A Snapshot of Virginia Community Health

Executive Summary

Making the Commonwealth of Virginia the healthiest state in the nation is no simple undertaking. Nonetheless, it is a key goal of the Virginia Hospital & Healthcare Association (VHHA), its member hospitals and health systems, and the Virginia Department of Health. Achieving that outcome is also supported by health-related foundations and is a priority of many business and policy leaders. Setting such an audacious objective, then reaching it, takes significant front-end work. At present, Virginia ranks 21st overall among states on public health.

There are areas where the Commonwealth earns favorable marks such as a low violent crime rate, the amount of children living in poverty, and the infectious disease rate. Findings in the "America's Health Rankings Annual Report" from the United Health Foundation indicate that Virginia's cardiovascular deaths rate have decreased. Also on the decline are cancer deaths and preventable hospitalizations.

There is room for improvement, however, on other measures – health disparity based on educational attainment, smoking prevalence, per capita health funding, and controlled substance use. Smoking among adults has climbed in recent years and drug deaths have escalated rapidly in the past year.

Awareness of these statewide statistics is important. So, too, is recognizing that health care needs and priorities vary across the Commonwealth. Fortunately, the work of chronicling and categorizing community-distinct needs has been undertaken through the efforts of many health systems and some local health departments. As a result, 73 different community health needs assessments (CHNA) have been conducted throughout the Commonwealth. This work is vitally important.

Making progress toward the ultimate goal of improving Virginia's overall health requires a clear picture of the state's health and how it is influenced by fluctuating local trends. Until now, there has not been a complete CHNA analysis to identify the common themes as a basis for developing improvement priorities that can help guide and inform providers, public officials, and other stakeholders committed to achieving population health gains.
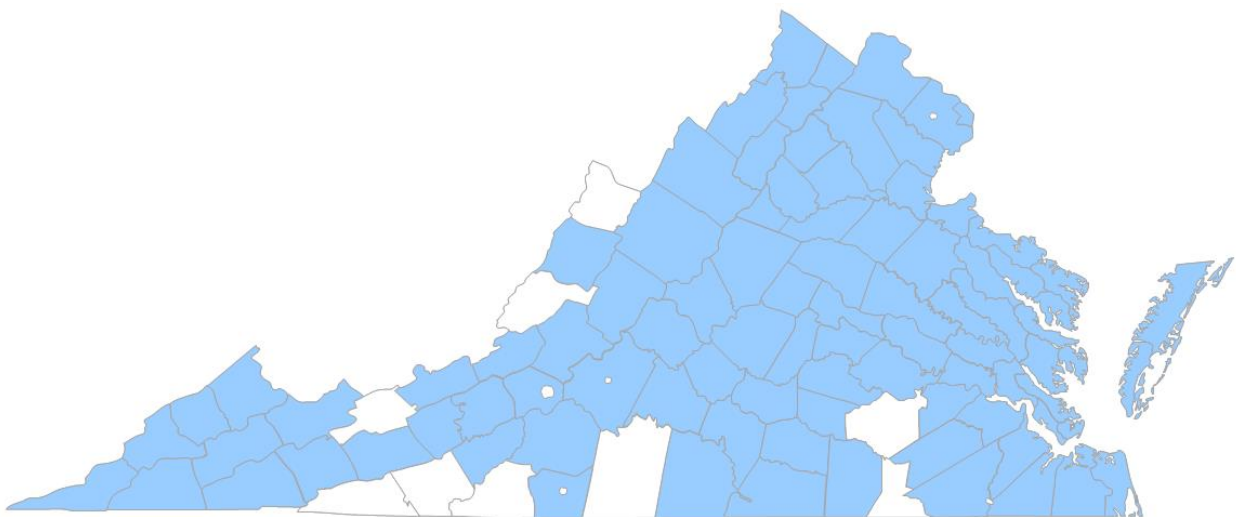
The Commonwealth no longer suffers from such an information deficit thanks to collaboration between the Virginia Health Care Foundation (VHCF) and VHHA, which also is supported by the Virginia Department of Health. The combined effort of these organizations has produced a composite picture of health priorities that lays the foundation for sharing lessons and resources to accomplish the shared missions of statewide health advancements. Our hope is that stakeholders interested in this cause find this information valuable in pursuit of transforming the Commonwealth of Virginia into the healthiest state in the nation.

From 2012-2015, Virginia's 65 nonprofit tax-exempt hospitals assessed the health needs of the communities they serve and developed implementation strategies to address priority areas. Such assessments are required under the federal health reform law at three-year intervals.

Some of the findings were not surprising. For example, behavioral health was identified as a significant concern. It was listed as the most commonly reported critical service gap across 85 percent of all CHNAs. Some other findings were unexpected – the vast majority of CHNAs (92 percent) cite inadequate access to oral health care as a concern.

VHCF and VHHA worked together to review and analyze the findings of the CHNAs. Also reviewed were CHNAs from seven health departments and one local health foundation. While some findings were unique to specific service areas or regions, there was a surprising amount of common traits reflected in CHNAs from throughout the state.

Map of Localities Covered by CHNAs in Virginia

This executive summary identifies the five most frequently reported leading health issues and critical service gaps identified in the CHNAs. It includes CHNA data regarding health professional shortages. It examines some of the top causes of potentially avoidable hospitalizations within the context of these findings. And importantly, it reports on the priority areas for which corrective implementation strategies have been developed.
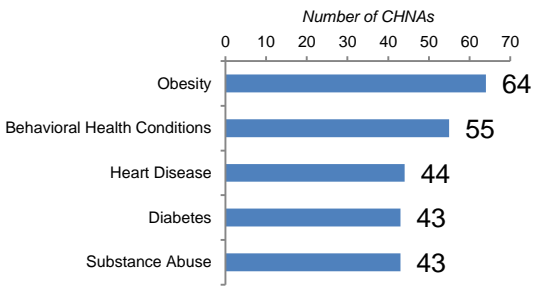
Findings

There is significant similarity among the leading health issues identified by the CHNAs. Obesity and related conditions (heart disease and diabetes) account for three of the top five reported issues. Behavioral health and substance abuse round out the top five.

Given the prominence of obesity and related conditions, it is not surprising that two of the top five implementation strategies – "Address Obesity and Related Effects" and "Promote Nutrition, Wellness, and a Healthy Lifestyle" – target obesity, a preventable but expensive condition.

The top strategy across the CHNAs focuses on mental health concerns: "Increase Access to and/or Improve Behavioral Health Services."
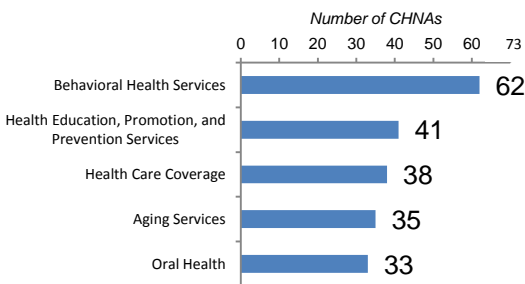
Top 5 Leading Health Issues

Number of CHNAs

	Number of CHNAs
Obesity	64
Behavioral Health Conditions	55
Heart Disease	44
Diabetes	43
Substance Abuse	43

Behavioral health was cited as a critical service gap by far more CHNAs than any other issue. Among those that reported behavioral health concerns, the leading mental health issues were substance abuse (86 percent), suicide rates (68 percent), and depression (63 percent).
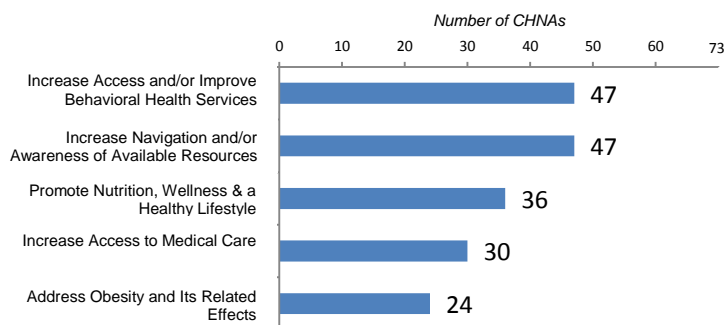
The next four most frequently cited critical service gaps among CHNAs reflect various concerns, including lack of health care coverage, as the chart below illustrates.

Top 5 Critical Service Gaps

Number of CHNAs

	Number of CHNAs
Behavioral Health Services	62
Health Education, Promotion, and Prevention Services	41
Health Care Coverage	38
Aging Services	35
Oral Health	33

Many of the corrective implementation strategies identified as priorities by CHNAs align with these critical service gaps. See chart below.

Top 5 Implementation Strategy Priorities

Number of CHNAs

	Number of CHNAs
Increase Access and/or Improve Behavioral Health Services	47
Increase Navigation and/or Awareness of Available Resources	47
Promote Nutrition, Wellness & a Healthy Lifestyle	36
Increase Access to Medical Care	30
Address Obesity and Its Related Effects	24

Many of the CHNAs identified gaps in the local health care workforce. By provider category, shortages most frequently cited include behavioral health (85 percent), primary care (85 percent), specialty physicians (75 percent), and dentists (67 percent). Those results are not surprising given the number of Virginia localities designated by the state as official health workforce shortage areas.

Number of Localities in VA	Primary Care Shortage Areas	Dental Professional Shortage Areas	Mental Health Professional Shortage Areas
134	82 (61 percent)	87 (65 percent)	95 (71 percent)

(Health Resources Service Administration May 2015)

CHNA results suggest that many top health concerns, critical service gaps, and shortages of health professionals are related. The confluence of these factors can result in avoidable hospital admissions and expenses to Virginia's health system. Consider heart disease, one of the leading health issues reported. Congestive heart failure ranks as one of the top five potentially avoidable hospitalizations. Inadequate health education and a lack of prevention and prevention services (a top critical service gap) can contribute to that outcome. Other related factors include a lack of health coverage (a top critical service gap), and a shortage of primary care physicians in some parts of the state.

Diabetes similarly is among the top three conditions which result in potentially avoidable hospitalizations. It is also listed as one of the top five health issues (along with obesity, which often causes diabetes). The frequency of diabetes occurrence can also be related to the gap in health education and preventive services, a lack of health coverage, and a shortage of primary care providers in some communities.

Similar reasoning can be applied to the other conditions listed among the top five potentially avoidable hospitalizations: bacterial pneumonia, chronic obstructive pulmonary disease (COPD), and urinary tract infections.

Conclusion

The 65 hospitals which conducted CHNAs are working to implement strategies to address identified priorities. Many of the top health concerns, critical service gaps, and provider shortages are issues that require public and private sector partners to join efforts by local hospitals. These issues must be addressed at the community and state level. To that end, VHCF, VHHA, and its members continue to engage in efforts to improve community health.

Methodology

The federal health reform law requires hospitals to gather information for their CHNAs from "persons who represent the broad interests of the community." It does not require a standardized method. As a result, the methods used to conduct the CHNAs varied by hospital. They included focus groups, interviews, and surveys of community stakeholders and/or residents. They also contain local quantitative health data from both public and private sources.