Community Health Needs Assessment

Bon Secours Maryview 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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Joan Jarrell at (757) 217-0330 or

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 Mary Immaculate Hospital 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.

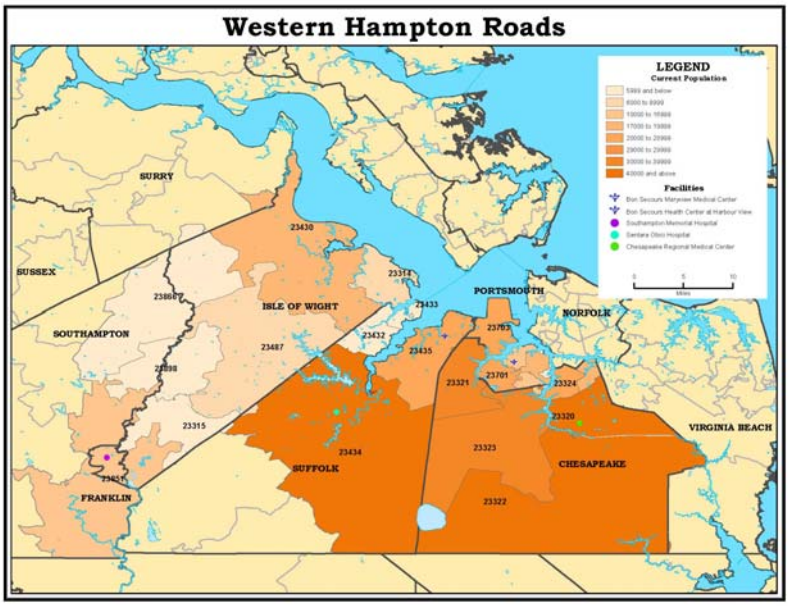
Executive Summary

Bon Secours Maryview Medical Center (Maryview) is a 346-bed not-for-profit, acute care facility licensed in the Commonwealth of Virginia and serving approximately 416,200 residents in Portsmouth, Chesapeake, and Suffolk. 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. Four Community Dialogues were held in February 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 Maryview service area of 21 zip codes. The study region is shown in the map below.

Bon Secours Maryview 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.

ToXcel, LLC (ToXcel), was commissioned to analyze data gathered through the survey, as well as, epidemiological data provided by the Virginia Department of Health, Portsmouth Health Department. In addition, ToXcel facilitated Advisory Board 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 Mary Immaculate Hospital CHNA Community Advisory Board members is in Appendix I.

The survey was taken by 287 individuals of whom 260 completed the questionnaire. Individuals were asked to choose the top five health priorities 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 at the Oasis Social Ministry. In addition, both online and hard-copies of the survey were distributed by the Advisory Board.

This report highlights health issues that are being effectively addressed by the Maryview community as well as health issues that may need additional focus in the future. While there is some agreement in health priorities identified by survey participants and secondary data analysis, there are also some key differences.

Based on secondary data analysis, the table on the next page highlights the major health issues where the Maryview community has worse rates or percentages when compared to Virginia or HP2020 targets. It is important to note, that for the most part, Portsmouth also has worse health outcomes than Chesapeake and Suffolk.

Community Issues That Impact Health	Health Issues
• Poverty • Unemployment • Crime • Racial disparities in timely graduation • Access to health services	• Cancer (Colon, Lung, Prostate, & Breast) • Heart Disease • Congestive Heart Failure • Diabetes • Obesity • Chronic Lower Respiratory Mortality • Asthma • Tobacco Use • Teen Pregnancy • Infant Mortality • Sexually Transmitted Infections (Chlamydia, HIV, Syphilis)

Based on quantitative data, the Maryview community experiences significant disparities around many of the community issues that impact health and the health conditions listed above compared to Virginia as a whole. Among the demographic characteristics and disparities are the following:

- *Higher percentage of African Americans* – The Portsmouth percentage of African Americans is over three times higher than Virginia and Suffolk is almost three times as high. The percentage of African Americans in Chesapeake is also higher compared to Virginia. See page 12 for additional information.
- *Lower percentages of older adults* (> 65 years of age) – The Maryview service area has slightly less older adults (65+) as compared to Virginia, as well as a slightly lower percentage of children (age ≤ 19). See page 13 for additional information.
- *Higher unemployment and children living in poverty percentages* – While the percent of children living in poverty in Chesapeake is below the state average, the unemployment rate and percent of children living in poverty is higher than the state average for Portsmouth, Chesapeake, and Suffolk. See page 15 for additional information.
- *High school graduation percentages* – In 2014, the Portsmouth graduation rate was lower than the HP2020 goal. The Chesapeake graduation rate was higher compared to Virginia and the HP2020 goal. Suffolk's graduation rate was lower compared to Virginia and met the HP2020. See page 16 for additional information.

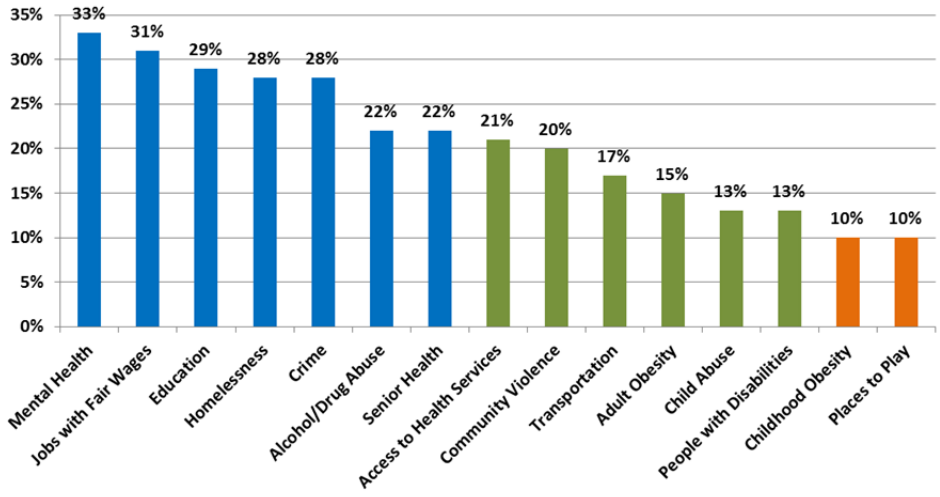
- *Heart disease mortality* – Rates of heart disease throughout the Maryview community have been on a steady decline for the last decade. However, in 2013, after steadily declining for the previous three years, Chesapeake and Suffolk's rates of heart disease increased. All rates of heart disease mortality within the Maryview community are higher than the HP2020 goal.
- *Higher chronic respiratory disease mortality* – The rates of respiratory diseases in the Maryview community vary by jurisdiction. Chesapeake and Portsmouth have higher mortality rates from chronic lower respiratory disease than the Virginia average. Residents in Portsmouth have a higher incidence of hospital discharge with asthma than the Virginia average. While Suffolk and Portsmouth have lower tobacco use than the Virginia average, their tobacco use is still well above the HP2020 target. Please see pages 35-38 for additional information.
- *Higher infant mortality and child mortality* – Since 2011, Portsmouth and Suffolk's neonatal mortality rates have steadily increased to nearly double the rate of Chesapeake, Virginia, and the HP2020 goal. Neonatal rates in Chesapeake have steadily decreased since 2012, but are still higher than those of Virginia and the HP2020 goal. Since 2009, infant mortality rates in Suffolk have risen and in 2013 were higher than Chesapeake and Virgina. Portsmouth and Virginia infant mortality rates have decreased since 2009; however Portsmouth's rate is the highest in the service area. Infant mortality rates in Chesapeake are on par with those of Virginia. See page 41 for additional information.
- *Higher sexually transmitted infections (STIs) rates* – Rates for STIs including HIV and syphilis are rising, with Portsmouth's rates significantly higher than that of Chesapeake, Suffolk, and Virginia. Chesapeake's HIV rate is nearly twice as high compared to Virginia. See page 46 for additional information.
    - *HIV* – HIV diagnoses in Portsmouth are almost three times higher compared to Suffolk and Virginia. HIV diagnoses in Chesapeake are higher compared to Suffolk and Virginia.
    - *Chlamydia* – Portsmouth's rate is the highest rate within the Maryview community and is over two times higher compared to Chesapeake and Virginia. Chesapeake, Suffolk, and Virginia have experienced a steady decrease in incidences since 2011.
    - *Gonorrhea* – The incidence of Gonorrhea in Portsmouth sharply increased in 2008 and has steadily decreased since. Rates in Chesapeake, Suffolk, and Virginia have steadily decreased since 2009.
    - *Syphilis* – Rates in Portsmouth, Suffolk, and Virginia are increasing, while Chesapeake rates slightly declined. Portsmouth syphilis rates are over twice as

high compared to Suffolk and three times higher compared to Chesapeake and Virginia.

- *Higher adult obesity* – Portsmouth's adult obesity rate is higher compared to Virginia and the HP2020 goal. Chesapeake's obesity rate is higher than Virginia and lower than the HP2020 goal. Suffolk's obesity percentage is slightly higher than the HP2020 target. Since 2012, Suffolk's diabetes mortality rate has decreased; however, it is higher than that of Virginia, which has slightly decreased in the same period. Both Portsmouth and Chesapeake have experienced a rate increase over the same period. See page 33 for additional information.
- *Higher teen birth rates* – Since 2003, teenage pregnancies (10-19 years old) have steadily decreased in Portsmouth, Chesapeake, Suffolk, and Virginia; however, Portsmouth continues to experience significantly higher rates compared to Chesapeake , Suffolk , and Virginia. There is also significant racial dispartiy with in the rate of pregnancies in African American teens than White teens. See page 41 for additional information.
- *Higher homicide and violent crime rates*. The violent crime rate in Maryview's service area higher than Virginia's 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 place on a provider. There is a disparity in provider to resident ratios between the three cities and across provider types. See page 10 for additional information.
- *Higher cancer rates* – Since 2000, mortality rates for breast, colon, lung and prostate cancer have been dropping steadily in Portsmouth, Chesapeake, and Suffolk. However, rates for all cancer types are greater than the HP2020 goals in Portsmouth, Chesapeake, and Suffolk. See page 29 for additional information.

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

Top Fifteen Health Priorities 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. Similarly, respiratory health, heart disease, and diabetes were not prioritized by survey participants, but are areas where data indicate there is need for improvement.

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 senior health as preventive measures in addressing mental health, obesity, and STIs. 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 Maryview's leadership for inclusion in the Implementation Plan: Mental Health, Obesity, and Sexually Transmitted Infections. The Advisory Board added that the themes of education and senior health need to be considered when addressing these issues.

Facility Description and Vision

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

Bon Secours Maryview Medical Center (Maryview Medical Center) is a 346-bed not-for-profit, acute care facility licensed in the state of Virginia and serving approximately 452,200 residents primarily in Chesapeake, Portsmouth, Suffolk, and the counties of Isle of Wight and Southampton. Maryview provides a comprehensive array of inpatient and outpatient services. In addition, Maryview works with sister facilities Bon Secours DePaul Medical Center in Norfolk, and Bon Secours Mary Immaculate Hospital in Newport News, to support highly complex surgical specialties.

Bon Secours Maryview Medical Center Vision

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

"Inspired by the healing ministry of Jesus Christ and the Charism of Bon Secours, as a prophetic Catholic health ministry, Bon Secours Maryview will partner with our community to create a more humane world, build social justice for all, and provide exceptional value for those we serve."

To help activate its vision, Maryview is transforming how it approaches care. A top priority is to ensure that we commit to liberate the potential of our people to serve. In

order to provide exceptional value for those we serve, Maryview is continuously providing new services and treatments to area residents. For additional details about Maryview'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 place on a provider. The following table depicts the ratio of provider/residents in Portsmouth, Chesapeake, and Suffolk. The ratios for the state are also given for comparison. This data table highlights a disparity in provider to resident ratios between the three cities and across provider types.[1]

Ratio of Provider to Residents (2015)				
	Portsmouth	**Chesapeake**	**Suffolk**	**Virginia**
Primary Care	2,412: 1	1,235:1	1,002:1	1,344:1
Dental Care	992:1	2,329:1	2,858:1	1.611:1
Mental Health	540:1	1,246:1	1,994:1	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. At least one area in Portsmouth (2011) and Chesapeake (2012) has been designated as a primary care HPSA. Since 2011, at least one area in Portsmouth, Chesapeake, Suffolk, and Isle of White has been designated as a mental health HPSA. At least one area in Portsmouth has been designated as a dental care HPSA since 2011. 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. At least one subsection of Portsmouth, Chesapeake, Isle of Wight, and Suffolk had a Medically Underserved Area (MUA) designation.[2]

[1] www.CountyHealthRankings.org

[2] www.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 Maryview community is found in this section of the CHNA. Some key findings in the Maryview community's demographics data include:[3]

- The Maryview community is predominantly White (49.4%), with a large African American population (41.3%). Compared with Virginia as a whole (63.1%), Portsmouth (39.3%), Chesapeake (58.9%), and Suffolk (49.9%), have lower percentages of White populations.

- Portsmouth (52.4%) and Suffolk (42.2%) have significantly higher percentages of African Americans compared to Virginia (19.0%), while Chesapeake (29.3%) has slightly higher percentages. There is a lower percentage of Hispanics and Asians in the Maryview community compared to Virginia.

- The Maryview community percentage of older adults (65+) in Portsmouth and Chesapeake is on par with Virginia, while Suffolk is slightly lower.

- The Maryview community percentage of children (age <18) is comparatively equal to Virginia.

- Unemployment rates in the Portsmouth are higher than those in Virginia, while Chesapeake and Suffolk are on par with Virginia's.

- Portsmouth's median income is significantly lower than Virginia, while Suffolk is slightly lower and Chesapeake is slightly higher.

- Portsmouth has a higher percentage of uninsured adults, while Chesapeake and Suffolk have slightly lower percentages.

[3] www.CountyHealthRankings.org

- The Maryview community has a lower percentage of uninsured children compared to Virginia.

This area generally encompasses 452,200 residents. More specifically, for its most recent fiscal year 2015, Maryview's actual patient population originated mostly from Portsmouth, followed by Chesapeake, as presented in the following table.

Bon Secours Maryview Medical Center		
All Inpatient Origin - FY2015		
City	Discharges	% of Total
Portsmouth	6,809	54.8%
Chesapeake	2,188	17.6%
Suffolk	1,146	9.2%
Isle of Wight/Southampton Counties	266	2.1%
Other	2,020	16.3%

Race and Ethnicity Demographics

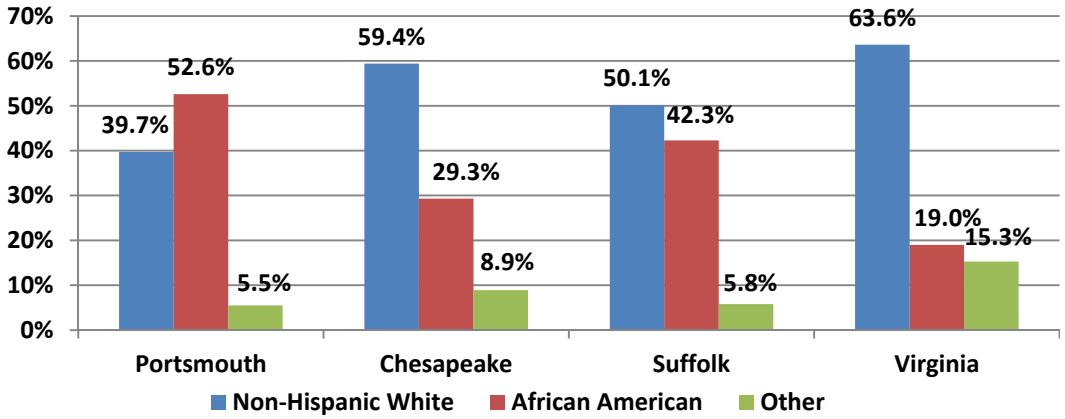
It has been well established that race and ethnicity are key factors in health disparities. For example, life expectancy, death rates and infant mortality rates are all less favorable among African American populations as compared to other ethnic populations. In 2009, African Americans in the United 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. Virginia's population of African Americans (15.3%) was almost equal to the United States total. As seen in the chart on the next page, the Maryview community has a higher percentage of African American populations in all cities than the United States and Virginia. The Portsmouth percentage of African Americans (52.6%) is over three times higher than Virginia and Suffolk (42.3%) is almost three times as high. The

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

percentage of African Americans in Chesapeake (29.3%) is also higher compared to Virginia.[5]

Race and Ethnicity Percentages (2015)



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 this is resulting 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 experience higher rates of hospitalizations and low-quality care.[6]

The Maryview service area has slightly less older adults (65+) as compared to Virginia, as well as a slightly lower percentage of children (age ≤ 19).[7]

Maryview Age Distribution # Totals in Population (2014)			
	< 18	19-64	65 and over
Portsmouth	24,519	58,162	13,323
Chesapeake	62,866	142,864	27,641
Suffolk	23,558	51,992	11,256

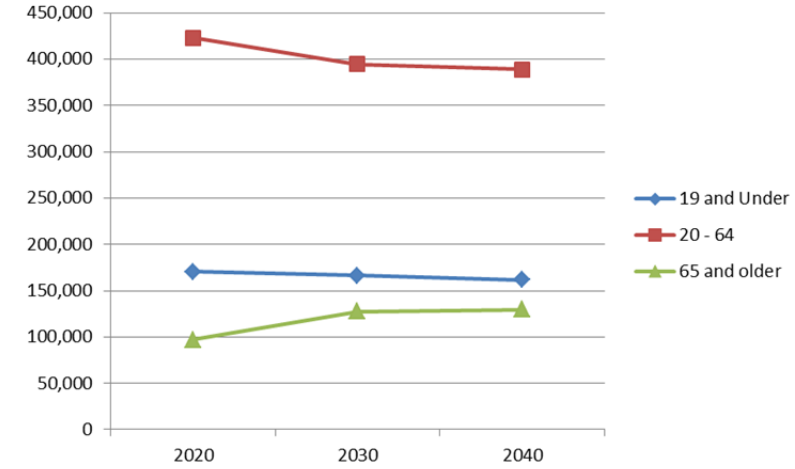
[5] www.CountyHealthRankings.org

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

[7] www.CountyHealthRankings.org

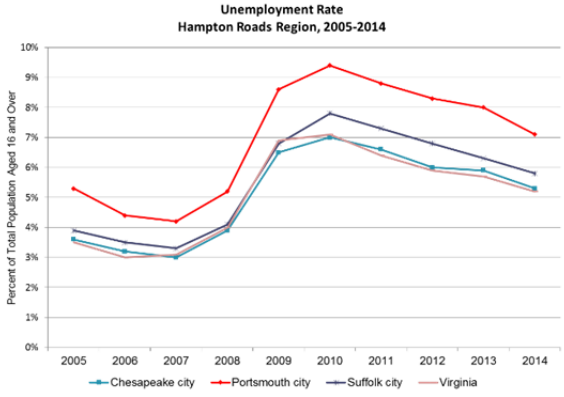
The graph below depicts the Maryview service area's projections by age. This graph indicates that the community's older population will steadily increase through 2040, while the populations of <19 and 20-64 will decrease.[8] This data is reflective of the "baby boomer generation" moving into older adulthood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

Maryview Service Area Population Projections 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]

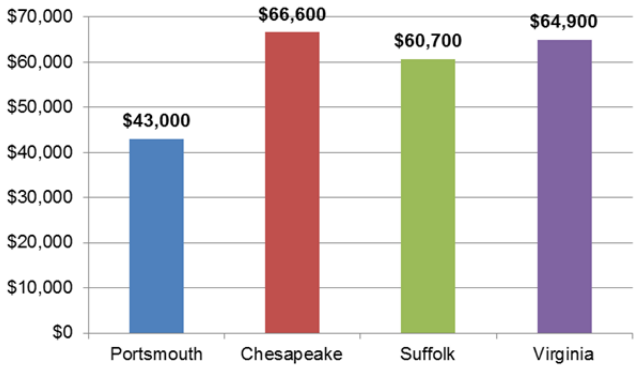


Survey participants ranked jobs with fair wages among the top 15 health priorities. Data related to unemployment and poverty shows a divergent picture for the Maryview community. While the percent of children living in poverty in Chesapeake is below the state average, the unemployment rate and percent of children

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

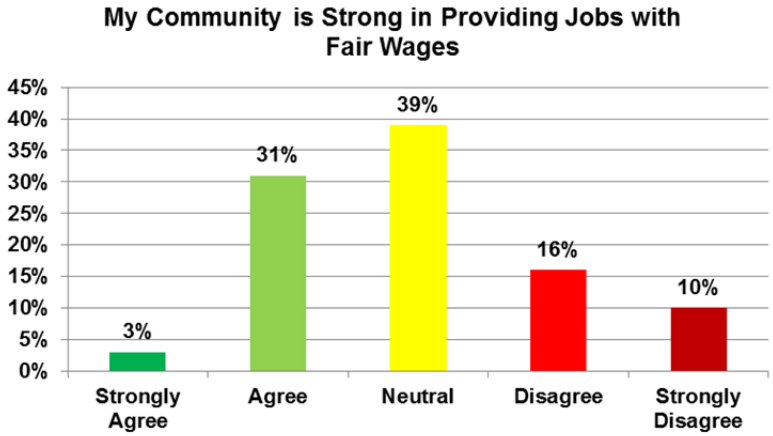
[9] Backhans and Hemmingsson, 2011, Lundin et al., 2014, Garcy and Vagero, 2012, Browning and Heinesen, 2012, Montgomery et al., 2013, Davalos et al., 2012, Deb et al., 2011 and Strully, 2009.

living in poverty is higher than the state average for Portsmouth, Chesapeake, and Suffolk.[10]



The chart on the right shows the median household income in Portsmouth is significantly lower compared to Chesapeake, Suffolk, and Virginia. The median household income in Chesapeake is slightly higher than Virginia while the median household income in Suffolk is slightly lower. The median household income for Portsmouth is $43,000, $66,600 for Chesapeake, and $60,700 for Suffolk.[11]

Survey participants in the Maryview community either disagreed (16%) or strongly disagreed (10%) that their communities provide jobs with fair wages. An additional 39% responded with Neutral.



Education Demographics

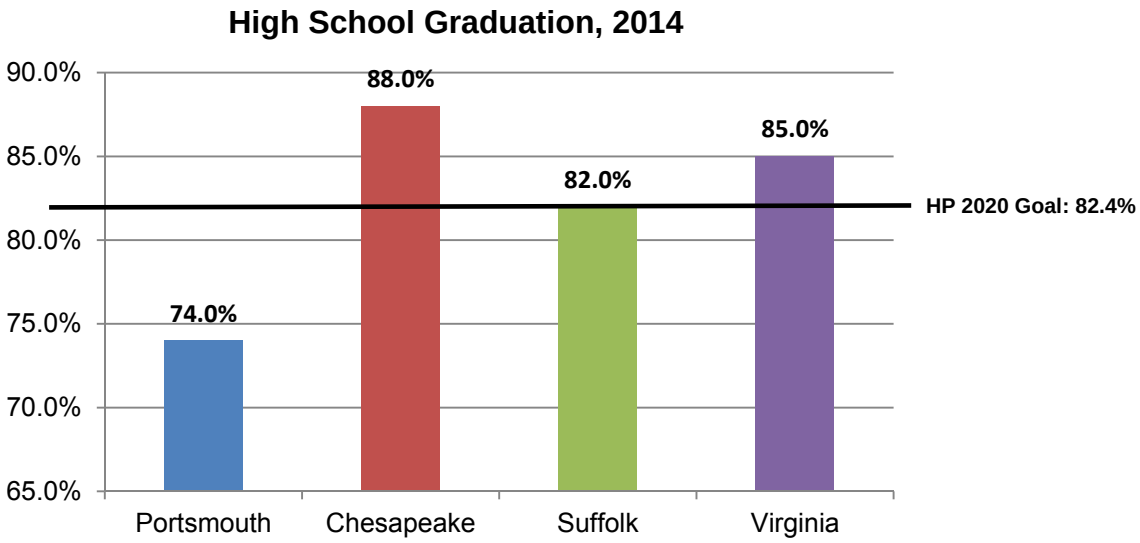
A direct correlation exists between low levels of education and high poverty rates. High poverty rates in turn have an adverse effect on a community's health outcomes. Sixty percent of survey participants reported that they felt their community was strong in providing good education (with only 10% disagreeing), but there was great disparity in timely graduation rates particularly across race.

The chart on the next page shows Maryview community graduation percentages compared to Virginia and the HP2020 goal for Education Level/Graduation Rates (82.4%) for students attending public schools graduate with a regular diploma four years

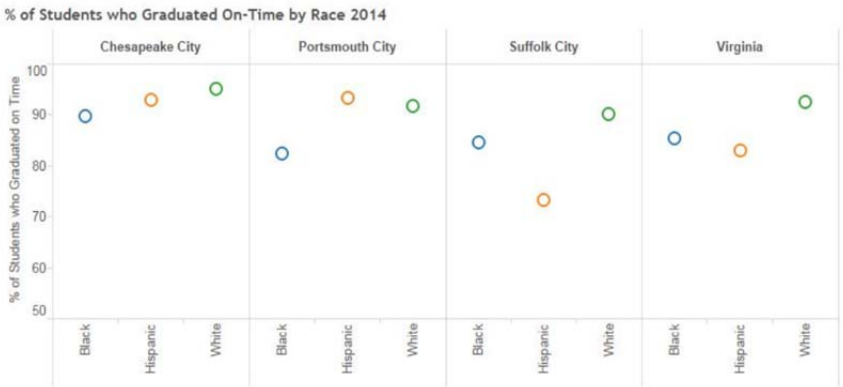
[10] www.census.gov/Small Area Income and Poverty estimates, 2014 Virginia Workforce Connection, 2015 Bon Secours Hampton Roads Community Health Survey

[11] www.CountyHealthRankings.org

after starting 9th grade. In 2014, the Portsmouth graduation rate (74.0%) was lower than the HP2020 goal. The Chesapeake graduation rate (88.0%) was significantly higher than the HP2020 goal and 3% percent higher than Virginia's graduation rate.[12] Suffolk's graduation rate met the HP2020 goal and was 3% lower than that of Virginia.



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

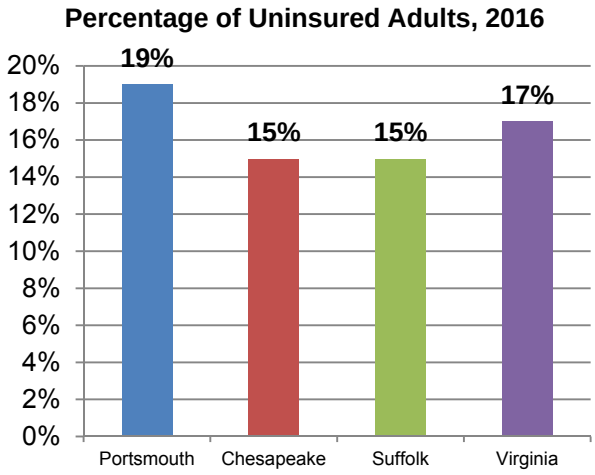


[12] http://www.doe.virginia.gov

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

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 HP2020 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 Portsmouth is higher, while the percentage of uninsured children throughout the Maryview community is lower.[15]



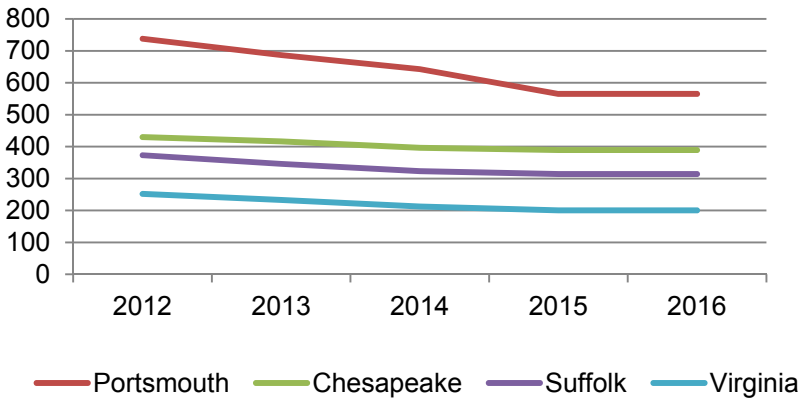
Violence and Crime

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]

As seen in the chart on the next page, the violent crime rate for all of the cities in the Maryview service area is higher compared to Virginia, the violent crime rate in Portsmouth is significantly higher. Violent crime in Virginia overall has been on the decline.[17]

[14] www.healthypeople.gov
[15] www.countyHealthRankings.org
[16] www.healthypeople.gov, Injury and Violence Prevention
[17] www.CountyHealthRankings.org

Violent Crime Rate, 2012-2016

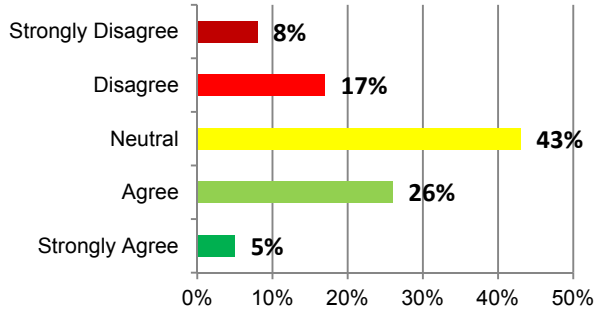


While survey participants reported that their community was a safe place to live, work, learn and play, they still rated crime and community violence among the top ten health priorities. Participants also feel that victims of violent crime and domestic abuse had less support and services than other groups. Only 31% of Portsmouth, Chesapeake, and Suffolk survey respondents felt their community has good support and services for victims of domestic abuse.

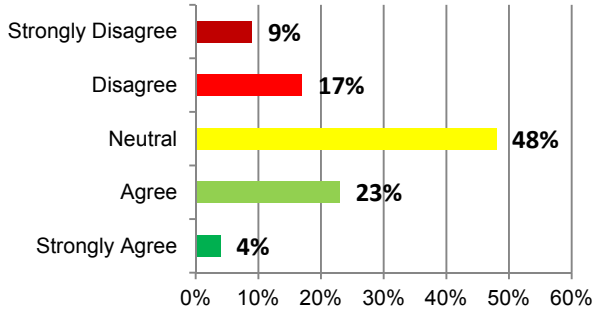
The response was very similar regarding good support and services for victims of violent crime with only 27% responding with strongly agree or agree. Examples on the survey of violent crime included assault, rape, robbery, etc.

Support and Services for Victims of Domestic Abuse and Violent Crime

Victims of Domestic Abuse



Victims of 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 ranging 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 HP2020 states that no more than 32.6% of the adult population (20+) will report that they engages in no leisure-time physical activity.

The Food environment indexes for Portsmouth, Chesapeake, and Suffolk are lower than the data reported for Virginia, while Physical activity and Access to exercise either meet or exceed the values of Virginia. Access to exercise is higher in Portsmouth and Chesapeake compared to Virginia, whereas Suffolk percentage is lower.[19]

Measure and Definition of Measure	Virginia	Portsmouth	Chesapeake	Suffolk
Food Environment Index Factors that contribute to a health food environment, 0 (worst) to 10 (best)	8.3	6.7	8.2	7.8
Food Insecurity Percentage of population who lack adequate access to food	12%	19%	12%	14%
Physical activity Percentage of adults aged 20 and over reporting no leisure-time physical activity HP2020 Goal – 32.6%	22%	28%	22%	25%
Access to exercise Percentage of population with adequate access to locations for physical activity	81%	91%	88%	71%

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

[19] www.CountyHealthRankings.org

Social Indicators of Health Related to Children

To understand the health needs and attitudes towards health in a community it is imperative to study the social indicators of health related to children. The following table and graphs provide risk factor data specific to children (<18 years old) in Portsmouth, Chesapeake, and Suffolk.[20] The percentage of children in single parent households in Portsmouth and Suffolk is well above the percentage in Virginia and Chesapeake is slightly above. The percentage of children eligible for free lunch in Portsmouth is also well above the percentage in Virginia and Suffolk is moderately above. The percentage of children eligible for free lunch in Chesapeake is lower. The data indicates that children in Portsmouth are a more vulnerable population and at a higher risk for development of future health problems than the children in Virginia overall.

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)
Portsmouth	56%	53%
Chesapeake	31%	26%
Suffolk	38%	37%
Virginia	30%	32%

[20] www.CountyHealthRankings.org

Health Conditions and Disease Data Profile

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

Additional health behaviors and social determinants of health have been identified and well established as key contributors to the overall health of a community. Adult Smoking, Adult Obesity and Excessive Drinking are indicators with national goals from the Center of Disease Control's (CDC) HP2020 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	**Portsmouth**	**Chesapeake**	**Suffolk**	**Virginia**
Adult smoking Percentage of adults who are smokers (2014) (HP2020 Goal = 12%)	20%	16%	19%	17%
Adult obesity Percentage of adults that report a BMI of 30 or more (2012) (HP2020 Goal = 30.5%)	37%	31%	30%	27%
Excessive drinking Percentage of adults reporting binge or heavy drinking (2014) (HP2020 Goal = 24.4%)	15%	16%	15%	17%
Alcohol-impaired driving deaths Percentage of driving deaths with alcohol involvement (2010-2014)	19%	34%	20%	31%

[21] www.CountyHealthRankings.org

Percentages for Adult Smoking in Portsmouth and Suffolk are higher compared to Virginia, while Chesapeake percentages are lower. The percentages of Adult Obesity in all three cities are higher compared to Newport News and Hampton. Excessive Drinking percentages in all three cities compared with Virginia and are lower than the HP2020 goal of 24.4%. Alcohol-impaired Driving Deaths percentages are lower in Portsmouth and Suffolk, while Chesapeake's percentage is higher compared to Virginia.

Health Behaviors/Social Determinants in Norfolk and Virginia Beach				
Measure and Definition	**Portsmouth**	**Chesapeake**	**Suffolk**	**Virginia**
Sexually transmitted infections Number of newly diagnosed chlamydia cases per 100,000 population	1074.9	529.7	638.6	407.0
Teen births Number of births per 1,000 female population ages 15-19	63	27	31	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 Maryview 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

HP2020 objectives define mortality rate goals per 100,000 populations for a number of health problems.[22] A selection of the HP2020 mortality targets is as follows:

HP2020 Mortality Targets	
Overall Cancer	161.4 deaths per 100,000 population
Breast (female) Cancer	20.7 deaths per 100,000 females
Lung Cancer	45.5 deaths per 100,000 population
Prostate Cancer	21.8 deaths per 100,000 males
Colon (colorectal) Cancer	14.5 deaths per 100,000 population
Heart Disease	103.4 deaths per 100,000 population
Stroke	34.8 deaths per 100,000 population
Diabetes	66.6 deaths per 100,000 population
Infant	6.0 infant deaths per 1,000 live births
Neonatal Deaths (28 days)	4.1 neonatal deaths per 1,000 live births
Drug Related	11.3 drug-induced deaths per 100,000
Violence	5.5 homicides per 100,000 population
Injuries	36.4 deaths per 100,000 due to unintentional injuries

In 2013, the Maryview community had a total of 2,551 deaths attributable to the leading 10 causes of mortality in the region as listed in the following tables. The three leading cause of death in Norfolk and Virginia Beach are: 1) Cancer, 2) Heart Disease, 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 Portsmouth, Chesapeake, and Suffolk.[23]

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

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 Maryview community. [24]

PQI Hospitalization # Discharges & Rates per 1,000 for Selected (Principal) Diagnoses (2013)				
	Portsmouth	**Chesapeake**	**Suffolk**	**Virginia**
Heart Failure	343 discharges 3.6 per 1,000	713 discharges 3.1 per 1,000	251 discharges 2.8 per 1,000	21,512 discharges 2.6 per 1,000
Diabetes	578 discharges 2.4 per 1,000	343 discharges 3.6 per 1,000	343 discharges 3.6 per 1,000	12,972 discharges 1.6 per 1,000
Pneumonia	171 discharges 1.8 per 1,000	568 discharges 2.5 per 1,000	161 discharges 1.8 per 1,000	19,433 discharges 2.4 per 1,000
Urinary Tract Infections	114 discharges 1.2 per 1,000	319 discharges 1.4 per 1,000	84 discharges 0.9 per 1,000	11,986 discharges 1.5 per 1,000
Chronic Obstructive Pulmonary Disease (COPD)	86 discharges 0.9 per 1,000	475 discharges 2.1 per 1,000	116 discharges 1.3 per 1,000	14,078 discharges 1.7 per 1,000

Compared to Virginia, higher PQI rates for Heart Failure and Diabetes are found throughout the Maryview community. PQI rates for Pneumonia and COPD are higher in Chesapeake when compared to Virginia's rates. Compared to Virginia, discharge rates for Pneumonia and COPD are lower in Portsmouth and Virginia.

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

HP2020 mortality goals for Heart Disease and Stroke include the following:

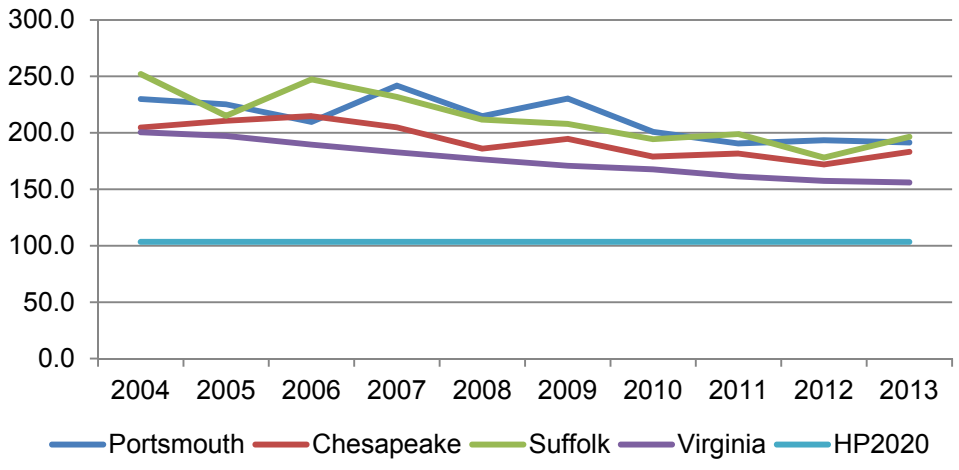
HP2020 Heart Disease & Stroke Mortality Goals	
Heart Disease	103.4 deaths per 100,000 population
Stroke	34.8 deaths per 100,000 population

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]

Rates of heart disease throughout the Maryview community have been on a steady decline for the last decade. However, in 2013, after steadily declining for the previous three years, Chesapeake and Suffolk's rates of heart disease increased to 183.2 and 196.5, respectively. All rates of heart disease mortality within the Maryview community are higher than the Health People 2020 target of 103.5.[27]

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



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

[27] www.vdh.org

The following tables display Heart Disease Mortality and Stroke for Portsmouth, Chesapeake, Suffolk, and Virginia.[28]

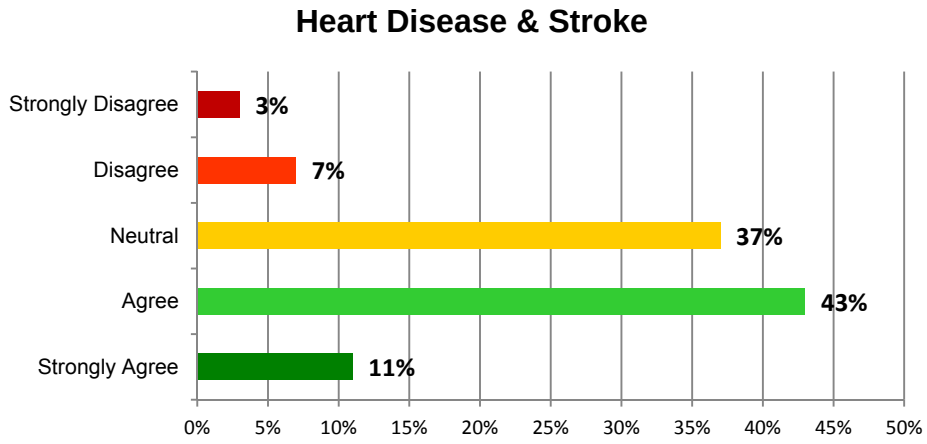
Heart Disease Mortality 2004-2013 (rate per 100,000)

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Portsmouth	229.9	225.2	209.7	241.8	214.8	230.4	200.8	190.5	193.3	191.4
Chesapeake	204.7	210.6	214.7	204.8	186.0	194.7	178.9	181.6	171.9	183.2
Suffolk	252.0	215.0	247.3	231.7	211.7	207.8	194.4	198.9	178.0	196.5
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)

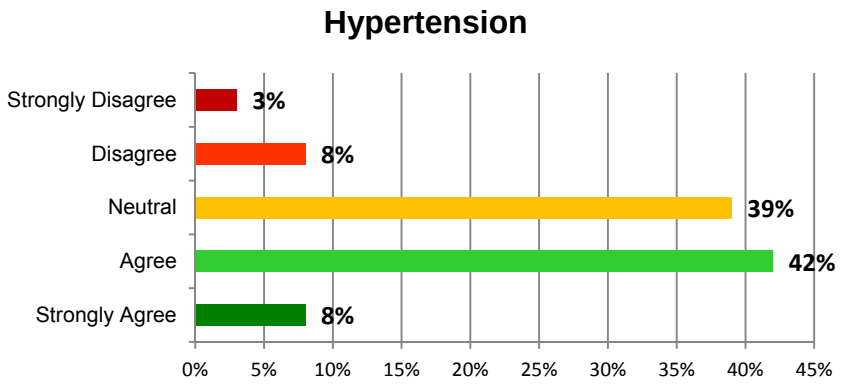
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Portsmouth	81.8	86.4	55.8	66.9	56.6	71.1	53.3	57.0	61.9	40.1
Chesapeake	53.0	59.2	62.4	61.1	46.1	36.9	45.3	40.9	41.5	34.2
Suffolk	73.1	51.1	53.3	51.7	53.0	52.7	55.5	48.7	32.2	30.3
Virginia	54.0	52.0	48.6	42.9	42.0	42.1	41.7	41.4	40.7	38.5
HP2020	34.8	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, 54% of survey participants in the Maryview service area 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 Portsmouth, Chesapeake, and Suffolk.



[28] Virginia Department of Health

When asked if programs to address hypertension were meeting the needs of their community, 50% of survey participants in the Maryview service area either agreed or strongly agreed.



Cancer

Cancer is a leading cause of death throughout the Maryview community. Cancer has been identified as the second greatest cause of death nationwide, with Heart Disease being the number one killer.

Cancer mortality rates advanced by HP2020 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 Portsmouth, Chesapeake, and Suffolk. Rates for all cancer types are greater than the HP2020 goals in Portsmouth, Chesapeake, and Suffolk.[30]

[29] www.healthypeople.gov, Cancer

[30] www.vdh.gov

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

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

	Portsmouth	Chesapeake	Suffolk	Virginia	HP2020	Trend
Colon Cancer	20.5	17.1	20.0	14.9	14.5	↓
Lung Cancer	62.9	52.9	50.0	48.2	45.5	↓
Prostate Cancer	37.4	27.8	32.9	22.4	21.2	↓
Breast Cancer	30.6	24.5	30.9	22.7	20.7	↓

- **Colon Cancer Data Findings**
  - Since 2003, Colon Cancer Mortality rates have steadily decreased in each city.[31]
  - Chesapeake's mortality rates are closest to Virginia's and the HP2020 goal.
  - Incidence rates in Virginia are higher in men compared to women.

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

	2003-07	2007-11	2008-12	Trend
Portsmouth	23.7	21.4	20.5	↓
Chesapeake	20.7	17.9	17.1	↓
Suffolk	21.8	19.9	20.0	↓
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 Portsmouth, Chesapeake, and Suffolk 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 2003-2012 (rate per 100,000)

	2003-07	2007-11	2008-12	Trend
Portsmouth	67.0	68.7	62.9	↓
Chesapeake	61.8	57.0	52.9	↓
Suffolk	65.4	52.9	50.0	↓
Virginia	54.8	49.5	48.2	↓
HP2020	45.5	45.5	45.5	

- **Prostate Cancer Findings**
  - Since 2003, Prostate cancer mortality rates in Chesapeake and Suffolk have steadily decreased while the rate slightly increased in Portsmouth.[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 2003-2012 (rate per 100,000)

	2003-07	2007-11	2008-12	Trend
Portsmouth	33.1	37.7	37.4	↑
Chesapeake	37.7	28.2	27.8	↓
Suffolk	36.8	33.4	32.9	↓
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

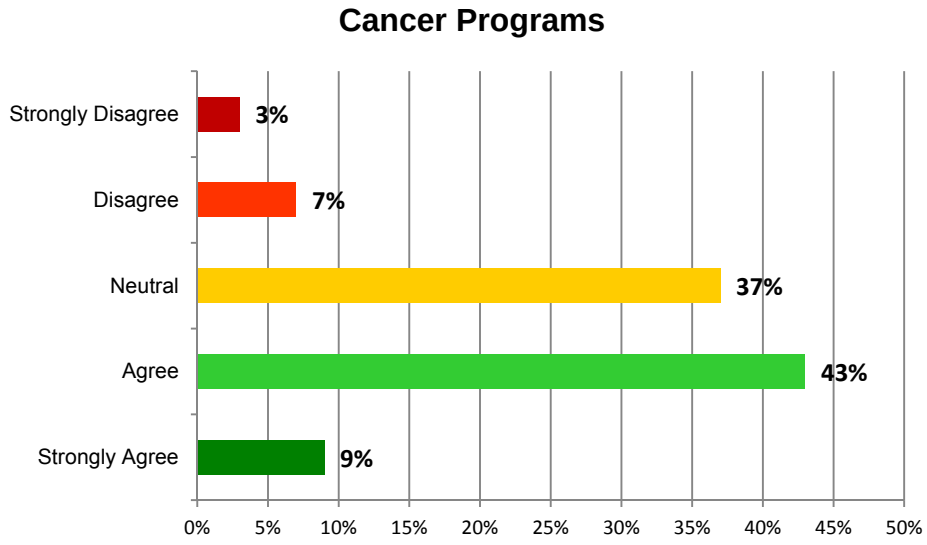
[34] www.cancercoalitionofvirginia.org

- Since 2003, Breast cancer mortality rates throughout the Maryview service area have decreased. All three cities are above Virginia rates and HP2020 goals.

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

	2003-07	2007-11	2008-12	Trend
Portsmouth	33.3	30.3	30.6	↓
Chesapeake	27.7	25.4	24.5	↓
Suffolk	31.0	30.8	30.9	↓
Virginia	25.4	23.4	22.7	↓
HP2020	20.7	20.7	20.7	

When asked to rate health programs, fifty-two percent (52%) of Maryview 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 HP2020 is that no more than 30.5% of the population is obese.[35]

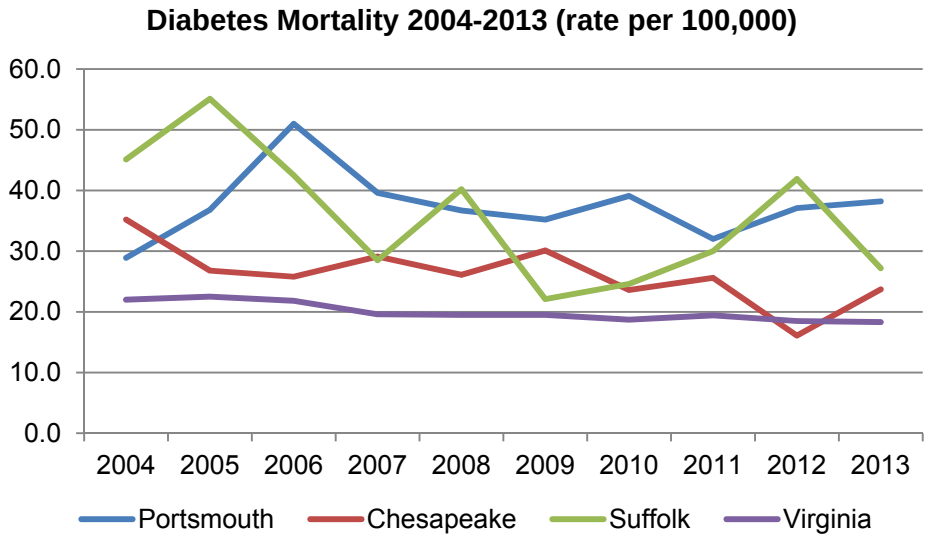
Healthy People 2020 Obesity & Diabetes Goals	
Adult Obesity	Less then 30.5% of the population
New Diabetes Diagnoses	Few than 7.2 new cases per 1,000 adults

According to the 2011 County Health Rankings, 42% of Portsmouth residents are obese. This percentage is higher than the HP2020 target of 30.5%. Chesapeake's obesity rate is higher than Virginia and lower than the HP2020 goal. Suffolk's obesity percentage is slightly higher than the HP2020 target. Physical inactivity in Portsmouth, Chesapeake, Suffolk, and Virginia is significantly lower than HP2020 goals.[36]

Health Issue	Portsmouth	Chesapeake	Suffolk	Virginia	HP2020 Target
Obesity (%) 2011	42.0%	30.0%	31.0%	28.0%	30.5%
Physical Inactivity (%) 2011	28.0%	20.0%	26.0%	22.0%	32.6%

Since 2012, Suffolk's diabetes mortality rate has decreased; however, it is higher than that of Virginia, which has slightly decreased in the same period.[37] Both Portsmouth and Chesapeake have experienced a rate increase over the same period. The chart on the next page illustrates the diabetes mortality rate for Portsmouth, Chesapeake, and Suffolk compared to Virginia.

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



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

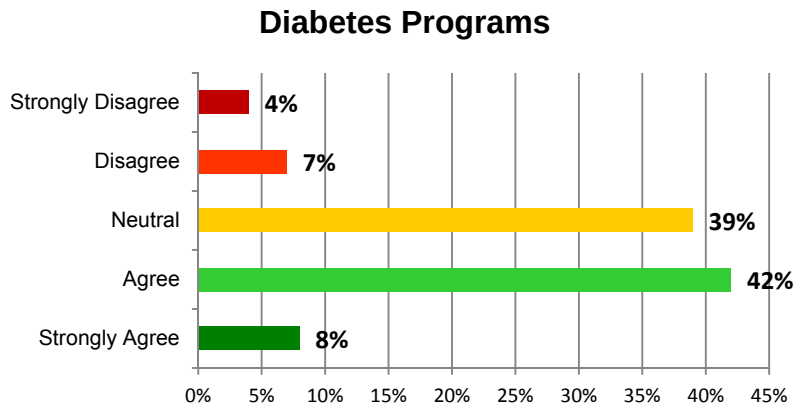
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Portsmouth	28.9	36.8	51.0	39.6	36.7	35.2	39.1	32.0	37.1	38.2
Chesapeake	35.2	26.8	25.8	29.1	26.1	30.1	23.6	25.6	16.1	23.7
Suffolk	45.1	55.1	42.5	28.5	40.2	22.1	24.6	30.0	41.9	27.2
Virginia	22.0	22.5	21.8	19.6	19.5	19.5	18.7	19.4	18.5	18.3

The following table shows that the rates of hospital discharges within Portsmouth and Suffolk of diabetes without complication are higher than Virginia's, while Chesapeake's rate is lower.[38] All rates are below the HP2020 target of 32.6.

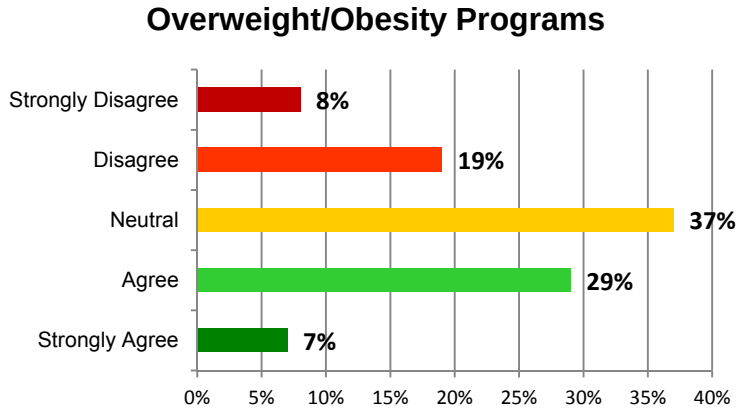
Health Issue	Portsmouth	Chesapeake	Suffolk	Virginia	HP2020 Target
Diabetes w/out complication: Hospital Discharge Rate (per 100,000) 2013	28.0	20.0	26.0	22.0	32.6

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

When asked about Diabetes programs, 50% of Maryview survey participants either agreed or strongly agreed that current programming are meeting the needs of their community.



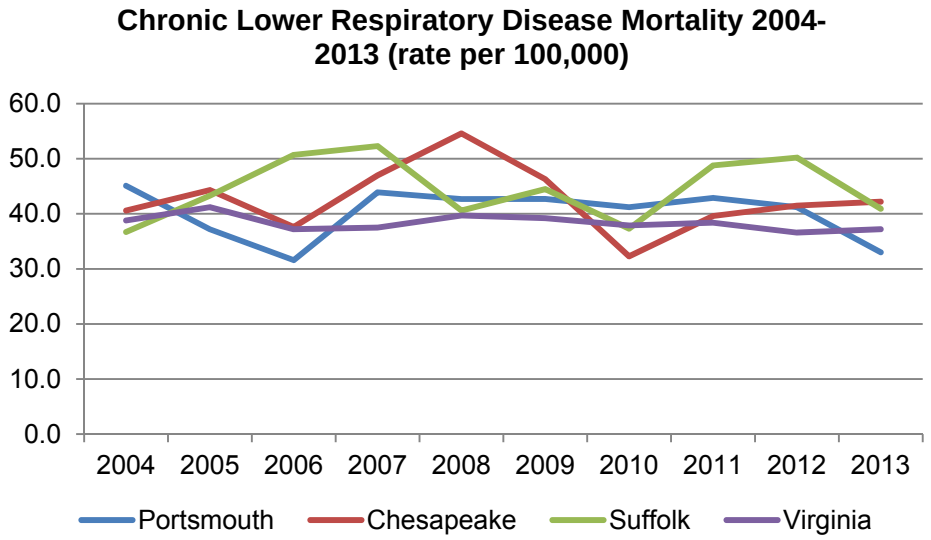
Thirty-six percent (36%) of the survey participants either agreed or strongly agreed that current programming for Overweight and Obesity issues are meeting the needs of their community.



Respiratory Disease

The rates of respiratory diseases in the Maryview community vary by jurisdiction. Chesapeake and Portsmouth have higher mortality rates from chronic lower respiratory disease than the Virginia average. Residents in Portsmouth have a higher incidence of hospital discharge with asthma than the Virginia average. While Suffolk and Portsmouth

have lower tobacco use than the Virginia average, their tobacco use is still well above the HP2020 target. [39]



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

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Portsmouth	45.1	37.2	31.6	43.9	42.7	42.7	41.2	42.9	41.2	33.0
Chesapeake	40.6	44.3	37.6	47.0	54.6	46.3	32.3	39.6	41.5	42.2
Suffolk	36.7	43.3	50.7	52.3	40.6	44.5	37.3	48.8	50.2	40.9
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 Portsmouth, Chesapeake, and Suffolk compared to Virginia (2013). Portsmouth and Suffolk have significantly higher mortality rates (40.9 and 42.2, respectively) from COPD compared to Suffolk (33.0) and Virginia (37.2). Portsmouth also has a higher percentage of the population with asthma (17.1%) compared to Chesapeake (7.5%), Suffolk (8.7%), and Virginia (8.7%).

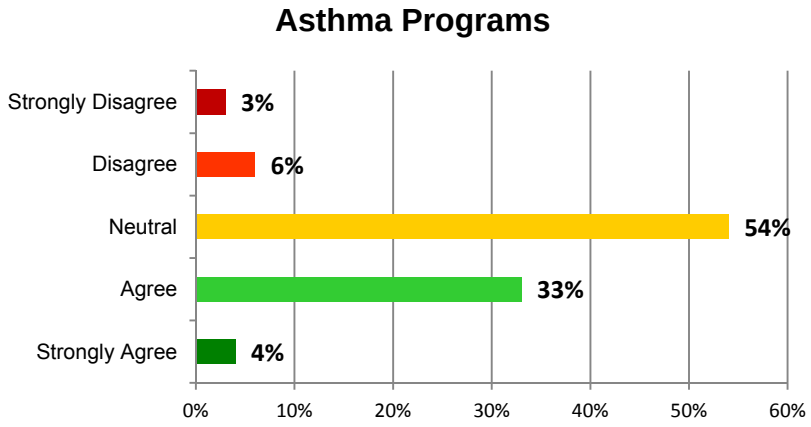
Hospital discharge rates for asthma (13.3) and COPD (12.1) are higher in Portsmouth compared to Chesapeake and Suffolk. Suffolk has higher hospital discharge rates for asthma (8.6) compared to Virginia (7.6). COPD hospital discharge rates are lower throughout the service area compared to Virginia (15.7).

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

The service area as a whole has a lower percentage of tobacco compared to Virginia (21.5%), while Portsmouth and Suffolk have tobacco use percentages above the HP2020 goal of 12%.[40]

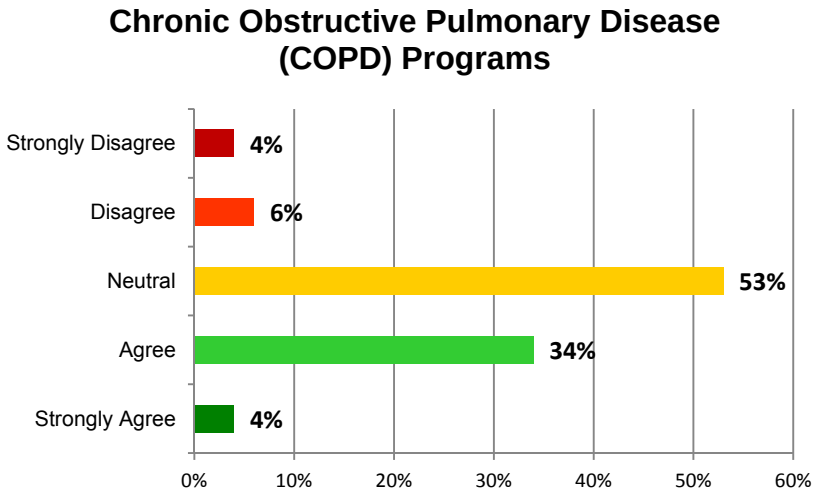
Respiratory Disease and Tobacco Use					
	Portsmouth	**Chesapeake**	**Suffolk**	**Virginia**	**HP2020 Target**
Chronic Lower Respiratory Mortality (per 100,000) 2013	40.9	42.2	33.0	37.2	--
Asthma (%) 2013	17.1%	7.5%	8.7%	8.7%	--
Asthma: Hospital Discharge Rate (per 100,000) 2013	13.3	6.8	8.6	7.6	--
COPD: Hospital Discharge Rate (per 100,000) 2013	12.1	11.7	9.5	15.7	--
Tobacco Use (%) 2013	15.5%	--	20.3%	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 37% of Maryview community survey participants either strongly agreed or agreed that asthma programs were meeting the needs of their communities.

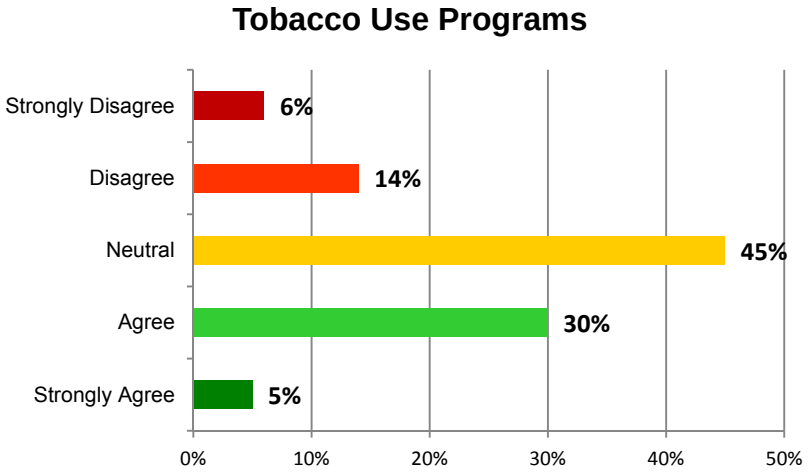


When asked about programs for Chronic Obstructive Pulmonary Disease (COPD), 37% Maryview community survey participants either strongly agreed or agreed that asthma programs were meeting the needs of their communities.

[40] www.CountyHealthRankings.org



Nearly one-third (35%) of Maryview community survey participants either strongly agreed or agreed that asthma programs were meeting the needs of their communities.



Mental Health Disorders and Substance Abuse

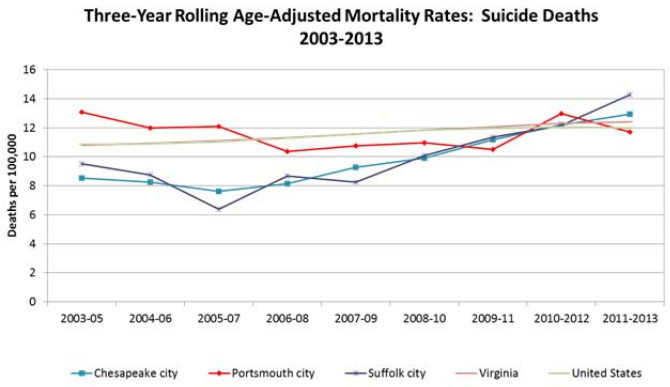
Mental health disorders are health conditions characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental health disorders contribute to a number of health problems, including disability, pain and death. Mental health and physical 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 HP2020, the baseline suicide rate nationwide is 11.3 per 100,000. HP2020's goal is to reduce this by 10% to a rate of 10.2 per 100.000.

The following table shows that Portsmouth and Chesapeake have a higher percentage of reported poor mental health days compared to Virginia. Binge drinking in Portsmouth, Chesapeake, and Suffolk are lower compared to Virginia and are lower than HP2020 goals.[41]

Health Issue	Portsmouth	Chesapeake	Suffolk	Virginia	HP2020 Target
Poor mental health days (%) 2013	17.0%	13.7%	13.1%	13.5%	--
Binge drinking (%) 2013	8.3%	--	12.2%	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, the suicide rates throughout the service area have steadily increased. Between 2011 and 2013, the suicide rate in Portsmouth experienced a slight decline below the rates of Virginia and the United States.[42]



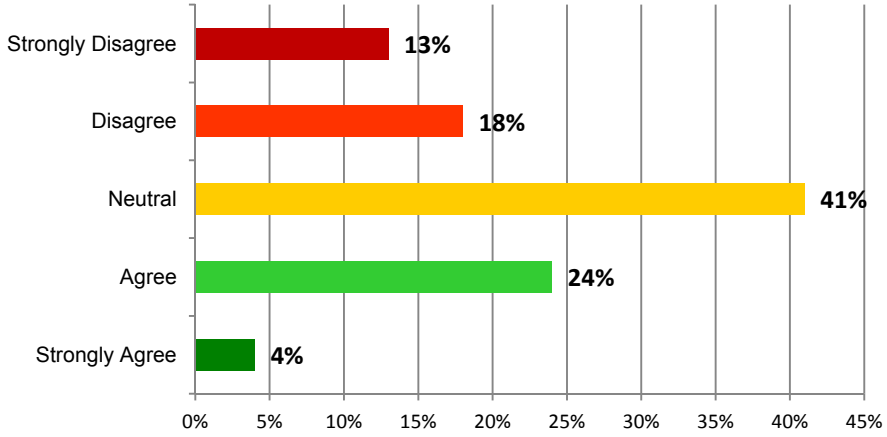
Maryview community survey respondents prioritized mental health and alcohol/drug abuse in the top 10 community concerns. Only 28% of respondents indicated that mental health programs are meeting

[41] www.healthypeople.gov/2020

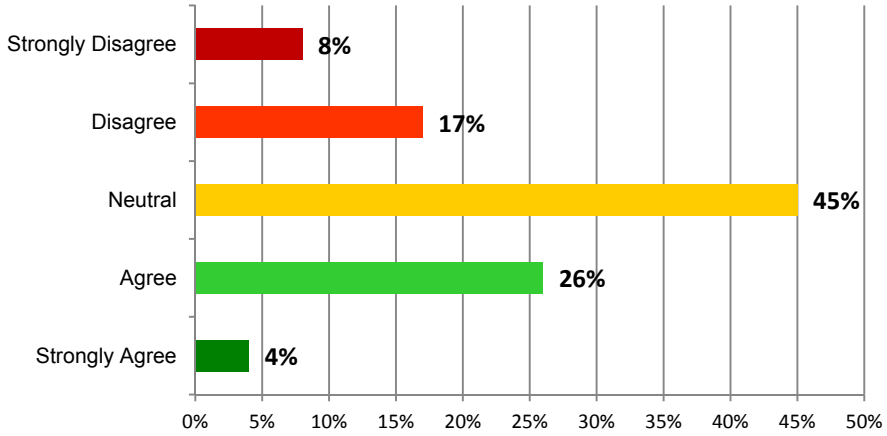
[42] Virginia Department of Health

the needs of their communities compared to other programs, while only a third (30%) said that alcohol and drug abuse programs are sufficient; however, 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



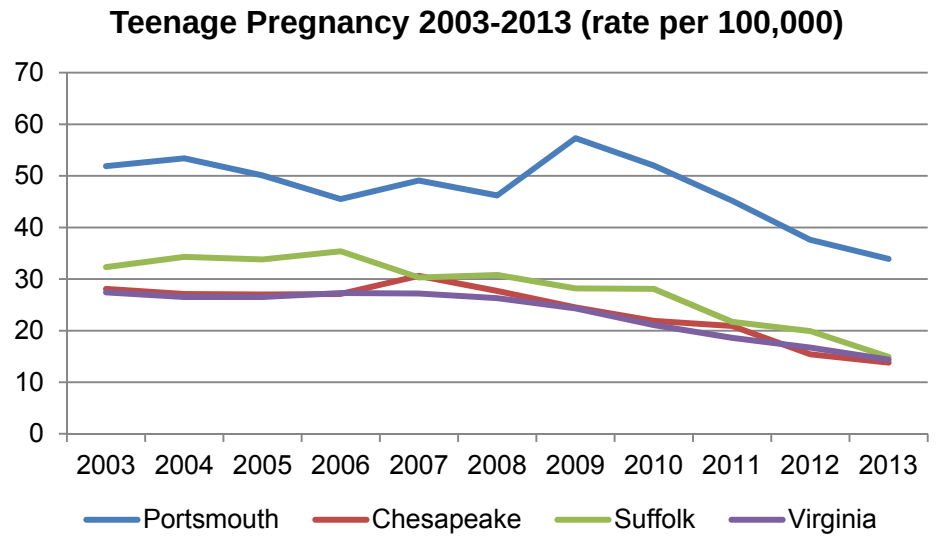
Alcohol/Drug Abuse Programs



Maternal and Infant Health

Teenage Pregnancies

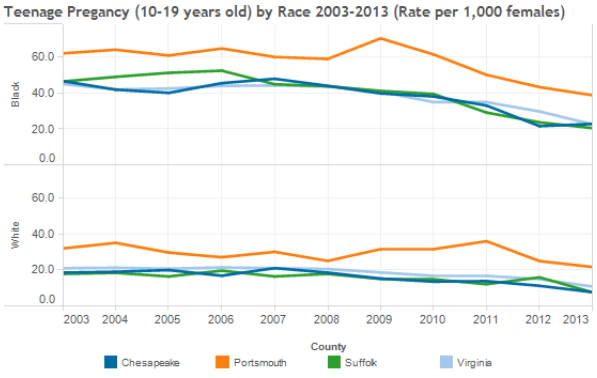
Since 2003, teenage pregnancies (10-19 years old) have steadily decreased in Portsmouth, Chesapeake, Suffolk, and Virginia; however, Portsmouth continues to experience significantly higher rates (34%) compared to Chesapeake (13.8%), Suffolk (14.9%), and Virginia (14.4%).[43]



Teenage Pregnancy (10-19 years old) 2003-2013 (rate per 100,000)

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Portsmouth	51.9	53.4	50.1	45.5	49.1	46.2	57.3	52.0	45.2	37.6	33.9
Chesapeake	28.1	27.1	27.0	27.1	30.6	27.7	24.5	21.9	20.9	15.4	13.8
Suffolk	32.3	34.3	33.8	35.4	30.3	30.8	28.2	28.1	21.7	19.9	14.9
Virginia	27.4	26.5	26.5	27.3	27.2	26.3	24.3	21.1	18.6	16.7	14.4

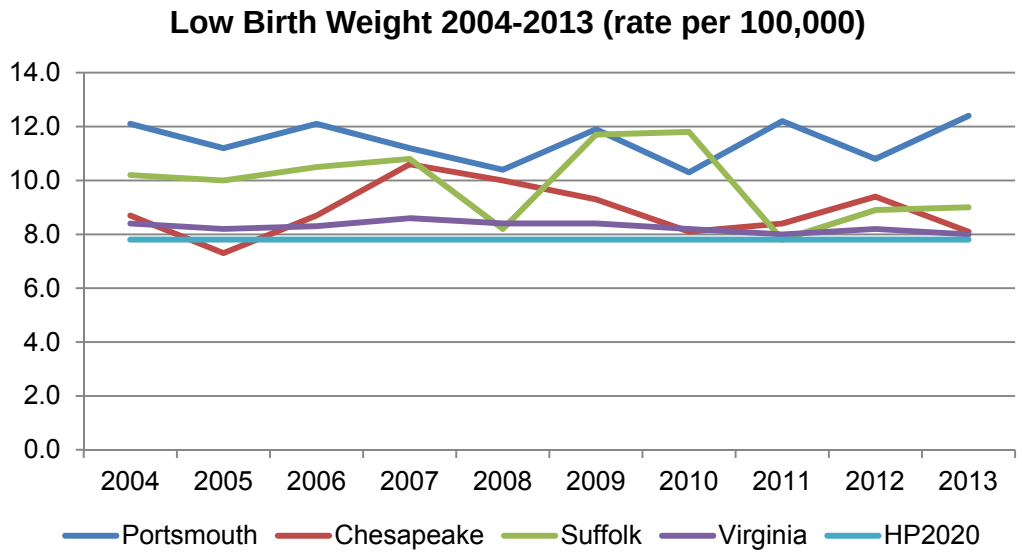
The graphs on the right shows that while the rates are declining, there is significant racial dispartiy with in the rate of pregnancies in African American teens than White teens.



[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 Portsmouth's low birth weight rate is higher compared to Chesapeake, Suffolk, and Virginia. It also increased from 2012 to 2013. Chesapeake experienced a decrease in low birth weight between 2012 and 2013, but is still higher than Virginia and the HP2020 goal. Portsmouth, Suffolk, and Virginia are higher than the HP2020 goal.[44]



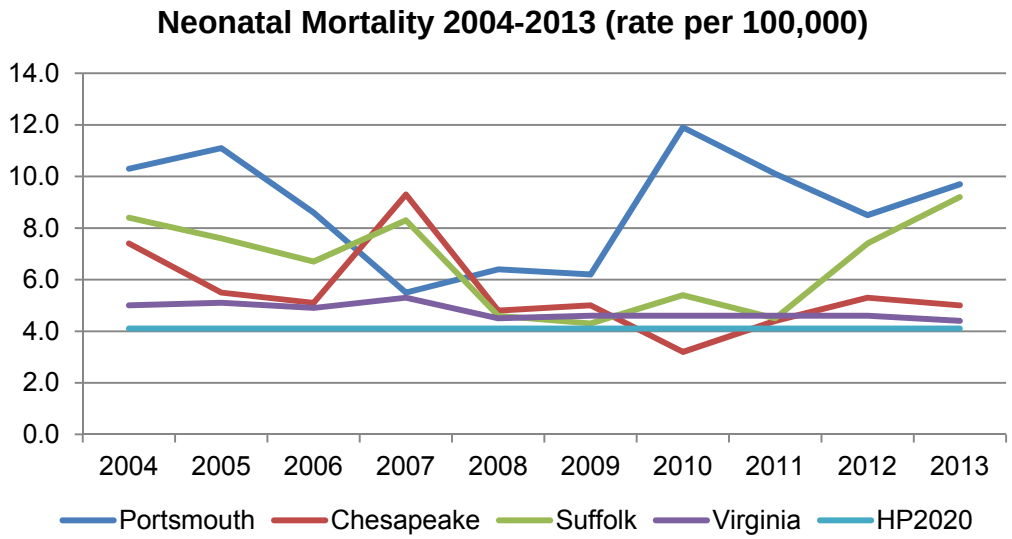
Low Birth Weight 2004-2013 (rate per 100,000)

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Portsmouth	12.1	11.2	12.1	11.2	10.4	11.9	10.3	12.2	10.8	12.4
Chesapeake	8.7	7.3	8.7	10.6	10.0	9.3	8.1	8.4	9.4	8.1
Suffolk	10.2	10.0	10.5	10.8	8.2	11.7	11.8	7.8	8.9	9.0
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, Portsmouth and Suffolk's neonatal mortality rates have steadily increased to nearly double the rate of Chesapeake, Virginia, and the HP2020 goal. Neonatal rates in Chesapeake have steadily decreased since 2012, but are still higher than those of Virginia and the HP2020 goal.[46]



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

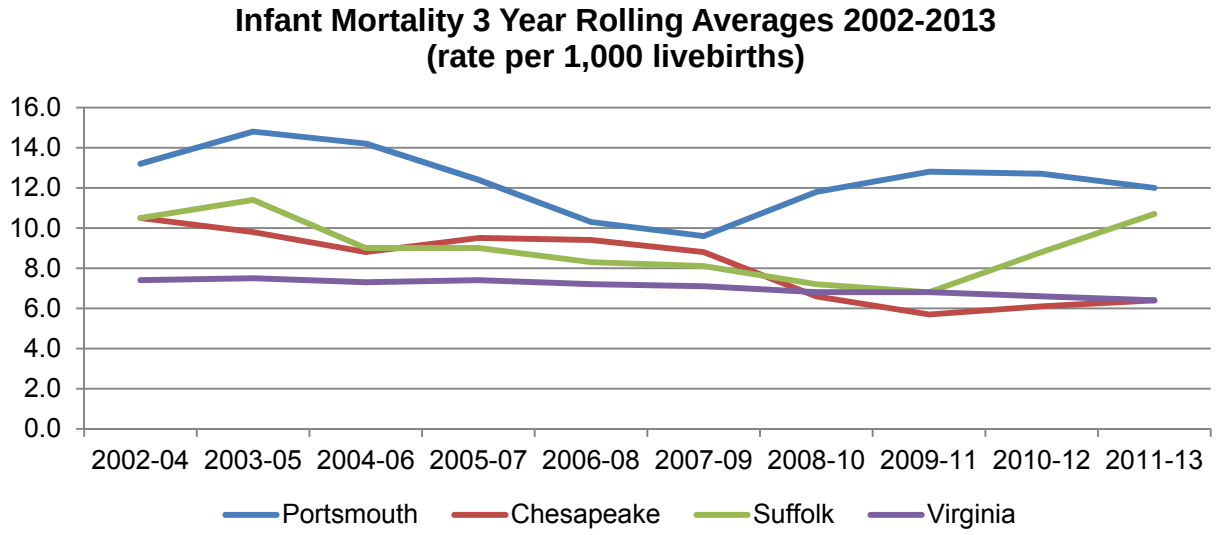
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Portsmouth	10.3	11.1	8.6	5.5	6.4	6.2	11.9	10.1	8.5	9.7
Chesapeake	7.4	5.5	5.1	9.3	4.8	5.0	3.2	4.4	5.3	5.0
Suffolk	8.4	7.6	6.7	8.3	4.6	4.3	5.4	4.5	7.4	9.2
Virginia	5.0	5.1	4.9	5.3	4.5	4.6	4.6	4.6	4.6	4.4
HP2020	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1

[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 Suffolk have risen and in 2013 were higher (10.7) than Chesapeake (6.4) and Virgina (6.4). Portsmouth and Virginia infant mortality rates have decreased since 2009, but Portsmouth's rate (12.0) is the highest in the service area. Infant mortality rates in Chesapeake are on par with those of Virginia.

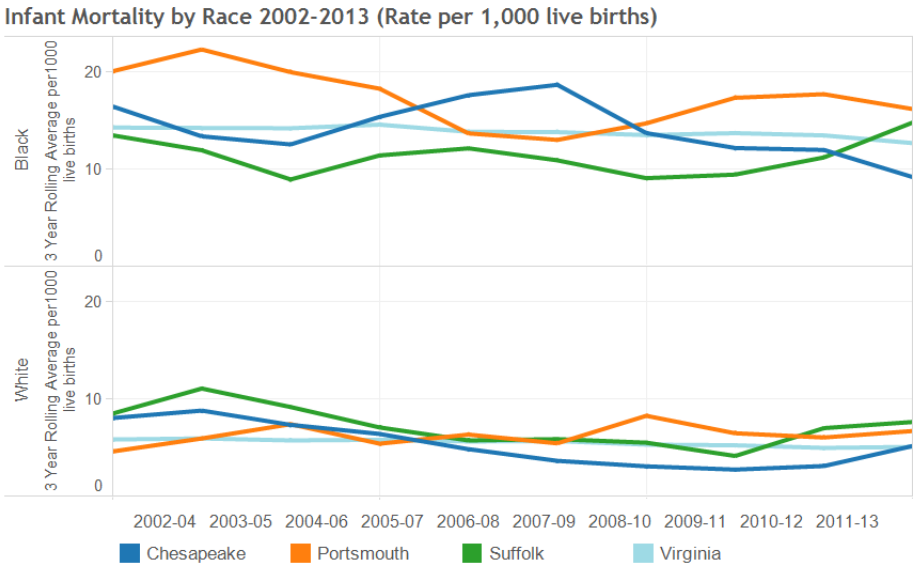


Infant Mortality 3 Year Rolling Averages 2002-2013 (rate per 1,000 livebirths)

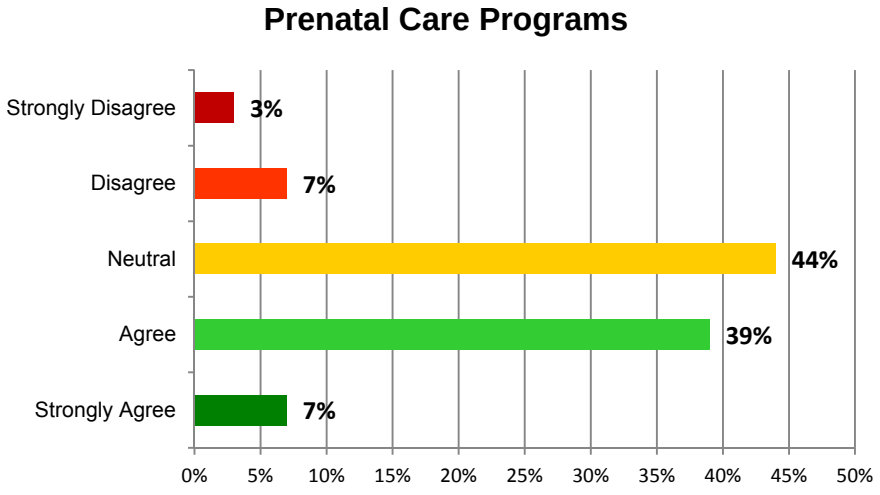
	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13
Portsmouth	13.2	14.8	14.2	12.4	10.3	9.6	11.8	12.8	12.7	12.0
Chesapeake	10.5	9.8	8.8	9.5	9.4	8.8	6.6	5.7	6.1	6.4
Suffolk	10.5	11.4	9.0	9.0	8.3	8.1	7.2	6.8	8.8	10.7
Virginia	7.4	7.5	7.3	7.4	7.2	7.1	6.8	6.8	6.6	6.4

[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]

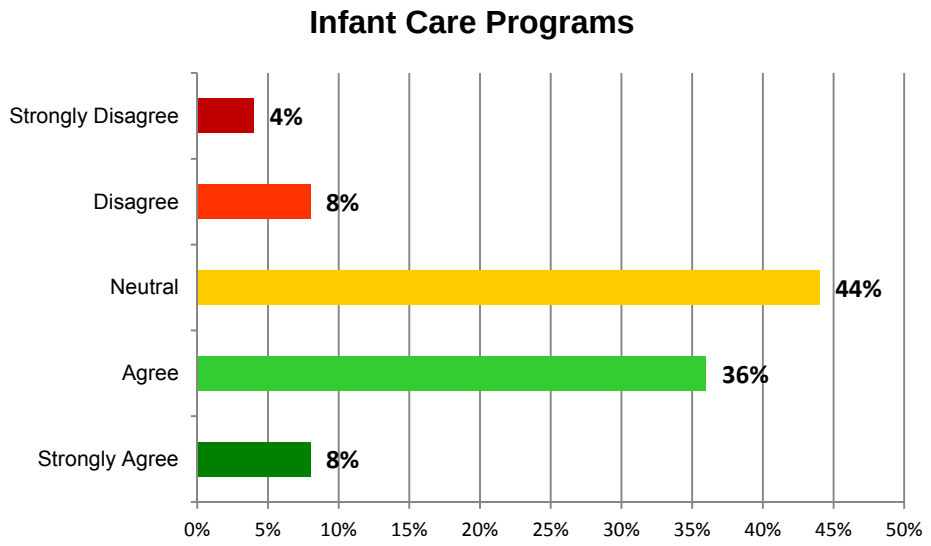


Nearly half (46%) of Maryview community survey respondents strongly agree or agree that prenatal programs are meeting the needs of their communities.



[48] Virginia Department of Health

Nearly half of the survey respondents (44%) also strongly agree or agree that infant care programs are meeting the needs of their communities.



Sexually Transmitted Infections

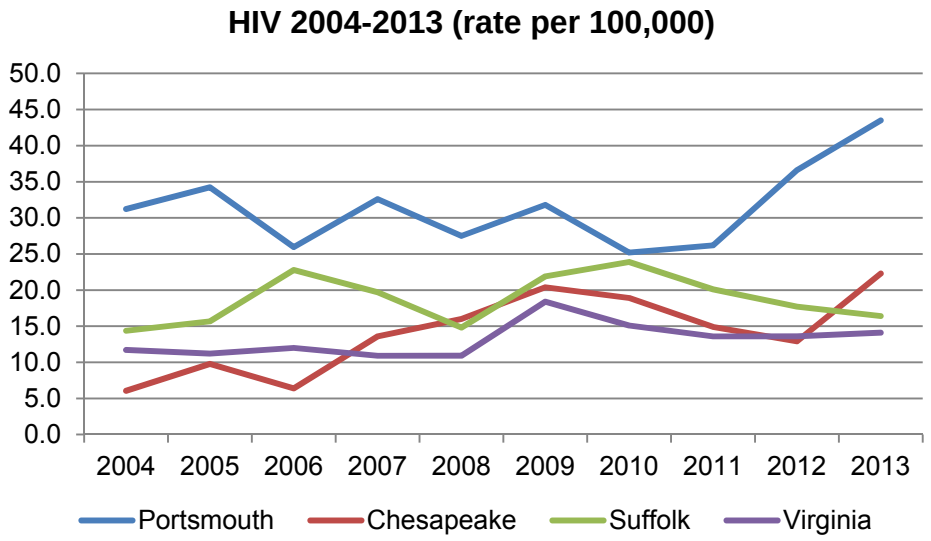
Examination of the data on sexually transmitted infections (STIs) indicates that rates for STIs including HIV and syphilis are rising, with Portsmouth's rates significantly higher than that of Chesapeake, Suffolk, and Virginia. Chesapeake's HIV rate is nearly twice as high compared to Virginia.[49]

Health Issue	Chesapeake	Suffolk	Portsmouth	Virginia	Data Trend
Chlamydia Rate (per 100,000) 2013	525.7	636.9	1073.7	409.7	↓
Rate of HIV Diagnoses (per 100,000) 2013	21.3	11.7	36.4	12.1	↑
Diagnosed Cases of Total Early Syphilis Rate (per 100,000) 2013	7.8	9.3	27	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 Portsmouth (43.5) are almost three times higher compared to Suffolk (16.4) and Virginia (14.1).[51]



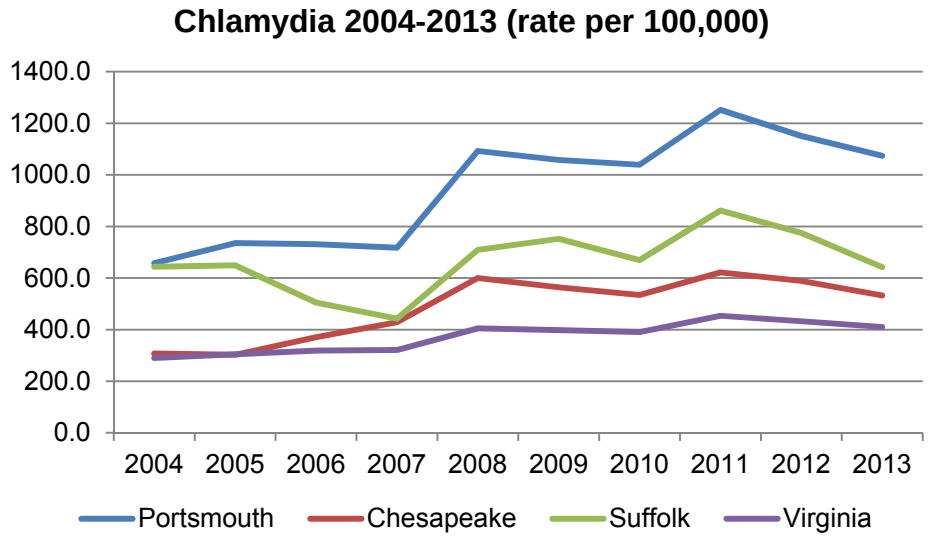
HIV 2004-2013 (Rate per 100,000)

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Portsmouth	31.2	34.2	26.0	32.6	27.5	31.8	25.2	26.2	36.6	43.5
Chesapeake	6.1	9.8	6.4	13.6	16.0	20.4	18.9	14.9	12.9	22.3
Suffolk	14.4	15.7	22.8	19.7	14.8	21.9	23.9	20.1	17.7	16.4
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 2010, Portsmouth's rate of Chlamydia increased, but has nearly returned to 2010 levels. Chesapeake, Suffolk, and Virginia have experienced a steady decrease in incidences since 2011. Portsmouth's rate is the highest rate within the Maryview community (1073.9) and is over two times higher compared to Chesapeake (532.4) and Virginia (410.0).[53]



Chlamydia 2004-2013 (rate per 100,000)

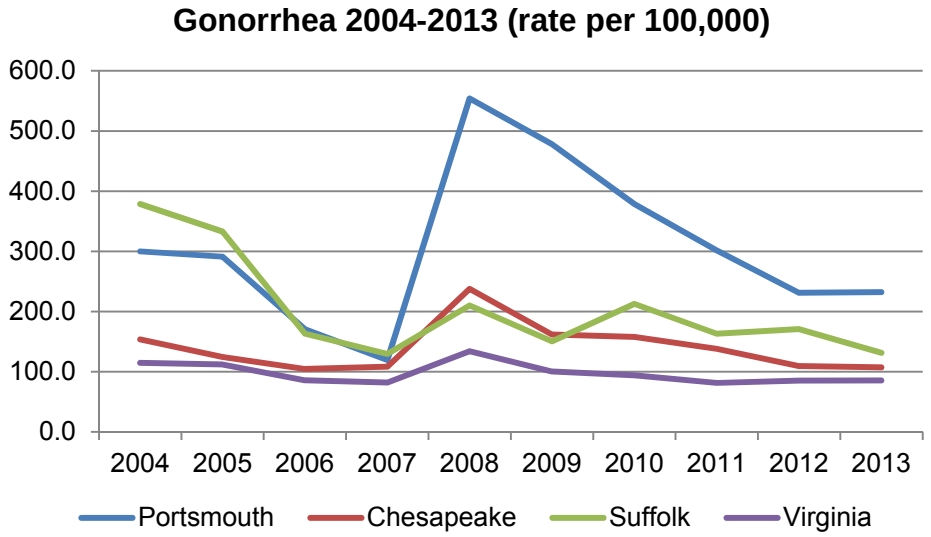
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Portsmouth	657.7	735.2	730.8	717.1	1092.5	1057.9	1039.1	1251.9	1150.7	1073.9
Chesapeake	307.4	302.3	370.8	428.9	600.0	564.3	534.5	621.5	588.8	532.4
Suffolk	643.7	648.9	505.1	442.8	709.4	752.1	669.4	861.9	774.8	642.2
Virginia	290.0	303.9	318.2	320.9	404.6	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 is 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 Portsmouth sharply increased in 2008 and has steadily decreased since. Rates in Chesapeake, Suffolk, and Virginia have steadily decreased since 2009.[55]



Gonorrhea 2004-2013 (rate per 100,000)

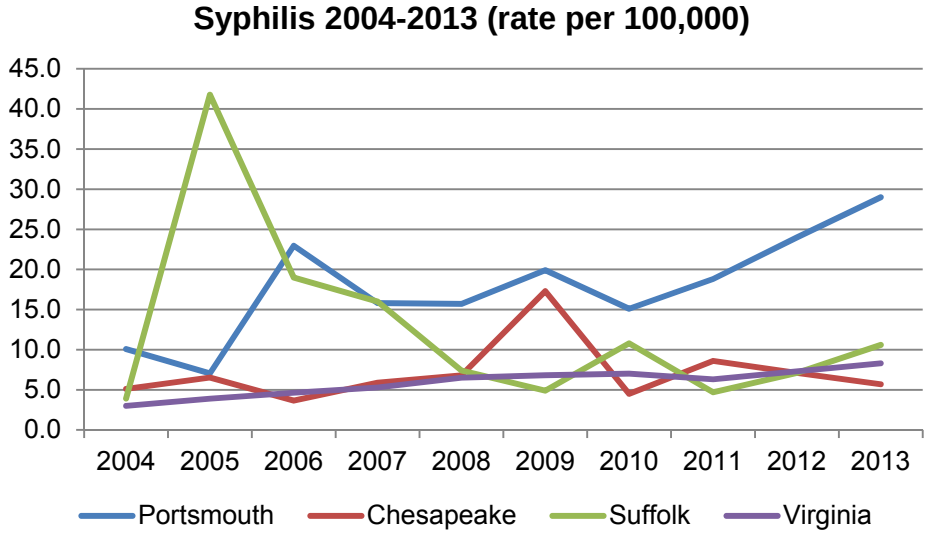
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Portsmouth	300.1	291.1	170.7	119.4	554.1	478.2	378.6	301.5	231.0	232.2
Chesapeake	153.7	124.4	104.6	108.4	237.7	161.7	157.8	138.2	109.3	107.3
Suffolk	378.7	333.0	163.3	129.5	210.2	150.7	212.8	163.1	170.7	131.5
Virginia	114.8	111.9	85.6	82.0	134.0	100.3	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 Portsmouth, Suffolk, and Virginia are increasing, while Chesapeake rates slightly declined. Portsmouth syphilis rates (29.0) are over twice as high compared to Suffolk (10.6) and three times higher compared to Chesapeake (5.7) and Virginia (8.3).[57]



Syphilis 2004-2013 (rate per 100,000)

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Portsmouth	10.1	7.1	23.0	15.8	15.7	19.9	15.1	18.8	24.0	29.0
Chesapeake	5.1	6.5	3.7	5.9	6.8	17.3	4.5	8.6	7.1	5.7
Suffolk	3.9	41.8	19.0	16.0	7.4	4.9	10.8	4.7	7.1	10.6
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 Maryview community, which includes the cities of Portsmouth, Chesapeake, and Suffolk. 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 Maryview community in Portsmouth, Chesapeake, and Suffolk. There were 287 survey participants; of those, 363 participants completed all of the required questions. Maryview 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 Maryview. 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 Maryview programs.

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

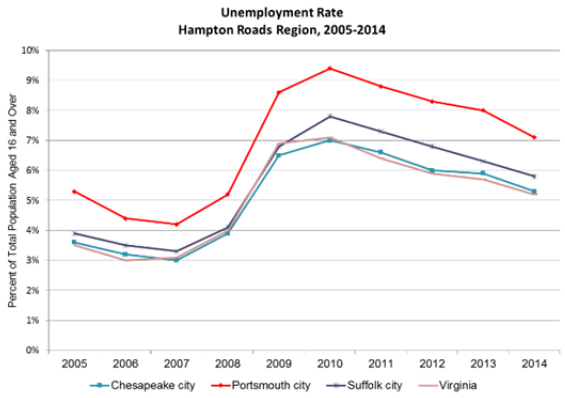
Overarching Issues that Impact Health

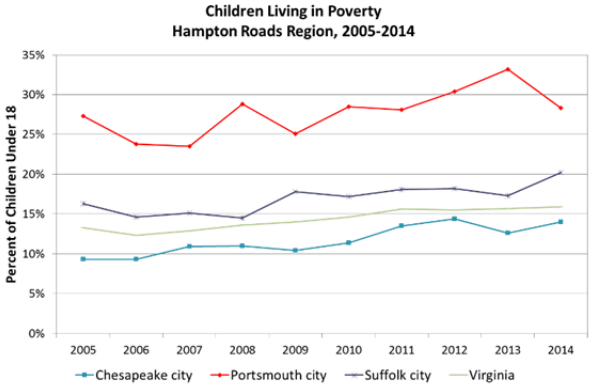
Social, economic and physical environments have an impact on the health of individuals, their families, and the community.

- **Poverty, Income, and Unemployment**

Survey participants ranked jobs with fair wages as a top health priority. Data related to unemployment shows that the percent of people unemployed in Chesapeake, Portsmouth, and Suffolk have been steadily dropping; however, they are still higher than the Virginia average.

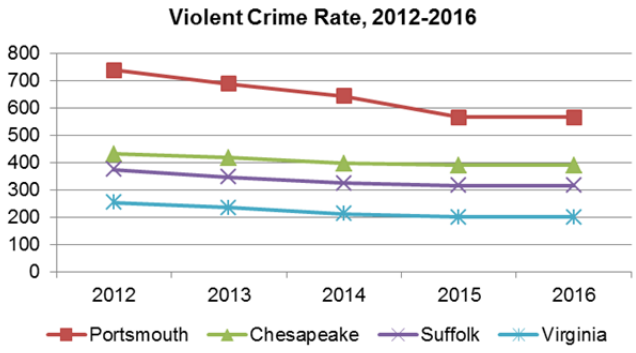
At the same time, over one-quarter of children in Portsmouth live in poverty while the rates of Chesapeake and Suffolk have been climbing over the last six years.



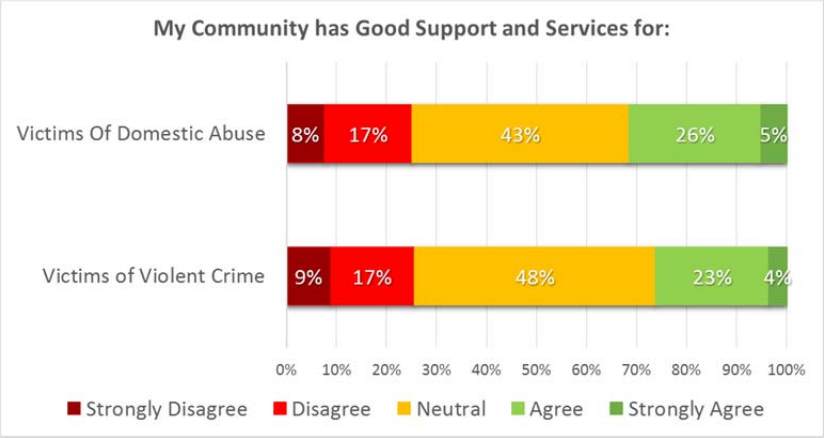


- **Neighborhood Crime and Perceptions of Safety**

Portsmouth has one of the highest rates of violent crime and homicide in the Hampton Roads area; Suffolk and Chesapeake also have high rates.

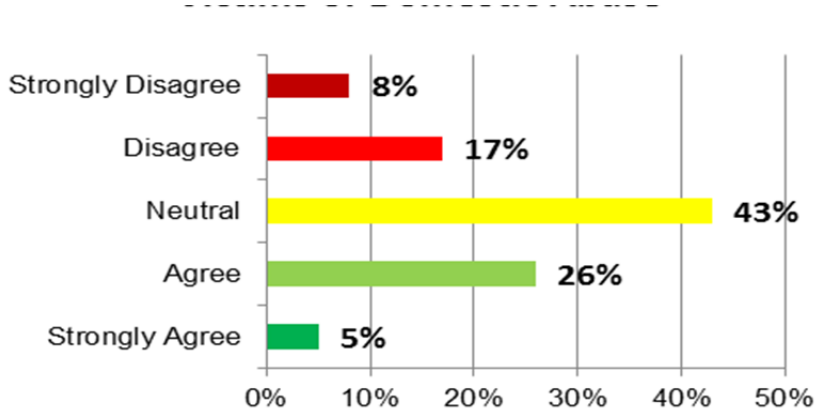


Over a third of survey participants indicated that they were concerned about unsafe roads and sidewalks. They rated crime and community violence among the top ten health priorities. Participants also felt that victims of violent crime and domestic abuse had less support and services than other groups.



- **Education**

Sixty-eight percent of survey participants reported that they felt their community was strong in providing good education (with only 14% disagreeing), but there is racial disparity in timely graduation rates in all three jurisdictions. Black students have significantly lower timely graduation rates in Portsmouth and the same is true for Hispanic students in Suffolk.



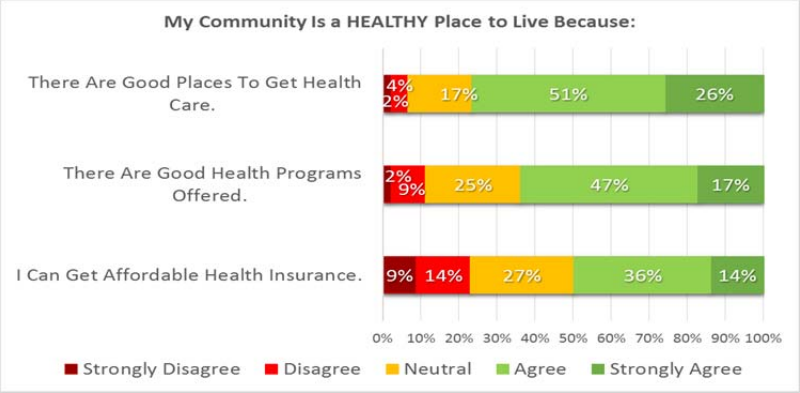
Only 74% of Portsmouth students graduated on time in 2014 compared to the HP2020 target for on-time graduation of 82.4%.

- **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, 23% of participants either disagreed or strongly disagreed while 50% of participants agreed or strongly agreed. In

City/County	% of <19 years	18-64	All persons <65
Chesapeake	5.1	14.7	10.1
Suffolk	5.0	15.5	12.4
Portsmouth	4.5	19.2	15.2
Virginia	5.8	17.7	14

2013, 38.9% of Portsmouth residents did not have affordable health insurance while close to a third of residents in Chesapeake and Suffolk did not have 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.



Of survey participants, 77% reported that there were good places to get health care and 64% believed there are good health programs offered. According to the County Health Rankings, there is also a good ratio of primary care physicians within Chesapeake (one Primary Care Provider per 1,235 persons), Suffolk (one Primary Care Provider per 1,002 persons). This ratio was much worse in Portsmouth (one Primary Care Provider per 2,412 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 Survey to highlight how these issues or the programs addressing these issues are perceived by the community. For many of the Community Health Survey questions, there are large numbers of neutral responses and it is difficult to know what a neutral response means. Most probably, a neutral response indicates that participants either did not know

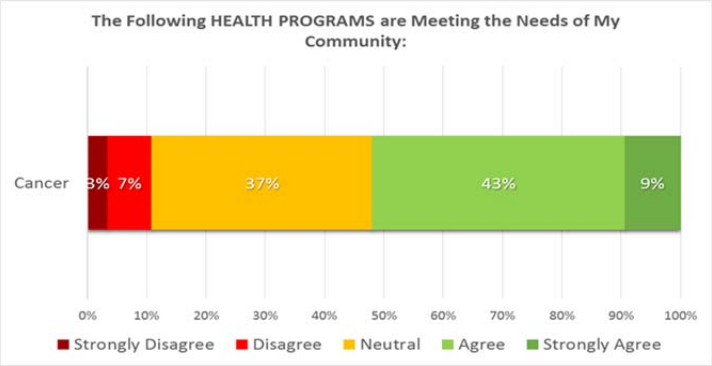
whether certain programs existed, did not have the details of those programs, or perhaps did not have personal experience with them.

Cancer

Since 2000, mortality rates for breast, colon, lung and prostate cancer have been dropping steadily. These rates are all still higher than the Virginia average and the HP2020 (HP2020) target.

Cancer Mortality Rates (per 100,000) from 2008-2012				
	Colon Cancer	Lung Cancer	Prostate Cancer	Breast Cancer
Portsmouth	20.5	62.9	37.4	30.6
Chesapeake	17.1	52.9	27.8	24.5
Suffolk	20.0	50.0	32.9	30.9
Virginia	14.9	48.2	22.4	22.7

Of Community Health Survey participants, 54% reported either strongly agreeing or agreeing that cancer programs were meeting the needs of their community.



Chronic Diseases and Related Risk Factors

While Chesapeake, Suffolk, and Portsmouth all have much higher rates of heart disease mortality than Virginia or the HP2020 target, they have been declining steadily for the last decade. All three jurisdictions all have higher rates of diabetes mortality as well; in Chesapeake and Portsmouth, these rates have increased over the last year. People living in these communities also have higher incidence of being discharged from the hospital with hypertension than the Virginia average.

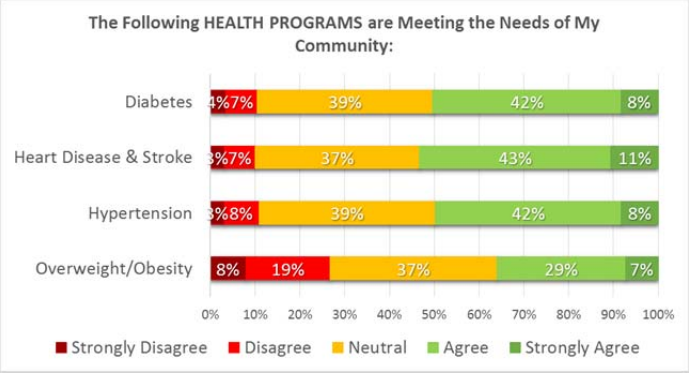
The diabetes mortality rates for the Maryview service area are higher compared to Virginia. Rates of hospital discharges for the condition *diabetes without complication* are also higher than the Virginia average.

Data Summary of Chronic Diseases and Related Risk Factors

Health Issue	Chesapeake	Suffolk	Portsmouth	Virginia	HP2020 Target
Heart Disease Mortality Rate (per 100,000) 2013	183.2	196.5	191.4	155.9	103.5
Congestive Heart Failure: Hospital Discharge Rate (per 100,000) 2013	11.9	13.4	17	11.8	--
Hypertension (%) 2013	34.6%	32.2%	--	32.5%	--
Hypertension: Hospital Discharge Rate (per 100,000) 2013	32.3	35.7	40.8	32.1	--
Diabetes Mortality Rate (per 100,000) 2013	23.7	27.2	38.2	18.3	--
Diabetes w/out complication: Hospital Discharge Rate (per 100,000) 2013	20%	26%	28%	22%	--
Physical Inactivity (%) 2011	20%	26%	28%	22%	32.6%
Obesity (%) 2011	30%	31%	42%	28%	30.5%

When asked about heart disease, diabetes and stroke programs, approximately half of survey participants either agreed or strongly agreed that they were meeting the needs of their community.

In addition, a higher percentage of residents in Suffolk and Portsmouth are physically inactive and obese than the Virginia average or HP2020 target. When compared to other health programs, a higher percentage of survey participants (27%) either strongly disagreed or disagreed that overweight and obesity programs were meeting the needs of their community.



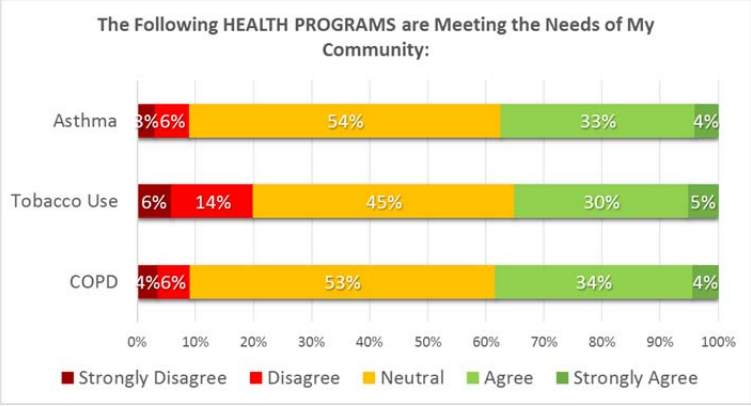
Respiratory Diseases and Tobacco Use

The rates of respiratory diseases in the Maryview community vary by jurisdiction. Chesapeake and Portsmouth have higher mortality rates from chronic lower respiratory disease than the Virginia average. Residents in Portsmouth have a higher incidence of hospital discharge with asthma than the Virginia average. While Suffolk and Portsmouth have lower tobacco use than the Virginia average, their tobacco use is still well above the HP2020 target.

Data Summary of Respiratory Diseases and Tobacco Use

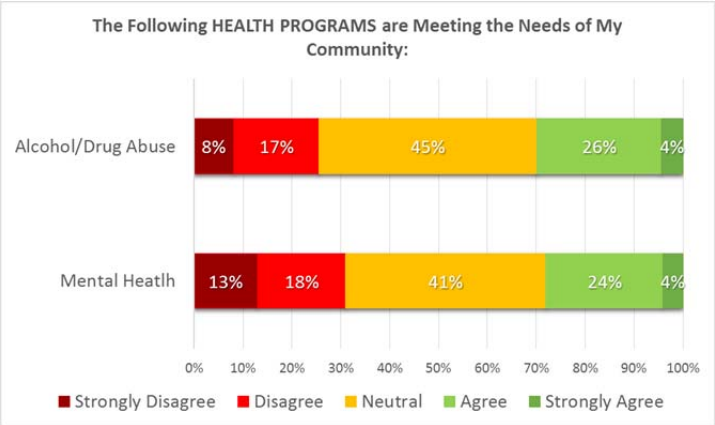
Respiratory Disease and Tobacco Use					
	Portsmouth	**Chesapeake**	**Suffolk**	**Virginia**	**HP2020 Target**
Chronic Lower Respiratory Mortality (per 100,000) 2013	40.9	42.2	33.0	37.2	--
Asthma (%) 2013	17.1%	7.5%	8.7%	8.7%	--
Asthma: Hospital Discharge Rate (per 100,000) 2013	13.3	6.8	8.6	7.6	--
COPD: Hospital Discharge Rate (per 100,000) 2013	12.1	11.7	9.5	15.7	--
Tobacco Use (%) 2013	15.5%	--	20.3%	21.5%	12.0%

Based on the survey results, it is unclear whether participants know if respiratory health programs are meeting the needs of their community given the small percentages that indicated they agreed or disagreed.



Mental Health and Drug Abuse

While little data related to mental health and drug abuse are available, these two areas were prioritized repeatedly on the Community Health Survey. Participants felt that mental health and alcohol programs were not meeting the needs of the community (compared to other programs) 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. Despite the survey findings, the Maryview community has lower percentages of binge drinking. Portsmouth is the only jurisdiction with a higher percentage of poor mental health days than the Virginia average.



Source: Community Health Survey

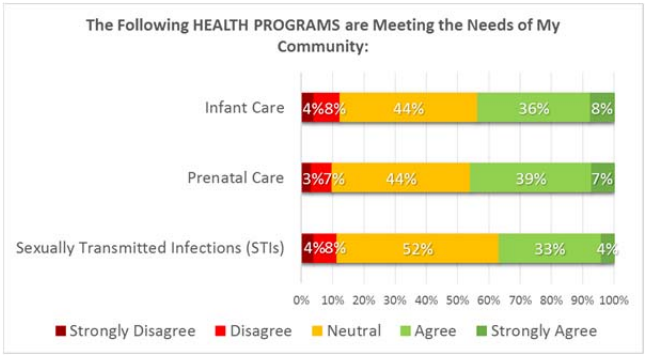
There is some data to support these findings, according to the 2013 BRFSS, a higher percentage of Portsmouth (17.0%) residents reported poor mental health days than Virginia (13.5%).

Data Summary for Mental Health and Drug Abuse

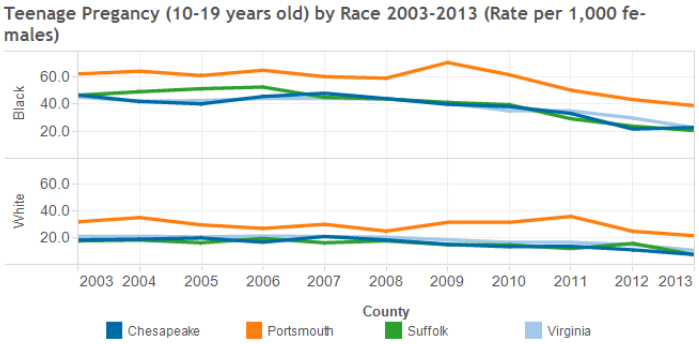
Health Issue	Portsmouth	Chesapeake	Suffolk	Virginia	HP2020 Target
Poor mental health days (%) 2013	17.0%	13.7%	13.1%	13.5%	--
Binge drinking (%) 2013	8.3%	--	12.2%	15.8%	24.4%

Sexual Health and Teen Pregnancy

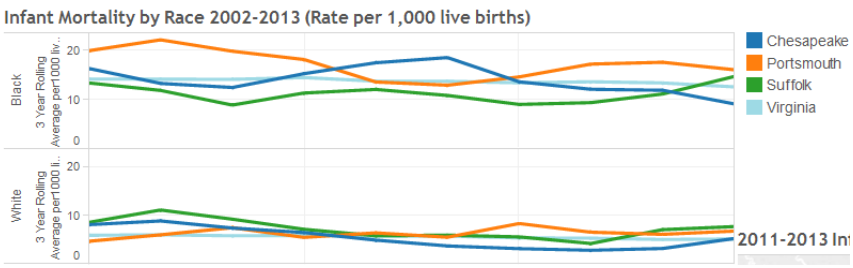
Looking at the chart on the right, it is unclear the degree to which survey participants felt prenatal, infant care and STI programs were meeting the needs of their community. On one hand, less than 50% of participants responded affirmatively, but on the other hand, these programs received very few negative responses.



While the rates of teen pregnancy in all three jurisdictions are decreasing, Portsmouth's rate of 33.9 is still significantly higher than Virginia's average (14.4). There are also dramatic racial disparities when comparing white and black rates in both jurisdictions.



Portsmouth and Suffolk have higher rates of infant mortality than Virginia does and there has been limited change in these figures over the last decade.



Secondary data analysis also indicates that there are high and rising rates of sexually transmitted infections, particularly HIV and syphilis. While chlamydia rates are dropping, they are significantly higher than the state average; Portsmouth's chlamydia rate is more than double that of the state.

Health Issue	Chesapeake	Suffolk	Portsmouth	Virginia	Data Trend
Chlamydia Rate 2013	525.7	636.9	1073.7	409.7	↓
Rate of HIV Diagnoses 2013	21.3	11.7	36.4	12.1	↑
Diagnosed Cases of Total Early Syphilis Rate 2013	7.8	9.3	27	8.2	↑

Identifying Needs

This report has highlighted health issues that are being effectively addressed by the Maryview community already, as well as health issues that may need additional focus in the future. While there is some agreement in health priorities 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 Maryview community has worse rates or percentages in comparison to Virginia's average or HP2020 targets. Appendix C provides a detailed summary of the secondary analysis.

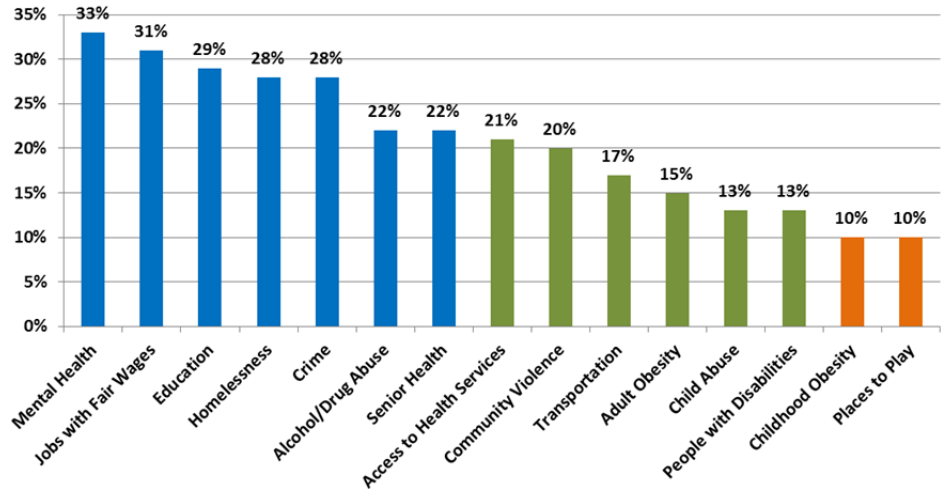
.

Community Issues that Impact Health	Health Issues
• Poverty • Unemployment • Crime • Racial disparities in timely graduation • Access to health services	• Cancer (Colon, Lung, Prostate, & Breast) • Heart Disease • Congestive Heart Failure • Diabetes • Obesity • Chronic Lower Respiratory Mortality • Asthma • Tobacco Use • Teen Pregnancy • Infant Mortality • Sexually Transmitted Infections (Chlamydia, HIV, Syphilis)

It is important to note, that for the most part, Portsmouth and Suffolk have worse health outcomes than Chesapeake.

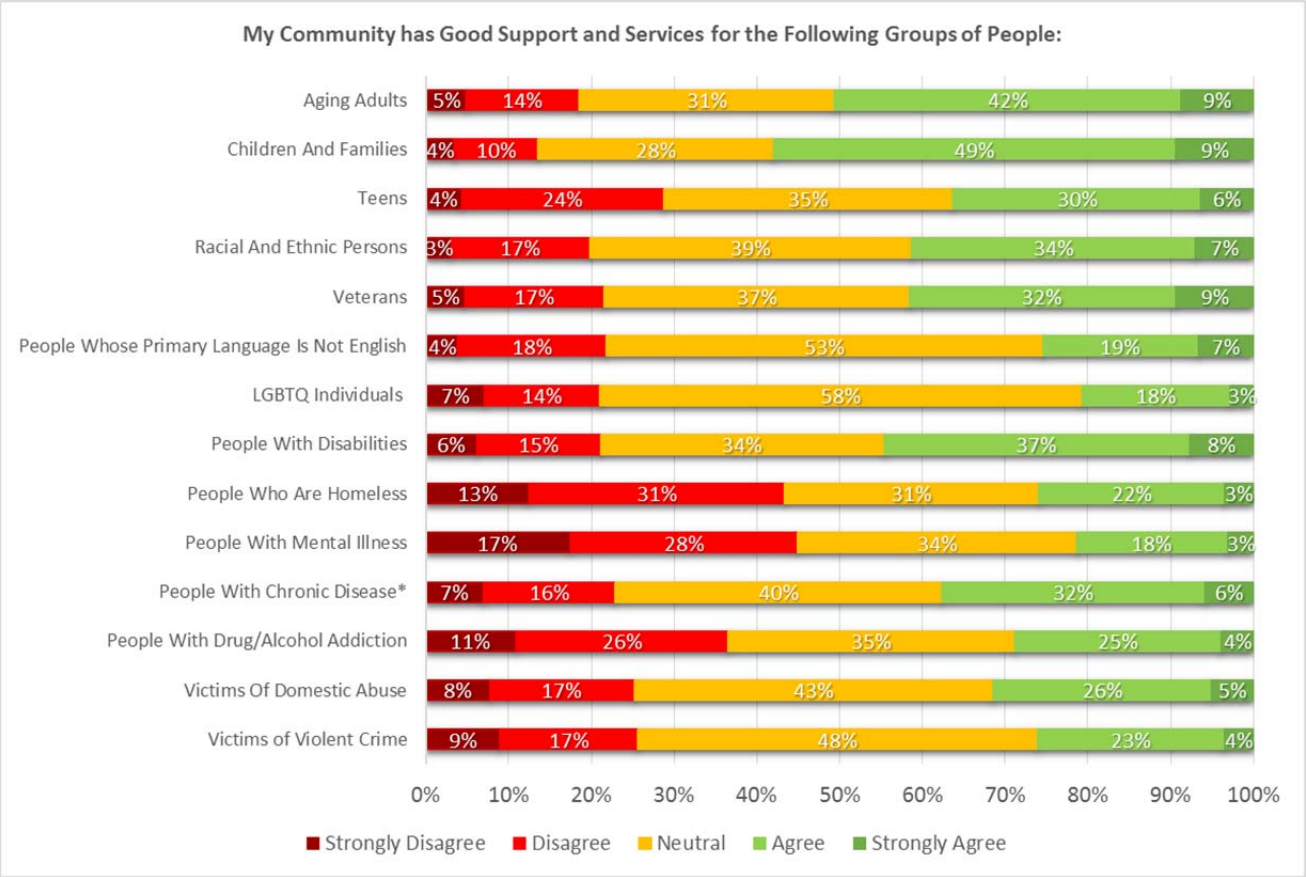
In contrast, the chart on the next page illustrates the top fifteen health and community issues prioritized by Community Health Survey participants. For the most part, the priorities identified through the survey focus on social determinants like education, jobs, or crime that have strong impacts on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

Top Fifteen (15) Health Priorities 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 meet 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 below on the following page.



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.

Five Community Dialogues were held in the Maryview service area in which 147 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?

Four issues were chosen at the Effingham YMCA Community Dialogue:

- Mental Health
- Education
- Access to Health Services
- Homelessness

Three issues were chosen at the Oasis Social Ministry Community Dialogue:

- Alcohol/Drugs
- Education
- Homelessness

Two issues chosen at the SeniorHealth Advocates meeting were:

- Alcohol/Drugs
- Mental Health

Two issues were chosen at the Suffolk Rotary and North Suffolk Rotary:

- Mental Health
- Homelessness

Prioritization Process

Method for Prioritization

The Bon Secours Maryview Medical Center Advisory Board consisted of 14 people representing organizations from the cities of Portsmouth, Chesapeake, and Suffolk with special knowledge of public health and underserved populations in the service area, including the Portsmouth Department of Health, Catholic Charities, Chesapeake Regional Hospital, 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, focused on the results of the survey analysis and the priorities 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.

The Advisory Board agreed through a consensus process to recommend the following issues to Maryview's leadership for strong consideration in the Implementation Planning process: Mental Health, Obesity, and Sexually Transmitted Infections. In addition, the Advisory Board discussed education and senior health needs.

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 Maryview 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. Maryview 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
- Portsmouth Department of Public Health
- Old Dominion University
- Operation Blessing (Dental)
- Response – Sexual Abuse Support Services
- Senior Services of Southeastern Virginia
- Tidewater Community College
- 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 Maryview Medical Center
CHNA Community Advisory Board

Member	Organization	Title
Tuwana Jones	Catholic Charities	Director, Financial and Housing Counseling
Beth Reitz, MS	Chesapeake Regional Medical Center	Director, Community Health Services
Rev. Dr. Melvin O. Marriner	Grove Vision of Truth Ministries	Pastor
Joanne Roisen	Oasis Social Ministry	Executive Director
Barbara Willis	Hampton Roads Community Health Center	Chief Executive Officer
David Chang, M.D.	Portsmouth Department of Health	District Health Director
Alan Gollihue	Portsmouth General Hospital Foundation	President, Chief Executive Officer
Regina Brayboy	Suffolk Partnership for a Healthy Community	Executive Director
Katina Barnes	Tidewater Community College - Portsmouth	Director, Student Activities
Phyllis Eaton	Tidewater Community College - Portsmouth	Academic Dean

APPENDIX II

Bon Secours Maryview 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 Maryview Medical Center
CHNA Community Survey Comments

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

Mental Health:
- Improved Mental Health Programs and Assistance
- Increase the number of mental health facilities in the area

Obesity:
- Access to fresh fruits and vegetables

Sexually Transmitted Infections:
- Offer more health screenings to the public

Quotes from survey participants:

“When providing health care, I believe emphasis should be placed first on hiring qualified health care professional. In addition to providing quality care, these professionals should exhibit compassion for everyone, no matter what their ‘status’ is in life. There should be a sufficient number of professionals in clinics and ER’s in order to reduce wait time for people who are suffering with pain from illness or injury. Educate the public regarding the importance of preventative care including diet and age based screenings.”

“Advocate for our elderly - nursing homes, assisted living, skilled care. Our older population needs better hand-off on the continuum of care from facility to hospital to rehab back to facility. Is there any way to make 'house calls' instead of the elderly, sick coming to us?”

“We need to expand our health system with providers for all specialties.”

APPENDIX IV

Bon Secours Maryview Medical Center
Facility Description and Vision

Bon Secours Maryview Medical Center (Maryview) 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, Maryview 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 Maryview Hospital and it was the setting for the Hampton Roads area's first ankle replacement. By the 1970's, Maryview 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, Maryview 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, Maryview 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, Maryview lacked the resources necessary to effectively respond to these challenges. Accordingly, Maryview 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 Maryview Medical Center.

Since 1996, Maryview 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.

Maryview 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. Maryview 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, Maryview 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 Maryview 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. Maryview operates an advanced interventional neuro-endovascular laboratory as well as a state-of-the-art cardiac catheterization laboratory.

Bon Secours Maryview Medical Center Vision

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

In order to provide exceptional value for those we serve, Maryview is continuously providing new services and treatments to area residents. The highly anticipated Bon

Secours Harbour View Medical Plaza is slated to open in September 2016. The new 58,000 square foot, two-story medical office building, located on Maryview's Suffolk campus at the Bon Secours Health Center at Harbour View, will be home to specialists and primary care physician practices. It will also be the home of the Bon Secours Cancer Institute at Harbour View, 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 will include stereotactic radiosurgery and stereotactic body radiotherapy and a comprehensive outpatient infusion center.

In order to improve the quality of care we provide and be good stewards of our environment, Maryview recently installed a new MRI scanner in the Spring of 2016. The new MRI is equipped with a cardiac package which will allow for additional cardiac diagnostics. In addition, the new MRI allows for complex liver studies. These new capabilities allow Maryview to provide patients with faster scan times for increased patient comfort and convenience. Also, the new machine will allow Maryview to provide physicians with higher quality images that are better for intricate diagnoses such as those required for complex neurological conditions. This is in addition to a multi-million dollar investment in diagnostic equipment, to include radiology and cardiology, as well as state-of-the-art surgical equipment.

As good stewards of our environment, and in direct support of Bon Secours Ministries priorities, Maryview recently installed a new cooler power oxygen farm, allowing the hospital to save thousands of gallons of water consumption each year, and realizing savings in excess of $100,000 yearly.

Maryview continues to serve as the tertiary anchor facility within the Bon Secours Hampton Roads system, offering the following services for the entire health system locally: advanced cardiac surgery and electrophysiology, advanced vascular procedures, inpatient rehabilitation, and behavioral health services

Maryview 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 Maryview 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, Bon Secours also opened new *FastCare* retail health

clinics, located inside Farm Fresh superstore, and through Bon Secours 24/7™, patients can access a medical provider virtually 24/7. Care at Maryview is seamlessly connected via our electronic health record, which patients can access virtually through our *Bon Secours MyChart* portal.

APPENDIX V

Bon Secours Maryview Medical Center
CHNA Community Health Survey

Maryview Medical Center Community Health Needs Assessment

Dear Community member,

Bon Secours Maryview 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 Maryview Medical Center, thank you for helping with this effort.

Please click NEXT to begin!

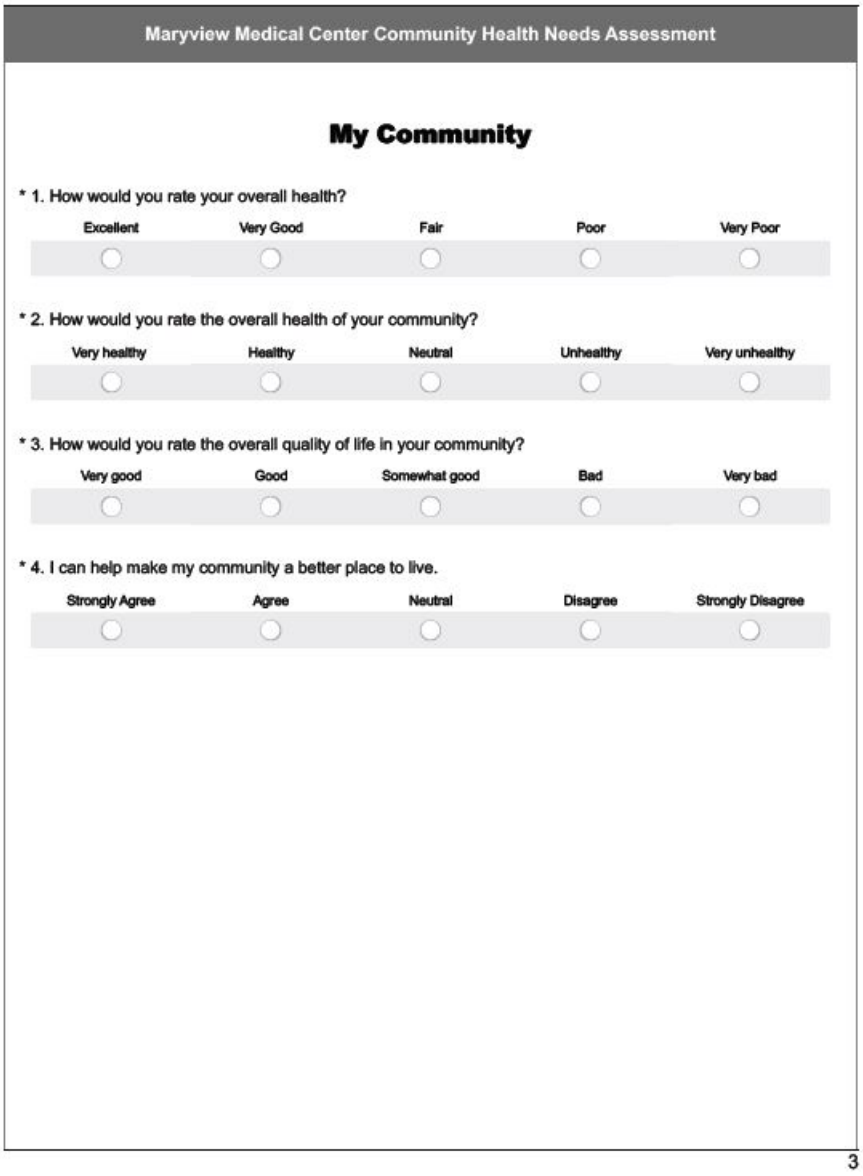
Joan L. Jarrell
Manager, Community Benefits
Bon Secours Hampton Roads
150 Kingsley Lane
Norfolk, Virginia 23505

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.



Maryview 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
○	○	○	○	○

3

Maryview 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.	○	○	○	○	○

Maryview 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).

5

M

Maryview 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.	○	○	○	○	○

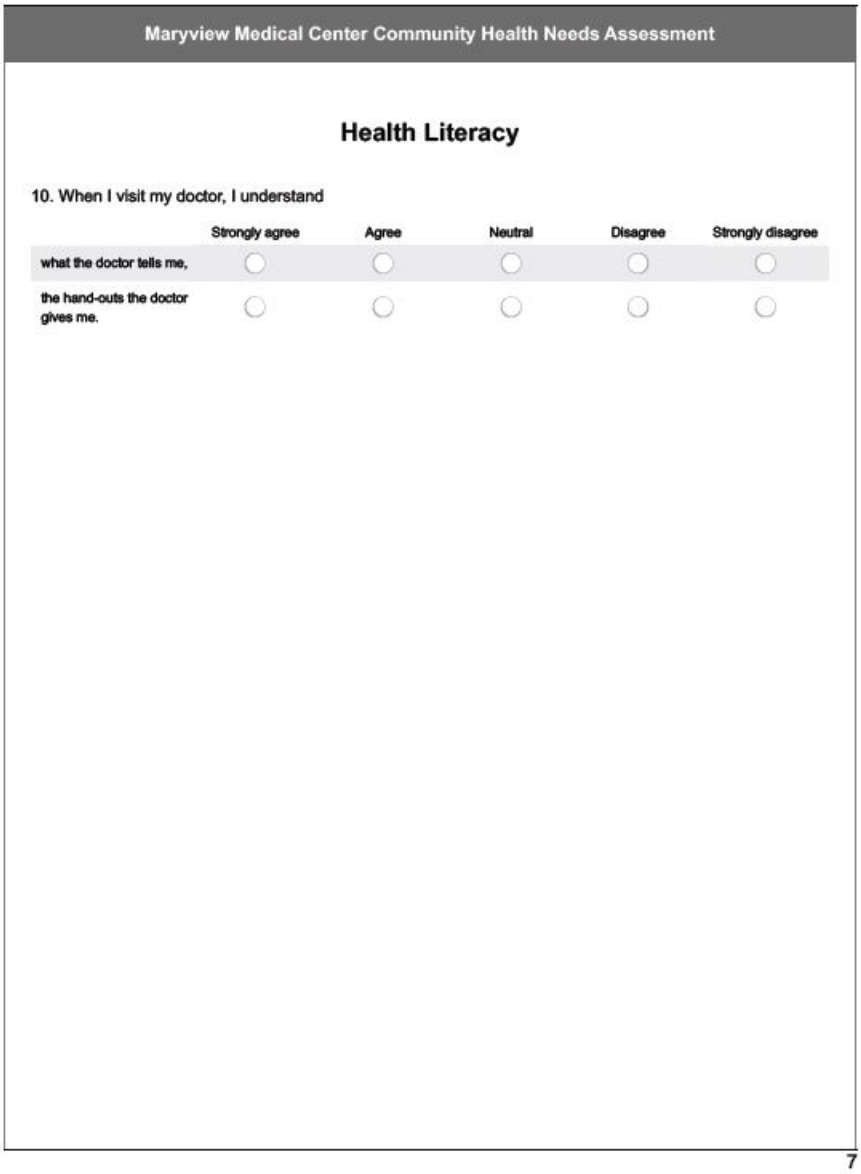
* 9. The following HEALTH PROGRAMS are meeting the needs of my community;

	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)

6

N



Maryview Medical Center Community Health Needs Assessment

Health Literacy

10. When I visit my doctor, I understand

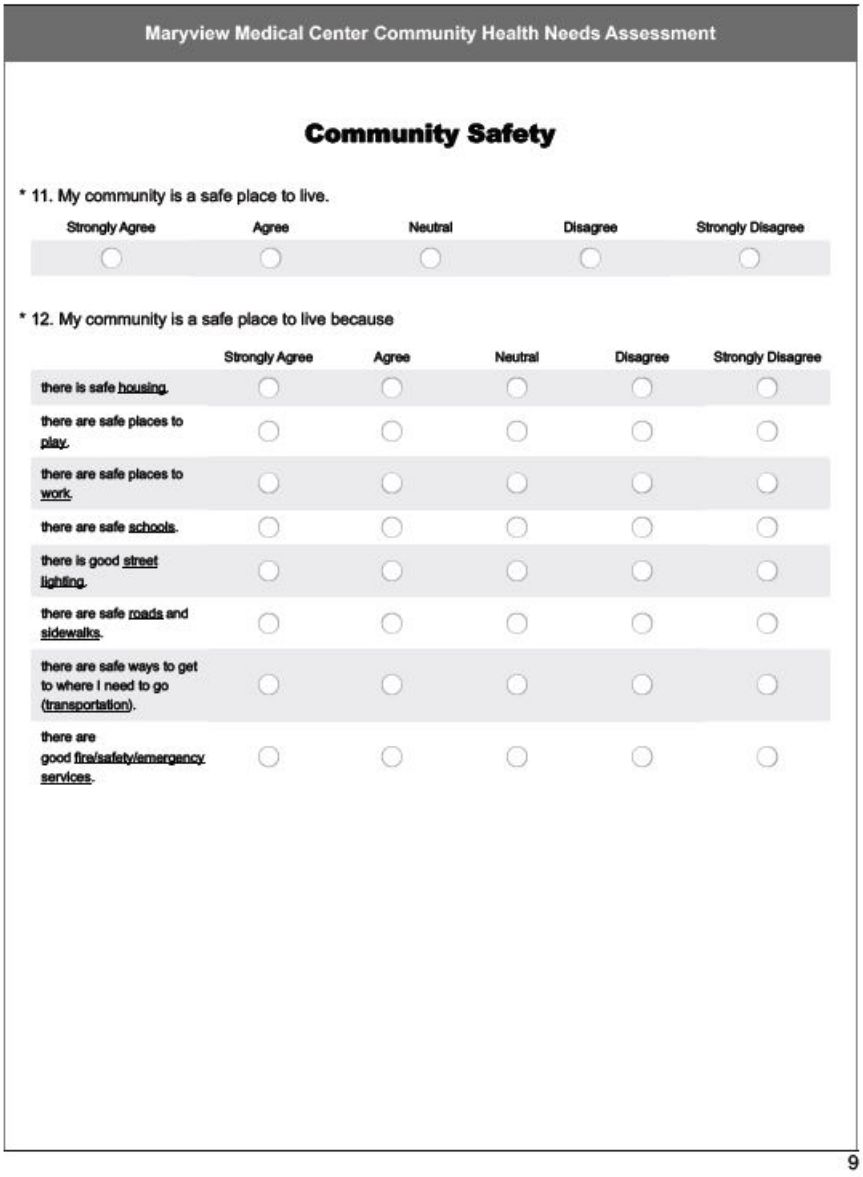
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
what the doctor tells me,	○	○	○	○	○
the hand-outs the doctor gives me.	○	○	○	○	○

7

Defining Safe and Safety

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

P



Maryview Medical Center Community Health Needs Assessment

Community Safety

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

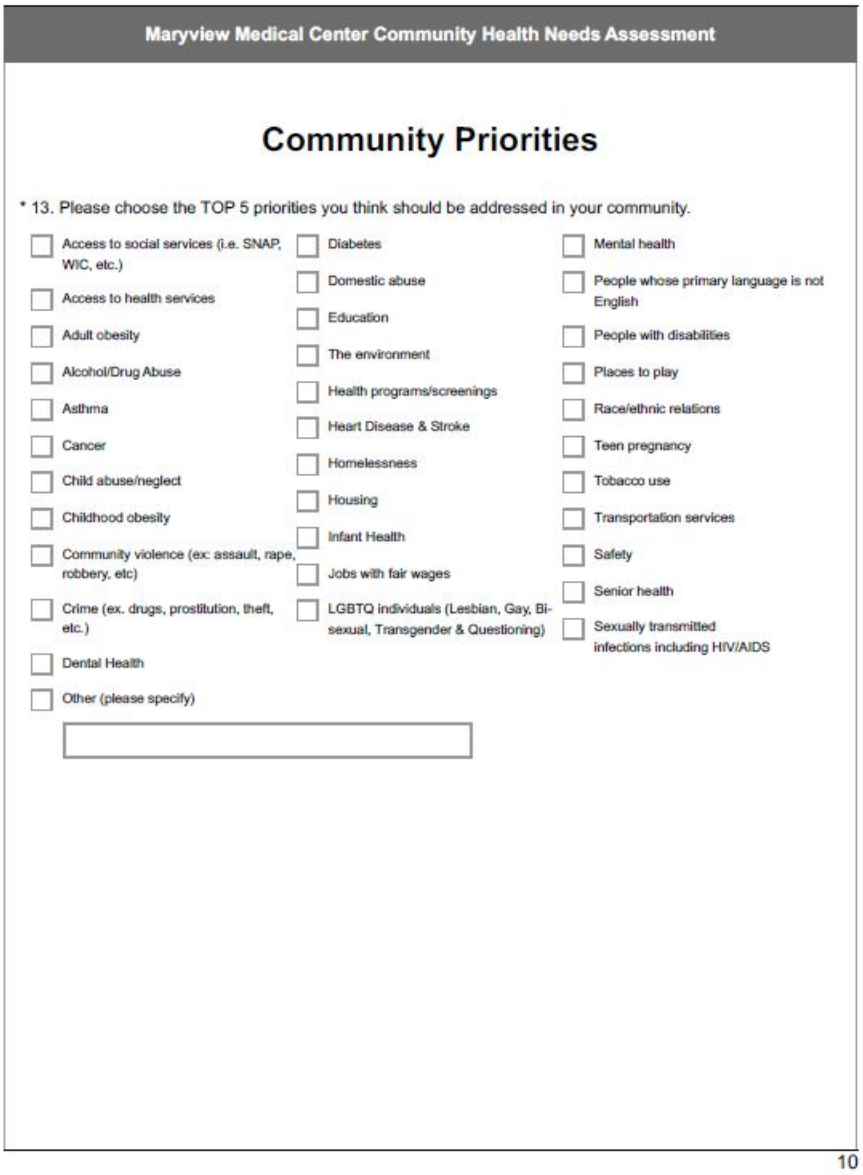
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
○	○	○	○	○

* 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.	○	○	○	○	○

9

Q



Maryview Medical Center Community Health Needs Assessment

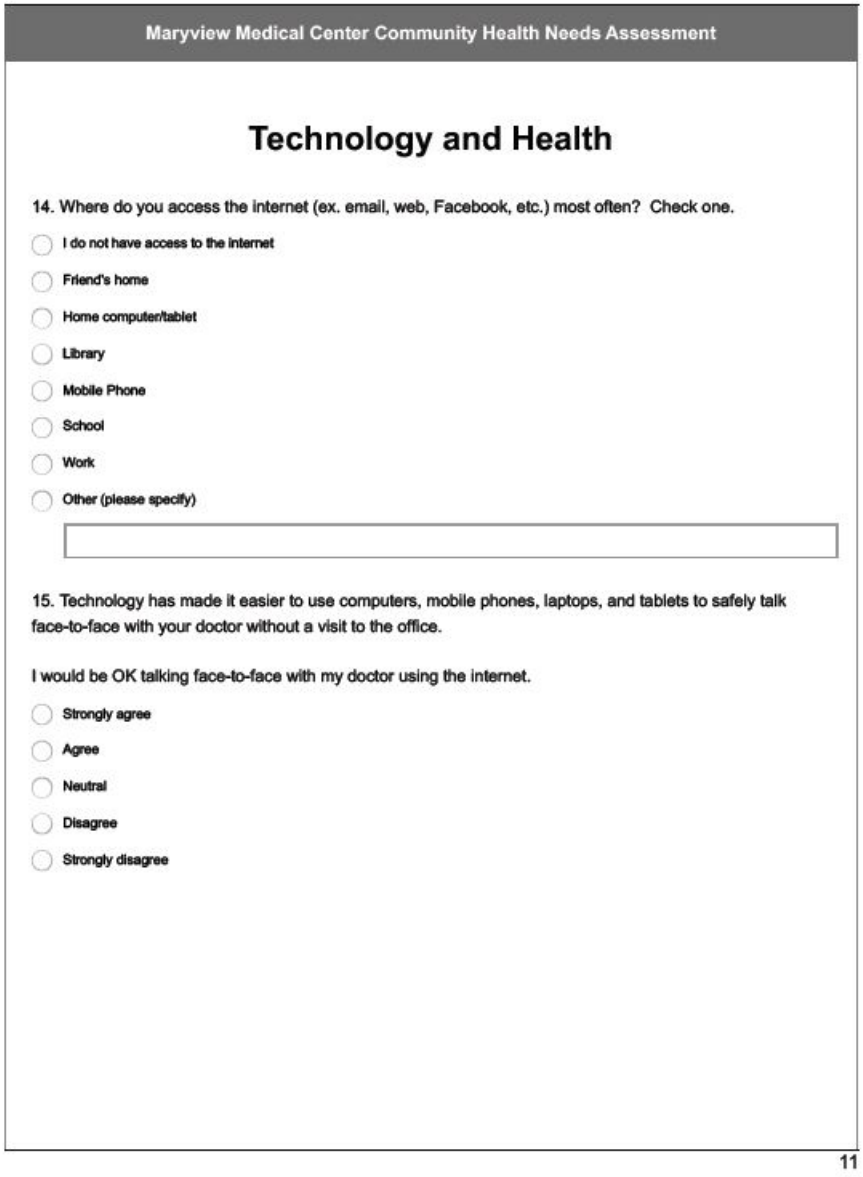
Community Priorities

* 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
- ☐ Other (please specify)
- ☐ 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

10

R



Maryview 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)

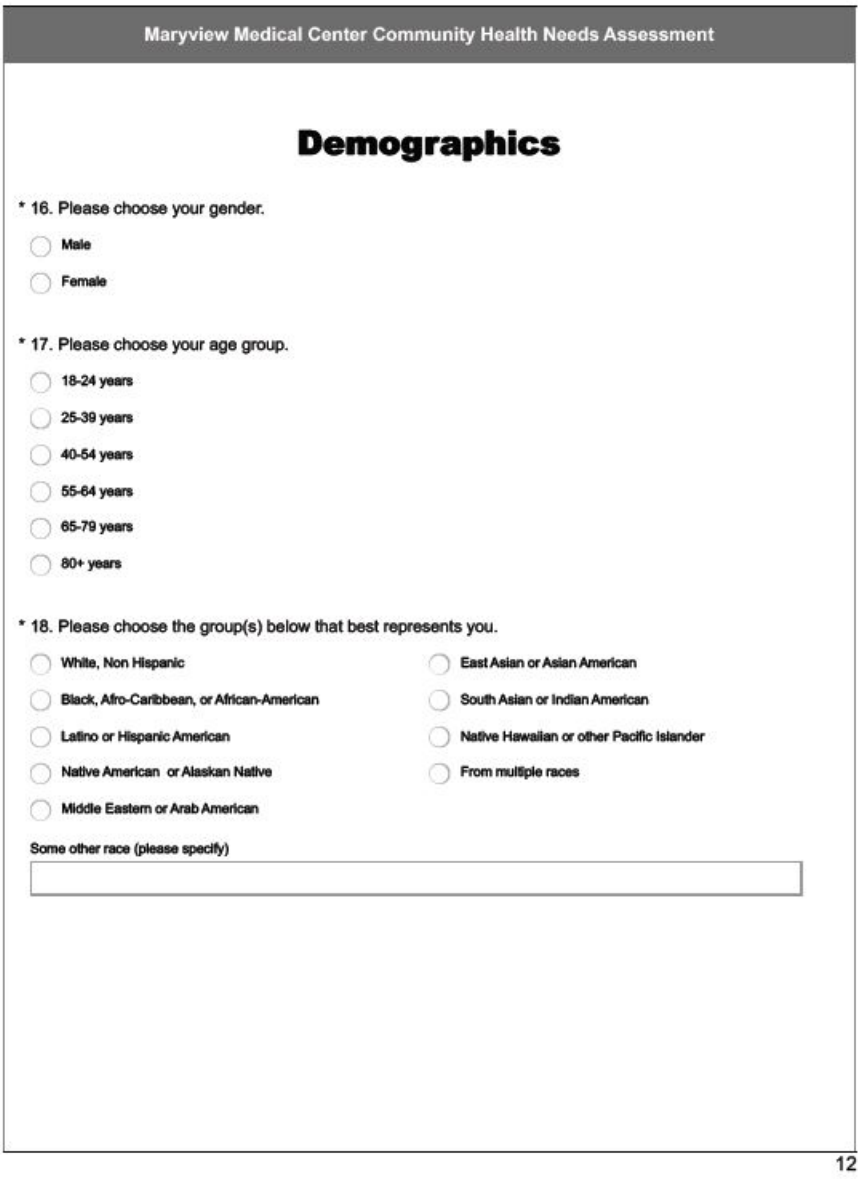
15. Technology has made it easier to use computers, mobile phones, laptops, and tablets to safely talk face-to-face with your doctor without a visit to the office.

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

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly disagree

11

S



Maryview 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)

12

T

* 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

13

U

* 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

14

Maryview 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!

W