



Community Health Needs Assessment

Bon Secours DePaul Medical Center
Bon Secours Mercy Health, Inc.
September – December 2019



Good Help to Those In Need®

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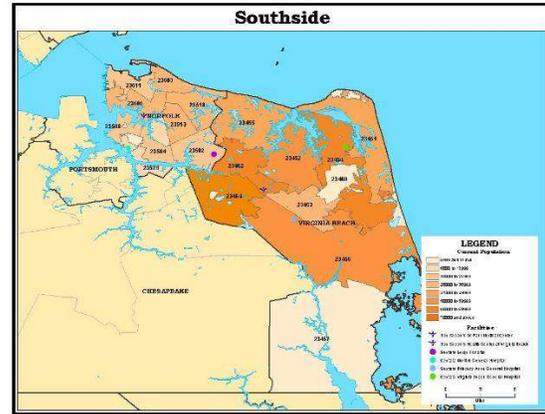
Executive Summary

Bon Secours DePaul Medical Center (DePaul) is a 198-bed not-for-profit, acute care facility licensed in the Commonwealth of Virginia serving approximately 698,000 residents in Norfolk and Virginia Beach. The Community Health Needs Assessment (CHNA) examines qualitative input provided by community members coupled with quantitative data on health conditions in the area. Together the information forms a snapshot of important areas of health concern. A survey to gather information from the community was conducted in November and December 2018. Five (5) community focus groups were held January through April 2019. This executive summary provides an overview of the initiative and the findings.

The Mission of Bon Secours Mercy Health, Inc. is to extend the compassionate ministry of Jesus by improving the health and well-being of our communities and bring good help to those in need, especially people who are poor, dying and underserved.

The survey and this assessment focus on the DePaul service area of 26 zip codes. The study region is shown in the map below.

Bon Secours DePaul Medical Center Service Area & Population Density Map



A collaborative team from Bon Secours DePaul Medical Center, Children’s Hospital of The King’s Daughters, Sentara Healthcare, and the Virginia Department of Health – Norfolk and Virginia Beach (Collaborative) began meeting in May 2018 to begin the work on the 2020 – 2022 Community Health Needs Assessment. In order to obtain input from the community, an online and hard-copy survey was disseminated in English and Spanish, and four community focus groups were held in Norfolk and Virginia Beach.

The Community Health Survey was disseminated October 23 through December 12, 2018, to the DePaul community in Norfolk and Virginia Beach. It was available online and could be completed on paper in both English and Spanish. The survey was distributed widely via Bon Secours networks, as well as meetings, clinics and programs supported by DePaul, such as the Care-

A-Van, a mobile medical unit that provides care to the uninsured population, in the East Ocean View site of the Bon Secours Hampton Roads Health Communities initiative, Bon Secours DePaul Medical Center SeniorHealth members, and a Norfolk LGBTQ community resource site. The Community Health Needs Assessment Survey can be reviewed in Appendix V.

The survey was taken by 330 residents and key stakeholders who indicated Norfolk and Virginia Beach as their primary service area. Individuals were asked to choose the top five health issues and services they thought should be addressed in their community. Overall, Community Health Needs Assessment Survey participants represent a blend of perspectives across age, race and income.

Epidemiological data was provided by the Virginia Department of Health - Portsmouth. Based on secondary data analysis, the following table highlights the major health issues where the DePaul community has worse rates or percentages when compared to Virginia or Healthy People 2020 targets. It is important to note, that for the most part, Norfolk also has worse health outcomes than Virginia Beach.

| Health Concerns |
|---|
| <ul style="list-style-type: none"> Mental Health |

| <ul style="list-style-type: none"> Obesity Alcohol / Substance Abuse Heart Conditions Diabetes Hospitalizations Breast Cancer Respiratory Disease |
|---|
| Social / Economic Factors |
| <ul style="list-style-type: none"> Crime Food Insecurity Unemployment Children in Single-Parent Households Severe Housing Problems |

The charts below illustrate the top ten health issues and services that need strengthening identified by participants in the Community and Key Stakeholder surveys.

| Top Ten Health Issues identified by Community Survey Participants | |
|---|--------|
| Chronic Pain | 23.31% |
| Behavioral / Mental Health | 54.89% |
| Overweight/Obesity | 51.13% |
| Alcohol/ Substance Use | 42.86% |
| Heart Conditions | 42.11% |
| Diabetes | 38.35% |
| Cancer | 33.08% |
| Violence in the Community | 31.58% |
| Alzheimer's Disease / Dementia | 26.32% |
| Smoking / Tobacco Use | 24.06% |
| Smoking / Tobacco Use | 24.06% |

| Top Ten Health Issues identified by Key Stakeholder Survey Participants | |
|---|--------|
| Behavioral / Mental Health | 62.14% |

| | |
|---------------------------------|--------|
| Overweight / Obesity | 59.29% |
| Alcohol/ Substance Use | 52.14% |
| Heart Conditions | 46.43% |
| Diabetes | 35.00% |
| Cancer | 27.14% |
| Smoking / Tobacco Use | 27.14% |
| Violence in the Community | 24.29% |
| Dental / Oral Care | 22.14% |
| Sexually Transmitted Infections | 15.71% |
| Behavioral / Mental Health | 62.14% |

| Top Ten Health Services that Need Strengthening identified by Community Survey Participants | |
|---|--------|
| Health Insurance Coverage | 58.65% |
| Behavioral / Mental Health | 57.89% |
| Access to Care | 42.11% |
| Aging Services | 41.35% |
| Chronic Disease Services | 30.08% |
| Care Coordination and | 27.07% |
| Long Term Services / Nursing | 23.31% |
| Health Promotion and | 21.80% |
| Alcohol / Substance Use | 21.05% |
| Primary Care | 18.80% |
| Health Insurance Coverage | 58.65% |

| Top Ten Health Services that Need Strengthening identified by Key Stakeholder Survey Participants | |
|---|--------|
| Behavioral / Mental Health | 63.97% |
| Health Insurance Coverage | 47.06% |
| Alcohol / Substance Abuse | 35.29% |
| Aging Services | 33.09% |
| Dental / Oral Health Services | 29.41% |
| Chronic Disease Services | 28.68% |
| Health Promotion and | 25.00% |
| Care Coordination and | 24.26% |
| Public Health Services | 24.26% |
| Long Term Services / Nursing | 19.12% |
| Self-Management Services | 19.12% |

For the most part, the community health needs selected by survey participants

focus on health issues in the top ten concerns. Violence in the Community was the only social issue identified. It is interesting to note that eight of the top ten health concerns were the same in both the Community and Key Stakeholder responses.

DePaul Medical Center’s senior leadership team met to review primary and secondary data gathered through the CHNA process (community meetings, community and key stakeholder surveys, and meetings with regional health systems and health departments). Recognizing the importance of each of the health concerns identified, the team evaluated them, the hospital’s strategic goals, services currently provided, and the current CHNA Implementation Plan’s progress. Based on these criteria, the team narrowed their focus to the top five health concerns selected by both the community and key stakeholders. The team then determined the areas in which they could have the greatest impact. Based on the above information and processes, DePaul will focus the Community Health Needs Assessment implementation strategy on the following.

Alcohol and Substance Abuse

Opioid addiction is characterized by a powerful, compulsive urge to use opioid drugs, even when they are no longer required medically. Opioids have a high potential for causing addiction in some people, even when the medications are

prescribed appropriately and taken as directed. Many prescription opioids are misused or diverted to others. The opioid crisis is more deadly than drunk drivers or gun violence and is one of the most devastating threats to the community.

With opioid addiction at epidemic status, DePaul will focus their efforts around reducing opioid dependency and addiction in the community by monitoring opiate prescribing patterns and reducing the opiate prescription rate within the hospital. In addition, DePaul will increase awareness of substance abuse risks through school and community partnerships. In addition, monthly educational programs for aging adults will address substance abuse, as well as all ten top health concerns.

Heart Conditions

Heart disease remains the leading cause of death in the U.S. and stroke continues to rank fifth, according to the National Center for Health Statistics Mortality Data Report for 2017. Research shows people living with diabetes are at least two times more likely to develop and die from cardiovascular disease. Cardiovascular diseases are a group of disorders of the heart and blood vessels which include: coronary heart disease, cerebrovascular disease, peripheral arterial disease, rheumatic heart disease, congenital heart disease, and deep vein thrombosis and pulmonary embolism.

DePaul will address cardiovascular disease through improvement of readmission rates of ST-elevation myocardial infarction (STEMI) heart attacks and chronic heart failure (CHF) patients by developing strategic interventions. Education and awareness of heart conditions will be accomplished through community education programs.

Chronic Health in Aging Adults

One in four Americans suffers from multiple chronic conditions, those that last a year or more and require ongoing medical attention or that limit activities of daily living. That number rises to three in four Americans aged 65 and older. As a person's number of chronic conditions increases, his or her risk for dying prematurely, being hospitalized, and even receiving conflicting advice from health care providers increases. People with multiple chronic conditions also are at greater risk of poor day-to-day functioning. Chronic conditions can lower quality of life for older adults and contribute to the leading causes of death among this population.

Using the CHNA priorities as a guide, DePaul will partner with medical providers and community groups to increase awareness of chronic health conditions in older adults through educational programming focused on the aging population.

Overweight/Obesity/Diabetes

DePaul will address obesity and diabetes through community education classes held at the hospital. The Bon Secours Hampton Roads Passport to Health program in the East Ocean View community of Norfolk will continue to provide education on healthy eating and lifestyles. School partnerships will continue to provide nutritional and physical health education. DePaul will also partner with medical providers and community groups to increase awareness of obesity and diabetes in older adults through educational programming focused on the aging population.

Behavioral/Mental Health

DePaul will continue the mental health initiatives identified in the previous CHNA through offering support groups and community education. Referrals to local community service boards by the emergency department Life Coaches and the Bon Secours Care-A-Van will also continue. In addition, DePaul will

actively participate in coalitions addressing behavioral/mental health, especially in the areas of opioid abuse and chronic health conditions.

The hospital completed its prior CHNA for tax year ending August 31, 2019, and its implementation strategy will be approved by the Board and in place by January 15, 2019. In order to align all hospital year-ends within the Bon Secours Mercy Health, Inc. system, a short period CHNA for tax year September 1, 2019 to December 31, 2019 is being prepared. The identified significant and prioritized health needs remain consistent from the prior CHNA. The hospital has not taken any actions towards the CHNA completed as of August 31, 2019 as its implementation strategy is still in development and not yet approved by the Board. Therefore, the hospital has included the actions taken in the previously filed CHNA for tax year ending August 31, 2016.

Facility Description

Bon Secours DePaul Medical Center (DePaul) has served the Hampton Roads region for 163 years. The Hospital of St. Vincent de Paul, Norfolk's first public hospital, was incorporated by the Virginia Legislature on March 3, 1856. The eight-room hospital served 100 patients in its first year. By the 1970's, DePaul Hospital had established itself as a state-of-the-art 366-bed full-service hospital, providing a comprehensive array of inpatient and ambulatory diagnostic and treatment services. In 1996, DePaul Hospital was transferred from the Daughters of Charity National Health System-Southeast to Bon Secours Health System, Inc. With the transfer, the facility was renamed Bon Secours DePaul Medical Center. DePaul is now a 198-bed not-for-profit, acute care facility licensed in the state of Virginia and serving approximately 698,000 residents mostly originating from the cities of Norfolk, Virginia Beach. DePaul provides a comprehensive array of inpatient and outpatient services.



The Bon Secours Cancer Institute, located on the DePaul campus is designated as a Comprehensive Community Cancer Program by the Commission on Cancer of the American College of Surgeons. The Cancer Institute provides access to the entire continuum of cancer care, including medical oncology, surgery, radiation therapy and advanced diagnostic services. Patient navigators provide support, education and services.

DePaul's Center for Birth is the region's only Midwifery Center with spacious rooms, queen-size beds, and Jacuzzi tubs for laboring. The Level II neonatal intensive care unit (NICU) is staff with qualified professionals to provide specialized care.

Orthopedic services at DePaul offer access to inpatient physical therapy, transitional care center, home care services, and outpatient physical therapy through InMotion Physical Therapy. The specialized Joint Center offers large, private rooms and access to comprehensive educational resources both before and after surgery.

DePaul works with sister facilities Bon Secours Maryview Medical Center, in Portsmouth, and Mary Immaculate Hospital, in Newport News, to support highly complex surgical specialties.

Access to Health Care Profile

This Access to Health Profile provides health service data gathered from multiple publicly available data resources.

Provider to Residents Ratios

Access to health care services is a key factor in the health of a community. A major contributing factor in health care accessibility is the burden of care placed on a provider. The following table depicts the ratio of provider/residents in Norfolk and Virginia Beach. The ratios for the state are also given for comparison. This data table highlights a disparity in provider to resident ratios between the two cities and across provider types.

| Ratio of Provider to Residents (2016) ¹ | | | |
|--|---------|----------------|----------|
| | Norfolk | Virginia Beach | Virginia |
| Primary Care | 1,030:1 | 1,340:1 | 1,310:1 |
| Dental Care | 1,220:1 | 1,320:1 | 1,470:1 |
| Mental Health | 530:1 | 640:1 | 630:1 |

Health Professional Shortage Area/Medically Underserved Area

The U.S. Health Resources and Services Administration (HRSA) defines a Health Professional Shortage Area (HPSA) designation as one that identifies a geographic area, population group or

facility as having a shortage of primary care physicians. As of 2016, Norfolk has been designated a Primary Care HPSA. As of 2017, Norfolk has been designated as a Mental Health HPSA. HRSA designates geographic areas or defined populations as “medically underserved” based on the presence of particular health and socioeconomic risks in addition to provider shortages. The criteria for designation include too few primary care providers, high infant mortality, high poverty, and/or high elderly population rates. At least one subsection of Norfolk had a Medically Underserved Area (MUA) designation.²

Demographics Data Profile

The health of a community is largely connected to the demographics and social aspects of its residents, which can be a useful indicator of health concerns. Demographic studies of a population are based on factors such as age, race, sex, economic status, education levels, and employment rates, among others. The physical environment in which individuals live, learn, work, play, and grow old also has a great impact on their health and quality of life. These cultural and environmental conditions are also known as “Social Determinants of Health”.

¹ www.CountyHealthRankings.org

² <http://hrsa.gov/shortage/index.html>

Some key findings in the DePaul community’s demographics data ³ include:

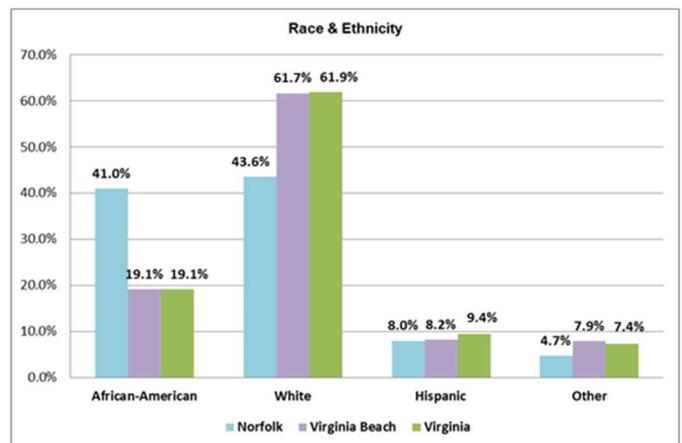
Population

It has been well established that race and ethnicity are key factors in health disparities. For example, life expectancy, death rates and infant mortality rates are all less favorable among African American populations as compared to other ethnic populations. In 2009, African Americans in the United States had the highest mortality rates from heart disease and stroke as compared to any other ethnic group. Additionally, infants born to African Americans have the highest infant mortality rates, more than twice the rate for Whites in 2008. While certain health indicators such as life expectancy and infant mortality have been slowly improving, many minority race groups still experience a disproportionately greater burden of preventable disease, death, and disability.⁴

- Norfolk’s population is predominantly White and African American. Compared with Virginia as a whole, Norfolk has a lower percentage of White population with and a significantly higher percentage of African American population.
- Virginia Beach population is predominantly White. Virginia Beach

is equivalent to Virginia’s percentage of White and African American.

- There is a slightly lower percentage of Hispanics in Norfolk and Virginia Beach compared to Virginia. Norfolk has a lower percentage of Other populations than Virginia Beach and Virginia. Virginia Beach has a slightly higher percentage of Other populations than Virginia.



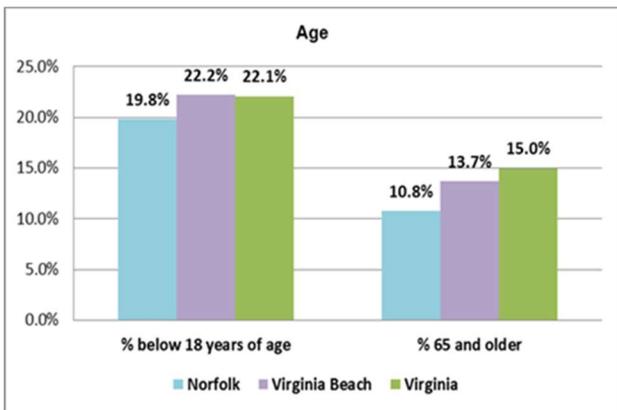
Older adults are at higher risk for developing chronic illnesses such as Diabetes Mellitus, Arthritis, Congestive Heart Failure and Dementia, and this proves to be a burden on the health care system. The first of the “baby boomer generation” (adults born between 1946 and 1964) turned 65 in 2011 and has resulted in an aging population nationwide. It is estimated that by the year 2030, 37 million older adults nationwide will be managing at least one chronic condition. Chronic conditions

³ www.countyhealthrankings.com

⁴ MinorityHealth.hhs.gov, HHS Disparities Action Plan

contribute to the leading causes of death among older adults. Additionally, older adults often experience higher rates of hospitalizations and low-quality care.⁵

- Norfolk is comprised of fewer children under the age of 18 than Virginia Beach and Virginia, which are statistically equal.
- Norfolk has fewer older adults (65+) than Virginia Beach and Virginia. Virginia Beach has fewer older adults than Virginia.



The Weldon Cooper Center for Public Service estimates that the community’s older population will steadily increase through 2040 to over 76,000 people, while the population growth rate of <19 and 20-64 year olds will decrease below that of the older population.⁶ These data are reflective of the “baby boomer

⁵ www.healthypeople.gov/topics-objectives/topic/older-adults

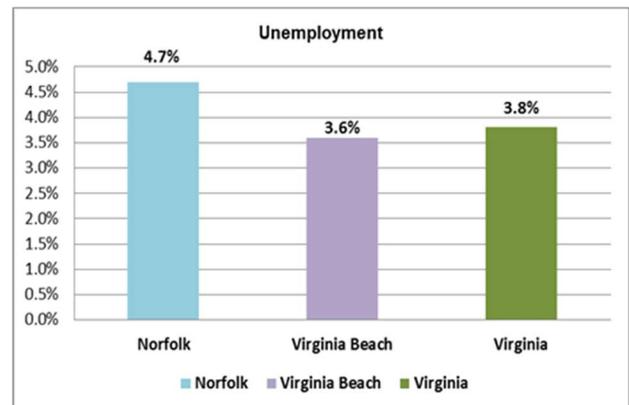
⁶ <http://www.coopercenter.org/demographics/virginia-population-projections>

generation” moving into older adulthood nationwide.

Unemployment/Median Income

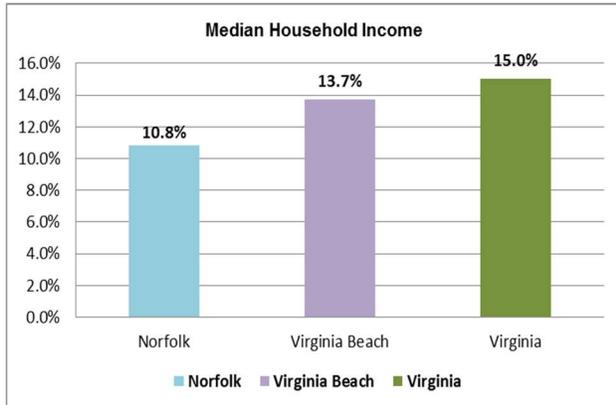
An association exists between unemployment and mortality rates, especially for causes of deaths that are attributable to high stress (cardiovascular diseases, mental and behavioral disorders, suicide, and alcohol and tobacco consumption related illnesses).⁷

- Unemployment rates in the Norfolk are higher than those in Virginia Beach and Virginia, with Virginia Beach slightly lower than Virginia.



- Norfolk’s median income is significantly lower than Virginia Beach and Virginia, which are almost equal.

⁷ Backhans and Hemmingsson, 2011, Lundin et al., 2014, Garcy and Vagero, 2012, Browning and Heinesen, 2012, Montgomery et al., 2013, Davalos et al., 2012, Deb et al., 2011 and Strully, 2009.



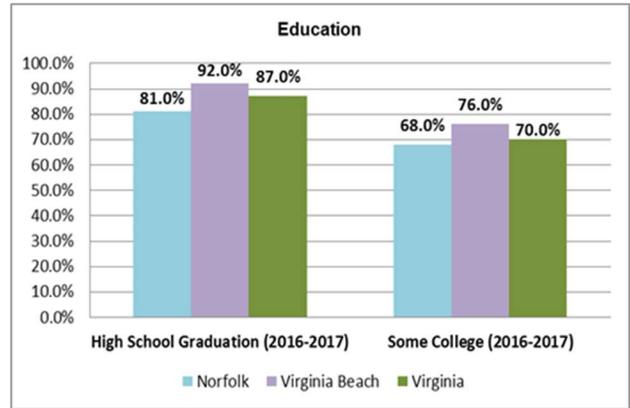
High School Graduation

A direct correlation exists between low levels of education and high poverty rates. High poverty rates in turn have an adverse effect on a community's health outcomes.

The Healthy People 2020 goal for Education Level/Graduation Rates aims for at least 97.9% of students attending public schools graduate with a regular diploma four years after starting 9th grade⁸. Graduation rates for Norfolk and Virginia Beach have increased since 2014-2015. At that time, Norfolk and Virginia Beach graduation rates (78.9% and 88.5%, respectively) were lower than the Healthy People 2020 goal (82.4%) and Virginia's (89.9%) rate.⁹

- High school graduation rates in Norfolk are lower than those in Virginia Beach and Virginia. Virginia Beach rates are higher than Virginia.

- The same is true of those with some college.



Uninsured Population

Research shows that high rates of health insurance coverage positively impact a community's overall health status. Access to health care services improves quality of life, school and work productivity and overall rates.¹⁰

The Healthy People 2020 goal for Health Insurance aims for 100% of the population having some form of health insurance coverage¹¹.

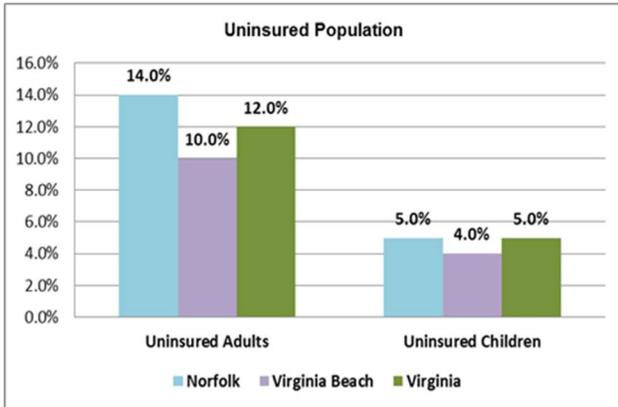
- Norfolk has a higher percentage of uninsured adults than Virginia and the Virginia Beach percentage is lower than Virginia.
- The percentage of uninsured children in Norfolk, Virginia Beach, and Virginia are statistically equal.

⁸ www.healthypeople.gov, Educational-and-Community-Based-Programs

⁹ www.CountyHealthRankings.org

¹⁰ www.healthypeople.gov, Access to Health Services

¹¹ www.healthypeople.gov, Foundation Health Measures; General Health Status



Healthy Lifestyles

Consumption of unhealthy foods, lack of exercise opportunities and other negative healthy cultures, has an adverse impact on a community. Increased access to exercise opportunities and healthy foods is a critical prevention strategy to alleviate this economic burden.¹² Low levels of physical activity are correlated with several disease conditions such as obesity, Type 2 Diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality. The physical activity goal set by Healthy People 2020 states that no more than 32.6% of the adult population (age 20+) report that they engages in no leisure-time physical activity¹³. The following table provides food and physical activity data for the Mary Immaculate community.¹⁴

- In Norfolk, the Food Environment Index and percentages for Food Insecurity and Access to Exercise are

worse than the data reported for Virginia Beach and Virginia. The percentage for Physical Activity is statistically the same as Virginia Beach and Virginia.

- In Virginia Beach, the Food Environment Index is slightly higher (better) than Virginia's. Percentages for Food Insecurity and Physical Activity are statistically equal. The Access to Exercise percentage in Virginia Beach is also significantly higher (better) compared to Norfolk and Virginia.

| Measure and Definition of Measure | Norfolk | Virginia Beach | Virginia |
|---|---------|----------------|----------|
| Food Environment Index Factors that contribute to a health food environment, 0 (worst) to 10 (best) | 6.5 | 8.7 | 8.9 |
| Food Insecurity Percentage of population who lack adequate access to food | 19% | 10% | 11% |
| Physical Inactivity Percentage of adults aged 20 and over reporting no leisure-time physical activity HP2020 Goal – 32.6% | 23% | 22% | 22% |
| Access to Exercise Percentage of population with adequate access to locations for physical activity | 89% | 97% | 82% |

Social Indicators of Health Related to Children

To understand the health needs and attitudes towards health in a community it is imperative to study the social indicators of health related to children. The table provides risk factor data

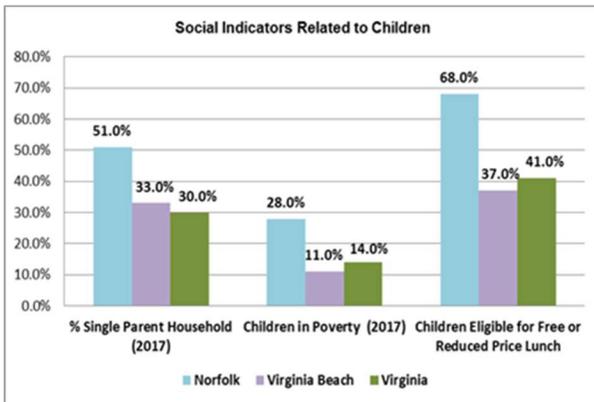
¹² www.stateofobesity.org/healthcare-costs-obesity

¹³ www.healthypeople.gov, Physical Activity

¹⁴ www.CountyHealthRankings.org

specific to children (<18 years old) in Norfolk and Virginia Beach.¹⁵

- The percentage of children in single parent households in Norfolk is well above the percentage in Virginia Beach and Virginia.
- The percentage of children living in poverty is significantly lower than Virginia Beach and Virginia.
- The percentage of children eligible for free or reduced price lunch in Norfolk is also significantly higher than the percentage in Virginia Beach and Virginia.
- The percentage of children living in poverty and children eligible for free or reduced price lunch is lower in Virginia Beach than Virginia.



¹⁵ www.CountyHealthRankings.org

Health Conditions and Disease Data Profile

The Health Conditions and Disease Data Profile for DePaul community of Norfolk and Virginia Beach can be found in this section of the CHNA. This data provides a quantitative profile of the community based on a wide array of community health indicators, compiling and analyzing data from multiple sources. This CHNA focuses on health indicators for which data sources were readily available and whenever possible provides comparison to the Commonwealth of Virginia overall and the Health People 2020 goals. Additional health behaviors and social determinants of health have been identified as key contributors to the overall health of a community. Adult Smoking, Adult Obesity and Excessive Drinking are indicators with national goals from the Center of Disease Control’s (CDC) Healthy People 2020 initiative as indicated in the following table.

Overall Mortality Data

Healthy People 2020 objectives define mortality rate goals per 100,000 populations for a number of health problems.¹⁶ A selection of the Healthy People 2020 mortality targets is as follows:

Healthy People 2020 Mortality Targets

¹⁶ www.healthypeople.gov/2020/topics-objectives

| | |
|----------------------------------|---|
| Overall Cancer | 161.4 deaths per 100,000 population |
| Breast (female) Cancer | 20.7 deaths per 100,000 females |
| Lung Cancer | 45.5 deaths per 100,000 population |
| Prostate Cancer | 21.8 deaths per 100,000 males |
| Colon (colorectal) Cancer | 14.5 deaths per 100,000 population |
| Heart Disease | 103.4 deaths per 100,000 population |
| Stroke | 34.8 deaths per 100,000 population |
| Diabetes | 66.6 deaths per 100,000 population |
| Infant | 6.0 infant deaths per 1,000 live births |
| Neonatal Deaths (28 days) | 4.1 neonatal deaths per 1,000 live births |
| Drug Related | 11.3 drug-induced deaths per 100,000 |
| Violence | 5.5 homicides per 100,000 population |
| Injuries | 36.4 deaths per 100,000 injuries |

| | Norfolk | Virginia Beach |
|---|---------|----------------|
| Diseases of the Heart | 451 | 586 |
| Cancer | 383 | 728 |
| Cerebrovascular Diseases (Stroke) | 103 | 149 |
| Unintentional Injury | 103 | 142 |
| Chronic Lower Respiratory Diseases | 99 | 128 |
| Nephritis & Nephrosis (Kidney Disease) | 65 | 69 |
| Septicemia | 50 | 66 |
| Diabetes | 49 | 81 |
| Alzheimer's Disease | 42 | 69 |
| Chronic Liver Disease | 31 | 39 |

In 2013, the DePaul community had a total of 3,645 deaths attributable to the leading 10 causes of mortality in the region as listed in the following tables. The three leading causes of death in Norfolk and Virginia Beach are: 1) Heart Disease, 2) Cancer, and 3) Stroke.

The following table provides the number of deaths attributable to each of the top 10 causes of death for Norfolk and Virginia Beach.¹⁷

Leading 10 Causes of Mortality by Total Number of Deaths (2013)

Key Findings

In this section, we highlight the top five health concerns raised by health indicators as well as by the Community Health Survey.

This analysis is listed in order of priority based on the Community Health Needs Assessment Survey (Survey) to highlight how these concerns or the services addressing these concerns are perceived by the community and key stakeholders.

¹⁷ www.vdh.virginia.gov/healthstats/Norfolk13

Behavioral/ Mental Health

Behavioral/Mental health disorders are health conditions characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Behavioral/Mental health disorders contribute to a number of health problems, including disability, pain and death. Behavioral/Mental health and physical health are closely connected. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors.

According to the National Institute of Mental Health (NIMH), an estimated 46.6 million American adults (approximately 1 in 5) were diagnosed with any mental illness (AMI) in 2017. The prevalence of AMI was higher among women than men. The prevalence of AMI was also highest among adults reporting two or more races, followed by White adults.

Additionally, suicide is the 10th leading cause of death (40,000 deaths) in the United States, moving from 11th leading cause (30,000 deaths) as reported in the 2016 CHNA. According to Healthy People 2020, the baseline suicide rate nationwide is 11.3 per 100,000. Healthy People 2020’s goal is to reduce this by 10% to a rate of 10.2 per 100,000.¹⁸ The

hospitalization rate due to mental health was significantly higher in Norfolk than Virginia Beach and Virginia. Virginia Beach was slightly higher.¹⁹

| Health Issue | Norfolk | Virginia Beach | Virginia | HP2020 Target |
|--|---------|----------------|----------|---------------|
| Suicide Mortality Rate (per 100,000) 2017 | 10.9 | 9.7 | 11.8 | 10.2 |
| Hospitalization Rate due to Mental Health (per 10,000) 2014-2106 | 70.8 | 58.8 | 52.4 | -- |

The table below shows a higher percentage of Norfolk reported poor mental health days compared to Virginia Beach and Virginia. Norfolk also has a higher percentage of those reporting frequent mental distress than Virginia. Virginia Beach had a lower percentage than Virginia.²⁰

| Health Issue | Norfolk | Virginia Beach | Virginia | HP2020 Target |
|--|---------|----------------|----------|---------------|
| Average Number of Poor mental health days (2016) | 3.8 | 3.4 | 3.4 | -- |
| Frequent Mental Distress (2016) | 12.3% | 10.2% | 11.0% | -- |

Norfolk and Virginia Beach survey respondents prioritized Behavioral/Mental Health in the top ten health concerns. Behavioral/Mental Health Services were rated as the second most important for the Services that Needs Strengthening question by key stakeholders and the community.

¹⁸ www.nimh.nih.gov/health

¹⁹ www.ghrconnects.org

²⁰ www.ghrconnects.org

Adult Obesity

Obesity is a measure defined as the percentage of adults aged 20 and older who have a body mass index (BMI) equal to or greater than 30. The obesity target set by Healthy People 2020 is that no more than 30.5% of the population is obese.²¹

The table illustrates that 32% of Norfolk residents are obese, which is a decrease of 3% since 2011. Virginia Beach’s obesity rate is equal to Virginia and lower than HP2020 goals; however, it is an increase of 1% over 2011.

| Health Issue | Norfolk | Virginia Beach | Virginia | HP2020 Target * |
|------------------------------|---------|----------------|----------|-----------------|
| Obesity (%) 2015 | 32.0% | 29.0% | 29.0% | 30.5% |
| Physical Inactivity (%) 2015 | 23.0% | 22.0% | 22.0% | 32.6% |

Physical inactivity in Norfolk, Virginia Beach and Virginia is significantly lower than HP2020 goals, although Virginia Beach has a 1% increase over 2011.²²

Key stakeholder and community survey respondents identified Overweight/Obesity as second in the top ten health concerns. It was not identified in the top ten Services that Need Strengthening.

Alcohol/Substance Abuse

In November 2016, Virginia State Health Commissioner, Dr. Marissa Levine, declared a Public Health Emergency for Virginia as a result of the opioid addiction epidemic in an effort to lower the death rate and prevent deaths from opioid addiction.

Opioid deaths have significantly increased in Norfolk and Virginia Beach since 2013. In 2013, the death rate due to Fentanyl/Heroin in Norfolk was 6.9 per 100,000 and Virginia Beach was 6.7. Narcan administration by emergency medical services was 2.4 per 100,000 in Norfolk. Narcan use was significantly higher in Virginia Beach at 21.6 per 100,000.²³

The table on the next page shows the death rates for drug overdose, Fentanyl/Heroin overdose, and prescription drug overdose death rate for Norfolk and Virginia Beach.²⁴ The drug overdose death rate for Norfolk (24 per 100,000) is significantly higher than the Virginia rate of 16 per 100,000. Virginia Beach is slightly higher at 17 deaths per 100,000. The death rate due to Fentanyl/Heroin is significantly higher than Virginia Beach and Virginia. The death rate for Virginia Beach is slightly lower than that of Virginia. The death rate

²¹ www.healthypeople2020.gov

²² www.CountyHealthRankings.org

²³ www.ghrconnects.org

²⁴ www.ghrconnects.org

due to prescription opioid overdose is higher in Norfolk and Virginia Beach than Virginia. Virginia Beach is slightly higher than Norfolk. Narcan administration for emergency medical services has significantly increased in Norfolk (47.3 per 100,000) and Virginia Beach (45.5 per 100,000) since 2013 (2.4 and 21.6 respectively).

| Health Issue | Norfolk | Virginia Beach | Virginia |
|---|---------|----------------|----------|
| Drug Overdose Deaths (per 100,000) 2015-2017 | 24.0 | 17.0 | 16.0 |
| Death Rate due to Fentanyl/Heroin Overdose (per 100,000) 2017 | 18.8 | 10.4 | 11.0 |
| Death Rate due to Prescription Opioid Overdose (per 100,000) 2017 | 6.5 | 7.5 | 5.9 |
| EMS Narcan Administration Rate (per 100,000) 2017 | 47.3 | 45.5 | 53.9 |

The following table illustrates the percentage for excessive drinking is higher Norfolk (21.1%) and Virginia Beach (22.0%) than Virginia (17.4%), with Virginia Beach slightly higher than Norfolk.

While the percentages for adults who binge drink are statistically equivalent for Norfolk and Virginia Beach, they are higher than the HP2020 Target of 24.2%. Deaths due to alcohol-impaired driving are higher in Norfolk and Virginia Beach compared to Virginia.²⁵

²⁵ www.ghrconnects.org

| Health Issue | Norfolk | Virginia Beach | Virginia | HP2020 Target |
|---|---------|----------------|----------|---------------|
| Excessive Drinking (2016) | 21.1% | 22.0% | 17.4% | 25.4% |
| Adults who Binge Drink (2015) | 18.4% | 18.9% | -- | 24.2% |
| Alcohol-impaired Driving Deaths (2013-2017) | 36.0% | 39.0% | 31.0% | -- |

Community and key stakeholder survey responses placed Substance/Alcohol Abuse as the number three health concern. It was also in the top ten Services that Need Strengthening for both respondent groups.

Heart Conditions

Heart Disease is the leading cause of death in the United States and globally. In 2013, nearly 801,000 deaths in the United States resulted in heart disease, stroke and other cardiovascular diseases. One out of every three deaths in the United States in 2013 could be attributed to these causes.²⁶ Stroke is the second leading cause of death globally, and the fifth leading cause of death in the United States. In 2010 alone, the United States incurred more than \$500 billion in health care expenditures and related expenses as a result of heart disease and stroke. Stroke is also a leading cause of disability in the United States.

Healthy People 2020 mortality goals for Heart Disease and Stroke include the following:

²⁶ www.heart.org/idc/groups/ahamah-public

| Healthy People 2020 Heart Disease & Stroke Mortality Goals | |
|---|-------------------------------------|
| Heart Disease | 103.4 deaths per 100,000 population |
| Stroke | 34.8 deaths per 100,000 population |

The leading modifiable (controllable) risk factors for heart disease and stroke are high blood pressure, high cholesterol, cigarette smoking, diabetes, poor diet, physical inactivity, and overweight/obesity.

The following table displays Stroke and Heart Disease Mortality for Norfolk and Virginia Beach²⁷ Since 2013, Norfolk’s rate of heart disease mortality declined by 37.8. The rate of heart disease mortality in Virginia Beach declined 11.9 since 2013. Norfolk’s heart disease mortality rate is significantly higher than Virginia Beach and Virginia. The rate of heart disease mortality in Virginia Beach is lower than that of Virginia.

| Health Issue | Norfolk | Virginia Beach | Virginia | HP2020 Target * |
|---|---------|----------------|----------|-----------------|
| Stroke Mortality Rate (per 100,000) 2017 | 46.9 | 36.0 | 31.8 | 34.8 |
| Heart Disease Mortality Rate (per 100,000) 2017 | 178.0 | 126.6 | 133.1 | -- |

High blood pressure is the number one risk factor for stroke that can be corrected. High blood pressure can also lead to heart attack, heart failure, and

²⁷ www.ghrconnects.org

²⁸ www.ghrconnects.org

atherosclerosis. One in three adults has high blood pressure in the United States. The prevalence of high blood pressure in Norfolk and Virginia Beach is below that of the United States; however, it is above the Healthy People 2020 goal. One in six adults has high blood cholesterol, one of the major risk factors for heart disease. The prevalence of high cholesterol in Norfolk and Virginia Beach is below that of the United States²⁸

| Health Issue | Norfolk | Virginia Beach | United States | HP2020 |
|--|---------|----------------|---------------|--------|
| High Blood Pressure Prevalence (2015) | 30.3% | 29.5% | 31.9% | 26.9% |
| High Cholesterol Prevalence: Adults (2015) | 30.9% | 33.8% | 37.1% | -- |

Key stakeholders and the community identified Heart Conditions as the fourth top concern. Heart Conditions was not listed in the top ten Services that Need Strengthening by either Survey group.

Diabetes

Diabetes is a leading cause of death in the United States. Diabetes can have a harmful effect on most of the organs in the human body and can cause renal failure, lower-extremity amputation, and blindness among adults. It can also cause stroke and neuropathy.²⁹

Since 2013, Norfolk’s diabetes mortality rate decreased 3.8%; however, it

²⁹ www.ghrconnects.org

remains higher than that of Virginia Beach and Virginia, which decreased 3.9% and 0.7% respectively in the same period.³⁰

| Health Issue | Norfolk | Virginia Beach | Virginia |
|--|---------|----------------|----------|
| Diabetes Mortality Rate (per 100,000) 2017 | 21.0 | 14.5 | 17.6 |

Since 2014, the percentage of adults with diabetes has increased; however, both cities are below the percentage of adults with diabetes in the United States.

The table below shows data around diabetes rates and hospitalization.³¹ The rate of hospital discharges in Norfolk for diabetes without complication is higher than Virginia's, while Virginia Beach's rate is lower. The rates for Norfolk and Virginia have increased 2% and 1.4% respectively since 2013.

| Health Issue | Norfolk | Virginia Beach | United States |
|---|---------|----------------|---------------|
| Adults with Diabetes (2016) | 9.9% | 8.8% | 10.8% |
| Hospitalization Rate due to Diabetes: Adults (per 10,000) 2014-2016 | 28.1 | 14.4 | 17.1 |

Diabetes was rated as the number five health concern by key stakeholders and community Survey respondents. It was also in the top five as a Services that

needs Strengthening (Chronic Disease Services subcategory).

Other Key Findings

This section provides an overview of other key findings and perceptions of health within the DePaul Medical Center community, which includes the cities of Norfolk and Virginia Beach. It combines and compares data from the Community Health Needs Assessment with an analysis of secondary data.

In addition to the top ten health concerns, the Survey asked participants to select the top five most important options from a list of approximately 25 choices. The questions asked about health concerns for children and teens (ages 0-17), healthcare services that need strengthening, access to healthcare barriers, and community assets that need strengthening in their community.

Services that Need Strengthening - Adults

The top ten Services that Need Strengthening based on key stakeholder and community participants are listed below. It is interesting to note that eight of the top ten services were selected on both surveys. Dental/Oral Health and Public Health Services were among the top ten for community participants.

³⁰ www.ghrconnects.org

³¹ www.ghrconnects.org

Access to Care and Primary Care Services were included in the key stakeholder top ten Services that Need Strengthening.

- Behavioral/Mental Health
- Health Insurance Coverage
- Access to Care
- Aging Services
- Alcohol/Substance Abuse Services
- Chronic Disease Services
- Dental/Oral Health Services
- Care Coordination & Transitions of Care
- Health Promotion & Prevention Services
- Public Health Services

Services that Need Strengthening – Children and Teens (ages 0-17)

As with the top ten Services that Need Strengthening – Adults, Behavioral/Mental Health Services is listed as the most important service by both key stakeholder and community participants. In addition, eight of the top ten Services that Need Strengthening for children were selected on both Survey participants. Self Management Services and Social Services were included in the key stakeholder top ten selections. Primary Care, Public Health Services and Social Services were in the top ten for community participants. Community Survey participants rated Child Abuse Treatment Services and Alcohol/Substance Abuse Disorders equally. Key Stakeholders rated Dental/Oral health Services and Self-

Management Services equally. Much of the quantitative data around children and teens is limited due to confidentiality; therefore, much of the information in this section and the next are primarily qualitative based on comments included on the Surveys and the Community Dialogues.

The list of the top eleven Services that Needs Strengthening – Children and Teens is below.

- Behavioral/Mental Health
- Health Insurance Coverage
- Parent Education & Prevention Programs
- Child Abuse Prevention & Treatment
- Foster Care
- Alcohol/Substance Abuse Disorders
- Self-Management Services
- Public Health Services
- Dental/Oral Health Services
- Care Coordination & Transitions of Care
- Primary Care

Health Concerns – Adults

In the Key Findings section, the top five health concerns were discussed. The remaining health concerns were identified by community and key stakeholder survey participants among the top ten.

Cancer

Cancer has been identified as the second greatest cause of death nationwide, with Heart Disease being number one.

According to data from the National Cancer Institute cancer rates (2011 – 2015)³² in Norfolk fell and remained steady in Virginia Beach. However, cancer remains a leading cause of death in the DePaul Medical Center service area.

The following table provides the five-year total mortality/rates by cancer type for Norfolk and Virginia Beach compared to Virginia.³³ Since 2000, mortality rates for breast, colon, lung and prostate cancer have been dropping steadily in both Norfolk and Virginia Beach. With the exception of the lung cancer rate in Norfolk, these rates are all within a couple of points of the Healthy People 2020 (HP2020) target. Rates for colon and prostate cancer in Virginia Beach have already been met and dropped below the HP2020.

| Cancer Mortality Rates 2011 -2015 (per 100,000) | | | | |
|---|---------|----------------|----------|--------|
| | Norfolk | Virginia Beach | Virginia | HP2020 |
| Colon Cancer | 14.6 | 12.8 | 14.0 | 14.5 |
| Lung Cancer | 50.0 | 45.0 | 44.0 | 45.5 |
| Prostate Cancer | 27.9 | 18.8 | 20.2 | 21.2 |
| Breast Cancer | 28.5 | 23.1 | 21.8 | 20.7 |

The following tables provide total mortality/rates per 100,000 by cancer

³² www.statecancerprofiles.cancer.gov/incidencerates

type for Norfolk and Virginia Beach (2011 – 2015) compared to Virginia³⁴.

- **Colon Cancer**

Since 2007, Norfolk Colon Cancer Mortality rates have steadily decreased; however, remain higher than Virginia and the Healthy People 2020 target. Virginia Beach rates slightly increased from 2008-2012. Virginia Beach mortality rates are lower than Virginia and the HP2020 target.

| Colon Cancer Mortality (rate per 100,000) | | | |
|---|-----------|-----------|-----------|
| | 2007-2011 | 2008-2012 | 2011-2015 |
| Norfolk | 17.4 | 15.0 | 14.6 |
| Virginia Beach | 12.6 | 12.5 | 12.8 |
| Virginia | 15.4 | 14.9 | 14 |
| HP2020 | 14.5 | 14.5 | 14.5 |

- **Lung Cancer**

Since 2007, Lung cancer mortality rates in Norfolk and Virginia Beach have steadily decreased. Lung cancer is the second most commonly diagnosed cancer (excluding non-melanoma skin cancer) and a leading cause of cancer death among both men and women in the United States. Cigarette smoking is the strongest risk factor for lung cancer. Other risk

³³ www.ghrconnects.org

³⁴ www.ghrconnects.org

factors include exposure to second-hand smoke, radon, and asbestos.³⁵

| Lung Cancer Mortality (rate per 100,000) | | | |
|--|-----------|-----------|-----------|
| | 2007-2011 | 2008-2012 | 2011-2015 |
| Norfolk | 55.9 | 53.4 | 50.0 |
| Virginia Beach | 47.5 | 47.1 | 44.0 |
| Virginia | 49.5 | 48.2 | 44 |
| HP2020 | 45.5 | 45.5 | 45.5 |

Prostate Cancer

- Prostate cancer mortality rates in Norfolk decreased between 2007 and 2012; however, the rates increased by 2015. Norfolk rates are above Virginia rates and the Healthy People 2020 target. Virginia Beach rates have steadily decreased and are below HP2020 goals.
- The strongest risk factors for developing Prostate cancer are age, race/ethnicity, and family history.³⁶ Prostate cancer is the most commonly diagnosed cancer (excluding non-melanoma skin cancer) and the second leading cause of cancer death among men in the United States.

| Prostate Cancer Mortality (rate per 100,000) | | | |
|--|-----------|-----------|-----------|
| | 2007-2011 | 2008-2012 | 2011-2015 |
| Norfolk | 26.2 | 24.7 | 27.9 |
| Virginia Beach | 21.0 | 20.7 | 18.8 |
| Virginia | 23.5 | 22.4 | 20.2 |
| HP2020 | 21.2 | 21.2 | 21.2 |

Breast Cancer

- Breast cancer is the most commonly diagnosed cancer (excluding non-melanoma skin cancer) and a leading cause of cancer death among women in the United States. Between 2007 and 2012, Breast cancer mortality rates in Norfolk steadily decreased; however, they increased by 2015. Virginia Beach mortality rates remained steady since 2007. Both cities are above Virginia rates and the HP2020 target.

| Breast Cancer Mortality (rate per 100,000) | | | |
|--|-----------|-----------|-----------|
| | 2007-2011 | 2008-2012 | 2011-2015 |
| Norfolk | 24.1 | 23.8 | 28.5 |
| Virginia Beach | 23.1 | 23.3 | 23.1 |
| Virginia | 23.4 | 22.7 | 21.8 |
| HP2020 | 20.7 | 20.7 | 20.7 |

Both key stakeholders and the community survey respondents rated Cancer in the top 10 health concerns. They did not include Cancer in the top ten Services that need strengthening.

35

www.cancercoalitionofvirginia.org/VirginiaCancerData

36 www.cancercoalitionofvirginia.org

Violence in the Community

Violent crimes are defined as physical offenses and confrontations between individuals, including homicide, forcible rape, robbery, and aggravated assault. High levels of violent crime result in feelings of being unsafe and may deter people from engaging in healthy behaviors such as exercising outdoors.

The following table shows the violent crime rates in Norfolk and Virginia Beach.³⁷ Since the last reporting period (2012-2014), the general violent crime rate in Norfolk and Virginia Beach has increased. Norfolk’s violent crime rate is significantly higher than Virginia and Virginia Beach. Norfolk homicides are also significantly higher than Virginia; Virginia Beach homicides are slightly lower. Firearm fatalities in Norfolk are also much higher than Virginia Beach and Virginia.

| Health Issue | Norfolk | Virginia Beach | Virginia |
|---|---------|----------------|----------|
| Violent Crime Rate (per 100,000) 2014-2016 | 603.0 | 152.0 | 207.0 |
| Homicides (2011-2017) | 13.0 | 4.0 | 5.0 |
| Firearm Fatalities (2011-2017) | 19.0 | 10.0 | 11.0 |

Community Survey respondents listed Violence in the Community in the top five health concerns; it was in the top ten concerns for key stakeholders. It was not

in the top ten Services that Need Strengthening.

Smoking/Tobacco Use

Tobacco use is the agent most responsible for avoidable illness and death in America. Almost half a million Americans die prematurely due to tobacco use. Exposure to secondhand smoke for non-smokers can cause a wide range of adverse health effects such as cancer, respiratory infections, and asthma. The percentage of adult smokers in Norfolk (20.0%) and Virginia Beach (17.1%) is higher than Virginia (15.0) and the Healthy People 2020 goal of 12.0%. However, the percentages have decreased since 2014 from 22.5% in Norfolk and 19.0% in Virginia Beach.³⁸

With a rate of 38.3 (per 100,000), Norfolk has some of the highest rates of chronic lower respiratory mortality across the Hampton Roads region; however, the rates have decreased by 14.4 (per 100,000) since 2014. The rates in Virginia Beach have been declining since 2010, with a 3.3 (per 100,000) decrease since 2014. Norfolk’s rate is significantly higher than Virginia, while Virginia Beach is slightly lower than Virginia. In addition, the percentage of Norfolk residents and Virginia Beach who reported they had asthma has remained statistically steady since 2014.

³⁷ www.countyhealthrankings.com

³⁸ www.ghrconnects.org

Chronic obstructive pulmonary disease (COPD) refers to a group of diseases that cause breathing problems. The primary cause of COPD is tobacco use. The percentages of adults with COPD in Norfolk and Virginia Beach are statistically steady since 2014. Hospital utilization rates due to COPD and community acquired pneumonia in Norfolk are higher than Virginia, while Virginia Beach rates are lower. (See table on following page.)

| | Norfolk | Virginia Beach | Virginia |
|--|---------|----------------|----------|
| Adults who Smoke (2016) | 20.0% | 17.1% | 15.0% |
| Adults with COPD (2016) | 5.8% | 5.1% | |
| Hospitalization Rate due to COPD: Adults (per 10,000) 2014-2016 | 21.0 | 15.6 | 16.9 |

Asthma is a result of inflamed air passages which cause difficulty with breathing. It is one of the most common diseases of children and millions of adults in America. Exposure to cigarette smoke, among other allergens, can cause asthma. The percentage of people with asthma in 2016 in higher than Virginia Beach. While the Norfolk percentage increase slightly (.1%) since 2016, Virginia Beach remained the same. Since 2014, hospitalization rates due to asthma decreased in Norfolk by 10.1% and Virginia Beach 12.1%.³⁹

³⁹ www.ghrconnects.org

| Health Concern | Norfolk | Virginia Beach | Virginia |
|---|---------|----------------|----------|
| Adults with Current Asthma (2016) | 9.6% | 8.5% | -- |
| Hospital Utilization Rate due to Adult Asthma (per 10,000) 2014-2016 | 12.4 | 6.9 | 6.6 |

Lung cancer was addressed in a previous section; however, it is included in this section because tobacco use is the greatest risk factor for lung cancer.

| | Norfolk | Virginia Beach | Virginia |
|--|---------|----------------|----------|
| Lung Cancer Mortality Rates (per 100,000) 2011-2015 | 50.0 | 44.0 | 44.0 |
| Lung & Bronchus Cancer Incidence Rate (per 100,000) 2011-2015 | 74.7 | 69.9 | 58.9 |

Smoking/Tobacco Use was listed in the Survey top ten health concerns by key stakeholders and the community. It was not included in the top ten Services that Need Strengthening.

Alzheimer’s Disease/Dementia

Dementia is not a specific disease, but is an umbrella term for a group of symptoms describing a decline in mental abilities. Alzheimer’s disease is a brain disease that increases over time and is the most common form of dementia. According to the Alzheimer’s Association, Alzheimer’s is the 6th

leading cause of death in the United States and every 65 seconds someone develops the disease.⁴⁰ In 2017, 2,549 people died from Alzheimer's disease in Virginia. In Norfolk, the percentage of those diagnosed with Alzheimer's disease or dementia is 11.5%. The percentage for Virginia Beach is slightly better at 10.5%.⁴¹

Alzheimer's disease was selected in the top ten top concerns by key stakeholders on the survey. A related category of Aging Services was selected by both key stakeholders and the community for Services that Needs Strengthening.

Chronic Pain

Chronic pain is pain that persists for weeks, months and years. There may have been an injury or illness, but the pain continues hurting after the initial condition heals. Some other causes of chronic pain are arthritis, osteoporosis, osteoarthritis, and rheumatoid arthritis, among others.

Arthritis is the number one cause of disability in the United States. More than 50 million adults have diabetes, a disorder of the joints, bones, muscles, and cartilage. Two of the most common types of arthritis are osteoarthritis and rheumatoid arthritis. Osteoarthritis is a degenerative joint disease. With

osteoarthritis, a joint's cartilage breaks down and can cause bony overgrowth. Rheumatoid arthritis is an autoimmune disease that usually affects the small joints in the hands and feet. It can also affect other organs in the body.⁴² Since 2014, the percentage of adults with arthritis has decrease in Norfolk by 1.3%. it has increased in Virginia Beach by 1.5% in the same time period.

Since 2017, the percentage of older adults diagnosed with rheumatoid arthritis or osteoarthritis has decreased in both Norfolk and Virginia Beach by 3.8% and 3.4% respectively. Although the percentages are decreasing in both cities, they are still higher than Virginia.

Health Concerns for Children and Teens (ages 0-17)

When asked about health concerns related to children and teens, eight of the top ten health concerns were included on both the key stakeholder and community Survey responses.

Key Stakeholders included Dental/Oral Care and Sexually Transmitted Infections in their top ten health concerns for children. The community included Smoking/Tobacco Use and Teen Pregnancy in the top ten.

⁴⁰ www.alz.org

⁴¹ www.ghrconnects.org

⁴² www.ghrconnects.org

The top ten health concerns for children and teens include:

- Behavioral/Mental Health
- Overweight/Obesity
- Bullying
- Alcohol/Substance Abuse
- Violence in the Home – Child Abuse
- Violence in the Community
- Hunger
- Smoking/Tobacco Use
- Sexually Transmitted Infections
- Teen Pregnancy

Behavioral/Mental Health

Emotions as children reach their teen years may be difficult to understand and manage. Teens may experience depression or volatile emotions leading to problems at home and school, eating disorders, drug abuse, among others. The following chart indicates the percentage of teen who feel sad or hopeless is the same in Norfolk, Virginia Beach, and Virginia at 25%. The hospitalization rate due to pediatric mental health has increased in Norfolk and Virginia Beach since 2012. Norfolk has experienced an increase of 26.6 hospitalizations and Virginia Beach has seen an increase of 20.3 hospitalizations. Both cities are significantly higher than Virginia with 29.9 hospitalizations.⁴³

| Health Issue | Norfolk | Virginia Beach | Virginia |
|--|---------|----------------|----------|
| Teens who Felt Sad or Hopeless (2013) | 25.0% | 25.0% | 25.0% |
| Hospitalization Rate due to Pediatric Mental Health (per 10,000) 2014-2016 | 55.9 | 47.0 | 29.9 |

Overweight/Obesity

Obesity in children and adults often leads to adult obesity. Health issues faced by obese or overweight youth often lead to more severe health problems when they become adults. There are many factors that contribute to childhood obesity such as lack of access to healthy foods, inactivity, medication, and their physical/social environment. In 2013, the latest measurement period, 33% of Norfolk’s children and teens were overweight or obese, which is higher than Virginia Beach (28%) and Virginia (28%).⁴⁴

Bullying

Bullying can be physical or emotional. It can affect a child for life through lower self-esteem, depression, and suicide. The latest data around bullying is from 2013. The percentage of teens who reported being bullied in Norfolk (19%) is lower than Virginia Beach (20%) and Virginia (20%).

⁴³ www.ghrconnects.org

⁴⁴ www.ghrconnects.org

Alcohol/Substance Abuse

Research shows that teens who begin drinking alcohol at a young age tend to develop an alcohol dependency as they become adults more frequently than those who do not drink before age 21. In 2013, the most recent measurement year, Norfolk had the lowest percentage (26%) of teens who reported using alcohol. Twenty-nine percent (29%) of Virginia Beach teens reported using alcohol, which is 1% lower than Virginia.

Violence in the Home – Child Abuse

Child Abuse takes many forms – neglect, physical, sexual, and emotional – and can have long-term effects damaging self esteem, the ability to form healthy relationships, and to function in a healthy manner. Norfolk saw a steady decrease in child abuse rates from 2011 to 2014 from 7.6 per 1,000 children to 5.5. Since 2014, the rate in Norfolk has significantly increased to 11. The rate in Virginia Beach has steadily decreased from 4.1 per 1,000 children to 2.8.

Hunger

Hunger can affect people from all walks of life and many Americans are one job loss or medical crisis from experiencing food insecurity. In the United States, one in six children may not know where their next meal will come from or when.⁴⁵ Food Insecurity results from a limited or uncertain availability of healthy foods. Scarce food resources can lead to health

problems and arrested development. Children with food insecurity are at a greater risk of developing chronic diseases such as obesity, asthma, and anemia. Other risks may include hyperactivity, anxiety, and bullying.

The percentage of children with food insecurity in Norfolk is higher than Virginia Beach and Virginia. Norfolk’s percentage has slightly decreased (0.9%) since 2013, while Virginia Beach’s percentage has decreased 3.5%. The percentage in Virginia Beach is lower than Virginia. SNAP (Supplemental Nutrition Assistance Program) is a federal program that assists low-income families with purchasing healthy food. The percentage of children who are SNAP participants in Norfolk, Virginia Beach, and Virginia are close to being equivalent with Virginia Beach being slightly higher than Norfolk and Virginia. The 2017 rates for both cities have steadily increased since 2013.⁴⁶

| | Norfolk | Virginia Beach | Virginia |
|--|---------|----------------|----------|
| Child Food Insecurity Rate (2016) | 18.5% | 12.7% | 13.3% |
| Children who are SNAP Participants (2017) | 45.4% | 46.5% | 44.8% |

Smoking/Tobacco Use

⁴⁵ www.feedingamerica.org

⁴⁶ www.ghrconnects.org

Teens who start smoking are more likely to develop a long-term addiction to tobacco than those who do not smoke. According to the Centers for Disease Control and Prevention, it is estimated that 5 million people under the age of 18 will die from smoking-related diseases, which have been reviewed in a previous section. As of 2013, the most recent data available, 18% of Norfolk teens reported using tobacco products. This is lower than the percentages for Virginia Beach (20%) and Virginia (20%).

Sexually Transmitted Infections

Since 2013, diagnoses for Sexually Transmitted Infections (STIs) continue to increase. As seen in the table, the rate of STIs in Norfolk is significantly higher than Virginia Beach and Virginia.⁴⁷

| Health Issue | Norfolk | Virginia Beach | Virginia |
|---|---------|----------------|----------|
| Chlamydia Incidence (per 100,000) 2016 | 1316.2 | 604.5 | 471.6 |
| Gonorrhea Incidence Rate (per 100,000) 2016 | 425.7 | 162.3 | 131.8 |
| HIV Diagnoses Rate (per 100,000) 2017 | 31.8 | 13.3 | -- |
| HIV/AIDS Prevalence Rate (per 100,000) 2016 | 876.2 | 280.3 | 189.3 |

Teen Pregnancy

Since 2011, the teen pregnancy rate per 1,000 females ages 15 – 17 significantly decreased in Norfolk, Virginia Beach, and Virginia. Norfolk remains higher than Virginia Beach and Virginia.⁴⁸

Access to Health Services

Survey participants were asked to select the top five barriers to accessing health services from a list eleven options. The number one barrier identified by key stakeholders and the community was Costs. The list of barriers to in order of priority is below.

- Costs
- Health Insurance
- Transportation
- Time Off from Work
- Understanding the Use of Health Services
- Childcare
- Location of Health Services
- No/Limited Home Support Network
- Lack of Medical Providers
- Discrimination
- No/Limited Phone Access

Community Assets that Need Strengthening

There are many things that impact health outside of the direct provision of healthcare. Survey participants were asked to select the top five community assets they felt need to be strengthened in their community. The list of the top en selected

⁴⁷ www.ghrconnects.org

⁴⁸ www.countyhealthrankings.org

by key stakeholders and community participants in order of priority is below.

- Transportation
- Healthy Food Access
- Safe, Affordable Housing
- Affordable Childcare
- Social Services
- Social Services
- Homeless Services
- Senior Services
- Employment Opportunities
- Safe Play & Recreation Spaces
- Neighborhood Safety

Identifying Needs

This report has highlighted health issues and services that are being effectively addressed by the DePaul community, as well as health issues that may need additional focus in the future.

Both the Survey and secondary data analysis identify important areas to consider prioritizing in the community health improvement planning process. The community and environmental factors highlighted by the community as concerns are important issues that should be considered when planning initiatives or programs to address any of the key health issues.

Community Dialogues

A total of 11 focus group meetings called Community Dialogues were held in the Hampton Roads region in which 283 individuals participated. The purpose of the meetings was to elicit feedback from community members about publically available health data describing health conditions in the service area and to review the online survey results to further explore the findings. The list of Community Dialogues and attendance is in Appendix II.

Six Community Dialogues were held in Norfolk and Virginia Beach in which 108 individuals participated. The meetings began with community members participating in a matrix exercise in which they selected the three most important of the top ten health concerns identified in the Survey. Following matrix exercise, a presentation explaining the CHNA process was shown. For sessions with larger numbers in attendance, participants were then divided into groups to discuss the top concerns identified in the matrix exercise. Smaller sessions were discussed as a single group. Breakout session facilitators lead the discussions with the following questions: Why are these issues? What is causing the issues? What can be done to address the issues? Comments were written down by a staff member or volunteer.

Prioritization Process

Method for Prioritization

DePaul Medical Center's senior leadership team met to review primary and secondary data gathered through the CHNA process (community meetings, community and key stakeholder surveys, and meetings with regional health systems and health departments). The team evaluated each of the top ten health concerns and services that need strengthening identified, the hospitals strategic goals, services currently provided, available hospital resources, and the current CHNA Implementation Plan's progress. After narrowing the top ten health concerns to the top five identified by both the community and key stakeholders, the team then determined the areas in which they could have the greatest impact.

Based on the above information and processes, DePaul will focus the CHNA Implementation Strategy on Substance Abuse, Heart Conditions, Chronic Health in Aging Adults, and Overweight/Obesity.

The implementation strategy around Substance Abuse includes clinical initiatives and community education around opioid abuse. DePaul will address Heart Conditions and Chronic Health in Aging Adults through partnering with medical providers and community groups to increase awareness. In addition, monthly educational

programming on each of the top ten health concerns identified in the CHNA process will be provided through Bon Secours SeniorHealth. DePaul will also address obesity and diabetes through community education. School partnerships will continue to provide nutritional and physical health education.

DePaul will also support mental health efforts through support groups, community education, and referral to local community service boards. Active participation in coalitions addressing homelessness will continue and medical service for the uninsured population will continue through the Bon Secours Care-A-Van and Life Coach programs. Active participation in coalitions addressing behavioral/ mental health, especially in the area of opioid abuse and chronic conditions, will continue.

Although DePaul Medical Center recognizes the importance of all of the top ten health concerns identified by the community and key stakeholders, resources are limited within the organization to prioritize all of the needs. There are other providers and organizations addressing these needs with specialized programs and services. DePaul is prepared to collaborate/assist with these efforts beyond the current set of services we provide.

Progress on 2016 – 2019 CHNA Identified Priorities

After reviewing the results of the DePaul Medical Center 2016 – 2019 Community Health Needs Assessment and assessing the hospital's resources to address the needs identified, senior leadership selected Mental Health, Obesity and Homelessness. In addition, Cancer was added based on secondary data indicating the high incidence of Cancer then the area. Human Trafficking is one of the Bon Secours advocacy resolutions and the high incidence of both labor and sex trafficking in the Norfolk/Virginia Beach area.

Mental Health

- Over the past three years, over 1,500 emergency room patients received telepsych services in the emergency room. The wait time for those emergency room patients accessing behavioral/mental health specialists decreased almost from 110 minutes to less than 60 minutes.
- Life Coaches in the emergency room referred 334 patients to mental health services or the Norfolk Community Services Board. Life Coaches also referred 45 patients in FY19 for psychiatric bed placement, 4 patients for crisis stabilization. Care-A-Van staff referred 84 patients to the Norfolk Community Services Board.
- Forty-nine (49) people participated in Family Focus programming designed to provide parent education on raising healthy families.

Obesity

- The Passport to Health (PTH) initiative launched in FY17 in the East Ocean View community of Norfolk with 71 participants (40 families). The six-month program provides families with education around healthy food and exercise in a relaxed, friendly environment. Screenings are done at the beginning of the program. By the end of the first session, ten members competed two 5K marathons. Since the first PTH session, 44 people attended the sessions, 15 participated in the PTH 5K Walk/Run. The total class reduction in BMI is 31.92, nine participants showed a decrease in blood pressure, eight participants showed a decrease in cholesterol (one decreased from 230 to 100), 5 participants showed a decrease in glucose and A1C levels.
- Nutritional counseling was provided to stroke survivors and their families by the InMotion team.
- Twenty-three (23) employer and community health events were held with 677 in attendance.
- Enrollees in the DePaul Medical Weight Loss program saw an average BMI reduction of 5.01.
- The Heart Health Academy, a three-hour educational program geared to middle-school children, is taught by Dr. Lancey, a Bon Secours cardiologist. The session has been attended by 1,303 students, with an

average pre- and post-knowledge test score increase of 17.7%.

Homelessness

- Care-A-Van staff saw 1,934 homeless people at Union Mission and several churches in Norfolk. Lab services in the amount of \$155,439 were provided to Care-A-Van patients.
- Life Coaches saw 5,894 uninsured or underinsured emergency room patients. They referred 2,017 patients to primary care physicians and 290 to specialists for follow-up. Seventy (70) patients were referred for dental care. Housing resources were provided to 277 patients.
- Partnership with the Southeastern Virginia Homeless Coalition, a regional effort to connect the homeless population in Hampton Roads with resources.
- Collaboration with Hampton Roads Housing Consortium to investigate and develop plans to address issues affecting the homeless population, including continuum of care and housing opportunities for homeless veterans. Serve as a Board member.
- Partnerships with Commonwealth Catholic Charities Regional Advisory Committee to advocate for housing support throughout the region.
- Community Health and Care-A-Van participation in annual Norfolk Homeless Connect Project providing approximately 500 homeless people

in Norfolk each year with health screenings, haircuts, clothing, a healthy meal, and resource information.

Cancer

- Nurse Navigators at DePaul Medical Center assisted 2,298 patients diagnosed with breast, lung, and colorectal cancer from diagnosis to end of treatment.
- Care-A-Van staff screened 287 patients with 23 referred for colonoscopy. FIT screenings were provided by the Care-A-Van for 81 patients, with 41 patients returning for results, 4 patients had positive results, and 4 colonoscopies were performed. Colorectal cancer screenings were increased by 7%.
- Free SPOTme® skin cancer screenings were done in partnership with Eastern Virginia Medical School with 106 participants screened. Nearly two-thirds of the participants were identified as needing follow-up, 41 were referred to dermatologists, and 24 biopsies were recommended.
- Sixty-eight (68) patients received skin cancer screenings at a second site, with 51 needing no follow-up, 9 were recommended to see a dermatologist for close monitoring, and 8 were recommended for biopsies.

Human Trafficking

- Annual mandatory electronic educational component developed for all Bon Secours employees.
- Specialized training for frontline staff in recognizing and treating potential human trafficking victims.
- Human Trafficking educational presentation provided to multi-cultural audience in East Ocean View (7 cultures represented) in partnership with Norfolk Public Schools and Norfolk Parks & Recreation.
- Advocacy at Virginia General Assembly in support of legislation to require posting of Human Trafficking information at all hospitals emergency rooms and other community locations. Legislation passed in 2018, posters installed in emergency room bathrooms and admission area, as well as on the Care-A-Vans.
- Partnership with Virginia Beach Justice Initiative to provide medical care and safe housing for human trafficking victims. Rescued trafficking victims in Hampton Roads are taken to Bon Secours Maryview Health Center for treatment.
- Active participation in the Hampton Roads Coalition Against Human Trafficking (HRCAT) meetings and summits.

Services and Resources Available to Meet Identified Needs

Although DePaul Medical Center recognizes the importance of all the needs identified by the community, resources are limited within the organization to prioritize all of these needs. There are other providers and organizations addressing these needs with specialized programs and services, many of whom serve on the regional Community Health Needs Assessment Coalition. DePaul Medical Center is prepared to collaborate or assist with these efforts beyond the current set of services we provide.

The list below provides names of some resources in the area that can help meet the identified needs of the community:

Alcohol/Substance Abuse

Chesapeake Regional Medical Center
ACCESS Partnership
Children's Hospital of The King's Daughters
Hampton Roads Community Health Center(s)
Lake Taylor Hospital
Norfolk Department of Public Health
Sentara Healthcare
Veterans Affairs Medical Center

Heart Conditions/Diabetes

Chesapeake Regional Medical Center
ACCESS Partnership

Hampton Roads Community Health Center(s)
Lake Taylor Hospital
Sentara Healthcare
Veterans Affairs Medical Center

Response – Sexual Abuse Support Services
Sentara Healthcare
The Barry Robinson Center
Veterans Affairs Medical Center

Chronic Health in Aging Adults

Chesapeake Regional Medical Center
ACCESS Partnership
Geriatrics Life Care
Hampton Roads Community Health Center(s)
Jewish Family Services
Sentara Healthcare
Veterans Affairs Medical Center

For a list of additional resources available to meet identified needs of the community, please review the Virginia Department of Health's Community Services Resource Guide at <https://www.vdh.virginia.gov/Resources>.

No written comments were received on the previously completed CHNA.

Overweight/Obesity

Chesapeake Regional Medical Center
ACCESS Partnership
Children's Hospital of The King's Daughters
Hampton Roads Community Health Center(s)
Jewish Family Services
Norfolk Department of Public Health
Sentara Healthcare
Veterans Affairs Medical Center

The hospital completed its prior CHNA for tax year ending August 31, 2019, and its implementation strategy will be approved by the Board and in place by January 15, 2019. In order to align all hospital year-ends within the Bon Secours Mercy Health, Inc. system, a short period CHNA for tax year September 1, 2019 to December 31, 2019 is being prepared. The identified significant and prioritized health needs remain consistent from the prior CHNA. The hospital has not taken any actions towards the CHNA completed as of August 31, 2019 as its implementation strategy is still in development and not yet approved by the Board. Therefore, the hospital has included the actions taken in the previously filed CHNA for tax year ending August 31, 2016.

Behavioral/Mental Health

Chesapeake Regional Medical Center
ACCESS Partnership
Catholic Charities of Eastern Virginia
Children's Hospital of The King's Daughters
Hampton Roads Community Health Center(s)
Jewish Family Services

The Bon Secours DePaul Medical Center 2020 – 2022 Community Health Needs Assessment was approved by the Bon Secours Hampton Roads Board of Directors on December 3, 2019.

For further information or to obtain a hard copy of this Community Health Needs Assessment (CHNA), please contact:

Bon Secours Hampton Roads
Community Health at (757) 217-0330 or
<http://bshr.com/about-us-community-health-needs-assessment.html>

APPENDIX

APPENDIX I

Community Health Needs Assessment Survey – Key Stakeholders

The list on the following pages includes the organizations that were invited to complete the Bon Secours DePaul Health Needs Assessment Survey between October 23 and December 12, 2019. Representatives from some of the organizations also provided input during facilitated community discussions (Community Dialogues).

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|---|--------------------------|--|---|
| 16th and Arctic Community Association | Civic League | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| AARP | Seniors | Survey invitation to identify top health concerns and services that need strengthening | Seniors, low-income, racial minorities, ethnic minorities, people with disabilities |
| Access Partnership | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities |
| Advanced Aeromedical | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Advanced Technology Institute | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, teens, adults, seniors |
| Aldersgate United Methodist Church | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Altmeyer Funeral Home | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Alzheimer's Association (Southeastern VA Chap.) | Chronic Illness Support | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| American Cancer Society | Chronic Illness Support | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| American Diabetes Association | Chronic Illness Support | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|---|--------------------------|--|---|
| American Heart Association | Chronic Illness Support | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| American Red Cross | Disaster Relief | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Anesthesia Specialists | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Aragona Village Civic League | Civic League | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Arrowhead Elementary School | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children |
| Asian Business Association of Hampton Roads | Community | Survey invitation to identify top health concerns and services that need strengthening | Ethnic community |
| Atlantic Shores Baptist Church | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Atlantic Orthopaedic Specialists | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Atlantic Shores Christian Schools | Education | Survey invitation to identify top health concerns and services that need strengthening | Racial minorities, ethnic minorities, people with disabilities, children |
| Back Bay/Pungo Civic League | Civic League | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Sentara Bariatric Surgery | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, adults, seniors |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|--|-------------------------|--|---|
| Barry Robinson Center | Mental Health | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children |
| Bayside Health & Rehabilitation Center | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Bayside High School | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, teens |
| Bayside Library | Community | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Bayside Middle School | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Bayview Elementary School-Norfolk, VA | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children |
| Bayview Physician Services | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| BB&T | Financial | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| Beach Health Clinic | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Beyond Boobs | Chronic Illness Support | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| Big Brothers and Big Sisters, Southside Virginia | Community | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|--|----------------------|--|---|
| Birdsong Peanuts | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Bon Secours DePaul Medical Center | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| Bon Secours Hampton Roads Board of Directors | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| Boone Branch Health Clinic (Military) | Medical | Survey invitation to identify top health concerns and services that need strengthening | Racial minorities, ethnic minorities, people with disabilities, military, children, adults, seniors |
| Brain Injury Association of VA | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Broad Creek Civic League | Civic League | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Buy Fresh, Buy Local | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| C&F Bank | Financial | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Catholic Charities of Eastern VA | Religious non-profit | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Celebrate Healthcare | Medicare Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Checkered Flag (Car Dealership) | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|--|--------------------------|--|---|
| Child Care Aware | Information | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children |
| Children's Hospital of the King's Daughters | Medical | Survey invitation to identify top health concerns and services that need strengthening; regional CHNA collaboration team | Low-income, racial minorities, ethnic minorities, people with disabilities, children |
| Children's Specialty Group PLLC | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children |
| Chinese Community Association of Hampton Roads | Community | Survey invitation to identify top health concerns and services that need strengthening | Ethnic community |
| CHIP of South Hampton Roads | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children |
| Church of St. Gregory | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| CINCH (Consortium for Infant and Child Health) | Coalition | Survey invitation to identify top health concerns and services that need strengthening; regional CHNA collaboration team | Low-income, racial minorities, ethnic minorities, people with disabilities, children |
| Citizens National Bank | Financial | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| City of Norfolk | Government | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| City of Virginia Beach | Government | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|--|--------------------------|--|---|
| Colon & Rectal Surgery | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| Comfort Keepers | Assisted Living | Survey invitation to identify top health concerns and services that need strengthening | Racial minorities, ethnic minorities, people with disabilities, seniors |
| Commonwealth Assisted Living | Assisted Living | Survey invitation to identify top health concerns and services that need strengthening | Racial minorities, ethnic minorities, people with disabilities, seniors |
| Community Presbyterian Church | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Consultants in Pain Management | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Creeds Elementary School | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Crisis Pregnancy Center | Counseling | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults |
| Dale Carnegie | Education | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Daughters Connection of Hampton Roads Inc. | Chronic Illness Support | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| Digestive & Liver Disease Specialists | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| Dixon Hughes Goodman | Financial | Survey invitation to identify top health concerns and services that need strengthening | Community at large |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|-----------------------------------|--------------------------|--|---|
| Dominion Physical Therapy | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Ear Nose & Throat Ltd | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| East Ocean View Civic League | Civic League | Survey invitation to identify top health concerns and services that need strengthening; community dialogue participant; community dialogue participant | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Eastern Virginia Medical School | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Ebenezer Baptist Church | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| ECK Supply Co. | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| ECPI University | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| EFMP The Planning Council | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children |
| Elite Women's Care | Medical | Survey invitation to identify top health concerns and services that need strengthening | Racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| Emergency Physicians of Tidewater | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|--|--------------------------|---|---|
| Emmanuel Episcopal Church | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Emmanuel Lutheran Church | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Every Woman's Life | Chronic Illness Support | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| F.R.E.E. Foundation for Rehab | Medical Equipment | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Faith Deliverance Christian Center | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| First Baptist Church of Norfolk | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Fleet & Family Support Center-Virginia Beach | Military | Survey invitation to identify top health concerns and services that need strengthening | Racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Food Bank of Virginia | Food Insecurity | Survey invitation to identify top health concerns and services that need strengthening; regional CHNA collaboration | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Fresenius Medical Care | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Geriatrics Life Care | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, seniors |
| Gethsemane Community Fellowship Church | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|------------------------------------|--------------------------|--|---|
| Ghent Area Ministry | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Ghent Family Medicine | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Glennan Center for Geriatrics | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, seniors |
| Grace Bible Church, VA | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Grace Episcopal Church | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Green Run Homeowners Association | Civic League | Survey invitation to identify top health concerns and services that need strengthening; community dialogue participant | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| H.O.P.E Foundation | Special Needs | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Hampton Roads Chamber of Commerce | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Hampton Roads Community Foundation | Foundation | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Hampton Roads Magazine | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Hampton Roads Sports Commission | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|--------------------------------------|--------------------------|--|---|
| Harbor's Edge | Assisted Living | Survey invitation to identify top health concerns and services that need strengthening | Racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| HER Shelter | Crisis Support | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, girls, women |
| Holy Spirit Church | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Hope Haven Adult Home | Assisted Living | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| Hope House Foundation | Special Needs | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Housing Partnerships | Coalition | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| Indian Lakes Foundation | Civic League | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Ingleside Civic League | Civic League | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| International Black Women's Congress | Support Network | Survey invitation to identify top health concerns and services that need strengthening | Racial minorities |
| ITT Tech | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| JenCare Senior Medical Center | Seniors | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, seniors |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|--|--------------------|--|---|
| Jewish Community Center | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Jordan-Young Institute | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Judeo Christian Outreach Center | Crisis Support | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Kaufman & Canoles | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Kempsville Center for Behavioral Health | Mental Health | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Kindred Transitional Care & Rehab | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| Lake Taylor Hospital | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| Landmark Media Enterprises | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Landstown High School | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, teens |
| LifeNet | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Lions Medical Eye Bank and Research Center of Eastern Virginia | Medical Support | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|--------------------------------------|--------------------------|--|---|
| Loving Steps | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, women |
| March of Dimes | Medical Support | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, women |
| Max Media of Hampton Roads | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Mediation Center of Hampton Roads | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Medical Center Radiologists Inc | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Medical Facilities of America | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Medical Transport | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Mid Atlantic Maritime Academy | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults |
| Minus 9 to 5 | Coalition | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, children |
| Mt. Carmel Missionary Baptist Church | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| National Alliance on Mental Illness | Mental Health | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|--|--------------------------|--|---|
| National Counseling Group | Mental Health | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Neighborhood Youth Soccer League | Community | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children |
| Nelson Ballard Cemetery | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Nephrology Associates of Tidewater | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Neurosurgical Associates | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| New Life Christian Center | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| New Life Providence Church - Norfolk | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| City of Norfolk Adult Protective Services | Government | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| City of Norfolk Community Services Board | Mental Health | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| City of Norfolk Department of Human Services | Government | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Norfolk Plastic Surgery PC | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|---|--------------------------|--|---|
| Norfolk Public Schools | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children |
| Norfolk Redevelopment & Housing Authority | Housing | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Norfolk State University | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| Norfolk State University - Virginia Beach Higher Education Center | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| Ocean Park Civic League | Civic League | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Odyssey Hospice | Medical Support | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Old Dominion University | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| Old Dominion University - Virginia Beach Higher Education Center | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| Open Door Church | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Optima | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Park Place Health Clinic | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|--|--------------------------|--|---|
| Pathology Sciences Medical Group | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Patient First | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Pembroke Mall | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Pembroke Meadows & Shores Civic League | Civic League | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| People in Need Ministry | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Phillipine Cultural Center of VA | Community | Survey invitation to identify top health concerns and services that need strengthening | Ethnic community |
| Point O'View Civic League | Civic League | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Positive Family Connections | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Pride in Parenting | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| PrimePlus Adult Day Center | Seniors | Survey invitation to identify top health concerns and services that need strengthening; community dialogue participant | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| Prince of Peace Catholic Church | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|---------------------------------|--------------------------|--|---|
| Project Link - DHS VB | Coalition | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, women |
| Pungo Realty | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| R.G. Electric | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Regent University | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| RIDES | Transportation | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Roche Diagnostics Corp. | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Rotary Club of Hampton Roads | Coalition | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults |
| Salvation Army | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Samaritan House Virginia | Crisis Support | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, women, children |
| Scarborough Square Civic League | Civic League | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Second Act Communities | Community | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|---|--------------------|--|---|
| Senior Services of Southeastern Virginia | Seniors | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, seniors |
| Sentara Bariatric Surgery | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Sentara Family Medicine | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Sentara Health Foundation - Hampton Roads | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Sentara Medical Group | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Sentara Norfolk General Hospital | Medical | Survey invitation to identify top health concerns and services that need strengthening, regional CHNA collaboration team | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Sentara Princess Anne Hospital | Medical | Survey invitation to identify top health concerns and services that need strengthening; regional CHNA collaboration team | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Sentara Princess Anne Hospital Auxiliary Board | Medical Support | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, children, seniors |
| Sentara Princess Anne Hospital Patient & Family Council | Medical Support | Survey invitation to identify top health concerns and services that need strengthening; community dialogue participant | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, children, seniors |
| Seton Youth Shelters | Crisis Support | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|-------------------------------------|--------------------------|--|---|
| Shiloh Baptist Church | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Shoemaker Vision Center | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Sisters Network Inc. | Support Network | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| South University | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults |
| Southeastern Virginia Health System | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Spring Branch Community Center | Community | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| St Gregory the Great Church | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| St John the Apostle Church | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| St. Gregory the Great School | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children |
| St. Nicholas Catholic Church | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| State Farm Insurance | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|--------------------------------|----------------------------|--|---|
| SunTrust Bank | Financial | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Surgical Services | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Susan G. Komen, Tidewater | Crisis Support | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Tabernacle Church of Norfolk | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| The Glaucoma & Laser Center | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| The Group for Women | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, women |
| The Up Center | Substance Abuse Prevention | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Tidewater Community College | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| Tidewater Physicians for Women | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, women |
| Towne Bank-Norfolk | Financial | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Union Mission | Homelessness | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|--|----------------------------|--|---|
| United Way of South Hampton Roads | Education, Health | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Urban League of Hampton Roads | Education, Health, Housing | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, people with disabilities, children, adults, seniors |
| Urology of Virginia | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| VA Office of the Attorney General/Hampton Roads Opioid Working Group | Substance Abuse Prevention | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| VA Oncology Associates | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Valverde & Rowell PC | Immigration Law | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Vetshouse | Homelessness | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, veterans |
| Virginia Beach Amphitheater | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| City of Virginia Beach Community Services Board | Government | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Virginia Beach Health Services Advisory Board | Government | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Virginia Beach Healthy Families | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|---|--------------------------|--|---|
| City of Virginia Beach Public Schools | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children |
| Virginia Beach United Methodist Church | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Virginia Cooperative Extension | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults |
| Virginia Department of Health - Norfolk | Government | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Virginia Department of Health - Virginia Beach | Government | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Virginia Eye Consultants | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Virginia Home Medical | Medical Support | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Virginia Modeling, Analysis and Simulation Center | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Virginia Oral Health Coalition | Medical Support | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Virginia Premier Health Plan | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Virginia Supportive Housing | Housing | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |

| Organization | Organization Focus | Nature and extent of input | Populations whose interest were represented |
|------------------------------|--------------------------|--|---|
| Virginia Wesleyan University | Education | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors |
| Virginian Pilot | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Volvo Medical Associates | Medical | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Wave Church - Norfolk | Faith-based Organization | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Williams Mullen | Law | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| WM Jordan | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| Woodlawn Memorial | Business | Survey invitation to identify top health concerns and services that need strengthening | Community at large |
| YMCA | Business | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| YWCA | Business | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |
| Z Andrew Counseling Services | Mental Health | Survey invitation to identify top health concerns and services that need strengthening | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors |

APPENDIX II

**Bon Secours Hampton Roads
CHNA Community Dialogues**

| Organization | Populations whose interest were represented | Date/Time | Attendance |
|---|---|-----------------------------------|-------------------|
| Mary Immaculate Hospital SeniorHealth Newport News, VA | Seniors, low-income, racial minorities, ethnic minorities, people with disabilities | Tuesday January 8, 2019 | 87 |
| DePaul Medical Center SeniorHealth Norfolk, VA | Seniors, low-income, racial minorities, ethnic minorities, people with disabilities | Friday January 18, 2019 | 34 |
| Maryview Medical Center SeniorHealth Portsmouth, VA | Seniors, low-income, racial minorities, ethnic minorities, people with disabilities | Tuesday January 22, 2019 | 64 |
| Healthy Portsmouth (Key Stakeholders) Portsmouth, VA | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors | Thursday February 21, 2019 | 8 |
| Community Conversations – No Wrong Door Norfolk, VA | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors | Monday February 25, 2019 | 24 |
| Family Focus English as a Second Language Newport News, VA | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors | Wednesday February 27, 2019 | 12 |
| Sentara Princess Anne Patient/Family Advisory Group Virginia Beach, VA | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors | Thursday February 28, 2019 | 20 |
| Federation of Civic Leagues Norfolk, VA | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors | Thursday March 14, 2019 | 11 |

| Organization | Populations whose interest were represented | Date/Time | Attendance |
|---|---|-----------------------------|------------|
| Green Run Civic League Virginia Beach, VA | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors | Saturday March 23, 2019 | 8 |
| Virginia Resource Center Norfolk/Virginia Beach, VA | Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors | Wednesday March 27, 2019 | 11 |
| Peninsula Department of Health (Key Stakeholders) Newport News, VA | Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors | Monday April 1, 2019 | 4 |

APPENDIX III

Bon Secours DePaul Medical Center CHNA Community Health Survey Verbatim Comments

Community Health Concerns for Adults (18 years of age and older)

- Free and accessible long term birth control.
- No more free health insurance nor care for those under age 60.
- Young adults do not realize the danger they are in with careless choices and they fail to protect themselves.
- I am very much concerned with the impact of health disparities experienced in my community and these issues are prevalent in minority communities.
- Aging
- Heart conditions are also a concern.
- Lack of health literacy and lack of adherence to home medications is a huge problem.
- Impact on community and will have a greater impact in the years to come if not addressed now.
- 23508 is severely polluted by the coal piers and ensuing coal dust that floats across Lambert's Point and Larchmont.
- I note heart conditions as that is sort of the nail in the coffin as far as functionality. But this is the result of obesity, diabetes, poverty, poor medical follow-up, smoking, substance abuse. All of these issues seem to occur singly, or more often in a combination, that results in me seeing people who are unhealthy, disabled, and unable to function in society.
- balanced diet, availability of healthy, fresh foods across income levels and geographic areas
- How did Womens health and health care disparities not make this list
- Getting help in homes of individuals who need them they don't qualify for Medicaid. People only with Medicare having troubling getting physicians to see them due to only having Medicare.
- Mental health is a growing populations. Yet there's limited organizations that can screen. Barriers such as appointments, transportations comes into play.
- Lack of understanding of community resources that are already available to patients and are under utilized
- Age 55+ community. Concerned about all areas affecting senior citizens
- Cost of healthcare including prescription medications

- am blessed with good health at this time. But, I am very aware of the cancer (breast) rate in this area; very aware of obesity and heart disease are so connected. I am aware of the substance abuse as well. Additionally, because of the work situation so many find themselves, stress and anxiety are huge which leads to all of the following conditions. Americans in general are in poor health and do not take good care of themselves. Virginia Beach has a very active population and appears to be a very athletic minded population. But, I believe that is very small considering the population size. We could be so much healthier.
- Social isolation, safety

Issues that may affect the ability for Adults to Access to Healthcare

- Make too much money for assistance & not enough to afford health insurance
- Lack of health insurance is the main problem
- Lack of choices in some healthcare providers
- Insurance reimbursement is the main problem I see in offering services related to weight loss and disease management. People can't afford to pay out of pocket.
- Childcare is a huge issue for many women as well as good prenatal care.
- Cut all medicaid. Increase Medicare. Medicare is an earned benefit for seniors. Medicaid is welfare for lazy losers.
- Low income, cannot afford doctors
- Lack of qualified MDs & specialists plus ludicrous wait times & charges, incompetent billing/enterprise systems, EHRs with significant erroneous information, etc. Norfolk & VB only offer welfare medicine courtesy of bottom of the barrel (remainder of comment edited by BSHR)
- Poor people do not identify with medical professionals and do not do preventive care and yearly physicals.
- Health insurance is so expensive that individuals (especially with mental health issues) just don't get the help they need.
- Populations impacted by health disparities experience such as a consequence of impaired social determinants of health. These areas touch upon those.
- Those of us that have health insurance with large deductibles or co-pays are less likely to seek care when needed because of the cost.
- For the elderly, they often "don't want to bother anyone" so care is delayed.
- I do not believe there is a stand-alone provider in 23508. for poorer residents, it is difficult to get to a physician.
- Few providers of services are available in evenings or weekends making it difficult for working parents to take time off.

- These are all important. Understanding use of health services is easily a tie for the others I chose., as is child care.....
- there is no support network for families and if there is then where are they.
- knowledge of services available and sometimes language barriers
- I am concerned about the cost of health care in general. I can not retire because I can not afford the cost of my current health insurance. Working for the state -the only perk is good health insurance coverage. ON the outside the cost is awful. I am for all to have good coverage, but I not for the abuse of our system so that people can be covered without working for it.

Community Health Services for Adults that Need to be Strengthened

- I have not had to use these services so I am putting down what is important to me.
- More education on lifestyle to get off medications for chronic disease.
- New laws affect women's access to care for prenatal.
- Often, there is little to no follow up from doctors or post-referral
- Access to quality care is non existent.
- Educating poor folks about self care and where they can go for medical care without being shamed.
- Wish there was more of an emphasis put on the prevention of injury and illness and overall wellness.
- Need 24 hour pharmacies.
- Patients with chronic diseases need RN/RT navigators for in-depth education and help with adherence to treatment for diseases like COPD, DM, CHF, asthma.
- Transportation is a major issue for the aging population.
- Women's health
- Health promotion and prevention is inherent in all of these categories.
- Services addressing sexually transmitted infections and teenage pregnancy.
- clients are unaware of services available and not educated on the insurance availability and DSS is swamped. grants for organizational who can assist clients and give resources out there
- This question is misleading. I do not feel 5 services need to be strengthened. I do not know many people nor use any of the services listed. To my knowledge, access, availability and quality of these services are adequate. I checked the boxes that are of interest to me.

Community Health Concerns/Issues for Children and Teens (Age 0-17)

- Learning Disabilities and school related issues are a problem
- Working with families on communication between teens and parents.
- Not teaching about sex and reproduction affects teen pregnancy issues.
- I feel that teens and new mothers need to have a program in the maternity ward on how to help your child be ready for school. Some training at anytime to explain that talking to your child about colors as you dress them. Read to them in your arms everyday. They love to hear yur voice and they learn to enjoy books. Use the library for books. Point out flowers, colors and crumbled leaves on a walk. Blow dandelions. Explain what your reading. Readiness and parent participation in education is important.
- There are already more than adequate resources in the community. What is needed are responsible parents! (Remainder of comment edited out by BSHR)
- Vaccination refusal Over medication - with ADD/depression/ psych meds Antibiotic stewardship
- Education, sex education, preventing teen pregnancy.
- No access to primary care without a long wait and well check first. I'm an urgent care doc and we see this all the time on boths sides of the hrbt
- Many things affect children and teens with most connected to parenting skills.
- Barriers for organization having to compete vs. complimenting each organizations. leaving the community without other resources out there.
- Health promotion should be for children as well.

Community Health Services for Children and Teens that Need to be Strengthened

- learning disabilities and appropriate school services- such as IEP:'s, Section 504, and poor job that schools do dealing with behavioral issues. When they do not do a good job, the child, the family and the community as a whole suffers.
- Weight management
- People feel stuck and do not know how to do differently. They fall into generational patterns.
- Violence prevention and gun safety education Palliative care services
- cardiac care.
- violence prevention/gun control obesity management developmental disorder support
- Cannot emphasize more strongly the lack of adequate mental health resources for children, especially those with public insurance or no insurance.
- Services can be strengthened but if parents aren't required to access services, it is of no help. Social Services is difficult to access, as is behavioral/mental health

services. There is sufficient access to dental/oral health BUT parents must take minors for services.

- Prevention - effective prevention strategies will work if put in place correctly and with integrity. Abuse and violence prevention is the key in reducing incidents of domestic violence and abuse.
- Home visiting programs
- Community safety services
- Majority of what I see, parents support due to lack of support in home.
- Kinship care/relatives raising children supports need to be dramatically improved. Including educating families and social workers in the direct community (ie caseworkers don't even know basic elements/programs available).
- Improving immunization rates for children in the community.

At Risk/Vulnerable Populations who Need Services or Support

- The cost of insurance/the care for those on fixed/lower incomes
- We need to have more education about sex trade.
- Virginia Beach looks like a progressive community and a good place to live, but has many needs below the surface.
- I would add to the "transitioning out of incarceration" to those currently incarcerated. When I see a patient who is going for trial, he states he may or may not be back for follow-up. They almost never received the medications they need while in jail, and often return to clinic after their sentence having received next to no care in the ineffectual jail clinic.
- Add seniors and un or underinsured
- According to data, more people are insured but our organization receives more requests for help now because although they may have coverage, they cannot afford deductibles or monthly copays. Underinsured populations with low incomes or don't understand their benefits call daily for assistance.
- All of the above also have trouble accessing care for their kids - so all these fundamentally also impact access for children as a vulnerable population.
- Immigrants or community members who are not fluent in English are a population who need services targeted towards them.
- really hard to choose just five. it's a vicious circle and some are not even being address or one has more resources and funding then the other *Caregivers (Examples: caring for a spouse with dementia or a child with autism) *Individuals with Intellectual or Developmental Disabilities *Low Income Individuals *Unemployed Individuals *Victims of Human Trafficking, Sexual Violence or Domestic Violence *Veterans and Their Families ALL POINTS BACK TO

MENTAL HEALTH. WE GIVE A PRESENTATION FOR BEATING THE HOLIDAY BLUES, GRIEVING, EDUCATING STAFFS (IN SCHOOLS), FAMILIES HOW TO IDENTIFY SUICIDE IDEATIONS. AGAIN A BARRIER TO GET IN THE SYSTEM.

Community Assets and Services that Need Strengthening

- There are not enough curb cuts at all in the entire area.
- Virginia Beach needs public transportation.
- Exterminate medicaid. Plus up Medicare. Medicaid is welfare. Medicare is an earned benefit!
- Hours for healthy food need to be for those that work.
- Linkages in Systems of Care
- When a young family pays for child care, it cancels out a large portion of their income. Rent in a safe neighborhood is out of reach for many. Access to Healthy foods won't work if parents/individuals won't use them. Would like to see SNAP work more like WIC where only healthy foods can be purchased (currently, items like candy, soda, chips and other non-nutritional foods can be obtained with SNAP).
- Community Task Forces that decide on prevention strategies for their communities...
- Safe places to play and walkable/bikeable communities also rank high up there.
- Public Safety is an asset, if we have the community proactive in helping. Education- after school program and have a alternative for detentions and suspensions
- health safety net

Other Comments

- Require all public spaces to have baby changing tables in Men's restrooms or have family bathrooms
- Eradicate/exterminate all welfare programs- and ban all illegal aliens from accessing tax payer funded health insurance & health care resources!
- This area could benefit from a wide-scale health literacy program.
- there is a need for more community clinics with health coaching. I know a family on Medicaid but cannot use a urgent care, they don't take Medicaid, so has to use the Emergency Room all the time. Evening hour clinics, Home visit services.

APPENDIX IV

Community & Key Stakeholder Surveys

The following pages include the Community and Key Stakeholder Surveys.

Welcome to the Community Health Needs Assessment Survey

Thank you in advance for responding to this brief survey as part of the Community Health Needs Assessment being conducted jointly by Bon Secours Hampton Roads, Children's Hospital of The King's Daughters, Riverside Health System, Sentara Healthcare and the Virginia Department of Health.

Your role in the community gives you a unique perspective on the health of our community and the services available. We appreciate you taking a few minutes to answer (only 11 questions), sharing your valuable insight with us.

The results of the survey will help us identify community health priorities, as well as highlight possible opportunities to effect change.

Understanding Your Perspective - Your Community

1. Please tell us which Virginia cities and / or counties you view as the community you serve. (Check all that apply even if your perspective only includes one part of a city or county.)

- | | |
|--|---|
| <input type="checkbox"/> Accomack County | <input type="checkbox"/> Newport News (City of) |
| <input type="checkbox"/> Charles City County | <input type="checkbox"/> Norfolk (City of) |
| <input type="checkbox"/> Chesapeake (City of) | <input type="checkbox"/> Northampton County |
| <input type="checkbox"/> Essex County | <input type="checkbox"/> Northumberland County |
| <input type="checkbox"/> Franklin (City of) | <input type="checkbox"/> Poquoson (City of) |
| <input type="checkbox"/> Gloucester County | <input type="checkbox"/> Portsmouth (City of) |
| <input type="checkbox"/> Hampton (City of) | <input type="checkbox"/> Richmond County |
| <input type="checkbox"/> Isle of Wight County | <input type="checkbox"/> Southampton County |
| <input type="checkbox"/> James City County | <input type="checkbox"/> Suffolk (City of) |
| <input type="checkbox"/> King and Queen County | <input type="checkbox"/> Surry County |
| <input type="checkbox"/> King William County | <input type="checkbox"/> Sussex County |
| <input type="checkbox"/> Lancaster County | <input type="checkbox"/> Virginia Beach (City of) |
| <input type="checkbox"/> Mathews County | <input type="checkbox"/> Westmoreland County |
| <input type="checkbox"/> Middlesex County | <input type="checkbox"/> Williamsburg (City of) |
| <input type="checkbox"/> New Kent County | <input type="checkbox"/> York County |

Understanding Your Perspective - Your Role in The Community

2. Please select from the list below the type of employer or organization you most identify with as you complete this survey.

(Please choose one)

- | | |
|---|--|
| <input type="checkbox"/> Business Representative | <input type="checkbox"/> Healthcare- Public Health / Health Department / Free Clinic |
| <input type="checkbox"/> Community Nonprofit Organization (Food Bank, United Way, etc.) | <input type="checkbox"/> Healthcare - Health Insurance |
| <input type="checkbox"/> Education (Pre K - High School, including School Administrators and School Nurses) | <input type="checkbox"/> Healthcare - Provider (Physician, Nurse or other Healthcare Professional) |
| <input type="checkbox"/> Education (After High School) | <input type="checkbox"/> Healthcare - Hospital Affiliation (Board Member, Auxiliary Volunteer, etc.) |
| <input type="checkbox"/> Faith-based Organization | <input type="checkbox"/> Law Enforcement / Fire Department / Emergency Medical Services (EMS) |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Local Government or Civic Organization |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Other (Please specify below) |
| <input type="checkbox"/> Healthcare - Behavioral and Mental Health | |

Other (Please specify)

3. If you are answering this on behalf of a community organization, please tell us which one, as well as your name and position.

We are asking for your contact information only to assure completeness of your survey response. Your name and email will not be used in any publication or public presentation of the survey results without your permission.

Organization

My Role / Name

My Email

Community Health Concerns and Health Services Gaps

Adult Health Concerns (ages 18+)

We want to better understand the key health issues that you feel affect the community in which you serve or work. The next two questions are about health concerns and health services gaps for adults in the community. We will also ask you similar questions about children and teens in your community in a later section.

4. Below is an alphabetical list of community health issues that affect ADULTS (ages 18+). Based on your experience, please check the FIVE most important health concerns for ADULTS in your community.

- | | |
|--|---|
| <input type="checkbox"/> Accidents / Injuries (Unintentional) | <input type="checkbox"/> Hunger |
| <input type="checkbox"/> Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids) | <input type="checkbox"/> Infectious Diseases (Hepatitis, TB, MRSA, etc.) |
| <input type="checkbox"/> Alzheimer's Disease / Dementia | <input type="checkbox"/> Intellectual / Developmental Disabilities / Autism |
| <input type="checkbox"/> Behavioral / Mental Health (Suicide, ADHD, Anxiety, Depression, etc.) | <input type="checkbox"/> Neurological Conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.) |
| <input type="checkbox"/> Bullying (Cyber, Workplace, etc) | <input type="checkbox"/> Overweight / Obesity |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Prenatal and Pregnancy Care |
| <input type="checkbox"/> Dental / Oral Care | <input type="checkbox"/> Respiratory Diseases (Asthma, COPD, Emphysema) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, Gonorrhea, Herpes, etc.) |
| <input type="checkbox"/> Drowning / Water Safety | <input type="checkbox"/> Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes) |
| <input type="checkbox"/> Environmental Health (Water Quality, Pollution, Mosquito Control, etc.) | <input type="checkbox"/> Violence – Sexual and / or Domestic |
| <input type="checkbox"/> Heart Conditions (Heart Disease, Congestive Heart Failure / CHF, Heart Attacks / AMI, High Blood Pressure / Hypertension) | <input type="checkbox"/> Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.) |

Other Health Problems: Please share other health concerns if they are not listed above. Also, please use this space to provide any additional information on your above selections.

Community Health Concerns and Health Services Gaps: Adults (ages 18+)

5. Below is an alphabetical list of health services often available in communities. Based on your experience, please check the FIVE services that you feel need to be strengthened in order to improve access, availability and quality of health and healthcare for ADULTS (ages 18+) in your community.

- | | |
|--|--|
| <input type="checkbox"/> Aging Services | <input type="checkbox"/> Health Promotion and Prevention Services |
| <input type="checkbox"/> Alcohol / Substance Abuse Services | <input type="checkbox"/> Home Health Services |
| <input type="checkbox"/> Behavioral / Mental Health Services | <input type="checkbox"/> Hospice and Palliative Care Services |
| <input type="checkbox"/> Bereavement Support Services | <input type="checkbox"/> Hospital Services (Inpatient, outpatient, emergency care) |
| <input type="checkbox"/> Cancer Services | <input type="checkbox"/> Long Term Services / Nursing Homes |
| <input type="checkbox"/> Care Coordination and Transitions of Care | <input type="checkbox"/> Pharmacy Services |
| <input type="checkbox"/> Chronic Disease Services (Diabetes, High Blood Pressure/ Hypertension) | <input type="checkbox"/> Physical Rehabilitation Services |
| <input type="checkbox"/> Chronic Pain Management Services | <input type="checkbox"/> Primary Care |
| <input type="checkbox"/> Dental / Oral Health Services | <input type="checkbox"/> Public Health Services |
| <input type="checkbox"/> Domestic Violence / Sexual Assault Services | <input type="checkbox"/> Self-Management Services (Nutrition, Exercise, etc.) |
| <input type="checkbox"/> Family Planning and Maternal Health Services | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Health Insurance Coverage | <input type="checkbox"/> Telehealth / Telemedicine |

Other Community Health Services: Please share other needed community health services if they are not listed above. Also, please use this space to provide any additional information on your above selections.

Community Health Concerns and Health Services Gaps

Children's and Teens' Health Concerns (ages 0-17)

We want to better understand the key health issues that you feel affect the community in which you serve or work. The next two questions are about health concerns and health services gaps for CHILDREN AND TEENS in the community.

6. Below is an alphabetical list of community health issues that affect CHILDREN AND TEENS (ages 0 - 17). Based on your experience, please check the FIVE most important health concerns for CHILDREN AND TEENS in your community.

- | | |
|---|---|
| <input type="checkbox"/> Accidents / Injuries (Unintentional) | <input type="checkbox"/> Hunger |
| <input type="checkbox"/> Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids) | <input type="checkbox"/> Infectious Diseases (Hepatitis, TB, MRSA, etc.) |
| <input type="checkbox"/> Behavioral / Mental Health (Suicide, ADD, Anxiety, Depression) | <input type="checkbox"/> Intellectual / Developmental Disabilities / Autism |
| <input type="checkbox"/> Bullying (Cyber, Workplace, etc) | <input type="checkbox"/> Neurological Conditions (Epilepsy, Seizures, Tourette Syndrome-TICS, Sleep Disorders) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Overweight / Obesity |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Dental / Oral Care | <input type="checkbox"/> Respiratory Diseases (Asthma and Cystic Fibrosis) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, Gonorrhea, Herpes, etc.) |
| <input type="checkbox"/> Drowning / Water Safety | <input type="checkbox"/> Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes) |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Environmental Health (Water Quality, Pollution, Mosquito Control, etc.) | <input type="checkbox"/> Violence In the Home – Child Abuse (Sexual, Physical, Emotional or Neglect) or Exposure to Domestic Violence |
| <input type="checkbox"/> Heart Conditions (Congenital Heart Defects, Fainting and Rhythm Abnormalities) | <input type="checkbox"/> Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.) |

Other Health Problems: Please share other health concerns if they are not listed above. Also, please use this space to provide any additional information on your above selections.

Community Health Services and Gaps: Children and Teens (ages 0-17)

7. Below is an alphabetical list of health services often available in communities. Based on your experience, please check the FIVE services that you feel NEED TO BE STRENGTHENED in order to improve access, availability and quality of health and healthcare for CHILDREN AND TEENS (ages 0-17) in your community.

- | | |
|---|---|
| <input type="checkbox"/> Alcohol / Substance Use Services | <input type="checkbox"/> Health Insurance Coverage |
| <input type="checkbox"/> Behavioral / Mental Health Services | <input type="checkbox"/> Home Health Services |
| <input type="checkbox"/> Bereavement Support Services | <input type="checkbox"/> Parent Education and Prevention Programming |
| <input type="checkbox"/> Cancer Services | <input type="checkbox"/> Pharmacy Services |
| <input type="checkbox"/> Care Coordination and Transitions of Care | <input type="checkbox"/> Physical Rehabilitation Services |
| <input type="checkbox"/> Child Abuse Prevention and Treatment Services | <input type="checkbox"/> Primary Care |
| <input type="checkbox"/> Chronic Disease Services (Diabetes, High Blood Pressure/ Hypertension) | <input type="checkbox"/> Public Health Services |
| <input type="checkbox"/> Chronic Pain Management Services | <input type="checkbox"/> Self-Management Services (Nutrition, Exercise, etc.) |
| <input type="checkbox"/> Dental / Oral Health Services | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Foster Care (Supporting children in the system and their host families) | <input type="checkbox"/> Telehealth / Telemedicine |

Other Community Health Services: Please share other needed community health services if they are not listed above. Also, please use this space to provide any additional information on your above selections.

Access to Healthcare

8. Below is an alphabetical list of issues that may affect the ability for individuals to access care. Based on your experience, please check the FIVE most important issues in accessing healthcare in your community.

- | | |
|--|---|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> No / Limited Home Support Network |
| <input type="checkbox"/> Costs | <input type="checkbox"/> No / Limited Phone Access |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Time Off From Work |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Lack of Medical Providers | <input type="checkbox"/> Understanding the Use of Health Services |
| <input type="checkbox"/> Location of Health Services | |

Please use this space to provide any additional information on why you selected these concerns.

Identifying Vulnerable Populations

9. Every community has populations which may need additional services or support to be healthy. Please check what you feel are the FIVE VULNERABLE POPULATIONS needing additional services or support in the community.

- | | |
|--|---|
| <input type="checkbox"/> Caregivers (Examples: caring for a spouse with dementia or a child with autism) | <input type="checkbox"/> Individuals Transitioning out of Incarceration |
| <input type="checkbox"/> Children (age 0-17 years) | <input type="checkbox"/> Individuals Needing Hospice / End of Life Support |
| <input type="checkbox"/> Immigrants or community members who are not fluent in English | <input type="checkbox"/> Low Income Individuals |
| <input type="checkbox"/> Individuals / Families / Children experiencing Homelessness | <input type="checkbox"/> Migrant Workers |
| <input type="checkbox"/> Individuals in the LGBTQ+ community | <input type="checkbox"/> Seniors / Elderly |
| <input type="checkbox"/> Individuals Struggling with Literacy | <input type="checkbox"/> Unemployed Individuals |
| <input type="checkbox"/> Individuals with Intellectual or Developmental Disabilities | <input type="checkbox"/> Uninsured / Underinsured Individuals |
| <input type="checkbox"/> Individuals with Physical Disabilities | <input type="checkbox"/> Veterans and Their Families |
| <input type="checkbox"/> Individuals Struggling with Substance Use or Abuse | <input type="checkbox"/> Victims of Human Trafficking, Sexual Violence or Domestic Violence |

Other Vulnerable Populations: share other vulnerable populations if they are not listed above. Also, please use this space to provide any additional information on your above selections.

Community Assets to Strengthen

10. There are many things that impact health outside of the direct provision of healthcare. Below are a list of such assets in the community. Please check what you feel are the FIVE COMMUNITY ASSETS that need strengthening in the community.

- | | |
|--|---|
| <input type="checkbox"/> Affordable Child Care | <input type="checkbox"/> Neighborhood Safety |
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Public Safety Services (Police, Fire, EMT) |
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Public Spaces with Increased Accessibility for those with Disabilities |
| <input type="checkbox"/> Education – Kindergarten through High School | <input type="checkbox"/> Safe Play and Recreation Spaces (Playgrounds, Parks, Sports Fields) |
| <input type="checkbox"/> Education – Post High School | <input type="checkbox"/> Safety Net Food System (Food Bank, WIC, SNAP, Meals on Wheels, etc) |
| <input type="checkbox"/> Employment Opportunity/Workforce Development | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> Environment – Air & Water Quality | <input type="checkbox"/> Social and Community Networks |
| <input type="checkbox"/> Green Spaces | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Healthy Food Access (Fresh Fruits & Vegetables, Community Gardens, Farmers Markets, etc.) | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Walk-able and Bike-able Communities (Sidewalks, Bike/Walking Trails) |

Other Community Assets: share other community assets if they are not listed above. Also, please use this space to provide any additional information on your above selections.

11. Thank you so much for your participation in the community health survey.

Optional: Please leave any comments or closing ideas below.

Your Community Health Needs

Thank you in advance for responding to this brief survey as part of the Community Health Needs Assessments being conducted jointly by Bon Secours Hampton Roads, Children's Hospital of The King's Daughters, Riverside Health System, Sentara Healthcare and the Virginia Department of Health.

The results of the survey will help us identify community health priorities, as well as highlight possible opportunities to effect change.

Your Home Community

* 1. Do you live in Virginia or North Carolina?

North Carolina

Virginia

North Carolina Communities

* 2. Please tell us in which North Carolina County you live.

- Bertie County
- Camden County
- Chowan County
- Currituck County
- Dare County
- Gates County
- Hertford County
- Pasquotank County
- Perquimans County

* 3. Please share your ZIP code.

Virginia Communities

* 4. Please tell us in which Virginia city or county you live.

- | | | |
|---|--|--|
| <input type="radio"/> Accomack County | <input type="radio"/> King William County | <input type="radio"/> Portsmouth (City of) |
| <input type="radio"/> Charles City County | <input type="radio"/> Lancaster County | <input type="radio"/> Richmond County |
| <input type="radio"/> Chesapeake (City of) | <input type="radio"/> Mathews County | <input type="radio"/> Southampton County |
| <input type="radio"/> Essex County | <input type="radio"/> Middlesex County | <input type="radio"/> Suffolk (City of) |
| <input type="radio"/> Franklin (City of) | <input type="radio"/> New Kent County | <input type="radio"/> Surry County |
| <input type="radio"/> Gloucester County | <input type="radio"/> Newport News (City of) | <input type="radio"/> Sussex County |
| <input type="radio"/> Hampton (City of) | <input type="radio"/> Norfolk (City of) | <input type="radio"/> Virginia Beach (City of) |
| <input type="radio"/> Isle of Wight County | <input type="radio"/> Northampton County | <input type="radio"/> Westmoreland County |
| <input type="radio"/> James City County | <input type="radio"/> Northumberland County | <input type="radio"/> Williamsburg (City of) |
| <input type="radio"/> King and Queen County | <input type="radio"/> Poquoson (City of) | <input type="radio"/> York County |

* 5. Please share your ZIP code.

Community Health Concerns and Health Services

ADULTS

We want to better understand the key health issues that you feel affect your community. The following questions are about health concerns and health services for adults. We will also ask you similar questions about children and teens in your community in a separate section.

6. Community Health Concerns for Adults (18 years of age and older)

Below is an alphabetical list of community health issues that affect ADULTS (18+). Based on your experience, please check the FIVE (5) MOST IMPORTANT HEALTH CONCERNS FOR ADULTS in your community.

- | | |
|---|---|
| <input type="checkbox"/> Accidents / Injuries (Unintentional) | <input type="checkbox"/> Hunger |
| <input type="checkbox"/> Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids) | <input type="checkbox"/> Infectious Diseases (Hepatitis, TB, MRSA, etc.) |
| <input type="checkbox"/> Alzheimer's Disease / Dementia | <input type="checkbox"/> Intellectual or Developmental Disabilities / Autism |
| <input type="checkbox"/> Behavioral / Mental Health (Including Suicide, ADD, Anxiety, Depression, etc.) | <input type="checkbox"/> Neurological Conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.) |
| <input type="checkbox"/> Bullying (Cyber, Workplace, etc) | <input type="checkbox"/> Overweight/Obesity |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Prenatal and Pregnancy Care |
| <input type="checkbox"/> Dental / Oral Care | <input type="checkbox"/> Respiratory Diseases (Asthma, COPD, Emphysema) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, Gonorrhea, Herpes, etc.) |
| <input type="checkbox"/> Drowning / Water Safety | <input type="checkbox"/> Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes) |
| <input type="checkbox"/> Environmental Health (Water Quality, Pollution, Mosquito Control, etc.) | <input type="checkbox"/> Violence – Sexual and / or Domestic |
| <input type="checkbox"/> Heart Conditions (Heart Disease, Congestive Heart Failure, Heart Attacks, High Blood Pressure) | <input type="checkbox"/> Violence in the Community (Gun Injuries, Gangs, Human Trafficking, etc.) |

Comments: Please use this space to provide any additional information on why you selected these concerns or share other health concerns that are not listed.

7. Access to Healthcare (Adults)

Below is an alphabetical list of issues that may affect the ability for ADULTS (18+) to access care. Based on your experience, please check the FIVE (5) MOST IMPORTANT ISSUES IN ACCESSING HEALTHCARE FOR ADULTS in your community.

- | | |
|--|---|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> No / Limited Home Support Network |
| <input type="checkbox"/> Costs | <input type="checkbox"/> No / Limited Phone Access |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Time Off From Work |
| <input type="checkbox"/> Lack of Medical Providers | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Location of Health Services | <input type="checkbox"/> Understanding the Use of Health Services |

Comments: Please use this space to provide any additional information on why you selected these concerns or share any concerns that are not listed.

8. Below are questions that address the quality of care received. Please choose if you agree or disagree with the following statements.

When seeking health services, I feel that _____ plays a role in the treatment adults receive.

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Race/Ethnicity | <input type="radio"/> |
| Language | <input type="radio"/> |
| Gender | <input type="radio"/> |
| Sexual Orientation | <input type="radio"/> |
| Age | <input type="radio"/> |
| Disabilities | <input type="radio"/> |
| Religion | <input type="radio"/> |
| Education | <input type="radio"/> |
| Immigration Status | <input type="radio"/> |

Comments: Please use this space to provide any additional information on why you agreed or disagreed with the above statements.

9. Community Health Services for Adults

Below is an alphabetical list of health services. Based on your experience, please check the FIVE (5) MOST IMPORTANT SERVICES you feel NEED TO BE STRENGTHENED in order to improve health services for ADULTS (18+) in your community.

- | | |
|--|--|
| <input type="checkbox"/> Access to Care (Availability, Language, Costs, Lack of Providers, etc.) | <input type="checkbox"/> Health Insurance Coverage |
| <input type="checkbox"/> Aging Services | <input type="checkbox"/> Health Promotion and Prevention Services |
| <input type="checkbox"/> Alcohol / Substance Use Disorders | <input type="checkbox"/> Home Health Services |
| <input type="checkbox"/> Behavioral / Mental Health Services | <input type="checkbox"/> Hospice and Palliative Care Services |
| <input type="checkbox"/> Bereavement Support Services | <input type="checkbox"/> Hospital Services (Inpatient, Outpatient, Emergency Care) |
| <input type="checkbox"/> Cancer Services | <input type="checkbox"/> Long Term Services / Nursing Homes |
| <input type="checkbox"/> Care Coordination and Transitions of Care | <input type="checkbox"/> Pharmacy Services |
| <input type="checkbox"/> Chronic Disease Services (Diabetes, High Blood Pressure) | <input type="checkbox"/> Physical Rehabilitation Services |
| <input type="checkbox"/> Chronic Pain Management Services | <input type="checkbox"/> Primary Care |
| <input type="checkbox"/> Dental / Oral Health Services | <input type="checkbox"/> Public Health Services |
| <input type="checkbox"/> Domestic Violence / Sexual Assault Services | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Family Planning and Maternal Health Services | <input type="checkbox"/> Telehealth / Telemedicine |

Comments: Please use this space to provide any additional information on why you selected these concerns or share any concerns not listed.

COMMUNITY HEALTH CONCERNS AND HEALTH SERVICES

CHILDREN and TEENS

We want to better understand the key health issues that you feel affect your community. The following questions are about health concerns and health services for children and teens.

10. Community Health Concerns for Children and Teens (Age 0-17 years)

Below is an alphabetical list of community health issues that affect CHILDREN (0-17). Based on your experience, please check the FIVE (5) MOST IMPORTANT HEALTH CONCERNS FOR CHILDREN in your community.

- | | |
|--|---|
| <input type="checkbox"/> Accidents / Injuries (Unintentional) | <input type="checkbox"/> Hunger |
| <input type="checkbox"/> Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids) | <input type="checkbox"/> Infectious Diseases (Hepatitis, TB, MRSA, etc.) |
| <input type="checkbox"/> Behavioral / Mental Health (Including Suicide, ADD, Anxiety, Depression, etc.) | <input type="checkbox"/> Intellectual or Developmental Disabilities / Autism |
| <input type="checkbox"/> Bullying (Cyber, School, etc.) | <input type="checkbox"/> Neurological Conditions (Epilepsy, Tourette Syndrome, Sleep Disorders, Seizures etc.) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Overweight/Obesity |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Dental / Oral Care | <input type="checkbox"/> Respiratory Diseases (Asthma, Emphysema, Cystic Fibrosis) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually Transmitted Infections (HPV, Herpes, HIV/AIDS, Chlamydia, Gonorrhea, etc.) |
| <input type="checkbox"/> Drowning / Water Safety | <input type="checkbox"/> Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes) |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Environmental Health (Water Quality, Pollution, Mosquito Control, etc.) | <input type="checkbox"/> Violence In the Home – Child Abuse (Sexual, Physical, Emotional or Neglect) or Exposure to Domestic Violence |
| <input type="checkbox"/> Heart Conditions (Congenital Heart Disease, Fainting, and Rhythm Abnormalities) | <input type="checkbox"/> Violence in the Community (Gun Injuries, Gangs, Human Trafficking, etc.) |

Comments: Please use this space to provide any additional information on why you selected these concerns or share any concerns not listed.

11. Access to Healthcare (Children and Teens)

Below is an alphabetical list of issues that may affect the ability for CHILDREN AND TEENS (0 -17) to access care. Based on your experience, please check the FIVE (5) MOST IMPORTANT ISSUES IN ACCESSING HEALTHCARE FOR CHILDREN AND TEENS in your community.

- | | |
|--|---|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> No / Limited Home Support Network |
| <input type="checkbox"/> Costs | <input type="checkbox"/> No / Limited Phone Access |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Time Off From Work |
| <input type="checkbox"/> Lack of Medical Providers | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Location of Health Services | <input type="checkbox"/> Understanding the Use of Health Services |
- Comments: Please use this space to provide any additional information on why you selected these concerns or share any concerns not listed.

12. Below are questions that address the quality of care children/teens receive. Please choose if you agree or disagree with the following statements.

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Race/Ethnicity | <input type="radio"/> |
| Language | <input type="radio"/> |
| Gender | <input type="radio"/> |
| Sexual Orientation | <input type="radio"/> |
| Age | <input type="radio"/> |
| Disabilities | <input type="radio"/> |
| Religion | <input type="radio"/> |
| Education | <input type="radio"/> |
| Immigration Status | <input type="radio"/> |

Comments: Please use this space to provide any additional information on why you agreed or disagreed with the above statements.

13. Community Health Services for Children and Teens

Below is an alphabetical list of health services. Based on your experience, please check the FIVE (5) MOST IMPORTANT SERVICES that you feel NEED TO BE STRENGTHENED in order to improve health services for CHILDREN and TEENS (0-17) in your community.

- | | |
|--|---|
| <input type="checkbox"/> Alcohol / Substance Use Disorders | <input type="checkbox"/> Health Insurance Coverage |
| <input type="checkbox"/> Behavioral / Mental Health Services | <input type="checkbox"/> Home Health Services |
| <input type="checkbox"/> Bereavement Support Services | <input type="checkbox"/> Parent Education and Prevention Programming (Child Development, Positive Discipline, Newborn Care, Parent/Child Relationships, etc.) |
| <input type="checkbox"/> Cancer Services | <input type="checkbox"/> Pharmacy Services |
| <input type="checkbox"/> Care Coordination and Transitions of Care | <input type="checkbox"/> Physical Rehabilitation Services |
| <input type="checkbox"/> Child Abuse Treatment Services | <input type="checkbox"/> Primary Care |
| <input type="checkbox"/> Chronic Disease Services (Diabetes, High Blood Pressure) | <input type="checkbox"/> Public Health Services |
| <input type="checkbox"/> Chronic Pain Management Services | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Dental / Oral Health Services | <input type="checkbox"/> Telehealth / Telemedicine |
| <input type="checkbox"/> Foster Care (Supporting Children in the System and Their Host Families) | |

Other Community Health Services: Please use this space to provide any additional information on your above selections.

OTHER COMMUNITY STRENGTHS AND WEAKNESSES

14. At Risk Populations

Every community has populations which may need additional services or support to be healthy. Please check what you feel are the FIVE (5) MOST AT-RISK POPULATIONS WHO NEED SERVICES OR SUPPORT in your community.

- | | |
|--|---|
| <input type="checkbox"/> Caregivers (Examples: caring for a spouse with dementia or a child with autism) | <input type="checkbox"/> Individuals Transitioning out of Incarceration |
| <input type="checkbox"/> Children and Teens (age 0-17 years) | <input type="checkbox"/> Individuals Needing Hospice / End of Life Support |
| <input type="checkbox"/> Immigrants or Community Members who are not Fluent in English | <input type="checkbox"/> Low Income Individuals |
| <input type="checkbox"/> Individuals / Families / Children Experiencing Homelessness | <input type="checkbox"/> Migrant Workers |
| <input type="checkbox"/> Individuals in the LGBTQ+ Community | <input type="checkbox"/> Seniors / Elderly |
| <input type="checkbox"/> Individuals Struggling with Literacy | <input type="checkbox"/> Unemployed Individuals |
| <input type="checkbox"/> Individuals with Intellectual or Developmental Disabilities | <input type="checkbox"/> Uninsured / Underinsured Individuals |
| <input type="checkbox"/> Individuals with Physical Disabilities | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Individuals Struggling with Substance Abuse | <input type="checkbox"/> Victims of Human Trafficking, Sexual Violence or Domestic Violence |

Comments: Please use this space to provide any additional information on why you selected these concerns or share any concerns not listed.

15. Community Assets and Services

Every community has assets and services that greatly influence the health and well-being of its residents. Please check what you feel are the FIVE (5) MOST IMPORTANT COMMUNITY ASSETS THAT NEED STRENGTHENING in your community.

- | | |
|--|---|
| <input type="checkbox"/> Affordable Child Care | <input type="checkbox"/> Public Spaces with Increased Accessibility for Those with Disabilities |
| <input type="checkbox"/> Education – Early Childhood (Pre-K) | <input type="checkbox"/> Safe, Affordable Housing |
| <input type="checkbox"/> Education – Kindergarten through High School | <input type="checkbox"/> Safe Play and Recreation Spaces (Playgrounds, Parks, Sports Fields) |
| <input type="checkbox"/> Education – Post High School | <input type="checkbox"/> Safe Sidewalks, Trails and Bike Access |
| <input type="checkbox"/> Education – Special Education Services | <input type="checkbox"/> Safety Net Food System (Food Bank, WIC, SNAP, Meals on Wheels, etc.) |
| <input type="checkbox"/> Employment Opportunity / Workforce Development | <input type="checkbox"/> Senior Services (Centers, Socialization, Education, etc.) |
| <input type="checkbox"/> Environment – Air & Water Quality | <input type="checkbox"/> Social and Community Networks |
| <input type="checkbox"/> Healthy Food Access (Fresh Fruits & Vegetables, Community Gardens, Farmers Markets, etc.) | <input type="checkbox"/> Social Services (Assistance with Medicaid, Medication, Home Safety, Other Resources, etc.) |
| <input type="checkbox"/> Public Safety Services (Police, Fire, EMT) | <input type="checkbox"/> Transportation |

Comments: Please use this space to provide any additional information on why you selected these concerns or share any concerns not listed.

16. Additional Ideas or Suggestions

Please use this space to share any additional ideas or suggestions for improving community health. (OPTIONAL)

Your Point of View

Please tell us a little about yourself (OPTIONAL)

17. Please select the option that best describes your own personal health.

| Very Poor | Poor | Neutral | Good | Very Good |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |

18. Please select the option that best describes the health of your community.

| Very Poor | Poor | Neutral | Good | Very Good |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |

19. Gender

- Male
- Female
- Transgender
- Prefer Not to Answer

20. Race

- White
- Black
- American Indian / Alaska Native
- Asian / Native Hawaiian / Other Pacific Islander
- Some Other Race
- Two or More Races

21. Ethnicity

- Hispanic
- Not Hispanic or Latino

22. Age (years):

- 0-17
- 18-24
- 25-54
- 55+

23. Marital Status

- Married
- Separated
- Divorced
- Widowed
- Never Married / Single

24. Highest Level of Education

- Grade K-8
- Grade 9-11
- High School Graduate
- Some College / No Degree
- Associates Degree
- Bachelor's Degree
- Graduate Degree
- No Schooling Completed

25. Insurance

- Private Insurance (Individual, Exchange Plan, Employer Sponsored)
- Medicare
- Medicaid
- Military (Tricare / VA Benefits)
- Indian Health Services
- Uninsured
- Self-pay (Not Co-Pay)

If enrolled in more than one insurance type, please list them below:

26. Are you currently serving on active duty or as a Reservist in the U.S. Armed Forces?

- Yes
 No

27. Are you a veteran of the U.S. Armed Forces?

- Yes
 No

28. Are you a dependent of someone who serves in the U.S. Armed Forces?

- Yes
 No

29. Housing

- Own
 Rent
 Homeless
 Other

30. Live With:

Number of Adults in Home

Number of Children

31. Live With: Age Range of Children

- 0-2
 3-5
 6-11
 12-14
 15-18
 19-21
 22-25
 There are no children within these age ranges living in my home.

32. Primary Language(s) Spoken in Your Home?

