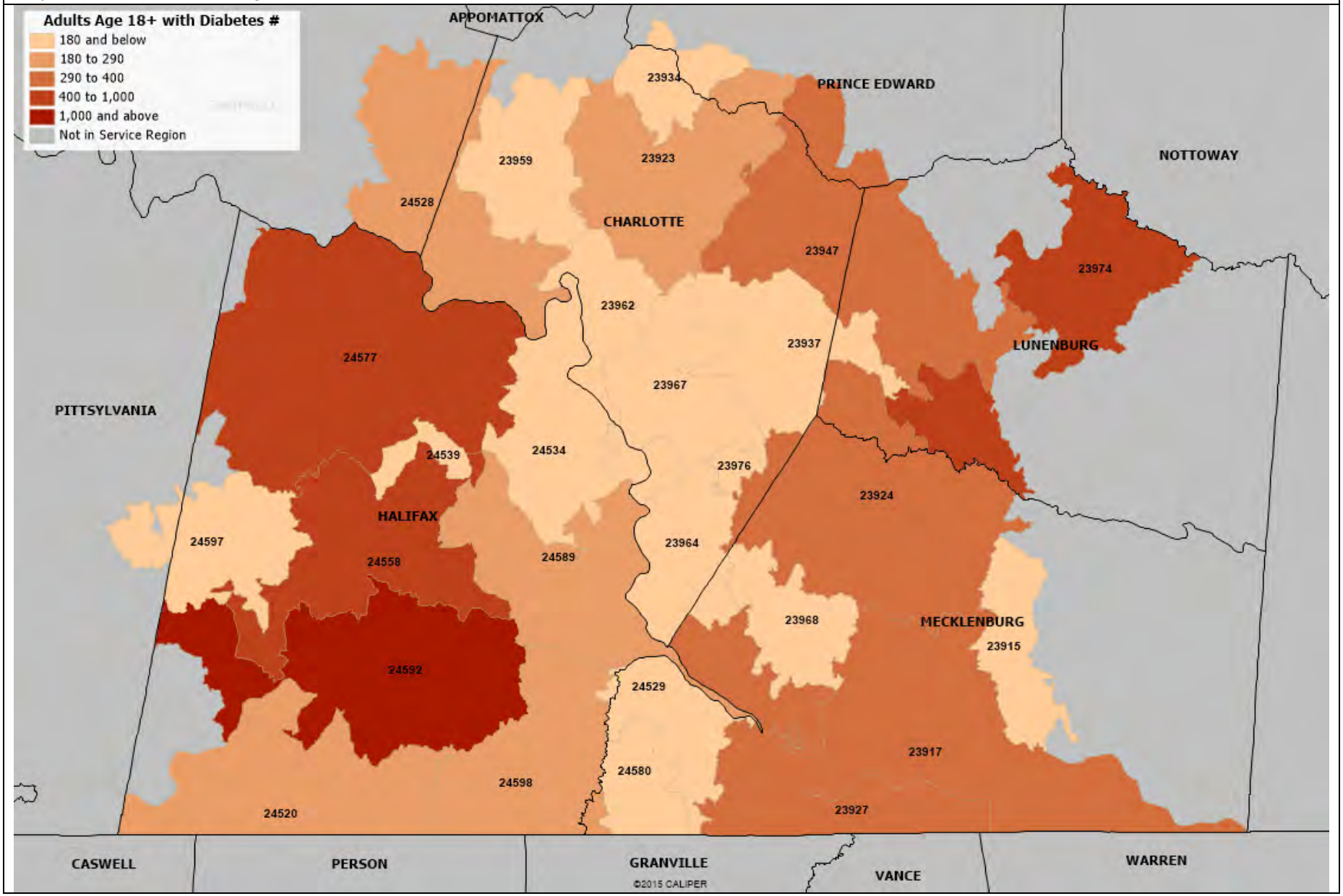
Source: Estimates produced by Community Health Solutions using Virginia Behavioral Risk Factor Surveillance System data and local demographic estimates from Alteryx, Inc. See details in methods in Appendix B.

Map 10: Estimated Adults Age 18+ with No Dental Visit in the Last Year, 2014-Estimates



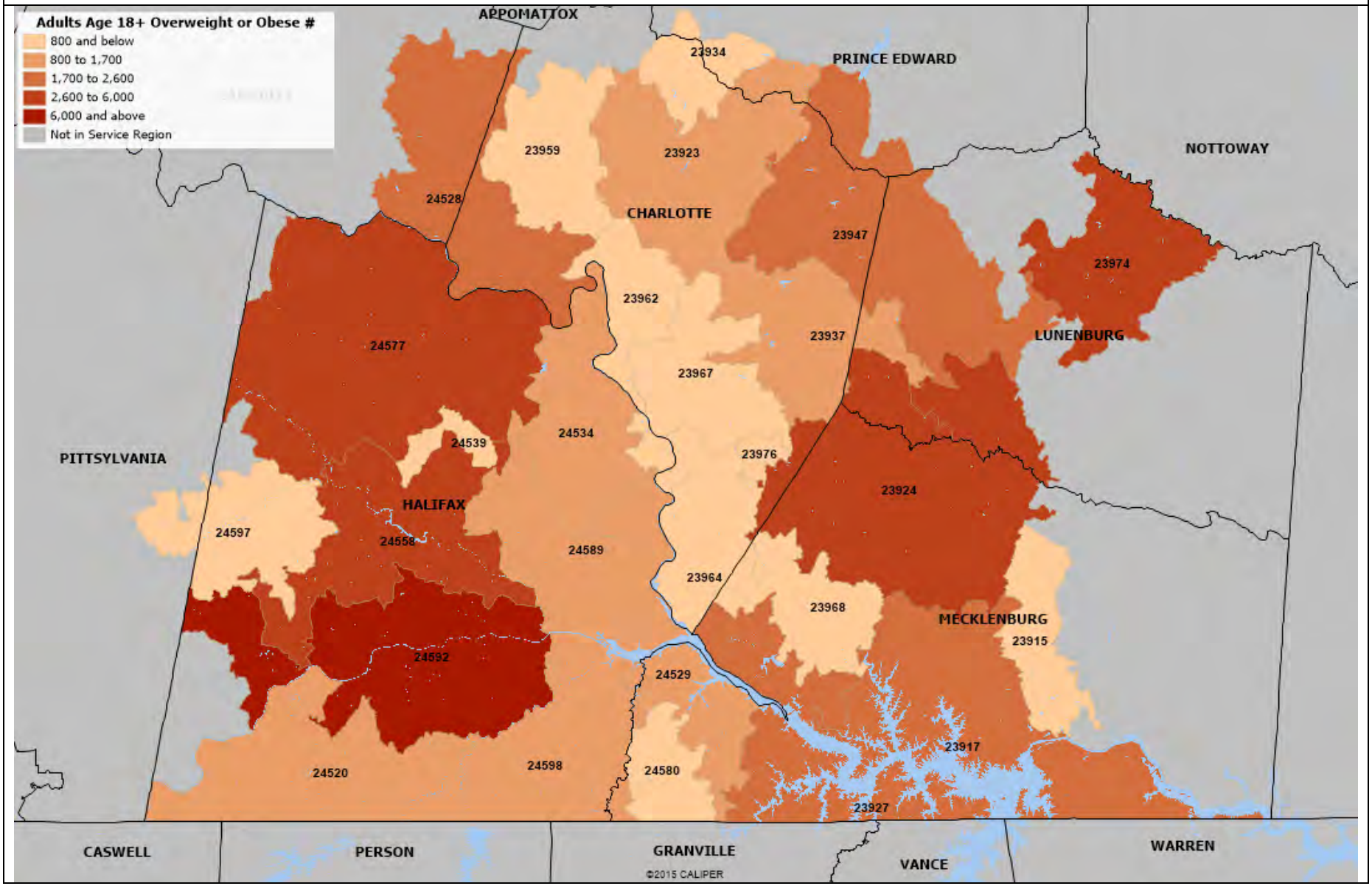
Source: Estimates produced by Community Health Solutions using Virginia Behavioral Risk Factor Surveillance System data and local demographic estimates from Alteryx, Inc. See details in methods in Appendix B.

Map 11: Estimated Adults Age 18+ with Diabetes, 2014 -Estimates



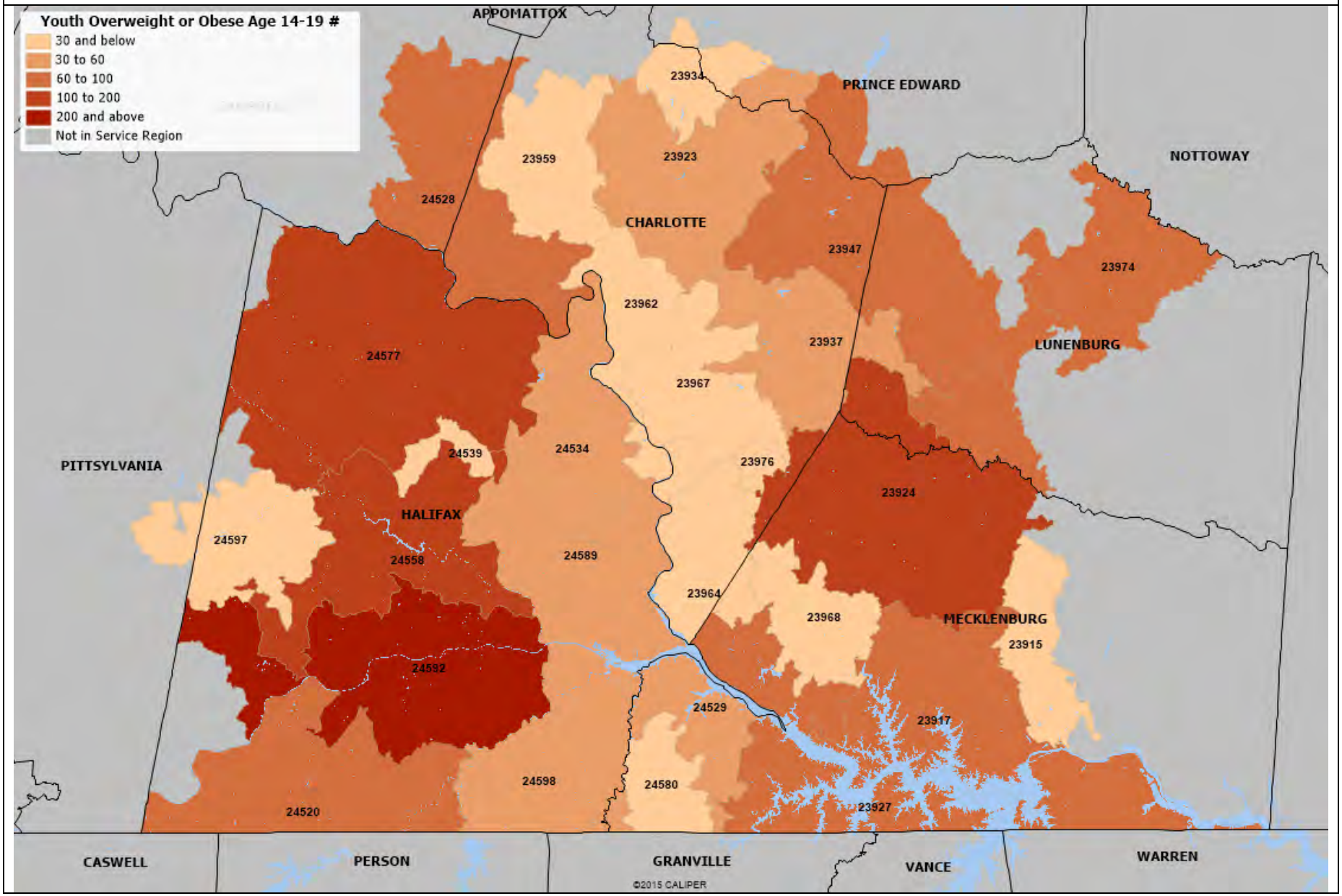
Source: Estimates produced by Community Health Solutions using Virginia Behavioral Risk Factor Surveillance System data and local demographic estimates from Alteryx, Inc. See details in methods in Appendix B.

Map 12: Estimated Adults Age 18+ who are Overweight or Obese, 2014-Estimates



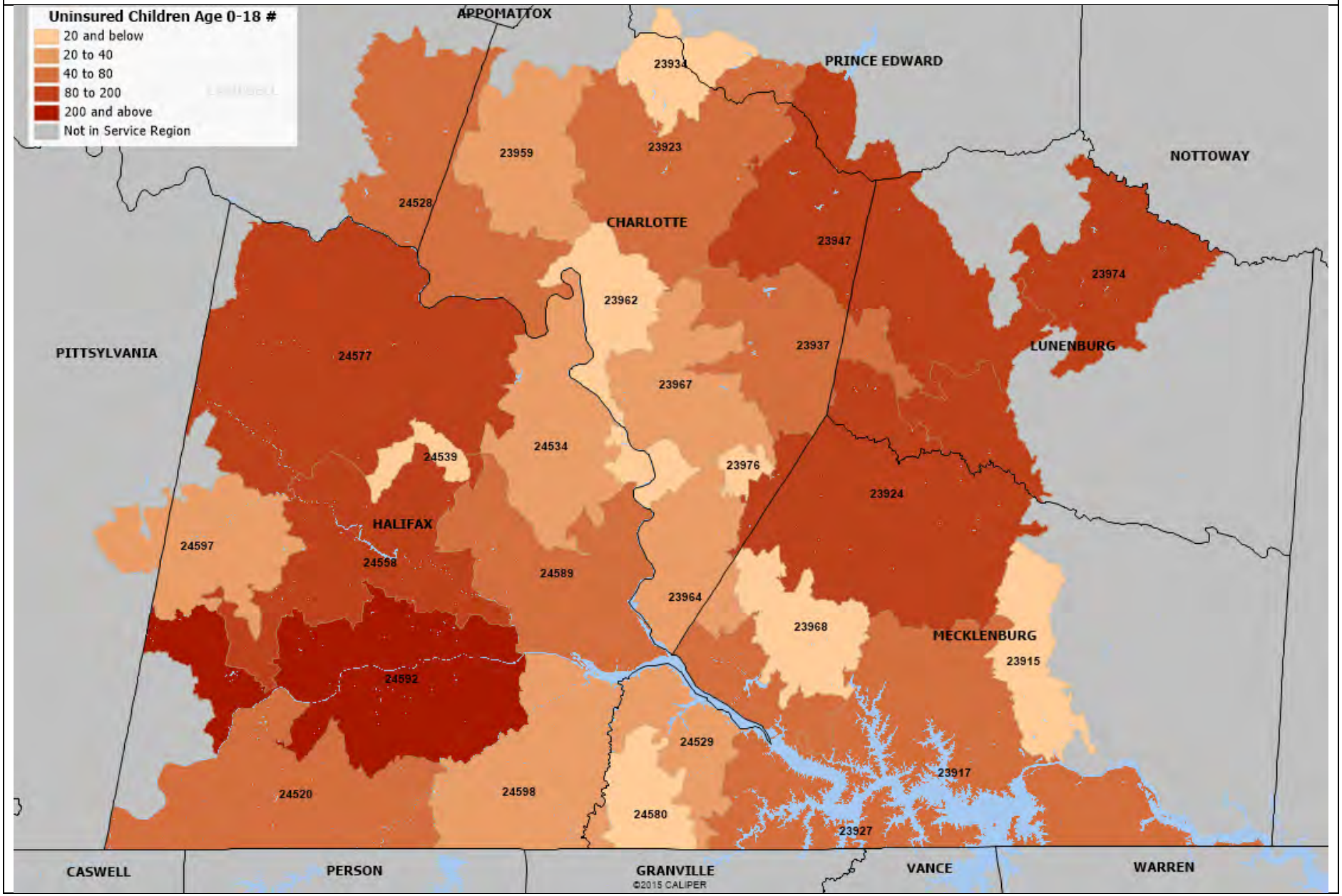
Source: Estimates produced by Community Health Solutions using Virginia Behavioral Risk Factor Surveillance System data and local demographic estimates from Alteryx, Inc. See Appendix B.

Map 13: Estimated High School-aged Youth (age 14-19) who are Overweight or Obese, 2014-Estimates



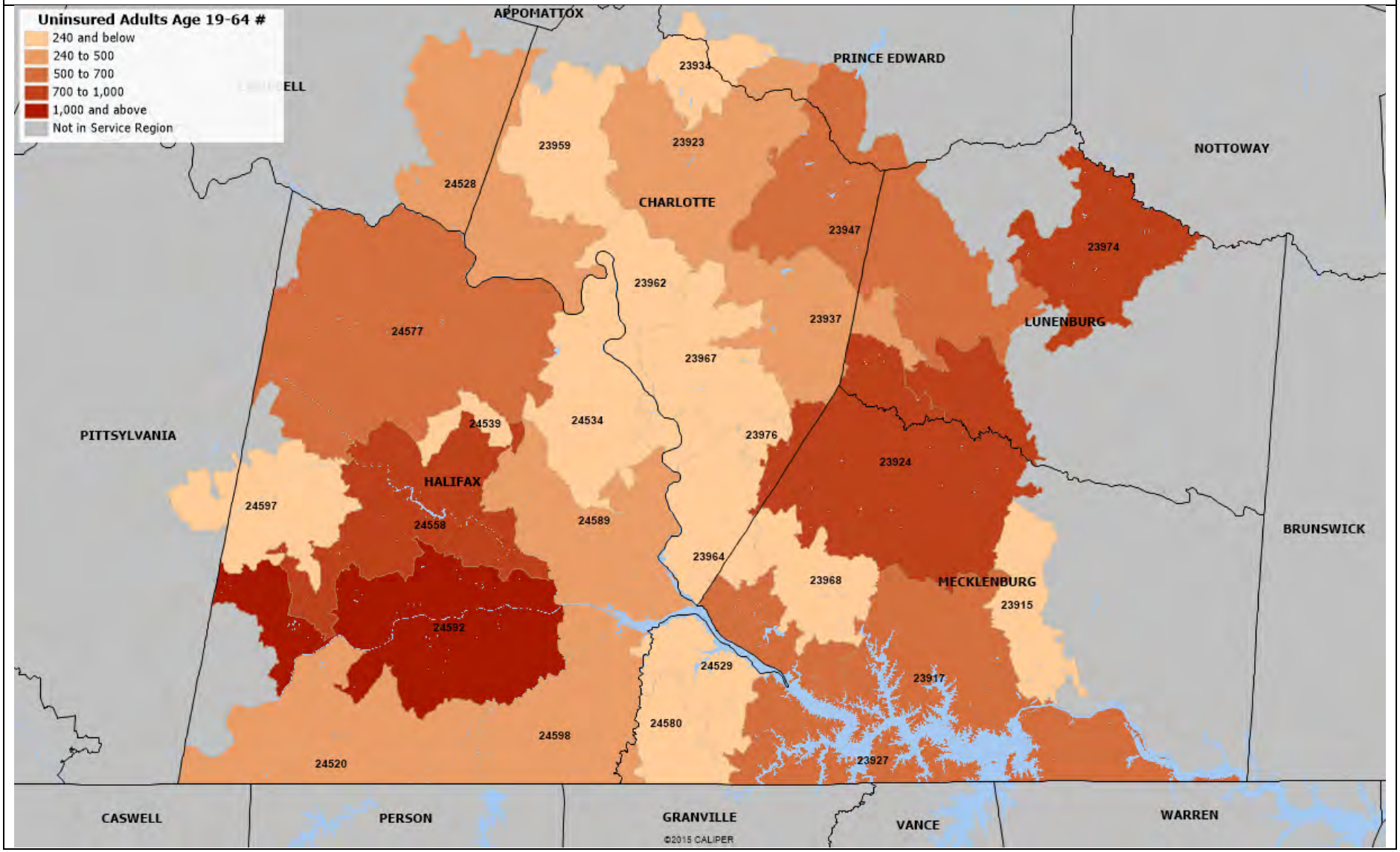
Source: Estimates produced by Community Health Solutions using Virginia Youth Risk Behavioral Surveillance System data and local demographic estimates from Alteryx, Inc. See Appendix B. Data Sources for details.

Map 14: Estimated Uninsured Children, Age 0-18, 2014-Estimates



Source: Estimates of uninsured are based on Community Health Solutions analysis of U.S. Census Bureau Small Area Health Insurance Estimates (2013) and demographic data from Alteryx, Inc. See Appendix B. Data Sources for details.

Map 15: Estimated Uninsured Adults, Age 19-64, 2014 -Estimates



Source: Estimates of uninsured are based on Community Health Solutions analysis of U.S. Census Bureau Small Area. Health Insurance Estimates (2013) and demographic data from Alteryx, Inc. See Appendix B. Data Sources for details.

Zip Code	City	Adults age 18+ and Overweight or Obese #	Adults age 18+ Smokers #	Adults age 18+ with Diabetes (told by a doctor or other health professional) #	Adults age 18+ with No Dental Visit in the Last Year #	Cerebrovascular Disease Deaths #	Heart Disease, Deaths #	High school-aged youth (age 14-19) who are overweight or obese #	Malignant Neoplasms, Deaths #	Tota PQI Hospitalizaton Discharges #	Total Behavioral Health (BH) Discharges #	Total Deaths #	Total Live Births #	Total Teenage Live Births (ages <17) #	Uninsured Adults Age 19-64 Total #	Uninsured Children Age 0-18 Total #
23915	Baskerville	580	296	98	297	2	1	18	3	9	6	11	8	0	181	14
23917	Boydton	1,935	724	321	760	1	14	61	4	74	15	35	18	1	509	42
23923	Charlotte Court House	1,245	401	195	402	1	9	54	6	62	17	27	32	1	345	62
23924	Chase City	3,039	1,291	340	1,218	8	25	126	31	154	40	116	48	2	771	99
23927	Clarksville	2,259	859	297	727	5	15	74	22	81	17	77	37	0	522	57
23934	Cullen	299	90	52	97	2	0	12	2	11	5	9	10	1	84	15
23937	Drakes Branch	910	313	123	305	3	6	41	7	30	13	29	27	0	255	41
23947	Keysville	2,077	688	347	666	5	15	88	10	77	27	55	44	1	604	93
23959	Phenix	521	209	124	266	0	6	25	1	10	7	13	23	0	144	24
23962	Randolph	440	146	63	160	0	5	17	1	4	4	10	9	0	114	17
23964	Red Oak	528	139	99	118	1	4	25	2	14	6	11	4	0	155	21
23967	Saxe	617	209	88	221	2	9	26	5	9	2	19	6	0	167	25
23968	Skipwith	466	171	57	136	1	6	18	3	16	12	20	8	0	117	14
23974	Victoria	2,639	500	431	958	2	11	75	7	82	40	42	45	2	761	81
23976	Wylliesburg	139	37	27	33	0	0	6	0	6	0	1	3	0	40	6
24520	Alton	1,236	444	259	551	0	5	61	7	30	15	27	25	1	294	47
24528	Brookneal	1,718	516	214	531	3	14	77	10	65	35	51	25	1	382	59
24529	Buffalo Junction	836	289	144	270	1	3	32	7	21	11	19	13	1	201	28
24534	Clover	913	283	100	284	0	8	36	3	27	10	18	19	1	188	29
24539	Crystal Hill	50	14	8	21	0	0	2	0	7	7	0	4	1	11	1
24558	Halifax	3,553	1,229	438	1,369	7	20	141	14	119	52	77	53	2	761	115
24577	Nathalie	2,689	776	454	889	0	13	113	9	71	27	51	55	0	593	93
24580	Nelson	328	101	30	82	0	0	10	3	7	3	5	4	0	82	10
24589	Scottsburg	1,171	404	236	499	3	7	51	8	26	10	30	22	2	265	44
24592	South Boston	6,899	1,981	1,017	2,074	12	49	294	39	195	76	213	165	6	1,491	253
24597	Vernon Hill	632	146	111	157	1	4	28	7	17	8	19	9	0	140	21
24598	Virgilina	1,137	279	187	259	3	10	37	6	14	3	29	14	0	249	37

APPENDIX B: Health Status Indicators Data Sources

Profile	Source
1) Mortality Profile (also Appendix A. Maps 1-4)	Community Health Solutions analysis of Virginia Department of Health death record data (2013). Locality-Level counts and rates were obtained from the Virginia Department of Health. The combined study region counts and rates were produced by Community Health Solutions.
2) Maternal and Infant Health Profile (also Appendix A. Maps 5-6)	Community Health Solutions analysis of Virginia Department of Health death record data (2013). Locality-Level counts and rates were obtained from the Virginia Department of Health. The combined study region counts and rates were produced by Community Health Solutions.
3) Preventable Hospitalization Profile (also Appendix A. Map 7) 4) Behavioral Health Hospitalization Profile (also Appendix A. Map 8)	Community Health Solutions analysis of hospital discharge data from the Virginia Health Information (VHI) 2013 datasets and demographic estimates from Alteryx, Inc. (2013). Data include discharges for Virginia residents from Virginia hospitals reporting to Virginia Health Information, Inc.) The analysis includes records of discharges of Virginia residents from Virginia hospitals excluding state and federal facilities. Data reported are based on the patient's primary diagnosis. Preventable Hospitalizations-The PQI definitions are detailed in their specification of ICD-9 diagnosis codes and procedure codes. Not every hospital admission for congestive heart failure, bacterial pneumonia, etc. is included in the PQI definition; only those meeting the detailed specifications. Low birth weight is one of the PQI indicators, but for the purpose of this report, low birth weight is included in the Maternal and Infant Health Profile. Also, there are four diabetes-related PQI indicators which have been combined into one for the report. For more information, visit the AHRQ website at www.qualityindicators.ahrq.gov/pqi_overview.htm *NOTE: Virginia Health Information (VHI) requires the following statement to be included in all reports utilizing its data: VHI has provided non-confidential patient level information used in this report which was compiled in accordance with Virginia law. VHI has no authority to independently verify this data. By accepting this report the requester agrees to assume all risks that may be associated with or arise from the use of inaccurately submitted data. VHI edits data received and is responsible for the accuracy of assembling this information, but does not represent that the subsequent use of this data was appropriate or endorse or support any conclusions or inferences that may be drawn from the use of this data.*
5) Adult Health Risk Factor Profile (also Appendix A. Maps 9-12)	Estimates of chronic disease and risk behaviors for adults 18+ were produced by Community Health Solutions using: • A multi-year dataset (2006-2010)from the Virginia Behavioral Risk Factor Surveillance System (BRFSS).For more information on BRFSS visit: http://www.cdc.gov/brfss/about/index.htm • Local demographic estimates from Alteryx, Inc. (2014) Estimates are used when there are no primary sources of data available at the local level. The estimates are for planning purposes only and are not guaranteed for accuracy. The statistical model to produce the local estimates was developed by Community Health Solutions. In this model, state-level data were used to predict local counts and rates, with adjustments for local demographics. Consequently, differences between local rates and state rates may reflect estimation error rather than valid differences. Therefore, state-level estimates are provided for reference only, and direct comparisons of local estimates with state estimates are not recommended. Because of data limitations, it is not possible to assign specific margins of error or levels of significance to these statistical estimates. Likewise, it is not possible to calculate the statistical significance of differences between local rates and state rates.

Profile	Source
6) Youth Health Risk Factor Profile (also Appendix A. Map 13)	Estimates of risk behaviors for youth age 14-19 and 10-14 were produced by Community Health Solutions using: • Data from the Virginia Youth Risk Behavioral Surveillance System from the Centers for Disease Control (2013). For more information on YRBSS visit: http://www.cdc.gov/HealthyYouth/yrbs/index.htm • Local demographic estimates from Alteryx, Inc. (2014). Estimates are used when there are no primary sources of data available at the local level. The estimates are for planning purposes only and are not guaranteed for accuracy. The statistical model to produce the local estimates was developed by Community Health Solutions. In this model, state-level data were used to predict local counts and rates, with adjustments for local demographics. Consequently, differences between local rates and state rates may reflect estimation error rather than valid differences. Therefore, state-level estimates are provided for reference only, and direct comparisons of local estimates with state estimates are not recommended. Because of data limitations, it is not possible to assign specific margins of error or levels of significance to these statistical estimates. Likewise, it is not possible to calculate the statistical significance of differences between local rates and state rates.
7) Uninsured Profile (also Appendix A. Maps 14-15)	Estimates of uninsured nonelderly age 0-64 were produced by Community Health Solutions using: • U.S. Census Bureau Small Area Health Insurance Estimates (2013). For more information visit: http://www.census.gov/did/www/sahie/data/index.html. • Local demographic estimates from Alteryx, Inc. (2014) Estimates are used when there are no primary sources of data available at the local level. The estimates are for planning purposes only and are not guaranteed for accuracy. The statistical model to produce the local estimates was developed by Community Health Solutions. In this model, prior year locality-level rates were used to predict current year counts and rates, with adjustments for local demographics. Because of data limitations, it is not possible to assign specific margins of error or levels of significance to these statistical estimates. Likewise, it is not possible to calculate the statistical significance of differences between local rates and state rates. Additionally, populations in group living quarters (e.g. colleges) and undocumented populations may not be adequately addressed in this model.
8) Cancer Profile	Community Health Solutions analysis of: • 2009-2013 (five year total for cancer data by site) Virginia Department of Health death record data; • 2008-2012 Virginia Department of Health Cancer Registry data.
9) Communicable Disease Profile	Community Health Solutions analysis of 2014 Virginia Department of Health annual surveillance report data.

IV. Community Insight

Community insight has been obtained through a survey of key stakeholders, interviews, and a focus group. Findings are available on pages that follow.

The community input strategy for this CHNA was three-pronged: the online stakeholder survey, developed by Sentara Corporate and standardized to facilitate comparison across hospitals throughout the system, a series of more in-depth key informant interviews where the results of the survey could be checked and expanded upon, and a focus group comprising Board members of the Tri-County Community Action Agency (TCCAA).

IN THE ORDER OF PRESENTATION:

The survey was conducted through Survey Monkey online survey service in the last week of October 2015. Stakeholders were invited to participate by personal email, and were sent the link to open the survey. Invitations were based on the recipients' employment or community engagement, community history and knowledge. The invitation list was reviewed to ensure that individual participants were included in at least one of three categories: service providers with reason to be aware of community needs, elected or non-elected government officials (such as County Supervisors and Commonwealth's Attorneys) or representatives of underserved and/or minority populations and consumers of services. Fifty invitations were issued, and 25 responded and completed the survey, a 50% response rate. The results of the survey follow. Following the 2015 survey results, the results of the 2013 CHNA survey are compared to the current survey.

The key informant interviews were conducted during the first two weeks of November, 2015. Hour -long, semi-structured interviews were conducted with the Health Department Directors of Southside (including Halifax and Mecklenburg Counties) and Piedmont (including Charlotte County) Health Districts, as well as the Department of Social Services Director for Charlotte County. At each interview, the results of the online survey were presented, and discussion focused on the extent to which the results reflected the knowledge of the subject matter expert, any surprising results of the survey, and the aspects of community health and community need that are important but not captured by the survey. The results of the interviews are presented after the survey results.

The focus group was conducted at the November meeting of the Tri-County Community Action Agency (TCCAA) Board of Directors. The TCCAA organizational requirement for Board membership ensures that a broad array of community roles, needs and capacity are represented. County Supervisors from Halifax, Charlotte and Mecklenburg Counties, ministers from congregations in each of the three counties, public school administrators, a general practice lawyer, small business owners, and representatives of larger collaborators such as Sentara Halifax Regional Hospital sit on the board, in addition to consumers of the social support services that are provided by TCCAA.

The results of the 2015 Stakeholder Survey are displayed on following pages in graph form. The initial question of "what are the most important health needs" is followed by "what health services need to be strengthened?" The succeeding pages display the results in table format, and the individual, non-structured comments provided by participants. Thirty-six choices were included in the survey; the number of choices each person could select was not restricted or ranked. The 13 most frequently chosen are presented below.

	"Most Important Health Problems in your Community" 2015	% of Respondents Selecting Item
1	Mental Health Conditions (other than depression)	80
2	Adult Obesity	72
3	Cancer	72
4	Diabetes	72
5	Substance Abuse -- illegal drugs	72
6	Tobacco Use	68
7	Heart Disease	64
8	High Blood Pressure	64
9	Childhood Obesity	60
10	Substance Abuse -- prescription drugs	60
11	Alcohol Use	52
12	Depression	44
13	Intellectual/Developmental Disabilities	44

Mental health conditions, not traditionally considered medical needs, led the list by a substantial margin, with more traditional choices filling most of the rest of the list. Substance abuse, both illegal (5) and prescription drugs (10), and depression as a stand-alone mental health challenge (12) echoed the findings of the interviews and focus group, and reflected a shift from conventionally diagnosed and treated medical issues toward the socio-economic determinants of health, and highlighted areas of care that are in short supply throughout the Commonwealth.

	"Which Community Health Services Need to be Strengthened" 2015	% of Respondents Selecting Item
1	Behavioral Health Services, includes mental health, substance abuse and intellectual disabilities	80
2	Cancer Services, (screening, diagnosis, treatment)	60
3	Aging Services	56
4	Transportation	52
5	Early Intervention Services for Children	48
6	Health Care Services for the Uninsured and Underinsured	48
7	Health Care Insurance Coverage (private and government)	44
8	Job/Vocational Retraining	44
9	Patient Self-Management Services (e.g. nutrition, exercise, taking medications)	44
10	Health Promotion and Prevention Services	40
11	Homeless Services	40
12	Dental Care/Oral Health Services -- Adult	36
13	Domestic Violence Services	36

The 13 most frequently chosen (out of 35 possible) items for services to be strengthened are firmly in the domain of social determinants of health, with only cancer services and dental services as a traditional medical service. Additionally, prevention, population (self-) management and economic support and enhancement services are among the top 10 choices. Respondents included one health district director, two emergency medical service providers, one dental practice manager, and a public health nurse representing traditional medical concerns.

The open-ended question solicited ideas and suggestions for how to improve our services and the outcomes they produce. Answers ranged widely, from comments about safety of the grounds to outreach and education opportunities. One theme, mentioned specifically in 3 out of 17 responses, is the need for care coordination or patient advocates.

Comparison of 2013 CHNA Stakeholder Survey and 2015 Survey Results

"Most Important Health Problems in your Community"

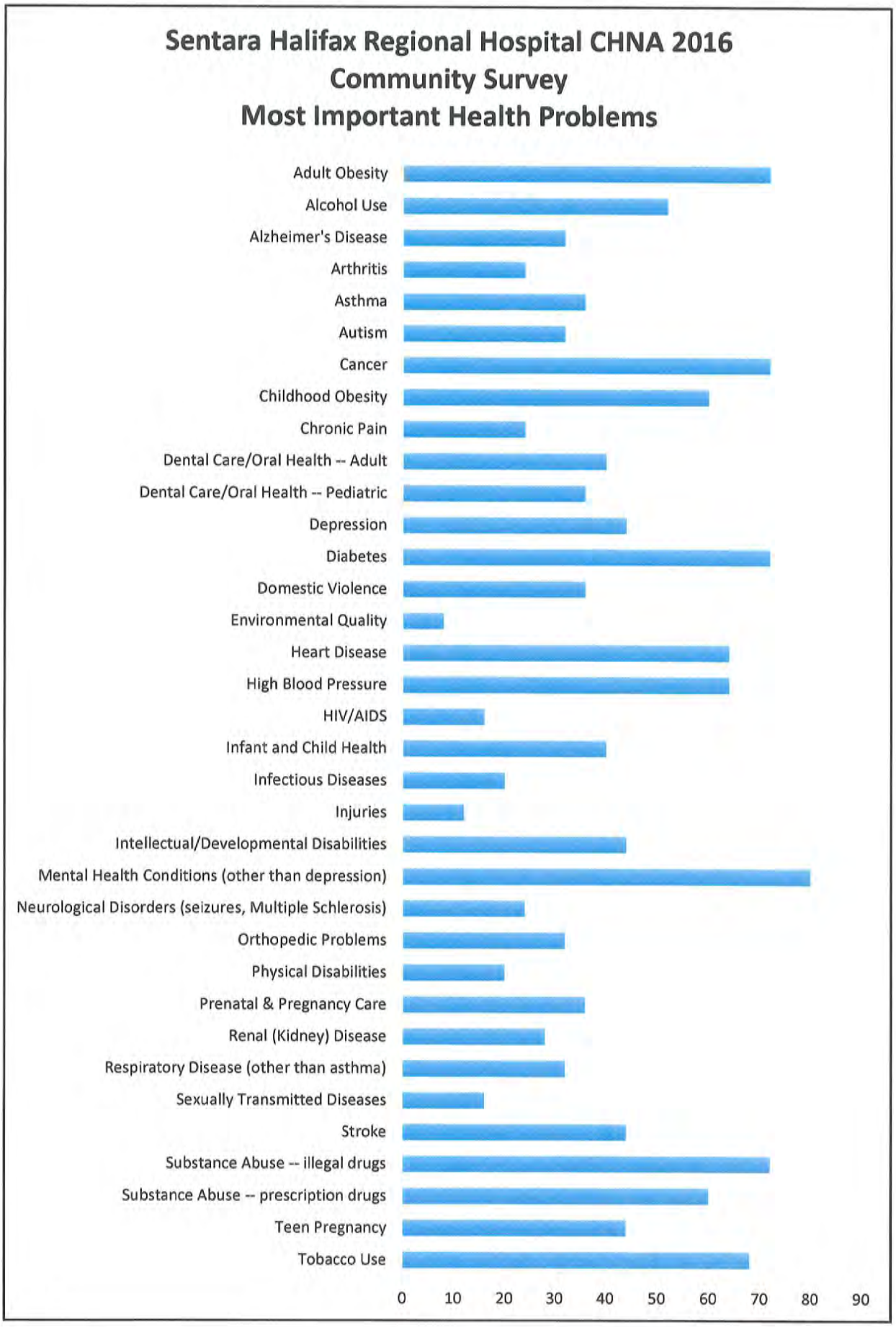
2015 Rank		2013 Rank
1	Mental Health Conditions (other than depression)*	6
2	Adult Obesity	2
3	Cancer	1
4	Diabetes	8
5	Substance Abuse -- illegal drugs*	6
6	Tobacco Use	15
7	Heart Disease	3
8	High Blood Pressure	10
9	Childhood Obesity	2
10	Substance Abuse -- prescription drugs*	6
12	Depression*	6
11	Maternal & Infant Measures	4
14	Stroke	9
16	Dental Services	7
Highest is 15	Priority Populations	5
	Shortage of Physicians	11
32	Accidents	12
23**	COPD/Lung Disease, Pulmonary Disease	13

- In 2013, combined as "Mental Health & Substance Abuse" rank: 6
- **in 2015 split between Asthma (16) and non-asthma (23)

The choices included in the two surveys were different, with more differentiation in the mental health and substance abuse areas in 2015. Additionally, "Priority Populations" used to group those with specific needs or conditions together was used in 2013 but had been unpacked into several separate responses in 2015. None of those choices of need reached a rank above 15.

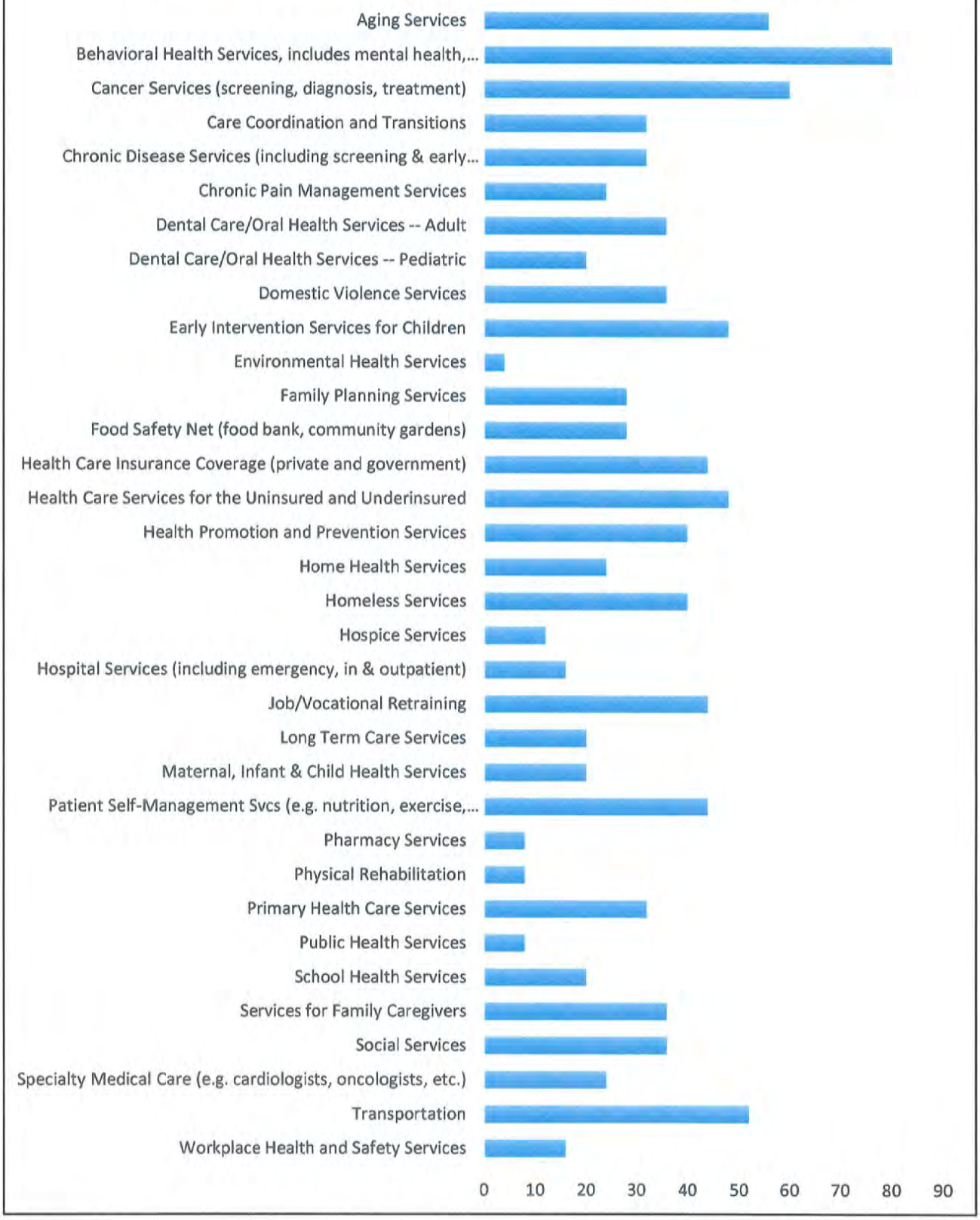
Significant changes between 2013 and 2015 were seen in the rankings of:

Mental Health Issues: from 6 to 1
Diabetes: from 8 to 4
Tobacco Use: from 15 to 6
Priority Populations: from 5 to 15
Accidents: from 12 to 32
COPD/Pulmonary Disease: from 13 to 23
Obesity: REMAINED THE SAME AT 2


Sentara Halifax Regional Hospital CHNA 2016
Community Survey
Most Important Health Problems
Adult Obesity
Alcohol Use
Alzheimer's Disease
Arthritis
Asthma
Autism
Cancer
Childhood Obesity
Chronic Pain
Dental Care/Oral Health -- Adult
Dental Care/Oral Health -- Pediatric
Depression
Diabetes
Domestic Violence
Environmental Quality
Heart Disease
High Blood Pressure
HIV/AIDS
Infant and Child Health
Infectious Diseases
Injuries
Intellectual/Developmental Disabilities
Mental Health Conditions (other than depression)
Neurological Disorders (seizures, Multiple Schlerosis)
Orthopedic Problems
Physical Disabilities
Prenatal & Pregnancy Care
Renal (Kidney) Disease
Respiratory Disease (other than asthma)
Sexually Transmitted Diseases
Stroke
Substance Abuse -- illegal drugs
Substance Abuse -- prescription drugs
Teen Pregnancy
Tobacco Use
0
10
20
30
40
50
60
70
80
90

Community Stakeholder Survey Results 2015: The Most Important Health Problems in the Community				
ALPHABETICAL	%		BY SELECTION	%
Adult Obesity	72	1	Mental Health Conditions (other than depression)	80
Alcohol Use	52	2	Adult Obesity	72
Alzheimer's Disease	32	3	Cancer	72
Arthritis	24	4	Diabetes	72
Asthma	36	5	Substance Abuse -- illegal drugs	72
Autism	32	6	Tobacco Use	68
Cancer	72	7	Heart Disease	64
Childhood Obesity	60	8	High Blood Pressure	64
Chronic Pain	24	9	Childhood Obesity	60
Dental Care/Oral Health -- Adult	40	10	Substance Abuse -- prescription drugs	60
Dental Care/Oral Health -- Pediatric	36	11	Alcohol Use	52
Depression	44	12	Depression	44
Diabetes	72	13	Intellectual/Developmental Disabilities	44
Domestic Violence	36	14	Stroke	44
Environmental Quality	8	15	Teen Pregnancy	44
Heart Disease	64	16	Dental Care/Oral Health -- Adult	40
High Blood Pressure	64	17	Infant and Child Health	40
HIV/AIDS	16	18	Asthma	36
Infant and Child Health	40	19	Dental Care/Oral Health -- Pediatric	36
Infectious Diseases	20	20	Domestic Violence	36
Injuries	12	21	Prenatal & Pregnancy Care	36
Intellectual/Developmental Disabilities	44	22	Alzheimer's Disease	32
Mental Health Conditions (other than depression)	80	23	Autism	32
Neurological Disorders (seizures, Multiple Schlerosis)	24	24	Orthopedic Problems	32
Orthopedic Problems	32	25	Respiratory Disease (other than asthma)	32
Physical Disabilities	20	26	Renal (Kidney) Disease	28
Prenatal & Pregnancy Care	36	27	Arthritis	24
Renal (Kidney) Disease	28	28	Chronic Pain	24
Respiratory Disease (other than asthma)	32	29	Neurological Disorders (seizures, Multiple Schlerosis)	24
Sexually Transmitted Diseases	16	30	Infectious Diseases	20
Stroke	44	31	Physical Disabilities	20
Substance Abuse -- illegal drugs	72	32	HIV/AIDS	16
Substance Abuse -- prescription drugs	60	33	Sexually Transmitted Diseases	16
Teen Pregnancy	44	34	Injuries	12
Tobacco Use	68	35	Environmental Quality	8
Other Health Problems	0	36	Other Health Problems	0

Sentara Halifax Regional Hospital CHNA 2016
Community Survey
Community Services Most in need of Strengthening



Community Stakeholder Survey Results 2015: Community Health Services that Need Strengthening				
ALPHABETICAL	%		BY SELECTION	%
Aging Services	56	1	Behavioral Health Services, includes mental health, substance abuse and intellectual disabilities	80
Behavioral Health Services, includes mental health, substance abuse and intellectual disabilities	80	2	Cancer Services (screening, diagnosis, treatment)	60
Cancer Services (screening, diagnosis, treatment)	60	3	Aging Services	56
Care Coordination and Transitions	32	4	Transportation	52
Chronic Pain Management Services	24	5	Early Intervention Services for Children	48
Chronic Disease Services (including screening & early detect.)	32	6	Health Care Services for the Uninsured and Underinsured	48
Dental Care/Oral Health Services -- Adult	36	7	Health Care Insurance Coverage (private and government)	44
Dental Care/Oral Health Services -- Pediatric	20	8	Job/Vocational Retraining	44
Domestic Violence Services	36	9	Patient Self-Management Svcs (e.g. nutrition, exercise, taking medications)	44
Early Intervention Services for Children	48	10	Health Promotion and Prevention Services	40
Environmental Health Services	4	11	Homeless Services	40
Family Planning Services	28	12	Dental Care/Oral Health Services -- Adult	36
Food Safety Net (food bank, community gardens)	28	13	Domestic Violence Services	36
Health Care Insurance Coverage (private and government)	44	14	Services for Family Caregivers	36
Health Promotion and Prevention Services	40	15	Social Services	36
Health Care Services for the Uninsured and Underinsured	48	16	Care Coordination and Transitions	32
Home Health Services	24	17	Chronic Disease Services (including screening & early detect.)	32
Homeless Services	40	18	Primary Health Care Services	32
Hospice Services	12	19	Family Planning Services	28
Hospital Services (including emergency, in & outpatient)	16	20	Food Safety Net (food bank, community gardens)	28
Job/Vocational Retraining	44	21	Chronic Pain Management Services	24
Long Term Care Services	20	22	Home Health Services	24
Maternal, Infant & Child Health Services	20	23	Specialty Medical Care (e.g. cardiologists, oncologists, etc.)	24
Patient Self-Management Svcs (e.g. nutrition, exercise, taking medications)	44	24	Dental Care/Oral Health Services -- Pediatric	20
Pharmacy Services	8	25	Long Term Care Services	20
Physical Rehabilitation	8	26	Maternal, Infant & Child Health Services	20
Primary Health Care Services	32	27	School Health Services	20
Public Health Services	8	28	Hospital Services (including emergency, in & outpatient)	16
School Health Services	20	29	Workplace Health and Safety Services	16
Services for Family Caregivers	36	30	Hospice Services	12
Social Services	36	31	Pharmacy Services	8
Specialty Medical Care (e.g. cardiologists, oncologists, etc.)	24	32	Physical Rehabilitation	8
Transportation	52	33	Public Health Services	8
Workplace Health and Safety Services	16	34	Environmental Health Services	4
Other Community Health Services	0	35	Other Community Health Services	0

Q8 The mission of Sentara Healthcare is 'We improve health every day.' At your option, please use the space below to share any additional ideas or suggestions which could help Sentara Halifax Regional Hospital to achieve our mission.

Answered: 17 Skipped: 8

#	Responses	Date
1	Working together in communities is our best opportunity for advancement; we appreciate the concern of Sentara Healthcare.	10/27/2015 7:39 AM
2	The community needs to be made more aware of the wellness services currently provided by Sentara Healthcare and how to access those services.	10/19/2015 5:06 PM
3	I work everyday with preschool-aged children. It concerns me that I run across 2, 3, and 4 year old children on a regular basis that are significantly developmentally delayed and/or have significant health impairments. Services are available in the community for children beginning at birth (early intervention with Infant & Toddler Services) and pick up with HCPS at age 2. I worry that physicians, nurses, PAs, etc. are not always making referrals to ITC and HCPS for early invention that they need to be. We can not only be "improving health every day," but improving quality of life by providing early intervention.	10/19/2015 11:41 AM
4	Routinely (monthly might be preferred, but certainly quarterly) host open houses for past and current patients and their families providing info on services and follow-up care/services available.	10/19/2015 11:18 AM
5	I AM PLEASED WITH THE PRO - ACTIVE APPROACH SENTARA HALIFAX REGIONAL HOSPITAL CONTINUES TO TAKE IN SUPPORTING OUR COMMUNITY IN ALL ARENAS .	10/19/2015 9:44 AM
6	Since Sentara has taken over the running of the Hospital, I do see efforts being made to recruit more medical help in areas such as pediatric, dental, and primary care. The complaint I hear from doctors is the tremendous amount of paper work that is now necessary for each patient. Is there any way to simplify this process, or is it just a function of government control? Finding a way to simplify would help.	10/18/2015 5:34 PM
7	A patient advocate in the community to help with coordination of medicines and proper usage, doctors being aware of what other doctors are doing, to actually visit in the home to make sure medicines are being taken priperly, to visible check on their nutrition and yo visit to make sure they have what they need.	10/18/2015 5:23 PM
8	Classes needed for youth and parents. Educate early. Ounce of prevention worth a pound of cure.	10/18/2015 8:30 AM
9	Keep people from congregating on the outside steps. It just seems unsafe when you're trying to walk up the steps and there's a bunch of people you don't know congregated in the little area that you have to walk through.	10/16/2015 4:49 PM
10	I like the idea of collaboration in health care systems especially were there is an integrated approach to care. I work in behavioral health and most if not all of our individuals have health care issues that go untreated due to their mental illnesses. I believe that they likely receive most of their health care in the emergency room, which we all know is costly. I would like to work on a way to integrate our services so that individuals care is not fractured.	10/16/2015 1:28 PM
11	keep doing what you are doing, especially with health education and support groups; but also more intensive care coordination through all settings - so that individuals who are at greatest risk for health complications and higher utilization of health care services are assisted in taking charge of their own health and navigating the system most efficiently	10/16/2015 1:22 PM
12	Providing health care/prevention services at an affordable rate, especially to the under or uninsured.	10/16/2015 12:48 PM
13	There is a leak in the nursing pipeline with CNAs. We continue to receive requests to produce more CNAs. It seems that many CNAs do not remain in their jobs once they experience the difficult realities of the work. There appears to be a revolving door for that position. I suggest Sentara consider adjusting CNA pay to reflect the challenges associated with the difficult yet vital work that they do. Perhaps by increasing the pay, CNAs will stay on the job longer and possibly move on to PN and RN training.	10/16/2015 12:02 PM

14	Station 15 is called to transport so many hospital patients to the helipad for medical problems that HRH cannot treat. Many times we are directed by the ER physician to transport trauma and cardiac patients to the helipad, bypassing the ER completely. Helicopter transport is extremely expensive and not without risk to patient and provider. It would be a huge improvement in patient care, should HRH enhance the staff with physicians able to provide services that would reduce reliance on air transport.	10/16/2015 11:59 AM
15	What can we as an Area Agency on Aging do to support your mission and vice versa?	10/16/2015 11:58 AM
16	Partnering with other community organizations to introduce and promote healthier lifestyles to the community. Working with retailers/distributors to offer healthier choices in this rural community.	10/16/2015 11:57 AM
17	None. Thank you for the opportunity to share.	10/16/2015 11:52 AM

V. Appendix

An evaluation of the progress toward the implementation strategies in included in the report on the following pages.

Sentara Community Health Needs Assessment Implementation Strategy

2014 Quarterly Progress Report

Hospital: __Halifax Regional Hospital (HRH)_____

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

In support of Sentara's 2014 goal to "demonstrate community benefit in the communities we serve", 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 Deb Anderson at dkanders@sentara.com within 15 days of the close of each quarter.

Health Problem	Three Year Implementation Strategies	Progress
All	Strategies to address multiple health problems include: • continue to monitor local and regional health statistics to discern emerging needs and to evaluate progress on addressing continuing needs • HRH leadership team participation on community boards and advisory groups addressing both health and other community issues • continue to offer free health screenings at our Health Expo and at other community events • Continue to offer free sports health exams to public school students	**Local and regional health statistics are monitored and are being analyzed in-depth as part of the strategic planning process and program development.** **Leadership team continues to participate in community development activities.** **Screenings for BP, blood glucose and cholesterol were offered at events throughout the year including the Halifax Regional Health Expo, the North Halifax Volunteer Fire Department Health Fair, speakers' bureau events where BP screenings were conducted in conjunction with cardiology presentation, Screening days for colorectal cancer, etc.**

Health Problem	Three Year Implementation Strategies	Progress
	• continue to offer health screening events to local businesses • continue to offer medication assistance outreach program • continue to actively seek funding to create and implement community health targeted programming • continue to support social media patient education and service information via Facebook, Twitter, print and radio	**The total number of common screenings was:** **mammograms: 4233** **Colonoscopies: 752** **Cervical/uterine/breast cancer through Every Woman's Life program: 40** **Approximately 10% of the Halifax County population was screened for some medical condition this year.** **Medication assistance was provided to 1,129 patients this year requesting 7,428 prescriptions with an average value of $733.66. (total value $5,449,678) The main grant in support of this program has been continued through October 2015.** **Grants were written and awarded to:** • **support the purchase of mobile dental equipment to provide service at local schools and long term care facilities** • **support two dentists at the Halifax Regional Dental Clinic** • **support the development of a Community Health Worker program through the local Health Department** • **Support indigent care for HRH patients** • **Provide substance abuse assessments through the Center for Behavioral Health** • **Assist in the expansion of HRH long term care facilities** • **Provide Komen-funded screening mammograms in CY 2015** **A HRSA grant was written with community partners to implement a Community Health Worker program through partnerships with local rescue squads. Application pending.**

Health Problem	Three Year Implementation Strategies	Progress
		A second Video for patient education has been completed. This will be used for in-patient education prior to discharge. **Health education bites have been provided through our on-hold message system, including immunization awareness, breastfeeding awareness, nutrition awareness, prostate screening awareness, emotional eating, heat safety and the importance of hydration, and exercise during pregnancy. Sentara supported Health Observances have been promoted both in on-hold messages and in radio ads throughout the year.**
Problem #1 CANCER	• HRH distribute written information on cancer services to area health, religious and civic organizations educating readers on the continuum of care offered. • continue to offer colon cancer screenings as a community service • continue to offer digital mammograms • continue to participate in Every Woman's Life screening and treatment funding program for LMI women • Re-establish no-cost mammograms through the Susan G. Komen Foundation • continue to participate in regional Patient Navigator planning group • Continue to offer Health Nite Out seminars providing community education on cancer-related topics	**Screening colonoscopies performed during this year: 852** **Every Woman's Life: The program continues to grow with expansion slots allocated throughout the grant year. Currently 40 slots are allocated and filled.** **Mammograms: 4,233 screening mammograms have been provided through the year, with 1,046 diagnostic mammograms resulting in 47 diagnoses of breast cancer. The Susan G. Komen Foundation grant application was awarded for service in 2015.** **Prostate Cancer awareness month was observed with an on-hold message on our phone system. A screening event was held on September 24th and 45 men received free screenings.** **Breast Cancer Awareness Month was observed with radio ads and on-hold messages. Speakers' Bureau events were held on breast health during October.** **The Senior Engagement Group (75 members) had a speaker in September discussing post-menopausal health issues, including bladder and uterine/ovarian cancer.**

Health Problem	Three Year Implementation Strategies	Progress
		A Health Nite Out conducted in September addressed gastroenterology-related education, including colon cancer awareness and information about screenings. 47 people attended.
Problem #2 Obesity	• HRH seek to establish or participate in area Healthy Communities Action Team following CDC model • continue to promote worksite prevention interventions for HRH employees: annual health screenings offered to employees and spouses tied to pricing breaks for health insurance, maintenance of 3 levels of walking trails on HRH campus • Labeling of all food available in the cafeteria, available to staff and public, through Sodexo's Mindful Eating program • Make water available in-house and through community event donations as an alternative to sweet drinks • continue to participate in Facebook group promoting and supporting breastfeeding for mothers	**All continuing activities are ongoing.** **Heart Healthy Living was the theme of a speakers' bureau event featuring the HRH Dietician in February. 30 members of the North Halifax Ruritan Club attended a seminar on healthy eating on September 22nd. 55 individuals attended a speaker's bureau event on healthy eating in November.** **The on-hold messaging included a segment on the impact of emotional eating in August.** **Breastfeeding awareness week was observed in August with a Health Nite Out on the subject. 14 families attended. Breastfeeding awareness was also one topic featured on the on-hold message system.**
Problem #3 Cardiovascular Disease	HRH will evaluate the feasibility of adding a vascular lab to our array of cardiovascular services Increase awareness of Direct Testing Services available to the public as well as staff continue to offer screenings at community events continue to offer public education through Health Nite Out seminars, as well as printed media and radio PSAs	**The vascular lab evaluation is in process and HRH is completing plans to create the new lab.** 11 Health Nite Out sessions were held throughout the year on a wide variety of topics.
Problem #4 Mental Health/Suicide/Substance Abuse	• Emergency staff will be trained in Mental Health First Aid, a program to help front line staff deal with behavioral issues • HRH's Center for Behavioral Health (CBH) will expand its capacity to provide substance abuse services • Evaluate and solidify the range of Medicaid reimbursable services offered by the CBH • HRH will evaluate the feasibility of providing telehealth behavioral health services	**The Center for Behavioral Health has been awarded a grant by the local Department of Social Services to provide DSS with in-depth substance abuse assessments for families at-risk of losing custody of their children. The grant will fund up to 105 assessments.**

Health Problem	Three Year Implementation Strategies	Progress
	• Evaluate and improve efforts to recruit a psychiatrist	
Problem #5 Diabetes	• Continue offering screenings at HRH Health Expo and other community businesses and events • Continue offering Diabetes group classes 11 months/year • Pursue grant funding to develop self-management, care coordination services • Explore how the co-diagnosis of diabetes affects medical compliance to inform service development	**A HRSA implementation grant application to provide community health worker and care coordination services was submitted and is pending notification.** **A grant to develop a CHW program through the local health department was written and awarded. Diabetic patients will be the main focus of those activities.** **Classes on diabetes self-management were held throughout the year which included patient education on healthy eating and getting in shape.** **An analysis of co-diagnosis of diabetes, COPD, CHF and hypertension was conducted in preparation for writing grants to support implementation of Community Health Worker and care coordination services.**