



A Chesapeake Thrives Conference

# The Power of Partnerships

Building community connections to improve resident outcomes

Breakout Session:  
Health



**Chesapeake**  
THRIVES  
*Caring About Our Community's Well-Being*



# CHESAPEAKE THRIVES

*A Plan for Community Well-Being*

Priority Area:  
Health



**Chesapeake**  
THRIVES  
*Caring About Our Community's Well-Being*

# INTRODUCTION

The following slides are selected Objectives and Strategies from the Health dashboard. These are offered to begin the conversation about the role all of us have in helping families and individuals in Chesapeake.

As we go through this information, be thinking about:

- *How these goals and objectives connect with the work you're doing now?*
- *How you see connecting with these in the future?*
- *How do we do this together?*



## Health

**Definition:**  
Health is an aspect interwoven with all other aspects of life, everyday life, working life, family life, and community life.

DATA	STRENGTHS	WEAKNESSES
<p><b>1230:1</b> PRIMARY CARE PHYSICIANS RATIO</p> <p><b>19,444</b> SNAP MONTHLY PARTICIPATION IN AUGUST</p> <p><b>8% Uninsured Rate</b></p> <p>Chesapeake City (CP) is ranked among the healthiest counties in Virginia (Highest 75%-100%)</p>	<ul style="list-style-type: none"> <li>• A strong Healthy Chesapeake coalition with a plan to improve health and well-being outcomes</li> <li>• A strong partnership between the hospital, health care providers and the City Health Department</li> <li>• Focus on food security and chronic diseases</li> <li>• Multiple providers of nurse family partnership and nurse home visiting models to improve birth outcomes</li> <li>• Mobile integrated care</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation challenges in accessing medical appointments</li> <li>• Expansion of Medicaid is a new phenomenon and enrollment is still growing impacting those who remain uninsured</li> <li>• Not enough primary and specialty care providers accepting Medicaid or providing care to the uninsured</li> <li>• Need for culturally and linguistically competent providers remains acute</li> </ul>
	OPPORTUNITIES	THREATS
	<ul style="list-style-type: none"> <li>• Healthy Chesapeake is framing a systems approach to addressing health disparities</li> <li>• Important lessons learned from the pandemic</li> <li>• Success of mobile health delivery through Mobile Integrated Health Care</li> <li>• Community health improvement strategy alignment across hospitals, healthcare systems and public health</li> </ul>	<ul style="list-style-type: none"> <li>• Failure to align health strategies effectively across sectors</li> <li>• State is retracting Medicaid expansion and other health investment</li> <li>• Rising inflation could impact food security</li> <li>• Loss of healthcare during the pandemic due to loss of jobs</li> </ul>



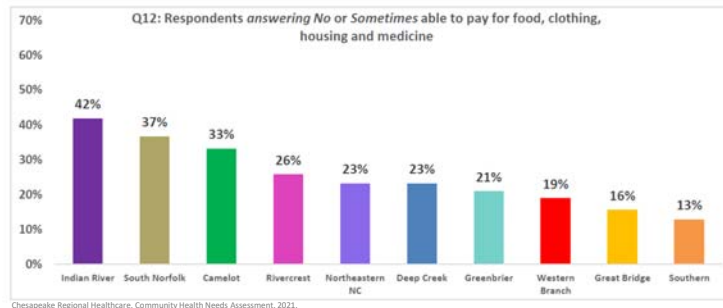
## HEALTH

- Objective: Strengthen, expand, and diversify prevention programming
- Strategies:
  - Increase utilization of pre- and post-natal care
  - Promote availability of and access to prevention and wellness resources
  - Decrease stigma of accessing health care



### UNABLE/SOMETIMES ABLE TO PAY FOR FOOD, CLOTHING, HOUSING AND MEDICINE BY LOCATION

To assess how residents of each neighborhood are faring on this issue, the graph below shows the percentage of survey respondents from each Chesapeake borough and from northeastern North Carolina who struggle to pay for necessities.



## HEALTH

- Objective: Strengthen, expand, and diversify intervention services
- Strategies:
  - Increase health screening opportunities
  - Promote community education on services and programs for chronic diseases and other health conditions



## CHRONIC DISEASE

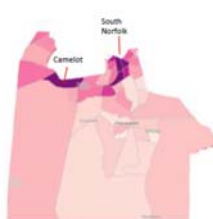
### Adult Obesity:



*Centers for Disease Control and Prevention, PLACES, Local Data for Better Health, 2019*

Adult obesity in Chesapeake has steadily **increased** since 2012, from 28% to 35%.

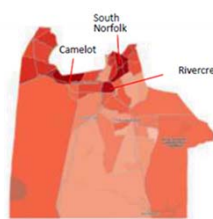
### Diabetes:



*Centers for Disease Control and Prevention, PLACES, Local Data for Better Health, 2019*

The percentage of adults with diabetes in Chesapeake and the state has slightly increased from 2012; from 10% to 11%.

### Hypertension:



*Centers for Disease Control and Prevention, PLACES, Local Data for Better Health, 2019*

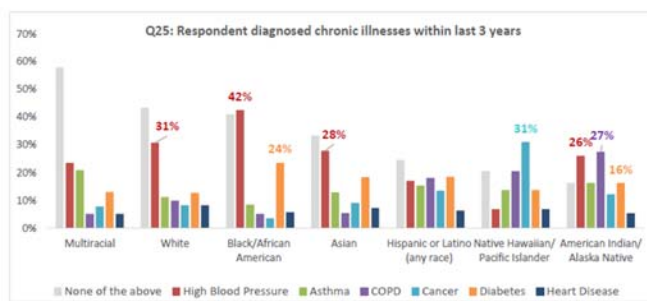
The most recent data available from the Virginia Department of Health show that in 2019, 38% of Chesapeake's population had high blood pressure. This is higher than the state rate and an increase from the City's rate of 37% in 2017.



Note the darkest shaded areas on the map indicate higher rates in Camelot, Rivercrest, and South Norfolk boroughs.

## CHRONIC DISEASE BY RACE AND ETHNICITY

- Overall, 59% of respondents reported that they have chronic illnesses listed in the table and graph below.
- Black/African American respondents reported the highest percentage among all races and ethnicities of high blood pressure (42%) and of diabetes (24%).

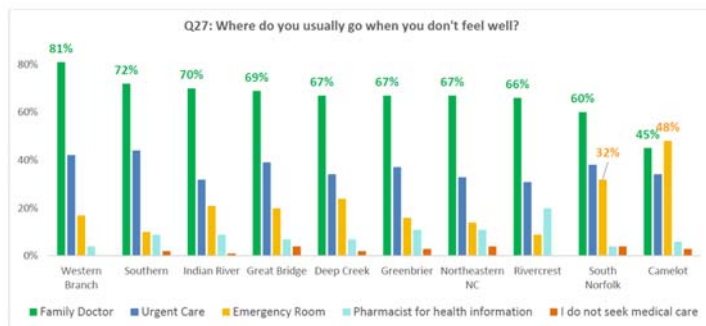


## HEALTH

- Objective: Strengthen, expand, and diversify treatment services
- Strategies:
  - Identify provider network gaps in specialties and in Medicare/Medicaid populations
  - Increase access to treatment

## ACCESS TO CARE

The respondents' answers shows a pattern of having a family doctor, as opposed to not, tends to indicate that there is an inverse relationship between having access to routine care and use of the Emergency Room for routine care.

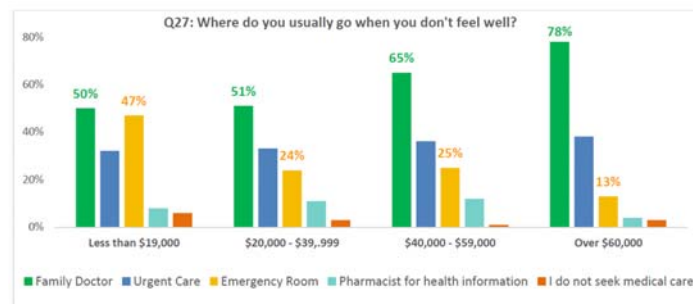


Chesapeake Regional Healthcare, Community Health Needs Assessment, 2021.



## ACCESS TO CARE

There tends to be a clear relationship between income and access to routine medical care. As income increases, so does the percentage of respondents who seek care from a family doctor. You will also notice a decrease in respondents who seek care from the emergency room.



Chesapeake Regional Healthcare, Community Health Needs Assessment, 2021.



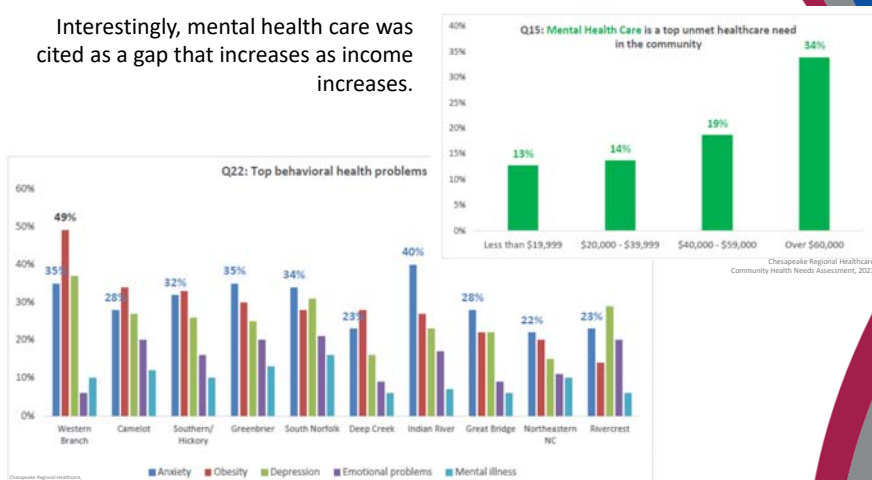
## HEALTH

- Objective: Adopt and support a holistic approach to integrate somatic care with behavioral health care
- Strategies:
  - Increase access to education, screening, and support
  - Evaluate opportunities to integrate behavioral health specialists within selected service providers



## MENTAL HEALTH SERVICES

Interestingly, mental health care was cited as a gap that increases as income increases.



For many neighborhoods, anxiety, obesity, and depression were the top three problems listed.

## MENTAL HEALTH SERVICES – CHILDREN

- Before the pandemic, CHKD averaged around 1,000 emergency room visits per year for mental health issues. In 2021, it was nearly double that.
- Anxiety and depression are up among school-aged children, and suicide is the second most common cause of death among preteens and teenagers.
- In October, experts declared the child mental health crisis a national emergency.
- In school divisions throughout Tidewater, roughly a third of kids on average reported feeling so sad or hopeless they'd stopped doing things they normally do.
- Kids between roughly 11 and 14 years old answered questions about their mental state between January and March of last year.
- This is the first such survey the state education department has done, so there isn't pre-pandemic data to compare for a baseline.
- The average number of middle school kids that seriously thought about suicide was north of 10% in most districts.
- Chesapeake had the highest average at 15%.
- Chesapeake staff were surprised to see their numbers were higher than other local districts because Chesapeake was one of the first to return students to in-person learning.



Murphy, R. (2022, January 7). Youth mental health needs explode in Hampton Roads as pandemic enters 2nd year. WHRO.org. Retrieved January 26, 2022. <https://whro.org/news/local-news/25519-experts-data-say-the-kids-aren-t-alright-as-child-mental-health-needs-explode>

15

## DISCUSSION

How do these goals and objectives connect with the work you're doing now?

How do you see connecting with these in the future?

How do we do this together?





## NEXT STEPS?

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### Participant discussion:

#### **Areas of Concern:**

- We are not as integrated as we would like to be, we have access issues across our city, racial inequities
- Trends in our city: poverty (low income) – low access to food – correlates with HBP & diabetes
- Mental Health is a higher area of concern than dental
- Some areas/locations: food desserts, like for example South Norfolk: 1 grocery store, 1 pharmacy
- Top conditions reported: anxiety, depression, hypertension, diabetes
- Expecting increase of diabetes in the next few years, including the younger population
- Affordable health care is also an issue
- Transportation is an issue
- Primary Care shortage
- Pure relationship between income and access to routine medical care.
- Mental health issues for children are increasing, national emergency child mental health crisis – declared in October, by experts
- Based on statistics: low income, uninsured - low access to care
- Highest rates of chronic diseases: Camelot, River Crest and South Norfolk

#### **Suggested strategies to increase opportunities**

- Talking about a Hispanic health fair, health department, want to do it yearly
- Wellness Wednesdays, started monthly and now done quarterly
- Working with churches, and faith-based organizations,
- Promote community educational services to help preventions of chronic diseases
- % of Obesity, diabetes, HBP has increased, Chesapeake is higher than the state rate
- Health screenings to recognize disease early
- We want to emphasize in prevention, increase access to resources & food
- Focus on Kindergarten readiness
- Focus on encouraging residents to have a primary care provider
- Increased mental health resources, screenings, and support



**Questions from participants:**

**Can you tell us more about the offices in Grassfield, Greenbrier and Battlefield / primary care providers / that offer mental health services? Can you tell us more about that?**

Yes, it's Dr Richards and his students are associated with that-- 3 practices

Which locations?

3 primary care locations - Greenbrier, Grassfield, Battlefield (Gainsborough - right behind the Wells Fargo) -- if you go to Chesapeake regional.com and find a physician -- Chesapeake Regional Medical Group- primary care specialty groups listed there.

**Q. So, if someone is uninsured, are they able to receive services at these locations?**

Yes, sliding scale, we have financial representatives there

**Q. Hesitance in health care, when you talk about stigma, what do you mean by that? Can you give examples?**

Stigma associated with past/personal experiences; long history is hard to overcome. Examples: clinical trials, past experiences

**Q. Do you plan to continue and/or expand outreach efforts?**

Yes, but trying to figure out a way to effectively continue to do Wellness Wednesdays (probably quarterly), trying to figure out what day/time works better, looking to partner with Chesapeake public schools (successful events like Get on the bus), Chesapeake Health Department, all a work in progress, we will continue to add partnerships, will continue to re-evaluate what works

Next Wellness Wednesday will be on Dec 7, 12-5pm, Cuffee Center

**Q. Any other clinics that offer mental health services for uninsured?**

Representative from Chesapeake Care Clinic responded: Yes, Chesapeake Care Clinic, free for uninsured --low income

