Sentara Virginia Beach General Hospital
Virginia Beach Ambulatory Surgery Center

COMMUNITY HEALTH NEEDS ASSESSMENT 2022

We Improve Health Every Day

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

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EXECUTIVE SUMMARY

As an organization, we are driven to improve health every day. And while we meet that mission through the healthcare services we provide to our patients, we understand that our greater purpose must include building trust and listening to the voices of individuals in the community to better understand the specific needs of those we serve. In 2021, Sentara Virginia Beach General Hospital (SVBGH) and Virginia Beach Ambulatory Surgery Center (VBASC) began conducting the community health needs assessment of the area we serve. The assessment, completed in 2022, provides us with a picture of the health status of the residents in our communities and provides us with information about health and health-related problems that influence health status.

"At SVBGH we understand that the health of our patients and the health of our community are one in the same, so we remain committed to doing all we can to save lives both inside and outside of our hospital walls."

***Eilis Drumm**, Manager, Patient Care Services*

Sentara conducts comprehensive community health needs assessments for each of our inpatient hospitals and outpatient surgical centers across Virginia and Eastern North Carolina. The following comprehensive report goes into more detail about the assessment to include an introduction, social and economic factors, demographic and background information, health determinant data and incorporates extensive community survey and outreach. The community health needs assessment incorporates information from a variety of primary and secondary quantitative data sources and more importantly helps us to understand the disparities that exist in vulnerable populations.

We are grateful to the residents, faith-based organizations, businesses, clinics, nonprofits, government agencies, and others who devoted expertise and significant time helping us better understand these priorities identified and know we must be committed to working together to identify solutions. We further understand that the implementation strategies will be most successful by working with residents of the community so that we move closer to achieving health equity for all.

While there are many important community health problems, we are focusing our efforts on the key 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, all of which have been exacerbated by the COVID-19 pandemic:

Health Priorities for 2022-2025

- Behavioral Health
- Chronic Disease
- Social Determinants of Health

***Eilis Drumm**, Manager, Patient Care Services, &*
***Ryan Denzler**, Intern*

OVERVIEW

We Improve Health Every Day

Sentara celebrates more than 130 years in pursuit of its mission - "We improve health every day." Named to IBM Watson Health's "Top 15 Health Systems" in 2018 and 2021, Sentara is an integrated, not-for-profit health system of 12 hospitals in Virginia and Northeastern North Carolina, including a Level I trauma center, the Sentara Heart Hospital, the Sentara Brock Cancer Center, two orthopedic hospitals, and the Sentara Neurosciences Institute. The Sentara family also includes a medical group, Nightingale Regional Air Ambulance, home care and hospice, ambulatory outpatient campuses, advanced imaging and diagnostic centers, a clinically integrated network, the Sentara College of Health Sciences and Sentara Health Plans, comprised of Optima Health Plan and Virginia Premier Health Plan, serving 950,000 members in Virginia, and North Carolina. Sentara has more than 30,000 employees dedicated to improving health in the communities we serve and was recognized as one of "America's Best Employers" by Forbes in 2018. Sentara is strategically focused on clinical quality and safety, innovation and creating an extraordinary health care experience for our patients and members.

SENTARA AT A GLANCE

- Headquartered in Norfolk, Virginia
- 130-year not-for-profit history
- 12 hospitals
- One medical group
- 3,800+ provider medical staff
- 30,000+ team members
- Health plans (Optima Health and Virginia Premier)
- Outpatient campuses
- Urgent care centers
- Advanced Imaging Centers
- Home health and hospice
- Rehabilitation and therapy centers
- Nightingale air ambulance

INTRODUCTION

Sentara Virginia Beach General Hospital

Sentara Virginia Beach General Hospital (SVBGH) is a 273-bed acute care facility with a long history of commitment to the city, offering specialized, tertiary care services. It is the region's only Level III Trauma Center and home to the Sentara Heart Center.

Virginia Beach Ambulatory Surgery Center

The Virginia Beach Ambulatory Surgery Center (VBASC) serves as the main outpatient surgery program for Sentara Virginia Beach General Hospital surgeons and is a Sentara affiliate. The VBASC is a joint venture with 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. The VBASC operates managerially and financially independent of SVBGH, yet works in collaboration with the hospital's overall surgery program as an integral part of the continuum of care.

"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*
Director of Community Engagement & Impact

SENTARA CARES

Sentara cares about advancing health equity and ensuring that all members of our communities have access to the resources they need to live their healthiest and most fulfilling lives. We are guided by our understanding that our overall health is greatly influenced by where we are born and where we live, learn, work, play, worship, and age. In fact, these environmental factors account for nearly 80 percent of health outcomes, while direct health care accounts for only 20 percent.

Our purpose, then, calls us to address these issues on the ground every day where people live—not just when they are under our care. Only then can we help to eliminate health disparities and promote equitable access to nutritious foods, education, safe and affordable housing, and stable, rewarding job opportunities. We know such disparities cannot be resolved solely in the exam room, nor can they be resolved solely by Sentara. However, through our partnerships we continue to make both immediate impact and lasting change for our communities.

COVID-19 RESPONSE

As we embarked on this Community Health Needs Assessment (CHNA), the country and Virginia were focused on mitigating the COVID-19 pandemic. The impacts of COVID-19 are likely to affect community health and well-being beyond what is currently captured in available data. Sentara seeks to engage the community as directly as possible in prioritizing needs.

Sentara is committed to always keeping our patients, employees, and community members safe. We have developed extensive safety protocols and guidelines to ensure the patient/member receives the care they need at any Sentara facility. Sentara cares about improving the health and well-being of all individuals and the quality of life enjoyed by everyone in our community Sentara responds to the needs of our communities, particularly individuals who are disproportionately impacted by the economic and social effects of COVID-19. We are committed to supporting, strengthening, and serving our communities.

OUR PROCESS

Sentara developed a primary statistical data profile integrating claims and encounter data to assess the population's use of emergency services, preventive services, chronic health conditions, and cultural and linguistic needs. A secondary statistical data profile was created using advanced data sources to assess

population characteristics such as household statistics, age, educational level, economic measures, mortality rates, incidences rates, and racial and ethnic composition because social factors are important determinants of health. Our assessment includes a review of risk factors including obesity and smoking and other health indicators such as infant mortality and preventable hospitalizations.

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

- Alzheimer's Association
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- National Cancer Institute
- United States Census Bureau
  - American Community Survey 2019: 5-Year Estimates Data Profiles
- Virginia Department of Health
- Virginia Health Information, AHRQ Quality Indicators
- Virginia Department of Medical Assistance Services
- County Health Rankings 2021
- Weldon Cooper Center for Population Studies, UVA
- Sentara Claims Data
- Community Health Needs Assessment Survey
- Community Focus Groups

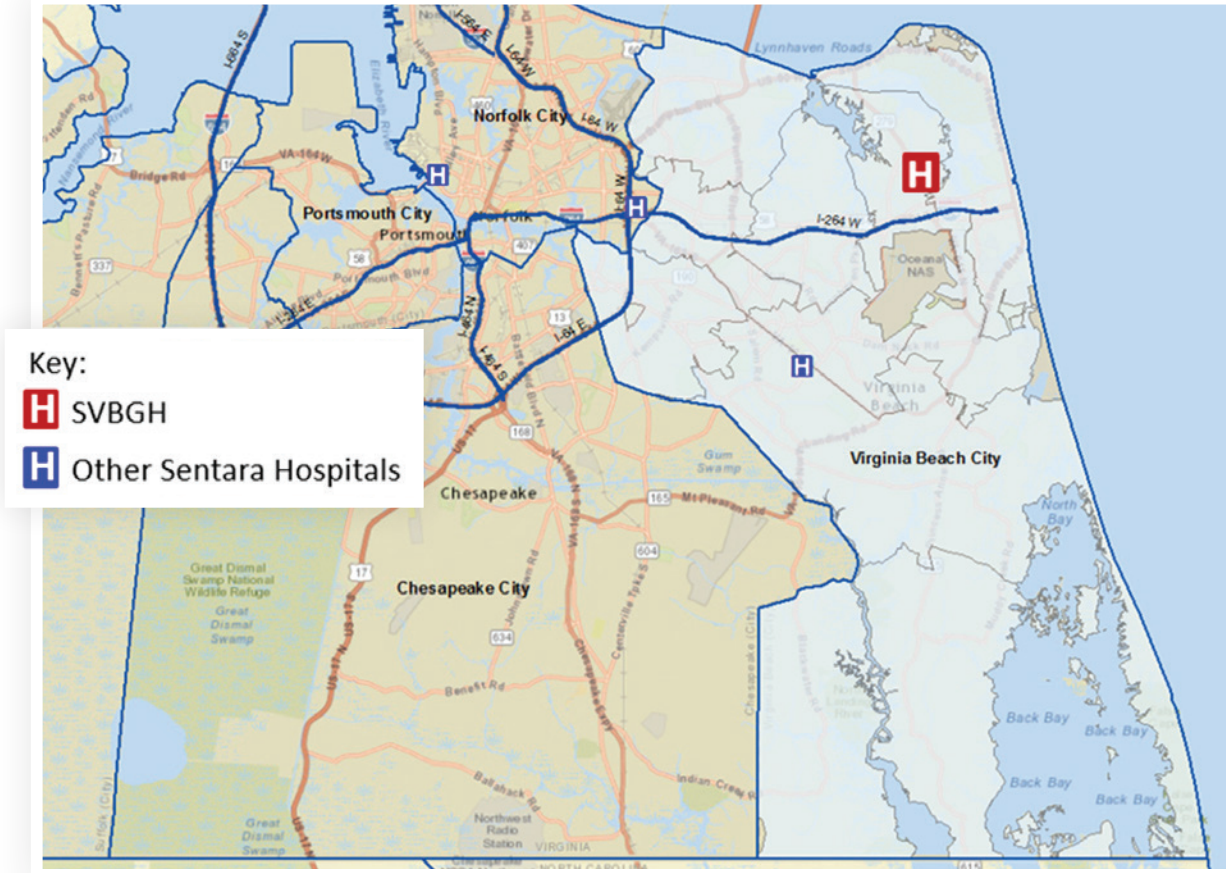
Community input is imperative, so we conducted a survey jointly with Bon Secours Hampton Roads, Children's Hospital of The King's Daughters, Riverside Health System, the Hampton and Peninsula Health Districts, and Three Rivers Health District. The assessment includes survey results from key stakeholders including public health, social services, service providers, and those who represent underserved populations. An additional survey of Hampton Roads residents on key health topics is included. The report also includes findings from focus groups with community members on health issues and barriers to achieving good health.

OUR NEXT STEPS

Sentara Virginia Beach General Hospital and VBASC work with several community partners to address health needs. Using the information from this community health needs assessment, SVBGH and VBASC will develop an implementation strategy to address the identified health problems. Sentara Virginia Beach General Hospital and VBASC will track the progress of the implementation activities to evaluate the impact of these actions. The implementation progress report for the 2019 CHNA is available at the end of this report.

Information on available resources is available from sources including 2-1-1 Virginia and sentara.com. By using this information, together, we will work to improve the health of the communities we serve.

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



SENTARA VIRGINIA BEACH GENERAL HOSPITAL & VIRGINIA BEACH AMBULATORY SURGERY CENTER SERVICE AREA ***SOURCE: TRUVEN/MARKET EXPERT***

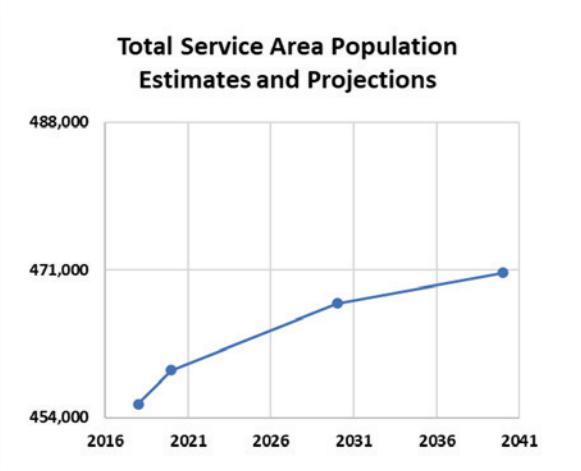
COMMUNITY DESCRIPTION

GEOGRAPHY

The service area of SVBGH 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.

POPULATION CHANGE

In the last 10 years, Virginia Beach has seen moderate growth at 4%. Virginia's most populous city, Virginia Beach's population makes up more that 5% of the Commonwealth as a whole. The Hampton Roads population has seen healthy growth, primarily driven by Chesapeake's 10.9% growth. The population of the service area is approximately 459,470 people.

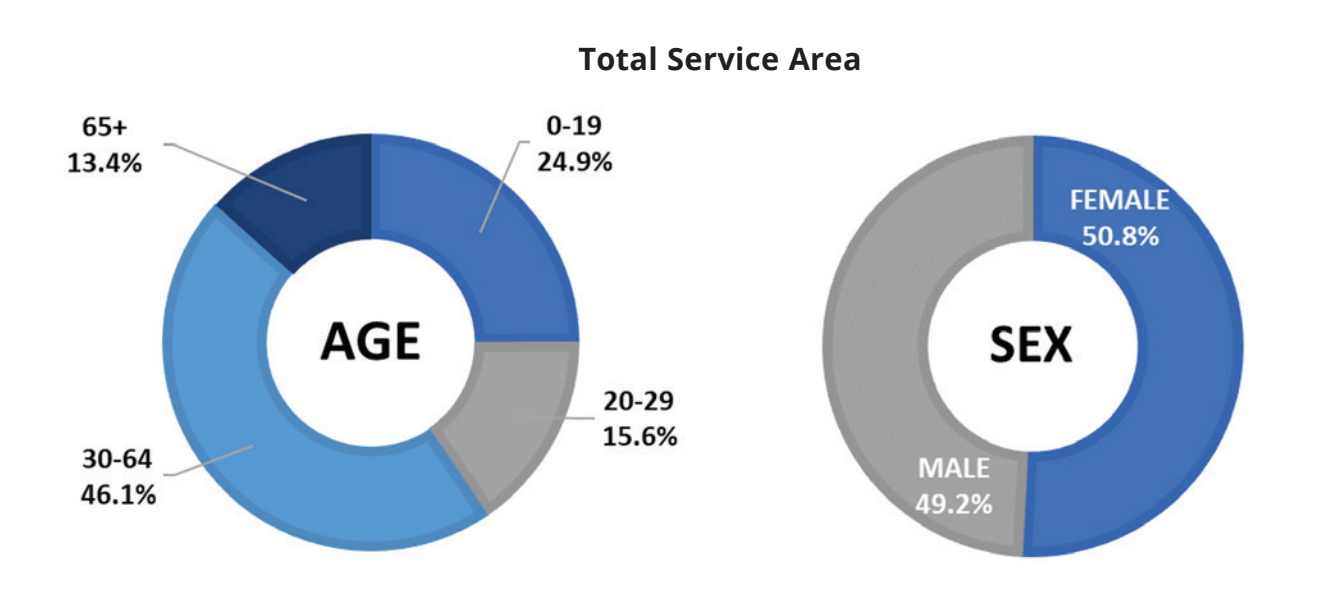


Source: US Census Bureau QuickFacts Table 2020 https://www.census.gov/quickfacts/fact/table/VA,US/PST045219
Produced by Demographics Research Group of the Weldon Cooper Center for Public Service, July 2019, http://demographics.coopercenter.org

POPULATION HIGHLIGHTS

Age and Sex

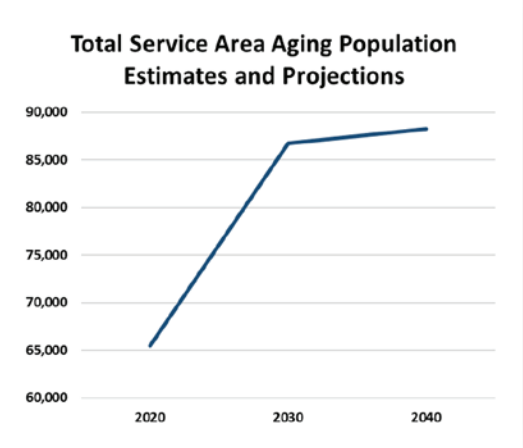
The age of the Virginia Beach population closely mirrors the age segmentation of Virginia, with a slightly higher percentage of children and working age adults, and a slightly lower percentage of the population of 65+ years. Of the 459,470 community members living in the service area, most are between the ages of 30 and 64. The service area has a higher percentage of the population aged 65+, but lower percentage of residents aged 85+ than does the state. The population segments representing children, young adults and working age adults vary slightly from the statewide proportions. The service area has a slightly higher percentage of children compared to the Commonwealth of Virginia as a whole. There were 5,458 babies born in the service area in 2019, which account for slightly over 5.5% of the state-wide births. Similar to state demographics, there is a slightly higher percentage of residents born as female in the entire service area.



Source: US Census Bureau QuickFacts Table 2020 https://www.census.gov/quickfacts/fact/table/VA,US/PST045219
Produced by Demographics Research Group of the Weldon Cooper Center for Public Service, July 2019http://demographics.coopercenter.org

Aging Population

It is well understood that older individuals are likely to need more health care services, and a variety of services are targeted toward that population. Research shows that the highest utilization of medical services is among elderly populations. The percentage of the very elderly is highest in Virginia Beach compared to neighboring communities.



In 2020, 13.7% of the population living in the service area was age 65+, slightly below the 15.9% of residents 65+ in the state as a whole. By 2030, it is projected that the aging population will constitute 16.8% of the population in the service area.

In 2020, there were 62,947-members of the aging population, age 65+, residing in Virginia Beach. By 2030, the population of older adults in the service area is projected to increase to 16.8%, leading to a higher number of aging adults in the service area over the next 10 years. Virginia Beach's aging population is projected to further increase by 2.4% by 2040 with the 2040 projected overall population of residents aged 85+ in Virginia Beach being 12,124.

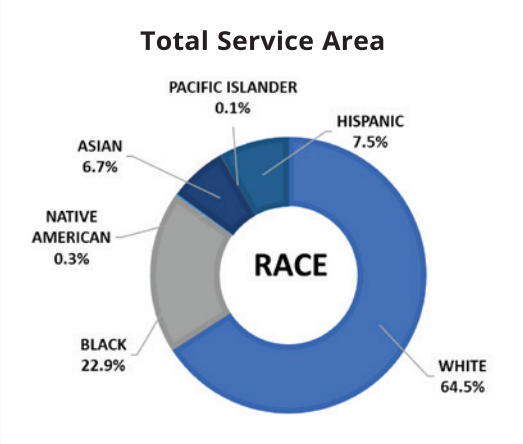
Source: Produced by Demographics Research Group of the Weldon Cooper Center for Public Service, July 2019, http://demographics.coopercenter.org

COMMUNITY DIVERSITY PROFILE

Ethnicity

The population of Virginia Beach is overwhelmingly white and Black, with diversity expressed as a 15.3% combined non-white or Black population. Virginia overall is only slightly more diverse, with a somewhat higher Asian population and more individuals identifying as multiracial.

The Hispanic community in Virginia Beach makes up 8.2% of the population. This is the largest percentage Hispanic population in South Hampton Roads, followed by Norfolk with 8%. For comparison, the Commonwealth of Virginia has a larger Hispanic community at more than 9.5% of the population.



Preferred Language

English is the primary language spoken in the service area. As of 2020, 87.5% of the population being served identified as English speaking. Per the 2014 American Community Survey five-year estimates, Spanish was the second language identified in the community being served, with 5,054 community members living in the service area identifying as speaking English "less than well."

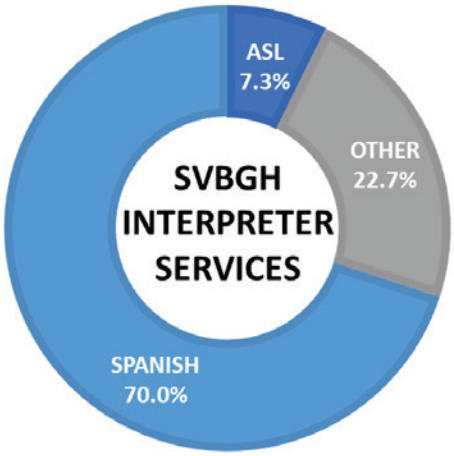
Source: US Census Bureau QuickFacts Table 2020 https://www.census.gov/quickfacts/fact/table/VA,US/PST045219

Virginia Department of Health Culturally and Linguistically Appropriate Health Care Services; US Census Bureau American Community Survey Five-Year Estimates, 2014 vintage; https://apps.vdh.virginia.gov/omhhe/clas/leppopulation/

Cultural and Linguistic Needs

It is important to note that non-English-speaking populations are vulnerable. Non-English-speaking populations are disproportionately among the lowest socioeconomic status populations, have poorer health and more disabilities, are often linguistically and culturally isolated, and live with less income and lower education than their English-speaking counterparts. The language barrier makes it difficult for this population to understand, interpret, and implement preventive recommendations.

Departments within Sentara, SVBGH and VBASC continue to work closely with one another to ensure all communication to members is in the preferred language, offering interpreter services when needed. Sentara provides its patients and their families with qualified interpreters for languages other than English, as well as American Sign Language (ASL). In 2021, SVBGH had 3,120 requests for interpreter services. The highest percentage of interpreter services were for Spanish speaking individuals.



Source: SVBGH 2021 Sentara Language Line Usage Report

Health Equity

The CHNA analyzes differences by race and ethnicity, language needs, age, gender, income, and housing. A dedicated focus on health equity allows for a better understanding of community needs. Equity continues to be an issue and is rapidly evolving in health care systems as global health crises and ongoing disparities impact local communities. Health equity work highlights awareness, education, and access to care, or lack of thereof, across racial, ethnic, gender, and geographic groups, and how implicit or unconscious bias among providers affects treatment decisions and outcomes. Where people live can influence educational and occupational opportunities impacting financial stability which affect their well-being and quality of life.

Inequities *occur when barriers prevent people from reaching their full potential.*

Health disparities *are the differences in health status between groups of people.*

Health equity *provides everyone the opportunity to attain their highest level of health.*

Source: American Public Health Association (APHA), apha.org/topics-and-issues/health-equity

The Health Equity team analyzes economic status, access to health care, transportation, and other social determinants of health to identify potential causes of health inequity in our communities. Partnerships are formed with community leaders and organizations, physicians, and all Sentara facilities to achieve more equitable health care.

Priorities include measurement of disparities and contributing factors, and the development and implementation of an action plan to reduce disparities in care. This includes screening and diagnosis rates for chronic health issues such as hypertension and diabetes, prevalence of prostate and breast cancers in communities of color, utilization rates for treatments and development of initiatives for communities of color, immigrants, patients who are unsheltered and other marginalized groups, including LGBTQ+ persons and individuals with disabilities.

SOCIAL DETERMINANTS OF HEALTH

Sentara seeks to transform the lives of our neighbors by focusing on the root factors that affect our health beyond the clinical care we receive.

Sentara works to:

- Fill the unprecedented need for behavioral health practitioners in the field 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 and human services in traditionally underserved populations.

Education

Education is the basis for stable employment, and financial stability is the foundation for a sustainable household, which provides for the health needs of family members. Virginia Beach has a lower percentage of high school graduates than does the state, however the city also has a higher percentage of residents with baccalaureate degrees

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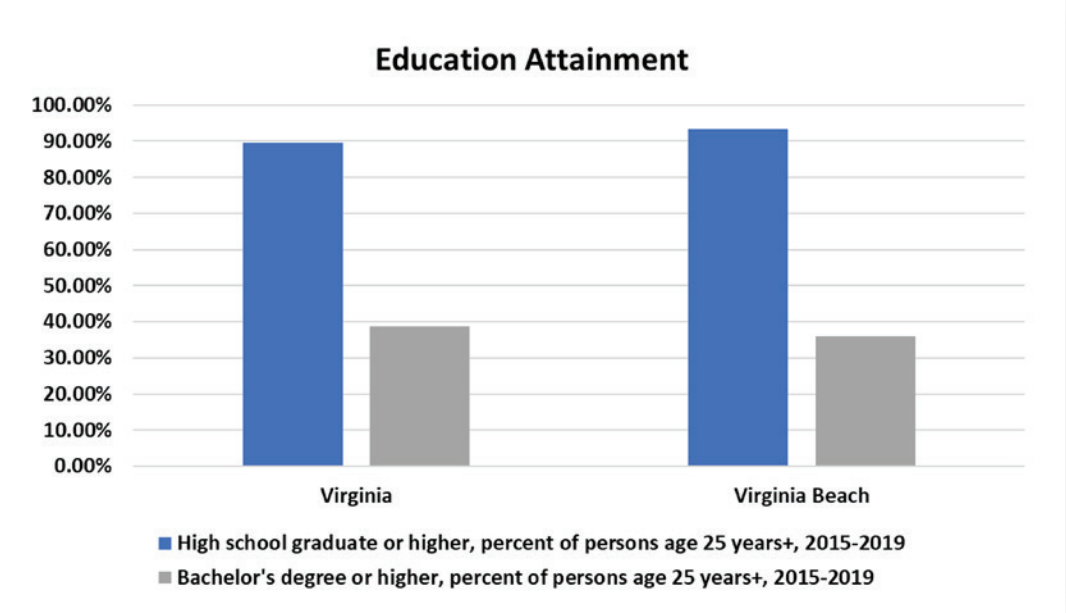


Source: US Census Bureau QuickFacts Table 2020 https://www.census.gov/quickfacts/fact/table/VA,US/PST045219

The Cycle of Poverty

Poverty continues because it reproduces existing patterns of circumstances, opportunities, and effects.

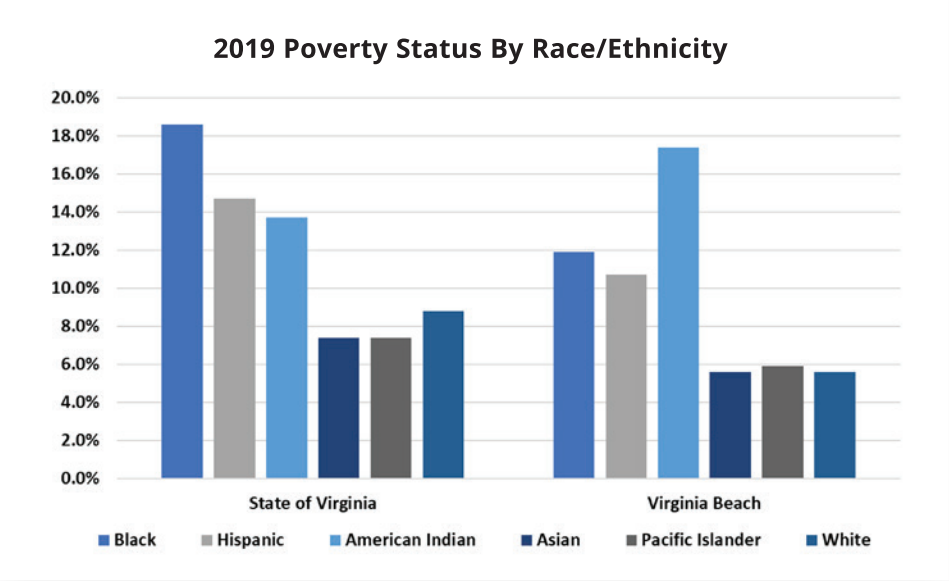
The causes of poverty lead to consequences that make it more likely that the individual – or their offspring – will experience poverty in the future.

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

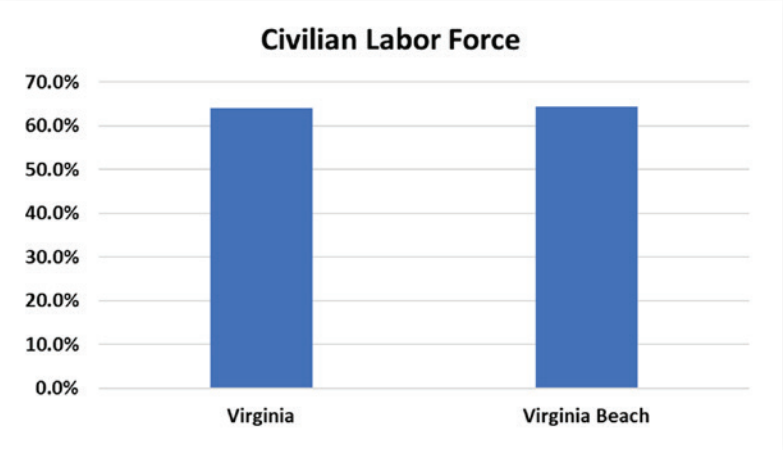
While simple poverty rates tell us something about the residents of the service area, when inserting race as a factor we see disparities that constrain residents of the service area in their ability to support and sustain healthy, functioning households for themselves and their children. As with Virginia as a whole, African Americans, Hispanic, and American Indian individuals are more likely to live in poverty as compared to white individuals.



Source: US Census Bureau QuickFacts Table 2020 https://www.census.gov/quickfacts/fact/table/VA,US/PST045219;

Employment

Central to a healthy community is an economy that supports individuals in their efforts to live well. The service area is slightly above the state average of residents in the civilian labor force. Of those in the civilian labor force, the percentage of female residents in Virginia Beach is higher than in the state overall.



Medicaid & FAMIS, Medicare, Medicare & Medicaid Enrollment

Of the 626,398 members newly enrolled in Medicaid in the Commonwealth of Virginia, 463,967 are below 100% of the federal poverty level and 162,431 are between 101-138% of the federal poverty level. The number of residents living in the service area receiving Medicaid and FAMIS services continues to increase each year, with an increase of 26.7% since January 2020.

In 2019, there were 30,733 community members age 65+ living in the service area receiving Medicare and 1,349 receiving both Medicare and Medicaid. As the aging population grows in the service area, so will the need for these services.

Medicaid and FAMIS Enrollment 2022/Medicare and Medicaid 65+ 2019		
	Virginia	Virginia Beach
Medicaid Enrollment (Below 138% FPL)	626,398	29,639
Medicaid Percentage	7.2%	6.4%
FAMIS (Below 138% FPL)	1,347,010	57,745
FAMIS Percentage	15.6%	12.6%
Children Enrolled in Medicaid/FAMIS (Below 138% FPL)	813,229	35,689
Children Enrolled in Medicaid/FAMIS Percentage	9.4%	7.7%
65+ Medicaid (Below 138% FPL)	83,149	2,697
65+ Medicaid Percentage	0.9%	0.5%
65+ Medicare	802,949	30,733
65+Medicare Percentage	64.5%	50.5%
65+ Medicare and Medicaid	56,810	1,349
65+ Medicare and Medicaid Percentage	4.6%	2.2%
Persons in Poverty	9.2%	8.1%

Source: Virginia Medicaid Department of Medical Assistance Services; (As of January 15, 2022) https://www.dmas.virginia.gov/data;
US Census Bureau QuickFacts Table 2020; (2020 Small Area Income and Poverty Estimates (SAIPE)); Centers for Medicare & Medicaid Services 2019; Mapping Medicare Data;
-- Suppressed data; FEP: Federal poverty level; FAMIS: Family Access to Medical Insurance Security

COMMUNITY INSIGHT

Having an active, supportive, and engaged community is essential to creating the 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 community focus groups.

COMMUNITY SURVEY

The Community Surveys were conducted jointly with Bon Secours Hampton Roads, Children's Hospital of The King's Daughters, Riverside Health System, and the Hampton and Peninsula Health Districts of the Virginia Department of Health to obtain community input.

The survey was conducted with a broad-based group of community stakeholders and community members in Eastern Shore, Middle Peninsula, Peninsula, South Hampton Roads, Western Tidewater, and Northeast region of North Carolina. Surveys were available online and in English and Spanish by paper submission. The survey gathered demographic data such as gender, race, income, zip code and COVID-19 factors. The survey asked respondents for their insight and perspective regarding important health concerns in the community for adults and for children:

- What is important to the health of adults and children?
- What should be improved in the community to keep children and families healthy?
- What should be added or improved in the community to help families be healthy?
- What are the most important health concerns for adults and children?
- How is the community accessing resources for health concerns for adults and children?
- What makes it difficult to access healthcare services for adults and children?

The surveys were made available to the public from December 1, 2021 – February 28, 2022, in paper format and electronically using SurveyMonkey. The survey was distributed to 1,892 stakeholders including individuals representing public health, education, social services, businesses, local government, and local civic organizations.

After the initial survey period, the collaborative recognized that a preponderance of respondents were white females. Sentara leaders partnered with clinical staff at each hospital to encourage survey participation. Sentara staff also attended a Hispanic Women's Health Fair, Feria de Salud de la Mujer, to encourage additional survey participation from Hispanic community members. Thirteen families completed the survey at the event, the information obtained was used for this assessment.

At the completion of the survey period, 1,871 stakeholder surveys and 17,294 community member surveys were completed. It is important to note that not every respondent answered every question in the stakeholder and community member surveys. Most counties did not have an equally distributed response to surveys to represent the entire service area population. As a result, survey responses should be considered as only one component of information utilized to select health priorities. The most underserved populations' feedback is not adequately reflected in most surveys. Sentara staff performed targeted outreach activities to include individuals who serve the underserved populations to further develop the robustness of the survey response.

Stakeholders responding to the survey represent multiple organizations, each with a unique insight into health factors that impact the community with 43.85% being health care providers and employees of community health centers. The stakeholders represent hospitals, physician offices, city departments of social services, health departments, and community-based non-profit service organizations, as well as many diverse professional and volunteer fields–from emergency medical providers to pastors and public-school teachers. See Appendix C for the complete survey, the list of types of employers for stakeholder respondents, characteristics of survey respondents and top health concerns.

> ***"We need to listen to our community and allow them to guide us. Then, we need to focus on the key drivers that are the biggest impact to health outcomes."***
>
> ***-Anonymous Stakeholder***

Demographics of Survey Respondents

Of the 19,165 respondents, just over 10,000 answered the demographic questions. Respondents were 78.5% Caucasian, 14.61% African American, 3.64% Hispanic, 1.81% Asian, and 0.5% Native American and were 70.7% female, 26.12% male and 0.5% nonbinary, with 2.64% preferring not to answer. The primary language of respondents is English, with 0.8% stating other primary language. Other languages spoken in the home and chosen by respondents included Spanish (1.6%), German (0.5%), Tagalog (0.3%), American Sign Language (0.21%), Arabic (0.2%), Chinese (0.2%), Korean (0.2%), Russian (0.2%), and other (0.3%). The respondents varied with education completed, with 5.7% having completed high school, 17.7% having had some college experience, 10.2% having received an associate degree, 31.6% having earned a baccalaureate degree, and 33.7% having completed a graduate degree.

Survey Responses

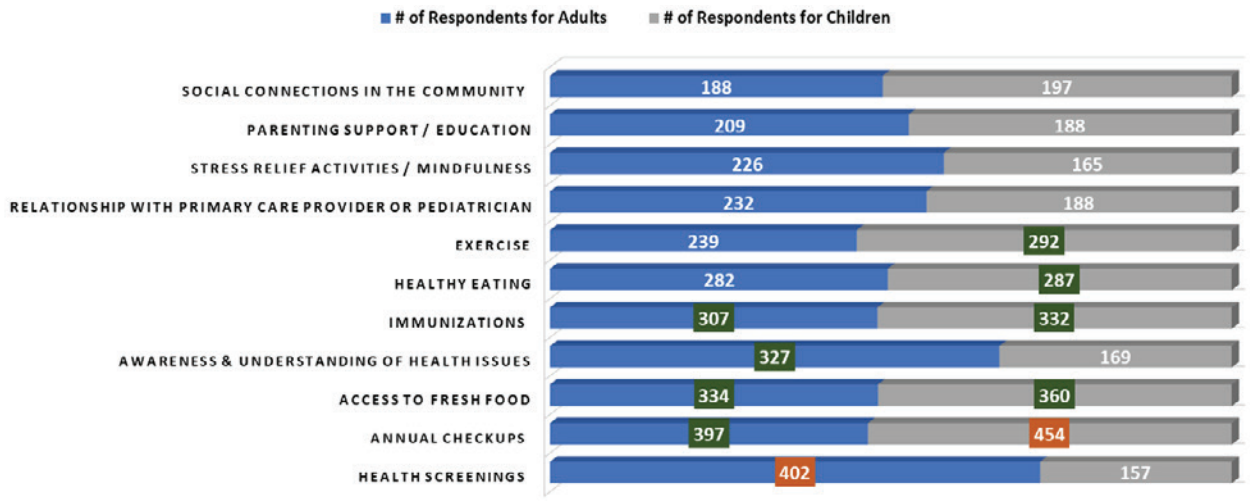
For this CHNA, we will focus on the below questions asked in the survey. Survey respondents were asked to review a list of common community health issues and select up to three items. The below tables show the answers for each question among stakeholder and community member respondents.

- What is important to the health of adults and children?
- What should be added or improved in the community to help families be healthy?
- What are the most important health concerns for adults and children?
- What makes it difficult to access healthcare services for adults and children?

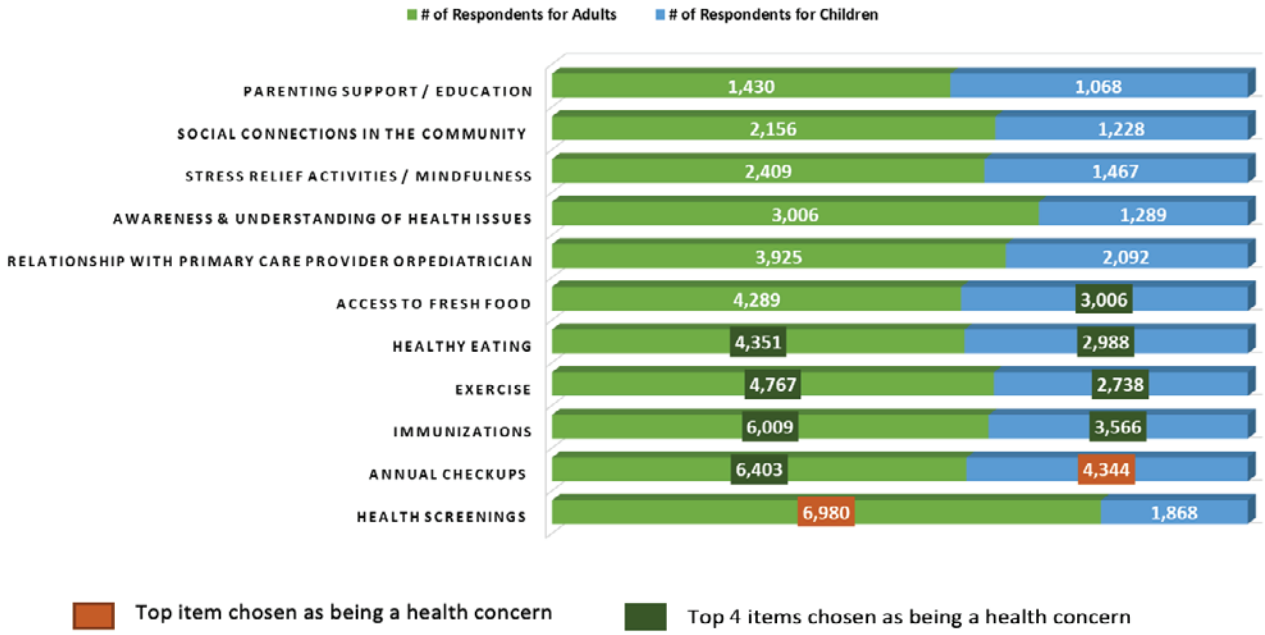
1. What is important to the health of adults and children?

Both stakeholder and community member survey respondents chose health screenings such as mammograms, colonoscopies vision exams, and cholesterol checks, annual checkups for adults and well child visits, and immunizations such as flu, Tdap, MMR, COVID-19 vaccines as being important to the health of adults in their communities. Stakeholders and community members chose the same top five items that are important to the health of children. Respondents chose annual checkups and well child visits, immunizations, access to fresh food, healthy eating, and exercise.

Stakeholder Responses



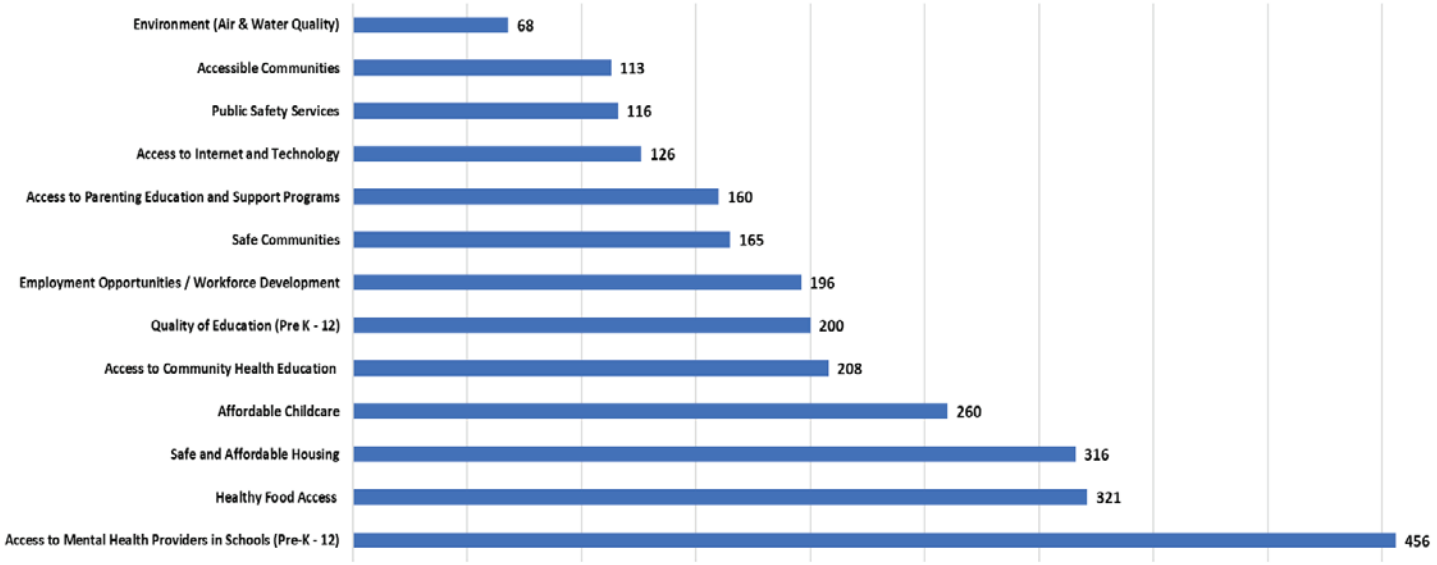
Community Member Responses



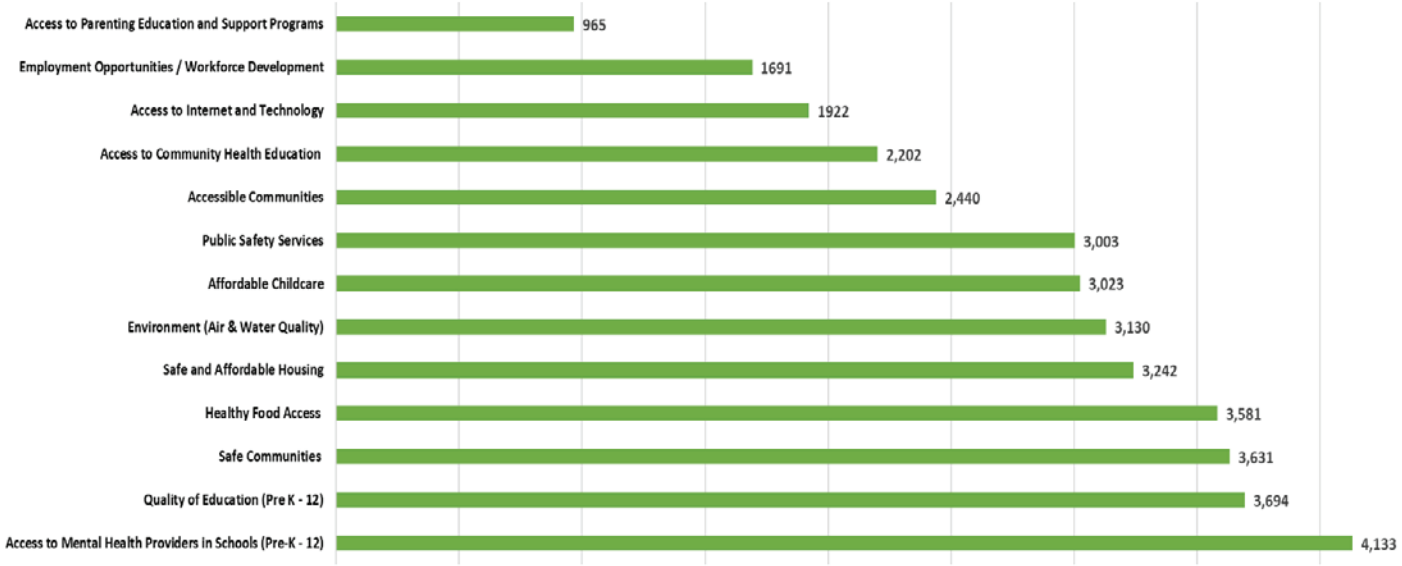
2. What should be added or improved in the community to help families be healthy?

Stakeholders and community member survey respondents most frequently chose access to mental health providers in schools (Pre-K-12) as an important area needed to be added or improved in the community. Respondents also chose healthy food access such as fresh foods, community gardens, farmers markets, EBT, and WIC, and safe and affordable housing.

Stakeholder Responses



Community Responses

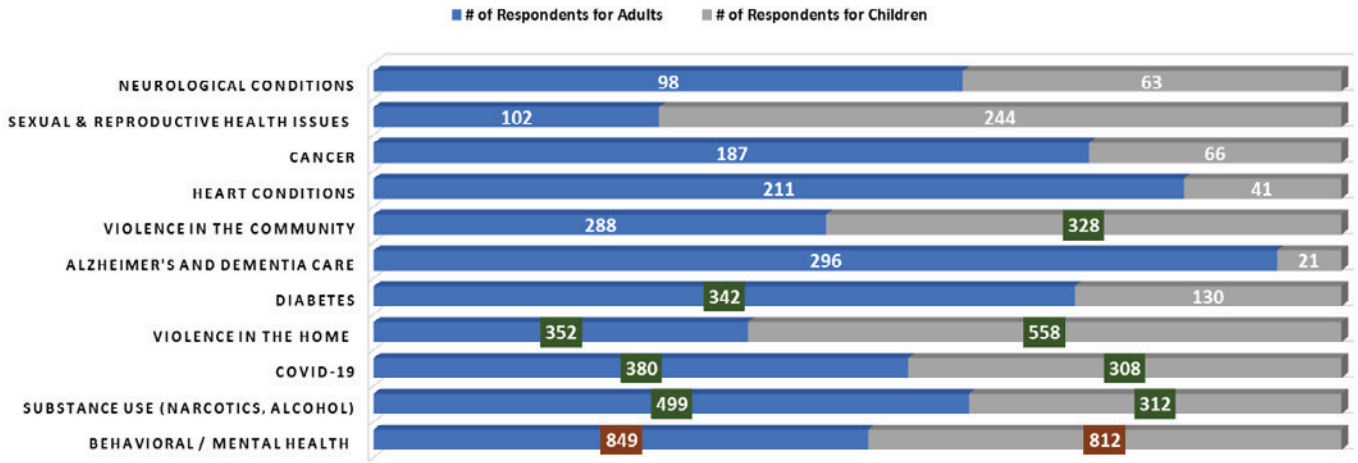


3. What are the most important health concerns for adults and children?

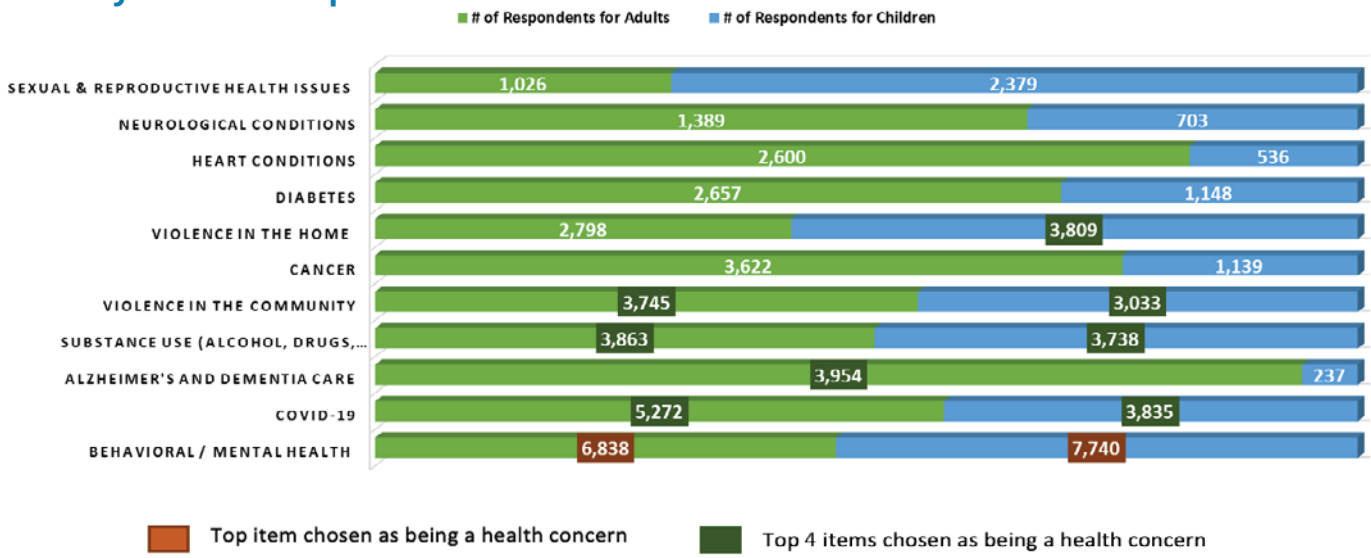
The most frequent response to the question above was behavioral health, anxiety, depression, psychoses, and suicide, for example, substance use of narcotics or alcohol, COVID-19, Alzheimer's and Dementia care. For children, respondents chose behavioral health as defined above, COVID-19, violence in the community, substance use, and sexual and reproductive health issues such as sexually transmitted infections and teen pregnancy as the most pressing health concerns.

Behavioral health was the top health concern identified for both adults and children, along with as access to mental health providers in schools (Pre-K-12). Perhaps this is resulting from the COVID-19 pandemic and isolation, as well as substance use, violence in the home and community. Behavioral health being identified as a top concern for children is consistent with the increased understanding that modern children live with a great deal of stress, both mental and physical, and it impacts their health in ways we are just beginning to understand.

Stakeholder Responses



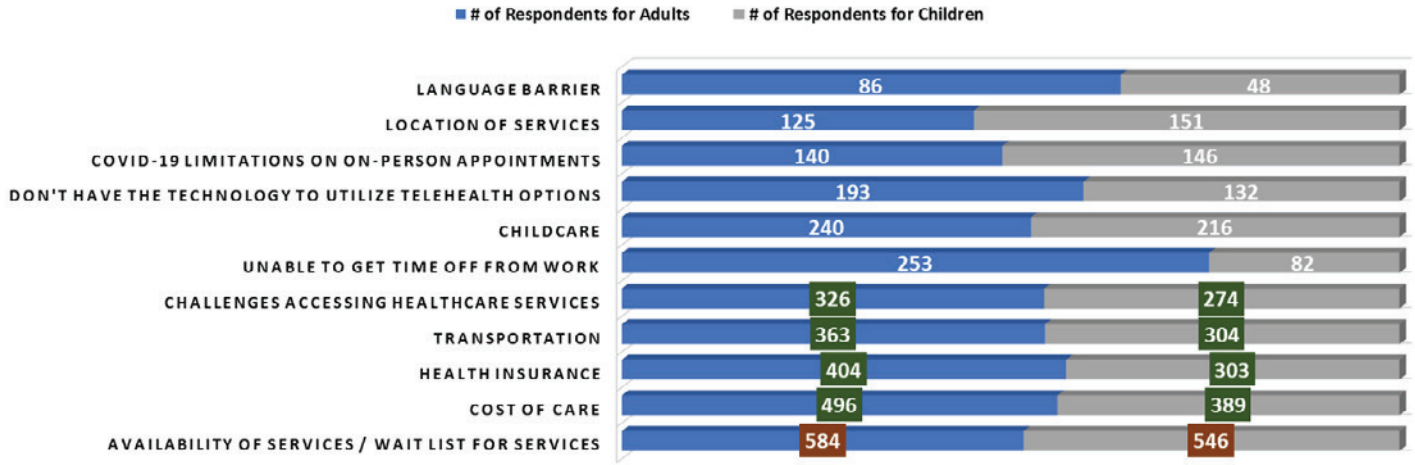
Community Member Responses



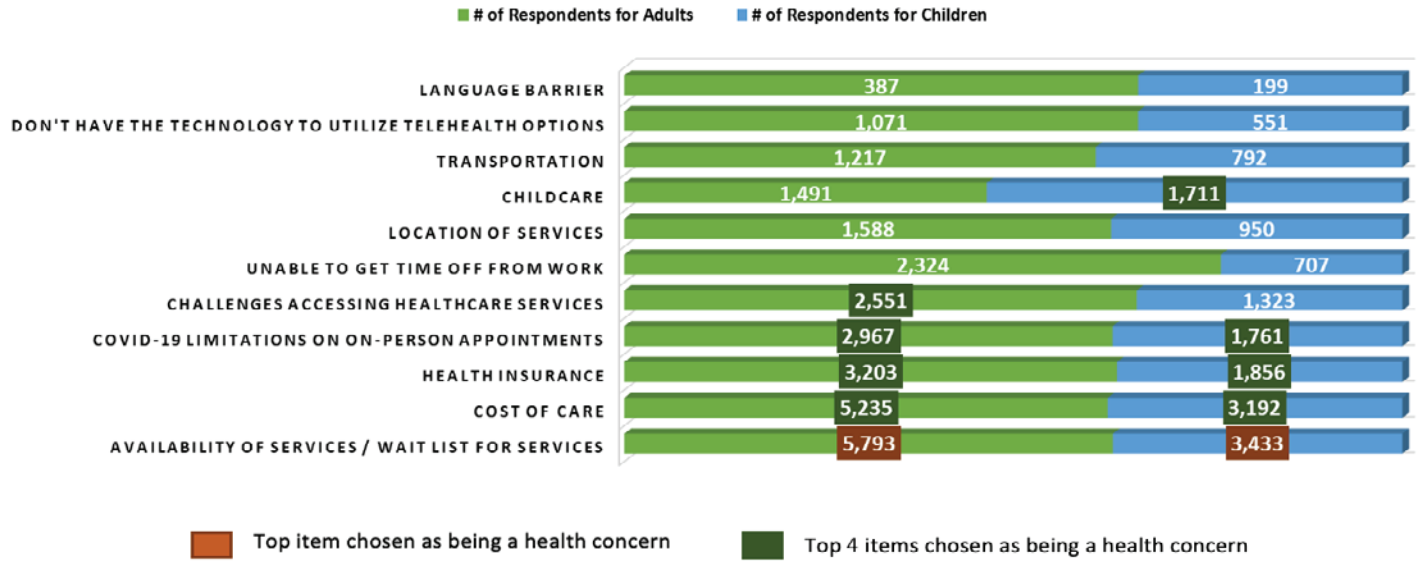
4. What makes it difficult to access healthcare services for adults and children?

When thinking about the barriers communities face to access healthcare services, stakeholder and community members mostly agreed on the top six. For adults, barriers identified were availability of services, wait list for services, cost of care, health insurance, challenges accessing healthcare services and unable to get time off from work. For children, barriers were similar to adults, to include availability of services, wait list for services, cost of care, health insurance, challenges accessing healthcare services, as well as childcare. The responses reflect that children face the same challenges to access as do adults, while recognizing the effect of parenting and living conditions, often things over which children have no control.

Stakeholder Responses



Community Member Responses



In the 2019 CHNA, survey respondents also chose mental health/behavioral health as a major concern. The pandemic has created additional mental health strain on the U.S. population, adding to an existing problem. Sentara has worked during the last several years to address this issue, which is near the top of every CHNA both over time and across the country.

Access to behavioral and mental health services was the most frequently cited need in our community for children, teens, and adults. Across the survey area, this choice is followed by substance use and COVID-19 for both adults and children, as well as Alzheimer's and dementia care for adults and violence in the home for children. As we understand more about how childhood events impact adult health, the call for these support services is likely to grow stronger. For a more detailed discussion of these effects, follow this link to the Adverse Childhood Experiences (ACES) website: https://www.cdc.gov/violenceprevention/aces/about.html.

While this assessment brings focus to an array of healthcare issues, the monumental issue in 2020-2022 has been the COVID-19 pandemic, caused by the novel coronavirus that entered the country at the end of 2019. Community member respondents were asked about their own personal experience with the disease to see how COVID-19 has impacted community resources and services, and concerns regarding vaccines. Of 10,185 respondents, 91.2% stated adults in the home were vaccinated. Of 9,946 respondents, 24% stated their eligible children were vaccinated and 34.74% planned to vaccinate their eligible children. Of 687 respondents who stated they were not vaccinated, 72.2% worried about the COVID-19 vaccine being harmful or having side effects for adults. Of 1,137 respondents whose children were not vaccinated, 80.04% worried about the COVID-19 vaccine being harmful or having side effects for children.

The survey explored many factors in addition to medical care that determine an individual's health. Collectively called the social determinants of health, these factors are increasingly becoming recognized as contributing both directly and indirectly to individual health through processes as different as the effect of household mold on respiratory disease and the effect of stress from unemployment. The effects of social determinants are sometimes subtle, sometimes only discoverable after a health problem is identified, but often important in explaining health status. Respondents were asked to choose three community assets to be strengthened. Their responses included affordable housing and childcare, healthy food access, quality of education, and safe communities.

The top choices of factors impacting access to care were availability of services, wait list for services, cost of care and health insurance. A lack of providers and the unavailability of providers to work extended hours, make access less feasible for those who work outside the home or have other scheduling constraints, and is the most often voiced barrier to care.

Some aspects of access to care impact population segments differentially. Access to care barriers disproportionately impact those with psychosocial barriers to care, such as lack of reliable transportation and limited income. The survey included a question designed to identify which consumers face barriers that might be addressed through specific programming.

COMMUNITY FOCUS GROUPS

In addition to the online surveys for community insight, SVBGH and VBASC carried out a series of more in-depth Community Focus Groups to obtain greater insight from diverse stakeholders and community members.

Methodology

Focus groups were promoted, electronically and by word of mouth, to hospital patients and visitors, existing hospital and community groups, and partner organizations or sought from other populations in the community, including representatives of underserved communities and consumers of services. The questions below were utilized at each focus group session.

- What are the most serious health problems in our community?
- When considering Social Determinants of Health, which of the following resonate with you as a key social determinant that we should be focusing on?
- Who has the health problems? 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?
- How has the COVID-19 pandemic worsened the health issues in our community?
- What more can be done to improve health, particularly for those individuals and groups most in need?

Sentara Virginia Beach General Hospital held six focus group sessions between March and April 2022. The number of participants ranged from 8-30. When possible, representatives from the health department and other local hospitals were invited to attend the sessions.

Focus Groups

1. 3/09/2022 virtual session: Filipino focus
2. 3/15/2022 in person session: Patient Family Advisory Committee
3. 3/30/2022 virtual session: EVMS/Community Leader/Community Member
4. 3/30/2022 virtual session: B.A.M.E (Black Asian, Minority, Ethnic) Focus Group
5. 4/5/2022 in-person session: Veterans of Foreign Wars of the United States of America
6. 4/6/2022 in-person session: Atlantis Apartments, low-income, African American and Latinx residents
7. 4/7/2022 in-person session: LGBTQ+ focus

Demographics

The 111 participants ranged between the ages of 17 to over 60. Together, focus group participants were 48.6% Caucasian, 34.8% African American, 9.2% Asian, and 7.4% Hispanic. The groups were 59.4% female and 34.2% male, 0.9% nonbinary, with 5.5% preferring not to answer.

Methodology

Due to the COVID-19 pandemic, some focus groups were held virtually, while others were held in person when safety protocols allowed. Each focus group had a facilitator guiding discussion through the seven previously prepared questions. Additional staff took detailed notes to capture the information shared.

Results

Mental health, financial instability, lack of providers and access concerns were brought up in every focus group. For a detailed summary of the focus group sessions see Appendix D. A brief summary of the key findings for each topic is presented in the following charts.

TOPIC	KEY FINDINGS
What are the most serious health problems in our community?	• Anxiety and depression • Asthma • Cancer • Cardiovascular health • Chronic pain management • COPD • Dental health • Diabetes • Health care expenses • Heart Disease • High Blood Pressure • Hypertension • Mental Health • Mold, environmental factors • Obesity • Sciatic nerve • Sexual Health • Sickle Cell • Smoking and vaping • Substance Use
When considering Social Determinants of Health, which of the following resonate with you as a key social determinant that we should be focusing on?	• Access to food and healthy food • Access to services • Community Outreach options • Education • Public Community Outreach options • Social Support • Transportation • Understanding how to prepare healthy food • Violence • Workplace violence • African Americans • African American Women • Aging populations • Caregivers • Chronic disease diagnosis • Disabled persons • Discharged military • Fixed income • Gender dysphoria • Geriatrics • Homeless • Indigent • Laryngectomees • Latinx • Low socioeconomic status • Low-income populations • Minorities • Under educated • Under insured • Uninsured • Working class • Young adults • Youth

TOPIC	KEY FINDINGS
Who has the health problems? **What groups of individuals are most impacted by these problems?**	• African Americans • African American Women • Aging populations • Caregivers • Chronic disease diagnosis • Disabled persons • Discharged military • Fixed income • Gender dysphoria • Geriatrics • Homeless • Indigent • Laryngectomees • Latinx • Low socioeconomic status • Low-income populations • Minorities • Under educated • Under insured • Uninsured • Working class • Young adults • Youth
What keeps people from being healthy? **What are the barriers they face with taking care of their health and accessing care?**	• Access to doctor • Adequate housing • Affordable healthcare • Culture • Drugs • Economic status • Education • Fear • Financial barriers • Food insecurity • Lack of mental health providers • Lack of resources • Lack of social support • Loneliness • Mistrust • No insurance • Poor diet • Race • Time • Transportation

TOPIC	KEY FINDINGS
What is being done in our community to improve health and reduce barriers? **What resources exist in the community?**	• Acute care • CHKD children services • Church programs • COVID-19 testing • Flu clinics • Free clinics • Health Fairs • Immunization clinics • LGBT Life Center • Mobile mamo screening • New VA facility • Outreach organizations • PACE program • Sports programs • Telehealth
How has the COVID-19 pandemic worsened the health issues in our community?	• Access to doctor • Depression • Food insecurity • Free clinic closure • Isolation • Lack of resources • Scheduling wait lists • Substance Use, alcohol use • Wait times • Weight issues

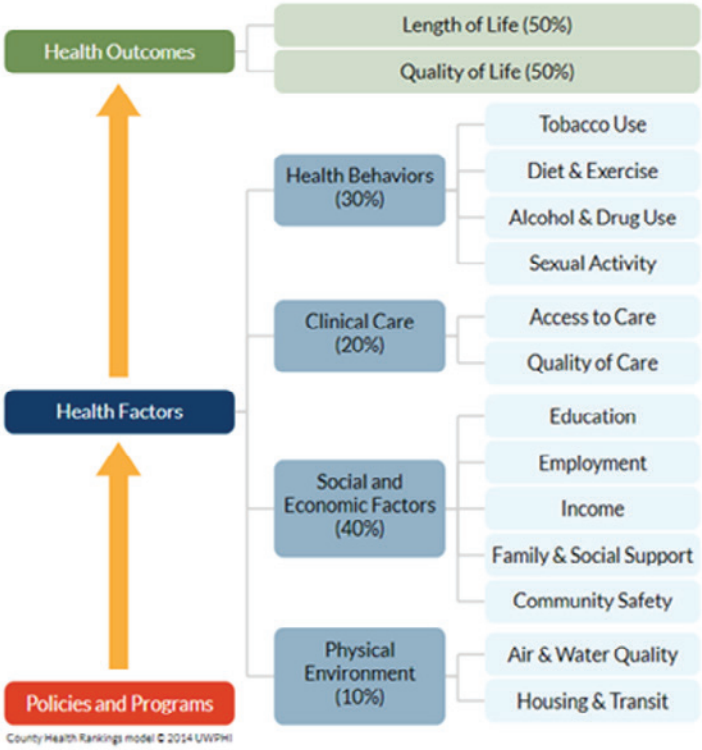
TOPIC	KEY FINDINGS
What more can be done to improve health, particularly for those individuals and groups most in need? **Are there specific opportunities or actions our community could take?**	• Affordable Healthcare • Better Access • Church Programs • Community Events • Culture Conscious Care • Fundraisers • Health Education • Health Fairs • Mobile Clinic • Neighborhood Events • Outreach Programs • Trauma Informed Care • Wellness Education

HEALTH STATUS INDICATORS

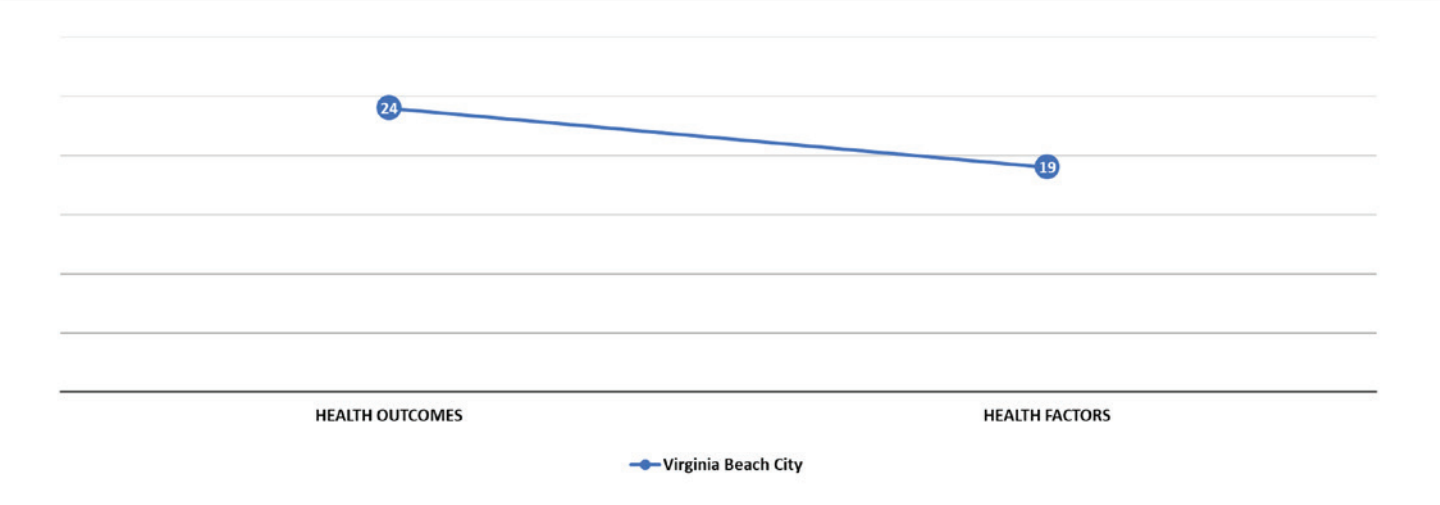
County Health Rankings

Health Indicators were viewed on County Health Rankings. The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors). 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 (right) is a population health model that uses data from different sources to help identify areas of concerns and strengths to help communities achieve health and wellness.
- The Rankings provides county-level data on health behavior, clinical care, social and economic and physical environment factors.



The graph below shows the Health Outcomes Rank and Health Factors for the communities in the service area (Appendix B).



Source: County Health Rankings 2021, Rankings and Documentation;

Health Status Indicators

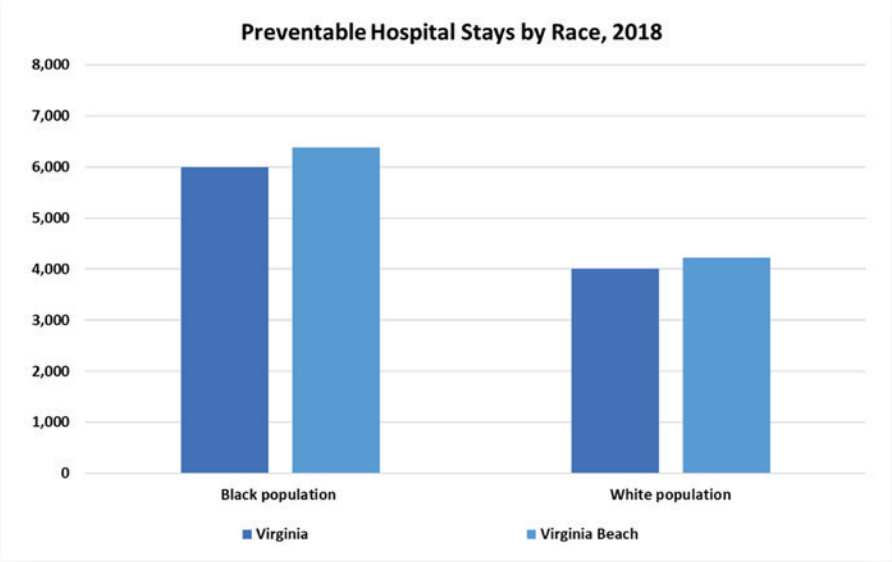
Below are key health status indicators for the service area. Links are also included to interactive data dashboards on the Greater Hampton Roads Indicators Dashboard, also known as GHRconnects. There, indicators can be explored for a comparison to other nearby localities, change over time, race/ethnicity, and gender, where available. In addition, more indicators are often available through the link.

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

A. Access to Health Services Profile
B. Mortality Profile
C. Hospitalizations for Chronic and Other Conditions Profile
D. Risk Factor Profile
E. COVID-19 Profile
F. Maternal and Infant Health Profile
G. Older and Aging Adults
H. Cancer Profile
I. Diabetes Profile
J. Surgical Site Infections Profile
K. Behavioral Health Profile
L. Community Violence and Gun Violence Profile

ACCESS TO HEALTH SERVICES PROFILE

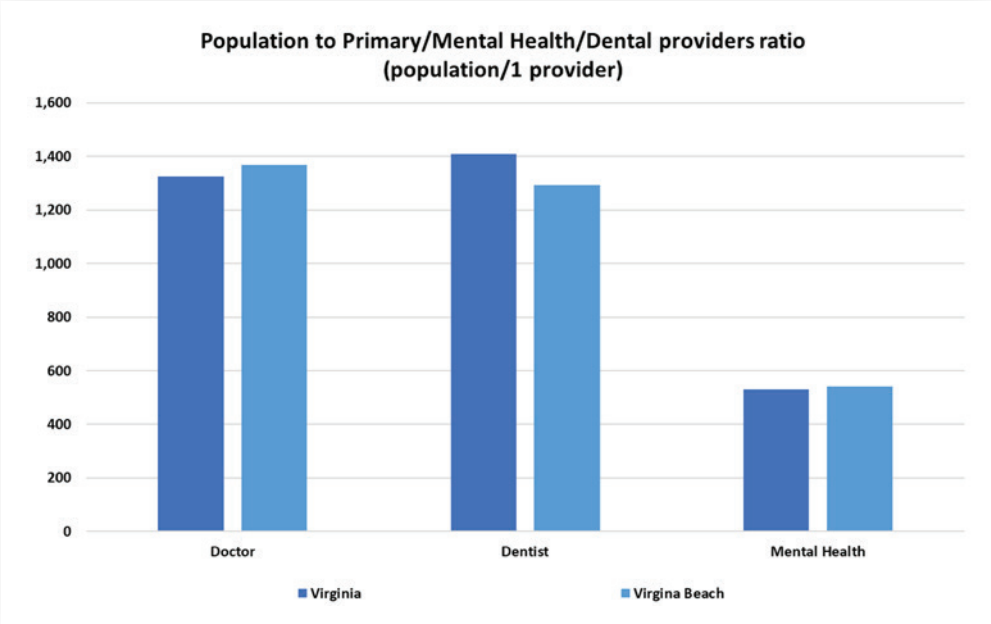
Access to high quality and affordable health care is important to an individual's health. Health insurance and local care resources can ensure access to care. If outpatient care in a community is poor, people may be more likely to overuse the hospital as their main source of care, resulting in unnecessary hospital stays. Typically, areas with higher densities of primary care have lower rates of hospitalizations for these ambulatory care sensitive conditions. Increasing access to primary care is a key solution to reducing these unnecessary and costly hospital stays and improving the health of the community.



*Source: County Health Rankings 2021, Rankings and Documentation; *Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees*

Provider Ratio

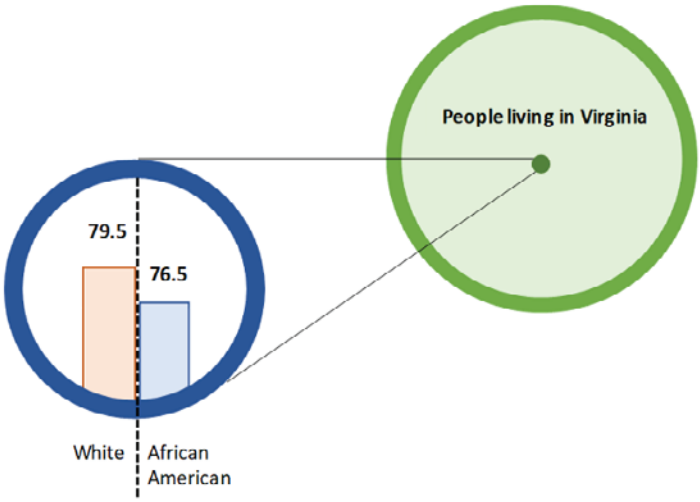
The ratios of population to primary care and dental care providers were examined in the SVBGH service area. The ratio of population to primary care providers was higher than the state at 1325:1, while the ratio of dental care providers was lower than the state at 1409:1 in Virginia Beach (Appendix B). Having fewer providers suggests concerns with access to health care, including oral health care, throughout the service area. The percentage of people with health insurance was in line with the state. The preventable hospital stay rate among Medicare beneficiaries was higher than the state, which suggests that there may be challenges with access to primary and outpatient care. Data also show disparities in preventable hospital stays between African American residents and the population as a whole.



Source: County Health Rankings 2021, Rankings and Documentation;

MORTALITY PROFILE

The life expectancy for a person living in the Commonwealth of Virginia is 79.5. Virginia Beach has a slightly higher life expectancy than the state at 80.5 years. However, it is important to note that the life expectancy for Virginia Beach's African Americans is 2.5 years shorter when compared to white residents. (Appendix B).



The leading causes of death in the service area were examined. In 2019, cancer, heart disease, and stroke were the top three causes of death.

In comparison, accidents were the third leading cause of death in Virginia, with heart disease and cancer rounding out the top three. In the service area, the crude death rate from all causes was greater than the rate in the state overall. Of the top three causes of death, stroke had a crude death rate higher than the rate for Virginia.

Leading Causes of Death Per 100,000, Age-adjusted, 2019

	Crude Death Rate	All Causes	Cancer	Heart Disease	Respiratory Diseases	Accidents	Stroke	Alzheimer's Disease	Diabetes	Suicide	Chronic Liver Disease	Hypertension and Renal Disease
Virginia Beach City	Prevalence Rate	735.8	172.7	162.9	34.2	34.9	47.3	25.8	21.8	12.7	10.9	6
	Numerator (count)	3,311	777	733	154	154	213	116	98	57	49	27
Virginia	Prevalence Rate	823	176	176.1	42.9	46.8	44.7	30.8	27.5	13.3	12.1	9.6
	Numerator (count)	70,242	15,024	15,035	3,662	3,993	3,819	2,626	2,351	1,135	1,037	816

Prevalence Rate

200 — 0

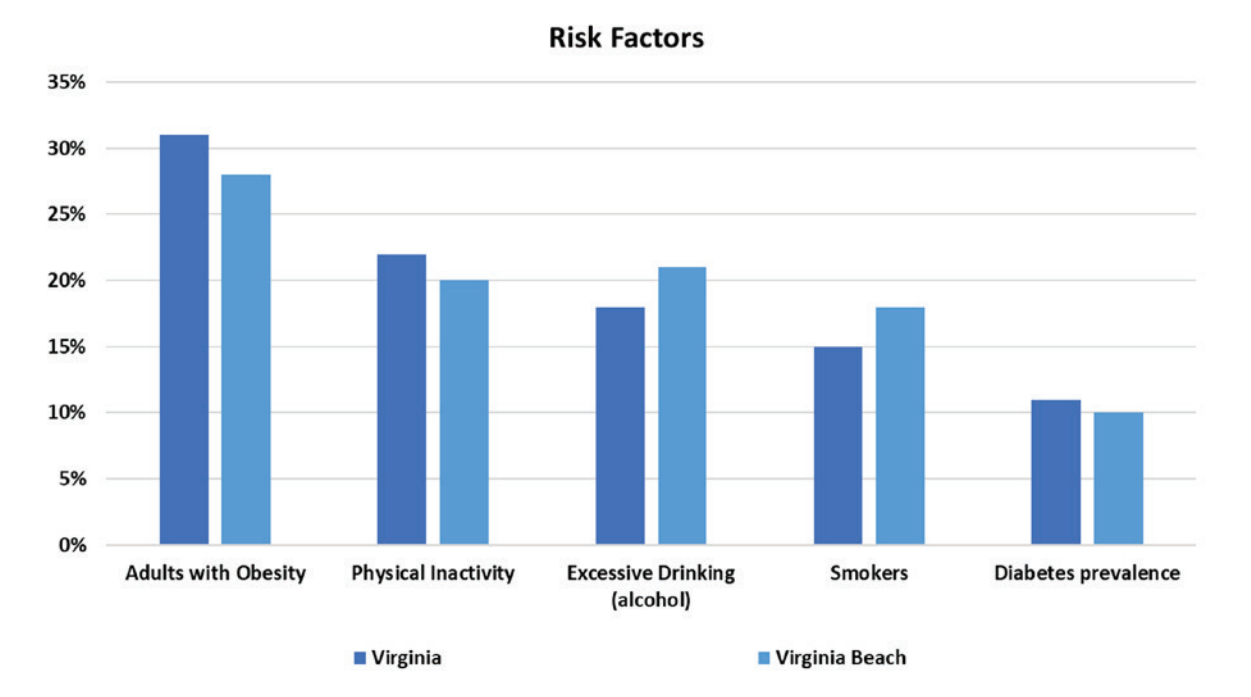
Data Source: Virginia Department of Health, Division of Health Statistics, Virginia statistics 2019, received 1-13-2019

HOSPITALIZATIONS FOR CHRONIC AND OTHER CONDITIONS PROFILE

Sentara Virginia Beach General Hospital and VBASC examined the age-adjusted hospitalization rates for the service area. For the top conditions seen in hospitals, adolescent suicide/self-inflicted injury and adult mental health adult suicide/self-inflicted harm were the highest rated in the service area, followed by heart conditions and diabetes. Rates for adolescent suicide and self-inflicted harm increased across the service area, as did adult mental health and adult suicide and self-inflicted harm (Appendix B). Substance use was also a top condition, with Virginia Beach having a higher rate than the state for this indicator.

RISK FACTOR PROFILE

Smoking rates, excessive drinking, and frequent mental health distress, were higher for the service area as compared to Virginia state values. Obesity and physical inactivity percentages were slightly lower for the service area compared to Virginia overall, although access to exercise opportunities was higher than the state. The percentage of residents with food insecurity was lower in Virginia Beach when compared to the state (Appendix B). Obesity is a concern for 28% of the population living in the service area. Obesity increases the risk of diabetes, heart disease, stroke, and some cancers and is also associated with poor mental health outcomes and reduced quality of life.



Source: County Health Rankings 2021, Rankings and Documentation

COVID-19 PROFILE

In 2020, the nation faced the COVID-19 pandemic. This contagious disease impacted the health of the community. People infected with the virus may experience mild to moderate respiratory illness and recover without medical treatment. However, some people will become seriously ill, requiring medical attention and possible hospitalization. People with underlying medical conditions are at a higher risk for developing serious illness while infected with COVID-19, as well as a higher risk for death (World Health Organization, 2022).

Between August 27, 2020 and April 1, 2022, the Commonwealth of Virginia had 1,669,750 cases with 19,714 deaths. Between March 2021 and April 2022, the rate of cases for Virginia Beach were 12,353 per 100,000 residents and the rate of deaths was 94 per 100,000 residents. As of April 2022, Virginia Beach had a higher percentage of residents with a single dose and two doses of the vaccine than did the state as a whole.

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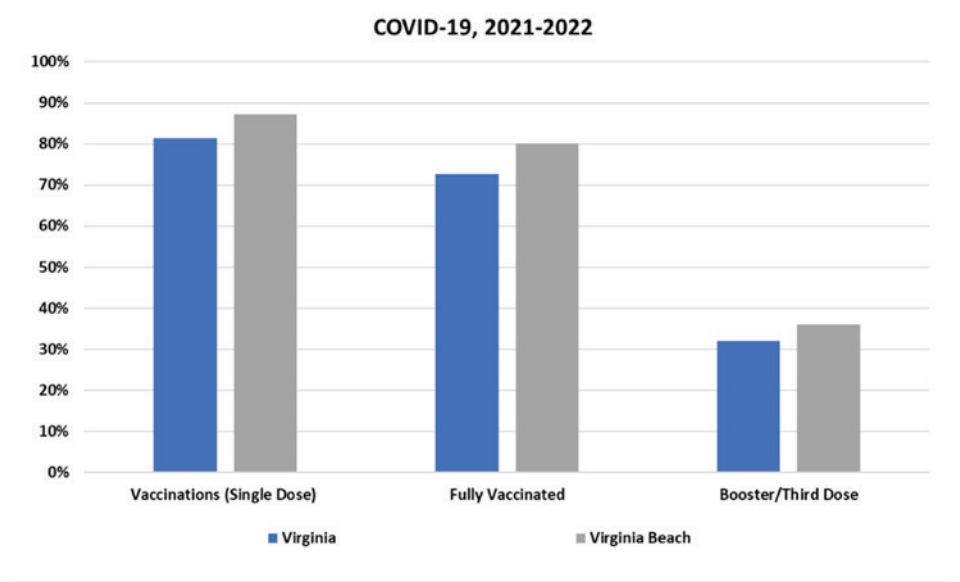


MATERNAL AND INFANT HEALTH PROFILE

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, more infants were born with low and very low birthweights in the service area and the infant mortality rate was slightly higher (Appendix B). While teen births are a community concern, the low numbers do not permit meaningful standardization for comparison to state rates. The non-marital birth rate is slightly lower than the Virginia rate. While this does not carry the stigma that it once did, it may indicate the degree of support for both the mother and the infant.

Source: World Health Organization, Coronavirus disease (COVID-19); Virginia Department of Health, COVID-19 Data in Virginia, Dashboard; Virginia Department of Health Division of Health statistics

OLDER AND AGING ADULTS PROFILE

In many communities, older adults are the fastest growing segment of the population. Challenges come with an aging population, including health related factors and other factors that ultimately impact health. Preventable hospital stays among the Medicare population in the service area were higher than for the state overall. This indicator reflects that there may be opportunities to improve primary and outpatient care for this population in the service area.

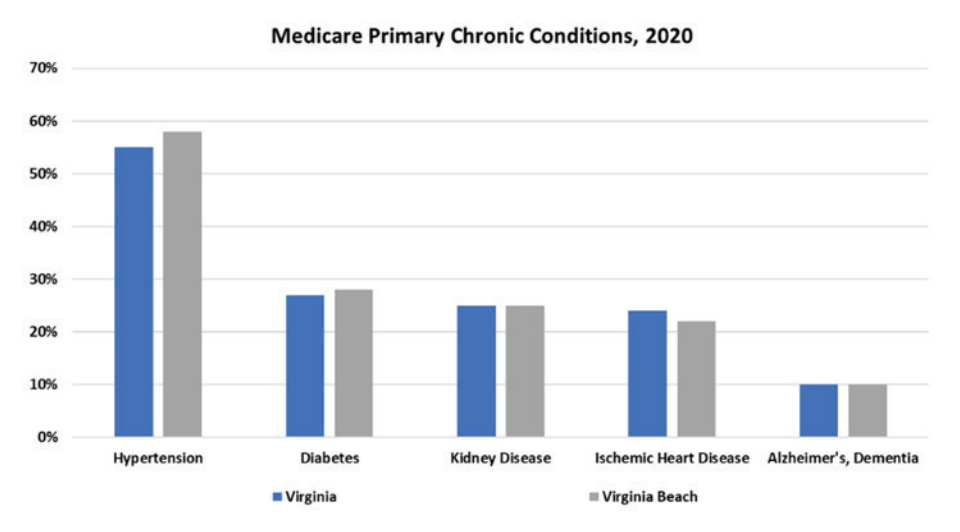
The Medicare population was seen for multiple conditions throughout 2020. Medicare beneficiaries accessed hospital services more frequently for the top two conditions, treatment of hypertension and diabetes, than in the state overall. High percentages of Medicare beneficiaries utilized hospital services for treatment of kidney disease and heart conditions, as well.

The percentage of residents under age 65 diagnosed with Alzheimer's disease and dementia was higher than in the state overall. The percentage of Medicare beneficiaries treated for Alzheimer's disease or dementia was slightly higher in the service area as compared to Virginia (Appendix B). Per the Alzheimer's Association there is a projected estimated increase of 26.7% by 2025 in the number of people age 65+ receiving an Alzheimer's disease diagnosis in the Commonwealth of Virginia. This is important to note as it will impact the aging population's health, quality of life, healthcare demand, and costs.

1 in 3 seniors dies with Alzheimer's or another dementia. It kills more than breast cancer and prostate cancer combined.

Source: Alzheimer's Association, 2022

Advance Care Plans are for adults to specify their medical wishes and/or designate someone as their legal medical decision maker in the event they cannot communicate and advocate for themselves. While many team members working within the healthcare 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 the Commonwealth of Virginia, there are 41,380 active registrants with Advanced Care Plans filed within the USLWR (US Living Will Registry). Sentara has 70,236 active registrants with Advanced Care Plans on file within the USLWR with 11,579 of those completed for residents of the service area.



Source: Centers for Medicare & Medicaid Services, Data.cms.gov
Alzheimer's Association, 2022 Alzheimer's Disease Facts and Figures, Virginia Alzheimer's Statistics; Virginia Alzheimer's Commission, AlzPossible Initiative; United States Living Will Registry

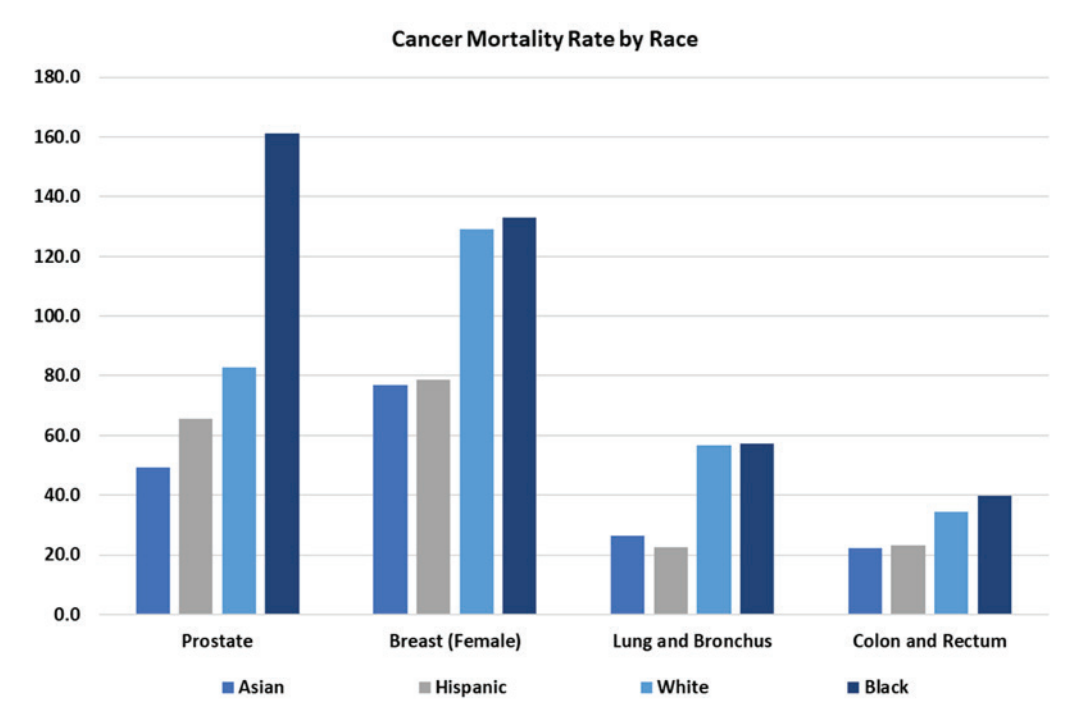
CANCER PROFILE

Death and incidence rates for a variety of cancer types were examined since cancer is the leading cause of death in the service area. Compared to the previous five-year collective rates for both incidence and mortality from the leading types of cancer, the service area is trending down, with fewer cases and lower rates of death. However, the rates are rising slightly for breast cancer in Virginia Beach. It is important to note that rates are rising for the African American residents both in Virginia Beach and the Commonwealth of Virginia as a whole.

Breast cancer is the most common cancer diagnosed among U.S. women and is the second leading cause of death among women after lung cancer.

Source: American Cancer Society

Mortality rates were highest among lung, breast, prostate, and colon cancers, though these are not the only ones Sentara will focus efforts on. The trend for these cancers are falling compared to the previous five-year period (Appendix B). Prostate cancer and breast cancer are the leading causes of cancer death for African Americans living in Virginia. See the graph below showing mortality disparities among races. The community outreach programs educating and providing cancer screenings, as well as medical developments, are having an impact, however efforts will need to focus on populations at higher risk of this disease.



Data Source: NIH National Cancer Institute, 2014-2018 Incident Rate Report for Virginia

DIABETES PROFILE

According to the Centers for Disease Control and Prevention, the prevalence of type 2 diabetes continues to increase in the United States and is the seventh leading cause of death (CDC, 2021). Risk factors such as obesity and physical inactivity have played a significant role in this increase, but age and race/ethnicity also remain key risk factors. Diabetes is a top cause of death in the service area. Here we examine additional related indicators.

The percentage of adults with diabetes living in the service area is 8.9% and slightly higher than the state percentage of 8.5%, however the death rate due to diabetes is 18.0, lower than the state rate of 22.0. SVBGH and VBASC examined hospitalization rates due to diabetes and found the age-adjusted hospitalization rates due to diabetes and hospitalizations due to long-term complications of diabetes were lower than the state rate of 8.3. Virginia Beach, however, has a higher hospitalization rate due to short-term complications of diabetes (8.9) than the state rate of 8.3. It is also important to note that the percentage of the Medicare population living in the service area and diagnosed with diabetes is higher at 29% than the state at 27.4%.

Diabetes is also associated with increased risk of certain types of cancer, such as liver, pancreas, uterine, colon, breast, and bladder cancer.

Source: CDC, 2019

SURGICAL SITE INFECTIONS PROFILE

Surgical site infections (SSIs) occur after surgery and in the part of the body where the surgery took place. Surgical site infections 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" (Agency for Healthcare Research and Quality, 2019). Advances have been made in infection control practices, including improved operating room ventilation, sterilization methods, barriers, surgical technique, and availability of antimicrobial prophylaxis, yet SSIs remain a substantial cause of morbidity, prolonged hospitalization, and death in the inpatient setting (National Healthcare Safety Network, OPC-SSI, 2022).

Source: Virginia Department of Health Division of Health statistics; Centers for Disease Control and Prevention, Diabetes; Diabetes Report Card, 2019; Greater Hampton Roads Indicators Dashboard; Agency for Healthcare Research and Quality, Surgical Site Infections

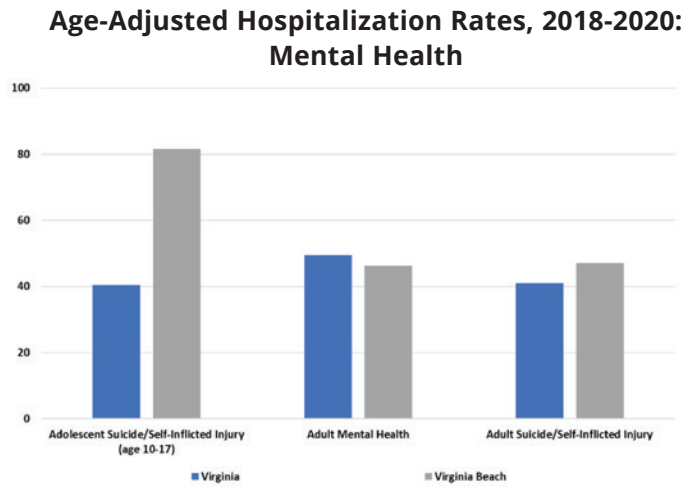
BEHAVIORAL HEALTH PROFILE

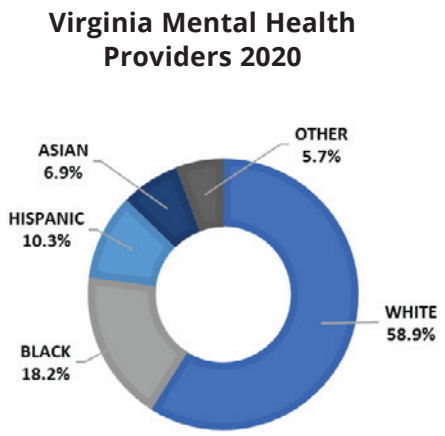
Hospitalization rates due to alcohol/substance use, mental health, and suicide/self-intentional injury were examined. The service area had higher hospitalization rates due to substance use, mental health and suicide/self-intentional injury when compared to Virginia rates.

Mental health is becoming an increasing health concern for both adolescents and adults. Between 2018 and 2020, the adult mental health rate per 10,000 residents was slightly lower in Virginia Beach, however the adult suicide/self-intentional injury was higher. Sentara also examined emergency department visits for 2021 to gain a better understanding of the mental health crisis communities have been facing during the COVID-19 pandemic. In 2021, the SVBGH emergency department saw a patient frequency of 4,024 for those aged 18 and over presenting with a behavioral health diagnosis. Of the 4,024 visits, 18.8% presented with suicidal ideations and 7.2% with major depressive disorder.

The adolescent suicide rate was highest in Virginia Beach. "In early 2021, emergency department visits in the United States for suspected suicide attempts were 51% higher for adolescent girls and 4% higher for adolescent boys compared to the same time period in early 2019" (Office of Surgeon General, 2021). Sentara Virginia Beach General Hospital saw a patient frequency of 202 for youth age eighteen and younger present with a behavioral health diagnosis. Of the 202 visits 37.1% presented with suicidal ideations and 15.8% with major depressive disorder.

The rate of people diagnosed with mental health issues in the service area is higher than in the state overall. The COVID-19 pandemic has worsened mental health among youth and adults with increasing anxiety, depression, and stress. Loss off freedoms due to social distancing, masking, and isolating negatively impacted the most vulnerable increasing emergency department visits due to a lack of mental health providers to assist with therapy and the development of coping skills. The service area has fewer mental health providers per person as compared to the state (531:1), Virginia Beach (541:1) (Appendix B). It is also important to note that the mental health workforce is nearing retirement age which will negatively impact provider capacity. There is also a need for a more racially and ethnically diverse mental health workforce to provide racially concordant care (Appendix B).





Source: Greater Hampton Roads, Community Indicators Dashboard; Virginia Health Care Foundation;

COMMUNITY VIOLENCE AND GUN VIOLENCE PROFILE

Violent crimes such as gun violence, robbery, or aggravated assault have socio-emotional impact. Physical and emotional symptoms such as sleep disturbances, increase in feelings of distress, anger, depression, inability to trust, and significant problems with family, friends, or coworkers can occur. Violent crimes can hinder the pursuit of healthy behaviors such as outdoor physical activities. Chronic stress has been associated with violent crimes and increases prevalence of certain illnesses such as upper respiratory illness and asthma and can have life-long impact on the health of the individual.

> ***"Firearm injury is a leading cause of death for youth in the United States."***
>
> *Source: Andrews AL, et al. Pediatrics. Feb. 28, 2022*

Though the violent crime rate is at 152 in Virginia Beach, it is important to note that the highest violent crime rate in the area is in a neighboring city, Portsmouth. Crime is also growing in Norfolk, another neighboring city, and is becoming a concern not only near the service area but across all of Hampton Roads (Appendix B). The violent crime rate in the neighboring communities is also much higher compared to the state rate of 207 violent crime offenses per 100,000 population (Appendix B).

Gun violence alone is a top contributor to premature death. 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 study published by American Academy of Pediatrics (2022) showed an increase in pediatric deaths due to firearms. The study also showed a disparity among African American youth who are "14 times more likely to die of firearm injury compared with their White peers" (Andrews AL, et al. Pediatrics. Feb. 28, 2022).

When deaths were examined for the service area, rates were lower than the state for firearm fatalities per 100,000 population, even while higher in neighboring communities.

Source: County Health Rankings 2021, Rankings and Documentation

2019 IMPLEMENTATION STRATEGY PROGRESS REPORT

The previous community health needs assessment identified several health issues. The SVBGH and VBASC implementation strategy progress report was developed to identify activities addressing the health needs identified in the 2019 CHNA report through primary and secondary data sources. This section of the CHNA report describes these activities and collaborative efforts.

Sentara Virginia Beach General Hospital and VBASC are monitoring and evaluating progress to date on 2019 implementation strategies for the purpose of tracking the implementation and documenting the impact of those strategies to address selected CHNA health needs. Please note that the 2019 community health needs assessment implementation strategy process was disrupted by COVID-19, which has impacted all our communities.

Sentara Virginia Beach General Hospital

For reference, the list below includes the 2019 CHNA health needs that were prioritized to be addressed by SVBGH in the 2019 implementation strategy.

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

Chronic Disease (Cancer, Heart Disease, Stroke, Diabetes)

Sentara Virginia Beach General Hospital continues to sponsor and support local initiatives and community events to provide screenings and health education to the community regarding chronic diseases. The hospital hosts cancer screenings and educational events and provides monthly cancer support groups. Sentara Virginia Beach General Hospital hosts multiple diabetes informational sessions and offers a free Diabetes Prevention Program. The SVBGH Orthopedic Navigators have partnered with the Outpatient Diabetes Program team to allow pre-surgical orthopedic patients the opportunity to participate in classes to gain control over their diabetes management (exercise tips, healthy meal recipes, etc.) at no cost to the patient and/or community member.

Cancer Awareness and Prevention

Sentara extends its reach into the community, where life happens. Sentara brings prevention, hope, inspiration, and support to our local community where Sentara is working to reduce cancer's impact. Cancer educators implement programs focused on cancer prevention and detection, and provide community outreach by hosting and attending screening and education events. In 2021, more than 3,000 individuals participated in such community events.

Sentara is continuing to build the "Living Beyond Cancer" survivorship program to enhance patients' wellbeing and long-term health. This is accomplished through cancer support groups and various education programs on nutrition, physical therapy, and exercise through the Wellness Beyond Cancer program, a free six-week holistic health, meditation, yoga and fitness program for cancer patients. The program aim is to address the needs of the entire individual to strengthen physically and mentally and provide a sense of peace and balance throughout their journey to wellness. 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 around the Hampton Roads area.

In 2022, Sentara plans to continue to remove barriers to wellness for uninsured or underinsured women for mammography, including supplementing traditional measures, such as its mobile mammography van, with more targeted efforts to reach underserved communities, including connecting with faith leaders, providing transportation for those who need it and building trust with patients. New and exciting opportunities await cancer patients in the Hampton Roads area with the opening of the Carrillo Kern Center for Integrative Therapies at the Sentara Brock Cancer Center in Norfolk. It is another way we are working to fulfill our promise to ensure all patients and families have the mind, body and spiritual support they need throughout their cancer journey. Services such as acupuncture, integrative nutrition, yoga, meditation, reiki, and garden therapy will be offered to the community. Additionally, cancer screenings will continue to be offered throughout the community in collaboration with community partners, to continue to bring cancer education and preventative services to the historically underserved.

Behavioral Health (Mental Health, Substance Abuse, Opioid Addiction)

Sentara Virginia Beach General Hospital continues to partner with local organizations and the Virginia Health Department to implement initiatives to address behavioral health in Virginia Beach. Sentara Medical Group Behavioral Health Care Center opened to create additional outpatient services and provide behavioral health crisis management.

Sentara continues to improve access to behavioral health resources. In 2021, a Behavioral Health Care Center opened to provide follow-up care within seven days of being discharged from the emergency department (ED) with a behavioral health (BH) diagnosis or from an inpatient behavioral health unit. This clinic started with a focus on Inpatient Behavioral Health Unit and Behavioral Health patients discharged from Sentara Virginia Beach General Hospital, Sentara Independence and Sentara Princess Anne Hospital Emergency Departments, and has since expanded its services to include other individuals in the community who need behavioral health care. As of March 2022, the Behavioral Health Care Center has seen a total of 1215 patients.

In 2022 the Hampton Roads Behavioral Health Consortium convened as a regional coalition of private and public partners in mental health to address the escalating mental health crisis. The Behavioral Health Consortium will develop a strategic action plan to address prevention, intervention, treatment, workforce, resources, access, education, recovery, and elimination of the stigma associated with behavioral health.

Sentara has expanded, and will continue to expand, Telepsychiatry within the EDs and is working on expanding Intensive Outpatient Programs and Partial Hospitalization Programs in Hampton Roads.

Sentara will continue to partner with community mental health programs to identify alternate placement options for BH ED patients.

The Behavioral Health Safety Workgroup is focusing on improving the emergency departments staff and patient safety.

A Behavioral Health Tactical Operations Committee (BHTOC) Clinical Patient Management Workgroup is addressing:

- rapid treatment of agitation.
- active treatment of psychiatric illness.
- timely evaluation of medical comorbidities.
- improved coordination and communication around dispositions; and
- improved guidance on the emergency custody orders process.

The BHTOC Clinical Patient Management workgroup will continue to improve processes and work toward:

- management of patients with BH needs who are placed on regular medical units.
- provide active treatment for substance intoxication or withdrawal/overdose.

A BHTOC Safety workgroup:

- Working on leader trainings.
- Behavioral Health Consultant and Behavioral Health Safety Workgroup completed priority I & II Emergency Departments site visits and BH Risk Assessments in March 2022.
- Priority III Emergency Departments site visits and Risk Assessments will be completed by the Behavioral Health Consultant and BH Safety Workgroup team by May 2022

Social Determinants of Health (including Food Access) and Community Partnerships

Sentara Virginia Beach General Hospital continues to work with community partners to improve the health of the community. The hospital hosted events to raise funds for local women's shelters. Sentara Virginia Beach General Hospital continues to partner with United Way to support the community and also supported diversity and inclusion efforts by donating to An Achievable Dream program.

Virginia Beach Ambulatory Surgery Center

For reference, the list below includes the 2019 CHNA health needs that were prioritized to be addressed by VBASC in the 2019 Implementation Strategy.

- Pediatric Dental Hygiene
- Nutrition/Obesity
- Cardiac Health (Congestive Heart Failure, Hypertension, Heart Disease)
- Water Safety
- Tobacco Use
- Disaster Preparedness

The VBASC is monitoring and evaluating progress to date on its 2019 Implementation Strategies for the purpose of tracking the implementation and documenting the impact of those strategies in addressing selected CHNA health needs. Please note that the 2019 Community Health Needs Assessment Implementation Strategy process was disrupted by COVID-19, which has impacted all our communities.

The VBASC continues strategies that address multiple health problems which include partnering with SVBGH to promote health education initiatives offered by the hospital and exploring possibilities to host health education events at the surgery center when COVID-19 restrictions are lessened.

Pediatric Dental Hygiene

The VBASC continues to collaborate with dentists and oral surgeons at VBASC to identify educational opportunities for parents of pediatric dental patients and families in the community. The VBASC is also investigating the possibility of hosting a presentation by a pediatric dentist about preventative oral health guidelines and treatment options. However, implementation of strategies to address this concern were placed on hold and delayed due to the COVID-19 pandemic.

Nutrition/Obesity

The VBASC continues to research availability of educational brochures about healthy eating and health risks related to obesity to offer to patients and families while at VBASC. The VBASC is also looking into ways to promote "healthy" nutrition and living to VBASC employees. However, implementation of strategies to address this concern were placed on hold or delayed due to the COVID-19 pandemic.

Cardiac Health (Congestive Heart Failure, Hypertension, Heart Disease)

The VBASC continues to provide patient education to individuals based on existing co-morbidities identified on the day of service. Activities and educational classes were placed on hold or delayed due to the COVID-19 pandemic.

Water Safety

The VBASC continues to offer educational materials about child and adult water safety and promote the importance of learning CPR.

Tobacco Use

The VBASC continues to offer educational materials about smoking cessation and encourage staff participation in the American Heart Association Heart Walk when COVID-19 restrictions allow.

Disaster Preparedness

The VBASC continues to offer educational materials about preparation for severe weather, such as hurricanes, tropical storms, and localized flooding. The Surgery Center understands the importance of disaster preparedness within the facility and practices quarterly disaster management drills.

Sentara

Grantmaking and Community Benefit

In the 2019 Implementation Strategy process, Sentara and hospital facilities planned for and drew on a broad array of resources and strategies to improve the health of our communities and vulnerable populations, such as grant making, in-kind resources, collaborations, and partnerships.

Sentara is focused on supporting organizations and projects that address prominent social determinants of health factors and that promote health equity by eliminating traditional barriers to health and human services. Sentara strongly encourages grant proposals that align with one or more of the following priorities:

- Housing
- Skilled Careers
- Food Security
- Behavioral Health
- Community Engagement

Sentara is aware of the significant impact that our organization has on the economic vitality of our communities. In 2020, Sentara invested nearly $256 million in our communities. Sentara invested $20 million in health and prevention programs, $45 million in teaching and training of healthcare professionals, $11 million in philanthropic giving and $180 million in uncompensated patient care. In 2021, Sentara invested $245 million in the communities; $16 million in community giving, $23 million in health and prevention programs, $45 million in teaching and training of healthcare professionals and $167 million in uncompensated patient care.

Clearly, the definition of community health is broader than simply medical care. As more is known about the role of social determinants of health, more opportunities will arise to influence population health through engaging in community building approaches to care. Beyond the scope of SVBGH and VBASC alone, these opportunities will require active partnerships among community organizations and individuals to create lasting impact. Sentara Healthcare, SVBGH and VBASC are committed to finding innovative, responsive, and successful strategies to address these challenges, to fulfill our mission to improve health every day.

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