



Community Health Needs Assessment

Bon Secours Maryview Medical Center
Bon Secours Health System, Inc.



Good Help to Those In Need®

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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.

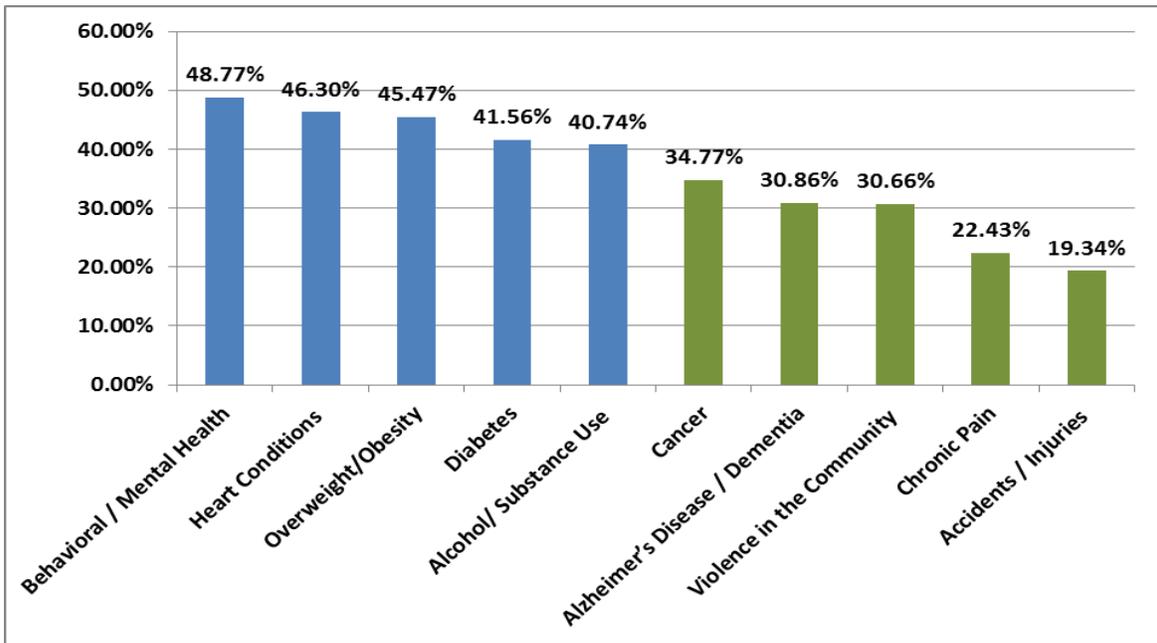
The survey was taken by 271 residents and key stakeholders who indicated Chesapeake, Portsmouth or Suffolk as their primary service area. Individuals were asked to choose the top five health issues and services they thought should be addressed in their community. Overall, survey participants represent 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.

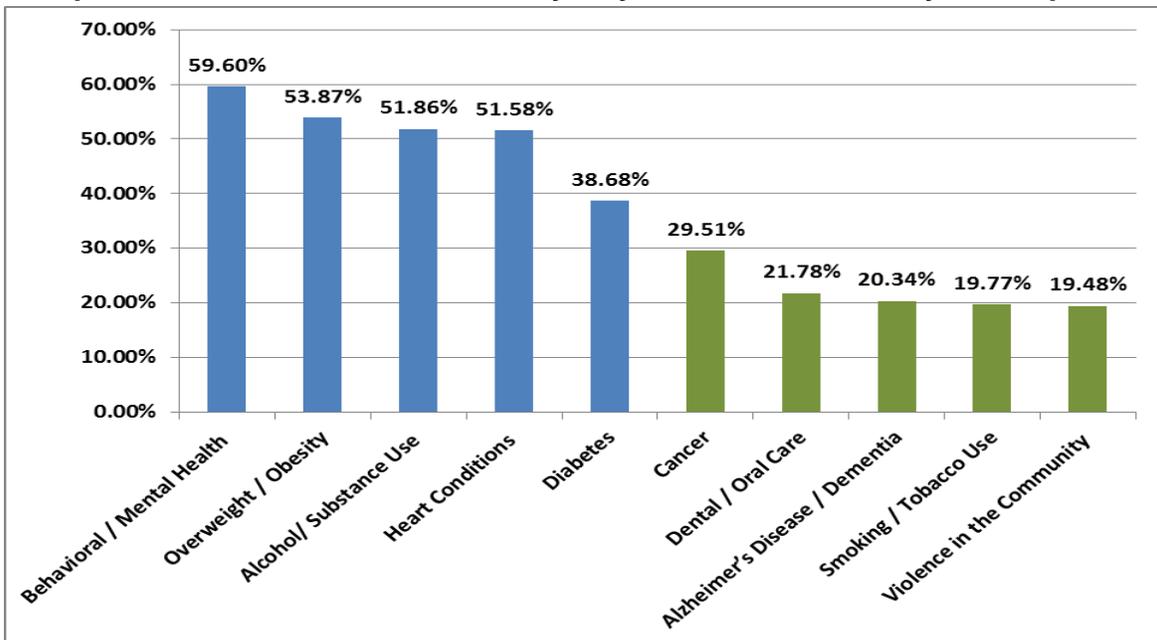
Health Concerns	Social / Economic Factors
<ul style="list-style-type: none"> • Overweight/Obesity • Heart Conditions • Diabetes • Cancer • Alzheimer's Disease/Dementia • Respiratory Diseases • Arthritis • Sexually Transmitted Infections 	<ul style="list-style-type: none"> • Violence in the Community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

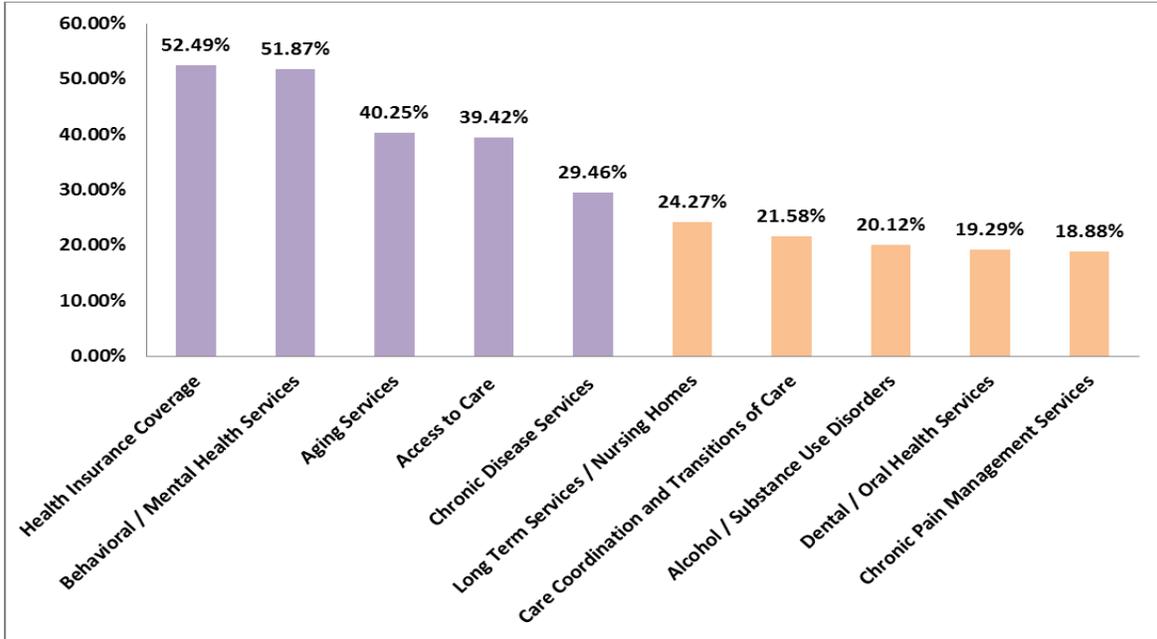
Top Ten Health Issues Identified by Community Survey Participants



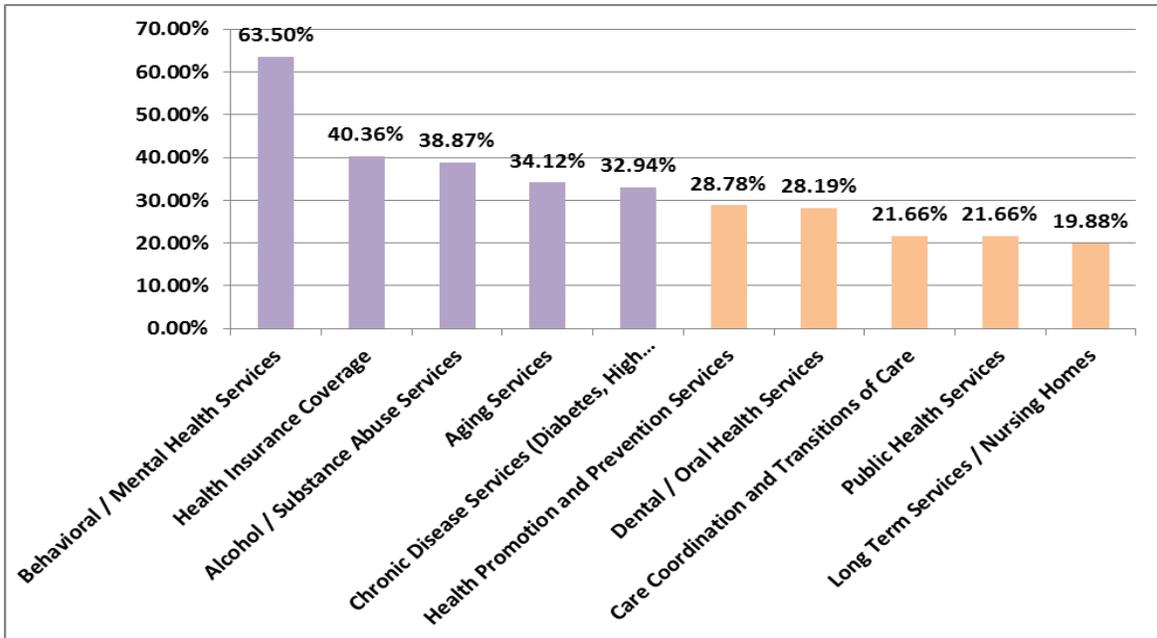
Top Ten Health Issues Identified by Key Stakeholder Survey Participants



Top Ten Services that Need Strengthening Identified by Community Survey Participants



Top Ten Services that Need Strengthening Identified by Key Stakeholder Survey Participants



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

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/Diabetes

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 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.

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-bassinets Glenshellah 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 and 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.

Bon Secours Maryview Medical Center Vision

The vision of Bon Secours Maryview Medical Center mirrors that of its parent Bon Secours Health System, Inc.

“Inspired by the healing ministry of Jesus Christ and the Charism of Bon Secours, as a prophetic Catholic health ministry, Bon Secours Maryview will partner with our

community to create a more humane world, build social justice for all, and provide exceptional value for those we serve.”

To help activate its vision, Maryview is transforming how it approaches care. A top priority is to ensure that we commit to liberate the potential of our people to serve. In order to provide exceptional value for those we serve, Maryview is continuously providing new services and treatments to area residents.

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) ¹				
	Chesapeake	Portsmouth	Suffolk	Virginia
Primary Care	1250:1	1940:1	1030:1	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

¹ www.CountyHealthRankings.org

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.²

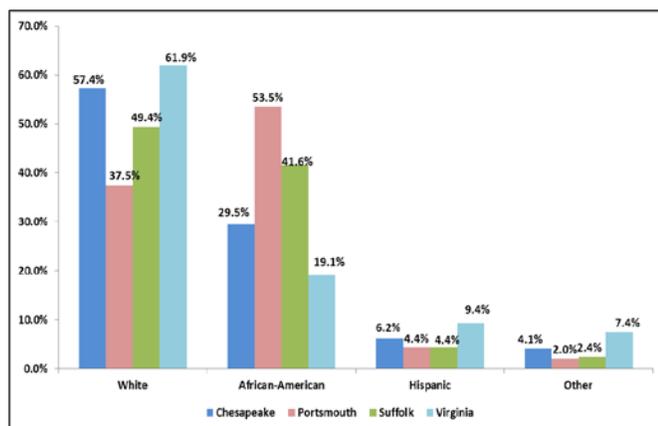
Demographics Data Profile

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

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.³



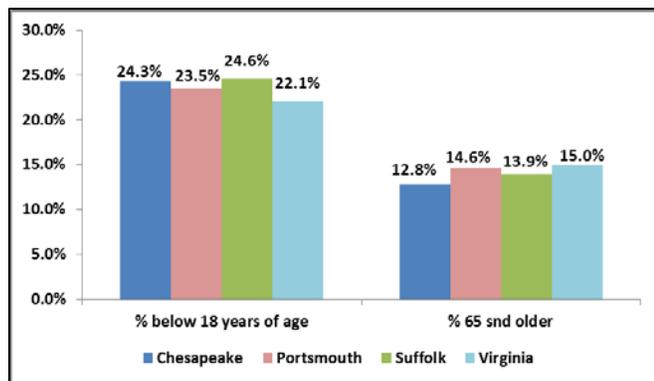
² <http://hrsa.gov/shortage/index.html>

³ MinorityHealth.hhs.gov, HHS Disparities Action Plan

- 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 Maryview community compared to Virginia.⁴

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.⁵

- The Maryview community age population is comprised of slightly younger adults (age 17 and younger) 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.⁶ These data are reflective of the “baby boomer generation” moving into older adulthood nationwide.

⁴ www.CountyHealthRankings.org

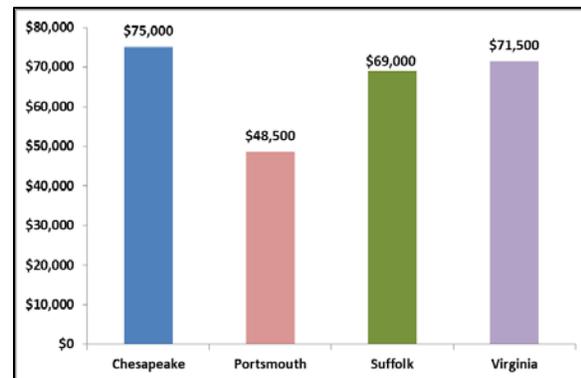
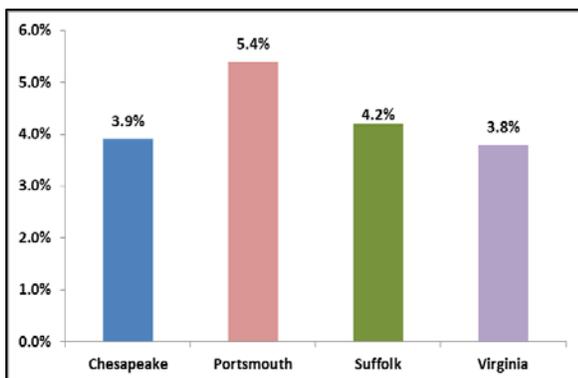
⁵ www.healthypeople.gov/topics-objectives/topic/older-adults

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

Unemployment/Median Income

An association exists between unemployment and mortality rates, especially for causes of deaths that are attributable to high stress (cardiovascular diseases, mental and behavioral disorders, suicide, and alcohol and tobacco consumption related illnesses).⁷ 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 median household income values. Chesapeake has a higher median household income than Virginia while having a slightly higher unemployment rate.⁸



High School Graduation

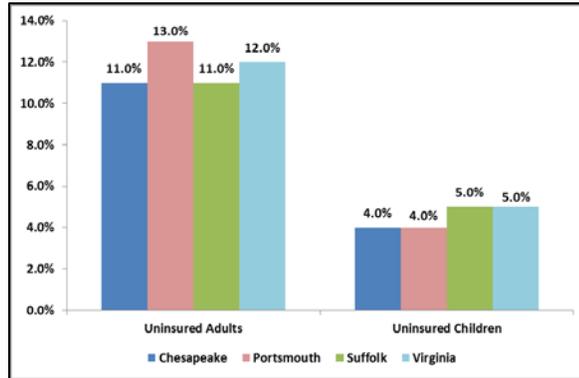
A direct correlation exists between low levels of education and high poverty rates. High poverty rates in turn have an adverse effect on a community's health outcomes. The Healthy People 2020 goal for Education Level/Graduation Rates aims for at least 97.9%

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

⁸ www.CountyHealthRankings.org

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. At that time, Portsmouth and Suffolk graduation rates (74.0% and 82.0%, respectively) were lower than the Healthy People 2020 goal and Virginia’s rate.

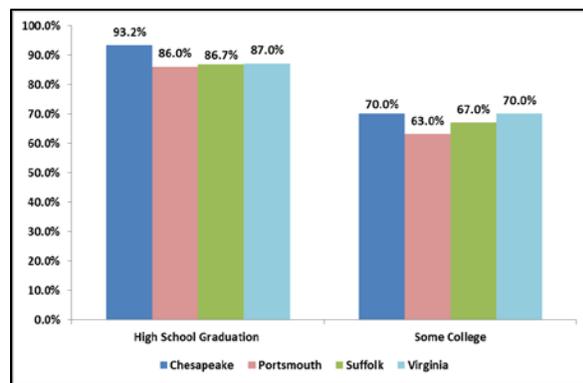
- The Maryview community as a whole has seen an increase in graduation rates since 2015-2016. With the exception of Chesapeake, Portsmouth and Suffolk are slightly below the state average. Since 2016, Portsmouth’s graduation rate has increased by 12%.
- The rates for Some College have remained statistically 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.⁹ The Healthy People 2020 goal for Health Insurance aims for 100% of the population having some form of health insurance coverage¹⁰.

- 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.
- 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.



⁹ www.healthypeople.gov, Access to Health Services

¹⁰ www.healthypeople.gov, Foundation Health Measures; General Health Status

Healthy Lifestyles

Consumption of unhealthy foods, lack of exercise opportunities and other negative healthy cultures, has an adverse impact on a community. Increased access to exercise opportunities and healthy foods is a critical prevention strategy to alleviate this economic burden.¹¹

Low levels of physical activity are correlated with several disease conditions such as obesity, Type 2 Diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality. The physical activity goal set by Healthy People 2020 states that no more than 32.6% of the adult population (age 20+) report that they engages in no leisure-time physical activity¹². The following table provides food and physical activity data for the Maryview community.¹³

Measure and Definition of Measure	Chesapeake	Portsmouth	Suffolk	Virginia
Food Environment Index Factors that contribute to a health 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

¹¹ www.stateofobesity.org/healthcare-costs-obesity

¹² www.healthypeople.gov, Physical Activity

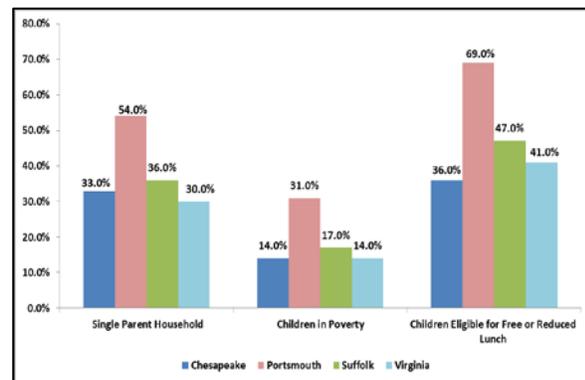
¹³ www.CountyHealthRankings.org

(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.

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.¹⁴

- 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.

¹⁴ www.CountyHealthRankings.org

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.

Overall Mortality Data

Healthy People 2020 objectives define mortality rate goals per 100,000 populations for a number of health problems.¹⁵ 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

¹⁵ www.healthypeople.gov/2020/topics-objectives

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.¹⁶

Leading 10 Causes of Mortality by Total Number of Deaths (2013)			
	Portsmouth	Chesapeake	Suffolk
Malignant Neoplasms (Cancer) Deaths	215	395	180
Diseases of Heart Deaths	213	381	165
Cerebrovascular Diseases Deaths	43	72	27
Diabetes Mellitus Deaths	43	50	24
Unintentional Injury Deaths	35	77	34
Septicemia Deaths	34	43	12
Chronic Lower Respiratory Diseases Deaths	33	92	32
Nephritis and Nephrosis Deaths	31	53	14
Alzheimer's Disease Deaths	22	52	32
Chronic Liver Disease Deaths	21	19	9
Influenza and Pneumonia Deaths	10	18	19
Suicide Deaths	10	28	13

KEY FINDINGS

In this section, we will highlight the top ten 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 six 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

¹⁶ 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. According to Healthy People 2020, the baseline suicide rate nationwide is 11.3 per 100,000. Healthy People 2020’s goal is to reduce this by 10% to a rate of 10.2 per 100,000.¹⁷

The tables below illustrate data around suicide and mental health.¹⁸ 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 Maryview community has a higher rate of hospitalizations due to mental health with Portsmouth almost doubling the state average.

	Chesapeake	Portsmouth	Suffolk	Virginia	HP2020 Target
Suicide Mortality Rate (per 100,000) 2017	11.5	11.0	9.2	11.8	10.2
Hospitalization Rate due to Mental Health (per 10,000) 2015-2017	59.7	97.9	59.9	53.3	--

¹⁷ www.nimh.nih.gov/health

¹⁸

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	HP2020 Target
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 obesity target set by Healthy People 2020 is that no more than 30.5% of the population is obese.¹⁹

The table below illustrates that the Maryview community has a higher obese population than Virginia and the Healthy People 2020 target. Physical inactivity in the Maryview community is greater than Virginia but considerably less than the Healthy People 2020 target goal.²⁰ Collectively, the Maryview community has shown minor improvement in the obese and sedentary lifestyle population since 2013.

	Chesapeake	Portsmouth	Suffolk	Virginia	HP2020 Target
Adults (20+) who are Obese (2015)	34.0%	37.0%	34.0%	29.0%	30.5%
Adults (20+) who are Sedentary (2015)	23.1%	27.8%	26.1%	21.6%	32.6%

¹⁹ www.healthypeople2020.gov

²⁰ www.ghrconnects.org

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.²¹ 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 for EMS Narcan administration is lower than Virginia.

	Chesapeake	Portsmouth	Suffolk	Virginia	HP2020 Target
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)	13.7	11.1	11.8	11.0	--

²¹ www.ghrconnects.org

	Chesapeake	Portsmouth	Suffolk	Virginia	HP2020 Target
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 Healthy People 2020 target for excessive drinking is 25.4%. The target for adults who binge drink is 24.2%. The following table illustrates the percentage for excessive drinking, binge drinking, and alcohol-impaired driving.²² 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.

	Chesapeake	Portsmouth	Suffolk	Virginia	HP2020 Target
Excessive Drinking (2016)	17.0%	16.0%	17.0%	17.4%	25.4%
Adults who Binge Drink (2015)	16.6%	14.7%	16.1%	--	24.2%
Alcohol-Impaired Driving Deaths (2013-2017)	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 our every three deaths in the United States in 2013

²² www.ghrconnects.org

could be attributed to these causes.²³ 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 below shows the Healthy People 2020 mortality goals for Heart Disease and Stroke.²⁴

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.²⁵ 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	HP2020 Target
Stroke Mortality Rate (per 100,000) 2017	39.9	49.0	36.3	31.8	34.8
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 cholesterol. The prevalence of high blood pressure and high cholesterol in Portsmouth and Suffolk is above Virginia and Health People 2020. The prevalence of

²³ www.heart.org/idc/groups/ahamah-public

²⁴ www.healthypeople.gov, Heart-Disease-and-Stroke

²⁵ www.ghrconnects.org

high cholesterol in Chesapeake is above state average but high blood pressure is less than Virginia and that of the United States (37.1%).²⁶

	Chesapeake	Portsmouth	Suffolk	Virginia	HP2020 Target
High Blood Pressure Prevalence: Adults (2015)	32.9%	38.1%	37.2%	--	26.9%
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.²⁷

The following table shows data around diabetes rates, mortality, and hospitalization.²⁸

The percentage of adults with diabetes in the Maryview 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.

²⁶ www.ghrconnects.org

²⁷ www.ghrconnects.org

²⁸ www.ghrconnects.org

	Chesapeake	Portsmouth	Suffolk	Virginia	HP2020 Target
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).

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:²⁹

Healthy People 2020 Cancer 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

The following table provides the five-year total mortality/rates by cancer type for Chesapeake, Portsmouth and Suffolk compared to Virginia.³⁰

²⁹ www.healthypeople.gov, Cancer

³⁰ www.ghrconnects.org

Cancer Mortality Rates 2011 -2015 (per 100,000)					
	Chesapeake	Portsmouth	Suffolk	Virginia	HP2020
Colorectal Cancer	13.9	17.9	18.6	14.0	14.5
Lung Cancer	51.1	57.6	43.2	44.0	45.5
Prostate Cancer	13.9	17.9	18.6	20.2	21.8
Breast Cancer	23.0	27.9	27.0	21.8	20.7

The following tables show the data for colorectal, lung, prostate, and breast cancer for the Maryview community.³¹

- **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) and the HP2020 target (14.5). York County colorectal cancer rates are minimally below the Virginia rate and the HP2020 target.

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) and the HP2020 target (45.5). 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

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

³¹ www.ghrconnects.org

States. Cigarette smoking is the strongest risk factor for lung cancer. Other risk factors include exposure to second-hand smoke, radon, and asbestos.³²

- **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.

Since 2015 the rates in the Maryview community have drastically reduced, being almost the same as the mortality rate or better than 2014 reporting period and below the Virginia rate (20.2) and the HP2020

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

target (21.8). The strongest risk factors for developing Prostate cancer are age, race/ethnicity, and family history.³³ 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

Breast Cancer Mortality (rate per 100,000)				
	2008-2012	2009-2013	2010-2014	2011-2015
Chesapeake	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

Maryview community is below the Virginia rate and the HP2020 target. 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.

Cancer was rated as one of the top ten health issues identified by key stakeholders and community survey participants. It was not included in services that need strengthening by either group.

³² www.cancercoalitionofvirginia.org/VirginiaCancerData

³³ 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.³⁴

The following table shows the percentage of older residents who have been diagnosed with Alzheimer’s disease or Dementia in the Maryview community.³⁵ The percentages for 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%.

Health Issue	Chesapeake	Portsmouth	Suffolk	Virginia
Alzheimer's Disease or Dementia: Medicare Population (2017)	10.9%	11.0%	10.3%	10.2%

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 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.³⁶ 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

³⁴ www.alz.org

³⁵ www.ghrconnects.org

³⁶ www.countyhealthrankings.com

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 the firearm fatalities is 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.

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.³⁷

³⁷ 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) and the Healthy People 2020 goal of 12.0%. However, the percentages have decreased since 2014 from 17.2% in Chesapeake, 22.3% and 19.1% in Suffolk.³⁸ 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

³⁸ www.ghrconnects.org

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 are been a decrease in hospitalization rates due to asthma.³⁹

	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

³⁹ www.ghrconnects.org

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) 2011-2015	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.

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.

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 Coverage | Care 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 Educ & 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/
Autism |

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.⁴⁰ 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.⁴¹

The following table shows the percentage of adults and children with health insurance.⁴² 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

⁴⁰ www.ghrconnects.org

⁴¹ www.ghrconnects.org

⁴² www.ghrconnects.org

health insurance, the Maryview community exceeds the percentage of adults and children with medical insurance.

	Chesapeake	Portsmouth	Suffolk	Virginia	HP2020 Target
Adults with health Insurance: 18-64 (2017)	90.5%	86.0%	89.4%	87.9%	100.0%
Children with Health Insurance (2017)	95.8%	96.5%	95.6%	95.0%	100.0%

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, 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%).⁴³

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.⁴⁴

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%).^{45, 46}

⁴³ www.ghrconnects.org

⁴⁴ www.ghrconnects.org

⁴⁵ www.ghrconnects.org

⁴⁶ www.ghrconnects.org

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 stragging 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.⁴⁷ 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.⁴⁸

The table on the next page shows food insecurity and Supplemental Nutrition Assistance Program (SNAP) participants percentages for the Maryview community.⁴⁹ 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.

⁴⁷ www.feedingamerica.org

⁴⁸ www.ghrconnects.org

⁴⁹ www.ghrconnects.org

	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 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 than 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 1,000.⁵⁰

Intellectual/Developmental Disabilities/Autism – Children

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

⁵⁰ www.ghrconnects.org

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.⁵¹

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.⁵²

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 Health Services | No/Limited Phone Access |

Community Assets that Need Strengthening

There are many things that impact health outside of the direct provision of healthcare. Survey participants were 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 on Community Asset that Needs

⁵¹ www.autism-sociaty.org

⁵² www.vcoy.virginia.gov/intellectualdisability

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

Safe Affordable Housing
Affordable Childcare
Transportation
Healthy Food Access
Senior Services

Social Services
Homelessness
Safe Play & Recreation Spaces
Early Childhood Education
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 Plan on Substance Abuse, Heart Conditions, and Chronic Health in Aging Adults. The implementation plan around Substance Abuse includes clinical initiatives and community education around opioid abuse. Maryview will address Heart Conditions and Chronic Health in Aging Adults through clinical initiatives and partnering with medical providers and community groups to increase awareness. In addition, monthly educational programming on each of the top ten health concerns identified in the CHNA process will be provided through Bon Secours SeniorHealth.

While the CHNA Implementation Plan will focus on Substance Abuse, Heart Conditions, and Chronic Health in Aging Adults, Maryview will also support mental health efforts through support groups, community education, and referral to local community service boards. Active participation in coalitions addressing homelessness will continue and medical service for the uninsured population will continue through the Bon Secours Care-A-Van and Life Coach programs. Active participation in coalitions addressing behavioral/ mental health, especially in the area of opioid abuse and chronic conditions, will continue. Maryview will also address obesity and diabetes through community partnerships and education. School partnerships will continue to provide nutritional and physical health education.

Although Maryview Medical Center recognizes the importance of all of the top ten health concerns identified by the community and key stakeholders, resources are limited within the organization to prioritize all of the needs. There are other providers and organizations addressing these needs with specialized programs and services.

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. Although several of the priorities from 2016 – 2019 CHNA Implementation Plan are included in the 2020 – 2022 CHNA Implementation Plan, services provided in these areas will continue.

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.
- To protect the dignity of the patient, court is held 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. Crisis intervention was provided to 3,943 people.
- Crisis intervention interviews were provided to 3,943 people.
- 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.
- The HBV ED sends tests to the lab for diagnosis. Referral data is not gathered in the ED.

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 than can help meet the identified needs of the community:

- ACCESS
- Catholic Charities of Eastern Virginia
- Children’s Hospital of the King’s Daughters
- Old Dominion University
- Eastern Virginia Medical School
- Geriatrics Life Care
- Hampton University
- Jewish Family Services
- Portsmouth Federally Subsidized Clinic
- Virginia Department of Health
- Operation Blessing (Dental)
- Senior Services of Southeastern VA
- Response – Sexual Abuse Support Services
- Sentara Healthcare
- United Way
- Veterans Affairs Medical Center
- Virginia Foodbank
- Virginia Supportive Housing
- Hampton Roads Community Health Foundation

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 DePaul Medical Center 2020 – 2022 Community Health Needs Assessment was approved by the Bon Secours Hampton Roads Board of Directors on July 23, 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

100 Black Men of VA Peninsula	Institute	Atlantic Shores Baptist Church
16th & Arctic Community Assoc	Albemarle Health	Atlantic Orthopaedic Specialists
AARP	Aldersgate United Methodist Church	Atlantic Shores Christian Schools
Abbitt Realty	All Nations Church	Auxiliary Board/Sentara
Access Partnership	Allied Health Services, Hertford County Public Schools	Auxiliary Board/SPAH
Access Partnership	Alpha Phi Alpha Fraternity, Inc, Delta Beta Lambda Chapter	Auxiliary/Sentara
Accomack County City Council	Altmeyer Funeral Home	Avalon: A Center for Women and Children
Accomack County Board of Supervisors	Alzheimer's Association (Southeastern VA Chap.)	Back Bay/Pungo Civic League
Accomack County DSS	American Cancer Society	Bacon Street Youth and Family Services
Accomack County Public Schools Board	American Diabetes Association	Bariatric Surgery
Accomack County Public Schools	American Red Cross	Barry Robinson Center
Accomack County Sheriff's Office	Anesthesia Specialists	Bay Aging
Accomack DSS	Angels of Mercy Medical Clinic	Bay Rivers Telehealth Alliance
Accomack Northampton Planning District	Aragona Village Civic League	Bayside Health & Rehab Ctr
Adult Day Center	Arrowhead Elementary School	Bayside High School
Adult Protective Services	Art Ray, Inc.	Bayside Library
Advanced Aeromedical	Asian Business Association of Hampton Roads	Bayside Middle School
Advanced Technology		Bayview Elementary School
		Bayview Infectious Disease

Consultants

Bayview Physician Services
 BB&T
 Beach Health Clinic
 Beech Grove United Methodist Church
 Berea Congregational Christian Church, UCC
 Bernardine Franciscan Sisters
 Bernardine Franciscan Sisters Foundation
 Bethany United Methodist Church
 Bethel Assembly of God Church
 Bethlehem Christian Church
 Beyond Boobs
 Big Brother Big Sister of the Greater Virginia Peninsula
 Birdsong Peanuts
 Bon Secours Mary Immaculate Hospital
 Bon Secours Mary Immaculate Health Foundation Board of Directors
 Bon Secours Mary Immaculate Foundation Board of Directors
 Bon Secours Maryview Health Foundation Board of

Directors

Bon Secours Hampton Roads Board of Directors
 Bon Secours Hampton Rds
 Bon Secours Mary Immaculate Hospital
 Bon Secours Maryview Foundation Health Center
 Bon Secours Maryview Medical Center
 Boo Williams Sportsplex
 Boone Branch Health Clinic
 Boys & Girls Club of the VA Peninsula
 Brain Injury Association of VA
 Broad Creek Civic League
 Broadwater Academy
 Brock Institute for Community & Global Health
 Bruton Episcopal Church
 Buckroe Baptist Church
 Busch Gardens
 Butler Paper
 Buy Fresh, Buy Local
 C&F Bank
 C. W. Brinkley, Inc.
 Calvary Community Church
 Calvary Revival Church of Chesapeake

Camden County schools

Camp Foundation Board
 Cardiology Associates
 Carrington Place (Nursing Home)
 Carrollton Baptist Church
 Carter Machinery
 Catholic Charities of Eastern VA
 CDR - Child Development Res
 Celebrate Healthcare
 Center for Child and Family Services
 Central Virginia Health Services
 Chambrel of Williamsburg/Brookdale Senior Living
 Champions for Children (PCAHR)
 Charles City County Council
 Charles City County Sheriff's Office
 Charles City Dept of Social Services
 Checkered Flag (Car Dealership)
 Chesapeake Care
 Chesapeake City Schools
 Chesapeake Community

Health Center-PICH	Church of the Messiah	Hampton / NN
	CIBH (CSB)	Compassionate Care
Chesapeake Community Services Board	CINCH (Consortium for Infant and Child Health)	Congressman Robert C Scott
Chesapeake Fire Department	Citizens National Bank	Consultants in Pain Management
Chesapeake Health Dept	Citizens Unity Commission	Cooperative Extension
Chesapeake Integrated Behavioral Healthcare	Coalition on Infant and Child Health	Cornerstone Worship Center
Chesapeake Police Department	Coliseum Central Board	Cox Communications
Chesapeake Public Schools Parent Resource Center	College of William & Mary	Crater District Health
Chesapeake Regional Medical Center	Colon & Rectal Surgery	Creative Images, LLC
Chicahominy Health District	Colonial Beach Schools	Creeds Elementary School
Child Care Aware	Colonial Beach Schools Board	Crisis Pregnancy Center
Child Development Resources	Colonial Behavioral Health	Cross Realty
Children's Hospital of the King's Daughters	Colonial Williamsburg Foundation	Currituck County DSS
Childrens Specialty Group PLLC	Comfort Keepers	Cypress Chapel Christian Church
Chinese Community Association of Hampton Roads	Commonwealth Assisted Living	Dale Carnegie
CHIP of SHR	Communities in School of Hampton	Dare County Health Department
CHKD Care Connection for Children	Community Free Clinic of Newport News	Daughters Connection of Hampton Roads Inc.
Chowan Perquimans Smart Start	Community Leaders, Consultant	Delegate Chris Jones
Church of St. Gregory	Community Presbyterian Church	Delegate Rick Morris
	Community Services Board -	Department of Aging & Rehabilitative Services - Hampton, Newport News
		Department of Aging & Rehabilitative Services - Onley
		Department of Aging &

Rehabilitative Services - Warsaw	Eastern Virginia Medical School Dept of Dermatology	Church
Department of Veterans Affairs	Eastern Virginia Medical School Dept of Otolaryngology/Head & Neck	ECK Supply Co.
Digestive & Liver Disease Specialists	Eastern Virginia Medical School Dept of Pediatrics	ECPI University
Dixon Hughes Goodman	Eastern Virginia Medical School Dept of Psychiatry & Behavioral Sciences	EFMP The Planning Council
Dominion Physical Therapy	Eastern Virginia Medical School Dept of Radiation Oncology	Elite Women's Care
Downtown Hampton Child Development Center	Eastern Virginia Medical School Dept of Surgery	Embassy Suites Hampton Roads
Drucker & Falk	Eastern Virginia Medical School Primary Care Internal Medicine	Emergency Physicians of Tidewater
Duke Olds	Eastern Virginia Medical School Brock Institute Advisory Council	Emmanuel Baptist Church - NN
Ear Nose & Throat Ltd	Eastern Virginia Medical School Diversity & Inclusion	Emmanuel Episcopal Church
Early Childhood Commission - Suffolk	Eastern Virginia Medical School Graduate Program in Public Health	Emmanuel Grace Baptist Church
East End Baptist Church	Eastern Virginia Medical School, Head and Neck Surgery	Emmanuel Lutheran Church
East Ocean View Civic League	Eastern Virginia Medical School	Envoy
Eastern Shore Comm College	Eastern Virginia Medical School Surgical Oncology	EPT
Eastern Shore Community Services Board	Ebenezer Baptist Church	Essex Churches Together
Eastern Shore of Virginia 9-1-1 Commission	Ebenezer United Methodist	Essex County Council
Eastern Shore of Virginia Chamber of Commerce		Essex County Board of Supervisors
Eastern Shore Rural Health Clinic		Essex County Economic Development
Eastern State Hospital		Essex County Emergency Services
Eastern Virginia Medical School		Essex County Ministerial Association
		Essex County Schools
		Essex County Schools Board

Essex County Sheriff's Office	First Baptist Church South Hill	Fresenius Medical Care
Essex County Social Services	First Church of Newport News (Baptist)	Friends of Obici
EVB	First Friends Church	Friends of Obici / Western Tidewater Free Clinic
Every Woman's Life	First Presbyterian Church of Hampton	Gates County Medical Center
Evolve Therapeutic Counseling	First United Church of Christ	Gates County Council
F.R.E.E. Foundation for Rehab	First United Methodist Church of Hampton	Gates County Schools
Faith Baptist Church	Fleet & Family Support Center-Virginia Beach	GE Appliances
Faith Deliverance Christian Center	Fleet and Family Support Center Naval Medical center	General Electric/Consumer & Industrial Division
Family Medicine	Food Bank of VA	Geriatrics Life Care
Family Medicine - Hampton Family Practice	Food Bank of Virginia Peninsula	Gethsemane Baptist Church Newport News
Family Support Network of Northeastern NC	Former Sentara Strategic Planner	Gethsemane Community Fellowship Church
Ferguson Corp	Fort Monroe Authority	Ghent Area Ministry
FERIDES/The Peanut Patch	RRMC	Ghent Family Medicine
First Baptist Church	Fox Hill Central United Methodist Church	Gillette Law Group LC
First Baptist Church – Franklin	Fox Hill Road Baptist Church	Glennan Center for Geriatrics
First Baptist Church - Mahan	Franklin Fire Dept	Gloucester County Council
First Baptist Church - Main Street	Franklin Police Dept	Gloucester County Board of Supervisors
First Baptist Church - Williamsburg	Franklin/Southampton Charities	Gloucester County Community Education
First Baptist Church -NN	Franklin-Southampton Chamber of Commerce	Gloucester County EMS
First Baptist Church of Norfolk	Freedom Life Church	Gloucester County Schools
		Gloucester County Schools Board
		Gloucester County Schools, Riverside Walter Reed

Hospital	H.O.P.E Foundation	Hampton Roads Community Foundation
Gloucester County Sheriff's Office	Habitat for Humanity	Hampton Roads Community Health Center
Gloucester Social Services	Haborpointe Community Church	Hampton Roads Gastroenterology
Gloucester Health Department	Hammes	Hampton Roads Magazine
Gloucester House	Hampton Baptist Church	Hampton Roads Sports Commission
Gloucester Social Services	Hampton Christian Church	Hampton University
Gloucester Chamber of Comm	Hampton City Council	Hampton University Proton Institute Center
Gloucester-Mathews Free Clinic	Hampton City Schools	Hampton Veterans Medical Center
Goochee Enterprises LLC	Hampton City Schools Board	Hampton YMCA
Goodman and Son	Hampton Clean City Comm	Hampton/Newport News CSB
Grace Bible Church, VA	Hampton Ecumenical Lodgings and Provisions, Inc.	Harbor's Edge
Grace Episcopal Church	Hampton FAPT	Healthy Families Partnership
Great Bridge Presbyterian Church	Hampton First United Methodist	Healthy Families Virginia Beach
Green Run Homeowners Association	Hampton City Foster Grandparent Program	Healthy People Healthy Suffolk
Greenwood Civic League	Hampton City Health District	HER Shelter
Grove Church - Portsmouth	Hampton Healthy Families	Hidenwood Presbyterian - NN
Grove Church - Visions in Progress Youth Ministry	Hampton Neighborhood Commission	Hilton Baptist Church
Grove Outreach Christian Center	Hampton City Police Division	Hilton Presbyterian Church
Grove Vision of Truth Ministries	Hampton City Public Library	Historic Triangle Comm Svc Ctr
GTL	Hampton City Public Works	Historic Triangle Senior Center
H.E.L.P. Free Clinic	Hampton City Redevelopment and Housing	Historic Virginia Land
	Hampton Roads Baptist Church	

Conservancy	Isle of Wight County Council	Jordan-Young Institute
Holy Spirit Church	Isle of Wight County Board of Supervisors	Judeo Christian Outreach Center
Homeless Outreach	Isle of Wight Cty Emerg Svcs	K.C. Robinson Consulting
Hook Law Center	Isle of Wight County Schools	Kaufman & Canoles
Hope Haven Adult Home	Isle of Wight County Schools Board	Kempsville Center for Behavioral Health
Hope House Foundation	ITT Tech	Kids First NE North Carolina
Hospice Community Care	Ivy Memorial Baptist Church	Kindred Transitional Care & Rehab
Hospice House & Support Care of Williamsburg	J. Dwight Bradshaw, D.D.S.	King and Queen County Council
Housing Partnerships	James City County Council	King and Queen County Emergency Services
Hubbard Peanuts	James City County Board of Supervisors	King and Queen County Health Department
Immaculate Conception Catholic Church	James City County Fire Department	King and Queen County Schools Board
Indian Lakes Foundation	James City County Foster Care Department	King and Queen County Sheriff's Office
Infectious Disease Associates	James City County Health Department	King and Queen County Social Services
Ingleside Civic League	James City County Housing & Community Development	King William County Board of Supervisors
Insight Enterprises	James City County Sheriff's Department	King William County Community Services Board
Interiors by Decorating Den	JCC Division of Social Services	King William County Fire Department
Internal Medicine	JenCare Senior Medical Center	King William County Schools
International Black Women's Congress	Jewish Community Center	King William Cty Schools Board
Internists at Western Branch	Jewish Family Services Counseling	
IOW Citizens Associaton	Jones CPA Group, PC	
IOW-Carrsville Area		
Isle of Wight - Smithfield Chamber of Commerce		
Isle Of Wight Academy		

Lackey Free Clinic	Virginia	Medical Facilities of America
Lacrosse Memorial Presbyterian Church	Literacy For Life	Medical Transport
LAFB Bundles for Babies	Loving Steps	Men's Health - Prostate Cancer
Lake Taylor Hospital	Luter YMCA	Mid Atlantic Maritime Academy
Lakeview - Internal Medicine	Lutheran Family Services of Virginia, Inc.	Middle Peninsula Community Services Board
Lakeview Medical Center	MacDonald & Ingram	Middlesex County Board of Supervisors
Lancaster By the Bay Chamber of Commerce	Main St. United Methodist Church	Middlesex County Emergency Services
Lancaster County Council	March of Dimes	Middlesex County Schools
Lancaster County Board of Supervisors	Marine Hydraulics International	Middlesex County Schools Board
Lancaster County Emergency Services	Mariners Museum	Middlesex County Sheriff's Office
Lancaster County Schools	Mathews County Council	Middlesex Social Services
Lancaster County Schools Board	Mathews County Board of Supervisors	Millfield Baptist Church
Lancaster County Sheriff's Office	Mathews County Chamber of Commerce	Minus 9 to 5
Lancaster County Social Services	Mathews County Schools	Mount Suffolk Church
Lancaster Farms	Mathews County Schools School Board	Mt. Carmel Missionary Baptist Church
Landmark Media Enterprises	Mathews County Sheriff's Office	NAMI
Landstown High School	Mathews County Social Services	Nansemond River Baptist Church
Langley Christian Church	Max Media of Hampton Roads	Nat. Alliance on Mental Illness -Mid Tidewater Chapter
Langly NASA	Mediation Center	National Coalition of 100 Black Women, Inc.
LifeNet	Medical Center Radiologists Inc	
LINK of Hampton Roads, Inc		
Lions Medical Eye Bank and Research Center of Eastern		

National Counseling Group	New Kent County Public Schools Board	Norfolk City Council
National Counseling Group – Exmore	New Kent Cty Sheriff's Office	Norfolk Community Enrichment
National Counseling Group - Newport News	New Kent County Social Services	Norfolk Comm Svcs Board
National Counseling Group Southeast Virginia	New Kent Community Services Board	Norfolk Department of Human Services
National VA Associate Director of Chaplaincy/Nat'l Baptist	New Life Christian Center	Norfolk Department of Public Health
Nat'l VA Chaplaincy in Hampton/Alliance Baptist	New Life Providence Church	Norfolk Fire Department
Naval Medical Center Portsmouth	New Life Providence Church - Norfolk	Norfolk Health Department
Neighborhood Council of Williamsburg	Newport News Fire Department	Norfolk Internal Medicine
Neighborhood Youth Soccer League	Newport News City Council	Norfolk Plastic Surgery PC
Nelson Ballard Cemetery	Newport News Department of Human Services	Norfolk Police Department
Nephrology Associates of Tidewater	Newport News Department of Planning	Norfolk Public Schools
Network Peninsula	Newport News Juvenile Services	Norfolk Public Schools Student Support Services
Neurosurgical Associates	Newport News Police Department	Norfolk Redevelopment & Housing Authority
New Covenant Church	Newport News Public Schools School Board	Norfolk State University
New Horizons Family Counseling Center	Newport News Redevelopment and Housing Authority	Norfolk State University - Virginia Beach Higher Education Center
New Kent County Board of Supervisors	Newport News Public Schools	Norfolk WIC
New Kent County Fire Department	Newport News Social Service	Northampton County Board of Supervisors
New Kent County Public Schools	Newtown Elementary	Northampton County Chamber of Commerce
		Northampton County Dept of Parks & Recreation
		Northampton County Dept of Social Services

Northampton County Public Schools	Virginia Beach Higher Education Center	Dentistry
	ODU Board of Directors	Peepstreet Movement
Northampton County Sheriff's Office	Old Point National Bank	Pembroke Mall
Northern Neck Free Health Clinic	Old Towne Medical Center	Pembroke Meadows & Shores Civic League
	Olde Towne Free Clinic	Pender & Coward
Northrop Grumman Corporation	Olde Towne Medical Center	Peninsula Agency on Aging
Northumberland County Board of Supervisors	Open Door Church	Peninsula Christian Free Clinic
	Optima	Peninsula Community Chapel
Northumberland County Chamber of Commerce	Oyster Point Family Practice	Peninsula Community Foundation
	Palmer Elder Law	Peninsula Emergency Physicians
Northumberland County Emergency Services	Pan-Hellenic Council of Peninsula	Peninsula EMS Council
Northumberland County Schools	Parent Resource Dev & Educ	Peninsula Health District
	Park Place Health Clinic	Peninsula Metropolitan YMCA
Northumberland County Schools Board	Pathology Sciences Medical Group	Peninsula SPCA
Northumberland County Sheriff's Office	Patient & Family Advisory Council	Peninsula Town Center
	Patient Advisory Board/ SPAH	Peninsula Worklink
Northumberland County Social Services	Patient First	People in Need Ministry
Oasis	Patient First (Newtown Rd)	Perdue Foods
Oasis Social Ministry	Patriots Colony	Phillipine Cultural Center of VA
Obici Healthcare Foundation Board	Patten, Worman, Hatten & Diamonstein	Pilato & Counts Interior Design
Ocean Marine LLC	Paul D Camp Community College	Planters/Kraft Foods Co.
Ocean Park Civic League	Pediatric & Adolescent	Point O'View Civic League
Odyssey Hospice		
Old Dominion University		
Old Dominion University -		

Poplar Lawn Baptist Church	R.L. Howell & Assoc.	Riverside Health System Board of Directors
Poquoson City Council	Rappahannock Community College Glenn's Campus	Riverside Home Health
Poquoson City Police Department	Rebound Chiropractic	Riverside Life Long Health and Aging Related Services - Hampton
Poquoson City Public Schools	Red Cross - Virginia Coastal	Riverside Life Long Health and Aging Related Services - Hampton
Poquoson City Public Schools Board	Red Cross - Virginia Rappahannock	Riverside Life Long Health and Aging Related Services - Mathews
Portsmouth Behavioral Health	Regent University	Riverside Life Long Health and Aging Related Services - Saluda
Portsmouth City Schools	Respite Care Center of Williamsburg United Methodist Church	Riverside Life Long Health and Aging Related Services - Sanders
Portsmouth Department of Health	Richmond County Council	Riverside Life Long Health and Aging Related Services - Smithfield
Portsmouth General Hospital Foundation	Richmond County Board of Supervisors	Riverside Life Long Health and Aging Related Services - the Orchard
Portsmouth Police Department	Richmond County Chamber of Commerce	Riverside Life Long Health and Aging Related Services - Warwick Forest
Portsmouth YMCA	Richmond County Emergency Services	Riverside Life Long Health and Aging Related Services - West Point
Positive Family connections	Richmond County Schools	Riverside Life Long Health and Aging Related Services, Thomas Nelson Comm
Pretlow & Pretlow	Richmond County Public Schools Board	
Pride in Parenting	Richmond Cty Sheriff's Office	
Prince of Peace Catholic Church	Richmond County Social Services	
Project CARE	RIDES	
Project Link - DHS VB	Riverside Cancer Services	
Project Search	Riverside Center for Excellence	
Pungo Realty	Riverside Doctors Hospital Williamsburg	
Queen Street Baptist – Hampton	Riverside Foundation	
R.G. Electric		

College	League	Sentara Princess Anne Hospital
Riverside Regional Med Ctr	Screening Brief Intervention & Referral To Treatment (SBIRT)	Sentara Virginia Beach PFAC
Riverside Rehabilitation Hospital	Second Act Communities	Seton Youth Shelters
Riverside Shore Memorial Hospital	Second Chances Youth Services	Shiloh Baptist Church
Riverside Shore Memorial Hospital	Senior Services Coalition	Shoemaker Vision Center
Riverside Shore Memorial Hospital Board of Directors	Senior Services of Southeastern Virginia	Sisters Network Inc.
Riverside Tappahannock Hospital	Sentara BelleHarbour Family Prac	Sisters of Bon Secours
Riverside Walter Reed Hospital	Sentara Center for Health and Fitness	SK Development
Riverside Walter Reed Hospital Board of Directors	Sentara Family Medicine	Smart Beginnings
Roche Diagnostics Corp.	Sentara Health Foundation - Hampton Roads	Smart Beginnings VA Peninsula
Rodef Sholom Temple in Hampton	Sentara Leigh Hospital Patient Family Advisory Council	Smithfield City Council
Rotary Club of Hampton Roads	Sentara Medical Group	Smithfield Foods
Rountree Construction	Sentara Norfolk General Hospital	Sentara Norfolk General Hospital Cancer Program PFAC
Royal Wealth Management	Sentara Norfolk General Hospital PFAC	Sonoco Products
Sales Systems Ltd	Sentara Obici Auxiliary	South University
Salvation Army	Sentara Obici Community Health Outreach	Southampton County Council
Samaritan House Virginia	Sentara Obici PFAC	Southampton County DSS-Family Services
Sandy Bottom Nature Park	Sentara Obici Pharmacy	Southeastern Virginia Health System
Sasser Construction	Sentara Optima	Southside Baptist Church
Saunders & Ojeda		Spring Arbor of Williamsburg-Residential Assisted Living
Scarborough Square Civic		Spring Branch Community Center

SRHA	Surry County Office on Youth	The Up Center
St Bede's Catholic Church Williamsburg	Susan G. Komen, Tidewater	The Village @ Woods Edge
St Gregory the Great Church	Sussex Public Schools	Planned Parenthood
St John the Apostle Church	SWRMC Auxiliary Board	Thomas Nelson Community College
St. Gregory the Great School	SWRMC Local Community Board	Three Rivers Health District
St. John Episcopal Church	SYSCO	Tidewater Community College
St. Mary's Catholic Church	Tabernacle Church of Norfolk	Tidewater Community College - Portsmouth
St. Nicholas Catholic Church	Tappahannock Seventh Day Adventist Church	Tidewater Diagnostic Imaging
St. Paul School of Nursing	Temple Beth El	Tidewater Physicians for Women
State Farm Insurance	The Arc of Greater Williamsburg	Tidewater Physicians Multispecialty Group
Striving for Spiritual Excellence	The Bridge Network	TOA
Suffolk Christian Church	The Center for Excellence in Aging and Geriatric Health	Town of Cape Charles Council
Suffolk Department of Social Services	The Children's Center	Town of Cape Charles Police Department
Suffolk Fire Department	The City of Norfolk Public Works	Town of Chincoteague
Suffolk Iron Works, Inc.	The College of William & Mary	Town of Chincoteague Police Department
Suffolk Parks & Rec Recreation	The Farley Center at Williamsburg Place	Town of Exmore Council
Suffolk Planning Commission	The Glaucoma & Laser Center	Town of Onancock Town Council
Suffolk Police Department	The Group for Women	Town of Onley Council
Suffolk Public Library	The Planning Council	Town of Smithfield Council
Suffolk Public Schools	The Riverfront	Town of Smithfield Fire Department
Suffolk Social Services	The Samaritan Group Inc.	
SunTrust Bank		
Surgical Services		
Surry Area Free Clinic		

Town of Tappahannock Council	Urban League of Hampton Roads	Virginia Beach United Methodist Church
Town of Tappahannock Police Department	Urology of Virginia	Virginia Cooperative Extension
Town of Urbanna Council	Valverde & Rowell PC	Virginia Cooperative Extension
Town of Warsaw Council	VersAbility Resources	Virginia Department of Health
Town of Warsaw Police Department	Vetshouse	Virginia Eye Consultants
Town of West Point Council	Vintage Tavern	Virginia Home Medical
Town of West Point Police Department	Virginia Medical Specialists	Virginia League of Planned Parenthood
Town of West Point Volunteer Fire & Rescue	Virginia Beach Amphitheater	Virginia Modeling, Analysis and Simulation Center
Town of Windsor Council	Virginia Beach City Council	Virginia Office of the Attorney General/Hampton Roads Opioid Working Group
Towne Bank	Virginia Beach Community Services Board	Virginia Oncology Associates
Towne Bank-Norfolk	Virginia Beach Department of Public Health	Virginia Oncology Associates PC
Transitions	Virginia Beach Dept of Health	Virginia Oral Health Coalition
Trinity United Methodist Church	Virginia Beach EMS/Fire Dept	Virginia Orthopaedic & Spine Specialists
Unilever - Lipton	Virginia Beach Health Services Advisory Board	Virginia Peninsula Chamber of Commerce
Union Mission	Virginia Beach Health Services Advisory Board	Virginia Peninsula Food Bank
United Jewish Community Center	Virginia Beach Healthy Families	Virginia Port Authority
United Way of South Hampton Roads	Virginia Beach Human Services	Virginia Premier Health Plan
United Way of the Greater Williamsburg Area	Virginia Beach Parks & Recreation	Virginia Supportive Housing
United Way of the Virginia Peninsula	Virginia Beach Police Dept	Virginia Wesleyan University
United Way Peninsula	Virginia Beach Public Schools	Virginian Pilot

Volvo Medical Associates	Williams Mullen	Williamsburg Landing
VPCC	Williamsburg - James City County Schools	Williamsburg United Methodist
WM Jordan		Wilroy Baptist Church
Wave Church - Norfolk		WJCC Comm Action Agency
West End Baptist Church	Williamsburg - James City County Schools Board	WJCC Public Schools
West Point Chamber of Commerce	Williamsburg Area Faith in Action	Women & Family Shelter (Union Mission)
Western Branch Family Medicine & OB/GYN	Williamsburg Meals on Wheels	Woodlawn Memorial
Western Tidewater Community Services Board	Williamsburg Area Transit Authority (WATA)	WTCSB
Western Tidewater Free Clinic	Williamsburg Chamber of Commerce	YH Thomas Community Center
Western Tidewater Health Dept.	Williamsburg City City Council	YMCA
Westminster Reformed Presbyterian Church	Williamsburg City Fire Department	YMCA Board of Directors
Westmoreland County Emergency Management	Williamsburg City Police Department	York Co Division of Juvenile Services
Westmoreland County Schools	Williamsburg City Social Services	York Co Housing and Neighborhood Revitalization
Westmoreland County Schools Board	Williamsburg Community Chapel	York County Board of Supervisors
Westmoreland County Sheriff's Department	Williamsburg Community Health Foundation	York County Chamber of Commerce
Westmoreland Cty Social Svcs	Williamsburg Cooperative Extension	York County Community Services
Westmoreland Medical Center	Williamsburg Emergency Physicians	York County Department of Fire & Life Safety
Williamsburg Health Foundation	Williamsburg Human Services	York County Realtor
		York County School Board
		York County Social Services
		York Senior Center

YWCA

Services

Z Andrew Counseling

Zion Baptist Church

APPENDIX II

**Bon Secours Hampton Roads
CHNA Community Dialogues**

Organization	Date/Time	Attendance
Mary Immaculate Hospital SeniorHealth Newport News, VA	Tuesday, January 8, 2019	87
Mary Immaculate Hospital SeniorHealth Norfolk, VA	Friday, January 18, 2019	34
Maryview Medical Center SeniorHealth Portsmouth, VA	Tuesday, January 22, 2019	64
Healthy Portsmouth (Key Stakeholders) Portsmouth, VA	February 21, 2019	8
Community Conversations - No Wrong Door Norfolk, VA	Monday, February 25, 2019	24
Family Focus English as a Second Language Newport News, VA	Wednesday, February 27, 2019	12
Sentara Princess Anne Patient/Family Advisory Group Virginia Beach, VA	Thursday, February 28, 2019	20
Federation of Civic Leagues Norfolk, VA	Thursday, March 14, 2019	11
Green Run Civic League Virginia Beach, VA	Saturday, March 23, 2019	8
Virginia Resource Center Norfolk/Virginia Beach, VA	Wednesday, March 27, 2019	11
Peninsula Department of Health (Key Stakeholders) Newport News, VA	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 educational 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 inefficient 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 address or one has more resources and funding then the other *Caregivers (Examples: caring for a spouse with dementia or a child with autism) *Individuals

with Intellectual or Developmental Disabilities *Low Income Individuals *Unemployed Individuals *Victims of Human Trafficking, Sexual Violence or Domestic Violence *Veterans and Their Families ALL POINTS BACK TO MENTAL HEALTH. WE GIVE A PRESENTATION FOR BEATING THE HOLIDAY BLUES, GRIEVING, EDUCATING STAFFS (IN SCHOOLS), FAMILIES HOW TO IDENTIFY SUICIDE IDEATIONS. AGAIN A BARRIER TO GET IN THE SYSTEM.

Community Assets and Services that Need Strengthening

- 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"/>				
Language	<input type="radio"/>				
Gender	<input type="radio"/>				
Sexual Orientation	<input type="radio"/>				
Age	<input type="radio"/>				
Disabilities	<input type="radio"/>				
Religion	<input type="radio"/>				
Education	<input type="radio"/>				
Immigration Status	<input type="radio"/>				

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

9. Community Health Services for Adults

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

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

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

COMMUNITY HEALTH CONCERNS AND HEALTH SERVICES

CHILDREN and TEENS

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

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

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

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

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

11. Access to Healthcare (Children and Teens)

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

- | | |
|---|---|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> No / Limited Home Support Network |
| <input type="checkbox"/> Costs | <input type="checkbox"/> No / Limited Phone Access |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Time Off From Work |
| <input type="checkbox"/> Lack of Medical Providers | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Location of Health Services | <input type="checkbox"/> Understanding the Use of Health Services |
| <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"/>				
Language	<input type="radio"/>				
Gender	<input type="radio"/>				
Sexual Orientation	<input type="radio"/>				
Age	<input type="radio"/>				
Disabilities	<input type="radio"/>				
Religion	<input type="radio"/>				
Education	<input type="radio"/>				
Immigration Status	<input type="radio"/>				

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

13. Community Health Services for Children and Teens

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

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

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

OTHER COMMUNITY STRENGTHS AND WEAKNESSES

14. At Risk Populations

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

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

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

15. Community Assets and Services

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

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

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

16. Additional Ideas or Suggestions

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

Your Point of View

Please tell us a little about yourself (OPTIONAL)

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

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

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

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

19. Gender

- Male
- Female
- Transgender
- Prefer Not to Answer

20. Race

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

21. Ethnicity

- Hispanic
- Not Hispanic or Latino

22. Age (years):

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

23. Marital Status

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

24. Highest Level of Education

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

25. Insurance

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

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

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

- Yes
 No

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

- Yes
 No

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

- Yes
 No

29. Housing

- Own
 Rent
 Homeless
 Other

30. Live With:

Number of Adults in Home

Number of Children

31. Live With: Age Range of Children

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

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

