



Community Health Needs Assessment

Bon Secours Mary Immaculate Hospital
Bon Secours Health System, Inc.



Good Help to Those In Need®

Table of Contents

<u>Executive Summary</u>	2
<u>Facility Description and Vision</u>	8
<u>Access to Health Care Profile</u>	9
Provider to Residents Ratios	9
Health Professional Shortage Area/Medically Underserved Area.....	9
<u>Demographics Data Profile</u>	10
Race and Ethnicity Demographics	11
Age Demographics and Projections	12
Poverty, Income, and Unemployment Demographics	13
Education Demographics.....	14
Uninsured Population.....	16
Violence and Crime.....	16
Opportunity for Living a Healthy Lifestyle.....	18
Social Indicators of Health Related to Children	19
<u>Health Conditions and Disease Data Profile</u>	20
Overall Mortality Data	23
Preventable Hospitalizations	24
Heart Disease and Stroke.....	25
Cancer.....	29
Adult Obesity and Diabetes	32
Respiratory Disease.....	35
Mental Health Disorders and Substance.....	38
Maternal and Infant Health	40
Sexually Transmitted Infections	45
<u>CHNA Key Findings</u>	49
Overarching Issues the Impact Health.....	50
Key Health Issues.....	52
Identifying Needs.....	57
Community Dialogues	60
<u>Prioritization Process</u>	61
Method of Prioitization	61
Services and Resources Available to Meet Identified Needs.....	62
<u>Appendix</u>	63

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.

For further information or to obtain a hard copy of this Community Health Needs Assessment (CHNA), please contact:

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.



The Bon Secours Hampton Roads Health System invites all residents of Hampton Roads, 18 and older, to provide feedback on our 2013 Community Health Needs Assessment and Implementation Plan. Your contribution is vital in helping Bon Secours identify health care needs, improve access to health care and enhance the care provided in the communities we serve. Please partner with us to build healthier communities by getting involved in this important effort.

To review the 2013 documents and provide feedback on the Implementation Plan, please visit bshr.com.

Thank you for partnering with Bon Secours to be Good Help to Those in Need®.



Good Help to Those in Need®

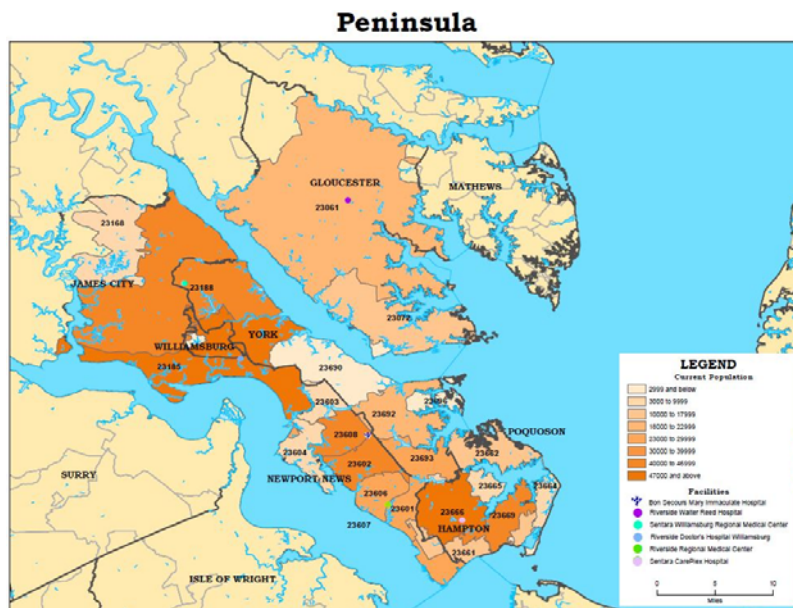
Executive Summary

Bon Secours Mary Immaculate Hospital (Mary Immaculate Hospital) is a 123-bed facility licensed in the state of Virginia serving approximately 465,000 residents in the cities of Gloucester, Hampton, Newport News, Poquoson, Williamsburg and James City and York counties. The CHNA examines qualitative input provided by community members coupled with quantitative data on health conditions in the area. Together the information forms a snapshot of important areas of health concern. A survey to gather information from the community was conducted in November and December 2015. Five Community Dialogues were held February and March 2016. This executive summary provides an overview of the initiative and the findings.

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

The survey and this assessment focus on the Mary Immaculate Hospital service area of twenty-three (23) zip codes. The study region is shown in the map below.

Bon Secours Mary Immaculate Hospital Service Area & Population Density Map



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

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

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

The survey was taken by 395 individuals of whom 360 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 to members of the Bon Secours Family Focus program. In addition, both online and hard-copies of the survey were distributed by the Advisory Board.

Based on secondary data analysis, the table on the next page highlights the major health issues where the Mary Immaculate community has worse rates or percentages when compared to Virginia or Healthy People 2020 targets. It is important to note, that for the most part, Newport News and Hampton had worse health outcomes than York County and Williamsburg.

Community Issues That Impact Health	Health Conditions
<ul style="list-style-type: none"> • Poverty • Unemployment • Crime • Racial disparities in timely graduation • Access to health services 	<ul style="list-style-type: none"> • Heart Disease • Diabetes • Obesity • Chronic Lower Respiratory Mortality • Tobacco Use • Teen Pregnancy • Sexually Transmitted Infections (Chlamydia, HIV, Syphilis)

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

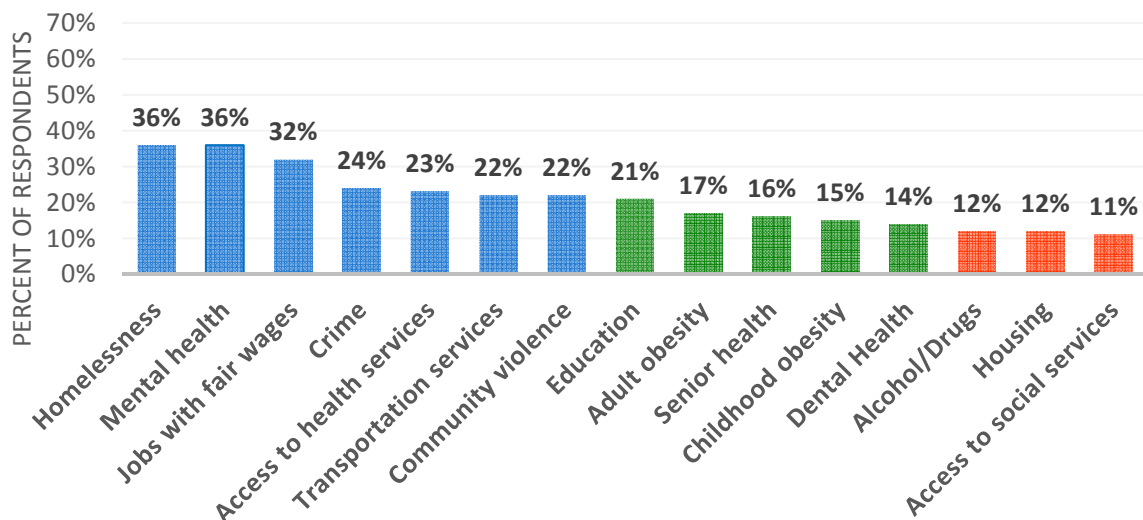
- *Larger percentages of African Americans* – While York County and Williamsburg have lower percentages of African American populations, Virginia has a slightly higher percentage of African American populations than the United States. Newport News and Hampton, however, have a significantly higher African American population. Please see page 12 for additional information.
- *Lower percentages of older adults (> 65 years of age)* – Newport News has slightly less older adults as compared to the surrounding municipalities and Virginia, while Williamsburg is the only area that has a statistically smaller youth population when compared to its surrounding municipalities and Virginia. In addition, indications suggest that the community’s older population will increase through 2040. Please see page 13 for additional information.
- *Higher unemployment percentages and children living in poverty* – While the unemployment rate and percentage of children living in poverty are decreasing throughout the service area, they are significantly higher compared to York and Virginia. Please see page 14 for additional information.
- *Lower high school graduation percentages (especially for African Americans)* – There is significant disparity in high school graduation rates with Newport News and Hampton percentages being much lower than York and Williamsburg, which are slightly higher than Virginia. Please see page 15 for additional information.
- *Heart disease and stroke mortality* – Williamsburg’s rate of heart disease mortality is significantly higher than Newport News, Hampton, and Virginia. York’s rate of heart disease is lower compared to Virginia. Please see page 26 for additional information.

- *Higher chronic respiratory disease mortality* – Hampton has one of the highest rates of chronic lower respiratory mortality within the Hampton Roads region, while rates in Newport News and York have been steadily decreasing to below that of Virginia. Please see page 36 for additional information.
 - Chronic Obstructive Pulmonary Disease (COPD) – Hampton has a significantly higher mortality rate from COPD compared to Newport News, York, Williamsburg, and Virginia. Newport News and York has a lower COPD mortality rate than Virginia.
 - Asthma Population Rates – Hampton has a higher percentage of the population with asthma compared to Newport News, Williamsburg, York, and Virginia.
- *Higher infant and child mortality* – The neonatal and infant mortality rates in Williamsburg has steadily increased to over double the rates of York and Virginia, while those in Newport News have slightly decreased. In addition, there is a significant disparity in infant mortality between African-American babies and White babies. Please see page 43 for additional information.
- *Higher sexually transmitted infections (STIs) rates* – Rates for STIs including HIV, gonorrhea, and syphilis are rising, with Newport News and Hampton’s rates higher than that of York, Williamsburg, and Virginia. York’s STI rates are lower compared to Virginia. Please see page 46 for additional information.
 - HIV – There is a disparity in those diagnosed with HIV/AIDS with nine (9) times more African Americans living with the disease than Whites. African American women account for 77% of all women living with HIV/AIDS. HIV diagnoses in Newport News are nearly twice as high compared to Hampton and Virginia. The 2013 rates in York and Williamsburg are well below the state average.
 - Chlamydia – Newport News and Hampton’s Chlamydia rates are over two times higher compared to Virginia. York’s Chlamydia rate in 2013 is the lowest in the service area.
 - Gonorrhea – The incidence of Gonorrhea in the Mary Immaculate service area is decreasing. The rates in Newport News and Hampton are over two times higher compared to Virginia. Rates in Williamsburg have decreased at a much greater rate since 2011. Rates in Virginia have steadily decreased since 2009.
 - Syphilis – Syphilis rates in Newport News, Hampton, York, and Williamsburg are increasing. Syphilis rates in Newport News, Hampton, and Williamsburg are over twice as high compared to Virginia.
- *Higher teen birth rates* – Newport News and Hampton’s teen pregnancy rates are higher than that of York, Williamsburg, and Virginia. For these indicators, there are racial disparities when comparing white and black rates within the service area. Please see page 41 for additional information.

- *Higher obesity rates* – Newport News and Hampton’s obesity rates are higher than York, Williamsburg, and Virginia. Although Newport News and Hampton’s diabetes mortality rates have slowly decreased, they are higher than those of York, Williamsburg, and Virginia. Please see page 33 for additional information.
- *Higher homicide and violent crime rates* – The violent crime rates for Newport News and Hampton are higher than the average violent crime rate of all Virginia municipalities, while the violent crime rate in York is lower. The violent crime rate in Williamsburg trends that of Virginia. Please see page 17 for additional information.
- *Higher primary care provider, dentist, and mental health provider ratios* – A major contributing factor in health care accessibility is the burden of care placed on a provider. There is a disparity in provider to resident ratios, as well as provider types, within the Mary Immaculate service area compared to Virginia. Please see page 10 for additional information.

The chart below illustrates the top fifteen health and community issues identified by participants in the Community Health Survey. For the most part, the community health needs selected by survey participants focus on social determinants like education, health access, or community violence that have strong impacts on individual health as well as individuals and families’ ability to get services. Mental health, access to health services, adult obesity, senior health, childhood obesity, and dental health were the only specific health issues that fell within the top ten priorities.

Top Fifteen Health Issues Identified by Community Health Survey Participants



There are some major differences in the results of the Community Health Survey and secondary data results. Teen pregnancy 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 community factors prioritized by survey participants highlight issues that should be factored in when planning initiatives or programs as they present structural and environmental barriers to improving health, participating in health programming, or seeking care.

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 access to health services and how transportation, jobs with fair wages, diabetes, obesity, sexual and heart health, and cancer all impact it. There was particular focus on mental health and homelessness. 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 Mary Immaculate's leadership for strong consideration in the Implementation Planning process: Mental Health, Homelessness, and Access to Health Services. The Advisory Board added that the themes of senior health and transportation need to be considered when addressing these issues.

Facility and Service Area Description

Bon Secours Mary Immaculate Hospital (Mary Immaculate) has served the Hampton Roads region over 60 years. Mary Immaculate Hospital was originally founded as Elizabeth Buxton Hospital at the turn of the twentieth century and opened in the eastern part of Newport News, near what is now the Monitor-Merrimac Bridge Tunnel. In 1952, the Bernardine Franciscan Sisters, Order of St. Francis, assumed the sponsorship of the hospital and renamed it Mary Immaculate Hospital. Recognizing the demographic trends occurring on the Peninsula, the Sisters made plans to relocate the hospital to an area where limited healthcare services were available and in the early 1980s, the hospital was relocated to its current campus in Newport News. In 1996, through a joint venture arrangement, Mary Immaculate Hospital became a ‘member’ of the Bon Secours Health System and was renamed Bon Secours Mary Immaculate Hospital.



Mary Immaculate is now a 123-bed not-for-profit, acute care facility licensed in the state of Virginia and serving approximately 465,000 residents mostly originating from the cities of Newport News, Hampton, York County, and Williamsburg. Mary Immaculate provides a comprehensive array of inpatient and outpatient services. In addition, Mary Immaculate works with sister facilities Bon Secours Maryview Medical Center, in Portsmouth, and Bon Secours DePaul Medical Center, in Norfolk, to support highly complex surgical specialties.

Bon Secours Mary Immaculate Hospital Vision

The vision of Bon Secours Mary Immaculate Hospital 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, Mary Immaculate 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, Mary Immaculate achieved its first re-accreditation for the American Nurses Credentialing Center *Pathway To Excellence®* Designation,

confirming to the public that nurses working at Mary Immaculate know their efforts are supported. For additional details about Mary Immaculate’s vision and services, please see Appendix IV.

Access to Health Care Profile

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

Provider to Residents Ratios

Access to health care services is a key factor in the health of a community. A major contributing factor in health care accessibility is the burden of care placed on a provider. The following table depicts the ratio of provider/residents in Newport News, Hampton, Williamsburg, and York County. The ratios for the state are also given for comparison. This data table highlights a disparity in provider to resident ratios between the four cities and across provider types.

Ratio of Provider to Residents (2016)¹					
	Newport News	Hampton	York	Williamsburg	Virginia
Primary Care	1,600:1	2,530:1	960:1	15,210:1	1,330:1
Dental Care	1,270:1	1,040:1	2,070:1	-	1,570:1
Mental Health	840:1	460:1	1,700:1	2,100:1	680:1

Health Professional Shortage Area/Medically Underserved Area

The U.S. Health Resources and Services Administration (HRSA) defines a Health Professional Shortage Area (HPSA) designation as one that identifies a geographic area, population group or facility as having a shortage of primary care physicians. As of 2016, Newport News has been designated a primary care HPSA. HRSA designates geographic areas or defined populations as “medically underserved” based on the presence of particular health and socioeconomic risks in addition to provider shortages. The criteria for designation include too few primary care providers, high infant mortality, high poverty, and/or high elderly population rates. At least one subsection of Newport News had a Medically Underserved Area (MUA) designation.²

¹ www.CountyHealthRankings.org

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

Demographics Data Profile

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

A detailed summary of the demographics data for the Mary Immaculate community is found in this section of the CHNA. Some key findings in the Mary Immaculate community’s demographics data include:

- The Mary Immaculate community is predominantly White (53.5%), with a large African American population (30.2%). Compared with Virginia as a whole, both Newport News and Hampton have lower percentages of White population with 45.2% and 40.1% respectively. Newport News and Hampton have much greater percentages of African Americans, 39.3% and 48.5% respectively, compared to Virginia’s percentage. There are lower percentages of Hispanics and Asians in the Mary Immaculate community compared to Virginia.³
- The Mary Immaculate community is comprised of fewer older adults (65+) than Virginia and is comparatively equal in the percentage of children (age <18).
- Unemployment rates in the Mary Immaculate community are higher than those in Virginia overall.
- The Mary Immaculate community’s median income is below than Virginia overall.
- The Mary Immaculate community mirrors Virginia with respect to the number of uninsured adults and children.

This area generally encompasses 465,000 residents. More specifically, for its most recent fiscal year 2015, Mary Immaculate Hospital’s actual patient population originated

³ www.CountyHealthRankings.org

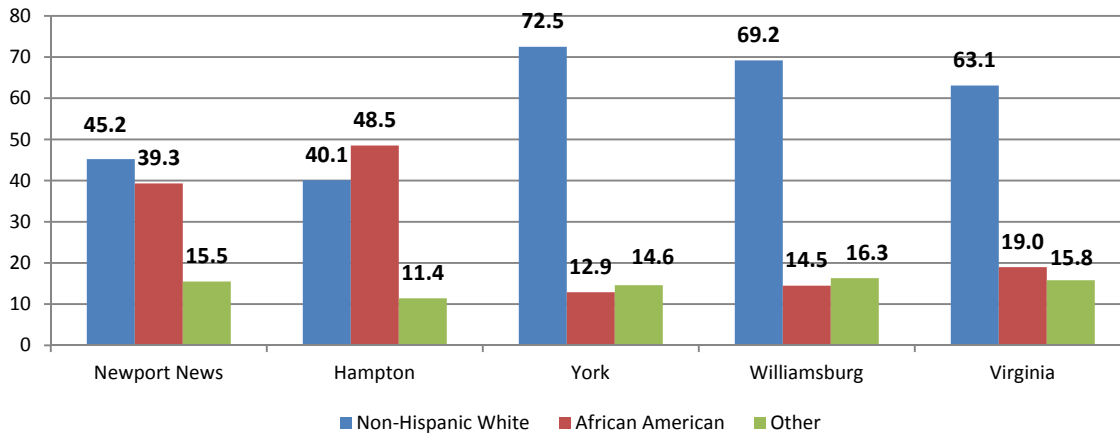
mostly from Newport News, followed by Hampton, and Yorktown and York County, as presented in the following table.

Bon Secours Mary Immaculate Hospital		
All Inpatient Origin - FY2015		
City	Discharges	% of Total
Newport News	3,585	41.4%
Hampton	1,359	15.7%
Yorktown and York County	1,094	12.6%
Williamsburg	428	4.9%
Poquoson	179	2.1%
Other	2,005	23.2%

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

Mary Immaculate Service Area Ethnicity, 2016

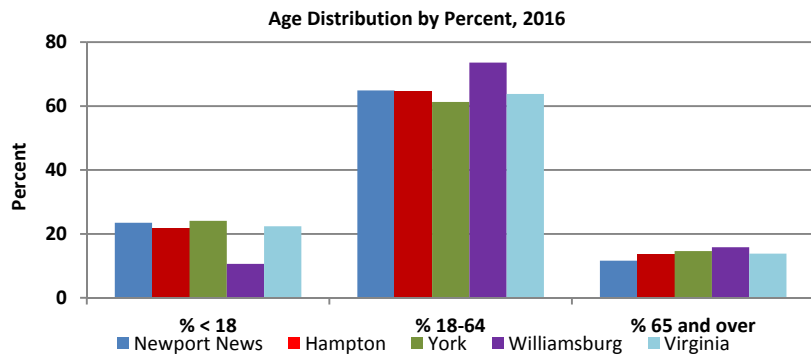


mortality have been slowly improving, many minority race groups still experience a disproportionately greater burden of preventable disease, death, and disability.⁴

In 2016, the population of African American in the United States is estimated 45 million, or 15.2% of the total population, lower than the percentage in Virginia. Compared to the Commonwealth of Virginia, York, and Williamsburg, the cities of Newport News and Hampton have a greater percentage of African American residents.⁵ As a result, the Non-Hispanic White populations in Newport News and Hampton are lower than those in York, Williamsburg, and Virginia.⁵

Age Demographics and Projections

Older adults are at higher risk for developing chronic illnesses such as Diabetes Mellitus, Arthritis, Congestive Heart Failure and Dementia, and this proves to be a burden on the health care system. The first of the “baby boomer generation” (adults born between 1946 and 1964) turned 65 in 2011 and has resulted in an aging population nationwide. It is estimated that by the year 2030, 37 million older adults nationwide will be managing at least one chronic condition. Chronic conditions are the leading cause of death among older adults. Additionally, older adults often experience higher rates of hospitalizations and low-quality care.⁶



The Mary Immaculate service area has slightly less older adults (65+) as compared to Virginia, as well as a slightly higher percentage of children (age <18).⁷

⁴ MinorityHealth.hhs.gov, HHS Disparities Action Plan

⁵ www.CountyHealthRankings.org

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

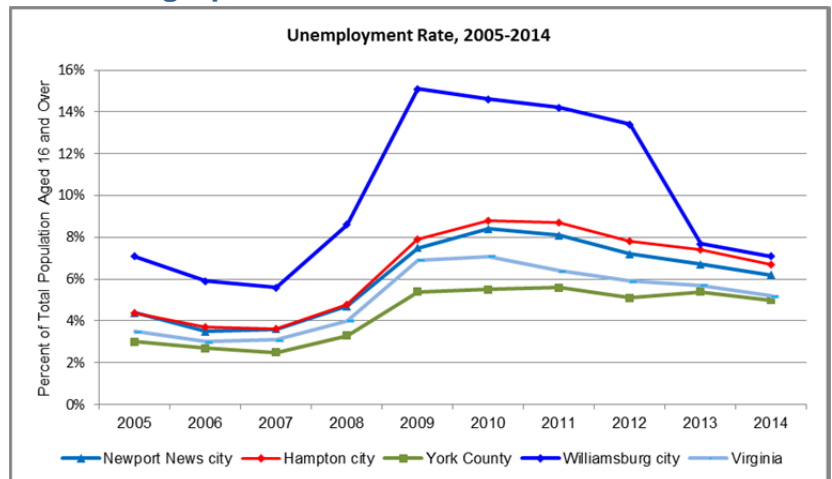
⁷ www.CountyHealthRankings.org

Age Distribution by Population Total			
	< 18	18-64	65 and over
Newport News	42,997	118,744	21,224
Hampton	29,703	88,424	18,752
York	15,988	40,668	9,686
Williamsburg	1,557	10,813	2,321

The Weldon Cooper Center for Public Service estimates that the community’s older population will steadily increase through 2040 to over 76,000 people, while the population growth rate of <19 and 20-64 year olds will decrease below that of the older population.⁸ These data are reflective of the “baby boomer generation” moving into older adulthood nationwide.

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

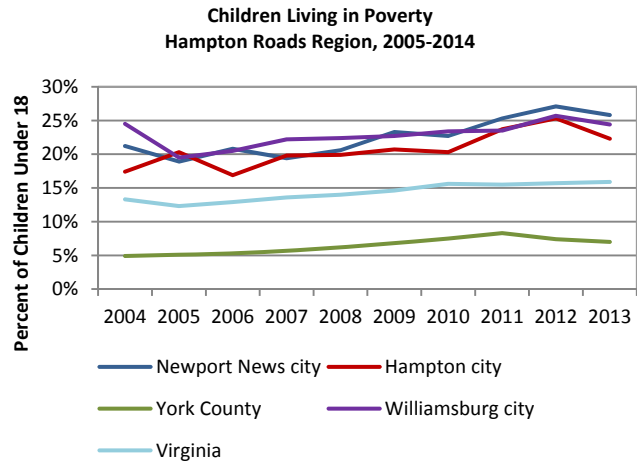


Survey participants ranked jobs with fair wages as a top health priority. The percent of people unemployed in Newport News, Hampton, York County, and Williamsburg has been dropping, but the rates in Newport News, Hampton, and Williamsburg are still higher than the state’s average. Approximately one-quarter of children in Williamsburg and Newport News live in poverty and this number has been steadily climbing over the last decade.

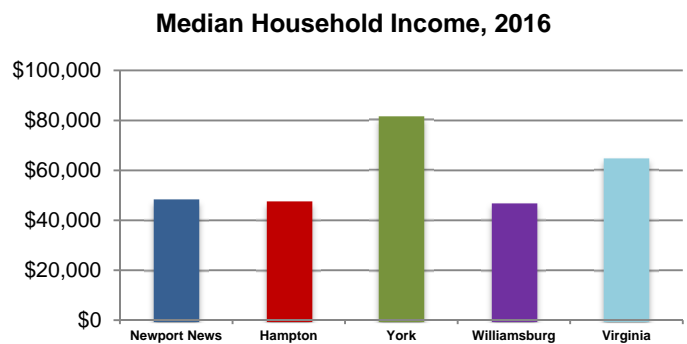
⁸ <http://www.coopercenter.org/demographics/virginia-population-projections>

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.

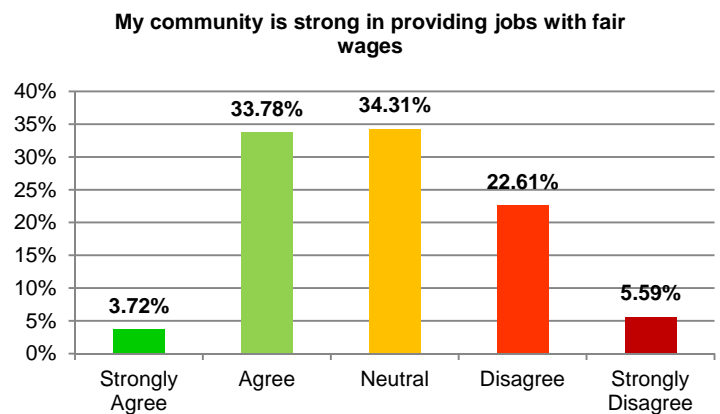
While the percent of children living in poverty is below the state average in York, the percentage for Newport News, Hampton, and Williamsburg is greater than Virginia's average.¹⁰



The median household incomes for Newport News, Hampton, and Williamsburg are lower than the Virginia state average of \$64,900. Newport News and Hampton have higher rates of unemployment than Virginia which correlate with their lower median household income values of \$48,400 and \$47,600, respectively. Conversely, York has a significantly higher median household income than Virginia while also having a lower rate of unemployment.¹¹



Survey participants in the Mary Immaculate community either disagreed (22.6%) or strongly disagreed (5.6%) that their communities provide jobs with fair wages. An additional third of respondents answered with neutral.



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

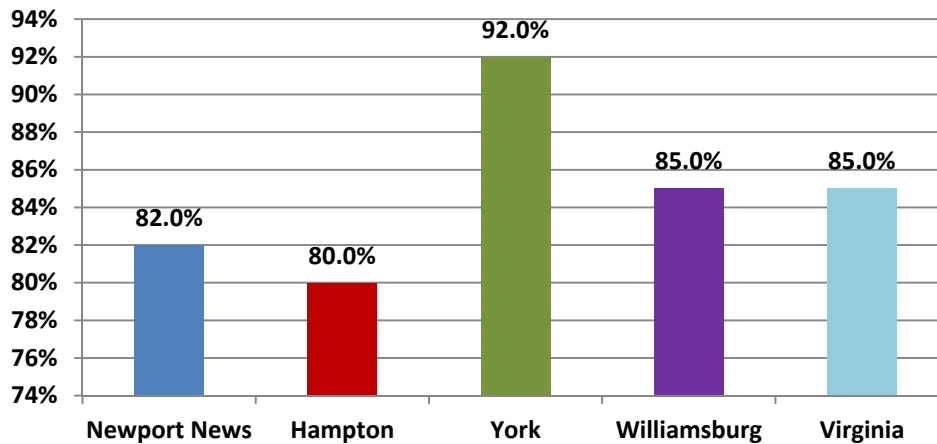
¹¹ www.CountyHealthRankings.org

Education Demographics

A direct correlation exists between low levels of education and high poverty rates. High poverty rates in turn have an adverse effect on a community’s health outcomes. Seventy-two percent of survey participants reported that they felt their community was strong in providing good education (with only 9% disagreeing), but there is racial disparity in timely graduation rates.

The Healthy People 2020 goal for Education Level/Graduation Rates aims for at least 82.4% of students attending public schools graduate with a regular diploma four years after starting 9th grade. In 2014-2015, the Newport News and Hampton graduation rates (82.0% and 80.0%, respectively) were lower than the Healthy People 2020 goal and Virginia’s rate. York’s rate was higher than the Healthy People 2020 goal and only 7% percent higher than Virginia’s rate.¹²

High School Graduation Rates, 2014-2015

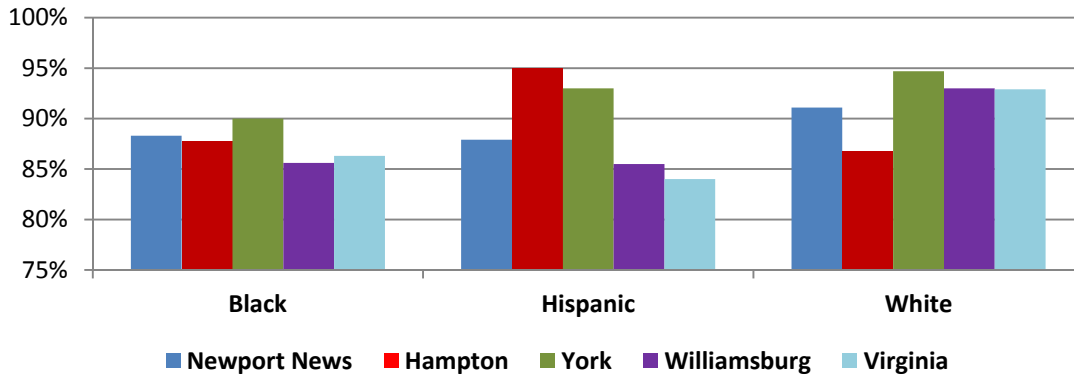


The following chart shows the racial disparity of students who graduated on time in 2014 in the Mary Immaculate service area compared to Virginia. Williamsburg has a slightly lower percentage of African American students who graduated on time than Virginia. The percentage of White, Non-Hispanic students from Newport News and Hampton who graduated on time is lower compared to Virginia.¹³

¹² <http://www.doe.virginia.gov>

¹³ <http://www.doe.virginia.gov>

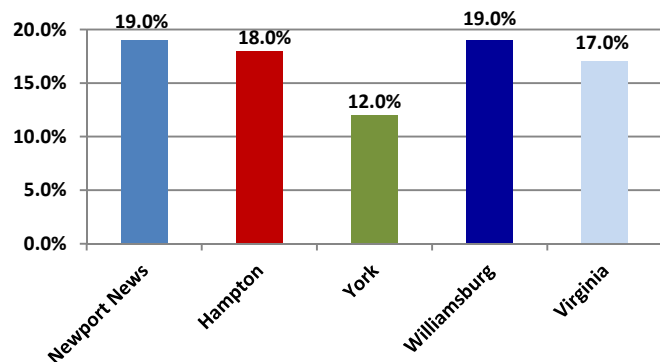
Percentage of Students who Graduated On-Time by Race, 2015



Uninsured Population

Research shows that high rates of health insurance coverage positively impact a community’s overall health status. Access to health care services improves quality of life, school and work productivity and overall rates.¹⁴ The Healthy People 2020 goal for Health Insurance aims for 100% of the population having some form of health insurance coverage. The percentage of uninsured adults in Williamsburg and Newport News is equal. The percentages of uninsured adults in Newport News, Hampton, and Williamsburg are higher than that of Virginia, while the percentage in York is significantly lower.¹⁵

Percentage of Uninsured Adults



Violence and Crime

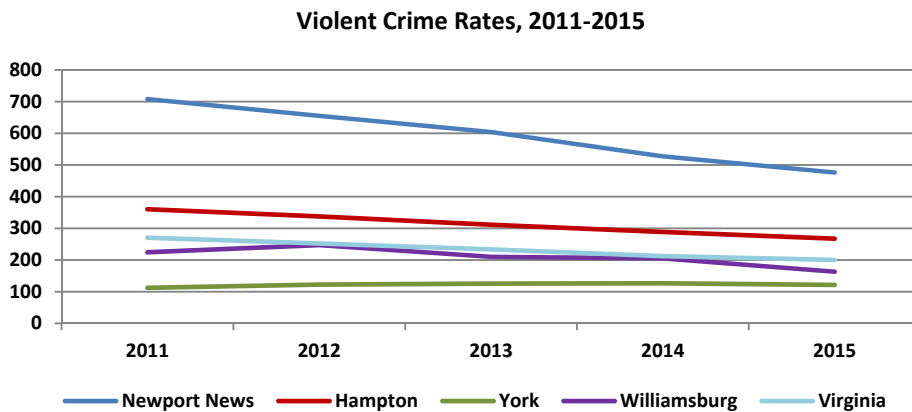
Violent crimes are defined as physical offenses and confrontations between individuals, including homicide, forcible rape, robbery, and aggravated assault. High levels of violent crime result in feelings of being unsafe and may deter people from engaging in healthy behaviors such as exercising outdoors. 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

¹⁴ www.healthypeople.gov, Access to Health Services

¹⁵ www.countyHealthRankings.org

high levels of violence and crime in a community will likely increase prevalence of psychosocial stress related illnesses such as upper respiratory illness and asthma.¹⁶

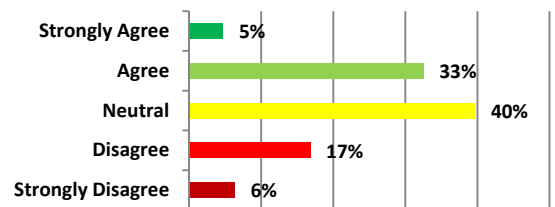
The chart below shows the violent crime rates for Newport News and Hampton are higher than the average violent crime rate of all Virginia municipalities, while the violent crime rate in York is lower. The violent crime rate in Williamsburg trends that of Virginia. Violent crime in Virginia overall has declined over the past five years.¹⁷



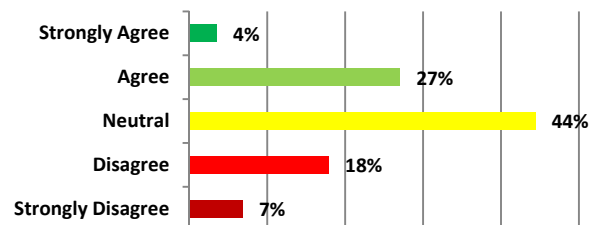
While survey participants reported that their community was a safe place to live, work, learn and play, they still rated crime and community violence among the top ten health priorities. Participants also feel that victims of violent crime and domestic abuse had less support and services than other groups. 38% of survey respondents from the Mary Immaculate service area felt their community has good support and services for victims of domestic abuse.

The response was similar regarding good support and services for victims of violent crime with 31% responding with strongly agree or agree. Examples on the survey of violent crime included assault, rape, robbery, etc.

Support For Victims of Domestic Abuse



Support For Victims of Violent Crime



¹⁶ www.healthypeople.gov, Injury and Violence Prevention

¹⁷ www.CountyHealthRankings.org

Opportunity for Living a Healthy Lifestyle

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

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

Measure and Definition of Measure	Virginia	Newport News	Hampton	York	Williamsburg
Food Environment Index Factors that contribute to a health food environment, 0 (worst) to 10 (best)	8.3	7.2	6.8	8.8	7.4
Food Insecurity Percentage of population who lack adequate access to food	12%	16%	17%	9%	17%
Physical Activity Percentage of adults aged 20 and over reporting no leisure-time physical activity HP2020 Goal – 32.6%	22%	27%	25%	22%	24%
Access to exercise Percentage of population with adequate access to locations for physical activity	81%	92%	92%	86%	100%

The Food Environment indexes and Food Insecurity values for Newport News, Hampton, and Williamsburg are worse than the data reported for York and Virginia, while Physical Inactivity and Access to exercise for all Mary Immaculate communities either meet or surpass the values for Virginia.¹⁹

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 graph and tables provide risk factor data specific to children (<18 years old) in Newport News, Hampton, York, and Williamsburg.²⁰ The percentage of children in single parent households in Newport News, Hampton, and Williamsburg is well above the percentage in York and Virginia. The percentage of children eligible for free lunch in Newport News and Hampton is also well above the percentage in Virginia. The percentage of children eligible for free lunch in York is lower. The data indicate that children in the region are more vulnerable to the 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)
Newport News	46%	49%
Hampton	48%	46%
York	22%	13%
Williamsburg	45%	35%
Virginia	30%	32%

²⁰ www.CountyHealthRankings.org

Health Conditions and Disease Data Profile

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

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

Data regarding Health Behaviors and Social Determinants in the Mary Immaculate service area is provided in the following table.²¹

Health Behaviors/Social Determinants					
Measure and Definition	Newport News	Hampton	York	Williamsburg	Virginia
Adult smoking Percentage of adults who are smokers (2014) (HP2020 Goal = 12%)	21%	20%	15%	18%	20%
Adult obesity Percentage of adults that report a BMI of 30 or more (2012) (HP2020 Goal = 30.5%)	34%	32%	27%	27%	27%
Excessive drinking Percentage of adults reporting binge or heavy drinking (2014) (HP2020 Goal = 24.4%)	17%	15%	18%	19%	17%
Alcohol-impaired driving deaths Percentage of driving deaths with alcohol involvement (2010-2014)	25%	36%	68%	0%	31%
Sexually transmitted infections Number of newly diagnosed chlamydia cases per 100,000 population (2013)	868.2	928.1	244.9	586.8	407.0
Teen births Number of births per 1,000 female population ages 15 – 19 (2007-2013)	43	34	10	7	27

²¹ www.CountyHealthRankings.org

Percentages for Adult Smoking in Newport News and Hampton are nearly identical to that of Virginia and higher than the rates in York and Williamsburg. The percent of Adult Obesity in York and Williamsburg is consistent with that of Virginia and much lower compared to Newport News and Hampton. Excessive Drinking percentages in Newport News and Virginia are the same, while the percentages in Williamsburg and York are minutely higher, all of which are lower than the HP 2020 goal of 24.4%. Alcohol-impaired Driving Deaths are significantly higher in York when compared to surrounding municipalities.

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 Mary Immaculate community is found in this section of the CHNA.

We would like to acknowledge the Portsmouth Health Department and ToXcel, LLC, for their assistance with compiling the information in this section.

Overall Mortality Data

Healthy People 2020 objectives define mortality rate goals per 100,000 populations for a number of health problems.²² A selection of the Healthy People 2020 mortality targets is as follows:

Healthy People 2020 Mortality Targets	
Overall Cancer	161.4 deaths per 100,000 population
Breast (female) Cancer	20.7 deaths per 100,000 females
Lung Cancer	45.5 deaths per 100,000 population
Prostate Cancer	21.8 deaths per 100,000 males
Colon (colorectal) Cancer	14.5 deaths per 100,000 population
Heart Disease	103.4 deaths per 100,000 population
Stroke	34.8 deaths per 100,000 population
Diabetes	66.6 deaths per 100,000 population
Infant	6.0 infant deaths per 1,000 live births
Neonatal Deaths (28 days)	4.1 neonatal deaths per 1,000 live births
Drug Related	11.3 drug-induced deaths per 100,000
Violence	5.5 homicides per 100,000 population
Injuries	36.4 deaths per 100,000 due to unintentional injuries

In 2013, the Mary Immaculate community had a total of 2,192 deaths attributable to the leading 10 causes of mortality in the region as listed in the following tables. The three leading causes of death in the region are: 1) Cancer, 2) Heart Diseases, and 3) Stroke.

The table on the next page provides the number of deaths attributable to each of the top 10 causes of death for Newport News, Hampton, York, and Williamsburg.²³

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

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

Leading 10 Causes of Mortality by Total Number of Deaths (2013)				
	Newport News	Hampton	York	Williamsburg
Malignant Neoplasms (Cancer)	315	287	113	27
Heart Diseases	275	220	87	38
Cerebrovascular Diseases (Stroke)	59	59	22	10
Chronic Lower Respiratory Diseases	58	65	13	7
Unintentional Injury	55	52	16	4
Diabetes	53	43	9	5
Alzheimer's Disease	40	37	8	2
Nephritis and Nephrosis (Kidney Diseases)	39	25	10	2
Septicemia	30	38	5	0
Influenza and Pneumonia	24	31	6	3

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.

The following table displays four of the top PQI Hospital Indicators in the Mary Immaculate community.²⁴

²⁴ www.vhi.org/MONAHRQ

PQI Hospitalization # Discharges & Rates per 1,000 for Selected (Principal) Diagnoses (2013)					
	Newport News	Hampton	York	Williamsburg	Virginia
Heart Failure	587 discharges	435 discharges	111 discharges	*	21,512 discharges
	3.2 per 1,000	3.2 per 1,000	1.6 per 1,000	*	2.6 per 1,000
Diabetes	326 discharges	287 discharges	39 discharges	*	12,972 discharges
	1.8 per 1,000	2.1 per 1,000	0.6 per 1,000	*	1.6 per 1,000
Pneumonia	342 discharges	255 discharges	74 discharges	*	19,433 discharges
	1.9 per 1,000	1.9 per 1,000	1.1 per 1,000	*	2.4 per 1,000
Urinary Tract Infections	188 discharges	173 discharges	44 discharges	*	11,986 discharges
	1.0 per 1,000	1.3 per 1,000	0.6 per 1,000	*	1.5 per 1,000
Chronic Obstructive Pulmonary Disease (COPD)	245 discharges	176 discharges	37 discharges	*	14,078 discharges
	1.3 per 1,000	1.3 per 1,000	0.5 per 1,000	*	1.7 per 1,000

*Values based on 10 or fewer discharges are suppressed to protect confidentiality of patients

Compared to Virginia, higher PQI rates for Heart Failure and Diabetes are found in Newport News and Hampton. The PQI rates for Pneumonia, Urinary Tract Infections, and Chronic Obstructive Pulmonary Disease are lower in Newport News, Hampton, and York when compared to Virginia’s rates. Williamsburg had less than 10 discharges for each measure; therefore, the data are not publicly available to protect patient confidentiality.

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

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

expenses as a result of heart disease and stroke. Stroke is also a leading cause of disability in the United States.

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

Healthy People 2020 Heart Disease & Stroke Mortality Goals	
Heart Disease	103.4 deaths per 100,000 population
Stroke	34.8 deaths per 100,000 population

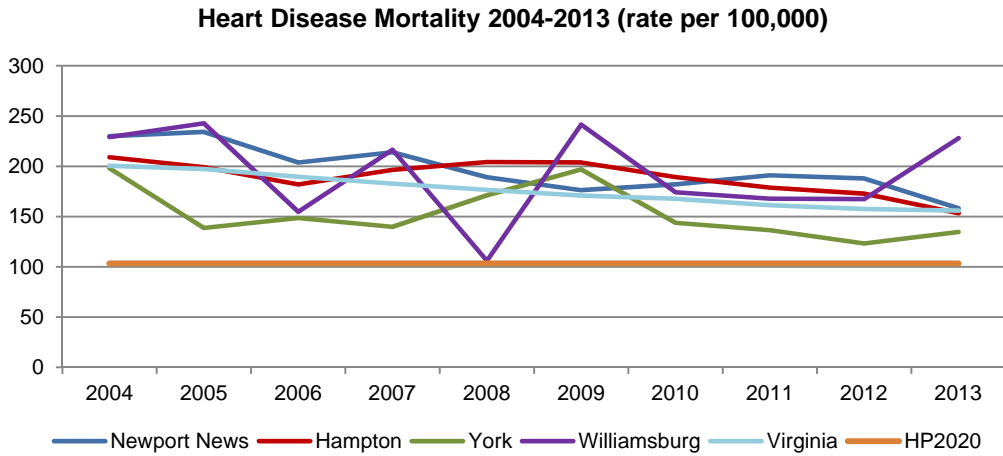
The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity²⁶

The rate of heart disease mortality has been on a steady decline for the last decade. However, in 2013, after steadily declining from the previous three years, Williamsburg and York’s rates of heart disease mortality increased. While all municipalities other than York have rates of heart disease mortality that either equal or are greater than that of Virginia, they are all higher than the Healthy People 2020 target of 103.5.²⁷

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

²⁷ www.vdh.org



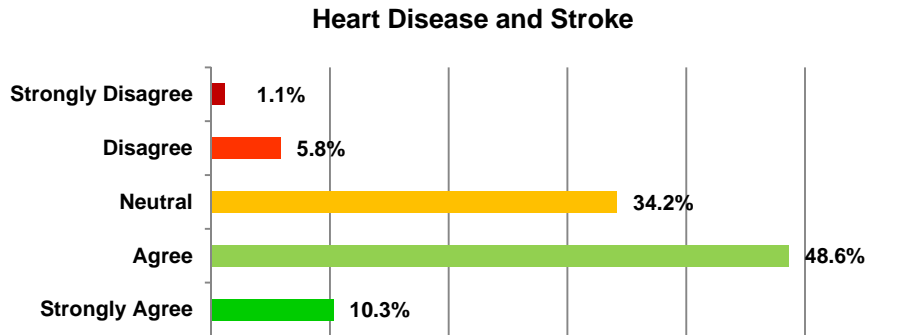
The following tables display Heart Disease Mortality and Stroke for Newport News, Hampton, York, Williamsburg, and Virginia.²⁸

Heart Disease Mortality 2004-2013 (rate per 100,000)										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Newport News	229.8	234.1	203.8	213.9	189.1	176.2	181.9	191.1	187.9	158.2
Hampton	209.0	199.2	182.0	196.5	204.2	203.7	189.3	178.8	172.7	153.3
York	198.0	138.6	148.6	139.8	171.1	197.0	143.7	136.5	123.3	134.7
Williamsburg	229.1	242.8	154.8	216.5	106.1	241.5	174.1	167.8	167.3	227.9
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

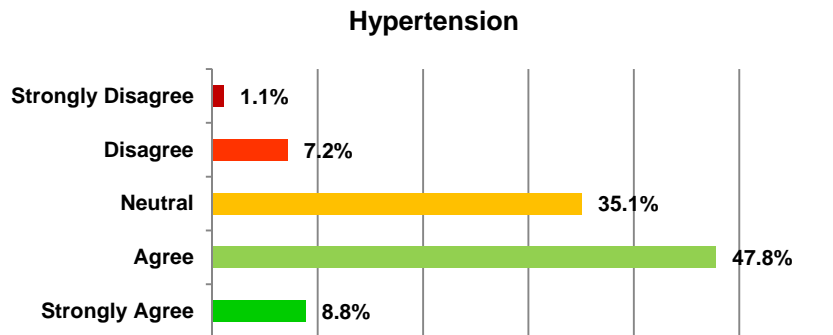
Stroke Mortality 2004-2013 (rate per 100,000)										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Newport News	70.3	61.1	60.1	37.1	45.6	51.3	47.8	43.9	37.3	34.8
Hampton	52.1	46.7	40.0	51.2	48.1	42.1	50.7	51.5	41.6	41.9
York	55.3	38.2	44.6	46.0	36.9	49.8	32.6	40.4	27.3	32.5
Williamsburg	99.5	34.9	100.8	71.6	45.2	33.7	28.7	50.7	44.6	63.3
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

²⁸ Virginia Department of Health

When asked if heart disease and stroke programs were meeting the needs of their community, nearly 59% of survey participants in the Mary Immaculate service area either agreed or strongly agreed while only 6.9% either disagreed or strongly disagreed. Despite this positive affirmation on program offerings, heart disease continues to be a major concern in the region.



When asked if programs to address hypertension were meeting the needs of their community, 56.6% of survey participants from the Mary Immaculate community either agreed or strongly agreed.



Cancer

Cancer is a leading cause of death in Newport News, Hampton, and York and second highest cause of death in Williamsburg. Cancer has been identified as the second greatest cause of death nationwide, with Heart Disease being number one.

Cancer mortality rates advanced by Healthy People 2020 include the following:²⁹

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

Since 2000, mortality rates for breast, colon, lung and prostate cancer have been dropping steadily in the Mary Immaculate service area. With the exception of Hampton, these rates are all within a couple of points of the Healthy People 2020 (HP2020) target. Rates for colorectal and lung cancer in Newport News, York, and Williamsburg have already been met and dropped below the HP2020.³⁰

The following table provides the five-year total mortality/rates by cancer type for Newport News, Hampton, York, and Williamsburg compared to Virginia.

Cancer Mortality Rates (per 100,00) from 2008-2012							
	Newport News	Hampton	York	Williamsburg	Virginia	HP2020	Data Trend
Colorectal	11.9	15.8	11.9	11.9	14.9	14.5	↓
Lung	43.9	58.0	43.9	43.9	48.2	45.5	↓
Prostate	23.7	31.0	23.7	23.7	22.4	21.2	↓
Breast	23.4	24.3	23.4	23.4	22.7	20.7	↓

²⁹ www.healthypeople.gov, Cancer

³⁰ www.vdh.gov

- **Colon Cancer Data Findings**

- Since 2003, Colon Cancer Mortality rates have steadily decreased.³¹
- Newport News, York, and Williamsburg mortality rates are lower than Virginia and the HP2020 goals.
- Incidence rates in Virginia are higher in men compared to women.

Colorectal Cancer Mortality Rates (per 100,000)

	2003-2007	2007-2011	2008-2012	Trend
Newport News	18.7	13.2	11.9	↓
Hampton	20.5	17.9	15.8	↓
York	18.7	13.2	11.9	↓
Williamsburg	18.7	13.2	11.9	↓
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 the Mary Immaculate service area 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
- Lung cancer mortality rates are higher in men compared to women.

Lung Cancer Mortality Rates (per 100,000)

	2003-2007	2007-2011	2008-2012	Trend
Newport News	55.5	46.0	43.9	↓
Hampton	58.8	58.6	58.0	↓
York	55.5	46.0	43.9	↓
Williamsburg	55.5	46.0	43.9	↓
Virginia	54.8	49.5	48.2	↓
HP2020	45.5	45.5	45.5	

³¹ www.vdh.gov

³² www.cancercoalitionofvirginia.org/VirginiaCancerData

- **Prostate Cancer Findings**

- Since 2003, Prostate cancer mortality rates in Newport News, Hampton, York, and Williamsburg have steadily decreased.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 Rates (per 100,000)

	2003-2007	2007-2011	2008-2012	Trend
Newport News	26.4	24.4	23.7	↓
Hampton	31.6	31.3	31.0	↓
York	26.4	24.4	23.7	↓
Williamsburg	26.4	24.4	23.7	↓
Virginia	26.6	23.5	22.4	↓
HP2020	21.2	21.2	21.2	

- **Breast Cancer Findings**

- Breast cancer is the most commonly diagnosed cancer (excluding non-melanoma skin cancer) and the second leading cause of cancer death among women in the United States.
- Since 2003, Breast cancer mortality rates in Newport News, York, and Williamsburg have steadily decreased; however, Hampton mortality rates slightly increased in the 2008-2012 time period. Both cities are above Virginia rates and HP2020 goals.

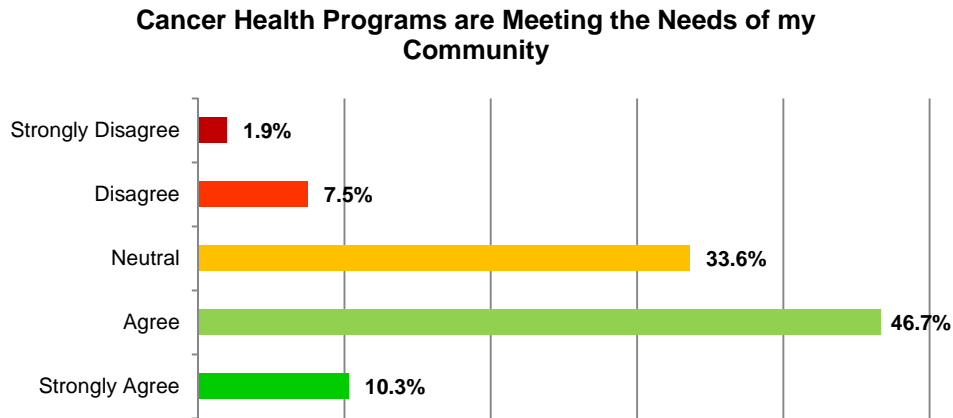
Breast Cancer Mortality Rates (per 100,000)

	2003-2007	2007-2011	2008-2012	Trend
Newport News	25.4	24.6	23.4	↓
Hampton	28.2	23.3	24.3	↑
York	25.4	24.6	23.4	↓
Williamsburg	25.4	24.6	23.4	↓
Virginia	25.4	23.4	22.7	↓
HP2020	20.7	20.7	20.7	

³³ www.vdh.gov

³⁴ www.cancercoalitionofvirginia.org

When asked to rate health programs, fifty seven percent (57%) of survey respondents indicated that they either agreed or strongly agreed that existing cancer programs are meeting the needs of their community.



Adult Obesity and Diabetes

Obesity is a measure defined as the percentage of adults aged 20 and older who have a body mass index (BMI) equal to or greater than 30. The obesity target set by Healthy People 2020 is that no more than 25% of the population is obese.³⁵

Healthy People 2020 Obesity & Diabetes Goals	
Adult Obesity	Less than or equal to 30.5%
New Diabetes Diagnoses	Fewer than 7.2 new cases per 1,000 adults

According to the 2016 County Health Rankings, 34% of Newport News residents and 32% of Hampton residents are obese. This percentage is higher than the HP2020 target of 30.5%. York and Williamsburg’s obesity rates are equal to Virginia and lower than HP2020 goals. Physical inactivity in Newport News, Hampton, York, Williamsburg, and Virginia is significantly lower than HP2020 goals.³⁶

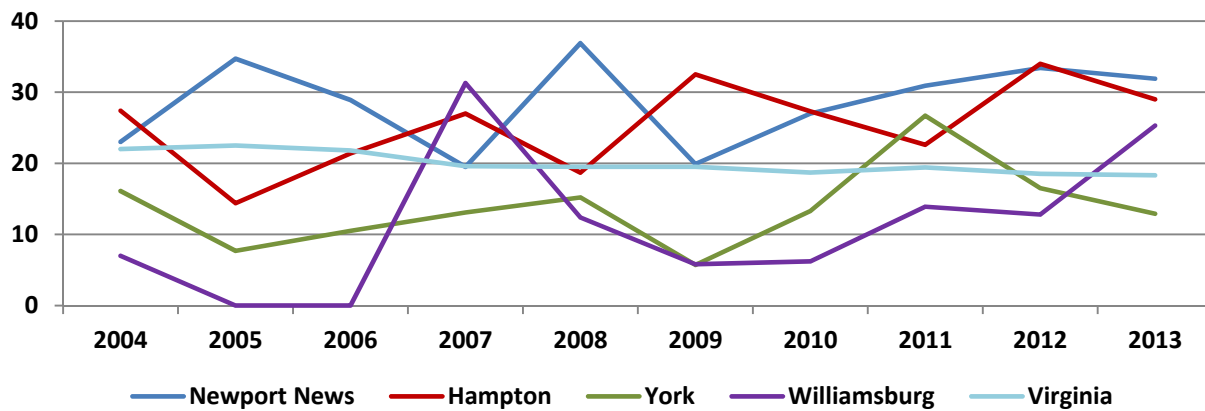
³⁵ www.healthypeople2020.gov

³⁶ www.CountyHealthRankings.org

Health Issue	Newport News	Hampton	York	Williamsburg	Virginia	HP2020 Target*
Obesity (%) 2012	34.0%	32.0%	27.0%	27.0%	27.0%	30.5%
Physical Inactivity (%) 2012	27.0%	25.0%	22.0%	24.0%	22.0%	32.6%

Since 2012, Newport News and Hampton’s diabetes mortality rates have slowly decreased; however, they are both higher than those of York and Virginia, which have slightly decreased in the same period.³⁷ Williamsburg underwent a large rate increase between 2012 and 2013. The chart on the next page illustrates the diabetes mortality rates for Newport News, Hampton, York, and Williamsburg compared to Virginia.

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



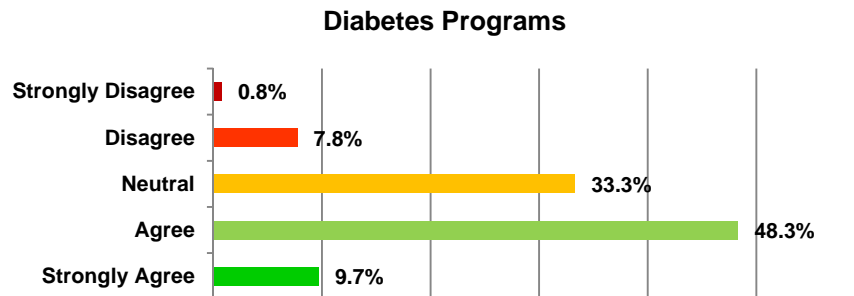
Diabetes Mortality 2004-2013 (rate per 100,000)										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Newport News	23.0	34.7	28.9	19.5	36.9	19.9	27.0	30.9	33.4	31.9
Hampton	27.4	14.4	21.4	27.0	18.7	32.5	27.3	22.6	34.0	29.0
York	16.1	7.7	10.5	13.1	15.2	5.7	13.3	26.7	16.5	12.9
Williamsburg	7.0	0.0	0.0	31.3	12.4	5.8	6.2	13.9	12.8	25.3
Virginia	22.0	22.5	21.8	19.6	19.5	19.5	18.7	19.4	18.5	18.3

³⁷ Virginia Department of Health

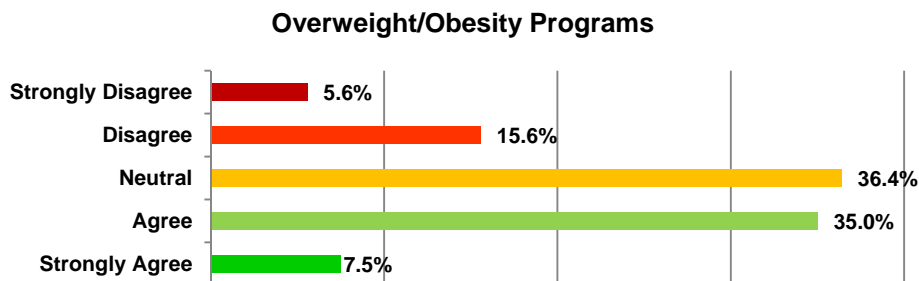
The following table shows that the rate of hospital discharges of diabetes without complication within Newport News and Hampton is higher than Virginia’s, while York and Williamsburg’s rates are lower.³⁸

Health Issue	Newport News	Hampton	York	Williamsburg	Virginia	HP2020 Target*
Diabetes without complication: Hospital Discharge Rate (per 100,000), 2013	17.4	18.5	9.1	1.0	16.6	--

When asked about Diabetes programs, 58% of survey participants in the Mary Immaculate service area either agreed or strongly agreed that current programming are meeting the needs of their community.



42.5% of the respondents from the Mary Immaculate service area either agreed or strongly agreed that current programming for Overweight and Obesity issues are meeting the needs of their community.

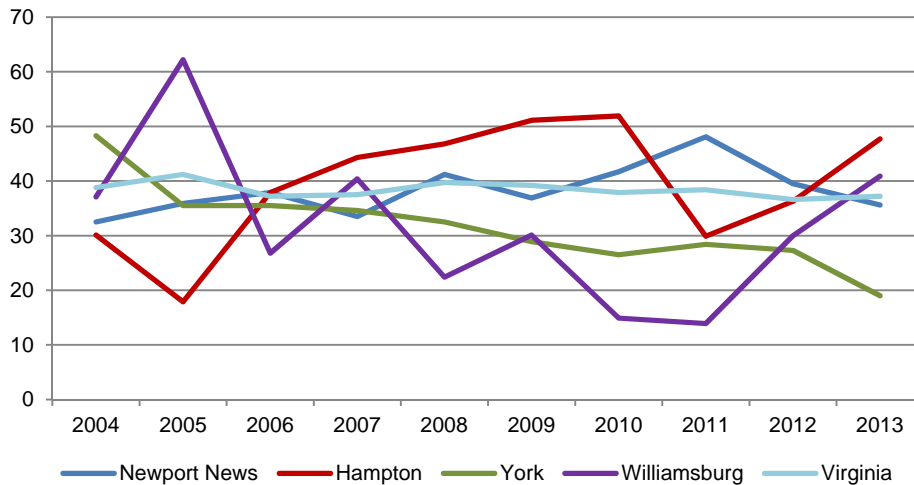


³⁸ www.vhi.org/MONAHRQ

Respiratory Disease

Overall, the rates of respiratory diseases in the Mary Immaculate community are lower than the state average. Williamsburg’s rate of chronic lower respiratory mortality has climbed steadily in the last two years and is now among the highest in the Hampton Roads region. While the Peninsula Health District has lower tobacco use than the Virginia average, its tobacco use is still well above the HP2020 target.³⁹

Chronic Lower Respiratory Mortalities



Chronic Lower Respiratory Mortalities 2004-2013 (rate per 100,000)										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Newport News	32.5	35.9	37.9	33.5	41.2	36.9	41.7	48.1	39.5	35.6
Hampton	30.1	17.9	37.9	44.3	46.8	51.1	51.9	29.9	36.3	47.7
York	48.3	35.5	35.5	34.6	32.5	28.9	26.5	28.4	27.3	19.0
Williamsburg	37.1	62.2	26.8	40.4	22.4	30.1	14.9	13.9	30.0	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 prevalence of respiratory disease and tobacco use in Newport News, Hampton, York, and Williamsburg compared to Virginia (2013). Hampton has a significantly higher mortality rate (47.7) from COPD compared to the surrounding cities of Newport News (35.6), York (19.0), and Williamsburg (40.9). Hampton also has a higher percentage of the population with asthma (9.0%) compared to the surrounding cities (7.5%) and Virginia (8.7%). York and Newport News have a

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

lower mortality rate from COPD (19.0 and 35.6, respectively) compared to Virginia (37.2).

Newport News and Hampton have higher hospital discharge rates for asthma (8.3 and 9.0) compared to Virginia (7.6). COPD hospital discharge rates in all Mary Immaculate municipalities compared to Virginia (15.7).

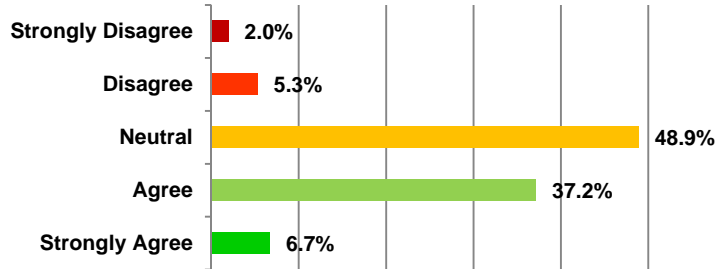
Hampton has a much greater percentage of tobacco use (26.0%) compared to the surrounding Peninsula cities (18.7%) and Virginia (21.5%). All of the cities that constitute the Mary Immaculate community and Virginia are above the HP2020 goal of 12%.⁴⁰

Health Issue	Newport News	Hampton	Williamsburg	York County	Virginia	HP2020 Target
Chronic Lower Respiratory Mortality Rate (per 100,000) 2013	35.6	47.7	40.9	19.0	37.20	--
Asthma (%) 2013	7.5%	9.0	7.5%	7.5%	8.7%	--
Asthma: Hospital Discharge Rate (per 100,000) 2013	8.3	9.0	--	3.8	7.6	--
COPD: Hospital Discharge Rate (per 100,000) 2013	11.3	10.5	0.9	6.2	15.7	--
Tobacco Use % (2013)*	18.7%	26.0%	18.7%	18.7%	21.5%	12%

Survey participants were asked to rate whether Asthma, COPD, and Tobacco Use programs were meeting the needs of their communities. The graph at the top of the next page indicates only 43.9% of Mary Immaculate survey participants either strongly agreed or agreed that asthma programs were meeting the needs of their communities.

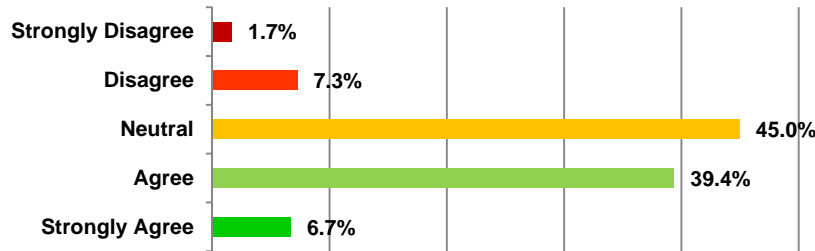
⁴⁰ www.CountyHealthRankings.org

Asthma Programs



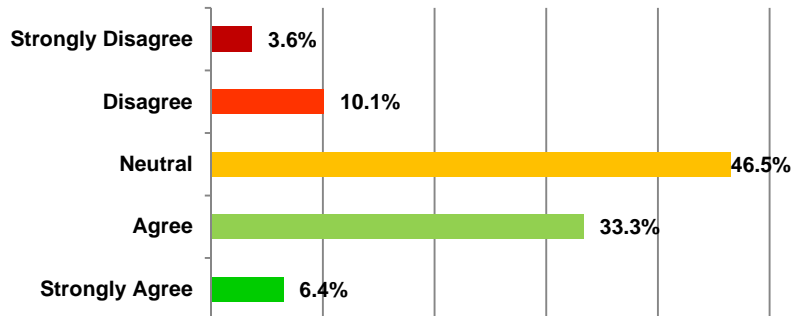
When asked about programs for Chronic Obstructive Pulmonary Disease (COPD), 46.1% Mary Immaculate survey participants either strongly agreed or agreed that asthma programs were meeting the needs of their communities.

Chronic Obstructive Pulmonary Disease (COPD) Programs



Nearly 40% of survey respondents either agreed or strongly agreed that Tobacco Use Cessation Programs were meeting the needs of the community.

Tobacco Use Cessation Programs



Mental Health Disorders and Substance Abuse

Mental health disorders are health conditions characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental health disorders contribute to a number of health problems, including disability, pain and death. Mental health and physical health are closely connected. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors.

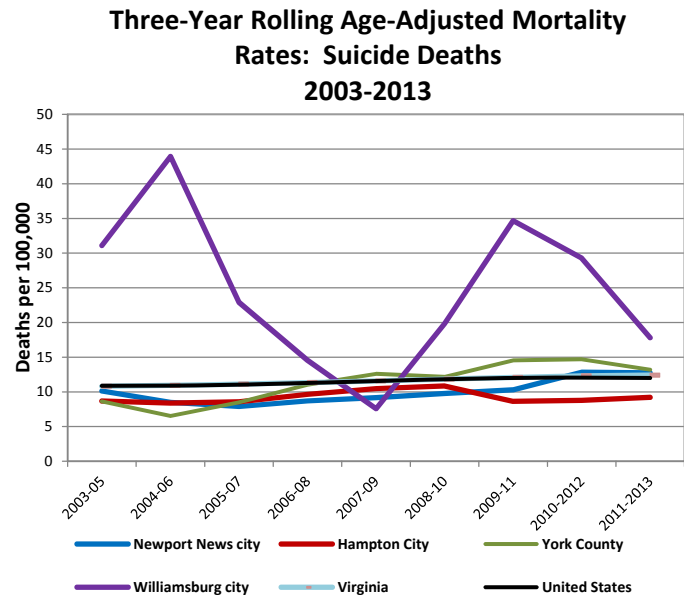
According to the National Institute of Mental Health (NIMH), an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States, accounting for 25% of all years of life lost to disability and premature mortality. Additionally, suicide is the 11th leading cause of death in the United States, with approximately 30,000 deaths each year. According to Healthy People 2020, the baseline suicide rate nation wide is 11.3 per 100,000. Healthy People 2020’s goal is to reduce this by 10% to a rate of 10.2 per 100,000.

The following table shows a slightly higher number of reported poor mental health days in Newport News (3.4) and Hampton (3.4) compared to Virginia (3.3). Binge drinking in Hampton is slightly lower compared to Virginia, while binge drinking in York and Williamsburg is elevated compared to Virginia. Binge drinking rates are lower than HP2020 goals for all municipalities within the Mary Immaculate service area.⁴¹

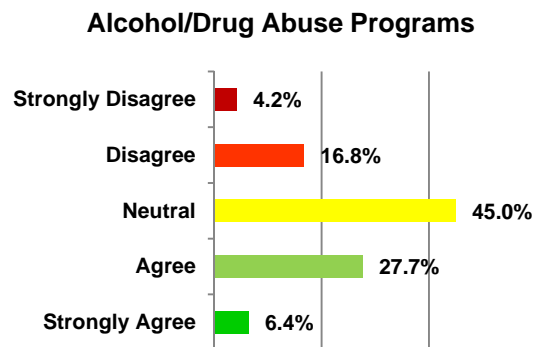
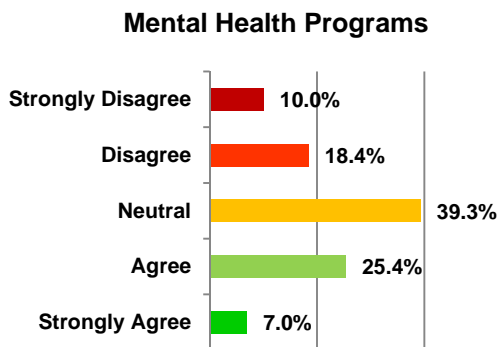
Health Issue	Newport News	Hampton	York	Williamsburg	Virginia	HP2020 Target*
Poor Mental Health Days (2014)	3.4	3.4	2.9	3.3	3.3	--
Binge Drinking % (2014)	17.0%	15.0%	18.0%	19.0%	17.0%	24.4%

⁴¹ www.healthypeople.gov/2020

As seen in the chart to the right, the suicide rate in Virginia has been stable over the ten-year period. Since 2003, Newport News, Hampton, and York have followed similar trends to Virginia with respect to suicide mortalities. Since 2003, Williamsburg has experienced a decline in suicide-related deaths while still remaining higher than the state average. The large degree of variation in rates can be attributed to the greater impact the data have on the smaller population in Williamsburg.⁴²



Mary Immaculate community survey respondents prioritized mental health and alcohol/drug abuse in the top 10 community health concerns. Only 32.4% of respondents indicated that mental health programs are meeting the needs of their communities compared to other programs, while only a third (34.1%) 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.



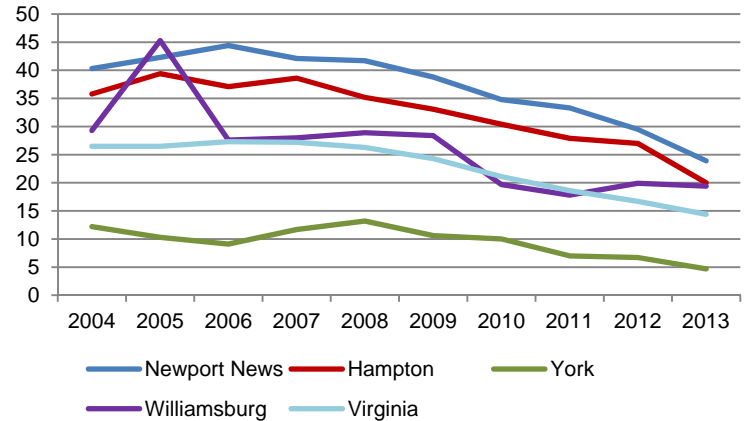
⁴² Virginia Department of Health

Maternal and Infant Health

- Teenage Pregnancies**

Since 2004, teenage pregnancies (10-19 years old) have steadily decreased throughout the Mary Immaculate service area; however, Newport News, Hampton, and Williamsburg continue to experience higher rates (23.9, 20.0, and 19.4, respectively) compared to York (4.7) and Virginia (14.4).⁴³

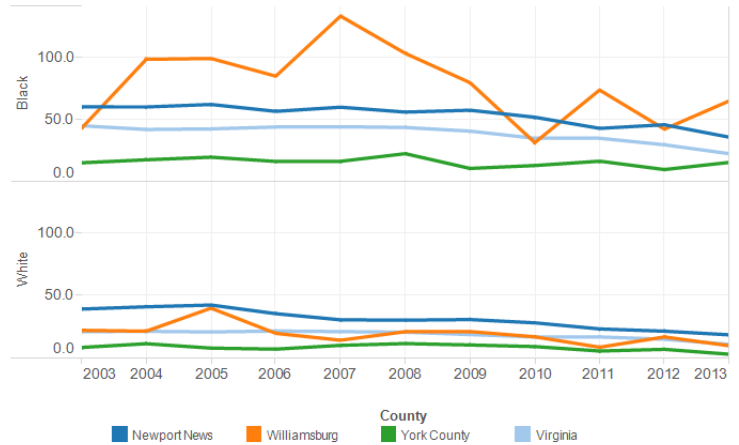
Teen Pregnancies 2004-2013 (rate per 100,000)



Teen Pregnancies 2004-2013 (rate per 100,000)										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Newport News	40.3	42.3	44.4	42.1	41.7	38.8	34.8	33.3	29.5	23.9
Hampton	35.8	39.4	37.1	38.6	35.2	33.1	30.4	27.9	27.0	20.0
York	12.2	10.3	9.1	11.7	13.2	10.6	10.0	7.0	6.7	4.7
Williamsburg	29.3	45.3	27.6	28.0	28.9	28.4	19.7	17.8	19.9	19.4
Virginia	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 disparity within the rate of pregnancies in African American teens than White teens.

Teenage Pregnancy (10-19 years old) by Race 2003-2013 (Rate per 1,000 females)

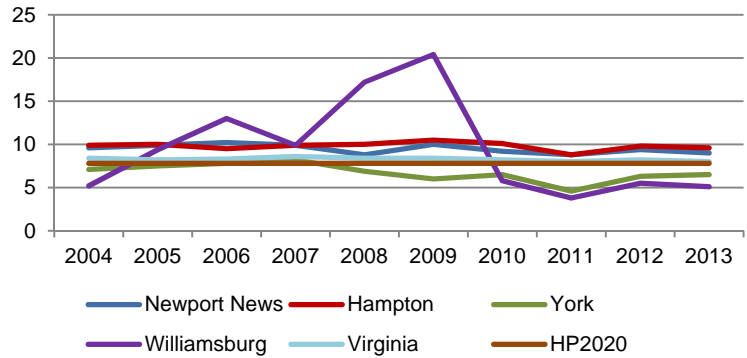


⁴³ Virginia Department of Health

• **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 Newport News and Hampton’s low birth weight percentages are higher compared to Williamsburg, York, and Virginia; however, they decreased from 2012 to 2013. Williamsburg experienced a significant decrease in low birth weight between 2009 and 2010 and is lower than Virginia and the HP2020 goal. Newport News, Hampton, and Virginia are higher than the HP2020 goal.⁴⁴

Low Birth Weight 2004-2013
(% live births)



Low Birth Weight 2004-2013 (% live births)										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Newport News	9.6	9.9	10.2	9.9	8.8	10.0	9.2	8.8	9.4	9.0
Hampton	9.9	10.0	9.5	9.9	10.0	10.5	10.1	8.8	9.8	9.6
York	7.1	7.5	7.8	8.2	6.9	6.0	6.5	4.6	6.3	6.5
Williamsburg	5.2	9.4	13.0	9.9	17.2	20.4	5.8	3.8	5.5	5.1
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

• **Neonatal Mortality**

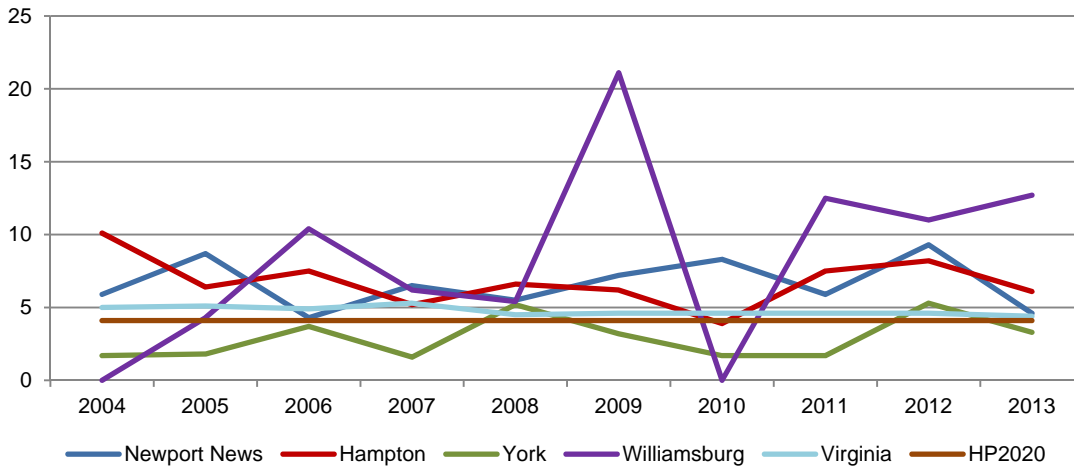
Neonatal mortality is defined as a death during the first 28 days of life (0-27 days).⁴⁵ Since 2004, the neonatal mortality rate has varied throughout the Mary Immaculate service area. Over the past ten years, the average neonatal mortality rates for Newport News, Hampton, and Williamsburg have surpassed those of the state average and the Healthy People 2020 goal of 4.1, whereas York’s average (2.9) has remained below the state average and HP2020 goal (see chart at the top of the next page).⁴⁶

⁴⁴ www.CountyHealthRankings.org

⁴⁵ www.cpc.unc.edu/measure

⁴⁶ Virginia Department of Health

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



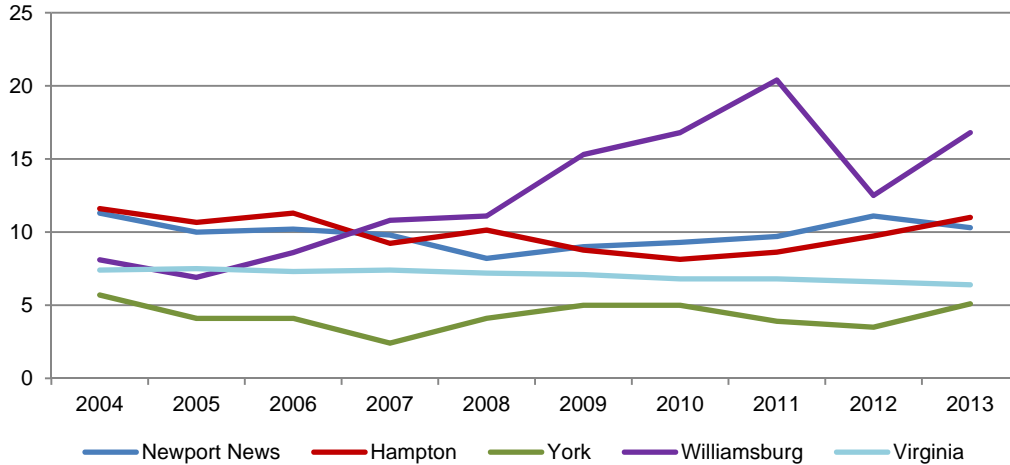
Neonatal Mortality 2004-2013 (rate per 100,000)										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Newport News	5.9	8.7	4.3	6.5	5.5	7.2	8.3	5.9	9.3	4.6
Hampton	10.1	6.4	7.5	5.2	6.6	6.2	3.9	7.5	8.2	6.1
York	1.7	1.8	3.7	1.6	5.2	3.2	1.7	1.7	5.3	3.3
Williamsburg	0.0	4.3	10.4	6.2	5.4	21.1	0.0	12.5	11.0	12.7
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

• **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 throughout the Mary Immaculate service area have risen and in 2013, the rate in Williamsburg was nearly three times as high (16.8) as Virginia’s (6.4). While Virginia’s overall rate of infant mortalities has decreased since 2008, all municipalities in the Mary Immaculate service area, other than York, have had rates well above Virginia’s infant mortality rate.

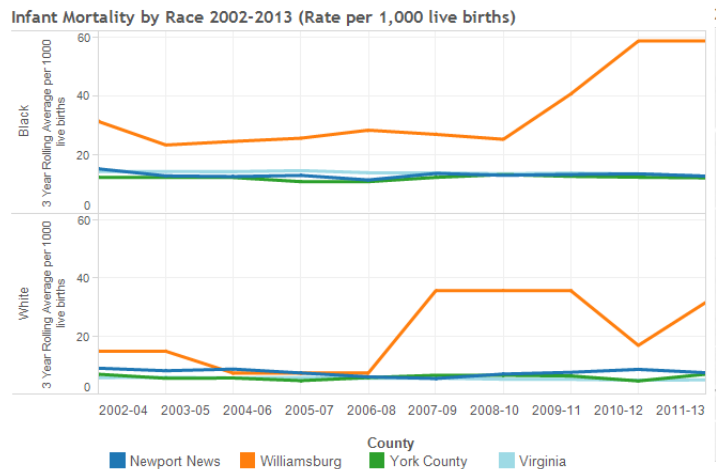
⁴⁷ www.cdc.gov/reproductivehealth/maternalinfanthealth

**Infant Mortality 3 Year Rolling Averages 2002-2013
(rate per 100,000 live births)**



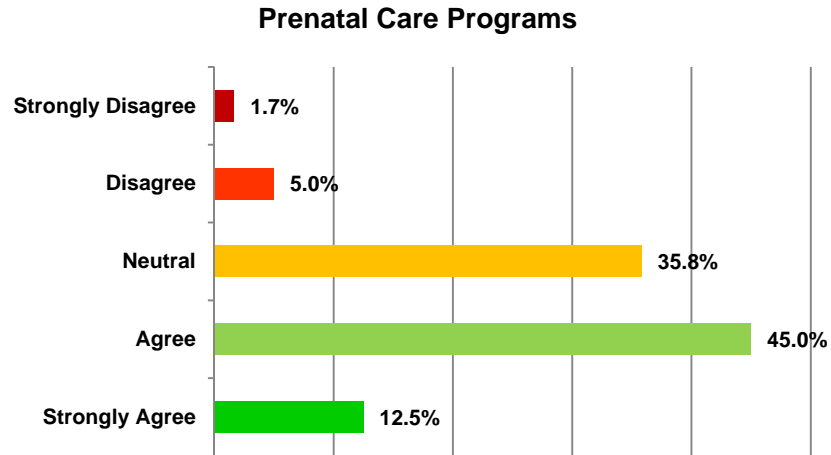
Infant Mortality 3 Year Rolling Averages 2002-2013 (rate per 100,000 live births)										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Newport News	11.3	10.0	10.2	9.8	8.2	9.0	9.3	9.7	11.1	10.3
Hampton	11.6	10.7	11.3	9.2	10.1	8.8	8.1	8.6	9.7	11.0
York	5.7	4.1	4.1	2.4	4.1	5.0	5.0	3.9	3.5	5.1
Williamsburg	8.1	6.9	8.6	10.8	11.1	15.3	16.8	20.4	12.5	16.8
Virginia	7.4	7.5	7.3	7.4	7.2	7.1	6.8	6.8	6.6	6.4

The graph on the right indicates there is a significant disparity in infant mortality rates for African-American babies and White babies.⁴⁸

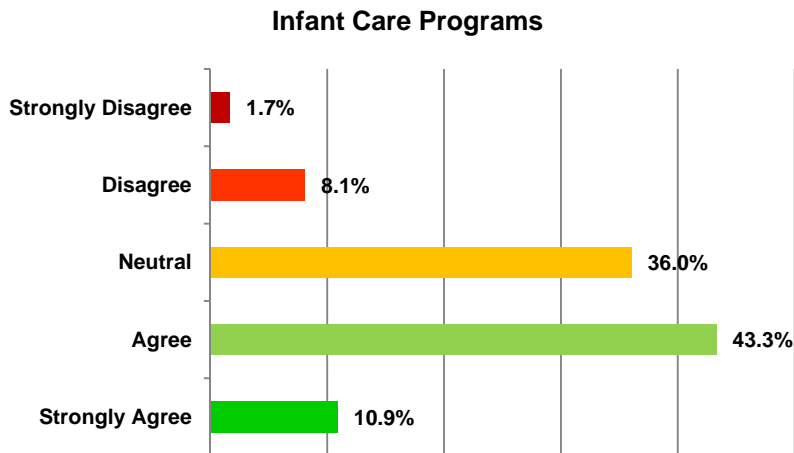


⁴⁸ Virginia Department of Health

Over half (57.5%) of Mary Immaculate survey respondents strongly agree or agree that prenatal programs are meeting the needs of their communities.



Over half the survey respondents (54.2%) 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, gonorrhea, and syphilis are rising, with Newport News and Hampton’s rates higher than that of York, Williamsburg, and Virginia. York’s STI rates are lower compared to Virginia.⁴⁹

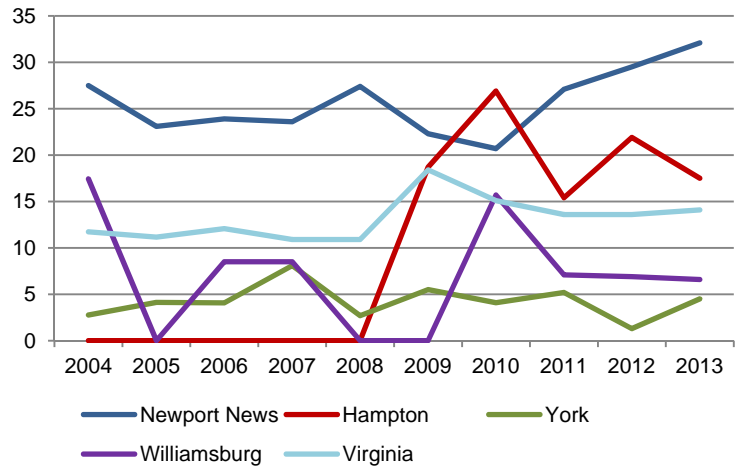
Health Issue	Newport News	Hampton	York	Williamsburg	Virginia	Data Trends
Chlamydia Rate (per 100,000) 2013	874.6	937.1	238.4	591.9	409.7	↓
Rate of HIV Diagnoses (per 100,000) 2013	24.7	17.5	1.5	0.0	12.1	↑
Diagnosed Cases of Total Early Syphilis Rate (per 100,000) 2013	19.8	16.1	3.0	13.2	8.2	↑

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 Newport News (32.1) are nearly twice as high compared to Hampton (17.5) and Virginia (14.1).⁵¹ The 2013 rates in York and Williamsburg (4.5 and 6.6, respectively) come well below the state average.

HIV Diagnoses 2004-2013 (rate per 100,000)



⁴⁹ Virginia Department of Health

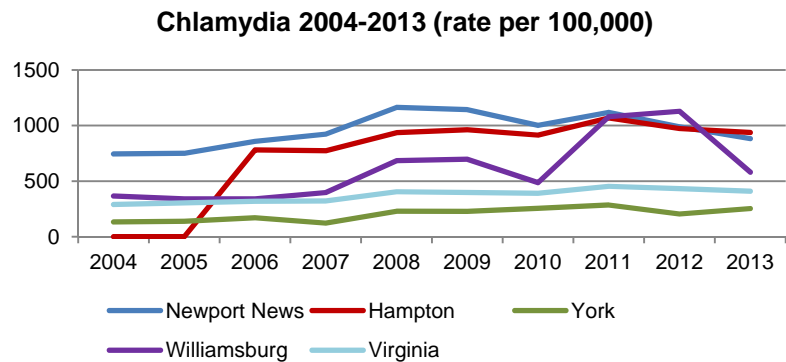
⁵⁰ <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention>

⁵¹ www.CountyHealthRankings.org

HIV Diagnoses 2004-2013 (rate per 100,000)										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Newport News	27.5	23.1	23.9	23.6	27.4	22.3	20.7	27.1	29.5	32.1
Hampton	21*	21*	21*	21*	21.0*	18.7	26.9	15.4	21.9	17.5
York	2.8	4.1	4.1	8.1	2.7	5.5	4.1	5.2	1.3	4.5
Williamsburg	17.4	0.0	8.5	8.5	0.0	0.0	15.7	7.1	6.9	6.6
Virginia	11.7	11.2	12.1	10.9	10.9	18.4	15.1	13.6	13.6	14.1

• **Chlamydia**

Sexually Transmitted Infections (STIs) are measured as the chlamydia incidence (number of new cases reported) per 100,000 population. Chlamydia is the most common bacterial STIs in North America and is one of the major causes of tubal infertility, ectopic pregnancy,



pelvic inflammatory disease, and chronic pelvic pain. STIs are associated with a significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, involuntary infertility, and premature death. Chlamydia incidence rates are associated with unsafe sexual activity.⁵² The following graph and chart show that after a decrease in 2012, Newport News and Hampton’s Chlamydia rates (883.1 and 937.1, respectively) are over two times higher compared to Virginia (410.0).⁵³ York’s Chlamydia rate (254.0) in 2013 is the lowest in the service area.

Chlamydia 2004-2013 (rate per 100,000)										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Newport News	744.9	749.8	858.8	923.3	1162.7	1143.0	1002.7	1118.3	988.8	883.1
Hampton	--	--	780.6	773.0	936.1	961.6	914.6	1068.9	973.4	937.1
York	133.6	139.2	169.9	123.3	229.7	227.8	255.0	286.0	204.8	254.0
Williamsburg	366.3	340.2	340.4	398.5	683.6	697.1	487.1	1080.5	1128.5	580.2
Virginia	290.0	303.9	318.2	320.9	404.6	397.8	390.7	453.9	432.5	410.0

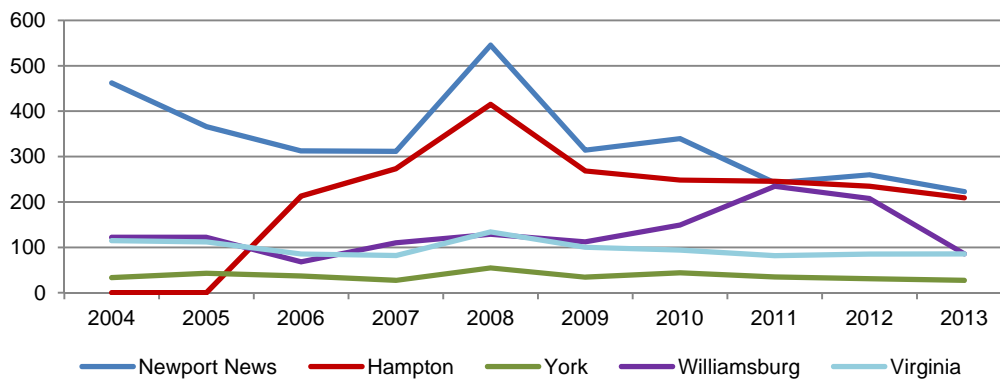
⁵² www.vdh.virginia.gov/epidemiology/factsheets/Gonorrhea

⁵³ Virginia Department of Health

• **Gonorrhea**

Gonorrhea is a disease caused by bacteria 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 the Mary Immaculate service area is decreasing. The rates in Newport News (223.0) and Hampton (209.2) are over two times higher compared to Virginia (85.4). Rates in Williamsburg have decreased at a much greater rate since 2011. Rates in Virginia have steadily decreased since 2009.⁵⁵

Gonorrhea 2004-2013 (rate per 100,000)



Gonorrhea 2004-2013 (rate per 100,000)										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Newport News	462.3	366.1	312.4	311.3	545.3	314.0	339.6	242.4	260.0	223.0
Hampton	--	--	213.1	273.2	415.1	268.3	248.1	245.6	234.6	209.2
York	33.1	42.7	36.7	27.1	54.7	34.3	43.9	34.8	30.7	27.2
Williamsburg	122.1	122.1	68.1	110.2	128.7	112.2	149.3	234.6	207.7	85.7
Virginia	114.8	111.9	85.6	82.0	134.0	100.3	93.9	81.5	85.1	85.4

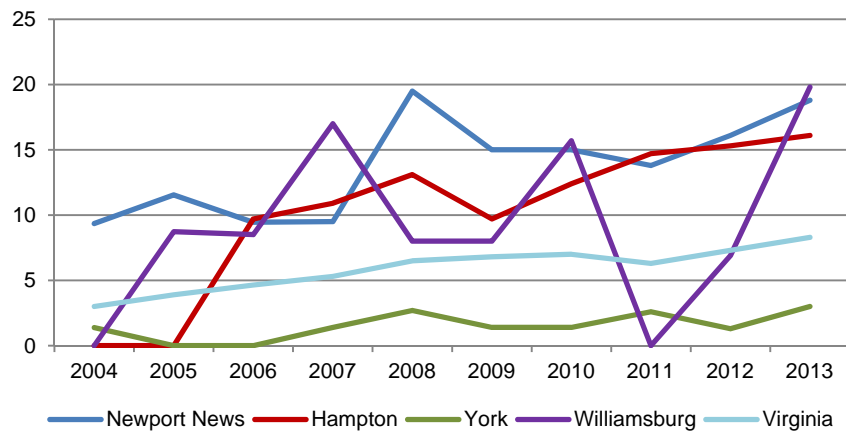
⁵⁴ www.vdh.virginia.gov/epidemiology/factsheets/Gonorrhea

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 Newport News, Hampton, York, and Williamsburg are increasing. Syphilis rates in Newport News (18.8), Hampton (16.1), and Williamsburg (19.8) are over twice as high compared to Virginia (8.3).⁵⁷

Total Early Syphilis 2004-2013 (rate per 100,000)



Total Early Syphilis 2004-2013 (rate per 100,000)										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Newport News	9.4	11.5	9.5	9.5	19.5	15.0	15.0	13.8	16.1	18.8
Hampton	--	--	9.7	10.9	13.1	9.7	12.4	14.7	15.3	16.1
York	1.4	0.0	0.0	1.4	2.7	1.4	1.4	2.6	1.3	3.0
Williamsburg	0.0	8.7	8.5	17.0	8.0	8.0	15.7	0.0	6.9	19.8
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 Mary Immaculate community, which includes Newport News, Hampton, York, and Williamsburg. 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 Mary Immaculate community in Newport News, Hampton, York, and Williamsburg. There were 395 survey participants; of those, 360 participants completed all of the required questions. Mary Immaculate 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 Mary Immaculate. 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 Mary Immaculate programs.

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

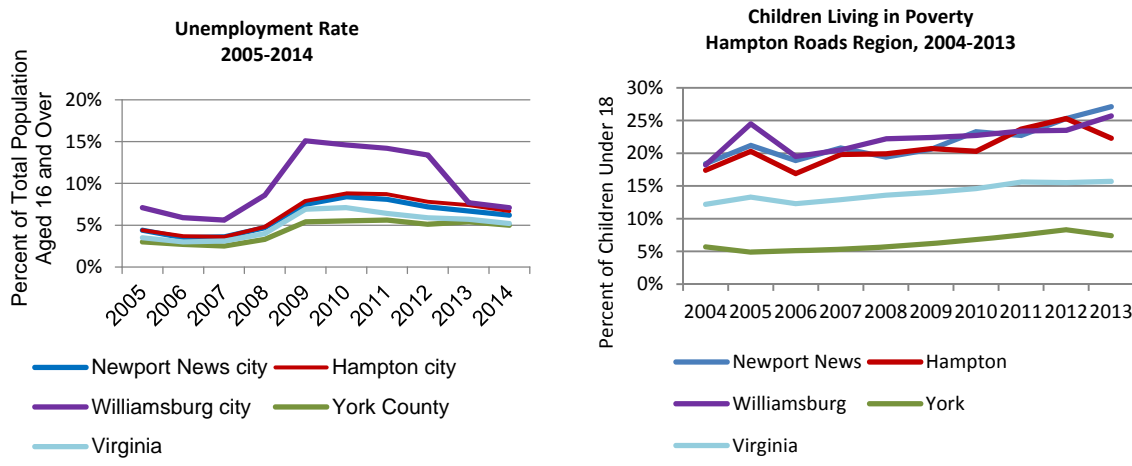
Overarching Issues that Impact Health

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

- **Poverty, Income, and Unemployment**

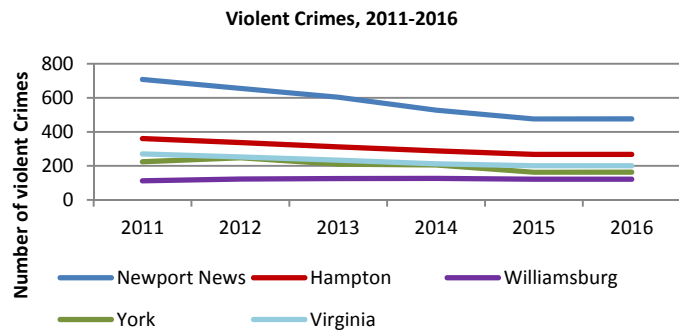
Survey participants ranked jobs with fair wages as a top health priority. Data related to unemployment and poverty shows a divergent picture for the Mary Immaculate community.

While the percent of unemployment and children living in poverty in York is below the state average, the other cities in the Mary Immaculate service area are well above both.



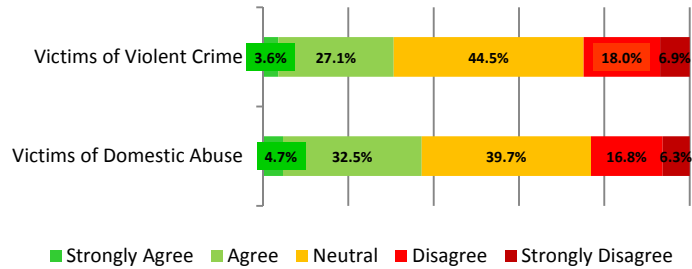
- **Neighborhood Crime and Perceptions of Safety**

A similar trend continues with violent crime and homicide. Newport News has some of the highest rates of violent crime and homicide across Hampton Roads and Williamsburg has the lowest in the Mary Immaculate community.



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. Nearly one-third of participants also strongly agreed or agreed that victims of violent crime and domestic abuse had good support and services.

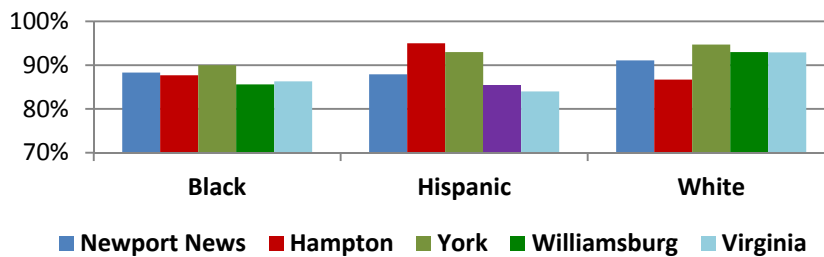
My community has good support and services for the following groups of people



• **Education**

Seventy two percent (72%) of survey participants reported that they felt their community was strong in providing good education (with less than 10% disagreeing), but there was great disparity in timely graduation rates particularly across race.

Percentage of Students who Graduated On-Time by Race, 2015



All school districts within the Mary Immaculate service area met or exceeded the Healthy People 2020 target for on-time graduation of 82.4%.

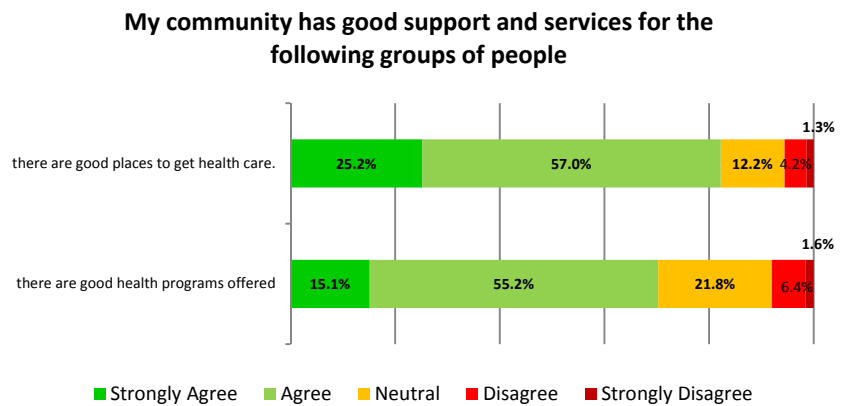
• **Access to Health Services**

Survey participants ranked access to health care as a high priority. When asked if their community was a healthy place to live because of access to affordable health insurance, 22% of participants either

Uninsured Population, % (2013)				
	<19 years	18-64 years	>65 years	Total
Newport News	6.3%	20.2%	0.2%	26.7%
Hampton	3.7%	17.4%	0.7%	21.8%
Williamsburg	0.7%	9.7%	0.0%	10.4%
York County	3.1%	8.1%	0.5%	11.7%
Virginia	6.0%	17.0%	0.9%	23.9%

disagreed or strongly disagreed 52% of participants agreed or strongly agreed. In 2013, approximately 27% of Newport News residents and 22% of Hampton residents did not have affordable health insurance. The Affordable Care Act may have decreased the numbers of uninsured since it expanded Medicaid in 2014 and established an insurance marketplace in 2015.

Over 75% of survey participants reported that there were good places to get health care and 70% believed there are good health programs offered. According to the County Health Rankings, there are poor primary care physician ratios in Newport News (1,600:1), Hampton (2,530:1), and Williamsburg (15,210:1). Health professional shortage areas are designated based on a population to physician ratio of 3,500:1.



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 neutral responses mean. Most probably, a neutral response indicates that participants either did not know

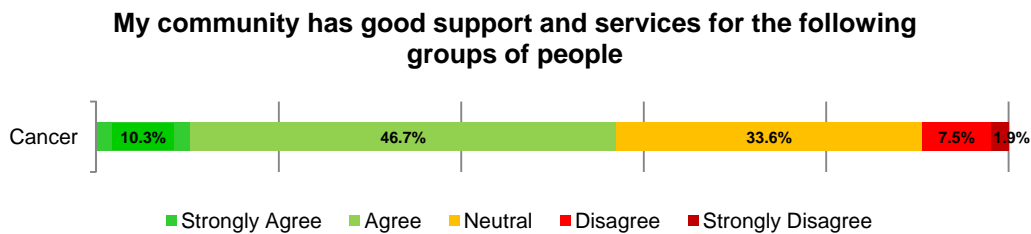
whether certain programs existed, the details of those programs, or perhaps did not have personal experience with them.

- **Cancer**

Since 2000, mortality rates for breast, colon, lung and prostate cancer have been dropping steadily throughout the Mary Immaculate service area. With the exception of the lung and prostate cancer rates in Hampton, these rates are all within a couple of points of the Healthy People 2020 (HP2020) target. Rates for colon and lung cancer in Newport News, York, and Williamsburg have already been met and dropped below the HP2020 target.

Cancer Mortality Rates (per 100,00) from 2008-2012						
	Newport News	Hampton	York	Williamsburg	Virginia	HP2020
Colorectal	11.9	15.8	11.9	11.9	14.9	14.5
Lung	43.9	58.0	43.9	43.9	48.2	45.5
Prostate	23.7	31.0	23.7	23.7	22.4	21.2
Breast	23.4	24.3	23.4	23.4	22.7	20.7

Over half (57%) of Community Health Survey participants reported either strongly agree or agree that cancer programs were meeting the needs of their community.



- **Chronic Diseases and Related Risk Factors**

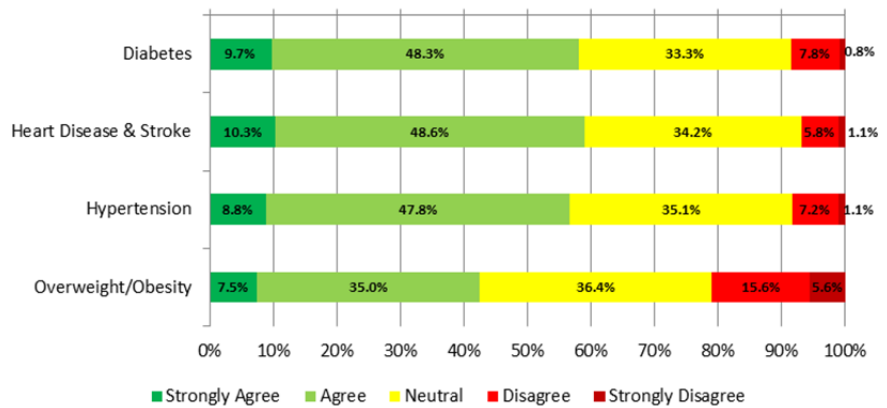
Rates of heart disease in the Mary Immaculate service area have been on a steady decline for the last decade. However, in 2013, after declining by 8 points for three years running, Williamsburg’s rate of heart disease increased to 227.9. With the exception of York (134.7), the rates of heart disease in all municipalities within the Mary Immaculate community are both higher than the state average of 155.9 and higher than the Health People 2020 target of 103.5.

Newport News’s diabetes mortality rate is 31.9, 13.6 higher than that of Virginia, one of the higher rates in the Hampton Roads region. Hospital discharge rates in Newport News and Hampton for Hypertension are slightly higher the Virginia average.

Data Summary of Chronic Diseases and Related Risk Factors						
Health Issue	Newport News	Hampton	York	Williamsburg	Virginia	HP2020
Heart Disease Mortality Rate (per 100,000) 2013	158.2	153.3	134.7	227.9	155.9	103.5
Diabetes Mortality Rate (per 100,000) 2013	31.9	29.0	12.9	25.3	18.3	--
Diabetes (%) 2013	13.6%	3.6%	13.6%	13.6%	9.8%	--
Hypertension (%) 2013	30.7%	1.5%	30.7%	30.7%	32.5%	--
Hypertension: Hospital Discharge Rate (per 100,000) 2013	33.7	34.1	20.5	3.0	32.1	--
Physical Inactivity % (2013)	29.0%	28.0%	23.0%	24.0%	24.0%	32.6%
Obesity % (2013)	34.0%	37.0%	28.0%	29.0%	28.0%	30.5%

When asked if heart disease and stroke programs were meeting the needs of their community, 59% of survey participants either agreed or strongly agreed while only 6% either disagreed or strongly disagreed. Despite this positive affirmation on program offerings, heart disease may be an important issue to focus on in the coming years.

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



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

When compared to other health programs, a higher percentage (21%) of survey participants either strongly disagreed or disagreed that overweight and obesity programs were meeting the needs of their community. According to the 2011 County Health Rankings, 34% of Newport News residents and 37% of Hampton residents are

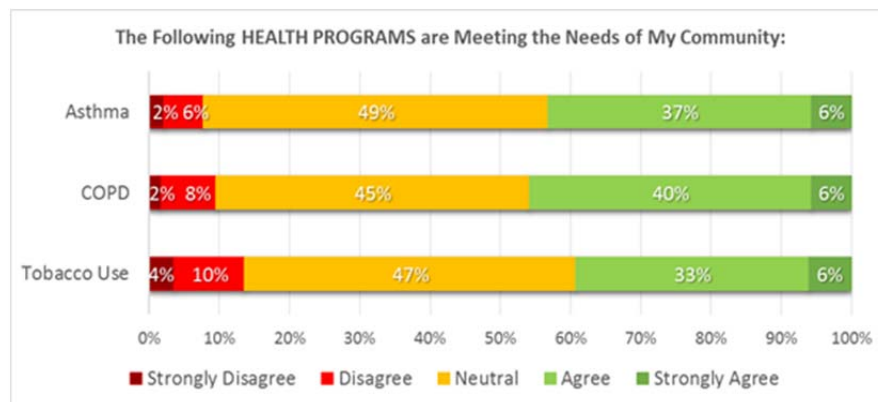
obese. This percentage is higher than the HP2020 target of 30.5% and indicates potential unmet needs.

- **Respiratory Diseases and Tobacco Use**

Overall, the rates of respiratory diseases in the Mary Immaculate community are lower than the state average. Hampton and Williamsburg’s rates of chronic lower respiratory mortality have climbed steadily in the last two years and are now among the highest in the Hampton Roads region (47.7 and 40.9). While the Peninsula Health District (18.7%) has lower tobacco use than the Virginia average, its tobacco use is still well above the HP2020 target of 12%. Hampton’s tobacco use is among the highest in Hampton Roads at 26.0%.

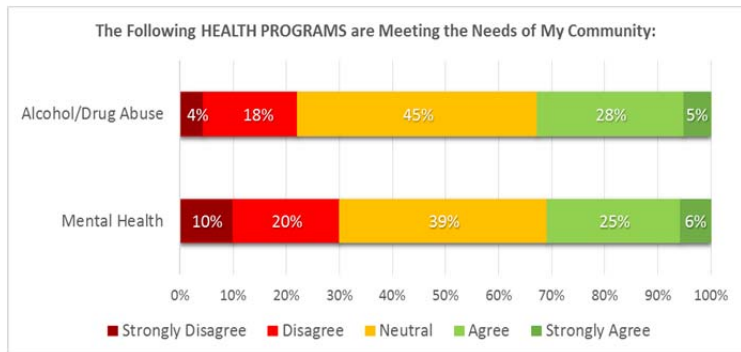
Respiratory Diseases and Tobacco Use					
	Newport News	Hampton	York	Williamsburg	Virginia
Chronic Lower Respiratory Mortality Rate (per 100,000) 2013	35.6	47.7	19.0	40.9	37.2
Asthma (%) 2013	7.5%	9.0%	7.5%	7.5%	8.7%
Asthma : Hospital Discharge Rate (per 100,000) 2013	8.3	9.0	3.8	--	7.6
COPD: Hospital Discharge Rate (per 100,000) 2013	11.3	10.5	6.2	0.9	15.7
Tobacco Use (%) 2013	18.7%	26.0%	18.7%	18.7%	21.5%

Approximately forty percent of survey participants, either strongly agreed or agreed that asthma, COPD and tobacco use programs were meeting the needs of their communities.



Mental Health and Drug Abuse

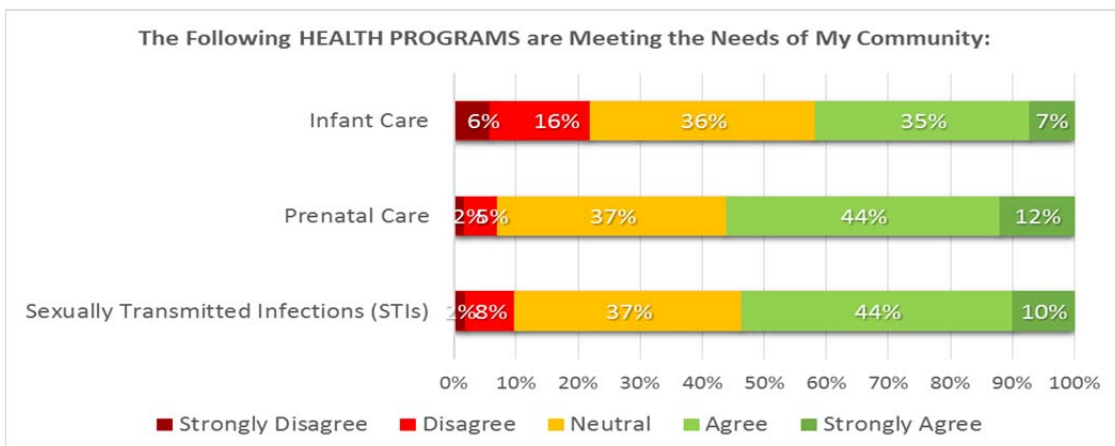
While little data related to mental health and drug abuse are available, these two areas were prioritized repeatedly on the Community Health Survey. Participants felt that mental health and alcohol programs were not meeting the needs of the community (compared to other programs) and that there needed to be more services provided for people with mental illness and drug and alcohol addiction. Both were among the top fifteen health issues prioritized by survey participants. Despite the survey findings, the Peninsula Health District has fewer poor mental health days and less binge drinking than its counterparts in Hampton Roads. The lack of data is a reflection of the difficulty in measuring and understanding the need expressed in the survey for these services.



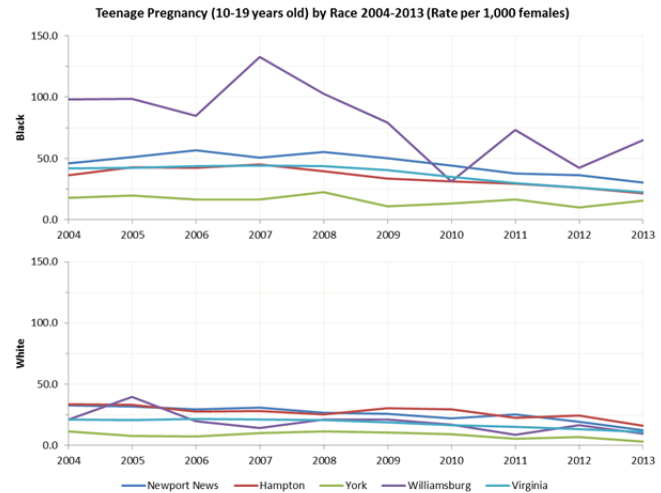
Mental Health and Drug Abuse					
	Newport News	Hampton	York	Williamsburg	Virginia
Poor Mental Health Days % (2013)	11.0%	12.6%	11.0%	11.0%	13.5%
Binge Drinking % (2013)	14.0%	18.5%	14.0%	14.0%	24.4%

Sexual Health & Teen Pregnancy

Overall, the majority of survey participants strongly agreed or agreed prenatal and STI programs are meeting the needs of their community; responses related to infant care programs were less positive.



While concerns about maternal and child health did not arise in the Community Health Survey, Newport News and Williamsburg have a higher rate of teen pregnancy than Virginia's average. There are also dramatic racial disparities when comparing white and black rates in both jurisdictions.



Secondary data analysis also indicates that there are high and rising rates of sexually transmitted infections, including HIV, chlamydia and syphilis. While chlamydia rates are dropping, they are more than double the state average in Newport News and approximately 50% higher in Williamsburg.

Health Issue	Newport News	Hampton	York	Williamsburg	Virginia	Data Trends
Chlamydia Rate (per 100,000) 2013	874.6	937.1	238.4	591.9	409.7	↓
Rate of HIV Diagnoses (per 100,000) 2013	24.7	17.5	1.5	0.0	12.1	↑
Diagnosed Cases of Total Early Syphilis Rate (per 100,000) 2013	19.8	16.1	3.0	13.2	8.2	↑

Identifying Needs

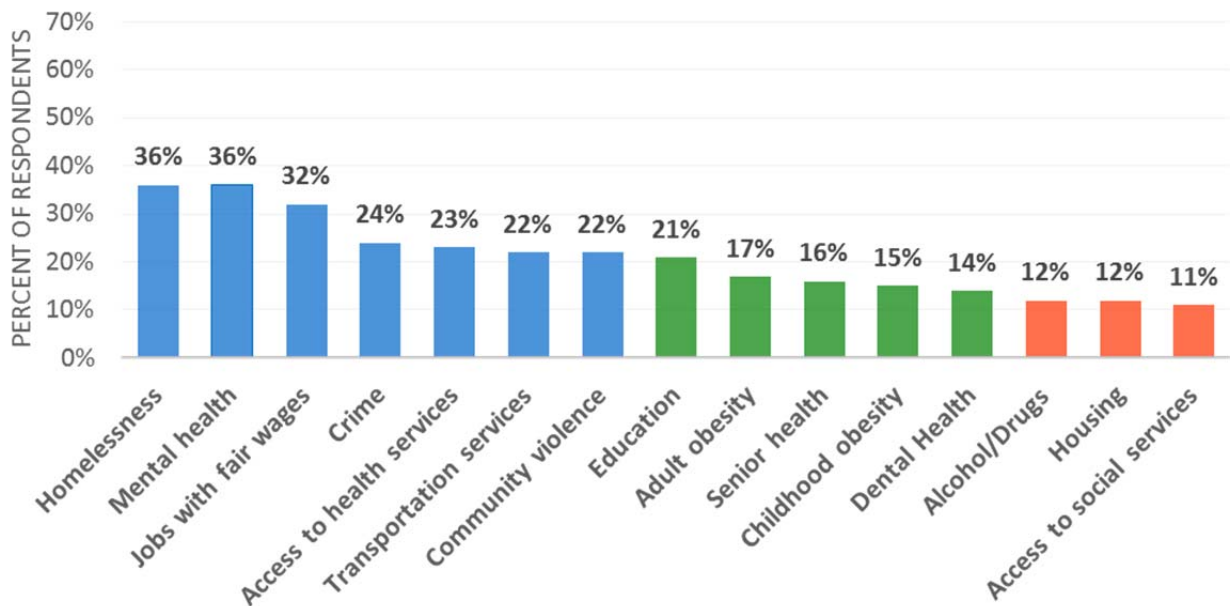
This report has highlighted health issues that are being effectively addressed by the Mary Immaculate community already as well as health issues that may need additional focus in the future. While there is some agreement in health priorities identified by Community Health Survey participants and secondary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

Based on secondary data analysis, the table below highlights the major health issues where the Mary Immaculate community has worse rates or percentages when compared to fellow Virginians or Healthy People 2020 targets. Appendix C also provides a detailed summary of the secondary analysis.

Community Issues That Impact Health	Health Issues
<ul style="list-style-type: none"> • Poverty • Unemployment • Crime • Racial disparities in timely graduation • Access to health services 	<ul style="list-style-type: none"> • Heart Disease • Diabetes • Obesity • Chronic Lower Respiratory Mortality • Tobacco Use • Teen Pregnancy • Sexually Transmitted Infections (Chlamydia, HIV, Syphilis)

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

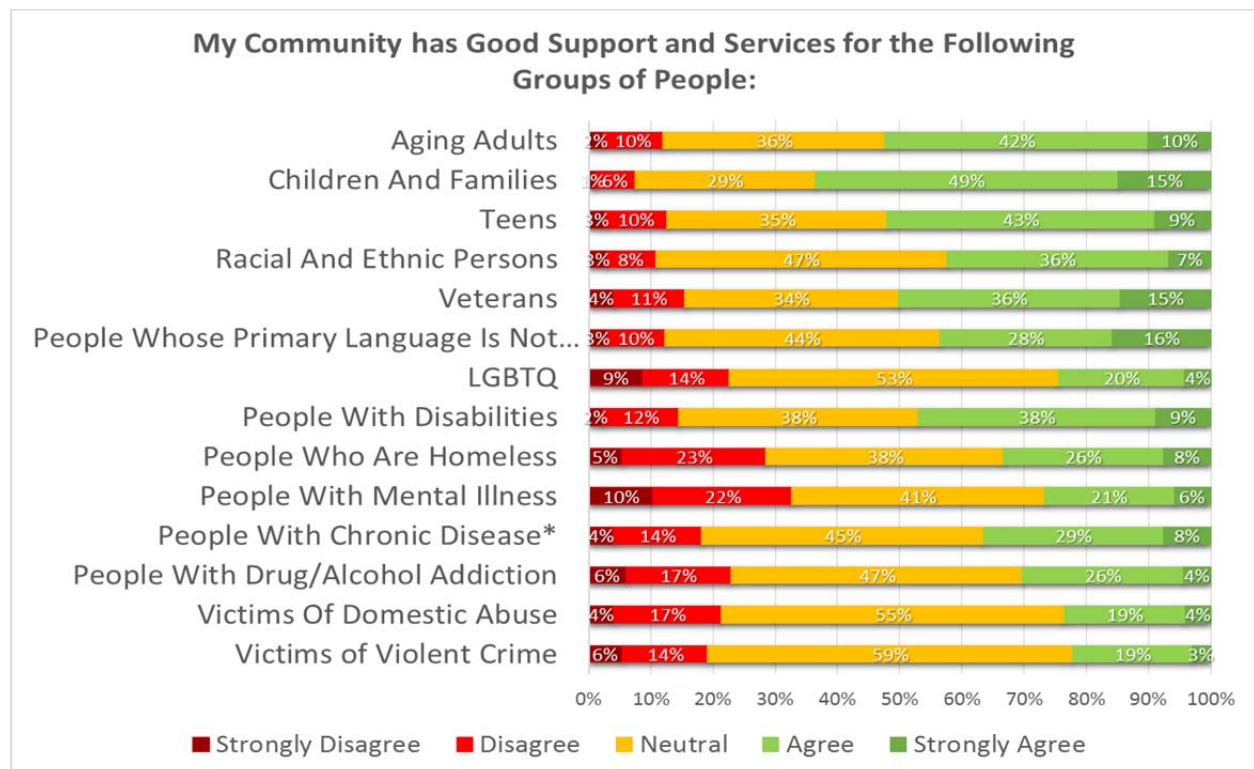
Top Fifteen Health Issues Identified by Community Health Survey Participants



There are some major differences in the results of the Community Health Survey and secondary data results. Teen pregnancy 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 community factors prioritized by survey participants highlight issues that should be factored in when planning initiatives or programs as they present structural and environmental barriers to improving health, participating in health programming, or seeking care.

Community Health Survey participants also identified key population groups (e.g., people who identify as gay or transgender, people with mental illness or drug addictions) 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. 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 priorities 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 Mary Immaculate service area in which 93 individuals participated. Two of these meetings were facilitated with the Peninsula Health District. The meetings began with community members participating in a dot matrix exercise in which they selected three of the top seven 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 three 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? A sample of comments from the Community Dialogues is in Appendix III.

The three issues chosen at the Family Focus English as a Second Language class and the Grove Christian Outreach Center Community Dialogues were:

- Access to Health Services
- Jobs with Fair Wages
- Mental Health

The two issues chosen at the SeniorHealth Advocates meeting were:

- Crime
- Homelessness

Prioritization Process

Method for Prioritization

The Advisory Board consists of 13 people from the Peninsula with special knowledge of public health and underserved populations in the service area. Advisory Board members represent the Peninsula Health District, Catholic Charities, other service area hospitals, higher education, public health clinics, civic organizations, religious communities, housing, veterans, and the senior population.

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

In addition, the Advisory Board discussed the interconnectedness of jobs with fair wages, crime, and alcohol and drug abuse and how they each influence mental health.

The Advisory Board agreed through a consensus process to recommend the following issues to Mary Immaculate's leadership for strong consideration in the Implementation Planning process: Mental Health, Homelessness, and Access to Health Services. The Advisory Board added that the themes of senior health and transportation need to be considered when addressing these issues.

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

Services and Resources Available to Meet Identified Needs

Although Mary Immaculate recognizes the importance of all the needs identified by the community, resources are limited within the organization to prioritize all of the needs. There are other providers and organizations addressing these needs with specialized programs and services, many of whom served on the Advisory board. Mary Immaculate 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 than can help meet the identified needs of the community:

- ACCESS
- Catholic Charities of Eastern Virginia
- Children’s Hospital of the King’s Daughters
- Christopher Newport University
- Eastern Virginia Medical School
- Geriatrics Life Care
- Hampton University
- Jewish Family Services
- Lackey Clinic
- Peninsula Community Foundation of Virginia
- Peninsula Health District
- Operation Blessing (Dental)
- Peninsula Agency on Aging
- Response – Sexual Abuse Support Services
- Riverside Health System
- Sentara Healthcare
- United Way of the Virginia Peninsula
- Veterans Affairs Medical Center
- Virginia Peninsula Foodbank
- Virginia Supportive Housing
- Williamsburg Community Health Foundation

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

APPENDIX

APPENDIX I

**Bon Secours Mary Immaculate Hospital
CHNA Community Advisory Board**

Member	Organization	Title
Vanessa Dunlap	Catholic Charities	Director, Health and Community Services
Karen Joyner	Virginia Peninsula Foodbank	Chief Executive Officer
Ralph Robertson, MD	Lackey Clinic	Medical Director
Karen Duto	Network Peninsula	Executive Director
Felise Bond	Pan-Hellenic Council of Peninsula	Chapter President
Nzinga Teule-Hekima, MD	Peninsula Health District	Medical Director
Nancy Littlefield	Riverside Healthcare	Chief Nursing Officer
Ronald Bieszczad	Sentara CarePlex	Director, Ambulatory Administration
Valda Branch	Southeastern Virginia Health System	Chief Operating Officer
Jennifer Sharp-Warthan, MD	Tidewater Physician Multispecialty Group	Physician
Cheryl Finch	United Way of the Virginia Peninsula	Community Investment
Jeanne Zeidler	Williamsburg Community Health Foundation	President and Chief Executive Officer
Gabriel Franco	Bon Secours Mary Immaculate Hospital	Board Member
Darlene Stephenson	Bon Secours Mary Immaculate Hospital	Chief Executive Officer
Sister Bernard Magill	Bon Secours Mary Immaculate Hospital	Director, Mission
Delores Price	Bon Secours Mary Immaculate Hospital	Manager, Family Focus

APPENDIX II

**Bon Secours Mary Immaculate Hospital
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 Mary Immaculate Hospital CHNA Survey Comments

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

Mental Health:

- There is a desperate need for care/treatment, outpatient and inpatient, of people who are suffering with mental health problems of all levels
- Huge opportunity for suicide prevention
- More programs need to be offered to help those with mental health issues or chronic behavioral health concerns

Homelessness:

- Homelessness and drug abuse are big problems in my community.
- Assist with teen homelessness among LGBT youth.
- There are so many homeless people on the streets.

Access to Health Services:

- Access to better pain management services
- Affordable and accessible healthcare
- List classes and programs offered on the Bon Secours website
- Continue health care outreach programs and parenting programs
- We need more information regarding the services for Latino patients
- I am very pleased with the Care-A-Van.
- Expand service area to Gloucester and past Williamsburg
- Expand the “As You Wish” advance directive program
- Provide free transportation to and from hospitals and doctor appointments
- Use more technology to interact with doctors over the internet
- Be a leader in LGBT healthcare and support

APPENDIX IV

Bon Secours Mary Immaculate Hospital Facility Description and Vision

Dr. Joseph Buxton originally founded what became Mary Immaculate Hospital as Elizabeth Buxton Hospital at the turn of the twentieth century. It opened in the eastern part of Newport News, near what is now the Monitor-Merrimac Bridge Tunnel. Dr. Buxton's son, Russell, who was also a physician, wanted to dedicate all his time to his surgical practice and so, asked Bishop Ireton for help in running the hospital. At the Bishop's recommendation, he turned the hospital over to the Bernardine Franciscan Sisters.

The Bernardine Franciscan Sisters, Order of St. Francis, first came to the United States from Poland in 1894. They established their mission in Pennsylvania and in 1952, they assumed the sponsorship of the hospital and renamed it Mary Immaculate Hospital. Recognizing the demographic trends occurring on the Peninsula, the Sisters made plans in the late 1970s to relocate the hospital to an area where limited healthcare services were available. In the early 1980s, the hospital was relocated to its current campus in Newport News.

Throughout its long history, Mary Immaculate Hospital has maintained a strong commitment to meeting the needs of patients throughout the Peninsula by continuously expanding its breadth of service and its numerous community outreach programs. On November 1, 1996, through a joint venture arrangement, Mary Immaculate Hospital became a 'member' of the Bon Secours Health System.

Mary Immaculate Hospital serves as an important component of the Bon Secours network of healthcare providers by offering a critical presence on the Virginia Peninsula. Mary Immaculate Hospital continues to provide a full array of inpatient and appropriate ambulatory diagnostic and treatment services at its facility in Newport News.

Mary Immaculate Hospital is the smallest acute care hospital located in the greater Hampton Roads area. Mary Immaculate Hospital is a full-service general acute care hospital whose bed complement includes medical, telemetry, surgical, obstetrical, and intensive care beds. Mary Immaculate Hospital also provides related support services, extensive surgical services (including inpatient, outpatient, and endoscopy services), a

E

full array of imaging services (including advanced imaging such as CT, MRI, x-ray, ultrasound, digital mammography, bone density, mobile PET/CT, and nuclear medicine), wound care services, a 7-bassinet specialty-level nursery, outpatient physical therapy and sports medicine clinics (on campus and throughout the community), a 24-hour emergency department, and numerous community outreach services. In addition to its 123-bed inpatient facility, Mary Immaculate Hospital also operates a 115-bed nursing care center located on the campus.

Mary Immaculate Hospital Vision

The vision of Bon Secours Mary Immaculate Hospital 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, Mary Immaculate 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, Mary Immaculate achieved its first re-accreditation for the American Nurses Credentialing Center *Pathway To Excellence®* Designation, confirming to the public that nurses working at Mary Immaculate know their efforts are supported.

In order to provide exceptional value for those we serve, Mary Immaculate is continuously providing new services and treatments to area residents. Of note, Mary Immaculate recently expanded the capabilities of its operating suites by enlarging and renovating 2 operating rooms. With the additional capacity created by the enlarged operating rooms, the surgical pavilion suites are more available for a variety of procedures including vascular, gynecologic oncology, general surgery, urology, and orthopaedic and spine surgeries. The new rooms also feature state-of-the-art integrated educational video equipment that allows surgeons to teach techniques, methods and procedures in a way that were not possible before.

In order to improve the quality of care we provide and be good stewards of our environment, Mary Immaculate recently installed a new MRI scanner in the Fall of 2015. The new Mary Immaculate MRI service is capable of providing the advanced images its physicians require. The new MRI greatly reduces the individual patient scan time to a range of 20-30 minutes, increasing availability of appointment and providing for greater comfort and convenience for patients.

Thanks to its expertise and the skills of its surgeons, Mary Immaculate serves the orthopaedic and weight loss needs of patients from all over the United States and is now even a medical tourism destination.

Mary Immaculate 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 Mary Immaculate works collegially with numerous large physician groups and employed Bon Secours Medical group physicians. Our affiliated and employed practices have added numerous primary care and specialty physicians, as well as new locations in the community over the past few years – from orthopaedics to surgery to spine surgery to obstetrics and primary care, to name a few. In addition, through Bon Secours 24/7™, patients can access a medical provider virtually 24/7. Care at Mary Immaculate is seamlessly connected via our electronic health record, which patients can access virtually through our *Bon Secours MyChart* portal.

APPENDIX V

**Bon Secours Mary Immaculate Hospital
CHNA Community Health Survey**

Mary Immaculate Hospital Community Health Needs Assessment

Dear Community member,

Bon Secours Mary Immaculate Hospital 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 Mary Immaculate Hospital, 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

Mary Immaculate Hospital Community Health Needs Assessment**Defining Community**

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

2

Mary Immaculate Hospital Community Health Needs Assessment

My Community

* 1. How would you rate your overall health?

Excellent	Very Good	Fair	Poor	Very Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Very healthy	Healthy	Neutral	Unhealthy	Very unhealthy
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Very good	Good	Somewhat good	Bad	Very bad
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mary Immaculate Hospital 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 <u>environment</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get <u>healthy foods</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
there are good <u>places to play</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
it is a good place to <u>walk and bike</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
there are good places to get <u>health care</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
there are good places to get <u>dental care</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
there are good <u>health programs</u> offered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get affordable <u>health insurance</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 6. My community is STRONG in providing					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<u>good housing options</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>good education</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>transportation services</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>child care options</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>jobs with fair wages</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mary Immaculate Hospital 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children and families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racial and ethnic persons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People whose primary language is not English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQ individuals (Lesbian, Gay, Bi-sexual, Transgender, and Questioning)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who are homeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with chronic disease*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with drug/alcohol addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victims of domestic abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victims of violent crime (ex. assault, rape, robbery, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*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).

Mary Immaculate Hospital Community Health Needs Assessment					
* 8. I get the social and emotional support I need					
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
from my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
from my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
at my church.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
from my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 9. The following HEALTH PROGRAMS are meeting the needs of my community:					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Alcohol/Drug Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease & Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infant Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overweight/Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Infections (STIs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence/Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)					
<input type="text"/>					

Mary Immaculate Hospital 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,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
the hand-outs the doctor gives me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mary Immaculate Hospital Community Health Needs Assessment

Defining Safe and Safety

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

Mary Immaculate Hospital Community Health Needs Assessment

Community Safety

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

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
there is safe <u>housing</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
there are safe places to <u>play</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
there are safe places to <u>work</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
there are safe <u>schools</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
there is good <u>street lighting</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
there are safe <u>roads and sidewalks</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
there are safe ways to get to where I need to go (<u>transportation</u>).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
there are good <u>fire/safety/emergency services</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mary Immaculate Hospital Community Health Needs Assessment

Community Priorities

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

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

Mary Immaculate Hospital 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

Mary Immaculate Hospital 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.

- | | |
|------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="radio"/> White, Non Hispanic | <input type="radio"/> East Asian or Asian American |
| <input type="radio"/> Black, Afro-Caribbean, or African-American | <input type="radio"/> South Asian or Indian American |
| <input type="radio"/> Latino or Hispanic American | <input type="radio"/> Native Hawaiian or other Pacific Islander |
| <input type="radio"/> Native American or Alaskan Native | <input type="radio"/> From multiple races |
| <input type="radio"/> Middle Eastern or Arab American | |

Some other race (please specify)

* 19. What is your living situation?

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

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

- 1
- 2
- 3
- 4
- 5 or more

* 21. I am:

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

* 22. I pay for health services through:

<input type="radio"/> Private insurance (e.g. individual, exchange plan, or through employer)	<input type="radio"/> Indian Health Services
<input type="radio"/> Medicare	<input type="radio"/> Uninsured
<input type="radio"/> Medicaid	<input type="radio"/> Pay Cash
<input type="radio"/> VA Benefits	

* 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

Mary Immaculate Hospital 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:

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!