Sentara Virginia Beach General Hospital

Community Health Needs Assessment 2019

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Sentara Virginia Beach General Hospital

Community Health Needs Assessment (CHNA)

2019

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Introduction

Sentara Virginia Beach General Hospital (SVBGH) 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:

- **Chronic Disease (Cancer, Heart Disease, Stroke, Diabetes)**
- **Behavioral Health (Mental Health, Substance Abuse, Opioid Addiction)**
- **Social Determinants of Health (including Food Access) and Community Partnerships**

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.

SVBGH 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.

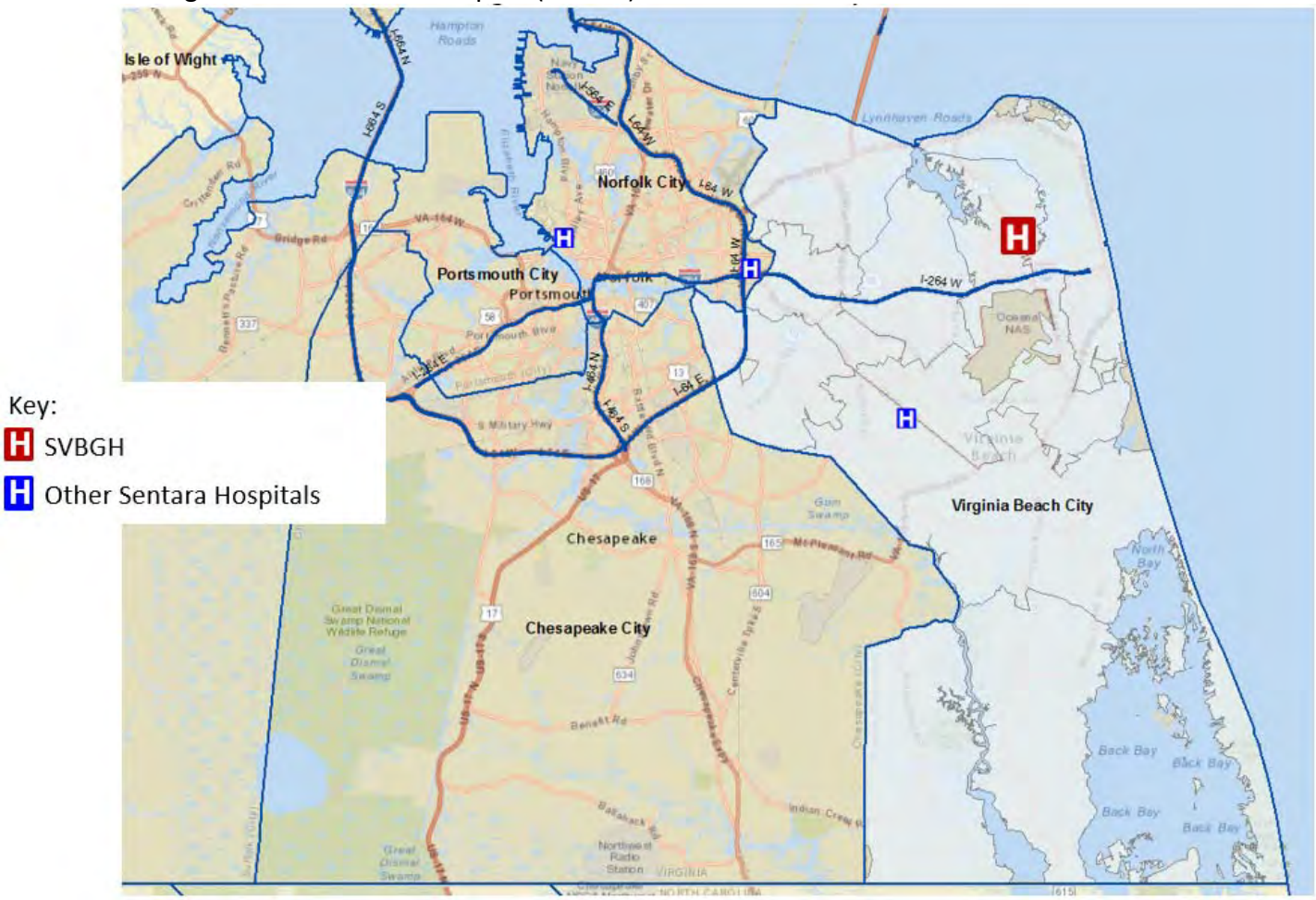
Your input is important to us so that we can incorporate your feedback into our assessments. You may use our online feedback form available on the Sentara.com website. Thanks!

Demographic Information

Population

Highlight Population: The population of the Sentara Virginia Beach General Hospital (SVBGH) service area numbers over 455,000 people. The service area of SVBGH runs along the east coast of South Hampton Roads, and includes coastal as well as inland communities. Virginia Beach is the most populous city in the service region and in Virginia. The population of Virginia Beach is more than 5% of the population of Virginia as a whole.

The Sentara Virginia Beach General Hospital (SVBGH) Service Area:



Source: Truven/Market Expert

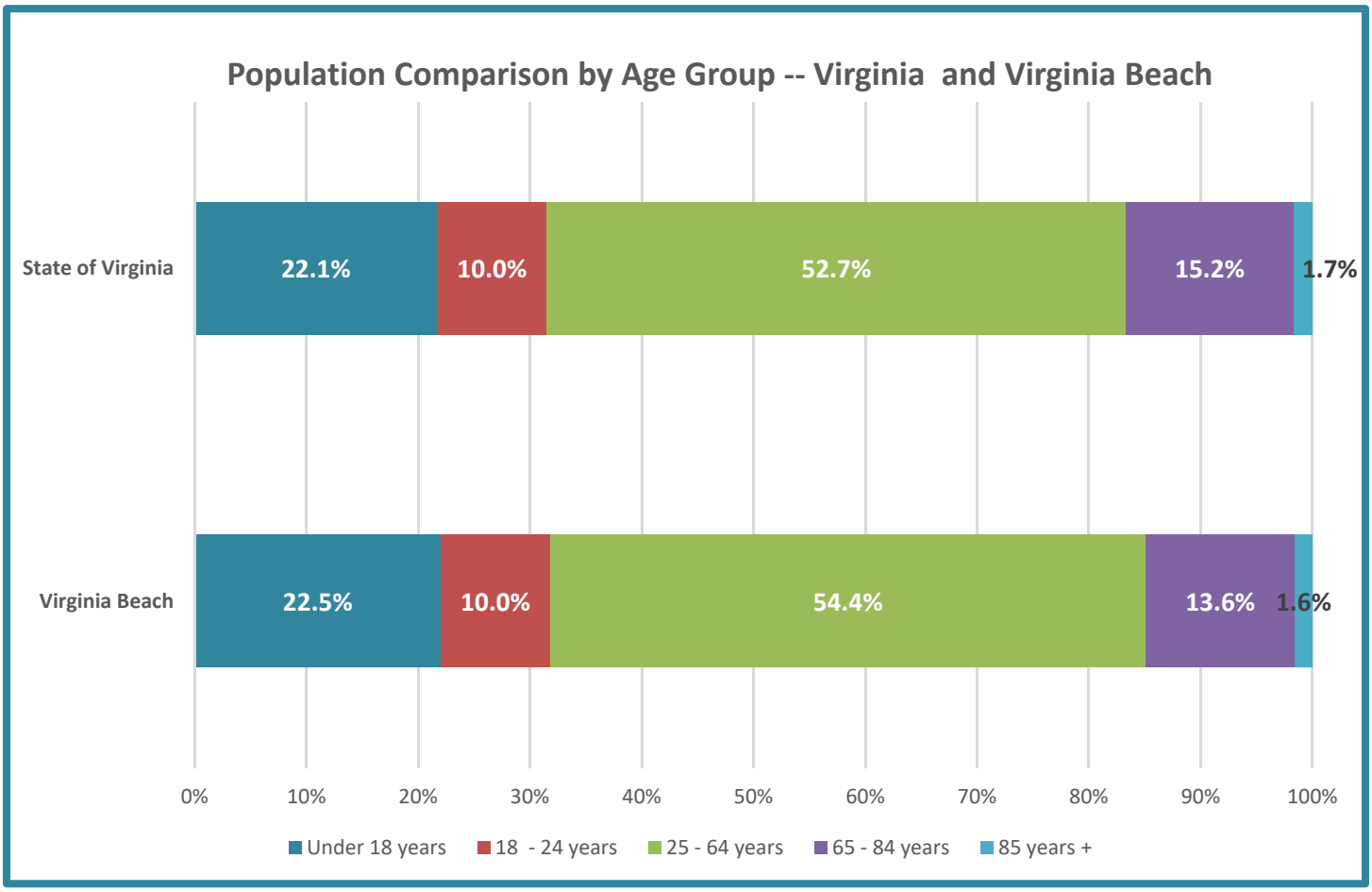
Population Change		
Locality	**Total Population**	**% Change 2010-2018**
State of Virginia	8,492,022	6.1%
Virginia Beach	455,533	4.0%

Highlight Population Change: In the last 8 years, Virginia Beach has seen moderate growth at 4%, slightly less than the 6% growth of Virginia's population, while the Hampton Roads population has seen healthy growth, primarily driven by neighbor Chesapeake's 9% growth.

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

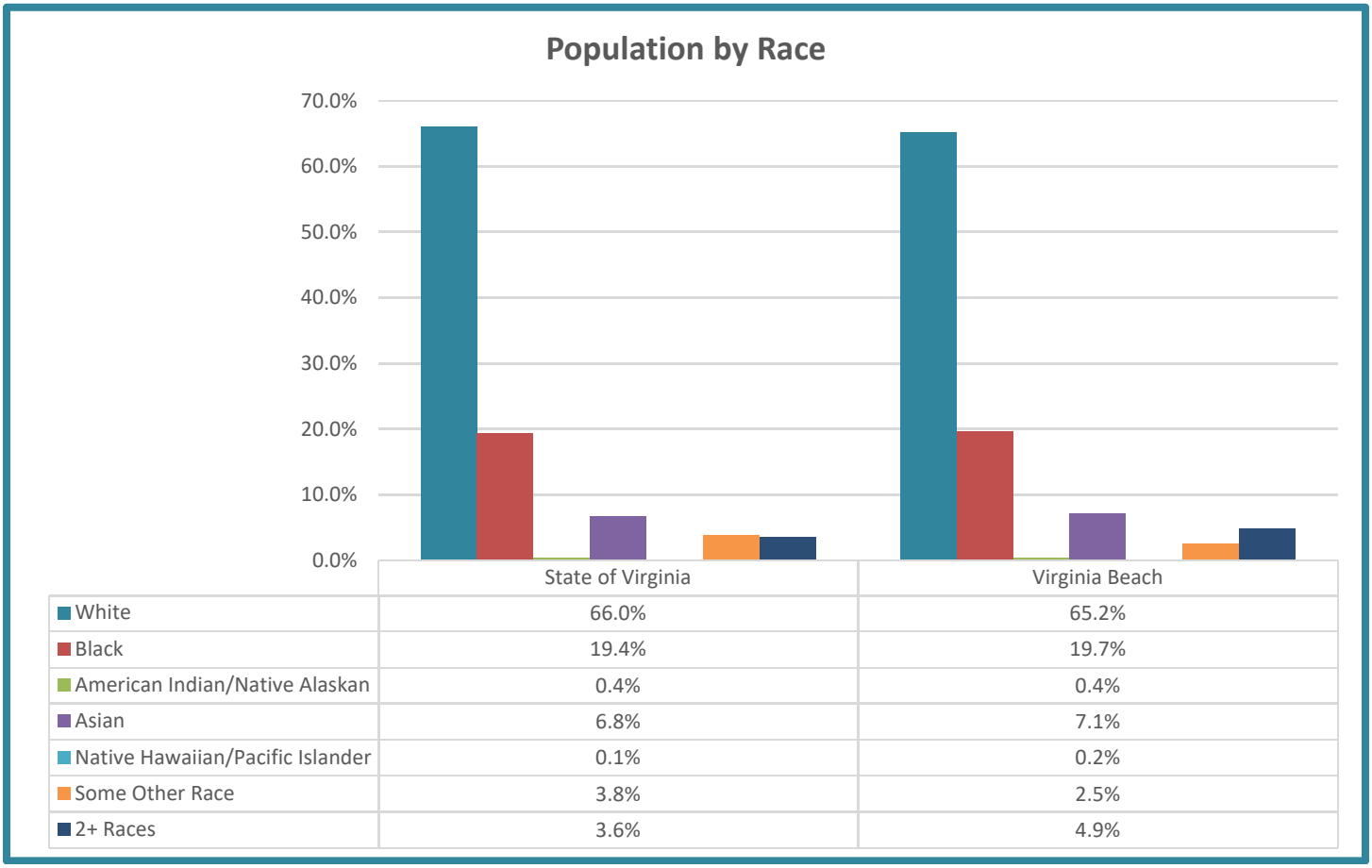
Population by Age

Highlight Population and Age: The age of the Virginia Beach population closely mirrors the age segmentation of Virginia as a whole, with a slightly higher percent of children and working age adults, and a slightly lower percent of the population at 65+ years.

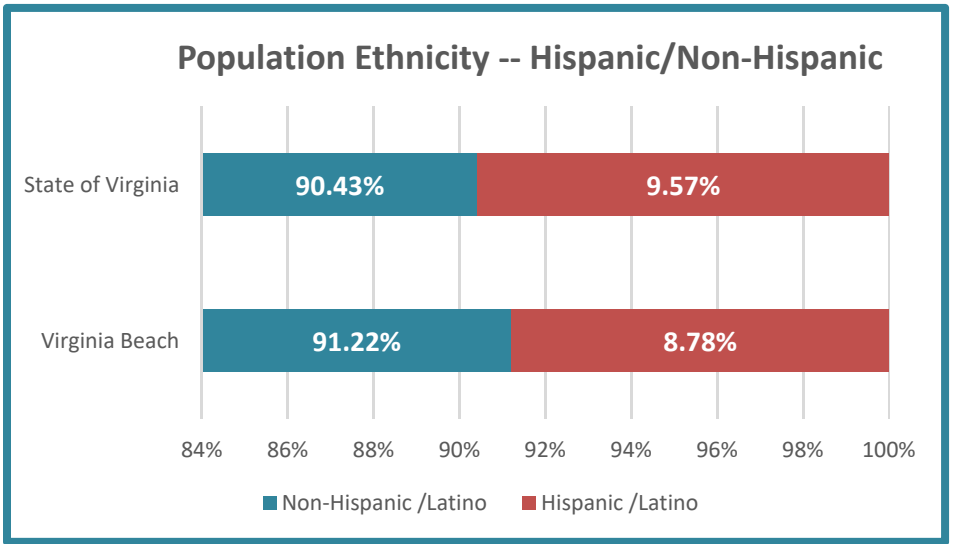


Population by Race and Ethnicity

Highlight Population and Race: The population of Virginia Beach is overwhelmingly white and black, with diversity expressed as a 12% combined non-white or black population. Virginia is only slightly more diverse, with a slightly higher Asian population and more individuals identifying as multiracial.
Highlight Population Ethnicity: Virginia Beach is home to a Hispanic community that includes 8.8% of the population. This is the largest percent Hispanic population in South Hampton Roads, followed by Norfolk with 8.2%. The state of Virginia as a whole has a larger (more than 9%) Hispanic community.

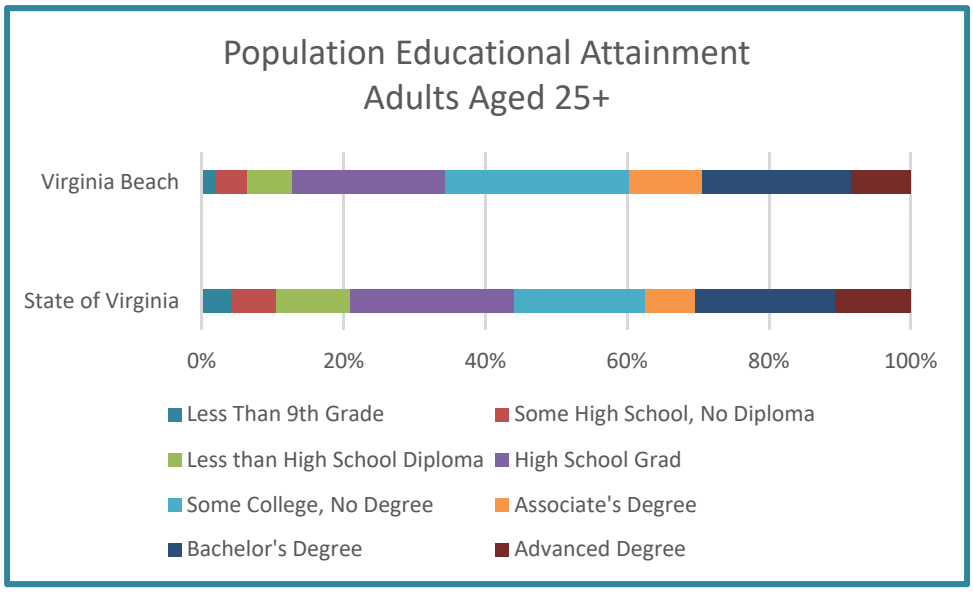


	State of Virginia	Virginia Beach
White	66.0%	65.2%
Black	19.4%	19.7%
American Indian/Native Alaskan	0.4%	0.4%
Asian	6.8%	7.1%
Native Hawaiian/Pacific Islander	0.1%	0.2%
Some Other Race	3.8%	2.5%
2+ Races	3.6%	4.9%



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. Virginia Beach has a substantially better educated population than Virginia as a whole, with only 6.6% having less than a high school diploma vs. Virginia's 11.2%. Virginia Beach has higher levels of educational attainment throughout the Associate's degree and Bachelor's degree levels, and only with advanced degrees does Virginia as a whole exceed Virginia Beach.



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%

Income and Poverty

Highlight Income by Race: While simple poverty rates tell us something about the residents of the service area, by inserting race as a factor we see the racial disparities that constrain residents of the service area in their ability to support and sustain healthy, functioning households for themselves and their children. As with Virginia as a whole, black individuals residing in the service area are likely to have income that is approximately 70% of the general household income and approximately 74% of the income of white households.
Highlight Income by Ethnicity: Similar to the disparity in income by race, income for Hispanic residents of the service area is substantially lower than for the service area as a whole (at 84% of the median income for all races), even lower compared to the income for white residents (79% on the income for white households), but is still higher than the income of black residents.

Median Household Income by Race/Ethnicity				
	White	Black	Hispanic	All Races
State of Virginia	$ 76,180	$ 49,110	$ 65,576	$ 71,167
Virginia Beach	$ 75,038	$ 55,476	$ 59,639	$ 70,700

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 Virginia Beach 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. Virginia Beach has a lower level of acute poverty than Virginia as a whole, with relatively lower rates of families living below either 100% or 200% of the federal poverty level, but a slightly higher level of what might be considered lower middle class living below 400% of the FPL.

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

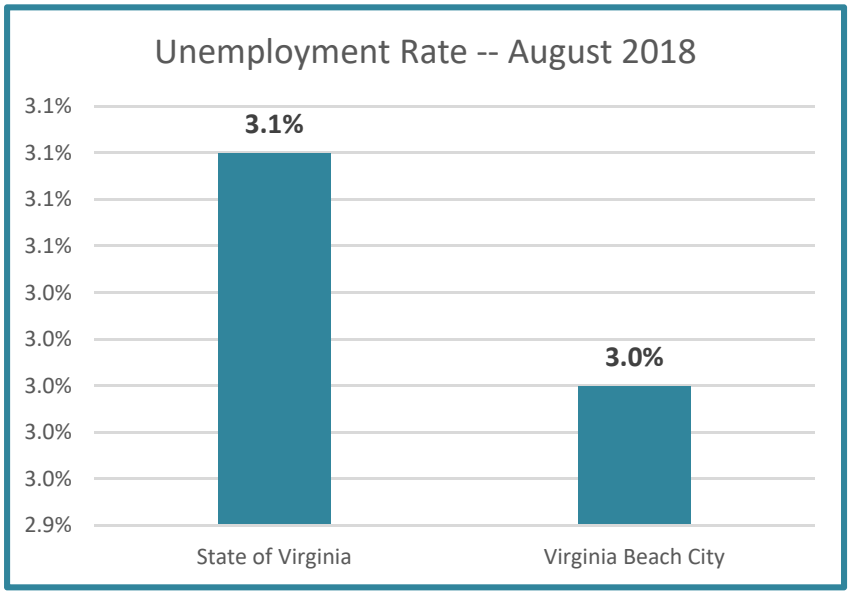
Source: US Department of Health and Human Services

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%

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 Virginia Beach, which has a large population and slightly lower unemployment than Virginia as a whole is a mitigating factor in measuring unemployment throughout South Hampton Roads.



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 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.

Virginia Beach Top Ten Employers (# of Employees)
City of Virginia Beach Schools
City of Virginia Beach
Sentara Healthcare
US Department of Defense
Wal Mart
Stihl
Anthem
US Navy Exchange
Professional Hospitality
Food Lion

Source: Virginia Economic Commission, Community Profiles 2018

Health Status Indicators

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

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

A. Mortality Profile

B. Hospitalizations for Chronic and Other Conditions Profile

C. Risk Factor Profile

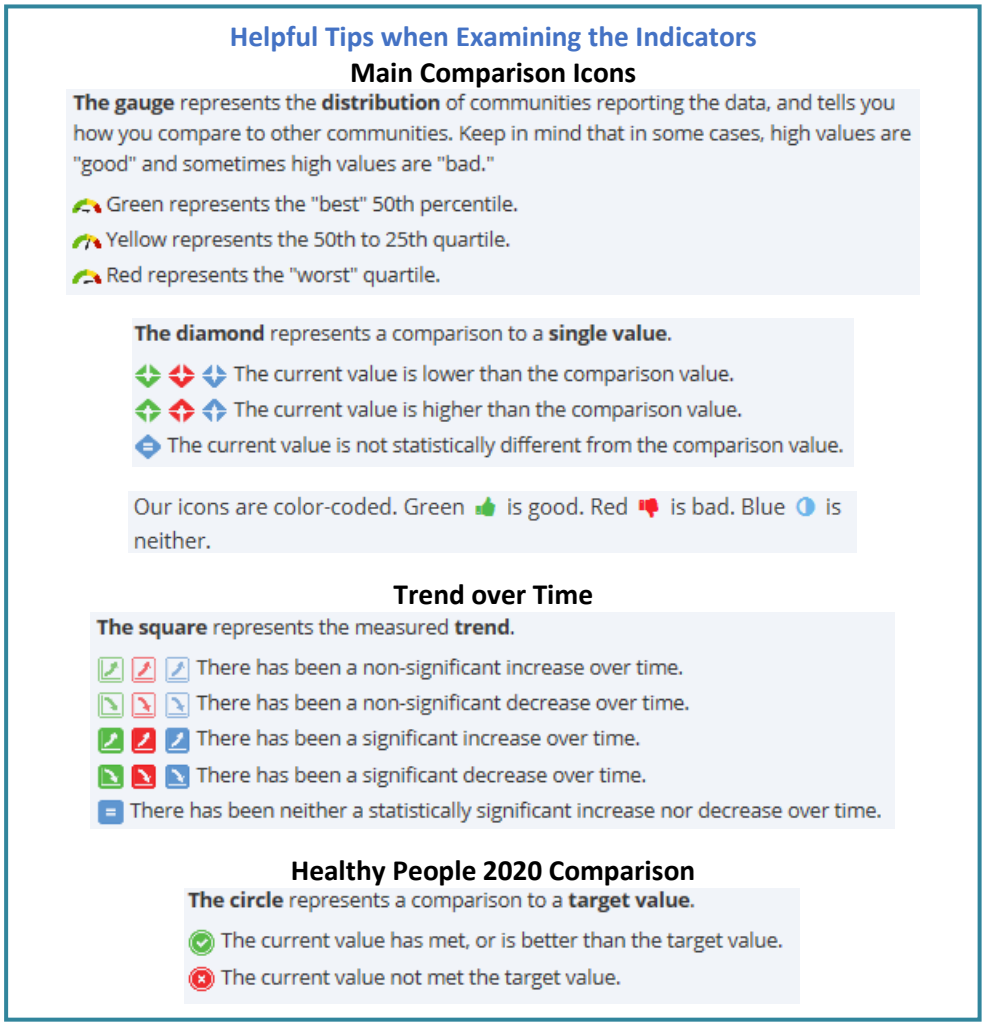
D. Cancer Profile

E. Behavioral Health Profile

F. Maternal and Infant Health Profile

G. Spotlight: Opioid Epidemic

H. Spotlight: Alzheimer's Disease



A. Mortality Profile

Highlights: The leading causes of death in the SVBGH 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 Virginia Beach General Hospital Service Area, 2016

Leading Causes of Death	Virginia Beach	Virginia
Counts		
All Causes	2,995	63,100
Cancer	706	14,646
Heart Disease	599	13,748
Stroke	169	3,202
Accidents	157	3,070
Chronic Obstructive Pulmonary Disease (COPD)	157	3,096
Alzheimer's Disease	125	1,765
Diabetes	117	1,671
Kidney Disease	54	1,542
Blood Poisoning	44	1,336
Influenza and Pneumonia	38	1,490
Crude Death Rates per 100,000 Population		
All Causes	**661.7**	757.8
Cancer	**156.0**	175.9
Heart Disease	**132.3**	165.1
Stroke	**37.3**	38.5
Accidents	**34.7**	36.9
Chronic Obstructive Pulmonary Disease (COPD)	**34.7**	37.2
Alzheimer's Disease	**27.6**	21.2
Diabetes	**25.9**	20.1
Kidney Disease	**11.9**	18.5
Blood Poisoning	**9.7**	16.0
Influenza and Pneumonia	**8.4**	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 SVBGH

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 SVBGH *(more conditions available)*

Highlights: Of the conditions examined, heart failure was the condition with the highest age-adjusted hospitalization rate in Virginia Beach. The rate was higher than the overall Virginia rate. Other top conditions included chronic obstructive pulmonary disease (COPD), community acquired pneumonia, and diabetes. Rates for these other conditions were all lower than the Virginia rates, though.

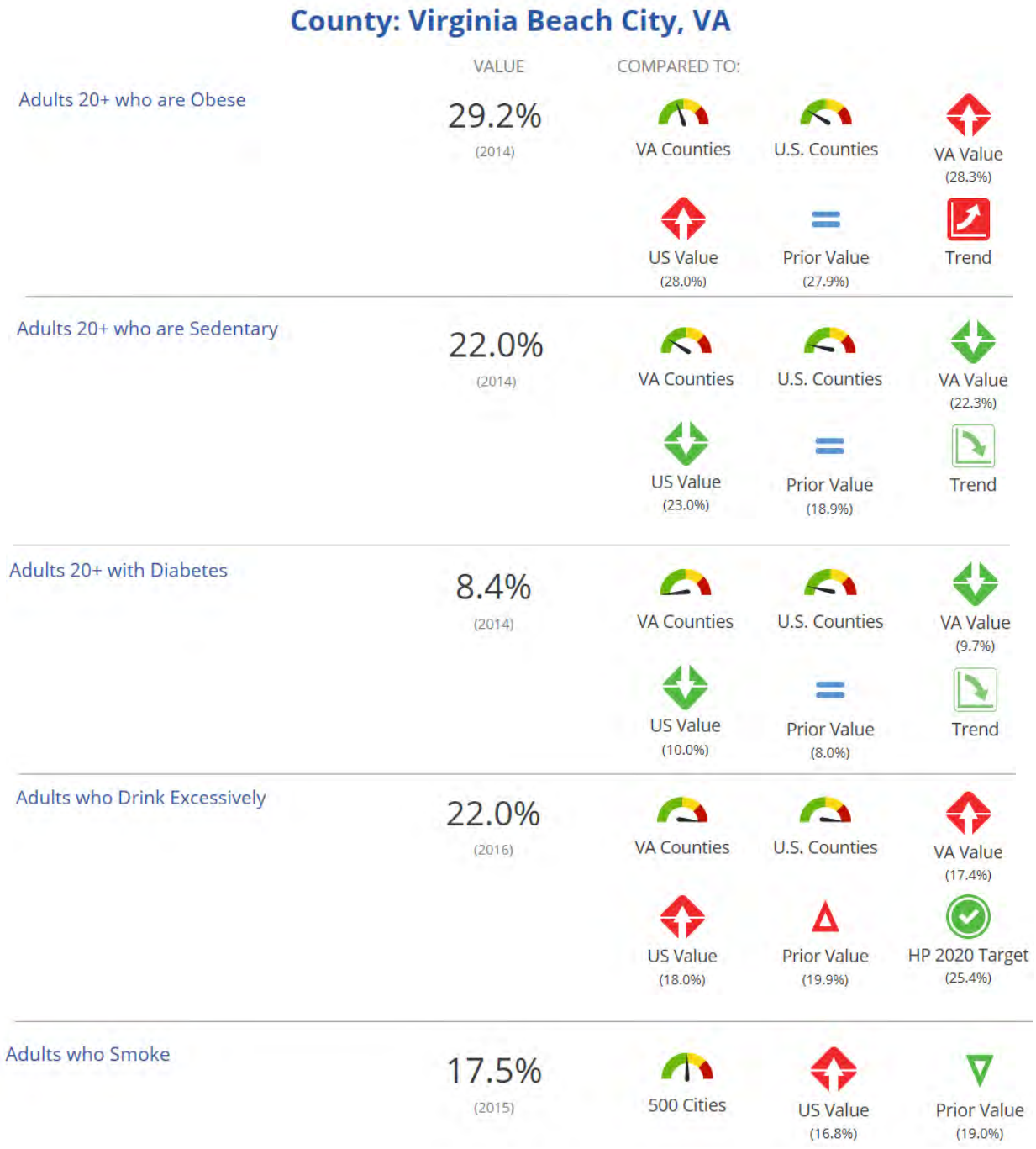
County: Virginia Beach City, VA

	VALUE	COMPARED TO:	
Age-Adjusted Hospitalization Rate due to Heart Failure	40.8 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (36.5)
Age-Adjusted Hospitalization Rate due to COPD	17.2 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (19.2)
Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia	16.2 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (19.6)
Age-Adjusted Hospitalization Rate due to Diabetes	15.6 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (18.9)
Age-Adjusted Hospitalization Rate due to Urinary Tract Infections	13.3 Hospitalizations per 10,000 population 18+ years (2013-2015)	VA Counties	VA Value (14.8)

C. Risk Factors Profile

Link to interactive dashboard: [Risk Factors SVBGH]

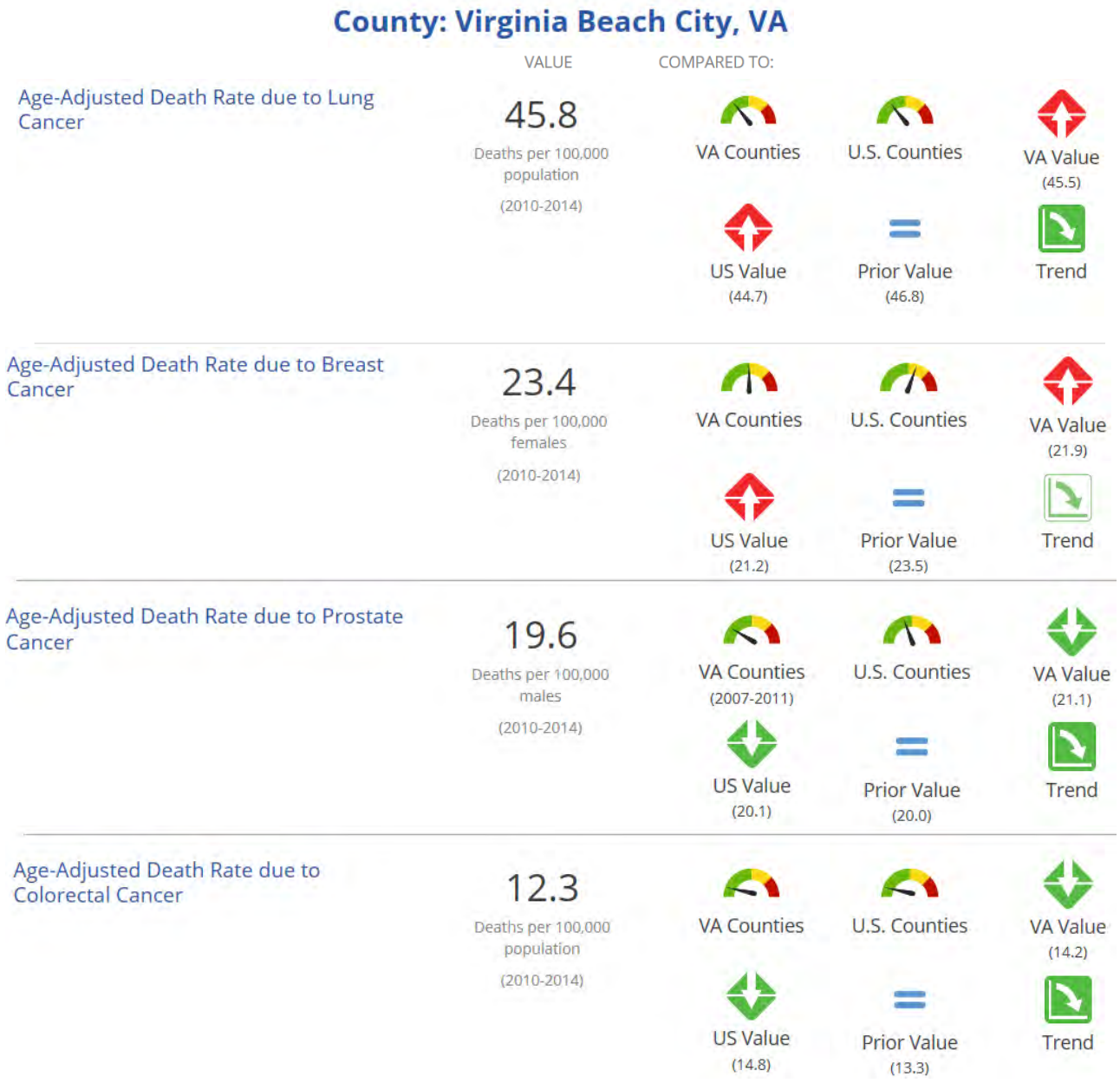
Highlights: The percentage of adults who are obese was slightly greater in Virginia Beach compared to Virginia and the United States (US) overall. The percentage of adults who are sedentary and who have diabetes were lower than Virginia and US values. Among other common risk factors examined, the city of Virginia Beach was in the worst quartile of localities in Virginia and US for the percentage of adults who drink excessively. Additionally, the value had increased from the prior year. Adults who smoke was also higher than cities compared to across the US.



D. Cancer Profile

Link to interactive dashboard: Cancer SVBGH *(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. The mortality rates for lung and breast cancer were higher than the state overall; however, the trends showed improvement over time. Breast followed by prostate and then lung cancer had the highest new or incident case rates. Of the cancers examined, incidence rates were consistently higher than Virginia and US rates and have been getting worse over time (with the exception of prostate and cervical cancers). Notably, Virginia Beach was in the worst quartile of localities in Virginia and the US for breast cancer incidence.



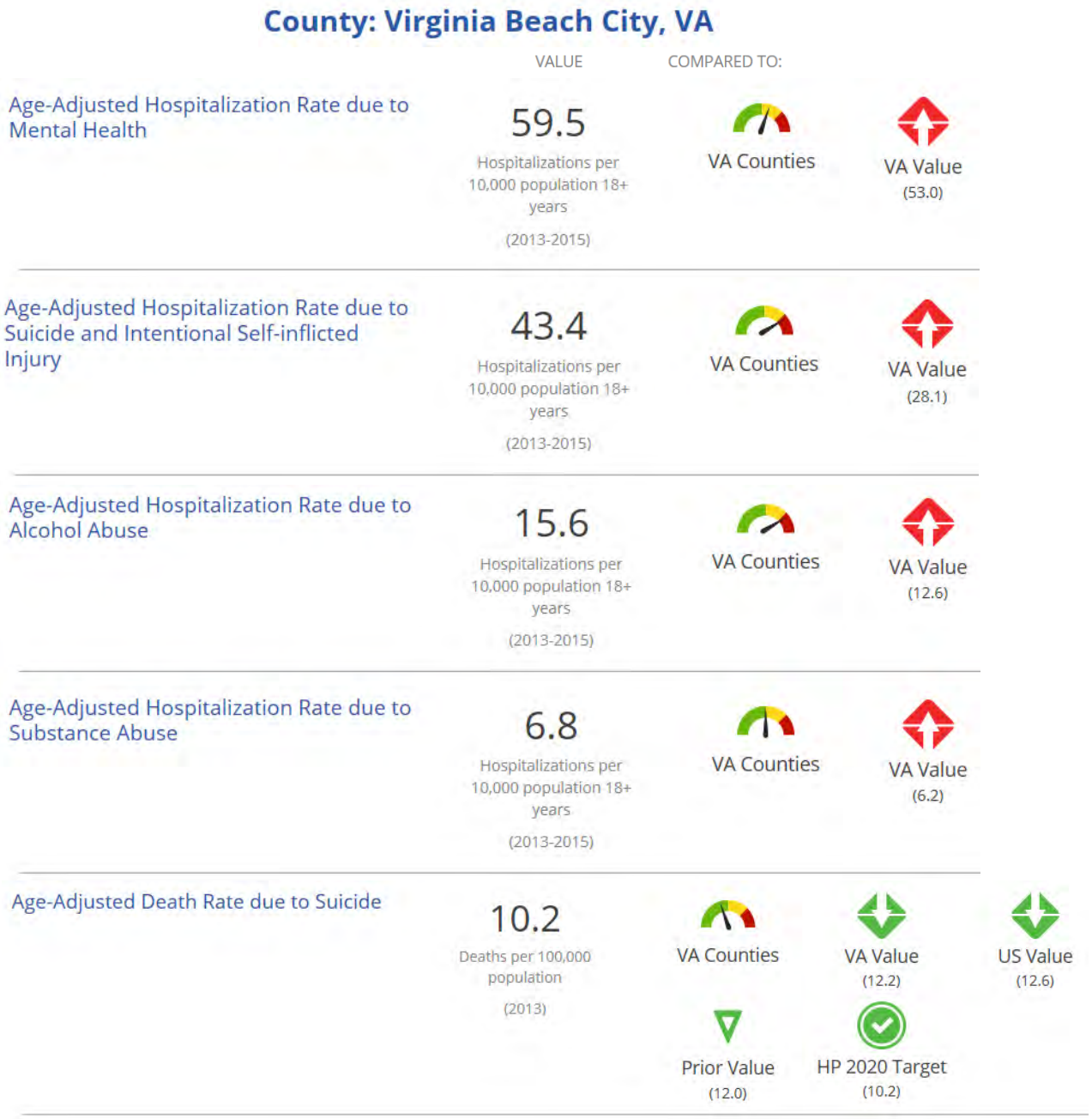
County: Virginia Beach City, VA

	VALUE	COMPARED TO:		
All Cancer Incidence Rate	456.6 Cases per 100,000 population (2011-2015)	VA Counties US Value (441.2)	U.S. Counties Prior Value (453.4)	VA Value (414.3) Trend
Breast Cancer Incidence Rate	145.6 Cases per 100,000 females (2011-2015)	VA Counties US Value (124.7)	U.S. Counties Prior Value (139.6)	VA Value (127.9) Trend
Prostate Cancer Incidence Rate	100.6 Cases per 100,000 males (2011-2015)	VA Counties US Value (109.0)	U.S. Counties Prior Value (108.5)	VA Value (102.8) Trend
Lung and Bronchus Cancer Incidence Rate	69.9 Cases per 100,000 population (2011-2015)	VA Counties US Value (60.2)	U.S. Counties Prior Value (67.3)	VA Value (58.9) Trend
Oral Cavity and Pharynx Cancer Incidence Rate	13.0 Cases per 100,000 population (2011-2015)	VA Counties US Value (11.6)	U.S. Counties Prior Value (13.1)	VA Value (11.0) Trend
Cervical Cancer Incidence Rate	5.8 Cases per 100,000 females (2011-2015)	U.S. Counties Prior Value (6.2)	VA Value (6.2) Trend	US Value (7.5) HP 2020 Target (7.3)

E. Behavioral Health Profile – Mental Health and Substance Abuse

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

Highlights: Hospitalization rates due to mental health, suicide/self-intentional injury, and alcohol/substance abuse were higher in Virginia Beach compared to the overall state rates. Notably, Virginia Beach was 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.



F. Maternal & Infant Health Profile

Link to interactive dashboard: [Maternal & Infant Health SVBGH]

Highlights: Virginia Beach had a higher percentage of babies born with a low birth weight compared to US and Virginia values. However, the infant mortality rate and percentage of mothers who received early prenatal care was better than the US and Virginia values. The teen pregnancy rate was also better than the Virginia rate.

G. Spotlight: Opioid Epidemic

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

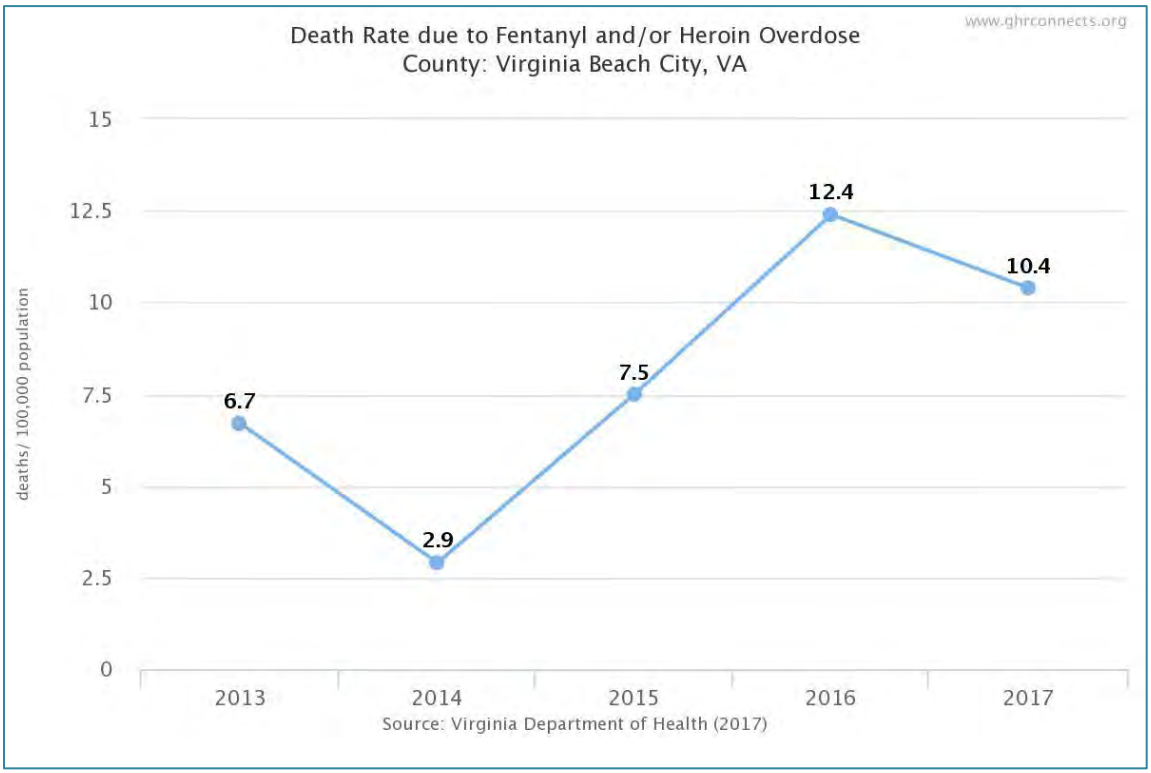
Link to interactive dashboard: Opioid Epidemic SVBGH *(more indicators available)*

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) has been worsening in Virginia Beach. The peak was in 2016, which corresponded with the year the epidemic was declared a public health emergency. The death rate in 2017 due to prescription opioid overdose in Virginia Beach was higher than the state rate; the trend has been significantly increasing over time (2013-2017) with 2017 the worse year for deaths yet.

County: Virginia Beach City, VA

Death Rate due to Fentanyl and/or Heroin Overdose

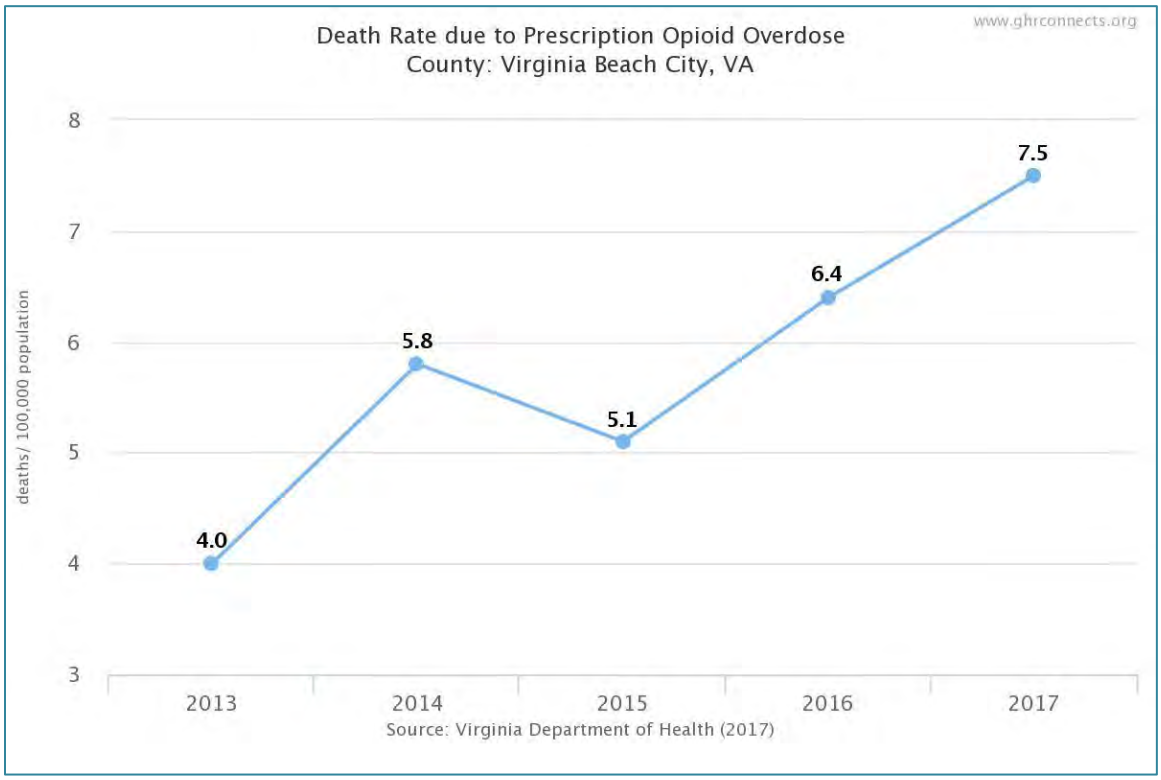
VALUE	COMPARED TO:		
10.4	VA Counties	VA Value (11.0)	Prior Value (12.4)
Deaths per 100,000 population (2017)	Trend		



County: Virginia Beach City, VA

Death Rate due to Prescription Opioid Overdose

VALUE	COMPARED TO:		
7.5	VA Counties	VA Value (5.9)	Prior Value (6.4)
Deaths per 100,000 population (2017)	Trend		

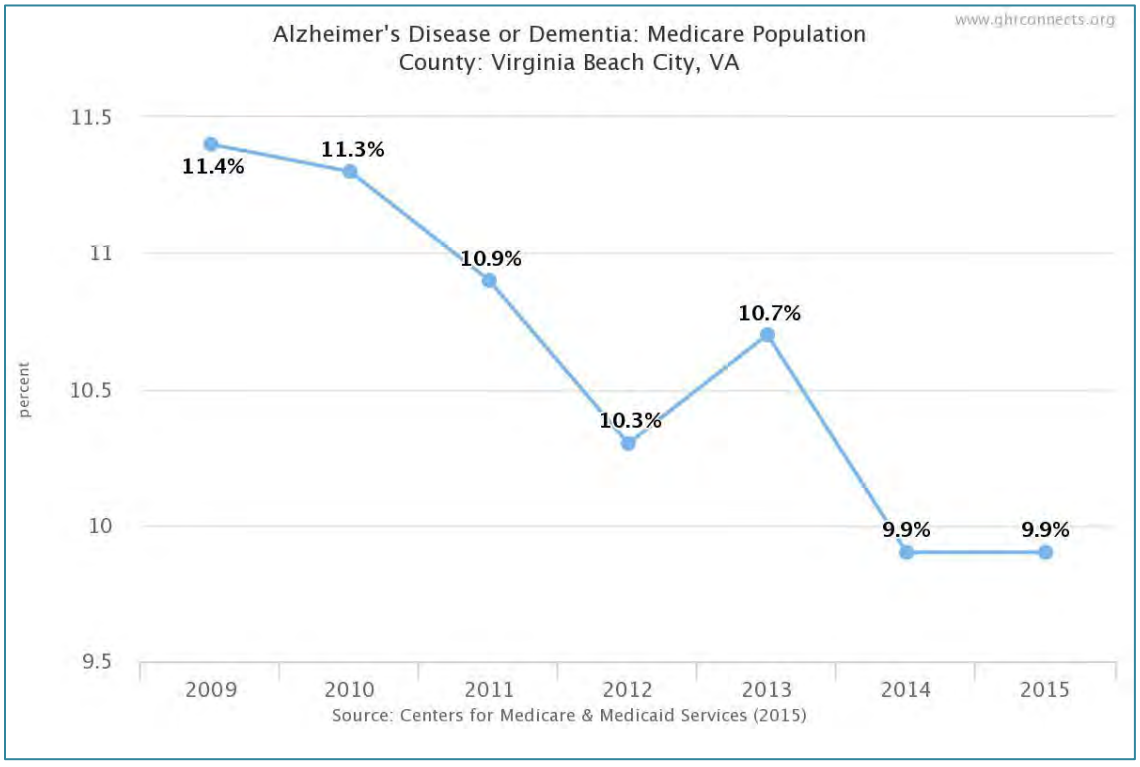


H. Spotlight: Alzheimer's Disease and Dementia

As identified in the mortality profile, Alzheimer's disease was one of only two top causes of death in the SVBGH service area in which the crude death rate was worse than the state rate (27.6 deaths per 100,000 population vs. 21.2 deaths per 100,000 population in Virginia). Alzheimer's disease is the most common form of dementia in the elderly at about 50-80% of all dementia cases. To gain a better understanding of the prevalence of Alzheimer's disease / dementia in the community, the indicator below was selected, which shows the percentage of Medicare beneficiaries who were treated for these conditions.

Link to interactive dashboard: [Alzheimer's Disease SVBGH]

Highlights: The percent of Medicare beneficiaries who were treated for Alzheimer's disease or dementia was higher in Virginia Beach (9.9%) than in Virginia (9.2%) and the same compared to the US (9.9%). Virginia Beach was actually in the worst quartile compared to other localities in Virginia for this indicator. However, the trend has been significantly decreasing over time (2009 to 2015). Compared to other localities in Hampton Roads, Virginia Beach has the fifth highest percentage, behind Norfolk (11.4%), Portsmouth (10.8%), Suffolk (10.7%), Newport News (10.5%), and Chesapeake (10.0%).



Sources

Profile	Data Accessed & Maintained Via	Source/Agency
Mortality Profile	Virginia Department of Health Mortality Data Portal	Deaths – VDH (OIM – Data Management)
Hospitalizations for Chronic and Other Conditions Profile	Healthy Communities Institute. Greater Hampton Roads Community Indictors Dashboard. GHRconnects. http://www.ghrconnects.org/.	Virginia Health Information (VHI)
Risk Factor Profile		County Health Rankings; Centers for Disease Control and Prevention (CDC) 500 Cities Project
Cancer Profile		National Cancer Institute
Behavioral Health Profile		Virginia Health Information (VHI); County Health Rankings
Maternal and Infant Health Profile		Virginia Department of Health, Division of Health Statistics
Spotlight: Opioid Epidemic		Virginia Department of Health
Spotlight: Alzheimer's Disease		Centers for Medicare & Medicaid Services

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 154 stakeholders in the Sentara Virginia Beach General Hospital (SVBGH) 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 SVBGH service area.

The stakeholders responding to the survey represent 30 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. 136 out of the 154 respondents answered this question. The table below presents the roles the respondents play in the community.

Community Roles of Survey Respondents	
Type of Organization	**% Responses**
Healthcare	75.0%
Community Nonprofit Organization (Food Bank, United Way, etc.)	11.0%
Education	3.7%
Business Representative	2.2%
Local Government or Civic Organization	2.2%
Faith-based Organization	0.7%
Financial Institution	0.7%
Foundation	0.7%
Law Enforcement / Fire Department / Emergency Medical Services (EMS)	0.7%

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	senior services of Southeastern Virginia
American Diabetes Association	Sentara Healthcare
Buy Fresh Buy Local Hampton Roads	Sentara Princess Anne Hospital
Catholic Charities of Eastern Virginia	Summit Wellness At The Mount
Champions For Children	The Barry Robinson Center
Children's Hospital of The King's Daughters	Urban League of Hampton Roads
Compassionate Care Hospice	VersAbility Resources
Consortium for Infant and Child Health (CINCH)/EVMS	Virginia Beach Department of Public Health
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 Condo Association
Family & Youth Foundations Counseling Service	
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 154 respondents, 126 provided their concerns for adult challenges. The responses for children's and teen's health concerns follow on subsequent pages.

Most Frequently Chosen Health Concerns -- Adults aged 18+		
Health Concern	**% Responses**	**Rating**
Behavioral / Mental Health (Suicide, ADHD, Anxiety, Depression, etc.)	62.7%	1
Overweight / Obesity	60.3%	2
Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids)	51.6%	3
Heart Conditions (Heart Disease, Congestive Heart Failure / CHF, Heart Attacks / AMI, High Blood Pressure / Hypertension)	46.0%	4
Diabetes	35.7%	5
Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes)	27.0%	6
Cancer	26.2%	7
Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.)	23.8%	8
Dental / Oral Care	23.0%	9
Accidents / Injuries (Unintentional)	14.3%	10
Alzheimer's Disease / Dementia	14.3%	
Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, Gonorrhea, Herpes, etc.)	12.7%	11
Chronic Pain	11.9%	12
Environmental Health (Water Quality, Pollution, Mosquito Control, etc.)	9.5%	13
Prenatal and Pregnancy Care	9.5%	
Respiratory Diseases (Asthma, COPD, Emphysema)	9.5%	
Hunger	8.7%	14
Infectious Diseases (Hepatitis, TB, MRSA, etc.)	6.4%	15
Physical Disabilities	6.4%	
Intellectual / Developmental Disabilities / Autism	5.6%	16
Neurological Conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)	5.6%	
Violence – Sexual and / or Domestic	5.6%	
Drowning / Water Safety	3.2%	17
Bullying (Cyber, Workplace, etc)	2.4%	18

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, eleven 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 physcians to see them due to only having Medicare.
Mental health is a growing populations. Yet there's limited organizations that can screen. Barriers such as appointments, transportations comes into play.
Asthma, COPD and Arthritis
Lack of understanding of community resources that are already available to patients and are under utilized
Age 55+ community. Concerned about all areas affecting senior citizens
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 SVBGH service area from a list of services that are common in communities across the country. Respondents were given the characteristics of improved access, quality of healthcare, and availability of the service as considerations to take into account when making their choices. The responses of 123 individuals are presented in the table on the next page.

Community Healthcare Services that Need to be Strengthened -- Adults aged 18+		
Healthcare Service	**% Responses**	**Rating**
Behavioral / Mental Health Services	62.6%	1
Health Insurance Coverage	48.8%	2
Alcohol / Substance Abuse Services	33.3%	3
Aging Services	30.9%	4
Dental / Oral Health Services	30.1%	5
Chronic Disease Services (Diabetes, High Blood Pressure/ Hypertension)	28.5%	6
Health Promotion and Prevention Services	24.4%	7
Care Coordination and Transitions of Care	23.6%	8
Public Health Services	23.6%	
Self-Management Services (Nutrition, Exercise, etc.)	19.5%	9
Social Services	19.5%	
Long Term Services / Nursing Homes	18.7%	10
Domestic Violence / Sexual Assault Services	15.5%	11
Family Planning and Maternal Health Services	15.5%	
Chronic Pain Management Services	14.6%	12
Primary Care	13.8%	13
Home Health Services	13.0%	14
Cancer Services	11.4%	15
Hospital Services (Inpatient, outpatient, emergency care)	7.3%	16
Telehealth / Telemedicine	7.3%	
Hospice and Palliative Care Services	6.5%	17
Pharmacy Services	4.1%	18
Physical Rehabilitation Services	3.3%	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. The additional concerns of five respondents are listed in the table on the next page.

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

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

Recognizing that partners in the collaboration that produced this survey may serve differing patient populations, and may have a different focus for needed information when addressing community needs, the survey repeated the two questions about adult health concerns and community services needed for children and teens from birth through age 17. Although the questions and intent are the same as the questions for adults, some of the listed health and community service needs are specific to the population aged 17 and under. Of 154 respondents, 122 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)	74.6%	1
Overweight / Obesity	63.1%	2
Bullying (Cyber, Workplace, etc)	41.0%	3
Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids)	37.7%	4
Violence In the Home – Child Abuse (Sexual, Physical, Emotional or Neglect) or Exposure to Domestic Violence	36.9%	5
Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.)	34.4%	6
Dental / Oral Care	22.1%	7
Accidents / Injuries (Unintentional)	20.5%	8
Hunger	20.5%	
Intellectual / Developmental Disabilities / Autism	20.5%	
Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes)	20.5%	
Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, Gonorrhea, Herpes, etc.)	19.7%	9
Teen Pregnancy	18.0%	10
Respiratory Diseases (Asthma and Cystic Fibrosis)	12.3%	11
Drowning / Water Safety	9.0%	12
Diabetes	6.6%	13
Eating Disorders	6.6%	
Environmental Health (Water Quality, Pollution, Mosquito Control, etc.)	4.1%	14
Physical Disabilities	2.5%	15
Cancer	1.6%	16
Heart Conditions (Congenital Heart Defects, Fainting and Rhythm Abnormalities)	1.6%	
Infectious Diseases (Hepatitis, TB, MRSA, etc.)	1.6%	
Neurological Conditions (Epilepsy, Seizures, Tourette Syndrome-TICS, Sleep Disorders)	1.6%	
Chronic Pain	0.0%	17

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

Five 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.
Barriers for organization having to compete vs. complimenting each organizations. leaving the community without other resources out there.
Health promotion should be for children as well.

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

The survey next asked respondents to choose five healthcare services for children and teens that need to be strengthened from a list of common healthcare services. Responses from 120 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	78.3%	1
Parent Education and Prevention Programming	51.7%	2
Child Abuse Prevention and Treatment Services	50.8%	3
Dental / Oral Health Services	35.0%	4
Self-Management Services (Nutrition, Exercise, etc.)	34.2%	5
Foster Care (Supporting children in the system and their host families)	33.3%	6
Health Insurance Coverage	33.3%	
Social Services	30.8%	7
Alcohol / Substance Use Services	30.0%	8
Care Coordination and Transitions of Care	26.7%	9
Public Health Services	25.0%	10
Primary Care	20.0%	11
Home Health Services	8.3%	12
Telehealth / Telemedicine	6.7%	13
Chronic Disease Services (Diabetes, High Blood Pressure/ Hypertension)	5.0%	14
Chronic Pain Management Services	5.0%	
Bereavement Support Services	2.5%	15
Cancer Services	0.8%	16
Physical Rehabilitation Services	0.8%	
Pharmacy Services	0.0%	17

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

Free response additional services to be strengthened were suggested by 10 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 management, developmental disorder support
Cannot emphasize more strongly the lack of adequate mental health resources for children, especially those with public insurance or no insurance.
Services can be strengthened but if parents aren't required to access services, it is of no help. Social Services is difficult to access, as is behavioral/mental health services. There is sufficient access to dental/oral health BUT parents must take minors for services.
Prevention - effective prevention strategies will work if put in place correctly and with integrity. Abuse and violence prevention is the key in reducing incidents of domestic violence and abuse.
Home visiting programs
Community safety services
Majority of what I see, parents support due to lack of support in home.
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 on the next page presents an incomplete list of factors that might influence an individual's access to service. Although the list is brief, it can help clarify and prioritize program design. Of 154 respondents, 124 provided their list of access concerns.

Factors Impacting Access to Care and Services		
Factors	**% Responses**	**Rating**
Costs	84.7%	1
Transportation	72.6%	2
Health Insurance	70.2%	3
Time Off From Work	58.9%	4
Understanding the Use of Health Services	50.8%	5
Childcare	40.3%	6
No / Limited Home Support Network	31.5%	7
Location of Health Services	29.0%	8
Lack of Medical Providers	21.8%	9
Discrimination	4.8%	10
No / Limited Phone Access	4.8%	

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

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

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

Emerging Themes: The lack of providers and 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 154 respondents, 123 answered the next two questions.

Most Vulnerable Populations in the Community Needing Support		
Populations	**% Responses**	**Rating**
Low Income Individuals	53.7%	1
Individuals / Families / Children experiencing Homelessness	48.8%	2
Uninsured / Underinsured Individuals	48.8%	
Caregivers (Examples: caring for a spouse with dementia or a child with autism)	37.4%	3
Children (age 0-17 years)	37.4%	
Seniors / Elderly	36.6%	4
Individuals Struggling with Substance Use or Abuse	35.0%	5
Immigrants or community members who are not fluent in English	29.3%	6
Individuals with Intellectual or Developmental Disabilities	29.3%	
Individuals with Physical Disabilities	16.3%	7
Individuals Transitioning out of Incarceration	15.5%	8
Unemployed Individuals	15.5%	
Victims of Human Trafficking, Sexual Violence or Domestic Violence	15.5%	
Individuals Struggling with Literacy	13.0%	9
Migrant Workers	12.2%	10
Veterans and Their Families	12.2%	
Individuals in the LBGTQ+ community	11.4%	11
Individuals Needing Hospice / End of Life Support	10.6%	12

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

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

Finally, the survey explored the many factors in addition to medical care that determine an individual's health. Collectively called the social determinants of health, these factors are becoming increasingly recognized as contributing both directly and indirectly to individual health through processes as different as the effect of household mold on respiratory disease and the effect of stress from unemployment. The effects of social determinants are sometimes subtle, sometimes only discoverable after a health problem is identified, but often important in explaining health status. Of 154 respondents, 122 addressed this question. Respondents were asked to choose five community assets to be strengthened. Their responses are presented in the table on the next page.

Community Assets that Need to be Strengthened		
Community Assets	**% Responses**	**Rating**
Transportation	52.5%	1
Affordable Housing	50.0%	2
Affordable Child Care	47.5%	3
Healthy Food Access (Fresh Fruits & Vegetables, Community Gardens, Farmers Markets, etc.)	42.6%	4
Homelessness	39.3%	5
Senior Services	30.3%	6
Social Services	28.7%	7
Neighborhood Safety	26.2%	8
Employment Opportunity/Workforce Development	23.8%	9
Walk-able and Bike-able Communities (Sidewalks, Bike/Walking Trails)	21.3%	10
Early Childhood Education	19.7%	11
Social and Community Networks	19.7%	
Safety Net Food System (Food Bank, WIC, SNAP, Meals on Wheels, etc)	18.0%	12
Safe Play and Recreation Spaces (Playgrounds, Parks, Sports Fields)	15.6%	13
Education – Kindergarten through High School	13.9%	14
Education – Post High School	9.0%	15
Environment – Air & Water Quality	7.4%	16
Green Spaces	7.4%	
Public Safety Services (Police, Fire, EMT)	7.4%	
Public Spaces with Increased Accessibility for those with Disabilities	2.5%	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. Ten respondents shared additional ideas, presented in the table below. We appreciate the time and thought that went into each survey response, and are pleased to present the results here for input into service planning throughout the communities of Hampton Roads.

Additional Comments and Additional Information
There are a lot of people I see as a specialist who are just utterly lost in the healthcare maze, and who do not know what to do without being explicitly told, multiple times, and who have no instinct or knowledge on how to advocate for themselves. I try to guide them as I can, but I wish everyone could just have a case manager to push them along. "Did you make an appointment with your PCP? Okay, make an appointment with your PCP. Did they not answer? Okay, call again."
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....
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.
Thank you for allowing me the opportunity to share my concerns
We need early parenting classes in Junior High School, or sooner grades.
I closing, I do have an opinion that Americans work very hard and have many health issues directly related to the work place. There is not enough emphasis put on family, culture and core christian values for fear of offending. It is evident in government. Happy Holidays, as opposed to Merry Christmas. We are so concerned about offending instead of respecting peoples differences and valuing them.
great survey, covered a really wide range of things.

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

Community Input: Life in Hampton Roads Health Survey

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

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

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

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

1. General Health / Access

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

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

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

2. Heathy Behaviors / Prevention

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

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

3. Aging

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

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

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

4. Behavioral Health – Mental Health / Substance Abuse

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

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

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

Survey Demographics

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

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

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

Community Focus Group Session Findings

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

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

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

Five focus group sessions were held in two month(s) 2019. The number of participants ranged from 4 to 15. When possible, representatives from the health department and other local hospitals were invited to attend the sessions.

1. Health Department - WIC
2. SVBGH Patient Family Advisory Council
3. Virginia Beach Housing Resource Center
4. SVBGH Medical Executive Committee
5. Virginia Beach EMS

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

Topic	Key Findings
What are the most serious health problems in our community?	• Smoking • Cancer • Behavioral health • Drugs • Skin cancer • Joint health • Health management / care coordination • Communication (between providers) • Cost of care (medications) • Prescribing patterns (brand name v. generic) • Obesity / too much greasy food / lack of healthy food • Dental health for children • Lack of exercise / lack of parks for children

	• Food safety / drinking water safety • Drugs / alcohol abuse • Better education on SIDS / children's illnesses • Understanding food labels • Not getting vaccinations • Mental health • Diabetes • Kidney disease • Lack of knowledge of health plan benefits • Lack of transportation • Lack of services for individuals aging in place • Lack of consistent expectations / awareness of resources among group homes and home health agencies
Who/what groups of individuals are most impacted by these problems?	• Poor / low-income • Elderly • Chronically ill • Retirement age (60-65) • Minorities / those who cannot afford healthy food • Children- including teens • Homeless • Uninsured • Individuals with high deductible health plans • Millennials • Individuals in private group homes
What keeps people from being healthy? In other words, what are the barriers to achieving good health?	• Fear • Poverty • Culture • Age • Cost • Poor habits • Lack of exercise • Diet • Lack of education • Health status transparency • Lack of education on nutrition • Lack of resources for parents • Lack of money • Availability of fast food • Individual's social environment • Addiction • Lack of prevention efforts • Perception of cost/ lack of transparent pricing

	• Lack of time (to prepare healthy meals or commit to medical appointments)
What is being done in our community to improve health and to reduce the barriers? What resources exist in the community?	• Screenings • Recreation centers • Seniors group • Churches • WIC / breastfeeding groups • Resources for new moms in hospitals • ”Parents in Need” resale store • Outpatient psych. facility • Increased access to care (new patient follow-up visits) • Housing resource center • STEMI accelerator program • CHF and COPD home health • EMS knows that there are resources are available, but does not know what they are or how to direct patients to those resources
What more can be done to improve health, particularly for those individuals and groups most in need?	• More marketing • Awareness campaigns • Increased outreach at schools • Education from different groups • Annual screenings • Health fairs and events out in the community • Mobile screenings • A doctor available on Facebook • Improve Medicaid • Event board for the community (perhaps at Wal-Mart) • Information at a Maternity Fair or by e-mails • Accessible Women’s Care Center • 24/7 nurse on call availability (Medicaid has this) • Nutrition assistance • Promotion of recreation • Additional mental health resources (ex. counselors to work with patients identified through depression screenings) • Additional case managers to invest time in changing the habits of patients and creating a sense of personal ownership in their health • Educating patients about the purpose and importance of their medications • Prescribe smaller quantities of mental health medications at a time to reduce the risk of overdose

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?	• PFAC Votes: o Housing = 0 o Food = 10 o Education = 10 o Transportation = 1 o Violence = 0 o Social Support = 3 o Employment = 0 o Health Behaviors = 10 • MEC Votes: o Housing = 6 o Food = 8 o Education = 20 o Transportation = 10 o Violence = 6 o Social Support = 20 o Employment = 5 o Health Behaviors = 20 • EMS Votes: o Health Behaviors =3 o Social Support =3 o Transportation =3 o Employment = 1

Sentara Community Health Needs Assessment Implementation Strategy

2018 Progress Report

Hospital: SVBGH

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 lrarmstr@sentara.com within 15 days of the close of each quarter.

Health Problem	Three Year Implementation Strategies	Progress
All	• Continue community outreach to address targeted key health problems by partnering with community based groups and other Sentara initiatives • Partner with SPAH to rollout initiatives to VB community • Partner with Healthy VB Steering Committee • Explore partnerships within existing SVBGH services	• Participating on Healthy VB Steering Committee & subcommittee for improving access to healthcare • Held first "Community Day" at Sentara Independence with over 500 participants in collaboration with the Flu Drive. Vendors included stroke awareness, physical therapy, Stop the Bleed, chiropractic care, Safe Sleep, Mission Health and public safety departments. • Supported the Blue Zones Initiative in Virginia Beach with recommending Corporate community funding to secure a Blue Zones site visit. • Supported the Oceanfront Rock & Roll ½ marathon and Naval Air Show at Oceana with the SVBGH Mobile Emergency Department and treated over 50 patients. • Deployed SVBGH clinical staff to Kinston, North Carolina to assist with hurricane Florence relief efforts. • Collaborated with the City of Virginia Beach to add two bus stops in front of SVBGH to

Health Problem	Three Year Implementation Strategies	Progress
		assist in public transportation for our patients and visitors.
Behavioral Health	• Support the implementation of the Behavioral Health Strategic Plan • Partner with the Virginia Health Department on implementing specific initiatives for Behavioral Health in VB	• Actively engaged in the Mental Health subgroup of the Virginia Beach Health Department • Actively engaged in the Hampton Roads Opioid workgroup • Evaluating education program for REVIVE training for staff and community members • Participated in Light the Night • Launched the first Outpatient Behavioral Health Center in Hampton Roads to provide both IOP and PHP programs • Launched PERS regional call center • Evaluating peri/post-natal outpatient behavioral health program
Diabetes	• Support the Diabetes Education Team in implementation of the National Diabetes Prevention Program at SVBGH • Support the existing outpatient diabetes education program at SVBGH • Support marketing services to community and staff on available diabetes education and prevention programs • Participate in the ADA Walk and provide education to participants • Evaluate opportunities for targeted diabetes programs related to specialty groups • Support system-wide coordination of diabetes services • Evaluate virtual support for diabetes patients	• One cohort completed the annual program in April. We currently have 2 cohorts active 10 patients enrolled and continuing to attend. • Have made several efforts to expand the reach of marketing the Diabetes Prevention Program through social, virtual and print. • Interviewed for a Facebook Live session in February. • Diabetes and Prevention Programs featured in the Beacon resulting in 10 direct referrals. • Attended Optima Health Fair in efforts to promote services and programs. • Awareness table for Diabetes and Diabetes Prevention set up for SMG offices during Nurses Week to inform staff of services. • Attended selected SMG office staff meetings to present services in person as well as virtual education for SMG. • Diabetes and Diabetes Prevention awareness and information table at the ADA Walk in April 2018 • Continuing to advocate for virtual opportunities and development. • Grant for 1.0 FTE dedicated to diabetes education
Cardiac Health (CHF, HTN & Heart Disease)	• Offer educational materials and support to local health fairs and wellness events • Participate in the AHA Heart Walk • Evaluate development of cardio-oncology program at SVBGH	• Sentara Independence accredited by DNV as an Acute Stroke Ready site • SVBGH re-accredited as a Primary Stroke Center • Continued growth in cardio-oncology program with 99 STRAIN studies completed from Jan-Oct 2018

Health Problem	Three Year Implementation Strategies	Progress
	• Offer high blood pressure screening and education classes to both staff and community • Maintain chest pain accreditation which supports the community in providing the most current treatment related to CAD	• Provider education event focused on cardiac disease in women with over 50 local clinician participants • Successfully launched CardioMEMS program in support of our Heart Failure community • CON approval for Hybrid Cardiac/Vascular OR • Held successful Community Heart Day with over 150 participants • Exploring Women's Cardiac specialty in partnership with the Cardiac Service Line and local providers • Achieved Action Registry Platinum Award for STEMI care
Cancer	• Colon Cancer 5k Run • Launch Gynecologic Oncology Program • Develop gynecologic oncology support group • Skin Cancer, Thyroid/Oral Cancer, Prostate Cancer screening and education events • Relay for Life, Light the Night, Race for Breath support • Cancer Mission Fund awareness and fundraising • Continue supporting Yoga for Cancer, Cancer Support Groups, Look Good/Feel Better and Unique Boutique programs • Explore educational partnerships across existing SVBGH services for support group patients • Evaluate feasibility of partnering with VB agencies to implement melanoma awareness campaign	• Completed three skin cancer screening events (SPAH, SVBGH, and at the Virginia Beach boardwalk), for a total of over 250 members of the community • Participated in five community health fairs to disseminate education and information on skin, prostate, colorectal, breast and lung cancer (Over 550 participants total) • Preparing to start a new cancer support group for Lymphoma patients and caregivers. Update: Lymphoma support group now including leukemia patients per community need, average of 8-10 participants monthly • Held a community event for immunotherapy treatment for blood cancer with a physician speaker from VCU Massey Cancer Center, 27 attendees from the local community were educated • Collaborated with a registered dietitian to provide a workshop for nutrition and cancer prevention to members of our breast support group, prostate support group, as well as members of the local community • Participated in the Run Like a Girl (Ovarian Cancer) and Zero Prostate events locally to increase awareness for gyn and prostate cancers • Spoke to Optima Health, AARP, VB schools staff, and area churches on breast cancer screening recommendations, skin cancer awareness, colon and lung CT screening • Held Virginia Beach's first oral cancer screening event in collaboration with a local dental practice. A total of 27 participants screened, education and awareness

Health Problem	Three Year Implementation Strategies	Progress
		information given to all visitors and participants • National article featuring Dr. Squatrito, one of the Gyn Oncologists, published on gynecologic care and gynecologic cancer prevention • Held three cancer survivorship classes with 32 participants at SVBGH to educate survivors on self-care post-treatment
Nutrition/Obesity	• Research existing tools and develop educational materials (paper and virtual) for community specific to healthy eating • Identify opportunities to provide community education on obesity and healthy living (cooking classes, nutrition labels, etc.) • Create 1 mile walking pathway around hospital for staff and visitors • Collaborate with Morrison's on low sodium/healthy food options to provide at least one meal per breakfast/lunch/dinner that meets the healthy choice guidelines for fat content, salt and carbohydrates • Evaluate appropriate food options for specialty diets (cardiac, diabetes, etc.) for inpatients • Explore partnerships with Optima on supporting healthy lifestyles and initiatives in Virginia Beach • Evaluate development of a Facebook support page for Weight Management • Explore implementation of community garden • Evaluate partnership opportunities with YMCA (for staff and patients) • Explore free & convenient exercise options for SVBGH employees	• Evaluating partnership opportunities for large organic community garden to be located behind Windermere • Evaluating replacing deep fryers in café with ovens • Monthly superfoods highlighted in SVBGH Café and advertised in hospital for staff and visitors • Daily Menu offerings in Café contain "FIT" labels and "V" (vegan options) • Low sodium/healthy options offered daily • All food signage contains number of Calories per serving as indicated • All patient menus are developed by Register Dieticians and are in place for inpatients • Launching staff gym within cardiac rehab space in Q1 2019