Riverside Regional Medical Center 2019 Community Health Needs Assessment

This Community Health Needs Assessment and Implementation Strategy for Riverside Regional Medical Center was conducted and developed between June 2018 and May 2019 to fulfill the requirements described in section 501(r)(3) of the Internal Revenue Code. It was formally approved and adopted by the Riverside Regional Medical Center Board of Directors on September 20, 2019.

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COMMUNITY HEALTH NEEDS ASSESSMENT

Introduction

Riverside Regional Medical Center is part of Riverside Health System, with a mission to "care for others as we would care for those we love." While Riverside cares for its patients every day, it recognizes that caring for others can often mean those who are not in the hospital. Riverside Regional Medical Center understands it has a unique and important role in caring for the health of its community. Conducting a Community Health Needs Assessment allows Riverside to view the community as a broader population and better understand the unique needs, concerns and priorities of the community it serves.

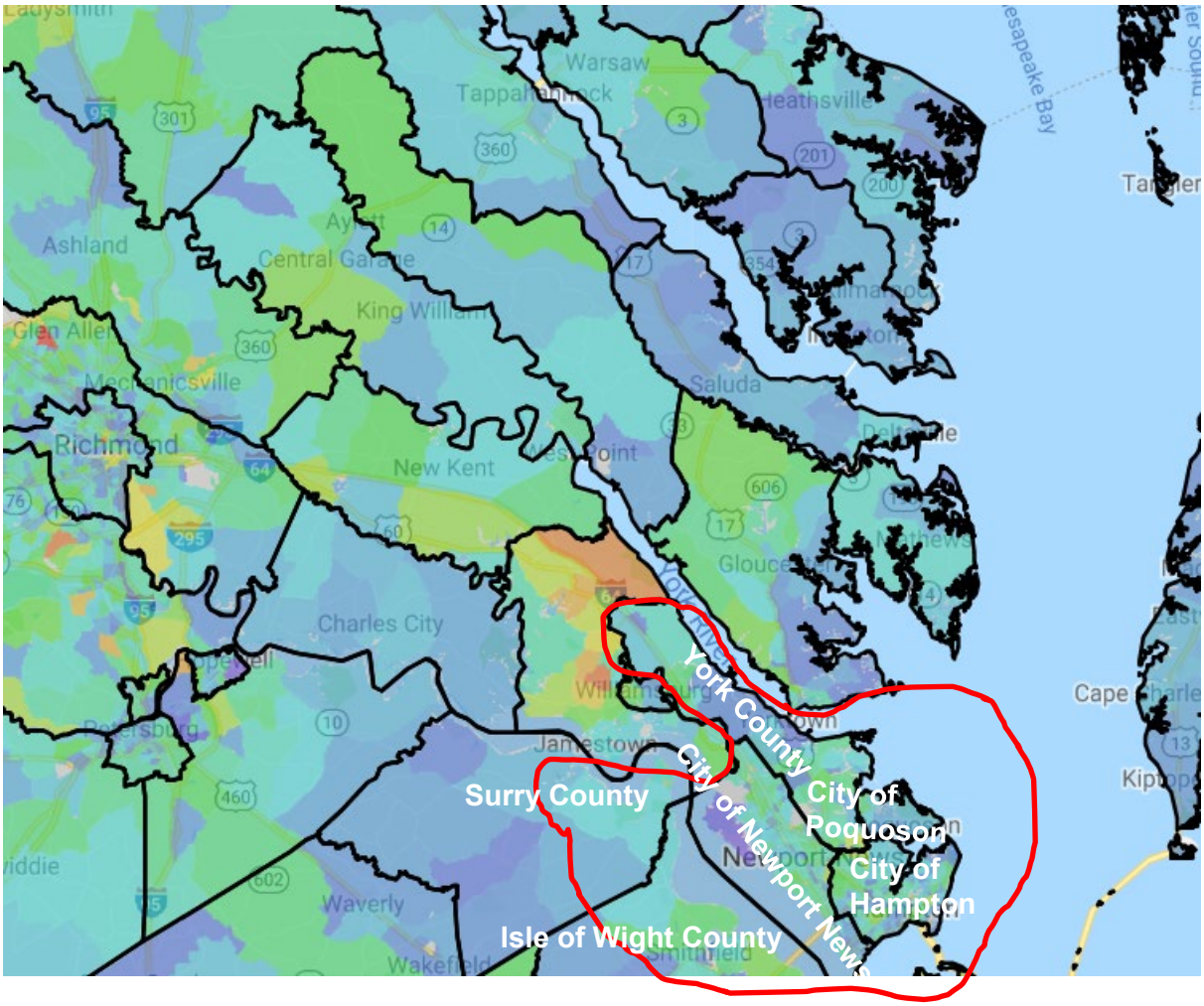
Community Health Needs Assessment Process

A Community Health Needs Assessment (CHNA) and Implementation Strategy for Riverside Regional Medical Center was conducted between June 2018 and May 2019 in fulfillment of the requirements described in section 501(r)(3) of the Internal Revenue Code. The data assessment process was conducted by Riverside's Marketing, Strategy and Development Department utilizing publically available information for the health indicator data. The community survey process was done in conjunction with Bon Secours of Hampton Roads, Children's Hospital of the King's Daughters, Sentara Healthcare and multiple local districts of the Virginia Department of Health through the Peninsula Community Health Collaborative. Details about the joint survey process are noted in that section of the report.

The CHNA process consisted of four phases: data collection (quantitative), community input (qualitative), analysis and prioritization. The quantitative data is summarized in the first section of this report, and represents a broad assessment of demographic and health indicators. The data sources are noted within each section. The qualitative community input data is summarized in the second section of this report and was gathered through an electronic survey process from October 23, 2018 – December 14, 2018.

Community Served by the Hospital

The community served by Riverside Regional Medical Center is a geographic region that covers 39 ZIP codes across the Cities of Hampton, Newport News and Poquoson and the Counties of York, Isle of Wight and Surry. As many health indicators are reported at the city and county level rather than the ZIP level, the quantitative data analyzed in this report was pulled for Hampton, Newport News, Poquoson, York and Isle of Wight.


Warsaw
Tappahannock
Heathsville
Chesapeake Bay
Ashland
Central Garage
King William
Glen Allen
Mechanicsville
Saluda
Richmond
New Kent
West Point
Gloucester
Charles City
Williamsburg
York County
Jamestown
City of Poquoson
City of Hampton
Surry County
City of Newport News
Isle of Wight County
Waverly
Wakefield
Cape Charles

Community Indicators

The community indicators present a wide array of quantitative community health indicators for the study region. To produce the profiles, RHS analyzed data from multiple sources. By design, the analysis does not include every possible indicator of community health. The analysis is focused on a set of indicators that provide broad insight into community health, and for which there were readily available public data sources. Detailed reviews follow below, but to summarize:

- **Demographic Profile:** As of 2017, the study region included an estimated 447,378 people. The population is expected to increase 2.4% by 2022. Compared to Virginia as a whole, the study region is more urban and more racially diverse. The study region also has a higher percentage of low income households than Virginia as a whole. These comparative patterns were also seen in the 2011 demographic profile reported in the 2012/2013 CHNA and the 2014 data reported in the 2016 CHNA.

- **Mortality Profile:** In 2016, the study region had 3,828 total deaths. The leading causes of death included malignant neoplasms of the lung, COPD, Alzheimer's disease, heart disease and heart attack. Crude Death Rate per 100,000 was 869.3 compared to Virginia's 790.2. The Age Adjusted Death Rate per 100,000 was 798 for the study area and 790.2 for Virginia.

- **Maternal & Infant Health Profile**: In 2016, the study region had 5,800 total live births. Compared to Virginia as a whole, the study region had higher rates of births, births to teens age 10-19, low weight births as a percent of all births and infant death rates.

- **Behavioral Health Hospitalization Discharge Profile:** Behavioral health (BH) hospitalizations provide another important indicator of community health status. In 2017, residents of the study region had 3,199 hospital discharges from Virginia community hospitals for behavioral health conditions. The leading diagnosis for these discharges was psychoses. Fatal drug overdoses are up in the service area and Virginia as a whole. Two of the last four years the service area had a higher rate of death by fatal overdose per 100,000 than Virginia as a whole.

- **Health Risk Profile:** Health behaviors have a tremendous impact on the state of a community's health. The service area has higher rates of obesity, diabetes, smoking and physical inactivity than the Commonwealth as a whole. The study area also had a higher rate of school children eligible to receive a free lunch and a higher percentage of the population facing food insecurity than Virginia. The HIV rate in the service area is lower than Virginia with the notable exception of Surry County. As for violent crimes, while York, Poquoson and Isle of Wight enjoy low rates of violent crimes compared to Virginia as a whole, Newport News, Hampton and Surry have higher rates of violent crimes than the Commonwealth.

- **Uninsured Profile:** At any given point in time in 2016, an estimated 35,183 nonelderly residents of the study region were uninsured. This included an estimated 4,186 children and 30,997 adults. The estimated uninsured rates were 4.1% for children age 0-18, 11.6% for adults age 19-64, and 9.6% for the population age 0-64. The estimated uninsured rate for the population under 65 is generally comparable to the estimated rate in 2011 as reported in the 2012/2013 CHNA and to the 2014 rate reported in 2016.

- **Medically Underserved Profile:** Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are designated by the U.S. Health Resources and Services Administration as being at-risk for health care access problems. The designations are based on several factors including primary care provider supply, infant mortality, prevalence of poverty, and the prevalence of seniors age 65+. Hampton, Isle of Wight County, Surry County and York County have full designation as Medically Underserved Areas. Newport News has a designated Medically Underserved Population. Poquoson did not get any designations.

Demographic Profile

Trends in health-related demographics are instructive for anticipating changes in community health status. Changes in the size, age and racial/ethnic mix of the population can have a significant impact on overall health status, health needs and demand for local services. In order to have the most reliable data, the demographic profile was based on the census projections for the cities of Poquoson, Hampton and Newport News and the Counties of Isle of Wight and York. With only a tiny portion of Surry County included in the service area, it was excluded from this portion of the data analysis.

As shown in Exhibit I-A, as of 2017, the study region included an estimated 447,378 people. The total population is projected to increase 2.4% by 2022. Focusing on age groups, a decline is projected for the 0-19 and 45-64 age groups while growth is anticipated for the 19-34, 35-44 and 65+ age groups. Focusing on racial/ethnic background, growth is projected for all of the listed groups. The largest predicted growth areas include the Hispanic Ethnicity population (expected to grow by 14.4%), the mixed race population (expected to grow by 14.6%) and the other race category (expected to grow by 15.5%).

Community health is driven in part by community demographics. The age, sex, race, ethnicity, income and education status of a population are strong predictors of community health status and community health needs.

Exhibit I-B presents a 2017 snapshot of key health-related demographics of the study region compared to Virginia as a whole. Focusing on population rates, compared to Virginia as a whole, the study region is more urban and more racially diverse. The study region also has a higher percentage of lower income households than Virginia as a whole. These comparative patterns were also seen in the 2011 demographic profile reported in the 2012/2013 CHNA and in the 2014 profile reported in the 2016 CHNA.

Exhibit I-A
Community Health Demographic Trend Profile, 2010-2022

Exhibit I-A Health Demographic Trend Profile for the Study Region, 2010-2022				
Indicator	**2010 Census**	**2017 Estimate**	**2022 Projection**	**% Change 2017- 2022**
Total Population	438,101	447,378	458,089	2.4%
Population Density (per Sq. Mile)	452.7	462.3	473.4	2.4%
Total Households	170,773	172,515	178,308	3.4%
Population by Age				
Children Age 0-19	119,388	114,638	113,416	-1.1%
Adults Age 19-34	95,652	104,719	106,851	2.0%
Adults Age 35-44	53,680	51,348	54,770	6.7%
Adults Age 45-64	117,195	114,797	109,835	-4.3%
Seniors Age 65+	52,187	61,877	73,217	18.3%
Population by Race/Ethnicity				
White	237,687	239,787	241,212	0.6%
Black/African American	162,414	162,761	166,106	2.1%
American Indian or Alaska Native	1,881	1,996	2,071	3.8%
Asian / Native Hawaiian / Other Pacific Islander	12,306	14,608	16,188	10.8%
Some Other Race	7,811	9,840	11,281	14.6%
Two or More Races	16,002	18,387	21,232	15.5%
Hispanic Ethnicity	23,688	30,442	34,829	14.4%
Note: Hispanic is a classification of ethnicity; therefore, Hispanic individuals are also included in the race categories.				

Exhibit I-B
Community Health Demographic Snapshot Profile, 2017

Exhibit I-B Health Demographic Snapshot Profile, 2017			
Indicator		**Study Region**	**Virginia**
Population Counts			
Total Population	Population	447,378	8,453,091
Age	Children Age 0-19	114,638	2,113,825
	Adults Age 19-34	104,719	1,796,873
	Adults Age 35-44	51,348	1,100,177
	Adults Age 45-64	114,797	2,245,888
	Seniors Age 65+	61,877	1,196,328
Sex	Female	230,380	4,294,256
	Male	217,380	4,158,836
Race	White	239,787	5,361,326
	Black	162,761	1,637,782
	American Indian or Alaska Native	1,996	32,518
	Asian / Native Hawaiian / Other Pacific Islander	14,608	554,158
	Some Other Race	9,840	306,572
	Two or More Races	18,387	290,736
Ethnicity	Hispanic Ethnicity	30,442	774,121
Income	Low Income Households (Households with Income < $25,000)	37,305	545,927
Education	Population Age 25+ Without a High School Diploma	29,080	696,580
Population Rates			
Total Population	Population Density (population per sq. mile)	462.3	207.06
Age	Children Age 0-19 percent of Total Population	25.6%	25.0%
	Adults Age 19-34 percent of Total Population	23.4%	21.3%
	Adults Age 35-44 percent of Total Population	11.5%	13.0%
	Adults Age 45-64 percent of Total Population	25.7%	26.6%
	Seniors Age 65+ percent of Total Population	13.8%	14.2%
Sex	Female percent of Total Population	51.4%	50.8%
	Male percent of Total Population	48.6%	49.2%
Race	White percent of Total Population	53.6%	66.6%
	Black percent of Total Population	36.4%	19.4%
	American Indian or Alaska Native percent of Total Population	0.4%	0.4%
	Asian / Native Hawaiian / Other Pacific Islander percent of Total Population	3.3%	6.6%
	Some Other Race percent of Total Population	2.2%	3.6%
	Two or More Races percent of Total Population	4.1%	3.4%
Ethnicity	Hispanic Ethnicity percent of Total Population	6.8%	9.2%
Income	Low Income Households (Households with Income <$25,000) percent of Total Households	21.6%	17.0%
Education	Population Age 25+ Without a High School Diploma percent of Total Population Age 25+	9.8%	12.1%
Note: Hispanic is a classification of ethnicity; therefore, Hispanic individuals are also included in the race categories.			

Mortality Profile

Mortality is one of the most commonly cited community health indicators. As shown in Exhibit I-C in 2016, the study region had 3,828 total deaths. The top five leading causes of death were malignant neoplasms of the lung or bronchus (lung cancer) (201), chronic obstructive pulmonary disease (166), Alzheimer's disease (161) and atherosclerotic heart disease (157) and acute myocardial infarction (heart attack) (108). Study region Crude Death Rates per 100,000 and Age Adjusted Death rates per 100,000 were higher than the statewide rates for all deaths combined, lung cancer, COPD, Alzheimer's disease and heart disease as compared to Virginia as a whole. The Crude Death Rate per 100,000 and the Age Adjusted Death rate per 100,000 for heart attacks was lower than Virginia as a whole.

The 2016 mortality profile presented Exhibit I-C is generally comparable to the 2010 mortality profile reported in the 2012/2013 CHNA and the 2013 profile presented in the 2016 CHNA. Please note that the data for the 2013 and 2016 CHNAs was in combined categories, and the data in this analysis is at the sub-category level. When sub-categories are combined, cancer and heart disease continue to be the leading causes of death. However, it should be noted that Alzheimer's disease has increased as a cause of death both in raw numbers and in both crude and age adjusted death rates per 100,000. However this should not be interpreted as statistically significant without further study.

Exhibit I-C
Mortality Profile, 2016
(causes of death with 20 deaths or more in 2016 in the service area)

Cause of Death	Study Area (2016)			Virginia (2016)		
	Number of Deaths	Crude Death Rate per 100,000	Age Adjusted Death Rate per 100,000	Number of Deaths	Crude Death Rate per 100,000	Age Adjusted Death Rate per 100,000
All Deaths	3828	869.3	798	66,473	790.2	715.5
Bronchus or lung, unspecified - Malignant neoplasms	201	45.6	40.1	3,727	44.3	38.1
Chronic obstructive pulmonary disease, unspecified	166	37.7	34.7	2,528	30.1	27.0
Alzheimer disease, unspecified	161	36.6	34.6	2,363	28.1	26.3
Atherosclerotic heart disease	157	35.7	31.9	2,912	34.6	31.1
Acute myocardial infarction, unspecified	108	24.5	21.8	2,358	28.0	24.8
Stroke, not specified as haemorrhage or infarction	78	17.7	16.3	1,692	20.1	18.5
Other forms of acute ischaemic heart disease	66	15	13.5	412	4.9	4.3
Septicaemia, unspecified	66	15	13.5			
Breast, unspecified - Malignant neoplasms	61	13.9	12.6	1,118	13.3	11.5
Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified	60	13.6	14.3	837	10.0	10.0
Atrial Fibrillation and flutter	59	13.4	12.5	1177	14	13
Congestive heart failure	58	13.2	12.3	1,605	19.1	17.4
Unspecified diabetes mellitus, without complications	54	12.3	11.2	841	10	8.7
Pancreas, unspecified – malignant neoplasms	51	11.6	10.3	1056	12.6	11
Parkinson Disease	48	10.9	9.1	739	8.8	8.3
Malignant neoplasm without specification of site	48	10.9	9.1	831	9.9	8.7
Colon, unspecified – malignant neoplasm	43	9.8	8.9	979	11.6	10
Malignant neoplasm of prostate	43	9.8	8.8	768	9.1	8.3
Heart failure, unspecified	37	8.4	7.9	506	6	5.4

Unspecified diabetes mellitus, with renal complications	37	8.4	7.6	372	4.4	4
Assault by handgun discharge	36	8.2	8	122	1.5	1.5
Pneumonia, unspecified	36	8.2	7.5	1039	12.4	11
Atherosclerotic cardiovascular disease, so described	33	7.5	6.7	1075	12.8	11
Vascular dementia, unspecified	30	6.8	6.3	333	4	3.7
Essential (primary) hypertension	29	6.6	6.1	492	5.8	5.3
Other and unspecified cirrhosis of liver	27	6.1	5.5	526	6.3	5.3
Non-insulin-dependent diabetes mellitus, without complications	27	6.1	5.5	366	4.4	3.8
Intentional self-harm by handgun discharge	26	5.9	5.6	320	3.8	3.5
Chronic kidney disease, stage 5	25	5.7	5	608	7.2	6.5
Malignant neoplasm of kidney, except renal pelvis	24	5.4	5	314	3.7	3.3
Esophagus, unspecified - Malignant neoplasms	24	5.4	5	365	4.3	3.7
Hypertensive heart disease with (congestive) heart failure	23	5.2	5	232	2.8	2.5
Malignant neoplasm of ovary	23	5.2	4.8	360	4.3	3.7
Pneumonitis due to food and vomit	23	5.2	4.8	599	7.1	6.5
Chronic renal failure, unspecified	23	5.2	4.8	285	3.4	3.1
Acute renal failure, unspecified	23	5.2	4.6	304	3.6	3.3
Cardiomyopathy, unspecified	22	5	4.5	513	6.1	5.5
Chronic ischaemic heart disease, unspecified	22	5	4.4	175	2.1	1.9
Aortic (valve) stenosis	21	4.8	4.5	310	3.7	3.4
Other fall on same level	21	4.5	4.1	438	5.2	4.8
Brain, unspecified - Malignant neoplasms	20	4.5	4	388	4.6	4.1
Hypertensive heart disease without	20	4.5	4.1	422	5	4.4

(congestive) heart failure						
Other interstitial pulmonary diseases with fibrosis	21	4.5	4	313	3.7	3.4
Peripheral vascular disease, unspecified	20	4.5	3.8	202	2.4	2.1
Liver cell carcinoma - Malignant neoplasms	20	4.5	3.7	272	3.2	2.7
SOURCE: Internal analysis of data from Centers for Disease Control and Prevention's WONDER online database wonder.cdc.gov						

Maternal and Infant Health Profile

Maternal and infant health indicators are another widely cited category of community health. As shown in Exhibit I-D, the study region had 5,800 total live births in 2016. Compared to Virginia as a whole, the study region had lower birth rates, lower teen birth rates and a lower percentage of low birth weight babies than Virginia as a whole. Nationally, birth rates continue to decline as well, with 2017 being the lowest birth rate on record that have been tracked since the early 1900s.

Comparing the 2016 profile in Exhibit I-D to the 2010 profile reported in the 2012/2013 CHNA and the 2013 profile reported in the 12016 CHNA, the study region had similar rates for most maternal and infant health indicators.

Exhibit I-D
Maternal and Infant Health Profile, 2016

	Study Area (2016)	Virginia (2016)
Total Live Births	5,800	101,220
Rate of Live Births Per 100,000	12.96	12.2
Total Low Weight Births	540	8,266
Low Weight Birth as Percent of Total Births	9.3	8.2%
Total Live Births to Teens (age 10-19)	257	4,140
Teenage Birth Rate	9.3	7.9
Live Births to Teens Age <15	2	84
Live Births to Teens Age 15-17	61	1,346
Live Births to Teens Age 18-19	194	4,199
Total Infant Deaths	37	593
Infant Death Rate	6.38	5.8
SOURCE: Internal analysis of data from the Virginia Department of Health www.vdh.gov/HealthStats/stats.htm		

Behavioral Health Hospitalization Discharge Profile

Behavioral health (BH) hospitalizations provide another important indicator of community health status. As shown in Exhibit I-E, residents of the study region had 3,199 hospital discharges from Virginia community hospitals for behavioral health conditions in 2016. The leading diagnosis for these discharges was psychoses (2,411). The BH discharge rate for the study region (7.15) was 9.3% below the Virginia rate (7.88).

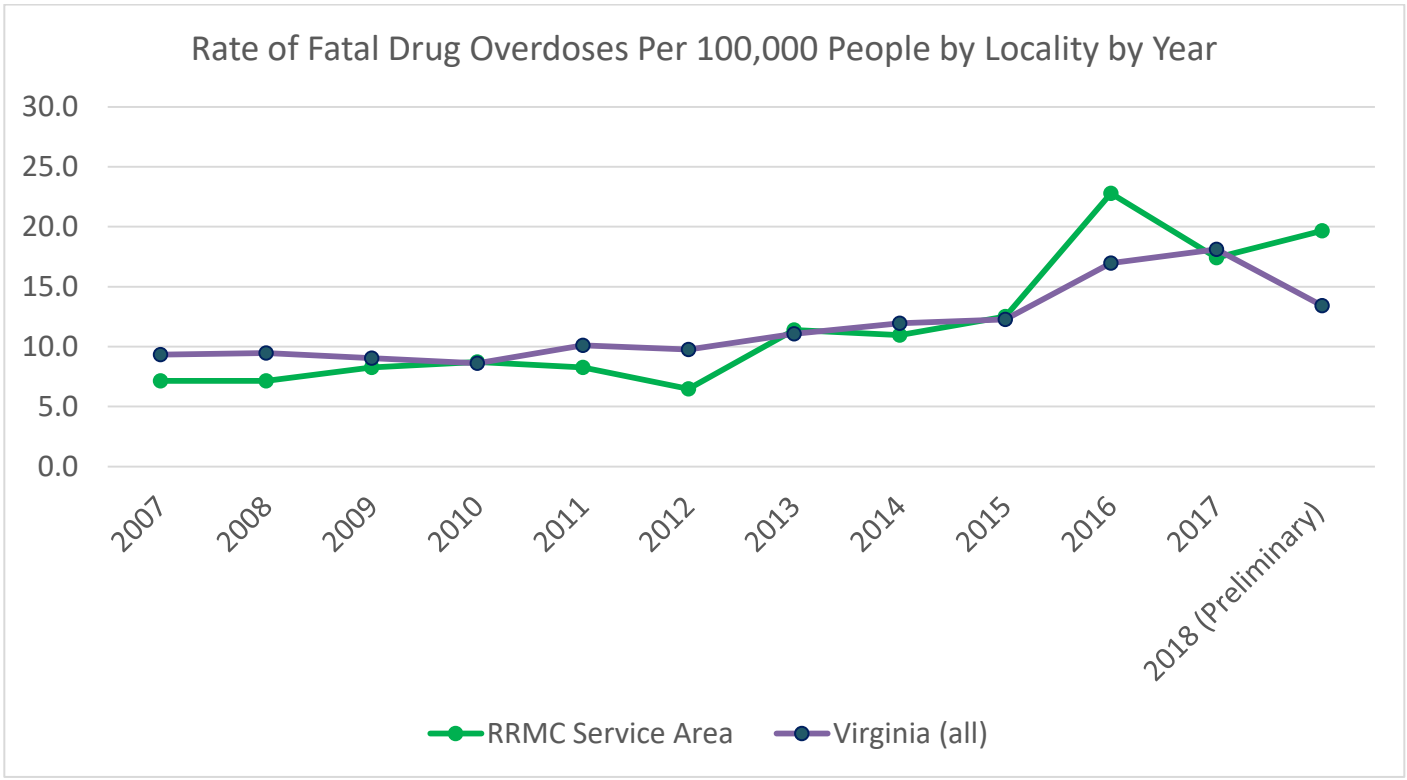
The leading causes of behavioral health hospitalization in 2017 were generally the same as in the 2011 profile reported in the 2012/2013 CHNA and the 2013 profile reported in the 2016 CHNA. A more detailed analysis of ranks and rates between the two study years is not feasible due to changes in diagnostic definitions and other technical factors.

Separate from the inpatient behavioral health admissions, it is important to also note the increase in ED visits from drug overdoses as well as the overall increase in deaths from drug overdoses since the last CHNA that has been seen across the Commonwealth. The Virginia Department of Health reports that Fatal Drug Overdose has been the leading cause of unnatural death in Virginia since 2013 and that opioids have been the driving force in this increase. VDH notes that statewide rural areas face higher deaths from illicit opioids while urban areas have higher impacts from Rx opioids.

Exhibit I-E
Behavioral Health Hospital Discharge Profile, 2017

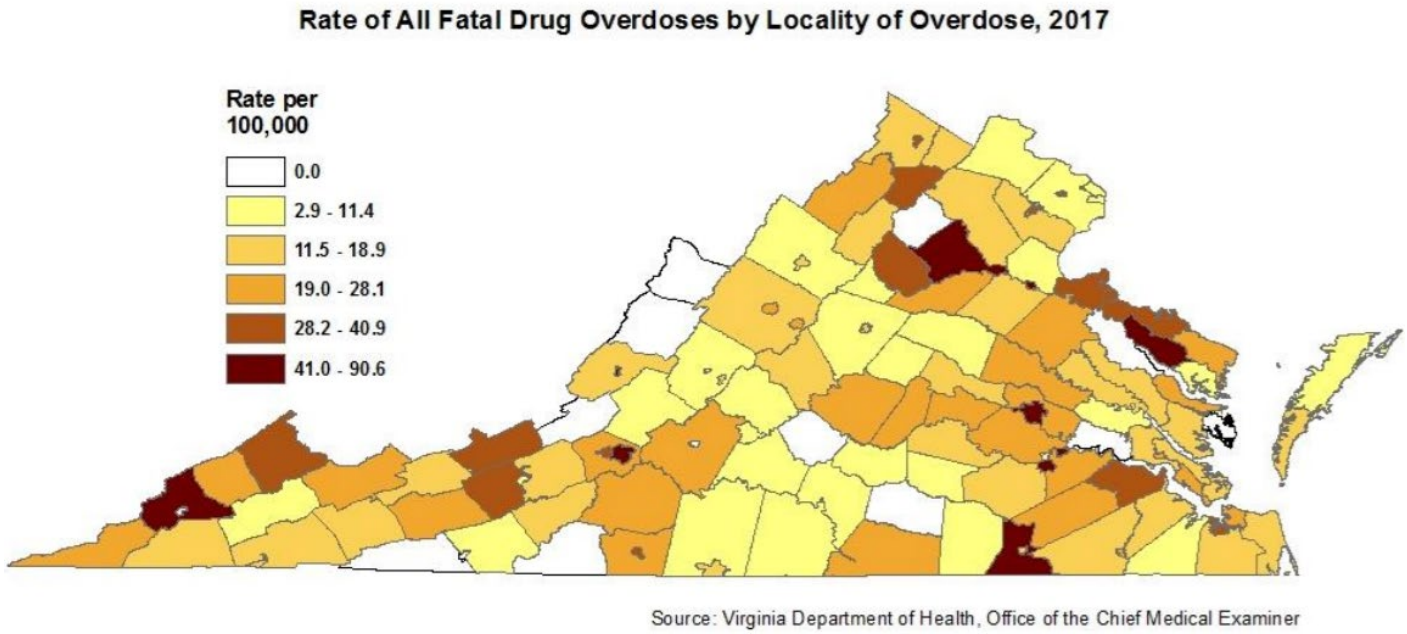
		Service Area Cities & Counties (2017)		Virginia (2017)	
DRG	DRG Description	Number of Inpatient Discharges	Crude Rate per 100,000	Number of Inpatient Discharges	Crude Rate per 100,000
	All inpatient behavioral health discharges	3,199	7.15	66,640	7.88
880	Acute adjustment reaction & psychosocial dysfunction	56	0.13	1,256	0.15
881	Depressive neuroses	211	0.47	4,737	0.56
882	Neuroses except depressive	71	0.16	2,149	0.25
883	Disorders of personality & impulse control	9	0.02	353	0.04
884	Organic disturbances & mental retardation	59	0.13	1,311	0.16
885	Psychoses	2,411	5.39	44,837	5.30
886	Behavioral & developmental disorders	10	0.02	334	0.04
887	Other mental disorder diagnoses	6	0.01	58	0.01
894	Alcohol / drug abuse or dependence, left AMA (Against Medical Advice)	24	0.05	844	0.10
895	Alcohol / drug abuse or dependence with rehabilitation therapy	5	0.01	873	0.10
896	Alcohol / drug abuse or dependence without rehabilitation therapy with MCC (Major Complicating Condition)	40	0.09	1,084	0.13
897	Alcohol / drug abuse or dependence without rehabilitation therapy without MCC	297	0.66	8,804	1.04
SOURCE: Inpatient Hospital Discharge data from Virginia Health Information (VHI), 2017					

Exhibit 1-F
Rate of Fatal Drug Overdoses per 100,000 (2007 - 2018)



Source: Virginia Department of Health Fatal Drug Overdose Report

Exhibit 1-G
Rate of Fatal Drug Overdoses by Locality of Overdose (2017)



Source: Virginia Department of Health, Office of the Chief Medical Examiner

Health Risk Profile

This section examines health risks for adults age 18+. Prevalence estimates of health risks, chronic disease and health status can be useful in developing prevention and improvement efforts. As shown in Exhibit I-H, estimates from 2016 indicate that substantial numbers of adults in the study region have health risks related to nutrition, weight, physical inactivity, tobacco and alcohol. In addition, substantial numbers of adults have chronic conditions such as high cholesterol, high blood pressure, arthritis, diabetes and asthma. The 2016 profile generally reflects the health risk patterns found in 2011 as reported in the 2012/2013 CHNA. Available data are not sufficient to support a more detailed comparative analysis between the study years.

Exhibit I-H
Health Risk Profile, 2016

***Note: This data comes from a wide variety of sources. Most draw from years at least 2-3 years prior. Please note the sources and years at the bottom of the table for additional context for each measure.**

	Newport News	Hampton	Poquoson	York	Isle of Wight	Surry	Virginia (All)
Diabetes: % of adults that report having been diagnosed with diabetes							
2013	11.0%	11.7%	10.4%	10.1%	13.1%	13.6%	9.6%
2016	14.6%	10.9%	14.2%	7.4%	10.2%	11.9%	9.4%
2019	14.7%	12.6%	13.8%	9.2%	11.6%	13.2%	10.0%
Obesity: % of adults that report a BMI >= 30							
2013	32.9%	31.2%	29.0%	28.6%	26.8%	36.8%	28.1%
2016	25.6%	28.6%	30.3%	27.4%	24.6%	32.1%	27.3%
2019	32.2%	37.5%	30.3%	29.0%	35.4%	33.7%	28.8%
Excessive Drinking: % of adults that report excessive or binge drinking							
2013	12.3%	13.8%	14.2%		10.5%	15.6%	15.9%
2016	12.5%	16.3%	13.2%	18.7%	15.8%	14.5%	16.6%
2019	16.3%	17.7%	19.5%	17.8%	17.1%	14.9%	17.4%
Physical Inactivity: % of adults that report being physically inactive							
2013	29.5%	27.9%	30.7%	23.8%	21.3%	27.5%	24.0%
2016	24.5%	25.9%	30.0%	23.9%	23.5%	25.3%	22.2%
2019	22.2%	22.3%	22.1%	19.4%	25.1%	24.4%	21.6%
Food Insecurity: % of adults that report worrying that they will							
2013							
2016	12.8%	11.3%	12.8%	16.7%	9.3%	16.9%	11.9%
2019	11.2%	10.8%	11.2%	15.7%	8.1%	17.8%	10.6%
Free School Lunch: % of children eligible to receive free lunch at school							
2013	45.4%	41.7%	10%	12.9%	28.2%	48.2%	30.8%
2016	46.4%	30.8%	53.0%	34.8%	23.5%	45.5%	32.1%
2019	55.5%	34.0%	72.4%	45.2%	29.5%	56.2%	41.2%

	Newport News	Hampton	Poquoson	York	Isle of Wight	Surry	Virginia (All)
Smoking: % of adults that smoke							
2013	20.2%	13.6%	20.5%	3.8%	11.1%	18.1%	18.3%
2016	15.5%	16.6%	19.9%	18.1%	14.7%	20.2%	19.5%
2019	17.9%	17.3%	13.1%	13.1%	15.0%	16.8%	15.3%
HIV Rate: HIV+ Individuals per 100,000 population							
2013	495	437	51	97	147	213	307
2016	173	159	126	381	80	510	320
2019	165	245	132	208	84	474	308
Mammography: % of Female Medicare Enrollees Ages 65-74 That Had a Screening Mammogram (NOTE – changed data source in 2019)							
2013	71.5%	74.2%	65.2%	74.5%	79.3%	68.2%	66.0%
2016	70.0%	66.0%	63.0%	76.0%	76.0%	64.0%	63.0%
2019	42.0%	44.0%	49.0%	54.0%	48.0%	55.0%	43.0%
Mental Health Provider Ratio: The number of Mental Health Providers Population Ratio							
2013	4753:1	3613;1	1517:1	2727:1	5042:1	2353:1	2216:1
2016	12251:1	4501:1	17477:1	2099:1	408:1	456:1	685:1
2019	819:1	395:1	2009:1	1441:1	4061:1	1635:1	628:1
Preventable Hospitalizations: Number of Hospital Stays for Ambulatory Care Sensitive Conditions per 100,000 Medicare Enrollees (NOTE: reporting switched from per 1,000 in 2013 & 2016 to per 100,000 in 2019)							
2013	36	52	56	41	48	46	58
2016	34	41	48	34	38	42	49
2019	4524	4230	2358	3630	4655	4374	4,454
Violent Crime Rate: The number of violent crimes per 100,000 population							
2013	117	144	80	210	104	311	233
2016	94	136	104	163	106	267	200
2019	456	295	129	162	144	226	207

Uninsured Profile

Decades of research show that health coverage matters when it comes to overall health status, access to health care, quality of life, school and work productivity, and even mortality. Exhibit I-I shows the estimated number of uninsured individuals by income in the study region as of 2016. At a given point in time in 2016, an estimated 35,183 nonelderly residents of the study region were uninsured, including 4,186 children and 30,997 adults. The estimated uninsured rates were 4.1% for children age 0-18, 11.6% for adults age 19-64, and 9.6% for the population age 0-64. This is a lower rate in every category than Virginia has as a whole. The estimated uninsured rate for the population under 65 is generally comparable to the estimated rate in 2011 as reported in the 2012/2013 CHNA and the 2014 rate reported in the 2016 CHNA. Available data are not sufficient to support a more detailed comparative analysis between the study years.

Exhibit I-I
Uninsured Profile (Estimates), 2016

	Study Area (2016)		Virginia (2016)	
	Number of Uninsured	% of Total Population In Age Group	Number of Uninsured	% of Total Population In Age Group
Children (Age 0-18)	4,186	4.1%	94,398	4.9%
Adults (Age 19-64)	30,997	11.6%	606,611	11.8%
All Under 65	35,183	9.6%	701,009	9.9%
SOURCE: Urban Institute for the Virginia Health Care Foundation, based on the 2016 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS). www.vhcf.org/wp-content/uploads/2018/03/VHCF-Final-Tables-2016-28Feb2018.pdf				

Medically Underserved Profile

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are designations used by the U.S. Health Resources and Services Administration to identify populations at-risk for health care access problems. The designations are based on several factors including primary care provider supply, infant mortality, prevalence of poverty and the prevalence of seniors age 65+.

As shown in Exhibit I-J, The City of Hampton, Isle of Wight County, Surry County and York County received full or partial designation as Medically Underserved Areas. The City of Newport News received designation as having a Medically Underserved Population. The City of Poquoson did not receive either designation.

For a more detailed description, visit the U.S. Health Resources and Service Administration designation webpage at http://muafind.hrsa.gov/.

Exhibit I-J
Medically Underserved Areas Profile, 2016

Locality	MUA / MUP Designation	Index of Medical Underservice Score
Hampton City (Low Income Area)	Medically Underserved Area	55.1
Newport News City (Low Income Area)	Medically Underserved Population	61.8
Poquoson City	N/A	
Isle of Wight County	Medically Underserved Area	42.9
Surry County	Medically Underserved Area	61.1
York County	Medically Underserved Area	59.5
SOURCE: United States Health Resources and Service Administration muafind.HRSA.gov		

Community Input

In an effort to obtain community input for the study, a community survey was conducted. This survey data is an important way to ensure the members of the community have a voice in the CHNA, but it is important to note that this is not a representative sample so the input should be considered as qualitative and directional data only. That said, the insight and consistency in responses still proves helpful in prioritizing the issues to address.
Due to the overlap of service areas, a joint survey was developed by the Peninsula Community Health Collaborative (PCHC). The PCHC is comprised of representatives from Bon Secours Hampton Roads, The Children's Hospital of the Kings' Daughters, Riverside Health System, Sentara Healthcare, local organizations such as the United Way and the Foodbank as well as multiple districts of the Virginia Department of Health.

The survey participants were asked to provide their perspective on:

- Community Health Issues affecting Adults
- Community Health Services for Adults that need to be strengthened
- Community Health Issues affecting Children and Teens
- Community Health Services for Children and Teens that need to be strengthened
- Issues that affect individuals access to care in the community
- Vulnerable populations in the community that need additional services or support
- Community Assets that need to be strengthened

In prior years, response rates to each health system's survey was low, and there had been feedback that people did not like answering multiple surveys that asked basically the same question. In response to this concern, the PCHC allowed the health systems to work together and create a more streamlined approach to garnering community input for the CHNA process.

There were two versions of the survey created, one aimed at key community health stakeholders, leaders and clinicians, and one for the broader community. The stakeholder survey was sent directly to 1,670 identified individuals across southeast Virginia. The invitation was emailed from the Virginia Department of Health and included a letter signed by the CEOs of the four area health systems and the Medical Director of two local health districts. The stakeholders included local leaders in government, law enforcement, education, business, behavioral health, and civic groups as well as clinicians and other community health leaders. Additionally, the community survey was promoted on the hospital websites and on social media for the hospitals and health department. Riverside also followed up with a number of individuals personally to ensure their participation in the survey.

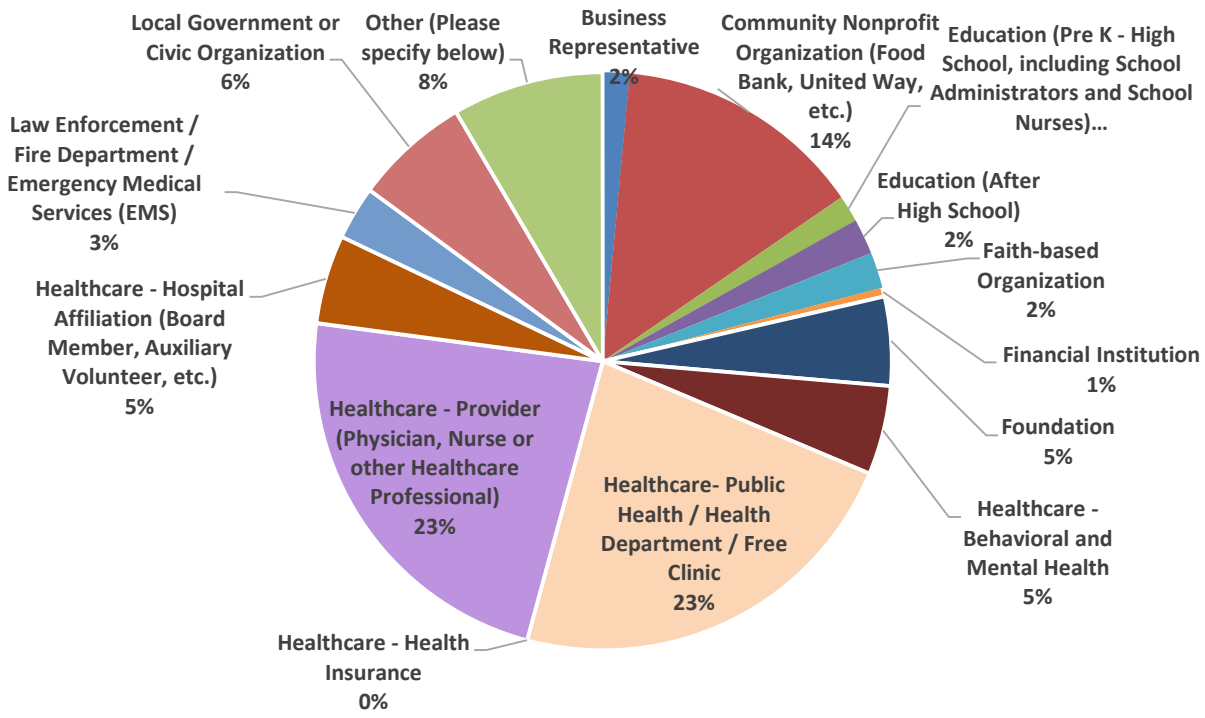
The survey was facilitated using SurveyMonkey, and online survey tool. Each survey asked respondents to identify the community they were answering for when they took the survey. This allowed the same survey to be used across multiple regions and for multiple hospitals. Once the survey was closed, each hospital was able to filter the data to only use the responses relevant to their unique service area.

Survey Respondents

The survey was open between October 23, 2018 and December 14, 2018. During that time, 422 respondents completed either a Community Survey or a Key Stakeholder Survey. This response size is an increase of 76% over the 2016 survey (120 responses). RRMC attributes the tremendous increase in responses to the unified approach to the survey with the other health systems which decreased survey fatigue for key stakeholders as well as combined the promotional strength of all of the hospitals to grow awareness of and interest in the survey.

Community respondents were not asked to identify their organizational affiliations, but the key stakeholders were asked that question. Where completed, the responses are included in the appendix as written by the respondents. The breakdown of the types of organizations is included in the Exhibit II-A.

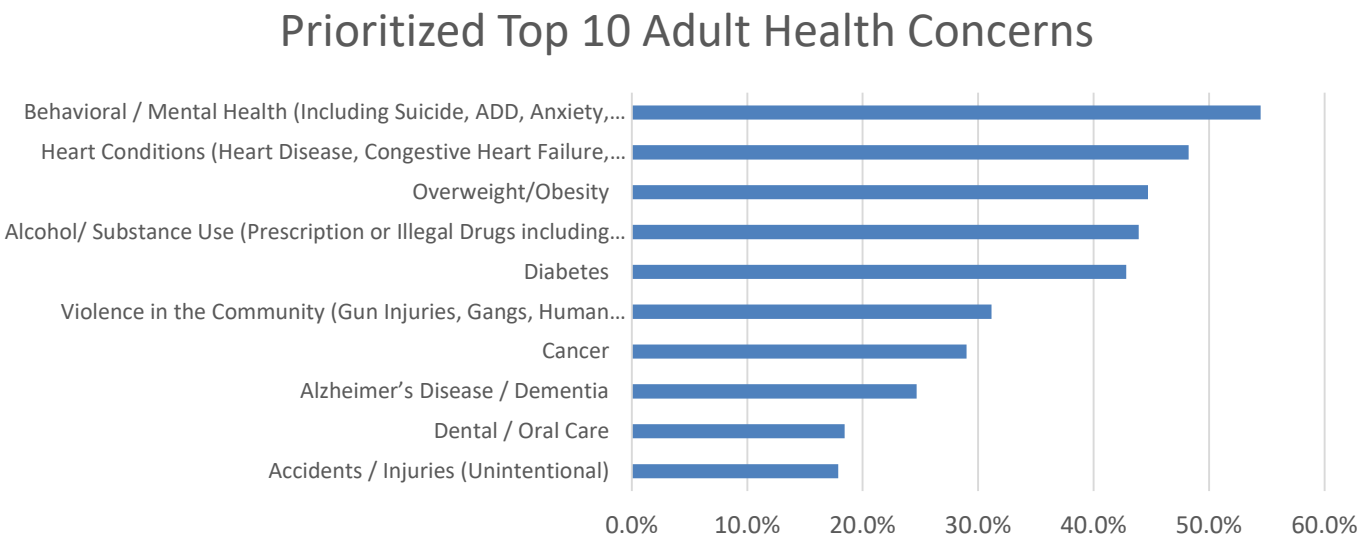
Exhibit II-A
Employer Affiliation of Survey Respondents
Type of Employer or Organizational Affiliation (n=190)



Community Health Issues Affecting Adults

Survey respondents were asked to review a list of common community health issues affecting adults aged 18 and over. The list of issues drew from the topics in Healthy People 2020 with some refinements. The survey asked respondents to identify from a provided list up to five issues they viewed as the most important health concerns affecting adults in their community. Respondents were also invited to identify additional issues not already defined on the list. Exhibit II - B shows the ten issues most frequently indicated as being the most important in the community. See **appendix** for all survey responses.

Exhibit II-B
Top Community Health Issues Facing Adults
369 respondents with up to 5 priorities each = 1,869 responses

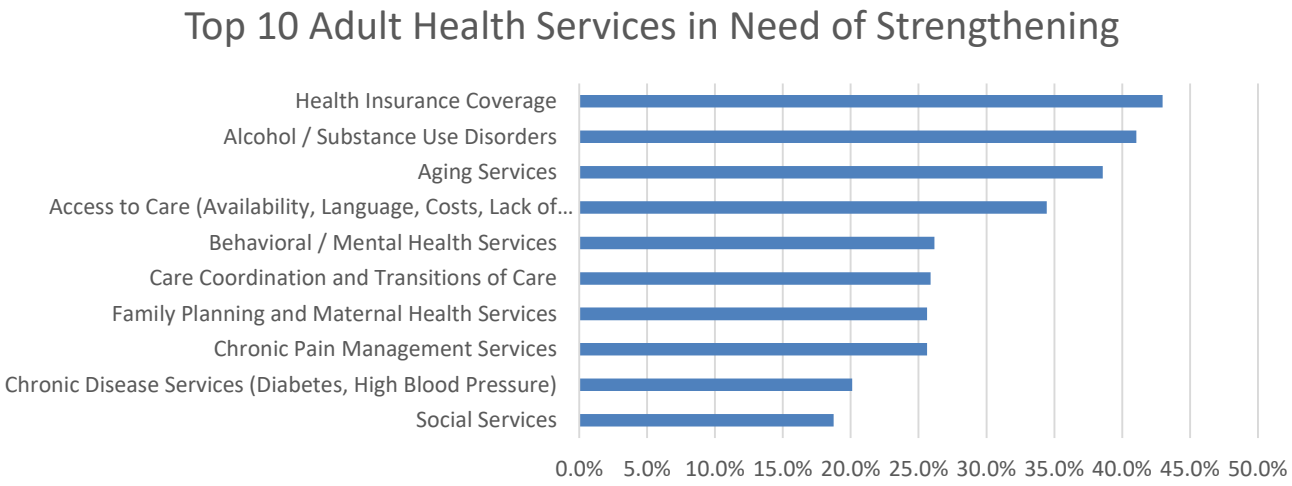


Community Health Services for Adults

Survey respondents were asked to review a list of community services that are typically important for addressing the health needs of adults in a community. Respondents were asked to identify from the list the five services they thought most needed strengthening in their community in terms of availability, access or quality. Respondents were also invited to identify additional service gaps not already defined on the list. Exhibit II - C shows the ten community health services most frequently indicated as being in need of strengthening. See **appendix** for all survey responses.

Exhibit II-C
Top Community Health Services for Adults In Need of Strengthening

363 respondents with up to 5 priorities each = 2,623 responses

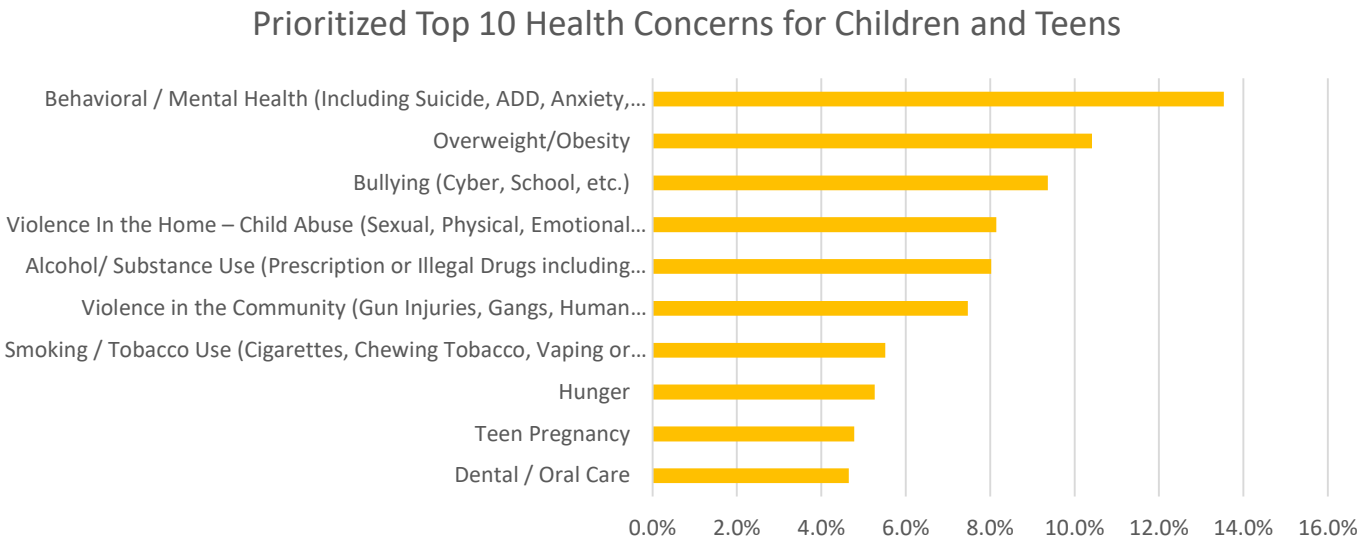


Community Health Issues Affecting Children & Teens

Survey respondents were asked to review a list of common community health issues affecting children and teens, ages 0 - 17. The list of issues drew from the topics in Healthy People 2020 with some refinements. The survey asked respondents to identify from the list up to five issues they viewed as the most important health concerns in their community. Respondents were also invited to identify additional issues not already defined on the list. Exhibit II - D shows the ten issues most frequently indicated as being the most important in the community. See **appendix** for all survey responses.

Exhibit II-D
Top Community Health Issues Affecting Children and Teens

334 respondents with up to 5 priorities each = 1,633 responses

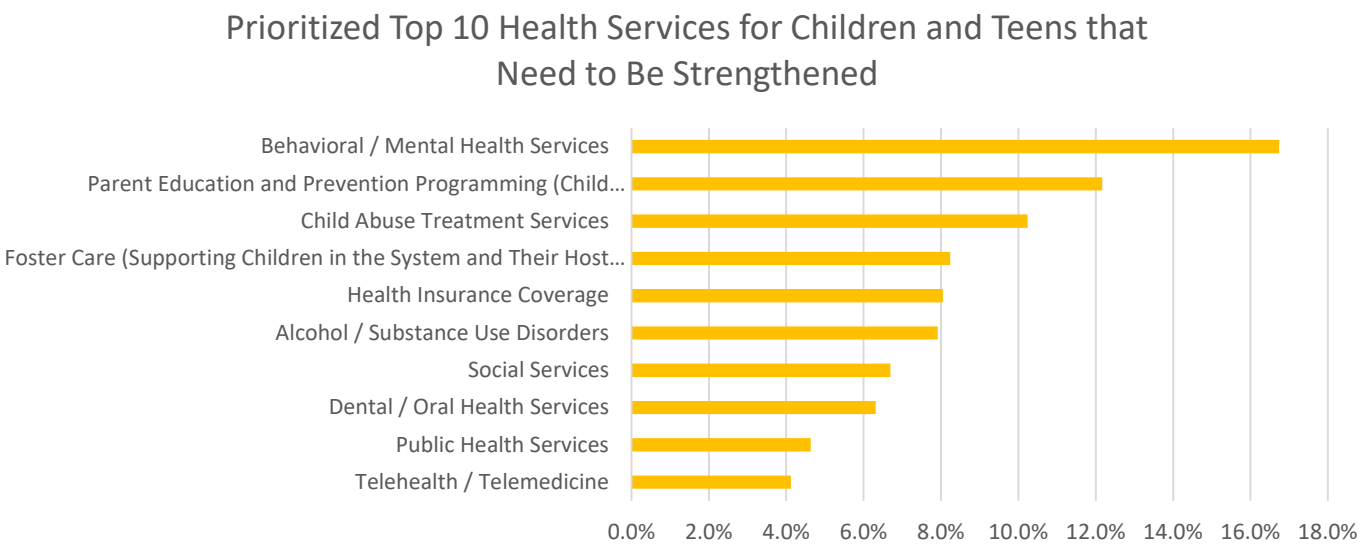


Community Health Services for Children & Teens

Survey respondents were asked to review a list of community services that are typically important for addressing the health needs children and teens in a community. Respondents were asked to identify from the list the five services they thought most needed strengthening in their community in terms of availability, access or quality. Respondents were also invited to identify additional service gaps not already defined on the list. Exhibit II - E shows the ten community health services most frequently indicated as being in need of strengthening. See **appendix** for all survey responses.

Exhibit II-E
Top Community Health Services for Children and Teens In Need of Strengthening

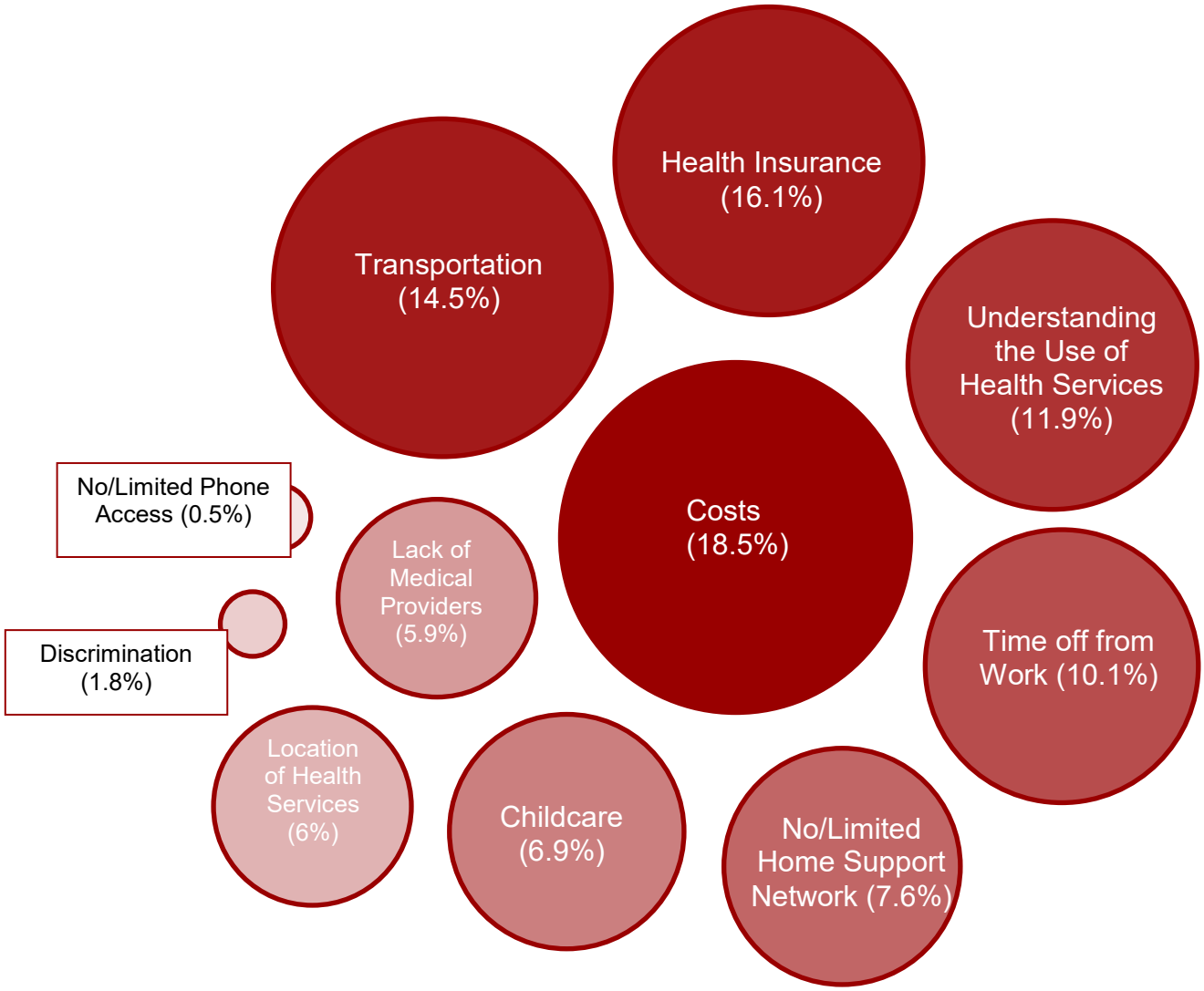
165 respondents with up to 5 priorities each = 1,553 responses



Community Issues Affecting Access to Healthcare

Survey respondents were asked to review a list of issues that may affect the ability for individuals to access healthcare. The survey asked respondents to identify from the list up to five issues they viewed as most affecting access to health care in their community. Respondents were also invited to identify additional issues not already defined on the list. Exhibit II-F shows the issues affecting access to care as they were ranked by the survey respondents. See **appendix** for all survey responses.

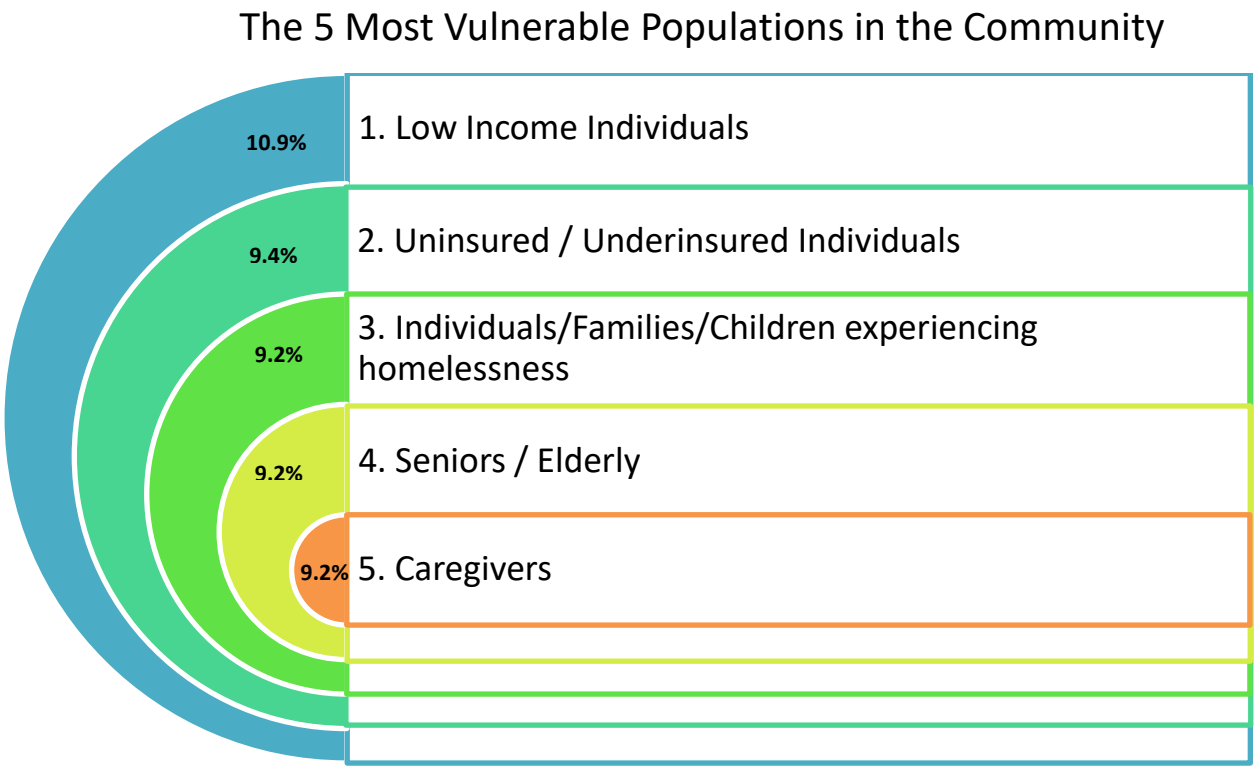
Exhibit II-F
Top Community Issues Impacting Access to Healthcare
357 respondents with up to 5 priorities each = 1,641 responses



Vulnerable Populations

Survey respondents were asked to review a list of populations that may need additional services or support to maintain their health. Respondents were asked to identify from the list the five populations they think are most in need of additional services or support in their community. Respondents were also invited to identify additional populations not already defined on the list. Exhibit II-G shows the five populations most frequently indicated as being in need of additional services or support. See **appendix** for all survey responses.

Exhibit II-G
Five Most Vulnerable Populations in the Community
70 respondents with up to 5 priorities each = 347 responses



Percent of respondents that indicated the population is in need of additional support

Health Assets in the Community

Survey respondents were asked to review a list of assets outside of the direct provision of health care that may impact health. Respondents were asked to identify from the list the five community health assets they think are most in need of strengthening in their community. Respondents were also invited to identify additional community health assets not already defined on the list. Exhibit II-H shows the five community health assets most frequently indicated as being in need of strengthening. See **appendix** for all survey responses.

Exhibit II-H
Top Community Health Assets In Need of Strengthening
327 respondents with multiple choices allowed = 1,575 responses

Progress Made From the 2016 Implementation Plan

An important component of the 2019 CHNA is to review the work accomplished since the 2016 Implementation Plan. There were four key focus areas as a part of the 2016 Implementation Plan for the Peninsula.

Mental Health & Substance Abuse

Riverside Regional Medical Center conducted a comprehensive analysis of both the inpatient and outpatient needs of the Peninsula region's mental health services. This resulted in focus of serving the inpatient needs of the communities. The CSB and other agencies will continue to focus their attention on the outpatient needs of the community. Additionally, Riverside worked collaboratively with other health systems, EMS and law enforcement in addressing the opioid issues as a region to include the launch of the "Safe Opioid Prescribing Guidelines" distributed through local emergency departments.

Healthy Lifestyle / Heart Health Safe Community/ Obesity/ Diabetes

The local health systems, the Food Bank and the Department of Health formed a committee to address the most meaningful way to address the health risk profiles of the Peninsula region. The result of the collaborative is a focus on food insecurities in the region. Each of the health systems developed a plan. Riverside Brentwood facility established a Diabetic Food Insecurity Program that they launched in late 2018.

Access and Connection

Riverside arranges transports to move patients to and from Riverside facilities, practices, urgent care, to LLH, home, etc. The community calls Riverside Nurse (a free confidential telephonic service for the community) and United Way line in reference to transport to which Riverside provides resource phone numbers. A community resource guide was built in EPIC iCare for Riverside team members to access to assist patients. Also, Riverside provided support in terms of time and financial support to the United Way as it re-established itself in the community as the organization committed to connecting individuals to services across the region.

Safety Net Capacity

Riverside advocated for the expansion of Medicaid with local official, state representatives, local employers and community. The legislature did pass the law to expand Medicaid in Virginia in 2018. Riverside worked closely with other safety net providers in the community to increase access to medical services and to help ensure that the care provided is high quality and seamless as individual patients move between care providers.

Prioritization of the 2019 Significant Health Needs

In order to appropriately review the health indicator data and community survey input, the administrative leadership team of Riverside Regional Medical Center compiled the list of most critical needs in the community. Looking at both the quantitative and qualitative results and comparing them with the current community initiatives underway in the study region, the seven areas of focus were paired down from a possible eleven major priorities.

After the seven areas of focus were identified, a review of current action steps and resources were examined and through input from the hospital leaders, the priority area was validated. Further, the leadership team of the hospital has ongoing meetings with local officials, employers and community non-profits to name a few. There will continue to be ongoing collaboration with community partners in the action steps identified and the resources allocated for the focus area.

IMPLEMENTATION STRATEGY

Strategy Process for Addressing Prioritized Health Needs

Following the prioritization of the health needs by the administrative team, the next step was to develop an implementation strategy to impact these concerns in the community. The team had some significant discussion about the seven focus areas and what additional work, if any, could be done to advance the efforts. There was also discussion about the underlying root causes of these issues.

One particular focus of the conversation was the need to increase individuals' awareness of existing services and how to access them. This was noted to be key for connecting individuals with health insurance programs where able, accessing clinics or specialists as needed, or understanding what established community service programs were available. With the expansion of Medicaid this year, RHS is actively planning how they can continue to improve access and insurance coverage to the community.

The team also spent significant time reviewing the state of mental health care and substance abuse services on the Peninsula. With Riverside Behavioral Health Center's recent opening of the adolescent mental health unit, more specialized services can be provided to community members within this demographic.

In addition, the team made time for a discussion surrounding the opioid epidemic in the region (and the nation). It was noted that the Emergency Nurses Association had facilitated conversations between Riverside, Sentara and Bon Secours emergency rooms and all were now following standard practices with regards to opiate prescriptions. This is also connected to the Hampton Roads Working Group on Heroin, which is being led by the area health departments but supported by all of the health systems. The group noted there were opportunities in this area, such as getting Narcan available to more first responders and educating primary care and urgent care providers on new standard practices.

One other area that the team made sure to address was food insecurities. There are higher rates of children receiving a free lunch and adults worrying that they will not have access to food in the study area. Implementation of solutions pertaining to food insecurities would likely be more effective in some of the Riverside Medical Group practices.

Cancer was another area that was addressed during the conversation, particularly lung and colon cancer. Regarding lung cancer, RHS is exploring ways that they can screen for abnormalities with lower associated risk. As for colon cancer, RHS leaders feel that there is an opportunity for improvement in screening participation (and therefore a decrease in prevalence), particularly in minority groups.

The strategy to address the aging services action plan will be led by the Riverside Center for Excellence in Aging and Lifelong health. With dementia still being a prevalent issue, RHS feels that they can make a difference through improvement and expansion of services. The center is staffed by a number of clinical researchers and professionals who make older adult needs their lifelong focus. The center has established a number of local, regional and national affiliations and partnerships enabling Riverside access to evidence-based protocols and resources. The team at CEALH will work in collaboration with the administrative team at RRMC and the Neurology Department of Riverside Medical Group to educate and promote the services that may be of greatest benefit to those adults living with dementia and Alzheimer's. In addition, the services will also focus on the caregivers empowering them to manage care and decision-making more effectively.

Significant Health Needs To Be Addressed

- Behavioral/Mental Health and Substance Abuse
- Food Insecurities
- Health Insurance Coverage/Access to Care
- Neoplasms of the Lung
- Maternal and Infant Care
- Colon Cancer
- Aging Services
    - Dementia
    - Alzheimer's

Significant Health Needs Not Being Addressed

Not every need identified in the CHNA process can be addressed as a priority area.

Due to the limitation of resources, the size of the issue and the capacity of existing organizations to impact the problem, the following issues were not identified as priorities:

- Chronic Respiratory Conditions
- Smoking and physical inactivity
- Foster Care
- Reproductive health
- Infant mortality
- Septicemia
- Nephritis
- Unintentional injury

- Domestic violence
- Chronic pain
- Heart Disease

Additionally, issues that did not rank as top health indicator problems in the quantitative analysis or noted as perceived community health issues in the survey are not going to be addressed as a part of the 2016 CHNA and Implementation Strategy. Examples of these areas include:

- Environmental Health
- Drowning / Water Safety
- Autism
- HIV / AIDS
- Dental / Oral Care
- Neurological Problems
- Arthritis
- Renal Disease
- Orthopedic Problems
- Sexually Transmitted Diseases
- Physical Disabilities
- Bullying

Initial Implementation Strategy

In order to impact the seven focus areas, several key implementation strategies are being adopted. For each area of focus, background information, action steps and anticipated resources are noted.

Behavioral/Mental Health and Substance Abuse:

Background:

As in the rest of the country, behavioral/mental health and substance abuse are documented and perceived as underserved health needs across the Peninsula region. Providing quality health care services to those facing psychiatric illness or substance abuse is part of how Riverside cares for others as they would care for those they love.

Action Steps and Resources:

Riverside Health System continues to focus on providing care to this population, as well as opportunities to improve services. In 2019, the ligature-resistant Riverside Behavioral Health Center opened up an Adolescent Care Unit, which provides necessary care for a specific population in need. In addition, RBHC participates in the Medicaid ARTS (Addiction and Recovery Treatment Services) Program, which allows for individuals battling substance abuse to receive treatment. Several Riverside facilities have a Crisis Intervention program, where a team including members of the CSB, fire/EMS, psychiatric technicians, and behavioral health specialists come together to allow patients' psychiatric needs to be addressed while in the hospital. Riverside Regional Medical Center also has a Clinical Opiate Withdrawal Scale (COWS) protocol, which allows for the appropriate care to be given to patients based on their needs. Riverside Health System has transitional processes in place, where individuals in various care settings (ED, IP, others) are referred to an addiction management specialist for appropriate care (an example of this would be the ED-bridge implementation). As seen in many other hospitals across the country, Riverside facilities are attempting to minimize opioid exposure through responsible and appropriate prescribing tactics such as multi-modal pain management and education to patients and providers. Riverside will also continue to partner with other organizations, such as the Community Service Board, to address related issues in the community.

Food Insecurities:

Background:

On the peninsula health risk profile, it was noted that there is a higher population facing food insecurities.

Action Steps and Resources:

To address this issue, the Riverside Brentwood facility has established a Diabetic Food Insecurity Program. With this program, community members are initially screened for having a food insecurity. After they have been determined to have an insecurity, they are offered a combination of monthly education sessions and 12 nutritious food boxes. Each box contains several healthy meals (such as chicken, peas and carrots) to help supplement what community members are already consuming at home. The boxes can be obtained every two weeks, or as the participants need them.

Health Insurance Coverage/Access to Care:

Background:

Despite the recent regulatory changes behind Medicaid Expansion in Virginia, health insurance coverage and access to care continue to be notable issues within the community. Although the number of Medicaid users has increased, there are still community members who lack insurance due to lack of awareness or interest. RHS is committed to having more individuals in the surrounding areas be able to access the care they need. As a note, there are also non-insurance barriers to care for community members, such as language barriers.

Action Steps and Resources:

In the Peninsula area, Riverside provides support to the Lackey Free Clinic, which allows eligible individuals to obtain care without payment. In addition, RHS participates in Change Healthcare, which is a program dedicated to increasing the number of community members who are signed up for Medicaid. For those who may be having issues with communication barriers, Riverside offers translators via call, video and in-person for the top languages spoken in the area.

Neoplasms of the Lung

Background:

One of the leading causes of death from the peninsula community survey/data was neoplasms of the lung.

Action Steps and Resources:

Riverside has been offering low-dose CT screenings to patients who may have an increased risk of developing lung cancer. These screenings may help Riverside physicians spot lung cancer sooner, when it is more treatable. Initially, RHS only provided those screenings to patients with commercial insurance or those who paid out-of-pocket. In late 2018, Riverside began participating with the PenLung registry which allows for Riverside to accept Medicare and Medicaid patients. This expanded the availability to care for a much broader population on the Peninsula. This is also viewed as a way for Riverside medical staff to diagnose various abnormalities, while considering the potential for side effects relating to radiation exposure to patients.

Maternal and Infant Care

Background:

Parent Education and Prevention Programming was one of the top community needs based on the survey.

Action Steps and Resources:

Pertaining to education, Riverside offers several weekly or bi-weekly courses available to the community, featuring several classes such as breastfeeding skills, a breastfeeding support group, baby care, infant CPR, expectant parents' tour, brothers' and sisters' tour, preparing for caesarian/childbirth, grandparents' class,

and rookie dads. There are also bereavement support groups, and soon to be a post-partum support group as well. In addition, Riverside has a local partnership with Healthy Families of Newport News and Hampton for free services including a personal parenting coach and home visits. Riverside also has a partnership with Smart Beginnings to allow patients to retrieve desired information regarding parenting assistance.

Colon Cancer

Background:

Colon cancer rates in Newport News and surrounding areas are relatively high in comparison to other areas of the state. This is also an area where cost appears to have a large effect on access to care (some patients are deterred from the cost of colonoscopies), although more affordable options are becoming more available.

Action Steps and Resources:

Riverside is planning a series of community awareness campaigns to take place in March 2020. These campaigns will aim to raise community knowledge surrounding colon cancer, particularly within minority groups. Through the campaigns, Riverside is planning to provide colonoscopies and other alternatives for community members who attend. The goal of this initiative is to increase the screening rates throughout the community.

Aging Services

Background:

In addition to Alzheimer's disease being on the list of top causes of death in the community, aging services was listed as one of the top community needs within the survey.

Action Steps and Resources:

Through Riverside's Center for Excellence in Aging and Lifelong Health (CEALH), a number of community services are available to those living with Alzheimer's disease and other types of dementia as well as support services for their caregivers.

The Memory Care Clinic offers an interdisciplinary team approach (physician, nurses and counselors) to creating a comprehensive plan of care and connecting with resources, such as support groups, Alzheimer's Association, educational programs, financial and legal services, stress management addressing safety concerns and advance care planning. In addition, the Memory Clinic patients have access to the Benjamin Rose Institute on Aging Care Consultation program. This 12-month program assists caregiving families by empowering them to manage care and decision-making more effectively, find simple and practical solutions to challenges, find services and understand insurances and access emotional support throughout the caregiving journey.

A Memory Cafe is offered on the Peninsula in partnership with the Peninsula Agency on Aging providing socialization opportunity for those living with dementia and their care partners at no charge.

The Caring for you, Caring for me program is an evidence-informed caregiving education program of the Rosalynn Carter Institute for Caregiving addressing elder care issues. This program brings family and professional caregivers together in a relaxed setting to discuss common issues, share strategies and resources and gain a better understanding of each other's perspectives on caregiving. The Riverside Wellness and Fitness Center on the Peninsula has also developed programs in building balance, maintaining movement and other wellness courses to assist with the aging process.

Questions, Comments and Copies

To view an electronic copy of this document, please visit www.riversideonline.com/community_benefit.

For questions or comments on this Community Health Needs Assessment and Implementation Plan, please contact Riverside Regional Medical Center at 757-594-2000 or via the comments section on www.riversideonline.com/community_benefit.

To obtain a paper copy, please visit the Administration Department of Riverside Regional Medical Center located at 500 J. Clyde Morris Boulevard, Newport News, VA.

Appendices

Appendix A

Specific Organizational Affiliations of Respondents
Hampton Health Department
Senior Services of Southeastern
Riverside Rehabilitation Hospital
Hampton Health Department
CHKD
Buy Fresh Buy Local Hampton Roads
EVMS
Peninsula Health District
Isle of Wight County Board of Supervisors
WIC
Peninsula Health Department
Hampton & Peninsula Health Districts
Hampton Health Department
Peninsula Health Department
Peninsula Health Center
Children's Hospital of The King's Daughters
CHKD
Peninsula Health District
CHKD
Hampton Health Department
public health
Hampton Health District
PHC
Eastern Virginia Medical School
Peninsula Health Department
Lackey Clinic
Western Tidewater Free Clinic
Hampton Social Services
RMG - infectious diseases
Riverside. Lifelong Health and Aging
Obici Healthcare Foundation
Riverside Health System
Urban League of Hampton Roads
Peninsula Metropolitan YMCA
Western Tidewater Free Clinic
Citizen Volunteer
City of Newport News Department of Human Services
Access Partnership
York County Fire & Life Safety
Williamsburg Health Foundation

Olde Towne Medical Dental Center
Community Services Coalition (Historic Triangle Comm Center)
Summit Wellness At The Mount
Catholic Charities of Eastern Virginia
JenCare Senior Medical Centers
Williamsburg Health Foundation
Western Tidewater Free Clinic
Lackey Clinic
Center for Child & Family Services
Newport News Redevelopment and Housing Authority
Sentara Hospital Williamsburg, Va.
EVMS ENT
Champions For Children
Virginia League for Planned Parenthood
Olde Towne Medical and Dental Clinic
Colonial Behavioral Health
Consortium for Infant and Child Health (CINCH)/EVMS
Hampton Clean City Commission
Colonial Behavioral Health
Newport News Public Schools
senior services of Southeastern Virginia
Child Development Resources
Riverside Health System
JenCare Senior Medical Center
Riverside Health System
The Barry Robinson Center
Virginia Career Works- Greater Peninsula
American Diabetes Association
Western Tidewater Free Clinic
The Barry Robinson Center
Child Development Resources Fatherhood Program
Family & Youth Foundations Counseling Service
Olde Towne Medical & Dental Center
City of Williamsburg Fire Department
Zaremba Center for Estate Planning and Elder Law
Peninsula Agency on Aging
Western Tidewater CSB
Peninsula Metropolitan YMCA
Hampton Public Library
Compassionate Care Hospice
Virginia Oral Health Coalition
York Poquoson Social Services
Sentara
Freedom Life Church
Sentara Obici Hospital
Literacy for Life
Peninsula Agency in Aging

Newport News Fire Dept.
Hampton and Peninsula Health Districts
Women, Infant and Children - Virginia Beach
Versability Resources Inc.
Respite of Williamsburg United Methodist Church
Western Tidewater Health District
EVMS
Newport News DHS
Hampton Division of Fire and Rescue
Obici Healthcare Foundation
VersAbility Resources
Hampton Newport News Community Services Board
Peninsula Agency on Aging, Inc.
Paul D. Camp Community College
Bon Secours Mercy Health Mary Immaculate Hospital
Hampton Roads Ecumenical Lodgings & Provisions, Inc (including HELP Clinic)
Williamsburg Health Foundation
Consortium for Infant and Child Health at EVMS
Citizens' Unity Commission
Virginia Peninsula Foodbank
York Juvenile Services
United Way of the Virginia Peninsula
United Way of the Virginia Peninsula
Community Emergency Response Team
Supply
Business Member and Citizen Volunteer
Housing
Social worker at primary care office
DOL One Stop Career Center
We are a community based designated rural health clinic serving uninsured and under insured.
Law
we provide training and technical assistance to health care providers, family educators and others to ensure oral health education, services and referrals are included in patient/client interactions
WIC
EVMS
Private Non-Profit Community Based Organization providing services to address the social determinants of Health

Appendix B

Community Health Issues Affecting Adults (Ages 18+) Ranked by Survey Respondents

"Please check the five most important health concerns for adults in your community."

Note: 369 of 422 respondents answered this question (from community and stakeholder surveys).

Answer Options	Response Percent	Response Count
Behavioral / Mental Health (Suicide, ADHD, Anxiety, Depression, etc.)	54.5%	201
Heart Conditions (Heart Disease, Congestive Heart Failure / CHF, Heart Attacks / AMI, High Blood Pressure / Hypertension)	48.2%	178
Overweight / Obesity	44.7%	165
Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids)	43.9%	162
Diabetes	42.8%	158
Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.)	31.2%	115
Cancer	29.0%	107
Alzheimer's Disease / Dementia	24.7%	91
Dental / Oral Care	18.4%	68
Accidents / Injuries (Unintentional)	17.9%	66
Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes)	16.5%	61
Hunger	16.3%	60
Violence – Sexual and / or Domestic	15.4%	57
Chronic Pain	13.6%	50
Neurological Conditions	12.2%	45
Physical Disabilities	11.1%	41
Respiratory Diseases	10.6%	39
Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, Gonorrhea, Herpes, etc.)	10.3%	38
Prenatal and Pregnancy Care	9.5%	35
Environmental Health	7.9%	29
Intellectual or Developmental Disabilities	6.2%	23
Bullying	5.4%	20
Infectious Diseases	5.1%	19
Drowning / Water Safety	0.8%	3

Other Health Issues Affecting Adults (Ages 18+): Respondents were asked to share other health concerns if they were not listed above or to use this space to provide any additional information on their above selections.
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 Women's 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
Autism
Affordable quality healthcare
Lack of local access to primary, behavioral and oral health care Lack of choices for healthy eating and active living
Oral Health
Precariously Housed Chronic Illnesses
Intellectual/Developmental Disabilities and Autism are issues because of the lack of services and lack of service coordination for affected individuals. Lack of health insurance is also a significant concern.
Working with the elderly population, there are more of these that I need to check, but these are the most common. Dental Care, Alcohol/Substance Abuse, Neurological Conditions, Accidents/Injuries.
Having a health care provider home.
In my opinion, behavioral and mental health is a major concern in this area. Many are suffering and not getting the counseling they need due to the high costs, stigma behind seeking help, and labelling by employers or others for seeking therapy. Improved systems to address this could lead to a decrease in the number of adults dealing with alcohol and substance abuse. Violence in the community is a significant concern as well. Much of this starts at home and in the schools. Parenting education, particularly for new mothers and fathers would go a long way in preventing child abuse which often times causes those children to grow up traumatized and more apt to abuse others as a result. Parents should be required to learn how to properly care for their baby before leaving the hospital. Not enough is done in schools to prevent violence, bullying, and gang activity. It starts in the elementary schools. As a former teacher, I can attest that schools sweep violence under the rug so they do not have to report it. Also, in the 9 years I taught in a local school system, NOT ONCE did the police department come and talk to the children about drugs, alcohol, or gangs - and I taught in Newport News! Administration in schools often feel like their hands are tied in addressing bullying, so they don't. My middle-school-aged son reported a classmate that showed him cuts on her arm and told him that she did that when she was angry. His guidance counselor told him that that was private and not his business; that he shouldn't have told her about it. That response was unacceptable. Now, he doesn't trust his guidance counselor to help when there is trouble, so he does not feel comfortable

reporting things that should be reported. Bullying can lead to behavioral and mental health concerns, alcohol and substance abuse, and eventually violence. This is how school shootings and other violent acts against classmates and staff occur.
Mental health is a growing populations. Yet there's limited organizations that can screen. Barriers such as appointments, transportations comes into play.
People with multiple chronic diseases particularly the uninsured.
Lack of understanding of community resources that are already available to patients and are under utilized
It did not allow me to select more than 5, so I would say a couple more is Cancer and Chronic Pain
Social Isolation, lack of transporting to get to appointments, shopping and social outings.
Having enough geriatric physicians. Most doctors don't understand the effects of medication on the elderly and caregiver issues.
uninsured / underinsured access to proper care for the disadvantaged lack of clinics to serve the homeless and impoverished
Social determinants of health--access to affordable healthcare

Appendix C

Community Health Services for Adults (Ages 18+) In Need of Strengthening Ranked by Survey Respondents

"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."

Note: 363 of 422 respondents answered this question (between the community and stakeholder surveys).

Answer Options	Response Percent	Response Count
Health Insurance Coverage	43.0%	156
Alcohol / Substance Use Disorders	41.0%	149
Aging Services	38.6%	140
Access to Care (Availability, Language, Costs, Lack of Providers, etc.)	34.4%	125
Behavioral / Mental Health Services	26.2%	95
Care Coordination and Transitions of Care	25.9%	94
Chronic Pain Management Services	25.6%	93
Family Planning and Maternal Health Services	25.6%	93
Chronic Disease Services (Diabetes, High Blood Pressure)	20.1%	73
Primary Care	18.7%	68
Social Services	18.7%	68
Cancer Services	18.2%	66
Dental / Oral Health Services	17.6%	64
Public Health Services	16.0%	58
Domestic Violence / Sexual Assault Services	14.6%	53
Home Health Services	14.3%	52
Hospital Services (Inpatient, Outpatient, Emergency Care)	14.3%	52
Long Term Services / Nursing Homes	13.5%	49
Health Promotion and Prevention Services	13.2%	48
Physical Rehabilitation Services	10.5%	38
Bereavement Support Services	9.1%	33
Other	7.2%	26
Telehealth / Telemedicine	6.9%	25
Hospice and Palliative Care Services	6.1%	22
Pharmacy Services	5.5%	20

Other Community Health Services for Adults (Ages 18+): Respondents were asked to share other needed community health services if they were not listed above or to use this space to provide any additional information on their above selections.

Transportation is a major issue for the aging population.
Women's health
same
I work w children
Health promotion and prevention is inherent in all of these categories.
Housing and Care Communities for adults on the autism spectrum.
Better quality of services in the Social Services Department. Someone that can do an anonymous check on how the Social Services and Health Department employees treat the public. Not to be totally critical but to offer problem solving solutions to better assist.
Accessing services. Hard for some to know the services available, especially if they have little or no insurance.

Transportation
Hospice and Palliative Care also important but there are many gaps in services and in education of providers and the public.
transportation to physician's offices
People need to feel comfortable and not be penalized for reporting another adult with a behavioral or mental health concern. Also, these services need to be widely available and affordable.
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.
Also would select HEALTH INSURANCE Coverage and Health Promotion and Prevention Services.
Transport up to medical appointments- impossible to get affordable transporting in if you're crossing some jurisdictions. I.e., treatments in Richmond or Norfolk.
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.
Behavioral Health - need doctors and clinicians who go to the person's home due to transportation or health reasons. Under care coordination, need someone to go into the home to help take medication daily. If the person had this their mental and physical health would greatly improve.

Appendix D

Community Health Issues Affecting Children & Teens (Age 0 - 17) Ranked by Survey Respondents

"Please check the five most important health concerns for children and teens in your community."

Note: 334 of 422 respondents answered this question (between the community and stakeholder surveys).

Answer Options	Response Percent	Response Count
Behavioral / Mental Health (Suicide, ADD, Anxiety, Depression)	13.5%	221
Overweight / Obesity	10.4%	170
Bullying (Cyber, School, etc)	9.4%	153
Violence In the Home – Child Abuse (Sexual, Physical, Emotional or Neglect) or Exposure to Domestic Violence	8.1%	133
Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids)	8.0%	131
Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.)	7.5%	122
Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes)	5.5%%	90
Hunger	5.3%	86
Teen Pregnancy	4.8%	78
Dental / Oral Care	4.7%	76
Accidents / Injuries (Unintentional)	4.0%	66
Intellectual or Developmental Disabilities / Autism	3.9%	64
Sexually Transmitted Infections (HPV, Herpes, HIV/AIDS, Chlamydia, Gonorrhea, Herpes, etc.)	3.2%	52
Eating Disorders	2.4%	40
Diabetes	1.8%	30
Respiratory Diseases (Asthma, Emphysema, Cystic Fibrosis)	1.7%	28
Environmental Health (Water Quality, Pollution, Mosquito Control, etc.)	1.3%	21
Drowning / Water Safety	1.0%	17
Other Health Problems: Please share other health concerns if they are not listed	0.9%	15
Neurological Conditions (Epilepsy, Seizures, Tourette Syndrome-TICS, Sleep Disorders)	0.7%	11
Cancer	0.6%	10
Physical Disabilities	0.6%	9
Infectious Diseases (Hepatitis, TB, MRSA, etc.)	0.3%	5
Heart Conditions (Congenital Heart Defects, Fainting and Rhythm Abnormalities)	0.2%	3
Chronic Pain	0.1%	2

Other Health Issues Affecting Children & Teens (Ages 0 – 17): Respondents were asked to share other health concerns if they were not listed above or to use this space to provide any additional information on their above selections.
No access to primary care without a long wait and well check first. I'm an urgent care doc and we see this all the time on both sides of the HRBT
Affordable quality healthcare
Many things affect children and teens with most connected to parenting skills.
Poverty
I do not see children Only Adult patient population
Housing impacts health
Barriers for organization having to compete vs. complimenting each organizations. Leaving the community without other resources out there.
Health promotion should be for children as well.

Appendix E

Community Health Services for Children & Teens (Age 0 - 17) In Need of Strengthening Ranked by Survey Respondents

"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."

Note: 323 of 422 respondents answered this question (between the community and stakeholder surveys).

Answer Options	Response Percent	Response Count
Behavioral / Mental Health Services	16.7%	260
Parent Education and Prevention Programming	12.2%	189
Child Abuse Prevention and Treatment Services	10.2%	159
Foster Care (Supporting children in the system and their host families)	8.2%	128
Health Insurance Coverage	8.0%	125
Alcohol / Substance Use Services	7.9%	123
Social Services	6.7%	104
Dental / Oral Health Services	6.3%	98
Public Health Services	4.6%	72
Telehealth / Telemedicine	4.1%	64
Primary Care	3.7%	58
Care Coordination and Transitions of Care	3.7%	57
Chronic Disease Services (Diabetes, High Blood Pressure/ Hypertension)	1.9%	30
Home Health Services	1.5%	23
Other Community Health Services: Please share other needed community health services if they are not listed	1.3%	20
Bereavement Support Services	1.2%	19
Chronic Pain Management Services	0.6%	9
Pharmacy Services	0.5%	7
Cancer Services	0.3%	5
Physical Rehabilitation Services	0.2%	3

Other Community Health Services for Children & Teens (Ages 0 – 17): Respondents were asked to share other needed community health services if they were not listed above or to use this space to provide any additional information on your above selections.
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.
Safe affordable quality childcare
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.
Transportation
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.
Only see adult patient population
Home visiting programs
Majority of what I see, parents support due to lack of support in home.
Transportation remains a barrier to health care for teens.
Water Safety/Drowning Prevention Tween/Teen Leadership Programs
Need more services for autistic children and their families.

Appendix F

Community Issues Affecting Access to Healthcare Ranked by Survey Respondents

"Please check the five most important issues in accessing healthcare in your community."

Note: 357 of 422 respondents answered this question (on both the community and stakeholder surveys).

Answer Options	Response Percent	Response Count
Costs	18.5%	304
Health Insurance	16.1%	265
Transportation	14.5%	238
Understanding the Use of Health Services	11.9%	196
Time Off From Work	10.1%	166
No / Limited Home Support Network	7.6%	124
Childcare	6.9%	114
Location of Health Services	6.0%	99
Lack of Medical Providers	5.9%	96
Other	1.5%	25
No / Limited Phone Access	0.5%	9
Discrimination	0.3%	5

Access Issues: Respondents were asked to use this space to provide any additional information on why they selected these concerns.
Lack of providers in Rural areas
Few providers of services are available in evenings or weekends making it difficult for working parents to take time off.
Lack of Medicaid Providers and that will only become more serious as additional people enroll in the Program. Also, understanding the use of health services.
Lack of providers that accept insurance of certain types, including but not limited to Medicaid and/or Medicare.
These are all important. Understanding use of health services is easily a tie for the others I chose., as is child care.....
perception of issues confronting community
Child care costs can be equivalent to costs per month for rent or mortgage. If there are multiple children, it's even higher. Many parents cannot afford to work because of the cost of healthcare. They become reliant on the welfare system as a result. This is one reason you may have generations of families on welfare. Additionally, the Hampton Roads area has a serious lack of public transportation. Particularly on the Peninsula (Yorktown, James City, Williamsburg). You can't work if you can't get to work.
there is no support network for families and if there is then where are they.
Language Barrier should be added

Appendix G

Vulnerable Populations In Need of Additional Services or Support Ranked by Survey Respondents		
"Please check what you feel are the five most vulnerable populations needing additional services or support in the community." Note: 331 of 422 respondents answered this question (between the community and stakeholder surveys).		
Answer Options	Response Percent	Response Count
Low Income Individuals	10.9%	176
Uninsured / Underinsured Individuals	9.4%	151
Individuals / Families / Children experiencing Homelessness	9.2%	149
Caregivers (Examples: caring for a spouse with dementia or a child with autism)	9.2%	148
Seniors / Elderly	9.2%	148
Individuals Struggling with Substance Use	7.9%	127
Children (age 0-17 years)	5.5%	88
Individuals with Intellectual or Developmental Disabilities	5.0%	81
Immigrants or Community Members who are not fluent in English	4.8%	78
Individuals Transitioning out of Incarceration	4.7%	76
Individuals Struggling with Literacy	3.9%	63
Victims of Human Trafficking, Sexual Violence or Domestic Violence	3.9%	63
Veterans	3.6%	58
Individuals with Physical Disabilities	3.5%	57
Unemployed Individuals	3.2%	51
Individuals Needing Hospice / End of Life Care	2.6%	42
Individuals in the LBGTQ+ community	1.5%	25
Other Vulnerable Populations: share other vulnerable populations if they are not listed	1.1%	17
Migrant Workers	1.0%	16

Other Vulnerable Populations: Respondents were asked to share other vulnerable populations if they were not listed above or to use this space to provide any additional information on their above selections.
I would add to the "transitioning out of incarceration" to those currently incarcerated. When I see a patient who is going for trial, he states he may or may not be back for follow-up. They almost never received the medications they need while in jail, and often return to clinic after their sentence having received next to no care in the inefficacious jail clinic.
Add seniors and un or underinsured
Affordable quality childcare
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.
Socially isolated individuals and individuals or families impacted by behavioral health/mental health issues Tried to select more inclusive categories that would affect the specific demographic groups
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.
Taxpayers spend a lot of money on caring for and attempting to rehabilitate prisoners, yet when they are released, many are homeless, without a job, without any means to get what they need so they turn to drugs or crime and end up back in jail. This area needs better transitional services for those being released from jail. If we provide them with the education they need on soft skills and finding a job before being released from jail, then we provide them with programs to assist them in finding a job and supporting themselves, they are less likely to turn to crime and substance abuse. Unemployment services are difficult to obtain on the Peninsula due to the fact that the nearest employment office is in Hampton - 30+ minutes away! To compound the issue, public transportation is limited so you may not even be able to get there.
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 PRESRENTATION FOR BEATING THE HOLIDAY BLUES, GRIEVING, EDUCATING STAFFS (IN SCHOOLS), FAMILIES HOW TO IDENTIFY SUICIDE IDEATIONS. AGAIN A BARRIER TO GET IN THE SYSTEM.
Wow. I could have chosen several others on this list (i.e., many more than 5)!

Appendix H

Community Health Assets In Need of Strengthening Ranked by Survey Respondents		
"Please check what you feel are the five community assets that need strengthening in the community." Note: 327 of 422 respondents answered this question (between the community and the stakeholder survey).		
Answer Options	Response Percent	Response Count
Affordable Housing	11.2%	177
Healthy Food Access (Fresh Fruits & Vegetables, Community Gardens, Farmers Markets, etc.)	9.6%	151
Affordable Child Care	9.1%	143
Transportation	8.2%	129
Senior Services	7.9%	124
Employment Opportunity/Workforce Development	7.0%	111
Social Services	6.6%	104
Safety Net Food System (Food Bank, WIC, SNAP, Meals on Wheels, etc)	4.4%	69
Early Childhood Education	4.1%	64
Walk-able and Bike-able Communities (Sidewalks, Bike/Walking Trails)	4.1%	64
Social and Community Networks	3.9%	62
Homelessness	3.9%	61
Safe Play and Recreation Spaces (Playgrounds, Parks, Sports Fields)	3.9%	61
Education – Kindergarten through High School	3.4%	53
Neighborhood Safety	3.0%	48
Public Safety Services (Police, Fire, EMT)	2.5%	40
Education – Post High School	1.6%	25
Education – Special Education Services	1.5%	23

Public Spaces with Increased Accessibility for those with Disabilities	1.3%	21
Environment – Air & Water Quality	1.2%	190
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.	1.0%	16
Green Spaces	0.6%	10

Other Community Assets: Respondents were asked to share other community assets if they were not listed above or to use this space to provide any additional information on their above selections.
HRT services are awful! Maybe the powers to be can look into improving those services. Take a week and observe what would be improvements to these services
Dental services which aren't always a part of insurance.
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...
Checked one education box, but all are necessary. This question is very hard to deal with, since most are needed.
Safe places to play and walkable/bike able 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
Safety Net Food System should be oriented to Healthy Food Access
health safety net

Appendix I

Respondents were asked to express any final comments or closing ideas
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.
Positive changes are needed. Let's not just talk but be doers!
tremendous burden of injection drug abuse
Need to identify a way to encourage or reward individuals to live a healthy lifestyle, eat nutritional foods, and 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....
safety in neighborhoods should be top priority
The community not only needs the mentioned resources, but needs to be empowered to access them. Often time's 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.
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.
Generally, York County is a healthy municipality but we too can improve across the spectrum of services.
Thank you for allowing me the opportunity to share my concerns
n/a