Sentara Halifax Regional Hospital

Community Health Needs Assessment 2021

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Sentara Halifax Regional Hospital
Community Health Needs Assessment (CHNA)

2021

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I. Introduction

Sentara Halifax Regional Hospital (SHRH) has conducted a community health needs assessment (CHNA) 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 social and health-related problems that impact health status.

Our assessment includes a review of population characteristics such as age and racial and ethnic composition because demographic factors are important determinants of health. Socioeconomic factors such as education, employment and poverty are included because current research suggests that the way a person lives in their community, the challenges they face and the solutions they find, plays a substantial role in that person's ability to lead a healthy life. The assessment also looks at risk factors like obesity and smoking and at health indicators such as infant mortality. Community input is an important way to assess the community's health status, and this CHNA employed a survey and focus groups to collect that data. Finally, the assessment presents the health status indicators that depict the medical conditions commonly found in the community. Each of these types of data is essential in developing a comprehensive view of community health.

As we embarked on this CHNA process, the country and Virginia were completely focused on mitigating the COVID-19 pandemic. The process for this CHNA is affected by the pandemic in several ways. It is less collaborative than other SHRH CHNAs, because we were mindful that other people had more than enough to do to manage the care they provide. It was important the we find ways to allow respondents to focus on health concerns other than COVID-19, when that was their main concern; and when we look at the community input, we wonder how much of the response is related to COVID. Most of the "hard" data indicators are from 2019, the newest data available, but also unaffected by COVID-19.

COVID has also affected our ability to develop an implementation plan that addresses the concerns of the participants in our CHNA process. We have a three-year window to implement strategies, and hope that sometime in the next year the issues of COVID contagion will be controlled, but for now, strategies will be focused on low contact efforts such as media posts for public education, with the intent to resume public outreach programming when it is safe and appropriate.

The needs assessment identifies numerous health issues that our communities face. While there are many important health problems, we are focusing our efforts on the health issues listed below. 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 these priority health problems in our area:

- Behavioral Health
- Access to Care
- Economic and Social Factors as they Impact Health (the Social Determinants of Health – SDOH)

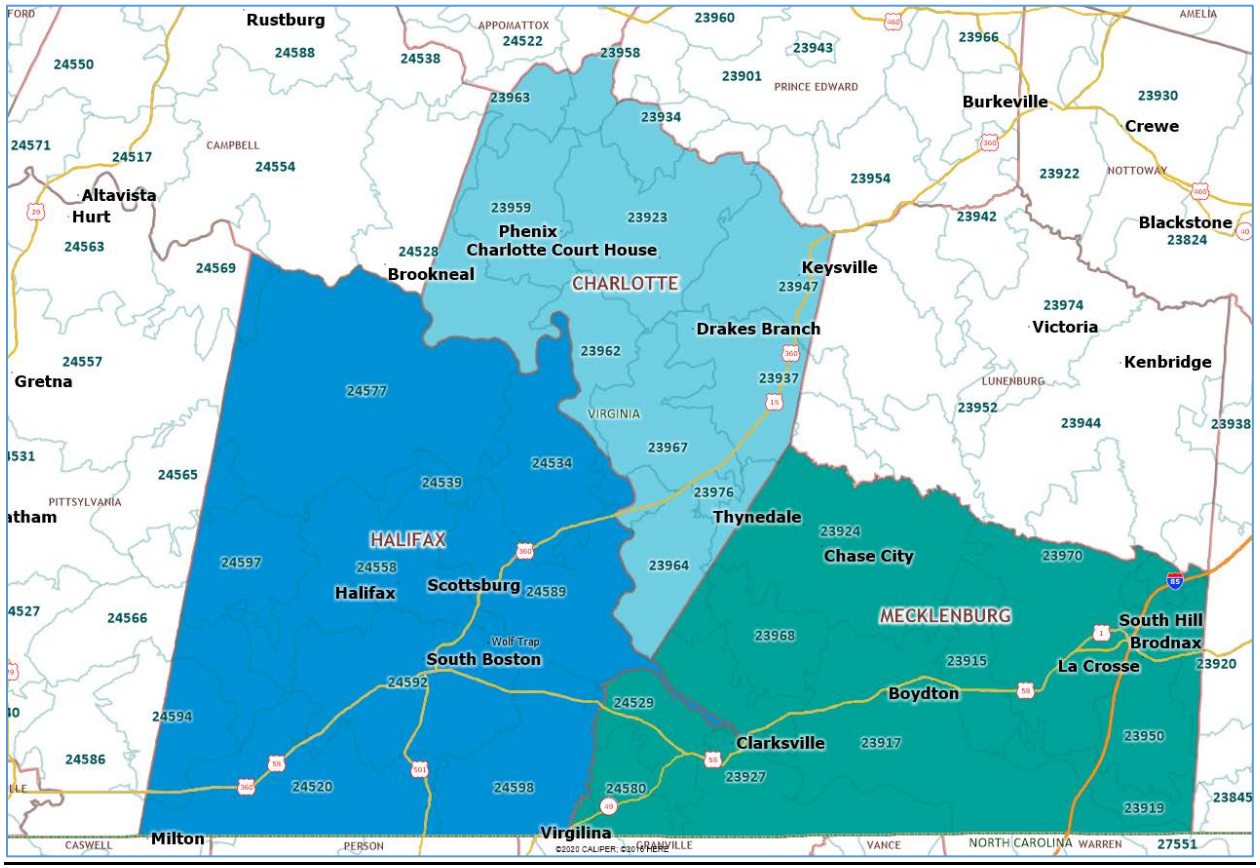
Most of the health problems identified in this CHNA have been identified in previous CHNAs. This makes sense because these are complex, intractable health conditions, and it takes many years and concerted effort to make positive changes that are significant enough to impact outcomes for the whole community. In 2018, an implementation strategy was developed to address the identified problems and many programs have been developed to improve health for those who face health challenges. The new programs include an expansion of behavioral health services with the implementation of an intensive outpatient service and a partial hospitalization program. The establishment of the Pocket EKG program provides a number of cardiac and diabetic screenings in one convenient location. The Community Garden harvested 4,400 lbs. of produce this year to donate to local food pantries and to use for educational purposes with young mothers participating in the SNAP program. The hospital has tracked progress on the implementation activities in order to evaluate the impact of these programs. A summary of the strategies employed to address health issues identified in the 2018 CHNA is included at the end of this document.

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

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

II. Community Description

The SHRH Service Area in Detail:



For the purposes of this report, the SHRH service area is comprised of three counties: Halifax (primary service area), Charlotte and Mecklenburg. The reason the service area is defined this way is that many health status indicators used in this report are only available at the county level, not at the zip code level. Data sources are identified at the bottom of each table included in this report to prevent confusion between different service areas and the volumes and characteristics of the populations they represent.

County	Zip Code	Zip Code Name
Halifax	24520	Alton
Halifax	24534	Clover
Halifax	24539	Crystal Hill
Halifax	24558	Halifax
Halifax	24577	Nathalie
Halifax	24589	Scottsburg
Halifax	24592	South Boston
Halifax	24597	Vernon Hill
Halifax	24598	Virgilina
Charlotte	23923	Charlotte Court House
Charlotte	23934	Cullen
Charlotte	23937	Drakes Branch
Charlotte	23947	Keysville
Charlotte	23959	Phenix
Charlotte	23962	Randolph

County	Zip Code	Zip Code Name
Charlotte	23963	Red House
Charlotte	23964	Red Oak
Charlotte	23967	Saxe
Charlotte	23976	Wylliesburg
Mecklenburg	23915	Baskerville
Mecklenburg	23917	Boydton
Mecklenburg	23919	Bracey
Mecklenburg	23924	Chase City
Mecklenburg	23927	Clarksville
Mecklenburg	23950	La Crosse
Mecklenburg	23968	Skipwith
Mecklenburg	23970	South Hill
Mecklenburg	24529	Buffalo Junction
Mecklenburg	24580	Nelson

The geography of the service area distinguishes it from both Virginia as a whole and the United States in that it is an entirely rural region (designated noncore by the United States Department of Agriculture classification, having no cities with population of 10,000 or more). Halifax County is the 4th largest county in the state, and the logistical challenges faced by large geographic regions, including lack of public transportation, clustering of social, medical and educational services, and the poverty that results in 3% of the population not having access to a vehicle (US Census Bureau), makes access to services an important health challenge.

2018 Population Density per Square Mile				
	Halifax County	Charlotte County	Mecklenburg County	Virginia
Population Density/Sq Mile	43	26	47	191
Data Source: http://www.usa.com/rank/virginia-state--population-density--county-rank.htm				

Demographics:

Demographics	Halifax County	Charlotte County	Mecklenburg County	Virginia	United States
Population estimates, July 1, 2019	34,389	11,929	30,691	8,535,519	328,239,523
Persons under 5 years, percent	5.4%	5.0%	5.1%	5.9%	6.0%
Persons under 18 years, percent	20.4%	22.2%	18.9%	21.8%	22.3%
Persons 18 - 64 years, percent	56.2%	53.8%	56.0%	56.4%	55.2%
Persons 65 years and over, percent	23.5%	21.9%	25.2%	15.9%	16.5%
Projected Population Change 2020 - 2030*	-5.6%	-3.4%	-3.8%	7.8%	
Projected Population Change 2030 - 2040*	-7.0%	-4.6%	-5.1%	5.8%	
Projected Population 2030	32,457	11,527	29,527	9,331,666	
Projected Population 2040	30,176	10,993	28,030	9,876,728	
*Weldon Cooper Center for Population Studies, UVA https://demographics.coopercenter.org/virginia-population-projections/#map-01					

Highlight
Halifax County has the highest population at 34,389, but is also exppected to lose the most population, 4,213 residents, while Charlotte County and Mecklenburg County are expected to lose 936 and 2,661 respectively. All three counties have a smaller percent of children than either the state or the US, contributing to the loss of population by not replacing those lost or relocated. Similarly, all three counties have a higher percent of the population over 65 years of age, expecting a higher healthcare burden in the coming years.

The Aging Population:

The Aging Population: Percent of Population Age 65+ by Age Class and Locality				
Population Projections	Halifax County	Charlotte County	Mecklenburg County	Virginia
2020 Age 65 - 74	14.2%	12.9%	15.7%	9.5%
2020 Age 75 - 84	7.4%	6.8%	8.0%	4.4%
2020 Age 85+	2.7%	2.6%	2.9%	1.7%
2030 Age 65 - 74	14.8%	15.5%	16.9%	10.4%
2030 Age 75 - 84	9.8%	8.3%	10.4%	6.1%
2030 Age 85+	3.1%	2.8%	3.3%	1.9%
2040 Age 65 - 74	13.0%	12.8%	14.2%	8.7%
2040 Age 75 - 84	10.2%	9.8%	11.1%	6.8%
2040 Age 85+	3.9%	3.2%	4.1%	2.5%
*Weldon Cooper Center for Population Studies, UVA https://demographics.coopercenter.org/virginia-population-projections/#map-01				

The population of the SHRH service area is older than the state as a whole. The percent of the very elderly, shown to have the highest utilization of medical services, is a percentage point higher in 2020, and by 2040, that percent will have increased to 1.5% points. The overall population of the area is low, with each percentage point equal to 344 individuals (Halifax County), 119 individuals (Charlotte County) and 310 persons (Mecklenburg County).

Race and Ethnicity:

Race/Ethnicity	Halifax County	Charlotte County	Mecklenburg County	Virginia	United States
White alone	59.7%	67.9%	60.0%	69.4%	76.3%
Black or African American alone	34.6%	28.0%	35.4%	19.9%	13.4%
American Indian and Alaska Native alone	0.3%	0.0%	0.6%	0.5%	1.3%
Asian alone	0.8%	0.4%	0.1%	6.9%	5.9%
Native Hawaiian and Other Pacific Islander alone	0.0%	0.0%	0.0%	0.1%	0.2%
Two or More Races	2.6%	1.5%	0.9%	3.2%	2.8%
Hispanic or Latino**	2.1%	2.2%	3.0%	9.8%	18.5%
White alone, not Hispanic or Latino	93.6%	87.2%	87.9%	61.2%	60.1%
**Hispanics may be of any race, so are included in applicable race categories					
US Census Bureau Demographic Profiles 2020 census data					

Highlight
All three counties in the service area have a large Black population, while having few residents who do not identify as either White or Black. This makes the racial disparities in health outcomes a substantial factor to include in healthcare planning in developing community awareness/education and outreach programs.

Other Demographic Features:

Other Descriptive Information	Halifax County	Charlotte County	Mecklenburg County	Virginia	United States
Veterans, 2015-2019	2,476	826	2,388	677,533	18,230,322
Veterans as a percent of population 2019	9.0%	8.8%	9.6%	7.9%	5.6%
Owner-occupied housing unit rate, 2015-2019	74.1%	71.3%	71.1%	66.3%	64.0%
Median value of owner-occupied housing units, 2015-2019	$116,100	$111,900	$132,600	$273,100	$217,500
Foreign born persons, number of individuals, 2015-2019	712	93	229	12.4%	13.6%
Language other than English spoken at home, percent of persons age 5 years+	4.5%	2.1%	2.0%	16.3%	21.6%
Households with a computer, percent, 2015-2019	68.1%	71.3%	73.3%	91.1%	90.3%
Households with a broadband Internet subscription, percent, 2015-2019	57.2%	59.7%	60.7%	83.9%	82.7%
High school graduate or higher, percent of persons age 25 years+, 2015-2019	81.5%	83.2%	81.9%	89.7%	88.0%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	15.4%	10.9%	20.2%	38.8%	32.1%
With a disability, percent, 2015-2019	18.8%	20.7%	20.8%	8.0%	8.6%
Persons without health insurance, under age 65 years, percent	9.7%	12.9%	10.2%	9.3%	9.5%
In civilian labor force, total, percent of population age 16 years+, 2015-2019	52.9%	55.8%	49.3%	64.1%	63.0%
In civilian labor force, female, percent of population age 16 years+, 2015-2019	49.8%	55.9%	48.8%	60.5%	58.3%
Median household income (in 2019 dollars), 2015-2019	$42,669	$40,573	$43,207	$74,222	$62,843
Per capita income in past 12 months (in 2019 dollars), 2015-2019	$23,909	$22,018	$25,056	$39,278	$34,103
Population per square mile, 2010	42.3	25.3	49.1	202.6	87.4
Land area in square miles, 2010	818.0	475.0	625.0	39,490.1	3,531,905.4

US Census Bureau American Community Survey 5-Year Estimates 2014-2019, http://censusreporter.org/profiles/

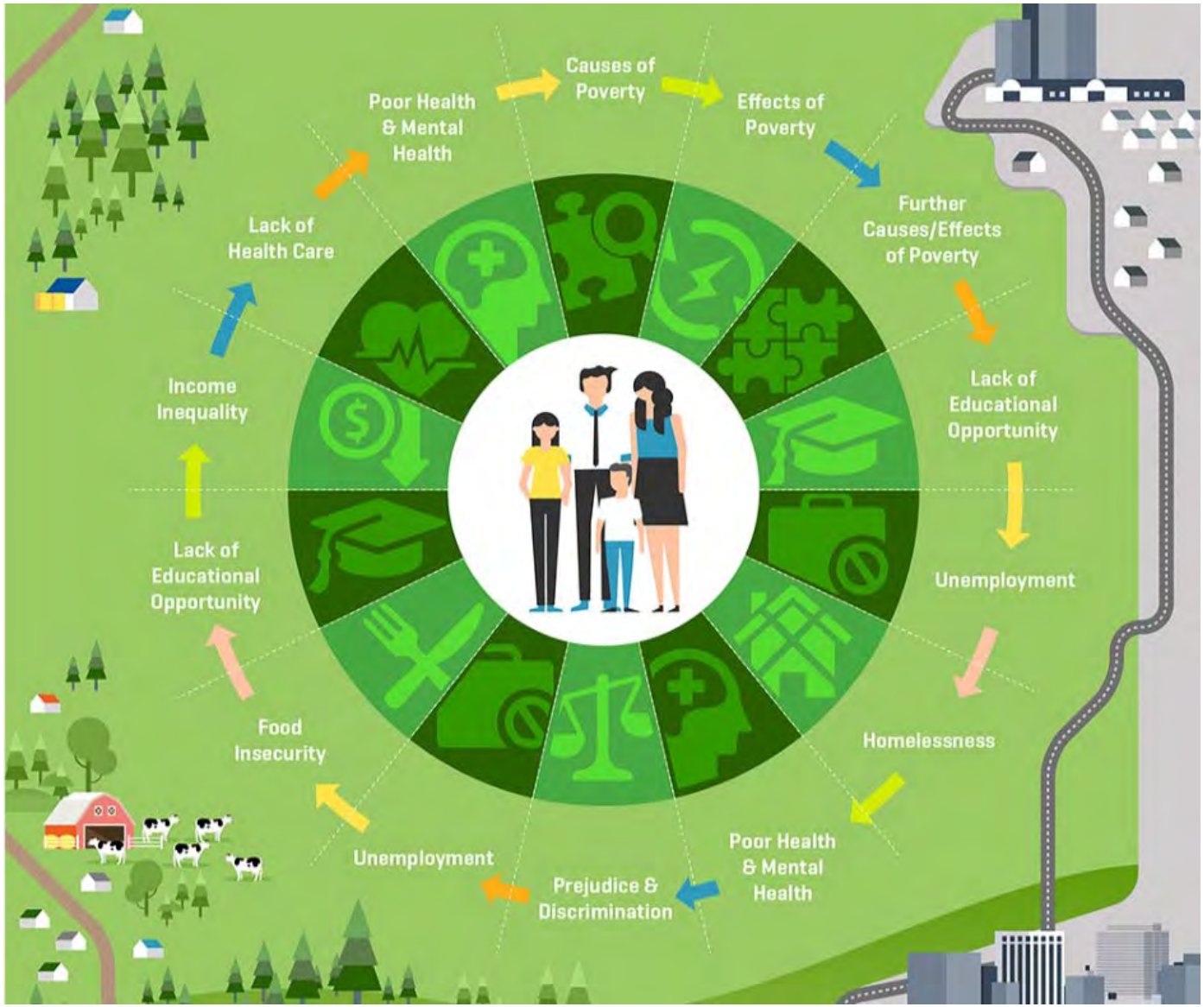
Highlight
The overall rate of the population who are veterans is slightly higher than either Virginia or the United States. The median home value is less than half of that of Virginia as a whole, and the median income and per capita income reflect that lower cost of living. Fewer households have computers and internet access in this rural part of the state, impacting remote learning opportunities and outcomes during the COVID pandemic. A higher percent of the population has a disability than in the state or country as a whole. This is indicated both for children, working age adults and the elderly.

What makes us healthy?

Background: **Only 20%** of a person's health and well-being is related to **clinical care**. The physical environment, socioeconomic, and behavioral factors **drive 80% of health outcomes**; we often refer to these as the **social determinants of health**.

This assessment helps us identify which factors we should focus on addressing.

Poverty: A Root Cause of Poor Health



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.

Rural Poverty vs Urban Poverty | Social Workers | AU Online (aurora.edu)

Poverty Prevalence by Local Department of Social Service, Profile Report 2019				
	Charlotte County	Halifax	Mecklenburg	Virginia
Number of People (All Ages) Living in Poverty in Locality*	2,264	4,825	5,565	822,944
Percent of People (All Ages) Living in Poverty in Locality*	19%	14%	19%	10%
Number of Children (<18 years) Living in Poverty in Locality*	724	1,523	1,668	242,806
Percent of Children (<18 years) Living in Poverty in Locality*	30%	22%	30%	13%
Percent of Children Living in a Single-Parent Household**	48%	33%	45%	27%
Percent of Residents who Received Benefits (SNAP, TANF, or Medicaid) in State Fiscal Year 2019***	32.4%	34.0%	29.2%	19%
*Source: US Census Bureau, Small Area Income and Poverty Estimates (SAIPE). Estimates are for 2018. **Data Source: US Census Bureau, American Community Survey 2014 - 2018 ***Data Source: VaCMS "Children and Family Counts - Expenditure by Budget Line" Counts are unduplicated between programs within locality				

Poverty Rates for SHRH Service Area										
Locality	Total Population *	Children below 100%	All Below 50%	All Below 100%	All Below 125%	All Below 185%**	All Below 200%	All Below 300%	All Below 400%	All Below 500%
Halifax County	33,807	15.5%	5.5%	28.1%	20.0%	32.5%	35.9%	59.2%	73.4%	83.0%
Charlotte County	11,801	36.5%	10.7%	38.7%	28.6%	42.5%	46.0%	64.6%	79.8%	87.5%
Meklenburg County	29,624	28.2%	8.5%	8.1%	23.2%	38.0%	41.4%	58.1%	71.6%	83.0%
* May be different than other population estimates due to calculation formula for included individuals										
*The level at which many social services become accessible										
Data Source: US Census Bureau, American Community Survey -- 2014 - 2019, 5-Year Estimates										
Comparison Data: Virginia 100% Federal Poverty Level Rate = 9.5%, United States Rate = 10.5%										

While poverty is a concern in any region, studies have demonstrated that rural populations experience a higher level of "almost poverty" where a higher percent of the population lives above the 100% Federal Poverty Level, but below a living income. Across Virginia, 13% of children live below 100% of the Federal Poverty level, but approximately 30% of those who live in poverty are children. In this rural region, there are many more who live just above the officially designated poverty level.

Halifax County residents are less likely to live in poverty than either Charlotte County or Mecklenburg County residents. The poverty rates for Halifax County are closer to the rates for Virginia as a whole. Charlotte County residents are more likely to live in poverty than either of the two other counties by a significant margin, and an even bigger contrast with the state of Virginia, with more than one third of children under the age of 18 living in poverty.

III: Health Status Indicators

Mortality:

Heart disease is the leading cause of death in the service area, and in Virginia as a whole, but the differences between the rate of cardiac deaths and cancer deaths are so small that the comparison in any given year may lean one way or the other, with findings that cancer is now often the leading cause of death. "Lung cancer is the leading cause of cancer death in the US, accounting for nearly 25% of all cancer deaths. This is partially because patients with lung cancer may remain asymptomatic until late stages." (Advisory Board, blog post 9/16/21, "Nearly twice as many patients are now eligible for lung cancer screenings.") Yet the service area rate of lung cancer incidence and mortality is either stable or falling, as is Virginia's (see tables next page).

Leading Causes of Death Number / Rate Per 100,000, Age-adjusted				
Cancer Site	**Halifax County**	**Charlotte County**	**Mecklenburg County**	**Virginia**
Deaths from All Causes	492 / 1,450.9	171 / 1,439.4	454 / 1,484.3	70,242 / 822.9
Heart Disease	117 / 345.0	37 / 311.4	94 / 307.3	15,035 / 176.1
Cancer	102 / 300.8	33 / 277.8	83 / 271.4	15,024 / 176.0
Accidents	24 / 70.8	15 / 126.3	21 / 68.7	3,993 / 46.8
Cerebrovascular Disease (Stroke)	27 / 79.6	14 / 117.8	29 / 94.8	3,819 / 44.7
Chronic Lower Respiratory Diseases	30 / 88.5	5 / 42.1	25 / 81.7	3,662 / 42.9
Alzheimer's Disease	20 / 59.0	7 / 58.9	16 / 52.3	2,626 / 30.8
Diabetes Mellitus	21 / 61.9	11 / 92.6	29 / 94.8	2,351 / 27.5
Nephritis and Nephrosis	10 / 29.5	6 / 50.5	8 / 26.2	1,660 / 19.4
Septicemia	6 / 17.7	6 / 50.5	8 / 26.2	1,085 / 12.7
Suicide	3 / 8.8	2 / 16.8	4 / 13.1	1,135 / 13.3
Influenza and Pneumonia	12 / 35.2	1 / 8.4	13 / 42.4	1,099 / 12.9
Chronic Liver Disease	5 / 14.7	4 / 33.7	6 / 19.6	1,037 / 12.1
Parkinson's Disease	6 / 17.7	2 / 16.8	6 / 19.6	893 / 10.5
Primary Hypertension / Renal disease	5 / 14.7	2 / 16.8	7 / 22.9	816 / 9.6
Data Source: Virginia Department of Health, Division of Health Statistics, Virginia statistics 2019				
Note: the small case numbers in the region skew rates per 100,000 and make analysis unreliable				

Cancer:

Cancer Incidence: Annual Average Count / Rate Per 100,000, Age-adjusted 2014-2018				
Cancer Site	**Halifax County**	**Charlotte County**	**Mecklenburg County**	**Virginia**
Breast (Female)	31 / 139.7	107 / 111.4	87 / 120.1	6,413/ 127.4
Prostate	40 / 144.3	9 / 94.3	35 / 129.9	4,738 / 99.6
Lung and Bronchus	39 / 64.8	14 / 73.6	40 / 72.6	5,424 / 56.4
Colon and Rectum	26 / 49.0	12 / 63.9	19 / 41.0	3,315 / 35.2
All Sites	243 / 443.7	82 / 457.5	243 / 488.1	39,724 / 416.1
Data Source: statecancerprofiles.cancer.gov/incidencerates/index Incidence rates are reported as 5-year cumulative rates 2014 - 2018 / Mortality rates are reported 2015 - 2019				
Trend: Falling	Trend: Rising	Trends compare to previous 5-year period		

Cancer Mortality Annual Average Count / Rate Per 100,000, Age-adjusted 2015-2019				
Cancer Site	**Halifax County**	**Charlotte County**	**Mecklenburg County**	**Virginia**
Breast (Female)	9 / 37.1	*	5 / 21.6	1,129 / 20.9
Prostate	4 / 18.0	*	5 / 20.4	768 / 19.7
Lung and Bronchus	31 / 51.8	12 / 58.8	29 / 50.6	3,720 / 37.1
Colon and Rectum	12 / 22.8	4 / 21.2	9 / 16.4	1,310 13.4
All Sites	108 / 188.7	36 / 184.4	98 / 179.3	15,046 / 152.4
Data Source: statecancerprofiles.cancer.gov/incidencerates/index Incidence rates are reported as 5-year cumulative rates 2014 - 2018 / Mortality rates are reported 2015 - 2019 *indicates 3 or fewer cases, not enough for statistical analysis				
Trend: Falling	Trend: Rising	Trends compare to previous 5-year period		

With the exception of breast cancer in Mecklenburg County, the rates of cases of cancer are remaining stable throughout the service area. The rate of cancer deaths, however, is falling in all three counties as it is across Virginia.

Health Attitudes and Behaviors:

Because there are so many non-medical factors that influence overall health, the CDC and other healthcare information services now collect survey data on what we believe about being healthy and how we act on those beliefs. Below is a table that reflects individual utilization of routine healthcare services.

Health Attitudes and Behaviors by Locality						
Health Attitudes and Behaviors	SHRH Service Area	Halifax	Mecklenburg	Charlotte	Virginia All Zips	United States
Visited A Doctor in the Past Year	75.0%	74.5%	75.7%	74.4%	77.6%	76.3%
I go to the doctor regularly for check-ups (Strongly Agree)	50.7%	50.2%	51.7%	49.4%	50.1%	49.5%
I go to the doctor regularly for check-ups (Agree Somewhat)	23.5%	23.3%	23.5%	24.1%	25.3%	25.1%
I go to the doctor regularly for check-ups (Disagree Somewhat)	12.2%	12.6%	11.6%	12.7%	12.6%	13.0%
I go to the doctor regularly for check-ups (Strongly Disagree)	13.6%	13.9%	13.2%	13.8%	11.9%	12.4%
In general, I feel I eat right (Strongly Agree)	29.5%	29.6%	30.1%	27.7%	33.7%	33.4%
In general, I feel I eat right (Agree Somewhat)	47.8%	47.6%	48.2%	47.1%	47.2%	46.4%
In general, I feel I eat right (Disagree Somewhat)	18.1%	18.1%	17.5%	19.8%	15.6%	16.4%
In general, I feel I eat right (Strongly Disagree)	4.6%	4.7%	4.2%	5.4%	3.4%	3.7%
I take my prescription medicines exactly as prescribed (Strongly Agree)	68.9%	68.7%	69.5%	68.1%	67.7%	66.7%
I take my prescription medicines exactly as prescribed (Agree Somewhat)	21.0%	21.2%	20.5%	21.5%	22.6%	23.0%
I take my prescription medicines exactly as prescribed (Disagree Somewhat)	5.2%	4.9%	5.5%	5.0%	5.8%	6.0%
I take my prescription medicines exactly as prescribed (Strongly Disagree)	4.9%	5.2%	4.5%	5.5%	3.9%	4.3%
I only go to the doctor when I'm very ill (Strongly Agree)	30.1%	30.5%	29.7%	30.2%	28.6%	29.9%
I only go to the doctor when I'm very ill (Agree Somewhat)	31.1%	31.1%	31.0%	31.1%	31.2%	30.8%
I only go to the doctor when I'm very ill (Disagree Somewhat)	20.1%	19.6%	20.6%	19.9%	22.8%	22.1%
I only go to the doctor when I'm very ill (Strongly Disagree)	18.8%	18.8%	18.7%	18.8%	17.5%	17.2%
I take medicine as soon as I don't feel well (Strongly Agree)	13.0%	13.2%	12.8%	13.1%	12.3%	13.5%
I take medicine as soon as I don't feel well (Agree Somewhat)	29.2%	29.5%	28.7%	29.5%	28.4%	28.5%
I take medicine as soon as I don't feel well (Disagree Somewhat)	32.5%	31.8%	33.5%	32.0%	35.4%	34.5%
I take medicine as soon as I don't feel well (Strongly Disagree)	25.3%	25.5%	25.0%	25.4%	23.9%	23.4%
Medication has improved the quality of my life (Strongly Agree)	29.8%	29.3%	30.4%	29.3%	27.0%	27.3%
Medication has improved the quality of my life (Agree Somewhat)	36.7%	37.0%	36.0%	37.1%	37.9%	37.2%
Medication has improved the quality of my life (Disagree Somewhat)	21.0%	20.8%	20.8%	22.1%	20.4%	21.1%
Medication has improved the quality of my life (Strongly Disagree)	12.6%	12.8%	12.8%	11.5%	14.7%	14.4%
I follow a regular exercise routine (Strongly Agree)	21.5%	21.5%	21.8%	20.7%	26.0%	24.8%
I follow a regular exercise routine (Agree Somewhat)	28.6%	28.6%	29.2%	27.1%	33.1%	32.5%
I follow a regular exercise routine (Disagree Somewhat)	32.9%	33.0%	32.1%	34.9%	27.4%	28.0%
I follow a regular exercise routine (Strongly Disagree)	16.9%	16.9%	16.9%	17.3%	13.5%	14.7%
My medical conditions limit my lifestyle somewhat (Strongly Agree)	15.8%	15.2%	16.7%	15.5%	12.5%	13.8%
My medical conditions limit my lifestyle somewhat (Agree Somewhat)	27.3%	27.1%	27.2%	28.3%	23.3%	23.7%
My medical conditions limit my lifestyle somewhat (Disagree Somewhat)	21.0%	21.1%	20.9%	20.6%	22.1%	22.0%
My medical conditions limit my lifestyle somewhat (Strongly Disagree)	35.9%	36.6%	35.2%	35.6%	42.2%	40.5%
Red numbers indicate higher score than the State of Virginia as a whole, Green indicate lower score, NOTE: See individual questions to determine whether higher						
Data Source: AGS Consumer Behavior Database sourced from the latest GfK MRI DoubleBase' surveys, 2020 Release, housed in Advisory Board Demographic Profiler						

Maternal Demographics:

Unsupported and under-supported young families face many negative health outcomes, and predict many long term health challenges as time goes on, so looking at the way families begin can help us understand the current and future health of the community. Compared to Virginia, residents of the SHRH service area have higher rates of low weight and very low weight births in Halifax and Mecklenburg Counties, though Charlotte County's rates are low. It is important to note the low case volume, which seem to skew the rates, because low numbers result in high percentages. Because the actual volume is so small for any of these statistics, a difference of one case can change the percent by a seemingly too high amount.

Halifax County has the highest number of births, and the highest percent of low and very low birthweight births, higher than the rate for Virginia.

Births, Birthweight and Infant Death by Locality of Residence 2019				
	Halifax County	Charlotte County	Mecklenburg County	VA
Total Births to Residents	366	126	294	97,434
Total Teen Births Below Age 18	10	0	5	853
Teen Births Ages 18 - 19	19	3	10	2,798
Non-Marital Births	201 / 54.9%	50 / 39.7%	154 / 52.4%	34,196 / 35.1%
Low Birthweight Births / percent of total births	42 / 11.5%	6 / 4.8%	29 / 9.9%	8,162 / 8.4%
Very Low Birthweight Births / percent of total births	11 / 3.0%	0 / 0%	1 / 0.3%	1,436 / 1.5%
Total Infant Deaths / Rate per 1,000 Births	2 / 5.5	0 / 0	2 / 6.8	570 / 5.9
Data Source: Virginia Department of Health Division of Health statistics: https://apps.vdh.virginia.gov/HealthStats/				

General Health Status:

Health Outcomes and Behaviors by Locality -- County Health Rankings 2021 Release				
	Charlotte	**Halifax**	**Mecklenburg**	**VA**
Health Outcome Ranking (out of 133, 1 is best)	116	103	114	
Health Factor Ranking (health behaviors, out of 133, 1 is best)	122	109	111	
Diabetes Prevalence	16%	19%	17%	11%
Adult Smoking	25%	23%	24%	15%
	36%	41%	41%	31%
Life Expectancy	74.8 years	75.8 years	74.6 years	79.5 years
Premature Death (cumulative years of life lost before age 75, rate per 100,000 age-adjusted	10,929	10,126	11,316	6,376
% in Poor or Fair Health -- Self Report	24%	22%	23%	17%
% Experiencing Frequent Mendal Distress -- Self Report	17%	16%	16%	12%
Food Environment Index (10.0 is best) -- access, affordability, knowledge, behavior	6.3	7.3	7.6	8.8
Physical Inactivity	25%	31%	31%	22%
Exercise Opportunities	21%	43%	55%	82%
Excessive Drinking	17%	16%	16%	18%
Preventable Hospitalization Rate***	4,941	4,612	4,513	4,269
% with Annual Mammogram*	32%	40%	45%	43%
% with Flu Vaccine	42%	46%	54%	51%
Drug Overdose Deaths / Rate	0	18 / 18	21 / 23	4502 / 18
% Getting Insufficient Sleep	42%	40%	40%	39%
Suicide Deaths / Rate (age-adjusted)**	12 / 23	26 / 16	28 / 17	5,386 / 13
% Uninsured Adults	18%	14%	14%	12%
% Uninsured Children	7%	5%	5%	5%
https://apps.vdh.virginia.gov/HealthStats/				
women will have had mammogram in any given year				
** Rate per 100,000 population				
***Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare				

Each year the County Health Rankings compares the health status of every locality in each state and ranks localities within states. This service area routinely places in the bottom fifth of the rankings (see line 1 in the table), demonstrating shorter life expectancy, poor dietary and health habits, and lack of access to preventive care. Although this is the 2021 release of the Health Rankings, many of the underlying data sets are from 2019, the most recent available, and therefore unaffected by COVID-19 impacts.

IV: Community Input

Having an active, supportive and engaged community is essential to creating the conditions that lead to improved health. The residents of the SHRH service area are highly engaged in matters important to the community. There were approximately 75 invitations sent out to key stakeholders and 27 (a 36% response rate, entirely respectable in survey research) in a dozen separate organizations representing service providers, policy makers and underserved communities responded by filling out the survey. Not only does SHRH appreciate their input, but we recognize the importance of their willingness to participate in efforts to enhance life in our community.

Respondents were asked to identify their role in responding to the survey, giving us an idea of the types of special insight they have in their understanding of the community.

Survey Respondents Community Representation
Role in the Community
Healthcare
Community Non-profit Organization (Food bank, United Way, etc.)
Education
Local Government or Civic Organization
Law Enforcement/Fire Department/Emergency Medical Services
Individual
Additionally, respondents identified themselves as active in the community in a number of ways that give each one important insight into the function and health of the community:
Administrator
Family medicine
Former member Halifax County Board of Supervisors
Mental health services for SMI, substance abuse and intellectual disability
Mental health, substance use disorders
Public health
Recreation

Respondents were then asked to identify the organizations they represented in answering the survey. In a small community, everyone wears many hats, so although the respondents chose one role and one organization to identify, each of them might represent their roles in their families, churches, civic organizations, friend groups and as participants in other community activities. We note that this is a smaller group of organizations represented than we would normally expect. The COVID-19 pandemic lowered the energy most of us could devote to collaborative efforts as we coped with the overwhelming experience.

Organizations Represented by Respondents
Halifax County Chamber of Commerce
Halifax County Public Schools
Juvenile & Domestic Relations District
Pulmonary Associates
Retired former banker, former Prizery Board, former SVHEC board
Sentara
Sentara Halifax Family Medicine
SHRH
Sentara DominionHealth Medical Associates
South Boston Health & Rehab Center
South Boston Recreation
Southern VA Higher Education Center
Southside Behavioral Health
Southside Health District
Tri-County Community Action Agency,Inc.

Key Stakeholder Survey Results

For this CHNA report, we assembled the most pressing community needs identified in previous CHNA efforts and took a deeper dive into each one of them. The initial question on the survey asks respondents to identify the most important health issues by category. Then, each category was pulled apart to see what challenges it encompassed. The results are displayed in the tables below. Each question allowed respondents to identify other needs that may not have been included in the question. Those responses are shown in the bottom sections of the tables.

Choose 4 Areas of Health Concern You Believe are Most Important for Your Community		
Area of Concern	**# Responses**	**% Respondents**
Behavioral/Mental Health Needs	21	77.8%
Social/Economic Needs	17	63.0%
Access to Care	16	59.3%
Health Needs of the Elderly	13	48.1%
Chronic Health Conditions	12	44.4%
Children's Health Needs	9	33.3%
Health Equity and Disparities	8	29.6%
Acute Illness/Emergency Care	8	29.6%
Other Health Needs		
Lack of behavioral / mental health		
Lack of specialty doctors in our community. Patients have to go out of town.		
Medication access assistance		
Neurology, urology		

The choices of healthcare needs presented here, and to survey respondents, reflect an expanded understanding of what influences total, overall health, based on ongoing research into the ***Social Determinants of Health (SDOH).*** By integrating the medical and social concerns of the community, we help put the patient at the center of care, and deliver on our mission: to improve health every day.

Behavioral Health Needs:

Behavioral Health Needs		
Area of Concern	**# Responses**	**% Respondents**
Services for substance abuse identification and treatment	14	51.9%
Provider capacity -- enough psychiatrists to treat all those who need care	13	48.1%
Residential treatment facilities, permanent supportive housing	12	44.4%
Access to inpatient care in a crisis	11	40.7%
Having enough counselors to serve all who need help	10	37.0%
Access to outpatient counseling services for depression, anxiety and other mental disorders	9	33.3%
Services for adults with cognitive/developmental disabilities	7	25.9%
Stigma attached to accessing services	7	25.9%
Counseling services for children in schools (eliminating transportation barrier)	4	14.8%
Access to medication for behavioral health needs	4	14.8%
Violence prevention services including parent education	4	14.8%
Survivorship services for trauma, violence, major medical events, grief/loss, etc.	3	11.1%

Other Behavioral Health Needs
Ancillary services for behavioral health and trauma related disorders

Behavioral/mental health needs was chosen most frequently, with 78% of respondents choosing it as a major health concern. In the 2018 CHNA, 73% of respondents chose mental health as a major concern, at the top of that year's list. The pandemic has been shown to have created additional mental health strain on the US population, adding to an existing problem. By separating the topic into more granular areas of concern, we can see that substance abuse services, provider capacity, and residential treatment facilities were of most concern.

SHRH has worked during the last several years to address this issue, which is near the top of every CHNA need list over time and across the country. In addition to the development of telepsychiatry services, SHRH has implemented both intensive outpatient counseling and a partial hospitalization program, in addition to the individual counseling and medication management services that are an important part of a comprehensive community behavioral health program.

Social/Economic Needs:
The second most chosen need among the initial list, these factors include what are widely known as the social determinants of health.

The primary concern identified in this poor region with relatively high unemployment amid the COVID-19 pandemic was financial security. The median household income for Halifax County is 57% the median for Virginia ($42,699 vs. $74,222).

Transportation was the second most identified need, not surprising in a rural area that sprawls across almost 2,000 square miles. While both Halifax County and Mecklenburg County have very limited publicly available transportation within the bounds of their largest population centers: South Boston and South Hill, there are no taxi services, and no generally available public transportation in any of the three counties.

Housing security was the third choice in concerns. With a high percent of home ownership, the area does not have a large inventory of available and affordable rental units.

Concerns Associated with Socioeconomic Factors		
Area of Concern	**# Responses**	**% Respondents**
enough money to cover basic expenses	20	74.1%
transportation	18	66.7%
Housing security (low income housing, housing for the elderly/disabled, rent and utility assistance	12	44.4%
long term, chronic poverty	11	40.7%
food security (grocery store within traveling distance, transportation, money to purchase food	11	40.7%
services to prevent or address violence, domestic, social, child abuse	11	40.7%
access to education and job training opportunities	7	25.9%
services for low literacy individuals	5	18.5%
services for the homeless	4	14.8%
community support networks such as churches, neighborhood groups, civic organizations, clubs	4	14.8%
access to services in languages other than english	3	11.1%
Other Socioeconomic Concerns		
The working poor		

Access to Care:

Concerns Associated with Access to Care		
Area of Concern	**# Responses**	**% Respondents**
Insurance coverage/ability to pay for care	19	70.4%
Distance from provider/transportation	18	66.7%
Prompt access to specialty care providers	13	48.1%
Having enough primary care providers to serve the community	12	44.4%
Having access to the internet to receive monitoring and follow-up, or to have appointments	12	44.4%
Being able to get needed medications (financial assistance)	11	40.7%
Getting care when/where it is convenient for the patient	9	33.3%
Access to dental care	7	25.9%
Navigation to make sure all needed services are accessed	5	18.5%
Other Access to Care Concerns		
Distance is a factor for specialist care		
Inability to get an appointment in a timely manner		

Halifax, Charlotte and Mecklenburg Counties are considered Health Professional Shortage Areas (HPSA), a federal designation to allow government incentives to bring healthcare providers to rural areas. Even so, having enough primary care providers to give prompt appointments, access to specialists – sometimes in other Sentara locations – and having a way to get to those appointments are the major issues woven into the enduring concerns about financial and insurance coverage for healthcare.

Health Needs of the Elderly:

The SHRH service area is aging faster than the state of Virginia. The need for services for the elderly is expected to grow through time. In recent years, the closing of two long-term care facilities has not been balanced by the addition of new services at the two largest nursing homes or the largest assisted care facility, although specialized services for dementia care are now available at all three. New models of care, home visiting, and case management will be developed to bridge the gap that is a matter of national debate following the pandemic.

Health Needs of the Elderly		
Area of Concern	**# Responses**	**% Respondents**
Transportation	21	77.8%
Behavioral health services	20	74.1%
Access to services not covered by Medicare (dental, vision, hearing, etc.)	13	48.1%
Access to healthy food and other social services	12	44.4%
Navigation services	10	37.0%
Health services designed for the special needs of the elderly	9	33.3%
Home safety/home modifications to age in place or accommodate disability	6	22.2%
Getting clear medication/follow-up instructions	5	18.5%
Education on aging well (classes, groups, printed material, etc.)	4	14.8%
Social networking and support	3	11.1%

Other Health Needs of the Elderly
Day care services
Greater access to home health services
Lack of good transportation
Specialized behavioral health for the elderly

Chronic Health Needs:

Rated fifth out of the eight initial health categories, chronic health conditions are most often associated with aging. An aging population may have more chronic conditions and be more concerned with services to ensure that they are well managed.

Diabetes, obesity and heart disease, among the most common chronic conditions, are identified as the most concerning. Cancer, now becoming classed as a chronic condition as treatment and management procedures are becoming more successful, is listed just above pulmonary concerns such as COPD and asthma. It is interesting to note that the additional concerns listed by respondents include substance abuse as a chronic condition.

Concerns Associated with Chronic Disease		
Area of Concern	**# Responses**	**% Respondents**
Heart disease	23	85.2%
Diabetes/metabolic syndrome	19	70.4%
Obesity	19	70.4%
Cancer	18	66.7%
Chronic obstructive pulmonary disease (COPD)	12	44.4%
The availability and accessibility of management programs for chronic conditions	3	11.1%
Transitional housing, permanent supportive services	3	11.1%
The availability and accessibility of prevention and early detection screenings and programs	3	11.1%
Pain/fatigue	2	7.4%
Physical disabilities resulting in a need for assistance with daily life (blindness, wheelchair use, etc.)	2	7.4%
Asthma	2	7.4%
Arthritis	1	3.7%
Other Chronic Disease Concerns		
Autoimune conditions that include lupus, Sjorgren's Syndrome, etc. and the conditions which often coexist with these types of conditions		
Drug usage		
Hatred		

Children's Health Needs:

Two of the three most frequently identified health needs of children are behavioral health/substance abuse services. The Southside Community Services Board has been offering telepsychiatry services for children for several years, but the number of appointments available does not meet the need.

The most frequently listed need is poverty related services. With the population of children living in poverty reaching more than twice the Virginia level in 2 of the 3 counties (Halifax = 22%, Charlotte and Mecklenburg Counties = 30%, Virginia = 13%), this concern is listed by 55% of respondents.

Health Needs of Children		
Area of Concern	**# Responses**	**% Respondents**
Poverty-related services (food security, housing, access to reliable child care)	15	55.6%
Emergency behavioral/mental health services for children	13	48.1%
Substance abuse treatment for youth/adolescents	13	48.1%
Prompt access to specialists	13	48.1%
Diagnostic behavioral/mental health services for children	12	44.4%
Counseling or therapeutic behavioral/mental health services for children	8	29.6%
Off-hours answers to questions (help line, etc.)	8	29.6%
Education on healthy habits for children (nutrition, sleep, behavior, socialization)	7	25.9%
Access to dental care	7	25.9%
Same day appointments with pediatricians	3	11.1%
Developmental delay/school readiness services	3	11.1%
Navigation services for children's care	3	11.1%
Support groups for the parents of children with similar health conditions	2	7.4%

Other Children's Health Needs
None reported

Health Equity Needs and Concerns:
Two questions were asked in an effort to identify factors that impact the patient experience – the needs to improve health equity, and how specific factors impact the quality of care that the patient receives.

Financial concerns, access/extended hours, and need to understand how the healthcare systems work together were the most often chosen needs associated with health equity.

Needs Associated with Health Equity		
Area of Concern	**# Responses**	**% Respondents**
Having to choose between which health services a person can afford	20	74.1%
Access to primary care during business or extended hours (getting off work to get access)	16	59.3%
Need to understand how all the different doctors/instructions/medications/procedures fit toget	16	59.3%
Case management / navigation services	15	55.6%
Stigma around accessing certain types of care	10	37.0%
Availability of service in languages other than English	6	22.2%
Having providers of gender/race/ethnicity that represent the community population	6	22.2%
Discrimination against minority/marginalized groups	4	14.8%

Other Health Equity Concerns
Education, or lack of education, plays a large role in healthcare. I don't believe they receive different care but their understanding has an impact on their compliance.
Insurance

The second question ranks personal characteristics that may identify an individual as a member of a minority or otherwise vulnerable group and impact the care they receive. The most chosen factor likely to impact the quality of care is language, with 16 of 27 (59%) respondents agreeing that it impacts their healthcare experience. In a region where more than 95% of individuals speak English as their first language, "language" may refer to their unfamiliarity with the vocabulary of healthcare, the presence of a distinct accent in the speech of a provider, or a general health illiteracy that forms an overall impression of incomplete communication.

Disability was the second most often chosen factor. The region's rate of disability that interferes with daily life is more than twice the rate of Virginia, at 18% vs. 8%, leading it to be a major concern.

Education, like language, may refer to healthcare-specific vocabulary, the ability to understand complex regimens, or other ways in which healthcare is an experience apart from everyday life. The percent of individuals with a bachelor's degree in the service area is highest in Mecklenburg County, with 20% and lowest in Charlotte County, with 11%. Virginia has a bachelor's degree rate of 39%.

Ranking of Personal Characteristics that May Affect the Quality of Care Received -- Health Equity							
Agree Rank	**Factor**	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	**# Agree or Strongly Agree**
1	Language	0	3 (11.1%)	8 (29.6%)	12 (44.4%)	4 (14.8%)	16
2	Disabilities	1 (3.7%)	5 (18.5%)	8 (29.6%)	11 (40.7%)	2 (7.4%)	13
3	Education	3 (11.1%)	6 (22.2%)	6 (22.2%)	9 (33.3%)	3 (11.1%)	12
4	Age	4 (14.8%)	6 (22.2%)	8 (29.6%)	9 (33.3%)	0	9
5	Immigration Status	2 (7.4%)	8 (29.6%)	9 (33.3%)	6 (22.2%)	2 (7.4%)	8
6	Race/Ethnicity	4 (14.8%)	10 (37.0%)	5 (18.5%)	7 (25.9%)	1 (3.7%)	8
7	Sexual Orientation	4 (14.8%)	7 (25.9%)	12 (44.4%)	3 (11.1%)	1 (3.7%)	4
8	Gender	6 (22.2%)	9 (33.3%)	10 (37.0%)	2 (7.4%)	0	2
9	Religion	4 (14.8%)	9 (33.3%)	13 (48.1%)	1 (3.7%)	0	1
		Most Frequent Choice		Second Most Frequent Choice		3 Leading Factors	

Acute Care Needs:

Of least concern among the needs presented in the initial question, the need for acute care raises concerns around financial stability while dealing with an episode of acute illness. Additionally, need for post-care services, specifically help with managing at home, is identified.

Concerns Associated with Acute Care Needs		
Area of Concern	**# Responses**	**% Respondents**
Ability to pay for a health emergency/health insurance	23	85.2%
Loss of pay due to missing work because of illness	16	59.3%
Having support at home in case of hospitalization	16	59.3%
Job loss due to illness	12	44.4%
Distance from emergency room	8	29.6%
Infectious disease (see separate questions for COVID responses)	3	11.1%
Other Acute Care Concerns		
Ability to access critical care and acute care beds		
Depression		
Even with insurance it is difficult for some to pay the remaining bills		

While there is overlap and repetition among the categories of healthcare needs and concerns, these results demonstrate that healthcare is a complex process, and strongly connected to the other aspects of our community lives. As healthcare and CHNAs evolve, we anticipate a growing ability to identify and address genuine emerging needs.

COVID-19:

While this assessment brings focus to an array of healthcare issues, the monumental issue in 2020-2021 has been the COVID-19 pandemic, caused by the coronavirus that entered the country at the end of 2019. Rather than question respondents about their own personal experience with the disease (there are clinical surveys that collect that sort of information), we wanted to see how COVID has impacted community resources and services. The two questions below demonstrate that COVID has changed the way we think of healthcare.

COVID-19 Impact on Your Community		
COVID-19 Concerns	**# Responses**	**% Respondents**
Disruption of community schools	22	81.5%
Isolation from friends and family	19	70.4%
The physical impact of the virus on the body	14	51.9%
Loss of employment	12	44.4%
How to keep family members safe	11	40.7%
Support for family members at home if patient is hospitalized	7	25.9%
Not able to afford medical care/medication	6	22.2%
Inability to access non-healthcare services	6	22.2%
Loss of housing/becoming homeless	1	3.7%
COVID-19 Impact on your organization's operations		
Addition to safety/cleaning routines	23	85.2%
Increase in workplace anxiety	18	66.7%
Remote work/meetings	17	63.0%
Staff reductions/increases	14	51.9%
Changes in work hours/staff schedule	13	48.1%
There is more need for our services now than before COVID-19	10	37.0%
Reducing the number of clients/customers we could serve	9	33.3%
Changing the physical layout of work space	9	33.3%
Changing the type of work performed	9	33.3%
Anticipate receiving more funding to do our work than before COVID-19	4	14.8%

Other COVID-19 Concerns
People still believing Covid is not real even after so many deaths
Political divide
The fear that work/life will never return to "normal" again
Vaccine coverage

Focus Group Results:

Two Community Focus Group Sessions were conducted by the hospital to gain more in-depth insight from community stakeholders. The groups were gatherings of the SHRH Chaplains, service providers with a unique perspective on both the hospital's patients and the broader community. The following questions were asked. The results of the focus groups are summarized below.

- 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?

Topic	Key Findings
What are the most serious health problems in our community?	COVID-19 discussion filled this segment of the focus group, including: • Misinformation on the safety of vaccines • Isolation of COVID patients makes it hard to bring moral support to patients • New variations and low vaccination rates • The need to get education out to the public, who are unwilling to listen to sources other than their favorite news outlet
Who/what groups of individuals are most impacted by these problems?	• The elderly, who know that they are most in danger and must get as much information as possible and make good decisions to stay safe. When they seek care, no one can go with them. • The poor, with no financial means to access care, same with the uninsured
What keeps people from being healthy? In other words, what are the barriers to achieving good health?	• One barrier is financial, rural communities where the median income is pretty low and people don't have a lot of disposable income. People delay treatment because of finances • The elderly have a lot of health issues and then COVID on top of that is a double whammy. • Younger people who don't make a lot of money, and don't have insurance put off health care too • People need help getting grocery, pharmacy, getting them to appointments. Usually family members help. We have a close family oriented community. We look out for each other. That community spirit makes up for not having transportation. • Kids are being raised by their grandparents when their parents don't teach them to care for others and be willing to help others. • The degradation of the youth sports programs as travel teams are marketed to parents as an alternative. They are high cost and are exclusionary for less wealthy parents and will create problems down the road.

What is being done in the community to improve health and to reduce the barriers? What resources exist in the community?	• The community garden, and gardens maintained privately by individuals, so people don't have to go to the store for things, and can help out their neighbors, makes me feel good about the community • The walking trail is a good way to get out and exercise when people can't go to the Y because of COVID. • Socialization is very important too, so free or low cost opportunities to get outdoors to get exercise are important. • Food banks are an important opportunity to get healthy food. • I don't know how much people know about local resources and opportunities.
What more can be done to improve health, particularly for those individuals and groups most in need?	• Broadband for everyone so if the schools close again the kids can still do lessons • To have more industries come to Halifax, to get more young people here • Promotion, promotion, promotion, getting the word out to the community about healthy living, immediate cost vs. cost down the road • Emphasizing customer service so people trust the hospital to have their best interests at heart rather than payment for services

We at SHRH truly appreciate the time and attention of everyone who completed our survey and participated in our focus groups. We are looking forward to working with our community partners and our Sentara partners to continue to improve the health of Halifax, Charlotte and Mecklenburg Counties.

Thank you

Sentara Community Health Needs Assessment Implementation Strategy

2020 Progress Report

Hospital: _Sentara Halifax Regional Hospital (SHRH)____

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 Debby Knight at dbknight@sentara.com within 15 days of the close of each quarter.

Please Note: COVID-19 Restrictions Forced Cancellation of In-person Events During the Last 9 Months of 2020

Health Problem	Three Year Implementation Strategies	Progress
All		
Problem #1 **Mental Health/ Behavioral Health Conditions**	**Public Awareness/Education:** 1—Public awareness media events will be scheduled for May to mark Mental Health Awareness Month and throughout the year as appropriate, addressing a variety of Mental Health topics. **Screening/Diagnosis:**	**Public Awareness/Education:** 14 Public awareness and education articles were run on social media 2 Explore Health articles ran in the local newspapers on mental health – reaching households throughout the service area

Health Problem	Three Year Implementation Strategies	Progress
	2 – There will be a 5% increase in the number of Mental Health Assessments completed in the behavioral health practices in 2019 over 2018. 3- Decrease the amount of TDOs in the Emergency department over 2018 baseline of 164 because individuals have better access to mental health care before this escalation. **Care:** 4 – Establish a baseline for referrals for mental health patients from the Emergency Department to Sentara Behavioral Health Services/Specialists for patients deemed a non-risk by the CSB for 2019, with growth goals slated 2020 and 2021. 5—A baseline will be established this year for the amount of patients/Office Visits seen by Dr. Weiss and Dr. Petrilli in 2019 in increase in 2020 and 2021.	**Screening/Diagnosis:** 2- The 2018 Baseline for mental health assessments 327. The The total number of mental health assessments in 2019 was 492. The number of 2020 assessments again exceeded the goal of 5% growth 3- unable to track **Care:** 4 – unable to track 5 –The total for 2019 is 2166 office visits. In 2020, the two psychiatrists saw a total of 1,052 unique patients for a total of 3,716 visits, an increase of 71% over 2019.
Problem #2 **Metabolic Syndrome/Diabetes**	**Public Awareness/Education:** 1-- Increase patient/public education about risks, management and self-care through events, articles, and educational video segments. 2-- Provide patient education at PCPs with diabetes educator on-site for specific events. 3-- At least 100 patients annually will complete diabetes self-care classes hosted by Rhonda Hunt, Diabetes Educator or individually with Janet Durham, Diabetes Educator. **Screening/Diagnosis:** 4-- Provide at least 200 blood glucose tests (with counseling) at community events annually.	**Public Awareness/Education:** 1 – a diabetes nutrition education speakers' bureau event was held at a local church. 20 community members attended 22 social media posts related to preventive medicine, often the importance of diet and screening 2 Explore Heath articles published in the local newspapers focused on diabetes **Screening/Diagnosis:** Unable to track as in-person events were halted with the COVID required end to in-person events

Health Problem	Three Year Implementation Strategies	Progress
	5—Provide at least 200 BMI screenings at Pocket EKG/Community events annually. **Care:** 6 – Maintain at least 80% PCP patients with A1c less than 9. 7 – Schedule at least 5 referral relationship building visits for Janet Durham at PCP offices and with SHRH Hospitalists.	**Care:** Unable to track
Problem #3 **Heart Disease/ High Blood Pressure**	**Public Awareness/Education:** 1— SHRH will host a Heart Night Out educational event for the public in February, as well as at least 4 Pocket EKG programs in the SHRH Market this year. **Screening/Diagnosis:** 2—At least 200 free EKGS and Total Cholesterol Screenings will be provided to the public for free this year. 3—Individuals utilizing the CT Calcium Scoring Screening for early detection will increase by 10% over 2018 baseline. **Care:** 5 – Create a 2019 baseline for individuals accessing reduced cost heart medications through RecoverRX Program. 6- Increase the number of individuals accessing low or no cost heart medications through Med Assist.	**Public Awareness/Education:** 11 Social media posts and 2 Explore Health print articles in local newspapers focused on heart health **Screening/Diagnosis:** Unable to track due to COVID shut down of in-person events **Care:** Unable to track

Health Problem	Three Year Implementation Strategies	Progress
Problem #4 **Cancer**	**Public Awareness/Education:** 1-- SHRH will work with community organizations to sponsor at least one event promoting cancer awareness and early detection annually, typically the 'Walk for Hope'. 2- SHRH will host at least two cancer awareness events to educate the public on the importance of a healthy lifestyle and screenings for early detection. **Screening/Diagnosis:** 3-- 50 men will receive no-cost prostate screening at free community health events annually. 4—There will be a 10% increase in the number of individuals who receive CT Lung Cancer Screenings. 5 – There will be 20% increase in the number of individuals who receive screening colonoscopies. *Screening modalities have increased with the use of test such as FIT, FOBT, Cologuards, etc., therefore decreasing the "true" screening colonoscopy numbers.* **Care:** 6-- Increase in Oncology patients over 2018.	**Public Awareness/Education:** 1 – 16 cancer related social posts, with 20 posts related to GI health (educating and advocating for early screening, etc) were posted in social media 3 Explore Health print articles ran in local newspapers on different types of cancer **Screening/Diagnosis:** 3-unable to track 4 – The total number of CT lung screenings for 2019 was 136, exceeding the baseline by 24 screenings. This increase exceeds the 10% increase goal set for 2019. 5–unable to track **Care:** 6- unable to track
Problem #4 **Stroke/Seizures**	**Public Awareness/Education** 1 – Stroke Navigator to attend all Pocket EKG programs to promote stroke warning signs and timely treatment education. **Screening/Diagnosis:** 2 - Provide at least 200 free blood pressure screenings at community events and Pocket EKG Programs**.** **Care:**	**Public Awareness/Education** 1- Unable to track – all Pocket EKG canceled due to COVID restrictions **Screening/Diagnosis**: Unable to track due to COVID restrictions **Care:** 3 – unable to track

Health Problem	Three Year Implementation Strategies	Progress
	3- Increase TPA cases in 2019 over 2018 baseline of 70 strokes to 1 TPA case. 4 – Decrease turnaround time for EEG interpretation. **5 –** Achieve Stroke Center Designation.	

The information presented in this CHNA reveals a rural community facing a number of health challenges resulting from geographic constraints, demographic forces and cultural beliefs and choices based on generations of behavior. The same challenges can be found in countless rural communities throughout the country. Sentara Healthcare and Sentara Halifax Regional Hospital are committed to finding innovative, responsive and successful strategies to address these challenges, to fulfill our mission to improve health every day.