

Sentara Norfolk General Hospital Community Health Needs Assessment 2019





**Sentara Norfolk General Hospital
Community Health Needs Assessment (CHNA)
2019**

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Introduction

Sentara Norfolk General Hospital (SNGH) has conducted a community health needs assessment of the area that we serve. The assessment provides us with a picture of the health status of the residents in our communities and provides us with information about health and health-related problems that impact health status.

Our assessment includes a review of population characteristics such as age, educational level, and racial and ethnic composition because social factors are important determinants of health. The assessment also looks at risk factors like obesity and smoking and at health indicators such as infant mortality and preventable hospitalizations. Community input is important so the assessment also includes survey results from key stakeholders including public health, social services, service providers, and those who represent underserved populations. An additional survey of Hampton Roads residents on key health topics was included. The report also includes findings from focus groups with community members on health issues and barriers to achieving good health.

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

- **Healthy, Connected Communities**
- **Heart Health**
- **Women’s Health**
- **Gun Violence, Accidents, and Other Trauma**
- **Mental Health and Substance Abuse**

Our previous Community Health Needs Assessment also identified a number of health issues. An implementation strategy was developed to address these problems. The hospital has tracked progress on the implementation activities in order to evaluate the impact of these actions. The implementation progress report is available at the end of this report.

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

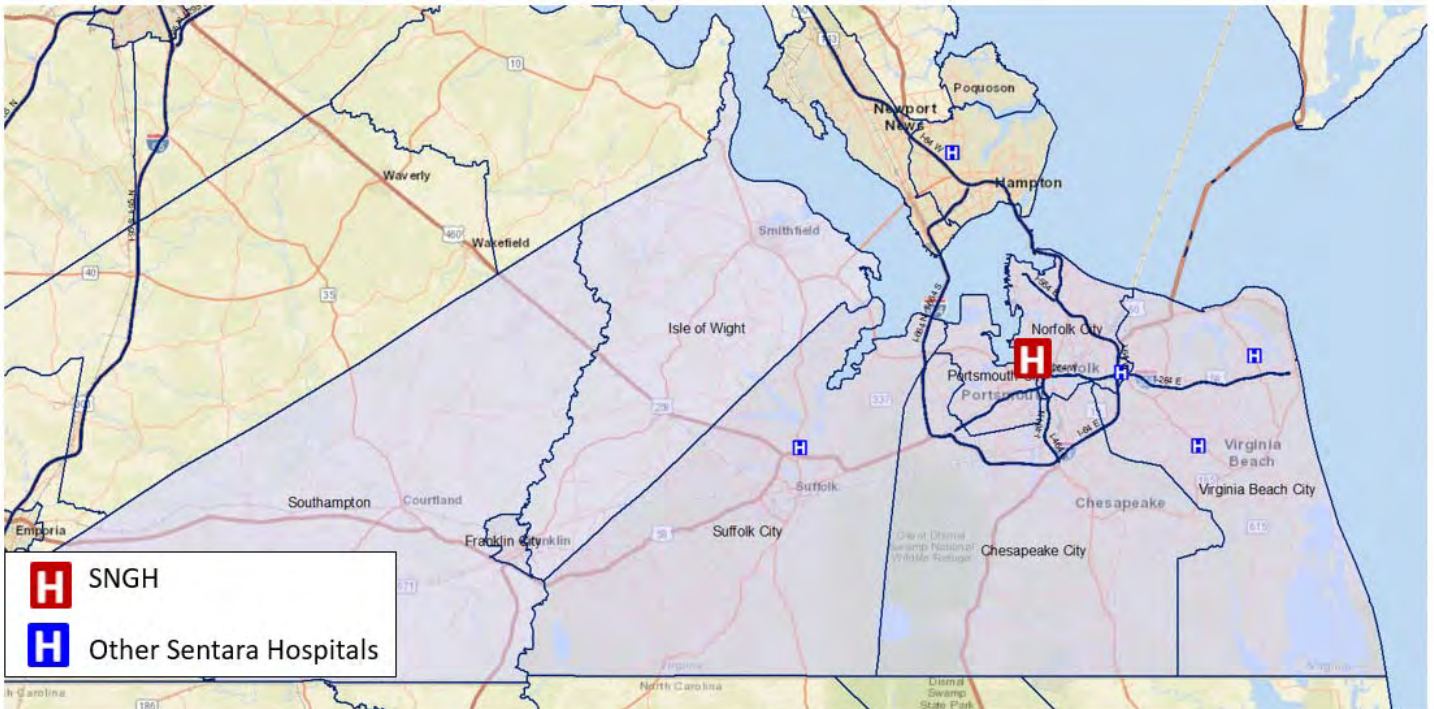
Your input is important to us so that we can incorporate your feedback into our assessments. You may use our online feedback form available on the Sentara.com website. Thanks!

Demographic Information

Population

Highlight Population: The combined population of the Sentara Norfolk General Hospital (SNGH) service area numbers over 1.1 million people. The service area of SNGH is comprised of 8 localities: the Cities of Norfolk, Chesapeake, Virginia Beach, Portsmouth, Suffolk, and Franklin, as well as the Counties of the Isle of Wight and Southampton. Virginia Beach is the most populous city in the service region, followed by Norfolk and Chesapeake. Those three cities combined hold 11% of the population of the state of Virginia. Some of the localities in the service area are very rural within the 2,015 square mile region.

The Sentara Norfolk General Hospital (SNGH) Service Area:



Source: Truven/Market Expert

Population Change		
Locality	Total Population	% Change 2010-2018
State of Virginia	8,492,022.00	6.14%
Norfolk	245,907.00	1.28%
Virginia Beach	455,533.00	4.00%
Chesapeake	242,343.00	9.06%
Portsmouth	95,247.00	-0.30%
Suffolk	91,570.00	8.26%
Isle of Wight	37,129.00	5.27%
Southampton	17,993.00	-3.11%
Franklin	8,355.00	-2.65%

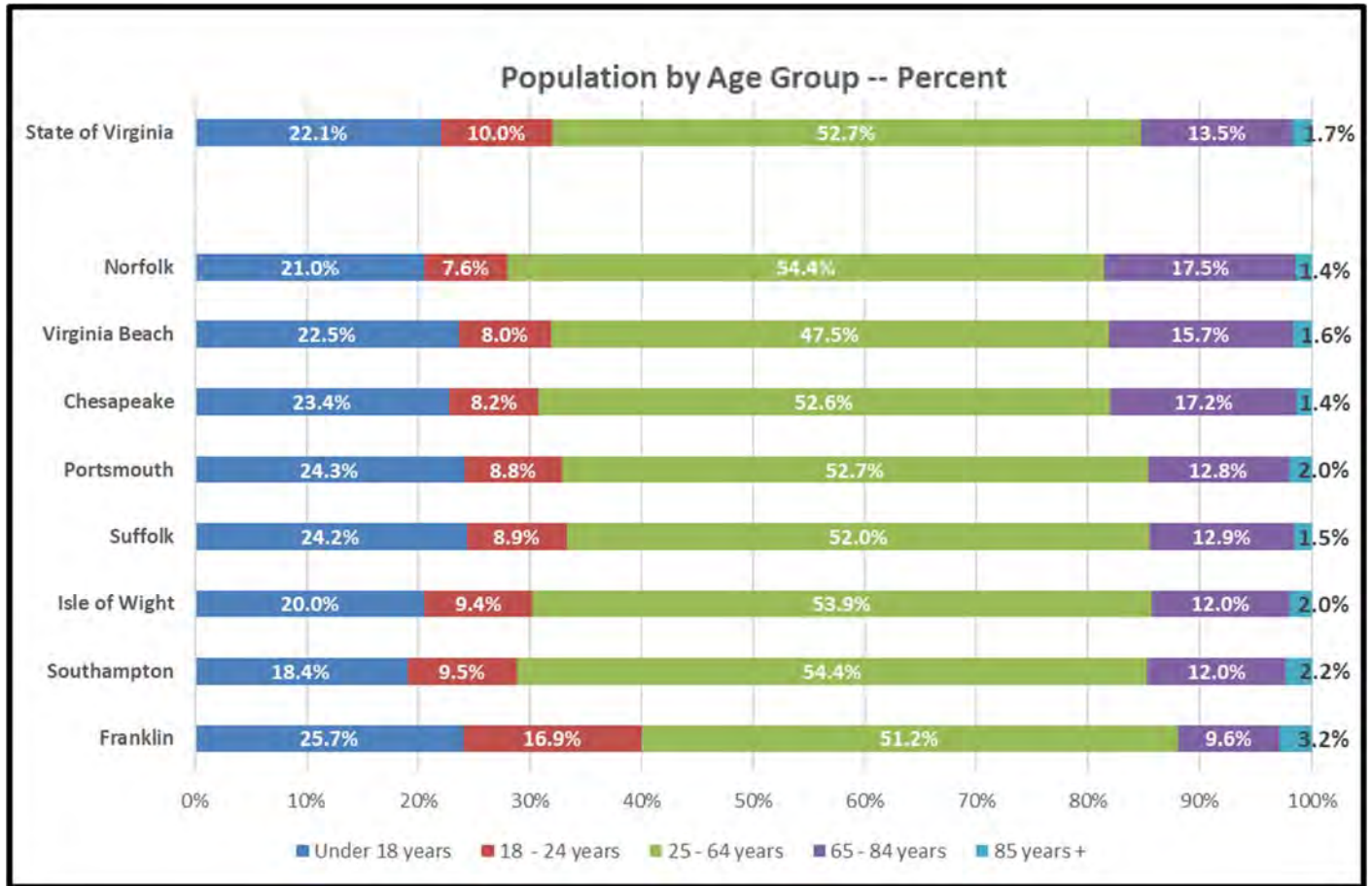
Highlight Population Change: The service area population as a whole is enjoying healthy growth, primarily driven by Chesapeake’s 9.1% growth since 2010 and Suffolk’s 8.3%. Norfolk, Virginia Beach and Isle of Wight have seen moderate growth, while Portsmouth, Southampton and Franklin have actually lost population.

Unless Otherwise Stated for Specific Indicators: Source: Data provided by Claritas, updated in January 2018.

GHRConnects.org managed by Conduent Healthy Communities Institute

Population by Age

Highlight Population and Age: The service area has a higher percent of residents aged 65+ than the state as a whole, Norfolk, Virginia Beach and Chesapeake having the highest percent of the senior population. Franklin has the highest percent of the very elderly, aged 85+, and surprisingly, also has the highest percent of children under the age of 18, followed by Portsmouth and Suffolk.



Population by Race and Ethnicity

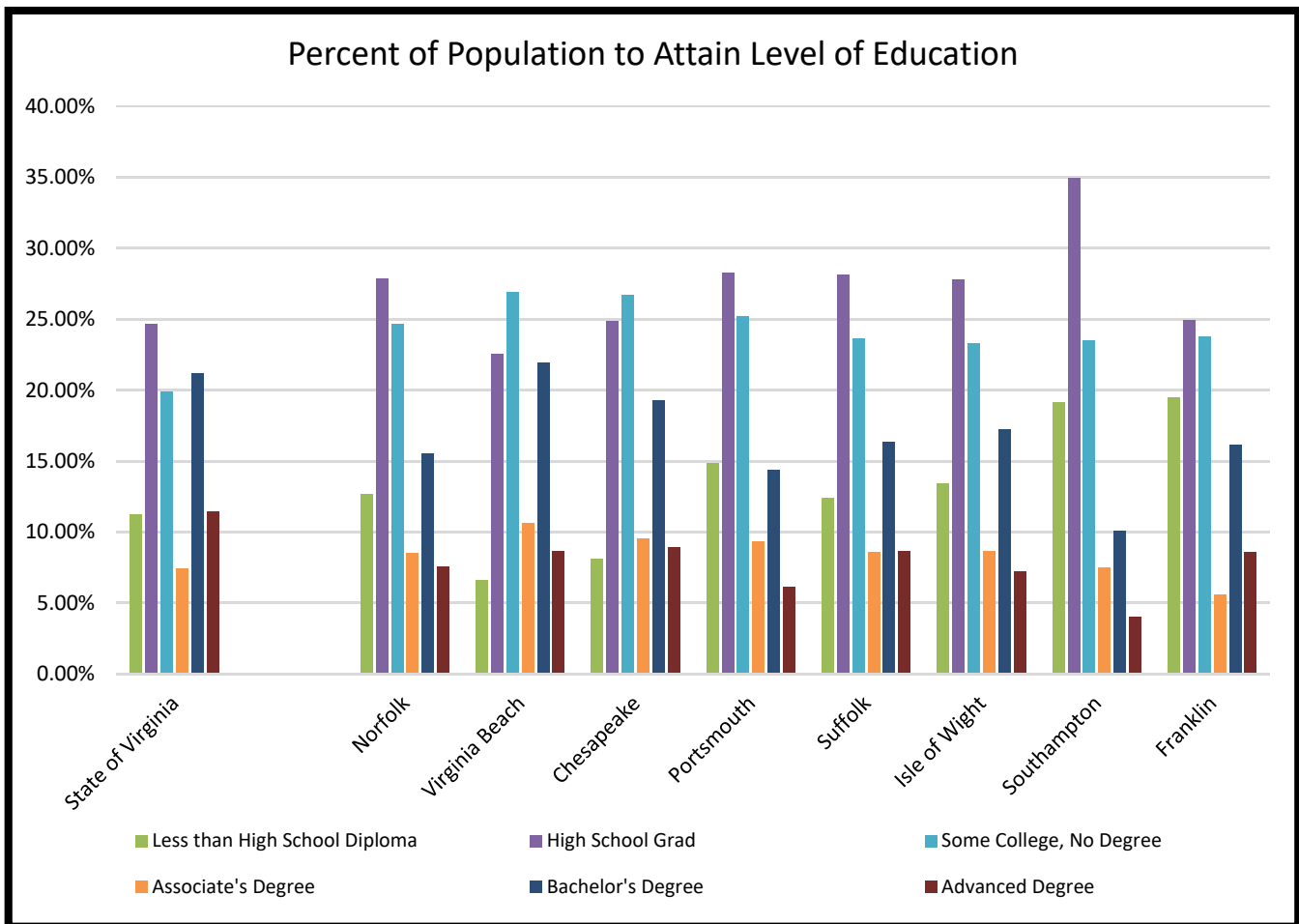
Highlight Population and Race: The population of the service area is overwhelmingly white and black, with Virginia Beach and Norfolk the most diverse communities (15% and 12% combined non-white or black) followed by Chesapeake at 10% combined. All other localities have no more than 7% combined non-white or black population. Virginia Beach, Norfolk and Chesapeake have small Asian populations, but no other racial groups are represented in the area in any significant number.

Highlight Population Ethnicity: The service area population as a whole has a small Hispanic population, with Virginia Beach home to the largest Hispanic community with 8.78% of the population followed by Norfolk with 8.16%. No other community in the service area has more than 5% Hispanic community, with Southampton and Franklin having less than 3%.

Population by Race and Ethnicity										
Locality	Population	Race							Ethnicity	
		White	Black	American Indian /Alaskan Native	Asian	Native Hawaiian/ Pacific Islander	Some Other Race	2+ Races	Non-Hispanic /Latino	Hispanic /Latino
State of Virginia	8,492,022	66.0%	19.4%	0.4%	6.8%	0.1%	3.8%	3.6%	90.4%	9.6%
Norfolk	245,907	47.2%	41.3%	0.6%	3.8%	0.2%	2.7%	4.2%	91.8%	8.2%
Virginia Beach	455,533	65.2%	19.7%	0.4%	7.1%	0.2%	2.5%	4.9%	90.4%	9.6%
Chesapeake	242,343	60.4%	29.9%	0.4%	3.6%	0.1%	1.7%	4.0%	93.9%	6.1%
Portsmouth	95,247	40.1%	53.2%	0.5%	1.4%	0.1%	1.4%	3.3%	95.4%	4.6%
Suffolk	91,570	51.1%	42.4%	0.4%	2.0%	0.1%	1.2%	2.9%	95.3%	4.7%
Isle of Wight	37,129	72.3%	22.7%	0.5%	1.1%	0.1%	0.9%	2.4%	96.4%	3.6%
Franklin	8,355	38.6%	56.7%	0.4%	1.0%	0.1%	0.9%	2.4%	97.8%	2.2%
Southampton	17,993	61.2%	35.2%	0.5%	0.4%	0.1%	0.5%	2.2%	98.3%	1.7%

Population and Education

Highlight Education: Education is the basis for stable employment, and financial stability is the foundation for a sustainable household, which provides for the health needs of family members. Franklin and Southampton have the highest percent of individuals aged 25+ who have less than a high school diploma, while Chesapeake has the highest percent of residents with advanced or professional degrees.



Income and Poverty

Highlight Income by Race: While simple poverty rates tell us something about the residents of the service area, by inserting race as a factor we see the racial disparities that constrain residents of the service area in their ability to support and sustain healthy, functioning households for themselves and their children. As with Virginia as a whole, black individuals are likely to have income that is approximately 70% of the general household income and approximately 65% of the income of white households. In Southampton and Franklin, Hispanic households earn 40% of the earnings of white households.

Median Household Income by Race/Ethnicity				
	White	Black	Hispanic	All Races
State of Virginia	\$ 76,180	\$ 49,110	\$ 65,576	\$ 71,167
Norfolk	\$ 62,966	\$ 34,843	\$ 43,903	\$ 49,412
Virginia Beach	\$ 75,038	\$ 55,476	\$ 59,639	\$ 70,700
Chesapeake	\$ 83,116	\$ 57,909	\$ 61,287	\$ 74,129
Portsmouth	\$ 61,764	\$ 41,568	\$ 46,188	\$ 51,406
Suffolk	\$ 78,243	\$ 46,290	\$ 65,318	\$ 65,386
Isle of Wight	\$ 78,025	\$ 44,954	\$ 92,568	\$ 69,606
Franklin	\$ 59,060	\$ 32,934	\$ 24,107	\$ 40,368
Southampton	\$ 66,143	\$ 34,624	\$ 24,737	\$ 52,626

Highlight Poverty Calculation: Each year the federal government calculates the income required to provide the absolute, bare necessities to sustain a household in the United States. Because each additional family member does not increase the cost of a household to the same extent (for instance, the cost of housing 4 family members is not 1.3 times higher than the cost of housing 3 family members), the government publishes the federal poverty guidelines for families with up to 8 members with a calculation for larger households. The table below presents the poverty level for up to 6 members. For more information, google “federal poverty guidelines” or visit <https://aspe.hhs.gov/poverty-guidelines>. **Highlight Poverty:** Poverty is perhaps the most impactful of the social determinants of health, affecting the ability to have stable housing, healthy food, the ability to maintain steady employment, and the ability to access health care when needed.

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

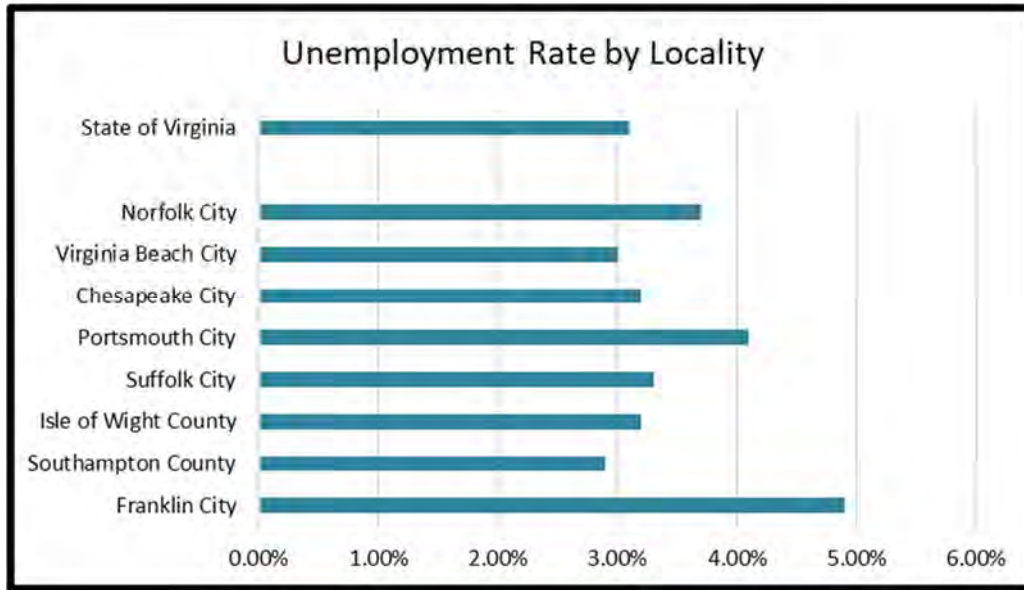
Source: United States Department of Health and Human Services

Percent of the Population Living at Specified Percent of the Federal Poverty Level				
	100%	200%	300%	400%
State of Virginia	11%	26.6%	41.7%	55.0%
Norfolk	21%	42.1%	60.2%	73.1%
VB	8%	23.4%	40.9%	56.9%
Chesapeake	10%	22.6%	39.1%	54.0%
Portsmouth	18%	38.4%	57.9%	71.9%
Suffolk	12%	26.3%	42.7%	57.4%
Isle of Wight	11%	22.9%	36.9%	53.7%
Southampton	15%	33.8%	51.3%	67.5%
Franklin	17%	43.8%	58.7%	72.4%

Source: US Census Bureau: American Factfinder 2017 Estimates

Employment

Highlight Employment: Central to a healthy community is an economy that supports individuals in their efforts to live well. Unemployment is a key measure of the state of the local economy and with few exceptions, the rate is lower in the SNGH service area than in the state as a whole. Franklin City, Portsmouth and Norfolk have unemployment rates substantially higher than the state, while Virginia Beach and Southampton rates are marginally lower than unemployment in Virginia as a whole.



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

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

Three Largest Employers by Locality			
Norfolk	US Department of Defense	Sentara Healthcare	Norfolk City School Board
Virginia Beach	City of Virginia Beach Schools	City of Virginia Beach	Sentara Healthcare
Chesapeake	Chesapeake City Public School Board	City of Chesapeake	Chesapeake Regional Medical Center
Portsmouth	US Department of Defense	Portsmouth City Public Schools	Maryview Hospital
Suffolk	Suffolk Public Schools	City of Suffolk	Science Applications Internat'l Corp
Isle of Wight	Smithfield Fresh Meats Corporation	Isle of Wight Cty School Board	Green Mountain Coffee Roasters Inc
Southampton	Southampton County Public School Brd	Deerfield Correctional Center	County of Southampton
Franklin	Southampton Memorial Hospital	Franklin City Public Schools	Wal Mart

Source: Virginia Economic Commission, *Community Profiles 2018*

Health Status Indicators

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


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


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

Helpful Tips when Examining the Indicators

Main Comparison Icons




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


 Green represents the "best" 50th percentile.


 Yellow represents the 50th to 25th quartile.



 Red represents the "worst" quartile.

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

   The current value is lower than the comparison value.

   The current value is higher than the comparison value.




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




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




Trend over Time


The square represents the measured **trend**.

   There has been a non-significant increase over time.

   There has been a non-significant decrease over time.


   There has been a significant increase over time.


   There has been a significant decrease over time.

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

Healthy People 2020 Comparison

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

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

 The current value not met the target value.

A. Mortality Profile

Highlights: Leading causes of death in localities of the SNGH service area were examined. Cancer, heart disease, and accidents were the top three causes of death in the area. In comparison, accidents were the fifth leading cause of death in Virginia, but cancer followed by heart disease were the top causes. In the service area, the crude death rate from all causes was greater than the rate in the state overall. Of the top causes of death, accidents, stroke, diabetes, and Alzheimer's disease were the causes with crude death rates higher than the rates for Virginia.

Leading Causes of Death and Death Rates for the Sentara Norfolk General Hospital Service Area, 2016

Leading Causes of Death	Chesapeake	Franklin	Isle of Wight County	Norfolk	Portsmouth	Southampton County	Suffolk	Virginia Beach	Total Service Area	Virginia
Counts										
All Causes	1,723	147	329	1,951	1,085	187	707	2,995	9,124	63,100
Cancer	382	33	68	411	215	50	174	706	2,039	14,646
Heart Disease	366	35	67	399	227	39	157	599	1,889	13,748
Accidents	91	6	13	124	57	9	30	157	487	3,070
Stroke	88	12	12	95	49	10	31	169	466	3,202
Chronic Obstructive Pulmonary Disease (COPD)	81	7	19	82	55	6	32	157	439	3,096
Diabetes	66	1	10	76	52	5	25	117	352	1,671
Alzheimer's Disease	68	2	16	42	45	4	41	125	343	1,765
Kidney Disease	41	2	4	39	34	4	23	54	201	1,542
Blood Poisoning	35	4	4	48	22	3	17	44	177	1,336
Influenza and Pneumonia	25	--	7	32	17	3	5	38	127	1,490
Crude Death Rates per 100,000 Population										
All Causes	724.1	1,769.8	899.0	796.0	1,139.1	1,035.6	792.0	661.7	771.2	757.8
Cancer	160.5	397.3	185.6	167.7	225.7	276.9	194.9	156.0	172.3	175.9
Heart Disease	153.8	421.4	183.1	162.8	238.3	216.0	175.9	132.3	159.7	165.1
Accidents	38.2	72.2	35.5	50.6	59.8	49.8	33.6	34.7	41.2	36.9
Stroke	37.0	144.5	32.8	38.8	51.4	55.4	34.7	37.3	39.4	38.5
Chronic Obstructive Pulmonary Disease (COPD)	34.0	84.3	51.9	33.5	57.7	33.2	35.8	34.7	37.1	37.2
Diabetes	27.7	12.0	27.3	31.0	54.6	27.7	28.0	25.9	29.8	20.1
Alzheimer's Disease	28.6	24.1	43.7	17.1	47.2	22.2	45.9	27.6	29.0	21.2
Kidney Disease	17.2	24.1	10.9	15.9	35.7	22.2	25.8	11.9	17.0	18.5
Blood Poisoning	14.7	48.2	10.9	19.6	23.1	16.6	19.0	9.7	15.0	16.0
Influenza and Pneumonia	10.5	--	19.1	13.1	17.8	16.6	5.6	8.4	10.7	17.9

Data Source: Deaths - VDH (OIM - Data Management)

GREEN = Rates are better compared to Virginia, **RED** = Rates are worse compared to Virginia

Link to interactive dashboard with age-adjusted rates: [Mortality SNGH](#)


B. Hospitalizations for Chronic and Other Conditions Profile

These often could be avoided with proper outpatient care. Top conditions displayed.

















Link to interactive dashboard: [Hospitalizations SNGH](#) (more conditions available)

Highlights: Of the conditions examined, heart failure was the condition with the highest age-adjusted hospitalization rate in the SNGH Service Area with Franklin followed by Norfolk having the highest rates. Across localities, the rates were higher than the Virginia rate (except in Southampton County). Other top conditions included diabetes and community acquired pneumonia.

Age-Adjusted Hospitalization Rate due to Heart Failure

County	VALUE	COMPARED TO:	
County: Chesapeake City, VA	50.2 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (36.5)
County: Franklin City, VA	105.1 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (36.5)
County: Isle of Wight, VA	39.4 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (36.5)
County: Norfolk City, VA	64.8 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (36.5)
County: Portsmouth City, VA	54.1 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (36.5)
County: Southampton, VA	36.2 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (36.5)
County: Suffolk City, VA	54.9 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (36.5)
County: Virginia Beach City, VA	40.8 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (36.5)

Age-Adjusted Hospitalization Rate due to Diabetes

	VALUE	COMPARED TO:	
County: Chesapeake City, VA	<p>25.2</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (18.9)</p>
County: Franklin City, VA	<p>51.6</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (18.9)</p>
County: Isle of Wight, VA	<p>19.8</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (18.9)</p>
County: Norfolk City, VA	<p>29.7</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (18.9)</p>
County: Portsmouth City, VA	<p>31.8</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (18.9)</p>
County: Southampton, VA	<p>13.5</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (18.9)</p>
County: Suffolk City, VA	<p>20.3</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (18.9)</p>
County: Virginia Beach City, VA	<p>15.6</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (18.9)</p>

Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia

	VALUE	COMPARED TO:	
County: Chesapeake City, VA	<p>23.6</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 VA Counties	 VA Value (19.6)
County: Franklin City, VA	<p>62.7</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 VA Counties	 VA Value (19.6)
County: Isle of Wight, VA	<p>17.7</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 VA Counties	 VA Value (19.6)
County: Norfolk City, VA	<p>20.8</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 VA Counties	 VA Value (19.6)
County: Portsmouth City, VA	<p>14.6</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 VA Counties	 VA Value (19.6)
County: Southampton, VA	<p>23.9</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 VA Counties	 VA Value (19.6)
County: Suffolk City, VA	<p>18.1</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 VA Counties	 VA Value (19.6)
County: Virginia Beach City, VA	<p>16.2</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 VA Counties	 VA Value (19.6)

C. Risk Factors Profile

Link to interactive dashboard: [Risk Factors SNGH](#) (more indicators available)


























Highlights: Obesity percentages were higher for all localities in the SNGH Service Area compared to Virginia and the United States (US) values. Diabetes percentages were also higher in all localities except Norfolk and Virginia Beach. Conversely, the percentage of adults who drink excessively was higher in Virginia Beach and Norfolk compared to the state of Virginia and the US but lower throughout the other localities. Smoking was also examined; there were high percentages of smoking except in Isle of Wight.

Adults 20+ who are Obese































	VALUE	COMPARED TO:					
County: Chesapeake City, VA	32.7% (2014)					=	
		VA Counties	U.S. Counties	VA Value (28.3%)	US Value (28.0%)	Prior Value (32.3%)	Trend
County: Franklin City, VA	35.3% (2014)					=	
		VA Counties	U.S. Counties	VA Value (28.3%)	US Value (28.0%)	Prior Value (34.4%)	Trend
County: Isle of Wight, VA	32.2% (2014)					=	
		VA Counties	U.S. Counties	VA Value (28.3%)	US Value (28.0%)	Prior Value (29.3%)	Trend
County: Norfolk City, VA	30.7% (2014)					=	
		VA Counties	U.S. Counties	VA Value (28.3%)	US Value (28.0%)	Prior Value (30.1%)	Trend
County: Portsmouth City, VA	36.6% (2014)					=	
		VA Counties	U.S. Counties	VA Value (28.3%)	US Value (28.0%)	Prior Value (37.2%)	Trend
County: Southampton, VA	31.1% (2014)					=	
		VA Counties	U.S. Counties	VA Value (28.3%)	US Value (28.0%)	Prior Value (31.1%)	Trend
County: Suffolk City, VA	33.1% (2014)					=	
		VA Counties	U.S. Counties	VA Value (28.3%)	US Value (28.0%)	Prior Value (31.9%)	Trend
County: Virginia Beach City, VA	29.2% (2014)					=	
		VA Counties	U.S. Counties	VA Value (28.3%)	US Value (28.0%)	Prior Value (27.9%)	Trend

Adults 20+ with Diabetes

	VALUE	COMPARED TO:					
County: Chesapeake City, VA	10.6% (2014)					=	
		VA Counties	U.S. Counties	VA Value (9.7%)	US Value (10.0%)	Prior Value (10.2%)	Trend
County: Franklin City, VA	14.2% (2014)					=	
		VA Counties	U.S. Counties	VA Value (9.7%)	US Value (10.0%)	Prior Value (14.9%)	Trend
County: Isle of Wight, VA	12.4% (2014)					=	
		VA Counties	U.S. Counties	VA Value (9.7%)	US Value (10.0%)	Prior Value (12.6%)	Trend

County: Norfolk City, VA	9.6% (2014)	 VA Counties	 U.S. Counties	 VA Value (9.7%)	 US Value (10.0%)	=	Prior Value (9.2%)	 Trend
County: Portsmouth City, VA	12.9% (2014)	 VA Counties	 U.S. Counties	 VA Value (9.7%)	 US Value (10.0%)	=	Prior Value (14.0%)	 Trend
County: Southampton, VA	13.7% (2014)	 VA Counties	 U.S. Counties	 VA Value (9.7%)	 US Value (10.0%)	=	Prior Value (12.6%)	 Trend
County: Suffolk City, VA	12.0% (2014)	 VA Counties	 U.S. Counties	 VA Value (9.7%)	 US Value (10.0%)	=	Prior Value (10.9%)	 Trend
County: Virginia Beach City, VA	8.4% (2014)	 VA Counties	 U.S. Counties	 VA Value (9.7%)	 US Value (10.0%)	=	Prior Value (8.0%)	 Trend

Adults who Drink Excessively

	VALUE	COMPARED TO:					
County: Chesapeake City, VA	17.1% (2016)	 VA Counties	 U.S. Counties	 VA Value (17.4%)	 US Value (18.0%)	=	Prior Value (16.7%)
County: Franklin City, VA	13.2% (2016)	 VA Counties	 U.S. Counties	 VA Value (17.4%)	 US Value (18.0%)	=	Prior Value (12.6%)
County: Isle of Wight, VA	17.2% (2016)	 VA Counties	 U.S. Counties	 VA Value (17.4%)	 US Value (18.0%)	=	Prior Value (16.9%)
County: Norfolk City, VA	21.1% (2016)	 VA Counties	 U.S. Counties	 VA Value (17.4%)	 US Value (18.0%)	>	Prior Value (18.6%)
County: Portsmouth City, VA	15.6% (2016)	 VA Counties	 U.S. Counties	 VA Value (17.4%)	 US Value (18.0%)	=	Prior Value (14.7%)
County: Southampton, VA	14.9% (2016)	 VA Counties	 U.S. Counties	 VA Value (17.4%)	 US Value (18.0%)	=	Prior Value (14.7%)
County: Suffolk City, VA	16.8% (2016)	 VA Counties	 U.S. Counties	 VA Value (17.4%)	 US Value (18.0%)	>	Prior Value (15.7%)
County: Virginia Beach City, VA	22.0% (2016)	 VA Counties	 U.S. Counties	 VA Value (17.4%)	 US Value (18.0%)	>	Prior Value (19.9%)

D. Cancer Profile

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

Highlights: Death and incidence rates for a variety of cancer types were examined. Mortality rates were highest among lung, breast, and prostate cancers. While these rates were consistently higher in the localities vs. the state overall (except prostate cancer in Virginia Beach), generally the trends throughout showed improvement over time with some exceptions. In general, breast cancer, followed by prostate and then lung cancer had the highest new or incident case rates across the localities in the SNGH service area. Localities with the greatest all cancer incidence rates were Franklin, Norfolk, and then Portsmouth in order of decreasing incidence. The trend was improving in Norfolk and Portsmouth, but getting worse in Franklin.

Age-Adjusted Cancer Death Rates by Cancer Type and City/County in the SNGH Service Area, 2010-2014

Age-Adjusted Death Rate	Chesapeake	Franklin	Isle of Wight County	Norfolk	Portsmouth	Southampton County	Suffolk	Virginia Beach	Virginia
Breast Cancer per 100,000 females	23.0	48.2	33.3	27.0	29.9	33.6	27.7	23.4	21.9
Colorectal Cancer per 100,000 population	14.6	--	15.1	14.3	17.7	22.4	20.3	12.3	14.2
Lung Cancer per 100,000 population	50.5	48.5	44.0	50.7	57.4	45.5	47.3	45.8	45.5
Prostate Cancer per 100,000 males	25.7	--	27.6	26.8	34.7	39.4	40.9	19.6	21.1

Cancer Incidence Rates by Cancer Type and City/County in the SNGH Service Area, 2011-2015

Incidence Rate	Chesapeake	Franklin	Isle of Wight County	Norfolk	Portsmouth	Southampton County	Suffolk	Virginia Beach	Virginia
Breast Cancer per 100,000 females	142.0	143.3	150.6	139.5	132.5	132.3	146.7	145.6	127.9
Colorectal Cancer per 100,000 population	34.6	67.7	37.4	42.3	42.3	42.1	43.6	34.5	36.0
Lung Cancer per 100,000 population	66.5	57.9	53.3	74.7	72.5	64.5	56.9	69.9	58.9
Prostate Cancer per 100,000 males	112.3	146.4	104.3	122.0	147.9	108.7	130.3	100.6	102.8

Data Source: Healthy Communities Institute. Greater Hampton Roads Community Indicators Dashboard. GHRconnects. From National Cancer Institute.

GREEN = Rates are better compared to Virginia, **RED** = Rates are worse compared to Virginia

All Cancer Incidence Rate





	VALUE	COMPARED TO:		
County: Chesapeake City, VA	435.1 Cases per 100,000 population (2011-2015)	 VA Counties (441.2)	 U.S. Counties (414.3)	 VA Value (414.3)
		 US Value (441.2)	 Prior Value (447.7)	 Trend
County: Franklin City, VA	492.8 Cases per 100,000 population (2011-2015)	 VA Counties (441.2)	 U.S. Counties (414.3)	 VA Value (414.3)
		 US Value (441.2)	 Prior Value (604.3)	 Trend
County: Isle of Wight, VA	424.4 Cases per 100,000 population (2011-2015)	 VA Counties (441.2)	 U.S. Counties (414.3)	 VA Value (414.3)
		 US Value (441.2)	 Prior Value (432.3)	 Trend
County: Norfolk City, VA	468.7 Cases per 100,000 population (2011-2015)	 VA Counties (441.2)	 U.S. Counties (414.3)	 VA Value (414.3)
		 US Value (441.2)	 Prior Value (472.1)	 Trend
County: Portsmouth City, VA	464.6 Cases per 100,000 population (2011-2015)	 VA Counties (441.2)	 U.S. Counties (414.3)	 VA Value (414.3)
		 US Value (441.2)	 Prior Value (468.0)	 Trend
County: Southampton, VA	437.2 Cases per 100,000 population (2011-2015)	 VA Counties (441.2)	 U.S. Counties (414.3)	 VA Value (414.3)
		 US Value (441.2)	 Prior Value (389.2)	 Trend
County: Suffolk City, VA	450.5 Cases per 100,000 population (2011-2015)	 VA Counties (441.2)	 U.S. Counties (414.3)	 VA Value (414.3)
		 US Value (441.2)	 Prior Value (461.5)	 Trend
County: Virginia Beach City, VA	456.6 Cases per 100,000 population (2011-2015)	 VA Counties (441.2)	 U.S. Counties (414.3)	 VA Value (414.3)
		 US Value (441.2)	 Prior Value (453.4)	 Trend

E. Behavioral Health Profile – Mental Health and Substance Abuse


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

Highlights: Hospitalization rates due to mental health, suicide/self-intentional injury, and alcohol/substance abuse were examined. Localities except Isle of Wight, Southampton, and Suffolk had higher hospitalization rates due to mental health and suicide/self-intentional injury compared to Virginia rates. Portsmouth residents, followed by Franklin and Norfolk had the highest rates. For alcohol abuse hospitalizations, Chesapeake, Franklin, Norfolk, and Virginia Beach residents had rates higher than the state value (Franklin and Virginia Beach the highest). For substance abuse, residents of all localities except Isle of Wight and Southampton had hospitalization rates greater than Virginia (Franklin and Chesapeake the highest).

















Age-Adjusted Hospitalization Rate due to Mental Health

County	VALUE	COMPARED TO:	
County: Chesapeake City, VA	59.4 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (53.0)
County: Franklin City, VA	90.0 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (53.0)
County: Isle of Wight, VA	45.7 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (53.0)
County: Norfolk City, VA	69.9 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (53.0)
County: Portsmouth City, VA	95.8 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (53.0)
County: Southampton, VA	30.7 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (53.0)
County: Suffolk City, VA	52.6 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (53.0)
County: Virginia Beach City, VA	59.5 Hospitalizations per 10,000 population 18+ years (2013-2015)	 VA Counties	 VA Value (53.0)















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

	VALUE	COMPARED TO:	
County: Chesapeake City, VA	<p>39.1</p> <p>Hospitalizations per 10,000 population 18+ years</p> <p>(2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (28.1)</p>
County: Franklin City, VA	<p>49.8</p> <p>Hospitalizations per 10,000 population 18+ years</p> <p>(2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (28.1)</p>
County: Isle of Wight, VA	<p>22.4</p> <p>Hospitalizations per 10,000 population 18+ years</p> <p>(2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (28.1)</p>
County: Norfolk City, VA	<p>43.5</p> <p>Hospitalizations per 10,000 population 18+ years</p> <p>(2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (28.1)</p>
County: Portsmouth City, VA	<p>56.9</p> <p>Hospitalizations per 10,000 population 18+ years</p> <p>(2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (28.1)</p>
County: Southampton, VA	<p>13.6</p> <p>Hospitalizations per 10,000 population 18+ years</p> <p>(2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (28.1)</p>
County: Suffolk City, VA	<p>25.4</p> <p>Hospitalizations per 10,000 population 18+ years</p> <p>(2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (28.1)</p>
County: Virginia Beach City, VA	<p>43.4</p> <p>Hospitalizations per 10,000 population 18+ years</p> <p>(2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (28.1)</p>

Age-Adjusted Hospitalization Rate due to Alcohol Abuse

	VALUE	COMPARED TO:	
County: Chesapeake City, VA	<p>13.5</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (12.6)</p>
County: Franklin City, VA	<p>21.6</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (12.6)</p>
County: Isle of Wight, VA	<p>10.7</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (12.6)</p>
County: Norfolk City, VA	<p>13.5</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (12.6)</p>
County: Portsmouth City, VA	<p>11.0</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (12.6)</p>
County: Southampton, VA	<p>6.5</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (12.6)</p>
County: Suffolk City, VA	<p>10.1</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (12.6)</p>
County: Virginia Beach City, VA	<p>15.6</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (12.6)</p>

Age-Adjusted Hospitalization Rate due to Substance Abuse
















	VALUE	COMPARED TO:	
County: Chesapeake City, VA	<p>9.9</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (6.2)</p>
County: Franklin City, VA	<p>16.0</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (6.2)</p>
County: Isle of Wight, VA	<p>5.7</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (6.2)</p>
County: Norfolk City, VA	<p>6.6</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (6.2)</p>
County: Portsmouth City, VA	<p>7.7</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (6.2)</p>
County: Southampton, VA	<p>5.7</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (6.2)</p>
County: Suffolk City, VA	<p>6.7</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (6.2)</p>
County: Virginia Beach City, VA	<p>6.8</p> <p>Hospitalizations per 10,000 population 18+ years (2013-2015)</p>	 <p>VA Counties</p>	 <p>VA Value (6.2)</p>

F. Maternal & Infant Health Profile

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

Highlights: Localities in the SNGH service area except Isle of Wight had high percentages of babies born with a low birth weight compared to US and Virginia values. Franklin, Southampton, Suffolk, and Norfolk had the highest percentages. The infant mortality rate was also greater in the localities compared to the US and Virginia except for Isle of Wight and Virginia Beach, which had lower values. Teen pregnancy rates were also examined; Portsmouth, Norfolk, and Franklin were in the worst quartile of localities across the state at rates of 33.0/27.4/24.4 pregnancies per 1,000 females aged 15-17 vs. the Virginia rate of 9.6.

Babies with Low Birth Weight

	VALUE	COMPARED TO:					
County: Chesapeake City, VA	8.7% (2015)	 VA Counties	 VA Value (7.9%)	 US Value (8.1%)	 Prior Value (8.6%)	 Trend	 HP 2020 Target (7.8%)
County: Franklin City, VA	11.3% (2015)	 VA Counties	 VA Value (7.9%)	 US Value (8.1%)	 Prior Value (9.5%)	 Trend	 HP 2020 Target (7.8%)
County: Isle of Wight, VA	5.9% (2015)	 VA Counties	 VA Value (7.9%)	 US Value (8.1%)	 Prior Value (7.0%)	 Trend	 HP 2020 Target (7.8%)
County: Norfolk City, VA	10.1% (2015)	 VA Counties	 VA Value (7.9%)	 US Value (8.1%)	 Prior Value (7.0%)	 Trend	 HP 2020 Target (7.8%)
County: Portsmouth City, VA	9.5% (2015)	 VA Counties	 VA Value (7.9%)	 US Value (8.1%)	 Prior Value (11.5%)	 Trend	 HP 2020 Target (7.8%)
County: Southampton, VA	10.2% (2015)	 VA Counties	 VA Value (7.9%)	 US Value (8.1%)	 Prior Value (8.5%)	 Trend	 HP 2020 Target (7.8%)
County: Suffolk City, VA	10.2% (2015)	 VA Counties	 VA Value (7.9%)	 US Value (8.1%)	 Prior Value (8.5%)	 Trend	 HP 2020 Target (7.8%)
County: Virginia Beach City, VA	8.2% (2015)	 VA Counties	 VA Value (7.9%)	 US Value (8.1%)	 Prior Value (7.6%)	 Trend	 HP 2020 Target (7.8%)

Infant Mortality Rate

	VALUE	COMPARED TO:						
County: Chesapeake City, VA	8.4 Deaths per 1,000 live births	VA Counties	VA Value (5.9)	US Value (5.9)	Prior Value (6.6)	Trend	HP 2020 Target (6.0)	
County: Franklin City, VA	15.0 Deaths per 1,000 live births	VA Counties	VA Value (5.9)	US Value (5.9)	Prior Value (19.0)	Trend	HP 2020 Target (6.0)	
County: Isle of Wight, VA	2.8 Deaths per 1,000 live births	VA Counties	VA Value (5.9)	US Value (5.9)	Prior Value (10.8)	Trend	HP 2020 Target (6.0)	
County: Norfolk City, VA	6.4 Deaths per 1,000 live births	VA Counties	VA Value (5.9)	US Value (5.9)	Prior Value (8.6)	Trend	HP 2020 Target (6.0)	
County: Portsmouth City, VA	11.0 Deaths per 1,000 live births	VA Counties	VA Value (5.9)	US Value (5.9)	Prior Value (4.7)	Trend	HP 2020 Target (6.0)	
County: Southampton, VA	16.9 Deaths per 1,000 live births	VA Counties	VA Value (5.9)	US Value (5.9)	Prior Value (7.0)	Trend	HP 2020 Target (6.0)	
County: Suffolk City, VA	9.5 Deaths per 1,000 live births	VA Counties	VA Value (5.9)	US Value (5.9)	Prior Value (4.6)	Trend	HP 2020 Target (6.0)	
County: Virginia Beach City, VA	5.6 Deaths per 1,000 live births	VA Counties	VA Value (5.9)	US Value (5.9)	Prior Value (4.4)	Trend	HP 2020 Target (6.0)	

G. Spotlight: Opioid Epidemic

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

Link to interactive dashboard: [Opioid Epidemic SNGH](#) (more indicators available)

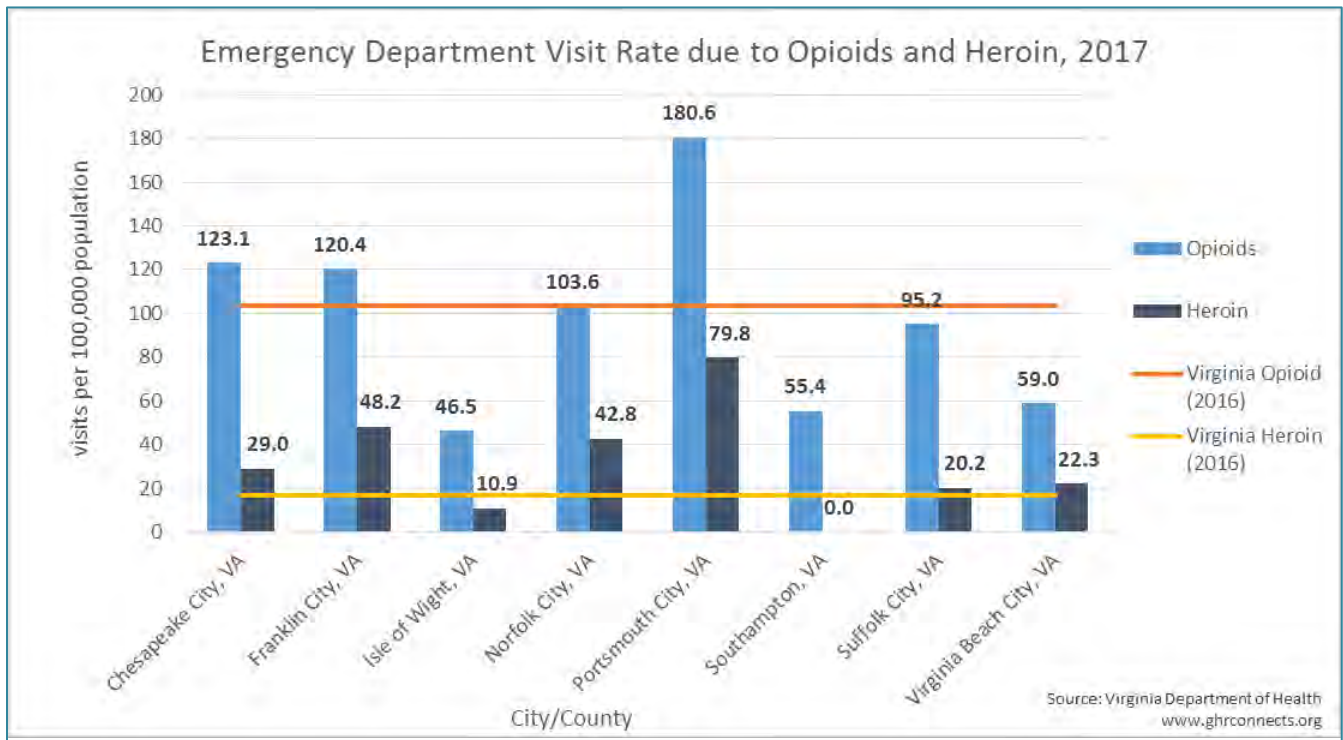
Highlights: Based on 2017 data, death rates due to fentanyl/heroin overdose were increasing for all localities in the SNGH service area except Suffolk. Rates were higher than the Virginia rate in Chesapeake, Franklin, Norfolk, and Portsmouth. Notably, the latter three localities were in the worst quartile in the state. Death rates due to prescription opioid overdose were increasing for Isle of Wight, Norfolk, Southampton, and Virginia Beach. Death rates were higher than the Virginia rate for all localities in the SNGH service area except in Chesapeake, Franklin, and Suffolk. Emergency department visits in 2017 due to opioids and heroin were also examined. High rates of visits due to opioids were seen among residents of Portsmouth, Chesapeake, Franklin, and Norfolk. High rates of visits due to heroin were among residents of all localities except Isle of Wight and Southampton. Narcan administration by emergency medical service providers was also examined. Rates were increasing throughout the service area; this, in part, reflects greater access and training to the rescue saving drug that can rapidly reverse overdoses to combat the epidemic.

Death Rate due to Fentanyl and/or Heroin Overdose

	VALUE	COMPARED TO:			
County: Chesapeake City, VA	11.8 Deaths per 100,000 population	VA Counties	VA Value (11.0)	Prior Value (14.3)	Trend
County: Franklin City, VA	24.1 Deaths per 100,000 population	VA Counties	VA Value (11.0)	Prior Value (0.0)	Trend
County: Isle of Wight, VA	10.9 Deaths per 100,000 population	VA Counties	VA Value (11.0)	Prior Value (8.2)	Trend
County: Norfolk City, VA	18.8 Deaths per 100,000 population	VA Counties	VA Value (11.0)	Prior Value (24.1)	Trend
County: Portsmouth City, VA	26.2 Deaths per 100,000 population	VA Counties	VA Value (11.0)	Prior Value (26.2)	Trend
County: Southampton, VA	5.5 Deaths per 100,000 population	VA Counties	VA Value (11.0)	Prior Value (11.1)	Trend
County: Suffolk City, VA	6.7 Deaths per 100,000 population	VA Counties	VA Value (11.0)	Prior Value (4.5)	Trend
County: Virginia Beach City, VA	10.4 Deaths per 100,000 population	VA Counties	VA Value (11.0)	Prior Value (12.4)	Trend

Death Rate due to Prescription Opioid Overdose

County	VALUE	COMPARED TO:	VA Value	Prior Value	Trend
County: Chesapeake City, VA	5.9 Deaths per 100,000 population	VA Counties	VA Value (5.9)	Prior Value (4.2)	Trend
County: Franklin City, VA	0.0 Deaths per 100,000 population	VA Counties	VA Value (5.9)	Prior Value (0.0)	Trend
County: Isle of Wight, VA	8.2 Deaths per 100,000 population	VA Counties	VA Value (5.9)	Prior Value (10.9)	Trend
County: Norfolk City, VA	6.5 Deaths per 100,000 population	VA Counties	VA Value (5.9)	Prior Value (9.0)	Trend
County: Portsmouth City, VA	11.5 Deaths per 100,000 population	VA Counties	VA Value (5.9)	Prior Value (8.4)	Trend
County: Southampton, VA	11.1 Deaths per 100,000 population	VA Counties	VA Value (5.9)	Prior Value (0.0)	Trend
County: Suffolk City, VA	3.4 Deaths per 100,000 population	VA Counties	VA Value (5.9)	Prior Value (4.5)	Trend
County: Virginia Beach City, VA	7.5 Deaths per 100,000 population	VA Counties	VA Value (5.9)	Prior Value (6.4)	Trend



H. Spotlight: Community and Gun Violence

Many communities around the country are experiencing high rates of violence, which can directly and indirectly impacts health in a variety of ways. 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. We have selected a few indicators to examine violence in the communities we serve, including the death rate due to firearms and violent crime rate. Violent crime defined by the Federal Bureau of Investigation (FBI) includes the following offenses: murder, rape, robbery, and aggravated assault, all of which have deleterious effects on communities.

Highlights: The rate of deaths due to firearms is higher in Virginia than the national rate. Both nationally and in Virginia, there are disparities among death rates by race/ethnicity with the black population having a higher death rate than the white population. When deaths were examined for localities within the SNGH service area, Portsmouth, Norfolk, Chesapeake, and Isle of Wight had rates higher than the state rate. Portsmouth and Norfolk had the highest rates of death due to firearms. The violent crime rate was much higher in several localities compared to the state rate: Portsmouth, Norfolk, Franklin, Chesapeake, and Suffolk. Portsmouth followed by Norfolk had the highest rates not only in the SNGH service area but across all of Hampton Roads.

Deaths due to Firearms in Virginia and the United States by Race/Ethnicity, 2016

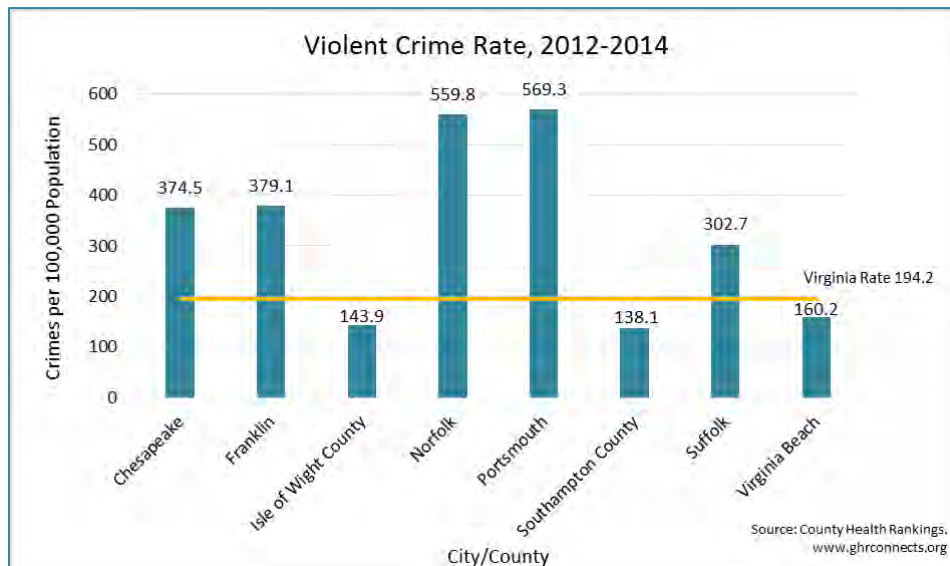
	Total Deaths	Rate per 100,000 Population	Death Rates per 100,000 Population		
			White	Black	Other
Virginia	1,049	12.1	10.8	18.8	Not sufficient data
United States	38,658	11.8	11.9	21.6	4.0

Data Sources: Centers for Disease Control and Prevention, CDC WONDER database. Kaiser Family Foundation, State Health Facts Data, Number of Deaths Due to Firearms.

Deaths due to Firearms in the SNGH Service Area, 2012-2016

	Chesapeake	Franklin	Isle of Wight County	Norfolk	Portsmouth	Southampton County	Suffolk	Virginia Beach	Virginia
Count	147	10	24	218	100	--	47	224	4,588
Rate per 100,000 population	13	8	13	18	21	--	11	10	11

Data Source: County Health Rankings. <http://www.countyhealthrankings.org/app/virginia/2018/measure/factors/148/data>.



Sources

Profile	Data Accessed & Maintained Via	Source/Agency
Mortality Profile	Virginia Department of Health Mortality Data Portal	Deaths – VDH (OIM – Data Management)
Hospitalizations for Chronic and Other Conditions Profile	Healthy Communities Institute. Greater Hampton Roads Community Indicators Dashboard. GHRconnects. http://www.ghrconnects.org/ .	Virginia Health Information (VHI)
Risk Factor Profile		County Health Rankings; Centers for Disease Control and Prevention (CDC) 500 Cities Project
Cancer Profile		National Cancer Institute
Behavioral Health Profile		Virginia Health Information (VHI); County Health Rankings
Maternal and Infant Health Profile		Virginia Department of Health, Division of Health Statistics
Spotlight: Opioid Epidemic		Virginia Department of Health
Spotlight: Community and Gun Violence		County Health Rankings; Centers for Disease Control and Prevention, CDC WONDER database. Kaiser Family Foundation, State Health Facts Data, Number of Deaths Due to Firearms.

Community Insight

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

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

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

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

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

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

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

The community stakeholder list included representatives from public health, education, social services, business, local government and local civic organizations, among others. Health system and health department staff conducted outreach for community input via email and in-person and via teleconference at local events and meetings. An email survey request was sent to 922 unduplicated community stakeholders throughout Hampton Roads, and a total of 232 stakeholders in the Sentara Norfolk General Hospital (SNGH) service area submitted a response, although not every respondent answered every question. The respondents provided rich insights about community health in the study region. This report summarized the survey results for those respondents affiliated with the SNGH service area.

The stakeholders responding to the survey represent 61 organizations that each have special insight into the health factors that impact the community. The stakeholders work in hospitals and physician offices, City Departments of Social Services, Health Departments and community-based non-profit service organizations working to improve life in Hampton Roads. They are Emergency medical service providers, healthcare providers, fire fighters, pastors, public school teachers and administrators, and social service providers. Some are volunteers, others are career employees in their organizations.

Survey respondents were asked to identify the type of organization that best represents their perspective on health issues through employment or other affiliation. 202 out of the 232 respondents answered this question. The table below presents the roles the respondents play in the community.

Community Roles of Survey Respondents	
Type of Organization	% Responses
Healthcare	66.3%
Community Nonprofit Organization (Food Bank, United Way, etc.)	10.4%
Education	6.9%
Local Government or Civic Organization	4.5%
Other (Please specify below)	4.5%
Business Representative	2.0%
Foundation	2.0%
Faith-based Organization	1.5%
Financial Institution	1.0%
Law Enforcement / Fire Department / Emergency Medical Services (EMS)	1.0%

Additionally, respondents were asked to list a specific organization, if any, that they represent in taking the survey. Their responses are presented on the following page.

Organizations Represented in the Key Stakeholder Survey

Access Partnership	Olde Towne Medical & Dental Center
American Diabetes Association	Paul D. Camp Community College
Beech Grove United Methodist Church	Peninsula Health District
Bon Secours/Mercy Health System	Peninsula Metropolitan YMCA
Buy Fresh Buy Local Hampton Roads	Portsmouth Public Schools
Catholic Charities of Eastern Virginia	Riverside Health System
Center for Child & Family Services	senior services of Southeastern Virginia
Champions For Children	Sentara Healthcare
Chesapeake Public Schools	Sentara Obici Hospital
Chesapeake CASA	Sentara Princess Anne Hospital
Children's Hospital of The King's Daughters	Southampton Department of Social Services
Children's Medical Group	Suffolk Department of Social Services
City of Suffolk	Summit Wellness At The Mount
Compassionate Care Hospice	The Barry Robinson Center
Consortium for Infant and Child Health (CINCH)/EVMS	Urban League of Hampton Roads
Department of Public Health	VA Beach Department of Public Health
Eastern Virginia Medical School	VersAbility Resources
ECPI university	Virginia Beach Women, Infants and Children Program
Eastern Virginia Medical School -- Ear/Nose & Throat	Virginia Career Works- Greater Peninsula
Family & Youth Foundations Counseling Service	Virginia Department of Health
Hampton Roads Community Health Center	Virginia League for Planned Parenthood
Ingleside Civic League	Virginia Oral Health Coalition
Isle of Wight County Board of Supervisors	Virginia Supportive Housing
JenCare Senior Medical Centers	West Neck Homeowners Association and Wordsworth Condo Association
Main Street United Methodist Church	Western Tidewater Community Services Board
Norfolk Community Services Board	Western Tidewater Free Clinic
Norfolk Department of Public Health	Western Tidewater Health District
Norfolk Fire-Rescue	Women, Infant and Children Program
Oasis Social Ministry	Women, Infant and Children - Virginia Beach
Obici Healthcare Foundation	YMCA of South Hampton Roads
Old Dominion University	

For both adults and, combined, children and teens, survey respondents were asked to review a list of common community health issues. The list of issues draws from the topics in *Healthy People 2020* with some refinements. The survey asked respondents to identify five challenges from the list that they view as important health concerns in the community. Respondents were also invited to identify additional issues not already defined on the list. Of the 232 respondents, 185 provided their concerns for adult challenges. The responses for children's and teen's health concerns follow on subsequent pages.

Most Frequently Chosen Health Concerns -- Adults aged 18+

Health Concern	% Responses	Rating
Behavioral / Mental Health (Suicide, ADHD, Anxiety, Depression, etc.)	61.6%	1
Overweight / Obesity	58.4%	2
Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids)	51.9%	3
Heart Conditions (Heart Disease, Congestive Heart Failure / CHF, Heart Attacks / AMI, High Blood Pressure / Hypertension)	48.7%	4
Diabetes	38.9%	5
Cancer	26.5%	6
Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.)	22.7%	7
Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes)	21.6%	8
Dental / Oral Care	21.1%	9
Alzheimer's Disease / Dementia	15.7%	10
Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, Gonorrhea, Herpes, etc.)	13.0%	11
Chronic Pain	10.8%	12
Prenatal and Pregnancy Care	10.8%	
Accidents / Injuries (Unintentional)	10.3%	13
Respiratory Diseases (Asthma, COPD, Emphysema)	10.3%	
Hunger	9.7%	14
Environmental Health (Water Quality, Pollution, Mosquito Control, etc.)	8.7%	15
Neurological Conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)	7.0%	16
Violence – Sexual and / or Domestic	6.5%	17
Intellectual / Developmental Disabilities / Autism	5.4%	18
Infectious Diseases (Hepatitis, TB, MRSA, etc.)	4.9%	19
Physical Disabilities	4.9%	
Bullying (Cyber, Workplace, etc.)	2.7%	20
Drowning / Water Safety	2.7%	21

Emerging Themes: Throughout Hampton Roads, the most frequently chosen health concern for adults was behavioral health, followed by heart disease, alcohol and substance abuse, obesity, diabetes and cancer. This reflects a growing understanding that behavioral health is integral to overall wellness, as well as pointing to the persistent lack of services to address a health problem with a growing patient population as conditions previously undiagnosed are identified.

In addition to responding to the pre-formulated survey list, 14 individuals listed additional adult health concerns. The responses offer the themes of affordable care, management of chronic conditions, public awareness of current services, and the availability of mental/behavioral health assistance. The “free response” answers draw attention to the connections between what we think of as traditional medical conditions and the non-medical factors in our everyday lives that impact health, and which are known as the “social determinants of health.” In these responses, as in the other free response sections of the survey, a broader vision of health is displayed. The following table presents additional health concerns for adults.

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

I note heart conditions as that is sort of the nail in the coffin as far as functionality. But this is the result of obesity, diabetes, poverty, poor medical follow-up, smoking, substance abuse. All of these issues seem to occur singly, or more often in a combination, that results in me seeing people who are unhealthy, disabled, and unable to function in society.
balanced diet, availability of healthy, fresh foods across income levels and geographic areas
How did Womens health and health care disparities not make this list
Oral Health
Getting help in homes of individuals who need them they don't qualify for Medicaid. People only with Medicare having troubling getting physicians to see them due to only having Medicare.
Mental health is a growing populations. Yet there's limited organizations that can screen. Barriers such as appointments, transportations comes into play.
Asthma, COPD and Arthritis
Lack of understanding of community resources that are already available to patients and are under utilized
Age 55+ community. Concerned about all areas affecting senior citizens
Access to low/no-cost medication, particularly diabetes medications/supplies and high blood pressure medications. Access to behavioral health services - across the whole spectrum; addiction services, mental health (counseling, therapy, medication) services, life skills, etc.
Cost of healthcare including prescription medications
Lack of access to primary, behavioral and oral health care lack of choices for healthy eating and active living
I am blessed with good health at this time. But, I am very aware of the cancer (breast) rate in this area; very aware of obesity and heart disease are so connected. I am aware of the substance abuse as well. Additionally, because of the work situation so many find themselves, stress and anxiety are huge which leads to all of the following conditions. Americans in general are in poor health and do not take good care of themselves. Virginia Beach has a very active population and appears to be a very athletic minded population. But, I believe that is very small considering the population size. We could be so much healthier.
Social isolation, safety

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

A follow-up question on the survey asks respondents to choose five healthcare services that need to be strengthened for adults in the SNGH service area from a list of services that are common in communities across the country. Respondents were given the characteristics of improved access, quality of healthcare, and availability of the service as considerations to take into account when making their choices. The responses of 179 individuals are presented in the table on the next page.

Community Healthcare Services that Need to be Strengthened -- Adults aged 18+

Healthcare Service	% Responses	Rating
Behavioral / Mental Health Services	63.1%	1
Health Insurance Coverage	41.9%	2
Alcohol / Substance Abuse Services	36.3%	3
Chronic Disease Services (Diabetes, High Blood Pressure/ Hypertension)	33.5%	4
Aging Services	31.8%	5
Dental / Oral Health Services	28.5%	6
Health Promotion and Prevention Services	27.4%	7
Public Health Services	24.0%	8
Care Coordination and Transitions of Care	21.8%	9
Social Services	21.8%	
Self-Management Services (Nutrition, Exercise, etc.)	20.7%	10
Primary Care	19.0%	11
Long Term Services / Nursing Homes	17.9%	12
Chronic Pain Management Services	14.0%	13
Domestic Violence / Sexual Assault Services	14.0%	
Family Planning and Maternal Health Services	14.0%	
Home Health Services	12.9%	14
Cancer Services	11.2%	15
Hospice and Palliative Care Services	6.2%	16
Hospital Services (Inpatient, outpatient, emergency care)	6.2%	
Telehealth / Telemedicine	6.2%	
Pharmacy Services	3.9%	17
Physical Rehabilitation Services	2.2%	18
Bereavement Support Services	0.6%	19

Emerging Themes: Throughout the survey, behavioral health services top the list of services most in need of strengthening. Across Hampton Roads, health insurance is the second most frequently chosen response, with substance abuse services, chronic disease management services and aging services all following. Uncertainty about health insurance coverage and affordability is part of a changing healthcare landscape and will be addressed, though probably not completely resolved, through Medicaid expansion.

Respondents were also given the opportunity to add free response suggestions of other healthcare services that need to be strengthened for adults. The additional concerns of nine respondents are listed in the table on the next page.

Free Response Community Healthcare Services that Need to be Strengthened -- Adults aged 18+

Transportation is a major issue for the aging population.
I do not see adults
Women's health
same
Health promotion and prevention is inherent in all of these categories.
transportation to physician's offices
Services addressing sexually transmitted infections and teenage pregnancy.
clients are unaware of services available and not educated on the insurance availability and DSS is swamped. grants for organizational who can assist clients and give resources out there
Transportation is a critical barrier to health care for many of our patients.

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

Recognizing that partners in the collaboration that produced this survey may serve differing patient populations, and may have a different focus for needed information when addressing community needs, the survey repeated the two questions about adult health concerns and community services needed for children and teens from birth through age 17. Although the questions and intent are the same as the questions for adults, some of the listed health and community needs are specific to the population aged 17 and under. Of 232 respondents, 178 answered these questions. The table on the next page presents the most frequently chosen responses.

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

Health Concern	% Responses	Rating
Behavioral / Mental Health (Suicide, ADD, Anxiety, Depression)	73.6%	1
Overweight / Obesity	60.1%	2
Bullying (Cyber, Workplace, etc)	42.7%	3
Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids)	39.3%	4
Violence In the Home – Child Abuse (Sexual, Physical, Emotional or Neglect) or Exposure to Domestic Violence	37.1%	5
Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.)	33.7%	6
Hunger	23.0%	7
Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes)	22.5%	8
Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, Gonorrhea, Herpes, etc.)	20.8%	9
Teen Pregnancy	20.2%	10
Dental / Oral Care	19.7%	11
Accidents / Injuries (Unintentional)	19.1%	12
Intellectual / Developmental Disabilities / Autism	19.1%	
Respiratory Diseases (Asthma and Cystic Fibrosis)	11.2%	13
Eating Disorders	7.9%	14
Drowning / Water Safety	7.3%	15
Diabetes	6.2%	16
Environmental Health (Water Quality, Pollution, Mosquito Control, etc.)	3.9%	17
Physical Disabilities	2.3%	18
Heart Conditions (Congenital Heart Defects, Fainting and Rhythm Abnormalities)	1.7%	19
Neurological Conditions (Epilepsy, Seizures, Tourette Syndrome-TICS, Sleep Disorders)	1.7%	
Cancer	1.1%	20
Infectious Diseases (Hepatitis, TB, MRSA, etc.)	1.1%	
Chronic Pain	0.0%	21

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

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

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

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

Vaccination refusal
Over medication - with ADD/depression/ psych meds
Antibiotic stewardship

Education, sex education, preventing teen pregnancy.

No access to primary care without a long wait and well check first. I'm an urgent care doc and we see this all the time on both sides of the hrbt

Many things affect children and teens with most connected to parenting skills.

Mental health and trauma informed counseling is a huge need in our opinion

Barriers for organization having to compete vs. complimenting each organizations. leaving the community without other resources out there.

Health promotion should be for children as well.

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

The survey next asked respondents to choose five healthcare services for children and teens that need to be strengthened from a list of common healthcare services. Responses from 176 individuals are presented in the table on the next page.

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

Healthcare Service	% Responses	Rating
Behavioral / Mental Health Services	77.3%	1
Parent Education and Prevention Programming	55.7%	2
Child Abuse Prevention and Treatment Services	51.7%	3
Self-Management Services (Nutrition, Exercise, etc.)	34.1%	4
Foster Care (Supporting children in the system and their host families)	33.0%	5
Social Services	33.0%	
Alcohol / Substance Use Services	32.4%	6
Dental / Oral Health Services	32.4%	
Health Insurance Coverage	27.3%	7
Care Coordination and Transitions of Care	25.6%	8
Public Health Services	25.6%	
Primary Care	21.6%	9
Home Health Services	6.8%	10
Chronic Disease Services (Diabetes, High Blood Pressure/ Hypertension)	6.3%	11
Telehealth / Telemedicine	5.7%	12
Chronic Pain Management Services	3.4%	13
Bereavement Support Services	2.3%	14
Physical Rehabilitation Services	1.1%	15
Cancer Services	0.6%	16
Pharmacy Services	0.0%	17

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

Free response additional services to be strengthened were suggested by 13 individuals and are presented in the table on the next page.

Free Response Community Health Services that Need to be Strengthened -- Children and Teens ages 0 -- 17

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

Emerging Themes: Violence prevention and gun safety education is the community service most often cited as needing to be strengthened. Several other responses focused on parenting resources and prevention efforts.

Much of the information we gather on community health needs ties directly or indirectly to access to health care and other services. The table on the next page presents an incomplete list of factors that might influence an individual's access to service. Although the list is brief, it can help clarify and prioritize program design. Of 232 respondents, 180 provided their list of access concerns.

Factors Impacting Access to Care and Services		
Factors	% Responses	Rating
Costs	83.9%	1
Transportation	75.6%	2
Health Insurance	68.9%	3
Understanding the Use of Health Services	53.3%	4
Time Off From Work	52.2%	5
Childcare	43.3%	6
No / Limited Home Support Network	31.7%	7
Location of Health Services	31.1%	8
Lack of Medical Providers	25.6%	9
No / Limited Phone Access	5.0%	10
Discrimination	3.9%	11

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

Seven individuals took the opportunity to give free response suggestions for other factors that impact access to care. Their suggestions are presented in the table on the next page

Free Response Additional Comments About Access to Healthcare

Lack of providers in Rural areas

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

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

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

knowledge of services available and sometimes language barriers

Language Barrier should be added

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

Emerging Themes: The lack of providers and the unavailability of providers to work extended hours, make access less feasible for those who work outside the home or have other scheduling constraints, and is the most often voiced barrier to care. Lack of childcare and language barriers are consistently cited across the Hampton Roads region as negative factors in accessing care.

Some aspects of access to care impact population segments differentially. Those with fewer resources, such as health insurance, sufficient income, and reliable transportation, struggle harder to access appropriate and sufficient care and other services. The survey included a question designed to identify which consumers face barriers that might be addressed through specific programming. Of 232 respondents, 179 answered the next question.

Most Vulnerable Populations in the Community Needing Support

Populations	% Responses	Rating
Low Income Individuals	58.7%	1
Uninsured / Underinsured Individuals	49.2%	2
Individuals / Families / Children experiencing Homelessness	48.0%	3
Individuals Struggling with Substance Use or Abuse	41.9%	4
Children (age 0-17 years)	36.9%	5
Seniors / Elderly	36.3%	6
Caregivers (Examples: caring for a spouse with dementia or a child with autism)	33.0%	7
Immigrants or community members who are not fluent in English	28.5%	8
Individuals with Intellectual or Developmental Disabilities	26.8%	9
Individuals Transitioning out of Incarceration	18.4%	10
Victims of Human Trafficking, Sexual Violence or Domestic Violence	17.9%	11
Individuals with Physical Disabilities	15.6%	12
Unemployed Individuals	15.1%	13
Individuals Struggling with Literacy	13.4%	14
Veterans and Their Families	12.3%	15
Individuals in the LGBTQ+ community	11.7%	16
Individuals Needing Hospice / End of Life Support	9.5%	17
Migrant Workers	8.4%	18

Emerging Themes: Respondents agreed across Hampton Roads that low-income individuals, the uninsured, families experiencing homelessness and those struggling with substance abuse are the most vulnerable people in the community, and need supportive services. These answers are consistent with the theme of life conditions creating health issues that we have seen throughout the survey.

Nine respondents provided free response additional suggestions for including additional populations, which covered a broad range of community segments and included commentary on the relationships between vulnerabilities and the resulting health issues. The additional suggestions are presented in full in the table on the following page.

Additional Vulnerable Populations Needing Support and Additional Information

I would add to the "transitioning out of incarceration" to those currently incarcerated. When I see a patient who is going for trial, he states he may or may not be back for follow-up. They almost never received the medications they need while in jail, and often return to clinic after their sentence having received next to no care in the inefficacious jail clinic.

Add seniors and un or underinsured

According to data, more people are insured but our organization receives more requests for help now because although they may have coverage, they cannot afford deductibles or monthly copays.

Underinsured populations with low incomes or don't understand their benefits call daily for assistance.

All of the above also have trouble accessing care for their kids - so all these fundamentally also impact access for children as a vulnerable population.

Immigrants or community members who are not fluent in English are a population who need services targeted towards them.

really hard to choose just five. it's a vicious circle and some are not even being address or one has more resources and funding then the other. ALL POINTS BACK TO MENTAL HEALTH. WE GIVE A PRESRENTATION FOR BEATING THE HOLIDAY BLUES, GRIEVING, EDUCATING STAFFS (IN SCHOOLS), FAMILIES HOW TO IDENTIFY SUICIDE IDEATIONS. AGAIN A BARRIER TO GET IN THE SYSTEM.

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

Finally, the survey explored the many factors in addition to medical care that determine an individual's health. Collectively called the social determinants of health, these factors are becoming increasingly recognized as contributing both directly and indirectly to individual health through processes as different as the effect of household mold on respiratory disease and the effect of stress from unemployment. The effects of social determinants are sometimes subtle, sometimes only discoverable after a health problem is identified, but often important in explaining health status. Of 232 respondents, 177 addressed this question. Respondents were asked to choose five community assets to be strengthened. Their responses are presented in the table on the next page.

Community Assets that Need to be Strengthened

Community Assets	% Responses	Rating
Transportation	52.5%	1
Affordable Housing	49.2%	2
Healthy Food Access (Fresh Fruits & Vegetables, Community Gardens, Farmers Markets, etc.)	45.2%	3
Affordable Child Care	43.5%	4
Homelessness	37.9%	5
Employment Opportunity/Workforce Development	28.8%	6
Senior Services	28.8%	
Neighborhood Safety	25.4%	7
Social Services	24.3%	8
Social and Community Networks	22.0%	9
Walk-able and Bike-able Communities (Sidewalks, Bike/Walking Trails)	21.5%	10
Early Childhood Education	20.9%	11
Safe Play and Recreation Spaces (Playgrounds, Parks, Sports Fields)	19.8%	12
Safety Net Food System (Food Bank, WIC, SNAP, Meals on Wheels, etc.)	17.0%	13
Education – Kindergarten through High School	16.4%	14
Public Safety Services (Police, Fire, EMT)	8.5%	15
Education – Post High School	7.9%	16
Green Spaces	6.8%	17
Environment – Air & Water Quality	5.7%	18
Public Spaces with Increased Accessibility for those with Disabilities	4.5%	19
Housing Affordability & Stability	0.0%	20

Emerging Themes: Consistently across the survey area, the top four community assets in need of strengthening are affordable housing, transportation, access to healthy food, and affordable childcare. All of these choices share an element of cost, but also of infrastructure development and maintenance.

Respondents were also given the opportunity to increase the list by adding factors that impact health. Six individuals added factors, listed in the table below.

Additional Community Assets and Additional Information

Linkages in Systems of Care

When a young family pays for child care, it cancels out a large portion of their income. Rent in a safe neighborhood is out of reach for many. Access to Healthy foods won't work if parents/individuals won't use them. Would like to see SNAP work more like WIC where only healthy foods can be purchased (currently, items like candy, soda, chips and other non-nutritional foods can be obtained with SNAP).

Community Task Forces that decide on prevention strategies for their communities...

Safe places to play and walkable/bikeable communities also rank high up there.

Public Safety is an asset, if we have the community proactive in helping. Education- after school program and have a alternative for detentions and suspensions

health safety net

In closing, survey participants were asked to share any additional thoughts that had emerged through the process of responding to the survey questions. Fourteen respondents shared additional ideas, presented in the table on the next page. We appreciate the time and thought that went into each survey response, and are pleased to present the results here for input into service planning throughout the communities of Hampton Roads.

Additional Comments and Additional Information

There are a lot of people I see as a specialist who are just utterly lost in the healthcare maze, and who do not know what to do without being explicitly told, multiple times, and who have no instinct or knowledge on how to advocate for themselves. I try to guide them as I can, but I wish everyone could just have a case manager to push them along. "Did you make an appointment with your PCP? Okay, make an appointment with your PCP. Did they not answer? Okay, call again."

I have a growing number of families refusing to vaccinate their children. I fear an outbreak may be in the future. I would like us to track better on those who do not vaccinate.

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

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

Although I live and work in Virginia Beach, I am not informed of all issues facing our city so my answers are limited to what I do know.

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

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

Thank you for the survey and for your collaboration.

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

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

Thank you for allowing me the opportunity to share my concerns

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

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

great survey, covered a really wide range of things.

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

Community Input: Life in Hampton Roads Health Survey

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

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

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

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

1. General Health / Access

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

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

GENERAL HEALTH / ACCESS continued

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

2. Heathy Behaviors / Prevention

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

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

3. Aging

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

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

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

4. Behavioral Health – Mental Health / Substance Abuse

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

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

BEHAVIORAL HEALTH - MENTAL HEALTH / SUBSTANCE ABUSE continued

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

Survey Demographics

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

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

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

Community Focus Group Session Findings

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

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

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

Three focus group sessions were held in two months) 2019. The number of participants ranged from 20 to 35.

1. Employee Advisory Committee
2. SNGH Patient and Family Advisory Council
3. SNGH Cancer Program Patient and Family Advisory Council

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

Topic	Key Findings
What are the most serious health problems in our community?	Opioid abuse, violence, cancer, diabetes, Alzheimer, heart disease, , behavioral health, and obesity and its impact on diabetes, heart disease, kidney disease, and cancer,
Who/what groups of individuals are most impacted by these problems?	Elderly, low-income, homeless, uninsured or underinsured, obese. Baby boomers are living longer and living with disease such as diabetes and heart disease. Elderly have many comorbidities and need more support to stay healthy. Younger women with pregnancy related health concerns are impacted and highly engaged in their care. This should be a time to educate on lifestyle modification (i.e., gestational diabetes, hypertension).

	<p>Healthy (or unhealthy) habits develop early. Focus education on healthy exercise and eating in grade school. Provide prevention education to teens.</p>
<p>What keeps people from being healthy? In other words, what are the barriers to achieving good health?</p>	<p>There is significant insecurity and food desert concerns in our community. People living in poverty may find that junk food is most affordable and accessible. Fruits and vegetables are very expensive. The accessibility and convenience of healthy foods is limited in high-risk communities. There is a lack of public transportation to grocery stores. Convenience stores have limited healthy options. There is a lack of healthy, affordable fast food options.</p> <p>Lifestyles that involved smoking, legal and illegal drugs, alcohol, inactivity as well as dysfunctional family units domestic violence</p> <p>There are populations with limited basic healthy behavior knowledge and general health literacy.</p> <p>Prescription medications are very expensive. High deductible health plans can encourage people to delay care. There is a lack of affordable care for many patients.</p> <p>Many people do not have annual physicals and preventative healthcare. Most of these services are only available during business hours that are not accessible to shift workers.</p> <p>Environmental concerns such as lead, asbestos, and mold.</p> <p>There a lack of physicians for primary care and some subspecialties. The wait times limit accessibility for new patients.</p>
<p>What is being done in our community to improve health and to reduce the barriers? What resources exist in the community?</p>	<p>Lots of parks, trails, reduced price gyms that offer sliding-scale memberships, and good weather for physical activity.</p> <p>Many quality healthcare facilities including urgent care, physician offices, clinics, and hospitals. There are many free mobile or community-based, healthcare screenings available. Eastern Virginia Medical School provides a lot of community education and testing. There are free clinics such as the Ambulatory Care Clinic and EVMS Hopes Clinic.</p> <p>There are some efforts to improve the food insecurities. Some communities implemented community gardens. There are food banks, food pantries, and schools that provide feel for kids over the weekend and summers. Schools are providing healthy lunches and removing unhealthy vending options.</p>

	<p>Local churches and places of worship provide health education and health ministries.</p> <p>There is increasing care management offered by insurances and provider offices.</p>
<p>What more can be done to improve health, particularly for those individuals and groups most in need?</p>	<p>Focus on developing financial stability for low-income populations. Continue efforts to increase jobs and job training. Offer community related discussions on health behaviors. Need more education available on home exercises with typical home equipment.</p> <p>Develop a consolidated community resource listing with what is available in the community for recreation, clinics with extended/non-traditional hours, community outreach programs, social services, food banks and pantries, emergency shelters, etc. Create a health hotline for case management in the community.</p> <p>Transportation to free clinics and dental care. Consider partnerships with non-profits for expanded transportation resources. Increase the availability of mobile providers and mobile screenings. Provide more pop up health fairs at established community events.</p> <p>Enhance eldercare, in home care, and programs like meals on wheels. These programs help community members stay in their homes and out of the hospital.</p> <p>Increase support for populations that are financially unstable but do not qualify for financial assistance. The decrease in pharmaceutical samples impacts elderly and low-income populations.</p> <p>Provide more resources for decrease in opioid abuse.</p>
<p>Considering social determinants impact health outcomes more than clinical care, which of the following resonate as a key social determinant that we should be focusing on?</p>	<p>Education</p> <ul style="list-style-type: none"> • Health education and how to care for self (nutrition, exercise, seat belts) • Resources available in the community and where to access services • Educational attainment (i.e., high school graduation) • Establish community gardens to teach people to garden, encourage healthy eating, enhance pride in community, and improve access • Seniors and people living in group homes who may be facing multiple health concerns

Sentara Community Health Needs Assessment Implementation Strategy

2018 Progress Report

Hospital: Sentara Norfolk General Hospital

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

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

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

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

Reports should be emailed to Laura Armstrong-Brauer at larmstr@sentara.com within 15 days of the close of each quarter.

Health Problem	Three Year Implementation Strategies	Progress
All / Healthy, connected communities		
1.1	Continue to actively participate in community-based organizations and committees to work collaboratively to address social determinants of poor health.	<ul style="list-style-type: none"> • Collaborating with the Norfolk Healthcare Collaborative which includes leaders from the City of Norfolk, Bon Secours, CHKD, EVMS, and Lake Taylor • Partnership with Southeastern Virginia Health Systems to provide access to primary care for our underinsured patients. • Partnership ongoing with Senior Services of Southeastern Virginia to provide patients with targeted diagnosis coaching and home visits to prevent readmissions and link patients to other services they may need such as Iride/meals/insurance counseling • Partnership with Healthcare Quality Innovators (HQI) Bon Secours and

Health Problem	Three Year Implementation Strategies	Progress
		<p>Chesapeake General to identify as a community opportunities for improvements with a focus on readmission reductions and sharing best practices across the health systems.</p> <ul style="list-style-type: none"> • Sentara, Bon Secours and Chesapeake General formed a safety net partnership to address the critical health needs of our community. Supported by the CNO, this team decides on what initiatives to focus on based on mutual goals and challenges. • 2018 areas of focus are on safe management of Multi visit patients in the ED, readmissions and increased partnerships with our community agencies such as APS, CSB so that patients who are in and out of multiple settings can benefit from a strategic, cohesive approach from a collaborative effort. • SNGH became a sponsor for the PACE bike share program in Norfolk which is the regions' first bikeshare program that appeals to a wide audience. Visitors, students, occasional reiders, those who don't have a car, or friends who want to join in on a bike ride, but don't have their own bikes. • We had 50 individuals representing EVMS school of public health non- profit groups, health care organizations, community groups ,hospitals courts to discuss ways to help the many patients we see with injuries related to gun violence.. Our goal is to identify ways we can work together to focus on prevention of gun injuries and offering conflict resolution education in high risk communities as an alternative to violence.
1.2	The ACC Colorectal screening (FIT Testing) program initiative is 2 years and 9 months old (June 2016 to October 2018). This collaborative process will help one of the nation's hotspots	<ul style="list-style-type: none"> • The ACC Volunteer Cancer Navigator has helped collect data, and act as a liaison between the patients, and clinic to exceed the American Cancer

Health Problem	Three Year Implementation Strategies	Progress
	<p>(Norfolk, VA) to provide “80% by 2018 of high risk populations with colorectal cancer screenings.</p> <p>The ACC Volunteer Diabetic Educator for patients two to three times weekly is no longer available EVMS Hypertension grant ended along with the Health Educator at the ACC.</p> <p>ACC/ ODU/ NSU and EVMS TEACH Grant Inter-professional Collaborative Clinic (IPC) has expanded from one to two clinic day sessions</p> <p>Aero Care First Choice Home Care is the provider for ACC patients DME.</p>	<p>Society screening goal to provide “80 % by 2018 of high-risk population colorectal cancer screenings.</p> <ul style="list-style-type: none"> • The Cancer Navigator continues to empower patients to complete their care need through treatment and long-term follow-up. • It has been difficult to find another volunteer Diabetic educator for ACC patients without compensation. Efforts continue to obtain another volunteer Diabetic Educator. • Efforts continue to find another volunteer Health Educator to support the ACC patient population. • ODU, EVMS, NSU has provided affiliate professionals students from various disciplines, e.g. Mental Health, Dental, Physical Therapy, Social Work, BSN, CNS, FNP, DNP. MS-1, 2, 3, and Resident students to learn the importance of utilizing the Social Determinates of Health Screening questionnaire to address patient barriers that have been holding them back from achieving excellent health, to assist ACC patients better. • Aero Care First Choice Home Care continues to follow-up care for ACC patients with Obstructive Sleep Apnea in need of CPAP machines. DME equipment provided includes CPAP/ BPAP machines along with replacement supplies, with a physician prescription. • Fort Norfolk Sleep Center continues to screen ACC patients with Sleep Study testing.

Health Problem	Three Year Implementation Strategies	Progress
1.3	Continue to offer community health programs and free screenings at sites throughout the hospital's service area to improve convenient access for residents.	<ul style="list-style-type: none"> • Received the Susan G Komen Tidewater Grant to provide free breast diagnostics for qualified uninsured women in Norfolk, Portsmouth, and Newport News. Screenings to begin in June. • Free Thyroid, Head and Neck Screening was held on April 7th. 34 patients were screened with 2 abnormal findings. • There were three skin cancer screenings held in May and June at EVMS, SLH, and the VB Boardwalk art show. There were a total of 302 people screened. • There have been three Mammogram screenings held with over 111 women given free mammograms. • Prostate screening was held in November with 25 men screened for prostate cancer. • Cardiac Screening Events: <ul style="list-style-type: none"> ○ Cardiac Health Fair (SHH) – total screened = 340 ○ Cardiac & Stroke Health Screening (Murray Center) – total screened = 415 ○ Aortic Awareness Health Fair (SHH) – total screened = 84 ○ Red Dress Tea Event (SHH) – total screened 91 (women only)
1.4	Continue to work with SMART Beginnings to identify high risk discharge babies and provide the resources to prepare them for kindergarten.	
Problem #2: Obesity		
	<ul style="list-style-type: none"> • Improve patient access to evidenced-based non-surgical methods of weight loss • Develop a succession plan for retiring bariatric surgeon • Hire a new Bariatric Medical Director • Continue to grow both the Bariatric surgical and medical programs • Continue the Back on Track Program 	<p>Closing the 2018 year, we end a year of transition. Dr. Wohlgemuth is officially retired and now joined the volunteer physician core at SNGH. He finished the year with his most productive year of his career with almost 1,000 wRVUs.</p> <p>We have fully integrated our two new surgeons, Dr. Loggins and Dr. Gresens. We</p>

Health Problem	Three Year Implementation Strategies	Progress
	<ul style="list-style-type: none"> • Provide the Enhanced Recovery after Bariatric Surgery (ERAS) program to discharge patients from the hospital post bariatric surgery in 24 hours instead of 48 hours • Assess and implement technology to identify patients with a certain BMI which would trigger a referral or email that will educate patients about their options. 	<p>have more than 230 people on the pipeline and looking forward to a very productive year.</p> <p>We have recently named our new bariatrician, Dr. Rajkumar who will be replacing Dr. Bolanos as early as May 2019. We continue to operate without a waitlist and have a very active online seminar that is expediting access to the programs. With Dr. Loggins guiding the practice, we are revising protocols and retooling the education process in an effort to improve the patient experience, outcomes and access. We are looking forward to a great year for SCWLS.</p>
Problem #3: Mental Health and Depression		
	<ul style="list-style-type: none"> • Support the implementation of Sentara's Behavioral Health strategic plan. • Optimize use of licensed capacity on the SNGH Behavioral Units through EVMS provider expansion and specialty unit development • Develop and implement quarterly community stakeholders meetings to be held to include NAMI, CSB Directors, Law Enforcement and Mental Health professionals to continuously address gaps in behavioral health services and access to behavioral health services in our community • Encourage collaboration with community agencies to identify needs in psychiatric services and develop action items to close service gaps • Implement meetings with community providers for psychiatric services to explore opportunities for collaboration to meet community needs • Create a resource guide of existing community resources. Identify gaps in psychiatric services and evaluate feasibility for additional services 	<ul style="list-style-type: none"> • Event held with the Brock Institute will assist with Military Ethos and Current Transition Issues, Facing Veterans, Services Members and their Families on Sept. 11th on EVMS campus • Team participated in the Norfolk Community out of Darkness walk in October 2018. Provided resources to participants and donated over \$1,000. • Key note speaker for Opioid crisis at Critical Care/Trauma Symposium in October 2018 Review of Reversal agents for the lay person was conducted. • Completed unit enhancements to improve the milieu and safety on the acute adult inpatient behavior health unit. • Opened 6North 8 bed medical/gero psych unit with new Attending Dr. Smith.

Health Problem	Three Year Implementation Strategies	Progress
	<ul style="list-style-type: none"> • Participate in the Out of the darkness walk and the Reframe the Shame with the GSA, community outreach events to defeat the stigma around mental illness and to combat suicide • Provide community outreach such as a train the trainer for Opiate overdose identification and reversal for the lay person • Explore new Addiction and Recovery Treatment Services (ARTS) programs for inpatients and outpatients • Implement an inpatient staffing model change to support a more intense/therapeutic plan model 	
Problem #4: Sexual Health: Prevention and Treatment of STDs and Teen Pregnancies		
	<ul style="list-style-type: none"> • Partner with community based agencies to implement evidence based initiatives to prevent STDs and teen pregnancies • Identify opportunities to improve the treatment and care for patients with STDs and teen pregnancies 	<ul style="list-style-type: none"> • Developed a Sexual Health Community Health Improvement plan with key stakeholders throughout Norfolk. Collaboratively prioritizing the action steps