



Sentara Princess Anne Hospital Princess Anne Ambulatory Surgery Center

COMMUNITY HEALTH NEEDS ASSESSMENT 2022

We Improve Health Every Day

This joint Community Health Needs Assessment report was completed in collaboration with Sentara Princess Anne Hospital and Princess Anne Ambulatory Surgery Center, which have the identical service areas of the Cities of Virginia Beach, and Chesapeake.



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EXECUTIVE SUMMARY

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

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

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

While there are many important community health problems, we are focusing our efforts on the key issues listed below. Considering factors such as size and scope of the health problem, the severity and intensity of the problem, the feasibility and effectiveness of possible interventions, health disparities associated with the need, the importance the community places on addressing the need, and consistency with our mission “to improve health every day,” we have identified these priority health problems in our area, all of which have been exacerbated by the COVID-19 pandemic:

Health Priorities for 2022-2025:

- Behavioral Health
- Chronic Disease
- Social Determinants of Health

“Partnering with our community to identify the most significant health needs is an important step in achieving our mission of improving health every day.”

Dana Weston-Graves,
President, SPAH

OVERVIEW

We Improve Health Every Day

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

SENTARA AT A GLANCE

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



As a former marketing professional Chaplain Audrey Pryor-Mouizi, MBA, MDiv, BCC, has an appreciation for companies putting forth the effort to know and understand their customers' needs. "A Community Health Needs Assessment is one of the many ways Sentara reaches out to its customer base to ensure it is providing services targeted toward meeting the needs of the surrounding community."

INTRODUCTION

Sentara Princess Anne Hospital

Sentara Princess Anne Hospital (SPAH) is a 174-bed acute care hospital that serves Southern Virginia Beach, as well as the neighboring Chesapeake and northeastern North Carolina communities. Sentara Princess Anne Hospital, in partnership with Bon Secours Virginia, brings quality clinical outcomes, experienced physicians, award winning patient safety initiatives, advanced technology and a patient-centered approach to care for patients. In addition, Sentara Princess Anne Hospital achieved Magnet® recognition, the nation's highest honor for excellence in nursing. Combined with more than 100 physicians and services offered in the multiple campus medical office buildings, Sentara Princess Anne Hospital is a comprehensive healthcare destination for the community.

Princess Anne Ambulatory Surgery Center

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

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

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

SENTARA CARES

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

Our purpose, then, calls us to address these issues on the ground every day where people live—not just when they are under our care. Only then can we help to eliminate health disparities and promote equitable access to nutritious foods, education, safe and affordable housing, and stable, rewarding job opportunities. We know such disparities cannot be solved solely in the exam room, and they cannot be solved solely by Sentara. However, through our partnerships we continue to make both immediate impact and lasting change for our communities.

COVID-19 RESPONSE

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

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

OUR PROCESS

Sentara developed a primary statistical data profile integrating claims and encounter data to assess the population's use of emergency services, preventive services, chronic health conditions, and cultural and linguistic needs. A secondary statistical data profile was created using advanced data sources to assess population characteristics such as household statistics, age, educational level, economic measures, mortality rates, incidences rates, and racial and ethnic composition because social factors are important determinants of health. Our assessment includes a review of risk factors including obesity and smoking and other health indicators such as infant mortality and preventable hospitalizations.

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

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

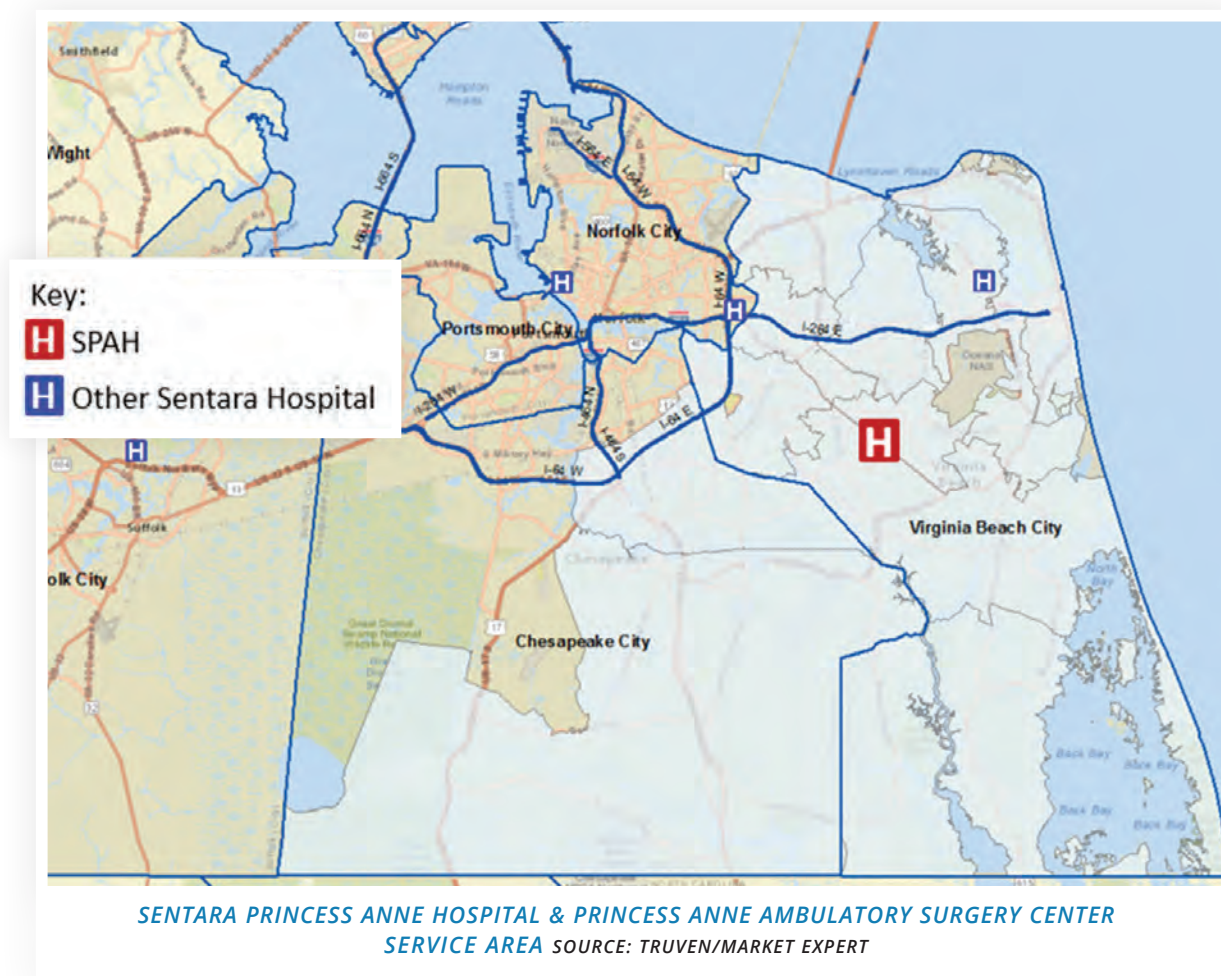
OUR NEXT STEPS

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

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

Your input is important to us so that we can incorporate your feedback into our assessments. You may use our online feedback form available on the [sentaracares.com](https://www.sentaracares.com) website.





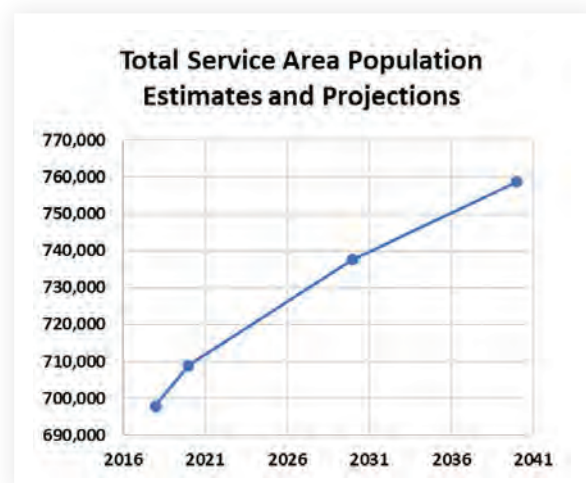
COMMUNITY DESCRIPTION

GEOGRAPHY

The service area of SPAH and PAASC is comprised of two localities: the cities of Virginia Beach and Chesapeake. Virginia Beach is the most populous city in the service region.

POPULATION CHANGE

The service area population is enjoying healthy growth, primarily driven by Chesapeake's 10.9% growth since 2010. Virginia Beach has seen moderate growth at 3.9%, and the two cities account for most of the population growth in South Hampton Roads with an increase of 5.4% since 2010.



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

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

POPULATION HIGHLIGHTS

The population of the service area is approximately 708,892 people. The two cities combined hold 8% of the population of the Commonwealth of Virginia.

Age and Sex

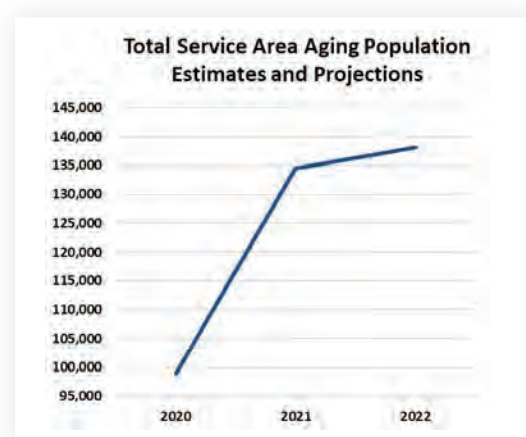
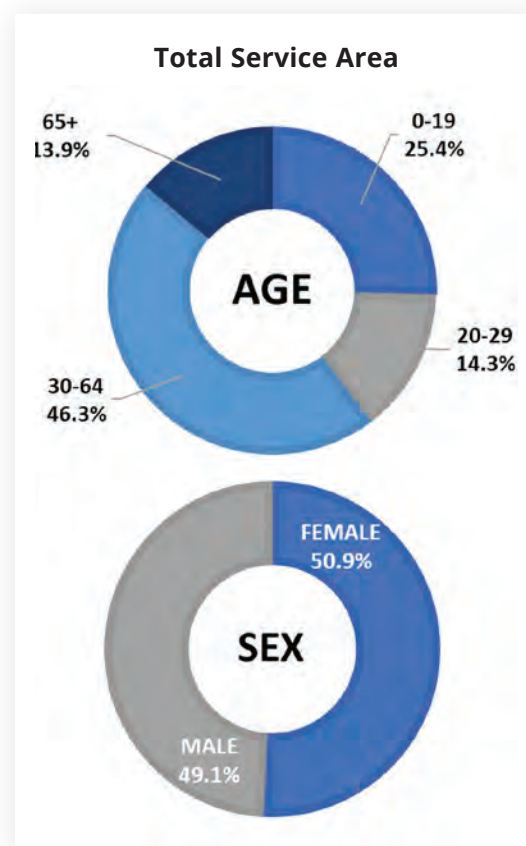
Of the 708,892 community members living in the service area, most residents are between the ages of 30 and 64. The service area has a lower percentage of residents aged 85+ than does the state, with Virginia Beach having a higher percentage of population aged 65+ years. The population segments that represent children, young adults and working age adults vary slightly from the statewide proportions, though Chesapeake has a higher proportion of children and a slightly lower proportion of young adults.

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Aging Population

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

In 2020, 13.1% of the population living in the service area was age 65+, slightly below the 15.9% of the population of residents aged 65+ in Virginia. By 2030, the population of older adults in the service area is projected to be 16.9%, leading to a higher number of aging adults in the service area. Of the 95,372-aging population in 2020, 66% reside in Virginia Beach, which is projected to have an increase of 2.4% by 2040. The 2040 projected overall population of residents aged 85+ in Virginia Beach is 12,124 people.



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

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

Other Demographic Features

At 11.8%, the overall rate of the population who are veterans is higher in the service area than in either the Commonwealth or the United States. There is a higher percentage of owner-occupied homes in Chesapeake as compared to the state. Though the service area has a higher percentage of persons graduating high school, there is a lower percentage of college degrees when compared to the state.

COMMUNITY SPECIFIC DEMOGRAPHICS (APPENDIX A)

City of Chesapeake has 249,422 residents with 7.6% of this population living in poverty and 10% uninsured. Of the population in this county, 30.5% are ages 0-19, 12.5% are ages 20-29, 47.4% are ages 30-64, 12.1% are ages 65-84, and 1.3% are aged 85 and over. English is the primary language for 91.7% of residents, while 8.3% speak another language in the home. The ethnicity for this population includes 61.1% white, 30.0% African American, 6.2% Hispanic, and 3.2% Asian.

City of Virginia Beach has 459,470 residents with 8.1% of this population living in poverty and 11% uninsured. Of the population in this county, 28.6% are ages 0-19, 15.4% are ages 20-29, 45.6% are ages 30-64, 12.7% are ages 65-84, and 1.6% are aged 85 and over. English is the primary language for 87.5% of residents, while 12.5% speak another language in the home. The ethnicity for this population includes 66.3% white, 19.0% African American, 8.2% Hispanic, and 6.7% Asian.

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



COMMUNITY DIVERSITY PROFILE

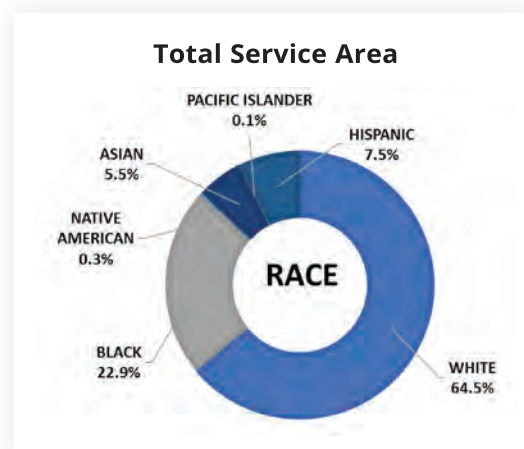
Ethnicity

The population of the service area is overwhelmingly white and Black, with Virginia Beach having the most diverse community with 15.3% combined non-white or Black, followed by Chesapeake at 9.7% combined.

The service area is home to a small Hispanic population, with Virginia Beach home to the largest Hispanic community at 8.2% of the population. Chesapeake has the smallest Hispanic population, at just over 6%. The Commonwealth of Virginia has a somewhat larger Hispanic community at 9%. Additionally, Virginia Beach and Chesapeake have small Asian populations, but no other racial groups are represented in the area in any significant number.

Primary Language

English is the primary language spoken in the service area. As of 2020, 90.9% of the population being served identified as English speaking. Per the 2014 American Community Survey five-year estimates, Spanish was the second language identified in the community being served, with 10,877 community members living in the service area identifying as speaking English less than well.



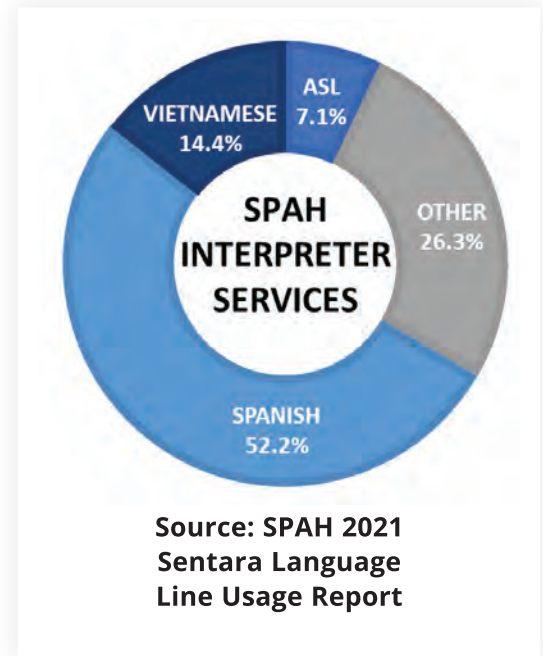
Source: US Census Bureau QuickFacts Table 2020 <https://www.census.gov/quickfacts/fact/table/VA,US/PST045219>

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

Cultural and Linguistic Needs

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

Departments within Sentara, SPAH, and PAASC continue to work closely with one another to ensure all communication to members is in the preferred language, offering interpreter services when needed. Sentara provides its patients and their families with qualified interpreters for languages other than English and for American Sign Language (ASL). In 2021, SPAH had 3,753 requests for interpreter services. The highest percentage of interpreter services were for Spanish speaking individuals.



Health Equity

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

The Health Equity team analyzes economic status, access to health care, transportation, and other social determinants of health to identify potential causes of health inequity in our communities.

Partnerships are formed with community leaders and organizations, physicians, and all Sentara facilities to achieve more equitable health care.

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

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

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

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

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

SOCIAL DETERMINANTS OF HEALTH

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

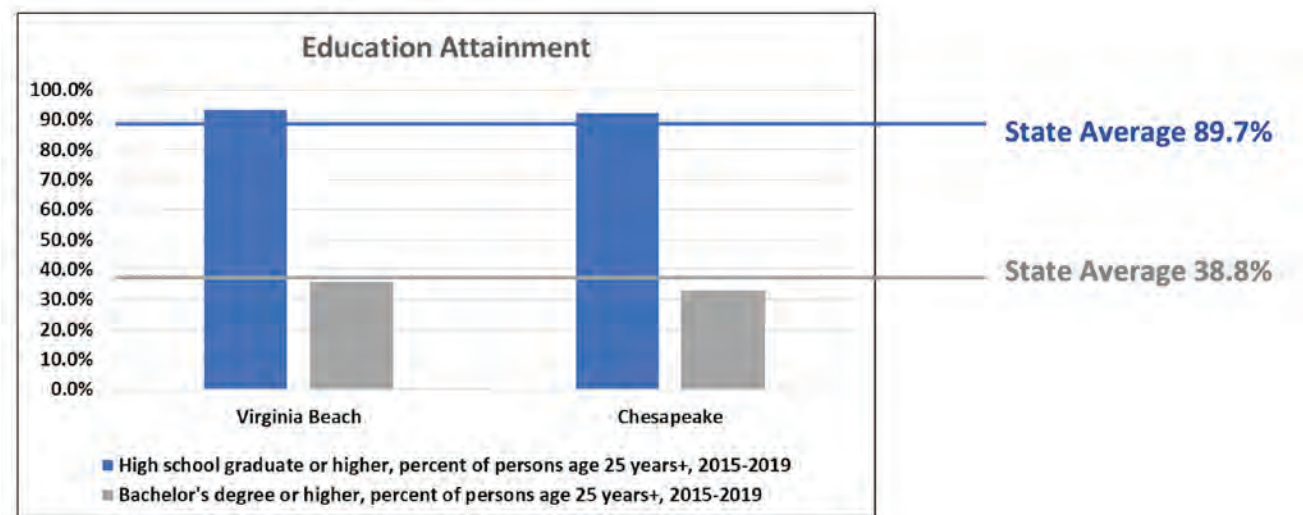
Sentara works to:

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



Education

Education is the basis for stable employment, and financial stability is the foundation for a sustainable household, which provides for the health needs of family members. Virginia Beach has the highest percentage of residents with advanced or professional degrees.



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

The Cycle of Poverty

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

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

Generational poverty is a vicious cycle in which each generation is unable to escape poverty because of a lack of resources to put toward the effort.

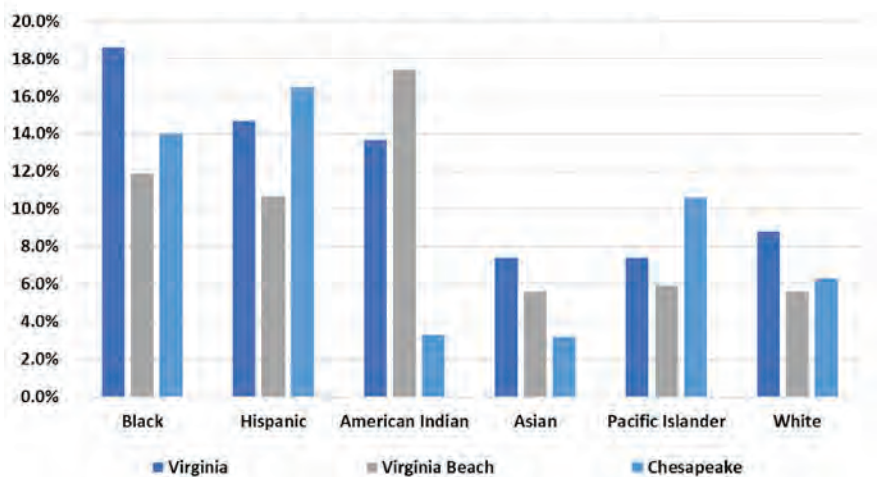
[Rural Poverty vs Urban Poverty | Social Workers | AU Online \(aurora.edu\)](#)



Poverty

While simple poverty rates tell us something about the residents of the service area, when inserting race as a factor, we see 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, African Americans, Hispanics, and American Indians are more likely to live in poverty compared to white Americans.

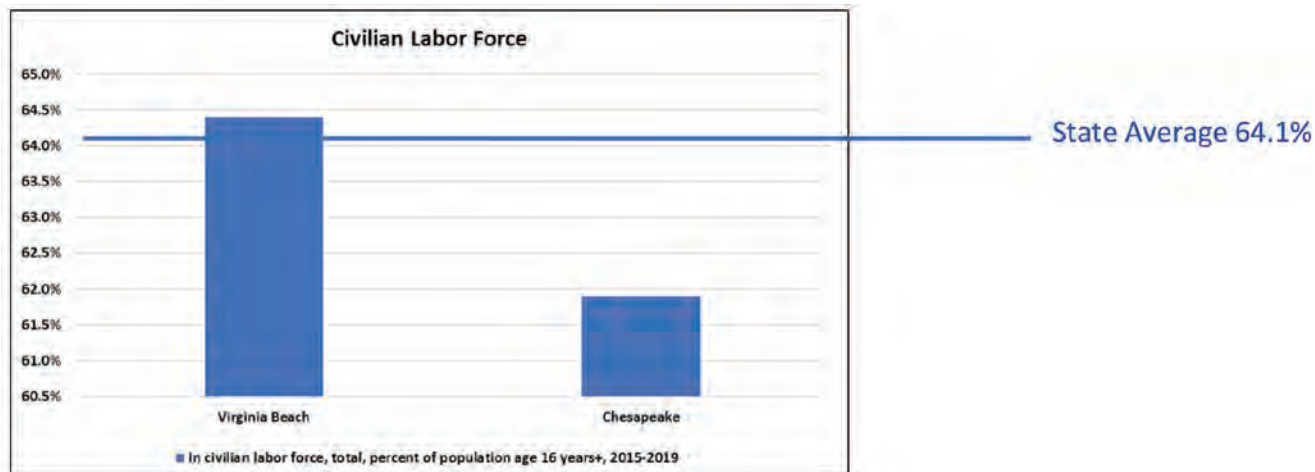
2019 Poverty Status By Race/Ethnicity



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

Employment

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



Medicaid & FAMIS, Medicare, Medicare & Medicaid Enrollment

Of the 626,398 members newly enrolled in Medicaid in the Commonwealth of Virginia, 463,967 are below 100% of the federal poverty level and 162,431 are between 101-138% of the federal poverty level. The number of residents living in the service area receiving Medicaid and FAMIS services continues to increase each year, with an increase of 24.1% since January 2020.

In 2019, there were 48,775 community members age 65+ living in the service area receiving Medicare and 2,320 receiving both Medicare and Medicaid. As the service area's aging population grows, so will the need for these services.

Medicaid and FAMIS 2022/Medicare and Medicaid 65+ 2019				
	Virginia	Total Service Area	Virginia Beach	Chesapeake
Medicaid Enrollment (Below 138% FPL)	626,398	46,218	29,639	16,579
Medicaid Percentage	7.2%	6.5%	6.4%	6.6%
FAMIS (Below 138% FPL)	1,347,010	92,426	57,745	34,681
FAMIS Percentage	15.6%	13.0%	12.6%	13.9%
Children Enrolled in Medicaid/FAMIS (Below 138% FPL)	813,229	56,746	35,689	21,057
Children Enrolled in Medicaid/FAMIS Percentage	9.4%	8.0%	7.7%	8.4%
65+ Medicaid (Below 138% FPL)	83,149	4,397	2,697	1,700
65+ Medicaid Percentage	0.9%	0.6%	0.5%	0.6%
65+ Medicare	802,949	48,775	30,733	18,042
65+Medicare Percentage	64.5%	53.4%	50.5%	59.3%
65+ Medicare and Medicaid	56,810	2,320	1,349	971
65+ Medicare and Medicaid Percentage	4.6%	2.5%	2.2%	3.2%
Persons in Poverty	9.2%	7.9%	8.1%	7.6%

Source: Virginia Medicaid Department of Medical Assistance Services; (As of January 15, 2022) <https://www.dmas.virginia.gov/data>;

US Census Bureau QuickFacts Table 2020; (2020 Small Area Income and Poverty Estimates (SAIPE)); Centers for Medicare & Medicaid Services 2019; [Mapping Medicare Data](#);

-- Suppressed data; FEP: Federal poverty level; FAMIS: Family Access to Medical Insurance Security

COMMUNITY INSIGHT

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

COMMUNITY SURVEY

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

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

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

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

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

At the completion of the survey period, 1,871 stakeholder surveys and 17,294 community member surveys were completed. It is important to note that not every respondent answered every question in the stakeholder and community member surveys. Most counties did not have an equally distributed response to surveys to represent



the entire service area population. As a result, survey responses should be considered as only one component of information utilized to select health priorities. The most underserved populations' feedback is not adequately reflected in most surveys. Sentara staff performed targeted outreach activities to include individuals who serve the underserved populations to further develop the robustness of the survey response.

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

“We need to listen to our community and allow them to guide us. Then, we need to focus on the key drivers that are the biggest impact to health outcomes.”

-Anonymous Stakeholder

Demographics of Survey Respondents

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

Survey Responses

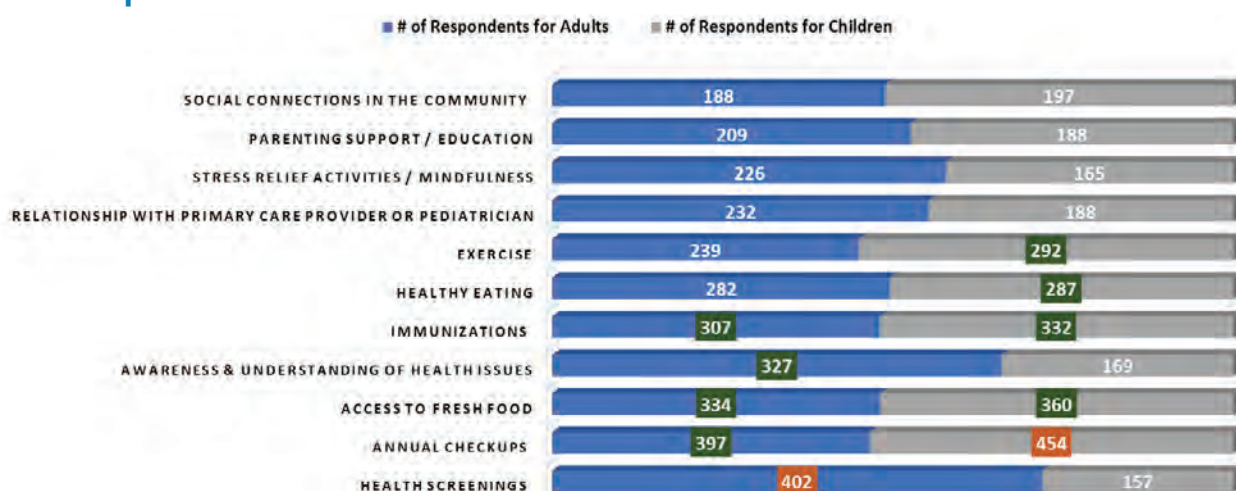
For this CHNA report, we will focus on the questions below asked in the survey. Survey respondents were asked to review a list of common community health issues and select up to three items. The tables below show the answers for each question among stakeholder and community member respondents.

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

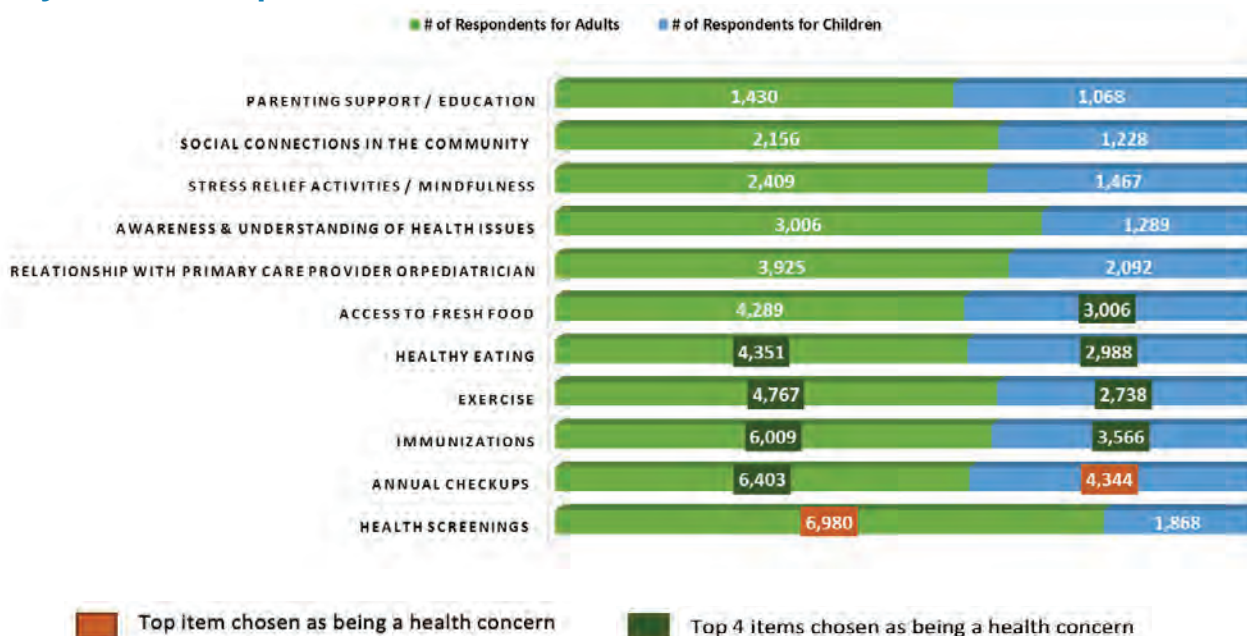
1. What is important to the health of adults and children?

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

Stakeholder Responses



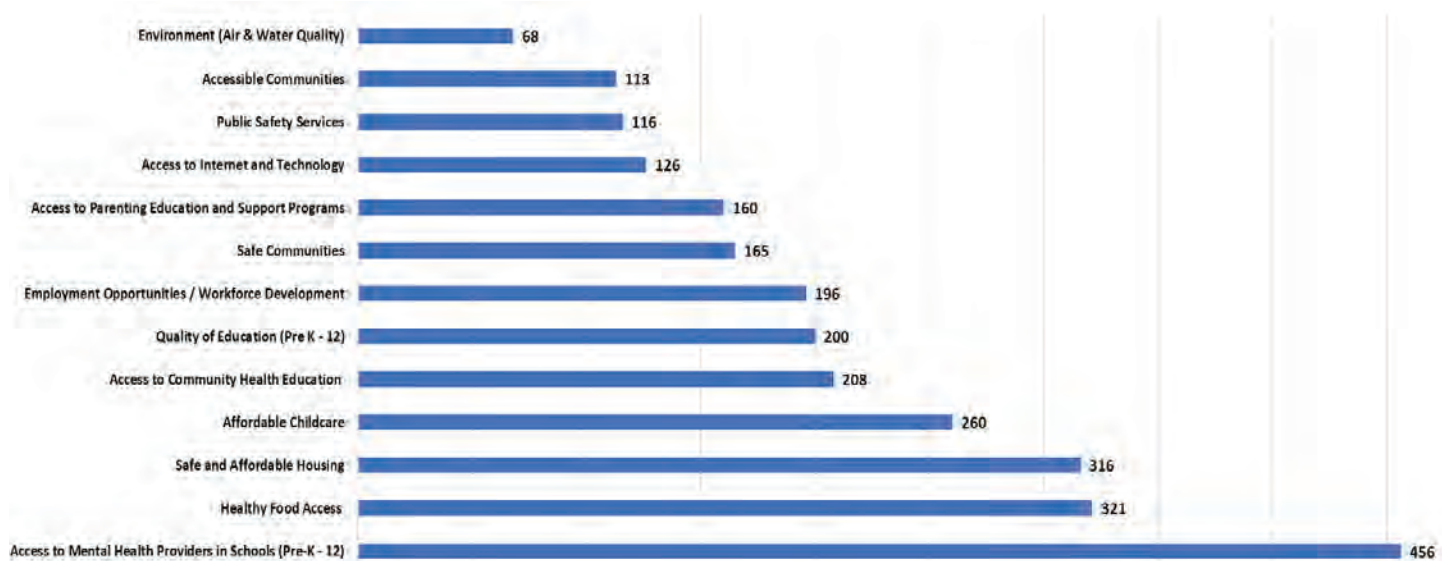
Community Member Responses



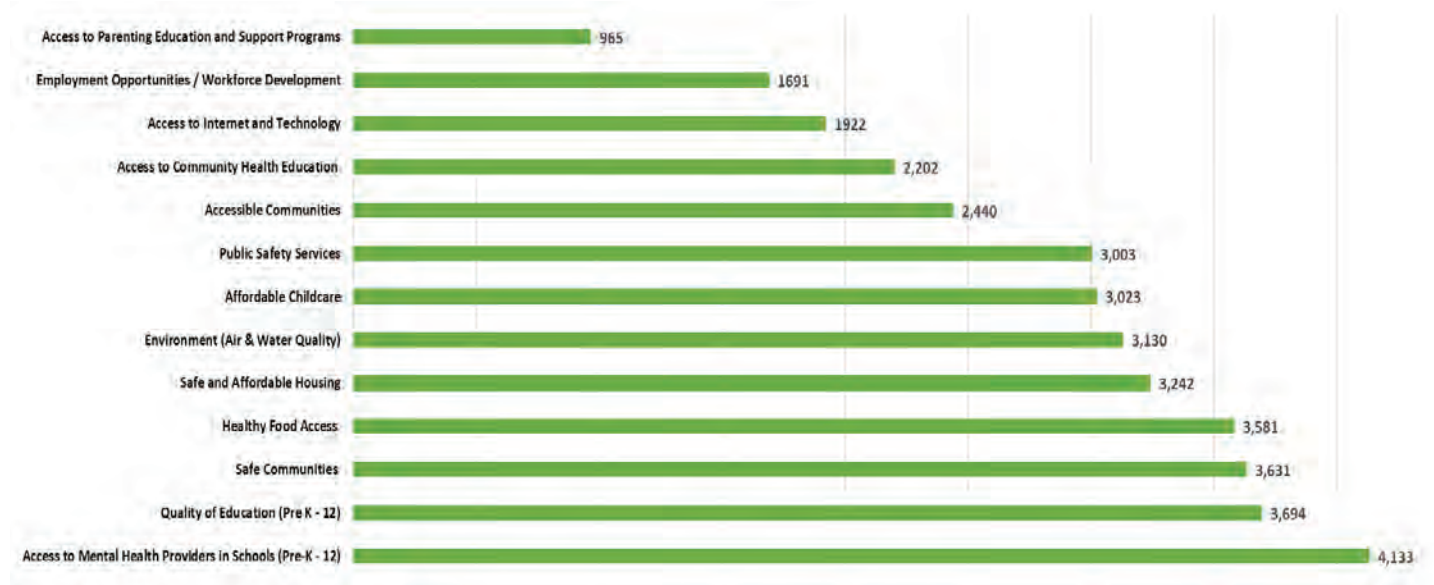
2. What should be added or improved in the community to help families be healthy?

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

Stakeholder Responses



Community Responses

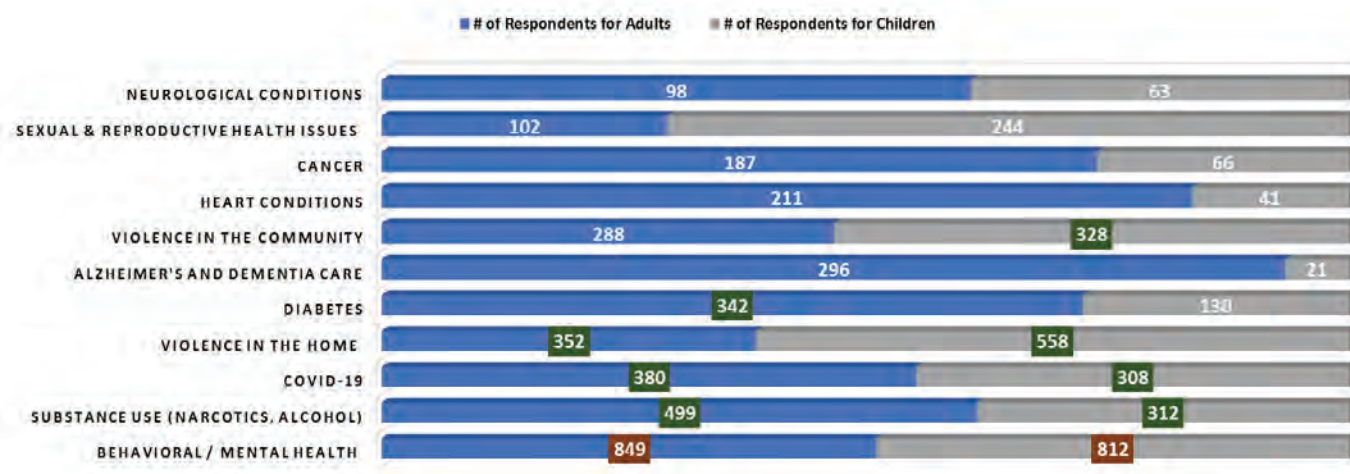


3. What are the most important health concerns for adults and children?

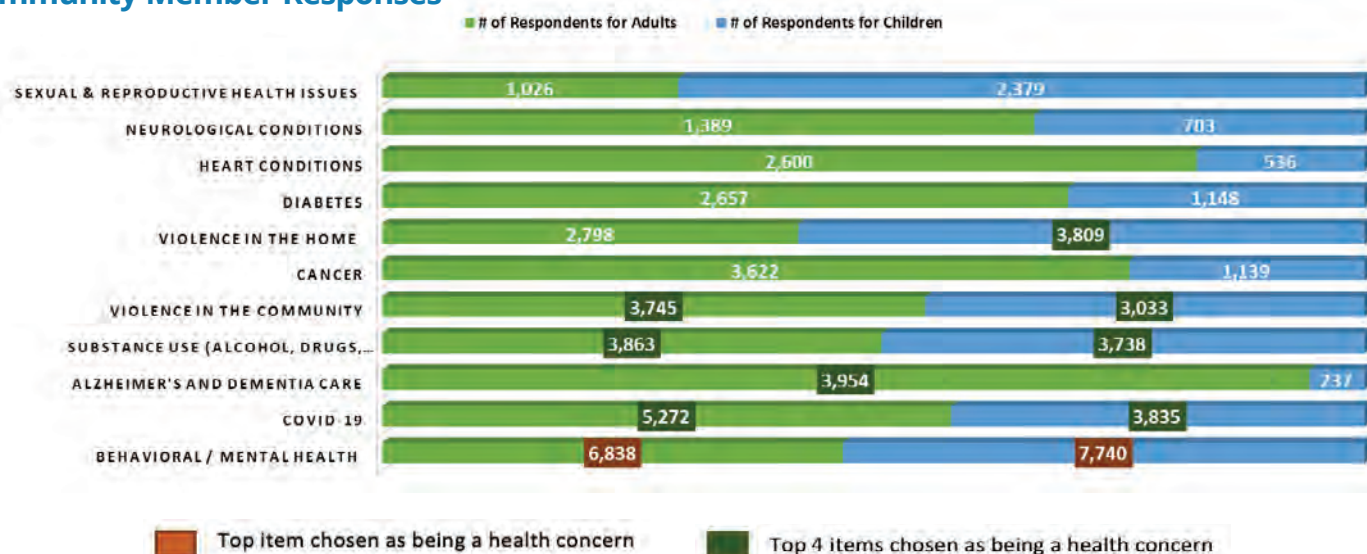
The most frequent response to the question above was behavioral health, anxiety, depression, psychoses, and suicide, for example, substance use of narcotics or alcohol, COVID-19, Alzheimer's and Dementia care. For children, respondents chose behavioral health as defined above, COVID-19, violence in the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

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

Stakeholder Responses



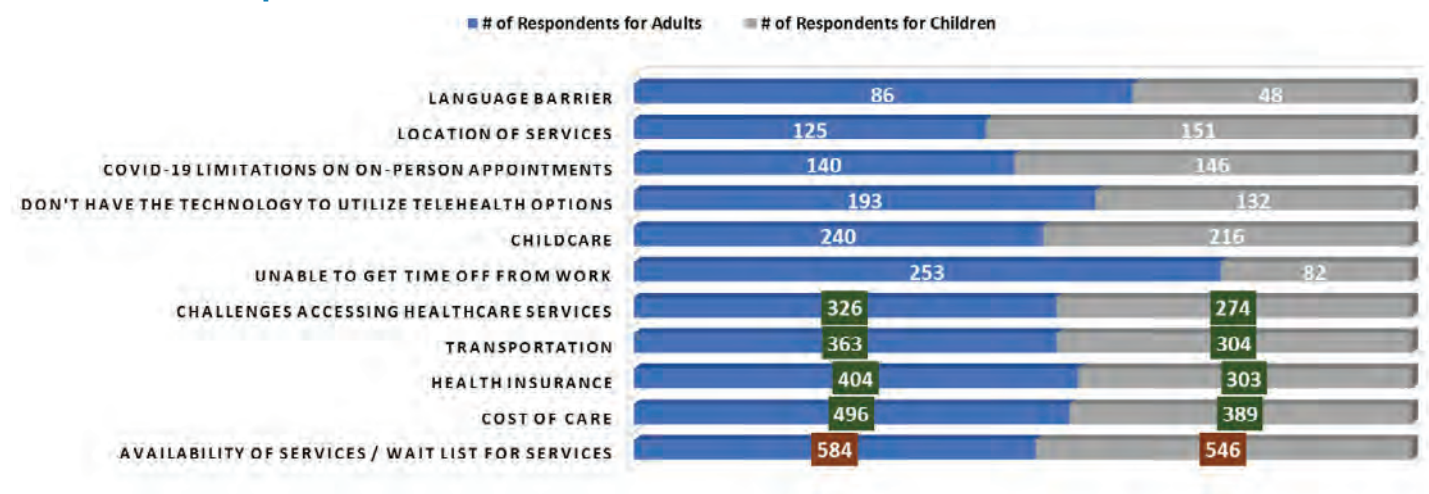
Community Member Responses



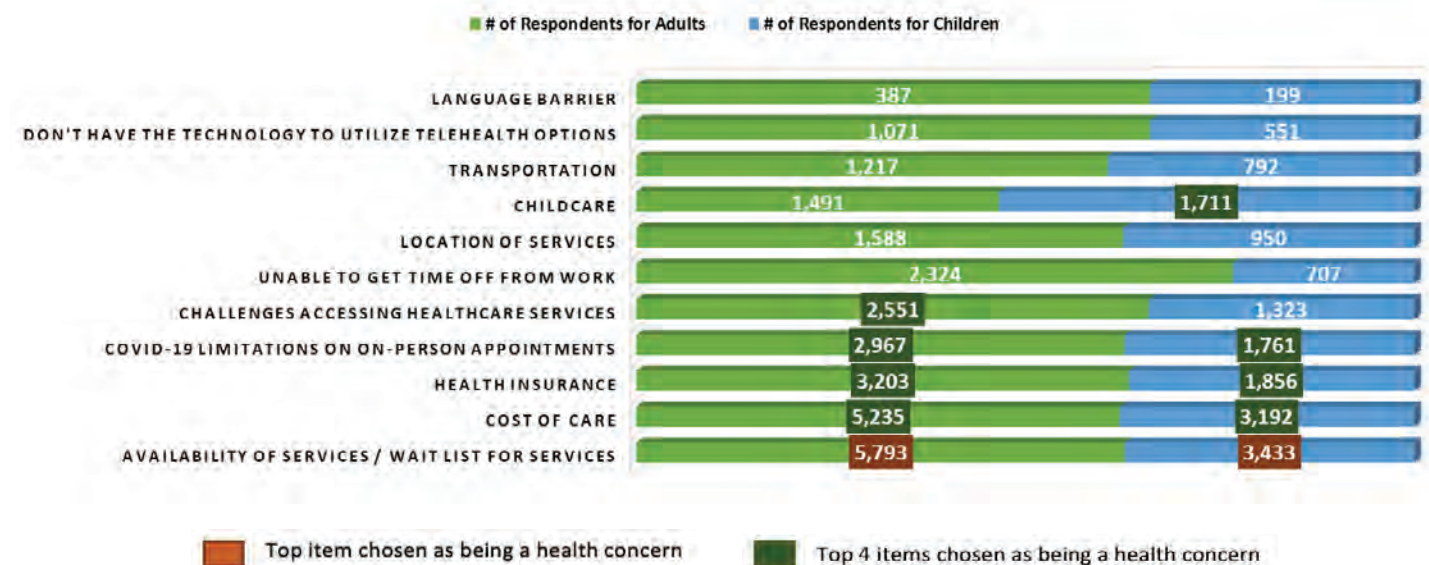
4. What makes it difficult to access healthcare services for adults and children?

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

Stakeholder Responses



Community Member Responses



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

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

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

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

The top choices of factors impacting access to care were availability of services, wait list for services, cost of care and health insurance. 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.

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

COMMUNITY FOCUS GROUPS

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

Methodology

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

- What are the most serious health problems in our community?
- When considering Social Determinants of Health, which of the following resonate with you as a key social determinant that we should be focusing on?
- Who has the health problems? What groups of individuals are most impacted by these problems?
- What keeps people from being healthy? In other words, what are the barriers to achieving good health?
- What is being done in our community to improve health and to reduce the barriers? What resources exist in the community?
- How has the COVID-19 pandemic worsened the health issues in our community?
- What more can be done to improve health, particularly for those individuals and groups most in need?

Sentara Princess Anne Hospital and PAASC held nine focus group sessions between March and April 2022. The number of participants ranged between eight and 32. When possible, representatives from the health department and other local hospitals were invited to attend the sessions.

Focus Groups

1. 3/02/2022 in-person session: SPAH Auxiliary Board
2. 3/09/2022 virtual session: Filipino focus
3. 3/24/2022 in-person session: SPAH Patient/Family Advisory Board
4. 3/29/2022 in-person session: Vietnam Veterans of America
5. 3/30/2022 virtual session: EVMS/Community Leader/Community Member
6. 3/30/2022 virtual session: B.A.M.E (Black Asian, Minority, Ethnic) Focus Group
7. 4/5/2022 in-person session: Veterans of Foreign Wars of the United States of America
8. 4/6/2022 in-person session: Atlantis Apartments, low-income, African American and Latinx residents
9. 4/7/2022 in-person session: LGBTQ+ focus

Demographics

The 139 participants ranged between the ages of 17 and over 60. Altogether, focus groups were comprised of 58.2% Caucasian, 24.4% African American, 8.6% Asian, 7.2% Hispanic, and 0.8% Native American, with 0.8% preferring not to answer. The groups were 54.6% female and 39.5% male, 0.9% nonbinary, with 5.0% preferring not to answer.

Methodology

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



Results

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

TOPIC	KEY FINDINGS
What are the most serious health problems in our community?	• Anxiety and depression • Asthma • Cancer • Cardiovascular health • Chronic pain management • COPD • Dementia • Dental health • Diabetes • Health care expenses • Heart Disease/Heart Health • High Blood Pressure • Hypertension • Mental Health • Mold, environmental factors • Obesity • Sciatic nerve • Sexual Health • Sickle Cell • Smoking and vaping • Stress • Substance Use • Violence in the home
When considering Social Determinants of Health, which of the following resonate with you as a key social determinant that we should be focusing on?	• Access to food and healthy food • Access to services • Aging • Community Outreach options • Education • Financial concerns • Health behaviors • Housing • Peer Counseling • Public Community Outreach options • Social Support • Transportation • Understanding how to prepare healthy food • Veteran specific issues • Violence • Workplace violence

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

TOPIC	KEY FINDINGS
What is being done in our community to improve health and reduce barriers? What resources exist in the community?	• Acute care • Brock Cancer Center • CHKD children services • Church programs • COVID-19 testing • Flu clinics • Free clinics • Free N95s • Improved recreation centers • Health Fairs • Immunization clinics • LGBT Life Center • Ministries outreach, VB area • Mobile mamo screening • New VA facility • New VA outreach centers • Outreach organizations • PACE program • Sports programs • Telehealth
How has the COVID-19 pandemic worsened the health issues in our community?	• Access to doctor • Depression • Food insecurity • Free clinic closure • Fear of vaccination • Isolation • Lack of exercise • Loneliness • Lack of resources • Not taking meds regularly • Poor diet • Scheduling wait lists • Substance Use, alcohol use • Wait times • Weight issues

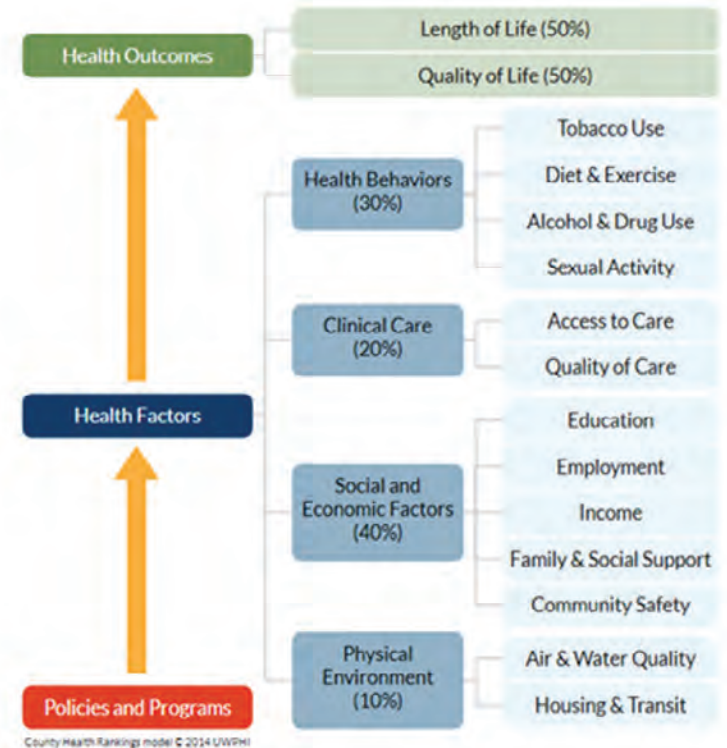
TOPIC	KEY FINDINGS
What more can be done to improve health, particularly for those individuals and groups most in need? Are there specific opportunities or actions our community could take?	• Additional Resources for Aging • Affordable Healthcare • Better Access • Church Programs • Community Events • Culture Conscious Care • Fundraisers • Health Education and Prevention • Health Fairs • Improve VA resources • Mobile Clinic • Neighborhood Events • Older adults' groups • Outreach Programs • Pocket EKG program • Pocket EKG program • Senior Citizens Resource Center • Trauma Informed Care • Wellness Education

HEALTH STATUS INDICATORS

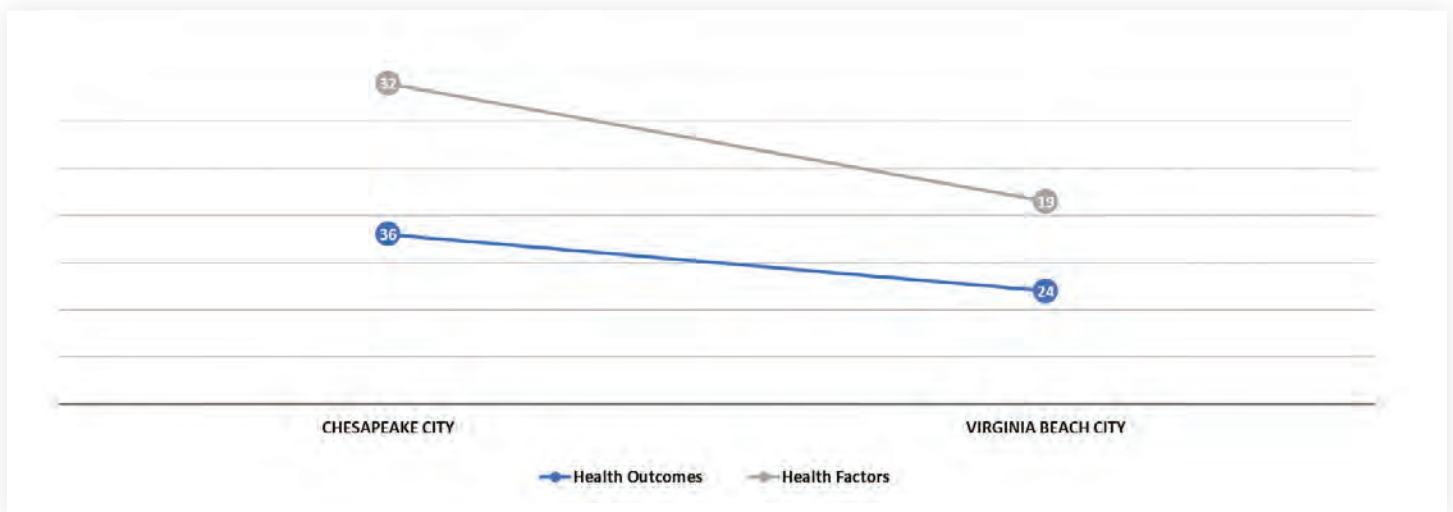
County Health Rankings

Health Indicators were viewed on County Health Rankings. The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors). Explore the Model to learn more about these measures and how they fit together to provide a profile of community health.

- There are many factors that influence how well and how long people live.
- The County Health Rankings model (right) is a population health model that uses data from different sources to help identify areas of concerns and strengths to help communities achieve health and wellness.
- The Rankings provides county-level data on health behavior, clinical care, social and economic and physical environment factors.



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



Source: County Health Rankings 2021, [Rankings and Documentation](#);

Health Status Indicators

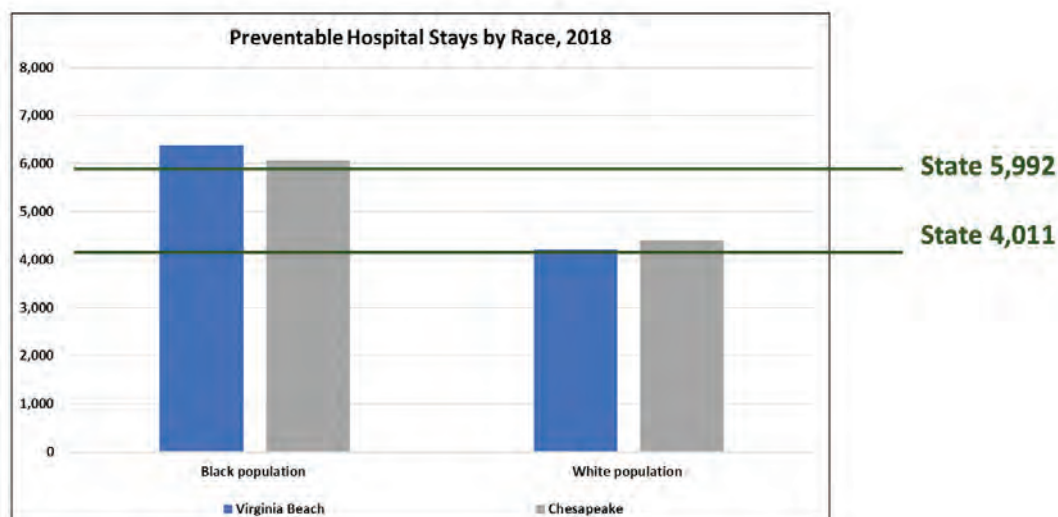
Below are key health status indicators for the counties representing the SLH service area. Links are also included to interactive data dashboards on the Greater Hampton Roads Indicators Dashboard, also known as GHRconnects. Here indicators can be explored for a comparison to other nearby localities,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

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

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

ACCESS TO HEALTH SERVICES PROFILE

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

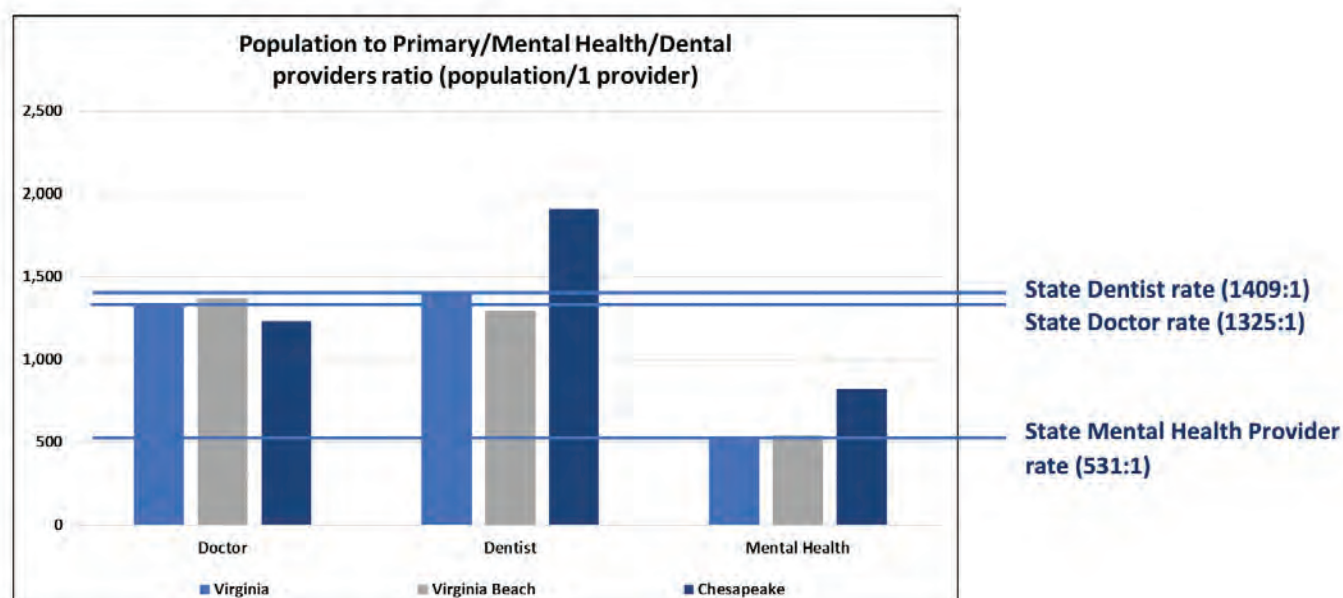


Source: County Health Rankings 2021, [Rankings and Documentation](#); *Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees

Provider Ratio

The ratio of the population to primary care and dental care providers was examined in the service area. Virginia Beach has a higher population to primary care provider ratio compared to the state, while Chesapeake has a slightly better ratio of 1232:1 than the state ratio of 1325:1. Chesapeake had a higher population to dental care provider ratio of 1913:1 compared to the state ratio of 1409:1 while Virginia Beach had a better dental care provider ratio of 1293:1 compared to the state. The service area has a higher population to mental health providers ratio (822:1, 541:1) than the state ratio of 531:1. (Appendix B).

Having fewer providers per population suggests that there may be concerns with access to health care, including oral health, throughout parts of the service area. The percentage of people with health insurance was in line with the state percentage in all localities. The preventable hospital stay rate among Medicare beneficiaries was highest in Chesapeake, followed by Virginia Beach, suggesting there may be challenges with access to primary and outpatient care. Data also show racial/ethnic disparities African American outpacing the population overall in preventable hospital stays.



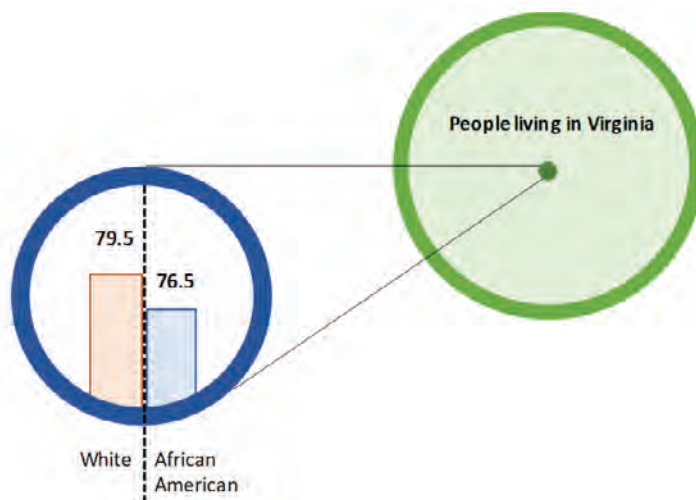
Source: County Health Rankings 2021, [Rankings and Documentation](#);

MORTALITY PROFILE

The life expectancy for a person living in the Commonwealth of Virginia is 79.5. Virginia Beach has a slightly higher life expectancy than the state at 80.5 years. It is important to note there is a racial/ethnicity disparity related to life expectancy with African Americans experiencing life expectancies from one to 2.9 years shorter than the population as a whole. (Appendix B).

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

In comparison, accidents were the third leading cause of death in Virginia, with heart disease and cancer being the top causes. In the service area, the crude death rate from all causes was greater than the rate in the state overall. For both Virginia Beach and Chesapeake, of the top three causes of death, cancer and stroke had a crude death rate higher than the rate for Virginia. Respiratory diseases, Alzheimer's Disease, diabetes, suicide, and chronic diseases were higher than the state rate in Chesapeake.



Leading Causes of Death Per 100,000, Age-adjusted, 2019												
	Crude Death Rate	All Causes	Cancer	Heart Disease	Respiratory Diseases	Accidents	Stroke	Alzheimer's Disease	Diabetes	Suicide	Chronic Liver Disease	Hypertension and Renal Disease
Chesapeake City	Prevalence Rate	790	172	161.3	45.3	38.8	46.6	38.8	30.2	17.2	13.5	7.8
	Numerator (count)	1,935	421	395	111	95	114	95	74	42	33	19
Virginia Beach City	Prevalence Rate	735.8	172.7	162.9	34.2	34.9	47.3	25.8	21.8	12.7	10.9	6
	Numerator (count)	3,311	777	733	154	154	213	116	98	57	49	27
Virginia	Prevalence Rate	823	176	176.1	42.9	46.8	44.7	30.8	27.5	13.3	12.1	9.6
	Numerator (count)	70,242	15,024	15,035	3,662	3,993	3,819	2,626	2,351	1,135	1,037	816



Data Source: Virginia Department of Health, Division of Health Statistics, [Virginia statistics 2019](#), received 1-13-2019 * Data unavailable

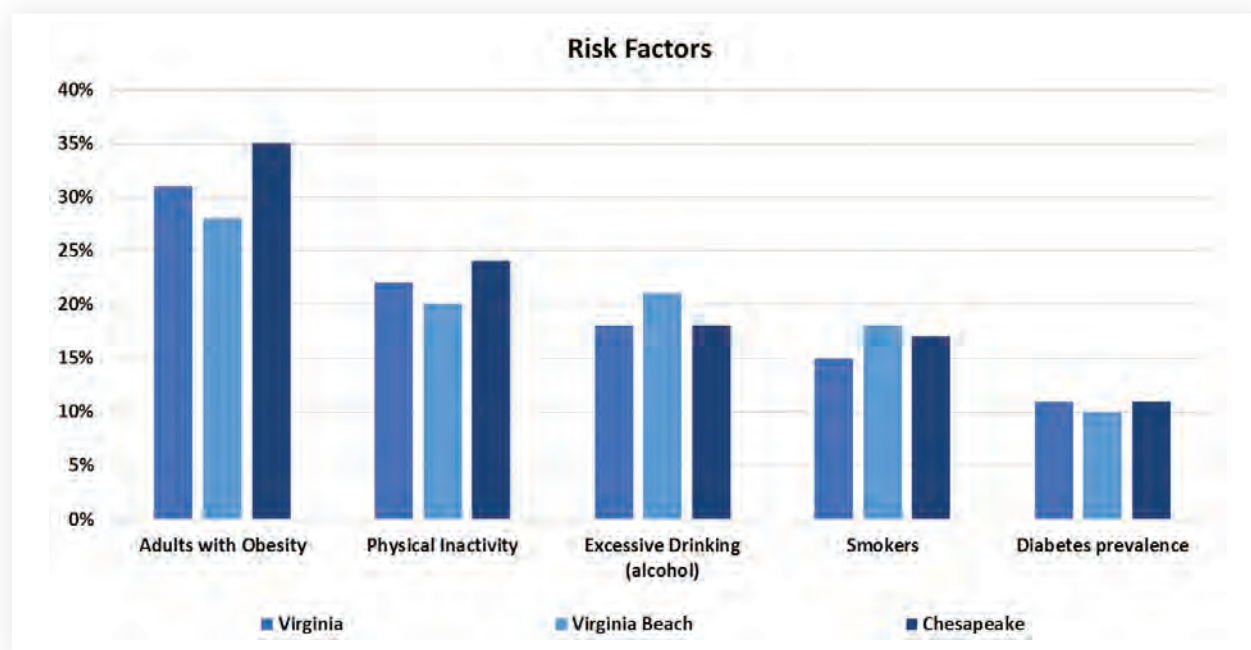
HOSPITALIZATIONS FOR CHRONIC AND OTHER CONDITIONS PROFILE

Sentara Princess Anne Hospital and PAASC examined age-adjusted hospitalization rates for the service area. For the top conditions seen in hospitals, adolescent suicide/self-inflicted injury, and heart conditions were the highest rated in the service area, followed by adult mental health, adult suicide/self-inflicted harm, and diabetes. Rates of adolescent suicide and self-inflicted harm increased across the service area, as did adult mental health, adult suicide and self-inflicted harm (Appendix B). Substance use was also identified as a top condition. In Chesapeake, rates for the top nine conditions for hospitalization were higher than in the Commonwealth of Virginia overall.

RISK FACTOR PROFILE

Smoking rates and frequent mental health distress were higher in both cities in the service area compared to Virginia values. The percentage of adults who drink excessively was higher in Virginia Beach compared to the Commonwealth of Virginia, but lower in Chesapeake.

Obesity and physical inactivity percentages were higher for the service area compared to Virginia overall, even as access to exercise opportunities in Virginia Beach was higher than the state. Diabetes was higher in Chesapeake, but lower in Virginia Beach. The percentage of people experiencing food insecurity was lower in Virginia Beach and Chesapeake compared to the state, although limited access to healthy food was higher in Chesapeake (5%) than the state overall (4%) (Appendix B). Obesity is a concern because it increases the risk of diabetes, heart disease, stroke, and some cancers. It is also associated with poor mental health outcomes and reduced quality of life.

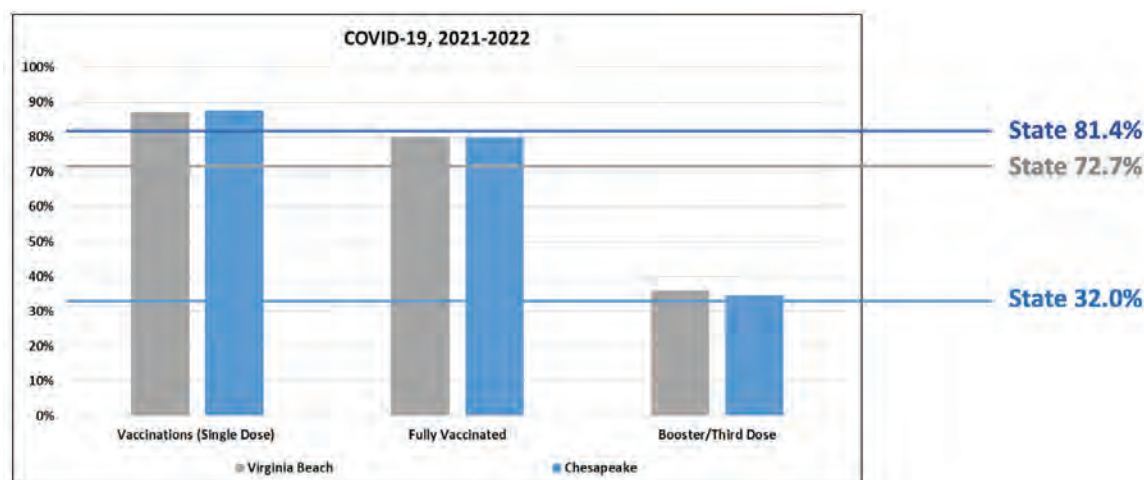


Source: County Health Rankings 2021, [Rankings and Documentation](#)

COVID-19 PROFILE

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

Between August 27, 2020 and April 1, 2022, the Commonwealth of Virginia had 1,669,750 COVID-19 cases with 19,714 deaths. Between March 2021 and April 2022, Virginia Beach had the highest rate of cases at 55,742 per 100,000 residents and highest rate of deaths at 94 per 100,000 residents. As of April 2022, both cities have a percentage of residents with a single dose and two doses of the vaccine that is higher than the percentage in the state.



MATERNAL AND INFANT HEALTH PROFILE

Unsupported and under-supported young families face many negative health outcomes and predict many long-term health challenges as time goes on, so looking at the way families begin can help us understand the current and future health of the community. The service area had a higher rate of infants born with low and very low birthweight as compared to Virginia values overall and the infant mortality rate was slightly greater in Virginia Beach compared to Virginia (Appendix B). While teen births are a community concern, the low numbers do not permit meaningful standardization for comparison to state rates. The non-marital birth rate is slightly higher than the Virginia rate in Chesapeake. While this does not carry the stigma that it once did, it may indicate the degree of support for both the mother and the infant.

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

OLDER AND AGING ADULTS PROFILE

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

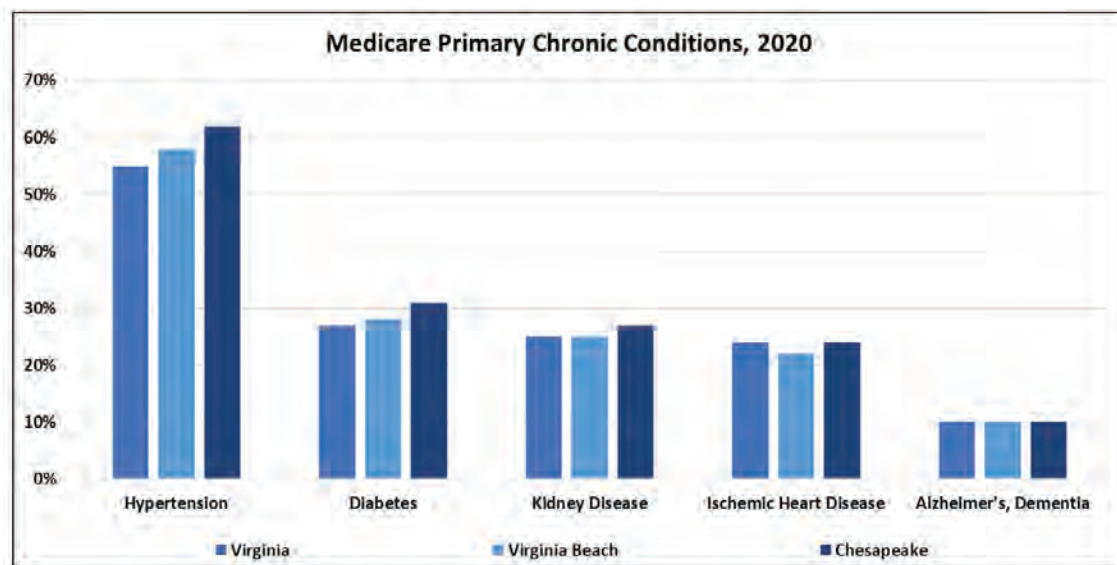
The Medicare population was seen for multiple conditions during 2020. Hypertension and diabetes were the top conditions overrepresented in the service area as compared to the state. Medicare beneficiaries frequently used hospital services for treatment of kidney disease and heart conditions.

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

Advance Care Plans are for adults to specify their medical wishes and/or designate someone as their legal medical decision maker in the event they cannot communicate and advocate for themselves. While many team members working within the healthcare industry understand the importance and value of Advance Care Plans, it is evident within the acute care setting that our community members may not have that same understanding until it is too late. Currently, within the Commonwealth of Virginia, there are 41,380 active registrants with Advanced Care Plans filed within the USLWR (US Living Will Registry). Sentara has 70,236 active registrants with Advanced Care Plans on file within the USLWR with 14,613 of those completed for residents of the service area.

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

Source:
Alzheimer's Association, 2022



Source: Centers for Medicare & Medicaid Services, [Data.cms.gov](https://data.cms.gov)

Alzheimer's Association, 2022 Alzheimer's Disease Facts and Figures, [Virginia Alzheimer's Statistics](https://www.alz.org/alzheimers-disease-facts-and-figures); Virginia Alzheimer's Commission, [AlzPossible Initiative](https://www.alzpossible.org); United States [Living Will Registry](https://www.uslivingwillregistry.org)

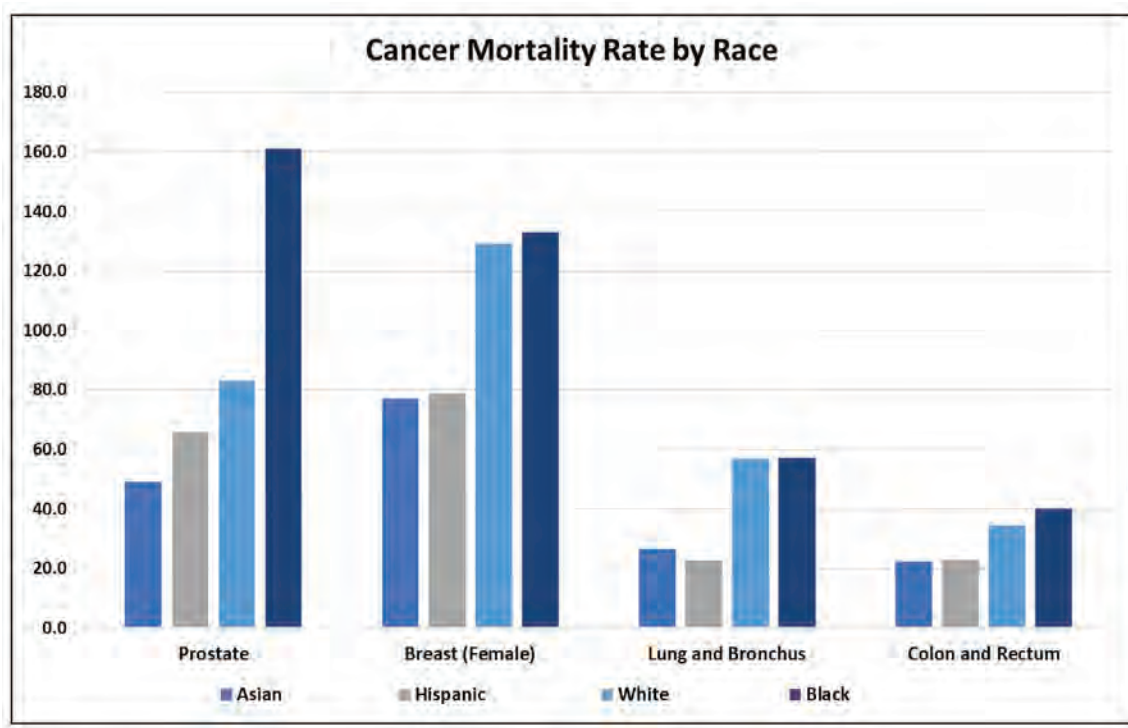
CANCER PROFILE

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

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

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

Source: American Cancer Society



Data Source: NIH National Cancer Institute, [2014-2018 Incident Rate Report for Virginia](#)

DIABETES PROFILE

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

The percentage of adults with diabetes living in the SPAH service area is higher than the state percentage of 8.5%. The death rate due to diabetes in Chesapeake is higher than that of the state. Sentara Princess Anne Hospital examined hospitalization rates due to diabetes and found the age-adjusted hospitalization rates due to diabetes in Chesapeake was above the state rate.

Localities in the service area have hospitalization rates due to short-term complications of diabetes that are higher than the state. Hospitalizations due to long-term complications were highest in Chesapeake and were above the state rate. It is also important to note that the percentage of Medicare beneficiaries living in Chesapeake and diagnosed with diabetes is higher than the in state as a whole.

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

Source: CDC, 2019

SURGICAL SITE INFECTIONS PROFILE

Princess Anne Ambulatory Surgery Center examined surgical site infections (SSIs). Surgical Site Infections occur after surgery in the part of the body where the surgery took place and can occur within days or even months after surgery. Princess Anne Ambulatory Surgery Center reviewed patient data to look at SSI rates over the past few years. Data show a fluctuation in rates, trending down between 2018 and 2020 with a slight increase in 2021. Some patients may be at higher risk for developing an SSI due to age and underlying medical conditions, such as diabetes and COVID-19 infections. Sentara Princess Anne Hospital and PAASC will continue to work together to educate patients on the risk factors for SSIs to decrease infection rates.

COVID-19 infection rates increased in 2021 and though vaccinations helped decrease COVID-19 infection rates toward the end of 2021 and early in 2022, COVID-19 infections continue to increase during periodically throughout 2022. Princess Anne Ambulatory Surgery Center continues to monitor the pandemic to ensure patient health and safety during routine procedures. “Data from AHRQ’s Partnership for Patients initiative indicates that the national rate of SSI decreased by 16% between 2010 and 2015, translating into significant benefits for patients (including many lives saved), as well as significant cost savings” (Agency for Healthcare Research and Quality, 2019). Advances have been made in infection control practices, including improved operating room ventilation, sterilization methods, barriers, surgical technique, and availability of antimicrobial prophylaxis, yet SSIs remain a substantial cause of morbidity, prolonged hospitalization, and death in the inpatient setting (National Healthcare Safety Network, OPC-SSI, 2022).

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

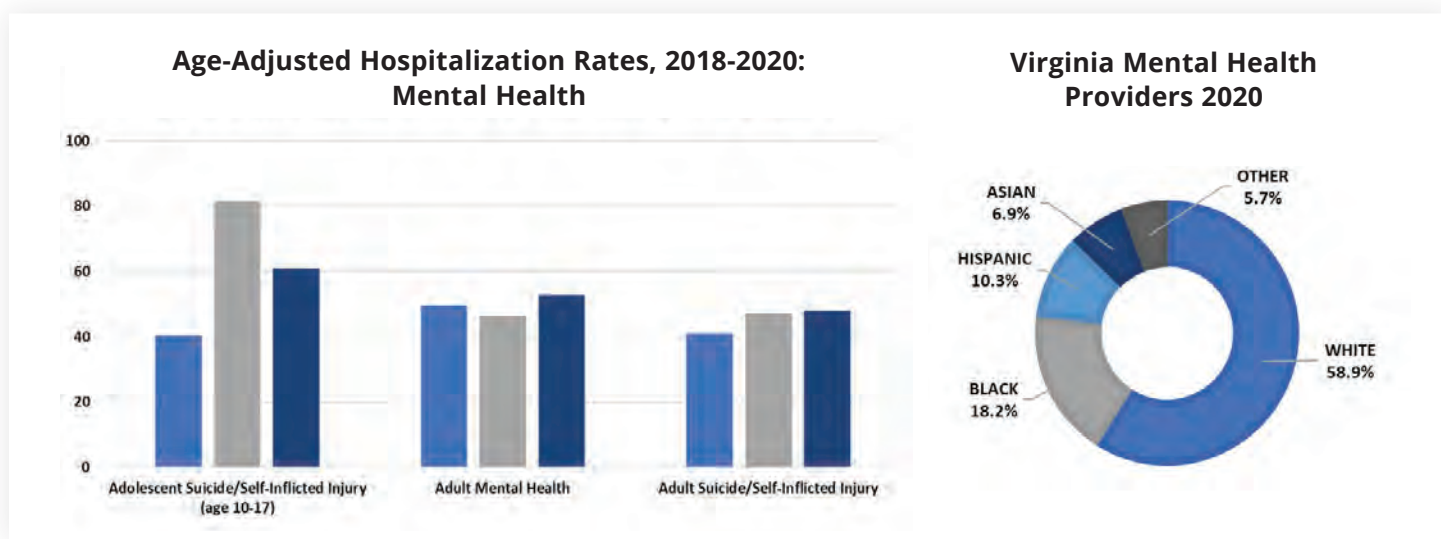
BEHAVIORAL HEALTH PROFILE

Hospitalization rates due to alcohol/substance use, mental health and suicide/self-intentional injury were examined and it was found that localities in the service area had higher hospitalization rates related to these causes than did the Commonwealth as a whole.

Mental health is becoming an increasing health concern for both adolescents and adults. Between 2018 and 2020, the adult mental health rate per 10,000 population was highest in Chesapeake. Sentara also examined emergency department visits for 2021 to gain a better understanding of the mental health crisis communities have been facing during the COVID-19 pandemic. In 2021, the SPAH emergency department saw a patient frequency of 1,071 for people, aged 18+, with a behavioral health diagnosis. Of the 1,071 visits, 22.8% presented with suicidal ideations and 9.2% with major depressive disorder.

The adolescent suicide rate was highest in Virginia Beach. "In early 2021, emergency department visits in the United States for suspected suicide attempts were 51% higher for adolescent girls and 4% higher for adolescent boys compared to the same time period in early 2019" (Office of Surgeon General, 2021). Sentara Princess Anne Hospital saw a patient frequency of 214 for youth under 18, present with a behavioral health diagnosis. Of the 214 visits, 37.3% presented with suicidal ideations and 16.8% with major depressive disorder.

The mental health rates for this service area are higher than for the state. The COVID-19 pandemic has worsened mental health among youth and adults, increasing anxiety, depression, and stress. Loss of freedoms due to social distancing, masking, and isolating negatively impacted the most vulnerable, increasing emergency department visits due to a lack of mental health providers to assist with therapy and the development of coping skills. The service area has fewer mental health providers per person compared to the state, with Chesapeake having a ratio of 822:1 and Virginia Beach with a ratio of 541:1 (Appendix B). It is also important to note that the mental health workforce is nearing retirement age which will negatively impact provider capacity. There is also a need for a more racially and ethnically diverse mental health workforce to provide racially concordant care (Appendix B).



Source: Greater Hampton Roads, [Community Indicators Dashboard](#); [Virginia Health Care Foundation](#);

COMMUNITY VIOLENCE AND GUN VIOLENCE PROFILE

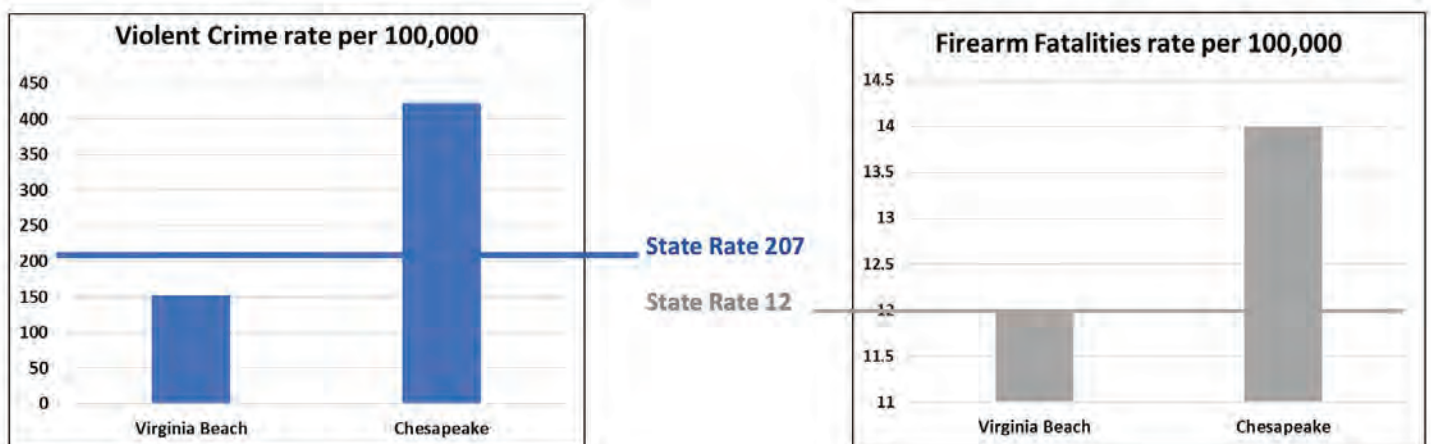
Violent crimes such as gun violence, robbery, or aggravated assault have socio-emotional impact. Physical and emotional symptoms can occur, such as sleep disturbances increase in feelings of distress, anger, depression, inability to trust, and significant problems with family, friends, or coworkers.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

“Firearm injury is a leading cause of death for youth in the United States.”

Source: Andrews AL, et al. Pediatrics. Feb. 28, 2022

The violent crime rate in Chesapeake was much higher compared to the state rate of 207 violent crime offenses per 100,000 population (Appendix B). Gun violence alone is a top contributor to premature death. Deaths due to firearms are considered largely preventable; as a result, gun violence has been identified as a key public health issue by national agencies. A study published by American Academy of Pediatrics (2022) showed an increase in pediatric deaths due to firearms. The study also showed a disparity among African American youth who are “14 times more likely to die of firearm injury compared with their White peers” (Andrews AL, et al. [Pediatrics](#). Feb. 28, 2022).

When deaths were examined for localities within the service area, Chesapeake had a rate higher than the state rate for firearm fatalities per 100,000 population.



Source: County Health Rankings 2021, [Rankings and Documentation](#)

2019 IMPLEMENTATION STRATEGY PROGRESS REPORT

The previous CHNA identified several health issues. The SPAH and PAASC implementation strategy progress report was developed to document activities addressing health needs identified in the 2019 CHNA report through both primary and secondary data sources. This section of the CHNA report describes these activities and collaborative efforts.

Sentara Princess Anne Hospital and PAASC are monitoring and evaluating progress to date on 2019 implementation strategies to track implementation and document the impact of those strategies in addressing selected CHNA health needs. Please note that the 2019 community health needs assessment implementation strategy process was disrupted by COVID-19, which has impacted all our communities.

Sentara Princess Anne Hospital

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

- Diabetes
- Obesity
- Heart Disease
- Cancer
- Needs of the Aging
- Stroke

"During Covid our Diabetes Education Team was the first in the area to access and create Zoom and WebEx meetings for our community."

Rebecca Joy, Manager,
Patient Care Services,
Nursing Education

Sentara Princess Anne Hospital continues to collaborate with community partners to improve the health of the community. Specifically:

- The President of SPAH is a Board member of the South Hampton Roads YMCA. The mission of the YMCA is to have programs that build a healthy body, mind, and spirit for all. It is dedicated to giving people of all ages, backgrounds, and walks of life the opportunity to reach their full potential with dignity!
- Sentara Princess Anne Hospital continues to implement a the Dean Ornish Program as a pilot program for lifestyle medicine in the primary care setting that emphasizes whole foods and a plant-based diet to both treat and prevent chronic diseases including Heart Disease, Hypertension, and Diabetes.
- Twenty-two staff members participated in the 2021 United Way Day of Caring. The team assisted with Equi-kids/ Equi-vets in Virginia Beach. This is a therapeutic riding program that provides, promotes, and supports equine assisted activities for those who have mental, physical, emotional, social, or learning disabling conditions. Military veterans with PTSD are also involved as therapeutic horseback riding offers both physical and mental healing. This program builds confidence, improves communication skills, and gives personal insights to the participants involved with the specially trained horses. Staff cleaned and painted the barns and the riding ring. Also, the administrative office building was cleaned.
- Sentara Princess Anne Hospital continues to host the Toys for Tots program. In 2021, twelve boxes of toys were delivered to the Toys for Tots program in our community sponsored by the U.S. Marine Reserves in Hampton Roads.
- Sentara Princess Anne Hospital hosted a Red Cross Blood Drive three times in 2021. Each day was very successful, collecting 37, 46, and 45 units of blood for the community.

- The Director of Quality Management is the chair of the Hampton Roads Community Council for the Multiple Sclerosis (MS) Society. She has been involved with the Virtual MS Walk Fundraiser and the two MS Bike fundraiser events held in Newport News and Virginia Beach in 2021. Each are two-day events with an attendance of approximately 350 people for each event.
- Sentara Princess Anne Hospital clinical staff provided medical support for the Rock and Roll Half Marathon at Virginia Beach. There were over 325 participants.
- Sentara Princess Anne Hospital clinical staff provided medical support for two YMCA Princess Anne community health events in 2021. There were 88 community members participating in each event.
- The Director of Cardiology and Radiology spearheaded the United Way Fund Drive in 2021. Sentara Princess Anne Hospital collected over \$42,000 for community charities.
- Sentara Princess Anne Hospital hosted a drive- through flu immunization clinic. A total of 150 flu vaccines were given to the community.
- Sentara has actively collaborated with the Virginia Beach Health Department throughout the COVID-19 pandemic.

Diabetes

Sentara Princess Anne Hospital has integrated with the Facebook Sentara Support Group which is available for all Sentara sites to meet the needs of the entire community being served. The SPAH outpatient dietician continues to see approximately three to five patients on a weekly basis. The diabetic educator is seeing one to three patients per month for 1:1 diabetic consultation. She had 197 visits for outpatient classes in 2021. The dietician and the diabetes educator also provided nutritional information as well as disease management counseling to 559 patients. Sentara Princess Anne Hospital provided this free program to 16 participants virtually due to COVID 19 restrictions in 2021. The diabetic educator developed new health educational and informational brochures to increase awareness and knowledge of our outpatient programs. The dietician and diabetic educator are working together with surrounding physician offices to expand their outreach.

Obesity

The SPAH Diabetes Educator partnered with a Virginia Beach community dietician to create a nutrition video highlighting health-conscious breakfast items. The video has been reviewed more than 1,400 times. The SPAH Community Garden has been planted with summer vegetables and flowers. It is maintained by a small cadre of our staff and community. Ornish Program alumni maintained several beds in the SPAH community garden over the summer of 2021. They planted a variety of vegetables with bountiful results!

Heart Disease

Sentara Princess Anne Hospital continues to collaborate with partners to address heart disease. A virtual "Nutrition as Medicine" conference was held in November 2021 with a powerhouse group of nationally known speakers on the benefits of eating a plant-based diet. They included Dr. Neil Barnard, Professor, George Washington University and President of Physicians Committee for Responsible Medicine, Cynthia Romero, Director of the Brock Institute for Community and Global Health, Dr. Alan Desmond, Gastroenterologist, Devon Gut Clinic, Dr. Cyrus Khambata, author of Mastering Diabetes, and Dustin Harder,

chef at Physicians Committee for Responsible Medicine, among others. There were 918 registrants for this event. The Ornish Lifestyle Medicine Program at SPAH continues to expand on a case-by-case basis and has participants from Tricare and Optima, with risk factors only, as participants. On the SPAH campus, the Ornish Program hosted a table with program information and recipe cards for staff, visitors, and patients. A virtual webinar titled “Mindful Eating for a Healthy Heart” was presented by registered dietician, Katie Abbott. Her topics included: how to get more protein in your diet, debunking the plant protein myth, grocery shopping for heart health, and mindful eating for a healthy heart. She gave a demonstration of a how to prepare a healthy smoothie. Sentara Marketing broadcasted this video to both current and new Ornish patients. In April 2021, the Ornish program sponsored five virtual Yoga Heart Healthy presentations with 100 people from the community participating. In May 2021, the Ornish program sponsored an outdoor event on fitness and exercise for Ornish alumni and had 60 participants. A local restaurant, Callicoon Kitchen, collaborated with Sentara Ornish Lifestyle Medicine in releasing a “Heartwise” video. Several of the approved Ornish menus are featured in the video as well as their heart healthy menu. Meetings with representatives from the American Heart Association (AHA) took place in preparation for the Virginia Beach Heart Walk at Mount Trashmore, an event with approximately 550 people in October of 2021.

Cancer

The SPAH Auxiliary’s mission is to provide monetary and volunteer support to the hospital. The auxiliary is dedicated to promoting and advancing the healthcare of our community. The Auxiliary awards both staff and high school students medical scholarships. The auxiliary provided \$41,796 in care for mammograms and ultrasounds at the Breast Center covering the cost for the uninsured. The SPAH Auxiliary also supports and runs the Unique Boutique. This special shop provides free wigs, scarves, and hats to cancer patients throughout the community. In May 2021, several physicians and nurses provided skin care prevention education for the City of Virginia Beach and over 52 people from our community participated.

Cancer Awareness and Prevention

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

Sentara is continuing to build the “Living Beyond Cancer” survivorship program to enhance patients’ wellbeing and long-term health. This is accomplished through cancer support groups and various education programs on nutrition, physical therapy, and exercise through the Wellness Beyond Cancer program, a free six-week holistic health, meditation, yoga, and fitness program for cancer patients aimed to address the needs of the entire individual. This program is designed to strengthen individuals physically and mentally, and provide a sense of peace and balance throughout their journey to wellness. Local cancer screening events for oral, head and neck cancers, FIT testing for colorectal cancer, breast cancer mammography screening and skin cancer screening events are offered around the Hampton Roads area.

In 2022, Sentara plans to continue to remove barriers to wellness faced by uninsured or underinsured women for mammography, including supplementing traditional measures, such as its mobile mammography van, with more targeted efforts to reach underserved communities, including connecting with faith

leaders, providing transportation for those who need it and building trust with patients. New and exciting opportunities await cancer patients in the Hampton Roads area with the opening of the Carrillo Kern Center for Integrative Therapies at the Sentara Brock Cancer Center in Norfolk. It is another way we are working to fulfill our promise to ensure all patients and families have the mind, body, and spiritual support they need throughout their cancer journey. Services such as acupuncture, integrative nutrition, yoga, meditation, reiki and garden therapy will be offered to the community. Additionally, cancer screenings will continue to be offered throughout the community, in collaboration with community partners, to continue to bring cancer education and preventative services to the historically underserved.

Needs of the Aging

A Palliative Care and Hospice event was opened to a local veterans group, the Fleet Reserve Association, and had 36 in attendance. When visitation opened, an Advance Care Planning table was set up in the SPAH lobby for both staff and visitors with excellent results. The Director of Mission and a SPAH Auxiliary/volunteer became certified instructors in “A Matter of Balance” course. This course was sponsored and provided by Senior Services of Southeastern Virginia and is an evidenced-based course recommended by the Virginia Beach Department of Health as an excellent class for seniors with balance/strength issues. We plan to advertise free classes to the community in 2022 when pandemic-related restrictions lift. Additional members of the SPAH volunteer group and the SPAH Auxiliary have volunteered to take the required training to become certified instructors in the “Matter of Balance” class at a training to be held at the hospital in 2022. Information on the importance of Advance Care Planning was also given to two veterans groups, Viet Nam Veterans of America and The Fleet Reserve Association, with a total of 84 in attendance.

Stroke

In 2021, blood pressure screenings and a stroke awareness event were held in Virginia Beach commemorating World Stroke Awareness Day. Over 200 people were in attendance. Sentara Princess Anne Hospital also provided blood pressure screenings and education for 45 people at a local church and was sponsored by several members of the SPAH nursing staff. A similar blood pressure screening and education event was given at another local church with 80 community members participating. Sentara Princess Anne Hospital clinical staff provided support for a community event at the YMCA, taking blood pressure and checking blood sugar with over 58 participants. Sentara Princess Anne Hospital continues to support the “Go Red for Women campaign. Dozens of staff wore red to support this campaign to raise awareness about the risks for heart disease and stroke.

Behavioral Health

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

In 2022 the Hampton Roads Behavioral Health Consortium convened as a regional coalition of private and public partners in mental health to address the escalating mental health crisis. The Behavioral Health

Consortium will develop a strategic action plan to address prevention, intervention, treatment, workforce, resources, access, education, recovery and elimination of the stigma associated with BH.

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

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

Behavioral Health Safety Workgroup is focusing on improving the emergency department's staff and patient safety.

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

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

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

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

A BHTOC Safety workgroup:

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

Princess Anne Ambulatory Surgery Center

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

- Heart Problems
- Obesity
- Alcohol/Substance Abuse, including Opioid Addiction

Princess Anne Ambulatory Surgery Center has also selected three main topics for community health education. We will continue to support multiple health problems through strategy and initiatives, with an emphasis on heart disease, lung health, and mental health. After carefully reviewing the health status of our particular patients, these three topics came up again and again. Particularly being in the midst of a pandemic, we found mental health, including coping strategies, depression, and self-care, to be on the forefront of our patients' health concerns.

Princess Anne Ambulatory Surgery Center will continue to educate our clients through our CHNA bulletin board in our lobby, and when circumstances permit, literature such as handouts and brochures displayed for the taking to our patients. The PAASC community health board in the lobby provides up-to-date

information about the three topics chosen. Schedules of community health classes, information sessions, and fairs are posted to the board. Since our selected topics are more abundant in the elderly, our displays include articles for those over 60. Every month, PAASC picks a cancer to which to bring awareness with a display on our bulletin board. Since we do not “admit people to a hospital,” we have no screening program. Provision of wellness resources such as “eating for life,” “healthy habits/healthy you,” and “walk about with healthy edge” brochures, are offered to all of our patients and their families. Princess Anne Ambulatory Surgery Center also provides cardiovascular screening as we schedule our cases, and hypertension has been one of our target problems in 2021.

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

Heart Problems

Heart disease continues to be on the forefront of our efforts. Heart failure and hypertension are common entries on our patient histories. Princess Anne Ambulatory Surgery Center has a bulletin-board display which includes information on healthy heart practices as well as dietary control of weight and fat intake as well as exercise and healthy lifestyles. The center continues to advertise community events, including the Hampton Roads Heart Walk to be held in the Chesapeake City Park this November 2022. Pocket EKGs and Heart Risk Assessments are displayed almost every month. The Southside Heart Walk at Mount Trashmore is advertised every October.

Obesity and Diabetes

Obesity is presented under our heart disease umbrella. Nutrition classes/events from Sentara are advertised for the public and for our staff. The community resource board provides monthly health topics related to obesity consequences and how to prevent obesity-related illnesses. Princess Anne Ambulatory Surgery Center staff support Mission Health, which provides healthy recipes and exercise tips posted for staff on a weekly basis. Optima Health provides “Thoughts of the Week” posted for staff on Education Board. Diabetes is also a topic we broach on an individual basis as this condition is not as common in our client base as are heart disease and obesity.

Alcohol/Substance Abuse, including Opioid Addiction

Princess Anne Ambulatory Surgery Center maintains educational packets for patients and their families’ identifying risks, symptoms, and treatment for opioid abuse which is given to patients and their caregivers at time of discharge. Princess Anne Ambulatory Surgery Center collaborates with Sentara Princess Anne Hospital’s outpatient pharmacy to provide medication information for patients receiving a Naloxone prescription at discharge. Princess Anne Ambulatory Surgery Center implemented a process to flag patient’s electronic medical record and notify physicians that a patient requires a Naloxone prescription according to Virginia Board of Medicine regulations. Princess Anne Ambulatory Surgery Center provides educational resources related to opioid abuse on a Community Resource Board in the waiting room.

Sentara

Grantmaking and Community Benefit

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

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

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

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

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

Community Health Needs Assessment References

Community Demographics

GEOGRAPHIC DATA

USA.com, [Virginia State Population Density](#)

POPULATION DATA

Centers for Medicare & Medicaid Services 2019; [Mapping Medicare Data](#)

Research Group of the Weldon Cooper Center for Public Service, July 2019, [Demographics](#)

US Census Bureau; 2019: [Census - Table Results](#)

US Census Bureau QuickFacts Table 2020, [Virginia Quick Facts](#)

US Census Bureau QuickFacts Table 2020; [\(2020 Small Area Income and Poverty Estimates \(SAIPE\)\)](#)

US Census Bureau, Small Area Income and Poverty Estimates (SAIPE). [SAIPE \(census.gov\)](#)

Virginia Department of Health Culturally and Linguistically Appropriate Health Care Services; US Census Bureau American Community Survey Five-Year Estimates, 2014 vintage; [CLAS](#)

Virginia Medicaid Department of Medical Assistance Services; [Data](#) (As of January 15, 2022)

Health Indicators

ADVANCE CARE PLANNING

The United States Will Registry, <https://www.theuswillregistry.org/>

ALZHEIMER'S AND DEMENTIA

Alzheimer's Association, Virginia Alzheimer's [facts](#)

Virginia Alzheimer's Commission, [AlzPossible Initiative](#)

CANCER

NIH National Cancer Institute, 2014-2018 Incident Rate Report for Virginia, [Cancer Profile](#); 2014-2018 Mortality Rate Report for Virginia, [Cancer Profile](#)

COVID-19

Virginia Department of Health, COVID-19 Data in Virginia, [Dashboard](#)

World Health Organization, [Coronavirus disease \(COVID-19\)](#)

DIABETES

Center for Disease Control and Prevention, [Diabetes](#)

Center for Disease Control and Prevention, [Diabetes Report Card 2019](#)

GREATER HAMPTON ROADS

Greater Hampton Roads Community [Indicators Dashboard](#)

MATERNAL AND INFANT

Virginia Department of Health Division of Health [statistics](#)

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Herron, M. (2019). Deaths: Leading Causes for 2017. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_06-508.pdf on April 11, 2022.

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Virginia Health Care Foundation. (January 2022). Assessment of the Capacity of Virginia's Licensed Behavioral Health Workforce. Retrieved from <https://www.vhcf.org/wp-content/uploads/2022/01/BH-Assessment-Final-1.11.2022.pdf> on April 11, 2022.



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