Community Health Needs Assessment
City of Norfolk

A data and community-driven look at health and quality of life in Norfolk.

October 2024

Norfolk Health District
VDH VIRGINIA DEPARTMENT OF HEALTH

THE CITY OF NORFOLK

Submitted by:
Toxcel

Contents

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1. Introduction

This community health needs assessment (CHNA) provides an analysis and discussion of key community health issues in Norfolk, Virginia. The goal of this document is to develop a stronger understanding of the health of our city, to build on our strengths, and to identify areas where we need to continue to focus on so that everyone can have the opportunity to be as healthy as they can be.

1.1 Our CHNA Process: Focusing on Community Engagement

From October 2023 to September 2024, the Norfolk Department of Public Health (NDPH) collaborated with community partners through a Community Advisory Board to launch its CHNA process. NDPH sought input from the Norfolk community in a variety of ways about issues that impacted health and health priorities. Engaging with and learning from others is a critical part of this process. **Over 2,350 community leaders, service providers, organization representatives, and Norfolk residents participated and provided input.**

The Norfolk CHNA process involved:

- Broadly sharing a **Community Health Survey** across the community to better understand what service providers and residents felt influenced health and well-being in Norfolk, as well as their health priorities.
- Conducting a **Health Indicator Data Analysis** to examine issues related to quality of life, such as physical health, mental illness, and chronic diseases.
- Hosting a **Community Data Tour** across Norfolk that involved meetings and drop-in events. The tour provided opportunities to share findings from the Health Indicator Data Analysis and the Community Health Survey to seek residents' input on health priorities ***and*** how to address them.

A Community Advisory Board—a group of community service organizations and city agencies—met five times during this process to advise on different aspects of the CHNA, how to best reach Norfolk residents, and to reflect on how the findings informed health priorities. The group also focused on how to include the diverse perspectives of the Norfolk community.

1.2 Health Equity: Supporting Better Health for All

All residents—regardless of race, color, nationality, gender, sexual orientation, religion, disability, income, or neighborhood—deserve the opportunity to be healthy. **Health equity** means ensuring that everyone is able to realize their optimal health. In contrast, **health inequity** is when there are unjust health disparities that are systemic and avoidable.

To better understand and plan to support healthier lives for everyone in the Norfolk community, this CHNA:

- Examined health disparities by race, gender and age through data indicators, and
- Intentionally engaged Norfolk's diverse community.

The hope for this equity-based approach is raise awareness of health disparities and support health planning so that everyone has the opportunity for better health.

2. Approach

This community health assessment provides results and discussion from health data indicators, a survey circulated to the Norfolk community, and the Community Data Tour, which involved a series of meetings and events.

2.1 Community Health Survey

NDPH launched a community survey that was open from November 2023 to February 2024. This survey asked participants to share:

- Qualities that make their community and themselves healthy,
- Health problems,
- Quality of their own physical and mental health,
- Barriers to accessing care, and
- Health priorities.

The survey was promoted extensively throughout the community, in a collaborative effort between NDPH and the CAB. NDPH utilized radio, billboards, bus and train advertising, and direct mail to encourage people to take the survey. They created postcards promoting the survey that were used by NDPH staff and CAB members. These materials were handed out at events, left at registration desks and registers, as well as in lobbies and waiting rooms. The team also placed posters at entryways, registration counters, and business windows. Flyers were distributed during programs, events, classes, community events, and college and universities sporting events. NDPH also used digital assets that included social media posts, website tiles and banners, and TV billboards. To reach populations who might be less likely to respond to the survey, outreach team members went into specific communities to talk with residents and encourage them to take the survey.

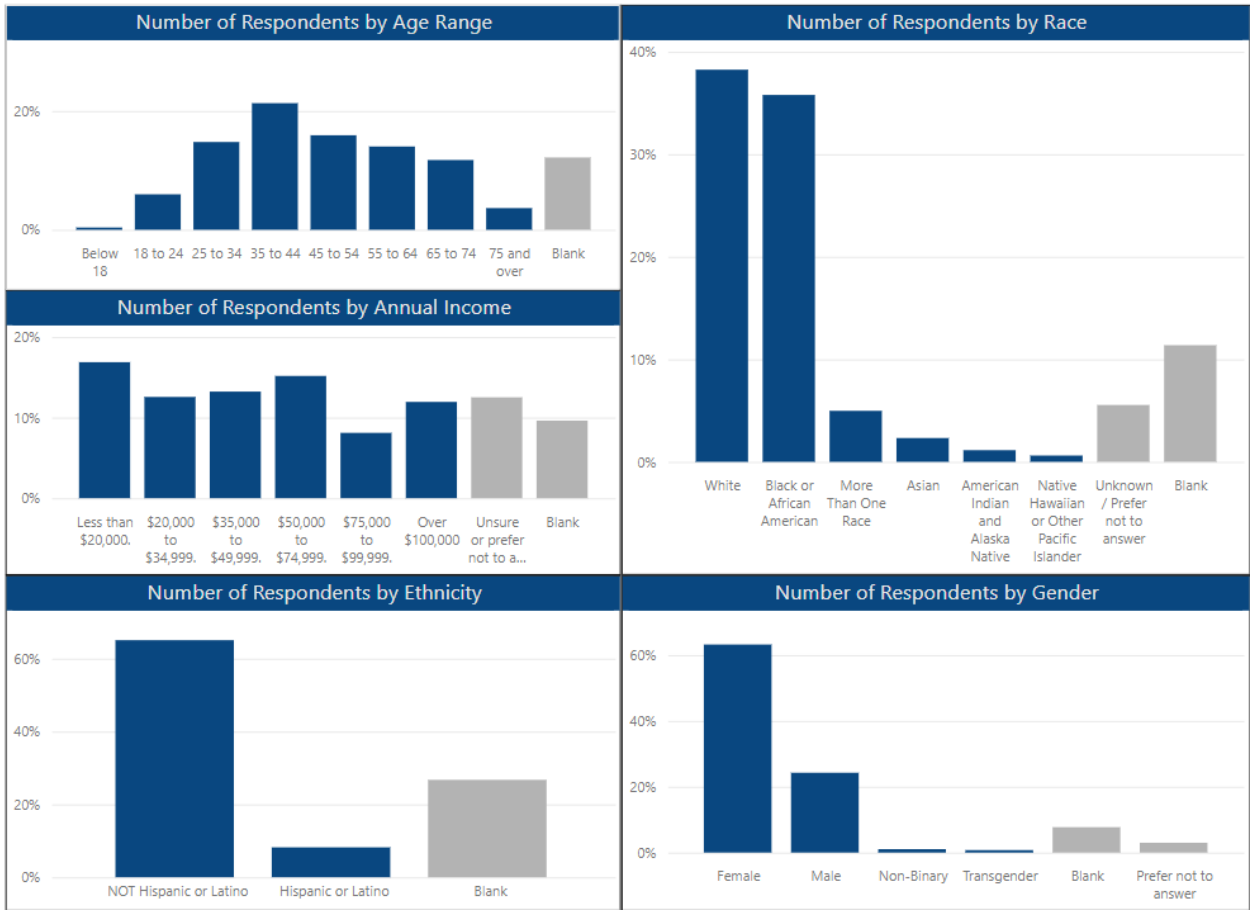
Survey Results

In total, over **2,100 individuals** completed the survey. Survey participants included residents as well as others who worked and played in Norfolk. Some of the survey results are discussed in this section. The full survey analysis, completed by CivicLab Norfolk, is included in Appendix A.

Demographics of Survey Respondents

Responses to demographic questions are summarized below in Figure 1. There was a heavy skew of female respondents, with 63%, males at 24%, with about 1% selecting non-binary and transgender options, and the remaining respondents either leaving the selection blank or preferring not to answer.

Figure 1. Demographics of Survey Respondents.



The survey instrument also asked for respondents' ZIP codes to assess geographic reach. Of the responses, 1,598 indicated they were in Norfolk. **Survey respondents included residents from every Norfolk ZIP code.**

There were also survey respondents from outside of Norfolk; these participants represent the input from others who work or provides services in Norfolk, and who visit Norfolk for recreational purposes.

Broad View of Health

Health relates to a person's physical, emotional, mental, and spiritual well-being. Throughout this CHNA process, including in their responses to the Community Health Survey, Norfolk community members repeatedly recognized a broad definition of health and the many different ways health influenced their lives and the lives of their loved ones and community. Survey participants (n=1,121) responses to the question *"How would you improve your neighborhood's health?" (shared below)* illustrate this broad view of health. A thematic analysis of their responses is below.

How would you improve your neighborhood's health?

Of survey participants who responded, **1,121** offered ideas and suggestions related to the following areas:

- **Public Programs:** "More shelters for homeless"
  "Free mental health therapy"
- **Education:** "Public health education" | "Start with the child"
- **Healthcare:** "More access to primary care and preventative care"
- **City Services:** "Cleaner safer sidewalks" | "Less traffic noise"
  "Better air quality"
- **Public Safety:** "Crack down on aggressive drivers"
  "Crime reduction so we can safely go outdoor to socialize…"
- **Recreation:** "Beautifying parks and open space" | "Exercise more"
- **Community:** "Community get-togethers" | "Build stronger communities"
- **Nutrition:** "Easier access to groceries" | "More food access"
  "Pay increase, more affordable housing and food prices"
- **Housing:** "Affordable housing"

The survey asked 16 health-related, multiple-choice questions. Table 1 presents responses to 10 of these questions. Of survey respondents, 89% have insurance, 82% have a primary care physician, and 86% have access to quality health care. Between 20% and 30% of respondents indicated difficulty with the affordability and accessibility of healthcare and medicine. Two questions asked about the impact of violence and racism, with 22% and 14% respectively answering affirmatively that these factors had impacted the health of themselves or their family.

Table 1. Responses to Yes/No survey questions.

Question	Yes	No	*blank*
Do you have a Primary Care Physician?	81.7%	16.2%	2.1%
Do you have access to quality health care when you need it?	85.5%	11.1%	3.5%
Do you have insurance?	89.2%	8.9%	1.9%
Do you have difficulty paying for other needs due to medical bills?	24.1%	73.9%	2.0%
In the last year was there a time when you needed prescription medicine but were not able to get it?	19.7%	77.3%	3.0%
In the last year, was there a time you needed mental health counseling but could not get it?	19.6%	78.2%	2.1%
In the past 12 months, did you have to choose between paying bills and purchasing food or filling/purchasing medications?	30.8%	67.7%	1.5%
In the past 12 months, has there been any time when YOU wanted or needed to see a healthcare provider or receive medical care but were unable to?	24.8%	72.6%	2.6%
In 2023, have you or your family been impacted by violence in your community?	22.1%	58.9%	19.0%
In the past year, have you or your family experienced racism in a way that impacted your health?	14.3%	66.4%	19.4%

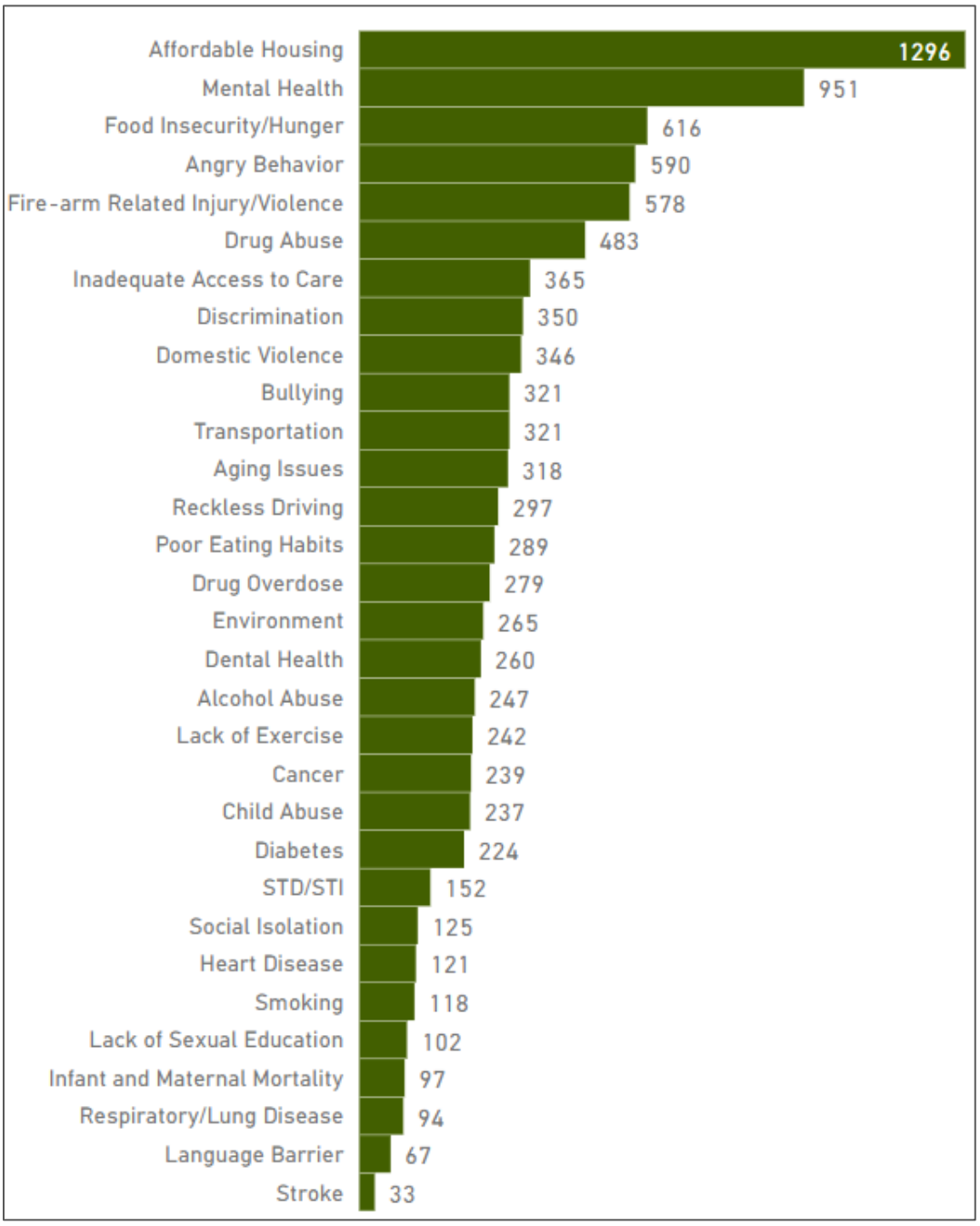
Table 2 shows response rates to overall health status questions. The ratings respondents gave to their mental health were slightly worse than physical health.

Table 2. Responses to overall health status questions.

Question	Good	Fair	Poor	*blank*
Overall, my mental health is:	55.6%	33.8%	8.2%	2.5%
Overall, my physical health is:	58.0%	35.1%	5.4%	1.6%

Participants were then asked to rank the five health issues that they felt were important in the community. Figure 2 shows the responses to this question. The 2,110 participants who responded ranked **affordable housing, mental health, food insecurity/hunger, angry behavior, fire-arm related injury/violence, and drug abuse** as the top six most important issues. These results were later shared during the Community Data Tours.

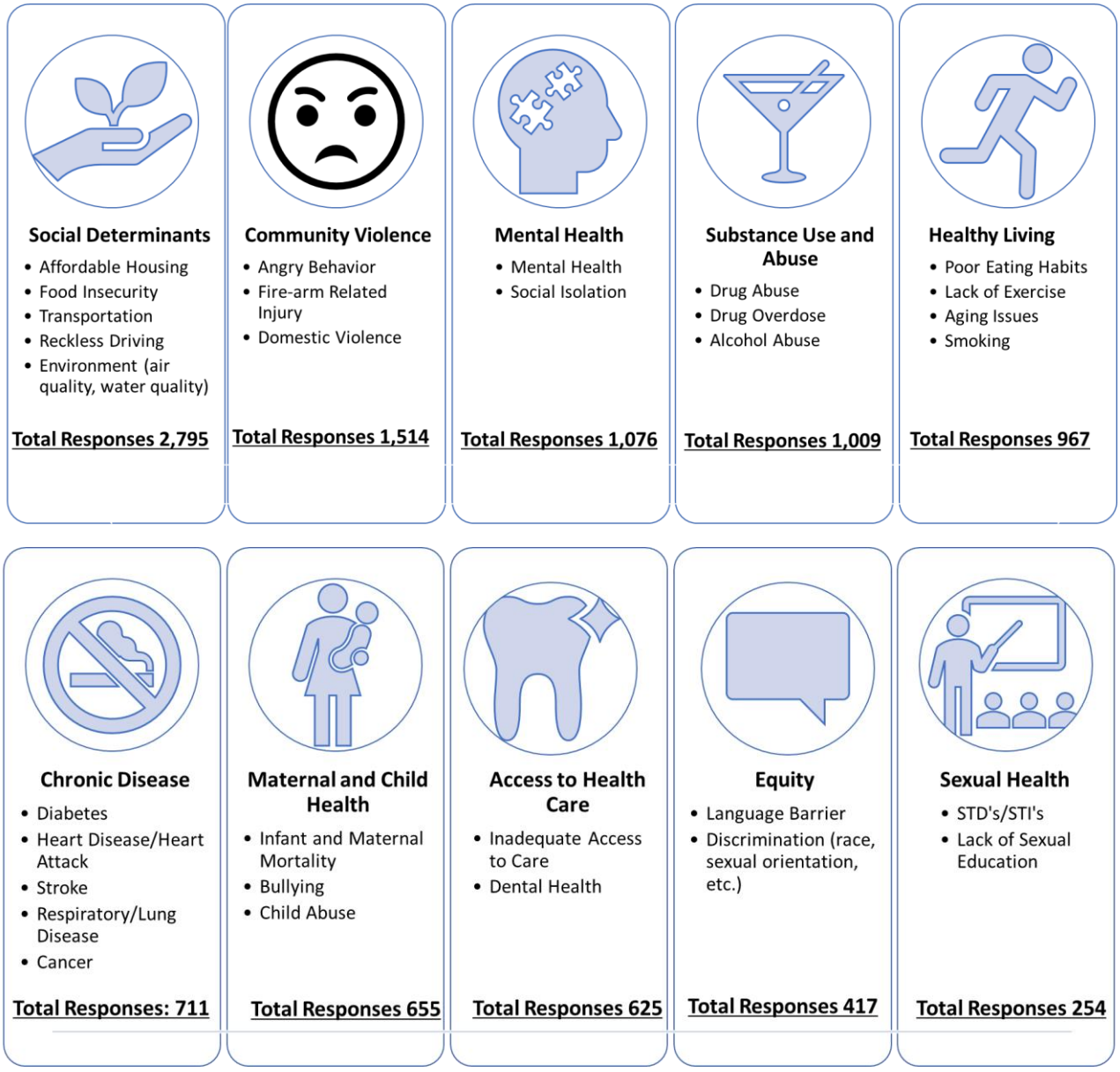
Figure 2. Responses to the question: Identify FIVE (5) important health issues/factors in our community.



Grouping priorities

To better consider health priorities and to think about how to develop plans to address them, the NDPH team grouped the indicators into ten categories. These groupings are illustrated below in Figure 3, which also includes the group rankings by survey participants.

Figure 3. Health Indicator Groupings with Rankings from Survey Participants



2.2 Health Indicator Data Analyses

In addition to community health survey input, toXcel, LLC analyzed a wide array of data to better understand root causes of poor health. The data analysis also involved investigating causes of death, as well as disease incidence and prevalence. Essentially, what are people dying from and what is making people sick? Health indicator data also included an analysis of social determinants of health.

Highlights of the findings from this data analysis are discussed in **Section 3. Key Health Issues.**

Health Indicators for Community Data Tour

The Virginia Health Department prioritized six areas to improve the health and well-being for Virginia residents.

- Priority 1. Reduce Infant Mortality
- Priority 2. Reduce Firearm Related Deaths
- Priority 3. Reduce Obesity and Other Chronic Diseases
- Priority 4. Improve Mental Health
- Priority 5. Reduce Drug Overdoses
- Priority 6. Improve Housing, Jobs, and Transportation

As part of the Health Indicator Analysis and in preparation for the Community Data Tour, a data dashboard was created to share key data indicators with Norfolk residents and other stakeholders along with the Community Health Survey data. The dashboard is featured as Figure 4 on the next page.

Figure 4 highlights how Norfolk is doing in each of the priority areas compared to previous years and compared to the state average. Data in **red** indicate health issues in Norfolk that continue to worsen. The **yellow** highlighted numbers indicate areas where there has been some improvement.

Figure 4. Health indicator data shared during the Community Data Tour.

Color Code Key:				
Continuing to worsen, worse than State avg.	Improving, but worse than State avg.	Improving, better than State avg.		
Data Indicator	**Unit**	**Virginia 2023-2027 Goal**	**Previous Year (2019/2020)**	**Current Status (2021/2022)***
Priority One: Reduce Infant Mortality				
Infant Mortality Rate	Infant deaths per 1,000 live births	5.0	10.2	10.8
Infants Born Preterm	Proportion of live births at less than 37 weeks	9.4%	12.6%	11.7%
Infant Mortality Black-White Disparity	Ratio of infant deaths per 1,000 live births	1.0	3.9	3.0
Maternal Mortality Black-White Disparity	Ratio of maternal deaths per 1,000 births	1.0	0.0	1.3
Priority Two: Reduce Firearm-Related Deaths				
Firearm-Related Deaths	Number per 100,000 residents	11.9	23.9	30.5
Firearm-Related Hospitalizations	Number per 100,000 residents		32.5	40.8
Priority Three: Reduce Obesity and Other Chronic Diseases				
Adults with Obesity	Proportion of residents	36.0%	34.70%	37.40%
People who consume fruit at least one time per day	Proportion of residents		61.9%	57.0%
People who consume vegetables at least one time per day	Proportion of residents		83.8%	81.9%
Adults who Reported Having Type 2 Diabetes	% of adults that have been told by health professional they have	6.1%	11.1%	12.8%
Adults with no Leisure Time Physical Activity in the Past Month	Proportion of adult residents	21.8%	24.2%	21.4%
Priority Four: Improve Mental Health				
Deaths by Suicide in Adults	Number per 100,000 residents	12.8	12.9	14.5
Priority Five: Reduce Drug Overdoses				
Drug Overdose Deaths	Number per 100,000 residents	20.7	24.3	33.9
Opioids Prescribed	Retail pharmacy dispensed opioid prescriptions per 100 persons	25	71.2	62.5
Drug Overdose Deaths Involving Opioids	Number per 100,000 residents	13.1	29.2	38.7
Priority Six: Improve Housing, Jobs, and Transportation				
Families That Spend More Than 30% of Their Monthly Income on Mortgage or Rent	Proportion of resident families	19.0%	44.4%	44.6%
Students Experiencing Homelessness	Number	9,241	785	612
Employment	Proportion among residents > 16yrs in the labor force	75.0%	51.9%	54.3%

2.3 Community Data Tours

From July to September 2024, NDPH staff hosted 24 community meetings or meet-ups across most zip codes in Norfolk, reaching **236** residents. They sought to reach residents of diverse races and ethnicities, genders, and ages who could speak to the variety of needs across Norfolk. Staff received input in English and Spanish. The map and locations are shown below in Figure 5.

Figure 5. Map of community meetings and events included in the Community Data Tour.

Community Data Tour Events

- Victory Over Violence CVI Walk, Youngs Terrace
- Hispanic Heritage Month events
- Mary D. Pretlow Library
- FUSE Festival, Purpose Park
- First Baptist Church Berkley
- NPD National Night Out
- Diggs Town Recreation Center
- Franklin Arms Apartments
- Tucker Library
- Berkley Reunion, Berkley Park
- Dr. Deon's Barber Shop, Campostella
- 757 GOATS Family & Friends Fun Day, St. Helena Elementary
- Ingle Fest, Ingleside Church
- Ballentine Reunion
- Calvert Square Fish Fry
- Park Place Reunion
- Southeastern Transgender Resource Center
- Norview Recreation Center
- COGIC High Rise Apartment
- Afterschool Teen Connect, Tucker Library
- Ballentine Park
- Exotic Glamour Salon
- 1st Impressions Barbershop, Janaf Shopping Center
- Teens With A Purpose
- Elmore Ave
- Lake Taylor Soccer Field

The Community Data Tour included community meetings, many of which took advantage of natural opportunities to reach residents within Norfolk—a community fair, a soccer game, visits to beauty parlors or barber shops, etc.

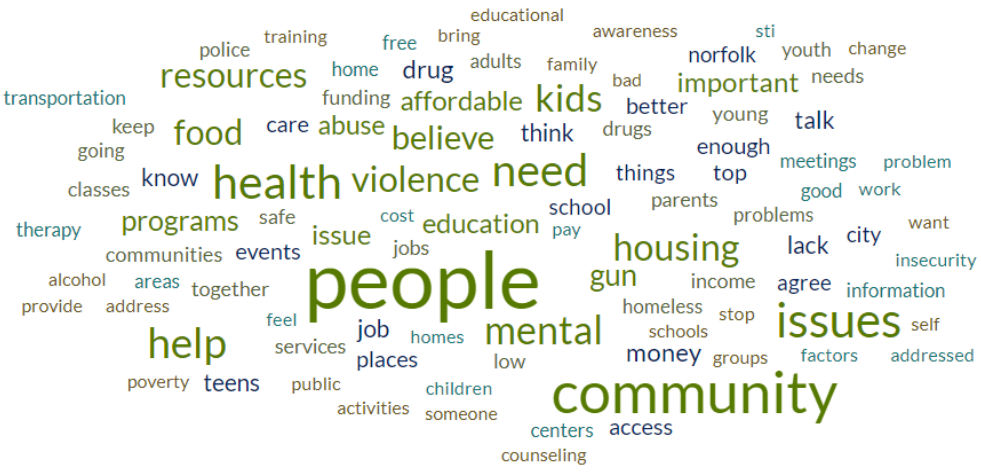
During these meetings and meet-ups, staff shared the priorities identified through the Community Health Survey and Health Indicator Data Analysis (see Figure 2). Participants asked questions, discussed the issues shared, and then completed a questionnaire. The questionnaire asked their opinions about the priorities being discussed and sought their input on how to begin addressing the issues.

The Community Data Tours were solutions-focused. Norfolk residents were asked to think about the following questions:

- What do you think of the priorities identified in the Community Health Survey? Do you believe these are the priorities that are important health issues in our community?
- Why do you believe these are an issue?
- What should we do to address these issues?
- What resources are needed?

toXcel, LLC conducted a thematic analysis of the questionnaires completed during the Community Data Tour. Themes from the analysis are discussed in this section. The word cloud in Figure 6 provides a visual representation of how often specific issues were mentioned. Words mentioned most frequently are displayed in larger or bolder font than other words.

Figure 6. Word Cloud of the Community Data Tour.



Key Themes from Community Data Tour

This section discusses key themes from the community questionnaires.

Input on Priorities
The top five priority health issues identified through the Community Health Survey were: **affordable housing**, **mental health, food insecurity/hunger**, **angry behavior**, and **fire-arm related injury/violence**.

When asked, respondents overwhelmingly agreed that these five were the most important issues in the community.

92.8% of respondents agreed that the priorities identified in the Community Health Survey were the most important health issues in their community.

Additionally, 34.7% of respondents highlighted mental health as a particularly high priority. Some respondents suggested additional issues that should be included in the priority list. The most commonly mentioned issues were **substance use**, **sexual health**, and **lack of resources/access to care**.

Reasons Behind Health Priorities
Participants were asked to consider the underlying causes contributing to the health issues that Norfolk faces. The most frequently cited issues raised include:

- **Financial strain**. The gap between cost of living and wages has increased with inflation, and many in the community struggle to afford housing, food, and other basic needs.
- **Lack of access to resources**. People do not have access to resources or are not aware of the resources available to them, and a lack of access to care affects all aspects of health.
- **Dangerous behavior among youth**. Participants felt that youth in the community do not have strong authority figures or role models and are more likely to experience worse health outcomes as a result (e.g., drug use, violence, poor mental health).

- **Mental health issues**. Participants felt that the existing housing and food crises affected mental health, and that it could lead to violence or homelessness. They believed more attention is needed on mental health and providing mental health care in the community.
- **Violence**. Participants felt that gun violence, gang violence, and general aggression are a threat to the community's health.
- **Substance abuse**. The use of illegal drugs and alcohol is prevalent in the community, and participants felt the can lead to behavioral and other health concerns.
- **Deaths in the community**. Participants considered the five priority health issues to be important because of their perceived contribution to a rising death toll in the community.
- **Interconnectedness of issues.** Participants emphasized the interconnected nature of the issues discussed above and the consequent need to address all of them together. They emphasized that essential needs needed be met in order to improve the general health of the community.
- **Transportation**. Participants talked about the importance of transportation in getting a job and earning money.

Addressing Norfolk's Health Priorities

Survey questionnaire participants provided suggestions for how to address the issues they see in their community and the recommended resources needed. Participants' suggestions are discussed in more detail below.

- **Strengthen community through outreach and resources**. According to participants, community organizers should hold events and forums where members of the community share their ideas and advocate for what help is needed and where. Resources should be promoted to residents to increase awareness of the services available.
- **Support preventive care and sexual health**. Participants raised a number of suggestions to improve health through preventive care. Their suggestions included increasing availability and accessibility for testing sexually transmitted infections, expanding access to insurance and encourage checkups, providing education on drug and alcohol use as well as treatment for those struggling with substance abuse, and increasing access to clinics and hospitals.

- **Expand mental health services**. Participants felt that mental health counseling should be free, widely available, and promoted to the community as a helpful tool. Participants discussed the ability of improved mental health services to alleviate other health issues in the community.
- **Focus on youth**. Participants felt that youth needed safe, free places to gather and to serve as alternatives to engaging in drug use or gang activity.
- **Increased security and presence of law enforcement**. Participants expressed a desire for increased presence of law enforcement to maintain safety and security, especially given the prevalence of firearms.
- **Ease the financial strain on community members**. Alleviating financial strain, for example by lowering housing and food costs and increasing wages, was often suggested as a first step in addressing health concerns in the community.
- **Provide support for job acquisition**. Participants expressed that tangible support was needed for the process of applying and interviewing for employment opportunities.
- **Improve transportation**. Limited access to transportation was a concern for participants, and many indicated the need for expanded routes and extended schedules of public transit in order to access employment opportunities and healthcare.
- **Support for non-documented residents**. A number of the Spanish-speakers who participated in the Community Data Tour raised the need for additional supports for non-documented residents.

NDPH staffer, Summer Atseye, talks with Norfolk community members during a Community Data Tour meeting.

3. Key Health Issues

This section summarizes key findings related to a number of key health-related areas, including:

- Social determinants of health,
- Life expectancy and premature mortality,
- Health care access and utilization,
- Community violence
- Substance use and abuse,
- Mental health,
- Physical activity, healthy eating, and food insecurity,
- Chronic diseases and conditions,
- Maternal and child health, and
- Sexual transmitted infections.

Question to consider:

In this section, text boxes draw attention to disparities and ask questions that we should consider as a community to address challenging health issues.

The data highlighted for each key health issue is drawn from the Health Indicator Analyses (as discussed in Section 2.2). Summaries of the key issues highlight disparities across race, ethnicity, age, and gender when possible.

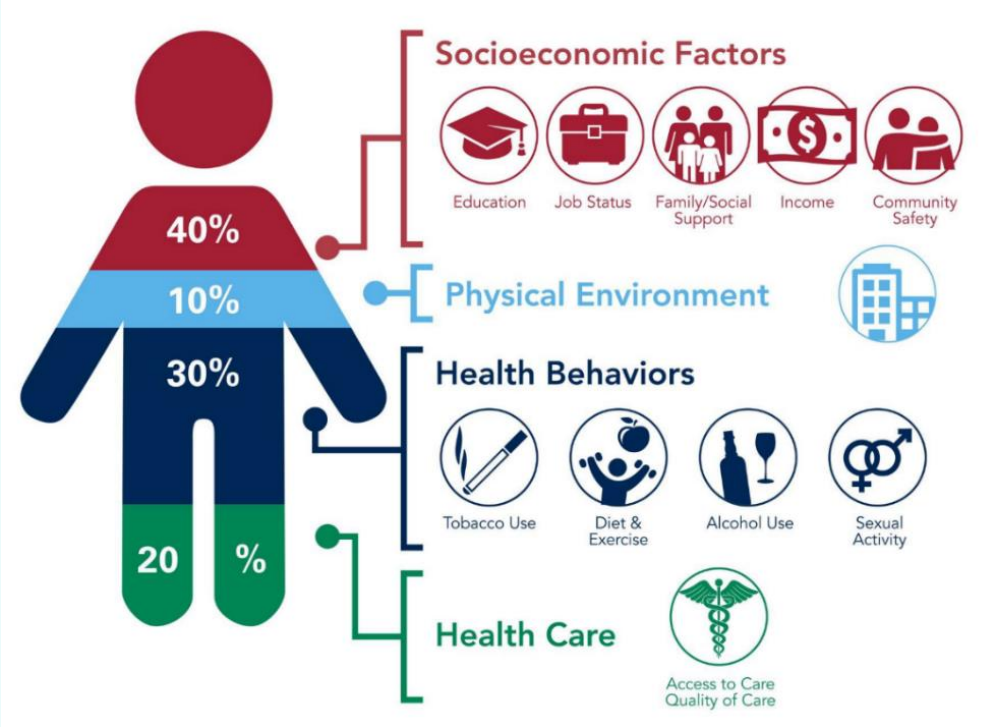
3.1 Social Determinants of Health

A healthy environment and community impact the health of its residents. To better understand how the community environment influenced the health of residents, the health indicator data analysis included social determinants of health.

The conditions of the social and physical environments where we live, work, play, learn, and age have important impacts on our health and health outcomes.[1] Social determinants of health include factors such as economic stability, physical environment (e.g., accessibility of grocery stores or places to play and exercise), neighborhood safety, education, social support networks, and access to care and support.

Figure 7 highlights the huge role that social determinants play in shaping an individuals' health. Social determinants—**socioeconomic factors**, the **physical environment**, and **health care**—account for **70% of the factors** that impact health.

Figure 7. Factors that impact individual health.



Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Complex Problems, 2014. Graphic designed by ProMedica.

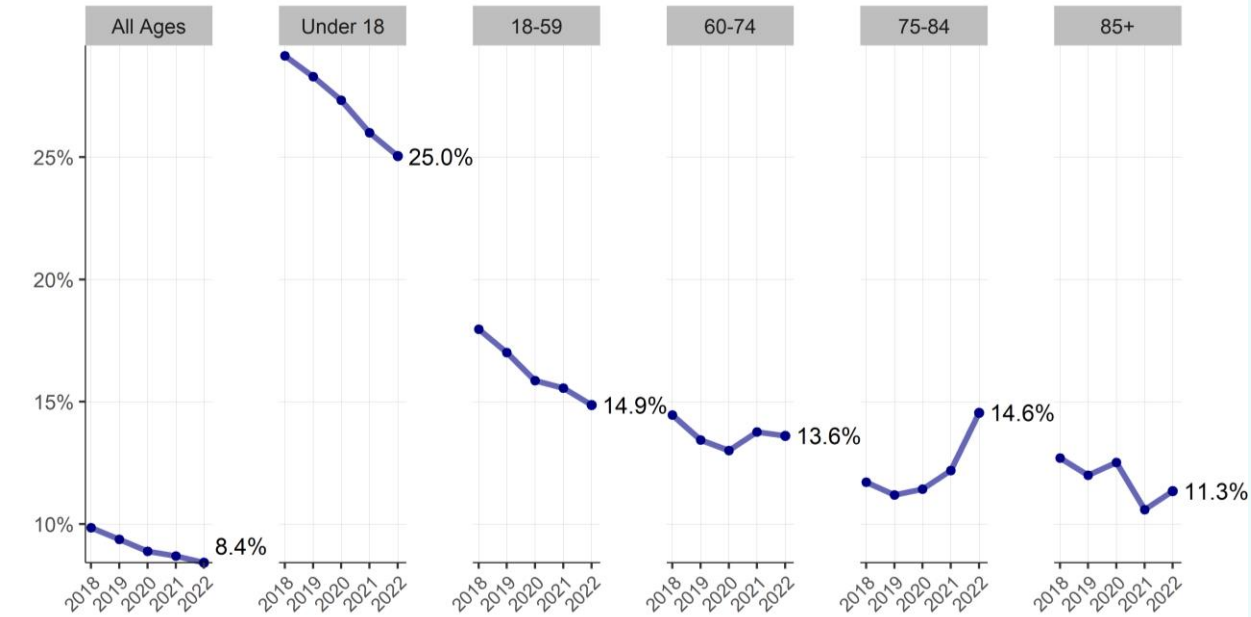
In Norfolk:

- Overall the poverty rate has decreased for many people in Norfolk since 2018; a noted exception is among people ages 75 to 84 (see Figure 8).
- Families with children are nearly five times more likely to live in poverty than those without children.
- In 2022, more than half of renters, of nearly all ages, spent over 30% of their income on housing.
- Of students enrolled in Norfolk Public City Schools, 71.7% are enrolled in free or reduced lunch.

Some additional graphs that highlight social determinant issues -- poverty, affordable housing, graduation rates, and unemployment – are included in the next few pages.

Poverty

Figure 8. Percent of population living in poverty by age group, 2018 to 2022.

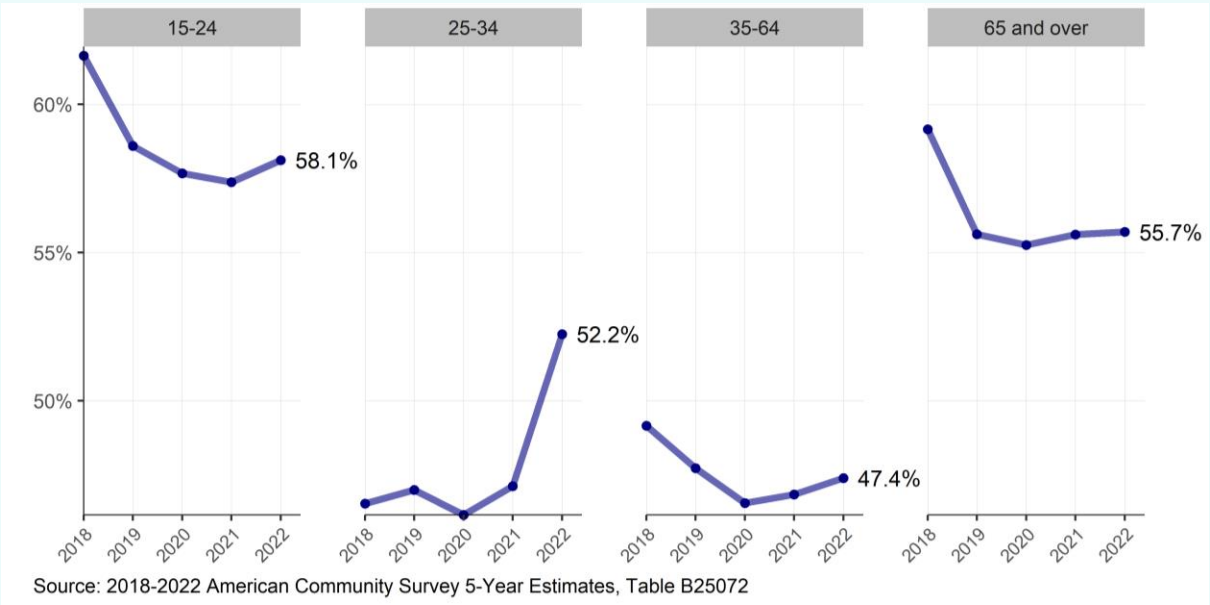


Question to consider:
What could explain the increase in poverty among people ages 75-84?

Affordable Housing

Figure 9 shows the percent of renters who spend more than 30% of their household income on rent.

Figure 9. Percent of renter spending 30% or more of household income on rent by age group, 2018 to 2022.



Source: 2018-2022 American Community Survey 5-Year Estimates, Table B25072

Question to consider:

What could explain the increase in renter spending among people ages 25-34 between 2021 and 2022?

What could explain the decrease in 2018 for people, ages 65 and over?

Insight on affordable housing

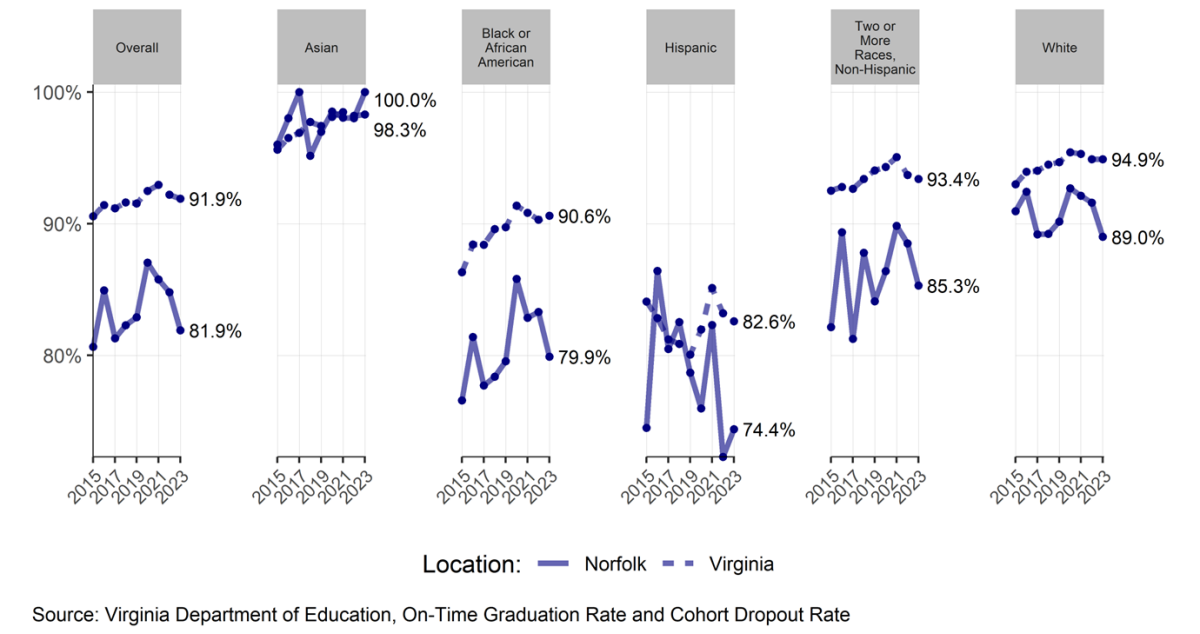
Some of the struggles with affordable housing can be explained by the combination of stagnant wages, especially for minimum wage workers, and run away rent growth.[2] In Norfolk, incomes have not kept up with rent increases. In 2014, the media rent for a 1-bedroom apartment was $785 a month; by 2024, the median 1-bedroom rose to approximately $1,540 a month.[i] In 2022, Norfolk had the highest growth for landlord revenue out of all U.S. metros, coming in at 22%. This growth occurred despite steady declines in occupancy rate and a regional housing supply surplus for renter households who earned average hourly wages of $27.12.[3]

[i] Source: American Community Survey 5-Year Estimates

Graduation and Unemployment

While graduation rates had been steadily rising since 2015, they dropped in 2020 and still have not returned to their original levels, as shown is Figure 10.

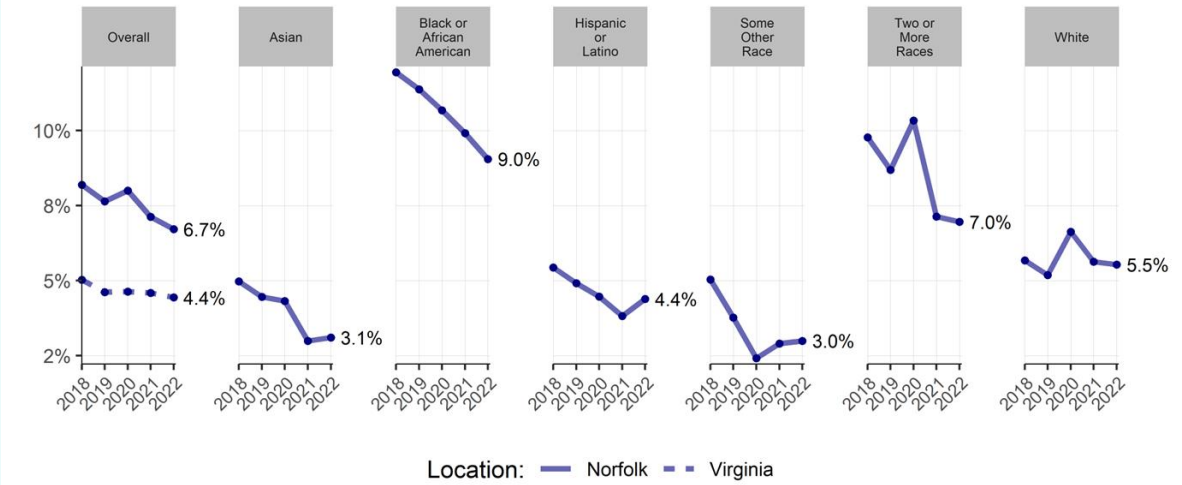
Figure 10. On-time graduation rate by race/ethnicity (2018 to 2023).



Source: Virginia Department of Education, On-Time Graduation Rate and Cohort Dropout Rate

Figure 11 shows that in 2022, Norfolk's overall unemployment decreased across nearly all race and ethnic groups, except for Hispanics and people of other races. On average, the unemployment rate is still higher than Virginia's unemployment rate.

Figure 11. Unemployment rate by race/ethnicity (2018 to 2022).

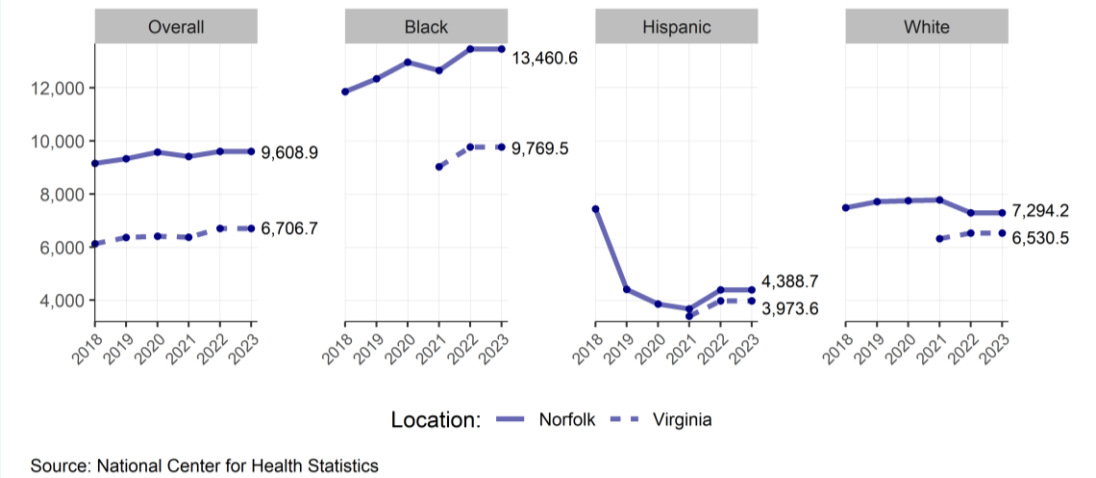


Source: 2018-2022 American Community Survey 5-Year Estimates, Tables C23002 A-I and B23025
Note: Race groups include: White, Black or African American, Asian, American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, Some Other Race, and Two or More Races. These groups account for 100% of the population. Ethnic groups include: Hispanic or Latino, and White (not Hispanic or Latino). These groups do not account for 100% of the population. Adding race groups and ethnic groups may result in over-counting.

3.2 Premature Mortality

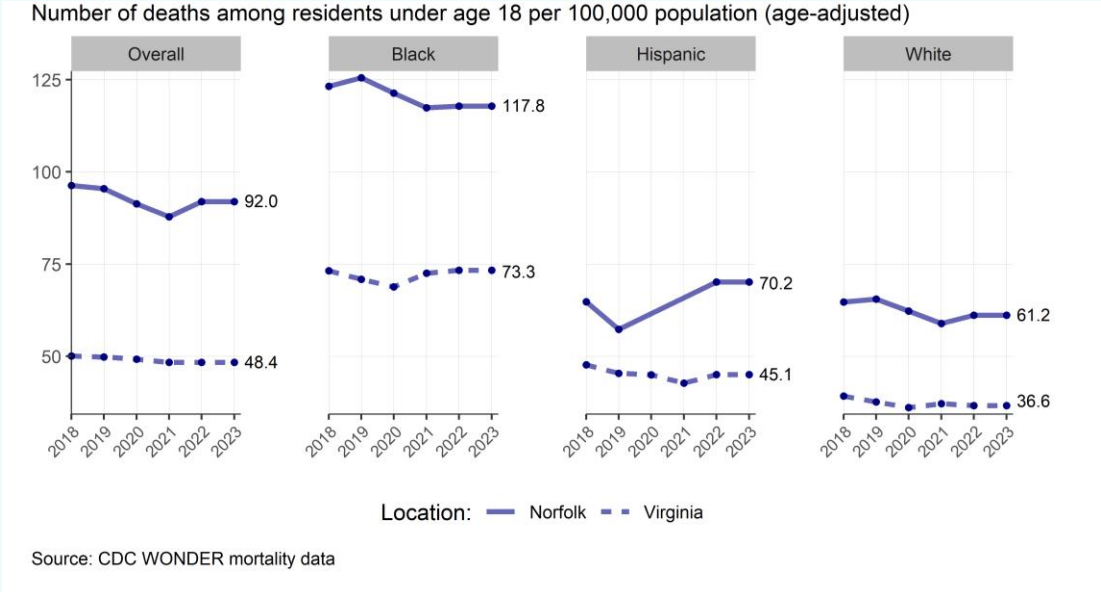
Premature mortality refers to early deaths, or deaths that happen before the average age of death – around 75 years in the United States. Figure 12 shows premature mortality rate by race. The five leading causes of premature death include: cancer, unintentional injuries (e.g., drug overdose or vehicle crashes), heart disease, stroke, and chronic lower respiratory disease.[4]

Figure 12. Premature mortality rate by race/ethnicity (2018 to 2022).



Child mortality is shown in Figure 13. The leading causes of death captured by this indicator include accidents (unintentional injuries); congenital malformations, deformations and chromosomal abnormalities; and assault (homicide).

Figure 13. Child mortality range by race/ethnicity (2018 to 2023).



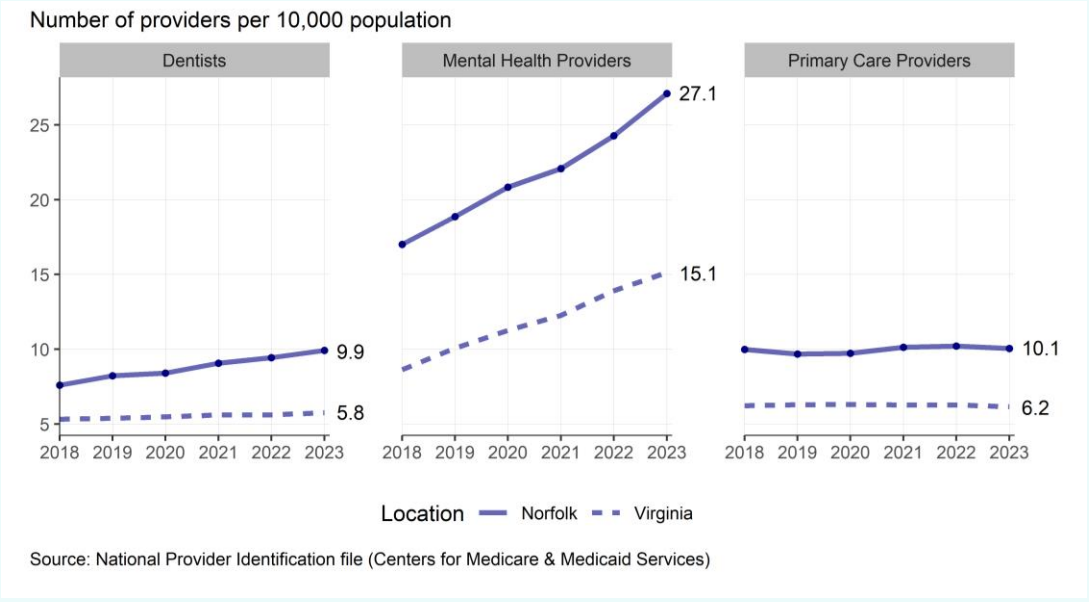
3.3 Health Care Access and Utilization

Access to health services that include preventive care, maintaining health, and managing diseases is critical to being able to get and stay healthy. To adequately access care, people must be able to have health insurance to pay for services, have health care providers available who can provide culturally appropriate care, feel comfortable using those services, and be able to get to them.

In Norfolk:

- There have been improvements to insurance coverage and access to care since 2018.
- Overall, 99.2% of all residents are estimated to be covered by insurance. Health coverage has increased steadily for most age groups since 2018 with the steepest increases people ages 25-54 and Hispanics/Latinos.[iii]
- Slightly above the Virginia average, 80.6% of residents reported having a routine checkup within the last 12 months.[iii]
- In 2020, 9.7% of residents said they could not see a doctor due to costs.[iii]
- Access to mental health providers and dentists has increased since 2018; both are above the Virginia average (see below in Figure 14).[iv]

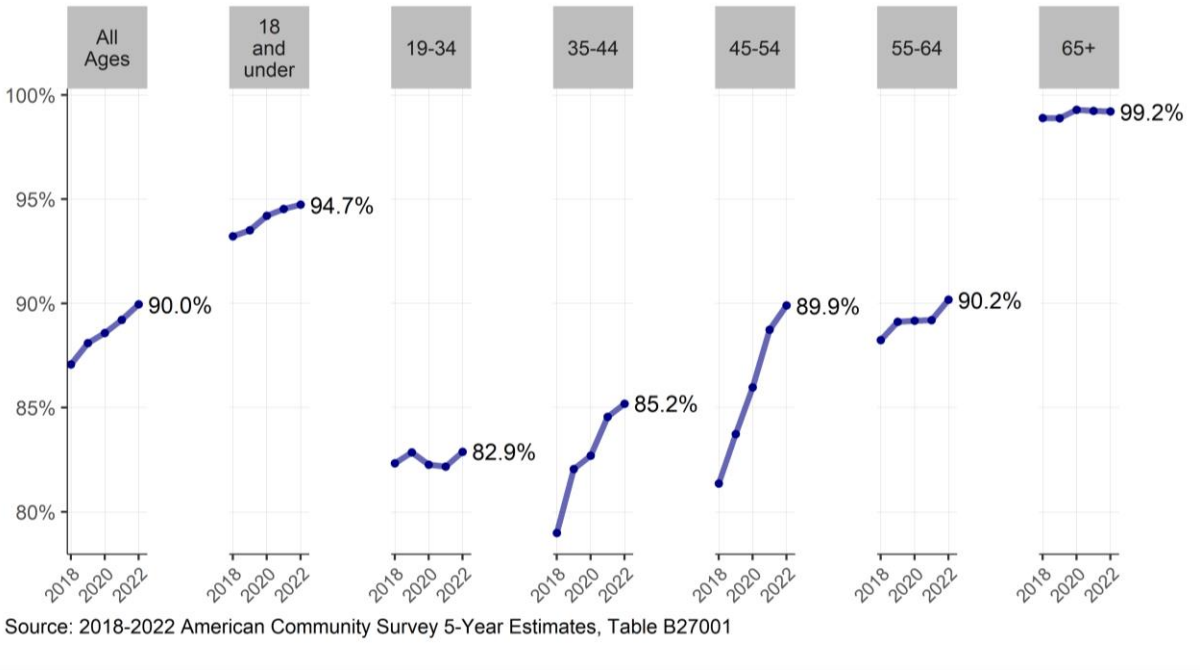
Figure 14. Access to care-dental, mental health, and primary care (2018 to 2023).



[ii][i] Source: 2018-2022 American Community Survey 5-Year Estimates, Table B27001.
[iii] Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention (CDC)
[iv] Source: National Provider Identification file (Centers for Medicare and Medicaid Services)

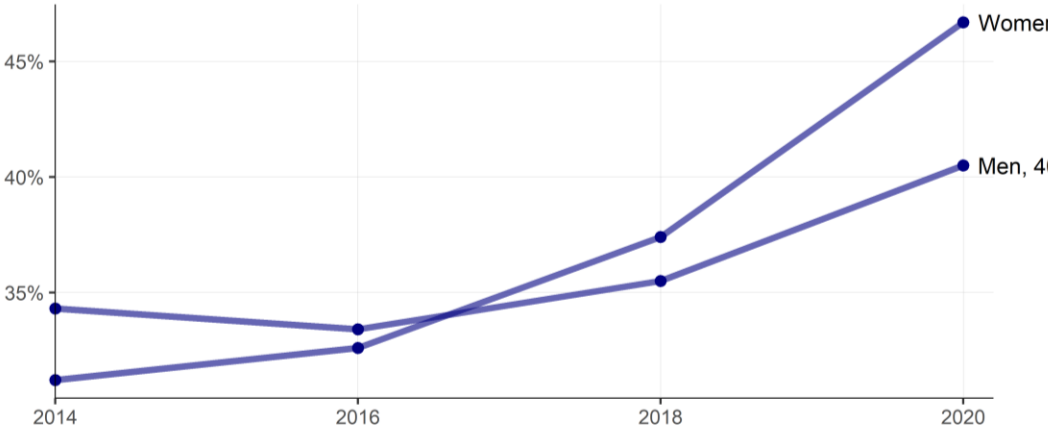
Figure 15 shows that 99.2% of all residents are estimated to be covered by insurance. Health coverage has increased steadily for most age groups since 2018.

Figure 15. Health insurance coverage by age (2018 to 2022).



Of residents ages 65 years and older, 46.7% of women and 40.5% of men received the recommended clinical preventive services (Figure 16).

Figure 16. People aged 65 and older who received recommended clinical preventive services during the past year (2014 to 2020).



Question to consider:
Why are less than half of people older than 65 getting preventive services?

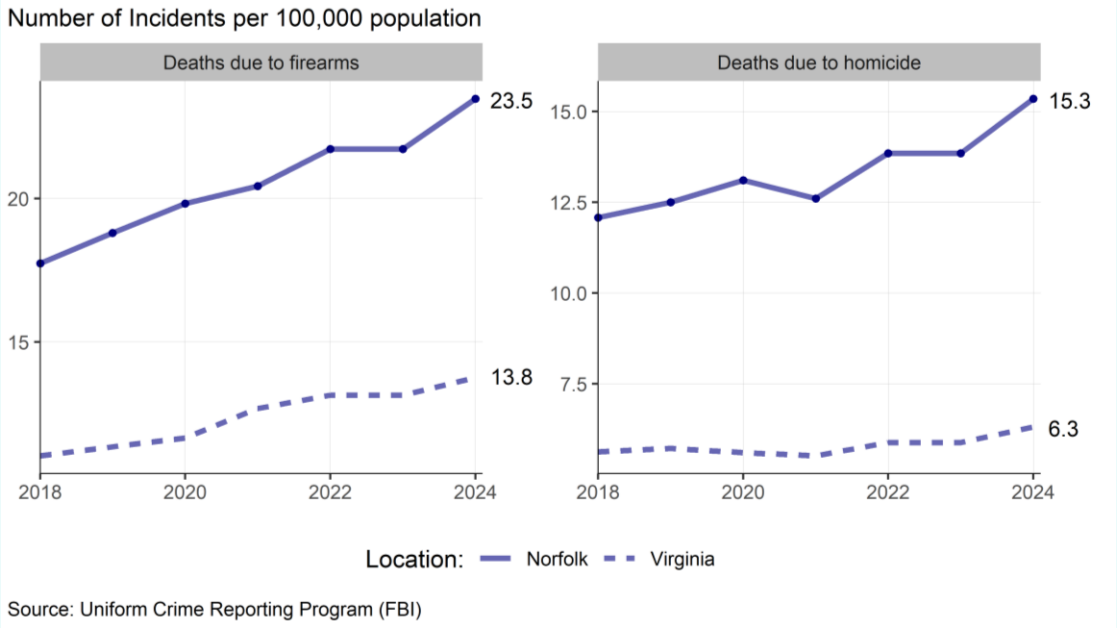
3.4 Community Violence

Crime and community violence impact how safe residents feel, what they can do in their neighborhoods, and how they interact with their neighbors. There are many ways exposure to violence—either as a victim or witness—can be harmful to people's health aside from death and injury. Some of the emotional, behavioral, and physical health problems associated with exposure to violence include increased smoking, alcohol and drug abuse, mental illness and suicidality, chronic diseases, sexually transmitted infections, and social problems such as crime and further violence.[5]

In Norfolk:

- Since 2018, the incidents of deaths due to firearms and deaths due to homicides have risen (see Figure 17). All are above the state average.
- The rate of child abuse, among the highest in the Hampton Roads area, was rising in 2014 and decreased slightly to 7.7 cases per 1,000 children in 2020 but is still double the state average.[v]

Figure 17. Community violence due to firearms and homicide (2018 to 2024).



Question to consider:
Why do Norfolk's community violence rates continue to rise?

[v] Source: Voices for Virginia

3.5 Substance Use and Abuse

Tobacco use is the greatest contributor to preventable deaths, disease, and disability. It harms nearly every organ in the body and causes many chronic diseases including cancer, heart disease, stroke, lung disease, and diabetes.[6]

Similarly, substance abuse and addiction—involving illicit or prescribed drugs, alcohol, or a combination—contributes to a range of negative health outcomes. This includes cardiovascular disease, stroke, cancer, pregnancy complications; sexually transmitted infections; motor vehicle crashes; and violence against children, partners, and in the community.[7]

In Norfolk:

Tobacco Use

- The percentage of adults who reported that they are current smokers or smoke every day decreased from 18% in 2014 to 12.9% in 2022.[vi]
- The percentage of adults who reported that they had used an e-cigarette or vaping product decreased from 84.3% in 2021 to 28.6% 2022.[vi]

Alcohol Use and Abuse

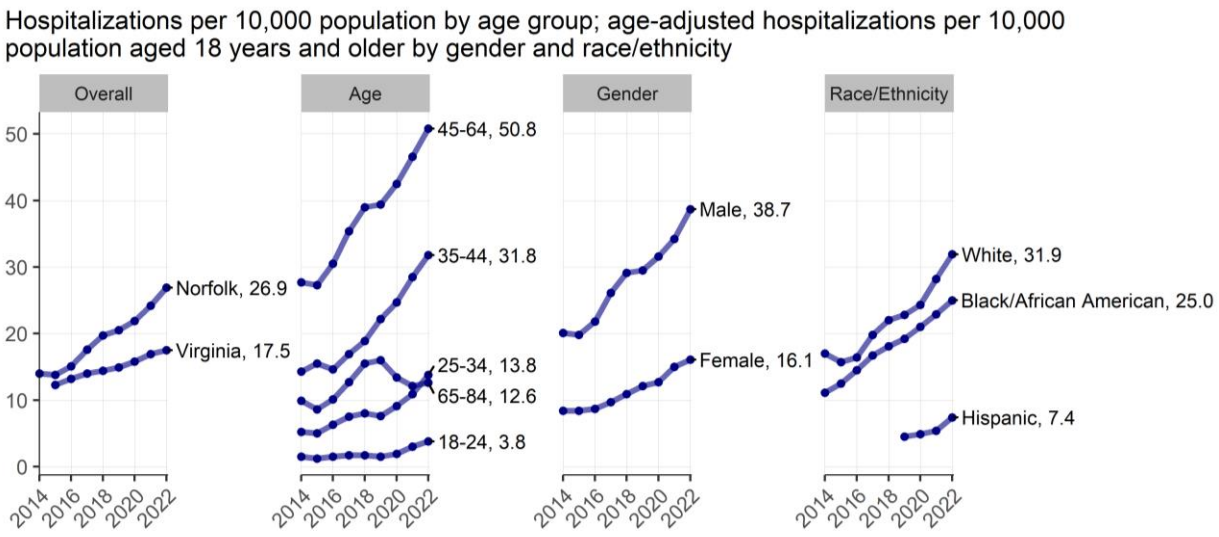
- The percentage of adults who report binge or heavy drinking has decreased to 16.8% since 2015 and is currently below the State average. [vi]
- However, hospitalizations due to adult alcohol use have increased across almost all demographics (see Figure 18 on the following page). Adolescent hospitalization due to alcohol use has also been increasing since 2018; although it dropped some in 2022, the rate is double the State average.[vii]

Substance Use and Abuse

- Hospitalizations due to adult substance abuse have increased across almost all demographic groups, particularly among males, Blacks, and people ages 35 to 64. [vii] Figure 19 on the following page highlights these trends.
- Hospitalizations due to opioid use have similar trends, all increasing. [vii]

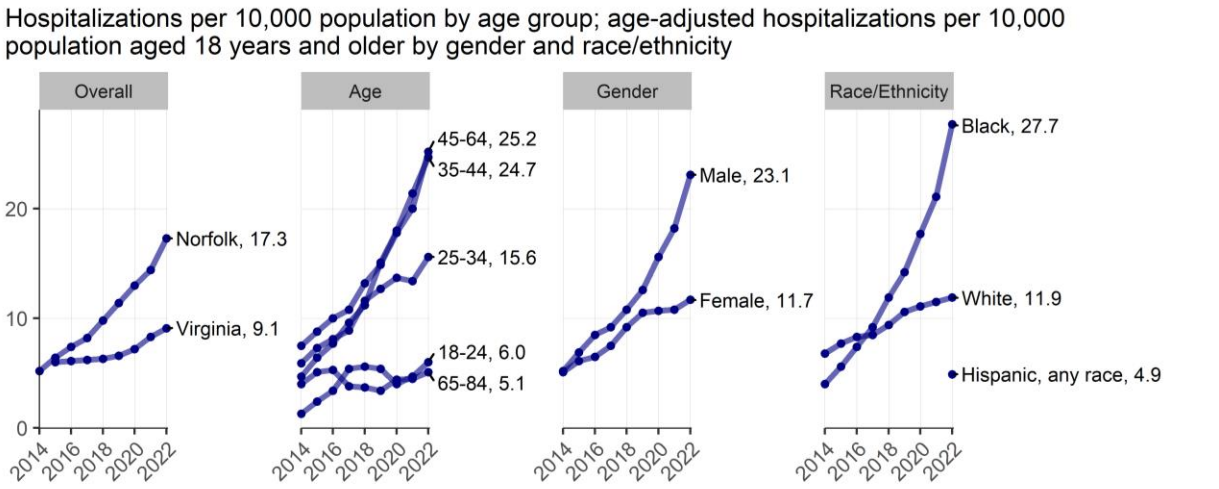
[vi] Source: Behavioral Risk Factor Surveillance System, CDC
[vii] Source: Virginia Health Information

Figure 18. Hospitalizations due to adult alcohol abuse (2014 to 2022).



Source: Virginia Health Information
Note: Year shown is end of 3-year period of measure. 'Alcohol abuse' includes alcohol dependence syndrome, nondependent alcohol abuse, alcoholic psychoses, toxic effects of alcohol, and excessive blood level of alcohol. Diseases of the nervous system, digestive system, and circulatory system caused by alcohol are also included. Data not available for all groups and all years.

Figure 19. Hospitalizations due to adult substance abuse (2014 to 2022).



Source: Virginia Health Information
Note: Substance-related disorders include the use, abuse, and dependence of opioids, cannabis, sedatives, hypnotics, anxiolytics, cocaine, other stimulants, hallucinogens, nicotine, inhalants, and other psychoactive substances. Cases of abuse of non-psychoactive substances, maternal care for (suspected) damage to fetus by drugs, and drug use complicating pregnancy, childbirth, and the puerperium are also included. Cases of alcohol-related disorders and poisoning due to intentional self-harm (if primary diagnosis) are excluded. Year shown is end of three-year period of measure. Data only available for 'Hispanic, any race' as of 2022. Data not available for all groups and all years.

Question to consider:

Why are there such dramatic increases among Black males, ages 35-64?

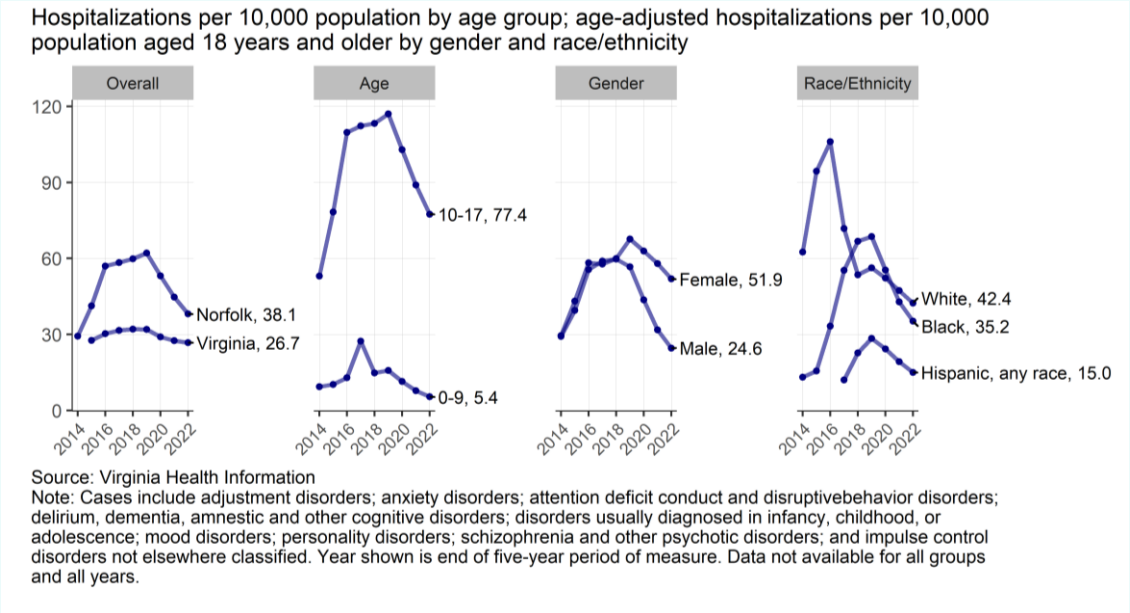
3.6 Mental Health

Mental health means emotional, psychological, and social well-being. We can all have good days and bad days, good months and bad months. While mental health is always there, mental illness affects a person's ability to function over a long period of time.[8]

In Norfolk:

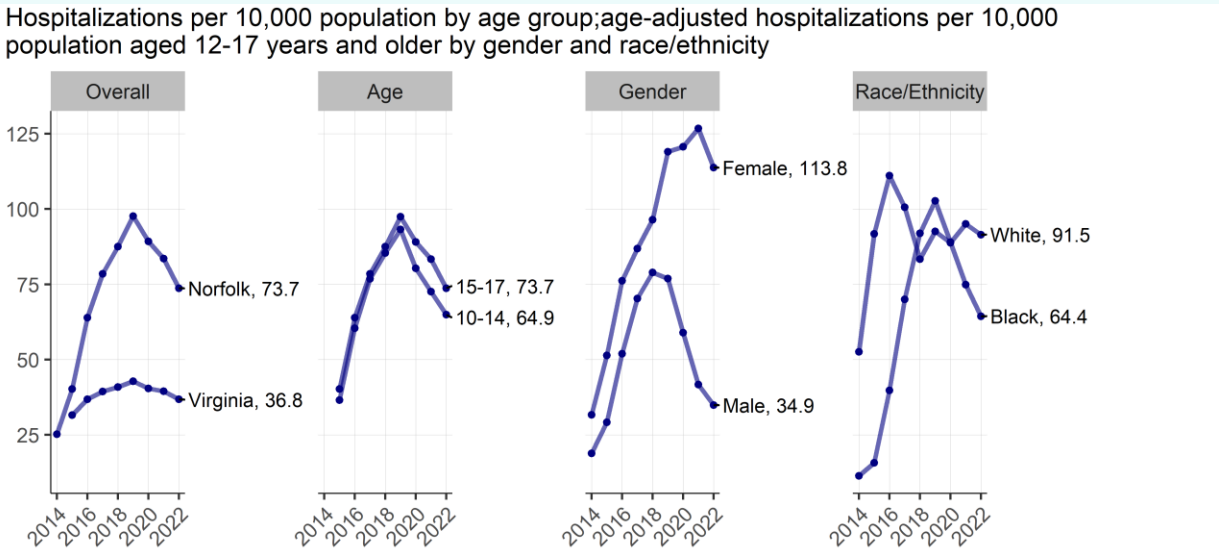
- The rate of pediatric mental health hospitalizations has been decreasing steadily since 2019 (see Figure 20).[viii]
- For adolescents, the rate of hospitalizations due to mental health disorders decreased steadily across most demographic groups since 2019 (see Figure 21).[viii]
- The rate of hospitalizations due to adult mental health disorders decreased steadily across most demographic groups until 2020, when it started rising again. Adult suicide and intentional self-inflicted injury trended upward most demographic groups (see Figure 22 on the following page). [viii]

Figure 20. Pediatric mental health hospitalizations (2014 to 2022).



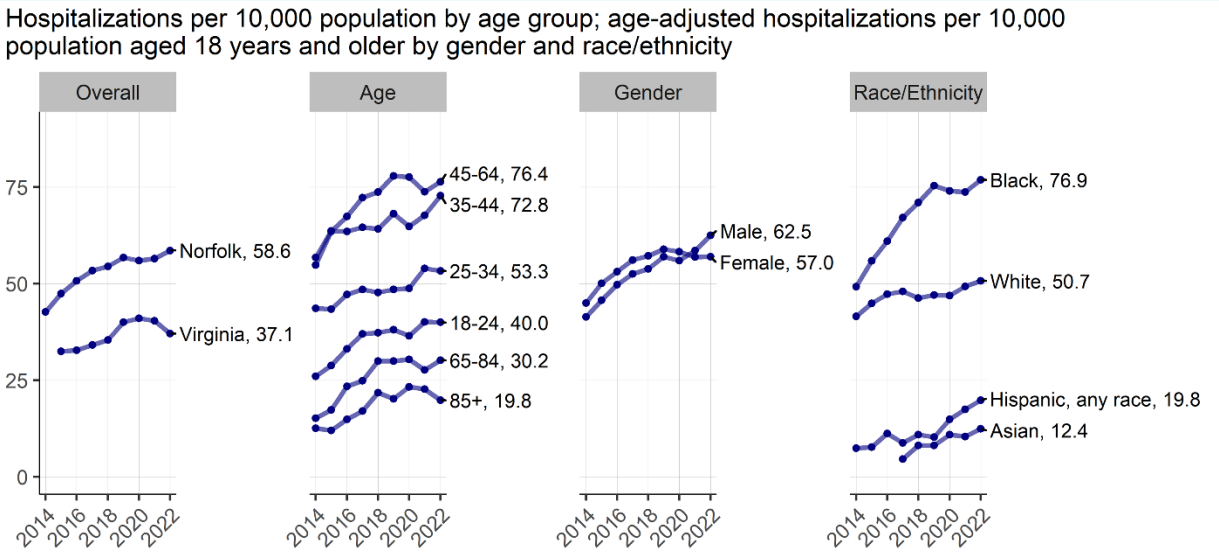
[viii] Source: Virginia Health Information

Figure 21. Adolescent hospitalizations due to suicide and intentional self-inflicted injury (2014 to 2022).



Source: Virginia Health Information
Note: Data shown by gender and race/ethnicity represents annual average hospitalization rate over 2012-2018 period of measure. Admissions are included if a primary or additional diagnosis code indicates suicide or intentional self-inflicted injury. Data not available for all groups and all years.

Figure 22. Adult hospitalizations due to suicide and intentional self-inflicted injury (2014 to 2022).



Source: Virginia Health Information
Note: Notes: Admissions are included if a primary or additional diagnosis code indicates suicide or intentional self-inflicted injury. Year shown is end of three-year period of measure. Data not available for all groups and all years.

Questions to consider:

Why have adolescent hospitalizations dropped in the last few years?

Will adult hospitalizations continue to grow? Why?

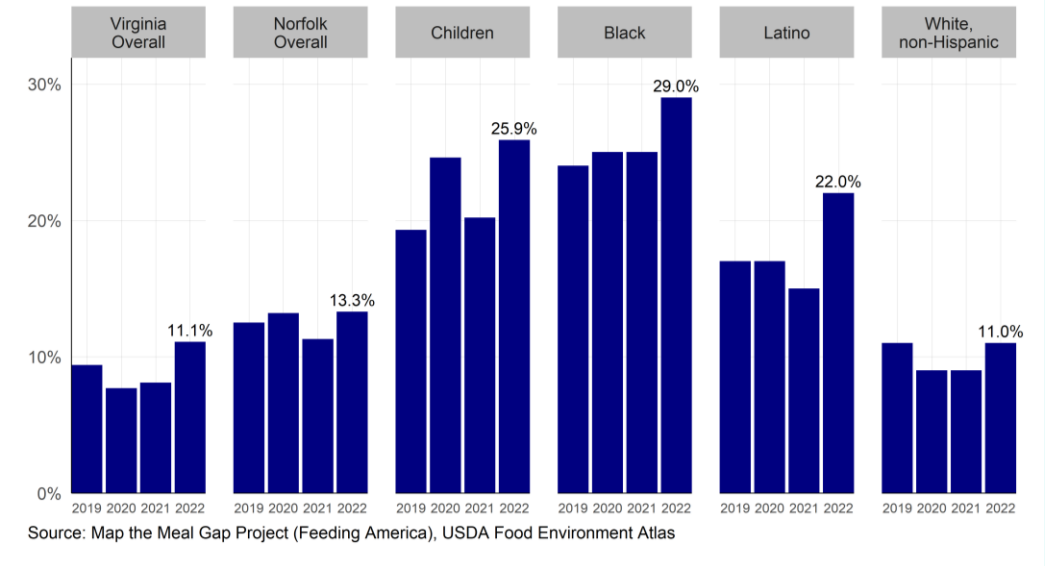
3.7 Physical Activity, Healthy Eating, and Food Insecurity

Eating a healthy diet with fruits and vegetables and regularly engaging in exercise are important to staying physically and mentally healthy. These health behaviors can reduce a person's risk of developing or managing chronic diseases, obesity, heart disease, type 2 diabetes, and other health problems.[9] People need to have the knowledge and skills to make healthy choices, such as understanding what a healthy diet means, how to cook healthful foods, or social supports to make healthy life changes. They also need to have these options available and affordable.

In Norfolk:

- From 2019 to 2022, the percentage of adults who reported no leisure time physical activity in the past month decreased from 24.2% to 21.4%.[ix]
- From 2019 to 2022, the percentage of adults who reported eating fruit at least one time per day decreased from 61.9% to 57.0%. During the same time period, the percentage of adults who reported eating vegetables at least one time per day decreased from 83.8% to 81.9%. [ix]
- Figure 23 shows that children, Blacks, and Latinos in Norfolk have less access to food than others and that gaps in access continue to grow.

Figure 23. Percentage of population who lack adequate access to food (2019 to 2022).



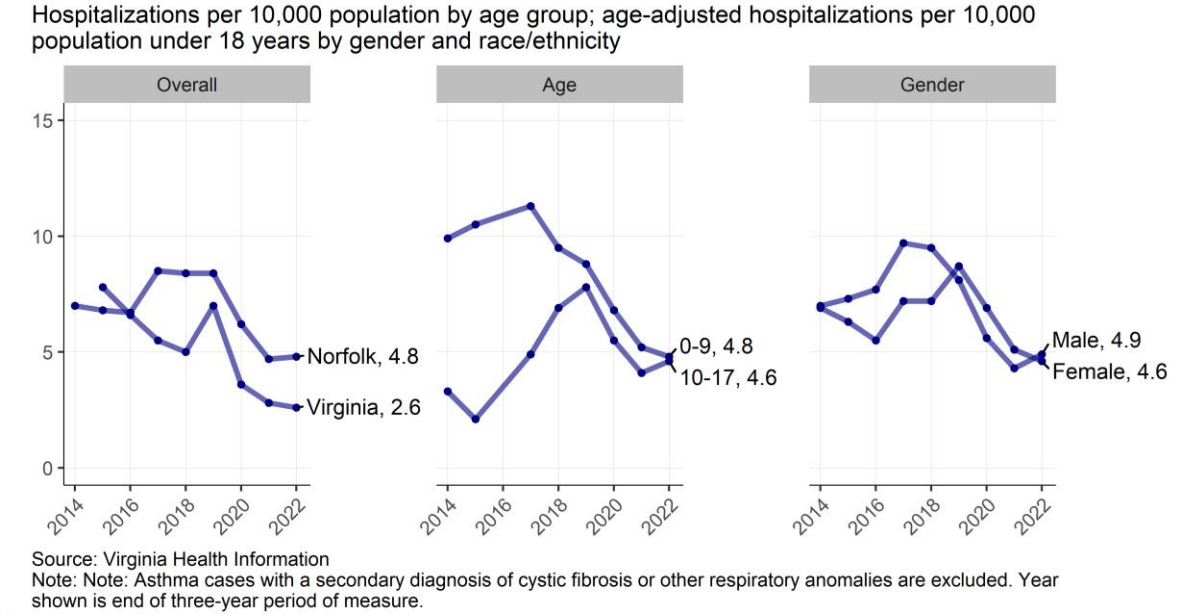
[ix] Source: Behavioral Risk Factor Surveillance System, CDC

3.8 Chronic Diseases and Conditions

Chronic diseases are conditions that last longer than a year and that require regular healthcare or limit daily living activities. Many chronic diseases can be prevented by healthy eating, exercising regularly, avoiding tobacco use, and not drinking alcohol excessively. They can also be reduced through regular health screenings.[10]

- Hospitalization rates for pediatric (as shown in Figure 24) and adult asthma have dropped dramatically since 2017.
- Adult obesity for males and females has been steadily rising since 2012. It increased from 34.7% in 2019 to 37.4% in 2022.[x]
- For a number of chronic diseases and conditions—including cancer, chronic lower respiratory diseases, diabetes, heart attack, heart disease, and stroke—Norfolk has a higher death rate (age-adjusted per 100,000 population) than Virginia. [xi]
- Blacks are disproportionately affected by a number of cancers, including breast, colorectal, lung, oral, and prostate. [xi]

Figure 24. Hospitalizations for pediatric asthma (2014 to 2022).



[x] Source: Behavioral Risk Factor Surveillance System, CDC

[xi] Sources: National Cancer Institute, Virginia Department of Health, National Environmental Public Health Tracking Network

Figure 25 shows that while rates overall of diabetes, heart failure, and hypertension have been decreasing; Blacks are disproportionately affected by all three of the diseases.

Figure 25. Age-adjusted hospitalization rates by race/ethnicity (2014 to 2022).

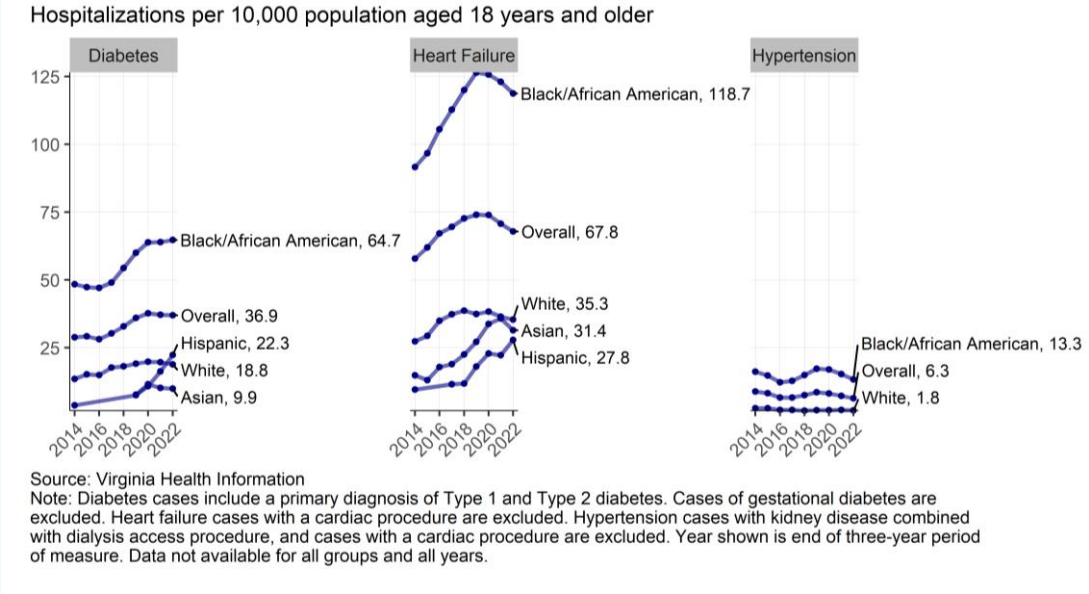
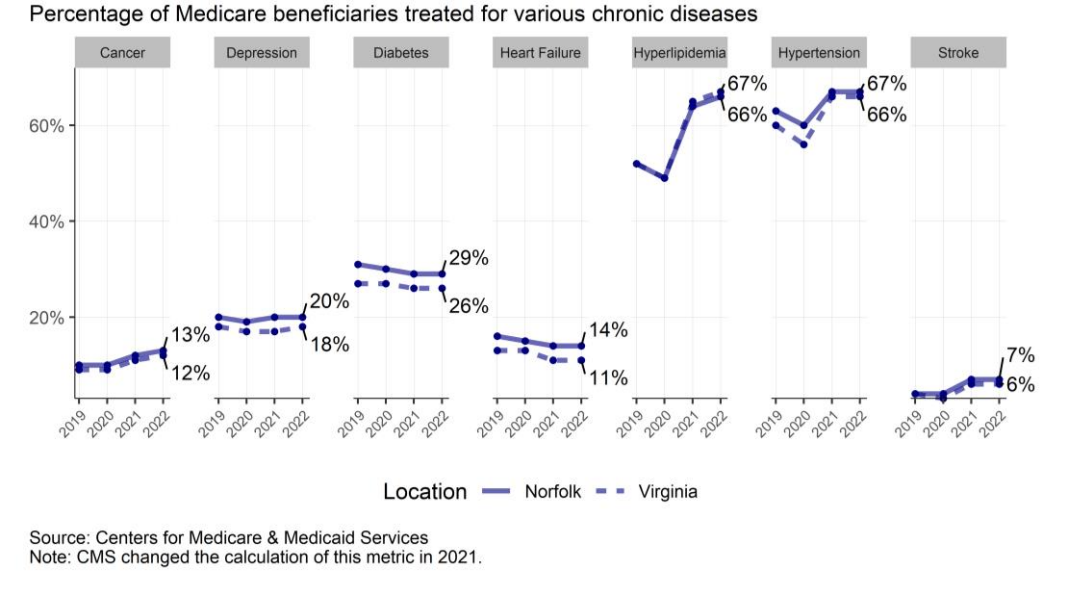


Figure 26 shows that among people with Medicare, of all ages, the percentage of people treated for hyperlipidemia and hypertension steadily increased from 2020 to 2022.

Figure 26. Prevalence of chronic disease in Medicare population (2019 to 2022)..



3.9 Maternal and Infant Health

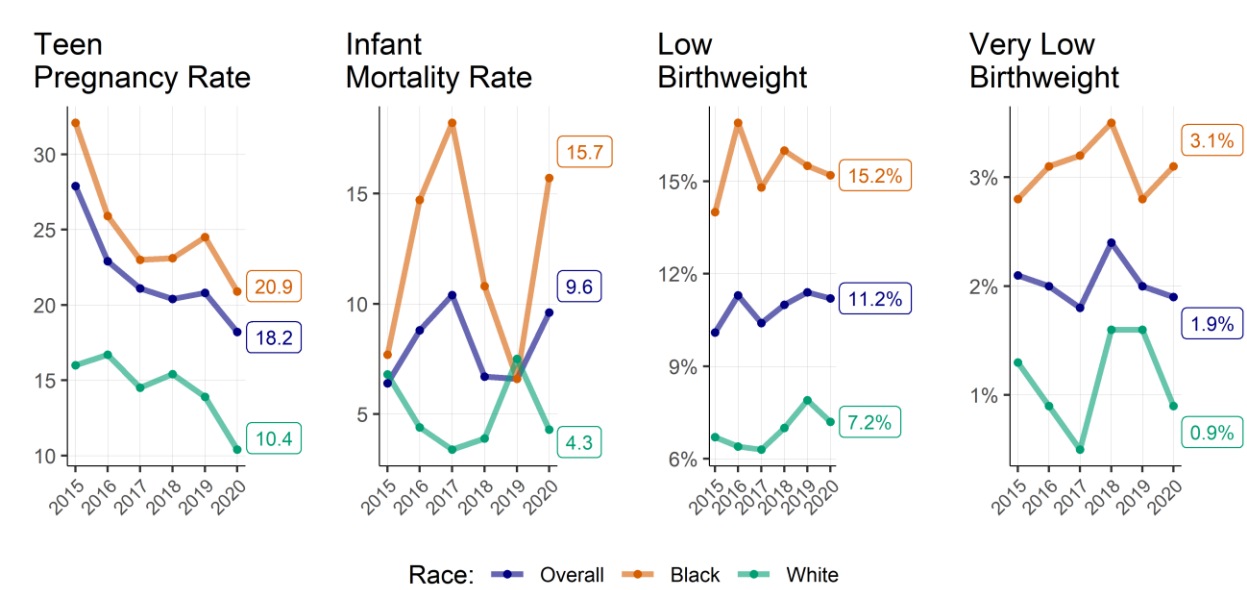
Ensuring the health and well-being of pregnant mothers and their newborn babies is important to safeguard families' well-being. Babies born prematurely or with low birth weight can have disabilities that last a lifetime, including visual and hearing impairments, developmental delays, and behavioral and emotional problems.[11]

In Norfolk:

- The rate of teen pregnancies decreased by 10.8% since 2019.
- Black or African American women have higher incidences of infant deaths and low birth weight babies than White women.
- Infant mortality rates had been decreasing since 2017 but rose 45.4% since 2019 among Black babies.

These trends are shown below in Figure 27.

Figure 27. Maternal and child data (2015 to 2020).



Source: Virginia Department of Health, Division of Health Statistics
Note: Teen pregnancy rate is defined as the number of pregnancies per 1,000 females under the age of twenty. Infant mortality is defined as the number of infant deaths within one year of birth per 1,000 live births; it is not restricted to teenage pregnancies. Birthweights less than 2,500 and 1,500 grams are considered 'low' and 'very low.' These rates are defined as the percentage of live births with low and very low birthweights.

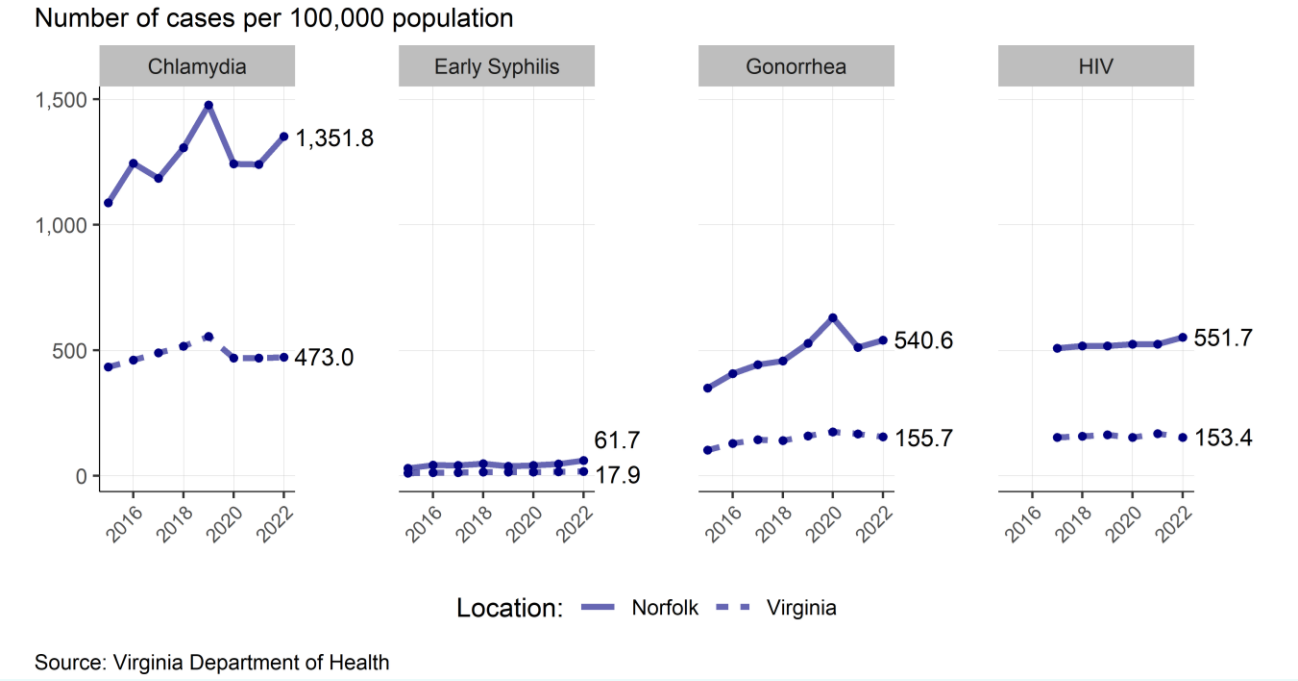
3.10 Sexually Transmitted Infections

Sexual health includes encouraging healthy relationships and safe sex practices. Further, it includes the diagnosis and treatment of sexually transmitted infections (STI) such as HIV, chlamydia, gonorrhea, and syphilis. If untreated, there can be many long-lasting consequences to STIs, particularly among adolescent girls and young women, including reproductive health problems and infertility, fetal and perinatal health problems, cancer, and further transmission of STIs.[12]

In Norfolk:

- Norfolk continues to have higher rates of newly diagnosed cases of chlamydia, gonorrhea, early syphilis, and HIV than Virginia and most of the other Hampton Roads jurisdictions (as shown in Figure 28).
- The rate of early syphilis cases increased by 30% from 2018 to 2022. The rate of gonorrhea cases increased by 18.5% during that same time period.

Figure 28. Rate of newly diagnosed STI cases (2015 to 2022).



Questions to consider:
Why are Norfolk's STI rates 2-3 times greater than the Virginia average?

4. Summary and Next Steps

The survey, data, and input from the Community Data Tour highlights some of the progress that has been made over the last few years to improve the health and quality of life in Norfolk. They also underscore that there are still a lot of ways to further support the health of Norfolk community.

The information in this report helps us to better understand health issues, root causes, and identify priorities for action in the next 3 years. Over the coming months, we will:

1. Prioritize health issues on which to focus.
2. Work with community partners to **develop a Community Health Improvement Plan (CHIP)** to guide this work.
3. Begin implementing action plans outlined in the CHIP.

We invite you to join us in this process. Together we can make Norfolk a healthier community for all who live, work, and play here.

If you are interested in joining us or learning more, please email Summer Atseye, Community & Population Health Improvement Manager of NDPH at summer.atseye@vdh.virginia.gov.

Photo credit: Andrea Piacquadio

Appendix A. Community Health Assessment (CHA) Survey Data Analysis

Analyzed by Natasha Singh-Miller, Completed May 2024
Summary of outreach provided by Summer Atseye, Norfolk Department of Public Health (NDPH)

1. **Executive Summary:**
   The City of Norfolk Department of Public Health conducted a community health assessment (CHA) and shared the gathered data with CivicLab in February 2024.

   Survey Outreach and Dissemination
   The community health survey was circulated through a comprehensive marketing campaign developed by Kathy Lamm NDPH's Public Relations, Communications, and Marketing Supervisor, and Summer Atseye, Community & Population Health Improvement Manager. NDPH utilized radio, billboards, bus and train advertising, direct mail, and more to promote the Community Health Needs Assessment (CHNA).

   Community Advisory Board (CAB) partners, other community and trusted partners, churches, and NDPH's Covid-19 Outreach Team assisted with getting the information out to as many people in the community as possible. Outreach team members went into specific communities and engaged with specific populations to advertise the CHNA. They also assisted members of the community who needed reading assistance. NDPH created postcards that were handed out at events, left at registration desks, in lobbies and waiting rooms, at registers, etc. The team placed posters at entryways, registration counters, business windows, etc. And flyers were distributed during programs, events, classes, community events, college and universities sporting events, etc. NDPH also had digital assets that included social media posts, website tiles and banners, and TV billboards.

   The team also made intentional efforts to try and make it as easy as possible CAB members and members of the public to have the materials to promote the CHNA. They created a self-serve station in the lobby of NDPH for CAB members to pick up the marketing materials (the electronic version of the survey, posters, flyers, postcards, and paper copies of the survey – including English, Spanish, Turkish, and French versions).

   When available, participants also received healthy behavior promotional items for responding to the survey.

   Survey Format
   The electronic survey was conducted via RedCap, which featured a read-aloud function. The assessment consisted of a survey with demographic multiple choice questions, health-related multiple choice questions, a ranking question, and a free text response to a prompt. The survey was advertised and offered to any member of the community willing to complete the survey, and therefore is a non-probability sample. We cannot assume the survey statistics are representative of the residents of the city of Norfolk, but they do represent the

opinions of the more than 2,000 individuals who completed the survey. The results of each question are analyzed and presented in this document.

Because the results are based on a non-probability sample, multiple variable analyses are not included. This would involve looking at a demographic variable such as household income versus whether the respondent had health insurance for instance. Any such analysis would only apply to the respondent group and not to the broader population of the city. Additionally, several respondents indicated that they did not reside within the city.

2. Health-Related Multiple Choice Questions:

Several multiple choice questions were asked. Results are shown in the following tables.

In Table 1, responses to yes/no questions are presented. These responses indicate 89% of respondents have insurance, 82% have a primary care physician, and 86% have access to quality health care. There were a number of questions asking about affordability and accessibility of healthcare and medicine. Between 20% and 30% of respondents indicated difficulty in response to those questions. Two questions were asked about the impact of violence and racism, with 22% and 14% respectively answering affirmatively. Notably about 19% left responses to these questions blank.

Table 1: Responses to yes/no questions.

Question	Yes	No	*blank*
Do you have a Primary Care Physician?	81.7%	16.2%	2.1%
Do you have access to quality health care when you need it?	85.5%	11.1%	3.5%
Do you have insurance?	89.2%	8.9%	1.9%
Do you have difficulty paying for other needs due to medical bills?	24.1%	73.9%	2.0%
In the last year was there a time when you needed prescription medicine but were not able to get it?	19.7%	77.3%	3.0%
In the last year, was there a time you needed mental health counseling but could not get it?	19.6%	78.2%	2.1%
In the past 12 months, did you have to choose between paying bills and purchasing food or filling/purchasing medications?	30.8%	67.7%	1.5%
In the past 12 months, has there been any time when YOU wanted or needed to see a healthcare provider or receive medical care but were unable to?	24.8%	72.6%	2.6%
In 2023, have you or your family been impacted by violence in your community?	22.1%	58.9%	19.0%
In the past year, have you or your family experienced racism in a way that impacted your health?	14.3%	66.4%	19.4%

In Table 2, response rates to overall health status questions are shown. The ratings respondents gave to their mental health was slightly worse than physical health.

Table 2: Responses to overall health status questions.

Question	Good	Fair	Poor	*blank*
Overall, my mental health is:	55.6%	33.8%	8.2%	2.5%
Overall, my physical health is:	58.0%	35.1%	5.4%	1.6%

Responses to additional multiple choice questions are shown below.

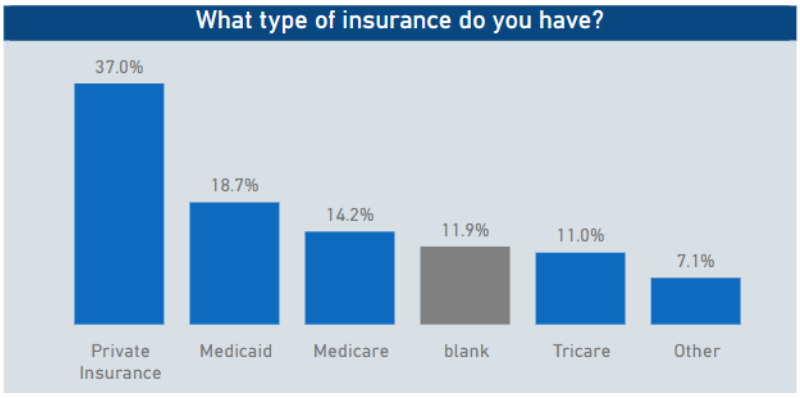


Figure 1

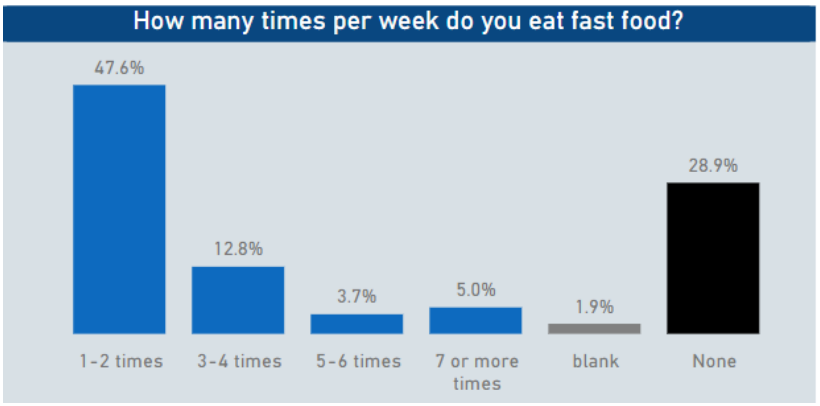


Figure 2

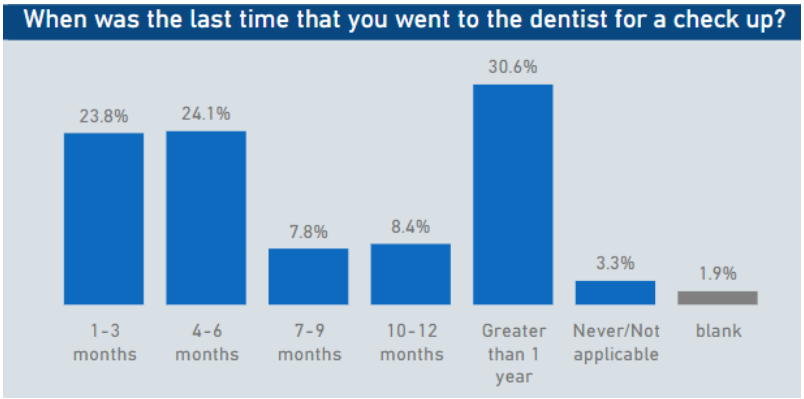


Figure 3

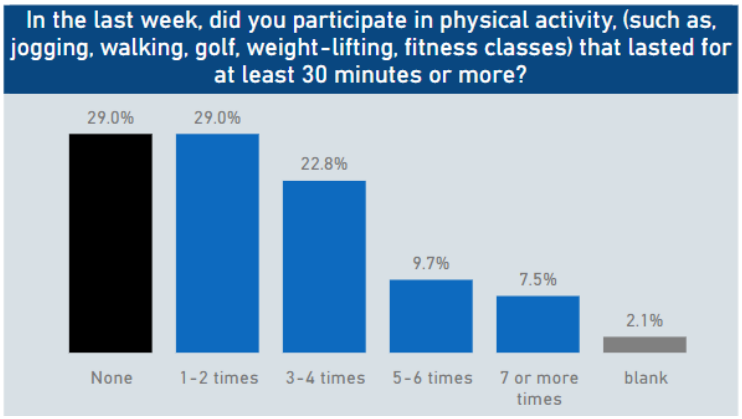


Figure 4

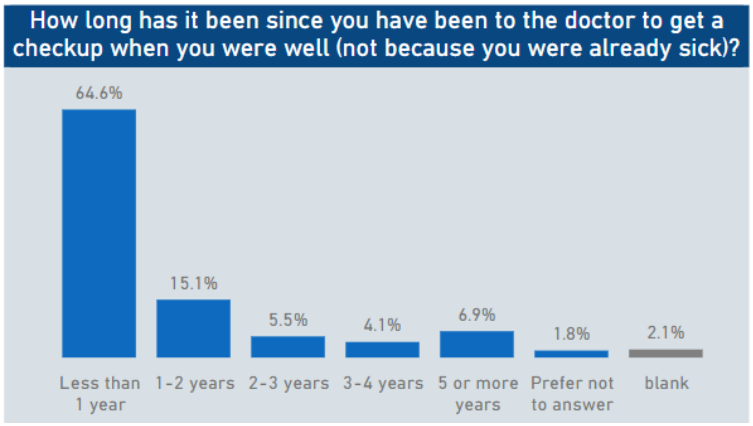


Figure 5

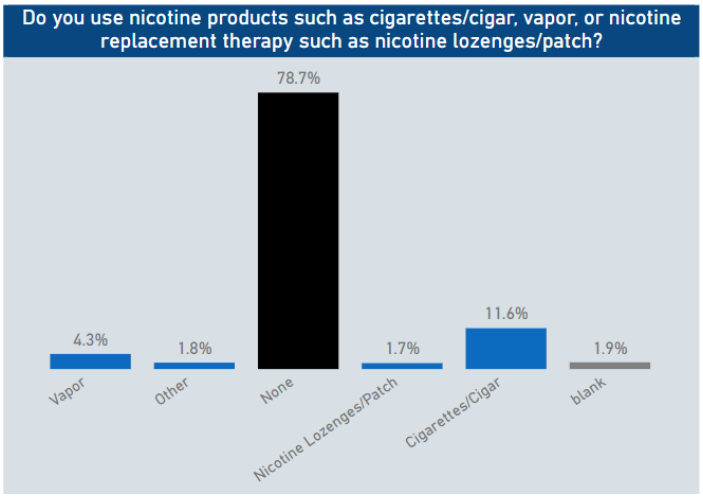
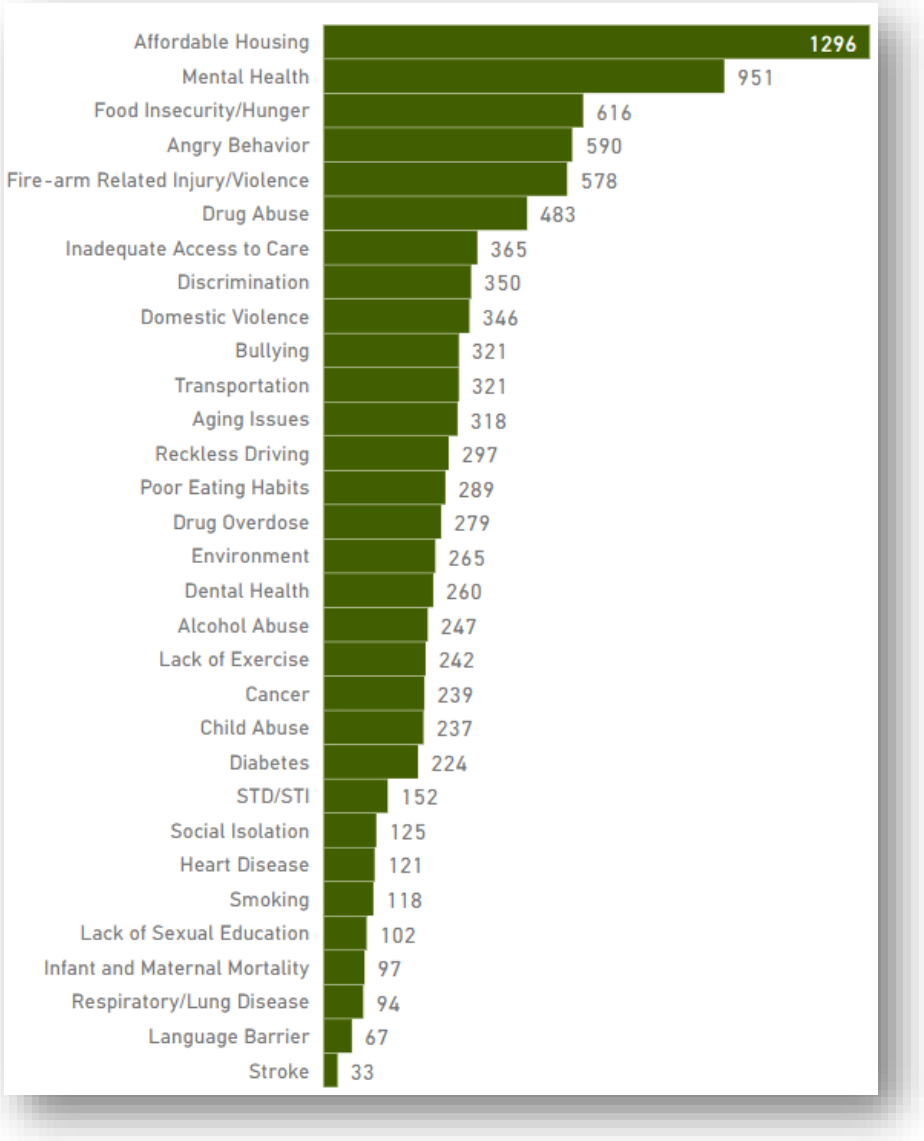


Figure 6

3. **Ranking Question:** Respondents were presented with the following question and given 31 possible topics to choose from.

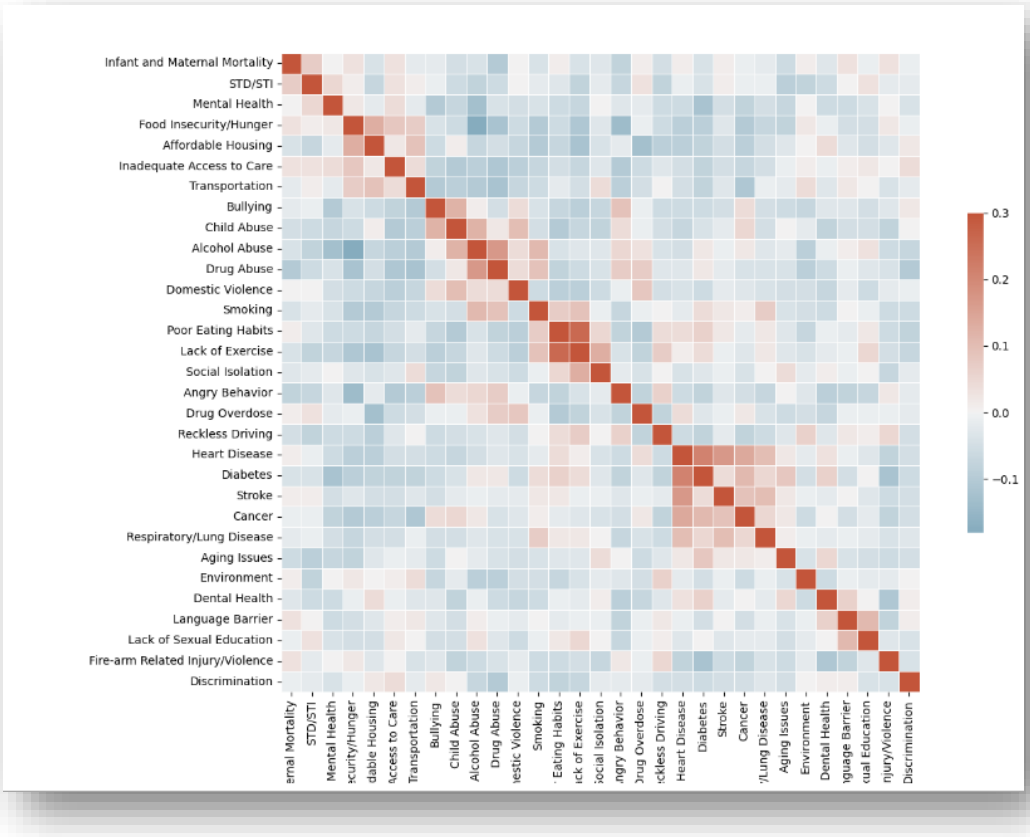
Please identify FIVE (5) important health issues/factors in our community.

Of the 2,110 responses to this question, the topics were selected with the frequencies shown in the following figure. Note that the topics were originally presented to each respondent in alphabetical order, which may have led to a response bias towards the top or very end of the list.



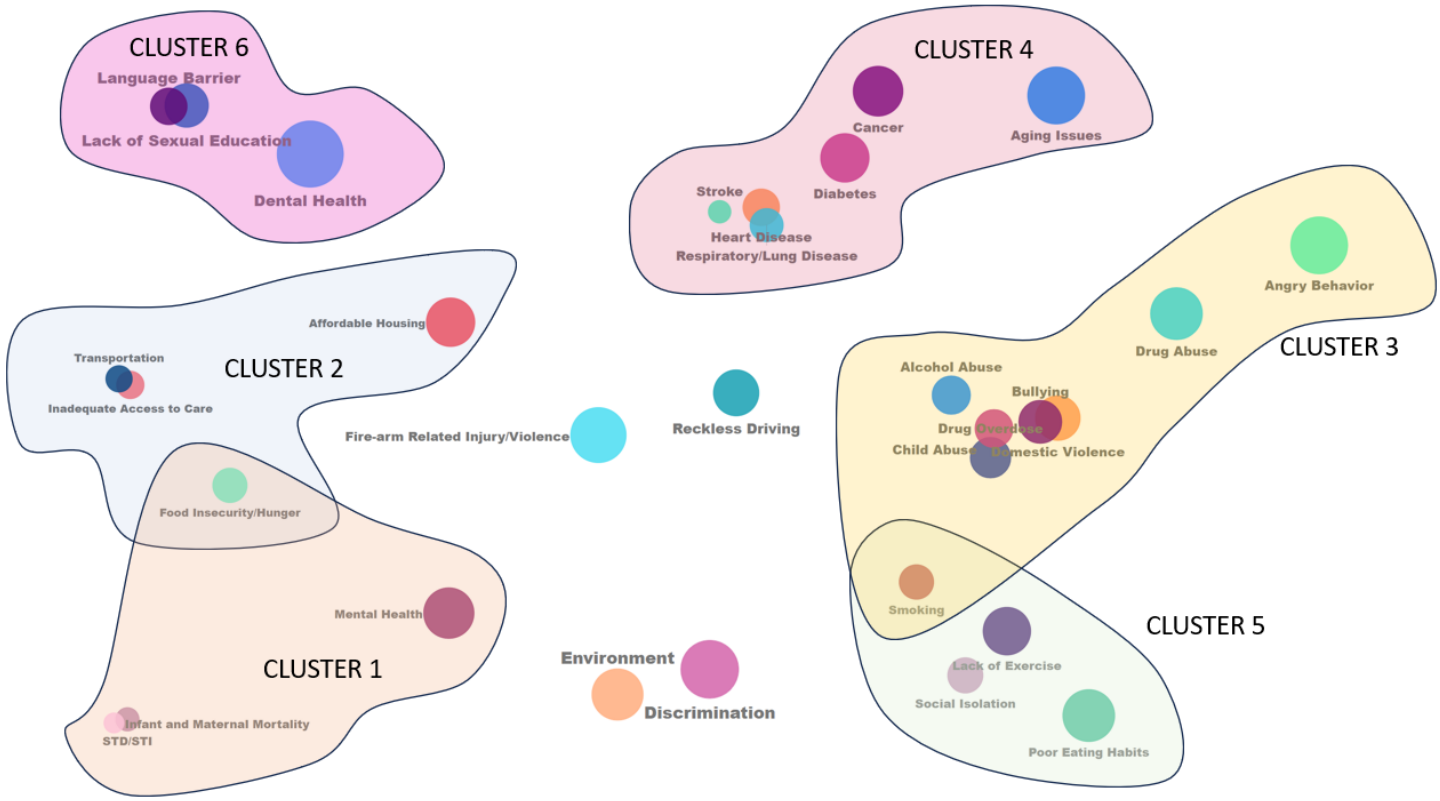
Since respondents could select up to five topics, we can also look at correlated options to find clusters of concern. The following diagram is a correlation plot of the topics, sorted

using a clustering algorithm. Some clear clusters emerge, which indicate that respondents tended to select these topics in tandem.



One possible clustering seen from this data is listed below and depicted in the figure on the following page. These clusters, or other correlations seen in the data, may provide some valuable insights on how to address multiple concerns jointly.

- **Cluster 1:** Infant and Maternal Mortality, STD/STI, Mental Health, *Food Insecurity/Hunger*
- **Cluster 2:** *Food Insecurity/Hunger,* Affordable Housing, Inadequate Access to Care, Transportation
- **Cluster 3:** Bullying, Child Abuse, Alcohol Abuse, Drug Abuse, Domestic Violence, Angry Behavior, Drug Overdose, *Smoking*
- **Cluster 4:** Aging Issues, Respiratory/Lung Disease, Cancer, Stroke, Diabetes, Heart Disease
- **Cluster 5:** Poor Eating Habits, Lack of Exercise, *Smoking*, **Social Isolation**
- **Cluster 6:** Language Barrier, Lack of Sexual Education, **Dental Health**
- Environment, Discrimination, Reckless Driving, and Firearm-related Violence are not part of a cluster


CLUSTER 6
Language Barrier
Lack of Sexual Education
Dental Health
CLUSTER 4
Cancer
Aging Issues
Diabetes
Stroke
Heart Disease
Respiratory/Lung Disease
Angry Behavior
Drug Abuse
CLUSTER 3
Alcohol Abuse
Bullying
Drug Overdose
Child Abuse
Domestic Violence
Affordable Housing
Transportation
CLUSTER 2
Inadequate Access to Care
Fire-arm Related Injury/Violence
Reckless Driving
Food Insecurity/Hunger
Smoking
CLUSTER 5
Lack of Exercise
Social Isolation
Poor Eating Habits
Mental Health
CLUSTER 1
Infant and Maternal Mortality
STD/STI
Environment
Discrimination

4. Free Text Question:

Respondents were asked to respond to the following question:

"How would you improve your neighborhood's health?"

There were 1,282 non-blank responses recorded in the data, of which 1,121 contained a suggestion. The remaining responses were entries like, "I don't know", "yes", or "?". Certain themes tended to recur within these comments, and the most common categories and sub-categories are described below. Several recurring comment themes were not addressed directly by other questions on the survey, notably education, food access, city services such as cleanliness and sidewalks, recreation, and community building.

1. **Public Programs**: 209 comments were related to publicly funded programs.

Sub-category	*Sample Comment*	*# of responses*
Healthcare	"Free health screenings"	60
General	"More help"	54
Homelessness	"More shelters for homeless"	28
Mental Health	"Free mental health therapy"	10
Accessibility	"Stop long wait lists"	8
SNAP/Food Access	"SNAP/EBT at all farmer's markets"	8

2. **Education**: 172 comments were related to education initiatives.

Sub-category	*Sample Comment*	*# of responses*
General	"Education is key"	81
Events/Outreach	"Free health fairs"	19
Health	"Public health education"	16
Nutrition	"Teach people how to eat healthier"	12
School Age	"Start with the child"	11
Parenting	"Focus on educating parents…"	6

3. **Healthcare**: 158 comments were related to healthcare

Sub-category	*Sample Comment*	*# of responses*
Availability/Accessibility	"More health clinics", "More access to Drs"	76
Affordability	"Affordable healthcare"	49
General	"Better health system"	12
Primary Care	"More access to primary care and preventative care"	10

4. **City Services**: 145 comments were related to infrastructure and neighborhood services.

Sub-category	*Sample Comment*	*# of responses*
Cleanliness	"Clean it up, trash, cars, etc."	37
Sidewalks/Crosswalks & Walking Trails	"Cleaner safer sidewalks"	35
Environments	"Less traffic noise", "Better air quality"	25
Roads	"Fix the roads, repave them"	9
Gardens	"More community gardens…"	8
Bike Lanes	"Bike-friendly roads…"	6

5. **Public Safety**: 121 comments were related to public safety

Sub-category	*Sample Comment*	*# of responses*
Traffic Enforcement/General	"Crack down on aggressive drivers"	33
	"Crime reduction so we can safely go outdoor to socialize…"	30
Gun Violence	"End threat of gun violence"	22
Patrols	"More police patrols"	9
Police Hiring	"Continue to increase hiring police…"	9

6. **Recreation**: 117 comments were related to recreation

Sub-category	*Sample Comment*	*# of responses*
Exercise	"Exercise more"	36
Parks	"Beautifying parks and open space…"	29
Rec Centers	"More rec centers with pools"	16
School Age	"More free activities for kids"	9
Walking	"Walking groups"	8

7. **Community**: 126 comments were related to community building

Sub-category	*Sample Comment*	*# of responses*
Events	"Community get-togethers"	43
Community Building	"Build stronger communities"	34
General	"Invest in the community"	13
Volunteering	"Volunteer where needed"	12

8. **Nutrition**: 96 comments were related to food and nutrition

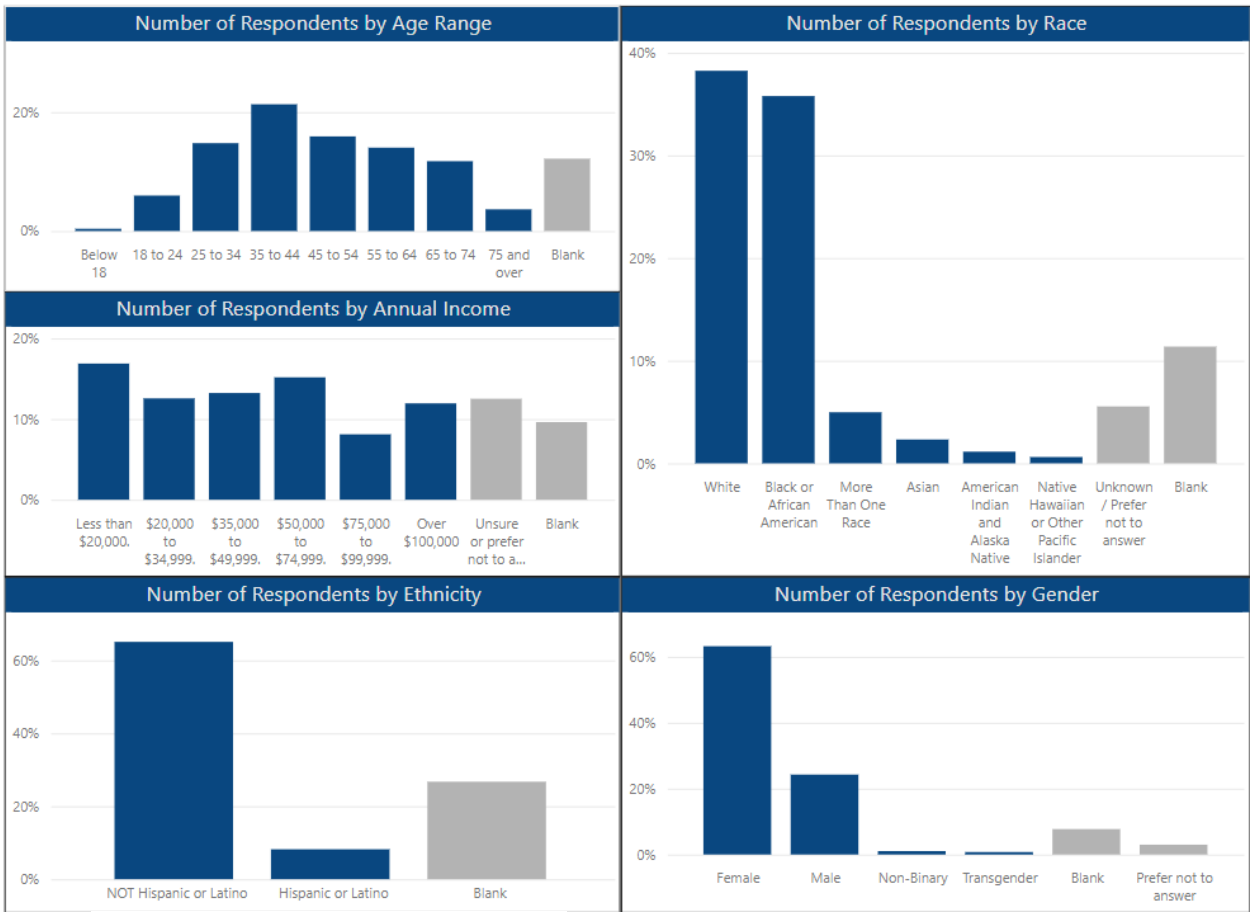
Sub-category	*Sample Comment*	*# of responses*
Grocery	"Easier access to groceries"	33
Accessibility	"More food access"	13
General	"Healthier eating"	12
Food Pantries	"More food pantries"	10
Affordability	"Pay increase, more affordable housing and food prices"	9

9. **Housing**: 97 comments were related to housing

Sub-category	*Sample Comment*	*# of responses*
Affordability	"Affordable housing"	83

5. Demographic Questions:

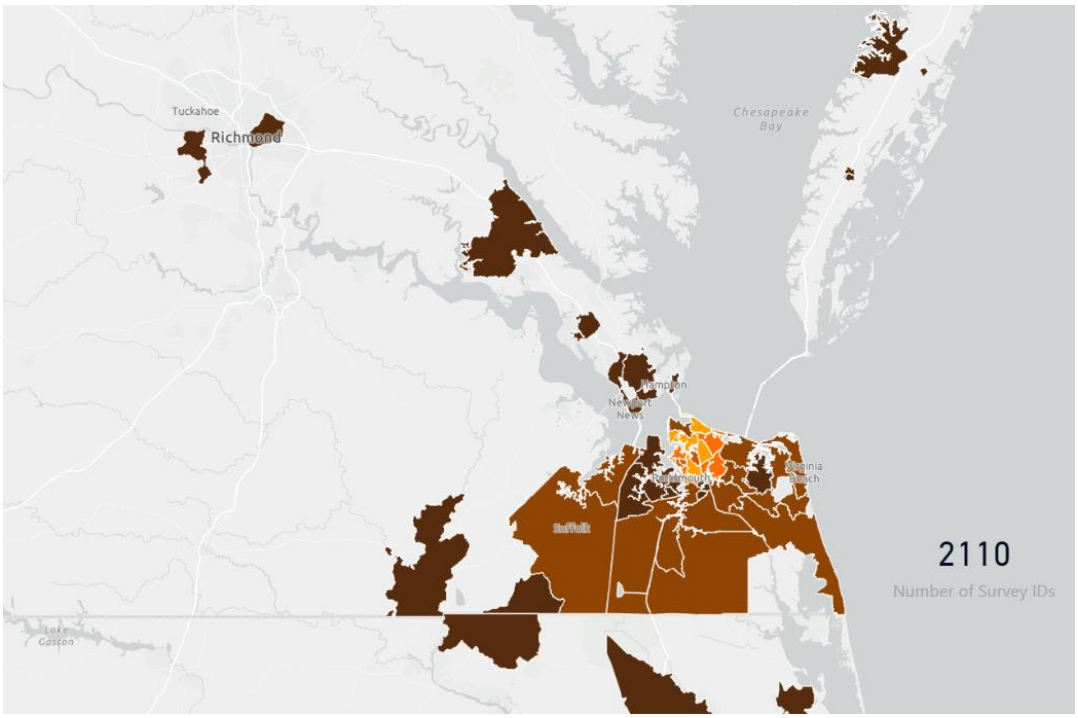
Responses to demographic questions are summarized below. There was a heavy skew of female respondents, with 63%, males at 24%, with about 1% selecting non-binary and transgender options, and the remaining respondents either leaving the selection blank or preferring not to answer.



Highest level of Education/Training	% of Respondents
Bachelor's degree (for example: BA, BS)	19.72%
Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA, MPH)	16.64%
Some college credit	16.11%
High School Diploma	14.17%
Blank	9.95%
Associates degree (for example: AA, AS)	9.86%
GED or alternative credential	3.65%
Professional degree beyond bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	2.46%
Doctorate degree (for example, PhD, EdD)	2.27%
Middle School	1.99%
No schooling completed	1.71%
Other	0.85%
Elementary	0.62%

Preferred Language	% of Respondents
English	88.96%
Blank	6.02%
Spanish	4.31%
French	0.52%
Tagalog	0.09%
German	0.05%
Ukrainian/russian	0.05%

The survey instrument also asked for respondents' ZIP codes to assess geographic reach. Of the responses, 1598 indicated they were in Norfolk, while 295 left this field blank. Others were drawn from throughout the region, represented on the map below (some responses were outside the pictured area).



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