Community Health Needs Assessment

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

Good Help to Those In Need®

respect | compassion | justice | integrity | quality | innovation | stewardship | growth

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Acknowledgement

We are grateful for the significant contributions of Michelle Winz, Virginia Department of Health, Portsmouth Health Department, for her assistance with the epidemiological data. We are also grateful for the assistance of Brett Sierra, MPH, in preparing this document.

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http://bshr.com/about-us-community-health-needs-assessment.html

2013 Community Health Needs Assessment

A 2013 CHNA and corresponding Implementation Plan were prepared for Bon Secours DePaul Medical Center in 2013. Both documents were made available to the public and posted online. Solicitation for public comments appeared in the Virginian-Pilot and the Daily Press on April 25, 2016. No comments were received.

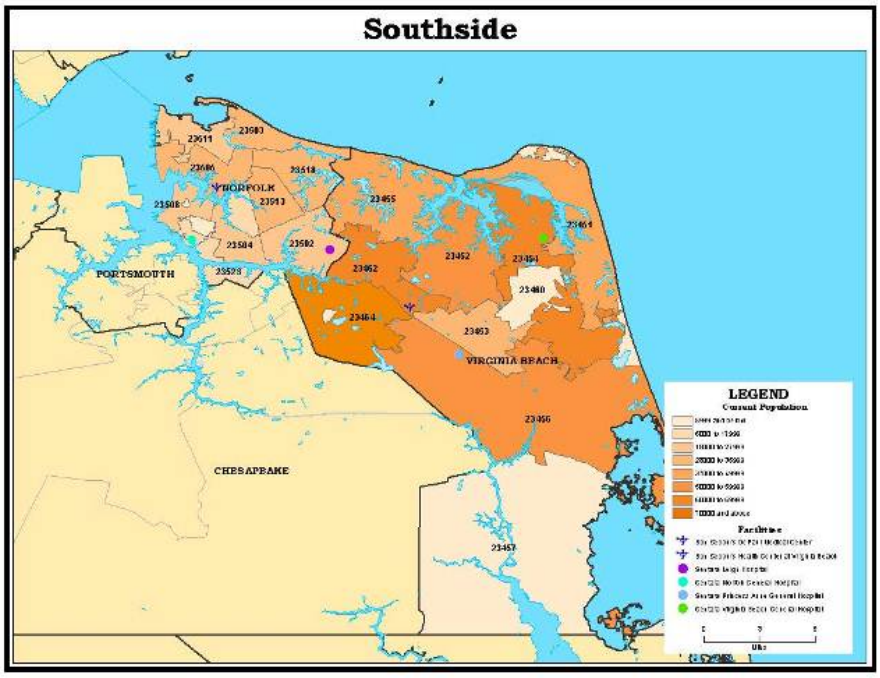
Executive Summary

Bon Secours DePaul Medical Center (DePaul) is a 204-bed not-for-profit, acute care facility licensed in the Commonwealth of Virginia serving approximately 698,000 residents in Norfolk and Virginia Beach. The Community Health Needs Assessment (CHNA) examines qualitative input provided by community members coupled with quantitative data on health conditions in the area. Together the information forms a snapshot of important areas of health concern. A survey to gather information from the community was conducted in November and December 2015. Two Community Dialogues were held February and March 2016. This executive summary provides an overview of the initiative and the findings.

The Mission of Bon Secours Health System is to bring compassion to health care and to be Good Help to Those in Need®, especially those who are poor and dying. As a System of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.

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

Bon Secours DePaul Medical Center Service Area & Population Density Map



In order to obtain input from the community, four initiatives were advanced. A consultant was hired to provide analysis of primary and secondary data and facilitate meetings, a CHNA Community Advisory Board (Advisory Board) was convened, an online and hard-copy survey was disseminated in English and Spanish, and community dialogues were held throughout Hampton Roads.

ToXcel, LLC (ToXcel), was commissioned to analyze data gathered through the survey, as well as, epidemiological data provided by the Portsmouth Health Department. In addition, ToXcel facilitated Advisory Board meetings and community meetings.

The purpose of the Advisory Board was to support the CHNA process by engaging community members and provide feedback on the findings. All members of the Advisory Board have special knowledge of public health and underserved populations in the service area. The Advisory Board met every other month from November 2015 through July 2016. In May 2016, the meeting focused on ways each organization could address recommended priorities and identifying potential partners. The list of the Bon Secours DePaul Medical Center CHNA Community Advisory Board members is in Appendix I.

The survey was taken by 365 individuals of whom 343 completed the questionnaire. Individuals were asked to choose the top five health issues they thought should be addressed in their community. The online survey was distributed by an internal team who work in the community. Hard-copies of the survey were distributed at the Care-A-Van, a mobile medical unit that provides care to the uninsured population, and in the East Ocean View site of the Bon Secours Hampton Roads Health Communities initiative. In addition, both online and hard-copies of the survey were distributed by the Advisory Board.

Based on secondary data analysis, the table on the next page highlights the major health issues where the DePaul community has worse rates or percentages when compared to Virginia or Healthy People 2020 targets. It is important to note, that for the most part, Norfolk also has worse health outcomes than Virginia Beach.

Community Issues That Impact Health	Health Conditions
• Poverty • Unemployment • Crime • Racial disparities in timely graduation • Access to health services	• Heart Disease • Diabetes • Obesity • Chronic Lower Respiratory Mortality • Asthma • Tobacco Use • Mental Health • Teen Pregnancy • Low Infant Birth Weight • Infant Mortality • Sexually Transmitted Infections (Chlamydia, HIV, Syphilis)

Based on quantitative data, compared to Virginia as a whole, the City of Virginia Beach is primarily on par with the state. However, the City of Norfolk has a significant disparity around many of the community issues that impact health and the health conditions listed above. Among the demographic characteristics and disparities are the following:

- *Larger percentages of African Americans* - Virginia Beach and the Virginia have a slightly higher percentage of African American populations than the United States. Norfolk, however, has a significantly higher African American population. Please see page 12 for additional information.
- *Lower percentages of older adults (> 65 years of age)* - The DePaul service area has slightly less older adults as compared to Virginia and Virginia Beach, as well as a slightly lower percentage of children. In addition, indications are that the community's older population will increase through 2040. Please see page 13 for additional information.
- *Higher unemployment percentages and children living in poverty* – While the unemployment rate and percentage of children living in poverty are decreasing in Norfolk, they are significantly higher compared to Virginia Beach and Virginia. Please see page 14 for additional information.
- *Lower high school graduation percentages (especially for African Americans)* – There is significant disparity in high school graduation rates with Norfolk percentages being much lower than Virginia Beach, which is slightly lower than Virginia. Please see page 16 for additional information.

- *Heart disease and stroke mortality* – Norfolk's rate of heart disease mortality is significantly higher than Virginia Beach and Virginia. Virginia Beach's rate of heart disease rate is lower compared to Virginia. Please see page 26 for additional information.
- *Higher chronic respiratory disease mortality* – Norfolk has one of the highest rates of chronic lower respiratory mortality within the Hampton Roads region, while rates in Virginia Beach have been steadily decreasing to below that of Virginia. Please see pages 35 for additional information.
  - Chronic Obstructive Pulmonary Disease (COPD) – Norfolk has a significantly higher mortality rate from COPD compared to Virginia Beach and Virginia. Virginia Beach has a lower COPD mortality rate than Virginia.
  - Asthma Population Rates – Norfolk has a higher hercentage of the population with asthma compared to Virginia Beach and Virginia.
- *Higher infant and child mortality* – The neonatal and infant mortality rates in Norfolk have steadily increased to over double the rate of Virginia Beach and Virginia, while those in Virginia Beach have decreased. In addition, there is a significant disparity in infant mortality between African-American babies and White babies. Please see page 44 for additional information.
- *Higher sexually transmitted infections rates* – Rates for Sexually Transmitted Infections (STIs) including HIV, chlamydia, gonorrhea, and syphilis are rising, with Norfolk's rates significantly higher than that of Virginia Beach and Virginia. Please see page 46 for additional information.
  - HIV – There is a disparity in those diagnosed with HIV/AIDS with nine (9) times more African Americans living with the disease than Whites. HIV diagnoses in Norfolk are almost three times higher compared to Virginia Beach and Virginia.
  - Chlamydia – Norfolk's rate of incidence has increased to nearly the same level as 2011 levels. Virginia Beach and Virginia have experienced a steady decrease in incidences since 2011. Norfolk's Chlamydia rate is over two times higher compared to Virginia Beach and over three times higher compared to Virginia.
  - Gonorrhea – The incidence of Gonorrhea in Norfolk is increasing and is over three times higher compared to Virginia Beach and Virginia. Rates in Virginia Beach have also increased since 2010, but a much lower rate. Rates in Virginia have been steadily decreasing since 2009.
  - Syphilis – Syphilis rates in Norfolk and Virginia are increasing, while Virginia Beach rates slightly declined. Norfolk syphilis rates are over twice as high compared to Virginia Beach and three times higher compared to Virginia.
- *Higher teen birth rates* – Norfolk's teen pregnancy rate is still significantly higher than that of Virginia Beach or Virginia. For these indicators, there are dramatic racial

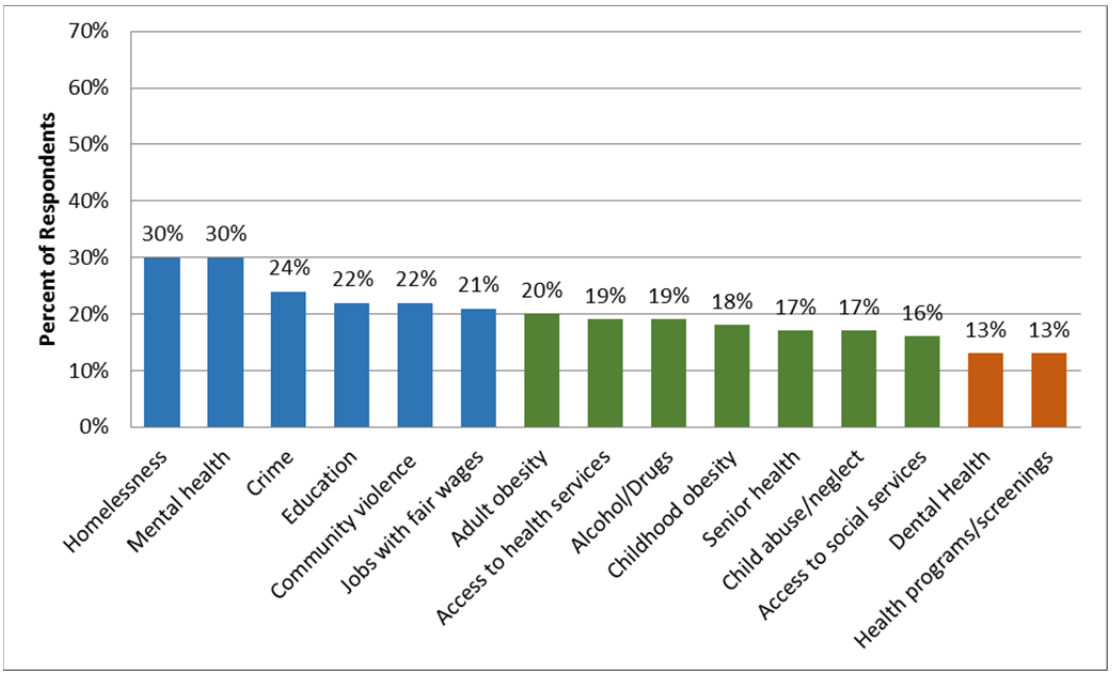
disparities when comparing white and black rates in Norfolk and Virginia Beach. Please see page 41 for additional information.

- *Higher obesity rates* – Norfolk's obesity rates are higher than Virginia Beach and Virginia. Although Norfolk's diabetes mortality rate has remained steady, it is higher than that of Virginia Beach and Virginia. Please see page 33 for additional information.
- *Higher homicide and violent crime rates* – The violent crime rate for Norfolk is consistently much higher than Virginia's, while the violent crime rate in Virginia Beach is slightly lower. Violent crime in Virginia overall has been on the decline. Please see page 18 for additional information.
- *Higher primary care provider, dentist, and mental health provider ratios* – A major contributing factor in health care accessibility is the burden of care placed on a provider. There is a disparity in provider to resident ratios, as well as provider types, between Norfolk and Virginia Beach compared to Virginia. Please see page 10 for additional information.
- *Cancer* - Since 2000, mortality rates for breast, colon, lung and prostate cancer have been dropping steadily in both Norfolk and Virginia Beach. With the exception of the lung cancer rate in Norfolk, these rates are all within a couple of points of the Healthy People 2020 (HP2020) target. Rates for colon and prostate cancer in Virginia Beach have already been met and dropped below HP2020 goals. Please see page 29 for more information. While Norfolk's breast cancer mortality rates have steadily decreased, the Virginia Beach mortality rates have slightly increased.

The chart at the top of the next page illustrates the top fifteen health and community issues identified by participants in the Community Health Survey. For the most part, the community health needs selected by survey participants focus on social determinants like education, health access, or community violence that have strong impacts on individual health as well as individuals and families' ability to get services. Mental health, obesity, alcohol and drugs were the only specific health issues that fell within the top ten issues.

There are some major differences in the results of the Community Health Survey and secondary data results. Teen pregnancy, infant mortality and STIs are key areas that were not identified by survey participants but whose rates are dramatically higher than the state average. These are also areas where there seems to have been little improvement over the last decade. Respiratory health was similarly not identified by survey participants.

Top Fifteen Health Issues Identified by Community Health Survey Participants



The Advisory Board reviewed the primary and secondary data and discussed the findings. The Advisory Board noted that the secondary data supported the concern expressed in the survey. In addition, the Advisory Board discussed education and how it could be a preventive measure to address drug/alcohol issues, crime, mental health, etc. There was particular focus on building social and emotional health from an early age by bringing LST training (Life Skills Training) into the schools, as well as, working to decrease the stigma of mental illness. Drug and alcohol abuse were seen as closely connected with mental health. The Advisory Board also noted that all of the issues were interconnected.

The Advisory Board agreed through a consensus process to recommend the following issues to DePaul's leadership for inclusion in the Implementation Plan: Homelessness, Mental Health, Crime, and Access to Health Services. The Advisory Board added that the themes of racial equality and education need to be incorporated into the implementation plan for all of the identified issues.

Facility Description and Vision

Bon Secours DePaul Medical Center (DePaul) has served the Hampton Roads region for 160 years. The Hospital of St. Vincent de Paul, Norfolk's first public hospital, was incorporated by the Virginia Legislature on March 3, 1856. The eight-room hospital served 100 patients in its first year. By the 1970's, DePaul Hospital had established itself as a state-of-the-art 366-bed full-service hospital, providing a comprehensive array of inpatient and ambulatory diagnostic and treatment services. In 1996, DePaul Hospital was transferred from the Daughters of Charity National Health System-Southeast to Bon Secours Health System, Inc. With the transfer, the facility was renamed Bon Secours DePaul Medical Center.

DePaul is now a 204-bed not-for-profit, acute care facility licensed in the state of Virginia and serving approximately 698,000 residents mostly originating from the cities of Norfolk, Virginia Beach. DePaul provides a comprehensive array of inpatient and outpatient services. In addition, DePaul works with sister facilities Bon Secours Maryview Medical Center, in Portsmouth, and Bon Secours Mary Immaculate Hospital, in Newport News, to support highly complex surgical specialties.

Bon Secours DePaul Medical Center Vision

The vision of Bon Secours DePaul 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 DePaul 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, DePaul 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, DePaul is continuously providing new services and treatments to area residents. Most recently, the new Bon Secours DePaul Medical Plaza was dedicated. For additional details about DePaul's vision and services, please see Appendix IV.

Access to Health Care Profile

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

Provider to Residents Ratios

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

Ratio of Provider to Residents (2015)[1]			
	Norfolk	**Virginia Beach**	**Virginia**
Primary Care	1,182:1	1,281:1	1,344:1
Dental Care	1,330:1	1,424:1	1,611:1
Mental Health	609:1	691:1	724:1

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 2014, Norfolk has been designated a primary care HPSA. HRSA designates geographic areas or defined populations as “medically underserved” based on the presence of particular health and socioeconomic risks in addition to provider shortages. The criteria for designation include too few primary care providers, high infant mortality, high poverty, and/or high elderly population rates. At least one subsection of Norfolk had a Medically Underserved Area (MUA) designation.[2]

[1] www.CountyHealthRankings.org

[2] http:// hrsa.gov/shortage/index.html

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 detailed summary of the demographics data for the DePaul community is found in this section of the CHNA. Some key findings in the DePaul community's demographics data include:

- The DePaul community is predominantly White (53.5%), with a large African American population (30.2%). Compared with Virginia as a whole, both Norfolk and Virginia Beach have lower percentages of White population with 44.0% and 62.0% respectively.

- Norfolk has a higher percentage of African Americans (41.3%), while Virginia Beach is equal (19.0%) to Virginia's percentage. There is a lower percentage of Hispanics, Asians, and Native Americans in the DePaul community compared to Virginia.

- The DePaul community is comprised of fewer older adults (65+) than Virginia and is comparatively equal in the percentage of children (age <18).

- Unemployment rates in the DePaul community are higher than those in Virginia overall.[3]

- The DePaul community's median income is below Virginia overall.

- The DePaul community has a higher percentage of uninsured adults and children.

[3] www.CountyHealthRankings.org

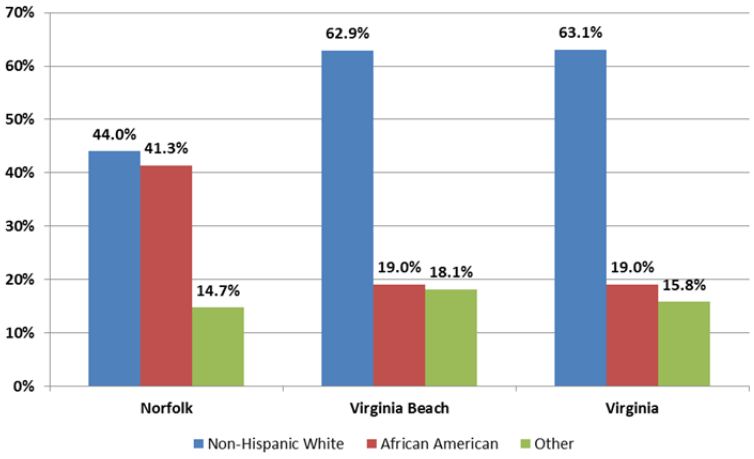
This area generally encompasses 698,000 residents. More specifically, for its most recent fiscal year 2015, DePaul's actual patient population originated mostly from Norfolk and followed by Virginia Beach, as presented in the following table.

Bon Secours DePaul Medical Center		
All Inpatient Origin - FY2015		
City	Discharges	% of Total
Norfolk	4,754	67.5%
Virginia Beach	1,036	14.7%
Chesapeake	471	6.7%
Other Southside Hampton Roads	320	4.5%
Other	467	6.6%

Race and Ethnicity Demographics

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

In 2015, the population of African Americans in the United States was 15.2% of the total population. As seen in the chart to the right, Virginia Beach and the Virginia have a slightly higher percentage (19%) of African American populations than the United States. Norfolk, however, has a significantly higher African American population

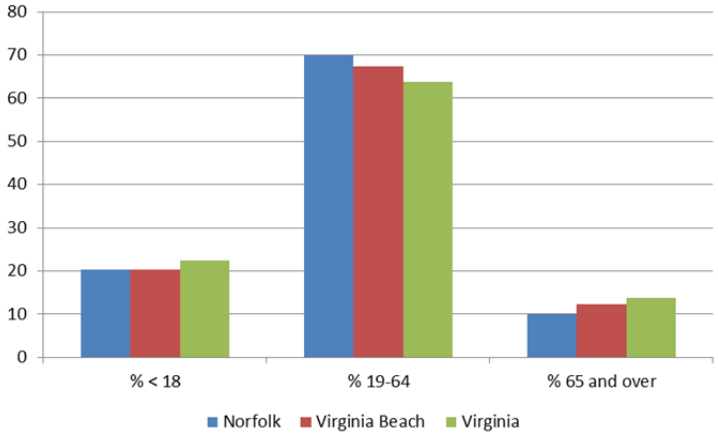


[4] MinorityHealth.hhs.gov, HHS Disparities Action Plan

at 41.3%. The Non-Hispanic White population in Norfolk (44.0%) is significantly lower compared to Virginia Beach (62.9%) and Virginia (63.1%).[5]

Age Demographics and Projections

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 are the leading cause of death among older adults. Additionally, older adults often experience higher rates of hospitalizations and low-quality care.[6]



The DePaul service area has slightly less older adults (65+) as compared to Virginia, as well as a slightly lower percentage of children (age <18).[7]

DePaul Age Distribution by # Totals in Population			
	< 18	**19 - 64**	**65 and over**
Norfolk	49,822	171,309	24,297
Virginia Beach	102,823	292,686	55,471

The graph on the next page depicts the DePaul service area's projections by age. This graph indicates that the community's older population will steadily increase through 2040, while the populations of <19 and 20-64 will decrease.[8] This data is reflective of the "baby boomer generation" moving into older adulthood nationwide.

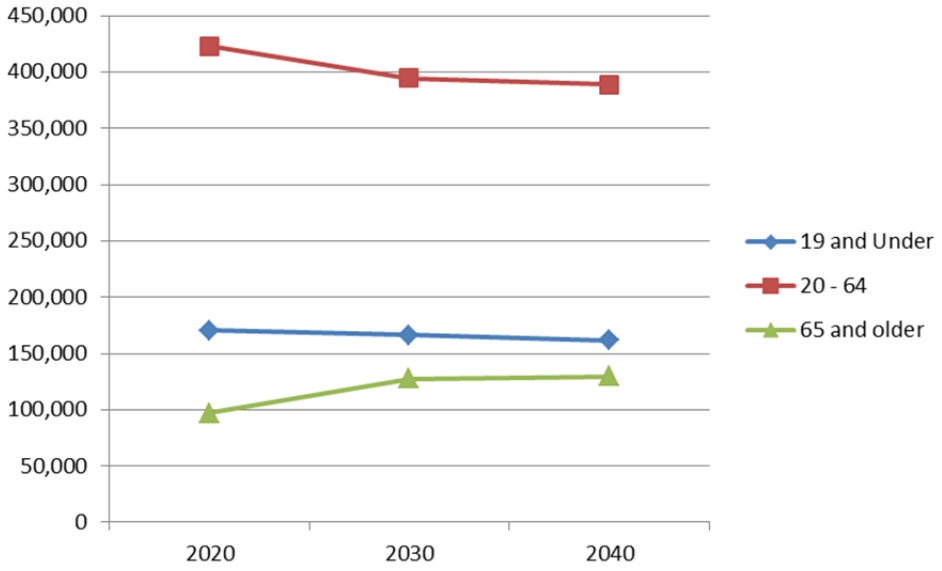
[5] www.CountyHealthRankings.org

[6] www.healthypeople.gov, Foundation Health Measures; General Health Status

[7] www.CountyHealthRankings.org

[8] http://www.coopercenter.org/demographics/virginia-population-projections

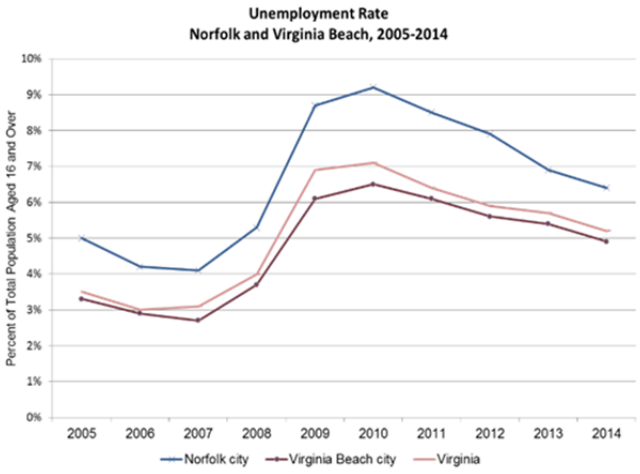
DePaul Service Area Population Projects by Age



Poverty, Income, and Unemployment Demographics

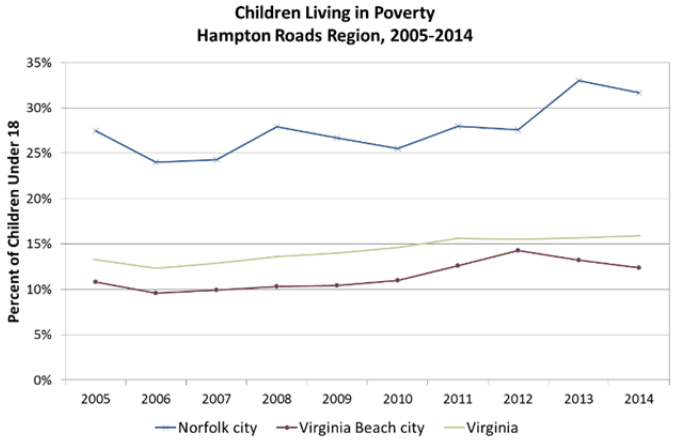
It is well established that income level correlates with health status. An association exists between unemployment and mortality rates, especially for causes of deaths that are attributable to high stress (cardiovascular diseases, mental and behavioral disorders, suicide, and alcohol and tobacco consumption related illnesses).[9]

Survey participants ranked jobs with fair wages among the top 15 health concerns. Data related to unemployment and poverty shows a divergent picture for the Virginia Beach and Norfolk communities.



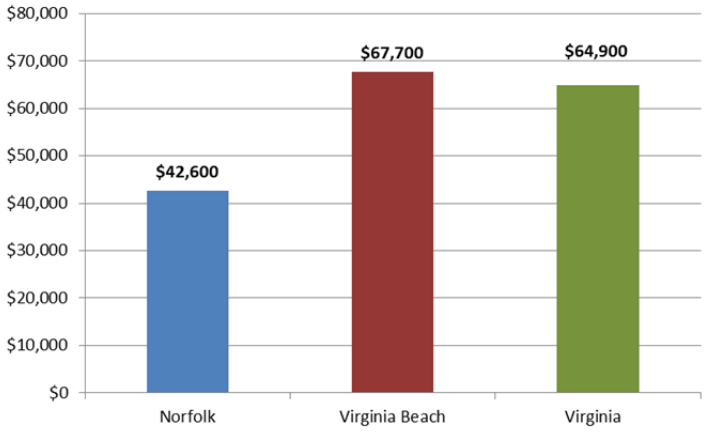
[9] Backhans and Hemmingsson, 2011, Lundin et al., 2014, Garcy and Vagero, 2012, Browning and Heinesen, 2012, Montgomery et al., 2013, Davalos et al., 2012, Deb et al., 2011 and Strully, 2009.

While the unemployment rate and percent of children living in poverty in Virginia Beach is below the state average, Norfolk's is well above both.[10]



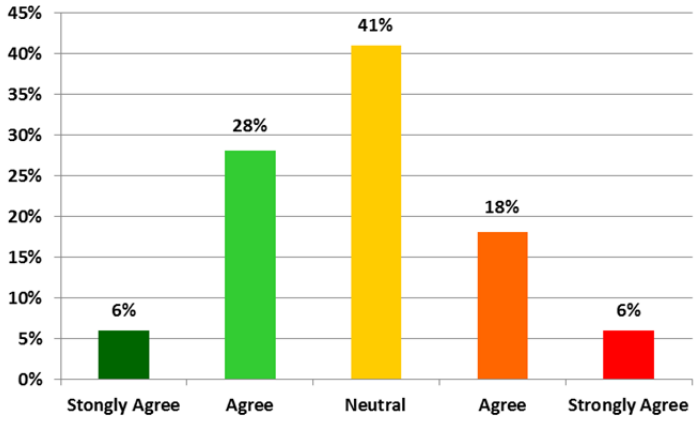
The chart on the right shows the median household income in Norfolk is significantly lower compared to Virginia Beach and Virginia. The median household income in Virginia Beach is slightly higher than Virginia. The median household income for Norfolk is $42,600 and Virginia Beach is $67,700.[11]

Median Income, 2015



Survey participants in Norfolk and Virginia Beach either disagreed (18%) or strongly disagreed (6%) that their communities provide jobs with fair wages. An additional 41% responded with Neutral.

My community is STRONG in providing Jobs with Fair Wages



[10] www.census.gov/Small Area Income and Poverty estimates, 2014 Virginia Workforce Connection, 2015 Bon Secours Hampton Roads Community Health Survey

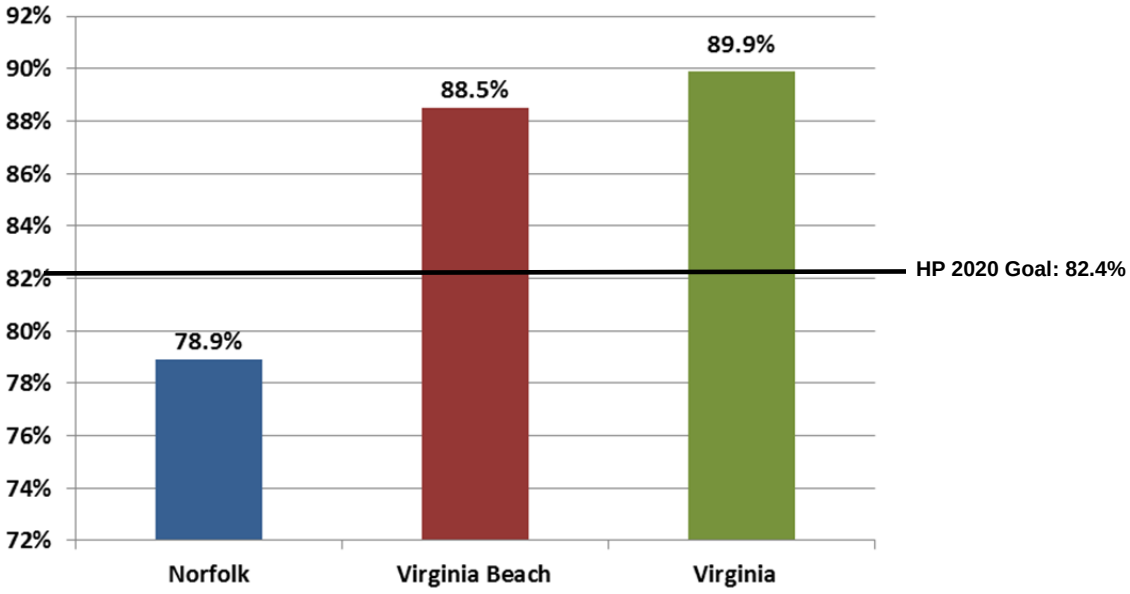
[11] www.CountyHealthRankings.org

Education Demographics

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. Sixty percent of survey participants reported that they felt their community was strong in providing good education (with only 10% disagreeing), but there was great disparity in timely graduation rates particularly across race.

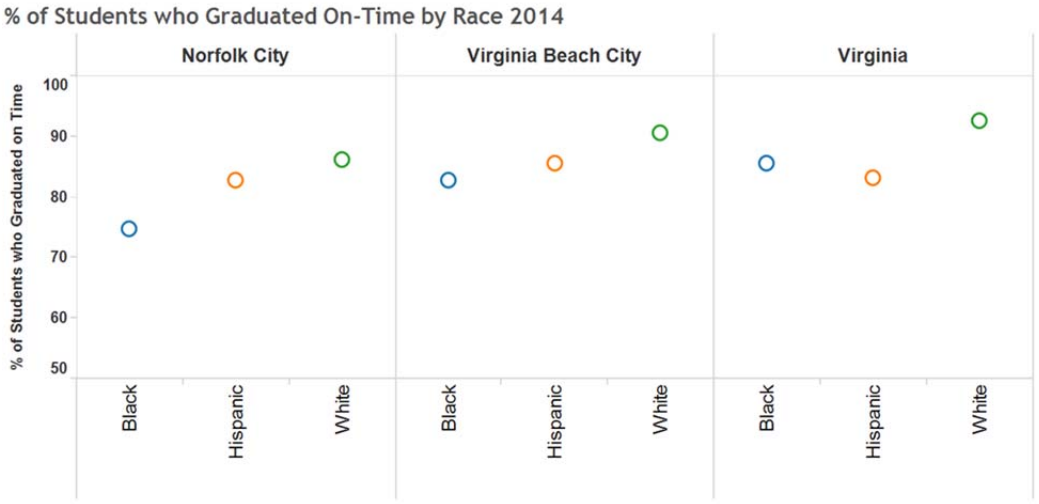
The chart below shows Norfolk and Virginia Beach graduation rates compared to Virginia and the Healthy People 2020 goal for Education Level/Graduation Rates (82.4%) for students attending public schools graduate with a regular diploma four years after starting 9th grade. In 2014, the Norfolk graduation rate (78.9%) was lower than the Healthy People 2020 goal. The Virginia Beach graduation rate was higher than the Healthy People 2020 goal and 1% percent lower than Virginia's graduation rate.[12]

High School Graduation Rates, 2014



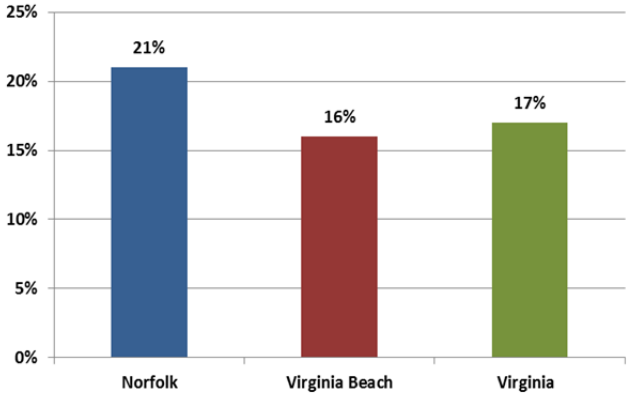
[12] http://www.doe.virginia.gov

The following chart shows the racial disparity of students who graduated on time in 2014 in Norfolk and Virginia Beach compared to Virginia. Norfolk has a significantly lower percentage of African American students who graduated on time than Virginia Beach and Virginia. The percentage of Virginia Beach African American students who graduated on time is slightly lower compared to Virginia.[13]



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.[14] The Healthy People 2020 goal for Health Insurance aims for 100% of the population having some form of health insurance coverage. Compared to Virginia, the percentage of uninsured adults in Norfolk is higher.[15]



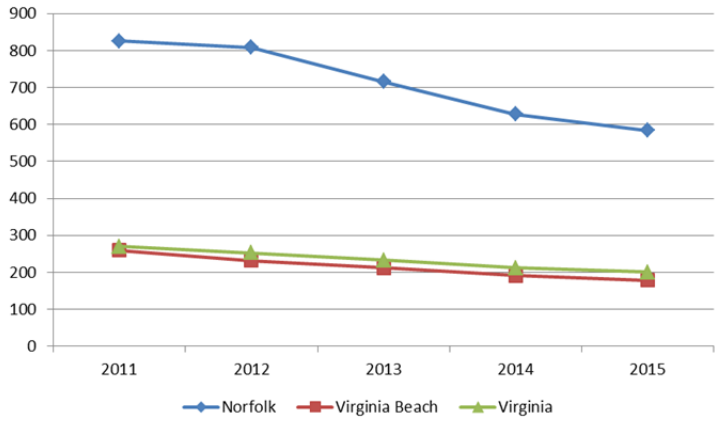
[13] http://www.doe.virginia.gov
[14] www.healthypeople.gov
[15] www.countyHealthRankings.org

Violence and Crime

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. A culture of high violence and crime has also demonstrated increased stress levels, and results in higher prevalence of hypertension and other stress-related disorders in the community. Chronic stress exposure caused by high levels of violence and crime in a community will likely increase prevalence of psychosocial stress related illnesses such as upper respiratory illness and asthma.[16]

The violent crime rate for Norfolk is consistently much higher than Virginia's, while the violent crime rate in Virginia Beach is slightly lower. Violent crime in Virginia overall has been on the decline.[17]

Violent Crimes Rate, 2011-2015



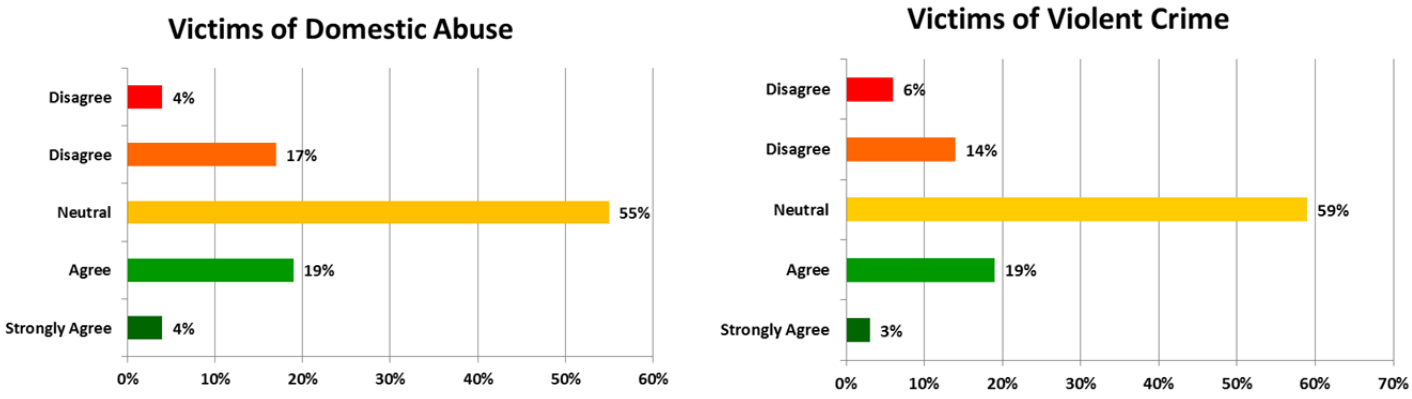
While survey participants reported that their community was a safe place to live, work, learn and play, they still rated crime and community violence among the top ten health issues. Participants also feel that victims of violent crime and domestic abuse had less support and services than other groups. Only 23% of Norfolk and Virginia Beach survey respondents felt their community has good support and services for victims of domestic abuse.

[16] www.healthypeople.gov, Injury and Violence Prevention

[17] www.CountyHealthRankings.org

The response was very similar regarding good support and services for victims of violent crime with only 22% responding with Strongly Agree or Agree. Examples on the survey of violent crime included assault, rape, robbery, etc.

Support & Services for Victims of Domestic Abuse and Violent Crime



Opportunity for Living a Healthy Lifestyle

Consumption of unhealthy foods, lack of exercise opportunities and other negative healthy cultures, has an adverse impact on a community. The burden on the United States health care system due to obesity-related health care costs range from $147 billion to nearly $210 billion annually. The loss in productivity due to job absenteeism costs an additional $4 billion each year. Increased access to exercise opportunities and healthy foods is a critical prevention strategy to alleviate this economic burden.[18]

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 (20+) will report that they engages in no leisure-time physical activity.

[18] www.stateofobesity.org/healthcare-costs-obesity

Measure and Definition of Measure	Virginia	Norfolk	Virginia Beach
Food Environment Index Factors that contribute to a health food environment, 0 (worst) to 10 (best)	8.3	6.6	8.5
Food Insecurity Percentage of population who lack adequate access to food	12%	19%	11%
Physical Activity Percentage of adults aged 20 and over reporting no leisure-time physical activity HP2020 Goal – 32.6%	22%	25%	21%
Access to Exercise Percentage of population with adequate access to locations for physical activity	81%	96%	92%

In Norfolk, the Food Environment Index and percentages for Food Insecurity and Physical Activity are worse than the data reported for Virginia Beach and Virginia, while Access to Exercise are higher (better). In Virginia Beach, the Food Environment Index is slightly higher (better) than Virginia's. Percentages for Food Insecurity, Physical Activity and are slightly lower (better). The Access to Exercise percentage in Virginia Beach is also higher (better) compared to Virginia.[19]

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 following table and graphs provide risk factor data specific to children (<18 years old) in Norfolk and Virginia Beach.[20] The percentage of children in single parent households in Norfolk is well above the percentage in Virginia and Virginia Beach is slightly above. The percentage of children eligible for free lunch in Norfolk is also well above the percentage in Virginia. The percentage of children eligible for free lunch in Virginia Beach is lower. The data indicates that children in Norfolk are a more vulnerable population and at a higher risk for development of future health problems than the children in Virginia overall.

[19] www.CountyHealthRankings.org

[20] www.CountyHealthRankings.org

Social Indicators of Health Related to Children		
	% Single Parent Households % children that live in a household headed by a single parent (2015)	**% Students Eligible for Free Lunch** % enrolled in public school that are eligible for free lunch program (2013)
Norfolk	51%	56%
Virginia Beach	32%	24%
Virginia	30%	32%

Health Conditions and Disease Data Profile

The Health Conditions and Disease Data Profile for DePaul community can be found in this section of the CHNA. This data provides a quantitative profile of the community based on a wide array of community health indicators, compiling and analyzing data from multiple sources. This CHNA focuses on health indicators for which data sources were readily available and whenever possible provides comparison to the Commonwealth of Virginia overall and the Health People 2020 goals.

Additional health behaviors and social determinants of health have been identified and well established as key contributors to the overall health of a community. Adult Smoking, Adult Obesity and Excessive Drinking are indicators with national goals from the Center of Disease Control's (CDC) Healthy People 2020 initiative as indicated in the following table.

Data regarding Health Behaviors and Social Determinants in the Norfolk and Virginia Beach communities is provided in the following table.[21]

Health Behaviors/Social Determinants in Norfolk and Virginia Beach			
Measure and Definition	**Norfolk**	**Virginia Beach**	**Virginia**
Adult Smoking Percentage of adults who are smokers (2014) (HP2020 Goal = 12%)	21%	17%	17%
Adult Obesity Percentage of adults that report a BMI of 30 or more (2012) (HP2020 Goal = 30.5%)	31%	27%	27%
Excessive Drinking Percentage of adults reporting binge or heavy drinking (2014) (HP2020 Goal = 24.4%)	19%	19%	17%
Alcohol-impaired Driving Deaths Percentage of driving deaths with alcohol involvement (2010-2014)	50%	33%	31%

Percentages for Adult Smoking and Adult Obesity in Norfolk are slightly higher compared to Virginia Beach and Virginia. Excessive Drinking percentages in Norfolk and Virginia Beach are the same, but higher compared to Virginia. The percentages for Adult Smoking and Adult Obesity in Virginia Beach are the same as Virginia, while percentages for Excessive Drinking in Virginia Beach are slightly lower compared to Virginia. Alcohol-impaired Driving Deaths are significantly higher in Norfolk and slightly higher in Virginia Beach compared to Virginia.

[21] www.CountyHealthRankings.org

Health Behaviors/Social Determinants in Norfolk and Virginia Beach			
Measure and Definition	**Norfolk**	**Virginia Beach**	**Virginia**
Sexually transmitted infections Number of newly diagnosed chlamydia cases per 100,000 population (2013)	1,304.8	509.6	407.0
Teen births Number of births per 1,000 female population ages 15–19 (2007-2013)	48	25	27

The results of this data profile are helpful in determining the percentages and number of people affected by specific health concerns, specifically looking at prevalence and mortality rates for various diseases. In addition, the result can be used alongside the Community Dialogue results and the zip code level maps to inform program plans for community health improvement. A detailed summary of the health conditions and disease data for the DePaul community is found in this section of the CHNA.

We would like to thank Michelle Winz, Virginia Department of Health, Portsmouth Health Department, and ToXcel, LLC, for their assistance in compiling the data in this section.

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Overall Mortality Data

Healthy People 2020 objectives define mortality rate goals per 100,000 populations for a number of health problems.[22] 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 DePaul community had a total of 3,645 deaths attributable to the leading 10 causes of mortality in the region as listed in the following tables. The three leading causes of death in Norfolk and Virginia Beach are: 1) Heart Disease, 2) Cancer, and 3) Stroke.

[22] www.healthypeople.gov/2020/topics-objectives

The table below provides the number of deaths attributable to each of the top 10 causes of death for Norfolk and Virginia Beach.[23]

Leading 10 Causes of Mortality by Total Number of Deaths (2013)		
	Norfolk	**Virginia Beach**
Diseases of the Heart	451	586
Cancer	383	728
Cerebrovascular Diseases (Stroke)	103	149
Unintentional Injury	103	142
Chronic Lower Respiratory Diseases	99	128
Nephritis & Nephrosis (Kidney Disease)	65	69
Septicemia	50	66
Diabetes	49	81
Alzheimer's Disease	42	69
Chronic Liver Disease	31	39

Preventable Hospitalizations

Preventable hospitalizations are hospitalizations that could have been avoided had appropriate outpatient care been available and/or provided. The Agency for Healthcare Research and Quality (AHRQ) identifies a defined set of conditions called Prevention Quality Indicators (PQIs) for which hospitalization should be avoidable with proper outpatient health care. High rates of hospitalization for these conditions indicate potential gaps in access to quality outpatient services for community residents.

Furthermore, communities have a limited capacity to adequately capture prevalence for chronic conditions such as Coronary Heart Disease, Diabetes, Asthma, etc. The PQI data helps serve as a proxy to estimate the prevalence of these chronic conditions in a population.

[23] www.vdh.virginia.gov/healthstats/stats

The following table displays four of the top PQI Hospital Indicators in the DePaul community. [24]

PQI Hospitalization # Discharges & Rates per 1,000 for Selected (Principal) Diagnoses (2013)			
	Norfolk	**Virginia Beach**	**Virginia**
Heart Failure	797 discharges 3.3 per 1,000	1,127 per 1,000 2.6 per 1,000	21,512 discharges 2.6 per 1,000
Diabetes	578 discharges 2.4 per 1,000	543 discharges 1.2 per 1,000	12,972 discharges 1.6 per 1,000
Pneumonia	573 discharges 2.3 per 1,000	835 discharges 1.9 per 1,000	19,433 discharges 2.4 per 1,000
Urinary Tract Infections	287 discharges 1.2 per 1,000	469 discharges 1.1 per 1,000	11,986 discharges 1.5 per 1,000
Chronic Obstructive Pulmonary Disease (COPD)	327 discharges 1.3 per 1,000	624 discharges 1.4 per 1,000	14,078 discharges 1.7 per 1,000

Compared to Virginia, higher PQI rates for Heart Failure and Diabetes are found in Norfolk. PQI rates for Pneumonia, Urinary Tract Infections, and COPD are lower than Virginia's rates. Compared to Virginia, equal PQI rates for Heart Failure are found in Virginia Beach, while PQI rates for Diabetes, Pneumonia, Asthma and COPD are lower.

Heart Disease and Stroke

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 could be attributed to these causes.[25] Stroke is the second leading cause of death globally, and the third leading cause of death in the United States. In 2010 alone, the United States incurred more than $500 billion in health care expenditures and related expenses as a result of heart disease and stroke. Stroke is also a leading cause of disability in the United States.

[24] www.vhi.org/MONAHRQ

[25] www.heart.org/idc/groups/ahamah-public

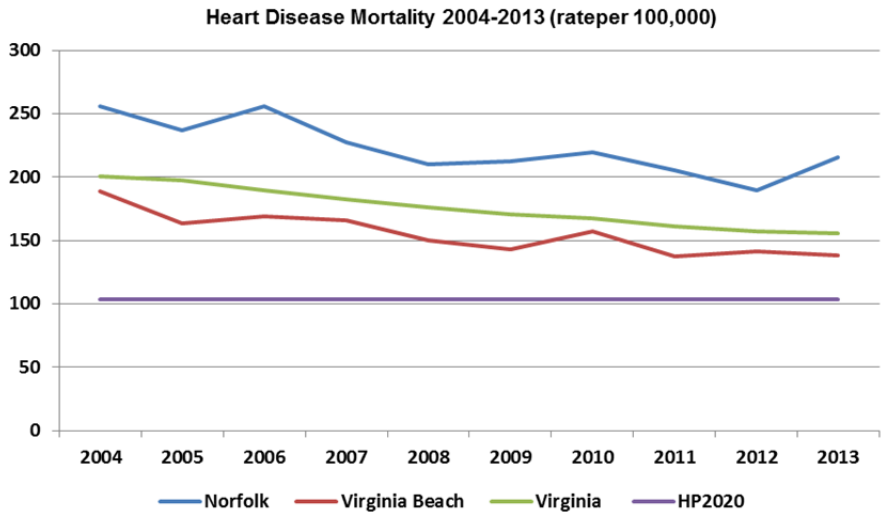
Healthy People 2020 mortality goals for Heart Disease and Stroke include the following:

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 and physical inactivity
- Overweight and obesity[26]

Norfolk and Virginia Beach's rate of heart disease mortality has been on a steady decline for the last decade. However, in 2013, after steadily declining for the previous three years, Norfolk's rate of heart disease mortality increased to 215.8 per 100,000 deaths. While Norfolk's heart disease mortality rate is higher than Virginia Beach (138.5), they are both higher than the Health People 2020 target of 103.5.[27]



[26] www.healthypeople.gov/202/topics/heart-disease-and-stroke

[27] www.vdh.org

The following tables display Heart Disease Mortality and Stroke for Norfolk, Virginia Beach, and Virginia.[28]

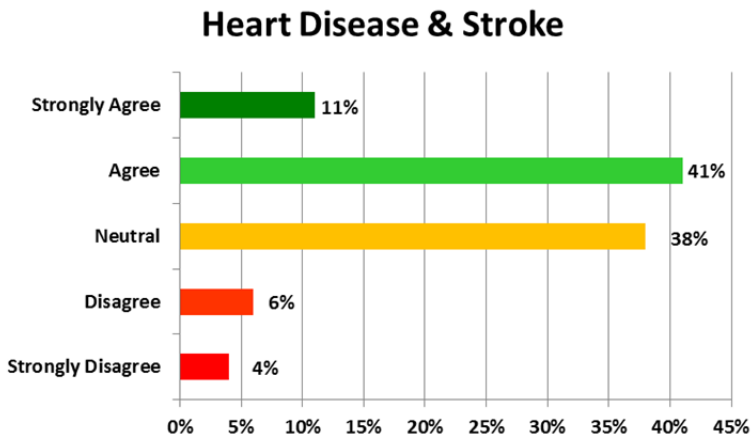
Heart Disease Mortality 2004-2013 (rate per 100,000)

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Norfolk	255.7	237.3	256.0	227.7	209.9	212.6	219.8	205.5	189.4	215.8
Virginia Beach	189.0	163.9	168.8	165.6	150.4	143.1	157.3	137.7	141.2	138.5
Virginia	200.5	197.2	189.6	182.8	176.5	170.8	167.6	161.3	157.4	155.9
HP2020	103.4	103.4	103.4	103.4	103.4	103.4	103.4	103.4	103.4	103.4

Stroke Mortality 2004-2013 (rate per 100,000)

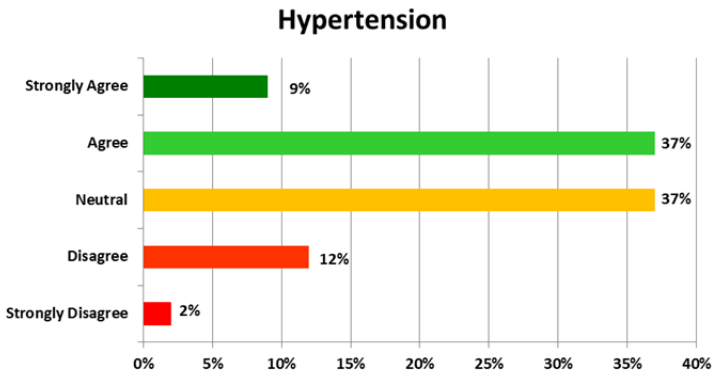
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Norfolk	60.3	71.0	63.5	53.6	58.2	52.6	51.3	51.5	32.8	48.8
Virginia Beach	50.3	45.4	39.8	30.2	34.4	33.3	29.9	31.9	33.1	35.8
Virginia	54.0	52.0	48.6	42.9	42.0	42.1	41.7	41.4	40.7	38.5
HP2020	34.8	34.8	34.8	34.8	34.8	34.8	34.8	34.8	34.8	34.8

When asked if heart disease and stroke programs were meeting the needs of their community, 52% of survey participants in Norfolk and Virginia Beach either agreed or strongly agreed while only 10% either disagreed or strongly disagreed. Despite this positive affirmation on program offerings, heart disease continues to be a major concern in Norfolk and Virginia Beach.



[28] Virginia Department of Health

When asked if programs to address hypertension were meeting the needs of their community, 46% of survey participants in Norfolk and Virginia Beach either agreed or strongly agreed.



Cancer

Cancer is a leading cause of death in Virginia Beach and second highest cause of death in Norfolk. 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

Since 2000, mortality rates for breast, colon, lung and prostate cancer have been dropping steadily in both Norfolk and Virginia Beach. With the exception of the lung cancer rate in Norfolk, these rates are all within a couple of points of the Healthy People 2020 (HP2020) target. Rates for colon and prostate cancer in Virginia Beach have already been met and dropped below the HP2020.[30]

[29] www.healthypeople.gov, Cancer

[30] www.vdh.gov

The following table provides the five-year total mortality/rates per 100,000 by cancer type for Norfolk and Virginia Beach compared to Virginia.

Cancer Mortality Rates (per 100,000) from 2008-2012

	Norfolk	Virginia Beach	Virgnia	HP2020	Trend
Colon Cancer	15.0	12.5	14.9	14.5	↓
Lung Cancer	53.4	47.1	48.2	45.5	↓
Prostate Cancer	24.7	20.7	22.4	21.2	↓
Breast Cancer	23.8	23.3	22.7	20.7	↓

- **Colon Cancer Data Findings**
  - Since 2003, Norfolk and Virginia Beach Colon Cancer Mortality rates have steadily decreased.[31]
  - Virginia Beach mortality rates are lower than Virginia and the HP2020 goals.
  - Incidence rates in Virginia are higher in men compared to women.

Colon Cancer Mortality 2003-2012 (rate per 100,000)

	2003-2007	2007-2011	2008-2012	Trend
Norfolk	20.1	17.4	15.0	↓
Virginia Beach	15.5	12.6	12.5	↓
Virginia	17.3	15.4	14.9	↓
HP2020	14.5	14.5	14.5	

- **Lung Cancer Data Findings**
  - Since 2003, Lung cancer mortality rates in Norfolk and Virginia Beach have steadily decreased.
  - Lung cancer is the second most commonly diagnosed cancer (excluding non-melanoma skin cancer) and the leading cause of cancer death among both men and women in the United States.
  - Cigarette smoking is the strongest risk factor for lung cancer. Other risk factors include exposure to second-hand smoke, radon, and asbestos.[32]

[31] Virginia Department of Health

[32] www.cancercoalitionofvirginia.org/VirginiaCancerData

- Lung cancer mortality rates are higher in men compared to women.

Lung Cancer Mortality (rate per 100,000)

	2003-2007	2007-2011	2008-2012	Trend
Norfolk	67.0	55.9	53.4	↓
Virginia Beach	56.2	47.5	47.1	↓
Virginia	54.8	49.5	48.2	↓
HP2020	45.5	45.5	45.5	

- **Prostate Cancer Findings**
  - Since 2003, Prostate cancer mortality rates in Norfolk and Virginia Beach have steadily decreased and Virginia Beach rates are below HP2020 goals.[33]
  - The strongest risk factors for developing Prostate cancer are age, race/ethnicity, and family history.[34]
  - Prostate cancer is the most commonly diagnosed cancer (excluding non-melanoma skin cancer) and the second leading cause of cancer death among men in the United States.

Prostate Cancer Mortality (rate per 100,000)

	2003-2007	2007-2011	2008-2012	Trend
Norfolk	36.6	26.2	24.7	↓
Virginia Beach	28.1	21.0	20.7	↓
Virginia	26.6	23.5	22.4	↓
HP2020	21.2	21.2	21.2	

- **Breast Cancer Findings**
  - Breast cancer is the most commonly diagnosed cancer (excluding non-melanoma skin cancer) and the second leading cause of cancer death among women in the United States.

[33] Virginia Department of Health

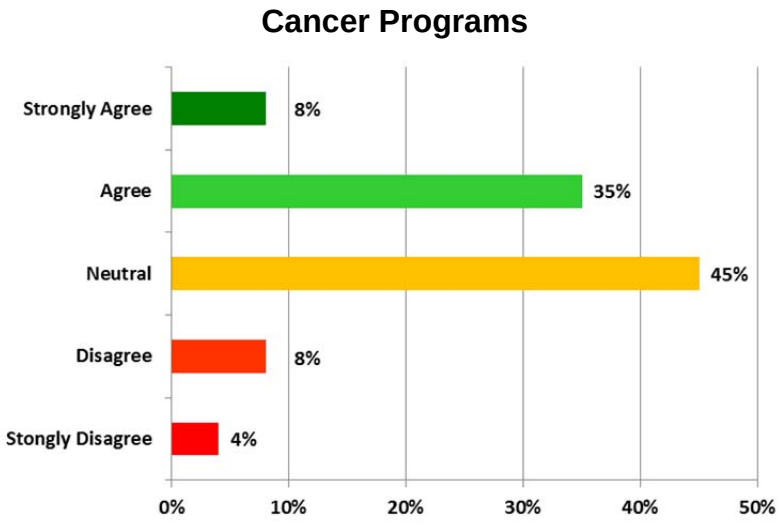
[34] www.cancercoalitionofvirginia.org

- Since 2003, Breast cancer mortality rates in Norfolk have steadily decreased; however, Virginia Beach mortality rates slightly increased in the 2008-2012 time period. Both cities are above Virginia rates and HP2020 goals.

Breast Cancer Mortality (rate per 100,000)

	2003-2007	2007-2011	2008-2012	Trend
Norfolk	31.6	24.1	23.8	↓
Virginia Beach	23.7	23.1	23.3	↑
Virginia	25.4	23.4	22.7	↓
HP2020	20.7	20.7	20.7	

When asked to rate health programs, forty-three percent (43%) of Norfolk and Virginia Beach survey respondents indicated that they either agreed or strongly agreed that existing cancer programs are meeting the needs of their community.



Adult Obesity and Diabetes

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.[35]

Healthy People 2020 Obesity & Diabetes Goals	
Adult Obesity	Less then 30.5% of the population
New Diabetes Diagnoses	Few than 7.2 new cases per 1,000 adults

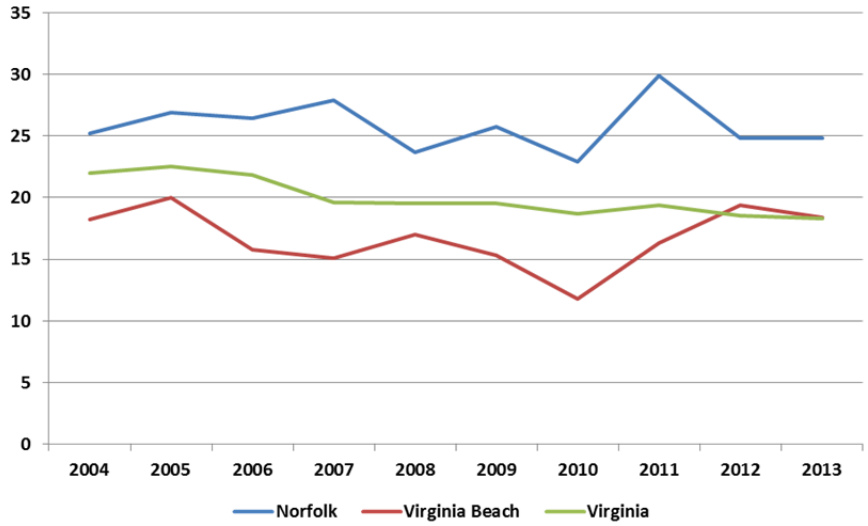
According to the 2015 County Health Rankings, 35% of Norfolk residents are obese. This percentage is higher than the HP2020 target of 30.5%. Virginia Beach's obesity rate is equal to Virginia and lower than HP2020 goals. Physical inactivity in Norfolk, Virginia Beach and Virginia is significantly lower than HP2020 goals.[36]

Health Issue	Norfolk	Virginia Beach	Virginia	HP2020 Target *	Data Trend:
Obesity (%) 2011	35.0%	28.0%	28.0%	30.5%	--
Physical Inactivity (%) 2011	25.0%	21.0%	22.0%	32.6%	--

Since 2012, Norfolk's diabetes mortality rate has remained steady; however, it is higher than that of Virginia Beach and Virginia, which have slightly decreased in the same period.[37] The chart on the next page illustrates the diabetes mortality rate for Norfolk and Virginia Beach compared to Virginia.

[35] www.healthypeople2020.gov
[36] www.CountyHealthRankings.org
[37] Virginia Department of Health

Diabetes Mortality 2004-2013 (rate per 100,000)



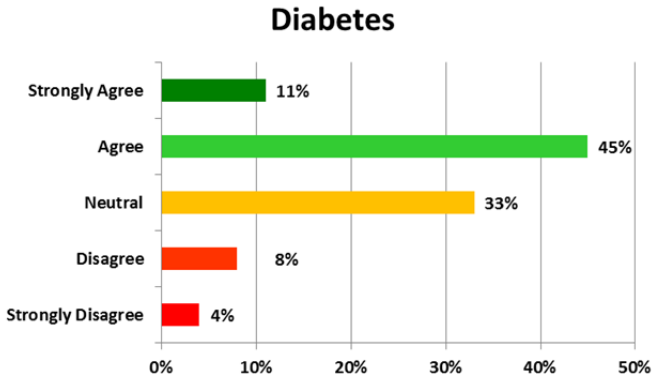
Diabetes Mortality 2004-2013 (rate per 100,000)										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Norfolk	25.2	26.9	26.4	27.9	23.7	25.7	22.9	29.9	24.8	24.8
Virginia Beach	18.2	20.0	15.8	15.1	17.0	15.3	11.8	16.3	19.4	18.4
Virginia	22.0	22.5	21.8	19.6	19.5	19.5	18.7	19.4	18.5	18.3

The following table shows that the rate of hospital discharges within Norfolk of diabetes without complication is higher than Virginia's, while Virginia Beach's rate is lower.[38]

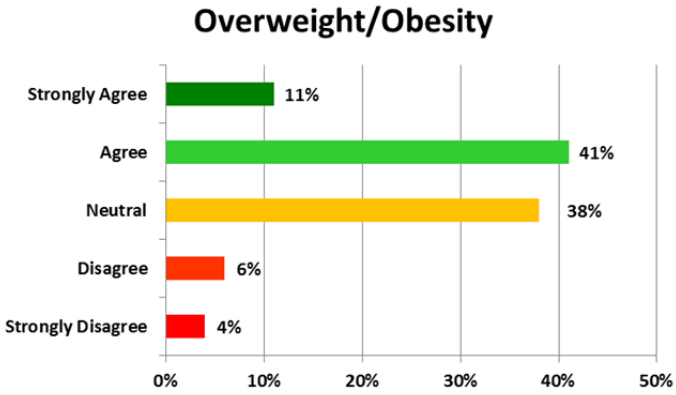
Health Issue	Norfolk	Virginia Beach	Virginia	HP2020 Target *	Data Trend:
Diabetes without complication: Hospital Discharge Rate (per 100,000) 2013	19	14	15.7	--	--

[38] www.vdh.gov, Virginia Health Information 2013, Virginia Department of Health BRFSS 2013

When asked about Diabetes programs, 56% of survey participants in Norfolk and Virginia Beach either agreed or strongly agreed that current programming is meeting the needs of their community.



Over half of the survey participants in Norfolk and Virginia Beach (52%) either agreed or strongly agreed that current programming for Overweight and Obesity issues are meeting the needs of their community.

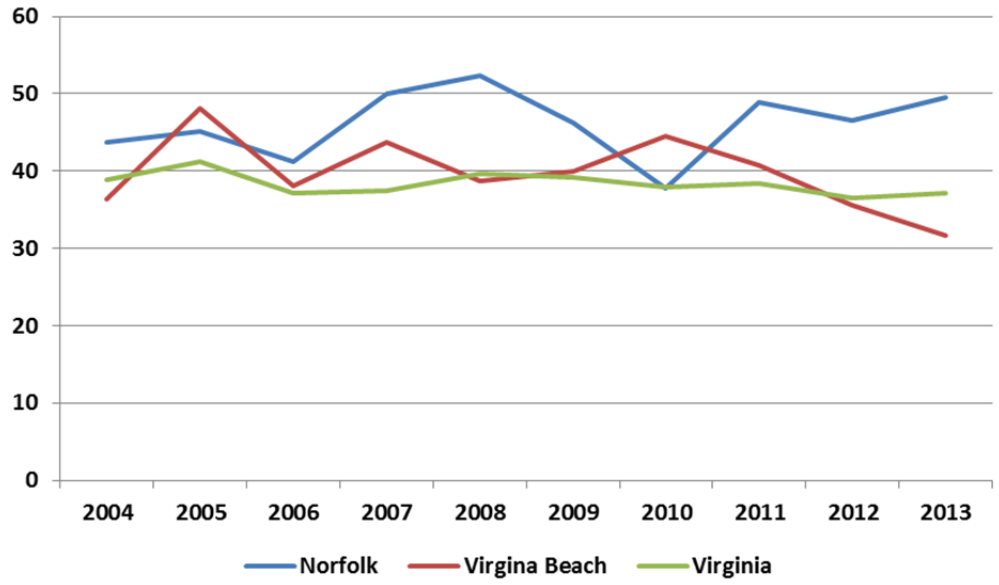


Respiratory Disease

Norfolk has one of the highest rates of chronic lower respiratory mortality within the Hampton Roads region. The charts on the next page show the chronic lower respiratory mortality rate has been declining in Virginia Beach since 2010, but it has been increasing during that same period in Norfolk. In addition, according to the 2013

BRFSS, 10.8% of Norfolk residents reported that they had asthma in comparison to only Virginia's overall average of 8.7%.[39]

Chronic Lower Respiratory Disease Mortality 2004-2013 (rate per 100,000)



Chronic Lower Respiratory Mortality 2004-2013 (rate per 100,000)										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Norfolk	43.7	45.2	41.2	50.0	52.4	46.3	37.8	48.9	46.6	49.6
Virgina Beach	36.4	48.1	38.1	43.8	38.7	39.9	44.5	40.8	35.6	31.6
Virginia	38.8	41.2	37.2	37.5	39.7	39.2	37.9	38.4	36.6	37.2

The following chart illustrates the prevalance of respiratory disease and tobacco use in Norfolk and Virginia Beach compared to Virginia (2013). Norfolk has a significantly higher mortality rate (49.6) from COPD compared to Virginia Beach (31.6) and Virginia (37.2). Norfolk also has a higher percentage of the population with asthma (10.8%) compared to Virgnia Beach (6.2%) and Virginia (8.7%). Virginia Beach has a lower mortatily rate from COPD (31.6) compared to Virginia (37.2).

Hospital discharge rates for asthma (11.7) and COPD (12.1) are higher in Norfolk compared to Virginia Beach and Virginia. Virginia Beach has higher hospital discharge

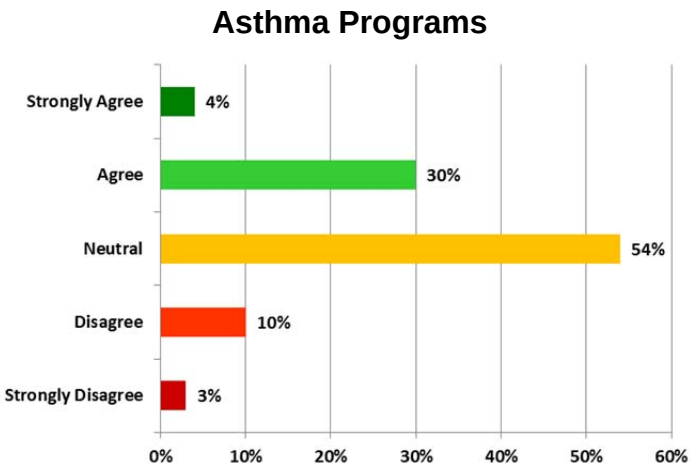
[39] [39] www.vdh.gov, Virginia Health Information 2013, Virginia Department of Health BRFSS 2013

rates for asthma (7.8) compared to Virgnia (7.6). COPD hospital discharge rates in Virginia Beach are lower (10.2) compared to Virginia (15.7).

Nofolk has a lower percentage of tobacco use (19.1%) compared to Virginia Beach (23.9%) and Virginia (21.5%). Norfolk, Virginia Beach, and Virginia are above the HP2020 goal of 12%.[40]

Respiratory Disease and Tobacco Use				
	Norfolk	**Virginia Beach**	**Virginia**	**HP2020 Target ***
Chronic Lower Respiratory Mortality (per 100,000) 2013	49.6	31.6	37.2	--
Asthma (%) 2013	10.8%	6.2%	8.7%	--
Asthma: Hospital Discharge Rate (per 100,000) 2013	11.7	7.8	7.6	--
COPD: Hospital Discharge Rate (per 100,000) 2013	12.1	10.2	15.7	--
Tobacco Use % (2013)	19.1%	23.9%	21.5%	12.0%

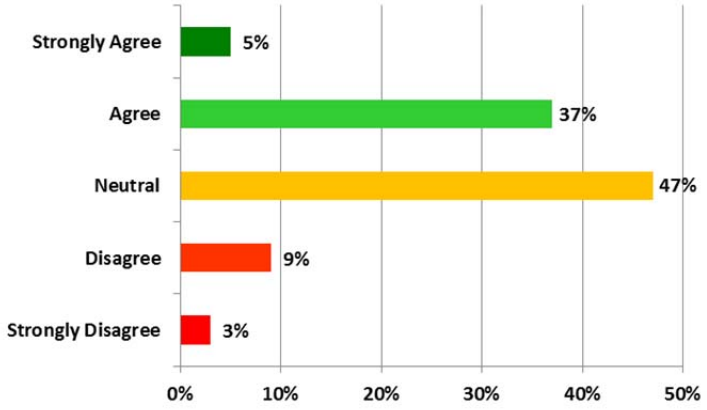
Survey participants were asked to rate whether Asthma, COPD, and Tobacco Use programs are meeting the needs of their communities. Only one-third (34%) of Norfolk and Virginia Beach survey participants either strongly agreed or agreed that asthma programs were meeting the needs of their communities.



[40] www.CountyHealthRankings.org

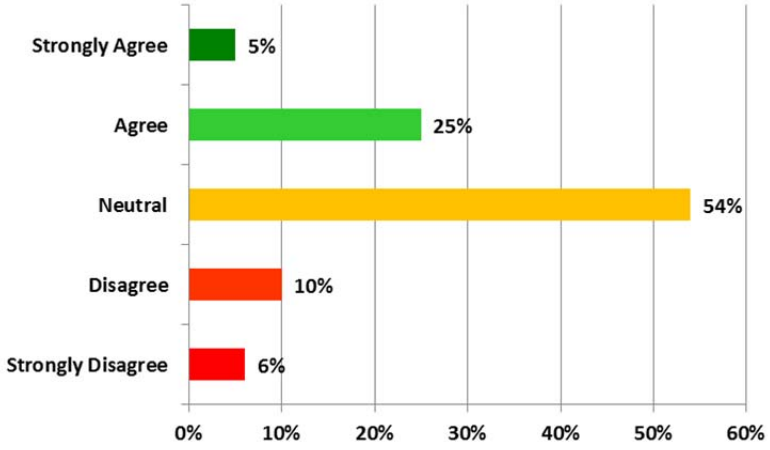
When asked about programs for Chronic Obstructive Pulmonary Disease (COPD), 42% Norfolk and Virginia Beach survey participants either strongly agreed or agreed that asthma programs were meeting the needs of their communities.

Chronic Obstructive Pulmonary Disease (COPD) Programs



Less than one-third (30%) of Norfolk and Virginia Beach survey participants either strongly agreed or agreed that asthma programs were meeting the needs of their communities.

Tobacco Use Programs



Mental Health Disorders and Substance Abuse

Mental health disorders are health conditions characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental health disorders contribute to a number of health problems, including disability,

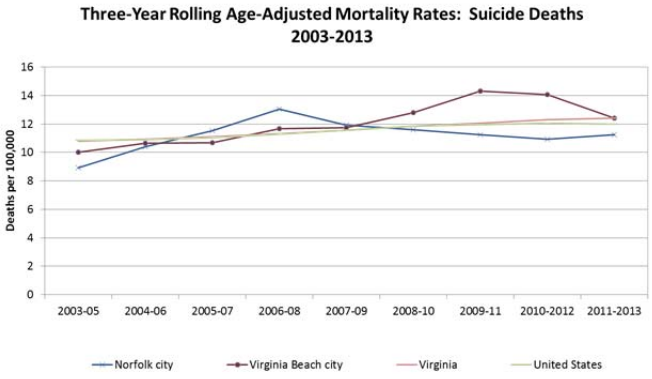
pain and death. Mental health and physical health are closely connected. Mental illesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors.

According to the National Institute of Mental Health (NIMH), an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States , accounting for 25% of all years of life lost to disability and premature mortality. Additionally, suicide is the 11th leading cause of death in the United States, with approximately 30,000 deaths each year. 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.

The following table shows that a higher percentage of Norfolk and Virginia Beach reported poor mental health days compared to Virginia. Binge drinking in Norfolk is slightly lower compared to Virginia, while binge drinking in Virginia Beach is higher compared to Virginia. Both Norfolk and Virginia Beach binge drinking rates are lower than HP2020 goals.[41]

Health Issue	Norfolk	Virginia Beach	Virginia	HP2020 Target
Poor mental health days % (2013)	16.2%	15.4%	13.5%	--
Binge drinking % (2013)	15.5%	18.1%	15.8%	24.4%

As seen in the chart to the right, the suicide rate in Virginia has been stable over the ten-year period. Since 2006, Norfolk's suicide rate has steadily declined and is lower compared to Virginia and the United States. Since 2003, Virginia Beach experienced several years of increased suicide before

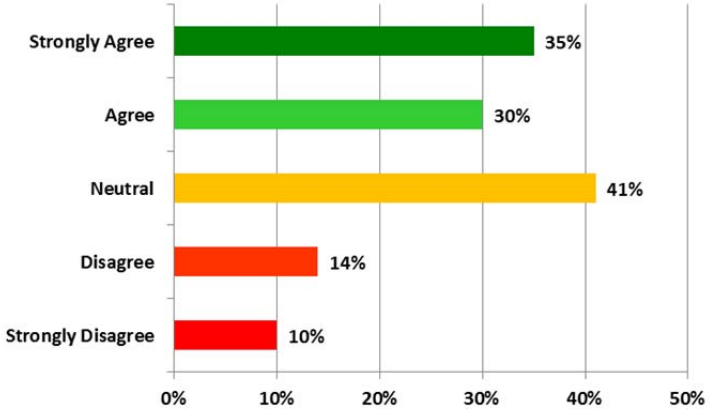


[41] www.healthypeople.gov/2020

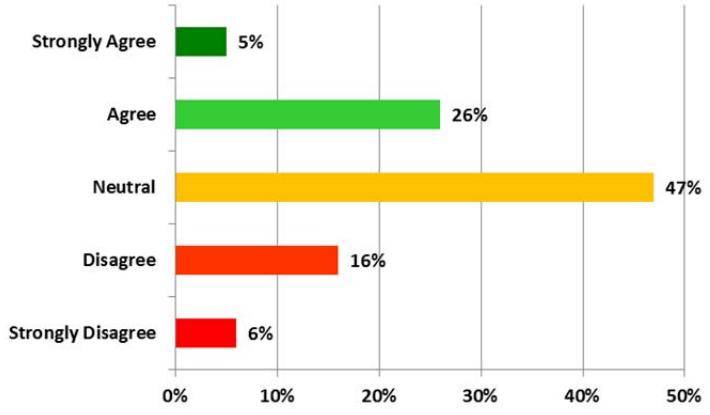
declining slightly in 2009. In 2013, the suicide rate in Virginia Beach was the same as Virginia's and slightly higher than the United States.[42]

Norfolk and Virginia Beach survey respondents prioritized mental health and alcohol/drug abuse in the top 10 community concerns. A stong majority (65%) of respondents indicated that mental health programs are meeting the needs of their communities compared to other programs, while only a third (31%) said that alcohol and drug abuse programs are sufficient. Howeve, in written comments and community dialogue discussions, participants stated there needed to be more services provided for people with mental illness and alcohol/drug addiction.

Mental Health Programs



Alcohol/Drug Abuse Programs

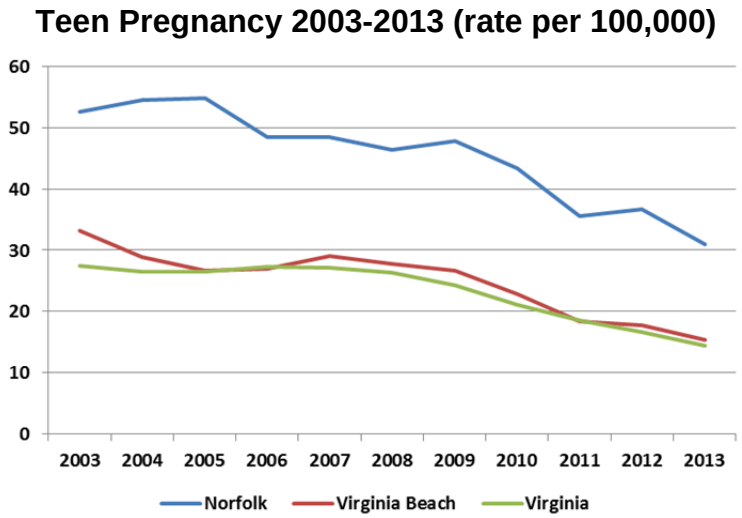


[42] Virginia Department of Health

Maternal and Infant Health

Teenage Pregnancies

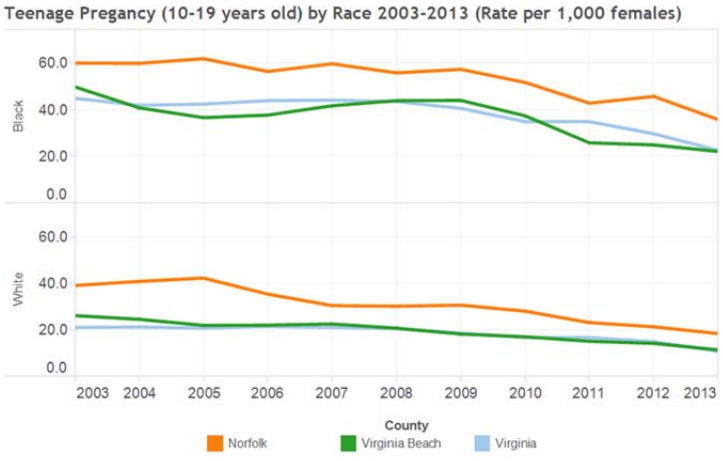
Since 2003, teenage pregnancies (10-19 years old) have steadily decreased in Norfolk, Virginia Beach, and Virginia; however, Norfolk continues to experience significantly higher rates (31%) compared to Virginia Beach (15.3%) and Virginia (14.4%).[43]



Teen Pregnancy 2003-2013 (rate per 100,000)

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Norfolk	52.5	54.5	54.7	48.5	48.4	46.3	47.8	43.4	35.5	36.7	31.0
Virginia Beach	33.2	28.8	26.7	26.9	29.1	27.8	26.7	22.8	18.4	17.7	15.3
Virginia	27.4	26.5	26.5	27.3	27.2	26.3	24.3	21.1	18.6	16.7	14.4

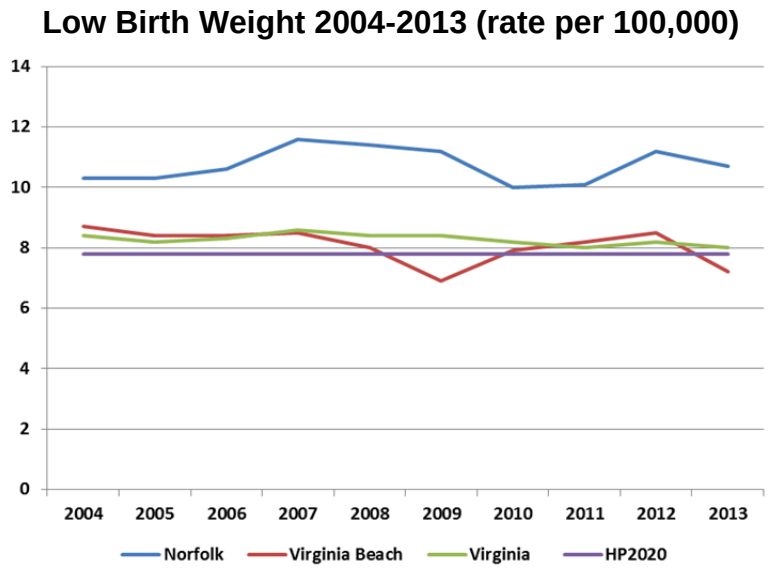
The graphs on the right shows that while the rates are declining, there is significant racial dispartiy with in the rate of pregnancies in African American teens than White teens.



[43] Virginia Department of Health

Low Birth Weight

Low Birth Weight is defined as a live birth in which the infant weighs less than 2500 grams. The graph and table on the next page show Norfolk's low birth weight rate is higher compared to Virginia Beach and Virginia; however, it decreased from 2012 to 2013. Virginia Beach experienced a significant decrease in low birth weight between 2012 and 2013 and is lower than Virginia and the HP2020 goal. Norfolk and Virginia are higher than the HP2020 goal.[44]



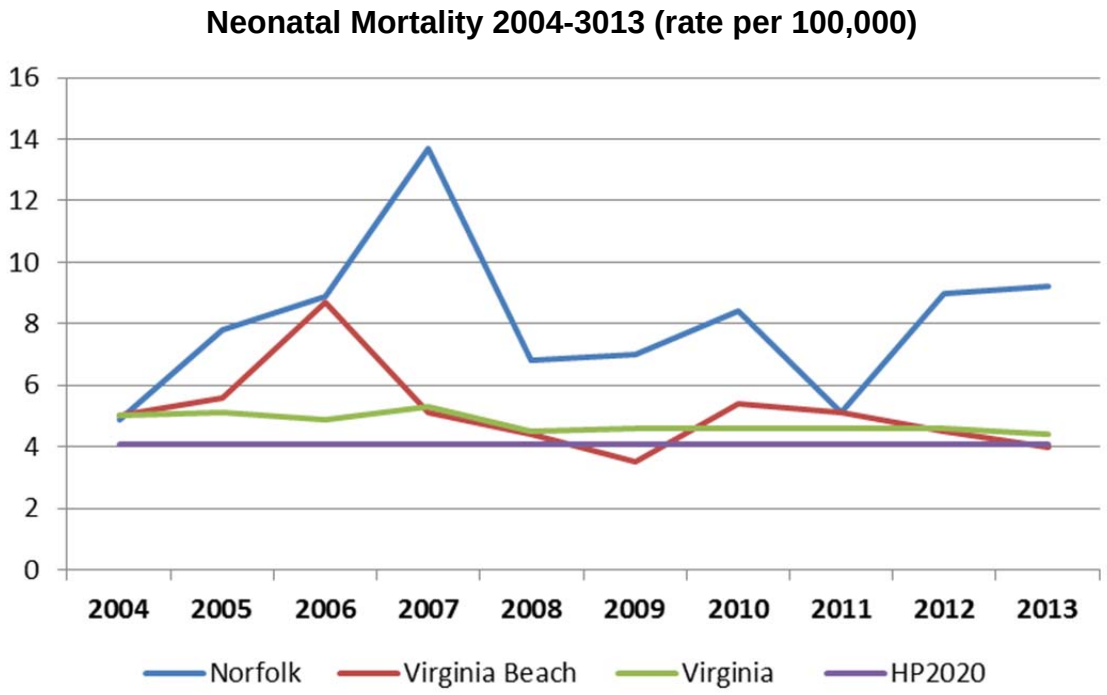
Low Birth Weight 2004-2013 (rate per 100,000)

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Norfolk	10.3	10.3	10.6	11.6	11.4	11.2	10.0	10.1	11.2	10.7
Virginia Beach	8.7	8.4	8.4	8.5	8.0	6.9	7.9	8.2	8.5	7.2
Virginia	8.4	8.2	8.3	8.6	8.4	8.4	8.2	8.0	8.2	8.0
HP2020	7.8	7.8	7.8	7.8	7.8	7.8	7.8	7.8	7.8	7.8

[44] www.CountyHealthRankings.org

Neonatal Mortality

Neonatal mortality is defined as a death during the first 28 days of life (0-27 days).[45] Since 2011, Norfolk's neonatal mortality rate as steadily increased to over double the rate of Virginia Beach, Virginia, and the HP2020 goal. Neonatal rates in Virginia Beach have steadily decreased since 2010 and are lower compared to Virginia and the HP2020.[46]



Neonatal Mortality 2004-2013 (rate per 100,000)

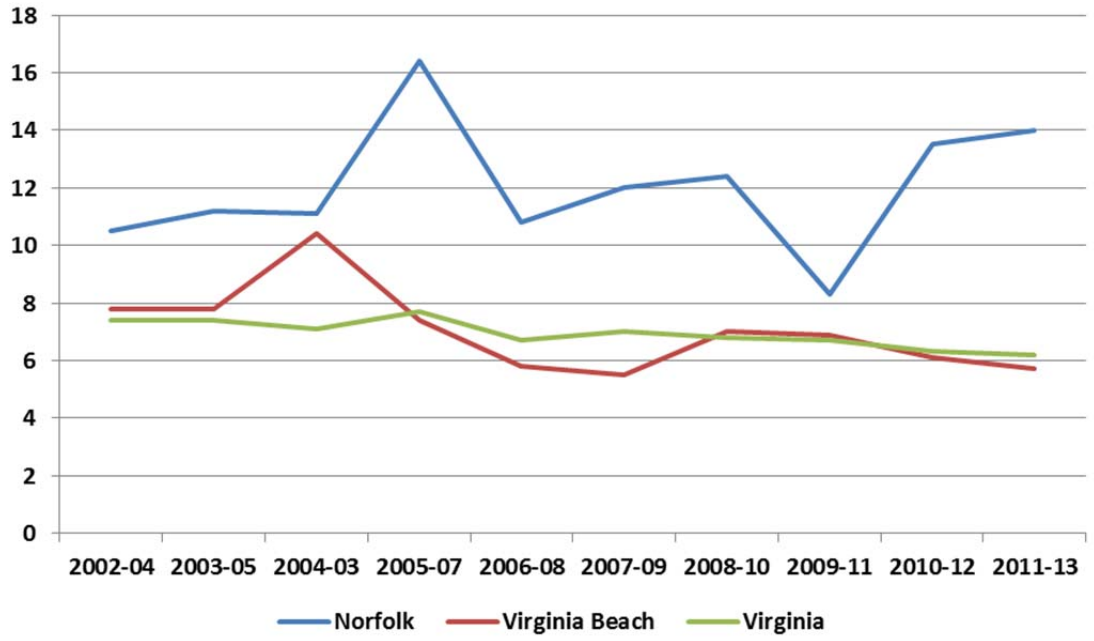
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Norfolk	4.9	7.8	8.9	13.7	6.8	7.0	8.4	5.1	9.0	9.2
Virginia Beach	5.0	5.6	8.7	5.1	4.4	3.5	5.4	5.1	4.5	4.0
Virginia	5.0	5.1	4.9	5.3	4.5	4.6	4.6	4.6	4.6	4.4
HP2020	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1

[45] www.cpc.unc.edu/measure

[46] Virginia Department of Health

Infant Mortality

Infant mortality is defined as the death of a baby before his or her first birthday. The infant mortality rate is often used to measure the health and well-being of a nation, city, or county.[47] Since 2009, infant mortality rates in Norfolk have risen and in 2013 were over twice as high (14) compared to Virginia Beach (5.7) and Virgina (6.2). Virginia Beach and Virginia infant mortality rates have decreased since 2008. Infant mortality rates in Virginia Beach continue to be lower compared to Virginia.

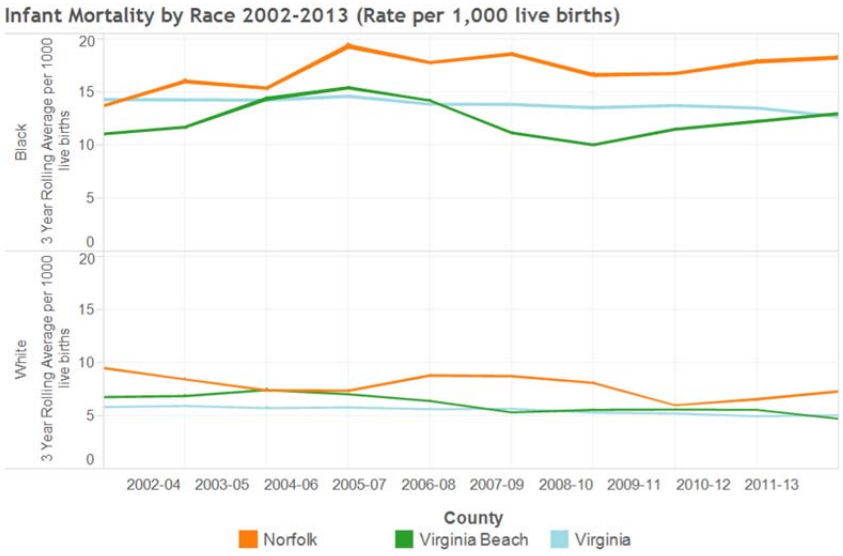


Infant Mortality 3-Year Rolling Averages 2002-2013 (rate per 1,000 live births)

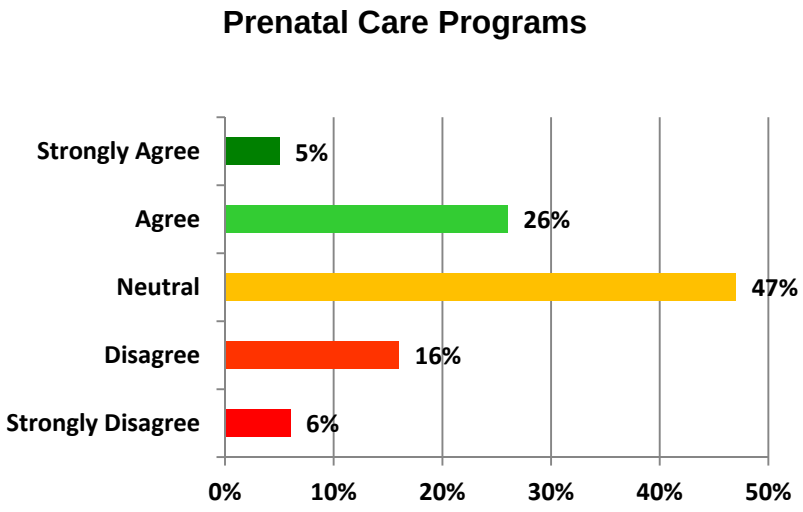
	2002-04	2003-05	2004-03	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13
Norfolk	10.5	11.2	11.1	16.4	10.8	12.0	12.4	8.3	13.5	14.0
Virginia Beach	7.8	7.8	10.4	7.4	5.8	5.5	7.0	6.9	6.1	5.7
Virginia	7.4	7.4	7.1	7.7	6.7	7.0	6.8	6.7	6.3	6.2

[47] www.cdc.gob/reproductivehealth/maternalinfanthealth

The following graph indicates there is a significant disparity in infant mortality rates for African-American babies and White babies.[48]

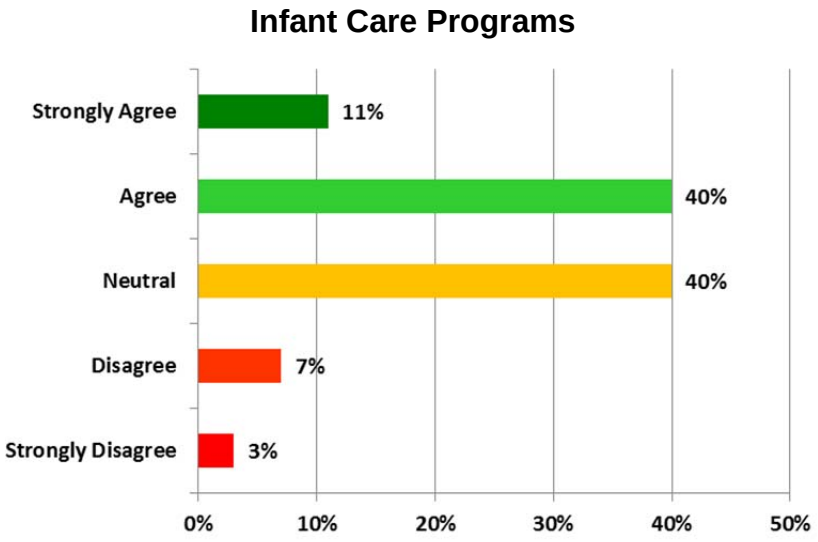


Nearly a quarter (22%) of Norfolk and Virginia Beach survey respondents strongly disagree or disagree that prenatal programs are meeting the needs of their communities.



[48] Virginia Department of Health

Over half the Norfolk and Virginia Beach survey respondents (51%) also strongly agree or agree that infant care programs are meeting the needs of their communities.



Sexually Transmitted Infections

Examination of the data on sexually transmitted infections (STIs) indicates that rates for STIs including HIV, chlamydia, gonorrhea, and syphilis are rising, with Norfolk's rates significantly higher than that of Virgnia Beach and Virginia. Virginia Beach's STIs rates are slightly higher compared to Virginia.[49]

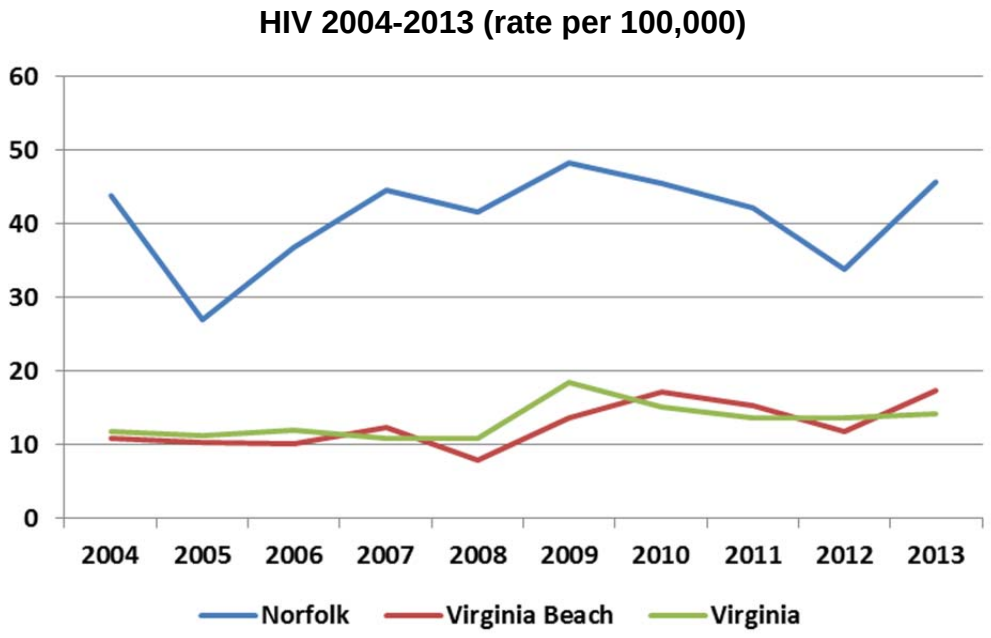
Health Issue	Norfolk	Virginia Beach	Virginia	Data Trend
Chlamydia Rate (per 100,000) 2013	1272.5	498.6	409.7	⬆
Rate of HIV Diagnoses (per 100,000) 2013	38.2	13.6	12.1	⬆
Diagnosed Cases of Total Early Syphilis Rate (per 100,000) 2013	22.3	9.1	8.2	⬆

[49] Virginia Department of Health

The following charts and graphs depict how each of the diseases has increased since 2004.

- **HIV/AIDS**

One in 380 Virginians is known to be living with HIV/AIDS. There is a disparity in those diagnosed with HIV/AIDS with nine (9) times more African Americans living with the disease than Whites. African American women account for 77% of all women living with HIV/AIDS.[50] HIV diagnoses in Norfolk (45.6 per 100,000) are almost three times higher compared to Virginia Beach (17.4 per 100,000) and Virginia (14.1 per 100,000).[51]



HIV 2004-2013 (rate per 100,000)										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Norfolk	43.7	26.9	36.7	44.5	41.6	48.2	45.4	42.0	33.8	45.6
Virginia Beach	10.9	10.2	10.0	12.4	7.8	13.6	17.1	15.3	11.7	17.4
Virginia	11.7	11.2	12.0	10.9	10.9	18.4	15.1	13.6	13.6	14.1

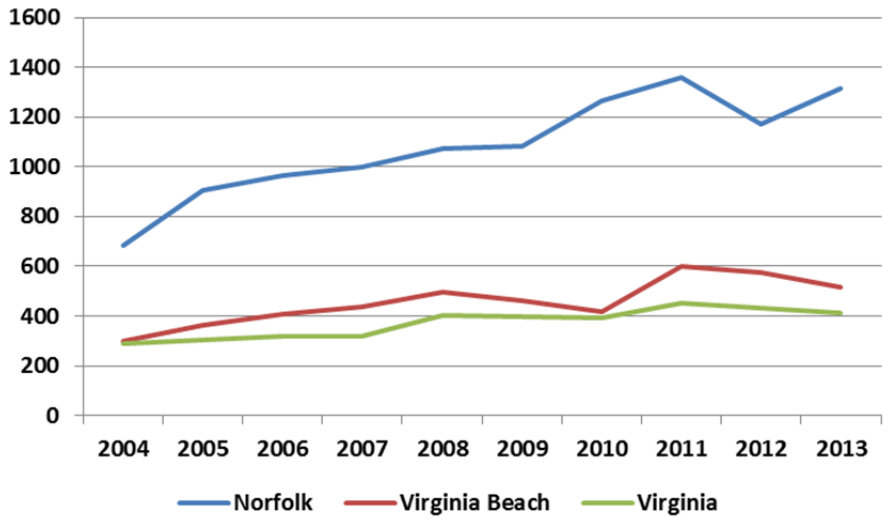
[50] http://www.vdh.virginia.gov/epidemiology/DiseasePrevention

[51] www.CountyHealthRankings.org

- **Chlamydia**

Sexually Transmitted Infections (STIs) are measured as the chlamydia incidence (number of new cases reported) per 100,000 population. Chlamydia is the most common bacterial STIs in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. STIs are associated with a significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, involuntary infertility, and premature death. Chlamydia incidence rates are associated with unsafe sexual activity.[52] The following graph and chart show that after a decrease in 2012, Norfolk's rate of incidence increased almost to 2011 levels. Virginia Beach and Virginia have experienced a steady decrease in incidences since 2011. Norfolk's Chlamydia rate (1,312.5 per 100,000) is over two times higher compared to Virginia Beach (513.6 per 100,000) and over three times higher compared to Virginia (410.0 per 100,000).[53]

Chlamydia 2004-2013 (rate per 100,000)



Chlamydia 2004-2013 (rate per 100,000)										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Norfolk	684.9	903.2	963.6	996.9	1072.3	1082.3	1264.7	1358.3	1171.3	1312.5
Virginia Beach	297.9	362.9	407.4	436.6	495.2	463.6	418.2	598.6	574.6	513.6
Virginia	290.0	303.9	318.2	320.9	404.6	397.8	390.7	453.9	432.5	410.0

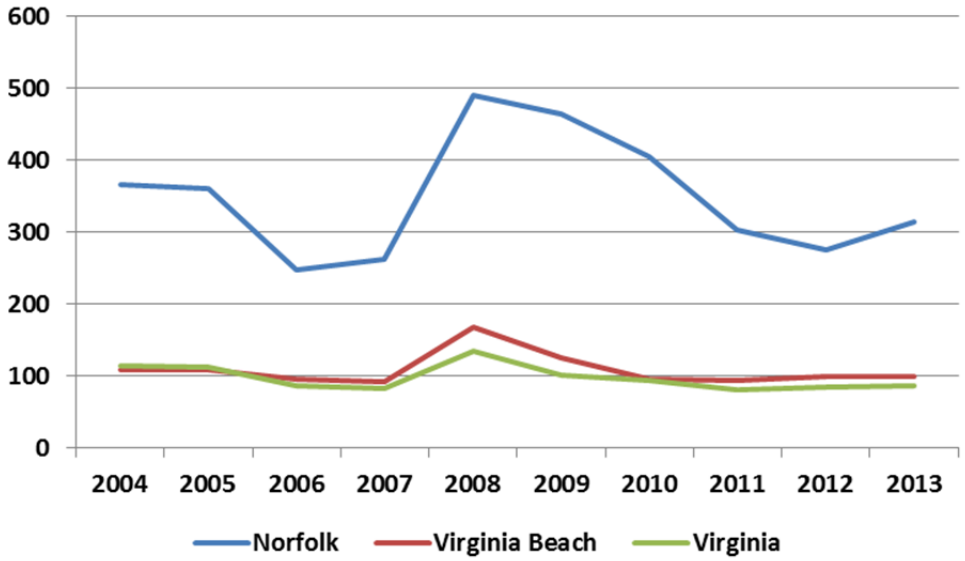
[52] www.vdh.virginia.gov/epidemiology/factsheets/Gonorrhea

[53] Virginia Department of Health

- **Gonorrhea**

Gonorrhea is a disease caused by bacteria found in the mucous areas of the body (the vagina, penis, throat and rectum) and in semen or vaginal fluids. It is one of the most commonly reported sexually transmitted diseases (STD) in the United States. Any person who has sex can be infected with gonorrhea. Most often, gonorrhea is found in younger people (ages 15-30) who have multiple sex partners. Gonorrhea is reported more frequently from urban areas than from rural areas.[54] The following graph and chart show that the incidence of Gonorrhea in Norfolk (314.5 per 100,000) is increasing and is over three times higher compared to Virginia Beach (100.0 per 100,000) and Virginia (85.4 per 100,000). Rates in Virginia Beach have also increase since 2010, but a much lower rate. Rates in Virginia have steadily decreased since 2009.[55]

Gonorrhea 2004-2013 (rate per 100,000)



Gonorrhea 2004-2013 (rate per 100,000)										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Norfolk	365.8	359.5	247.9	261.0	489.5	463.7	404.6	301.9	274.5	314.5
Virginia Beach	108.6	108.2	95.1	92.1	168.1	125.0	95.3	93.6	99.6	100.0
Virginia	114.8	111.9	85.6	82.0	134.0	100.3	93.9	81.5	85.1	85.4

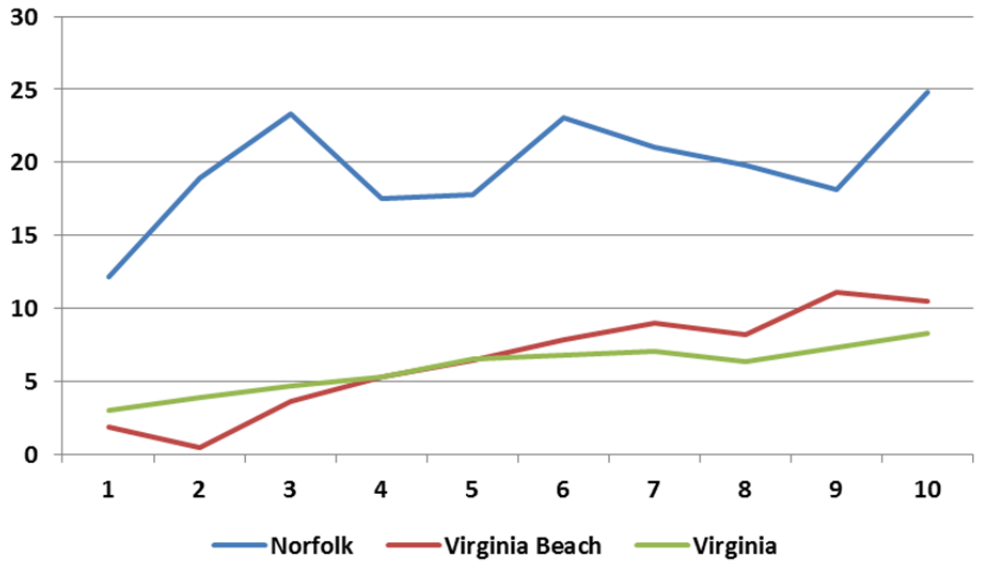
[54] www.vdh.virginia.gov/epidemiology/factsheets/Gonorrhea

[55] Virginia Department of Health

- **Syphilis**

Syphilis is an infection spread through direct contact with a person who has the disease, almost always during sexual contact. It is one of the most dangerous sexually transmitted diseases (STDs). A pregnant woman who is infected can also spread syphilis to her baby either before or during birth. Any person who has sex with a person infected with syphilis can get the disease.[56] The following graph and chart show that syphilis rates in Norfolk and Virginia are increasing, while Virginia Beach rates slightly declined. Norfolk syphilis rates (24.8 per 100,000) are over twice as high compared to Virginia Beach (10.5 per 100,000) and three times higher compared to Virginia (8.3 per 100,000).[57]

Syphilis 2004-2013 (rate per 100,000)



Syphilis 2004-2013 (rate per 100,000)										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Norfolk	12.2	18.9	23.3	17.5	17.8	23.1	21.0	19.8	18.1	24.8
Virginia Beach	1.8	0.5	3.7	5.3	6.4	7.8	9.0	8.2	11.1	10.5
Virginia	3.0	3.9	4.6	5.3	6.5	6.8	7.0	6.3	7.3	8.3

[56] www.vdh.virginia.gov/epidemiology/factsheets/Syphilis

[57] Virginia Department of Health

Key Findings

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

The Community Health Survey was disseminated in November and December 2015 to the DePaul community in Norfolk and Virginia Beach. There were 365 survey participants; of those, 343 participants completed all of the required questions. DePaul led participant recruitment for the Community Health Survey. It was available online and could be completed on paper in both English and Spanish. The survey was distributed widely via Bon Secours networks, as well as meetings, clinics and programs supported by DePaul. The Community Health Survey can be reviewed in Appendix V.

Overall, Community Health Survey participants represent a blend of perspectives across age, race and income. The majority of the respondents were female. While there were some Latino participants, these responses differed dramatically from other survey participants so this may offer an area to consider for additional data collection. Participants were also more likely to be familiar with DePaul programs.

The Portsmouth Health Department conducted the secondary data analysis of health indicators in January 2016.

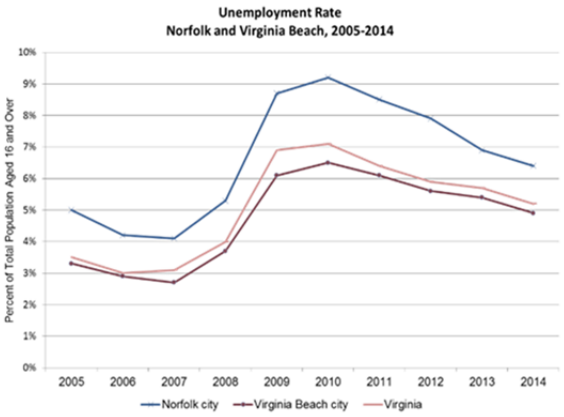
Overarching Issues that Impact Health

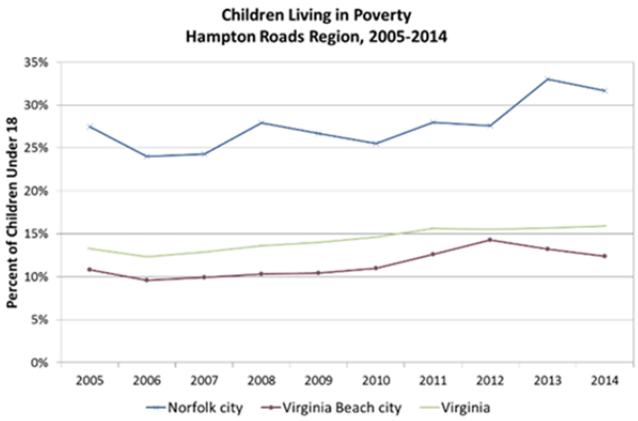
Social, economic and physical environments have an impact on the health of individuals, their families, and the community.

- **Poverty, Income, and Unemployment**

Survey participants ranked jobs with fair wages as a top health priority. Data related to unemployment and poverty shows a divergent picture for the Norfolk and Virginia Beach communities.

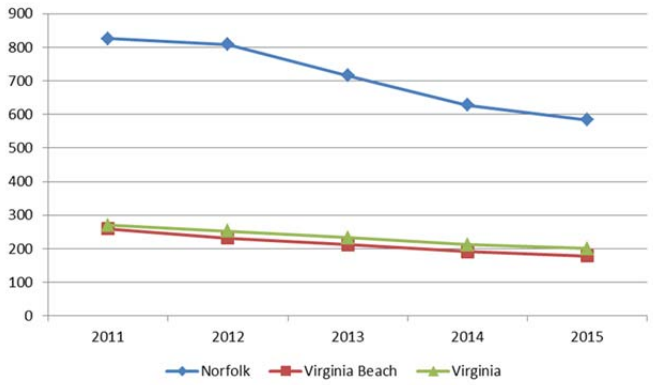
While the percent of unemployment and children living in poverty in Virginia Beach is below the state average, Norfolk's is well above both Virginia Beach and Virginia.



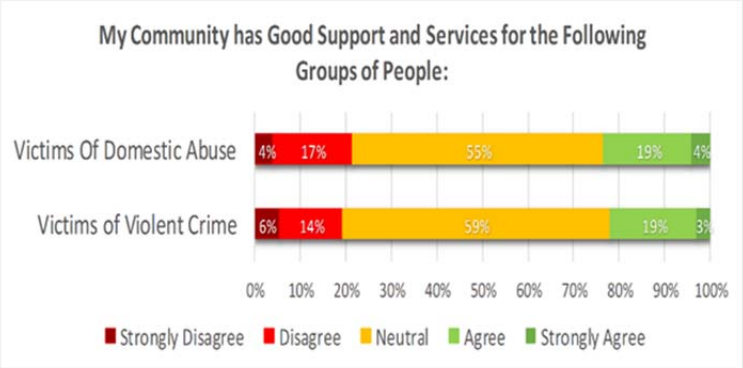


- **Neighborhood Crime and Perceptions of Safety**

A similar trend continues with violent crime and homicide. Compared to Virginia, Norfolk has some of the highest rates of violent crime and homicide across Hampton Roads and Virginia Beach is lower.

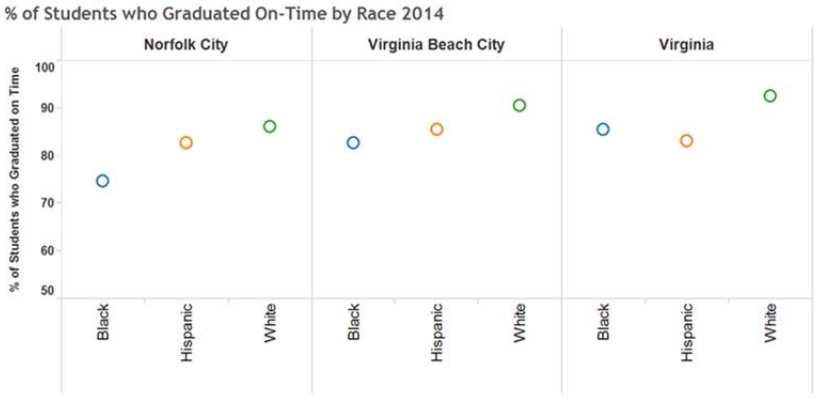


While survey participants reported that their community was a safe place to live, work, learn and play, they still rated crime and community violence among the top ten health issues. Participants also felt that victims of violent crime and domestic abuse had less support and services than other groups.



- **Education**

Sixty percent (60%) of survey participants reported that they felt their community was strong in providing good education (with only 10% disagreeing), but there was great disparity in timely graduation rates particularly across race.



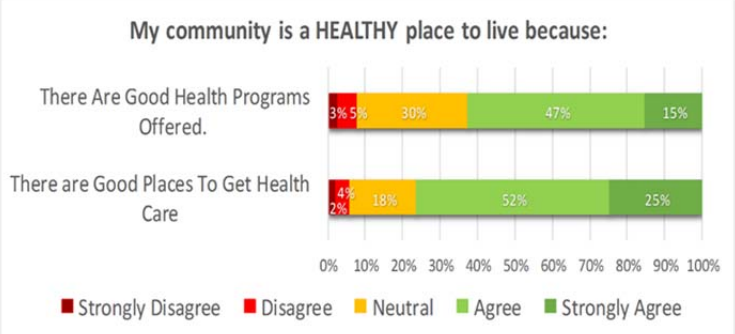
Only 78.9% of Norfolk students graduated on time in 2014 compared to the Healthy People 2020 target for on-time graduation of 82.4%.

Access to Health Services

Survey participants ranked access to health care as a high priority. When asked if their community was a healthy place to live because of access to affordable health insurance, 21% of participants either disagreed or strongly disagreed and only 40% of participants agreed or strongly agreed. In 2013, approximately one-third of Virginia Beach residents and 43% of Norfolk residents did not have affordable health insurance. The Affordable Care Act may have decreased the numbers of uninsured since it expanded Medicaid in 2014 and established an insurance marketplace in 2015.

Percent of Population that Uninsured in 2013				
	< 19 years	18-64	< 65 years	Total
Norfolk	4.7%	21.3%	17.0%	43.0%
Virginia Beach	4.7%	16.4%	13.2%	34.3%
Virginia	5.8%	17.7%	14.0%	37.5%

Over 75% of survey participants reported that there were good places to get health care and 62% believed there are good health programs offered. According to the County Health Rankings, there is a good ratio of primary care physicians within Norfolk (one Primary Care Provider per 1,182 persons) and Virginia Beach (one Primary Care Provider per 1,281 persons). Health professional shortage areas are designated based on a physician to population ratio of 1:3,500.



Key Health Issues

In this section, we highlight health needs raised by health indicators as well as issues of concern raised by the Community Health Survey. In examining the data, we have drawn attention to health issues where: 1) Disease rates have been increasing or there has been little change; and 2) Jurisdictions' rates are worse than Virginia's average rate or Health People 2020 (HP2020) targets. Health indicators were grouped into five categories:

- Cancer
- Chronic Diseases and Risk Factors (excludes asthma)
- Respiratory Diseases and Tobacco Use
- Mental Health and Drug Abuse
- Sexual Health

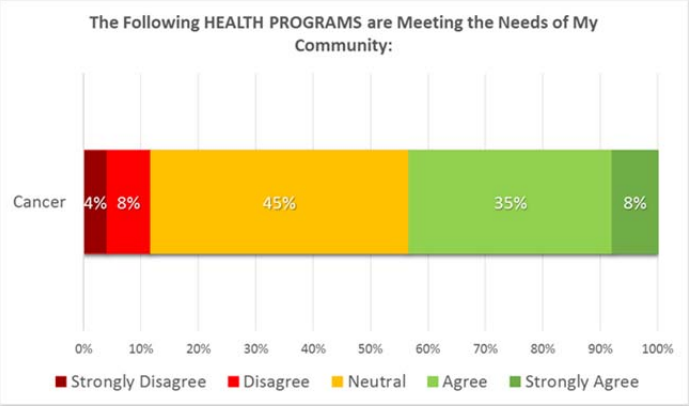
We have layered this analysis with concerns raised by the Community Health Needs Assessment Survey (Survey) to highlight how these issues or the programs addressing these issues are perceived by the community. For many of the Survey questions, there are large numbers of neutral responses and it is difficult to know what neutral responses mean. Most probably, a neutral response indicates that participants either did not know whether certain programs existed, the details of those programs, or perhaps did not have personal experience with them.

Cancer

Since 2000, mortality rates for breast, colon, lung and prostate cancer have been dropping steadily in both Norfolk and Virginia Beach. With the exception of the lung cancer rate in Norfolk, these rates are all within a couple of points of the Healthy People 2020 (HP2020) target. Rates for colon and prostate cancer in Virginia Beach have already been met and dropped below the HP2020 target.

Cancer Mortality Rates (per 100,000) from 2008-2012				
	Colon Cancer	Luncg Cancer	Prostate Cancer	Breast Cancer
Norfolk	15.0	53.4	24.7	23.8
Virginia Beach	12.5	47.1	20.7	23.3
Virginia	14.9	48.2	22.4	22.7

Of Survey participants, 43% reported either strongly agreeing or agreeing that cancer programs were meeting the needs of their community.



Chronic Diseases and Related Risk Factors

Norfolk and Virginia Beach's rate of heart disease mortality has been on a steady decline for the last decade. However, in 2013, after steadily declining for the previous three years, Norfolk's rate of heart disease increased to 215.8 per 100,000. While Norfolk's heart disease mortality rate is higher than Virginia Beach's rate (138.5), they are both higher than the Health People 2020 target of 103.5 per 100,000.

Norfolk's diabetes mortality rate is 24.8, six points higher than that of Virginia Beach or Virginia and one of the higher rates in the Hampton Roads region. Rates of hospital discharges for the condition *diabetes without complication* is slightly higher the Virginia average.

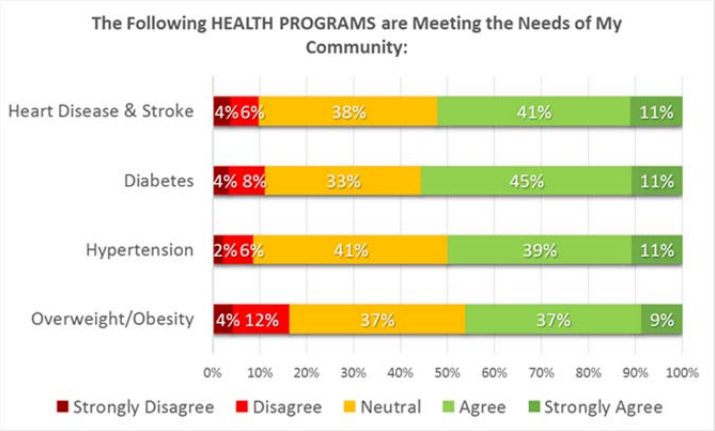
Data Summary of Chronic Diseases and Related Risk Factors

Health Issue	Norfolk	Virginia Beach	Virginia	HP2020 Target *	Data Trend: Are rates increasing or decreasing?*
Heart Disease Rate (per 100,000) 2013	215.8	138.5	155.9	103.5	Decreasing
Congestive Heart Failure: Hospital Discharge Rate (per 100,000) 2013	15	11	11.8	--	--
Diabetes Mortality Rate (per 100,000) 2013	24.8	18.4	18.3	--	Little change
Diabetes without complication: Hospital Discharge Rate (per 100,000) 2013	19	14	15.7	--	--
Hypertension (%) 2013	26.90%	31.80%	32.50%	--	--
Physical Inactivity % (2011)	25%	21%	22%	32.60%	--
Obesity % (2011)	35%	28%	28%	30.50%	--

When asked if heart disease and stroke programs were meeting the needs of their community, 52% of survey participants either agreed or strongly agreed while only 10% either disagreed or strongly disagreed. Despite this positive affirmation on program offerings, heart disease may be an important issue to focus on in the coming years.

Over half of survey participants also either strongly agreed or agreed that health programs for diabetes were meeting the needs of their community.

When compared to other health programs, a higher percentage (16%) of survey participants either strongly disagreed or disagreed that overweight and obesity programs were meeting the needs of their community. According to the 2011 County Health Rankings, 35% of Norfolk residents are obese. This percentage is higher than the HP2020 target of 30.5% and indicates potential unmet needs.



Respiratory Diseases and Tobacco Use

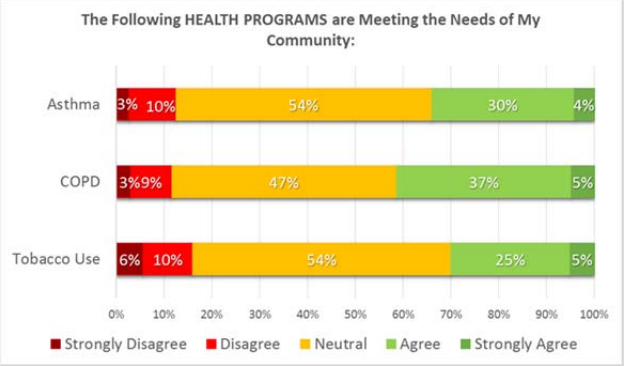
With a rate of 49.6 (per 100,000), Norfolk has some of the highest rates of chronic lower respiratory mortality across the Hampton Roads region. The chronic lower respiratory mortality rates of Virginia Beach have been declining since 2010, but they have been on the rise during that same period in Norfolk. In addition, according to the 2013 BRFSS, 10.8% of Norfolk residents reported that they had asthma in comparison to only Virginia's overall average of 8.7%.

Data Summary of Respiratory Diseases and Tobacco Use[58]

Respiratory Disease and Tobacco Use				
	Norfolk	**Virginia Beach**	**Virginia**	**HP2020 Target ***
Chronic Lower Respiratory Mortality (per 100,000) 2013	49.6	31.6	37.2	--
Asthma (%) 2013	10.8%	6.2%	8.7%	--
Asthma: Hospital Discharge Rate (per 100,000) 2013	11.7	7.8	7.6	--
COPD: Hospital Discharge Rate (per 100,000) 2013	12.1	10.2	15.7	--
Tobacco Use % (2013)	19.1%	23.9%	21.5%	12.0%

[58] Virginia Department of Health, Virginia Health Information 2013, Virginia Department of Health BRFSS 2013

Only one-third of survey participants either strongly agreed or agreed that asthma and tobacco use programs were meeting the needs of their communities.

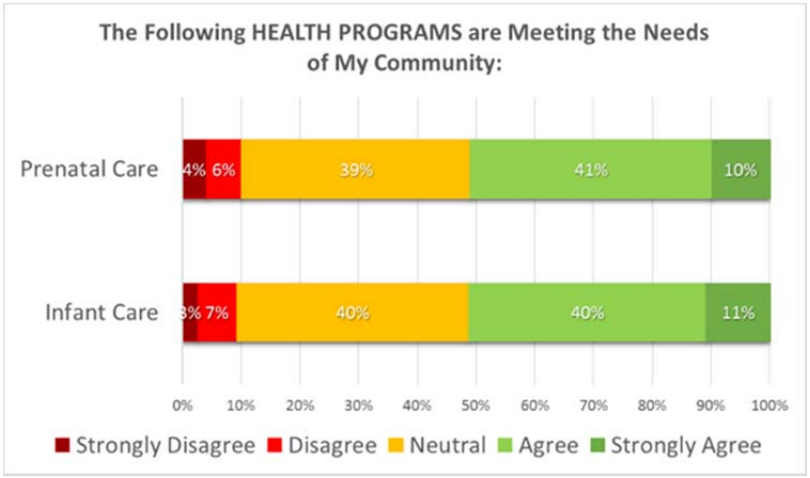


Mental Health and Drug Abuse

While little data related to mental health and drug abuse is available, these are two areas that were prioritized repeatedly on the Community Health Survey. Participants felt that mental health and alcohol programs were not meeting the needs of the community and that there needed to be more services provided for people with mental illness and drug and alcohol addiction. Both were among the top ten health issues prioritized by survey participants. There is some data to support these findings, according to the 2013 BRFSS, a higher percentage of Norfolk (16.2%) and Virginia Beach (15.4%) residents reported poor mental health days than Virginia (13.5%).

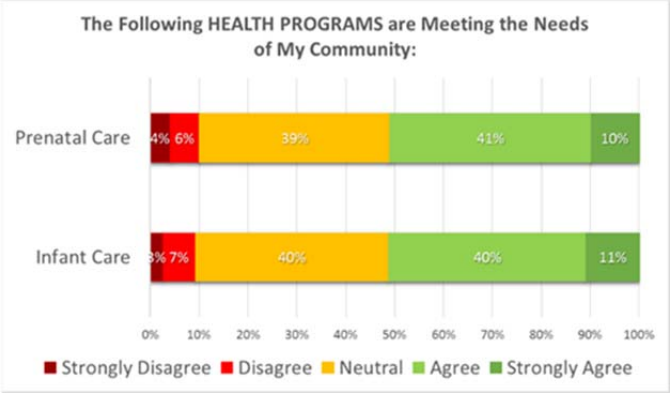
Data Summary for Mental Health and Drug Abuse

Health Issue	Norfolk	Virginia Beach	Virginia	HP2020 Target
Poor mental health days % (2013)	16.2%	15.4%	13.5%	--
Binge drinking % (2013)	15.5%	18.1%	15.8%	24.4%



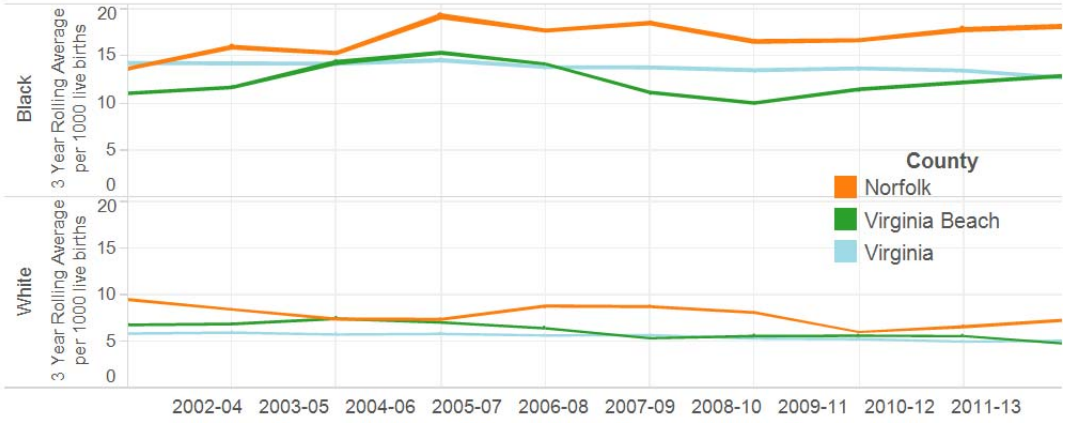
Sexual Health and Teen Pregnancy

Overall the majority of survey participants strongly agreed or agreed that prenatal and infant care programs are meeting the needs of their community.



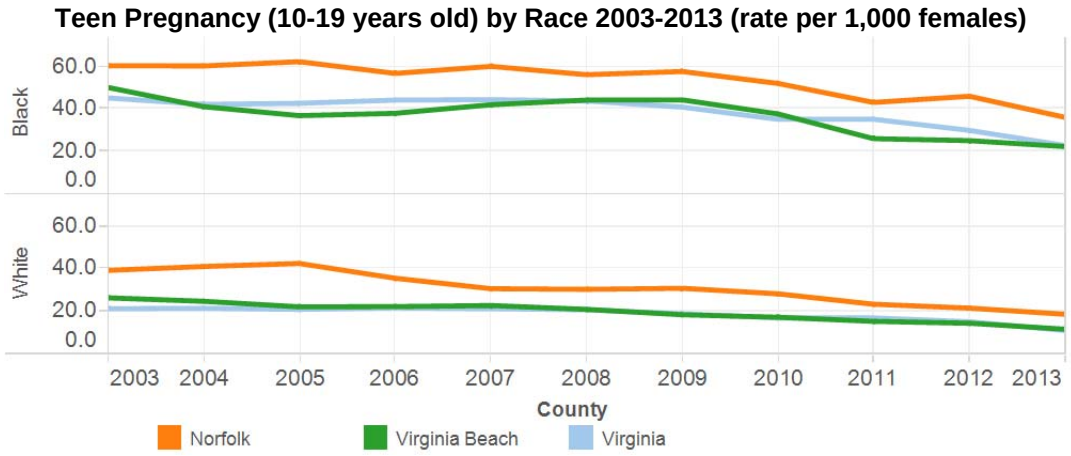
While concerns about maternal and child health did not arise in the Community Health Survey, Norfolk has a higher percent of babies born with low birth weight than Virginia Beach, Virginia or the HP2020 goal. Norfolk's infant mortality rates are also higher than Virginia Beach or Virginia.

Infant Mortality by Race 2002-2013 (rate per 1,000 live births)



While the teen pregnancy rate has been decreasing over the last decade (in line with national trends), Norfolk's teen pregnancy rate is still significantly higher than that of

Virginia Beach or Virginia. For these indicators, there are dramatic racial disparities when comparing white and black rates in Norfolk and Virginia Beach.



Secondary data analysis also indicates that there are rising rates of sexually transmitted infections, including HIV, chlamydia, and syphilis.

Health Issue	Norfolk	Virginia Beach	Virginia	Data Trend
Chlamydia Rate (per 100,000) 2013	1272.5	498.6	409.7	↑
Rate of HIV Diagnoses (per 100,000) 2013	38.2	13.6	12.1	↑
Diagnosed Cases of Total Early Syphilis Rate (per 100,000) 2013	22.3	9.1	8.2	↑

Identifying Needs

This report has highlighted health issues that are being effectively addressed by the DePaul community already as well as health issues that may need additional focus in the future. While there is some agreement in health issues identified by Community Health Survey participants and secondary data analysis, there are also some key differences.

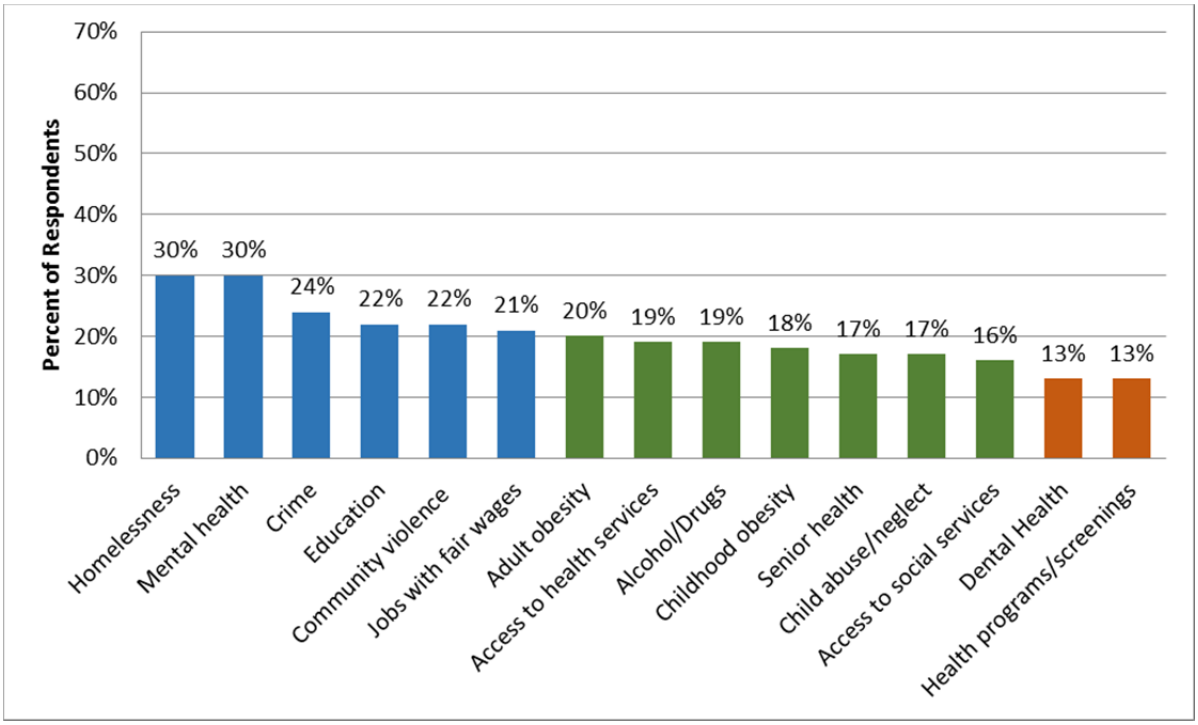
Based on secondary data analysis, the table below highlights the major health issues where the DePaul community has worse rates or percentages when compared to fellow Virginians or Healthy People 2020 targets.

Community Issues that Impact Health	Health Issues
• Poverty • Unemployment • Crime • Racial disparities in timely graduation • Access to health services	• Heart Disease • Diabetes • Obesity • Chronic Lower Respiratory Mortality • Asthma • Tobacco Use • Mental Health • Teen Pregnancy • Low Infant Birth Weight • Infant Mortality • Sexually Transmitted Infections (Chlamydia, HIV, Syphilis)

It is important to note, that for the most part, Norfolk has worse health outcomes than Virginia Beach.

In contrast, the chart on the next page illustrates the top fifteen health and community issues identified by participants in the Community Health Survey. For the most part, the issues focus on social determinants like education, health access, or community violence that have strong impacts on individual health as well as individuals and families' ability to get services. Mental health, obesity, alcohol and drugs were the only specific health issues that fell within the top ten issues.

Top Fifteen (15) Health Issues Identified by Community Health Survey Participants



There are some major differences in the results of the Community Health Survey and secondary data results. Teen pregnancy, infant mortality and STIs are key areas that were not identified by survey participants but whose rates are dramatically higher than the state average. These are also areas where there seems to have been little improvement over the last decade. Respiratory health was similarly not identified by survey participants.

Community Health Survey participants also identified key population groups who may be underserved and need additional programs that better meets their specific needs, or who may not know about or feel welcome to current programming. These groups, and the extent that survey participants feel they are being served through good support and services, are illustrated in the table on the following page.

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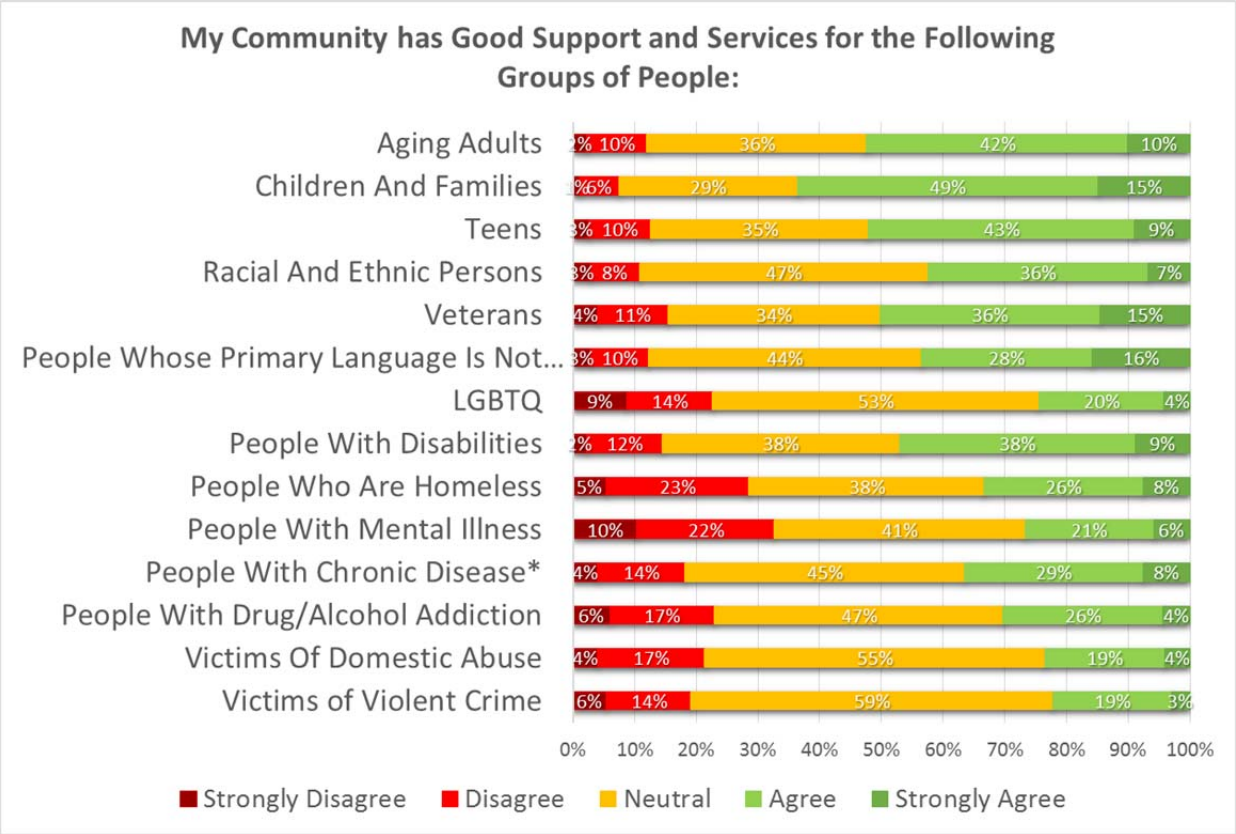

Both the survey and secondary data analysis identify important areas to consider prioritizing in the community health improvement planning process. The community and environmental factors highlighted by the community as concerns are important issues that should be considered when planning initiatives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

Community Dialogues

A total of 10 town hall meetings called Community Dialogues were held in the Hampton Roads region in which 257 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.

Two Community Dialogues were held in the DePaul service area in which 33 individuals participated. The meetings began with community members participating in a dot matrix exercise in which they selected three of the top nine issues identified in the survey that

they are most concerned about in their community. Following the dot matrix exercise, a presentation explaining the CHNA process was shown. Participants were then divided into groups to discuss the top concerns identified in the dot matrix exercise. 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?

Two issues were chosen at the East Ocean View Community Dialogue:

- Alcohol/Drugs
- Crime

The three issues chosen at the SeniorHealth Advocates meeting were:

- Alcohol/Drugs
- Crime
- Mental Health

Prioritization Process

Method for Prioritization

The Bon Secours DePaul Medical Center Advisory Board consisted of 14 people representing organizations from the cities of Norfolk and Virginia Beach with special knowledge of public health and underserved populations in the service area, including the Norfolk Department of Public Health, Catholic Charities, other service area hospitals, higher education, public health clinics, civic organizations, religious communities, housing, veterans, and the senior population.

The Advisory Board met every other month beginning November 2015 through July 2016 to review primary and secondary data. The March 30, 2016, meeting focused on the results of the survey analysis and the issues identified at the Community Dialogues. ToXcel, LLC, led the Advisory Board through an evaluation process to identify key issues from the survey analysis and secondary data. The Advisory Board noted that the secondary data supported the concern expressed in the survey.

In addition, the Advisory Board discussed education and how it could be a preventive measure to address drug/alcohol issues, crime, mental health, etc. There was particular focus on building social and emotional health from an early age by bringing LST training (Life Skills Training) into the schools, as well as, work to decrease the stigma of mental illness. Drug and alcohol abuse were seen as closely connected with mental health. The Advisory Board also noted that all of the issues were interconnected.

The Advisory Board agreed through a consensus process to recommend the following issues to DePaul's leadership for strong consideration in the Implementation Planning process: Homelessness, Mental Health, Crime, and Access to Health Services. The Advisory Board added that the themes of racial equality and education need to be incorporated into the implementation plan for all of the identified issues.

The Advisory Board will continue to meet on a quarterly basis to review progress as part of the Healthy Hampton Roads Consortium. In addition, the Advisory Board identified other partners that should be included in the Health Hampton Roads Consortium.

Services and Resources Available to Meet Identified Needs

Although DePaul recognizes the importance of all the needs identified by the community, resources are limited within the organization to prioritize all of these needs. There are other providers and organizations addressing these needs with specialized programs and services, many of whom served on the Advisory Board. DePaul is prepared to collaborate or assist with these efforts beyond the current set of services we provide.

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

- ACCESS
- Catholic Charities of Eastern Virginia
- Chesapeake Free Clinic (Dental)
- Chesapeake Regional Medical Center
- Children's Hospital of the King's Daughters
- Eastern Virginia Medical School
- Foodbank of Southeastern Virginia
- Geriatrics Life Care
- Hampton Roads Community Health Center(s)
- Hampton Roads Community Foundation
- Jewish Family Services
- Lake Taylor Hospital
- Norfolk Department of Public Health
- Old Dominion University
- Operation Blessing (Dental)
- Response – Sexual Abuse Support Services
- Senior Services of Southeastern Virginia
- Sentara Healthcare
- The Barry Robinson Center
- United Way of South Hampton Roads
- Veterans Affairs Medical Center
- Virginia Supportive Housing

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

APPENDIX

APPENDIX I

Bon Secours DePaul Medical Center
CHNA Community Advisory Board

Member	Organization	Title
Tracy Fick	Catholic Charities	Director, Marketing and Development
Cynthia Romero, MD	Eastern Virginia Medical Center	Physician
Catherine Christie, MD	Hampton Roads Community Health Centers – East Ocean View	Chief Medical Officer
Radha K.C., MD	Hampton Roads Community Health Centers – Park Place	Chief Medical Officer
Linda Rice	Hampton Roads Community Foundation	VP, Grantmaking & Community Engagement
Ken Gerry	New Life Christian Center	Pastor
Demetria Lindsay, MD	Norfolk Department of Public Health	Director
Dr. Muge Akpinar-Elci	Old Dominion University	Director, Center for Global Health
Deb Anderson	Sentara Healthcare	Senior Planner
Betsy Reilly	Sentara Healthcare	Senior Strategist
Francie Golden	Sentara Princess Anne	Director, Mission
Rev. Keith Jones	Shiloh Baptist Church	Pastor
Luciano Ramos	United Way South Hampton Roads	VP, Programs and Integration
Betsy Murdock	Virginia Supportive Housing	Housing First and Veterans Housing

APPENDIX II

Bon Secours DePaul Medical Center
CHNA Community Dialogues

Organization	Date/Time	Attendance
Peninsula Community Policy & Monitoring Team Williamsburg, York County, James City County, VA	Tuesday, January 19, 2016 2:00 pm – 4:00 pm	26
Family Focus English as a Second Language Newport News, VA	Wednesday, February 3, 2016 10:30 am – 12:00 pm	18
East Ocean View Community Center Norfolk, VA	Wednesday, February 3, 2016 2:00 pm – 3:00 pm	6
Newport News Interagency Network Newport News, VA	Monday, February 8, 2016 1:30 pm – 2:30 pm	34
Effingham Street YMCA Portsmouth, VA	Tuesday, February 9, 2016 9:30 am – 10:30 am	9
Oasis Social Ministry Portsmouth, VA	Wednesday, February 10, 2016 8:15 am – 9:30 am	23
Suffolk Rotary Suffolk, VA	Thursday, February 18, 2016 1:00 pm – 2:00 pm	62
Grove Christian Outreach Williamsburg, VA	Friday, February 19, 2016 12:15 pm – 1:30 pm	9
North Suffolk Rotary Suffolk, VA	Friday, February 26, 2016 7:30 am – 8:30 am	43
Bon Secours SeniorHealth Advocates Norfolk, VA 23505	Friday, March 18, 2016 10:30 am – 12:30 pm	27

APPENDIX III

Bon Secours DePaul Medical Center
CHNA Community Health Survey Comments

Comments included in the Community Health Survey around the recommended priorities:

Homelessness

- Affordable housing
- Many homeless and transient people living at and close to the beach without care

Mental Health

- Easier access to mental health services
- Affordable services and resources for children caring for aging parents
- Our mental health system is very poor, with Virginia Beach Psych being the only major psychiatric hospital in the area. They discharge folks who should clearly not be discharged.

Crime

- Programs focused on helping individuals become productive citizens

Access to Health Services

- Care-A-Van needs to go to more areas
- More access to affordable health care (medical, dental, health screenings)
- Quality care for those in need regardless of age, race, and no insurance
- Community prevention approach to decrease health disparities
- Affordable, accessible palliative care and hospice services
- Doctors are extremely difficult to reach, sometimes they never even call you back and that is unacceptable.
- More specialists to see uninsured

Quotes from survey participants:

> “Many individuals have achieved a higher education and income but lived in poverty as children and young adults. It is through hard work and sacrifice that

they were able to do better. Programs should be focused on helping individuals become productive citizens in society rather than dependent on subsidies and government programs. There is help for those that have little and nothing for those working as hard as they can, but not making enough to afford insurance premiums or programs that are geared toward low-income, uninsured people."

"We need a community prevention approach to decrease health disparities - safe, walkable communities, good schools, fair wages, good housing, accessible transportation. This would go so far in improving health."

"Understand what type of access certain people do and do not have to get certain services, fully understanding their needs and focus on bringing young people and adults together to help each other."

"There needs to be more help with our parents, especially when both are ill and need assistance and as the child, and someone that must work, I need help with caring for them. Anything available is outrageously expensive and not covered by insurance."

APPENDIX IV

Bon Secours DePaul Medical Center
Facility Description and Vision

Bon Secours DePaul Medical Center (DePaul) has served the Hampton Roads region for 160 years. The Hospital of St. Vincent de Paul, Norfolk's first public hospital, was incorporated by the Virginia Legislature on March 3, 1856. The eight-room hospital served 100 patients in its first year. As the Daughters of Charity's mission expanded, they added a clinic for the poor in 1892 and started a training school for nurses in 1893. In 1899, a fire nearly destroyed the hospital that had grown to 150 rooms; however, the hospital continued to operate out of other buildings and undamaged wings until the rebuilt, larger hospital opened in 1901.

The 1960s were years of significant technological and medical advances in inpatient care, diagnoses, and treatment. During this period, DePaul Hospital recorded many medical achievements. The area's first intensive care and coronary units opened at the hospital in the early 1960's. The first microvascular flap in the United States was performed at DePaul Hospital and it was the setting for the Hampton Roads area's first ankle replacement. By the 1970's, DePaul Hospital had established itself as a state-of-the-art 366-bed full-service hospital, providing a comprehensive array of inpatient and ambulatory diagnostic and treatment services.

Throughout its long history, DePaul Hospital maintained a strong commitment of meeting the needs of patients from throughout the region. However changing demographic patterns, coupled with significant changes in the delivery and reimbursement of healthcare services, have resulted in critical challenges for the hospital.

In the 1990's, it became increasingly evident that, in order to function as a competitive healthcare provider, DePaul Hospital had to develop programs and services that responded to the challenges of a changing healthcare delivery system. It was also evident that, as a freestanding community hospital, DePaul lacked the resources necessary to effectively respond to these challenges. Accordingly, DePaul Hospital considered affiliations with a variety of established healthcare systems, and, effective November 1, 1996, was transferred from the Daughters of Charity National Health System-Southeast to Bon Secours Health System, Inc. With the transfer, the facility was renamed Bon Secours DePaul Medical Center.

Since 1996, DePaul has served as an important anchor in the Bon Secours network of healthcare providers and continues to provide a full array of inpatient and appropriate ambulatory diagnostic and treatment services at its facility in Norfolk.

DePaul is a 204-bed not-for-profit, acute care facility licensed in the state of Virginia and serving approximately 830,000 residents mostly originating from the cities of Norfolk, Virginia Beach, and Chesapeake. DePaul provides a comprehensive array of inpatient and outpatient services, including, but not limited to, surgical services (including bariatric and musculoskeletal), neurosciences (neurology and neurosurgery), comprehensive women's services (including obstetrics, neonatal intermediate nursery, gynecology, gynecologic oncology, and minimally-invasive gynecology), cardiovascular and thoracic care, medical and surgical oncology, orthopedics, and skilled nursing services. In addition, DePaul works with sister facilities Bon Secours Maryview Medical Center, in Portsmouth, and Bon Secours Mary Immaculate Hospital, in Newport News, to support highly complex surgical specialties such as open heart surgery through the Bon Secours Heart & Vascular Institute, colorectal surgery, and behavioral medicine. Advanced diagnostic and imaging services at DePaul include, but are not limited to, MRI, CT, mobile PET/CT services, diagnostic radiology, fluoroscopy, angiography, ultrasound, nuclear medicine, digital mammography, cardiac diagnostics, and EKG. DePaul operates an advanced interventional neuro-endovascular laboratory as well as a state-of-the-art cardiac catheterization laboratory.

Bon Secours DePaul Medical Center Vision

The vision of Bon Secours DePaul 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 DePaul 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, DePaul is transforming how it approaches care. A top priority is to ensure that we commit to liberate the potential of our people to serve. As a testament to this vision, DePaul recently achieved the American Nurses Credentialing Center *Pathway To Excellence*® Designation**,** confirming to the public that nurses working at Bon Secours DePaul know their efforts are supported.

In order to provide exceptional value for those we serve, DePaul is continuously providing new services and treatments to area residents. Most recently, the new Bon Secours DePaul Medical Plaza was dedicated. The new 105,000 square foot, four-story medical office building, located on the DePaul Medical Center campus, is home to specialists and primary care physician practices. It is also the home of the Bon Secours Cancer Institute, which places state-of-the-art technology in the hands of cancer experts, enabling them to address the unique needs of those battling cancer. New treatment modalities offered at the Cancer Institute include stereotactic radiosurgery and stereotactic body radiotherapy, advanced brachytherapy, and accuboost®, an innovative approach to breast conservation therapy.

DePaul knows that sound health care begins in the home or with a solid relationship with a primary care physician and a wide availability of specialists for referral. Improving access to care is at the heart of our vision. That is why the Bon Secours Medical Group affiliated with DePaul added numerous primary care and specialty physicians, as well as new locations in the community over the past few years – from orthopaedics to radiation therapy to surgery to obstetrics and primary care, to name a few. In addition, for those minor urgent situations, DePaul also opened new *FastCare* retail health clinics, located inside Farm Fresh superstores, and through Bon Secours 24/7™, patients can access a medical provider virtually 24/7. Care at DePaul is seamlessly connected via our electronic health record, which patients can access virtually through our *Bon Secours MyChart* portal.

As DePaul strives to provide exceptional value, recent additions have included a second daVinci surgical robotic system - a daVinci XI - continued renovations throughout our patient care units, as well as recruitment of numerous physician experts

DePaul has been certified as a Primary Stroke Center by The Joint Commission and received Blue Distinction from Anthem Blue Cross Blue Shield for spine surgery. DePaul is also accredited by the American College of Radiology for CT Scanning and Ultrasound. The Commission on Cancer of the American College of Surgeons awarded a three-year re-accreditation to DePaul‘s cancer program as a Community Hospital Cancer Program with commendation. In addition, DePaul, along with our other Bon Secours Hospitals, was recognized with a Practice Greenhealth Partner for Change Award with distinction for its commitment to improve green efforts. Finally, Leapfrog recently awarded Bon Secours an “A” patient safety score.

APPENDIX V

Bon Secours DePaul Medical Center
CHNA Community Health Survey

DePaul Medical Center Community Health Needs Assessment

Dear Community member,

Bon Secours DePaul Medical Center is doing a Community Health Needs Assessment. As part of the study, we are collecting data from a variety of people. This data will be used to identify the greatest needs in our communities.

We are asking you to give your thoughts on issues facing our community. This survey will be shared with the public, but no data collected from this survey will be used to identify you.

On behalf of Bon Secours DePaul Medical Center, thank you for helping with this effort.

Please click NEXT to begin!

Joan L. Jarrell
Manager, Community Benefits
Bon Secours Hampton Roads
150 Kingsley Lane
Norfolk, Virginia 23505

Telephone 757-217-0337
Fax 757-217-0331

1

Defining Community

Think of "community" as the place where you spend the most time living, working, playing, and/or worshiping.

DePaul Medical Center Community Health Needs Assessment

My Community

* 1. How would you rate your overall health?

Excellent	Very Good	Fair	Poor	Very Poor
○	○	○	○	○

* 2. How would you rate the overall health of your community?

Very healthy	Healthy	Neutral	Unhealthy	Very unhealthy
○	○	○	○	○

* 3. How would you rate the overall quality of life in your community?

Very good	Good	Somewhat good	Bad	Very bad
○	○	○	○	○

* 4. I can help make my community a better place to live.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
○	○	○	○	○

DePaul Medical Center Community Health Needs Assessment

* 5. My community is a HEALTHY place to live because

	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
it is a clean environment.	◯	◯	◯	◯	◯
I can get healthy foods.	◯	◯	◯	◯	◯
there are good places to play.	◯	◯	◯	◯	◯
it is a good place to walk and bike.	◯	◯	◯	◯	◯
there are good places to get health care.	◯	◯	◯	◯	◯
there are good places to get dental care.	◯	◯	◯	◯	◯
there are good health programs offered.	◯	◯	◯	◯	◯
I can get affordable health insurance.	◯	◯	◯	◯	◯

* 6. My community is STRONG in providing

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
good housing options.	◯	◯	◯	◯	◯
good education.	◯	◯	◯	◯	◯
transportation services.	◯	◯	◯	◯	◯
child care options.	◯	◯	◯	◯	◯
jobs with fair wages.	◯	◯	◯	◯	◯

DePaul Medical Center Community Health Needs Assessment

Community Support and Services

* 7. My community has good support and services for the following groups of people

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Aging adults	○	○	○	○	○
Children and families	○	○	○	○	○
Teens	○	○	○	○	○
Racial and ethnic persons	○	○	○	○	○
Veterans	○	○	○	○	○
People whose primary language is not English	○	○	○	○	○
LGBTQ individuals (Lesbian, Gay, Bi-sexual, Transgender, and Questioning)	○	○	○	○	○
People with disabilities	○	○	○	○	○
People who are homeless	○	○	○	○	○
People with mental illness	○	○	○	○	○
People with chronic disease*	○	○	○	○	○
People with drug/alcohol addiction	○	○	○	○	○
Victims of domestic abuse	○	○	○	○	○
Victims of violent crime (ex. assault, rape, robbery, etc.)	○	○	○	○	○

*Chronic disease is defined as sickness lasting 3 months or more. Chronic diseases cannot be cured by medication, nor do they just disappear. (Ex: Asthma, Chronic Obstructive Pulmonary Disease "COPD," Diabetes, etc).

DePaul Medical Center Community Health Needs Assessment

* 8. I get the social and emotional support I need

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
from my family.	○	○	○	○	○
from my friends.	○	○	○	○	○
at my church.	○	○	○	○	○
from my community.	○	○	○	○	○

* 9. The following HEALTH PROGRAMS are meeting the needs of my community;

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Alcohol/Drug Abuse	○	○	○	○	○
Asthma	○	○	○	○	○
Cancer	○	○	○	○	○
COPD	○	○	○	○	○
Dental Health	○	○	○	○	○
Diabetes	○	○	○	○	○
Heart Disease & Stroke	○	○	○	○	○
Hypertension	○	○	○	○	○
Infant Care	○	○	○	○	○
Mental Health	○	○	○	○	○
Overweight/Obesity	○	○	○	○	○
Prenatal Care	○	○	○	○	○
Sexually Transmitted Infections (STIs)	○	○	○	○	○
Tobacco Use	○	○	○	○	○
Violence/Abuse	○	○	○	○	○

Other (please specify)

DePaul Medical Center Community Health Needs Assessment

Health Literacy

10. When I visit my doctor, I understand

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
what the doctor tells me.	○	○	○	○	○
the hand-outs the doctor gives me.	○	○	○	○	○

Defining Safe and Safety

Refer to "safe" and "safety" as being protected from, or not exposed to, danger or risk.

DePaul Medical Center Community Health Needs Assessment

Community Safety

* 11. My community is a safe place to live.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
○	○	○	○	○

* 12. My community is a safe place to live because

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
there is safe housing.	○	○	○	○	○
there are safe places to play.	○	○	○	○	○
there are safe places to work.	○	○	○	○	○
there are safe schools.	○	○	○	○	○
there is good street lighting.	○	○	○	○	○
there are safe roads and sidewalks.	○	○	○	○	○
there are safe ways to get to where I need to go (transportation).	○	○	○	○	○
there are good fire/safety/emergency services.	○	○	○	○	○

DePaul Medical Center Community Health Needs Assessment

Community Priorities

* 13. Please choose the TOP 5 priorities you think should be addressed in your community.

- [ ] Access to social services (i.e. SNAP, WIC, etc.)
- [ ] Access to health services
- [ ] Adult obesity
- [ ] Alcohol/Drug Abuse
- [ ] Asthma
- [ ] Cancer
- [ ] Child abuse/neglect
- [ ] Childhood obesity
- [ ] Community violence (ex: assault, rape, robbery, etc)
- [ ] Crime (ex. drugs, prostitution, theft, etc.)
- [ ] Dental Health
- [ ] Diabetes
- [ ] Domestic abuse
- [ ] Education
- [ ] The environment
- [ ] Health programs/screenings
- [ ] Heart Disease & Stroke
- [ ] Homelessness
- [ ] Housing
- [ ] Infant Health
- [ ] Jobs with fair wages
- [ ] LGBTQ individuals (Lesbian, Gay, Bi-sexual, Transgender & Questioning)
- [ ] Mental health
- [ ] People whose primary language is not English
- [ ] People with disabilities
- [ ] Places to play
- [ ] Race/ethnic relations
- [ ] Teen pregnancy
- [ ] Tobacco use
- [ ] Transportation services
- [ ] Safety
- [ ] Senior health
- [ ] Sexually transmitted infections including HIV/AIDS
- [ ] Other (please specify)

DePaul Medical Center Community Health Needs Assessment

Technology and Health

14. Where do you access the internet (ex. email, web, Facebook, etc.) most often? Check one.

- ◯ I do not have access to the internet
- ◯ Friend's home
- ◯ Home computer/tablet
- ◯ Library
- ◯ Mobile Phone
- ◯ School
- ◯ Work
- ◯ Other (please specify)

15. Technology has made it easier to use computers, mobile phones, laptops, and tablets to safely talk face-to-face with your doctor without a visit to the office.

I would be OK talking face-to-face with my doctor using the internet.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

DePaul Medical Center Community Health Needs Assessment

Demographics

* 16. Please choose your gender.

- ◯ Male
- ◯ Female

* 17. Please choose your age group.

- ◯ 18-24 years
- ◯ 25-39 years
- ◯ 40-54 years
- ◯ 55-64 years
- ◯ 65-79 years
- ◯ 80+ years

* 18. Please choose the group(s) below that best represents you.

- ◯ White, Non Hispanic
- ◯ Black, Afro-Caribbean, or African-American
- ◯ Latino or Hispanic American
- ◯ Native American or Alaskan Native
- ◯ Middle Eastern or Arab American
- ◯ East Asian or Asian American
- ◯ South Asian or Indian American
- ◯ Native Hawaiian or other Pacific Islander
- ◯ From multiple races

Some other race (please specify)

* 19. What is your living situation?

- ◯ I own my home
- ◯ I rent my home
- ◯ I live with family and/or friends
- ◯ I live in temporary housing (hotel, motel, shelter, transitional housing)
- ◯ Other (please specify)

* 20. Including you, how many people live in your home?

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5 or more

* 21. I am:

- ◯ Married
- ◯ Partner relationship
- ◯ Divorced/Separated
- ◯ Widowed
- ◯ Single

* 22. I pay for health services through:

- ◯ Private Insurance (e.g. Individual, exchange plan, or through employer)
- ◯ Medicare
- ◯ Medicaid
- ◯ VA Benefits
- ◯ Indian Health Services
- ◯ Uninsured
- ◯ Pay Cash

* 23. I am

- [ ] Working, full-time
- [ ] Working, part-time
- [ ] Not working, looking for work
- [ ] Not working, NOT looking for work
- [ ] Retired
- [ ] Disabled, not able to work
- [ ] A student, working
- [ ] A student, not working

* 24. What is the highest grade or year of school you completed?

- ◯ Less than High School Graduate
- ◯ High School Diploma or GED
- ◯ Some College
- ◯ Two-year degree
- ◯ Four-year degree or higher

25. What is your average household income?

- ◯ $0 - $24,999
- ◯ $25,000 - $49,999
- ◯ $50,000 - $74,999
- ◯ $75,000 - $99,999
- ◯ $100,000 and up

DePaul Medical Center Community Health Needs Assessment

* 26. Please provide the following information. It will be used for research purposes only. (Keep in mind you will NOT be identified in any way with your answers.)

Neighborhood:

City

State: -- select state --

ZIP:

27. Please use the space below to share any ideas to help Bon Secours Health System Inc. achieve its mission "to bring compassion to health care and to be good help to those in need, especially those who are poor and dying."

THANK YOU!