



COMMUNITY HEALTH NEEDS ASSESSMENT

For Children's Hospital of The King's Daughters
Prepared by Toxcel, LLC

June 2019

601 Children's Lane
Norfolk, VA 23507
www.chkd.org



Children’s Hospital of The King’s Daughters would like to thank all of the families, community members and partners who participated and contributed to this Community Health Needs Assessment.

Thanks to the many individuals who participated in the Community Health Needs Assessment for taking the time to use their experiences and knowledge to thoughtfully contribute their input on health priorities and needs.

The CHKD Board approved and adopted this community health needs assessment on June 18, 2019.

CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS COMMUNITY HEALTH NEEDS ASSESSMENT

TABLE OF CONTENTS

- I. Executive Summary.....1
- II. Background..... 3
- III. Process and Methods..... 4
- IV. Identifying Significant Health Needs..... 8
- V. Significant Health Needs..... 9
- VI. Barriers to Health and Accessing Care.....16
- VII. Social Determinants of Health.....19
- VIII. Prioritizing Significant Health Needs.....21
- IX. Resources to Address Priorities.....22
- X. CHKD’s 2016-2018 Implementation Plan.....23
- XI. Appendices.....24

EXECUTIVE SUMMARY

Overview of Children’s Hospital of The King’s Daughters (CHKD)

CHKD is Virginia's only freestanding children’s hospital and it is the heart of a comprehensive pediatric healthcare system. CHKD Health System services are unique to the region in that they are exclusively dedicated to children and thus often meet pressing public health needs that would otherwise go unmet. The hospital is home to the region's only Level I pediatric trauma center, the area's largest and most sophisticated neonatal and pediatric intensive care units, a transitional care unit and Virginia's only Level I pediatric surgery program.

In addition to its inpatient services, CHKD is home to more than 25 pediatric sub-specialty programs that care for children with chronic illnesses like asthma and diabetes. Signature outpatient services include pediatric urgent care, diagnostic testing, rehabilitation therapies and sports medicine. The Health System’s Surgery Group includes more than 20 pediatric surgeons in six specialties, including cardiac surgery, neurosurgery, orthopedic surgery, pediatric general surgery, plastic and reconstructive surgery and urology. With approximately 3,000 employees, CHKD offers a full range of pediatric-trained clinical and support staff who are exclusively dedicated to the care and well-being of children.

Purpose and Scope of the Community Health Needs Assessment (CHNA)

The Patient Protection and Affordable Care Act requires non-profit hospitals to conduct a CHNA every three years to prioritize health needs and develop an implementation plan designed to address priorities identified during the assessment. From November 2018 to April 2019, CHKD conducted a CHNA with support from Toxcel, LLC, a Gainesville, Virginia-based health, science and engineering research and consulting firm. This is a joint CHNA that includes all three licensed facilities associated within the CHKD Health System: Children’s Hospital of The King’s Daughters located in Norfolk, and CHKD’s two Health and Surgery Centers, located in Newport News and Virginia Beach.

This document describes the CHNA process, summarizes the key health issues identified, details the prioritization process and highlights CHKD’s priorities.

Process and Methods

CHKD’s Community Health Needs Assessment process included collecting data from several different sources: a Community Health Survey (in collaboration with other area hospital systems), focus groups and key stakeholder interviews and health indicator analyses. The survey was completed by stakeholders and community members. Toxcel facilitated focus groups and conducted key stakeholder interviews to gain a deeper appreciation for issues that affect children’s health and key health priorities particularly among members of medically underserved, low-income, and minority populations. A quantitative analysis of key health indicators was conducted to assess health status and provide additional information to layer with stakeholder perception in order to identify key priorities.

This report provides a summary of the data and information gathered from each source, a description of how the data was obtained and the manner in which community and public health feedback was incorporated into the assessment.

Identifying Significant Health Needs

After compiling all of the results from the stakeholder and community surveys, focus groups, key stakeholder interviews and health indicator analyses, common themes and significant health needs

were identified across data sources. These themes either arose as priorities in at least two of the data sources or if data from one of the sources revealed overwhelming need.

The following significant health needs were identified:

- Mental/behavioral health
- Obesity
- Child abuse
- Asthma
- Sexually transmitted infections
- Teen pregnancy
- Alcohol/substance abuse
- Social determinants, including poverty, unemployment, and community violence

CHKD leaders reviewed results from all three data sources to better understand the significant health needs and priorities to determine the best focus for its implementation plan. The purpose of the implementation plan is to improve the health of children throughout its service region.

Individuals and groups involved in this process included the following:

- The hospital's senior leadership team, which includes its CEO, president and vice presidents, who provided knowledge of the organization's mission and vision, its scope of services, and its ability to assign resources to meet emerging as well as established needs.
- CHKD physician leaders, who offered insight into the immediate and long-term health implications of the identified needs for children, families, and the community as a whole.
- CHKD's Parent and Family Advisory Council, which includes parents of current and former patients and patients who have experienced CHKD services firsthand. This volunteer council assured further community input and feedback during the prioritization process.

The groups above identified priorities based on the same criteria that they used during the 2016 CHNA process:

- Fit within CHKD's mission, goals and scope of service
- Community ranking of importance
- Degree to which CHKD has the resources needed to address the issue.

Key Priorities

Based on this criteria, there was strong consensus that CHKD should focus its implementation plan on pediatric mental/behavioral health. The groups noted that addressing pediatric mental/behavioral health would have a positive effect on pediatric health and well-being overall, affecting multiple other identified health needs, such as violence, crime, substance abuse and, as our pediatric population grows older, child abuse and neglect and childhood obesity.

The stakeholders tasked with priority setting also recognized the organization's continued commitment to other top issues, including childhood obesity and child abuse through its existing Healthy You For Life and the Child Abuse Programs. Since these were all part of CHKD's 2016 Implementation Plan, programs and services are already in place and the organization will continue to dedicate resources toward these community health needs.

BACKGROUND

Overview of Children’s Hospital of The King’s Daughters (CHKD)

CHKD is Virginia's only freestanding children’s hospital and it is the heart of a comprehensive pediatric healthcare system. CHKD Health System services are unique to the region in that they are exclusively dedicated to children and thus often meet pressing public health needs that would otherwise go unmet. The hospital is home to the region's only Level I pediatric trauma center, the area's largest and most sophisticated neonatal and pediatric intensive care units, a transitional care unit and Virginia's only Level I pediatric surgery program.

In addition to its inpatient services, CHKD is home to more than 25 pediatric sub-specialty programs that care for children with chronic illnesses like asthma and diabetes. Signature outpatient services include pediatric urgent care, diagnostic testing, rehabilitation therapies and sports medicine. The Health System’s Surgery Group includes more than 20 pediatric surgeons in six specialties, including cardiac surgery, neurosurgery, orthopedic surgery, pediatric general surgery, plastic and reconstructive surgery and urology. With approximately 3,000 employees, CHKD offers a full range of pediatric-trained clinical and support staff who are exclusively dedicated to the care and well-being of children.

CHKD Health System operates 20 primary care pediatric practices, some with multiple office locations. Between its pediatric practices and multi-services Health Centers, CHKD Health System provides care in more than 40 locations from Williamsburg, Virginia to Elizabeth City, North Carolina.

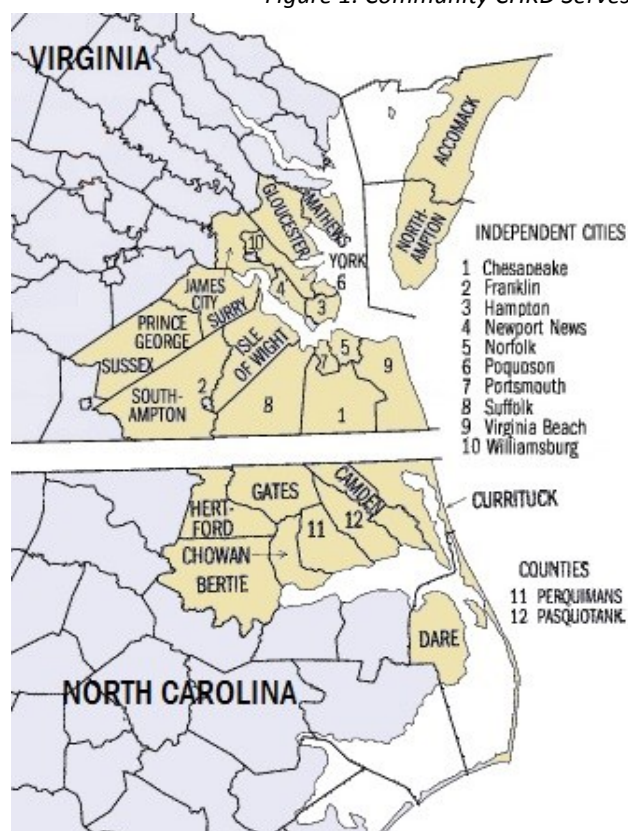
Figure 1. Community CHKD Serves

Definition of Community Served

CHKD serves patients in locations from as far north as Virginia’s Middle Peninsula, as far west as Williamsburg and as far south as Elizabeth City, North Carolina. The area it serves encompasses 29 localities in Virginia and North Carolina. These are identified as CHKD’s primary service region, which is shown in Figure 1. The total population of the study region was nearly 1.96 million people¹, of whom 553,054 were children ages 0-21.² The CHKD community is defined through analysis of patient records, geography of the region and the location of their facilities.

Purpose and Scope of the Community Health Needs Assessment (CHNA)

The Patient Protection and Affordable Care Act (also called the Affordable Care Act) requires non-profit hospitals to conduct a CHNA every three



¹ Source: U.S. Census. 2014-2017 American Community Survey 5-Year Estimates

² IBM Watson/Truven Market Expert/Population statistics

years to prioritize health needs and develop an implementation plan designed to address priorities identified during the assessment. From November 2018 to April 2019, CHKD conducted a CHNA with support from Toxcel, LLC, a Gainesville, Virginia-based science, engineering and health research and consulting firm. This joint CHNA included all three licensed facilities associated within the CHKD Health System: Children’s Hospital of The King’s Daughters (CHKD) located in Norfolk and CHKD’s two Health and Surgery Centers located in Newport News and Virginia Beach.

This document describes the CHNA process, summarizes the key health issues identified, details the prioritization process and highlights CHKD’s priorities. It provides an overview of key findings from the data collected and outlines how that data was used to identify key health issues within the CHKD service area. Based on the key health issues identified through the assessment process, CHKD designated one main priority – children’s mental/behavioral health – to develop an implementation plan around in order to target resources and programs to improve health outcomes over the next three years.

PROCESS AND METHODS

CHKD’s Community Health Needs Assessment process included collecting data from several different sources: a Community Health Survey (in collaboration with other area hospital systems), focus groups and key stakeholder interviews, and health indicator analyses. The following sections include a summary of the data and information gathered from each source, a description of how the data was obtained, and the manner in which community and public health feedback was incorporated into the assessment.

Community Health Survey

In order to provide an opportunity for a broad group of stakeholders to contribute their input on health priorities, the Community Health Survey was designed in collaboration with other regional hospital systems and healthcare providers, including Bon Secours Health System, Sentara Healthcare, Riverside Health System and the Peninsula Healthcare Collaborative. Through the Community Health Survey, CHKD partners, fellow service providers and the broader community shared their opinions about health priorities and needs.

The survey included questions about social determinants (including the social and physical environment that influences health and residents’ ability to seek services), service provision, barriers to treatment, the needs of specific population groups and health priorities. Two versions of the survey with similar questions were circulated across CHKD’s service area. The first version was a stakeholder survey. In this survey, participants were asked to identify their organization and the organization type (e.g., health department, local government, behavioral and mental healthcare, etc.). Stakeholders participating provided (or had knowledge of) health, preventive and support services in CHKD’s service area, including many low income and minority residents. The second version was a community survey that was circulated more broadly to community members in CHKD’s service area. In this survey, participants could provide feedback anonymously. Both were circulated widely through partners and notifications via social media. There were a total of 768 participants who completed all of the required questions, including 329 responses to the stakeholder survey and 439 responses to the community survey.

The survey was conducted from November 2018 to January 2019. It was available online and could be completed on paper in both English and Spanish. It was distributed widely via the healthcare systems’ networks as well as their partners’ networks.

In February and March 2019, Toxcel analyzed the survey results using Excel. A breakdown of stakeholder participants by organization type is included below in Table 1.

Table 1. Stakeholder Survey: Participant Response by Organization

Response	Count	Percent
Healthcare- Public Health / Health Department / Free Clinic	97	29
Healthcare - Provider (Physician, Nurse or other Healthcare Professional)	67	20
Community Nonprofit Organization (Food Bank, United Way, etc.)	39	12
Local Government or Civic	31	9
Healthcare - Hospital Affiliation (Board Member, Auxiliary Volunteer, etc.)	16	5
Education (Pre K - High School, including School Administrators and	14	4
Other (Please specify below)	13	4
Healthcare - Behavioral and Mental	11	3
Law Enforcement / Fire Department / Emergency Medical Services (EMS)	10	3
Foundation	9	3
Faith-based Organization	8	2
Education (After High School)	8	2
Business Representative	4	1
Financial Institution	2	1

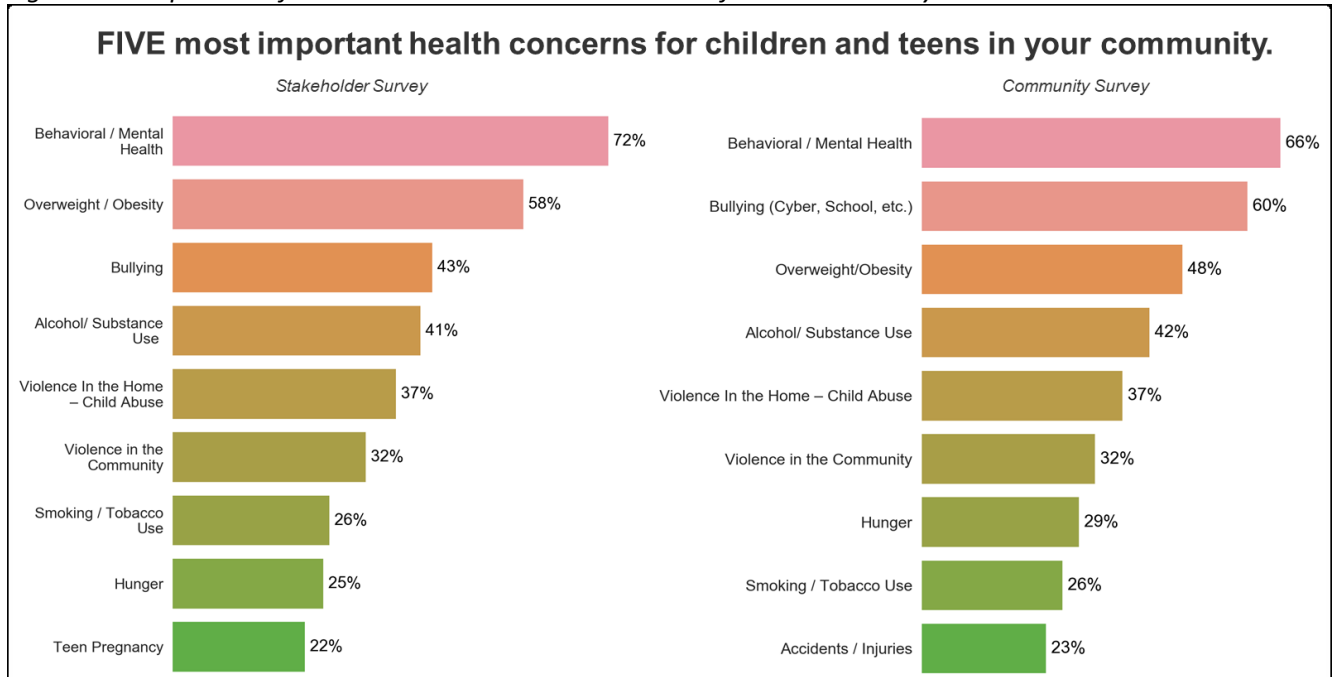
Since the Community Health Survey was a regional survey conducted in partnership with other health systems, participants were asked to reflect separately on adult and pediatric services and priorities. Toxcel analyzed differences among overall responses for both surveys, stakeholder survey responses, differences across organization type within the stakeholder survey and responses from the community survey. The high level of agreement across these groups was notable. Graphs that highlight key examples of this agreement are included in Figure 2 on the following page. In all cases, the top five health concerns identified for children and teens include:

- Behavioral/mental health
- Overweight/obesity
- Bullying
- Alcohol/substance use
- Violence in the home

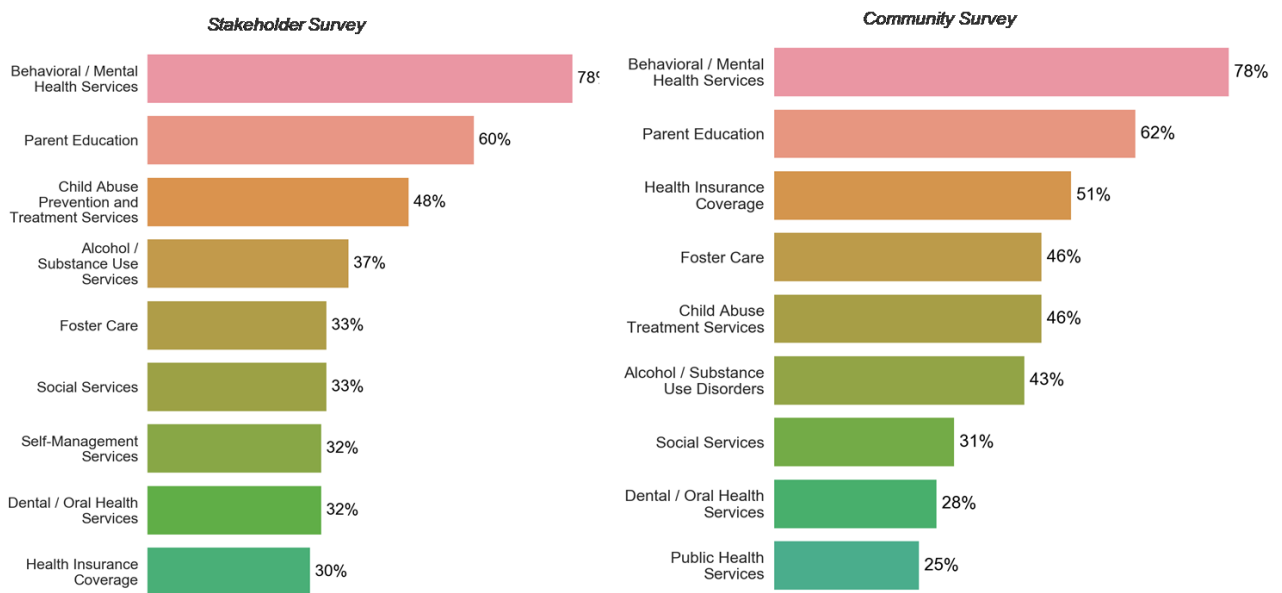
In addition, there was agreement among the groups regarding the need to strengthen behavioral/mental health services, parent education, and child abuse prevention and treatment. There was also agreement in identifying the barriers affecting access to healthcare, including costs, health insurance, understanding the system, and transportation.

Additional information characterizing survey participants can be found in Appendix A.

Figure 2. Comparison of Common Needs and Priorities Identified Across Surveys



FIVE most important services that need to be strengthened in order to improve health services for children and teens



Focus Groups and Key Stakeholder Interviews

In order to gain a deeper appreciation for issues that affect children’s health and key health priorities particularly among members of medically underserved, low-income and minority populations, Toxcel conducted focus groups and key stakeholder interviews with service providers from across the CHKD community from November 2018 to March 2019. Organizations of these participants are listed in Appendix B.

The Toxcel Team worked with CHKD leadership to develop a stakeholder engagement plan that identified key stakeholders, partners and organizations who represented important interests of the CHKD community, including: a) local public health and social service department representatives; b) individuals or organizations serving members of medically underserved, low-income and minority populations in the community; c) school nurses from local school systems particularly in rural or predominately low income areas; and d) healthcare and mental/behavioral healthcare providers who offer services for children and families.

In total, 65 key stakeholders participated in focus groups or interviews. The top health priorities that were identified by participants in both the focus groups and stakeholder interviews include:

- Mental/behavioral health
- Childhood obesity (including focus on nutrition and physical activity)
- Exposure to violence and child abuse
- Parent engagement and education
- Access to care, including transportation and access to specialty care
- Social determinants, such as poverty and community violence
- Teen pregnancy
- Asthma and related medication management.

Focus groups

During the 2016 CHNA, stakeholders and CHKD leadership identified mental and behavioral health as the highest priority area that needed to be strengthened. Subsequently over the last three years, CHKD has devoted considerable resources and manpower to expand and improve these services. Given the previously identified priority of mental and behavioral health and an interest in hearing from stakeholders from across the region who were familiar with these issues, two focus groups were conducted. One of the focus groups was facilitated with mental and behavioral health service providers in the Hampton Roads area.

The other focus group was facilitated during one of the monthly meetings of the Hampton Roads Parent Education Network (HRPEN). HRPEN is a network of agencies and organizations that come together to ensure that the Hampton Roads community has access to quality parenting education. Collectively, HRPEN members have a broad understanding of the needs of the most vulnerable community members across CHKD's service area as well as the various systems and networks of partners and service providers in place to support those community members.

The focus groups lasted two hours and were facilitated by a seasoned facilitator from Toxcel. A note taker was present to capture all the themes and ideas that emerged from the focus group discussion. The first half of the focus groups focused on questions related to key issues that contribute to health and prevent children from being healthy. Participants were asked what they considered to be the most critical issues to address in the community and to reflect on existing resources and what community efforts were working well. During the second half of the focus groups, participants divided into two groups and were asked to identify and prioritize key issues that affected mental and behavioral health, as well as issues that needed to be addressed to effectively plan an initiative and facility that supported and promoted the mental and behavioral health needs of the community.

Key stakeholder interviews

Key stakeholder interviews targeted school nurses – who provide critical health services to vulnerable community members and were under represented in the stakeholder survey – and other core service providers that serve members of medically underserved, low-income, and minority populations.

Many of the interviews with school nurses as well as several community organizations were conducted in-person during the School Healthcare Conference hosted by CHKD in February 2019. Each interview lasted approximately 20-30 minutes. Participants provided information, experiences, ideas and context for CHKD to consider in its health improvement planning. Every stakeholder interviewed was asked to identify health priorities for their community based on their experience. The interviewer recorded the in-person interviews and transcribed them later. During phone interviews, the interviewer transcribed participants' words verbatim, reading back quotes and phrases as needed to clarify phrasing and intent.

Toxcel then conducted a qualitative analysis to identify themes, key issues and priorities raised by the key stakeholders during interviews and focus groups.

Key Health Indicators: Local and Regional Data Analysis

Toxcel conducted an analysis of key health indicators in order to understand the community health status of residents. When possible, health indicators were investigated by locality in order to understand where greater health disparities exist within the CHKD community. Statewide averages were included in further analyses in order to provide context and a means for comparison.

Toxcel utilized national, state, and private data sources. Health indicator data sources included the United States Census Bureau, the Centers for Disease Control and Prevention, County Health Rankings, as well as state departments of Health, Education, and Social Services in Virginia and North Carolina. In addition, CHKD provided hospital discharge rates through a private firm, Truven Market Expert.

Key health issues were identified when multiple localities had worse rates or percentages in comparison to state averages.

IDENTIFYING SIGNIFICANT HEALTH NEEDS

After compiling all of the results from the stakeholder and community surveys, focus groups, key stakeholder interviews, and health indicator analyses, Toxcel identified areas of significant health needs that were consistent across data sources. These themes either arose as priorities in at least two of the data sources or when data from one of the sources revealed overwhelming need.

The following significant health needs were identified:

- Mental/behavioral health
- Obesity
- Child abuse
- Asthma
- Sexually transmitted infections
- Teen pregnancy
- Social determinants, including poverty, unemployment, and community violence

These health needs are discussed in more detail in the following section. The summary of each health issue offers a combined analysis that weaves in data and information from all data sources of the CHNA.

SIGNIFICANT HEALTH NEEDS

Mental Health and Behavioral Health

Mental health and behavioral health were overwhelmingly reported as a local health need and emerged as a top priority in all three data sources. From 2014-2017, psychiatry was the most frequent reason for discharge among children ages 10-17. During that same three-year period, there was a 38% increase in hospital discharges for psychiatry among children ages 10-14 (Figure 3).

*Figure 3. Comparison of four most common diagnosis-related group (DRG) product lines for inpatient discharges within each age group**

	0-4 years	5-9 years	10-14 years	15-17 years
	Pulmonary Medical	General Medicine	Psychiatry	Psychiatry
2014	49.1%	26.3%	33.6%	31.36%
2017	4.7%	24.4%	53.8%	51.3%
	Rehabilitation	Pulmonary Medical	General medicine	Obstetrics Del
2014	17.0%	19.7%	19.8%	18.9%
2017	-	15.8%	18.2%	11.5%
	Normal Newborns	Psychiatry	Orthopedics	General Medicine
2014	13.7%	12.0%	10.2%	16.3%
2017	-	26.6%	6.2%	14.0%
	Neonatology	General Surgery	General Surgery	General Surgery
2014	9.5%	9.4%	9.4%	6.9%
2017	80.9%	7.3%	4.9%	5.3%

**These changes represent either a change in patients' needs/hospital utilization or intentional shifts in focus of service provision*

Key stakeholders particularly focused on mental and behavioral health needs as well as gaps in services, including acute care, specialty care, Applied Behavior Analysis (ABA) and respite care. In particular, stakeholders shared that there were vast unmet needs for pediatric mental/behavioral healthcare, both in rural and urban settings. There are long waitlists for specialists, ABA services and respite care. Agencies that are providing mental health outpatient care or therapeutic services report enormous needs and describe a struggle to find inpatient beds during times of emergency.

The importance and need to focus on mental health and behavioral health was echoed by participants in the stakeholder and community surveys. Of those participating in the stakeholder survey, 72% identified mental health and behavioral health (e.g., suicide, attention deficit disorder, anxiety, depression, etc.) as the most important concern. Of those participating in the community survey, 66% identified mental health and behavioral health as the most important issue.

Stakeholders believe that certain populations within CHKD’s service area are more acutely affected – children living in rural areas, children with disabilities and military families. In some rural areas, families have to drive for over an hour or more to see a specialist. This is particularly difficult for families that might need to see multiple specialists but are not able to coordinate the visits. Families with lower income or who lack transportation are frequently not able to overcome these hurdles to reach a specialist given the long drive, the necessity of navigating in unknown areas and the need for gas money.

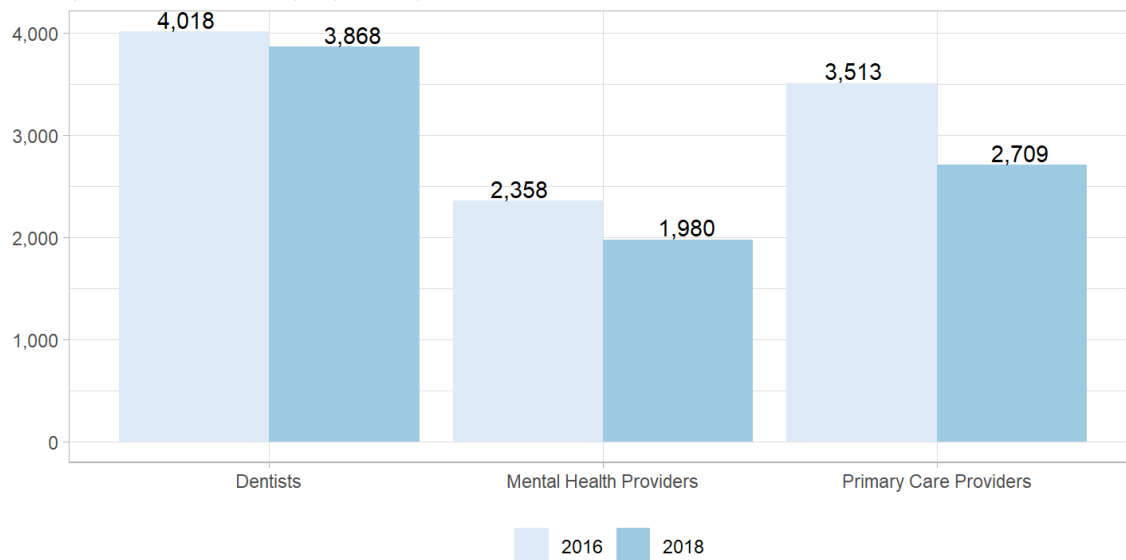
“And the mental health issues - I had a kid that I was trying to get inpatient services for and I called 5 hospitals and there were no beds anywhere. It was horrible. I know that CHKD is thinking about getting a psychiatric hospital and I hope they do.”

Going over the Jamestown Bridge was cited by some in rural areas lying west of Hampton Roads as a barrier in accessing care. In areas with long waiting lists, military families particularly suffered from limited services given their frequent moves and the need.

In the health indicator analyses, the most common DRG Product Lines for inpatient discharges involved psychiatry for all age groups age five and older (Figure 3), while resident to mental health provider ratios remain high across the area as a whole (Figures 4 & 5). Despite the acute need for mental health/behavioral health care in the region and the improved access to providers over the last two years, the ratio of residents to mental health providers in CHKD’s service area (1,980:1) continues to be well above the Virginia (630:1) and North Carolina (440:1) averages.

Figure 5 illustrates the high ratios of residents to mental health providers, particularly in rural areas. While a few of the localities in the CHKD service region have lower ratios than their state average, the vast majority are affected by a shortage of mental health providers. **This evidence shows that although the need is strong, providers are rare. In the interviews, stakeholders overwhelmingly reported a lack of behavioral health services for children and young people. Services are needed for all ages, including school age children and adolescents.**

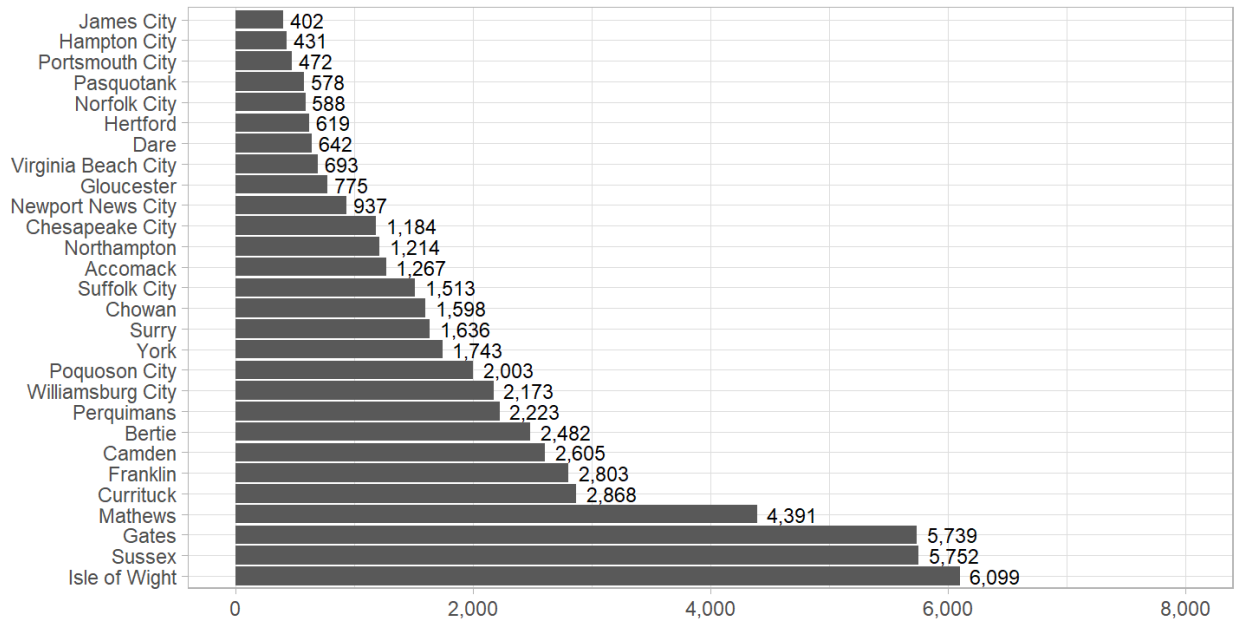
Figure 4. Average Access to Health Care Providers in CHKD Study Region, 2016-2018
(Number of residents per provider)



Source: County Health Rankings, Area Health Resource File: 2016, 2018

Figure 5. Access to Mental Health Providers, 2018

(Number of residents per provider)



Source: County Health Rankings, Area Health Resource File: 2018

Childhood Obesity

Childhood obesity, and related issues of nutrition and physical activity, were identified as important problems by participants in surveys, focus groups and stakeholder interviews. Issues related to

childhood obesity often reflected the social, financial, educational and cultural factors that negatively impact children’s health. Food accessibility, food affordability, access to places to play, unavailable parents working multiple jobs, the increased use of technological devices and high carbohydrate school lunches were all recognized as contributing factors that heightened challenges with children’s weight and obesity. School nurses shared their struggles in supporting diabetic children who had limited healthy food choices at home and school. In the stakeholder and community surveys, the issue was ranked among the top 5 priorities of concern (Figure 2).

“When you have poverty and even the working poor, you have a lot of health issues. When you take into account that you can get a cheeseburger for \$1, but it will take you \$5 to get a healthy meal... Lots of obesity. It’s horrible in our area, and anywhere there’s poverty - obesity, childhood diabetes, asthma, dental cavities.”

Stakeholders raised concerns related to obesity including:

- *More cases of childhood diabetes and struggles with managing the disease.* The majority of school nurses interviewed reported working with diabetic children who are particularly brittle and who struggle to have an understanding of key dietary issues related to their health.
- *Concerns about sufficient opportunities for being active.* In some communities, parents are afraid to let their children go out and play given the high levels of violence in the community. Other communities lack quality places for children and youth to play and be active. In addition,

many school systems have minimal opportunities for children to be active during the day. Nurses working in schools reported that many of the children they worked with do not want to participate in their physical education class.

“In our school, it's [good food] just not a priority for the majority of parents, it really isn't. They are too busy trying to pay rent.”

- *Lack of availability of healthy food, the price of healthy foods and the nutritional quality of food prepared by school cafeterias.* In several rural areas, fast food is the only cheap and easily available food option for families. The ease of accessing fast food over healthy foods enables unhealthy eating. Also, some families do not know how to prepare healthy foods or -- in families where parents may work two or three jobs a day to make ends meet – do not have time to prepare healthy foods.

Stakeholders emphasized the importance of initiatives that focus on prevention and early intervention; obesity is easier to prevent than to treat.

Exposure to Child Abuse and Community Violence

Child abuse and neglect were identified in all three data sources. In both the stakeholder and community surveys, respondents identified ‘Violence in the home’ as one of the top three issues of concern. They also ranked both ‘child abuse prevention and treatment’ as well as ‘parent education and prevention’ among the top five services that need to be strengthened (Figure 6). Additionally, certain jurisdictions in Virginia have higher child abuse rates than the state average, particularly in Mathews County, Norfolk, Accomack County, Sussex County, Newport News, and Gloucester County (Figure 7).

The experience of key stakeholders who participated in focus groups and stakeholder interviews echoed these findings. Stakeholders discussed children witnessing or experiencing violence at home or in their communities and the toll this kind of trauma takes on their physical, emotional and mental health. Many stakeholders described the effects of children living with guardians who are not their parents due to parental drug use, incarceration, or some other issue that led parents to not be able to care for their child.

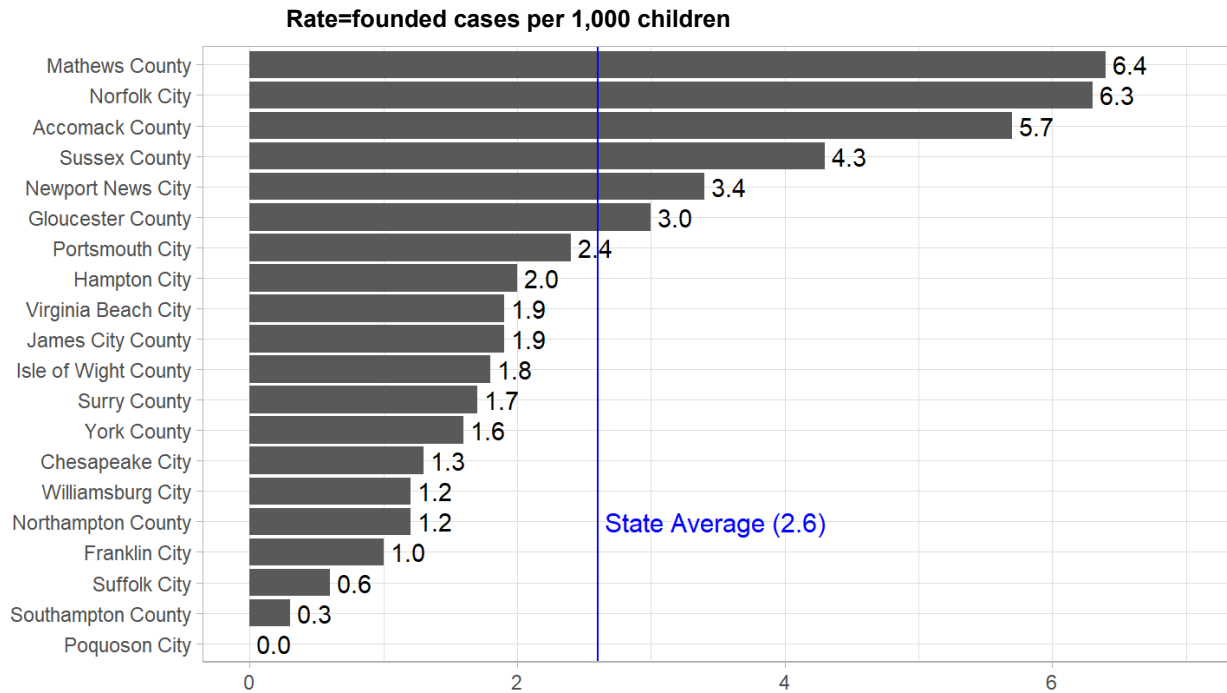
“We do have a lot of mental issues and it is due to a lot of things that happen at home - with parents at home -- physical abuse, sexual abuse. They [the kids] bring that with them to school and they have to deal with that a lot.”

Many school jurisdictions in CHKD’s service area are exploring how to launch trauma informed care initiatives in an effort to better support children and youth who have been exposed to violence.

Figure 6. Top three areas that key stakeholders felt needed to be strengthened to improve access, availability and quality of health and healthcare for children and teens



Figure 7. Rate of Child Abuse in Virginia by Location, 2017



Other Important Health Issues

The health issues outlined in detail above are those that were most strongly supported by all three data sources. Other health concerns that arose as a high priority in one or two of the data sources include: asthma, sexually transmitted diseases, teen pregnancy, child mortality and substance/alcohol use.

Asthma

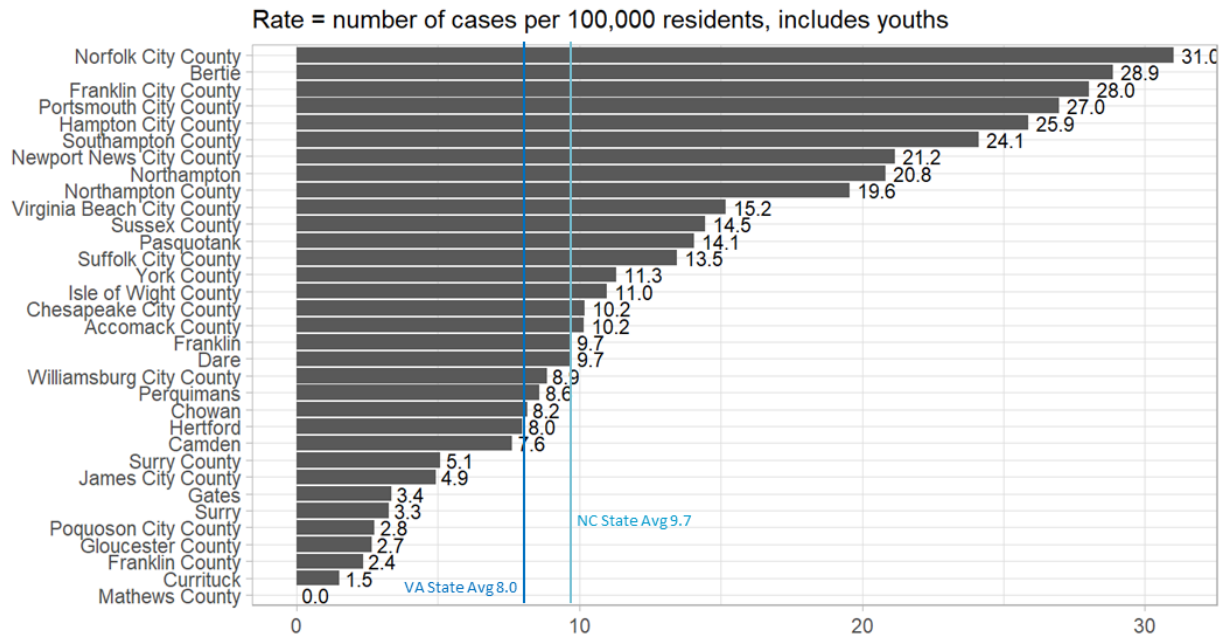
School nurses in particular raised asthma as an area of acute concern. They reported seeing increased rates of asthma among children that they served and felt that some children and families struggled to understand the disease, what its diagnosis meant and how to use or manage prescribed medication. Many nurses reported cases where families had to be convinced to ask their doctor if asthma could be an issue for their child or that families would walk away from a doctor’s appointment without knowing how or how often to use the medications prescribed.

“We have a lot of asthma. A lot of asthma that’s not controlled. Parents can’t or won’t get kids to the doctor to get some medicine and even if they do, they don’t always make sure that they take it. Those kind of things are kind of concerning to me.”

Sexually Transmitted Diseases

Health indicator analyses confirmed rising HIV and other STI rates in Virginia and North Carolina. Data for STIs include adolescents and adults as data for age groups is available in overall statewide counts, but not by locality. Given the high rates of STIs in the CHKD service area, this data was included even though it reflects numbers of youth and adults. Many of the jurisdictions in CHKD’s service area have much higher rates of new HIV cases than Virginia and North Carolina averages (Figure 8). This trend is the case for other STIs as well.

Figure 8. Average Rate of New HIV Diagnoses by Area (2015-2017)

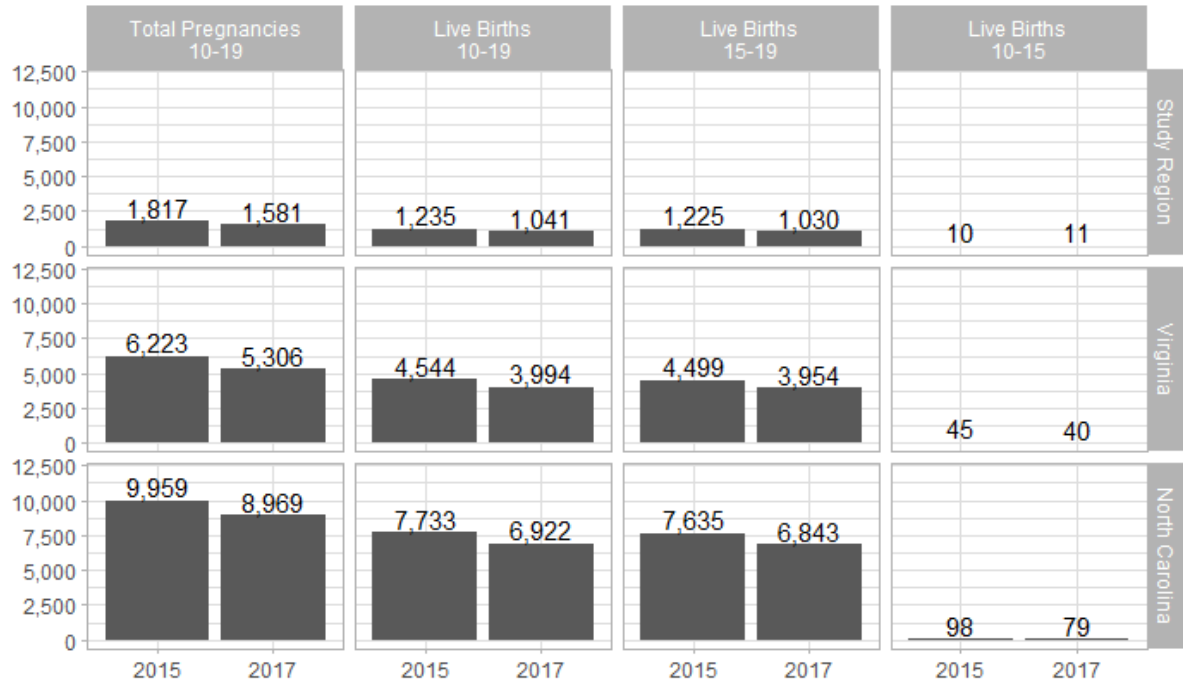


Source: Virginia Department of Health - Virginia HIV Surveillance Annual Report & North Carolina Department of Health and Human Services - 2017 North Carolina HIV/STD Surveillance Report

Teen Pregnancy

While the number of teen pregnancies in CHKD’s service area has dropped (Figure 9), key stakeholders also identified teen pregnancies as an important issue. Teens who are pregnant or have children have little support to return to school, losing important opportunities for educational attainment.

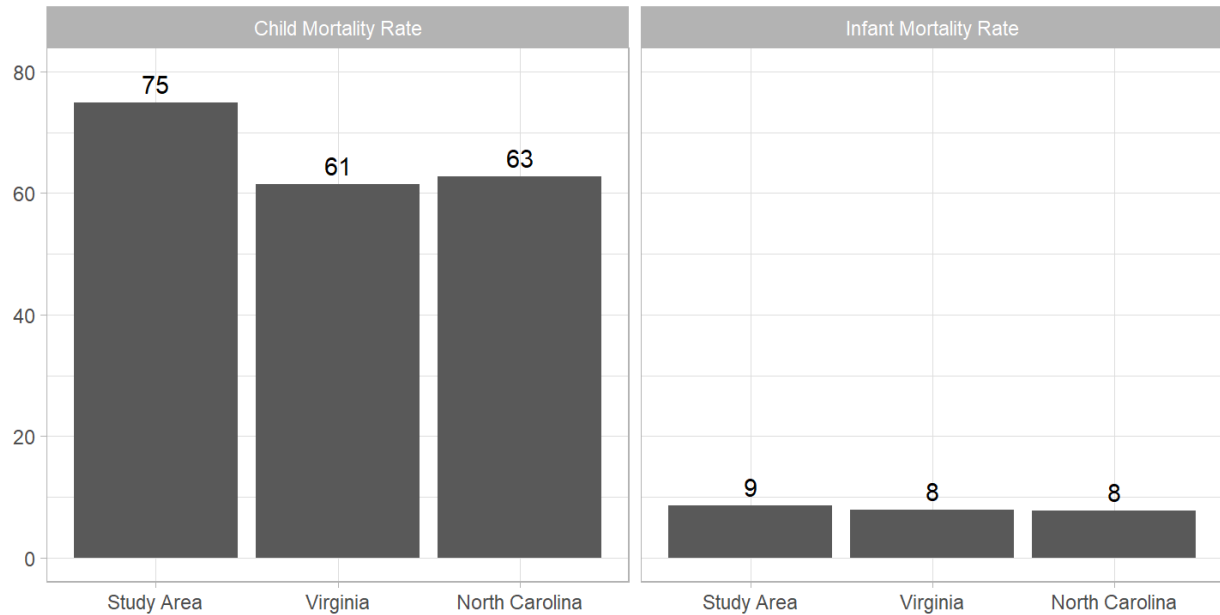
Figure 9. Teenage Pregnancy Outcome by Year



Child Mortality

The health indicators revealed a need for continued attention to infant health and mortality. CHKD’s service area overall posts higher child mortality rates (per 100,000) for all children. The average child mortality rate for the study region is 75 compared to Virginia’s child mortality rate of 61 and North Carolina’s mortality rate of 63 (Figure 10). Additional analysis of mortality rates by age groups was not possible given the lack of availability of WONDER mortality data from the Centers for Disease Control and Prevention.

Figure 10. Child and Infant Mortality Rates, 2018
(Rate = deaths per 100,000 residents)



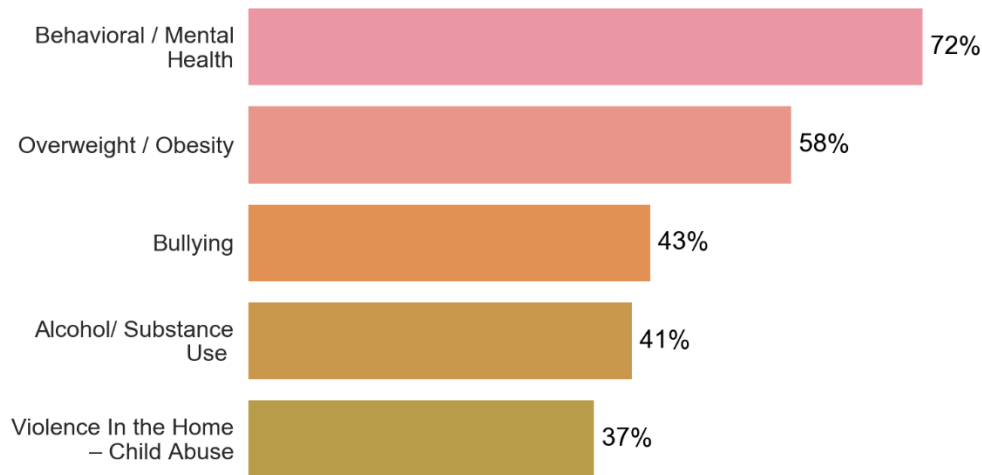
Source: County Health Rankings and Roadmaps

Alcohol/Substance Use

Key stakeholders and community members who participated in the community health survey both prioritized alcohol and substance use among the top five issues that were most important for youth and teens (Figure 11). They also identified alcohol/substance use services (including prescriptions or illegal drugs such as opioids) and alcohol/substance use disorders as important services that need to be strengthened. Concerns about alcohol and substance use extended to adult usage and how that use and abuse affected the children. One school nurse shared,

“I don’t think a child should suffer mentally. It just bothers me to see children cutting themselves or a student telling me they’ll kill themselves over things that they had no control over. One of the boys is sexually abused. He had to watch his sister be sexually abused. His mother’s on drugs.”

Figure 11. Results from Stakeholder Survey - Five most important health concerns for children and teens in the community you serve



BARRIERS TO HEALTH AND ACCESSING CARE

Key stakeholders identified societal challenges that keep children from being healthy and highlighted a number of barriers in accessing care and services.

Barriers to Health

Key stakeholders and community members who participated in surveys, interviews and focus groups talked a lot about what kept children of all ages from being healthy. Some of these issues include:

- Community violence.** Stakeholders talked about concerns for latchkey kids – children who stay in homes alone or who are not allowed to leave their homes because of concerns about violence in the community. In some areas, community violence affected how safe children felt living in their homes – which in turn influenced their mental and emotional health -- or how parents and guardians felt letting children leave the home to play outside.
- Homelessness.** Many families are struggling with homelessness or finding stable long-term housing. Stakeholders shared the difficulties children have when they are moved repeatedly within jurisdictions or across the region and how it affects their ability to acclimate to new schools with each move. The transiency negatively affects children’s mental and emotional health.
- Lack of parent engagement.** Across the board, stakeholders recognized the importance of early parental engagement yet struggled to understand how to reach and engage those parents. Key stakeholders talked of the struggle to minimally engage some parents and shared stories of

“Children are demonstrating behaviors that look like mental illnesses earlier. I was talking to someone [another service provider] about the plight of housing stability and they told me that they were talking with families about parking lots that keep their lights on so families can go there and stay there if they need to, which is a poor housing option.”

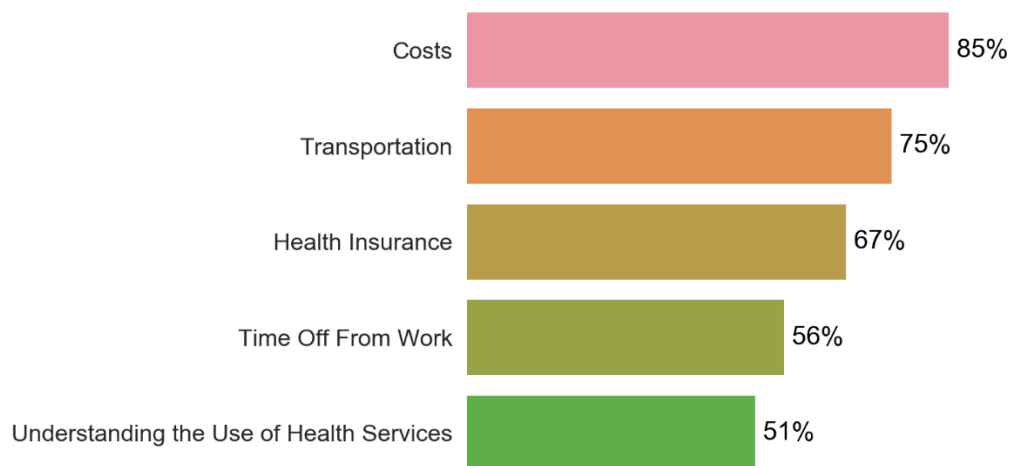
parents who are still asleep when their children leave for school, so the children come to school without breakfast or basic sanitary needs being met.

- *Increased social media and telephone usage.* Children are increasingly spending more time on their phones or on social media, which stakeholders felt affects their social skills and ability to engage with others. They also worried that it affects children’s ability to engage in school because they are staying up late at night on their phones. Unrestricted social media usage makes teens more vulnerable to cyber bullying and keeps them from being involved in other activities, such as being outside, where they can burn off energy and get physical activity.
- *Lack of access to specialty services.* Stakeholders from rural areas shared struggles that some of their neediest families have in accessing specialty services for children. This issue was particularly acute in rural North Carolina where Virginia-based urban areas provided the closest specialty care. Providers shared hopes for better telemedicine options or satellite clinics.
- *Lack of healthy food and exercise.* This issue was discussed previously in the childhood obesity section, but it is included here as well given the strong emphasis key stakeholders placed on the lack of both healthy food and exercise that keeps children from being healthy.

Barriers to Accessing Care

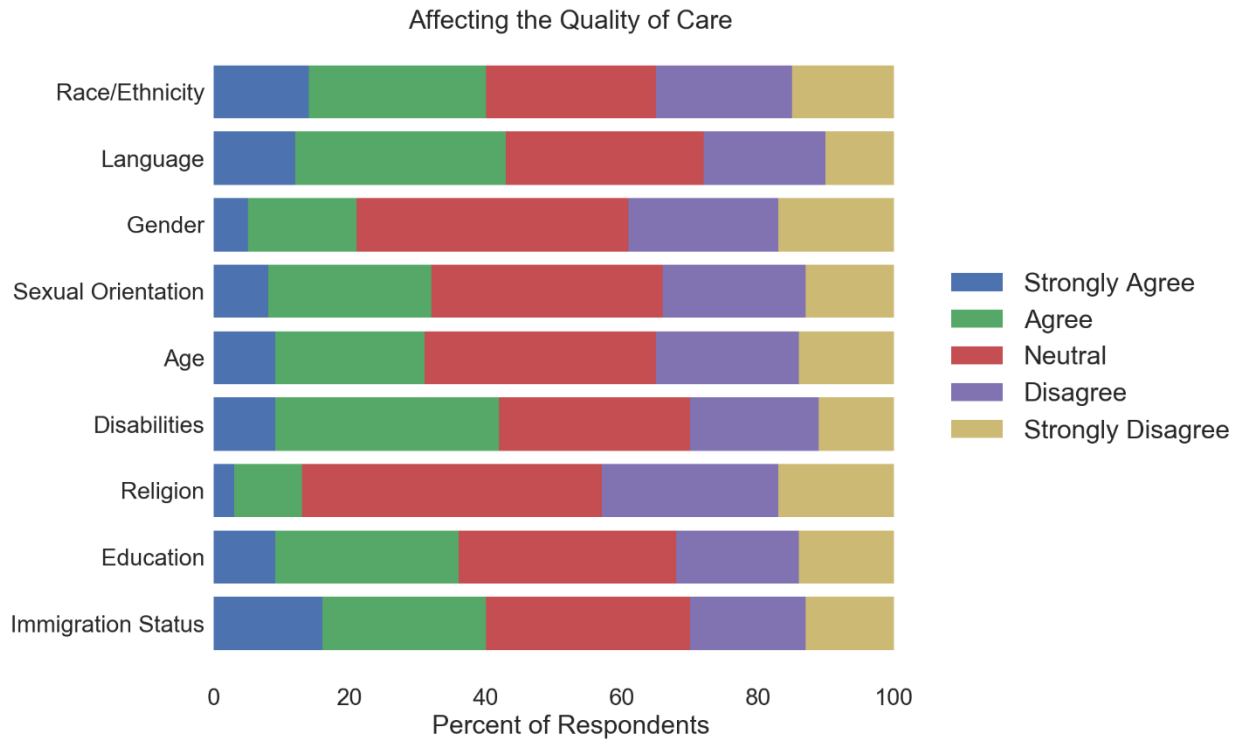
Survey participants identified a number of different barriers to accessing care, including costs, transportation, health insurance, getting time off work and understanding how to use the healthcare system (Figure 12). Transportation emerged as a consistent theme, even in urban areas. Transportation is viewed as critical and is frequently cited as the single most important issue for accessing all aspects of health care and prevention programs. Transportation directly affects families’ ability to apply for assistance, access care, attend programs and seek follow up care effectively.

Figure 12. Questions from Stakeholder Survey Question: Based on your experience, please identify the FIVE most important issues in accessing healthcare in your community.



Survey participants also recognized that certain populations face more barriers than others in accessing care. Of the community survey and key stakeholder participants, 40% or more either strongly agreed or agreed that race/ethnicity, language, disabilities and immigration status affected the quality of care that youth and teens receive (Figure 13).

Figure 13. Question from Survey: Does [race/ethnicity, language, etc.] affect the quality of care that children/teens receive?



Key stakeholders highlighted special populations with particularly high unmet needs including:

- Military families
- Children with disabilities
- LGBT youth
- Infants and toddlers
- Children in middle school
- Children in transition
- Children who live in poverty
- Uninsured or underinsured

“I know they [the military] have programs, but there are military families that are on a wait list and then there are some that cannot even get on a wait list because it’s too long. So even though they are promised care, they get nothing and they have nobody in the community.”

SOCIAL DETERMINANTS OF HEALTH

The numerous ways in which social determinants influence children’s health and their health outcomes have been highlighted across the key health issues discussed.

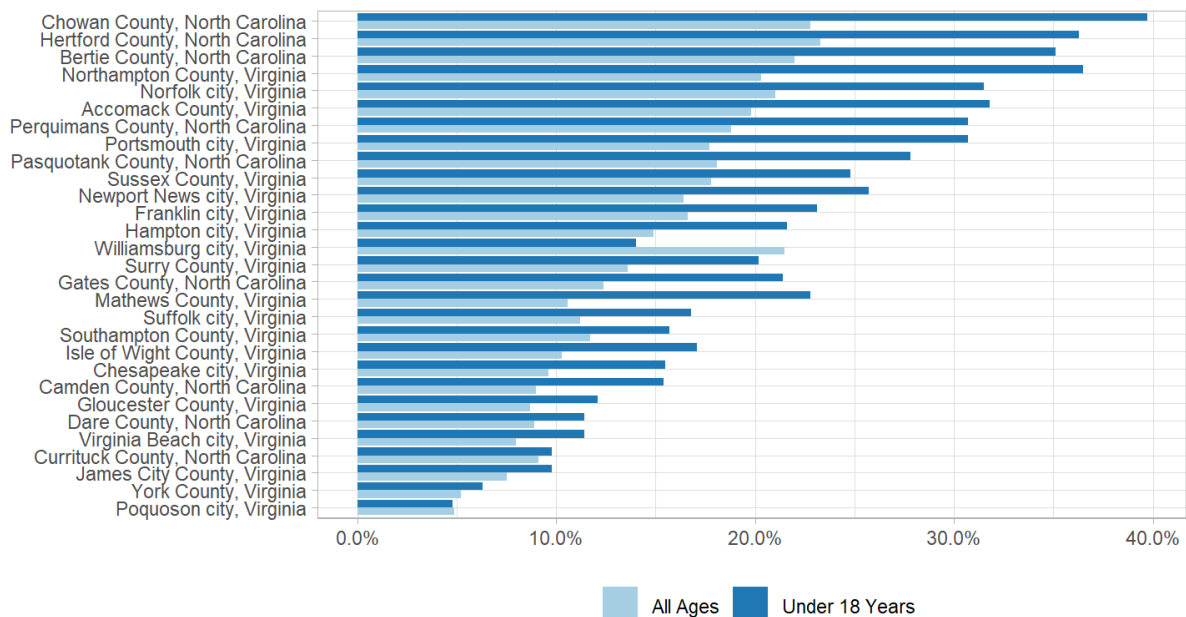
Stakeholders interviewed and who participated in focus groups underscored the strong connections between poverty and health. A lack of financial resources makes families and children more vulnerable, exacerbating all other issues and impacting families’ ability to access care, utilize care effectively and follow up appropriately. The families who had the least resources struggled the most with accessing healthcare and maintaining good health status. Across jurisdictions in CHKD’s service area, there are communities and jurisdictions that have a lot of resources to draw from and others that have significantly fewer.

Findings from health indicators related to poverty, unemployment, and educational attainment are shared below in Figures 14, 15 and 16. **This data shows that children, single female households and African Americans experience the greatest poverty burden and makes children living in these households particularly vulnerable.**

“There are strong connections among lower income children and related challenges they face with poor health.”

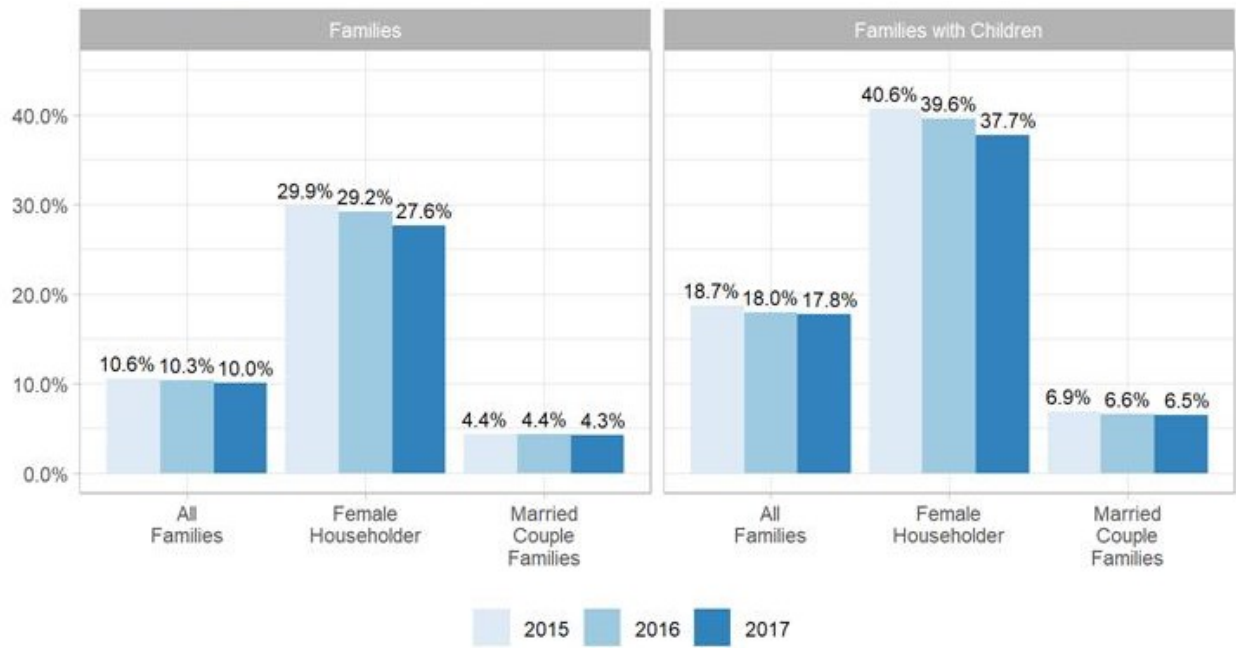
“Poor health is multifactorial – primarily related to the social determinants of health. The socioeconomic context that these children live – poverty, housing, educational achievement. Those probably play the greatest role in health. Next to that is limited access to healthcare.”

Figure 14. Percent of Population Living in Poverty by Location, 2017



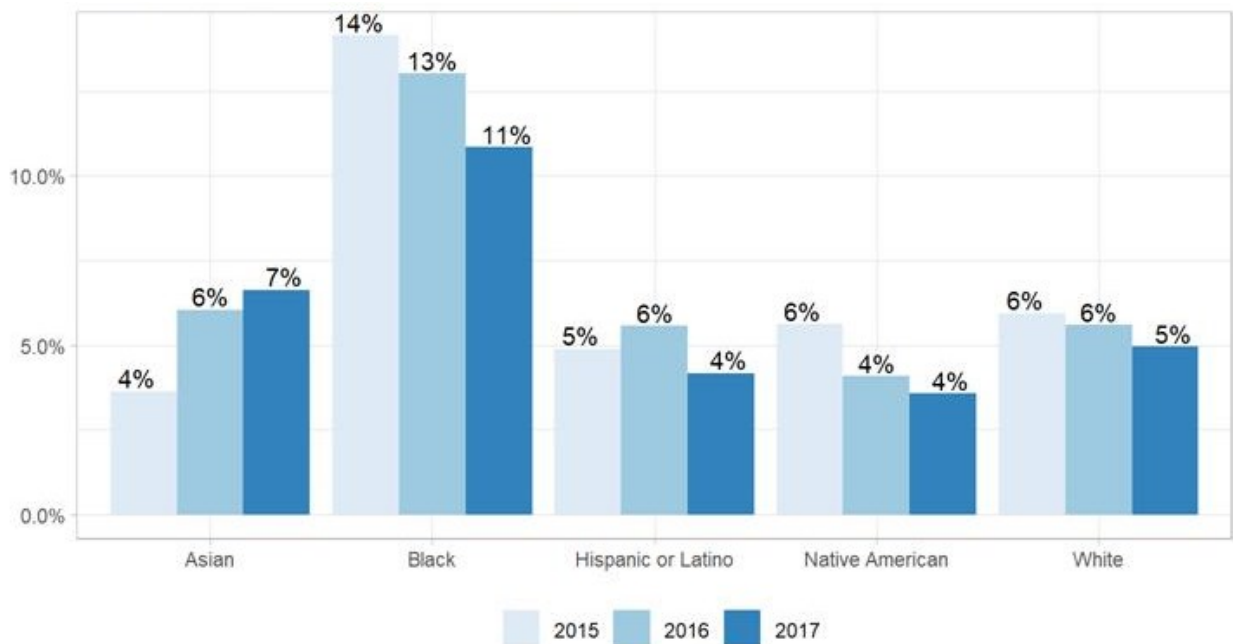
Source: 2014-2017 American Community Survey 5-Year Estimates

Figure 15. Percent Families in the Survey Region below Poverty Level by Family Type, 2014-2017



Source: 2014-2017 American Community Survey 5-Year Estimates

Figure 16. Unemployment by Race and Year



Source: 2014-2017 American Community Survey 5-Year Estimates

PRIORITIZING SIGNIFICANT HEALTH NEEDS

Key stakeholders who participated in the health survey as well as those who participated in interviews or focus groups were asked to identify what they felt were the top health priorities, particularly the most important health concerns for toddlers, children and teens in the communities they served.

In the case of survey participants, their responses were collected and analyzed based on frequency. The issues that were cited most frequently as being of great concern were identified as priorities. To identify priorities among focus groups and key stakeholder interview participants, the Toxcel team identified common themes that occurred across the interviews or focus groups and then grouped them by frequency. The priorities are outlined in Table 2.

Table 2. Priorities identified by Key Stakeholders, including Public Health Providers and Service Providers Serving Large Majorities of Vulnerable and Minority Community Members

Key Stakeholder Survey Priorities	Key Stakeholder Interview Priorities
<ul style="list-style-type: none"> • Mental/behavioral health • Overweight/obesity • Bullying • Alcohol/substance Use • Violence in the home/child abuse • Violence in the community • Smoking/Tobacco Use • Hunger • Teen Pregnancy 	<ul style="list-style-type: none"> • Mental/behavioral health • Childhood obesity (including focus on nutrition and physical activity) • Exposure to violence and child abuse • Parent engagement and education • Access to care, including transportation and access to specialty care • Social determinants, such as poverty and community violence • Teen Pregnancy • Asthma and related medication management

In the next step of the prioritization process, CHKD leaders reviewed results from all three data sources, as well as the priorities identified in Table 2, to determine the best focus for its implementation plan to improve the health of children throughout its service region.

Individuals and groups involved in this process included the following:

- The hospital's senior leadership team, which includes its CEO, president and vice presidents, who provided knowledge of the organization's mission and vision, its scope of services and its ability to assign resources to meet emerging as well as established needs.
- CHKD physician leaders, who offered insight into the immediate and long-term health implications of the identified needs for children, families and the community as a whole.
- CHKD's Parent and Family Advisory Council, which includes parents of current and former patients and patients themselves who have experienced CHKD services firsthand. This volunteer council assured further community input and feedback during the prioritization process.

The groups above identified priorities based on the same criteria that they used during the 2016 CHNA process:

- Fit within CHKD's mission, goals and scope of service
- Community ranking of importance
- Degree to which CHKD has the resources needed to address the issue

Based on this criteria, there was strong consensus that CHKD should focus its implementation plan on pediatric mental/behavioral health. The groups noted that addressing pediatric mental/behavioral health would have a positive effect on pediatric health and well-being overall, affecting multiple other identified health needs, such as violence, crime, substance abuse and, as our pediatric population grows older, child abuse and neglect and childhood obesity.

The stakeholders tasked with priority setting also recognized the organization's continued commitment to other top issues, including childhood obesity and child abuse through its existing Healthy You For Life and Child Abuse Programs. Since these were all part of CHKD's 2016 Implementation Plan, programs and services are already in place and the organization will continue to dedicate resources toward these community health needs.

RESOURCES TO ADDRESS PRIORITIES

CHKD will address the significant health needs identified through its three licensed health care facilities located in Norfolk, Virginia Beach and Newport News. Specific programs that will offer services to meet identified needs include the hospital's programs in mental/behavioral health, child abuse, pediatric weight management and community outreach and parenting education.

CHKD plans to devote considerable resources and manpower to addressing mental/behavioral health, to include building a new mental health hospital and expanding outpatient services for children. A detailed outline of its strategy will be included in the implementation plan.

The hospital is also an eager collaborator with other community organizations and institutions that share its concern for the well-being of young people and offers a variety of education, research and health initiatives to improve the health and well-being of children in its community and beyond. Community collaboration with local private and public schools, Community Services Boards, social services, Hampton Roads Parenting Education Network and health departments will also be coordinated and leveraged to address significant needs.

IMPACT FROM CHKD'S 2016 IMPLEMENTATION PLAN

CHKD has already demonstrated its ability to create positive change through intentional planning and creative, action-oriented solutions.

Children's Hospital of The King's Daughters has continued to address the community health needs and priorities identified in its 2016 CHNA. In its 2016 Implementation Plan, CHKD identified five priorities and outlined action steps for the following three years. The priorities included:

- Pediatric mental/behavioral health
- Access to care
- Childhood obesity
- Neonatal care
- Child abuse

Key achievements and successes over the last three years for each of these issues are outlined below in the following sections.

Mental/Behavioral Health. Children and adolescents in mental health crisis continue to seek care 24/7 through CHKD's emergency department. Faced with an ongoing shortage of inpatient placements for these patients, CHKD sought and received state approval to add 60 inpatient mental health beds to its Norfolk campus. This project will also include partial hospitalization/day treatment and aftercare programs for pediatric mental health patients. All mental health programming will be designed specifically to meet the needs of our region's most underserved mental health patients: children under age 5, children with co-occurring medical and mental health needs, children with developmental challenges and children with eating disorders. CHKD also continues to expand its outpatient mental health program with additional therapists in more locations, resulting in a 300 percent increase in patient encounters over the past three years.

Access to care. Telehealth was expanded by adding two more locations in the northern corner of CHKD's service area, Oyster Point and Gloucester, as well as offering post-operative surgical follow-up via telehealth. CHKD is in the process of adding Williamsburg to the telehealth offerings and planning to expand telehealth to Suffolk and the Eastern Shore. CHKD's Urgent Care expanded with the opening of a southern Virginia Beach location and longer hours of service. After caring for 600 trauma patients under the age of 15 during its provisional year, CHKD earned full designation as a Level 1 Pediatric Trauma Center, the only such center in the region. The hospital worked with the University of Virginia to recruit a chief of cardiac surgery at CHKD for the CHKD/UVA collaborative for cardiac care. The hospital also received approval from the state to add a third operating room at the CHKD Health and Surgery Center at Concert Drive in Virginia Beach to accommodate the increased demand for outpatient surgical services.

Neonatal care. Construction of CHKD's new neonatal intensive care unit (NICU), which will consist of 72 private and semi-private beds, is underway with the first of these beds opening in summer of 2019. CHKD continues its support of the Eastern Virginia Medical School Maternal Fetal Medicine Program to ensure access to care for high-risk pregnancies. Safety and quality initiatives to improve care delivery and neonatal outcomes reduced the NICU's central line-associated infection rate by 85 percent over the last year. The NICU pain and palliative care program continues to provide care to patients and families. The NICU plans to implement family integrated care in 2018-2019 and the Parent and Family Advisory

Council is thriving. Donations to the Kings Daughter's Milk Bank continue to increase, in it is now larger facility. The Milk Bank plans to expand health provider education throughout the state and increase education and support for bereaved, lactating mothers and their families.

Childhood obesity. CHKD's weight management program continues to streamline the scheduling process to reduce wait times and increase patient access, particularly in the growing north Suffolk location. A nurse practitioner finished requirements for board certification in bariatric medicine and the new medical director completed certification in May 2019. Bariatric surgery plans have been put on hold pending increased volume of patients who meet surgical candidacy criteria. The program's staff members partner with CHKD community outreach and the hospital's sports medicine program continues to offer lifestyle and group fitness classes to the community.

Child abuse. In 2017 CHKD's Child Abuse Program received a two-year grant to help assess and combat child sex trafficking in the region. Because of this focus, the program has increased the identification and services provided to victims of child sex trafficking by over 600%. The program continues to expand its efforts to reach more victims of sexual exploitation and other forms of child abuse through the coordinated efforts of multidisciplinary teams. Overall visit numbers increased in fiscal year 2018 by over 30%, particularly from the Peninsula.

2016 Implementation Plan Feedback

CHKD sought feedback and comments from the public on its 2016 Implementation Plan by posting the plan on its website and sending out notices via social media. No comments were received.

APPENDIX A: STAKEHOLDER SURVEY PARTICIPANTS

Organization	Role
Hampton Health Department	Maternal Child Health Nurse
Norfolk Community Services Board	Program Coordinator
Senior Services of Southeastern WIC	Wellness Program Supervisor
King William County District 4	Nutrition Supervisor Senior/ WIC Coordinator
Riverside Rehabilitation Hospital	Supervisor
CHKD	CEO
Hampton Health Department	Pediatrician
Board of Supervisors, Essex County	Administrative Staff
CHKD	Board member
Buy Fresh Buy Local Hampton Roads	PEM Physician
CHKD	Executive Director
EVMS	Physician
Peninsula Health District	Vice chair of Gynecology
Isle of Wight County Board of Supervisors	Environmental Health Supervisor
Children's Medical Group	Vice Chair
WIC	Physician
Peninsula Health Department	Breastfeeding peer counselor
CHKD	Public Health Nurse and Sr. Immunization Action Plan Coordinator
Hampton Health Department	Pediatric Specialist
Peninsula Health Center	ADAP/PREP
Children's Hospital of The King's Daughters	OSS
Hampton & Peninsula Health Districts	Attending Physician
CHKD	Nutritionist
Peninsula Health District	Physician
CHKD	Nurse Practitioner
Hampton Health Department	Physician
public health	Immunization coordinator
The Orchard--A Riverside Healthy Living Community	Health Care Tech
Hampton Health District	Administrator
PHC	Administrative Asst / Pharmacy Tech / HR Assistant
Mathews County School Board	Office Service Specialist
Eastern Virginia Medical School	Chairman
Peninsula Health Department	Endocrinologist
Lackey Clinic	Fiscal Assistant
Middlesex County School Board	Medical Director
Western Tidewater Free Clinic	School Board member
RMG - infectious diseases	Treasurer, Western Tidewater Free Clinic
Obici Healthcare Foundation	Physician
	CEO

Bon Secours/Mercy	Chairman of Hampton Roads Board of Directors
Riverside. Lifelong Health and Aging	Vice chair
Riverside Health System	Board Member
Urban League of Hampton Roads	Vice President
Sentara Princess Anne Hospital	Vice President - Nurse Executive
Oasis Social Ministry	Resource Manager
Peninsula Metropolitan YMCA	CEO
Riverside Convalescent Center - Mathews	Administrator
Oasis Social Ministry	Director
Western Tidewater Free Clinic	Executive Director
City of Newport News Department of Human Services	Prevention Services Supervisor
Citizen Volunteer	Volunteer
Virginia Cooperative Extension	Extension Agent
Riverside Shore Memorial	Administrator
Mathews County	Board of Supervisors
New Kent Sheriff's Office	Sheriff
Access Partnership	Exec Director
Williamsburg Health Foundation	Senior Program Officer
Olde Towne Medical Dental Center	Volunteer Dental Director/ Executive Board
Community Services Coalition (Historic Triangle Community Center)	President
Summit Wellness At The Mount	Licensed Clinical Psychologist
Catholic Charities of Eastern Virginia	Director of Health and Community Services
Westmoreland County Public Schools	Superintendent
City of Suffolk	Director of Planning and Community Development
Grace Covenant Presbyterian Church	Pastor/Head of Staff
James City County Social Services	Assistant Social Services Director
JenCare Senior Medical Centers	Chief Medical Officer
Williamsburg Health Foundation	Director
York County Fire & Life Safety	Assistant Chief Support Services - EMS Administrator
Chickahominy Health District	Director
Essex County School Board	Board Chair
Bay Aging	Treasurer
Western Tidewater Free Clinic	Director of Clinical Services
Lackey Clinic	Executive Director
Portsmouth Public Schools	Supervisor, Health Services
Chesapeake CASA	Program Director
Center for Child & Family Services	Director of Behavioral Health Services
Middlesex County Public Schools	Director of Operations
EVMS ENT	Nurse Practitioner
WJCC School Board	Member
Champions For Children	Executive Director

Northumberland Emergency Services	Chief
Virginia League for Planned Parenthood	Education Program Coordinator
Colonial Behavioral Health	Executive Director
Olde Towne Medical and Dental Clinic	Member/Board of Directors (also JCC Board of Supervisors)
Virginia Beach Health District	Epidemiologist
Consortium for Infant and Child Health (CINCH)/EVMS	Director
Hampton Clean City Commission	Clean City Coordinator
Colonial Behavioral Health	Adult Outpatient Services Coordinator
Newport News Public Schools	Health Services Supervisor
senior services of Southeastern Virginia	Community Service manager
Sentara Healthcare	Clinical Education Manager
Child Development Resources	Executive Director
Essex County	Interim County Administrator
JenCare Senior Medical Center	Social Worker
Riverside Health System	Board of Directors Member
Virginia Beach Health Department	Disease Intervention Specialist
Norfolk Department of Public Health	Epidemiologist
Old Dominion University	Adjunct Associate Professor
Norfolk Department of Public Health	Population Health Coordinator
Beech Grove United Methodist Church	Reverend
Virginia Career Works- Greater Peninsula	Business Services
American Diabetes Association	Executive Director
Western Tidewater Free Clinic	Board of Directors
Virginia Beach Dept. of Public Health	Public Health Nurse
Williamsburg-James City County Community Action Agency	Head Start Health Coordinator
School Board	Chair
Eastern Shore Rural Health System, Inc.	Chief Medical Officer
The Barry Robinson Center	CEO
Child Development Resources Fatherhood Program	Program Coordinator
Gloucester-Mathews Free Clinic	Dental advocate
Family & Youth Foundations Counseling Service	Community Engagement Coordinator
Olde Towne Medical & Dental Center	Executive Medical Director
City of Williamsburg Fire Department	Fire Chief
RWRH	Board member
Zaremba Center for Estate Planning and Elder Law	Attorney
Norfolk Fire-Rescue	Quality Improvement Officer
Peninsula Agency on Aging	RN quality assurance/health promotion
YMCA of South Hampton Roads	President & CEO

Western Tidewater Community Services Board	Clinical Administrator
Peninsula Metropolitan YMCA	Executive Assistant
Virginia Supportive Housing	Senior Supportive Services Supervisor
Southampton DSS	Family Services Supervisor Donna Blythe
Hampton Public Library	Director
Virginia Beach WIC	Breastfeeding Peer Counselor
VA Beach Dept. of Public Health	WIC Coordinator
Northampton County Sheriff's Office	Sheriff
Compassionate Care Hospice	Clinical Nurse Liaison
Hampton Roads Community Health Center	Director of Nursing
Virginia Department of Health	Environmental Health Specialist, Sr.
Virginia Oral Health Coalition	CEO
Middle peninsula Northern Neck CSB	Executive Director
Northampton County	Senior Planner
King and Queen Social Services	Director
Virginia Beach Department of Public Health	Staff
Middlesex Department of Social Services	Director
Virginia Beach Department of Public Health Sentara	Clinic Administrative Manager
York Poquoson Social Services	Volunteer
Freedom Life Church	Director
New Kent County CSA	Office Manager
Sentara Obici Hospital	Staff
Charles City DSS	Team Coordinator, CHOP
Riverside Shore Memorial Hospital	Director
New Kent County Public Schools	Director
Literacy for Life	School Board
Peninsula Agency in Aging	Executive Director
Town of Exmore	Manager
Virginia Beach Department of Public Health	Town Manager
Newport News Fire Dept.	Clerk III
Hampton and Peninsula Health Districts	Lt/Community Paramedicine Officer
Sentara Williamsburg Patient & Family Advisory Council	Business Manager
West Neck Homeowners Association and Wordsworth Condo Association	Member
Riverside Tappahannock Hospital	President of both Associations
King William County	Nurse Executive
Versability Resources Inc.	County Administrator
ECPI university	Chief Community Living Officer
Norfolk Department of Public Health	RN-BSN Associate Director
Women, Infant and Children - Virginia Beach	Public Health Emergency Planner
	Nutritionist Assistant

Virginia Beach Department of Public Health	Nurse
Virginia Department of Health	Nutritionist Associate
Virginia Beach Department of Public Health	Clinic Admin Supervisor
Virginia Beach Department of Public Health	Environmental Health Supervisor
Accomack DSS	Director
Virginia Beach Department Health	Public Health Nurse, Communicable Disease
Virginia Beach Department of Public Health	Nurse
Department of Public Health	Nutritionist assistant
Western Tidewater Health District	Nurse Manager, Sr.
Riverside Shore Memorial Hospital Auxiliary	President
EVMS	Service-Learning Director
Newport News Department of Human Services	Adult Services
Town Council West Point	Town Council Member
Main Street United Methodist Church	Pastor
Hampton Division of Fire and Rescue	Fire Chief
Bay Rivers Telehealth Alliance	Executive Director
Obici Healthcare Foundation	Program Officer
VersAbility Resources	Office Manager
Suffolk Department of Social Services	Director
Peninsula Agency on Aging, Inc.	President/CEO
Paul D. Camp Community College	Dean of Nursing and Allied Health
Bon Secours Mercy Health Mary Immaculate Hospital	CMO
Hampton Newport News Community Services Board	Executive Director
Hampton Social Services	Sr. Family Services worker
Richmond county	Director DSS
Hampton Roads Ecumenical Lodgings & Provisions, Inc. (including HELP Clinic)	Executive Director
Williamsburg Health Foundation	Vice Chairman, Board of Trustees
Eastern Shore Community Services Board	Executive Director
Consortium for Infant and Child Health at EVMS	Assistant Director
Citizens' Unity Commission	Executive Director
Chesapeake Public Schools	Supervisor of Health Services
Virginia Peninsula Foodbank	Chief Executive Officer
United Way of the Virginia Peninsula	Director of Community Impact and Operations
Town of Onancock	Town Manager
United Way of the Virginia Peninsula	President and CEO
Community Emergency Response Team	Program Manager
Albemarle pregnancy resource center & clinic	Executive Director
Albemarle Alliance for Children and Families	Family Support Coordinator

Albemarle Alliance for Children and Families	Family Support Services Coordinator
Albemarle Area United Way	Administrative Assistant
Camden County Schools	School Nurse
Coastal Pediatrics	Practice Manager

* Not all survey stakeholder participants listed their role or organization. Primarily these participants indicated that they worked for healthcare organizations. These responses were analyzed separately before being merged with the other data. There were no differences in priorities among the participant cohorts.

APPENDIX B: ORGANIZATIONAL PARTICIPANTS OF FOCUS GROUPS AND INTERVIEWS

Albemarle Alliance for Children and Families/
Family Support Network of Northeastern NC

Autism Society

Bon Secours

Catholic Charities

Chesapeake Department of Human Services

Chesapeake Public Schools

Child Care Aware VA

Child Development Resources

CHKD

CHKD Care Connection for Children

CHKD Healthy You

CHKD Hospital School Program

Chowan Perquimans Smart Start Partnership

City of Williamsburg Care Team

Crater Health District

Currituck County Department of Social
Services

Elizabeth City - Pasquotank Public Schools

Exceptional Family Member Program

Family Support Network of Northeastern
North Carolina

Finney Zimmerman Psychiatric Associates

Gloucester Health Department

Hampton Center for Child and Family Services

Hampton Healthy Families

I Need a Lighthouse

Isle of Wight Public Schools

Kempsville Center

Kids First Inc. of Northeast North Carolina

LGBT Life Center

Loving Steps

Minus 9 to 5, Eastern Virginia Medical School

Norfolk Community Services Board,
Emergency Services

Optima Family Care

Partnership 21st Century

Portsmouth Public Schools

Safety Through Wellness

Southampton County Department of Social
Services

Suffolk Public Schools

The Barry Robinson Center

The CHAS Foundation

The UpCenter Healthy Families

United Way

Virginia Beach Healthy Families

Virginia Beach Human Services, Child and
Youth Behavioral Health Division

Virginia Premier Health Plan

Z. Andrews Jatau Counseling Services