Community Health Needs Assessment 2025

Sentara Princess Anne Hospital, Sentara Virginia Beach General Hospital, Princess Anne Ambulatory Surgery Management, LLC, and Virginia Beach Ambulatory Surgery Center, LLC

This joint Community Health Needs Assessment report was completed in collaboration between Sentara Princess Anne Hospital, Sentara Virginia Beach General Hospital, Princess Anne Ambulatory Surgery Management, LLC, and Virginia Beach Ambulatory Surgery Center, LLC, which have the identical service area of Virginia Beach City.



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Executive summary

Sentara Health is proud of our longstanding commitment to the communities served by Sentara Princess Anne Hospital (SPAH), Sentara Virginia Beach General Hospital (SVBGH), Princess Anne Ambulatory Surgery Management (PAASM), and Virginia Beach Ambulatory Surgery Center (VBASC). We are committed to our defined service area of Virginia Beach, and its surrounding communities.

In this exciting time, it is even more important that we listen to the voices of individuals in the community to better understand the health needs and priorities of those we serve. The Community Health Needs Assessment (CHNA) provides a view of the region's health through a combination of focus groups, a community survey, as well as data on health care utilization and trends.

Work on the 2025 CHNA for SPAH, SVBGH, PAASM, and VBASC began in 2024. The priorities identified by community members are consistent with previous assessments, as well as assessments conducted in other communities across the Commonwealth. Residents support continued work to improve access to behavioral health services, resources for chronic disease management, and a broad approach to health that includes initiatives addressing social determinants of health such as housing and food security.

Top priorities



Behavioral health



Chronic conditions



Social determinants of health

Sentara conducts a comprehensive Community Health Needs Assessment every three years for each of our inpatient hospitals and outpatient surgical centers across Virginia and Northeastern North Carolina. This important tool helps to determine community strengths and assets, including community partners, so that we can collectively address the challenges and opportunities identified in this report. These assessments are an essential element in realizing our mission to improve health every day. They help us to identify barriers to health access so we can more effectively address health disparities in our communities and provide the quality health care that residents deserve.

Looking at the data

Community demographics of the 453,649 persons living in Virginia Beach.

Racial profile, 2023

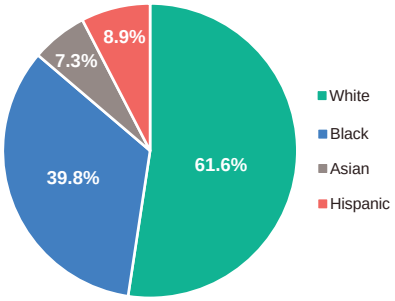


Figure 1

Population by age, 2019-2023

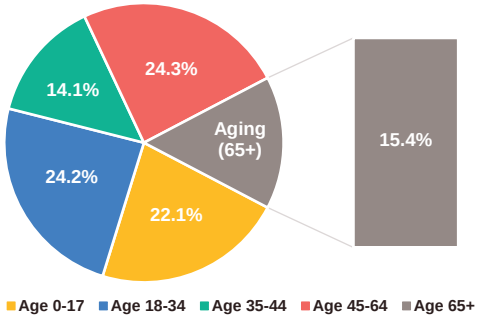


Figure 2

Population change from 2020-2023

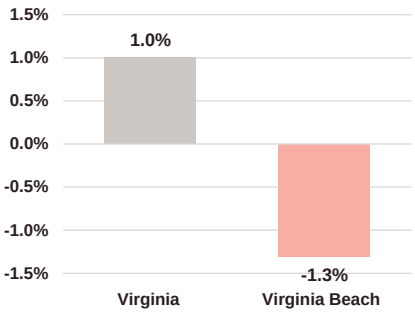
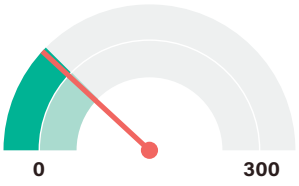


Figure 3

Source: United States Census Bureau

Determinants of health include:

Primary care providers, rate per 100,000, total population



- Virginia Beach City, VA (71.23)
- Virginia (74.55)
- United States (74.94)

Figure 4

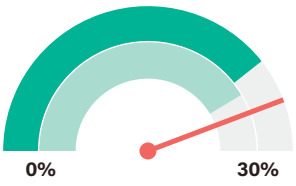
Households where housing costs exceed 30% of income, percentage



- Virginia Beach City, VA (32.48%)
- Virginia (26.68%)
- United States (29.28%)

Figure 5

Children that live in household headed by a single parent, percentage



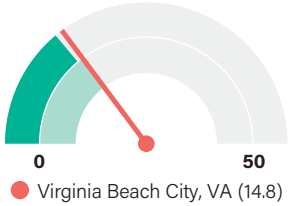
- Virginia Beach City, VA (26.55%)
- Virginia (23.61%)
- United States (24.83%)

Figure 6

Source: Virginia's Plan for Well-Being

Top health concerns include:

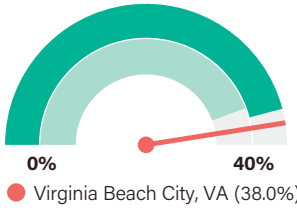
Suicide, crude death rate, per 100,000, total population



- Virginia Beach City, VA (14.8)
- Virginia (13.9)
- United States (14.5)

Figures 7

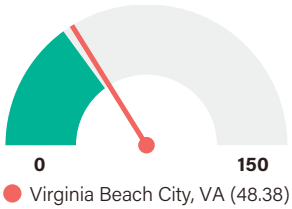
Adults 18+ with high cholesterol, percentage



- Virginia Beach City, VA (38.0%)
- Virginia (36.7%)
- United States (35.5%)

Figure 8

Cerebrovascular deaths, rate per 100,000, total population



- Virginia Beach City, VA (48.38)
- Virginia (44.89)

Figure 9

Source: Virginia's Plan for Well-Being

Key findings

This assessment incorporates community demographics and other factors influencing and contributing to the overall health of our community. The report uses data on health factors, health outcomes, and health indicators from County Health Rankings.[1] These rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. Explore the model to learn more about these measures and how they fit together to provide a profile of community health.

- There are many factors that influence how well and how long people live.
- The County Health Rankings model is a population health model that uses data from a variety of sources to identify strengths and areas of concern to help communities achieve optimal health and wellness outcomes.

Demographics

Of the total population in the service area, 61.6% of residents are White, 39.8% are Black, 8.9% are Hispanic, 7.3% are Asian, and 9.4% are multiple races (total exceeds 100% due to rounding and multiple races selected in the census).[2] The age profile for the population closely mirrors, yet slightly differs, from that of the Commonwealth of Virginia. Within the next ten years, the total population in the service area is estimated to increase by 7.0% — an estimated addition of roughly 38,820 residents.[3]

Social and economic factors

Sentara recognizes that a community's health outcomes are driven by a variety of factors beyond the clinical care provided in hospitals and other health care settings. Keeping this in mind, our CHNA includes information on education, employment, poverty, and public health insurance enrollment of residents in the service area.

County Health Rankings model

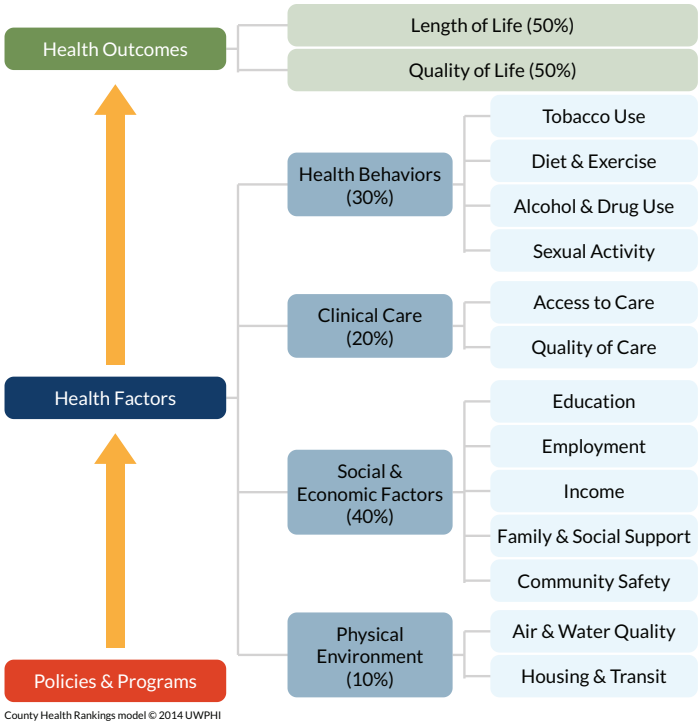


Figure 10
Source: County Health Rankings model © 2014 UWPHI

Education and employment

Education supports stable employment and financial stability for individuals and their families. As of the 2023 U.S. Census, 94.7% of the residents were high school graduates, compared to 91.3% of Virginia residents. According to the 2019-2023 American Community Survey, 50.9% of residents hold advanced or professional degrees compared to 49.3% statewide.

As of the 2023 U.S. Census, 69.5% of residents participated in the labor force, above the state average of 65.3%. Of the total service area residents, the percentage of female residents in the civilian labor force (63.9%) was higher than the state average (61%).

Poverty

Poverty creates barriers to accessing health care, healthy foods, and safe living environments, resulting in lower quality of life and negative health outcomes.

As of the 2023 U.S. Census, residents were less likely to live in poverty (8.7%) compared to the rest of Virginia (10.2%). The combination of socioeconomic factors and

racial inequalities has a negative impact on health outcomes for individuals and families in this area. Similar to Virginia as a whole, People of Color living in the service area are more likely to live in poverty compared to White residents. In the service area, Black (15.4%), some other race (12.6%), and Hispanic (12.1%) residents experience a higher rate of poverty compared to White (6.2%) and Asian residents (5.7%).

Community insight

Community input is imperative, so we conducted a stakeholder and community member survey and held focus groups jointly with Bon Secours Hampton Roads, Children's Hospital of The King's Daughters, Riverside Health, and the Hampton and Peninsula Health Districts.

Community survey

From October 1, 2024, to February 28, 2025, we invited over 100 key community partners throughout Virginia to share and complete the survey, which resulted in 784 residents living in the service area participating. We appreciate the time and contributions those individuals made to help enhance health and well-being in our community.

Top concerns identified included:

- Mental health
- Asthma and allergies
- Obesity
- Cancer
- Diabetes

Top barriers identified included:

- Cost
- Long wait for a scheduled appointment
- Appointments unavailable for new patients

Focus groups

Hospital leaders conducted community conversations from October 2024 through February 2025 to gain more in-depth insights from community stakeholders on their health concerns and health care barriers. Leaders from the collaborative, SPAH, SVBGH, PAASM, and VBASC intentionally promoted these focus groups to diverse populations to obtain feedback from participants truly representative of the communities
we serve.

Top concerns identified included:

- Mental health: Autism, anxiety, depression, behavioral health, stress, and Alzheimer's
- Access to health care: Cost, doctors, transportation, and difficulty scheduling appointments
- Chronic conditions: Hypertension, diabetes, high cholesterol, cancer, kidney disease, and obesity

Health status

We viewed health status indicators from the 2024 County Health Rankings data and documentation to gain a better understanding of the clinical concerns community members face. When and where data was available, SPAH, SVBGH, PAASM, and VBASC paid particular attention to the disparities affecting historically marginalized populations.

Life expectancy for a person living in the Commonwealth of Virginia is 78.7 years. In the community served by SPAH, SVBGH, PAASM, and VBASC, the average life expectancy is 79.2 — one year



more than the state average. It is important to note disparities affecting Black residents. The average life expectancy of Black residents is 76.5 years — 3.3 years less than White residents (79.5) living in Virginia Beach.

Access to health services is limited by the low numbers of primary care providers and mental health providers in this community. The need for access to mental health services continues to grow. In 2024, 913 adults and 120 youth visited the SPAH emergency room for behavioral health concerns. Of those patients, 22.2% of the adults and 64.2% of the youth reported suicidal ideations. In 2024, SVBGH saw 3,582 adults and 201 youth in the their emergency room for behavioral health concerns. Of those patients, 22.6% of the adults and 40.8% of the youth reported suicidal ideations.

Top health conditions driving hospitalizations at SPAH and SVBGH include hypertension, diabetes, stroke, diseases of the heart, and mental health. Leading causes of death include heart disease, cancer, stroke, accidents, and COVID-19. Risk factors for chronic conditions include substance use, obesity, limited access to healthy foods, and physical inactivity.

Focus areas

Sentara Cares is the community engagement and impact arm of Sentara Health. Our goal is to advance health and ensure that all members of our communities have access to the resources they need to live their healthiest and most fulfilling lives. We are focusing our resources on the key issues listed below based on identified health disparities, the availability of effective interventions, community input, and alignment with our mission to "improve health every day."

The remainder of this report provides more detail about the 2025 assessment, including social and economic data, demographic information, and health determinant data. Throughout this document, we have incorporated extensive information obtained through the community survey and stakeholder outreach.

Sentara Cares community benefit and building efforts enhance SPAH, SVBGH, PAASM, and VBASC health priorities for 2026-2028

Sentara priorities	Socioeconomic needs	Health needs	SPAH, SVBGH, PAASM, VBASC priorities
	Housing	Behavioral and mental health	
	Food security	Chronic conditions	
	Skilled careers	Social determinants of health	

Increasing needs

Table 1 Sentara cares priorities for grant opportunities and SPAH, SVBGH, PAASM, and VBASC implementation strategy priorities for 2026-2028.

Endnotes

[1] County Health Rankings & Roadmaps: Rankings Data & Documentation. Accessed October 10, 2024. https://www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation.

[2] United States Census Bureau. QuickFacts. www.census.gov. Accessed March 10, 2025. https://www.census.gov/quickfacts/fact/table/VA,virginiabeachcityvirginia/PST045224.

[3] University of Virginia Weldon Cooper Center for Public Service. (2024). Virginia Population Projections. Retrieved from https://coopercenter.org/virginia-population-projections.

Introduction

Sentara Health

Sentara Health, an integrated, not-for-profit health care delivery system, celebrates more than 130 years in pursuit of its mission - "we improve health every day." Sentara is one of the largest health systems in the U.S. Mid-Atlantic and Southeast, and among the top 20 largest not-for-profit integrated health systems in the country, with 30,000 employees, 12 hospitals in Virginia and Northeastern North Carolina, and the Sentara Health Plans division which serves more than 1 million members in Virginia and Florida. Sentara is recognized nationally for clinical quality and safety and is strategically focused on innovation and creating an extraordinary health care experience for our patients and members. Sentara was named to IBM Watson Health's "Top 15 Health Systems" (2021, 2018), and was recognized by Forbes as a "Best Employer for New Grads" (2022), "Best Employer for Veterans" (2022, 2023), and "Best Employer for Women" (2020).[1]

Sentara at a glance

- **Headquartered in Hampton Roads**
- **Outpatient campuses**
- **135-year not-for-profit history**
- **Urgent care centers**
- **12 hospitals**
- **Advanced Imaging Centers**
- **One medical group**
- **Home health and hospice**
- **3,800+ provider medical staff**
- **Rehabilitation and therapy centers**
- **30,000+ team members**
- **Nightingale Regional Air Ambulance**
- **Sentara Health Plans**

Sentara Princess Anne Hospital

Sentara Princess Anne Hospital is a 174-bed acute care hospital that provides quality clinical outcomes, experienced physicians, advanced technology, and a patient-centered approach to care in southern Virginia Beach, and neighboring communities of Chesapeake and Northeastern North Carolina.

As a recognized accredited Primary Stroke Center and Magnet® hospital for nursing excellence, the hospital specializes in orthopedic and spine care, heart, vascular, advanced imaging, gynecological, comprehensive breast services, and family maternity care with a state-of-the-art neonatal intensive care unit.[2]

Sentara Virginia Beach General Hospital

Sentara Virginia Beach General Hospital is home to the region's only Level III Trauma Center. Our 273-bed facility has a long history of commitment to our communities of Virginia Beach, the Eastern Shore, and Northeastern North Carolina, offering specialized tertiary services as well as many advanced clinical services.

As a recognized accredited Primary Stroke Center, and Magnet® hospital for nursing excellence, our hospital specializes in heart, vascular, neuroscience, neurosurgery, orthopedics and spine care, cancer care, advanced imaging, and behavioral health.[3]

Princess Anne Ambulatory Surgery Management

Extraordinary strides in technology make many complex surgeries possible in outpatient surgery centers without the need for a hospital setting. The Princess Anne Ambulatory Surgery Center combines a tranquil environment with the full capabilities of outpatient surgery, including many minimally invasive procedures that are performed with less pain, faster healing time, and fewer complications than is often possible with traditional surgeries. For the appropriate patient, the outpatient surgical setting offers many advantages including lower surgical costs, a more convenient location, and a comfortable surgical environment.[4]

Virginia Beach Ambulatory Surgery Center

The Virginia Beach Ambulatory Surgery Center serves as the main outpatient surgery program for Sentara Virginia Beach General Hospital surgeons and is a Sentara affiliate. The center is a joint venture between Virginia Beach physicians and Sentara Virginia Beach General Hospital, as a proprietary partnership governed by a 12-member board of directors and licensed by the Commonwealth of Virginia as an outpatient surgical hospital. It operates managerially and financially independent of Sentara Virginia Beach General Hospital and works in collaboration with the hospital's overall surgery program as an integral part of the continuum of care.[5]

Sentara Cares

Our purpose calls us to address health care issues every day, where people live — not just when patients are under our care. This broad vision is essential in our work to eliminate health disparities and promote access to nutritious foods, education, safe and affordable housing, and stable, rewarding job opportunities. We know that health disparities cannot be solved solely in the exam room, and they cannot be solved solely by Sentara. Through our partnerships, we continue to make both immediate impact and lasting change for our communities.[6]

Sentara Community Care

Sentara Community Care launched in 2022 to expand access to care and improve the health of communities across the Commonwealth. Leveraging data-driven strategies, we are rapidly expanding this model to meet the needs of Virginians, focusing on uninsured and Medicaid members. We have partnered with community and faith-based leaders to ensure that we can better understand and respond to the community's most pressing needs.

The goal is to reduce traditional barriers to health and wellness by maximizing convenience and providing consistent, embedded medical and wrap-around services in neighborhoods with the greatest needs. Services can include primary care for children and adults, behavioral health and social care services, health and wellness education, food and housing support, and health care navigation.

Sentara Community Care launched its three initial programs in Hampton Roads in the summer of 2022, and has expanded to serve Harrisonburg, Henrico, Newport News, Northern Virginia, Petersburg/ Richmond, and Southside Virginia communities. Since its inception, Sentara Community Care has served more than 6,000 Virginians through its innovative health care delivery model.

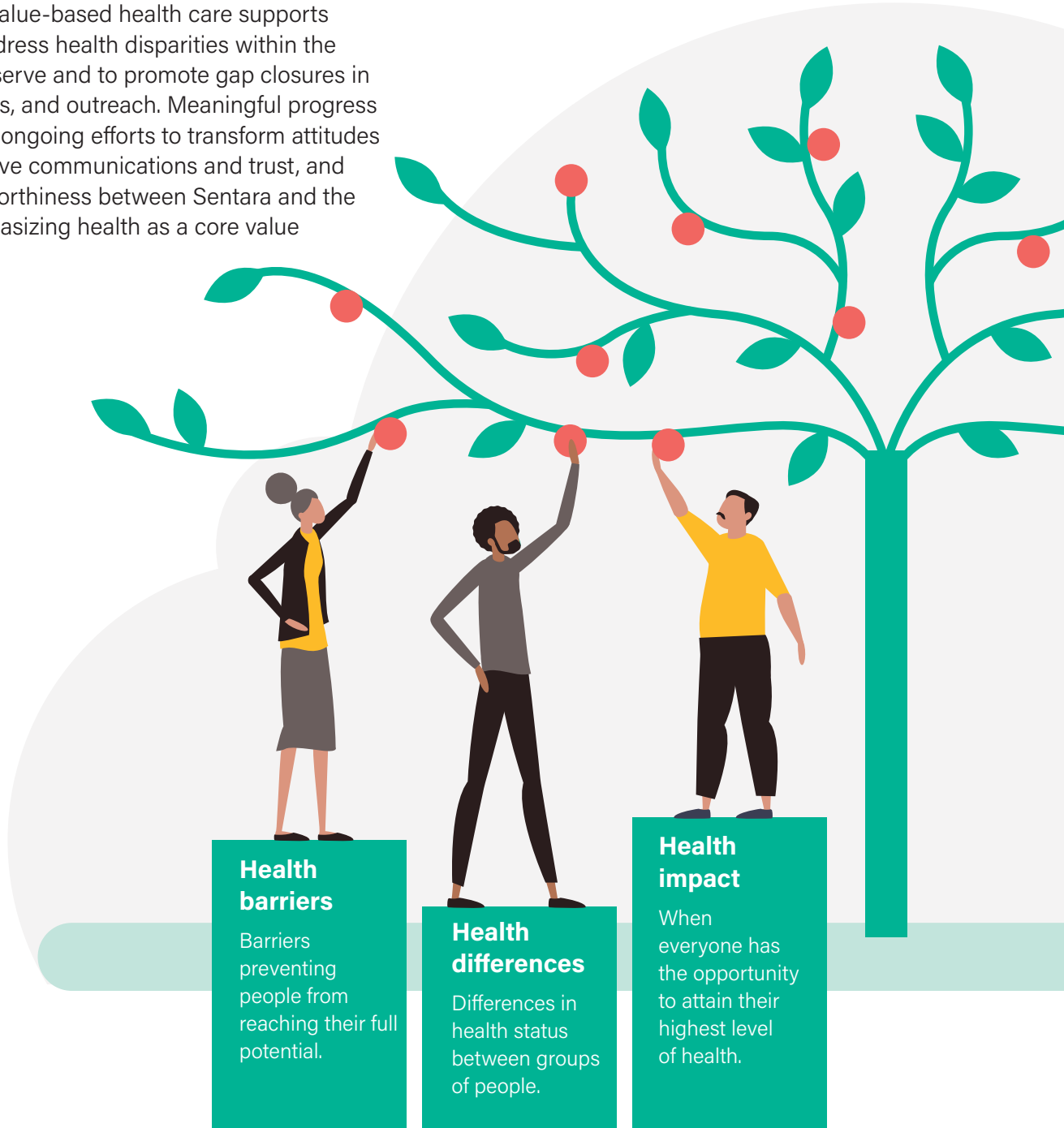
Now with six community care centers, six mobile care vehicles, school-based telehealth clinics, and numerous strategic partnerships, the Sentara Community Care program continues to extend its reach to provide holistic care in the communities that need it most.

Health impact

By identifying the most pressing health concerns within a community, this assessment prioritizes health interventions and allocates resources to advance health outcomes based on community insight. Our efforts promote health, enhance awareness, education, and access to care across racial, ethnic, gender, age, language, geographic, and socioeconomic groups. Health impact involves not only examining the health and wellness of a population, it also addresses how hidden tendencies influencing decision-making among clinicians, caregivers, communities, and interested parties impact treatment decisions and outcomes.

The shift toward value-based health care supports our mission to address health disparities within the communities we serve and to promote gap closures in knowledge, access, and outreach. Meaningful progress in health requires ongoing efforts to transform attitudes and beliefs, improve communications and trust, and strengthen trustworthiness between Sentara and the community, emphasizing health as a core value and priority.

Sentara collaborates with community organizations, faith leaders, academic institutions, government agencies, and clinicians to develop initiatives to address social drivers of health, reduce health disparities, and improve the health and well-being of the communities we serve. Our efforts focus on improving screening and diagnosis rates for health issues, such as hypertension, diabetes, and prostate cancer; increasing access to and utilization of treatment; and supporting health initiatives that benefit historically marginalized groups, including immigrant populations, individuals experiencing homelessness, sexual orientation and gender identity (SOGI) populations, and individuals with different [or diverse] abilities.



Assessment	Description
Qualitative data	We survey our community members and hold focus groups to discuss community conditions, health, and needs. We ask our community members about their personal circumstances—like having a safe place to live, healthy and accessible food, social connections, and other daily essentials—and connect them to community resources.
Quantitative data	We collect demographic and health indicator data to identify differences in community and health outcomes. We look at the data to better inform our community health improvement work.

Process overview

Mobilizing for action through planning and partnerships

The National Association of County and City Health Officials (NACCHO) has implemented a community-driven strategic planning process for improving community health called Mobilizing for Action through Planning and Partnerships (MAPP). This framework includes engaging community partners in the collection and review of qualitative and quantitative data from trusted local and national sources. In doing so, participating partners can clearly define the conditions that support or obstruct wellness and identify resources to address obstacles.[7]

We began the MAPP process at SPAH, SVBGH, PAASM, and VBASC by engaging community partners, developing support teams, and creating a shared vision with common values. Community partners included Bon Secours Hampton Roads, Children's Hospital of The King's Daughters, Riverside Health, and the Hampton and Peninsula Health Districts. Sentara worked collaboratively with these partners to engage community members through survey completion and focus groups, collecting responses to be used for prioritizing health needs. We then collected and analyzed data to identify strategic priorities and formulate goals and strategies to address health concerns.

Our process

Sentara conducts these comprehensive assessments to provide a snapshot of the health status of residents in our communities, including information about key health and health-related challenges and opportunities. Each Community Health Needs Assessment incorporates information from a variety of primary and secondary quantitative data sources to help us to understand the disparities that affect vulnerable populations.

Sentara created a data profile that includes how people use emergency and preventive care, their ongoing health problems, and any cultural or language requirements they might have. A secondary statistical

> "We approach every community and every partner with our ears and our hearts open. We're not here to provide prescriptive solutions. We're here to support and amplify the work of our partners in every way we can to improve more lives and inspire more hope for the future."

Sherry Norquist, MSN, RN-ACM,
Executive Director of Community Engagement & Impact



data profile uses advanced data sources to assess population characteristics such as household statistics, age, educational level, economic measures, mortality rates, prevalence rates of chronic illnesses, and racial and ethnic composition. Our assessment includes a review of risk factors, including obesity, smoking, and other health indicators.

Research components for this assessment included data from the following sources:

- Centers for Medicare & Medicaid Services
- County Health Rankings (2024)
- National Cancer Institute
- United States Census Bureau
- Virginia Department of Health
- Virginia Medicaid, Virginia Department of Medical Assistance Services
- Virginia's Plan for Well-Being: Virginia Community Health Assessment
- Weldon Cooper Center for Population Studies, University of Virginia
- CHNA survey and focus groups

Our next steps

Collectively, SPAH, SVBGH, PAASM, and VBASC work with a number of community partners to address health needs. Using the information from this assessment, we will develop an implementation strategy to address the identified health problems. The implementation strategy progress report for the 2022 CHNA is available at the end of this report.

Resource information is available from sources like 2-1-1 Virginia and Virginia's Plan for Well-Being. 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 future assessments. You may use our online feedback form available on sentara.com.



Endnotes

[1] Sentara Health. About Sentara. Accessed October 10, 2024. https://www.sentara.com/aboutus.aspx.

[2] Sentara Health. Sentara Princess Anne Hospital. Accessed March 5, 2025. https://www.sentara.com/hospitalslocations/sentara-princess-anne-hospital.

[3] Sentara Health. Sentara Virginia Beach General Hospital. Accessed March 5, 2025. https://www.sentara.com/hospitalslocations/sentara-virginia-beach-general-hospital.

[4] Princess Anne Ambulatory Surgery Management, LLC. Accessed March 5, 2025. https://www.sentara.com/hospitalslocations/sentara-princess-anne-hospital.

[5] Virginia Beach Ambulatory Surgery Center, LLC. Accessed March 5, 2025. https://www.sentara.com/hospitalslocations/virginia-beach-ambulatory-surgery-center.

[6] Sentara Cares. Strengthening Communities. Accessed October 10, 2024. https://sentaracares.com.

[7] National Association of County and City Health Officials. Accessed October 10, 2024. Mobilizing for Action through Planning and Partnerships (MAPP). https://www.naccho.org/#:~:text=Mobilizing%20for%20Action%20through%20Planning%20and%20Partnerships%20%28MAPP%29,health%20issues%20%20and%20identify%20resources%20to%20address%20them.

Community description

Locality demographics of our community

Virginia Beach is home to SPAH, SVBGH, PAASM, and VBASC. The community includes a total population of 453,649 people who live in the 1,868 square mile report area defined for this assessment according to U.S. Census Bureau's 2019-23 American Community Survey five-year estimates.[1]

Geography

The service area of SPAH, SVBGH, PAASM, and VBASC consists of Virginia Beach and runs along the east coast of South Hampton Roads, including coastal as well as inland communities. Virginia Beach is the most populous city in Virginia. The SPAH, SVBGH, PAASM, and VBASC community is comprised of one city — Virginia Beach — and its surrounding communities. This community is defined by this city because many health status indicators used in this report are only available at the city level, not at the zip code level.

Community-specific demographics

For Virginia Beach, there is a population of 453,649, with 8.4% of residents living in poverty and 7.6% uninsured. Age demographics within Virginia Beach include 22.1% of residents between the ages of 0-17, 24.2% ages 18-34, 25.8% ages 35-54, and 27.9% ages 55 and older. English is the primary language for 87.6% of residents. The racial and ethnic profile for the city is 61.6% White, 39.8% Black, 8.9% Hispanic, and 7.3% Asian.



Looking at the data

Racial and ethnic profile, 2023

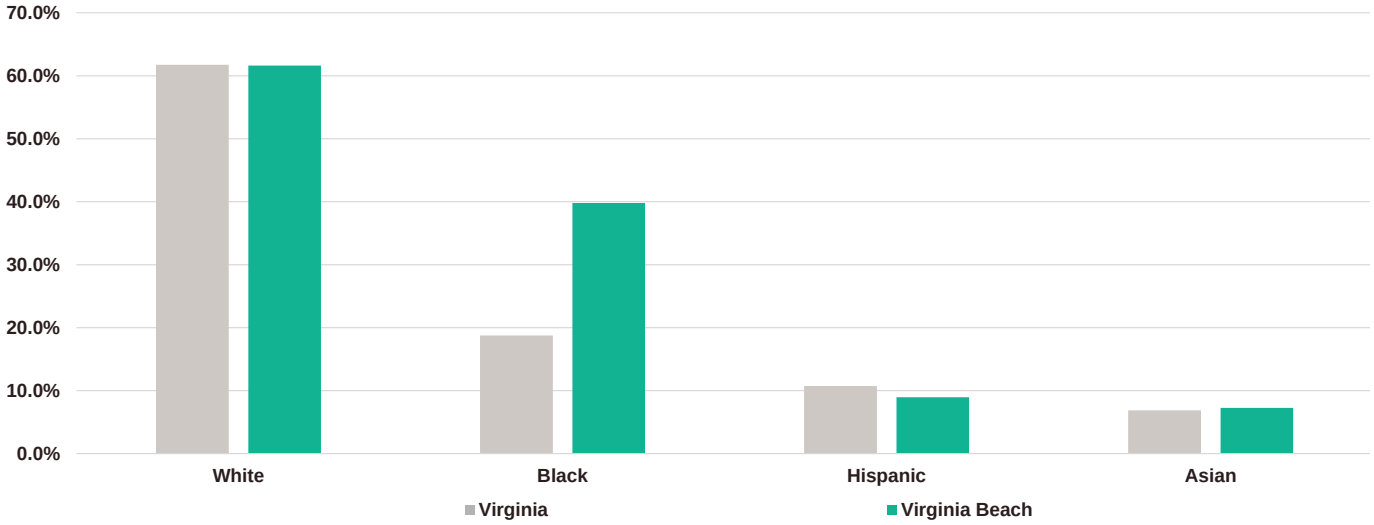


Figure 1 Source: Virginia's Plan for Well-Being

Population by age, 2019-2023

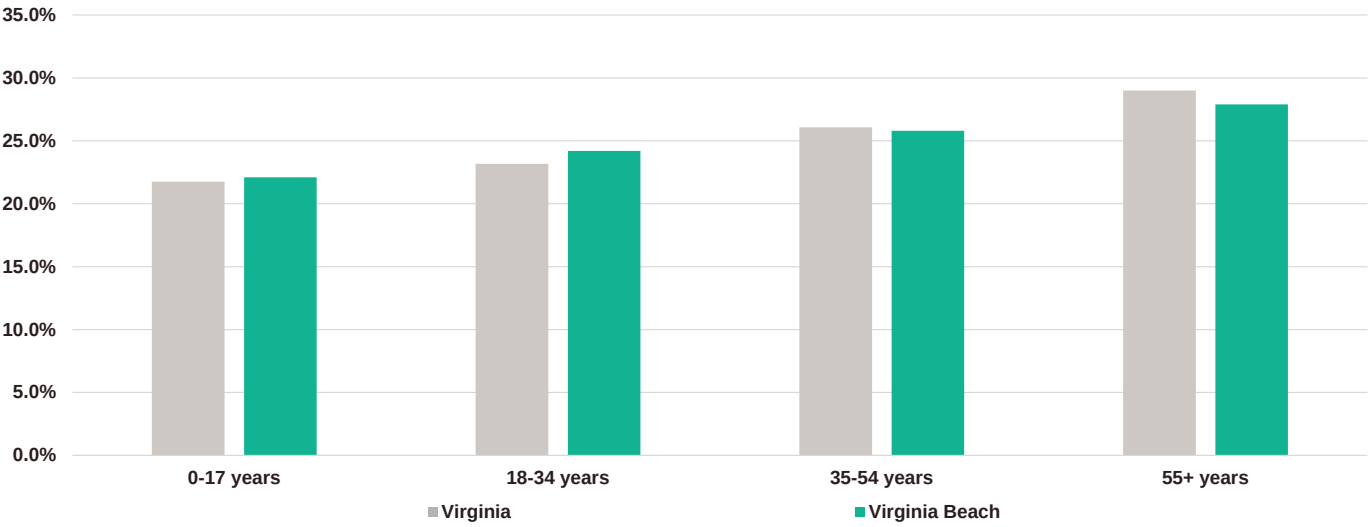


Figure 2 Source: Virginia's Plan for Well-Being

Median household income, 2023

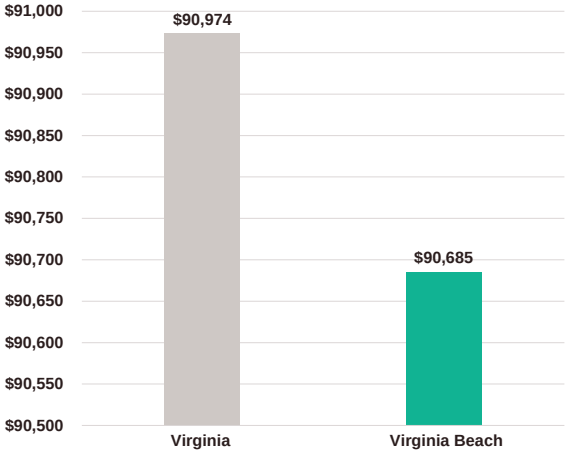


Figure 3 Source: U.S. Census Bureau

Poverty, 2023

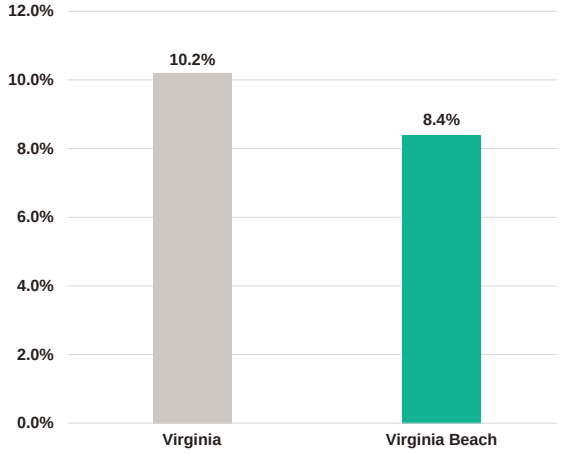


Figure 4 Source: U.S. Census Bureau

Population highlights

Population change

"Population projections provide an approximate idea of the expected future population size," and, according to the University of Virginia's Weldon Cooper Center for Public Service, Virginia Beach is expected to increase by an estimated 25,000 people in the next 10 years. These projections are based on "reliable and credible data.[2]

Population change, 2025-2035

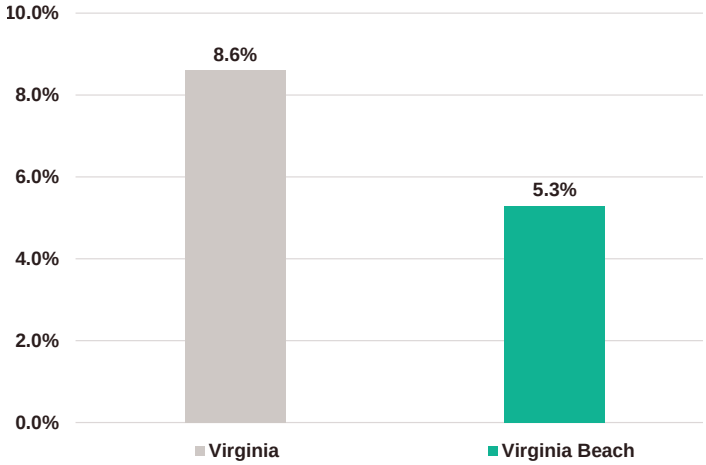


Figure 5 Source: U.S. Census Bureau

Age and sex

Per the 2023 U.S. Census, of the total population of 453,649 people living in the service area, most residents are between the ages of 18-54. The percentage of residents who are children between the ages of 0-17 is 22.1%, slightly lower than the state level of 21.9%. Male (49.1%) and female (50.9%) resident percentages are similar to Virginia percentages (49.5% male, 50.5% female), based on sex assigned at birth.

Aging population

Research shows the highest utilization of medical services is among the aging population (ages 65 and older) and the elderly population (ages 85 and older). In 2023, 15.4% of the residents living in the service area were ages 65 and older, compared to 16.3% in Virginia. Per the 2023 U.S. Census, Virginia Beach has the largest number of adults ages 65 and older in the region, estimated at 69,726 residents. Estimates indicate the population of aging adults ages 65 and older living in the service area will increase to 20.9% by 2030. Over the next 10 years, the number of aging adults will increase by an estimated 24,000 residents in the service area.[2]

Other demographic features

According to the 2023 U.S. Census, Veterans represent 11.8% of the population in the service area, compared to 12.9% statewide. Virginia Beach has a lower percentage of owner-occupied homes (64.9%) compared to the state overall (66.9%). More households in the service area have computers (97.1%) and internet access (94.1%), increasing access to remote learning, telehealth, and other resources. A lower percentage of the population in the service area is living with a disability (8.5%) compared to the state overall (12.3%). The service area also has a lower percentage of persons living in poverty (8.7%) compared to Virginia overall (10.2%), and a higher percentage of residents with college degrees (50.9%) when compared to the state (49.3%).

Community diversity profile

Race and ethnicity

The population of the service area has a higher percentage of White (61.6%) and Black (39.8%) residents than other races and ethnicities.3 The service area is home to a small Hispanic (8.9%) and Asian (7.3%) population.[3]

Population with limited English proficiency, 2019-2023

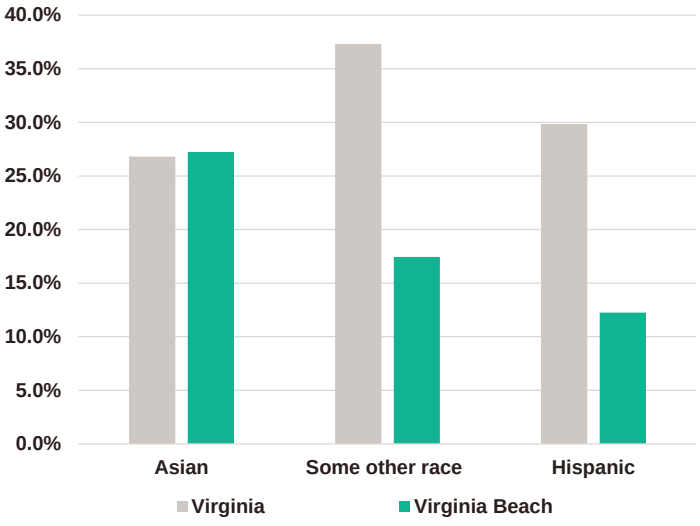


Figure 6 Source: U.S. Census Bureau

Cultural and linguistic needs

English is the primary language spoken in the service area. As of the 2023 U.S. Census, 96.2% of the population in the service area identified as English-speaking. Non-English-speaking populations are disproportionately represented in low socioeconomic groups, have poorer health outcomes, are more likely to have a disability, are often linguistically and culturally isolated, and have lower educational attainment compared to their English-speaking counterparts. Language barriers make it difficult for this population to understand, interpret, and benefit from information about their health.

2024 SPAH language utilization

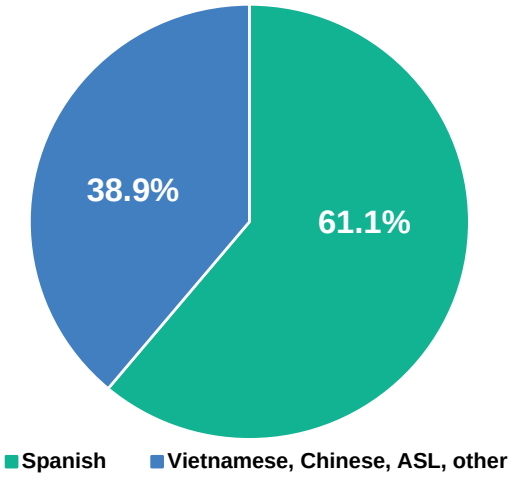


Figure 7 Source: SPAH Language Line Usage Report

2024 SVBGH language utilization

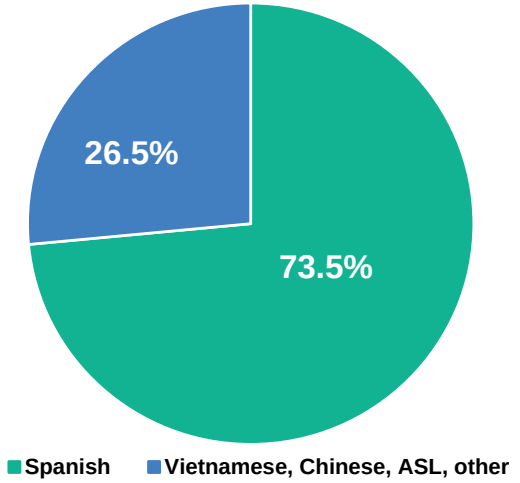


Figure 8 Source: SVBGH Language Line Usage Report

Sentara is committed to ensuring that all communication with our patients and health plan members is in their preferred language. Sentara provides its patients and their families with qualified interpreters for a variety of languages, including American Sign Language (ASL).

In 2024, SPAH had 4,547 requests for interpreter services. The highest percentage of interpreter services (61.1%) was for Spanish-speaking individuals, with the second highest percentage being Vietnamese (7.1%), followed by Chinese (Mandarin) (6.2%) and ASL (4.5%).

Similarly, SVBGH had 5,018 requests for interpreter services. The highest percentage of interpreter services (73.5%) was for Spanish-speaking individuals, with the second highest percentage being Vietnamese (5.7%), followed by Chinese (Mandarin) (3.0%) and ASL (2.6%).

Social determinants of health

Sentara recognizes that meaningful improvements in health outcomes requires strategies reaching beyond clinical settings to address the root causes of health inequities.

Social determinants of health



Figure 9 Source: U.S. Department of Health and Human Services. Healthy People 2030.

Sentara works to:

- Meet the unprecedented need for behavioral health practitioners and ensure greater access to behavioral health services for children, families, and adults.
- Secure consistent, equitable access to nutritious food — every day and in times of emergency need.
- Support targeted training and development programs for higher-paying skilled careers.
- Develop more robust emergency and scattered housing solutions in our communities.
- Dismantle barriers to accessing health care and human services in traditionally underserved populations.

To understand the population better, SPAH, SVBGH, PAASM, and VBASC looked at socioeconomic status, including poverty rates, educational attainment, employment, unemployment, and insurance.

The cycle of poverty

- Poverty continues because it reproduces existing patterns of circumstances, opportunities, and effects.
- The causes of poverty lead to consequences that make it more likely that the individual — or their offspring — will experience poverty in the future.
- Generational poverty is a vicious cycle in which each generation is unable to escape poverty because of a lack of resources to put toward the effort.

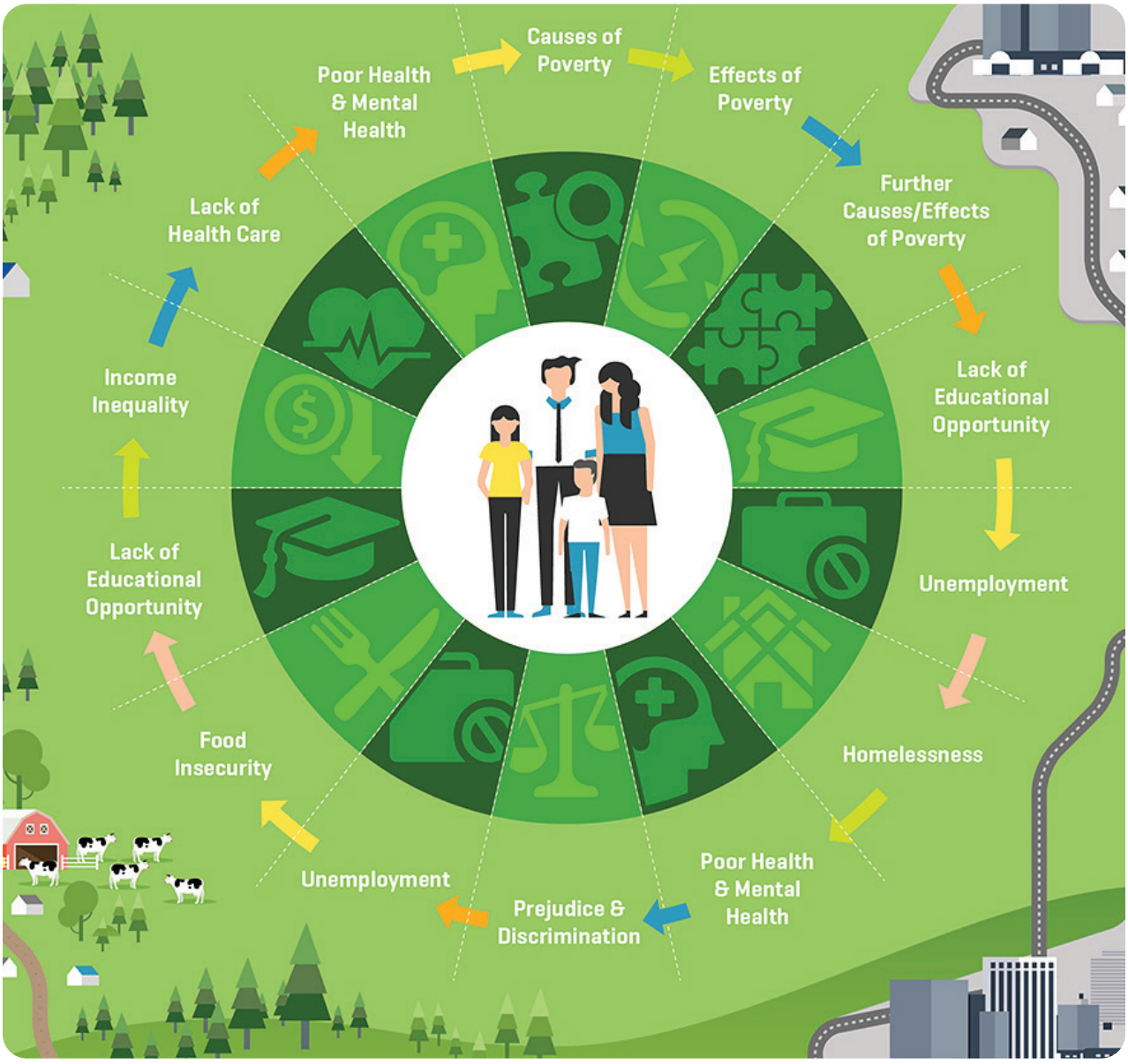


Figure 10 Source: Aurora University

Poverty

An examination of poverty rates and racial demographics underscores the racial disparities that impact economic and health outcomes for residents and their families. Black and Hispanic residents in the service area are more likely to live in poverty compared to White residents. At 8.7%, the service area has a lower percentage of residents living in poverty compared to the Commonwealth of Virginia (10.2%).[3]

Education

Education is the basis for stable employment and financial stability, which in turn supports access to quality health care and positive health outcomes. The service area has a slightly higher percentage (94.7%) of residents who are high school graduates than the state (91.1%). However, the service area has a slightly lower percentage of college graduates (40.4%) compared to the state overall (41.5%).[3]

Employment

Per the 2023 U.S. Census, the service area has a slightly lower percentage of unemployed residents (2.6%) compared to Virginia overall (2.9%). The labor force represents 69.5% of total residents. Within the labor force, 63.9% of female residents in the service area are employed, aligned with the state (61.0%).[3]



Estimated poverty status by race, 2023

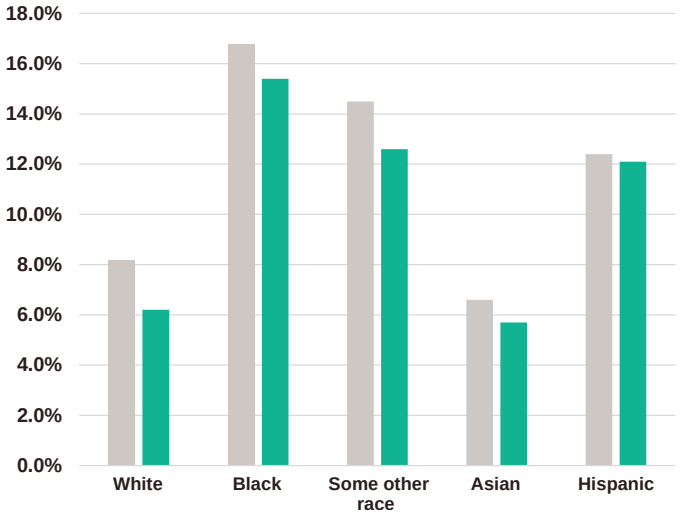


Figure 11 Source: U.S. Census Bureau

Education attainment, age 25+, 2019-2023

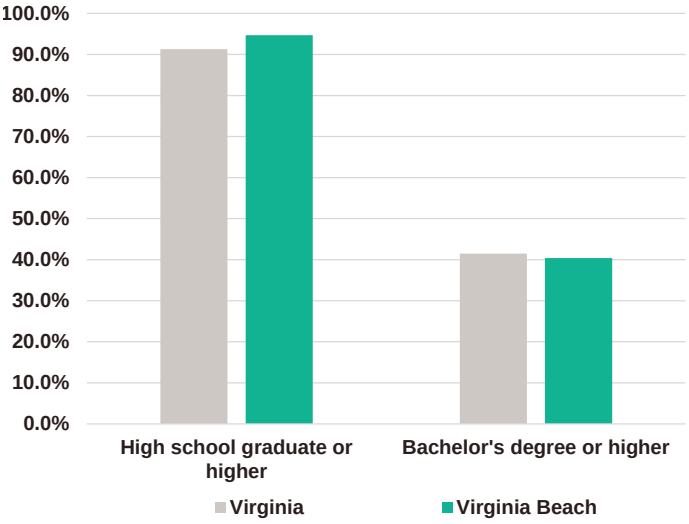


Figure 12 Source: U.S. Census Bureau

Civilian labor force, 2023

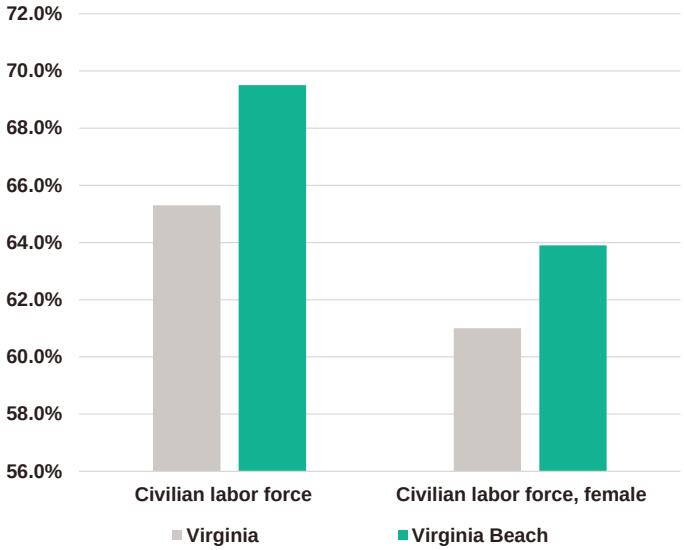


Figure 13 Source: U.S. Census Bureau

Medicaid and FAMIS, Medicare, Medicare and Medicaid

Public health insurance programs play an important Public health insurance programs play an important role in providing coverage for individuals who qualify based on income, age, or disability. According to the 2023 U.S. Census, 7.6% of residents living in the service area do not have health insurance. A total of 1,994,822 Virginians had health coverage through Medicaid and Family Access to Medical Insurance Security (FAMIS) as of February 28, 2025. This included 86,247 residents living in the service area served by SPAH, SVBGH, PAASM, and VBASC.[7] Medicaid and FAMIS members represent 33.9% of the total population in the service area. The city of Virginia Beach includes 19.0% of residents with Medicaid and FAMIS membership. In comparison, 22.9% of all Virginians have Medicaid or FAMIS health coverage.[6] Community health workers and enrollment specialists are available to provide guidance and assistance for qualifying individuals and families with enrollment in these government programs.

Medicaid and FAMIS (Below 138% FPL) Enrollment January 1, 2025		
	Virginia	**Virginia Beach**
Medicaid/FAMIS enrollment	1,994,822	86,247
Medicaid/FAMIS percentage	22.9%	19.0%
65+ enrolled in Medicaid/FAMIS enrollment	91,312	3,116
65+ enrolled in Medicaid/FAMIS percentage	1.0%	0.7%
Children enrolled in Medicaid/FAMIS	776,548	33,211
Children enrolled in Medicaid/FAMIS percentage	9.0%	7.3%

Medicare enrollment 2022		
	Virginia	**Virginia Beach**
65+ Medicare percentage	65.4%	54.12%
65+ Medicare and Medicaid percentage	4.8%	3.26%

Table 1 Sources: Virginia Medicaid, Department of Medical Assistance Services, and Centers for Medicare & Medicaid Services

Endnotes

[1] United States Census Bureau. American Community Survey 5-Year Estimates, 2019-2023. Demographic and Housing Estimates. Accessed November 12, 2024. https://data.census.gov/table?q=United%20States&t=Age%20and%20Sex&g=040XX00US51_050XX00US51550,51710,51740,51800,51810.

[2] Weldon Cooper Center for Public Service. Virginia Population Projections. Accessed October 10, 2024. https://www.coopercenter.org/virginia-population-projections#map-01.

[3] United States Census Bureau. QuickFacts. www.census.gov. Accessed February 13, 2025. https://www.census.gov/quickfacts/fact/table/VA,chesapeakecityvirginia,norfolkcityvirginia,portsmouthcityvirginia,suffolkcityvirginia,virginiabeachcityvirginia/HSG445222#HSG445222.

[4] U.S. Department of Health and Human Services. Healthy People 2030. Accessed May 2, 2023. https://health.gov/healthypeople/priorityareas/social-determinants-health.

[5] Aurora University. Social Work and Poverty: Rural vs. Urban Poverty. Access May 2, 2023. https://online.aurora.edu/infographics/rural-poverty-vs-urban-poverty/.

[6] Department of Medical Assistance Services (DMAS) Data. Accessed March 10, 2025. https://www.dmas.virginia.gov/data-reporting/eligibility-enrollment/medicaid-famis-pace-enrollment/.

[7] Centers for Medicare & Medicaid Services. Data.CMS.gov. Mapping Medicare Disparities by Population. Accessed March, 10, 2025. https://data.cms.gov/tools/mapping-medicare-disparities-by-population.

Community input

Having an active, supportive, and engaged community is essential to creating conditions that lead to improved health. The community insight component of this CHNA consisted of two methodologies: community surveys and a series of more in-depth focus groups.

Description

A broad range of diverse community members provided input through a community survey and focus groups. We consulted with individuals with firsthand knowledge of the health needs of the community. These individuals included representatives from health departments, school districts, local non-profits, and other regional public and private organizations. In addition, we gathered input from community leaders, clients of local service providers, and other individuals representing people who are medically underserved, low income, or who face unique barriers to health (e.g., racial/ethnic minorities and individuals experiencing homelessness).

Methodology

To include a wide range of community perspectives, as well as the views of those who work with or represent underserved populations within the community, SPAH, SVBGH, PAASM, and VBASC staff used several methods to identify groups and collect qualitative data.

Working with the Peninsula Community Health Collaborative, and representatives from Bon Secours Hampton Roads, Children's Hospital of The King's Daughters (CHKD), Riverside Health, and the Hampton and Peninsula Health Districts, members reviewed the participant lists from previous CHNA reports in the same community. Importantly, the inclusion of service providers and community members (through surveys and focus groups) allowed us to identify health needs from the perspectives of diverse populations.

Community survey

The community survey was conducted jointly with the Peninsula Community Health Collaborative and included a broad-based group of stakeholders and community members. Electronic surveys, and paper surveys in English and Spanish, were available to the public from October 1, 2024, to February 28, 2025.

The survey was distributed to stakeholders, including individuals representing public health, education, social services, businesses, local government, and local civic organizations. At the completion of the survey period, 784 survey responses were received from the SPAH, SVBGH, PAASM, and VBASC community. After the initial survey period, the collaborative recognized that the majority of respondents were White. Most cities did not have an equally distributed response to surveys to represent the entire population.

As a result, survey responses should be considered as only one component of information utilized to select health priorities. Feedback from the most underserved populations is not adequately reflected in most of the surveys. For the full list of questions and responses, see Appendix C.

Demographics of survey respondents

Of the 784 SPAH, SVBGH, PAASM, and VBASC community respondents, 74.1% identified as White, 14.4% as Black, 5.4% as Asian, 1.7% as Indigenous, and 6.0% as Hispanic.

Survey responses

For this CHNA, we will focus on the survey questions below. Survey respondents were asked to review a list of common community health issues for children (0-17) and adults and select all that applied to their community. The tables below show the top three answers for the questions among community member respondents.

Top three most important health concerns in your community.

Rank	Virginia Beach City (n=795)
Youth	
1	Mental health
2	Asthma, allergies
3	Obesity
Adults	
1	Mental health
2	Cancer
3	Obesity

Top three barriers to accessing healthcare resources and services in your community.

Rank	Virginia Beach City (n=795)
Youth	
1	Long wait for a scheduled appointment
2	Cost
3	Limited or no insurance
Adults	
1	Long wait for a scheduled appointment
2	Cost
3	No appointments available for new patients

Top three social concerns impacting health in your community.

Rank	Virginia Beach City (n=795)
Youth	
1	Lack of available healthy food
2	Lack of parenting support, education services
3	Loneliness, isolation
Adults	
1	Lack of affordable housing
2	Loneliness, isolation
3	Homelessness





Community focus groups

In addition to the online surveys for community insight, SPAH, SVBGH, PAASM, and VBASC carried out a series of more in-depth community focus groups to obtain greater insight from diverse stakeholders and community members. Focus groups were promoted electronically and by word of mouth to hospital patients and visitors, existing hospital and community groups, and partner organizations. Input was also sought from other populations in the community, including representatives of underserved communities and consumers of services. In collaboration with CHKD and Bon Secours, SPAH, SVBGH, PAASM, and VBASC held 13 focus group sessions between October 2024 and February 2025. The number of participants in each group ranged from six to 14. Refer to Appendix C for complete notes.

2024 focus groups

October 14: Filipino Focus, 9 participants

October 15: SLH Patient Family Advisory Committee, 12 participants

October 15: SVBGH Patient Family Advisory Committee, 12 participants

November 12: Greater Saint Andrews, 9 participants

November 14: LGBTQ Life Center, 6 participants

November 14: Girls on the Run, 8 participants

November 14: HOPES Free Clinic, 7 participants

November 20: Armed Services YMCA, 7 participants

November 20: Lee's Friends, 10 participants

December 5: SPAH Patient Family Advisory Committee, 12 participants

December 12: Hampton Roads Parenting Network, 8 participants

2025 focus groups

January 21: Iglesia de Dios de Adonai (group 1), 8 participants

January 21: Iglesia de Dios de Adonai (group 2), 11 participants

Demographics

The 119 focus group participants ranged in age from 18 to 65 and older. Altogether, participants were 43.7% White, 21.0% Black, 10.1% Asian, 0.8% Indigenous, and 24.4% Hispanic. The group identified as 73.9% female and 26.1% male. Out of the 153 participants, 19 preferred not to respond to the zip code question.

Results

Topic	Key findings	
	Children	**Adults**
What serious health problems are in your community for children (0-17) and for adults (18+)?	**Mental health and behavioral issues** ▪ High rates of anxiety, depression, ADHD, and autism ▪ Long wait times for specialist care (six months or more) **Physical health** ▪ Rising obesity rates due to lack of physical activity and poor nutrition ▪ Increase in diabetes, hypertension, asthma, eczema, and respiratory issues ▪ More developmental delays post-COVID **Social and emotional challenges** ▪ Excessive screen time, early social media exposure, vaping, and substance use ▪ Decline in social skills, emotional regulation, and coping mechanisms **Health care access and barriers** ▪ Difficulty securing mental health and medical appointments, insurance challenges, and high costs of out-of-pocket care ▪ Language barriers and lack of awareness of available resources	**Chronic conditions** ▪ High prevalence of diabetes, hypertension, heart disease, arthritis, cancer, and obesity **Mental health** ▪ Depression, anxiety, substance abuse, and stress from caregiving responsibilities ▪ Aging-related mental health concerns, including dementia and Alzheimer's **Health care access and affordability** ▪ Long wait times for primary care and specialist appointments, high costs of care, and loss of insurance after aging out of parental coverage **Caregiver challenges** ▪ Family members struggle with coordinating care for elderly parents, and poor communication between health care providers **Safety and social issues** ▪ Community safety concerns (crime, lack of surveillance), loneliness, food insecurity, and lack of structured activities for youth and seniors

	Children	**Adults**
What are some of the environmental and social conditions that affect quality of life for children and adults living in your community?	▪ Cost of living and economic impact ▪ Violence and safety concerns ▪ Bullying and mental health ▪ Technology and social isolation ▪ Education and school environment ▪ Health and nutrition ▪ Housing and living conditions	▪ Economic stability and cost of living ▪ Health care access and barriers ▪ Social isolation and community breakdown ▪ Transportation challenges ▪ Employment and work conditions ▪ Environmental factors and health ▪ Community resources and support

Results (cont.)

Topic	Key findings	
	Children and adults	
What do you think about the health-related services that are available in your community, including medical care, dental care, and mental health care for children and adults?	**Children: Health care challenges** ▪ Difficulty accessing primary care: Clinic appointments are months out, pushing families to urgent care ▪ Parents must advocate aggressively to secure appropriate care ▪ High medical bills due to insurance errors, particularly for military families moving mid-year ▪ Delays in securing necessary vaccines and medication refills when relocating ▪ Long waitlists for specialist appointments, particularly mental health services ▪ Parents fear disclosing mental health concerns due to potential Child Protective Services involvement ▪ Undocumented families face additional barriers, including fear of deportation and lack of Medicaid access ▪ Emergency departments are frequently used as a last resort due to appointment shortages	**Adult: Health care challenges** ▪ Primary care providers have long waitlists and families may move before securing an appointment ▪ Urgent care facilities often require justification for a visit, discouraging use ▪ Shortage of specialists, particularly cardiologists and mental health professionals ▪ Transitioning from private insurance to Medicare causes disruption in continuity of care ▪ Military families experience confusion in navigating Tricare coverage, with some hospitals not accepting it ▪ Fear of receiving difficult diagnoses prevents individuals from seeking preventive care ▪ Individuals with Medicaid and Medicare struggle to find providers willing to accept their insurance
	Mental health care challenges ▪ Stigma remains a barrier in seeking mental health care, especially in certain communities ▪ Mental health resources exist but are not widely advertised ▪ Lack of accessible, in-person therapy sessions due to provider shortages ▪ Parents report doctors dismissing children's mental health concerns ▪ Telehealth options are available but may not be suitable for all cases ▪ The need for community-based mental health centers is increasing ▪ Families worry that disclosing mental health struggles may result in negative consequences, such as child removal	**Health care system challenges** ▪ Many providers are not accepting new patients ▪ Limited access to specialists, particularly for Medicaid recipients ▪ Patients report feeling unheard by doctors and struggle to change providers ▪ High costs deter people from seeking care, prioritizing basic needs ▪ Lack of awareness regarding free or low-cost clinics and what services they offer ▪ Language barriers make navigating health care even more difficult ▪ Emergency department usage is rising due to gaps in primary and specialty care access

Results (cont.)

Topic	Key findings	
	Challenges	
Do you feel like it is hard to access healthy, fresh food in your community? **What keeps you from trying new fresh fruits and/or vegetables?**	▪ **Affordability:** Fresh, healthy food is available but often too expensive; families prioritize cost-effective options, which tend to be processed foods ▪ **Transportation:** Grocery stores and food pantries exist, but many lack reliable transportation to access them ▪ **Lack of education and confidence:** Many people are unfamiliar with how to cook fresh produce, store it properly, or incorporate it into meals; generational habits influence food choices, and trying new foods can feel intimidating	▪ **Fast food and processed options:** The convenience and lower cost of fast food make it the go-to option for many ▪ **Food deserts:** Certain areas have limited grocery stores, making fresh food harder to access; lower-income areas have fewer options ▪ **Health and safety concerns:** People worry about pesticides on produce; some prefer organic food, but the cost is a barrier ▪ **Marketing and misinformation:** Unclear nutritional labels and advertising for unhealthy foods make it harder for people to make informed choices
	Key strengths identified for children and adults	
What is working in your community that can help residents live healthier lives?	**Affordable recreation and fitness opportunities** ▪ Recreation centers, YMCA, and neighborhood walking paths ▪ School programs like walking challenges and "Be Well" initiatives ▪ Community events provide social and physical engagement for families and seniors **Access to healthy food and nutrition support** ▪ Farmers markets, food banks, and WIC vouchers help provide fresh produce ▪ Cooking classes teach families how to prepare affordable, healthy meals ▪ Free lunch programs in schools reduce food insecurity for children	**Community and social support** ▪ Grandfamilies program, senior services, and virtual activities help with social engagement ▪ Churches and grassroots partnerships offer food pantries, health resources, and support groups ▪ Programs like Lee's Friends assist with medical transportation and cancer support **Technology and education initiatives** ▪ Apps help families save money on groceries ▪ Schools serve as resource hubs for families, offering job support and food assistance ▪ Interpretation services help non-English-speakers access resources
	Health care and preventive services ▪ Mobile health clinics, flu shot clinics, and health fairs provide accessible medical services ▪ Sentara Heart Hospital, CHKD, and other local hospitals offer quality medical care ▪ VA services help Veterans with medical supplies and support	
	Improving local health systems and community wellness	
What do you think your local health systems (hospitals and primary care) and health departments can do to improve the health and wellness in your community?	▪ Staffing and care coordination ▪ Cost transparency and affordability ▪ Access and convenience ▪ Prevention and education	▪ Specialized care and equipment ▪ Addressing health outcomes ▪ Emergency preparedness and resilience ▪ Community collaboration

Health status and prioritization

Health indicators

To gain a deeper understanding of our community, we looked at the 2024 County Health Rankings data to view length of life, quality of life, health behaviors, clinical care, social and economic factors, and physical environment. Per the County Health Rankings, "many of the leading causes of death and disease are attributed to unhealthy behaviors." Below are key health status indicators for the counties representing this community.

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

- **Access to health services**
- **Life expectancy**
- **Diabetes**
- **Behavioral health**
- **Substance use**
- **Community violence**
- **Cancer**
- **Leading causes of death**
- **Women and infant health**
- **Older and aging adults**

Access to health services

Access to quality and affordable health care is important to an individual's health. Health insurance and local care resources can help ensure access to care. If outpatient care in a community is poor, then people may be more likely to overuse the hospital as their main source of care, resulting in unnecessary hospital stays. Typically, areas with more primary care providers have lower rates of hospitalizations for preventable health issues.

Virginia Beach (1400:1) has fewer doctors to community members compared to the state (1340:1). Increasing access to primary care is a key solution to reducing unnecessary and costly hospital stays and improving the health of the community. It is important to note that Black populations living in Virginia and in this community have higher rates of preventable hospital stays compared to White residents.[1]

Preventable hospital stays by rate by race, 2021

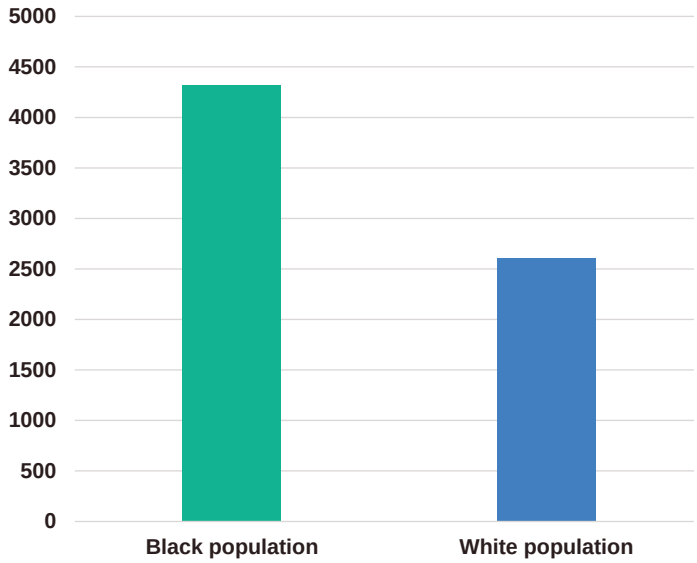


Figure 1 Source: County Health Rankings

Life expectancy

Per the Virginia Department of Health, the life expectancy for a person living in the Commonwealth of Virginia is 78.7 years. At 78.5 years, residents in this community have a higher life expectancy than Virginians overall. It is important to note that there is a racial disparity related to life expectancy specific to Black populations. Per the 2024 County Health Rankings, the life expectancy for Black individuals is up to three years shorter than White individuals in this service area.

Life expectancy at birth, 2010-2015

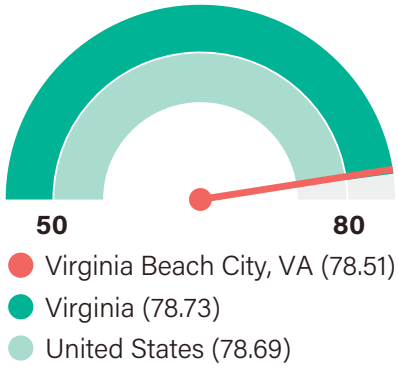


Figure 2 Source: Virginia Department of Health

The leading causes of death by race/ethnicity, 2021-2023			
White	**Black**	**Asian**	**Hispanic**
Heart disease	Cancer	Cancer	Cancer
Cancer	Heart disease	Heart disease	Heart disease
Stroke	Accidents	COVID-19	Accidents
Accidents	Stroke	Stroke	COVID-19
COVID-19	COVID-19	Diabetes	Stroke

Table 1 Source: CDC Wonder

Leading causes of death

The Virginia Department of Health examined leading causes of death in this community. Between 2021 and 2023, heart disease, cancer, stroke, accidents, and COVID-19 were the top five causes of death in the service area.[2]

Behavioral health, mental health, and substance use

Hospitalization rates due to substance use, drug overdose, mental health, suicide, and self-inflicted injury were examined. In the service area, there were slightly lower hospitalization rates (per 100,000 population) due to drug overdose compared to Virginia rates.[2] This community also has a slightly lower rate of alcohol-impaired driving deaths, liver disease, and cirrhosis compared to Virginia overall.

Hospitalizations rate, 100,000 population, 2020

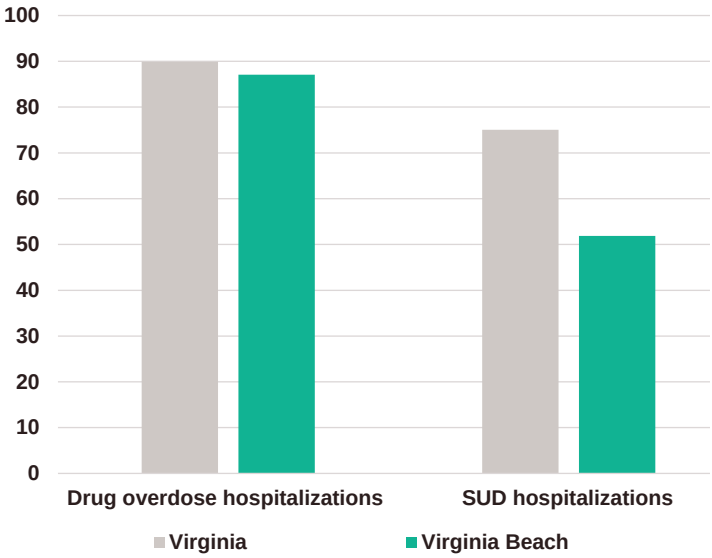


Figure 3 Source: Virginia's Plan for Well-Being

Mental health is becoming an increasing health concern for both adolescents and adults. Sentara examined emergency department visits in 2024 to gain a better understanding of the mental health crisis communities have been facing since the COVID-19 pandemic.

In 2024, the SPAH emergency department treated 913 adults (age 19+) with behavioral health diagnoses. Of these visits, 22.2% of the patients presented with suicidal ideation, 5.9% with anxiety disorder, 4.7% with generalized anxiety disorder, and 4.2% with alcohol abuse. Additionally, SPAH saw 120 youth (age 0-18) present with behavioral health diagnoses. Of these visits, 64.2% presented with suicidal ideation and 6.7% with anxiety disorder.

During the same period, the SVBGH emergency department treated 3,582 adults (age 19+) with behavioral diagnoses. Of these visits, 22.6% of the patients presented with suicidal ideation, 4.9% with major depressive disorder, 2.9% with alcohol abuse, and 2.7% with generalized bipolar disorder. Additionally, SVBGH saw 201 youth (age 0-18) present with a behavioral health diagnosis. Of these visits, 40.8% presented with suicidal ideation and 2.5% with bipolar disorder.

It is important to note that the mental health workforce is nearing retirement age, which will negatively impact provider capacity. There is also a need for greater racial and ethnic representation in the mental health workforce.[3]

Community violence

Violent crimes such as gun violence, robbery, or aggravated assault have a harmful socio-emotional impact. They can cause physical and emotional symptoms such as sleep disturbances, increased feelings of distress, anger, depression, inability to trust, and significant issues with family, friends, or coworkers. Chronic stress has been associated with violent crimes and increases the prevalence of certain illnesses such as upper respiratory illness and asthma. This can have a life-long impact on the health of the individual.

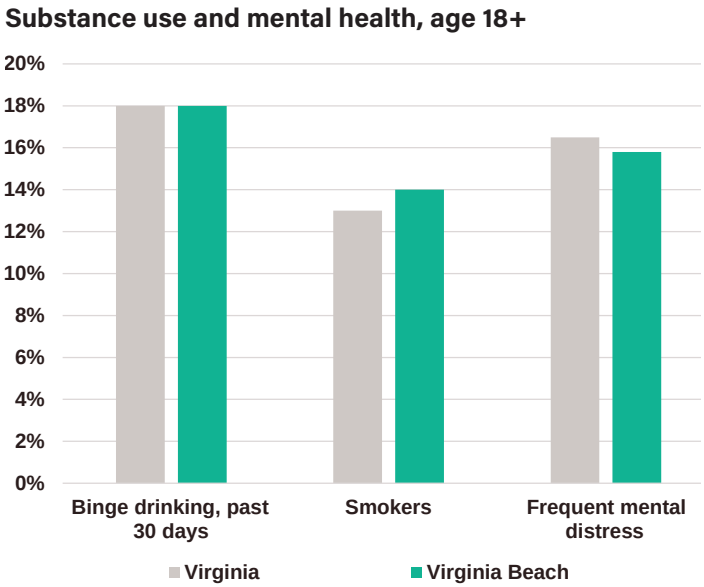


Figure 4 Source: Virginia's Plan for Well-Being

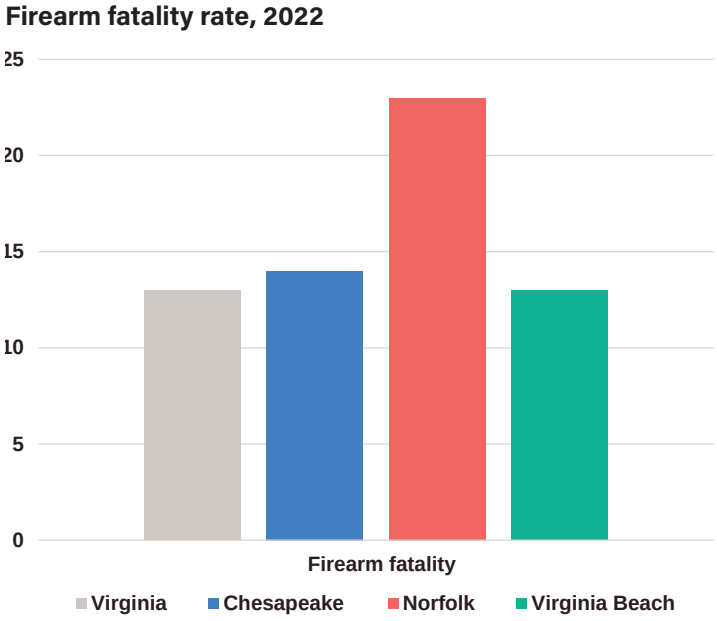


Figure 5 Source: Virginia's Plan for Well-Being

The firearm fatality rate is higher than the state (13 per 100,000) in the neighboring cities of Norfolk (23) and Chesapeake (14). Deaths due to firearms are considered largely preventable; as a result, gun violence has been identified as a key public health issue by national agencies. A 2022 study published by the American Academy of Pediatrics showed an increase in pediatric deaths due to firearms. The study also showed a disparity among Black youth, who are 14 times more likely to die of a firearm injury compared to their White peers.[4]

Cancer

Since cancer is a leading cause of death in this community, death and incidence rates for a variety of cancer types were examined. Compared to the previous three-year rates, 2017-2021, the number of cases and deaths from the most common types of cancer are decreasing in the Commonwealth of Virginia, as well as in this community.[7] It is important to note that the incidence rates of breast cancer are rising for the White and Asian populations living in Virginia. Mortality rates were highest among lung and breast cancers, though declining in this community. Prostate and lung cancers are the leading causes of cancer death for Black populations living in Virginia. Breast cancer and prostate cancers continue to have higher incidence rates in this community.[5] Medical advancements and community outreach programs providing cancer screenings and education are making strides but, to have the greatest impact, we will need to focus efforts on the populations at highest risk for various cancers.

Virginia cancer incidence rate race/ethnicity

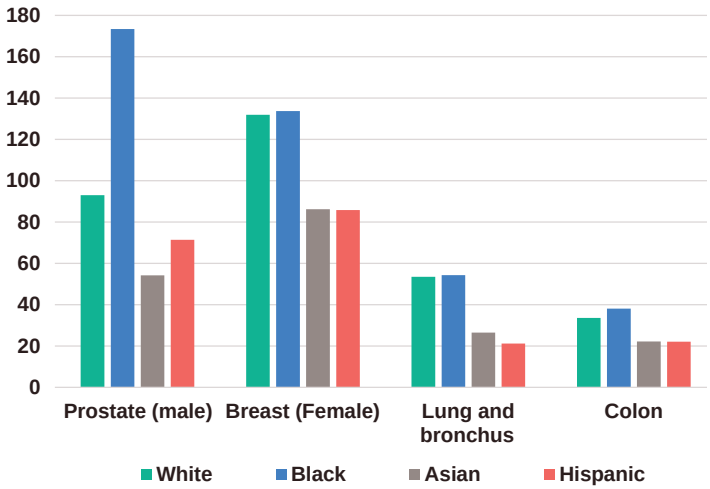


Figure 6 Source: Virginia's Plan for Well-Being

Maternal and infant health

Unsupported and under-supported young families face many negative health outcomes and long-term health challenges as time goes on, so looking at the way families begin can help us to understand the current and future health of the community. Mothers in the service area (2.8%) had late or no prenatal care, better than Virginia (5.1%). Though, the service area had slightly higher percentages of preterm births (10.0%) and babies born with low birth weights (8.7%) compared to the Commonwealth (9.5%, 8.5%). The infant mortality rate was also slightly better in Virginia Beach (5.1 per 1,000 births) compared to Virginia (6.2). While teen pregnancies (15.2) are a community concern, the low numbers do not permit meaningful standardization for comparison to state rates.[2]

Maternal and infant health, 2020-2022

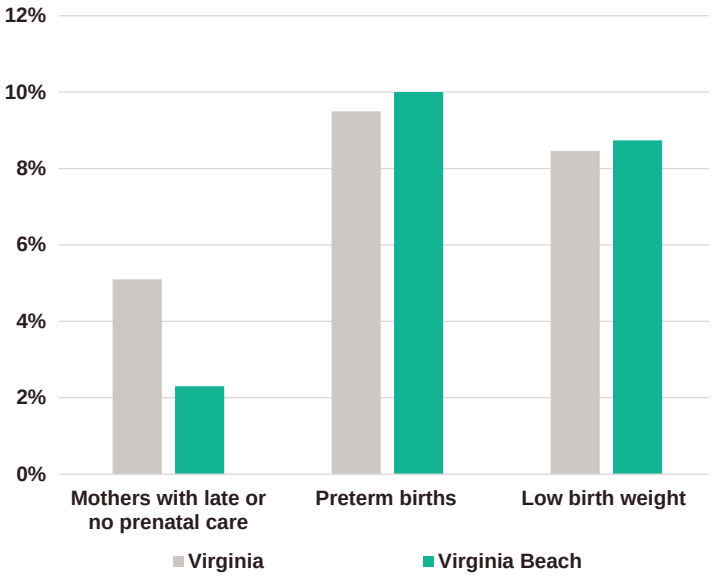


Figure 7 Source: Virginia's Plan for Well-Being

Diabetes

According to the Centers for Disease Control and Prevention, the prevalence of type 2 diabetes continues to increase in the U.S. and is the seventh leading cause of death in the United States. Risk factors such as obesity and physical inactivity have played a significant role in this increase, but age and race/ethnicity are also key risk factors. The percentage of adults living with diabetes in this community is the same as the state percentage of 10.0%. The SPAH, SVBGH, PAASM, and VBASC community hospitalization rate, 1,953.77 (per 100,000), for diabetes is below the state rate of 2,114.24.[2]

Older and aging adults

In many communities, older adults are the fastest growing segment of the population. Challenges come with an aging population, including health-related issues and other factors that ultimately impact health. The percentage of Medicare recipients seen for hypertension and diabetes, the top conditions for which patients received hospital treatment in this community, was higher in this service area than in the state overall. The percentage of Medicare beneficiaries treated for Alzheimer's disease or dementia in this community (7%)9 is slightly higher than Virginia overall (6%).[7] These conditions are important to note as they will impact the aging population's health, quality of life, health care demand, and costs.

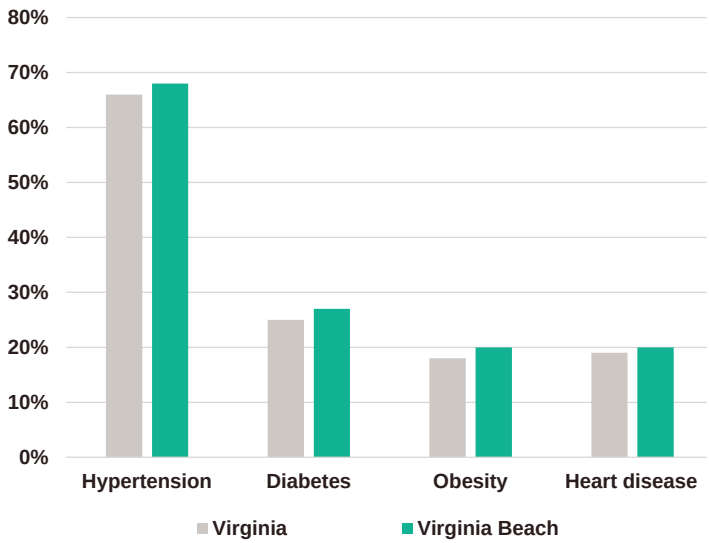


Figure 8 Source: Virginia's Plan for Well-Being

Advance care plans

We are also working with the community to complete advance care plans. These plans are designed for adults to specify their medical wishes and/or designate someone as their medical decision-maker in the event they cannot communicate or advocate for themselves. While many team members working within the health care industry understand the importance and value of advance care plans, it is evident within the acute care setting that our community members may not have that same understanding until it is too late. Currently, within Virginia, there are approximately 47,816 active registrants with advance care plans filed within the U.S. Advance Care Planning Registry (formerly U.S. Living Will Registry).[8] Sentara has approximately 78,044 active registrants with advance care plans on file within the U.S. Advance Care Plan Registry with 954 of those completed for residents of the SPAH, SVBGH, PAASM, and VBASC community.

SPAH, SVBGH, PAASM, and VBASC prioritization

The Forces of Change Assessment (FOCA) focuses on identifying all driving factors that can affect the public health system in a community. The assessment folds into the Mobilizing for Action through Planning and Partnerships model of community health improvement and was used to inform our new CHNA improvement strategy. Extensive secondary quantitative data from publicly available data, as well as primary qualitative data collected from surveys and focus groups, were synthesized and analyzed to identify the community's health needs.

Surgical site infections

Surgical site infections (SSIs) occur after surgery and in the part of the body where the surgery took place. They can develop within days of the surgery or even months thereafter. Some patients may be at higher risk for developing an SSI due to their age and underlying medical conditions, such as diabetes and COVID-19 infections. "Data from AHRQ's Partnership for Patients initiative indicates that the national rate of SSI decreased by 16% between 2010 and 2015, translating into significant benefits for patients (including many lives saved), as well as significant cost savings."[9] Advances have been made in infection control practices, including improved operating room ventilation, sterilization methods, barriers, surgical techniques, and availability of antimicrobial prophylaxis, yet SSIs remain a substantial cause of morbidity, prolonged hospitalization, and death in the inpatient setting.[10]

Recommendations

With the completion of the 2025 CHNA, Sentara, SPAH, SVBGH, PAASM, and VBASC developed goals to positively impact the community's identified health concerns and socioeconomic needs. We will leverage community partners and resources to identify ways to address these health concerns and create specific priority objectives for the implementation strategy. For 2026-2028, SPAH, SVBGH, PAASM, and VBASC will focus on the following:



Improve mental well-being



Improve chronic conditions and avoidable health outcomes



Address and invest in social determinants of health

Conclusion

The information presented in this CHNA reveals a community facing a number of health challenges based on the data collected, focus groups, and survey responses. The same challenges can be found in countless communities throughout the country. Beyond the scope of Sentara, SPAH, SVBGH, PAASM, and VBASC alone, these opportunities will require active partnerships among community organizations and individuals to create lasting impact. We are committed to finding innovative, responsive, and successful strategies to address these challenges in order to fulfill our mission to improve health every day.

Endnotes

[1] County Health Rankings & Roadmaps: Rankings Data & Documentation. Accessed October 10, 2024. https://www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation.

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[9] Agency for Healthcare Research and Quality (AHRQ). (September 7, 2019). Surgical Site Infections. Retrieved from https://psnet.ahrq.gov/primer/surgical-site-infections on August 10, 2022.

[10] Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Healthcare Quality Promotion (DHQP). Accessed January 1, 2025. https://www.cdc.gov/nhsn/opc/ssi/index.html.

Supplemental resources

SPAH and PAASM 2023-2025 implementation strategy progress summary

The previous CHNA identified several health issues in the service area. The Sentara Princess Anne Hospital (SPAH) and Princess Anne Ambulatory Surgery Management (PAASM) implementation strategy progress report was developed to document activities addressing health needs identified in the 2022 CHNA report through both primary and secondary data sources. By identifying the most pressing health concerns within the community, the 2022 assessment assisted in setting priorities for health interventions and resource allocation to advance health based on patient demographic data and community insight.

This section of the CHNA report describes these activities and collaborative efforts. Both SPAH and PAASM are monitoring and evaluating progress to date in the 2023 implementation strategies to track their application and document the impact of those strategies in addressing selected CHNA health needs. For reference, the list below includes the 2022 CHNA health needs that were prioritized to be addressed by SPAH and PAASM in the 2023 implementation strategy.

- Behavioral health
- Chronic diseases
- Social determinants of health

Behavioral health

Improving the mental and emotional well-being of all living in the SPAH and PAASM service area by increasing access to behavioral health services is an important priority. Sentara continues to improve access to behavioral health resources, knowing that one in five adults will have a mental illness severe enough to require treatment, and many more will have emotional and mental health problems that prevent them from fully enjoying their lives. At Sentara, we offer inpatient treatment services through telepsychiatry. Our adult and senior behavioral health inpatient programs provide diagnostic services and treatment for people ages 18 and older who are in crisis due to mental illness, emotional distress, or destructive behavior patterns. Because our treatment facilities are located within several of our hospitals, patients have access to the full range of both psychiatric and medical care. Sentara will continue to partner with community mental health programs to identify alternate placement options for Behavioral Health Emergency Department patients.

Both SPAH and PAASM are partnering with the Hampton Roads Behavioral Health Consortium to work toward identifying gaps in services and to identify resource needs for the geriatric population. We are also looking into Bridge 2 Resources VA as an avenue for creating a shared database of community services that providers, school staff, community members, and parents might find helpful when trying to find and navigate services for a child in the home.

To increase community awareness and reduce stigma, Sentara partnered with the Virginia Stage Company to support an inspirational play about mental health. “Every Brilliant Thing” is an intimate, interactive performance which continues to be brought to

communities throughout Virginia and North Carolina. Between 2023 and 2024, 17 performances were held, reaching 1,673 community members.

Chronic diseases

We are working to reduce the impact of chronic diseases on morbidity and mortality for the community living in the service area by increasing disease management support, resources, and education. Sentara brings prevention, hope, inspiration, and support to our local community where SPAH and PAASM are working to reduce chronic disease impact by extending their reach into the community, where life happens. The PAASM works with patients and their families to provide multiple resources and tools regarding mental health and chronic diseases.

Cancer educators implement programs focused on cancer prevention and detection and provide community outreach by hosting and participating in screening and education events.

Local cancer screening events for oral, head and neck cancers, FIT testing for colorectal cancer, breast cancer mammography screening, and skin cancer screening events are offered. Both SPAH and PAASM continue to remove barriers to mammography for uninsured or underinsured women by supplementing traditional measures with the mobile mammography van, more targeted efforts to reach underserved communities such as connecting with faith leaders and providing transportation for those who need it, and building trust with patients.

Social determinants of health

Each hospital has implemented the use of Unite Us, a cross-sector collaboration software establishing a new standard of care that identifies social needs in communities, manages enrollment of individuals in services, and leverages meaningful outcomes data and analytics to further drive community investment. To increase economic growth, job security, and educational opportunities, SPAH and PAASM continue to collaborate with multiple colleges and universities to provide fellowships, internships, and preceptorships for health care professionals and students.

> “At Sentara, we exist to improve health every day. That mission extends beyond the individual and to the communities we serve. Every one of our team members shares this commitment, to make a meaningful impact in the lives of those we serve and create a healthier future for our region.”

Jace Brady, Vice President, Hospital Operations, SPAH, Sentara Health



Supplemental resources

SVBGH and VBASC 2023-2025 implementation strategy progress summary

The previous CHNA identified several health issues in the service area. The Sentara Virginia Beach General Hospital (SVBGH) and Virginia Beach Ambulatory Surgery Center (VBASC) implementation strategy progress report was developed to document activities addressing health needs identified in the 2022 CHNA report through both primary and secondary data sources. By identifying the most pressing health concerns within a community, the 2022 assessment assisted in setting priorities for health interventions and resource allocation to advance health based on patient demographic data and community insight.

This section of the CHNA report describes these activities and collaborative efforts. Both SVBGH and VBASC are monitoring and evaluating progress to date in the 2023 implementation strategies to track their application and document the impact of those strategies in addressing selected CHNA health needs. For reference, the list below includes the 2022 CHNA health needs that were prioritized to be addressed by SVBGH and VBASC in the 2023 implementation strategy.

- Behavioral health
- Chronic diseases
- Social determinants of health

Behavioral health

Improving the mental and emotional well-being of all living in the SVBGH and VBASC service area by increasing access to behavioral health services is an important priority. Sentara continues to improve access to behavioral health resources, knowing that one in five adults will have a mental illness severe enough to require treatment, and many more will have emotional and mental health problems that prevent them from fully enjoying their lives. At Sentara, we offer inpatient treatment services through telepsychiatry. Our adult and senior behavioral health inpatient programs provide diagnostic services and treatment for people 18 and older who are in crisis due to mental illness, emotional distress, or destructive behavior patterns. Because our treatment facilities are located within several of our hospitals, patients have access to the full range of both psychiatric and medical care. Sentara will continue to partner with community mental health programs to identify alternate placement options for Behavioral Health Emergency Department patients.

To increase community awareness and reduce stigma, Sentara partnered with the Virginia Stage Company to support an inspirational play about mental health. “Every Brilliant Thing” is an intimate, interactive performance which continues to be brought to communities throughout Virginia and North Carolina. Between 2023 and 2024, 17 performances were held, reaching 1,673 community members.

Chronic diseases

We are working to reduce the impact of chronic diseases on morbidity and mortality for the community living in the service area by increasing disease management support resources and education. Both SVBGH and VBASC extend their reach into the community, where life happens.

We partnered with Virginia Beach EMS for Skin Cancer Education and with the Hampton Roads Prostate Cancer Forum, Ebenezer Baptist Church, and Urology of Virginia for the Prostate Cancer Early Detection Program and Screening to increase education and access to preventive health care.

Sentara brings prevention, hope, inspiration, and support to our local community where SVBGH and VBASC are working to reduce chronic disease impact. The VBASC works with patients and their families to provide multiple resources and tools regarding mental health and chronic diseases.

Cancer educators implement programs focused on cancer prevention and detection and provide community outreach by hosting and participating in screening and education events. Local cancer screening events for oral, head and neck cancers, FIT testing for colorectal cancer, breast cancer mammography screening, and skin cancer screening events are offered. Both SVBGH and VBASC continue to remove barriers to mammography for uninsured or underinsured women by supplementing traditional measures with the mobile mammography van, more targeted efforts to reach underserved communities such as connecting with faith leaders and providing transportation for those who need it, and building trust with patients.

As part of our ongoing commitment to community health, our Trauma Outreach Program was developed to address injury prevention, trauma education, and safety awareness within our community. This initiative aligns with our CHNA priorities by targeting preventable injuries, improving emergency response education, and promoting overall community safety.





Key activities and accomplishments:

- Community education and awareness: Hosted multiple injury prevention workshops covering topics such as fall prevention, motor vehicle safety, and Stop the Bleed training
- School and youth engagement: Partnered with local schools to provide safety education on bike helmets, pedestrian safety, and teen driving risks
- First responder collaboration: Conducted trauma education sessions for EMS providers and law enforcement to enhance pre-hospital care and trauma response effectiveness
- Workplace and senior outreach: Delivered injury prevention presentations at workplaces and senior centers, focusing on reducing workplace injuries and fall risks among older adults
- Community impact: Reached over 353,930 participants through direct education efforts, with measurable improvements in knowledge and safety practices

Through these activities, SVBGH and VBASC increased community awareness and strengthened partnerships with schools, local agencies, and first responders.

Social determinants of health

Each hospital has implemented the use of Unite Us, a cross-sector collaboration software establishing a new standard of care that identifies social needs in communities, manages enrollment of individuals in services, and leverages meaningful outcomes data and analytics to further drive community investment. To increase economic growth, job security, and educational opportunities, SVBGH and VBASC continue to collaborate with multiple colleges and universities to provide fellowships, internships, and preceptorships for health care professionals and students.

Grantmaking and community benefit

In the 2023 implementation strategy process, Sentara and its hospital facilities also supported vulnerable populations through grant making, in-kind resources, collaborations, and partnerships. We participated in multiple collaboratives to include Eastern Virginia Medical School's Substance Use Disorders in Pregnant and Parenting People collaborative, Health Equity Collaborative, a state-wide collaborative, PiN Ministry, Seton Youth Shelter, and the Westminster Board for the Aging.

The Sentara Research Center received a $3.4M grant from the Patient Centered Outcomes Research Institute in partnership with Yale University, Massachusetts General Hospital, and Houston Methodist Hospital. This grant will be used by the Sentara Health Research Center and Health Equity teams to recruit participants from Sentara Community Care centers, mobile care services, and community-based partnerships with churches, homeless shelters, and food banks across South Hampton Roads, Newport News, and Hampton to study hypertension in underserved communities.

Grants are strategically awarded based on priorities identified in CHNA assessments and those related to housing, food security, or skilled careers. For example, the focus area of social determinants of health is supported by grants to include Biznet Incorporated/ Hearts & Homes Residential Renovations, Ability Center of Virginia/Ability Days, FACT (Families of Autistic Children of Tidewater), and Joy Ministries/ Feeding Program.

Sentara is aware of the significant impact that our organization has on the economic vitality of our communities. As a system, Sentara will continue to invest in and support organizations and projects that address prominent social determinants of health. We will continue to promote health by working to eliminate traditional barriers to health and human services.

In 2023, Sentara invested more than $294 million in the communities we serve — $47 million in community giving, $13 million in health and prevention programs, $70 million in teaching and training of health care professionals, and $164 million in uncompensated patient care. In 2024, Sentara invested more than $329 million in the communities we serve — $40 million in community giving, $19 million in health and prevention programs, $96 million in teaching and training of health care professionals, and $174 million in uncompensated patient care.

Community health is defined by much more than medical care. As more is known about the role of social determinants of health, more opportunities will arise to influence population health by engaging in community approaches to care. Beyond the scope of Sentara, SPAH, SVBGH, PAASM, and VBASC alone, these opportunities will require active partnerships among local organizations and individuals to create lasting impact. We are committed to finding innovative, responsive, and successful strategies to address these challenges and to fulfill our mission to improve health every day. While we will consider proposals that fall outside of the following focus areas, we strongly encourage proposals that align with one or more of the following priorities:



Housing: Partner with agencies and organizations that can creatively address a variety of housing issues.



Food security: Improve food security in our communities through innovative programs.



Skilled careers: Educate people to gain higher paying jobs for more sustainable economic opportunities.

Notes

Notes

Serving the city of Virginia Beach

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Virginia Beach, VA 23454

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