

# Sentara Princess Anne Hospital Community Health Needs Assessment 2019





**Sentara Princess Anne Hospital  
Community Health Needs Assessment (CHNA)  
2019**

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## Introduction

Sentara Princess Anne Hospital (SPAH) 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 public health, social services, service providers, and those who represent underserved populations. An additional survey of Hampton Roads residents on key health topics was included. The report also includes findings from focus groups with community members on health issues and barriers to achieving good health.

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

- **Diabetes**
- **Obesity**
- **Heart Disease**
- **Cancer**
- **Needs of the Aging**
- **Stroke**

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.

SPAH 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.

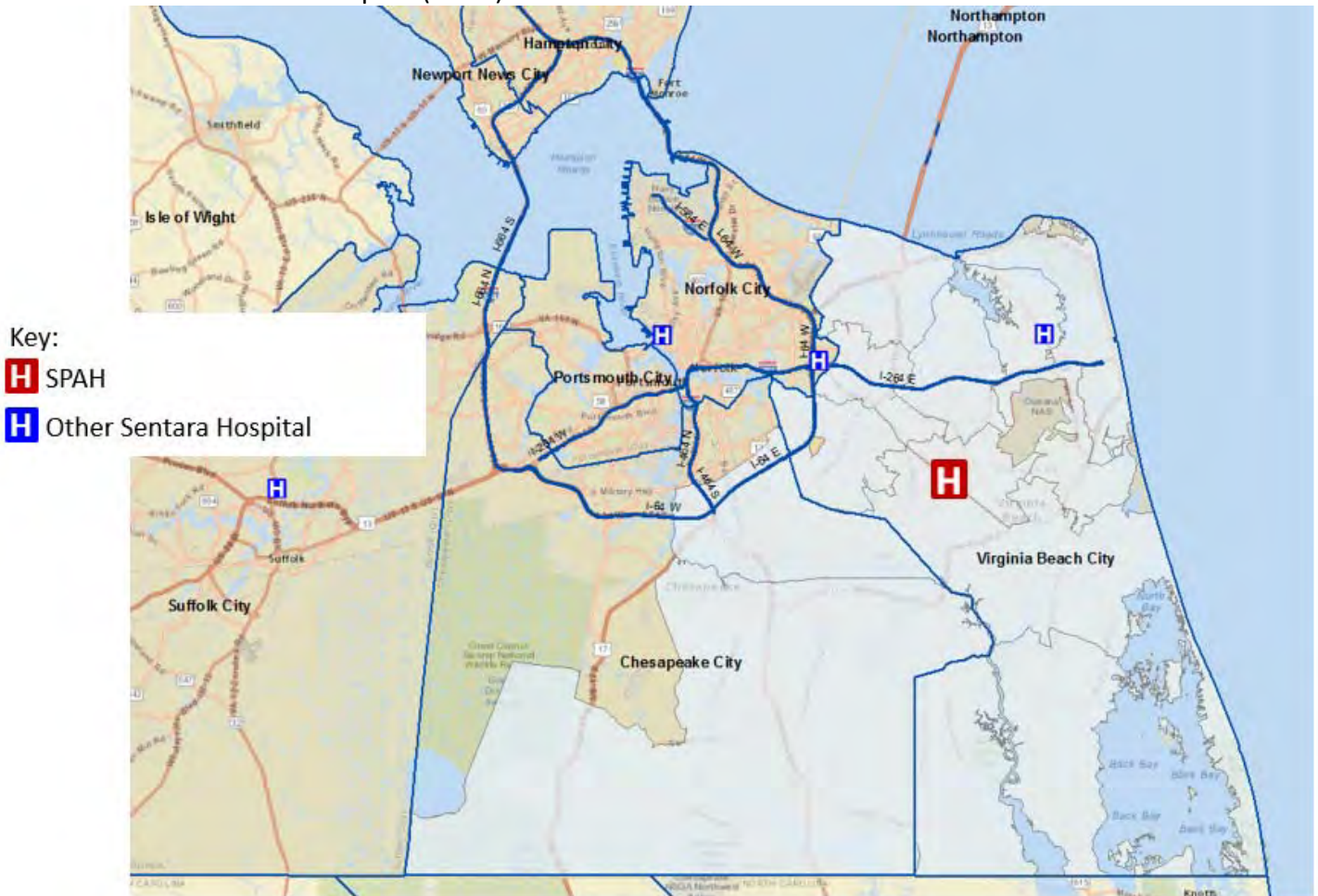
Your input is important to us so that we can incorporate your feedback into our assessments. You may use our online feedback form available on the Sentara.com website. Thanks!

# Demographic Information

## Population

**Highlight Population:** The combined population of the Sentara Princess Anne Hospital (SPAH) service area numbers almost 700,000 people. The service area of SPAH is comprised of 2 localities: the Cities of Virginia Beach, and Chesapeake, with more than 75 of patients residing in these localities. Virginia Beach is the more populous city in the service region, followed by Chesapeake. Those two cities combined comprise more than 8% of the population of the state of Virginia. SPAH is located in the heart of Virginia Beach.

The Sentara Princess Anne Hospital (SPAH) Service Area:



Source: Truven/Market Expert

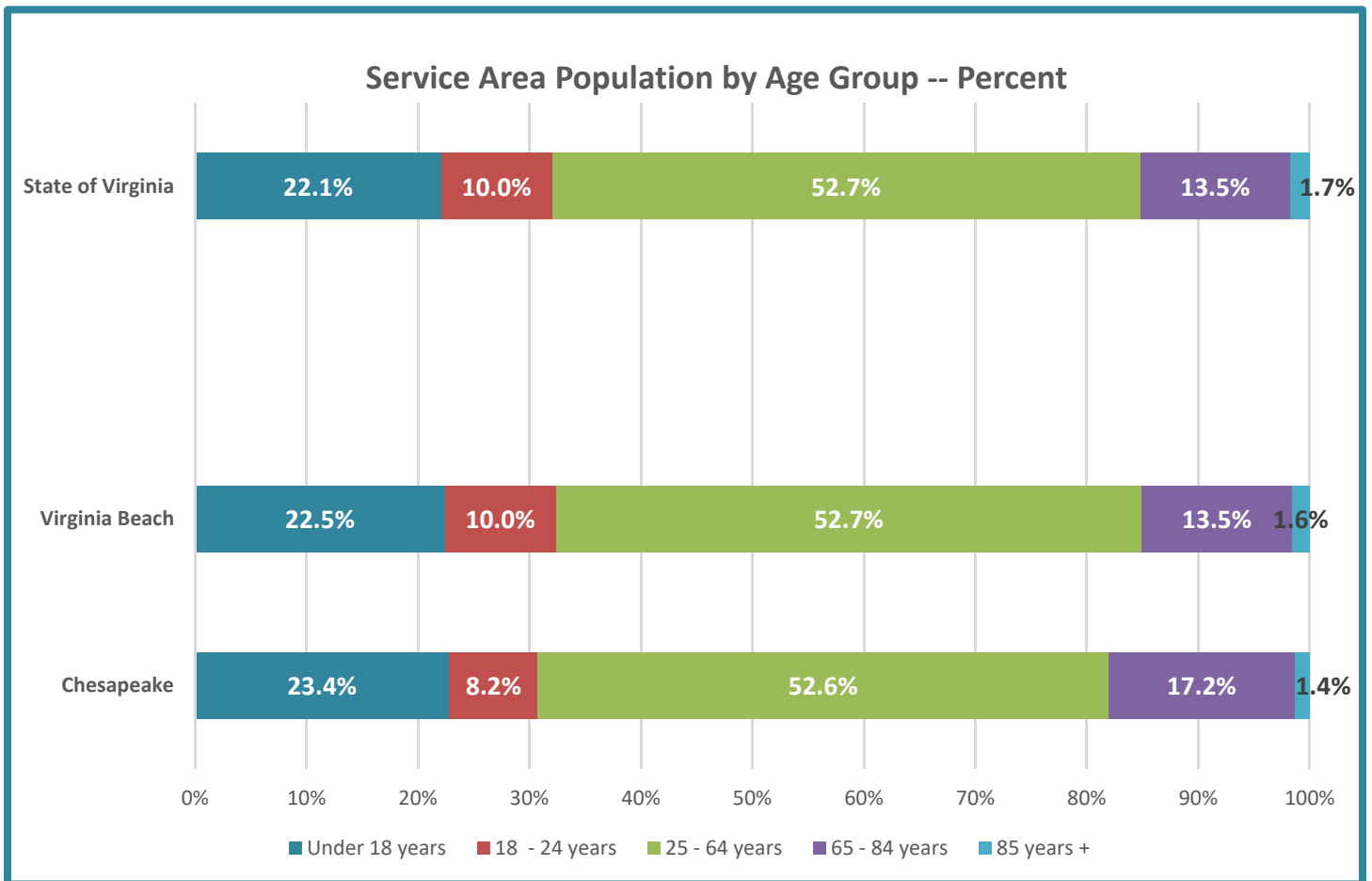
Population Change		
Locality	Total Population	% Change 2010-2018
State of Virginia	8,492,022	6.1%
Virginia Beach	455,533	4.0%
Chesapeake	242,343	9.1%

**Highlight Population Change:** The service area population as a whole is enjoying robust growth, primarily driven by Chesapeake’s 9.1% growth since 2010. Virginia Beach has seen healthy growth at 4%, and the two cities account for most of the population growth in South Hampton Roads.

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

## Population by Age

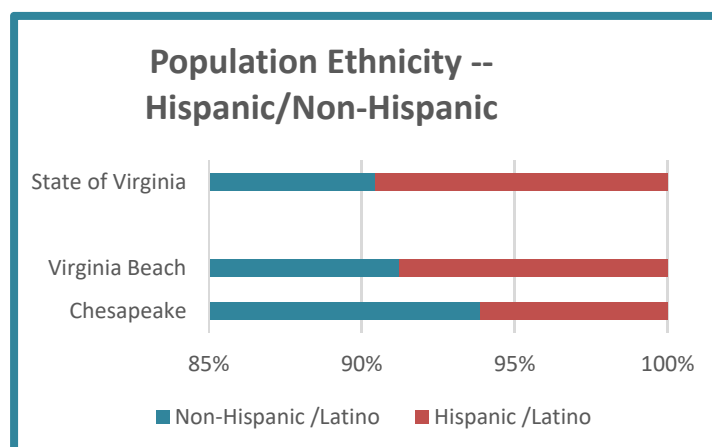
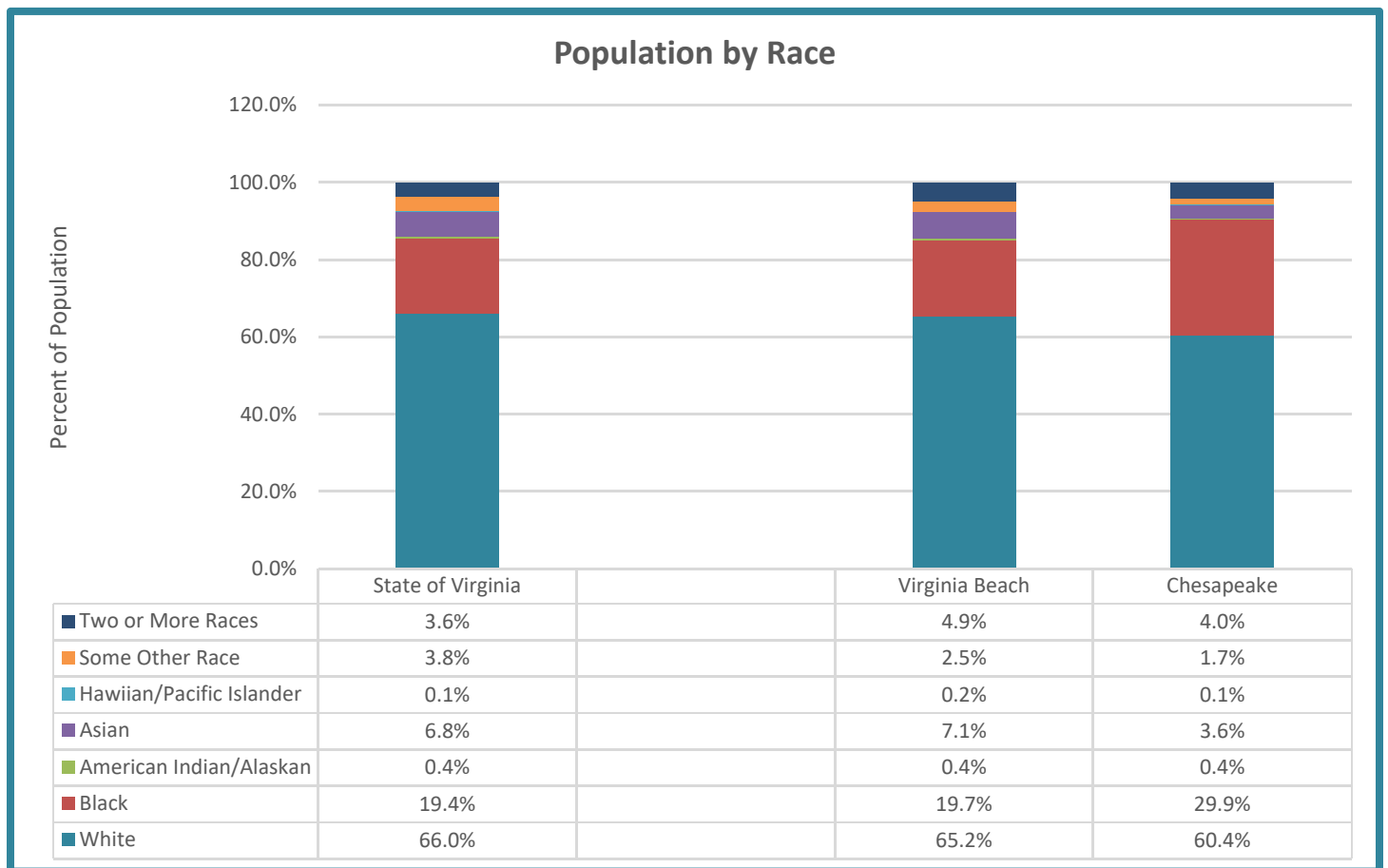
**Highlight Population and Age:** The service area has a lower percent of residents aged 85+ than the state as a whole, although Chesapeake has a higher percent of population aged 65-84 years. The population segments that represent children, young adults and working age adults vary slightly from the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



## Population by Race and Ethnicity

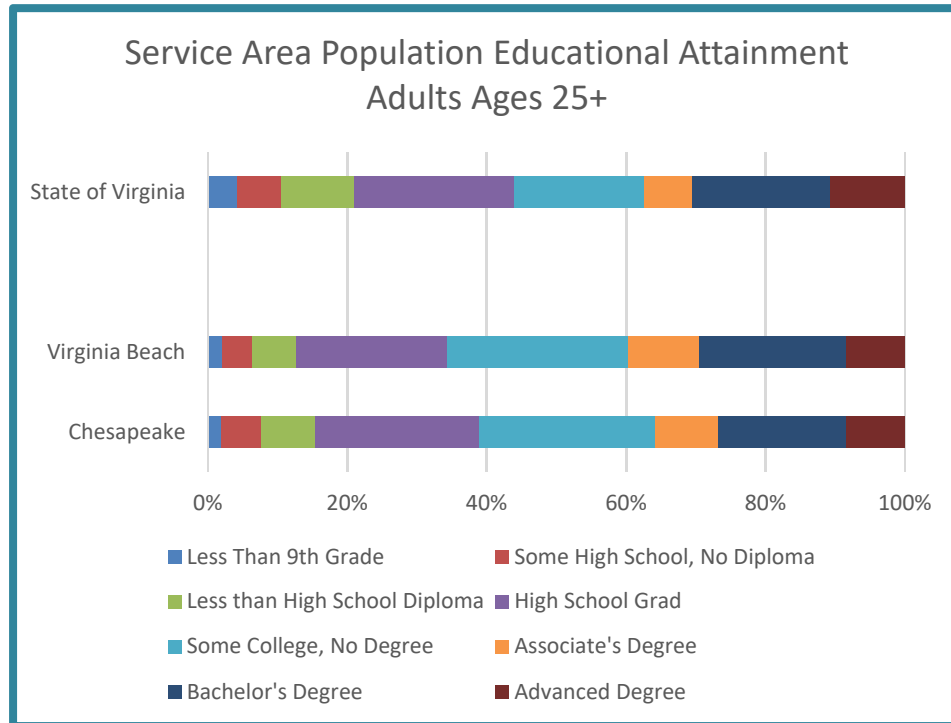
**Highlight Population and Race:** The population of the service area is overwhelmingly white and black, with Chesapeake having a larger black population (10% higher than Virginia Beach) and Virginia Beach having a slightly higher white population. Virginia Beach is the more diverse community (15% combined non-white or black) followed by Chesapeake at 10% combined. Virginia Beach and Chesapeake have small Asian populations, but no other racial groups are represented in the area in any significant number.

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



## Population and Education

**Highlight Education:** Education is the basis for stable employment, and financial stability is the foundation for a sustainable household, which provides for the health needs of family members. Collectively, the 2 localities have a lower proportion of the adult population (aged 25 and over) who have not achieved a high school diploma than the state as a whole. The service area has a higher percent of adults who have had at least some college and, combined, have approximately the same percent who have a bachelor's degree as the state. It is only in the percent of residents who have an advanced degree that the state has a higher proportion.



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

## 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 there is a disparity, black individuals are likely to have income that is approximately 78% of the general household income and approximately 69% of the income of white households in the service area. That is substantially better than in Virginia as a whole, where the disparities are more pronounced (69% of general household income and 64% of white households, respectively).

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

State of Virginia	\$ 76,180	\$ 49,110	\$ 65,576	\$ 71,167
Virginia Beach	\$ 75,038	\$ 55,476	\$ 59,639	\$ 70,700
Chesapeake	\$ 83,116	\$ 57,909	\$ 61,287	\$ 74,129

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

**Highlight Poverty:** Poverty is perhaps the most impactful of the social determinants of health, affecting the ability to have stable housing, healthy food, the ability to maintain steady employment, and the ability to access health care when needed. The table below presents the percent of individuals residing in the 2 localities who live in acute (100% FPG) or less acute, but equally debilitating over the long term poverty (200% and 300%). Individuals living over 400% of the FPG are generally considered to have sufficient income and are not considered eligible for government services. All in all, the residents of the service area experience slightly less poverty that the state of Virginia as a whole.

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

Source: US Department of Health and Human Services

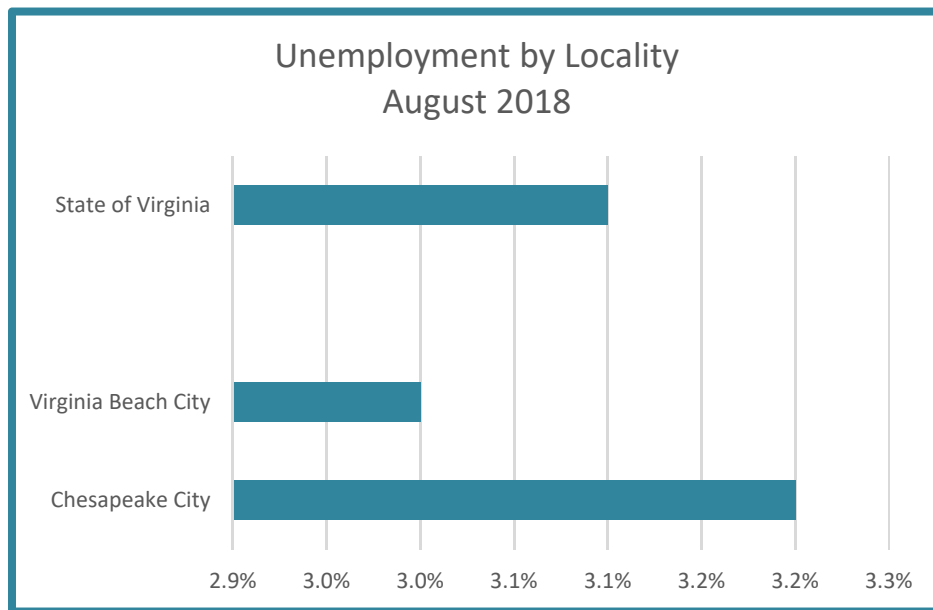
Percent of the Population Living at Specified Percent of the Federal Poverty Level				
	100%	200%	300%	400%
State of Virginia	11%	26.6%	41.7%	55.0%
Virginia Beach	8.2%	23.4%	40.9%	56.9%
Chesapeake	9.5%	22.6%	39.1%	54.0%

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 the rate for the service area as a whole is slightly lower than that of the state. While Chesapeake has a higher unemployment level, Virginia Beach has approximately twice the population and mitigates that extra burden of unemployment. It is important to realize, too, that the difference between Virginia Beach, the lowest rate, and Chesapeake, the highest, is .2%, one fifth of one percent.



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

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

Top 10 Employers (Number of Employees)	
Virginia Beach	Chesapeake
City of Virginia Beach Schools	Chesapeake City Public School Board
City of Virginia Beach	City of Chesapeake
Sentara	Chesapeake General Hospital
US Department of Defense	Wal Mart
Wal Mart	Sentara
Stihl	Cox Communications Hampton
Anthem	QVC Chesapeake
US Navy Exchange	MAC Services
Professional Hospitality	Food Lion
Food Lion	Norfolk Cent YMCA

Source: Virginia Economic Commission, Community Profiles 2018

## Health Status Indicators

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


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


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


### Helpful Tips when Examining the Indicators

#### Main Comparison Icons




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

 Green represents the "best" 50th percentile.


 Yellow represents the 50th to 25th quartile.




 Red represents the "worst" quartile.

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

   The current value is lower than the comparison value.

   The current value is higher than the comparison value.




 The current value is not statistically different from the comparison value.




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




#### Trend over Time

**The square** represents the measured **trend**.

   There has been a non-significant increase over time.

   There has been a non-significant decrease over time.


   There has been a significant increase over time.


   There has been a significant decrease over time.

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

#### Healthy People 2020 Comparison

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

 The current value has met, or is better than the target value.

 The current value not met the target value.

## A. Mortality Profile

**Highlights:** Leading causes of death in localities of the SPAH service area were examined. Cancer, heart disease, and stroke were the top three causes of death in the area, which are also the top three causes of death in Virginia. In the service area, the crude death rate from all causes was lower than the rate in the state overall. Of the top causes of death, only Alzheimer's disease and diabetes had crude death rates higher than the rates for Virginia.

### Leading Causes of Death and Death Rates for the Sentara Princess Anne Hospital Service Area, 2016

Leading Causes of Death	Chesapeake	Virginia Beach	Total Service Area	Virginia
<b>Counts</b>				
All Causes	1,723	2,995	4,718	63,100
Cancer	382	706	1,088	14,646
Heart Disease	366	599	965	13,748
Stroke	88	169	257	3,202
Accidents	91	157	248	3,070
Chronic Obstructive Pulmonary Disease (COPD)	81	157	238	3,096
Alzheimer's Disease	68	125	193	1,765
Diabetes	66	117	183	1,671
Kidney Disease	41	54	95	1,542
Blood Poisoning	35	44	79	1,336
Influenza and Pneumonia	25	38	63	1,490
<b>Crude Death Rates per 100,000 Population</b>				
All Causes	724.1	661.7	683.2	757.8
Cancer	160.5	156.0	157.6	175.9
Heart Disease	153.8	132.3	139.7	165.1
Stroke	37.0	37.3	37.2	38.5
Accidents	38.2	34.7	35.9	36.9
Chronic Obstructive Pulmonary Disease (COPD)	34.0	34.7	34.5	37.2
Alzheimer's Disease	28.6	27.6	27.9	21.2
Diabetes	27.7	25.9	26.5	20.1
Kidney Disease	17.2	11.9	13.8	18.5
Blood Poisoning	14.7	9.7	11.4	16.0
Influenza and Pneumonia	10.5	8.4	9.1	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 SPAH](#)

## 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 SPAH](#) (more conditions available)

**Highlights:** Of the conditions examined, heart failure was the condition with the highest age-adjusted hospitalization rate among the localities in the SPAH Service Area. Rates were higher than the Virginia rate. Other top conditions included chronic obstructive pulmonary disease (COPD), diabetes, community acquired pneumonia, and urinary tract infections. For these conditions, Chesapeake residents had consistently higher rates than Virginia Beach residents.

### Age-Adjusted Hospitalization Rate due to Heart Failure



### Age-Adjusted Hospitalization Rate due to COPD



## Age-Adjusted Hospitalization Rate due to Diabetes



## Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia



## Age-Adjusted Hospitalization Rate due to Urinary Tract Infections



## C. Risk Factors Profile

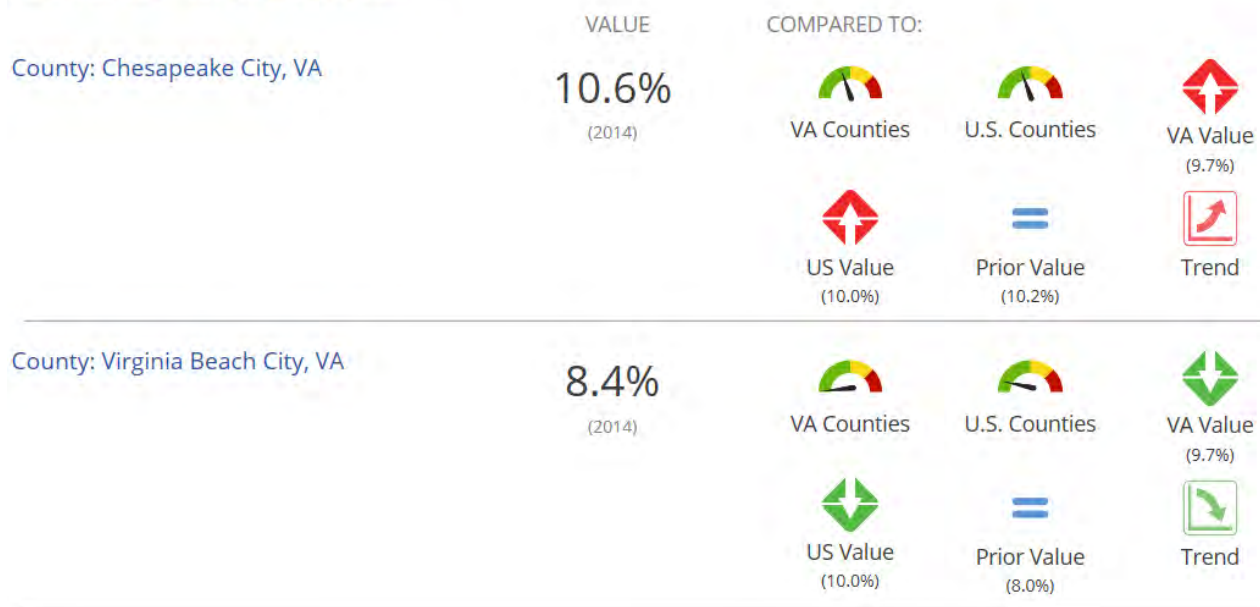
Link to interactive dashboard: [Risk Factors SPAH](#)

**Highlights:** Obesity percentages were higher for the SPAH Service Area compared to Virginia overall. Diabetes was higher in Chesapeake but lower in Virginia Beach. Conversely, the percentage of adults who drink excessively was higher in Virginia Beach compared to the state of Virginia but lower in Chesapeake. Notably, Virginia Beach was in the worst quartile of localities across the state for the percentage of adult who drink excessively. Smoking was higher in both localities compared to the United States (US) overall.

### Adults 20+ who are Obese



### Adults 20+ with Diabetes



## Adults who Drink Excessively



## Adults who Smoke

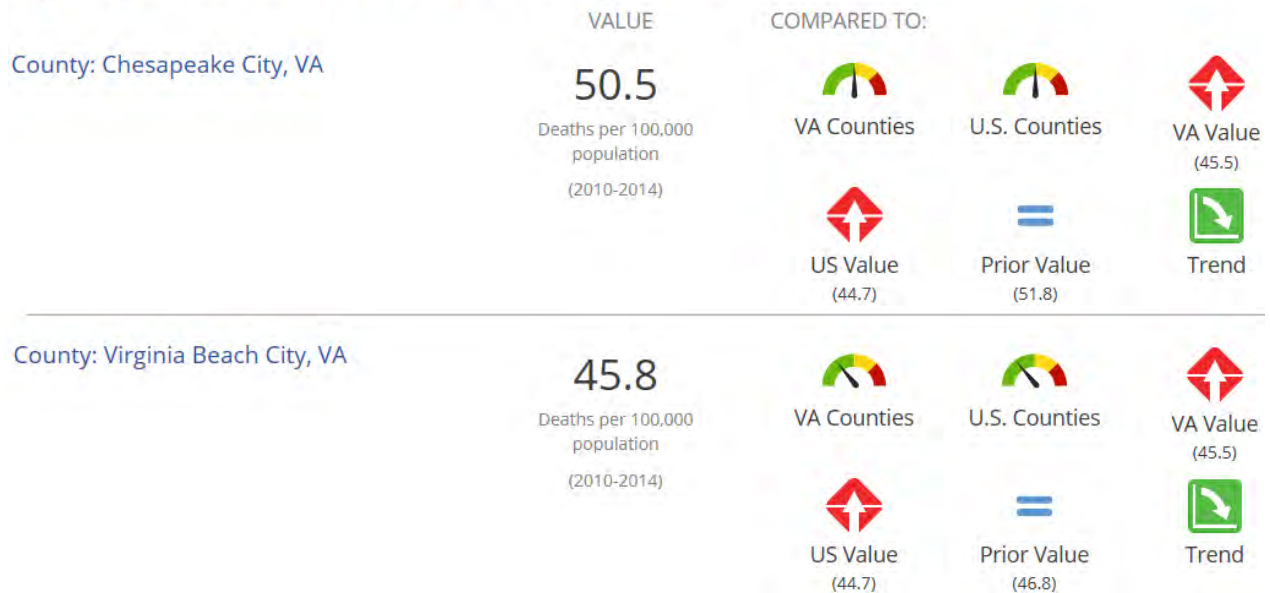


## D. Cancer Profile

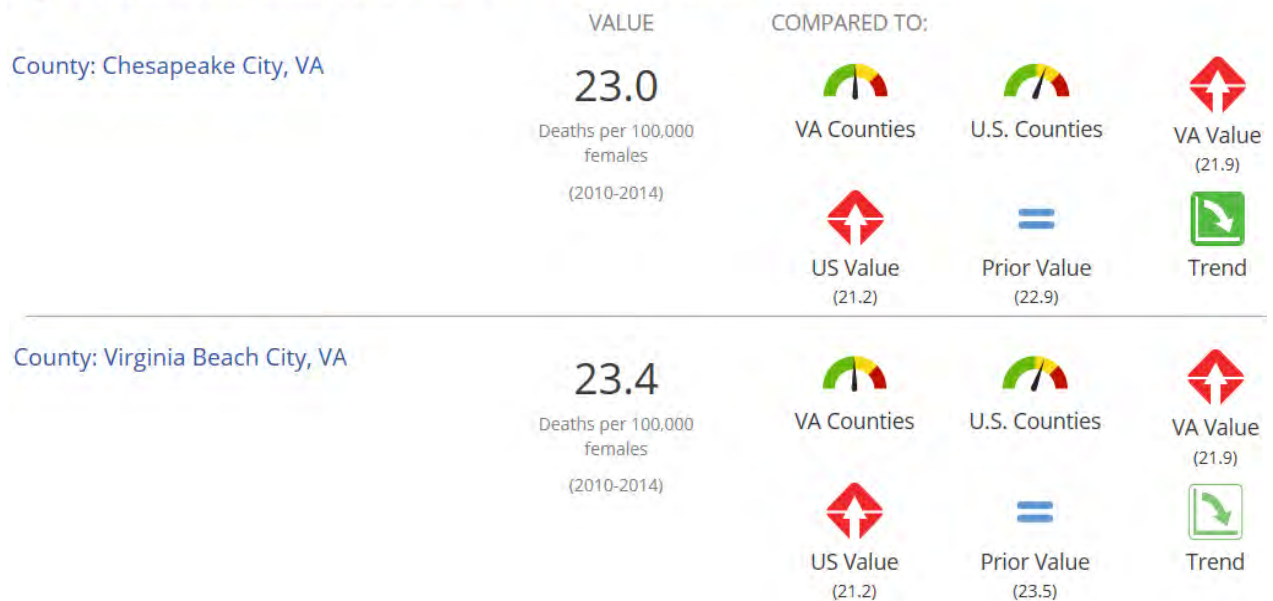
Link to interactive dashboard: [Cancer SPAH](#) (more indicators available)

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

### Age-Adjusted Death Rate due to Lung Cancer



### Age-Adjusted Death Rate due to Breast Cancer

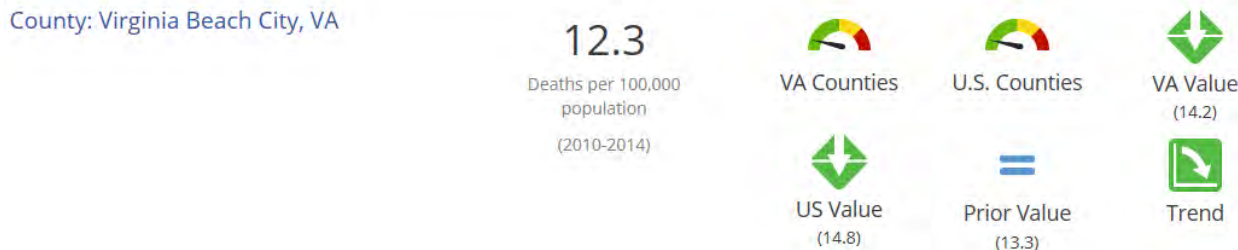




## Age-Adjusted Death Rate due to Prostate Cancer















## Age-Adjusted Death Rate due to Colorectal Cancer











## All Cancer Incidence Rate















## Breast Cancer Incidence Rate

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

## Prostate Cancer Incidence Rate

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

## Lung and Bronchus Cancer Incidence Rate

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

## E. Behavioral Health Profile – Mental Health and Substance Abuse

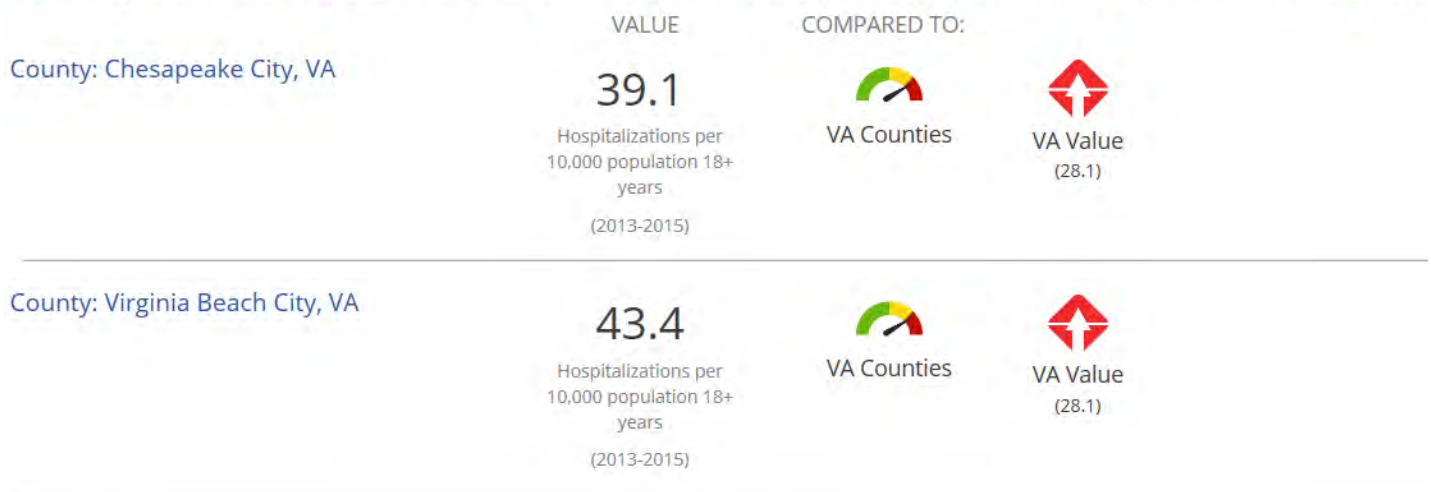
Link to interactive dashboard: [Behavioral Health SPAH](#) (more indicators available)

**Highlights:** Hospitalization rates due to mental health, suicide/self-intentional injury, and alcohol/substance abuse were higher throughout the cities in the SPAH service area compared to the overall state rates. Virginia Beach residents had higher rates than Chesapeake residents in all areas except for hospitalizations due to substance abuse. Notably, both cities were in the worst quartile for the rate of hospitalization due suicide/self-intentional injury compared to other localities in Virginia. Similarly, Virginia Beach was also in the worst quartile for hospitalizations due to alcohol abuse and Chesapeake for substance abuse.

### Age-Adjusted Hospitalization Rate due to Mental Health



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



## Age-Adjusted Hospitalization Rate due to Alcohol Abuse



## Age-Adjusted Hospitalization Rate due to Substance Abuse



## Age-Adjusted Death Rate due to Suicide

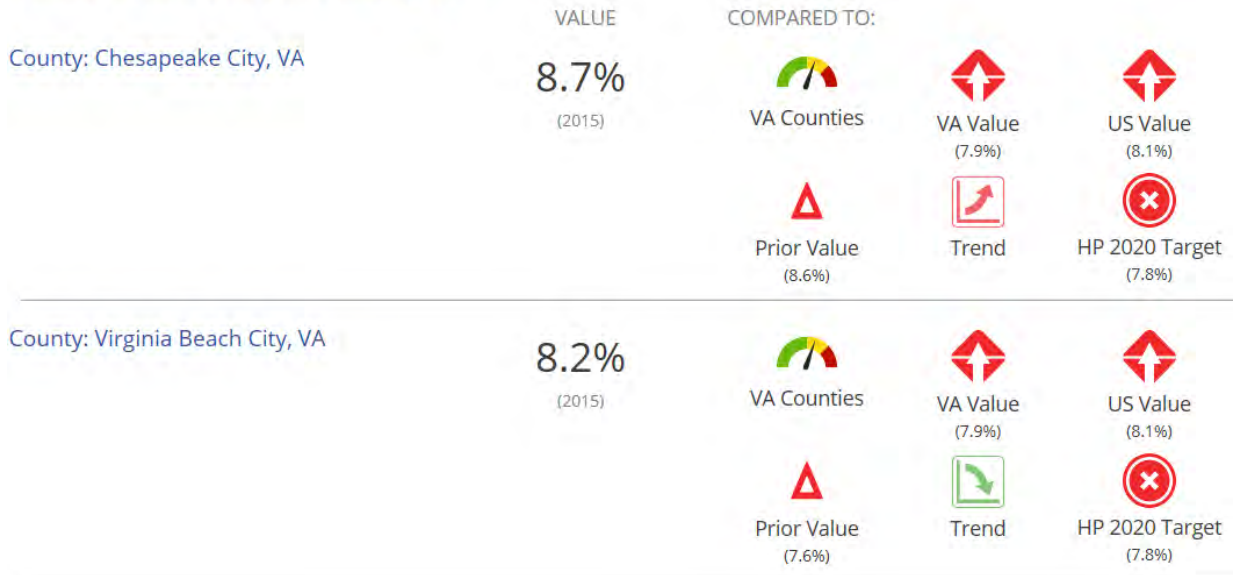


## F. Maternal & Infant Health Profile

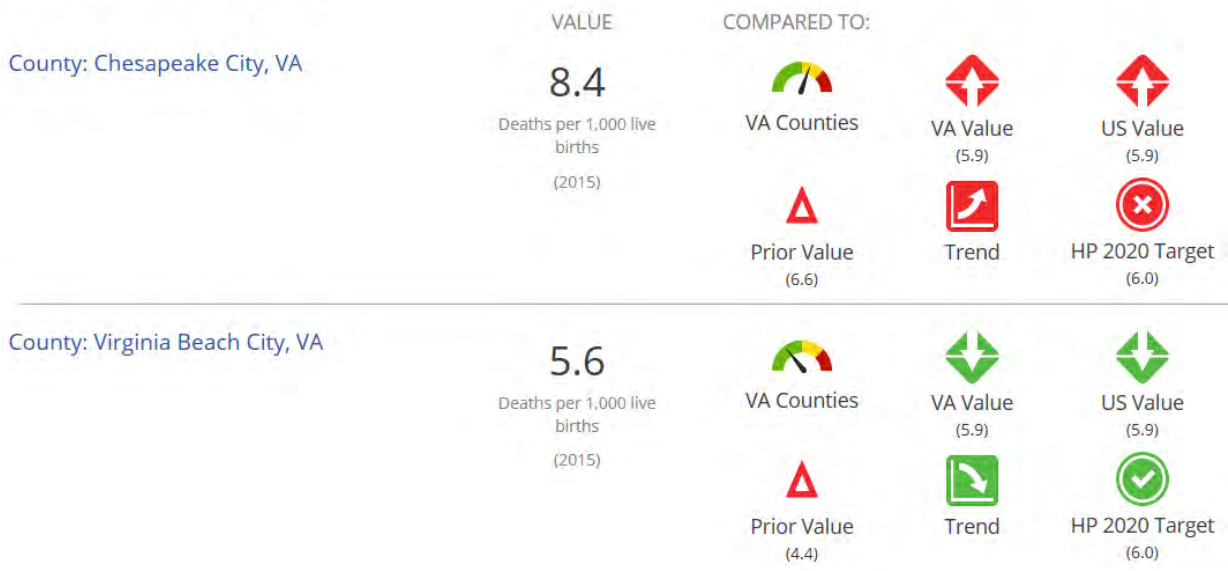
Link to interactive dashboard: [Maternal & Infant Health SPAH](#) (more indicators available)

**Highlights:** Cities in the SPAH service area had high percentages of babies born with a low birth weight compared to US and Virginia values. The infant mortality rate was greater in Chesapeake compared to the US and Virginia, but lower in Virginia Beach. However, the infant mortality rate and percentage of mothers who received early prenatal care was better than the US and Virginia values. Teen pregnancy rates were also examined; both cities have rates lower than the Virginia value.

### Babies with Low Birth Weight



### Infant Mortality Rate



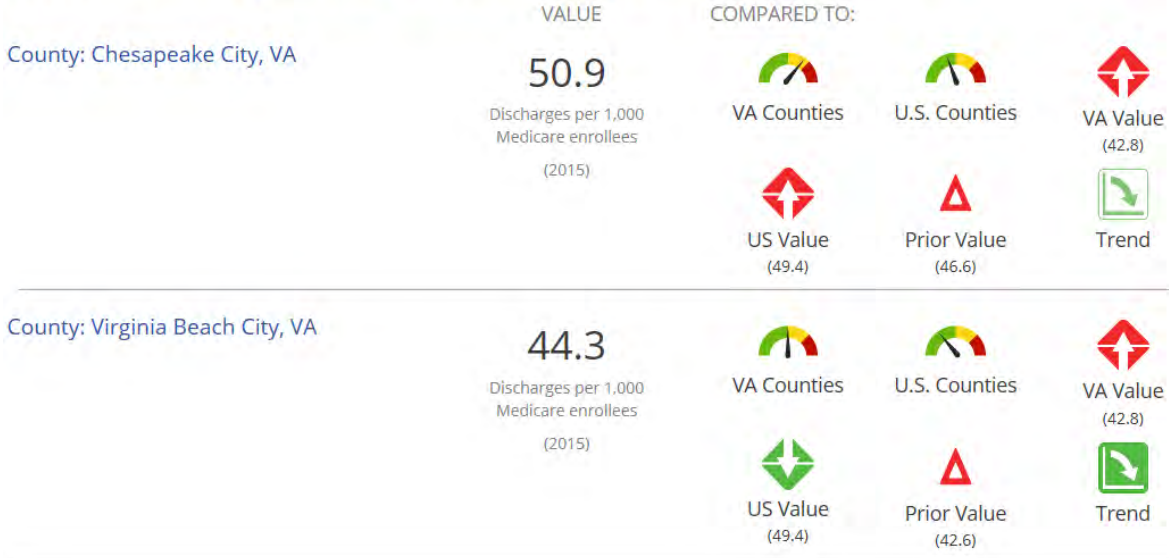
## G. Spotlight: Older Adults and Aging

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

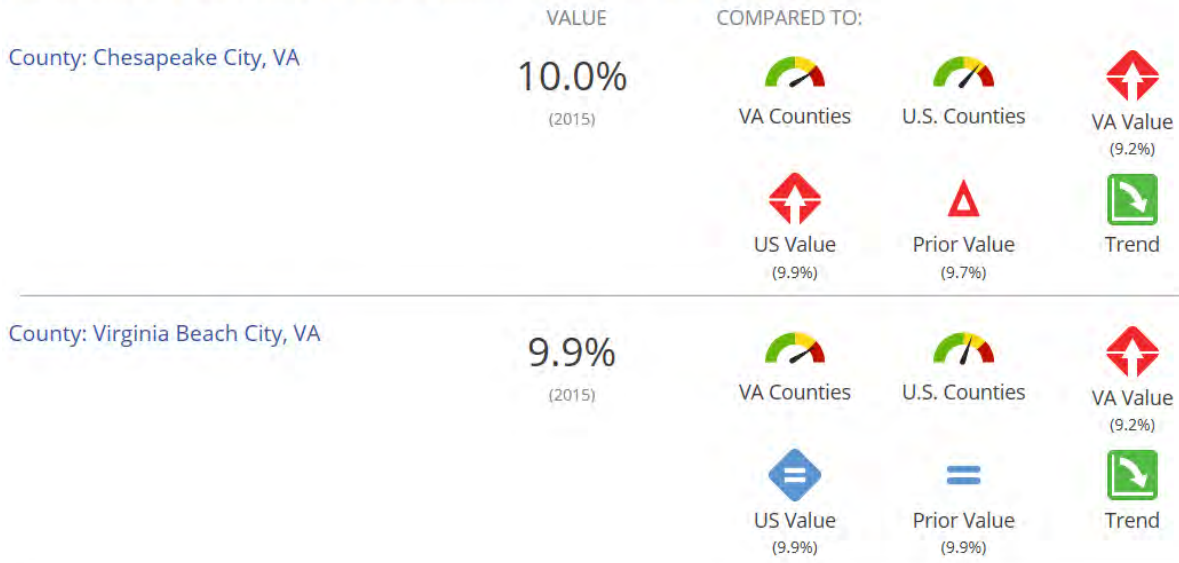
Link to interactive dashboard: [Older Adults & Aging SPAH](#)

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









### Preventable Hospital Stays: Medicare Population











### Alzheimer's Disease or Dementia: Medicare Population















## Adults 65+ with a Disability

	VALUE	COMPARED TO:		
County: Chesapeake City, VA	32.2% <small>(2012-2016)</small>	 VA Value <small>(33.3%)</small>	 US Value <small>(35.8%)</small>	 Prior Value <small>(33.1%)</small>
		 Trend		
County: Virginia Beach City, VA	32.6% <small>(2012-2016)</small>	 VA Value <small>(33.3%)</small>	 US Value <small>(35.8%)</small>	 Prior Value <small>(33.2%)</small>
		 Trend		

## Adults 65+ with an Independent Living Difficulty

	VALUE	COMPARED TO:		
County: Chesapeake City, VA	15.0% <small>(2012-2016)</small>	 VA Value <small>(14.4%)</small>	 US Value <small>(15.2%)</small>	 Prior Value <small>(15.1%)</small>
		 Trend		
County: Virginia Beach City, VA	14.2% <small>(2012-2016)</small>	 VA Value <small>(14.4%)</small>	 US Value <small>(15.2%)</small>	 Prior Value <small>(14.7%)</small>
		 Trend		

## People 65+ Living Alone

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

## H. 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.

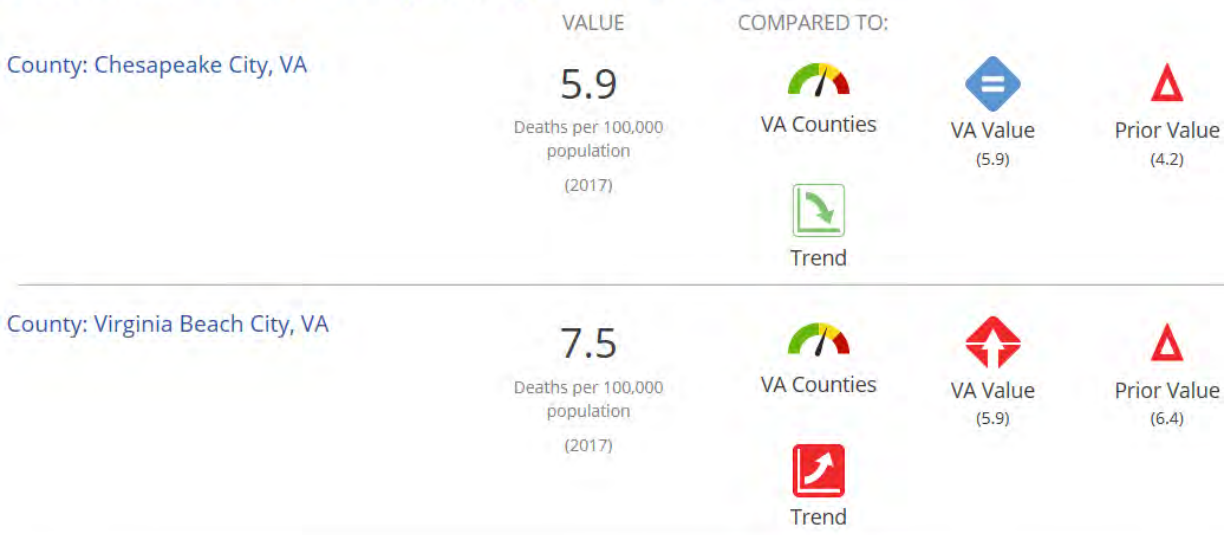
Link to interactive dashboard: [Opioid Epidemic SPAH](#)

**Highlights:** Based on 2017 data, the death rate due to fentanyl/heroin overdose in Virginia Beach was slightly less than the state comparison value; however, the trend over time (2013 to 2017) was worsening. In Chesapeake, the death rate due to fentanyl/heroin overdose was higher than the state rate. For deaths due to prescription opioid overdoses, the rate in Virginia Beach was higher than the state rate with the trend significantly increasing over time (2013-2017). The rate in Chesapeake was the same as the state rate; although it was higher than in 2016, the rate was improving over time. Emergency department visits in 2017 due to opioids and heroin were also examined. Chesapeake had a high rate of visits for both, while Virginia Beach had only a high rate for heroin. Narcan administration by emergency medical service providers was also examined. Rates were increasing; this, in part, reflects greater access and training to the rescue saving drug that can rapidly reverse overdoses to combat the epidemic.

### Death Rate due to Fentanyl and/or Heroin Overdose

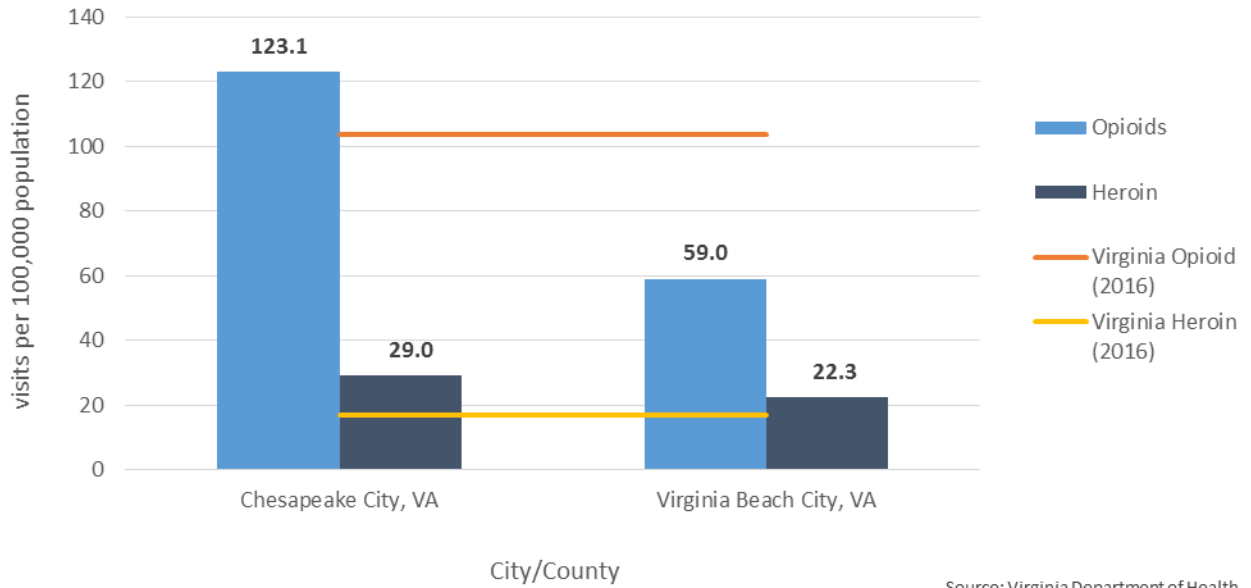


### Death Rate due to Prescription Opioid Overdose





### Emergency Department Visit Rate due to Opioids and Heroin, 2017



Source: Virginia Department of Health  
www.ghrconnects.org

### Emergency Medical Service Narcan Administration Rate

County: Chesapeake City, VA

VALUE	COMPARED TO:		
<b>48.8</b>			
Administrations per 100,000 population (2017)	VA Value (53.9)	Prior Value (53.8)	Trend

County: Virginia Beach City, VA

VALUE	COMPARED TO:		
<b>45.5</b>			
Administrations per 100,000 population (2017)	VA Value (53.9)	Prior Value (46.6)	Trend

## 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 Indicators Dashboard. GHRconnects. <a href="http://www.ghrconnects.org/">http://www.ghrconnects.org/</a> .	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: Older Adults and Aging		The Dartmouth Atlas of Health Care; American Community Survey- United States Census Bureau
Spotlight: Opioid Epidemic		Virginia Department of Health

## **Community Insight**

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

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

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

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

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

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

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

The community stakeholder list included representatives from public health, education, social services, business, local government and local civic organizations, among others. Health system and health department staff conducted outreach for community input via email and in-person and via teleconference at local events and meetings. An email survey request was sent to 922 unduplicated community stakeholders throughout Hampton Roads, and a total of 168 stakeholders in the Sentara Princess Anne Hospital (SPAH) 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 SPAH service area.

The stakeholders responding to the survey represent 35 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. 147 out of the 168 respondents answered this question. The table below presents the roles the respondents play in the community.

<b>Community Roles of Survey Respondents</b>	
<b>Type of Organization</b>	<b>% Responses</b>
Business Representative	2.0%
Community Nonprofit Organization (Food Bank, United Way, etc.)	10.2%
Education	5.4%
Faith-based Organization	1.4%
Financial Institution	0.7%
Foundation	0.7%
Healthcare	73.5%
Law Enforcement / Fire Department / Emergency Medical Services (EMS)	0.7%
Local Government or Civic Organization	2.7%

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	senior services of Southeastern Virginia
Beech Grove United Methodist Church	Sentara Healthcare
Buy Fresh Buy Local Hampton Roads	Sentara Obici Hospital
Catholic Charities of Eastern Virginia	Sentara Princess Anne Hospital
Champions For Children	Summit Wellness At The Mount
Chesapeake Public Schools	The Barry Robinson Center
Chesapeake CASA	Urban League of Hampton Roads
Children's Hospital of The King's Daughters	VersAbility Resources
Compassionate Care Hospice	Virginia Beach Department of Public Health
Consortium for Infant and Child Health (CINCH)/EVMS	Virginia Beach Women, Infant and Children's program
Department of Public Health	Virginia Department of Health
Eastern Virginia Medical School	Virginia Oral Health Coalition
ECPI university	Virginia Supportive Housing
Eastern Virginia Medical School Ear Nose and Throat	West Neck Homeowners Association and Wordsworth
Family & Youth Foundations Counseling Service	Condo Association
JenCare Senior Medical Centers	Women, Infant and Children - Virginia Beach
Old Dominion University	YMCA of South Hampton Roads

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 168 respondents, 136 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.)	63.2%	1
Overweight / Obesity	60.3%	2
Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids)	49.3%	3
Heart Conditions (Heart Disease, Congestive Heart Failure / CHF, Heart Attacks / AMI, High Blood Pressure / Hypertension)	46.3%	4
Diabetes	36.0%	5
Cancer	25.7%	6
Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes)	25.7%	
Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.)	23.5%	7
Dental / Oral Care	22.1%	8
Accidents / Injuries (Unintentional)	14.0%	9
Alzheimer's Disease / Dementia	13.2%	10
Chronic Pain	12.5%	11
Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, Gonorrhea, Herpes, etc.)	11.8%	12
Prenatal and Pregnancy Care	10.3%	13
Environmental Health (Water Quality, Pollution, Mosquito Control, etc.)	9.6%	14
Respiratory Diseases (Asthma, COPD, Emphysema)	9.6%	
Hunger	8.1%	15
Infectious Diseases (Hepatitis, TB, MRSA, etc.)	6.6%	16
Physical Disabilities	6.6%	
Violence – Sexual and / or Domestic	6.6%	
Intellectual / Developmental Disabilities / Autism	5.9%	17
Neurological Conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)	5.9%	
Bullying (Cyber, Workplace, etc)	3.7%	18
Drowning / Water Safety	2.9%	19

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

### Free Response Additional Community Health Concerns -- Adults aged 18+

I note heart conditions as that is sort of the nail in the coffin as far as functionality. But this is the result of obesity, diabetes, poverty, poor medical follow-up, smoking, substance abuse. All of these issues seem to occur singly, or more often in a combination, that results in me seeing people who are unhealthy, disabled, and unable to function in society.

balanced diet, availability of healthy, fresh foods across income levels and geographic areas

How did Womens health and health care disparities not make this list

Getting help in homes of individuals who need them they don't qualify for Medicaid. People only with Medicare having troubling getting physicians to see them due to only having Medicare.

Mental health is a growing populations. Yet there's limited organizations that can screen. Barriers such as appointments, transportations comes into play.

Asthma, COPD and Arthritis

Lack of understanding of community resources that are already available to patients and are under utilized

Age 55+ community. Concerned about all areas affecting senior citizens

Cost of healthcare including prescription medications

I am blessed with good health at this time. But, I am very aware of the cancer (breast) rate in this area; very aware of obesity and heart disease are so connected. I am aware of the substance abuse as well. Additionally, because of the work situation so many find themselves, stress and anxiety are huge which leads to all of the following conditions. Americans in general are in poor health and do not take good care of themselves. Virginia Beach has a very active population and appears to be a very athletic minded population. But, I believe that is very small considering the population size. We could be so much healthier.

Social isolation, safety

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

A follow-up question on the survey asks respondents to choose five healthcare services that need to be strengthened for adults in the SPAH 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 results 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	62.4%	1
Health Insurance Coverage	47.4%	2
Alcohol / Substance Abuse Services	31.6%	3
Aging Services	30.8%	4
Chronic Disease Services (Diabetes, High Blood Pressure/ Hypertension)	30.1%	5
Dental / Oral Health Services	28.6%	6
Health Promotion and Prevention Services	25.6%	7
Care Coordination and Transitions of Care	24.1%	8
Public Health Services	22.6%	9
Self-Management Services (Nutrition, Exercise, etc.)	21.1%	10
Social Services	19.6%	11
Long Term Services / Nursing Homes	18.8%	12
Chronic Pain Management Services	16.5%	13
Domestic Violence / Sexual Assault Services	15.8%	14
Family Planning and Maternal Health Services	15.8%	
Primary Care	13.5%	15
Cancer Services	12.8%	16
Home Health Services	12.8%	
Hospice and Palliative Care Services	6.8%	17
Hospital Services (Inpatient, outpatient, emergency care)	6.8%	
Telehealth / Telemedicine	6.8%	
Pharmacy Services	4.5%	18
Physical Rehabilitation Services	3.0%	19
Bereavement Support Services	0.8%	20

**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. Their concerns 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.
Women's health
Health promotion and prevention is inherent in all of these categories.
transportation to physician's offices
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 related services.

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 service needs are specific to the population aged 17 and under. Of 168 respondents, 132 answered these questions. The table on the next page presents the most frequently chosen responses.

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

Health Concern	% Responses	Rating
Behavioral / Mental Health (Suicide, ADD, Anxiety, Depression)	75.0%	1
Overweight / Obesity	60.6%	2
Bullying (Cyber, Workplace, etc)	42.4%	3
Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids)	38.6%	4
Violence In the Home – Child Abuse (Sexual, Physical, Emotional or Neglect) or Exposure	36.4%	5
Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.)	34.9%	6
Dental / Oral Care	22.7%	7
Accidents / Injuries (Unintentional)	22.0%	8
Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes)	21.2%	9
Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, Gonorrhea, Herpes, etc.)	20.5%	10
Intellectual / Developmental Disabilities / Autism	19.7%	11
Hunger	18.9%	12
Teen Pregnancy	18.2%	13
Respiratory Diseases (Asthma and Cystic Fibrosis)	13.6%	14
Drowning / Water Safety	8.3%	15
Diabetes	6.8%	16
Eating Disorders	6.8%	
Environmental Health (Water Quality, Pollution, Mosquito Control, etc.)	3.8%	17
Physical Disabilities	2.3%	18
Cancer	1.5%	19
Heart Conditions (Congenital Heart Defects, Fainting and Rhythm Abnormalities)	1.5%	
Infectious Diseases (Hepatitis, TB, MRSA, etc.)	1.5%	
Neurological Conditions (Epilepsy, Seizures, Tourette Syndrome-TICS, Sleep Disorders)	1.5%	
Chronic Pain	0.0%	20

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

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

Six individuals provided additional thoughts on the most important health concerns for children and teens in the community. Their additions are presented in the table on the next page.

**Free Response Additional Community Health Concerns -- Children and Teens ages 0 -- 17**

Education, sex education, preventing teen pregnancy.
No access to primary care without a long wait and well check first. I'm an urgent care doc and we see this all the time on both sides of the 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 that need to be strengthened from a list of common healthcare services. Responses from 132 individuals are presented in the table below.

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

Healthcare Service	% Responses	Rating
Behavioral / Mental Health Services	79.2%	1
Parent Education and Prevention Programming	52.3%	2
Child Abuse Prevention and Treatment Services	51.5%	3
Dental / Oral Health Services	35.4%	4
Self-Management Services (Nutrition, Exercise, etc.)	33.9%	5
Foster Care (Supporting children in the system and their host families)	31.5%	6
Social Services	31.5%	
Alcohol / Substance Use Services	30.8%	7
Health Insurance Coverage	30.8%	
Care Coordination and Transitions of Care	27.7%	8
Public Health Services	24.6%	9
Primary Care	19.2%	10
Home Health Services	8.5%	11
Telehealth / Telemedicine	6.2%	12
Chronic Disease Services (Diabetes, High Blood Pressure/ Hypertension)	5.4%	13
Chronic Pain Management Services	4.6%	14
Bereavement Support Services	3.1%	15
Physical Rehabilitation Services	1.5%	16
Cancer Services	0.8%	17
Pharmacy Services	0.0%	18

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

Free response additional services to be strengthened were suggested by 11 individuals and are presented below.

Free Response Community Health Services that Need to be Strengthened -- Children and Teens ages 0 -- 17
Violence prevention and gun safety education
Palliative care services
cardiac care.
violence prevention/gun control obesity managemen developmental disorder support
Cannot emphasize more strongly the lack of adequate mental health resources for children, especially those with public insurance or no insurance.
Services can be strengthened but if parents aren't required to access services, it is of no help. Social Services is difficult to access, as is behavioral/mental health services. There is sufficient access to dental/oral health BUT parents must take minors for services.
Prevention - effective prevention strategies will work if put in place correctly and with integrity. Abuse and violence prevention is the key in reducing incidents of domestic violence and abuse.
Home visiting programs
Community safety services
Majority of what I see, parents support due to lack of support in home.
Transportation remains a barrier to health care for teens.
Kinship care/relatives raising children supports need to be dramatically improved. Including educating families and social workers in the direct community (ie caseworkers don't even know basic elements/programs available).

**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 below is 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 168 respondents, 134 provided their list of access concerns.

Factors Impacting Access to Care and Services		
Factors	% Responses	Rating
Costs	85.1%	1
Transportation	72.4%	2
Health Insurance	70.9%	3
Time Off From Work	57.5%	4
Understanding the Use of Health Services	51.5%	5
Childcare	40.3%	6
No / Limited Home Support Network	32.1%	7
Location of Health Services	29.9%	8
Lack of Medical Providers	22.4%	9
Discrimination	4.5%	10
No / Limited Phone Access	4.5%	11

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

Six individuals provided additional thoughts on other factors that impact access to care. Their suggestions are presented in the table on the next page.

### Free Response Additional Comments About Access to Healthcare

Few providers of services are available in evenings or weekends making it difficult for working parents to take time off.

These are all important. Understanding use of health services is easily a tie for the others I chose., as is child care.....

there is no support network for families and if there is then where are they.

knowledge of services available and sometimes language barriers

Language Barrier should be added

I am concerned about the cost of health care in general. I can not retire because I can not afford the cost of my current health insurance. Working for the state -the only perk is good health insurance coverage. ON the outside the cost is awful. I am for all to have good coverage, but I not for the abuse of our system so that people can be covered without working for it.

**Emerging Themes:** The lack of providers and 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 168 respondents, 133 answered the next two questions. Their responses are presented on the next page.

### Most Vulnerable Populations in the Community Needing Support

Populations	% Responses	Rating
Low Income Individuals	54.9%	1
Uninsured / Underinsured Individuals	48.9%	2
Individuals / Families / Children experiencing Homelessness	48.1%	3
Caregivers (Examples: caring for a spouse with dementia or a child with autism)	38.4%	4
Children (age 0-17 years)	36.8%	5
Individuals Struggling with Substance Use or Abuse	36.1%	6
Seniors / Elderly	34.6%	7
Immigrants or community members who are not fluent in English	28.6%	8
Individuals with Intellectual or Developmental Disabilities	28.6%	
Victims of Human Trafficking, Sexual Violence or Domestic Violence	18.1%	9
Individuals with Physical Disabilities	16.5%	10
Individuals Transitioning out of Incarceration	15.8%	11
Unemployed Individuals	15.0%	12
Individuals Struggling with Literacy	13.5%	13
Individuals in the LGBTQ+ community	12.0%	14
Migrant Workers	11.3%	15
Veterans and Their Families	11.3%	
Individuals Needing Hospice / End of Life Support	10.5%	16

**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.

Five 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.

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

\*Caregivers (Examples: caring for a spouse with dementia or a child with autism)

\*Individuals with Intellectual or Developmental Disabilities

\*Low Income Individuals

\*Unemployed Individuals

\*Victims of Human Trafficking, Sexual Violence or Domestic Violence

\*Veterans and Their Families

ALL POINTS BACK TO MENTAL HEALTH. WE GIVE A PRESENTATION FOR BEATING THE HOLIDAY BLUES, GRIEVING, EDUCATING STAFFS (IN SCHOOLS), FAMILIES HOW TO IDENTIFY SUICIDE IDEATIONS. AGAIN A BARRIER TO GET IN THE SYSTEM.

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

Finally, the survey explored the many factors in addition to medical care that determine an individual's health. Collectively called the social determinants of health, these factors are becoming increasingly recognized as contributing both directly and indirectly to individual health through processes as different as the effect of household mold on respiratory disease and the effect of stress from unemployment. The effects of social determinants are sometimes subtle, sometimes only discoverable after a health problem is identified, but often important in explaining health status. Of 168 respondents, 132 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	52.3%	1
Affordable Housing	48.5%	2
Affordable Child Care	47.0%	3
Healthy Food Access (Fresh Fruits & Vegetables, Community Gardens, Farmers Markets, etc.)	43.9%	4
Homelessness	40.2%	5
Senior Services	30.3%	6
Social Services	27.3%	7
Neighborhood Safety	25.0%	8
Walk-able and Bike-able Communities (Sidewalks, Bike/Walking Trails)	25.0%	
Employment Opportunity/Workforce Development	23.5%	9
Social and Community Networks	21.2%	10
Early Childhood Education	19.7%	11
Safety Net Food System (Food Bank, WIC, SNAP, Meals on Wheels, etc.)	17.4%	12
Safe Play and Recreation Spaces (Playgrounds, Parks, Sports Fields)	15.2%	13
Education – Kindergarten through High School	14.4%	14
Education – Post High School	8.3%	15
Environment – Air & Water Quality	6.8%	16
Green Spaces	6.8%	
Public Safety Services (Police, Fire, EMT)	6.8%	
Public Spaces with Increased Accessibility for those with Disabilities	3.0%	17
Housing Affordability & Stability	0.0%	18

**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. Five individuals added factors, listed in the table on the next page.

### Additional Community Assets and Additional Information

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. Twelve 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."

Thank you for asking. I'd love to help from a public health standpoint if needed.

Need to identify a way to encourage or reward individuals to live a healthy lifestyle, eat nutritional foods, take responsibility for their health. We can continue to provide and strengthen services but unless an individual assumes some responsibility, it won't make a difference.

more than 5 in each area really should have been marked....

The community not only needs the mentioned resources, but needs to be empowered to access them. Often times people are turned off to assistance because someone was rude, or they were met with red tape. Self-advocacy is SO important, and unfortunately is not taught.

Thank you for the survey and for your collaboration.

All the social network is great, but if it's not being shared then we're back to where we were. We can't help our community if there's gap in our resources and social netting.

There is little vocal effective advocacy for patients ages 19-64.

Thank you for allowing me the opportunity to share my concerns

We need early parenting classes in Junior High School, or sooner grades.

I closing, I do have an opinion that Americans work very hard and have many health issues directly related to the work place. There is not enough emphasis put on family, culture and core christian values for fear of offending. It is evident in government. Happy Holidays, as opposed to Merry Christmas. We are so concerned about offending instead of respecting peoples differences and valuing them.

great survey, covered a really wide range of things.

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

## Community Input: Life in Hampton Roads Health Survey

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

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

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

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

### 1. General Health / Access

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

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

**GENERAL HEALTH / ACCESS continued**

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

## 2. Heathy Behaviors / Prevention

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

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

### 3. Aging

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

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

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

#### 4. Behavioral Health – Mental Health / Substance Abuse

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

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



**BEHAVIORAL HEALTH - MENTAL HEALTH / SUBSTANCE ABUSE continued**

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

**Survey Demographics**

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

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

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

## Community Focus Group Session Findings

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

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

- 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?

Seven focus group sessions were held from February through April 2019. The number of participants ranged from 4 to 32. When possible, representatives from the health department and other local hospitals were invited to attend the sessions.

1. Health Department - WIC
2. SPAH Patient Family Advisory Council
3. Virginia Beach Housing Resource Center
4. SPAH Clergy Grand Rounds
5. Virginia Beach EMS
6. SPAH Patient/ Family Advisory Board
7. Green Run Home Owners Association Board

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

Topic	Key Findings
<b>What are the most serious health problems in our community?</b>	<ul style="list-style-type: none"> <li>• Obesity/ lack of awareness of healthy options</li> <li>• Cancer</li> <li>• Behavioral health</li> <li>• Drug/ alcohol abuse</li> <li>• Aging issues: balance, eyesight, elder care</li> <li>• Stroke</li> <li>• Diabetes</li> <li>• Communication (between providers)</li> <li>• Cost of care (medications)</li> <li>• PTSD</li> <li>• Alzheimer's/dementia</li> <li>• Heart disease/ high blood pressure</li> </ul>

	<ul style="list-style-type: none"> <li>• Lack of exercise</li> <li>• Food safety / drinking water safety</li> <li>• Children’s dental health</li> <li>• Better education on SIDS / children’s illnesses</li> <li>• Understanding food labels</li> <li>• Not getting vaccinations</li> <li>• Mental health</li> <li>• Homelessness</li> <li>• Kidney disease</li> <li>• Lack of knowledge of health plan benefits</li> <li>• Lack of transportation</li> <li>• Lack of services for individuals aging in place</li> <li>• Lack of consistent expectations / awareness of resources among group homes and home health agencies</li> <li>• Uninsured/ underinsured</li> </ul>
<p><b>Who/what groups of individuals are most impacted by these problems?</b></p>	<ul style="list-style-type: none"> <li>• Poor / low-income</li> <li>• Living alone</li> <li>• Elderly</li> <li>• Immigrants</li> <li>• Chronically ill</li> <li>• Veterans</li> <li>• Retirement age (60-65)</li> <li>• Undiagnosed mentally ill</li> <li>• Lack of support for those in mental health crisis</li> <li>• Children- including teens</li> <li>• Homeless</li> <li>• Military families</li> <li>• Uninsured/ underinsured</li> <li>• Individuals with high deductible health plans</li> <li>• Millennials</li> <li>• Individuals in private group homes</li> <li>• Smokers</li> <li>• Disabled</li> </ul>
<p><b>What keeps people from being healthy? In other words, what are the barriers to achieving good health?</b></p>	<ul style="list-style-type: none"> <li>• Diet</li> <li>• Poverty</li> <li>• Culture</li> <li>• Transportation</li> <li>• Age</li> <li>• Unemployment</li> <li>• Poor habits</li> <li>• Lack of exercise</li> <li>• Lack of motivation</li> <li>• Lack of education</li> </ul>

	<ul style="list-style-type: none"> <li>• Health status transparency</li> <li>• Fear of hospitals</li> <li>• Lack of education on nutrition</li> <li>• Lack of resources for parents</li> <li>• Lack of money</li> <li>• Availability of fast food</li> <li>• Individual’s social environment</li> <li>• Addiction</li> <li>• Unrealistic expectations</li> <li>• Lack of prioritization</li> <li>• Lack of nutritional knowledge</li> <li>• Not taking medicine</li> <li>• Degradation of family unit</li> <li>• Lifestyle</li> <li>• Lack of support systems</li> <li>• Lack of prevention efforts</li> <li>• Perception of cost/ lack of transparent pricing</li> <li>• Lack of time (to prepare healthy meals or commit to medical appointments)</li> </ul>
<p><b>What is being done in our community to improve health and to reduce the barriers? What resources exist in the community?</b></p>	<ul style="list-style-type: none"> <li>• Screenings</li> <li>• YMCA classes</li> <li>• Health fairs</li> <li>• Recreation centers/ classes</li> <li>• Sports</li> <li>• Dean Ornish program</li> <li>• New Medicaid program</li> <li>• Seniors group</li> <li>• Churches</li> <li>• WIC / breastfeeding groups</li> <li>• Resources for new moms in hospitals</li> <li>• "Parents in Need" resale store</li> <li>• Outpatient mental health facility</li> <li>• Increased access to care (new patient follow-up visits)</li> <li>• Housing Resource Center</li> <li>• Free mammogram program</li> <li>• Exercise programs</li> <li>• Healthy edge info</li> <li>• EMS knows that there are resources are available, but does not know what they are or how to direct patients to those resources</li> </ul>
<p><b>What more can be done to improve health, particularly for those individuals and groups most in need?</b></p>	<ul style="list-style-type: none"> <li>• Sponsorship programs for each disease</li> <li>• Awareness campaigns</li> <li>• Reinforcement of preventative care</li> <li>• Better nursing homes/ staff</li> <li>• Increased outreach at schools</li> </ul>

	<ul style="list-style-type: none"> <li>• Education from different groups</li> <li>• Better marketing of healthy programs</li> <li>• Annual screenings</li> <li>• Health fairs and events out in the community</li> <li>• Mobile screenings</li> <li>• More programs for seniors 9Elderly ombudsman in VB gov)</li> <li>• A doctor available on Facebook</li> <li>• Improve Medicaid</li> <li>• Event board for the community (perhaps at Wal-Mart)</li> <li>• Information at a Maternity Fair or by e-mails</li> <li>• Accessible Women’s Care Center</li> <li>• 24/7 nurse on call availability (Medicaid has this)</li> <li>• Nutrition assistance</li> <li>• Promotion of recreational resources</li> <li>• More public awareness</li> <li>• Self determination to be healthy</li> <li>• Educating patients about the purpose and importance of exercise/ medications</li> <li>• More support groups for single mothers/ working parents</li> </ul>
<p><b>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?</b></p>	<ul style="list-style-type: none"> <li>• Healthy Behaviors</li> <li>• Social Support</li> <li>• Education</li> <li>• Food</li> <li>• Elderly Issues</li> <li>• Food</li> </ul>

## Sentara Community Health Needs Assessment Implementation Strategy

### 2018 Progress Report

#### Sentara Princess Anne Hospital

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

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

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

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

Reports should be emailed to Laura Armstrong-Brauer at [larmstr@sentara.com](mailto:larmstr@sentara.com) within 15 days of the close of each quarter.

Health Problem	Three Year Implementation Strategies	Progress
All	-Continue community outreach on key targeted health problems.	<p>-Hosted 6<sup>th</sup> Annual Colon Cancer 5k and 1 mile run/walk. Approximately 610 participants registered with more than 700 in attendance. Over 90 volunteers and community physician offices attended. A variety of 15 vendors sponsored services participated, including: blood pressure screening, education and screening for Gastro-intestinal issues, colorectal health, resources for those diagnosed with cancer, and the importance of diet and exercise.</p> <p>-SPAH provided community outreach by setting up tables and support staff for the "National Night Out" held on 7 August at the Green Run High School. Tables included: Skin/ prostate cancer information/ Advance Care Planning/ Palliative Care/ Hospice/ Birthing Doulas, Healing Therapies/ Blood Pressure Screening, stroke education, and the Dean Ornish program. Approximately 500 people in attendance.</p>

Health Problem	Three Year Implementation Strategies	Progress
	<p data-bbox="456 1016 797 1150">-Continue to partner/coordinate with community based groups and other Sentara hospitals.</p> <p data-bbox="456 1339 781 1474">-Continue to serve as an active participant with the Virginia Beach Department of Health.</p>	<p data-bbox="821 268 1490 655">-Hosted a Health Fair at the Green Run Community Center in February. Approximately 65 in attendance from the community. Wellness vendors included: "As You Wish" Advance Care Planning, Southeastern Senior Services, Sentara College of Health and Sciences, Healing Therapies, Dean Ornish Program, cholesterol/ blood pressure screening, diabetes education, stroke education, skin cancer information, brown bag pharmacy, bone density screening, and SPAH community garden. The Sentara mobile mammography van was onsite for mammogram screening.</p> <p data-bbox="821 697 1490 940">--Nineteen staff participated in the 2018 United Way Day of Caring. The team assisted with the Samaritan house which provides shelter and assistance to abused spouses and families. The team's efforts resulted in the beautification of both inside and outside two safe houses. In addition, an area of trees and shrubs were cleared from around the headquarters building.</p> <p data-bbox="821 1016 1490 1117">-The Samaritan House Director of Development and Resources briefed the SPAH Leadership on their mission and specific needs at a Managers meeting.</p> <p data-bbox="821 1159 1490 1293">-The Director of the Mother/ Baby unit is the chair of the Virginia Beach Health Services Board. Discussions this quarter include: opioid addiction in Virginia Beach, mental help support, and the homelessness issue.</p> <p data-bbox="821 1339 1490 1726">-The Director of Mission continues as a member of the Healthy Virginia Beach Steering Committee. This group is involved with creating a Healthy Behaviors Community Health Improvement Plan (CHIP) for Virginia Beach. The Healthy Behaviors goal is to "promote healthy behaviors to decrease chronic disease." This goal has three objectives: increase physical activity, improve healthy eating (fruits and vegetables), and implement a healthy vending policy. Strategies are being evaluated for accomplishing these objectives</p> <p data-bbox="821 1768 1490 1902">-In addition, The Director of Mission has joined the Healthy Aging sub- group. The healthy Virginia Beach goal for the aging and elderly is "to improve the health and well- being of the aging population."</p>



Health Problem	Three Year Implementation Strategies	Progress
	<p>-Integrate and educate on the top health needs by promoting wellness, prevention, and awareness in a collaborative effort among hospital staff, physicians, and community advisors.</p>	<p>Specifically,</p> <ul style="list-style-type: none"> <li>-reduce the morbidity and costs associated with, and maintain or enhance the quality of life for persons with dementia, including Alzheimer’s disease.</li> <li>-Improve the health, function, and quality of life of older adults. The next step is to determine and evaluate strategies for accomplishing these objectives.</li> </ul> <p>- An Advance Care Planning week was arranged in April for the hospital staff and patient/family members. Staffs from the Palliative Care team and the Ethics committee were available for questions and assistance in filling out the ACPs throughout the week. A total of 52 Advance Care Plans were filled and given to registration for inclusion in the patients’ records.</p> <p>-increase the number of organizations in Virginia Beach that provide evidence-based fall prevention programs, i.e. “A Matter of Balance” training.</p> <p>-SPAH provided community outreach by setting up tables and support staff for the “National Night Out” held on 7 August at the Green Run High School. Tables included: Skin/ prostate cancer information/ Advance Care Planning/ Palliative Care/ Hospice/ Birthing Doulas, Healing Therapies/ Blood Pressure Screening, stroke education, and the Dean Ornish program. Approximately 500 people in attendance.</p> <p>-Hired an outpatient Dietician to provide consultation and education on nutritional awareness for under nourished, obese, or diabetic patients. The Dietician has developed an outpatient program and partnered with the Diabetes Educator to teach classes.</p>
<p>Problem #1 <b>Diabetes</b></p>	<p>-Provide monthly outpatient Diabetes Management classes.</p>	<p>-Two outpatient classes have been held with an attendance of 10 in January, 6 in March, 8 in May, 8 in June, 6 in July, 15 in September, 4 in October, 4 in November, and 1 in December. This class was offered 6 times this year.</p> <p>-Recently hired an outpatient registered dietician for the hospital. She provides guidance to patients on a weekly basis at the rate of approximately 5 per week. In November she began working closely with in-patients to assist in transitioning them to outpatient classes.</p>

Health Problem	Three Year Implementation Strategies	Progress
	<p>-Evaluate offering Outpatient Diabetes Management Classes free of charge to qualifying participants in partnership with Virginia Beach Free Care Clinic and Chesapeake Free Care Clinic.</p>	<p>-A new brochure has been developed to enhance the knowledge of our outpatient programs. The diabetic educator is working closely with the nutritionist. A recently hired Dietician will be working closely with the Diabetic educator.</p> <p>-Continuing to evaluate developing this outpatient opportunity in the clinic setting with at 2019 startup goal.</p>
<p>Problem #2 <b>Obesity</b></p>	<p>-Offer "Taste of Ornish" educational opportunity to patients and staff.</p> <p>-Continue to work with Princess Anne Hospital Café to include more low fat, plant based options for our staff and visitors as an alternative to high fat fried foods.</p> <p>-Continue to support the community garden initiative.</p>	<p>-Continued efforts to sell local produce, fruits and vegetables, from the Farmer's Market to customers and staff in the hospital cafeteria.</p> <p>-SPAH food service has begun training in the nutritional and dietary requirements of the Healthways/Dean Ornish program. Several vegetarian cooking demonstrations have been implemented following the Dean Ornish nutritional requirements.</p> <p>-Continued introducing a "super-food" of the month in the hospital cafeteria. The daily menu contains a variety of items made with the "super-food." January featured citrus, February, chiles/fish, March, whole grains, April had herbs and spices, May, leafy greens, June, berries, July featured tomatoes, August, apples, September, pumpkins, October, pumpkin, November, squash, and December, cranberries.</p> <p>-The SPAH Community Garden formulated a mission statement, "to create a welcoming space to teach and celebrate the benefits of healthy nutrition through sustainable gardening." A horticulturist from Tidewater Community College proposed a blueprint for a sustainable garden through the use of tree guilds. A variety of fruit trees, fruit bearing shrubs, and vegetables are being purchased for planting in May.</p> <p>-A variety of fruit trees, fruit bearing shrubs, and vegetables were purchased for planting in May. A total of 56 beds were planted with vegetables/flowers.</p>

Health Problem	Three Year Implementation Strategies	Progress
	<p data-bbox="456 1016 779 1115">-Create a one mile walking pathway around hospital for staff and visitors.</p> <p data-bbox="456 1304 766 1436">-Evaluate removing fryers from café and offering baked instead of fried items.</p>	<p data-bbox="821 268 1490 443">Several of the hospital units have reserved beds for planting vegetables. Several graduates of the Dean Ornish program have planted vegetable beds and are sharing their success and interest with the current Dean Ornish cohort.</p> <p data-bbox="821 520 1479 764">-The community garden continues to thrive, producing an abundant harvest of vegetables including: eggplant, varieties of lettuce, tomatoes, spinach, zucchini, squash, green beans, okra, and cucumbers. Five large containers of excess vegetables were shared with the Judeo- Christian outreach center in Virginia Beach. This center provides food to the needy.</p> <p data-bbox="821 804 1479 940">-Ornish Program alumni maintained several beds in the community garden at SPAH over the summer in 2018. For several it was the first time that they had grown a plant from seed to produce.</p> <p data-bbox="821 1016 1474 1083">-Evaluation began on the feasibility of creating a pathway to provide exercise for both staff and visitors.</p> <p data-bbox="821 1123 1484 1260">-Established both an indoor and outdoor 1 mile walking path for both staff and visitors to provide physical fitness all year long. Directions and areas of the path are clearly marked.</p> <p data-bbox="821 1299 1468 1474">-All fryers have been removed from the Café kitchen. Chicken fingers, onion rings, fries, and sweet potatoes are now baked. This supports improving the health of all staff, patients, and visitors.</p>
<p data-bbox="188 1520 430 1614"><b>Problem #3 Heart Disease/High Blood Pressure</b></p>	<p data-bbox="456 1520 795 1829">-Continue to provide quarterly community based seminars on the benefits of eating a plant-based low fat, heart healthy diet in the form of the “Taste of Ornish” event in partnership with Sentara Community Outreach.</p>	<p data-bbox="821 1520 1484 1724">-On February 3<sup>rd</sup> the Princess Anne Health campus participated in the AHA Go Red for Women day to raise awareness about the incidence of heart disease and stroke in women. Many of those who wore red posed for a photo opportunity in the main lobby of the hospital.</p> <p data-bbox="821 1764 1468 1898">-On February 13<sup>th</sup> the staff of the Ornish Lifestyle Medicine Program participated in both the SVBGH Heart Fair as well as hosting another “Taste of Ornish” event at the Westin Virginia Beach at Town Center.</p>

Health Problem	Three Year Implementation Strategies	Progress
	<p data-bbox="456 411 782 583">-Continue supporting Yoga for Cancer, Cancer Support Groups, Look Good/ Feel Better, and Unique Boutique programs.</p> <p data-bbox="456 1692 797 1791">-Support Relay for Life, Light the Night, Race for Breath cancer awareness events.</p>	<p data-bbox="821 268 1479 441">There were 230 attendees at this event where Dr. Pani and Chris Manetz presented about the benefits of the Ornish Program and lifestyle medicine and a whole foods plant based meal meeting the Ornish program dietary criteria was served for dinner.</p> <p data-bbox="821 485 1479 688">-On February 14<sup>th</sup> the Princess Anne Hospital Ornish Program staff supported the SAMC Heart Fair. On February 15<sup>h</sup> the Ornish Program staff supported the Sentara Heart Hospital Heart Fair. On February 24<sup>th</sup> the Ornish Program staff participated at the Green Run Community Health Fair.</p> <p data-bbox="821 732 1463 795">- In April A Dean Ornish presentation was given at the statewide VACVPR conference in Richmond VA.</p> <p data-bbox="821 840 1474 1043">- In May an Ornish presentation was given to Sentara Virginia Beach General Hospital for the Stroke Support group. Dr. Panigratha lectured presented about the benefits of the Ornish Program and lifestyle medicine and a demonstration was given on whole foods plant based meals.</p> <p data-bbox="821 1087 1484 1186">-In May an Ornish presentaion was provided to the “Go Red for Women” yearly meeting/luncheon in Newport News VA.</p> <p data-bbox="821 1230 1451 1293">-In May a featured story on the Dean Ornish lifestyle program was given on WAVY television news.</p> <p data-bbox="821 1337 1468 1436">-In June, the staff of the Ornish Lifestyle Medicine Program, participated in the Sentara Leigh Health Fair with over 300 in attendance.</p> <p data-bbox="821 1480 1463 1617">-In the Fall, 2018, Ornish in services were given at the Therapy Center in Grassfield, for the Integrated Care Team at Careplex Hospital, and for the Patient family advisory Group at Leigh Hospital.</p> <p data-bbox="821 1661 1474 1864">-In June a Cancer Survivor Day was held as a collaborative effort between SPAH and SVBGH. Cancer patients and survivors were invited to attend. This event was highlighted as “Survivorship on Canvas”. Attendees participated in painting a series of six beautiful canvases that formed a sailboat.</p>

Health Problem	Three Year Implementation Strategies	Progress
	<p>-Expand the Ornish Heart Disease Reversal Program to multiple simultaneous cohorts once the new space for the program is renovated in early 2017.</p> <p>-Continue to provide quarterly community based seminars on the benefits of eating a plant-based low fat, heart healthy diet in the form of the “Taste of Ornish” event in partnership with the Princess Anne Family YMCA.</p>	<p>-Sentara sponsored a table at the annual VAVCPR conference where traditional cardiac rehab and intensive cardiac rehab (Ornish) were highlighted.</p> <p>-The Ornish team also supported the Green Run National Night Out on August 7th with a sponsored table including recipe cards with whole foods plant based recipes as part of a scavenger hunt for the several hundred participants.</p> <p>- Planning started for a “Nutrition as Medicine” conference, planned for the fourth quarter 2018, with a powerhouse group of nationally known speakers on the benefits of eating a plant based diet. The speakers would include: Dr. Dean Ornish, Dr. T. Colin Campbell, and Dr. Neil Barnard (Physicians Committee for Responsible Medicine) among others.</p> <p>-Ornish Program alumni maintained several beds in the community garden at SPAH over the summer in 2018. For several it was the first time that they had grown a plant from seed to produce.</p> <p>-In June SPAH staff participated in the Relay for Life event held locally.</p> <p>-Both SPAH staff and Ornish graduates participated in the American Heart Association Heart Walk at Mt. Trashmore.</p> <p>-The third quarter, 2018, ended with the significant milestone with the launch of the Ornish cohort #20. There are now simultaneous cohorts during the week. The program continues to produce exciting results in all heart risk factors. A total of 187 Ornish participants have completed the program with an 89% graduation rate.</p> <p>-Sentara sponsored a table at the annual VAVCPR conference where traditional cardiac rehab and intensive cardiac rehab (Ornish) were highlighted.</p> <p>-The Ornish team also supported the Green Run National Night Out on August 7th with a sponsored table including recipe cards with whole foods plant</p>

Health Problem	Three Year Implementation Strategies	Progress
		<p>based recipes as part of a scavenger hunt for the several hundred participants.</p> <p>-The Ornish Program was a major feature at the “Nutrition as Medicine” Conference held in Virginia Beach and sponsored by Sentara. Over 950 people attended. The “Nutrition as Medicine” conference, held in November, had a powerhouse group of nationally known speakers on the benefits of eating a plant based diet. The speakers would include: Dr. Dean Ornish, Dr. T. Colin Campbell, and Dr. Neil Barnard (Physicians Committee for Responsible Medicine) among others.</p>
<p>Problem #4</p> <p><b>Cancer</b></p>	<p>-Offer Sentara “Don’t Sit on Colon Cancer” 5k run.</p> <p>-Continue supporting Yoga for Cancer, Cancer Support Groups, Look Good/ Feel Better, and Unique Boutique programs.</p> <p>-Support Relay for Life, Light the Night, Race for Breath cancer awareness events.</p> <p>-Continue supporting Yoga for Cancer, Cancer Support Groups, Look Good/Feel Better and Unique Boutique programs.</p> <p>-Evaluate and support skin cancer, thyroid/oral cancer, and prostate cancer screenings.</p>	<p>-Successful Colon Run/Walk and educational fair held on hospital grounds with excellent community participation.</p> <p>-In June a Cancer Survivor Day was held as a collaborative effort between SPAH and SVBGH. Cancer patients and survivors were invited to attend. This event was highlighted as “Survivorship on Canvas”. Attendees participated in painting a series of six beautiful canvases that formed a sailboat.</p> <p>-In June SPAH staff participated in the Relay for Life event held locally.</p> <p>-The SPAH Auxiliary continues to support the Unique Boutique. This endeavor provides wigs, hats, scarves, and make-up for those undergoing chemotherapy for cancer. This continues to be a worthwhile and appreciated venture.</p> <p>-Skin cancer brochures and information on a variety of cancers were given out at the “National Night Out” held in August.</p> <p>-The Oncology navigator followed 228 individual oncology patients. She provides emotional support, aided in the navigation of care, connected patients with financial support, and helped remove any potential barriers for patients.</p>

Health Problem	Three Year Implementation Strategies	Progress
<p>Problem #5</p> <p><b>Aging Services/ Senior Health</b></p>	<p>-Explore working with Senior Services to provide transportation to seniors in need.</p> <p>-Evaluate feasibility of providing Tai Chi/ Yoga classes for strength and balance to seniors in the community.</p> <p>Offer Advance Care Planning presentations to civic groups and faith based organizations.</p> <p>-Stress importance and significance of Palliative Care and Hospice to community.</p>	<p>-SPAH partnered with the Hampton Roads Transit to evaluate the need to improve access to the hospital for the community. Public Transportation stops were added to existing routes, thereby providing a public transportation means to the front door of the hospital and to the providers on campus.</p> <p>-In January a Yoga class was started for SPAH employees. Class participation continues to increase with a second class offered in the evening, with approximately 10-15 in attendance per each class. Classes are open to Dean Ornish Program graduates. A Chair Yoga class is being considered for seniors with balance and strength issues.</p> <p>-The Director of Mission and a SPAH Auxiliary/volunteer became certified instructors in the “A Matter of Balance” course for seniors at the Southwestern Senior Services center. This course was recommended by the Virginia Beach Health Dept as an excellent class for seniors with balance/ strength issues. An initial class was given to seniors in the local area with excellent response (26 participants.)</p> <p>-A training session was held for the Virginia Beach Health Department employees and the Healthy Virginia Beach Steering Committee on the importance of Advance Care Planning.</p> <p>-A training session was held for the Viet Nam Veterans Chapter 969 in Virginia Beach and a senior group at a local church on the importance of Advance Care Planning. A total of 86 from both functions attended.</p> <p>-An Advance Care Planning / Palliative Care/ Hospice night was given at the Vietnam Vets monthly meeting in July. There were 52 in attendance.</p> <p>- SPAH staff sponsored two tables and gave out information regarding Advance Care Planning, Palliative Care, and Hospice to over 150 people at the “National Night Out” held in August at Green Run High School.</p>