



Community Health Needs Assessment

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



Good Help to Those In Need®

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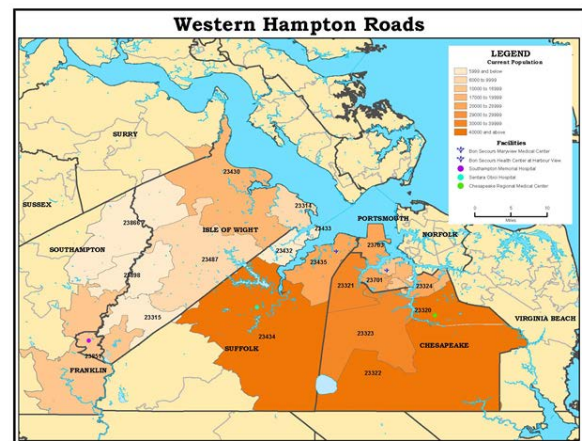
Executive Summary

Bon Secours Maryview Medical Center (Maryview) is a 346-bed facility licensed in the state of Virginia serving approximately 432,000 residents in the cities of Chesapeake, Portsmouth and Suffolk. The 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 from October through December, 2018. Community Dialogues were held January 8 through April 1, 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 Maryview Hospital service area of twenty-four (24) zip codes. The study region is shown in the map below.

Bon Secours Maryview Service Area & Population Density Map



A collaborative team from Maryview Medical Center, Children's Hospital of The King's Daughters, Sentara Healthcare, Riverside Health System and the Virginia Department of Health – Portsmouth (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. In addition, community focus groups were held throughout Hampton Roads.

The Community Health Needs Assessment Survey (Survey) was disseminated October 23 through December 12, 2018, to the Maryview community. 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 Maryview Hospital, such as the Care-A-Van, a mobile medical unit that provides care to the uninsured population; the Maryview Foundation Health Center (free clinic); Bon Secours Maryview Hospital Senior Health members; and an LGBTQ community resource site. The Survey can be reviewed in Appendix V.

The survey was taken by 271 residents and key stakeholders who indicated Chesapeake, Portsmouth or Suffolk 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, 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 Maryview community has worse rates or percentages when compared to Virginia or Healthy People 2020 targets.

Health Concerns
<ul style="list-style-type: none"> • Overweight/Obesity • Heart Conditions • Diabetes • Cancer • Alzheimer's Disease/Dementia • Respiratory Diseases • Arthritis • Sexually Transmitted Infections
Social / Economic Factors
<ul style="list-style-type: none"> • Violence in the Community • Unemployment • Hunger

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	
Behavioral / Mental Health	48.77%
Heart Conditions	46.30%
Overweight/Obesity	45.47%
Diabetes	41.56%
Alcohol/ Substance Use	40.74%
Cancer	34.77%
Alzheimer's Disease / Dementia	30.86%
Violence in the Community	30.66%
Chronic Pain	22.43%
Accidents/ Injuries	19.34%

Top Ten Health Issues identified by Key Stakeholder Survey Participants	
Behavioral / Mental Health	59.60%
Overweight / Obesity	53.87%
Alcohol/ Substance Use	51.86%
Heart Conditions	51.58%
Diabetes	38.68%
Cancer	29.51%
Dental / Oral Care	21.78%
Alzheimer's Disease / Dementia	20.34%
Smoking / Tobacco Use	19.77%
Violence in the Community	19.48%

Top Ten Health Services that Need Strengthening identified by Community Survey Participants	
Health Insurance Coverage	52.49%
Behavioral / Mental Health	51.87%
Aging	40.25%
Access to Care	39.42%
Chronic Disease	29.46%
Long Term Care / Nursing Homes	24.27%
Care Coordination / Transitions to Care	21.58%
Alcohol / Substance Use Disorders	20.12%
Dental / Oral Health	19.29%
Chronic Pain Management	18.88%

Top Ten Health Services that Need Strengthening identified by Key Stakeholder Participants	
Behavioral / Mental Health	63.50%
Health Insurance Coverage	40.36%
Alcohol / Substance Abuse	38.87%
Aging	34.12%
Chronic Disease	32.94%
Health Promotion and Prevention	28.78%
Dental / Oral Health	28.19%
Care Coordination / Transitions of Care	21.66%
Public Health	21.66%
Long Term Care / Nursing Homes	19.88%

For the most part, the health needs selected by survey participants focus on health issues in the top ten concerns. Violence in the Community was the only social issue included in the top ten by both the community and key stakeholders. Chronic Pain and Accidents/ Injuries were included by the community in the top ten health concerns. Dental/Oral Care and Smoking/Tobacco Use were included in the top ten health concerns by key stakeholders. It is interesting to note that the top six health concerns were the same in both the community and key stakeholder results.

Maryview 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, Maryview 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, Maryview 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/Diabetes

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.

Maryview will improve 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, Maryview 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.

Obesity

Maryview will address obesity and diabetes through community education classes held at the hospital. 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

Maryview will address suicide in the inpatient care setting through daily assessment on all patients for suicidal thoughts. Appropriate suicide watch protocols will be implemented on identified risk patients. In addition, phone calls will be made within 24 hours of discharge to assess health status and understanding of discharge instructions in an effort to provide adequate follow-

up treatment and to eliminate gaps of service.

Maryview will continue the mental health initiatives identified in the previous CHNA through offering bereavement support groups and community education. Referrals to local community service boards by the Bon Secours Care-A-Van will also continue. In addition, Maryview will continue to partner with the Portsmouth justice department to provide court within Maryview Behavioral Medicine to protect the dignity of patients being held under temporary detaining orders. Maryview will also provide space free of charge within Behavioral Medicine for Alcohol Anonymous, Narcotics Anonymous, and Gamblers Anonymous.

The hospital completed its prior CHNA for tax year ending August 31, 2019, and its implementation strategy will be approved by the Board of Directors and in place by January 15, 2020. In order to align all hospital year-ends within 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,

he hospital has included the actions taken in the previously filed CHNA for tax year ending August 31, 2019.

Facility and Service Area Description

Bon Secours Maryview Medical Center has served the western Hampton Roads region since 1945. Maryview Medical Center was founded when the federal government recognized a need in Portsmouth for a facility which would serve the healthcare needs of shipyard workers. With a small staff, the 150-bed, 30-bassinet Glenshella Hospital opened its doors to serve residents of the community on March 4, 1945. When the war ended in 1945, the hospital dedicated its mission to caring for polio victims. At the request of the Diocese of Richmond, the Daughters of Wisdom answered the call and came to Portsmouth from Canada to operate the facility. It was renamed Maryview Medical Center in honor of the Virgin Mary and the Waterview area of Portsmouth where the hospital is located. In 1984, Bon Secours Health System agreed to sponsor Maryview Medical Center and continue operating the acute care facility in the Catholic tradition established by the Daughters of Wisdom.

Bon Secours Maryview Medical Center (Maryview) is a 346-bed not-for-profit, acute care facility licensed in the state of Virginia and serving approximately

432,200 residents primarily in Chesapeake, Portsmouth, Suffolk, and the counties of Isle of Wight and⁷ Southampton. Maryview provides a comprehensive array of inpatient and outpatient services. In addition, Maryview works with sister facilities Bon Secours DePaul Medical Center in Norfolk, and Bon Secours Mary Immaculate Hospital in Newport News, to support highly complex surgical specialties.

Maryview's Heart & Vascular Institute offers a specialized open heart program, a cardiac intensive care unit, cardiac and vascular diagnostic services, and cardiac and pulmonary rehab programs. In September 2019, Maryview started offering Transcarotid Artery Revascularization (TCAR), a surgery available for patients suffering from carotid artery disease. Maryview received the Silver LifeLine Award for STEMI and the Stoke Gold Plus Award from the American Heart Association.

The Center for Minimally Invasive Surgery at Maryview offers da Vinci® robotic surgical system options for cardiac, gynecological, urological, and general surgeries. Robotic surgeries result in shorter hospital stays with

faster recovery times and less pain, bleeding and risk of infection. The Maryview Center for Physical Rehabilitation is a modern inpatient facility featuring private rooms, a fully furnished gym, and an outdoor mobility garden. An activities of daily living apartment allows patients and families to practice skills learned during their stay.

Maryview's Behavioral Medicine Center has 54 beds dedicated to behavioral medicine patients. A comprehensive chemical dependency program provides inpatient therapy as well as support groups and education sessions.

Signifying our commitment to rendering the best care to the patients we serve Maryview achieved re-designation of American Nurses Credentialing Center Pathway to Excellence.

Maryview was also awarded the Mission Lifeline Gold Plus achievement award in recognition of its treatment and quality measures of heart attack patients.



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 Chesapeake, Portsmouth and Suffolk area. The ratios for the state are also given for comparison. This data table highlights a disparity in provider to resident ratios between the three cities and across provider types.

Ratio of Provider to Residents (2017)				
	Chesapeake	Portsmouth	Suffolk	Virginia
Primary Care	1250:1	1940:1	1303:1	1330:1
Dental Care	2040:1	940:1	2310:1	1470:1
Mental Health	1110:1	420:1	1330:1	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, Chesapeake was designated a HPSA for primary care, Portsmouth was designated a HPSA for primary care,

dental and mental health and Suffolk was designated as HPSA for mental health. 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. Chesapeake, Portsmouth and Suffolk all have a Medically Underserved Area (MUA) designation.¹

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

A summary of the demographics data for the Maryview community is found in this section of the CHNA.

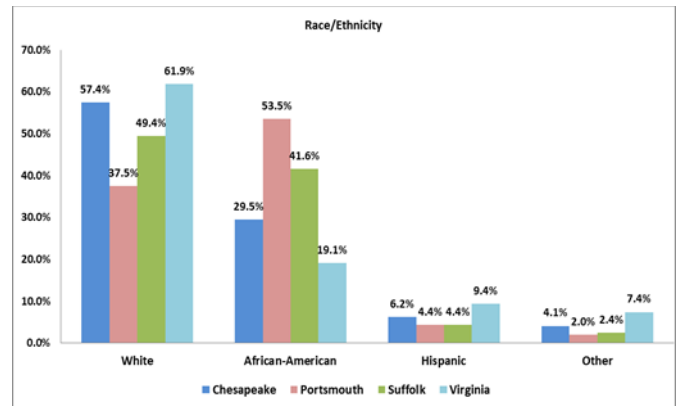
Population

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.²

- The Maryview community is predominantly White with a large African American population. Compared with Virginia as a whole, the Maryview community has a lower percentage of White population and a greater percentage of Africans Americans compared to Virginia.
- There are lower percentages of Hispanics and Asians in the

² MinorityHealth.hhs.gov, HHS Disparities Action Plan

Maryview community compared to Virginia.³



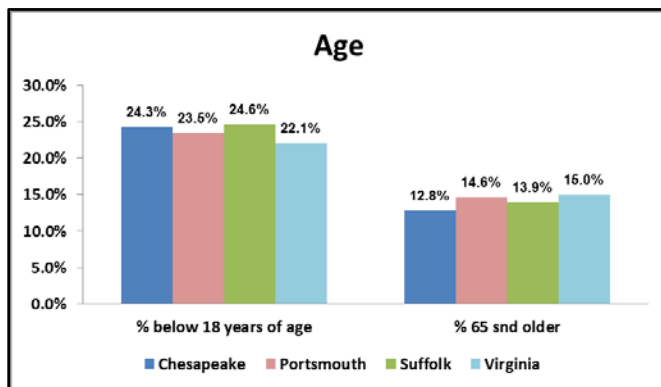
Older adults are at higher risk for developing chronic illnesses such as Diabetes Mellitus, Arthritis, Congestive Heart Failure and Dementia, and this proves to be a burden on the health care system. The first of the “baby boomer generation” (adults born between 1946 and 1964) turned 65 in 2011 and has 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 contribute to the leading causes of death among older adults. Additionally, older adults often experience higher rates of hospitalizations and low-quality care.⁴ The Maryview community age population is comprised of slightly younger adults (age 17 and younger)

³ www.CountyHealthRankings.org

⁴ www.healthypeople.gov/topics-objectives/topic/older-adults

than the rest of Virginia while having a slightly older population (age 65 and older) than the rest of 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.⁵ These data are reflective of the "baby boomer 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).⁶

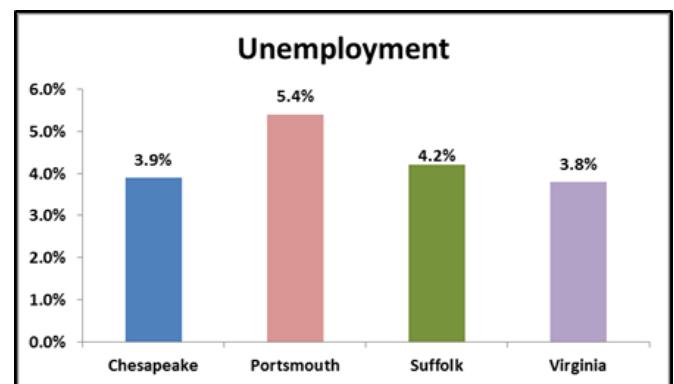
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<http://www.coopercenter.org/demographics/virginia-population-projections>

⁶ Backhans and Hemmingsson, 2011, Lundin et al., 2014, Garcy and Vagero, 2012, Browning

The following tables illustrate the data for unemployment and median income for the Maryview community.

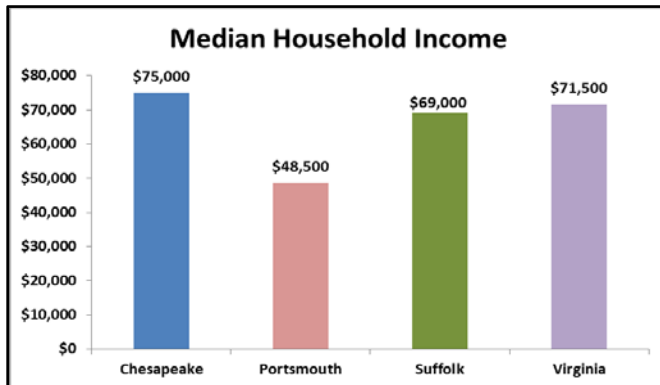
- The Maryview community overall experiences higher levels of unemployment than Virginia, with Portsmouth having the highest unemployment in the community.
- The median household income for Chesapeake is slightly higher than the state of Virginia. Suffolk and Portsmouth median incomes are below the state average with Portsmouth being significantly lower.



- The median household income for Chesapeake is slightly higher than the state of Virginia. Suffolk and Portsmouth median incomes are below the state average with Portsmouth being significantly lower.
- Portsmouth and Suffolk have higher rates of unemployment than Virginia which correlate with their lower

and Heinesen, 2012, Montgomery et al., 2013, Davalos et al., 2012, Deb et al., 2011 and Strully, 2009.

median household income values. Chesapeake has a higher median household income than Virginia while having a slightly higher unemployment rate.⁷



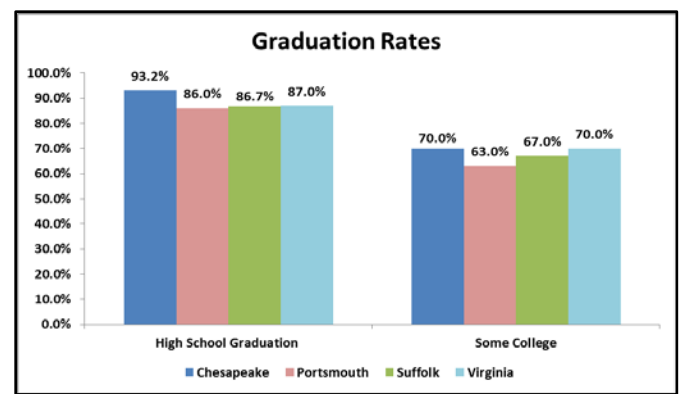
High School Graduation

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 grade. Graduation rates for the Maryview community have significantly increased since the 2016 CHNA.

- The Maryview community as a whole has seen an increase in graduation rates since 2015-2016. With the exception of Chesapeake, Portsmouth and Suffolk are slightly below the state average. Since 2016,

Portsmouth's graduation rate has increased by 12%.

- The rates for Some College have remained statistically constant during 2016-2019. Portsmouth rates are the lowest of the Maryview community with Chesapeake meeting the state average.



Uninsured Population

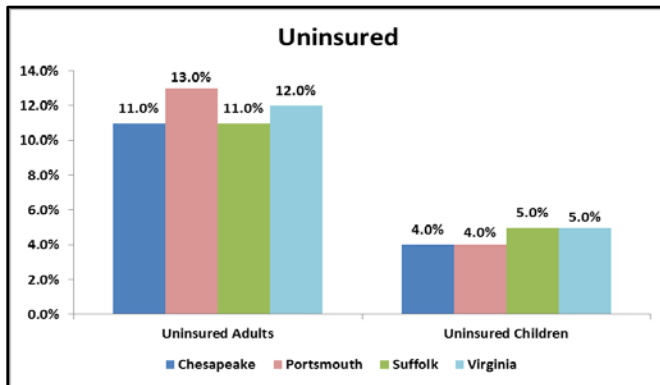
Research shows that high rates of health insurance coverage positively impact a community's overall health status. Access to health care services improves quality of life, school and work productivity and overall rates.⁸

- Overall percentages of uninsured adults in the Maryview community and Virginia have decreased since the 2016 CHNA.
- Portsmouth's uninsured adults remain higher than Virginia while Chesapeake and Suffolk rates are lower than state average.

⁷ www.CountyHealthRankings.org

⁸ www.healthypeople.gov, Access to Health Services

- With the exception of Suffolk, whose rate has remained constant, percentages of uninsured children in the Maryview community and Virginia have also decreased since the 2016 CHNA.



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.⁹

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 following table provides

food and physical activity data for the Maryview community.¹⁰

Measure and Definition of Measure	Chesapeake	Portsmouth	Suffolk	Virginia
Food Environment Index Factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.2	6.8	7.7	8.9
Food Insecurity Percentage of population who lack adequate access to food	11%	20%	14%	11%
Physical Activity Percentage of adults aged 20 and over reporting no leisure-time physical activity HP2020 Goal – 32.6%	23%	28%	26%	22%
Access to exercise Percentage of population with adequate access to locations for physical activity	92%	98%	76%	82%

The Food Environment index for the Maryview community at large is worse than the data reported for Virginia. Food Insecurity percentage in Portsmouth is significantly higher than Virginia. Suffolk's percentage is slightly higher than state average while Chesapeake is on par with the state average. Physical Inactivity percentages for the Maryview community are higher than Virginia. Portsmouth has the highest percentage of physical inactivity within the Maryview community. Although Portsmouth ranked the lowest in physical activity for the Maryview community, the city ranked the highest (98%) for access to exercise opportunities. Suffolk is the only area within the Maryview community to report less access to exercise opportunities than the state average.

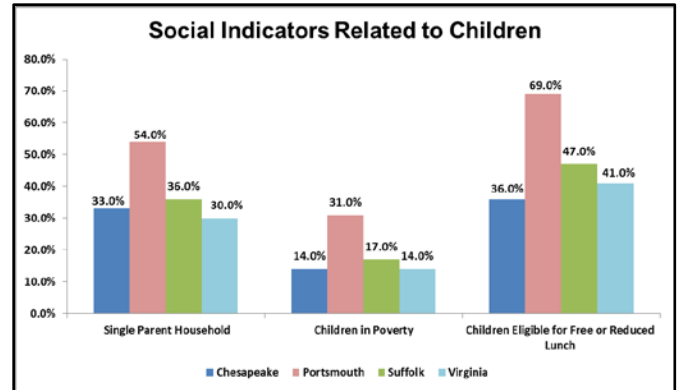
⁹ www.stateofobesity.org/healthcare-costs-obesity

¹⁰ www.CountyHealthRankings.org

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 on the next page provides risk factor data specific to children (<18 years old) in the Maryview community.¹¹

- The percentage of children in single parent households within the Maryview community is above state average with Portsmouth being significantly higher in both the Maryview community and the state.
- The percentage of children living in poverty in Portsmouth and Suffolk is above Virginia while Chesapeake matches the state average.
- With Portsmouth having a higher unemployment rate and considerably lower annual median income, there is a direct correlation with Portsmouth having a significantly higher rate of children on free or reduced lunch within the Maryview community and the state.
- Chesapeake has a marginally higher annual median income over state average resulting in a lower percentage for children eligible for free or reduced lunch compared to the rest of Virginia. The percentage of children eligible for free lunch in Suffolk is higher than Virginia.



Health Conditions and Disease Data Profile

The Health Conditions and Disease Data Profile for Maryview community 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 and well established 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 below.

¹¹ www.CountyHealthRankings.org

Overall Mortality Data

Healthy People 2020 objectives define mortality rate goals per 100,000 populations for a number of health problems.¹² A selection of the Healthy People 2020 mortality targets is as follows:

Healthy People 2020 Mortality Targets	
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 due to unintentional injuries

In 2013, the Maryview community had a total of 2,551 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 the region are: 1) Cancer, 2) Heart Diseases, and 3) Respiratory Disease.

The table below provides the number of deaths attributable to each of the top 10

causes of death for Chesapeake, Portsmouth and Suffolk.¹³

Leading 10 Causes of Mortality by Total Number of Deaths (2013)			
	Chesapeake	Portsmouth	Suffolk
Malignant Neoplasms (Cancer)	395	215	180
Heart Diseases	381	213	165
Cerebrovascular Diseases (Stroke)	72	43	27
Diabetes Mellitus	50	43	27
Unintentional Injuries	77	35	26
Septicemia	43	34	12
Chronic Lower Respiratory Diseases	92	33	32
Nephritis and Nephrosis (Kidney Diseases)	53	31	14
Alzheimer's Disease	52	22	32
Chronic Liver Disease	19	21	9
Influenza and Pneumonia	18	10	19
Suicide	28	10	13

KEY FINDINGS

In this section, we will highlight the top five health concerns raised by health indicators as well as by the Community Health Needs Survey (Survey). This analysis is listed in order of priority based on Survey results to highlight how these concerns or the services address these concerns are perceived by the community and key stakeholders. It is interesting to note that the top five health issues were the same on for the community and key stakeholders.

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

¹² www.healthypeople.gov/2020/topics-objectives

¹³ www.vdh.virginia.gov/healthstats/stats

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. People 2020's goal is to reduce this by 10% to a rate of 10.2 per 100,000.¹⁴

The tables below illustrate data around suicide and mental health.¹⁵ The suicide mortality rate for the Maryview community are lower than Virginia's average with Suffolk being the only city with the Maryview community to be below the Healthy People 2020 target. Although the suicide mortality rate is lower than the state average, the

¹⁴ www.nimh.nih.gov/health

Maryview community has a higher rate of hospitalizations due to mental health with Portsmouth almost doubling the state average.

	Chesapeake	Portsmouth	Suffolk	Virginia
Average Number of Poor Mental Health days (2016)	3.3	3.9	3.4	3.5
Frequent Mental Distress (2016)	10.0%	12.0%	11.0%	11.0%

Portsmouth reports higher for poor mental health days and frequent mental distress compared to the state. Chesapeake reported marginally lower mental health days and mental distress compared to Virginia whereas Suffolk reported slightly lower in poor mental health days but equal to state average for frequent mental distress.

	Chesapeake	Portsmouth	Suffolk	Virginia
Average Number of Poor Mental Health days (2016)	3.3	3.9	3.4	3.5
Frequent Mental Distress (2016)	10.0%	12.0%	11.0%	11.0%

Behavioral/Mental Health was rated as the top health concern by both community and key stakeholder Survey participants. Behavioral/Mental Health Services was also rated in the top five Services that Needs Strengthening question by key stakeholders and the community.

Overweight/Obesity - Adult

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 table below illustrates that the Maryview community has a higher obese population than Virginia. Physical inactivity in the Maryview community is greater than Virginia.¹⁶ Collectively, the Maryview community has shown minor improvement in the obese and sedentary lifestyle population since 2013.

	Chesapeake	Portsmouth	Suffolk	Virginia
Adults (20+) who are Obese (2015)	34.0%	37.0%	34.0%	29.0%
Adults (20+) who are Sedentary (2015)	23.1%	27.8%	26.1%	21.6%

Community Survey participants ranked Obesity/Overweight as the third most important health issue. Key stakeholder Survey participants rated it as the second most important health issue.

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.

Drug overdose deaths have remained consistent in Chesapeake and Suffolk with Portsmouth showing a significant

reduction since 2015. Between 2014 and 2016, the death rate due to Fentanyl/Heroin in Chesapeake and Suffolk steadily increased while Portsmouth showed a substantial reduction. Chesapeake showed a slight increase in prescription opioid related deaths while Portsmouth and Suffolk showed a significant reduction. During the same time span, Narcan administration by emergency medical services steadily increased in Chesapeake and Suffolk while narcan administration by emergency personnel dropped by almost two-thirds in Portsmouth.

The following tables shows the death rates for drug overdose, Fentanyl/Heroin overdose, and prescription drug overdose death rate for the Maryview community.¹⁷ The death rates for drug overdose Chesapeake and Portsmouth are higher than Virginia. The drug overdose death rate for Suffolk is lower than Virginia.

The death rate due to Fentanyl/Heroin for the Maryview community is slightly higher than Virginia. The death rate due to prescription opioid overdose in the Maryview community is lower than Virginia. Narcan administration for emergency medical services in Chesapeake is higher than that of Virginia. Portsmouth and Suffolk rates

¹⁶ www.ghrconnects.org

¹⁷ www.ghrconnects.org

for EMS Narcan administration is lower than Virginia.

	Chesapeake	Portsmouth	Suffolk	Virginia
Drug Overdose Deaths (per 100,000) 2015-2017	17.0	19.0	10.0	16.0
Death Rate due to Fentanyl/Heroin Overdose (per 100,000) 2017	13.7	11.1	11.8	11.0
Death Rate due to Prescription Opioid Overdose (per 100,000) 2017	4.9	5.2	2.9	5.9
EMS Narcan Administration (per 100,000) 2017	57.2	46.5	51.5	53.9

The following table illustrates the percentage for excessive drinking, binge drinking, and alcohol-impaired driving.¹⁸ The percentage for excessive drinking and binge drinking in the Maryview community is lower than Virginia. The percentages for alcohol-impaired driving deaths in Portsmouth is marginally higher than Virginia, while the percentage of alcohol-impaired driving deaths in Chesapeake and Suffolk are lower. Although the percentages except alcohol-impaired deaths are lower than Virginia, there has been a slight increase in excessive drinking in the Maryview community since 2015.

¹⁸ www.ghrconnects.org

	Chesapeake	Portsmouth	Suffolk	Virginia
Excessive Drinking (2016)	17.0%	16.0%	17.0%	17.4%
Adults who Binge Drink (2015)	16.6%	14.7%	16.1%	—
Living Deaths (2013-17)	25.0%	32.0%	17.0%	31.1%

Even though the Maryview community ranks lower than Virginia for excessive drinking, both community and key stakeholder survey participants ranked Alcohol/Substance Abuse as a top ten health concern and a service that needs strengthening.

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.¹⁹ Stroke is the second leading cause of death globally, and the third leading cause of death in the United States. Stroke is also a leading cause of disability in the United States. The chart on the next page shows the Healthy People 2020 mortality goals for Heart Disease and Stroke.²⁰

¹⁹ www.heart.org/idc/groups/ahamh-public

²⁰ www.healthypeople.gov, Heart-Disease-and-Stroke

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 Chesapeake, Portsmouth, Suffolk and Virginia.²¹ The Maryview community stroke mortality and heart disease mortality rates are higher than Virginia's rate. Portsmouth rates for both stroke and heart disease or significantly higher compared to the state and within the Maryview community.

	Chesapeake	Portsmouth	Suffolk	Virginia
Stroke Mortality Rate (per 100,000) 2017	39.9	49.0	36.3	31.8
Heart Disease Mortality Rate (per 100,000) 2017	145.7	200.7	166.0	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 atherosclerosis. One in three adults has high blood pressure in the United States. One in six adults has high blood

²¹ www.ghrconnects.org

cholesterol. The prevalence of high blood pressure and high cholesterol in Portsmouth and Suffolk is above Virginia. The prevalence of high cholesterol in Chesapeake is above state average but high blood pressure is less than Virginia and that of the United States (37.1%).²²

	Chesapeake	Portsmouth	Suffolk
High Blood Pressure Prevalence: Adults (2015)	32.9%	38.1%	37.2%
High Cholesterol Prevalence: Adults (2015)	35.5%	35.7%	35.7%

Key stakeholders and the community identified heart conditions in the top five as a health concern. Neither survey group identified heart conditions in the top ten services that needs strengthening.

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.²³

The following table shows data around diabetes rates, mortality, and hospitalization.²⁴ The percentage of adults with diabetes in the Maryview

²² www.ghrconnects.org

²³ www.ghrconnects.org

²⁴ www.ghrconnects.org

community is higher compared to Virginia.

Diabetes mortality rates for the Maryview community are higher than Virginia, with Portsmouth and Suffolk being significantly greater than the state average.

Hospitalization rates due to diabetes are higher than Virginia within the Maryview community with Portsmouth doubling the state average.

Since 2014, the percentage of adults with diabetes has increased for Chesapeake and Portsmouth while Suffolk has seen a minor decline. Since 2015, diabetes mortality rates for Chesapeake and Portsmouth have significantly decreased, while the mortality rate for Suffolk slightly increased. The hospitalization rate due to diabetes has increased for Chesapeake and Portsmouth since 2014-2016 and decreased in Suffolk.

	Chesapeake	Portsmouth	Suffolk	Virginia
Adults with Diabetes (20 years +) 2015	11.4%	12.6%	12.5%	10.0%
Diabetes Mortality Rate (per 100,000) 2017	19.3	34.1	33.2	17.6
Hospitalization Rate due to Diabetes: Adults (per 10,000) 2015-2017	22.4	34.2	20.7	17.1

Diabetes was rated in the top five as a major health issue by key stakeholders and community survey respondents. It

was also in the top five as a Service 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 Maryview community, which includes the cities of Chesapeake, Portsmouth and Suffolk. It combines and compares data from the Community Health Needs Assessment with an analysis of secondary data.

Cancer

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

Cancer mortality rates advanced by Healthy People 2020 include the following:²⁵

Healthy People 2020 Cancer Rate Mortality Rate Goals	
Overall Cancer	161.4 deaths per 100,000
Breast Cancer	20.7 deaths per 100,000 females
Lung Cancer	45.5 deaths per 100,000
Prostate Cancer	21.8 deaths per 100,000 males
Colon (Colorectal) Cancer	14.5 deaths per 100,000

²⁵ www.healthypeople.gov, Cancer

The following tables show the data for colorectal, lung, prostate, and breast cancer for the Maryview community.²⁶

Cancer Mortality Rates 2011 -2015 (per 100,000)				
	Chesapeake	Portsmouth	Suffolk	Virginia
Colorectal Cancer	13.9	17.9	18.6	14.0
Lung Cancer	51.1	57.6	43.2	44.0
Prostate Cancer	13.9	17.9	18.6	20.2
Breast Cancer	23.0	27.9	27.0	21.8

- **Colorectal Cancer**

Since 2008, colorectal cancer mortality rates steadily decreased in Chesapeake and Suffolk. After a steady decline, Portsmouth colorectal mortality rates increased but are still lower than 2008 rates. Portsmouth and Suffolk colorectal cancer rates are above the Virginia rate (14.0). York County colorectal cancer rates are minimally below the Virginia rate.

Colorectal Cancer Mortality (rate per 100,000)				
	2008-2012	2009-2013	2010-2014	2011-2015
Chesapeake	17.2	15.4	14.6	13.9
Portsmouth	20.8	17.4	17.7	17.9
Suffolk	20.6	20.6	20.3	18.6

- **Lung Cancer**

Since 2008, lung cancer mortality rates in Portsmouth and Suffolk have steadily declined. Lung cancer rates in Chesapeake have remained relatively constant since a decent decrease in rates between 2008 and 2013. Currently, Chesapeake and

Portsmouth rates are above the Virginia rate (44.0)). Lung cancer is the second most commonly diagnosed cancer (excluding non-melanoma skin cancer) and the leading cause of cancer death among both men and women in the United States. Cigarette smoking is the strongest risk factor for lung cancer.²⁷

Lung Cancer Mortality (rate per 100,000)				
	2008-2012	2009-2013	2010-2014	2011-2015
Chesapeake	54.1	51.8	50.5	51.1
Portsmouth	62.9	60.3	57.4	57.6
Suffolk	49.9	48.2	47.3	43.2

- **Prostate Cancer**

Since 2008, prostate cancer mortality rates in Chesapeake have steadily decreased. During 2008 – 2014 prostate cancer mortality rates in Portsmouth fluctuated while Suffolk showed a steady increase through 2014.

Prostate Cancer Mortality (rate per 100,000)				
	2008-2012	2009-2013	2010-2014	2011-2015
Chesapeake	27.9	26.1	25.7	13.9
Portsmouth	37.5	39.0	34.7	17.9
Suffolk	34.9	38.2	40.9	18.6

Since 2015 the rates in the Maryview community have drastically reduced, being almost rate the mortality rate or better than 2014 reporting period and below the Virginia rate (20.2).

²⁶ www.ghrconnects.org

²⁷

www.cancercoalitionofvirginia.org/VirginiaCancerData

The strongest risk factors for developing Prostate cancer are age, race/ethnicity, and family history.²⁸ 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.

- **Breast Cancer**

After a slight decline since 2008, breast cancer mortality rates in Chesapeake have remained constant. Portsmouth shows a steady decline since 2008 while Suffolk rates have slightly fluctuated. The Maryview community is below the Virginia rate. Breast cancer is the most commonly diagnosed cancer (excluding non-melanoma skin cancer) and the leading cause of cancer death among women in the United States.

Breast Cancer Mortality (rate per 100,000)				
	2008-2012	2009-2013	2010-2014	2011-2015
Cheapeake	24.1	22.9	23.0	23.0
Portsmouth	31.0	30.4	29.9	27.9
Suffolk	26.3	26.8	27.7	27.0

Cancer was rated was in the top ten health issue identified by key stakeholder and community Survey participants. It was not included in Services that Need Strengthening by either group.

²⁸ www.cancercoalitionofvirginia.org

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.²⁹

The percentages older residents who have been diagnosed with Alzheimer's disease or Dementia in the Maryview community have slightly increased from the 2014 percentages and are all above the Virginia percentage. Chesapeake was the only county to increase greater than 1%.

Community and key stakeholder Survey participants rated Alzheimer's Disease/Dementia in the top ten health issues. Aging Services was included in the top ten Services that Need Strengthening, as was Behavioral/Mental Health Services.

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

²⁹ www.alz.org

feelings of being unsafe and may deter people from engaging in healthy behaviors such as exercising outdoors.

The table on the following page illustrates the violent crime rates in the Maryview community.³⁰ Since the last reporting period (2012-2014), the general violent crime rate in Chesapeake and Portsmouth has increased. The violent crime rate for Suffolk has decreased

The violent crime rates in the Maryview community are above the Virginia rate. The homicide and firearm fatality rates for Chesapeake and Portsmouth are above Virginia rates and Suffolk rates are equal to the state. The homicide rate for Portsmouth is three times the state average and firearm fatalities are double the state average.

Health Issue	Chesapeake	Portsmouth	Suffolk	Virginia
Violent Crime Rate (per 100,000) 2014-2016	423.0	707.0	276.0	207.0
Homicides (2011-2017)	6.0	15.0	5.0	5.0
Firearm Fatalities (2011-2017)	13.0	22.0	11.0	11.0

Community and key stakeholder Survey participants rated Violence in the Community in the top ten health issues. It was not included the top ten Services that Need Strengthening.

³⁰ www.countyhealthrankings.com

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. Osteoporosis causes bones to become fragile and more likely to break due to a fall or sudden movements. More than 40 million people in the United States have been diagnosed with osteoporosis. The following table shows the percentage of adults diagnosed with asthma in the Maryview community. It also shows the percentage of older adults who have been diagnosed with rheumatoid arthritis or osteoarthritis.³¹

³¹ www.ghrconnects.org

Since 2015, the percentage of adults with arthritis in the Maryview community has slightly increased. Since 2015, the percentage of older adults in the Maryview community diagnosed with rheumatoid arthritis has increased. With the exception of Portsmouth, the percentage of older adults in the Maryview community diagnosed with osteoporosis has increased since 2015. The percentage in Portsmouth marginally decreased.

	Chesapeake	Portsmouth	Suffolk	Virginia
Adults with Arthritis (2016)	24.6%	27.5%	27%	--
Rheumatoid Arthritis or Osteoarthritis: Medicare Population (2017)	34.5%	36.5%	37.0%	32.6%
Osteoporosis: Medicare Population (2017)	6.1%	6.4%	5.8%	6.0%

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 Chesapeake (14%) and Portsmouth (21%) and Suffolk (16%) is higher than Virginia (15.0). However, the percentages have decreased since

2014 from 17.2% in Chesapeake, 22.3% and 19.1% in Suffolk.³²

With a rate of 39.1 (per 100,000), Portsmouth has some of the highest rates of chronic lower respiratory mortality across the Hampton Roads region; however, Portsmouth rates has decreased by 3.9 (per 100,000) since 2014. The rates in Chesapeake have been declining with a 12.2 (per 100,000) decrease since 2014. Suffolk's rate has increased since 2014 by 5.4 (per 100,000).

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 the Maryview community is significantly greater than Virginia. Chesapeake and Portsmouth are four times the state average for residents with asthma while Suffolk is double the state average. Throughout the Maryview community, there has been a decrease in hospitalization rates due to asthma.³³

³² www.ghrconnects.org

³³ www.ghrconnects.org

	Chesapeake	Portsmouth	Suffolk	Virginia
Adults with Current Asthma (2016)	22.3%	19.1%	11.7%	5.1%
Hospitalization Rate due to Adult Asthma (per 10,000) 2015-2017	6.1	6.1	6.6	5.0

Chronic obstructive pulmonary disease (COPD) refers to a group of diseases that cause breathing problems. The primary cause of COPD is tobacco use. The percentage of adults with COPD in the Maryview community is statistically steady since 2014. Hospital utilization rates due to COPD and community acquired pneumonia in the Maryview community is greater than Virginia.

	Chesapeake	Portsmouth	Suffolk	Virginia
Adults with COPD (2016)	5.7	7.2	6.4	--
Hospitalization Rate due to COPD: Adults (per 10,000) 2015-2017	22.7	20.2	20.3	18.8

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.

	Chesapeake	Portsmouth	Suffolk	Virginia
Lung Cancer Mortality Rates (per 100,000) 2011-2015	51.1	57.6	43.2	44.0
Lung & Bronchus Cancer Incidence Rate (per 100,000) 2011-	66.5	72.5	56.9	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.

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.

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. Access to Care and Chronic Pain management were included in the community top ten Services that Need Strengthening.

Health Care Promotion & Prevention Services and Public Health Services were among the top ten for key stakeholders.

- Behavioral/Mental Health Services
- Long Term Services/Nursing Homes
- Health Insurance CoverageCare
- Coordination & Transitions of Care
- Aging Services
- Access to Care
- Alcohol/Substance Abuse

- Public Health Services
- Chronic Disease Services
- Chronic Pain Management Services
- Dental/Oral 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, nine of the top ten Services that Need Strengthening for children were selected by both Survey participants. Primary Care Services was in the top ten for community participants. Self Management Services was included in the key stakeholder top ten selections. Much of the quantitative data around children and teens is limited due to confidentiality; therefore, 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 ten Services that Needs Strengthening – Children and Teens is below.

- Behavioral/Mental Health Services
Parent Education & Prevention Programming
- Alcohol/Substance Use Disorders
- Public Health Services
- Child Abuse Treatment Services
- Social Services
- Dental/Oral Health Services

- Self-Management Services
- Foster Care
- Primary Care
- Health Insurance Coverage

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

When asked about health issues related to children and teens, nine of the top ten health concerns were included on both the key stakeholder and community Survey responses. The community included Accidents/Injuries in the top ten. Key Stakeholders included Intellectual/Developmental Disabilities/Autism in their top ten health issues for children.

- Behavioral/Mental Health
- Hunger
- Bullying
- Smoking/Tobacco Use
- Overweight/Obesity
- Teen Pregnancy
- Violence in the Home – Child Abuse
- Accidents/Injuries
- Violence in the Community
- Intellectual/Developmental Disabilities

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 table shows the percentage of teens who felt sad or hopeless and the hospitalization rate due to pediatric mental health.³⁴ The percentage of teens who felt sad or hopeless is 1% less in Chesapeake and Portsmouth than Virginia. Teens who felt sad or hopeless in Suffolk is that same as Virginia. The hospitalization rate due to pediatric mental health has decreased in the Maryview community but are still higher than Virginia.

	Chesapeake	Portsmouth	Suffolk	Virginia
Teens who Felt Sad or Hopeless (2013)	24.0%	24.0%	25.0%	25.0%
Hospitalization Rate due to Pediatric Mental Health (per 10,000) 2015-2017	39.1	36.2	40.4	29.5

Health Insurance Coverage

Adults without health insurance may not be able to afford routine checkups, screenings, or prescription drugs. Without routine visits with a primary care physician, they wait until they are very ill to seek treatment, often in the emergency room, and may lead to more serious conditions and higher costs of treatment. In order to have better health through their youth and teen years, it is important for children to have regular checkups, dental and vision care and medical attention for illness and injury. Health insurance helps them receive the medical care necessary to prevent

development of more serious illnesses.³⁵

The following table shows the percentage of adults and children with health insurance.³⁶ The percentage of children with health insurance, according 2017 census data, in Chesapeake and Suffolk has slightly declined since 2015. Percentages of adults with health insurance has slightly increased within the Maryview community. With the exception of Portsmouth having a slightly lower percentage of adults with health insurance, the Maryview community exceeds the percentage of adults and children with medical insurance.

	Chesapeake	Portsmouth	Suffolk	Virginia
Adults with health Insurance: 18-64 (2017)	90.5%	86.0%	89.4%	87.9%
Children with Health Insurance (2017)	95.8%	96.5%	95.6%	95.0%

Overweight/Obesity

Obesity in children 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,

³⁴ www.ghrconnects.org

³⁵ www.ghrconnects.org

³⁶ www.ghrconnects.org

the latest measurement period, the percentages of teens who are overweight weight or obese for Chesapeake (29%) and Portsmouth (35%) and Suffolk (32%) are all higher than the percentage for Virginia (28%).³⁷

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 percentages of teens who reported being bullied in Portsmouth (18%) and Suffolk (19%) are lower than Virginia (20%) while the teens being bullied in Chesapeake (20%) is the same as Virginia.³⁸

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. The latest data around bullying is from 2013. The percentages of teens who reported using alcohol in Chesapeake (29%), Portsmouth (25%) and Suffolk (27%) are lower than Virginia (30%).^{39, 40}

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. Between 2015 and 2017, Chesapeake has seen an increase of 0.9 per 1,000 cases with a current rate of (2 per 1,000 cases), Suffolk also has a steady increase of child abuse cases in which the rate has grown to (3 per 1,000 cases), a staggering 2.4 per 1,000 cases more than 2015. Portsmouth's child abuse rate shows a large decline, with a current rate of (0.8 per 1,000 cases), a drop of 2.9 per 1,000 cases since 2015.

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.⁴¹ 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.⁴²

The following table shows food insecurity and Supplemental Nutrition

³⁷ www.ghrconnects.org

³⁸ www.ghrconnects.org

³⁹ www.ghrconnects.org

⁴⁰ www.ghrconnects.org

⁴¹ www.feedingamerica.org

⁴² www.ghrconnects.org

Assistance Program (SNAP) participants percentages for the Maryview community.⁴³ The percentage of children with food insecurity in Chesapeake matches Virginia. Food insecurity for Suffolk is slightly higher than state average. Portsmouth's food insecurity rate is significantly higher than Virginia.

The percentage of children who participate in SNAP benefits has increased throughout the Maryview community since 2015. It is interesting to note that although Portsmouth has a significantly higher rate of child food insecurity, that Portsmouth's percentage of children participating in SNAP benefits is marginally lower than Virginia. Also, Chesapeake is equal to Virginia for child food insecurity but has almost three percent more children participating in SNAP benefits than Virginia.

	Chesapeake	Portsmouth	Suffolk	Virginia
Child Food Insecurity Rate (2017)	13.2%	18.6%	13.6%	13.2%
Children who are SNAP Participants (2017)	47.5%	44.7%	44.3%	44.8%

Smoking/Tobacco Use

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

⁴³ www.ghrconnects.org

that 5 million people under the age of 18 will die from smoking-related diseases, which has been reviewed in a previous section. As of 2013, the most recent data available, the percentages of teens who reported using tobacco products in Portsmouth (17%) and Suffolk (18%) are lower than the percentages for Chesapeake (20%) and Virginia (20%).

Teen Pregnancy

Teen pregnancy has a substantial social and economic impact for communities. In addition to the economic impact, teen pregnancy contributes to increased high school dropout rates among females. Pregnancy, sexually transmitted disease, and abortion rates are also higher among teenage females. As of 2017, the rates for teen births (per 1,000) in the Chesapeake and Suffolk are significantly lower the Healthy People 2020 target of 36.2. With the exception of Suffolk, the rates are higher in the Maryview community than the Virginia's rate of 8.1 per 1,000. Portsmouth (25) has the highest rate of teen births; however, it is lower than the 2016 rate. Suffolk (5.7) has the lowest rate and is almost half the rate it was in 2015. Chesapeake is just above Virginia with 8.2 births per 1,000.⁴⁴

Intellectual/Developmental Disabilities/Autism – Children

Autism spectrum disorder (ASD) is a complex developmental disability that

⁴⁴ www.ghrconnects.org

affects a person's ability to communicate, and interact with others. ASD affects individuals differently and to varying degrees. There is no known cause of autism, but increased awareness and early diagnosis/intervention through appropriate services leads to significantly improved outcomes. Some of the behaviors associated with autism include delayed learning of language, difficulty making eye contact or holding a conversation, difficulty with reasoning and planning, narrow interests, poor motor skills, and sensory sensitivities. In 2018, the Center for Disease Control and Prevention (CDC) estimated that 1 in 59 children in the United States has been identified with ASD. The prevalence of autism in the United States has increased by 119.4 % from 2000 to 2010 and is the fastest-growing developmental disability.⁴⁵

Intellectual disability is a condition that is defined by significantly below-average intellectual and adaptive functioning and an onset before 18 years of age. Intellectual disability is characterized by significant limitations in both intellectual functioning (reasoning, learning, problem solving) and adaptive behavior, which covers a range of everyday social and practical skills, including communication, self-care, home living, social skills, community use, self-

direction, health and safety, functional academics, leisure, and work. The Virginia Department of Behavioral Health and Developmental Services estimates that approximately 73,890 individuals ages 6 and older in Virginia have an intellectual disability. In 2011, 14,069 children received developmental services through Infant and Toddler Connection and 6,527 children with intellectual disability received services through Virginia's Community Services Boards.⁴⁶

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

⁴⁵ www.autism-society.org

⁴⁶ www.vcoy.virginia.gov/intellectualdisability

Community Assets that Need Strengthening

There are many things that impact health outside of the direct provision of healthcare. Survey participants were²¹ ask to select the top five community assets they felt need to be strengthened in their community. Key stakeholders and the community identified Safe, Affordable Housing as the number one Community Asset that Needs Strengthening.

The list of the top ten selected by key stakeholders and community participants is below.

- Safe Affordable Housing
- Social Services
- Affordable Childcare
- Homelessness
- Transportation
- Safe Play & Recreation Spaces
- Healthy Food Access
- Early Childhood Education
- Senior Services
- Employment Opportunity / Workforce Development

Identifying Needs

This report has highlighted health issues and services that are being effectively addressed by the Maryview 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.

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 the 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

Maryview 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 hospital's 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, Maryview will focus the CHNA Implementation Strategy on Substance Abuse, Heart Conditions, and Chronic Health in Aging Adults, Obesity/Diabetes and Behavioral/ Mental Health. The implementation

strategy around Substance Abuse includes clinical initiatives and community education around opioid abuse. Maryview will address Heart Conditions/Diabetes and Chronic Health in Aging Adults through clinical initiatives and partnering with medical providers and community groups to increase awareness. Obesity will be addressed through education and clinical initiatives. In addition, monthly educational programming on top health concerns identified in the CHNA process will be provided through Bon Secours SeniorHealth.

Maryview will also support mental health efforts through suicide prevention, support groups, community education, and referral to local community service boards. 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. In addition, Maryview will provide space for the Portsmouth justice system to hold court in Maryview Behavioral Services instead of in downtown Portsmouth to determine if the person will be held TDO (Temporary Detaining Order) and then held at Maryview. These people/patients are brought to MMC by the police department. in an effort to protect the

dignity of inpatients in the Maryview Behavioral Medical Center.

Although Maryview Medical Center recognizes the importance of all of the top 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. Maryview 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 Maryview Medical Center's 2016 – 2019 Community Health Needs Assessment and assessing the hospital's resources to address the needs identified, senior leadership selected Mental Health, Access to Health Services –Obesity, and Sexually Transmitted Infections.

Mental Health

- Life Coaches in the emergency room referred 39 patients to mental health services.
- The Care-A-Van referred 8
- Support groups led by volunteers utilizing space at Maryview at no cost (Alcoholics Anonymous, Narcotics Anonymous, Gamblers

Anonymous) were attended by 7,475 participants.

- Crisis intervention interviews were provided to 3,943 people.
- Other support groups were attended by 223 people.

Access to Healthcare – Diabetes/Obesity

- Nineteen (19) community health events and school-based nutrition sessions were held with 844 in attendance.
- Enrollees in the Medical Weight Loss program had an average BMI reduction of 6.7.
- The Bon Secours Hampton Roads Heart Health Academy provided nutrition and heart health education to area middle schools. Sixty (60) students showed an increase in knowledge of 20% on pre- and post-test scores.
- Diabetes education classes were attended by 876 patients and community members.

Sexually Transmitted Infections

- Patients who are diagnosed at the Maryview Foundation health Center, BSMMC Emergency Department, or Portsmouth Care-A-Van sites will be treated and referred to Portsmouth Health Department for follow-up treatment and education.
- Patients who are diagnosed at the BSHBV Emergency Department or Suffolk Care-A-Van sites will be

treated and referred to Suffolk Health Department for follow-up treatment and education.

- The MFHC and Maryview ED send tests to the lab for diagnosis. Referral data is not gathered in either location.

No written comments were received on the previously completed CHNA.

The hospital completed its prior CHNA for tax year ending August 31, 2019, and its implementation strategy will be approved by the Board of Directors and in place by January 15, 2020. 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.

SERVICES AND RESOURCES AVAILABLE TO MEET IDENTIFIED NEEDS

Although Maryview recognizes the importance of all the needs identified by

the community, 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. Maryview is prepared to collaborate/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:

Behavioral/Mental Health

- Catholic Charities of Eastern Virginia
- Children's Hospital of the King's Daughters
- Jewish Family Services
- Portsmouth Federally Subsidized Clinic
- Response – Sexual Abuse Support Services
- Sentara Healthcare
- Veterans Administration Medical Center
- Virginia Department of Health

Overweight/Obesity – Adult

- ACCESS Partnership
- Children's Hospital of the King's Daughters
- Jewish Family Services
- Portsmouth Federally Subsidized Clinic

- Sentara Healthcare
- Veterans Administration Medical Center
- Virginia Department of Health

Alcohol/Substance Abuse

- ACCESS Partnership
- Children's Hospital of the King's Daughters
- Sentara Healthcare
- Veterans Administration Medical Center
- Virginia Department of Health

Heart Conditions

- ACCESS Partnership
- American Heart Association
- Sentara Healthcare
- Veterans Administration Medical Center
- Virginia Department of Health

Diabetes

- ACCESS Partnership
- American Diabetes Association
- Sentara Healthcare

- Veterans Administration Medical Center
- Virginia Department of Health

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

The Bon Secours Maryview 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 Maryview Medical Center Community Health Needs Assessment Survey between October 23 and December 12, 2018. Representatives from some of these organizations also provided input during facilitated community discussions (Community Dialogues).

Organization	Organization Focus	Nature and extent of input	Populations whose interest were represented
AARP	Seniors	Survey invitation to identify top health concerns and services that need strengthening	Seniors, 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
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
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
Art Ray, Inc.	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
Asian Business Association of Hampton Roads	Community	Survey invitation to identify top health concerns and services that need strengthening	Ethnic Community
BB&T	Financial	Survey invitation to identify top health concerns and services that need strengthening	Community at large
Berea Congregational Christian Church, UCC	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
Bethany 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
Bethlehem Christian 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
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
Birdsong Peanuts	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
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
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

Organization	Organization Focus	Nature and extent of input	Populations whose interest were represented
Butler Paper	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
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	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
C. W. Brinkley, Inc.	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
Calvary Revival Church of Chesapeake	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
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
CDR - Child Development Resources	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
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
Center for Child and Family 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

Organization	Organization Focus	Nature and extent of input	Populations whose interest were represented
Champions for Children (PCAHR)	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
Chesapeake Care 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
City of Chesapeake	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
Chesapeake City 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, adults, seniors
Chesapeake Community Health Center-PICH	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
Chesapeake 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
Chesapeake Division of Community Programs	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
Chesapeake Integrated Behavioral Healthcare	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
Chesapeake Regional Medical 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

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
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 the Messiah	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
CIBH (CSB)	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
CINCH (Consortium for Infant and Child Health)	Information	Survey invitation to identify top health concerns and services that need strengthening	Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults
Citizens National Bank	Financial	Survey invitation to identify top health concerns and services that need strengthening	Community at large
Compassionate 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
Creative Images, LLC	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
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

Organization	Organization Focus	Nature and extent of input	Populations whose interest were represented
Cross Realty	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
Cypress Chapel Christian 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
Dale Carnegie	Education	Survey invitation to identify top health concerns and services that need strengthening	Community at large
Duke Olds	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
Early Childhood Commission - Suffolk	Government	Survey invitation to identify top health concerns and services that need strengthening	Low-income, racial minorities, ethnic minorities, people with disabilities, children
East End 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
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
Ebenezer 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
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
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
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
FERIDES/The Peanut Patch	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
First Baptist Church - Main Street	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 Friends 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
Food Bank of Virginia	Food Insecurity	Survey invitation to identify top health concerns and services that need strengthening	Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors
Fresenius Medical Care	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
Friends of Obici	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
Great Bridge 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
Greenwood 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

Organization	Organization Focus	Nature and extent of input	Populations whose interest were represented
Grove Church - Visions in Progress Youth 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
Grove Church - Portsmouth	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
Hampton Roads Chamber of Commerce	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
Hampton Roads Community Health Center	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
Healthy People Healthy Suffolk	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
Housing Partnerships	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
Hubbard Peanuts	Coalition	Survey invitation to identify top health concerns and services that need strengthening	Low-income, racial minorities, ethnic minorities, people with disabilities, adults, seniors
Interiors by Decorating Den	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
International Black Women's Congress	Support Network	Survey invitation to identify top health concerns and services that need strengthening	Racial minorities

Organization	Organization Focus	Nature and extent of input	Populations whose interest were represented
Isle of Wight - Smithfield Chamber of Commerce	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
Isle Of Wight Academy	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
Isle of Wight Citizens Associaton	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
Isle of Wight County Government	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
Isle of Wight County Schools	Education	Survey invitation to identify top health concerns and services that need strengthening	Low-income, racial minorities, ethnic minorities, people with disabilities, children
Lakeview - Internal 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
Lakeview Medical 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
Lancaster Farms	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
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
Luter YMCA	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
Main St. 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
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
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
Millfield 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
Mount Suffolk 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
Nansemond River 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
Naval Medical Center Portsmouth	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
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
Oasis Social 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

Organization	Organization Focus	Nature and extent of input	Populations whose interest were represented
Obici Healthcare Foundation	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
Palmer Elder Law	Law	Survey invitation to identify top health concerns and services that need strengthening	Community at large
Peepstreet Movement	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
Perdue Foods	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
Planters/Kraft Foods Co.	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
Poplar Lawn 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
Portsmouth Behavioral Health	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
City of Portsmouth	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
Portsmouth City schools	Education	Survey invitation to identify top health concerns and services that need strengthening	Low-income, racial minorities, ethnic minorities, people with disabilities, children
Portsmouth General Hospital Foundation	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
Portsmouth YMCA	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
Positive Family Connections	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
Pretlow & Pretlow	Law	Survey invitation to identify top health concerns and services that need strengthening	Community at large
Project Search	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
R.L. Howell & Assoc.	Dental	Survey invitation to identify top health concerns and services that need strengthening	Low-income, racial minorities, ethnic minorities, people with disabilities, children, 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, children, adults, seniors
Rountree Construction	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
Saunders & Ojeda	Law	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
Sentara BelleHarbour Family Practice	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 Obici Auxiliary	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 Obici Community Health Outreach	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 Obici PFAC	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 Obici Pharmacy	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
Sisters Network Inc.	Support Network	Ethnic Community, women	Low-income, racial minorities, ethnic minorities, people with disabilities, children, adults, seniors
Smithfield City Council	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
Smthfield Foods	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
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

Organization	Organization Focus	Nature and extent of input	Populations whose interest were represented
Southside 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
St. John 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
St. Mary's 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
Suffolk Christian 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
City of Suffolk	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
Suffolk Iron Works, Inc.	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
Suffolk 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, adults, seniors
Surry Area Free 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
Surry County Office on Youth	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
SYSCO	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
Temple Beth El	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 Bridge Network of Churches	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 Riverfront	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
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
The Virginia League for Planned Parenthood	Family Planning	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
Town of Smithfield	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
Town of Windsor	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
Unilever - Lipton	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
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
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
VersAbility Resources	Non-Profit	Survey invitation to identify top health concerns and services that need strengthening	People with disabilities
Vintage Tavern	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
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 - Western 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
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 League of Planned Parenthood	Family Planning	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
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
Western Tidewater 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
Western Tidewater Free 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
Westminster Reformed 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

Organization	Organization Focus	Nature and extent of input	Populations whose interest were represented
Wilroy 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
WJCC 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, adults, seniors
WM Jordan	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	Community at large
Youth and Family Services Manger, Suffolk Public Library	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
YWCA	Business	Survey invitation to identify top health concerns and services that need strengthening	Community at large
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 Maryview Medical Center CHNA Community Health Survey Verbatim Comments

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

- Family members
- These are personal concerns and may not be what others are concerned about.
- PREVENTION! Promotion of health living practices that can combat many of these chronic health issues listed.
- ACCIDENTS – FALLS – HIGH RISK
- I live in a senior apartment
- Intellectual or developmental disabilities/autism, overweight/obesity/smoking/tobacco use, violence – sexual and/or domestic
- That's all you hear about and it is all around us
- They include family members, plus myself
- Fire Dept not the best for treat heart attack & stroke, medic not train properly. Police aren't great & City of Chesapeake sweep their action under the rugs
- Too many mosquitos
- Disabled
- Our patient population is increasing in these areas. Our community needs support with homelessness and disease states listed above. It is so sad and we have the tools to support this population.
- Underserved population with limited access to primary care
- 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
- I treat only children and do not live in any of the areas I serve and treat
- I work with children so am not sure
- Do not work with adults
- Lack of local access to primary, behavioral and oral health care Lack of choices for healthy living
- Oral Health

- Mental health is a growing populations. Yet there's limited organizations that can screen. Barriers such as appointments, transportations comes into play.
- Ashtma, COPD, and Arthritis
- Lack of understanding of community resources that are already available to patients and are under utilized

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

- Need smaller Internal Medicine groups in Portsmouth linked with Sentara, not just near Obici
- A lot of seniors do not drive
- Disparities
- Most people in this community don't have insurance
- We need to engage our communities with these barriers and support them to seek healthcare without fear of payment
- For the entire City of Chesapeake there is one hospital that is unacceptable. Patients shouldn't have only one option within the city for medical care nor should they have to go to an outside city for competent care
- 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.
- Language Barrier should be added

Community Health Services for Adults that Need to be Strengthened

- Medicaid enrollment
- We need better access to providers, outpatient services, and prevention services. This is a growing area. I would really love to see a YMCA or some type of community center focus on this area.
- Access to care, aging services, alcohol/substance abuse, dental/oral care, home health services, hospital services, pharmacy services, rehabilitation services, primary care
- Seniors
- Transportation is a major issue for the aging population.
- Women's health
- I work w children
- Health promotion and prevention is inherent in all of these categories.

- Transportation to physician's offices
- Clients are unaware of services available and not educated on the insurance availability and DSS is swamped. grants for organizational who can assist clients and give resources out there
- Transportation is a critical barrier to health care for many of our patients
- 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)

- Preventive health
- Dental/oral care, diabetes, eating disorders, environmental health, overweight/obesity, smoking/tobacco use, violence in the home – child abuse
- All of these are very important, I pick a few extra they all matters
- This is today's world with our children. We must listen and be present to identify these issues that are commonplace.
- 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.
- Mental health and trauma informed counseling is a huge need in our opinion
- I do not see children Only Adult patient population
- Barriers for organization having to compete vs. complimenting each organizations. leaving the community without other resources out there.
- We don't provide services to this population in our program. We serve single adults 18 and older.
- Health promotion should be for children as well.

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

- Again I think we need a YMCA or community center to focus on prevention services and offer classes for kids. Better classes for new parents and support groups too.
- All children should be covered by insurance – that way thany can be treated/less worries for the parents & caregivers
- We don't have adequate number of mental health providers that focus on children. Nor do we have adequate long term inpatient care for children suffering from mental health issues. With that I believe we are missing valuable eduational resources for parents and caregivers to identify signs of mental illness in children.

- Violence prevention and gun safety education Palliative care services
- Cardiac care.
- Cannot emphasize more strongly the lack of adequate mental health resources for children, especially those with public insurance or no insurance.
- Services can be strengthened but if parents aren't required to access services, it is of no help. Social Services is difficult to access, as is behavioral/mental health services. There is sufficient access to dental/oral health BUT parents must take minors for services.
- Prevention - effective prevention strategies will work if put in place correctly and with integrity. Abuse and violence prevention is the key in reducing incidents of domestic violence and abuse.
- Home visiting programs
- Community safety services
- Majority of what I see, parents support due to lack of support in home.
- Transportation remains a barrier to health care for teens.
- Kinship care/relatives raising children supports need to be dramatically improved. Including educating families and social workers in the direct community (ie caseworkers don't even know basic elements/programs available).
- We don't provide services to this population. We serve clients 18 and older.

At Risk/Vulnerable Populations who Need Services or Support

- I was a caregiver and there is a veteran at home
- Homelessness Adults and Families
- 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.
- really hard to choose just five. it's a vicious circle and some are not even being addressed or one has more resources and funding than 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

- We need indoor recreation areas!
- Meals on Wheels always needed; must be cont'd!
- Education pre-K to post high school all of it
- For seniors
- 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

- I feel strongly about our parks in our community, the food in our children schools, the gun violence, we need more trails, and outdoor physical activities for our children and teens. and more community actives such as block parties, things to get the community together filled with music, food, activities for the kids, contest with prizes etc.
- Insurance often limits which health providers you can use
- Informed consent
- We need to do a better job in engaging the communities we serve more than just when we need information for a survey. We need to do a better job working with communities members and city leaders to work together to identify issues and SOLUTIONS from both sides.
- There are a lot of people I see as a specialist who are just utterly lost in the healthcare maze, and who do not know what to do without being explicitly told, multiple times, and who have no instinct or knowledge on how to advocate for

themselves. I try to guide them as I can, but I wish everyone could just have a case manager to push them along. "Did you make an appointment with your PCP? Okay, make an appointment with your PCP. Did they not answer? Okay, call again."

- Thank you for asking. I'd love to help from a public health standpoint if needed.
- Need to identify a way to encourage or reward individuals to live a healthy lifestyle, eat nutritional foods, take responsibility for their health. We can continue to provide and strengthen services but unless an individual assumes some responsibility, it won't make a difference.
- More than 5 in each area really should have been marked....
- The community not only needs the mentioned resources, but needs to be empowered to access them. Often times people are turned off to assistance because someone was rude, or they were met with red tape. Self-advocacy is SO important, and unfortunately is not taught.
- Thank you for the survey and for your collaboration.
- All the social network is great, but if it's not being shared then we're back to where we were. We can't help our community if there's gap in our resources and social netting.
- There is little vocal effective advocacy for patients ages 19-64.
- Thank you for allowing me the opportunity to share my concerns

**Bon Secours Maryview Medical Center
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigration Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 |
| <input type="checkbox"/> 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigration Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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?

