2013-2019

CHA/CHIP Report

City of Portsmouth

This report includes the complete Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) for the City of Portsmouth, which includes extensive data around many indicators of health, as well as goals, objectives, and strategies for improving the health of the population of Portsmouth.

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Healthy Portsmouth Leadership Team
2013-2019
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CHA/CHIP Background—Two Models

2010: ACHIEVE

In February 2010, Portsmouth was selected as an ACHIEVE (Action Communities for Health, Innovation, and EnVironmental changE) community as a result of a successful collaborative grant submitted by the Consortium for Infant and Child Health (CINCH) and a select group of community leaders in Portsmouth, which later became the Healthy Portsmouth Leadership Team. ACHIEVE communities develop and implement population-based strategies that help prevent or manage health risk factors for heart disease, stroke, diabetes, cancer, obesity, and arthritis (Figure 1); these organizations build healthy communities and eliminate health disparities by developing and disseminating tools, models, activities, and strategies for collaborating with a broad cross-section of partners.[1] The grant, awarded by the National Association of Chronic Disease Directors (NACDD) as part of a program funded by the Centers for Disease Control and Prevention (CDC), provided the support needed to launch Healthy Portsmouth, a coalition of community leaders—including representatives from the city of Portsmouth, faith ministries, non-profit organizations, schools, healthcare organizations (including hospitals, behavioral health, and community health), philanthropies, and businesses—committed to promoting change through partnership-building and policy-making for a healthier Portsmouth.

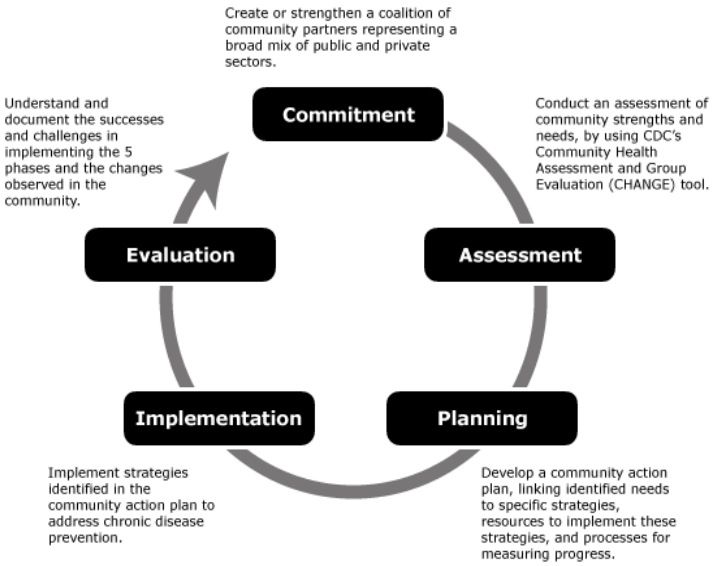

Figure 1: ACHIEVE Model

One of the tools used by ACHIEVE communities is the Community Health Assessment aNd Group Evaluation (CHANGE) tool (Figure 2), which helps coalitions like Healthy Portsmouth develop a Community Action Plan (CAP). This tool walks community team members through an assessment process and helps define and prioritize possible areas of improvement. The purpose of the CHANGE Tool is to (1) identify community strengths and areas for improvement, (2) identify and understand the status of community health needs, (3) define improvement areas to guide the community towards population-based strategies that create a healthier environment, and (4) assist with prioritizing community needs and consider appropriate allocation of available resources.[2] In April through August 2010, Healthy Portsmouth conducted a health needs assessment of organizations in Portsmouth and the community-at-large as its first grant obligation. To address the health priorities identified in this assessment—nutrition, physical activity, and tobacco use—Healthy Portsmouth developed, implemented, and updated a three-year CAP with multiple sources of grant funding amongst the partners.

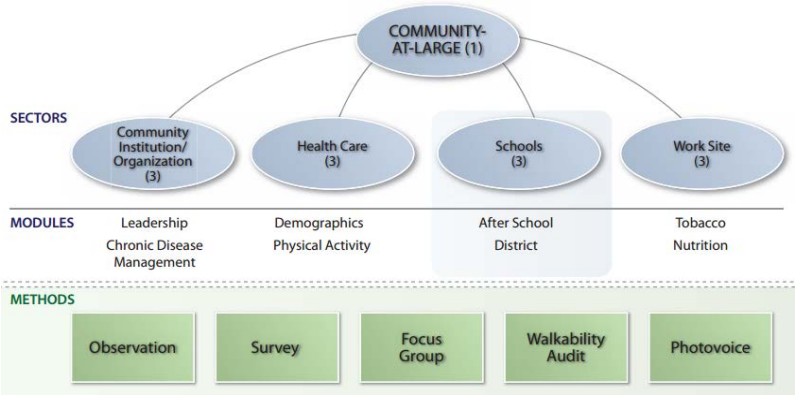

Figure 2: Framework for Completing CHANGE

2011: MAPP

Mobilizing for Action through Planning and Partnerships (MAPP), a tool developed by the National Association of City and County Health Officials (NACCHO), the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA), and the CDC, brings together stakeholders to identify community health issues and take action. The MAPP assessment involves wide-ranging community involvement, calling on agency heads, city government leadership, non-governmental organizations, healthcare providers, advocacy groups and residents to determine ways to improve

[1] http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/communities/achieve/
[2] http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/change.htm

Portsmouth's overall public health system. There are several phases that comprise the MAPP process: partnership development, assessment, identifying priority issues, formulating goals and strategies, and taking action. As shown in Figure 3, the MAPP model uses four assessments: Community Themes and Strengths, Local Public Health System, Community Health Status, and Forces of Change.

In summer 2010, the Portsmouth Health Department (PHD) initiated the process of facilitating a community-wide strategic planning process to identify resources and prioritize issues that the public health system can, and should, address. PHD secured funding and support for MAPP and engaged The Planning Council to conduct a community-wide assessment in July 2010; PHD then hosted a half-day forum in September 2010 at Maryview Medical Center where a broad spectrum of participants gathered and discussed community priorities. Thirty-three participants shared their personal perspectives on what is necessary for Portsmouth to reach its full potential as a healthy community. This group then conducted the four MAPP assessments between September 2010 and May 2011.

Figure 3: MAPP Model

For the Community Themes and Strengths Assessment, key informant interviews, surveys, and focus groups were held to identify the major themes and strengths. For the Local Public Health System Assessment a half-day meeting was held in February 2011 to respond to questions posed in the tool developed by the CDC; participants analyzed and rated Portsmouth's capacity to carry out the essential services throughout the city. For the Community Health Status Assessment, research was conducted that demonstrated social indicators, disease rates and trends amongst the population. Finally, for the Forces of Change Assessment, a brainstorming session was held with community members and providers to name specific forces that affect, or could affect, Portsmouth while threats and opportunities for each were also identified.

After all assessments were completed a meeting in June 2011 of twenty key community stakeholders was held where participants developed goals and action steps around public health issues the team felt were priorities (lack of education around nutrition and exercise, leading to a very high rate of obesity among the population—especially children—and access to health coverage and medical care) in Portsmouth while also naming resources needed to accomplish each one.

Two Models, One Comprehensive Assessment, One Set of Priorities

In September 2013, Healthy Portsmouth was nearing the end of its CAP cycle for ACHIEVE, but before the coalition started a new cycle of initiatives based on the 2010 priorities, the Leadership Team decided that this was a good time to stop, take stock, and re-examine where the team was as a coalition and the direction the team should take to best improve the health of the community. The Leadership Team determined that though both the ACHIEVE and MAPP models created high quality assessments, to determine the direction for the next cycle the team should combine the two models to create a more comprehensive Community Health Assessment (CHA) for Portsmouth. Thus, for this assessment, the team would combine indicators from both models, update all data to include the most recent data available, and discuss as a team what other indicators we would like to see included in this assessment. Furthermore, to ensure this assessment benefitted from as many viewpoints as possible, existing partners, such as the Portsmouth Redevelopment and Housing Authority, were encouraged to contribute data, and new members, such as the Portsmouth Behavioral Health Services, were recruited to represent populations which are at higher risk of having poor health outcomes (e.g. low socioeconomic populations, substance abuse, and mentally ill populations).

From October 2013 through March 2014, PHD staff and three Eastern Virginia Medical School (EVMS) MPH students updated existing data, collected data from a variety of sources on suggested new indicators, gathered data from coalition members, and conducted initial analyses of the data. PHD staff then presented the data to Healthy Portsmouth at the monthly in-person Leadership Team meetings (for a total of five meetings), where coalition members reviewed, discussed,

and analyzed the data as to what it meant for Portsmouth. The data presented were comprehensive, broad-based data, including both quantitative data (such as Heart Disease-Related Death Rates) and qualitative data that delved deeper into the populations' perceptions of health, factors that contribute to higher health risks or poor health outcomes, and attitudes about health promotion and health improvement (from sources such as 2012 Community Assessment for Public Health Emergency Response Survey), as well as primary data (such as the Portsmouth Public Library-Portsmouth Health Department Health Needs Survey) and secondary data (such as Types of Food Stores from the USDA). Where possible, indicators were divided by race to find the existence and extent of health disparities (such as Infant Mortality and Teen Pregnancy). Finally, data also included contributing causes of health changes such as behavior risk factors and socioeconomic factors (see Section II of the CHA). To make all of the indicators easier to digest, the data were divided into three major sections, each with three to 6 sub-sections (adapted from the MAPP model), which were as follows:

I. **Community Information** (*Presented October 2013*)
   a. Demographics
   b. Socioeconomics
   c. Health Resources

II. **Social Determinants of Health** (*Presented November 2013*)
   a. Community Resources
   b. Community Safety
   c. Environmental Health (*Presented January 2014*)
   d. Health Behaviors

III. **Health Status**
   a. Maternal and Child Health
   b. Mortality
   c. Cancer (*Presented February 2014*)
   d. Injury
   e. Infectious Disease
   f. Chronic Disease
   g. Mental Health

Qualitative Data were presented in March 2014

Then, at two more in-person meetings in April and June 2014, the Leadership Team used the CHA data to decide on the top health priorities for Portsmouth. Before the meeting, members used the Identifying Priorities Worksheet developed by the County Health Rankings to sort indicators into four categories: (1) Issues we should focus on, (2) Issues that we should maintain our efforts in, (3) Issues that we can shift focus away from (or issues that another organization is focusing on and doing well), and (4) Issues that need little or no attention from us right now.

At the meeting, participants first defined "health" based on definitions from national and international organizations such the National Institutes of Health and the World Health Organization (WHO)—Healthy Portsmouth ultimately defined health as a "state of physical, mental, and social well-being and not just the lack of disease or illness" (based on the WHO definition). After that, participants brainstormed what a "Healthy Portsmouth" will look like, determining that Portsmouth is "healthy" when there are increases in positive indicators and decreases in negative indicators, we will show this through baseline measures, as provided by the County Health Rankings; when Portsmouth moves out of bottom 5%, and ranks in top half of the County health rankings.

Score	Health Priority Issue
12.87	Physical Inactivity
12.80	Obesity
12.13	Tobacco Use
12.00	Heart Disease
11.47	Diabetes
11.33	Community Safety
11.13	Mental Health
11.00	Cancer
10.33	Teen Pregnancy
10.20	Asthma
9.67	Graduation Rates
9.27	Infant Mortality
9.13	STIs

Figure 4: Prioritization Scores

To decide priorities, participants first reviewed priorities suggested by both County Health Rankings and the Portsmouth community in Portsmouth Public Library/PHD community survey delivered earlier in the year. Then, using the Nominal Group Technique (NGT), each participant named their choices for the top 3 to 5 priorities and gave their justification for their choices; the group then voted on which issues to keep based on the comprehensive list that was generated during NGT, narrowing the list down to the top thirteen health issues. Next, using the Criteria Weighting Method, the group voted on these top thirteen issues using wireless remote technology, scoring each issue based on three criteria of size, seriousness, feasibility

of correcting (giving a score of one to five for each criteria); the scores were then averaged and arranged from highest to lowest to create the Health Priority Issues list, as shown in Figure 4.

These Priority Issues where then discussed and Issues already covered by other community agencies were eliminated, then the remaining issues were combined into five Focus Areas (Physical Activity, Healthy Eating, Tobacco Use, Mental Health Literacy, and Sexual Health Behaviors); the group then used Fist of Five voting to determine top four Health Priorities of (1) Physical Activity, (2) Healthy Eating, (3) Tobacco Use, and (4) Mental Health Literacy, as shown in Figure 5.

From Data to Action: The Community Health Improvement Plan

In August 2014, the Healthy Portsmouth Leadership Team started using the CHA data and Health Priorities discussed to create a set of goals, objectives, and strategies to improve the community's health, using the framework shown in Figure 6. First, the team divided into two groups to discuss goals and objectives for the Priority areas of Physical Activity and Healthy Eating; then in September, the groups discussed goals and objectives for the Priority areas of Tobacco Use and Mental Health Literacy, and finally in October, the groups came back together to discuss, edit, and finalize all goals and objectives in all Priority Areas.

In October and November, the Leadership Team discussed Strategies that Healthy Portsmouth would use around each objective. The final plan was finalized in November and December, and was formally voted on and adopted by Healthy Portsmouth on December 15, 2014.

Figure 6: CHIP Framework

2014-2019

City of Portsmouth Community Health Improvement Plan

Mission

Coalition of community leaders committed to promote change through partnership-building and policy-making for a healthier Portsmouth

Vision

The healthiest place in Hampton Roads to live, learn, play, work and worship.

Healthy Portsmouth Leadership Team

Contributors: David Chang, Triona Gateley, Jessica Mullen, Michelle Winz

Published January 2015

We are so proud to share with you the 2014-2019 Community Health Improvement Plan for the city of Portsmouth. Over the next five years, this comprehensive plan will help us improve the health of the citizens of Portsmouth, where health is a state of physical, mental, and social well-being and not just the lack of disease or illness.

Healthy Portsmouth, Inc is a city-wide health and wellness initiative led by a group of community leaders committed to changing the policies, systems and environments that affect our neighborhoods, schools and workplaces in order to improve the health of citizens in Portsmouth, Virginia. In February 2010, Portsmouth was selected as an ACHIEVE community as a result of a successful collaborative grant submitted by the Consortium for Infant and Child Health (CINCH) and a select group of community leaders in Portsmouth, which later became the Healthy Portsmouth Leadership Team. This grant, awarded by the National Association of Chronic Disease Directors as part of a program funded by the Centers for Disease Control and Prevention (CDC), provided the support needed to launch Healthy Portsmouth under the direction of the leadership team. Since our inception Healthy Portsmouth has garnered over $500,000 in additional grants and in-kind contributions to improve the health of the city. Our major accomplishments include implementing smoke-free housing in all Portsmouth Redevelopment and Housing Authority communities and increasing the number of walkable areas in Portsmouth--including creating additional bike lanes, cross walks and curb cuts. On February 17, 2015, Healthy Portsmouth officially became a 501(c)3.

In October 2013, Healthy Portsmouth launched its third Community Health Assessment (CHA) process. CHA data for over 140 indicators from over 70 sources were presented by the Portsmouth Health Department to the Healthy Portsmouth Leadership team from October 2013 to April 2014. Using these data as our guide, we began the process of formulating the following Community Health Improvement Plan (CHIP). As outlined on the following pages, our CHIP will be our guide through the next five years (2014-2019) to help us achieve our vision of being the healthiest place in Hampton Roads to live, learn, play, work and worship by focusing on the chosen four priority areas of Physical Activity, Healthy Eating, Tobacco Control, and Mental Health Literacy.

Sincerely,

Jessica Mullen

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Focus Area #1: Physical Activity

Background:

Obesity continues to be a significant problem in Portsmouth; in 2010, 37-40% of adults in Portsmouth were obese by self-reported height and weight, which was higher than Virginia (26.4%) and the Healthy People 2020 goal (30.5%) (Figure 1). This has been consistent over time, as shown in the Community Assessment for Public Health Emergency Response (CASPER) survey of 2012, where 37% of households reported being diagnosed as Overweight or Obese (Figure 2), then in the 2013 PPL-PHD Health Needs Survey where 39% of respondents listed obesity as the top health challenge they face, and finally the 2014 Community Health Survey (CHS), 41% of households reported being affected by obesity.

In Portsmouth, 43.7% of adults were physically inactive, which was significantly higher than all other Hampton Roads cities and Virginia (25%) (Figure 4). In the 2014 CHS, 40% of households reported 4 days or less of physical activity in the past 2 weeks. The 2012 CASPER Survey may give some insight into why the percentage is higher than the region, as 38% of households reported not doing regular physical activity because they do not want to, though in the 2014 CHS, 17% of households reported no time.

According to the 2012 CASPER survey, 53% of households reported being diagnosed with Heart Disease (Figure 3). Although Portsmouth had the second highest rate of heart disease-related deaths as of 2011, there has been a 26% decrease since 2000 (Figure 5).

Goal	Promote active communities and increase access to safe physical activity			
Objectives	Increase physical activity among adults from 56.3% to 60% by 2019.	Increase the number of children participating in physical activity opportunities by 2019.	Decrease the percent of obese adults in Portsmouth by 1% by 2019.	Decrease the percentage of school-aged children who are in the BMI overweight or obese categories by 1% by 2019.
Strategies	Collaborate with community partners to market physical activity events by December 2015	Establish baseline data using enrollment numbers/attendance records from the YMCA and Parks and Recreation activities by June 2015	Explore using targeted messaging in Portsmouth, i.e. research venues for and content of messages, by 2015	Focus energies on after-school programming
	Increase awareness of pedestrian connectivity through educational campaigns by December 2015	Institute an annual Day of Play with community partners in Portsmouth, starting in 2015		*Activity 1: Engage PRHA on strategies such as supervised free play*
	Facilitate and promote physical activity "meet-ups" by 2015	Facilitate and promote youth physical activity "play-dates" by 2015		*Activity 2: Engage communities to do Days of Play*
	Establish joint use agreements with public and private schools by 2016	Create opportunities for children to walk to school, e.g. instituting a walking school bus, by 2016		*Activity 3: Engage school board for best practices*
		Work with PRHA to dedicate 3 spaces for physical activities (playground equipment, etc.) by 2019		
Lead Partner	*Portsmouth Department of Parks, Recreation, and Leisure Services*	*Portsmouth Department of Planning*	*Virginia Cooperative Extension – City of Portsmouth Office*	*Virginia Cooperative Extension – City of Portsmouth Office*

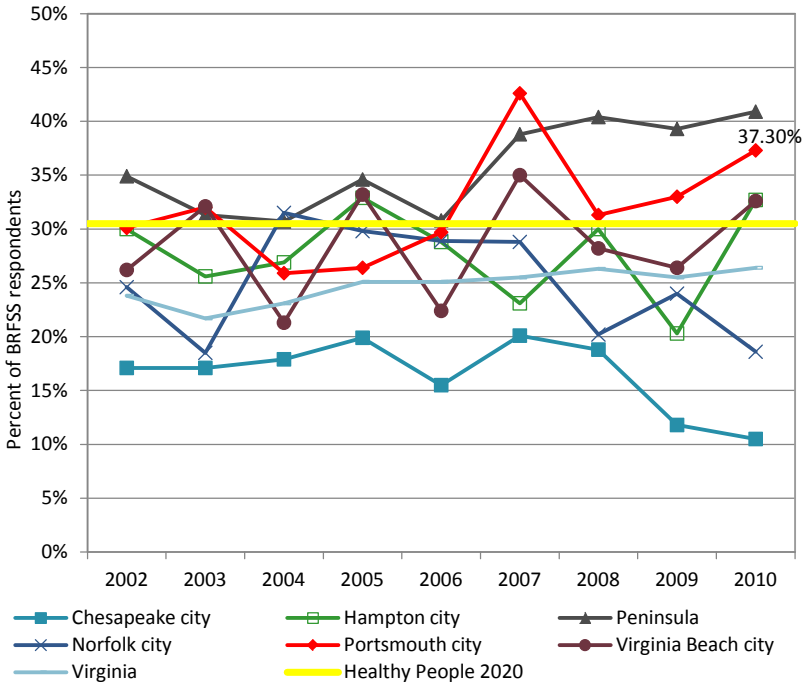


Figure 1: Adult Obesity, Hampton Roads and Virginia, 2002-2010

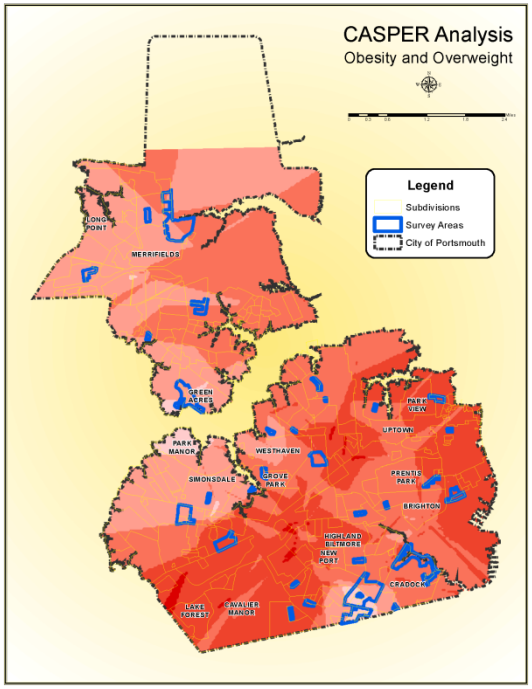


Figure 2: CASPER Analysis, Obesity, Portsmouth, 2012

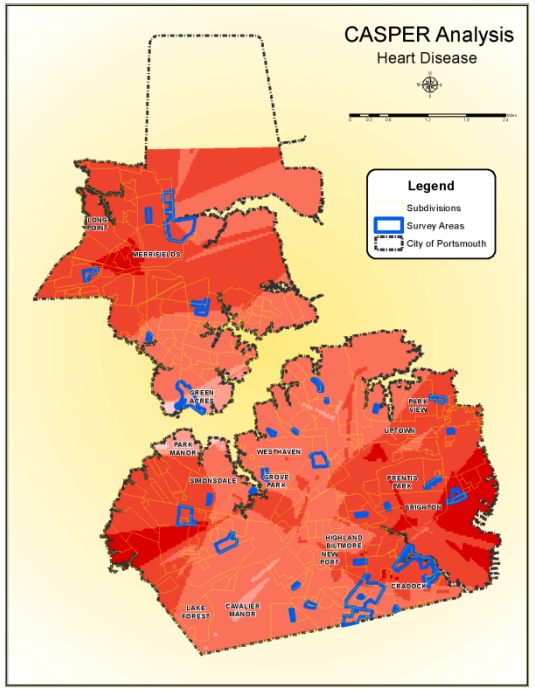


Figure 3: CASPER Analysis, Heart Disease, Portsmouth, 2012

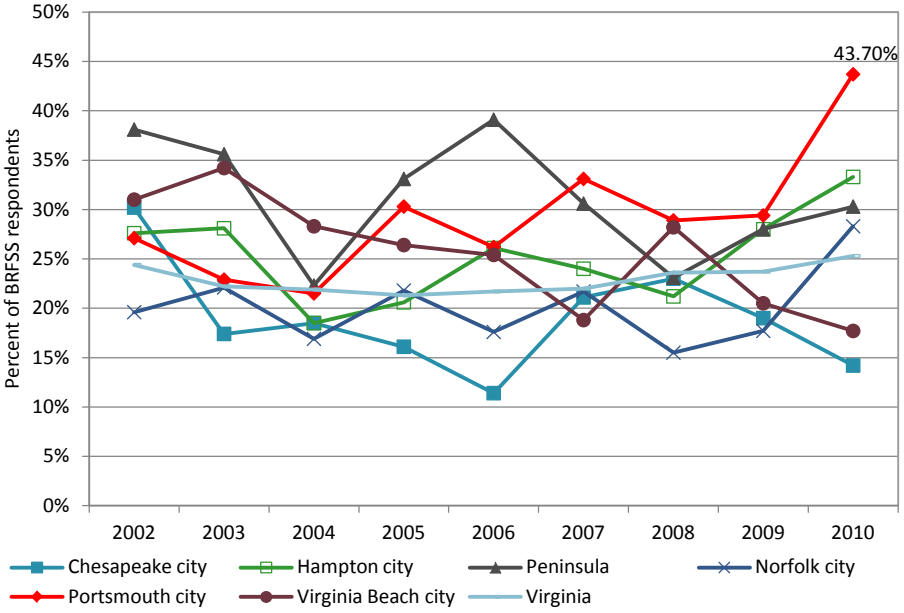


Figure 4: Physical Inactivity, Hampton Roads and Virginia, 2002-2010

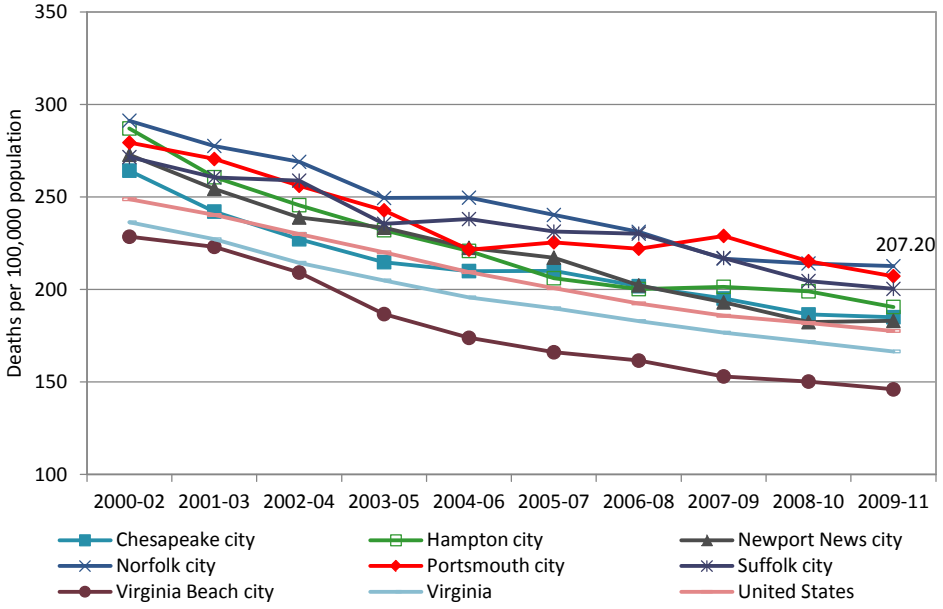


Figure 5: Diseases of the Heart Mortality Rates, Hampton Roads, Virginia, and the U.S., 2000-2011

Focus Area #2: Healthy Eating

Background:
In addition to obesity, diabetes also continues to be a significant health issue in Portsmouth. With 10.1%, Portsmouth had a lower percentage of self-reported diabetes than much of the region in 2010; however, according to the CASPER survey, 26% of households in Portsmouth reported having someone diagnosed with diabetes (Figure 6); furthermore, in the 2014 CHS, 20% of Portsmouth households reported being affected by diabetes, with an additional 18% reporting someone being diagnosed with pre-diabetes and 7% reporting someone being diagnosed with diabetes only during pregnancy, indicating the burden of disease may be greater than represented by the Virginia BRFSS. Diabetes related hospitalizations are also consistently highest in Portsmouth from 2000 to 2011 (Figure 7). Portsmouth also has the second highest rate of hypertension (high blood pressure) hospital discharges among the Hampton Roads cities from 2000 to 2011, which is supported by the 2014 CHS where 43% of households were affected by high blood pressure.
Furthermore, according to the new USDA food desert measure, which includes low-income areas where a significant amount of residents live more than half a mile away from the nearest supermarket, there are 12 census tracts that qualify as food deserts, which is 38.7% of the 31 census tracts in Portsmouth (Figure 8). Portsmouth has the highest number of convenience stores among all Hampton Roads cities, the lowest percentage of full service restaurants (26.67%), and approximately the same percentage of fast food restaurants (35%) and grocery stores (7%). The 73 fast food restaurants make up the majority of food stores in Portsmouth (Figure 9). Finally, according to the 2014 CHS, in the past week, only 39% of households reported eating fruit every day, less than half of households surveyed reported eating at least one serving of vegetables every day, and 34% of households reported drinking at least one sugary drink every day.

Goal	Promote healthy eating and increase access to healthy foods and beverages		
Objectives	Enhance the promotion of heart healthy menu options in 100 venues, e.g. faith-based organizations, convenience stores, restaurants, by 2019.	Increase the percentage of households in Portsmouth that reported eating fruits and vegetables at least 5 days in the past week by 2019.	Implement 10 initiatives to increase availability of fresh fruit and vegetables within 50% of food deserts by 2019.
Strategies	Research healthy food service guidelines (e.g. American Heart Association) by January 2015	Establish community partnerships with 5 food markets/organizations, e.g. churches, to offer education, e.g. food stations in stores to teach food preparation and grocery store tours, by 2017	Identify barriers for access to healthy foods by September 2015
	Activity 1: Utilize resources such as the Healthy Food and Beverage worksites toolkit by January 31, 2015		Research best practices for promoting access to healthier foods by September 2015
	Assess food service options at select worksites, hospitals and/or public institutions and prioritize sites for intervention by (September 30, 2015)		Implement best practices, e.g. healthy check-outs or fruitful Fridays, for businesses to market healthier foods in 5 food markets/organizations by December 2018
	Bring education to 25 faith-based organizations on food preparation and nutrition by December 31, 2019		
	Activity 1: Utilize resources from partners such as VA COOP and AHA to make connections with churches		
	Bring education to 25 community organizations on food preparation and nutrition by December 31, 2019		
	Engage 25 sites to adopt policy and systems change toward healthy meeting food guidelines by December 31, 2019		
Lead Partner	*American Heart Association*	*Portsmouth Health Department*	*Virginia Cooperative Extension – City of Portsmouth Office*

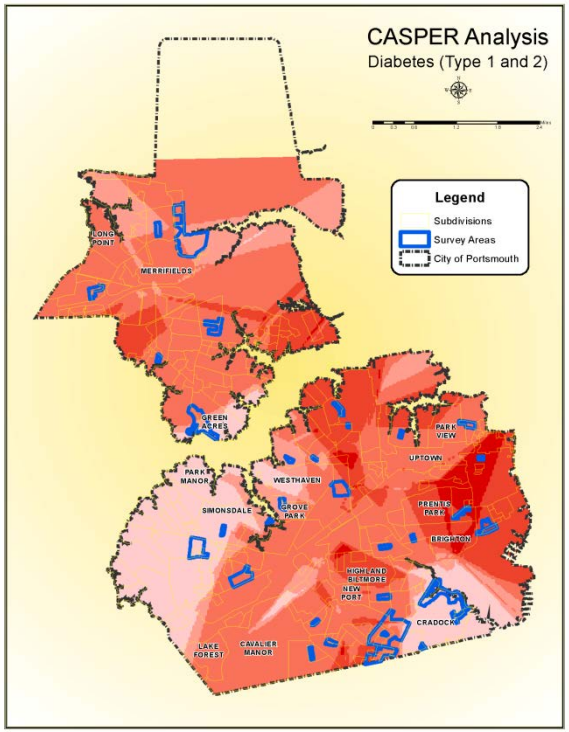


Figure 6: CASPER Analysis, Diabetes, Portsmouth, 2012

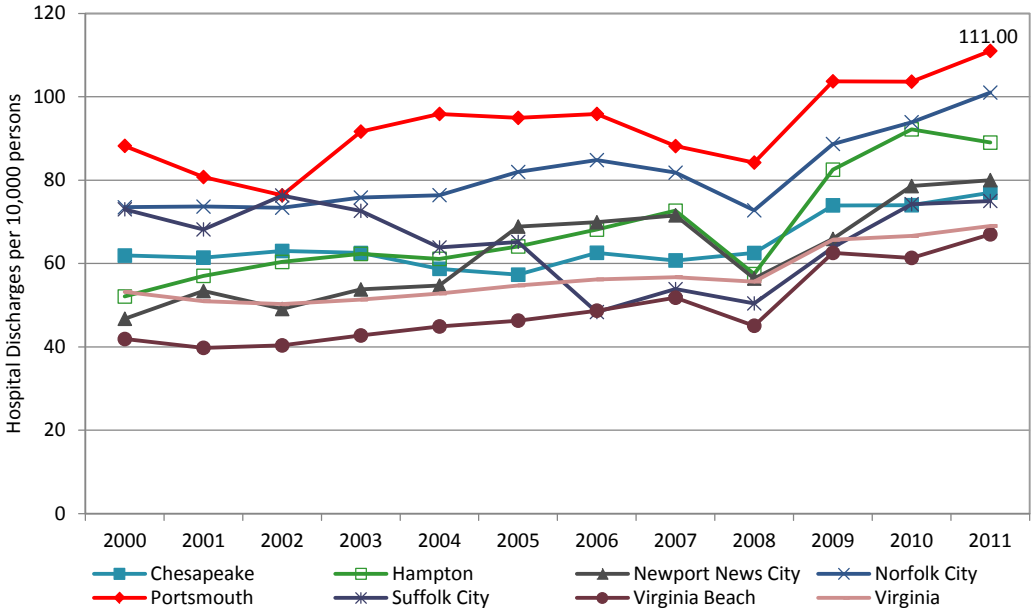


Figure 7: Diabetes Hospitalizations, Hampton Roads and Virginia, 2000-2011

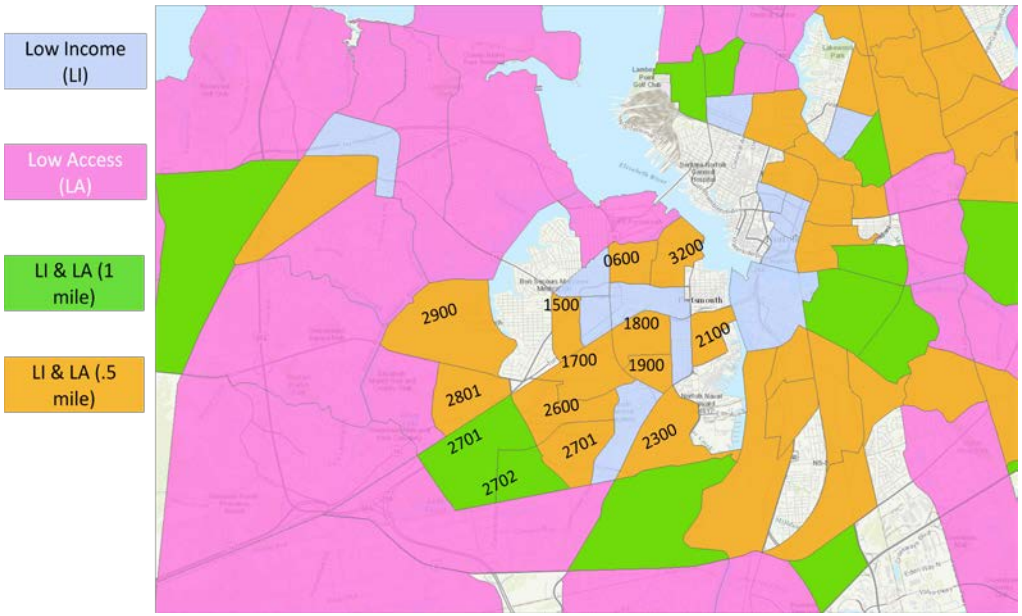


Figure 8: Food Deserts, Portsmouth, 2010

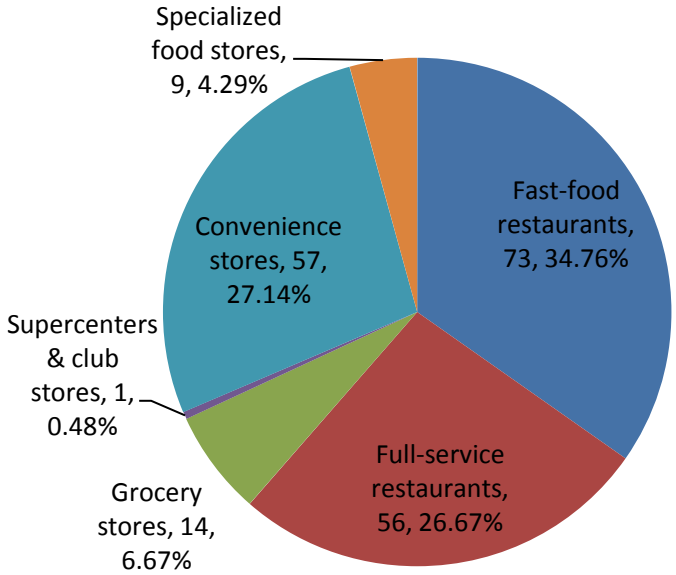


Figure 9: Food Stores by Type, Portsmouth, 2009

Focus Area #3: Tobacco Use

Background:
With a $.60 local tax, the tax on cigarettes in Portsmouth totals $0.90, which is higher than Chesapeake and Suffolk, but lower than the rest of the cities in the Hampton Roads region. However, 23% of Portsmouth adults reported smoking in 2008-2010 (Figure 10), which was above the Healthy People 2020 goal of 12% and though there has been a decrease since 2002, the percentage is still higher than most other cities in the region. According to the 2014 CHS, 24% of households reported someone smoking cigarettes every day or some days and 3% reported someone smoking Electronic cigarettes. Furthermore, 12% of households reported someone smoking in the home, 20% reported someone smoking in the car, and 17% reported smelling tobacco smoke from a neighboring home.

Portsmouth has the highest percentage of self reported asthma (12.4%) among Virginia and the cities in Hampton Roads. Furthermore, Portsmouth has the second highest rate of asthma hospitalizations in the region (104 per 100,000) (Figure 11). There is a significant amount of cancer in the Hampton Roads region, and in Portsmouth there is a range of 489.7 to 522.5 cases per 100,000 people. This is consistent with how Portsmouth residents perceive health in their community – according to the CASPER survey, 11% of households in Portsmouth reported being diagnosed with cancer in 2013 (Figure 12); this was echoed by the 2014 CHS, where 13% of households reported being affected by cancer and 13% were affected by COPD. Portsmouth has the highest total cancer mortality rate among all Hampton Roads cities and Virginia. According to the American Cancer Society, lung cancer accounts for 14% of all new cancer cases; in 2006-2010, the incidence of lung cancer in Portsmouth ranges from 84-98 cases per 100,000 people. Portsmouth also has the highest mortality rate among all of Hampton Roads cities and Virginia, but there has been a decrease (Figure 13).

Goal	Promote a tobacco-free community and reduce youth access to tobacco						
Objectives	Collaborate with schools to bring tobacco policies to A-level (i.e. comprehensive/ best practice) standards district-wide by 2019.	Decrease the percentage of teens accessing tobacco products illegally by x% by 2019.	Increase by 20 the number of private business/ organizations who have gone "tobacco/vape free" by 2019.	By 2019, increase by 10 the availability of tobacco/ vape free apartment complex rental units in Portsmouth.	Increase by 10 the number of city properties in Portsmouth that are considered to have a "tobacco/vape free campuses," i.e. indoor and outdoor smoke-free, by 2019.	Implement a tobacco pricing strategy to increase the city tobacco product tax to $1.50, including e-cigarettes and smokeless tobacco, by 2019.	Increase collaborations among local, state, and national partners (to include 5 additional partners) to identify best practices and unify the community tobacco message by 2019.
Strategies	Open discussions with the acting superintendent, then the school board by 2015 Explore interest in prevention and/or cessation opportunities for students by December 2015 Work with TCC to become a tobacco-free campus by December 2019	Increase merchant training to at least 24 per year—target curriculum to persons ages 18 and over purchasing tobacco products for persons under 18 *Activity 1: Promote the use of ID scanning in convenience stores*	Utilize currently tobacco free businesses to create a business case for going smoke-free for non-tobacco/vape free businesses by June 2017		Collaborate with other cities for legislation to have city properties go tobacco/vape free by December 2019		By 2019, implement an education/marketing/social media campaign in collaboration with community partners *Activity 1: Develop message*
Lead Partner	*Consortium for Infant and Child Health (CINCH)*	*Portsmouth Department of Behavioral Healthcare Services*	*American Cancer Society (ACS)*	*Portsmouth Redevelopment and Housing Authority (PRHA)*	*City of Portsmouth*	*Consortium for Infant and Child Health (CINCH)*	*American Cancer Society (ACS)*

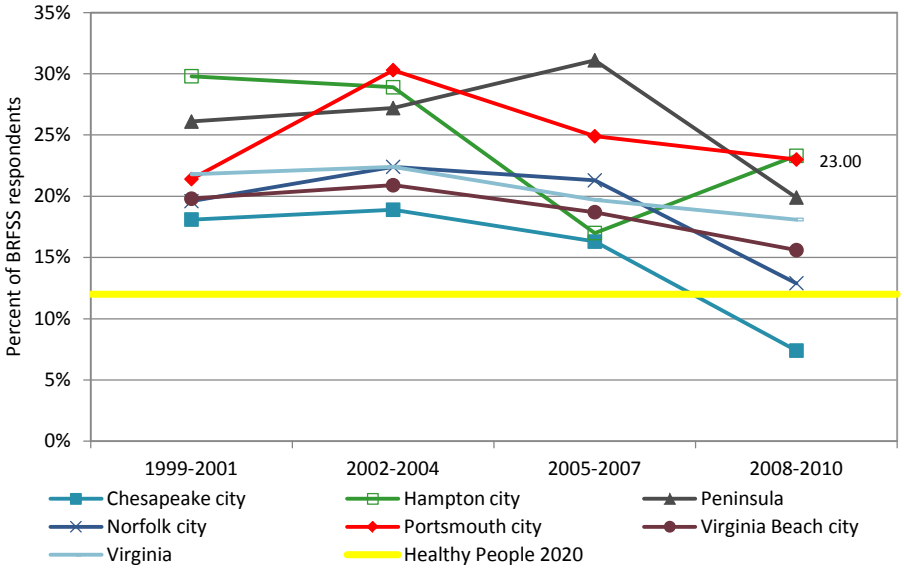


Figure 10: Current Adults Smokers, Hampton Roads and Virginia, 1999-2010

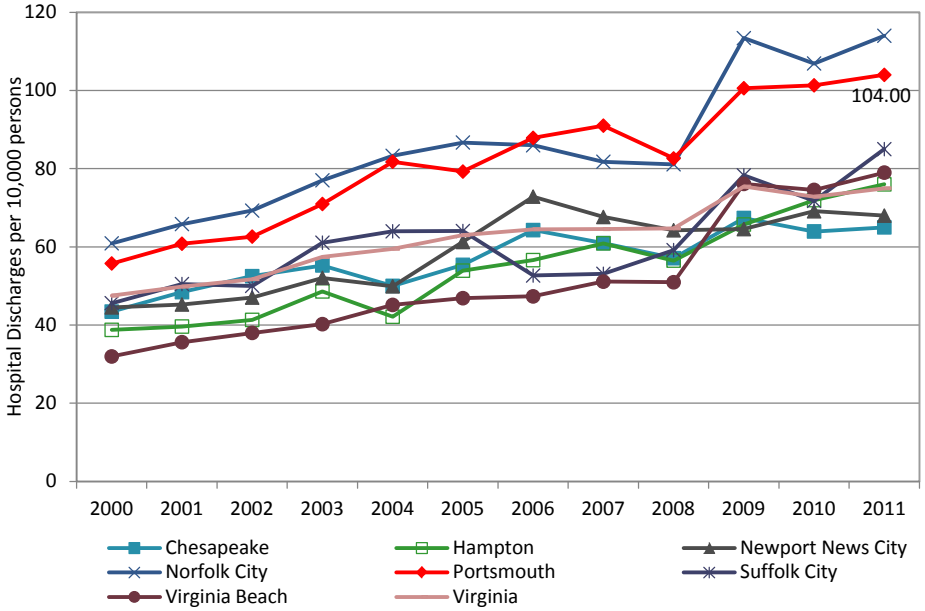


Figure 11: Asthma Hospitalizations, Hampton Roads and Virginia, 2000-2011

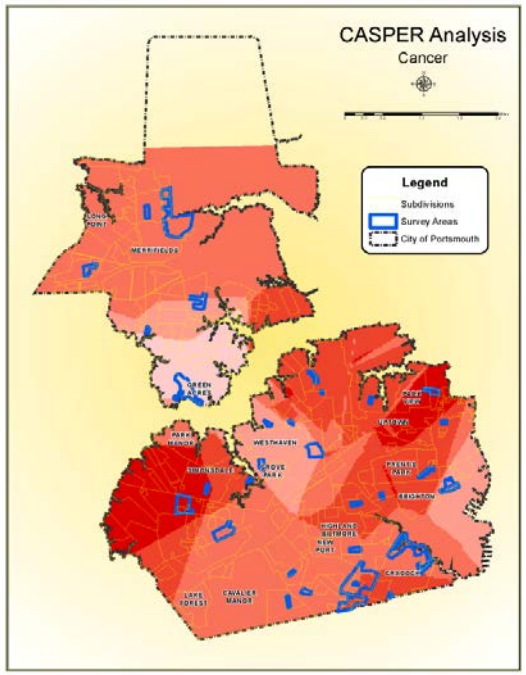


Figure 12: CASPER Analysis, Cancer, Portsmouth, 2012

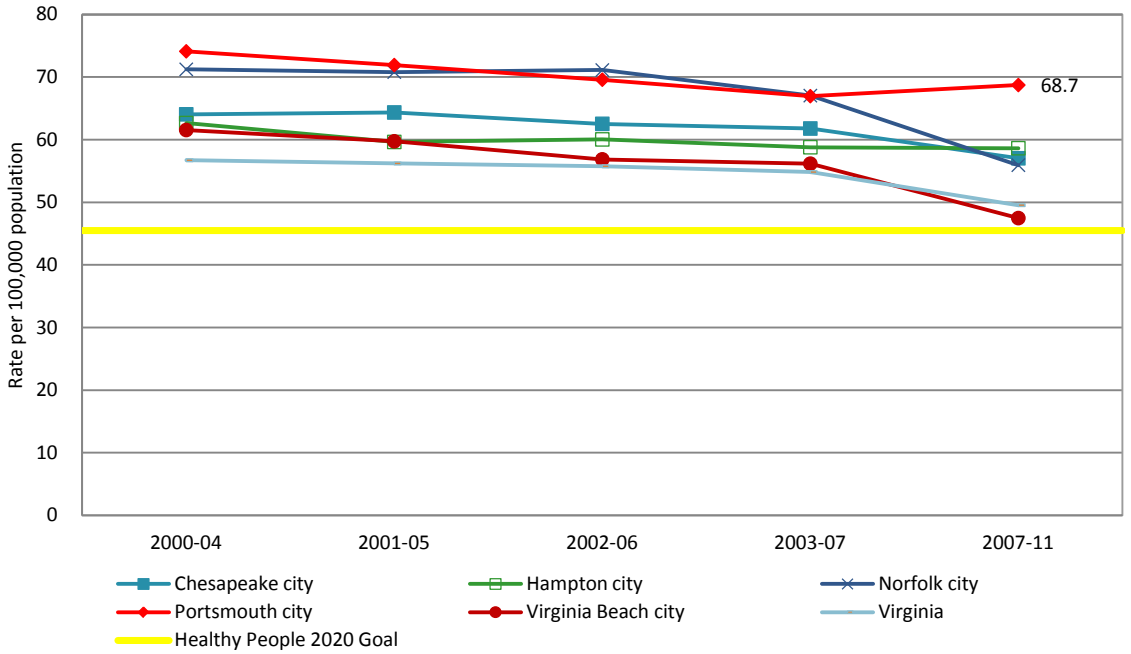


Figure 13: Lung Cancer Mortality, Hampton Roads and Virginia, 2000-2011

Focus Area #4: Mental Health Literacy

Background:
Portsmouth experiences nearly twice number of poor mental health days per month (4.4) compared to the National Mental Health Benchmark of 2.3 days (Figure 14) and ranks the highest in the region for poor mental and physical health days. However, according to CASPER, only 13% of Portsmouth households have reported needing mental health services (Figure 15), and according to the 2014 CHS, 15% of households reported someone taking medicine or receiving treatment for mental health conditions. Furthermore, 85% of respondents to the PPL-PHD Health Needs Survey reported "Good" to "Excellent" overall health, but only 58% of households in the 2014 CHS reported Good to Excellent health. Finally, 34% of households surveyed in the 2014 CHS reported little to no knowledge about mental health and 58% reported little to no knowledge about mental health resources in Portsmouth.
While local level mental health data are hard to find, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), only 38.6% Virginia's youth aged 12 to 17 who experienced a major depressive episode received treatment for depression (Figure 16). More generally, among persons aged 18 and over with any mental illness in Virginia over half (52.7%) did not receive treatment and only 47.3% did receive treatment (Figure 17).

Goal	Reduce stigma and increase mental health awareness	
Objectives	By 2019, reduce stigma and increase understanding about mental health challenges among the Portsmouth population by 5%.	By 2019, increase knowledge about the availability of mental health resources among the Portsmouth population by 5%.
Strategies	Use the Community Health Survey to collect data and establish a baseline on population understanding of mental health by January 2015	Use the Community Health Survey to collect data and establish a baseline on population knowledge about the availability of mental health resources in Portsmouth by January 2015
	Implement an education/marketing/social media campaign on mental health challenges by December 2016	Create an inventory of mental health resources by December 2015
	Activity 1: Identify and utilize national and state-wide advocacy resources/campaigns (NAMI, etc) related to stigma reduction	*Activity 1: Collect Portsmouth data*
	Activity 2: Enhance individual partner websites, increase social media collaboration among partners, and use other techniques such as creating a twitter feed/hashtags to create hubs of information that only those who have heard or seen information from the campaign know where to go, then measure traffic to these sites to track success	*Activity 2: Collect Hampton Roads data*
	By 2017, collaborate to increase the number Mental Health First Aid trainings among the general population by at least 25% per year (Baseline: 3 trainings per year)	*Activity 3: Perform gap analysis*
	Activity 1: Use monthly measured indicators from these trainings, such as how many people attended and results from pre and post course evaluations, to measure impact of the trainings	Implement an education/marketing/social media campaign on mental health resources by December 2017
	By 2018, increase the number of Mental Health First Aid trainings among professionals (public safety, higher education, etc) to three per year to establish knowledge of basic mental health challenges among professionals	*Activity 1: Measure success through the amount of brochures requested and sent out by partner agencies*
	Activity 1: Collaborate to offer a Mental Health First Aid class at least three times per year through 2019	*Activity 2: Enhance individual partner websites, increase social media collaboration among partners, and use other techniques such as creating a twitter feed/hashtags to create hubs of information that only those who have heard or seen information from the campaign know where to go, then measure traffic to these sites to track success*
	Activity 2: Identify organizations with need for specific trainings	Use the Community Health Survey to re-assess the general populations' knowledge about the availability of mental health resources by 2018
	Use the Community Health Survey to re-assess the general populations' awareness of mental health by 2018	
Lead Partner	*Portsmouth Department of Behavioral Healthcare Services*	*Portsmouth Department of Behavioral Healthcare Services*

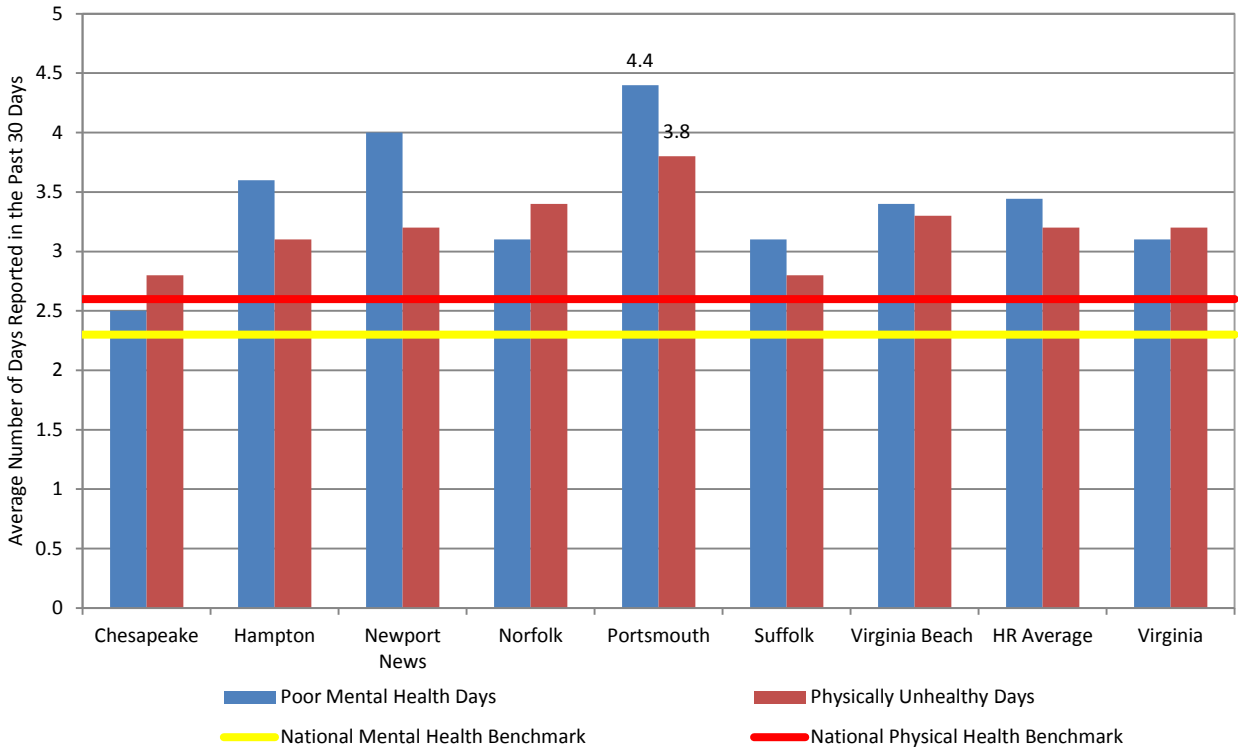


Figure 14: Poor Mental/Physical Health Days, Hampton Roads and Virginia, 2013

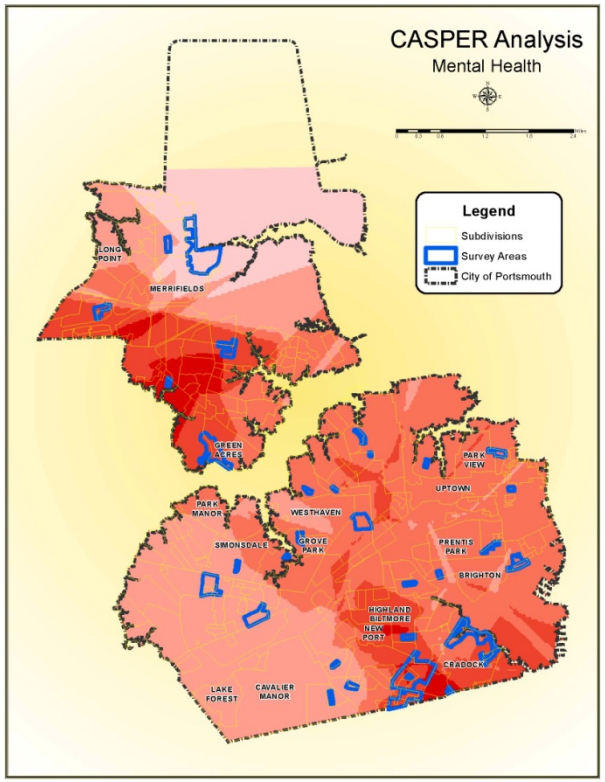
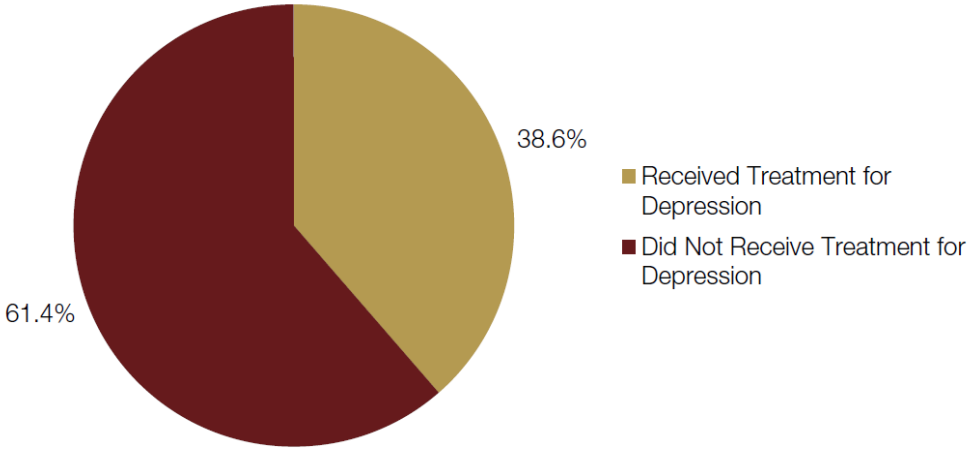


Figure 15: CASPER Analysis, Mental Health, Portsmouth, 2012



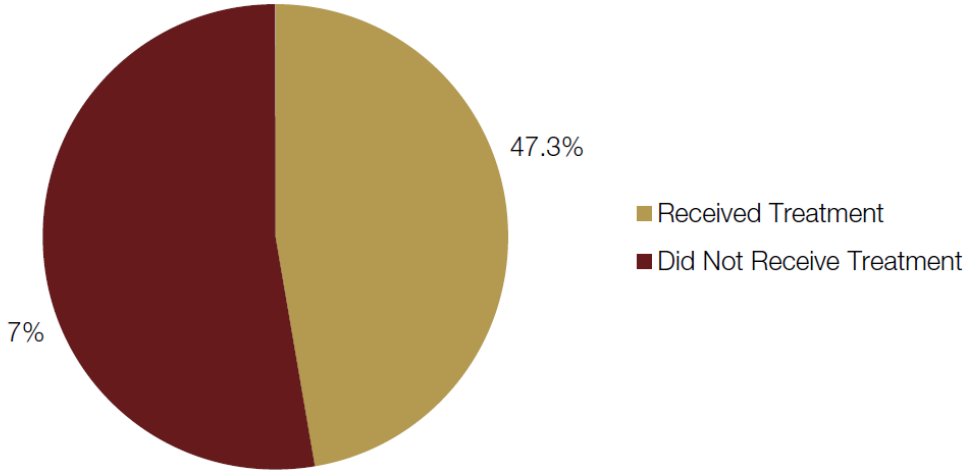


Figure 17: Mental Health Treatment, Virginia, 2008-2012

Healthy Portsmouth Leadership Team

City of Portsmouth Community Health Assessment

Summary of Findings

Contributors: Karis Childs, Triona Gateley, DaShaunda Hilliard, Michelle Winz

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2013-2014

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Health Department
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Chair

Brannon Godfrey
Vice-Chair

Shae Pepper
Secretary/Treasurer

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Dear Community Stakeholder:

We are excited to share with you the 2013-2014 City of Portsmouth Community Health Assessment Summary of Findings report, which contains the data and analysis from our comprehensive Community Health Assessment (CHA). Together with the Healthy Portsmouth Leadership team, which is comprised of 14 major community partners, we have created a valuable tool that our community can use over the next three to five years to inform, monitor, and ultimately improve the public's health.

In October 2013, Healthy Portsmouth launched its third CHA process; this assessment utilized indicators from both the ACHIEVE (Action Communities for Health, Innovation, and Environmental Change) and MAPP (Mobilizing Action through Planning and Partnerships) tools, thus combining previous efforts into a more comprehensive and practical CHA. To achieve broad input and engagement, the CHA data was presented by Portsmouth Health Department staff to the Healthy Portsmouth Leadership team at a series of meetings from October 2013 to April 2014. Then, together all partners analyzed the data and worked to identify our local health priorities.

As the population in Portsmouth changes, new challenges will arise in achieving and maintaining health. In many ways, Portsmouth has already made substantial improvements in community health through programs, campaigns, policies, partnership and coalition work. In spite of the many successes, health issues such as obesity, physical inactivity, tobacco use, and mental health literacy continue to affect the quality of health and quality of life in our community. Portsmouth Health Department and Healthy Portsmouth cannot impact these areas without the support of the entire community. On behalf of the Healthy Portsmouth and Portsmouth Health Department teams, we ask that you join us in improving the health of our community. We believe that, together, we can make Portsmouth the healthiest city in Hampton Roads.

Sincerely,

David Chang, MD
Director, Portsmouth Health Department

Jessica Mullen, CHES, MPA
Chair, Healthy Portsmouth, Inc.

Table of Contents

Section I – Community Information

Demographics

Population Count and Growth

As shown in Figure 1, the population of the city of Portsmouth decreased 8% between 1990 and 2010, but then increased by 2% to 97,450 people in 2012. In comparing Portsmouth's population growth to the major cities in the Hampton Roads region, Figure 2 shows that the populations of most cities, with the exception of Portsmouth and Hampton, increased between 2000 and 2010 with Suffolk city (32.8%) and Chesapeake city (11.6%) experiencing the highest percentage growth; only Suffolk experienced higher growth than Virginia (13%).

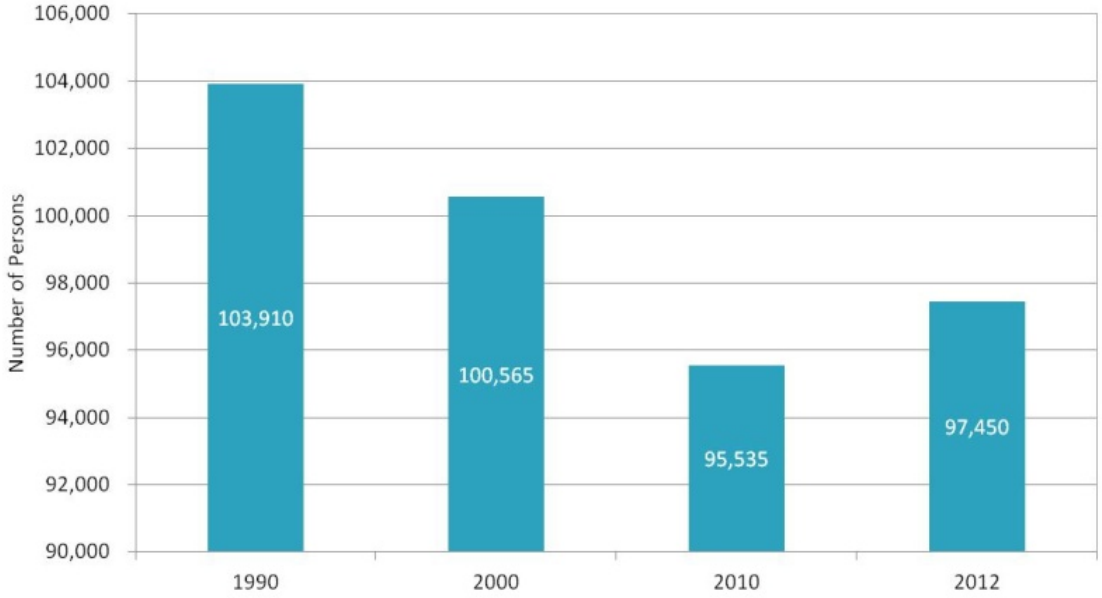


Figure 1: Population Count, Portsmouth city, 1990-2012
Source: UVA Weldon Cooper Center for Public Service

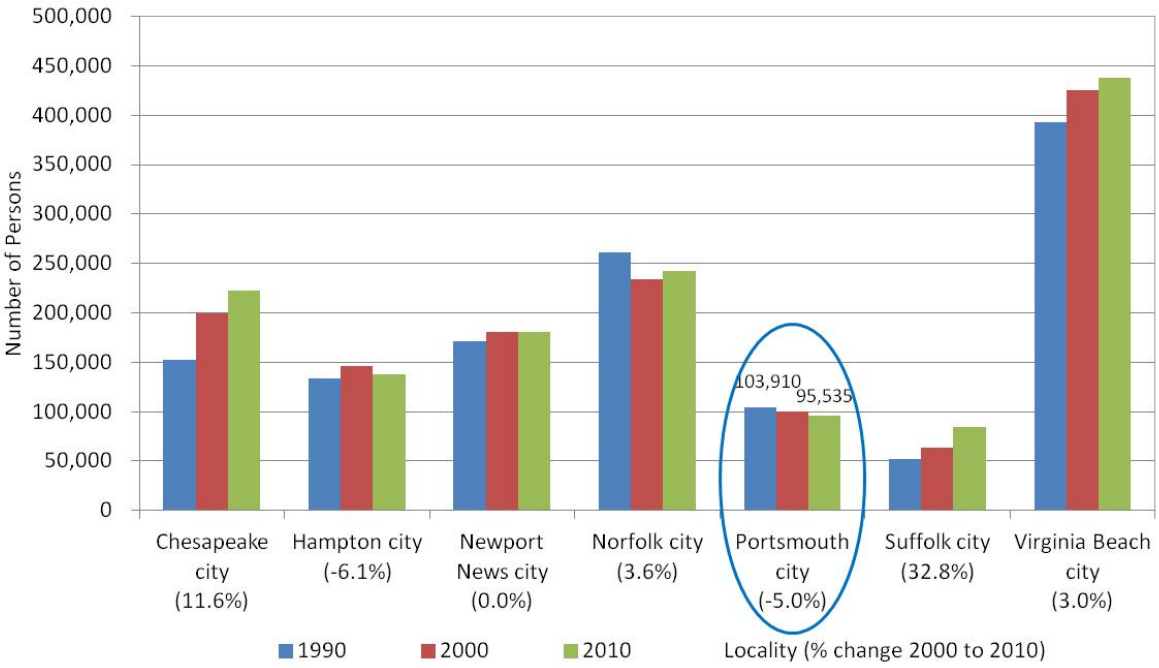


Figure 2: Population Growth, Hampton Roads Region, 1990-2010
Source: U.S. Census Bureau

Age and Sex Distribution of the Population

Figure 3 shows the age and sex distribution of the population in Portsmouth and Virginia in 2012. The largest age groups in Portsmouth are between 20 and 34 years old, though we are starting to see an increase in the under 5 age group. The ratio of male to female residents in Portsmouth is largely similar to Virginia – there are slightly more males under age 19, and then beginning in adulthood, there is an increasingly greater proportion of females.

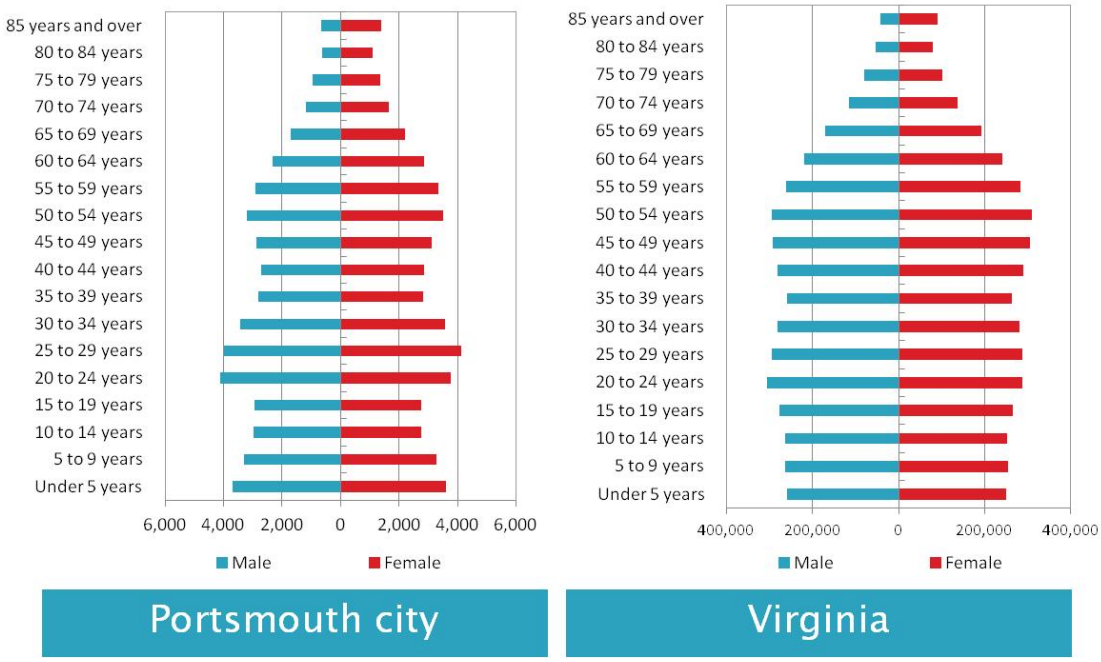


Figure 3: Population by Age and Gender, Portsmouth city and Virginia, 2012
Source: U.S. Census Bureau

Population by Race & Ethnicity

The population of Portsmouth by race is shown in Figure 4 – in 2012, the percentage of white residents in Portsmouth (42%) was lower than Virginia (71%) and the percentage of black residents (54%) was higher than Virginia (20%). Furthermore, the percentage of Hispanic persons residing in Portsmouth and other cities in the Hampton Roads region has significantly increased between 2000 and 2012, as shown in Figure 5. However, the percentage increase in Portsmouth Hispanic population (85%) was lower than in Virginia overall (109%).

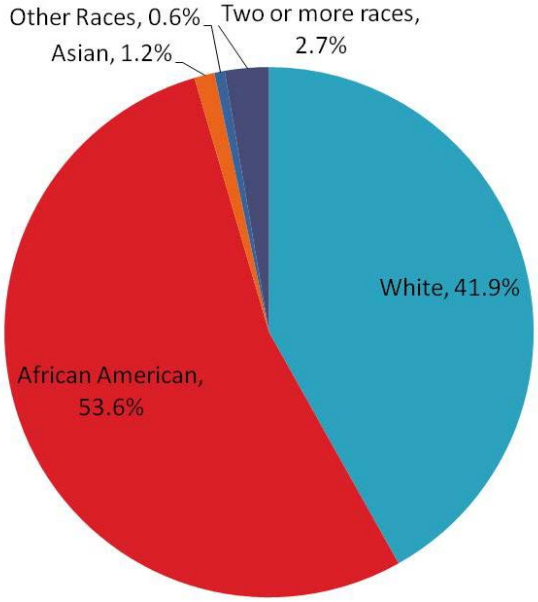


Figure 4: Population by Race, Portsmouth city, 2012
Source: UVA Weldon Cooper Center for Public Service

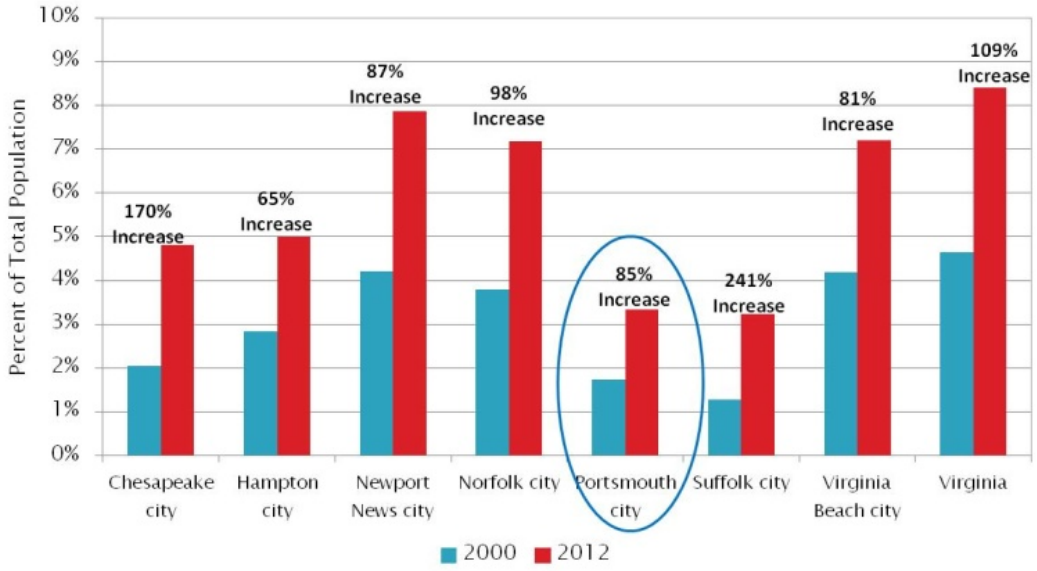


Figure 5: Hispanic Population Growth, Hampton Roads and Virginia, 2000-2012
Source: U.S. Census Bureau

Education

From 2009 to 2013, Portsmouth showed an increase in on-time graduation[1] for all students (62.8% to 80.9%), as well as for economically disadvantaged[2] students (65.4% to 81.6%), though both were below the Healthy People 2020 goal of 82.4% in 2013. In 2013, Portsmouth's graduation rate for economically disadvantaged students (81.6%) was slightly lower than Virginia (83.1%). However, graduation rates were consistently higher for economically disadvantaged students than for all students in Portsmouth, which was the opposite of the trend in Virginia (Figure 6). Looking at education as a whole, in 2012, the percent of residents 25 years and older who received a high school diploma, a college degree, or an advanced degree were all lower in Portsmouth than in Virginia and the U.S., which is consistent with the trend since 2009 (Figure 7).

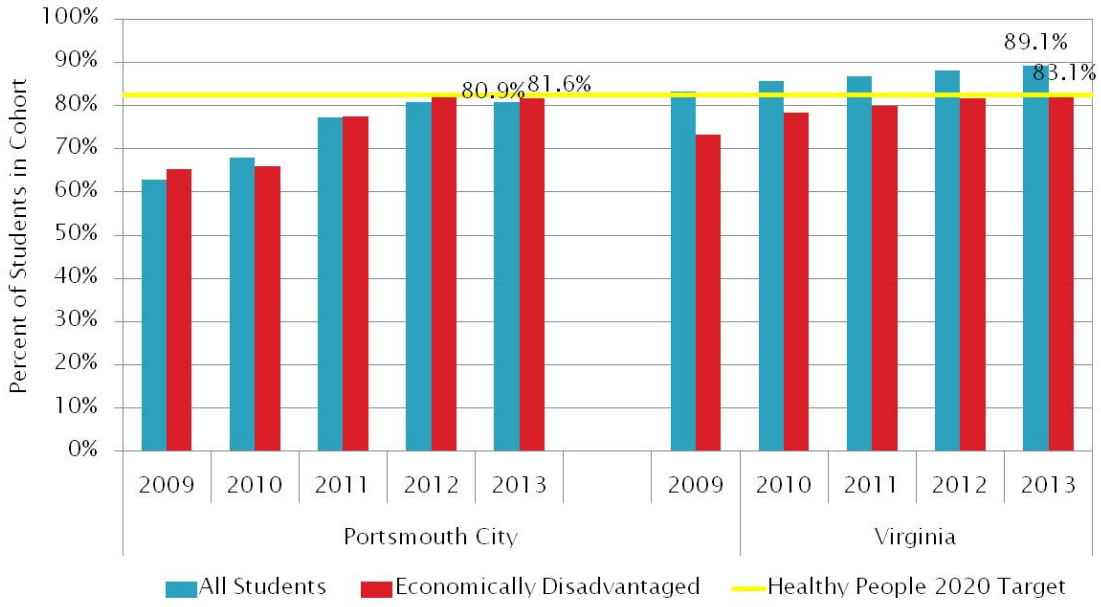


Figure 6: On-Time Graduation, Portsmouth city and Virginia, 2009-2013
Source: Virginia Department of Education

[1] The percentage of students in a cohort who earn a diploma within 4 years of entering high school. A **cohort** is a group of students who entered the ninth grade for the first time together and were scheduled to graduate 4 years later

[2] A flag that identifies students as economically disadvantaged if they meet any one of the following: 1) is eligible for Free/Reduced Meals, or 2)receives TANF, or 3) is eligible for Medicaid, or 4) identified as either Migrant or experiencing Homelessness.

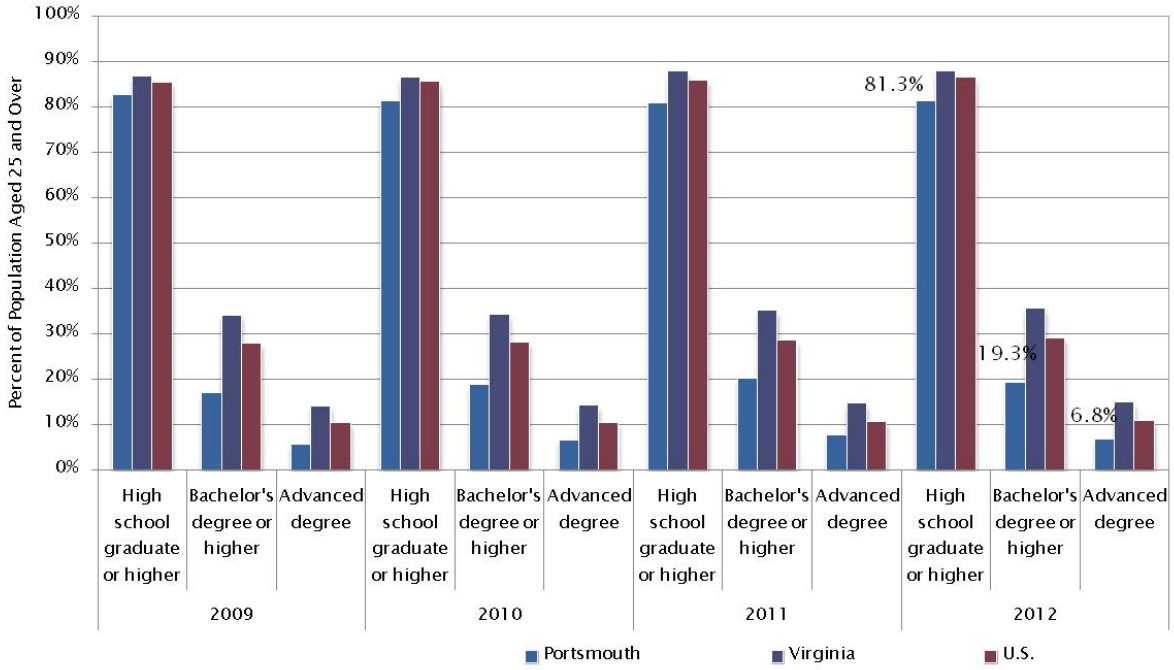


Figure 7: Educational Attainment, Portsmouth city, Virginia, and the U.S., 2009-2012
Source: U.S. Census Bureau

Between 2003 and 2013, the enrollment of students with Limited English Proficiency (LEP) in the Portsmouth public school system increased from 0.1% to 0.5%; however, this was significantly below Virginia LEP enrollment (7.3% in 2012-2013). Most other cities in the Hampton Roads region have higher and increasing percentages of LEP students compared to Portsmouth, but all are lower than Virginia (Figure 8).

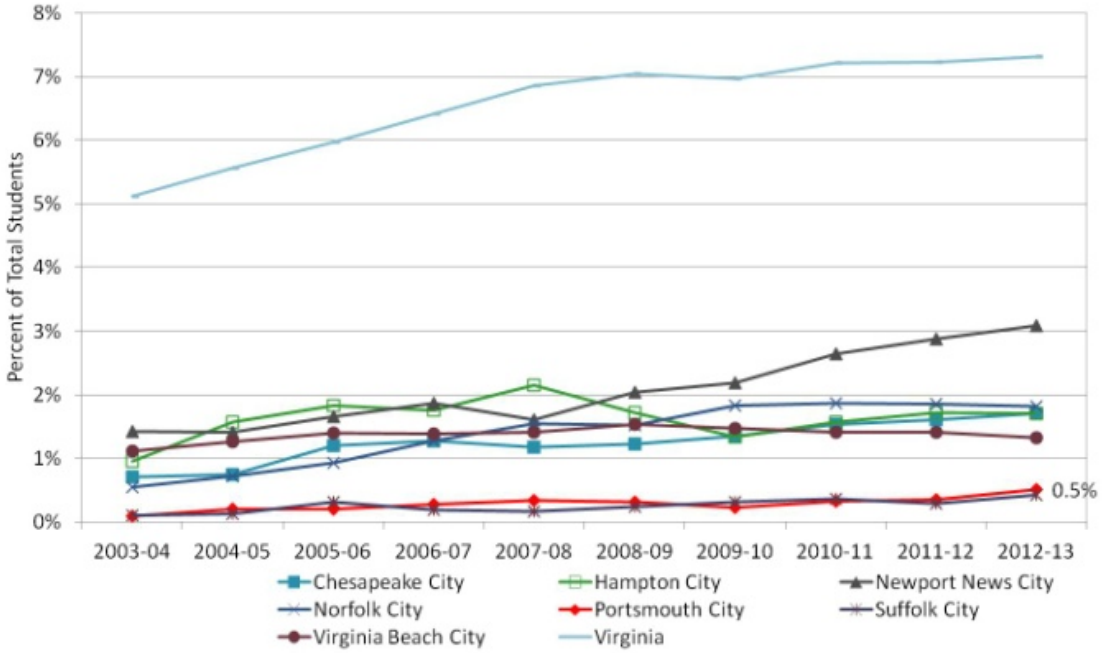
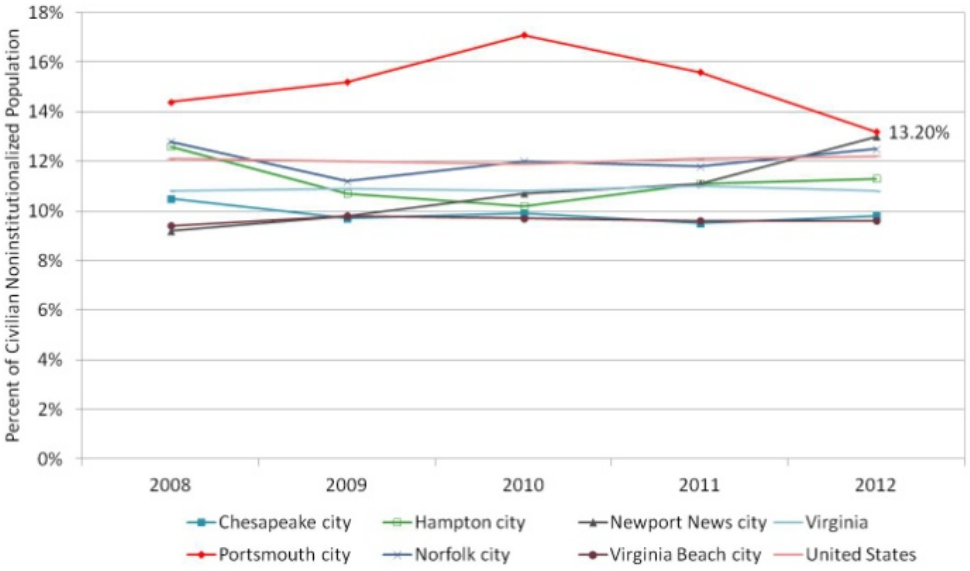


Figure 8: LEP Student Enrollment, Hampton Roads and Virginia, 2003-2013
Source: Virginia Department of Education



Persons with Disabilities

According to the American Community Survey, people identified as having a disability are those who have difficulty with specific functions in six categories:[3] hearing, vision, cognitive, ambulatory, self-care, and independent living. Figure 9 shows that though the percentage of the population with disabilities[4] in Portsmouth has decreased since 2010, in 2012 it was higher (at 13%) than the other cities in Hampton Roads, Virginia, and the U.S.

Figure 9: All Persons with Disabilities, Hampton Roads, Virginia, and the U.S., 2008-2012
Source: U.S. Census Bureau

Socioeconomics

Unemployment

Between 2000 and 2012, Portsmouth generally had higher unemployment rates than the rest of the region and Virginia, and was comparable to the U.S. as a whole. During the recession, unemployment rates rose and peaked in 2010 (9.4%) then decreased to 8.3% in 2012, which was slightly higher than the U.S. (8.1%) (Figure 10).

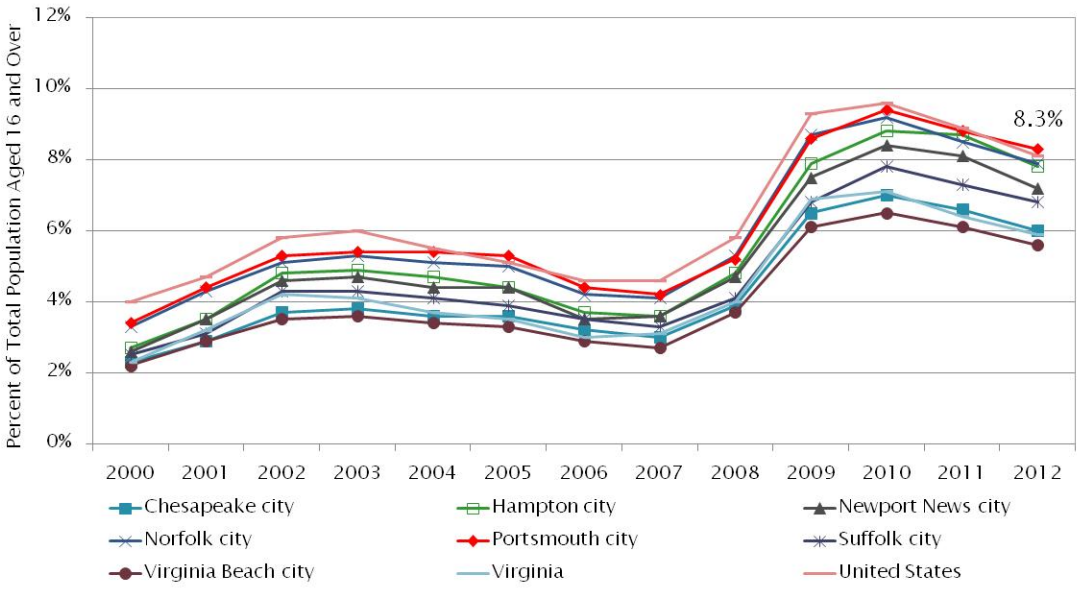


Figure 10: Unemployment Rate, Hampton Roads, Virginia, and the U.S., 2000–2012
Source: Virginia Workforce Connection

[3] The 6 categories come from Instrumental Activities of Daily Living (IADL) used by health care providers in making care decisions: 1. Deaf or…serious difficulty hearing, 2. Blind or…serious difficulty seeing even when wearing glasses, 3. Serious difficulty concentrating, remembering, or making decisions, 4. Serious difficulty walking or climbing stairs, 5. Difficulty dressing or bathing, 6. Doing errands alone such as visiting a doctor's office or shopping

[4] Some types of group quarters (GQ) populations have disability distributions that are different from the household population. The inclusion of the noninstitutionalized GQ population could have a noticeable impact on the disability distribution. The noninstitutionalized GQ population includes people living in college/university student housing, military barracks, emergency and transitional shelters, and group homes.

Persons Living in Poverty

Incomes at 100% of the Federal Poverty Level (FPL) were $10,890 for an individual and $22,350 for a family of four in 2011. Between 2001 and 2011, the percentage of persons living below 100% of the FPL in Portsmouth increased and was consistently higher than the other Hampton Roads cities (except Norfolk), Virginia, and the U.S.; in 2011, 18% of Portsmouth residents were living in poverty, which was lower than Norfolk (20%), but higher than Virginia (12%) (Figure 11). This trend extended to the population by poverty level in 2012, when 10.66% of the population in Portsmouth was living below 50% of the FPL, 9.31% at 100-137% FPL, and only 26.21% living above 400% FPL (Figure 12). Along these same lines, in 2011, 28.1% of children living in Portsmouth were below the FPL, which was higher than Virginia (16%) and the U.S. (23%) (Figure 13).

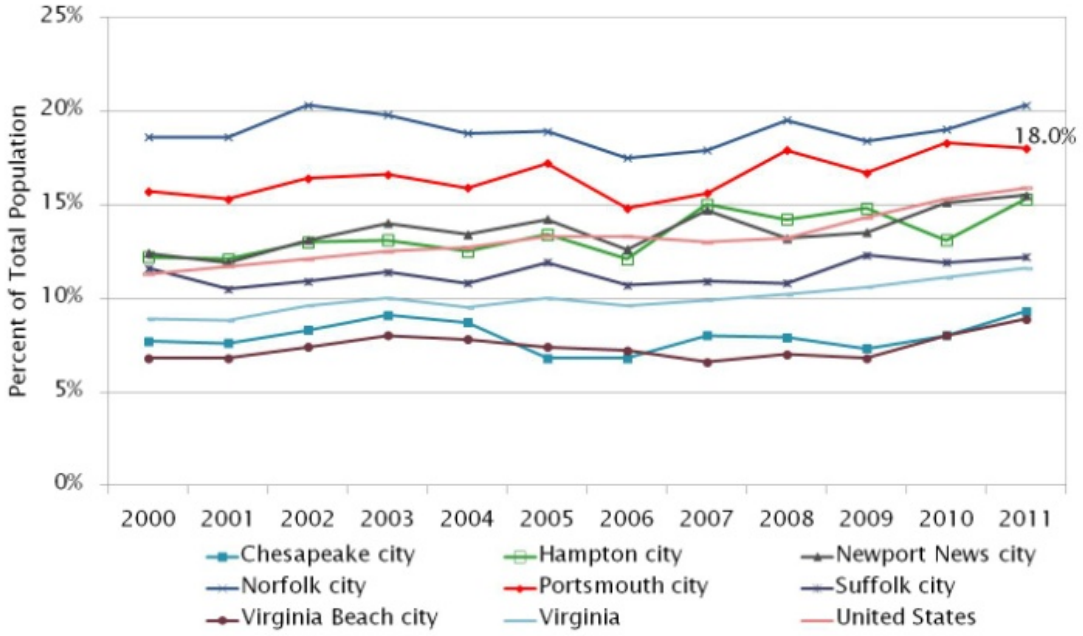


Figure 11: Persons Living in Poverty, Hampton Roads, Virginia, and the U.S., 2000–2011
Source: U.S. Census Bureau, Small Area Income and Poverty Estimates

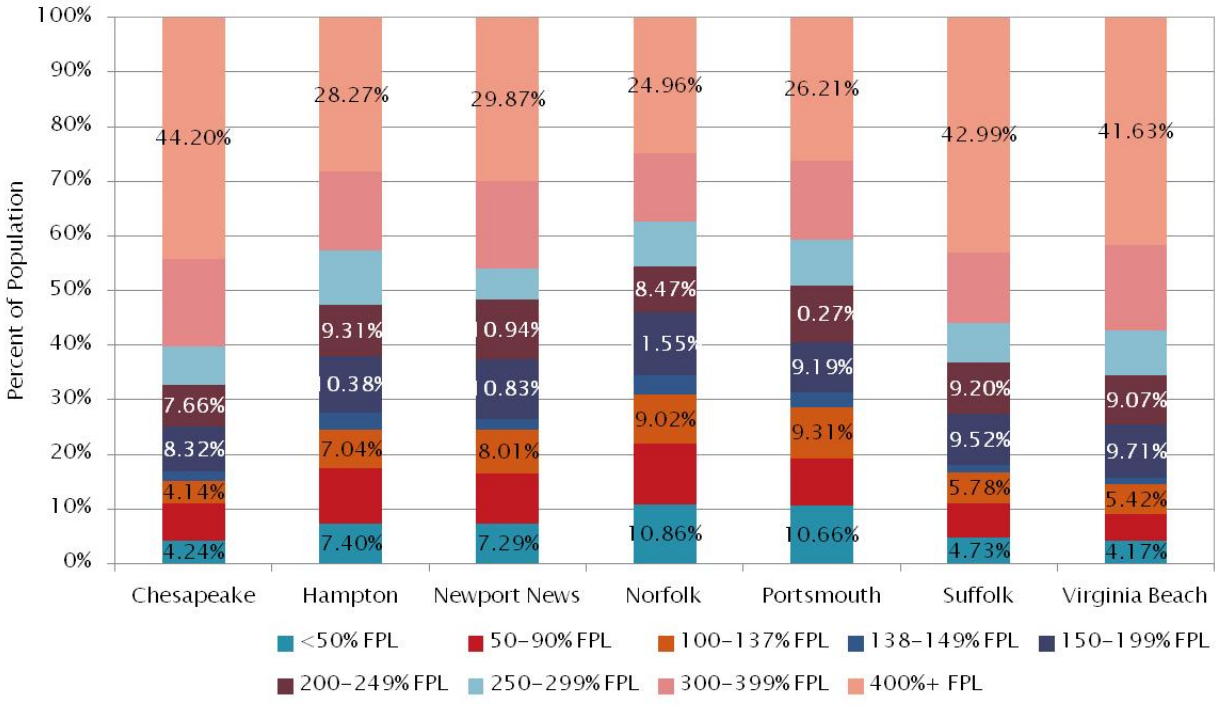


Figure 12: Population by Poverty Level, Hampton Roads Region, 2012
Source: U.S. Census Bureau

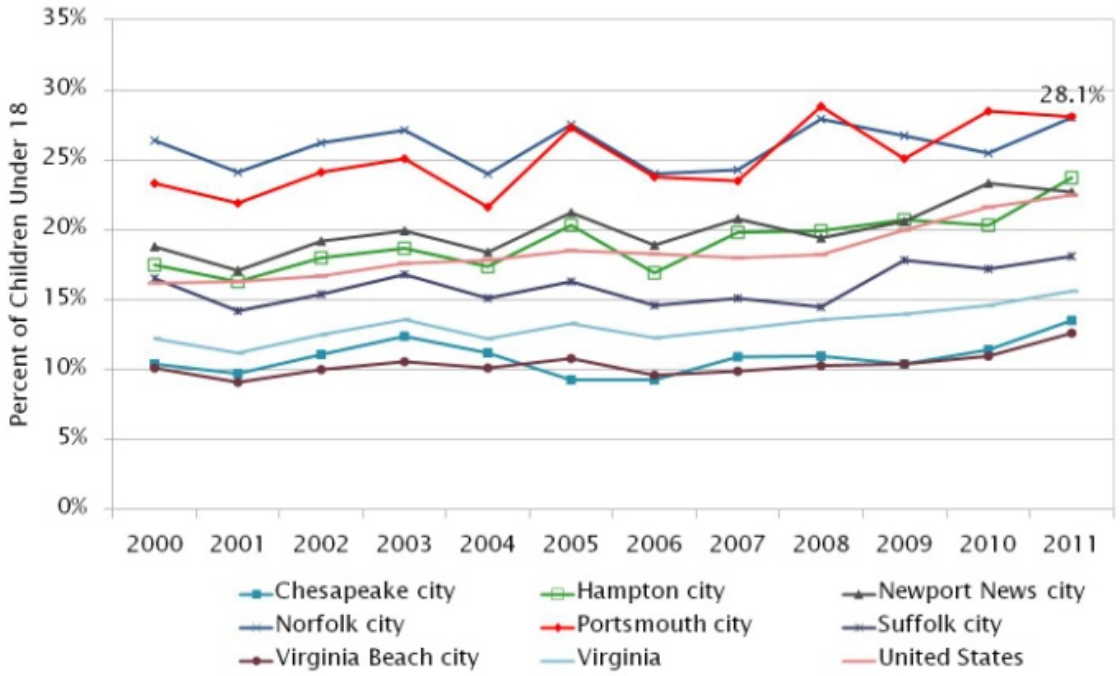


Figure 13: Children Living in Poverty, Hampton Roads, Virginia, and the U.S., 2000–2011
Source: U.S. Census Bureau, Small Area Income and Poverty Estimates

Single Parent Households

Since 2007, Portsmouth has consistently had the highest percentage of single parent households in the Hampton Roads region. This percentage has increased since 2010 to 30.1% in 2012, which was significantly higher than Virginia (17%), and the U.S. (18%), as shown in Figure 14.

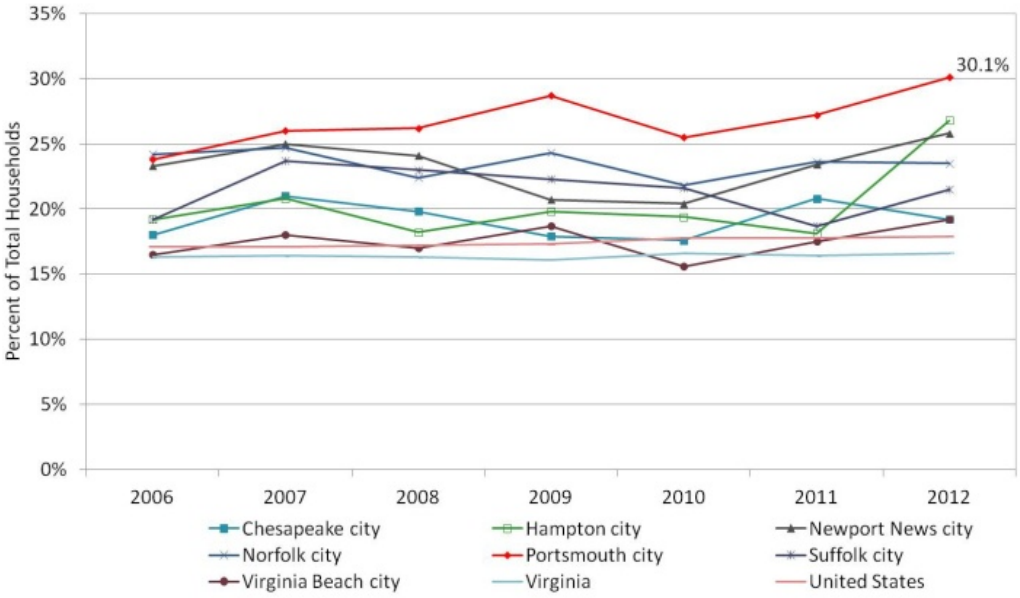


Figure 14: Single Parent Households, Hampton Roads, Virginia, and the U.S., 2006-2012
Source: U.S. Census Bureau

Median Household Income

In 2011, at $41,910, the Median Household Income (MHI) in Portsmouth was below Virginia ($61,877) and the MHI's of the other Hampton Roads cities (Figure 15). Since 2000, Hampton Roads experienced a relatively steady increase in MHI, which followed state and national trends, but the MHI in Portsmouth was only consistently higher than Norfolk.

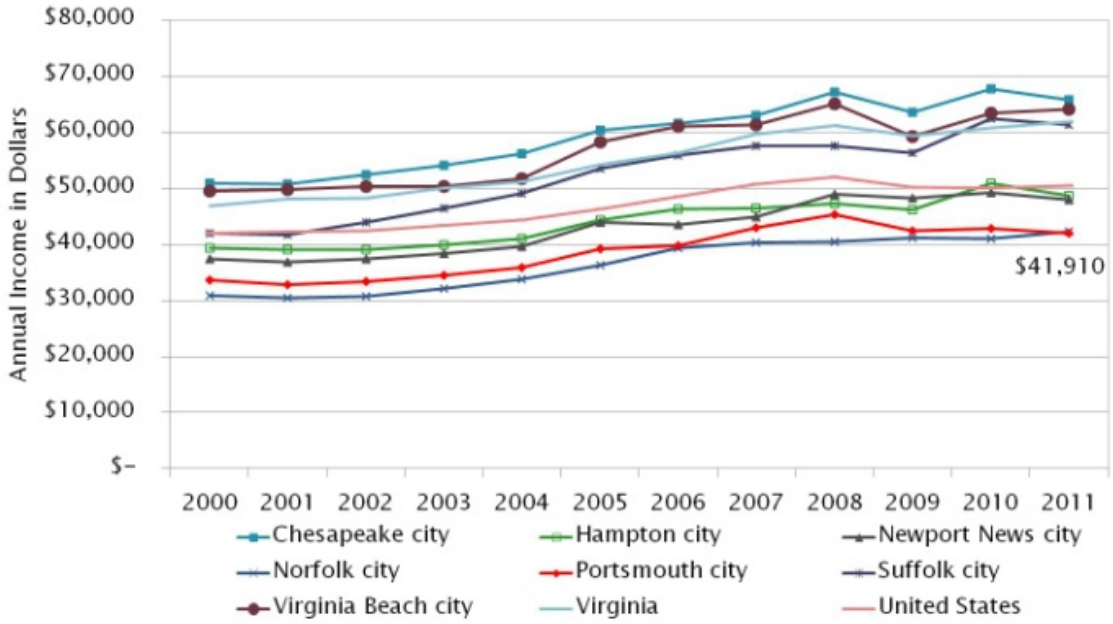


Figure 15: Median Household Income, Hampton Roads, Virginia, and the U.S., 2000–2011
Source: U.S. Census Bureau, Small Area Income and Poverty Estimates

Population Receiving Food Stamps

Qualification for the Supplemental Nutrition Assistance Program (SNAP) is based on household size and income level, with those at approximately 120% of the FPL qualifying for assistance. As shown in Figure 16, the number of households receiving assistance through the SNAP increased between 2001 and 2011 in all Hampton Roads cities, and Portsmouth has had the highest percentage since 2005, increasing to 32% in 2012 – since 2001, there has been a 189% increase, which is the second highest percent increase in Hampton Roads.

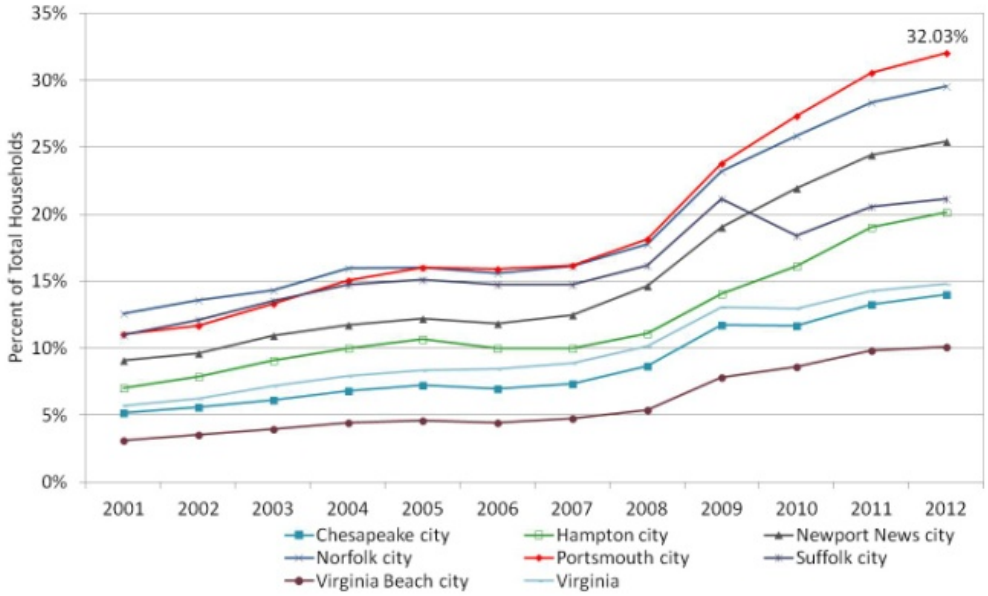


Figure 16: Households Receiving Food Stamps, Hampton Roads and Virginia, 2001–2012
Source: U.S. Census Bureau

When stratified by race, black residents participate in SNAP at much higher percentages than white residents in Portsmouth – with 74% of black children (Figure 17), 40% of black adults (Figure 18), and 13% of black seniors (Figure 19); which echoes regional trends. Broken down by age, Portsmouth has the highest percentage of adults of all races participating in SNAP in the region.

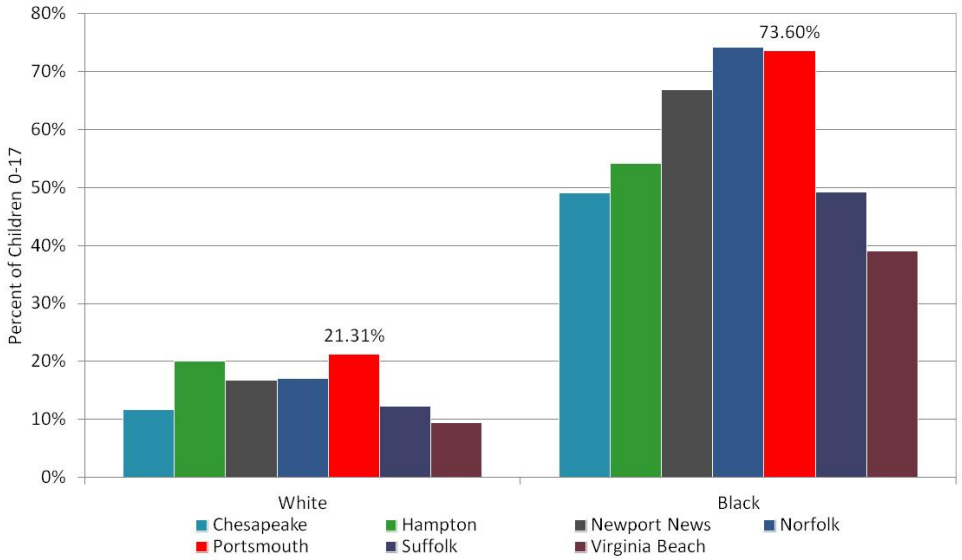


Figure 17: Children Participating in SNAP by Race, Hampton Roads Region, FY2012
Source: Virginia Department of Social Services

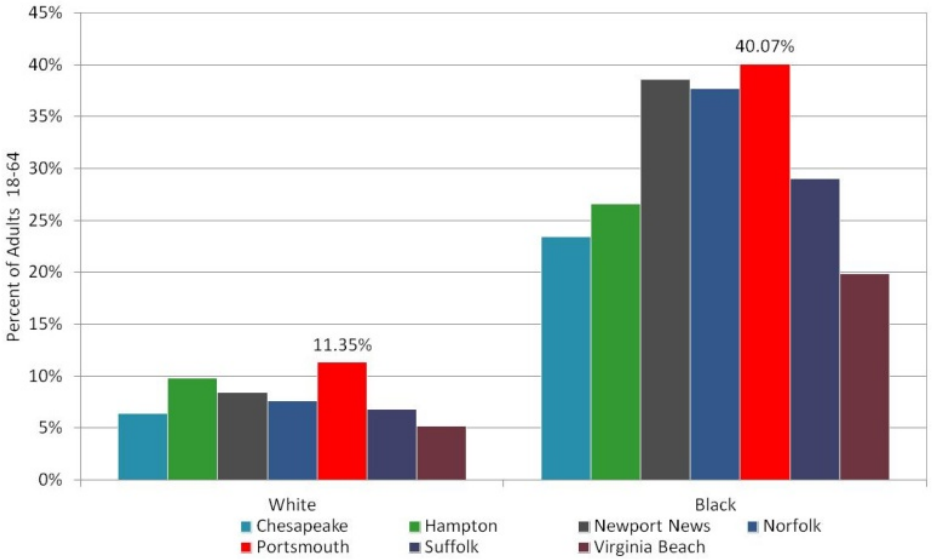


Figure 18: Adults Participating in SNAP by Race, Hampton Roads Region, FY2012
Source: Virginia Department of Social Services

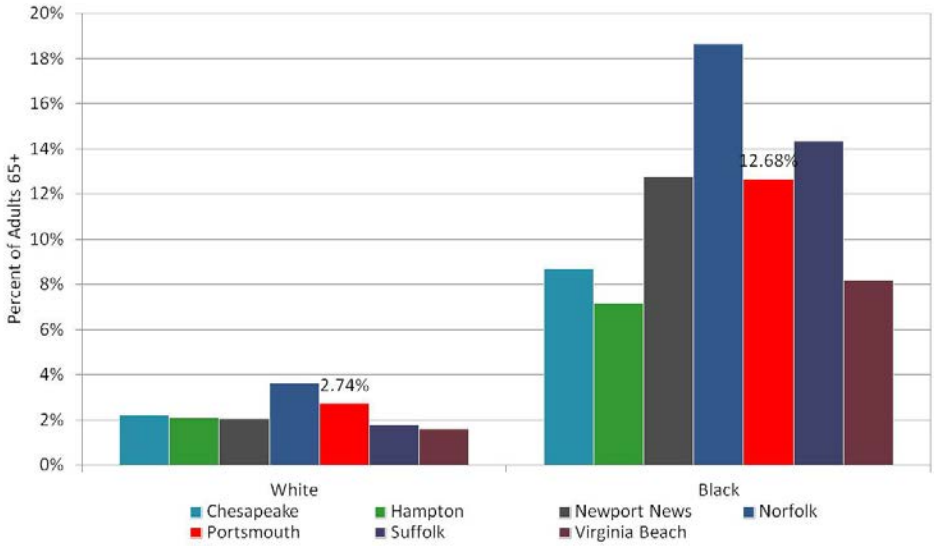


Figure 19: Seniors Participating in SNAP by Race, Hampton Roads Region, FY2012
Source: Virginia Department of Social Services

Free and Reduced Lunch

Another indicator of poverty is the percentage of children receiving free and reduced-priced meals under the National School Lunch Program. Children are eligible for free school meals if their family's household income is less than 130% of the FPL and for reduced-price meals if their household income is between 130 and 185% of the FPL. As shown in Figure 20, Portsmouth experienced a consistent increase from 2002 to 2012, which was similar to the state trend, and was consistently above Virginia and most other Hampton Roads cities. During the 2012-2013 school year, 62% of Portsmouth students qualified for free or reduced lunch, compared to 40% of Virginia students and 66% of Norfolk students.

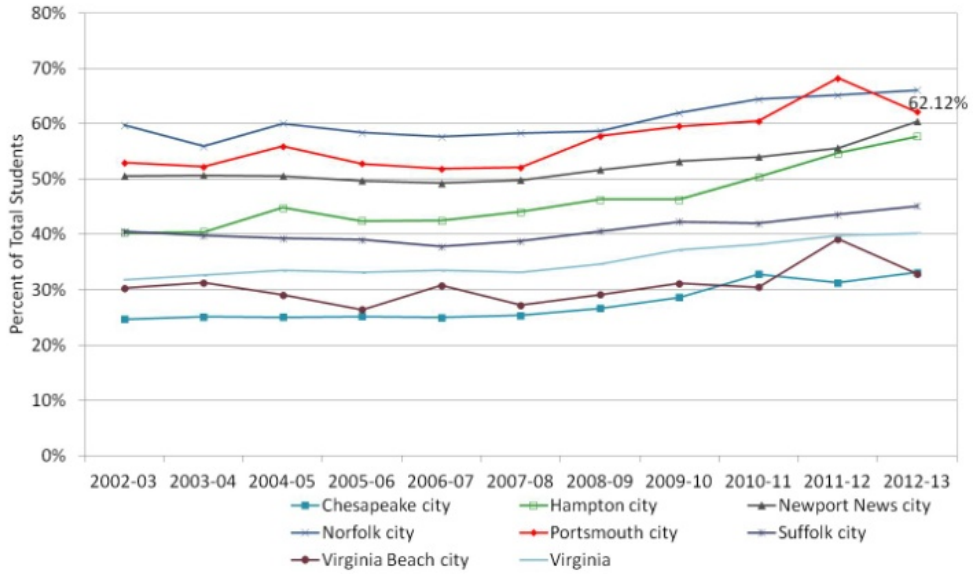


Figure 20: Students Eligible for Free and Reduced Lunch, Hampton Roads and Virginia, 2002–2013
Source: Virginia Department of Education, School Nutrition Programs

Health Resources

Primary Care Providers, Dentists, and Mental Health Providers

It is important to keep several considerations in mind when looking at the following County Health Rankings data: 1) these numbers are based on office locations and with a lot of border sharing in Hampton Roads, one office may serve several localities[5] and the numbers may be duplicated, 2) these numbers do not show the type of insurances the providers accept, which may have an impact on the accessibility of care in our area, and 3) these numbers do not ensure that people can efficiently get access to care or navigate the healthcare system.[6]

According to the Cooper Analysis (JAMA, 1994) – a community needs approximately 70-80 physicians per 100,000 population to have sufficient available care. Yet Portsmouth had only 53 primary care providers per 100,000 persons in 2011-12. Furthermore, when compared to the region and the state, Portsmouth has the 2nd lowest rate of primary care providers (Figure 21). On the other hand, Portsmouth has 89 dentists per 100,000 persons, which is the highest rate in Hampton Roads and is 62% higher than Virginia's rate of 55 (Figure 22). Finally, Portsmouth has 33 Mental Health providers per 100,000 persons, which is middle-of-the-road when compared to Hampton Roads and Virginia (Figure 23). Here, mental health providers include child psychiatrists, psychiatrists, and psychologists active in patient care. These data should only serve as a general guide for the number of mental health providers in the area because these numbers are not as reliable – the Community Services Board office is not in Portsmouth and many services are based out of Newport News, so this may not be a complete reflection of available mental health care available in our community.

[5] This particularly applies to primary care providers in Suffolk, where there have been efforts to recruit providers and cheaper office space is available

[6] County Health Rankings

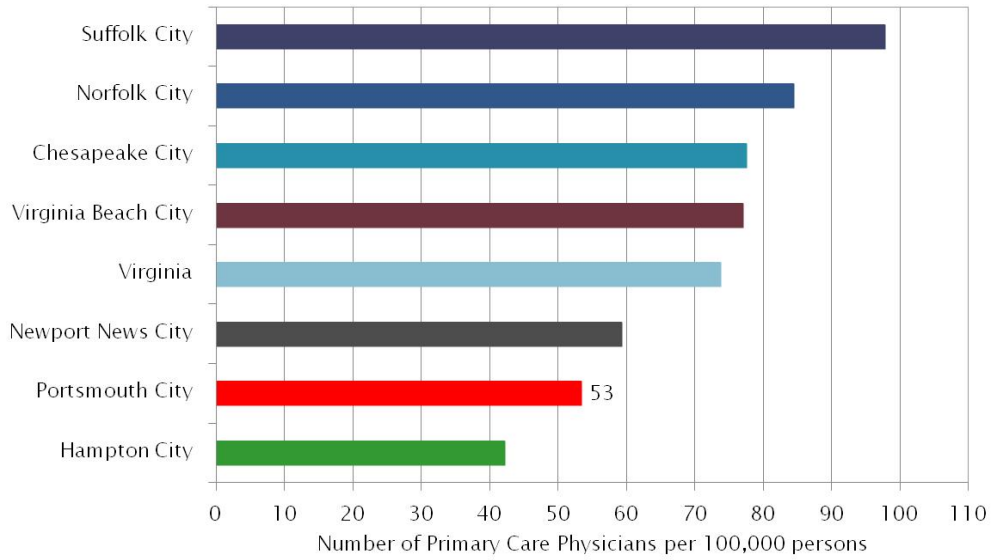


Figure 21: Primary Care Physicians, Hampton Roads and Virginia, 2011-2012
Source: County Health Rankings; HRSA Area Resource File

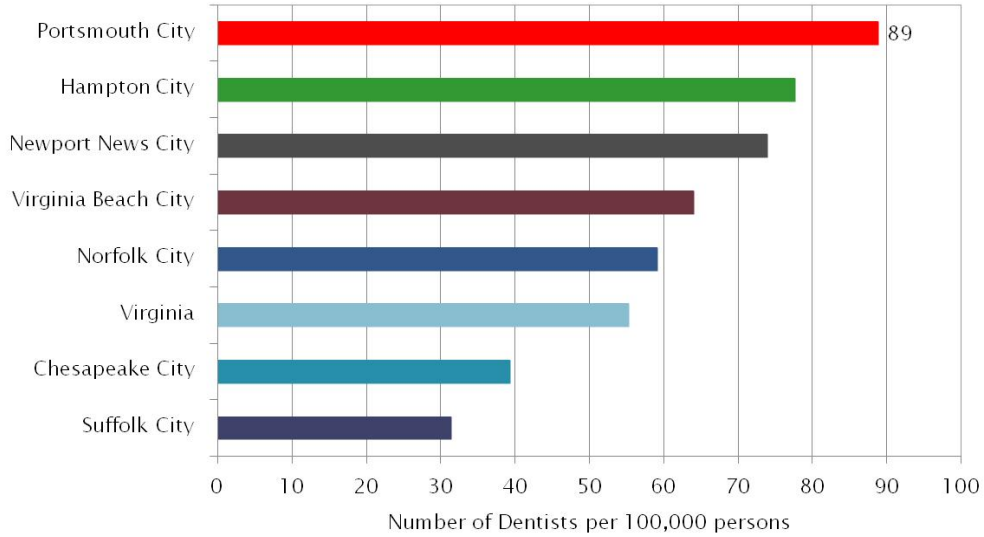


Figure 22: Dentists, Hampton Roads and Virginia, 2011-2012
Source: County Health Rankings; HRSA Area Resource File

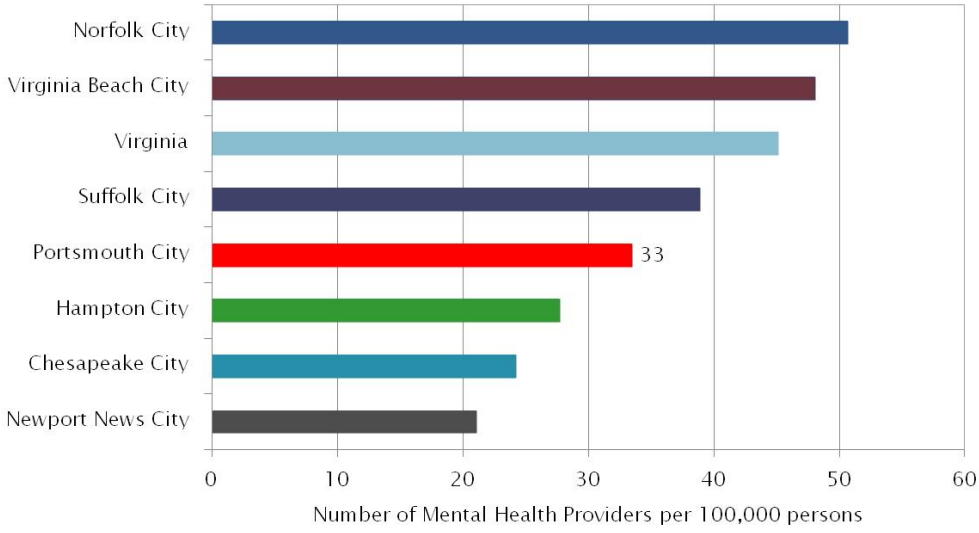


Figure 23: Mental Health Providers, Hampton Roads and Virginia, 2011-2012
Source: County Health Rankings; HRSA Area Resource File

Health Insurance

Access to healthcare is largely affected by health insurance coverage of the community's population. Sources of health insurance include private coverage provided or subsidized by employers; private policies purchased by individuals; and government provided or subsidized coverage through Medicaid, Family Access to Medical Insurance Security (FAMIS), and Medicare. Figure 24 shows the source of health insurance by percentage for Virginians in 2010-2011. A greater percentage of Virginians receive health insurance through their employer than in the U.S. as a whole. Smaller percentages receive Medicaid or are uninsured compared to the U.S. Figure 25 depicts Medicaid enrollment and spending by recipient group for both Virginia and the U.S. in fiscal year 2010. While children represent the largest group of enrollees in Virginia (56%) and the U.S. (49%), Medicaid spending is greatest among those with disabilities. At the local level, Portsmouth has the highest percentage of the total population enrolled in Medicaid (26%) in the Hampton Roads region, and has consistently had the highest percentage since 2009 (Figure 26).

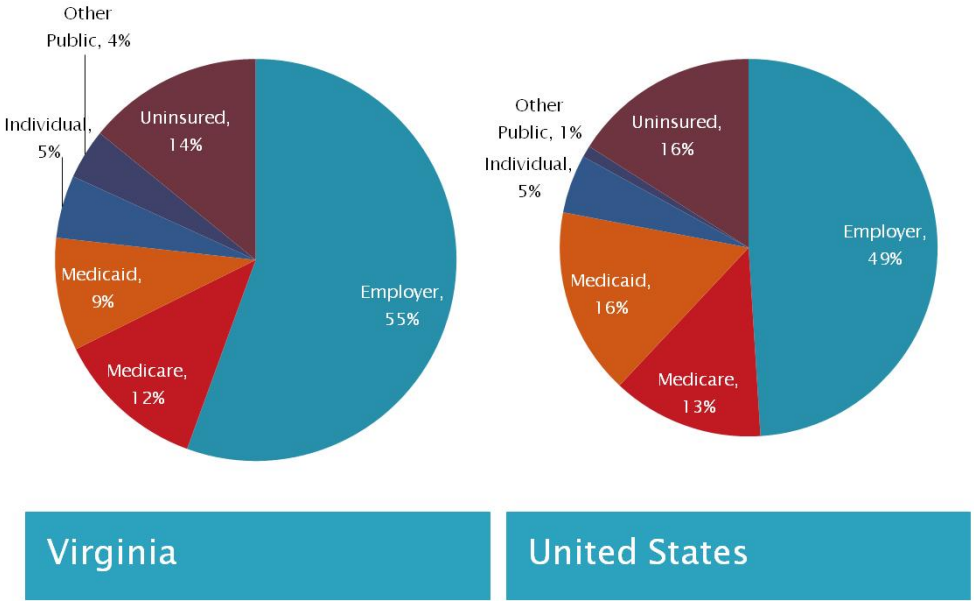


Figure 24: Sources of Health Insurance, Virginia and the U.S., 2010-2011
Source: Kaiser Family Foundation

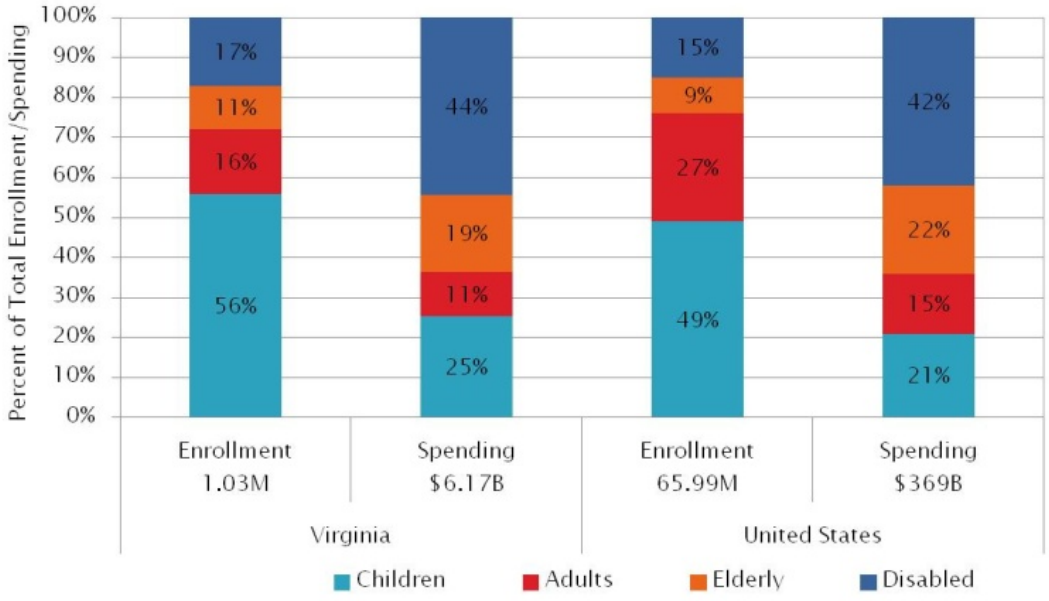


Figure 25: Medicaid Enrollment/Spending by Recipient Group, Virginia and the U.S., FY2010
Source: Kaiser Family Foundation

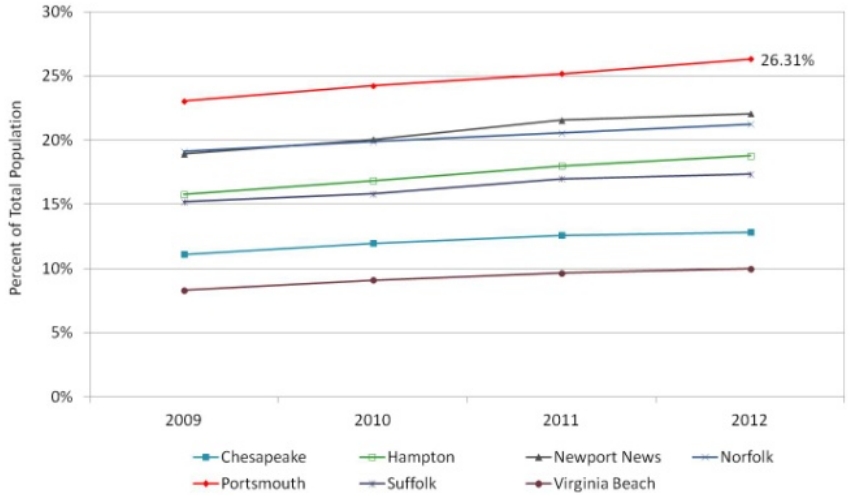


Figure 26: Medicaid Clients, Hampton Roads Region, 2009-2012
Source: Virginia Department of Social Services

When stratified by race, significantly higher percentages of black residents than white residents participate in Medicaid in Portsmouth – 85% of black children (Figure 27), 20% of black adults (Figure 28), and 23% of black seniors (Figure 29) – which echoes regional trends. By age, Portsmouth has the highest percentage of children and adults participating in Medicaid in the region.

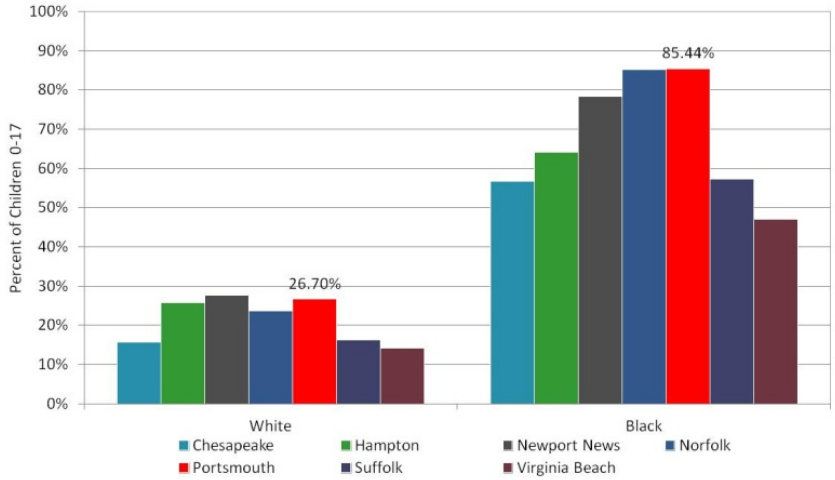


Figure 27: Children Participating in Medicaid by Race, Hampton Roads Region, FY2012
Source: Virginia Department of Social Services

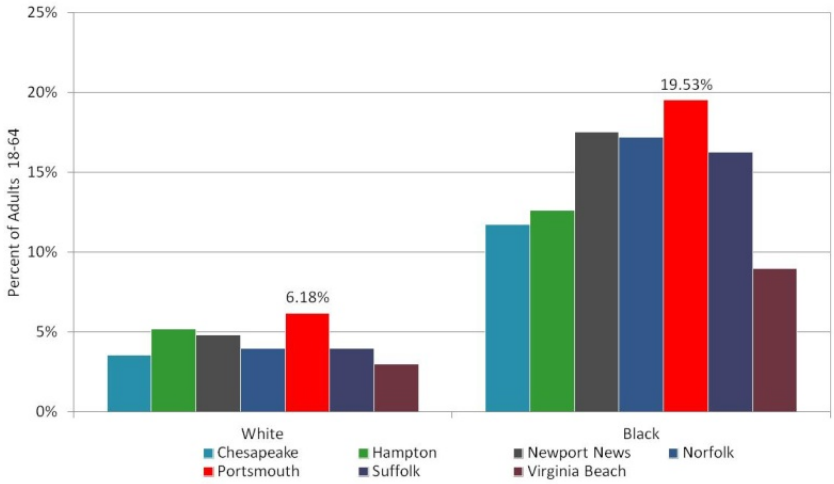


Figure 28: Adults Participating in Medicaid by Race, Hampton Roads Region, FY2012
Source: Virginia Department of Social Services

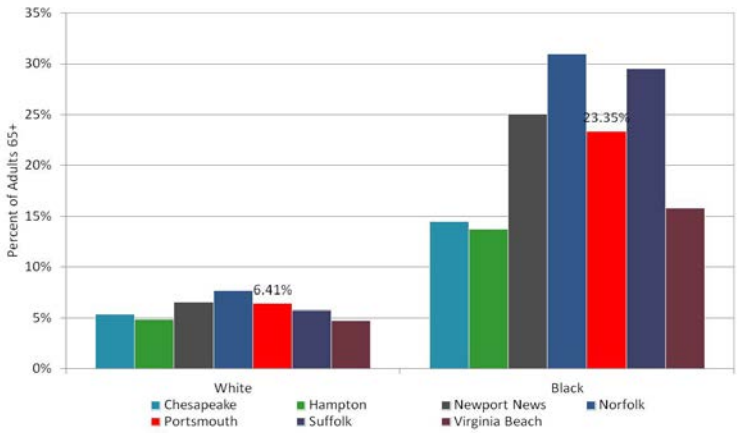


Figure 29: Seniors Participating in Medicaid by Race, Hampton Roads Region, FY2012
Source: Virginia Department of Social Services

Between 2008 and 2010, the percentage of uninsured children decreased from 8.7% to 5.2% in Portsmouth, which was lower than the rest of Hampton Roads and Virginia (Figure 30). On the other hand, the percentage of uninsured adults in Portsmouth increased from 12.3% in 2005 to 18.7% in 2010, which was comparable to the percentage of uninsured adults in Virginia (18%) and average for the region (Figure 31). These percentages are supported by the Community Assessment for Public Health Emergency Response (CASPER) survey, when 18% of households reported having adults no health insurance (Figure 32) and 2% of households reported having minors with no health insurance (Figure 33) in 2012. This is furthered echoed by the Portsmouth Public Library-Portsmouth Health Department (PPL-PHD) Health Needs Survey, which had 14% of respondents report having no health insurance (Figure 34).

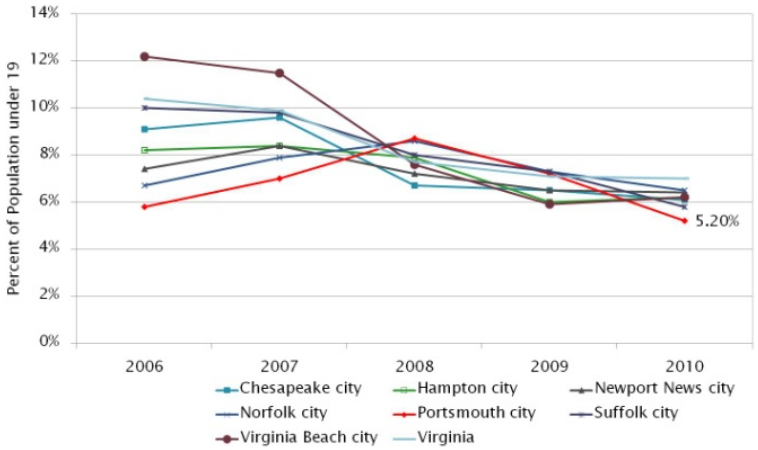


Figure 30: Uninsured Persons Aged Less than 19, Hampton Roads and Virginia, 2006-2010
Source: U.S. Census Bureau, Small Area Health Insurance Estimates

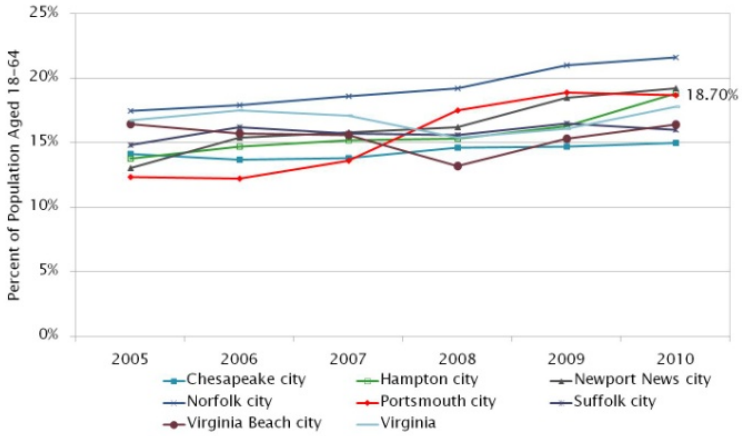


Figure 31: Uninsured Persons Aged 18-64, Hampton Roads and Virginia, 2005-2010
Source: U.S. Census Bureau, Small Area Health Insurance Estimates

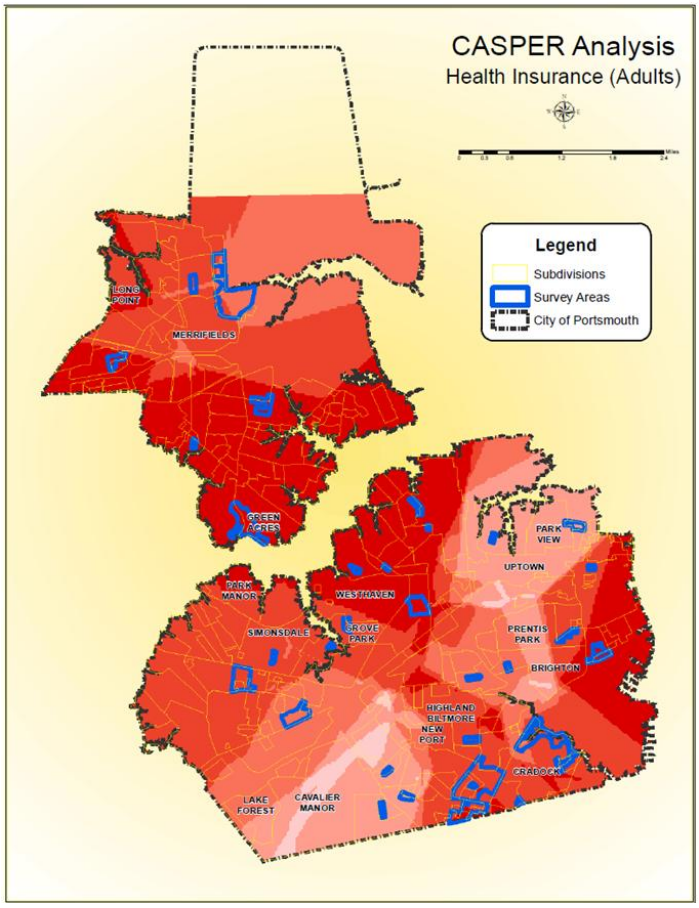


Figure 32: CASPER Analysis, Health Insurance, Adults (>18) Portsmouth city, 2012
Source: Portsmouth CASPER survey

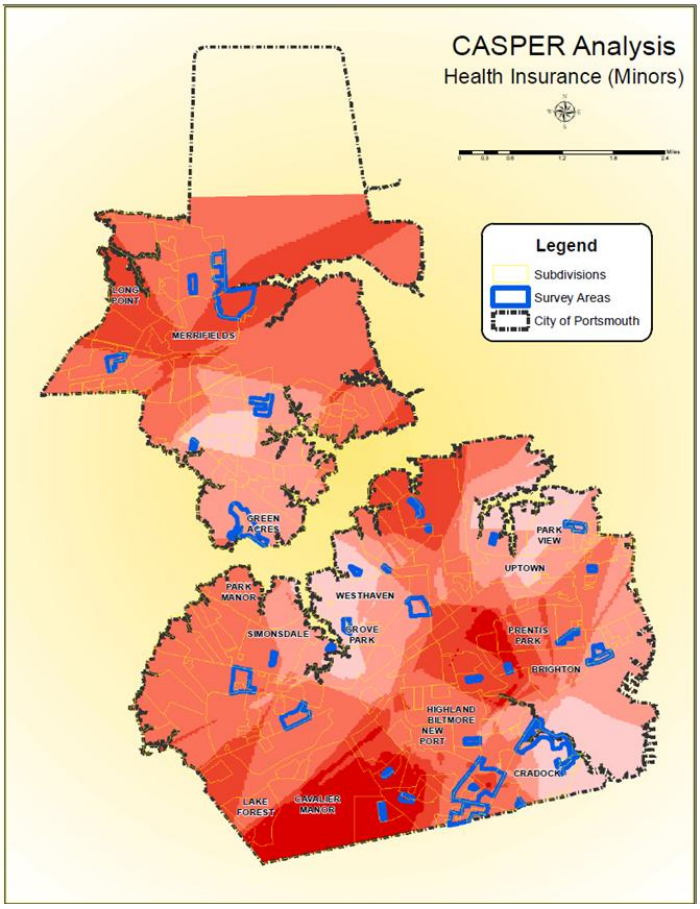


Figure 33: CASPER Analysis, Health Insurance, Minors (<18), Portsmouth city, 2012
Source: Portsmouth CASPER Survey

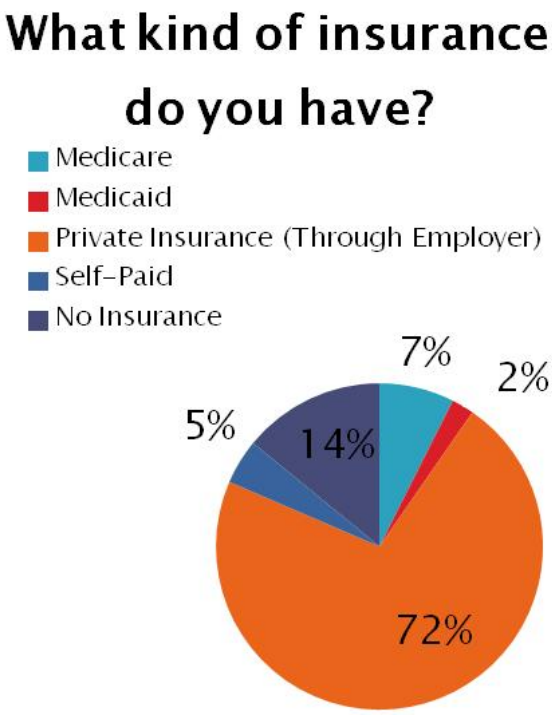


Figure 34: Library Survey, Access Analysis – Insurance, Portsmouth city, 2012
Source: PPL-PHD Health Needs Survey

Section II – Social Determinants of Health

Community Resources

Commute to Work

Figure 35 shows that the majority of people in Portsmouth and Virginia drive alone to work. There is a higher percentage of people in Portsmouth (80.5%) that drive alone compared to Virginia (77.3%). This is consistent across time as 85-90% of people in Portsmouth drive alone[7] to work (Figure 36). All other types of transportation to work in Portsmouth city are relatively close to Virginia. Figure 37 shows the mean commute time traveled to work in the Hampton Roads region, Virginia and the U.S. from 2005 to 2012 – though Portsmouth's commute time increased from 2005 to 2012 by an average of 2 minutes, Norfolk has the highest commute time among the Hampton Roads region, along with Suffolk.

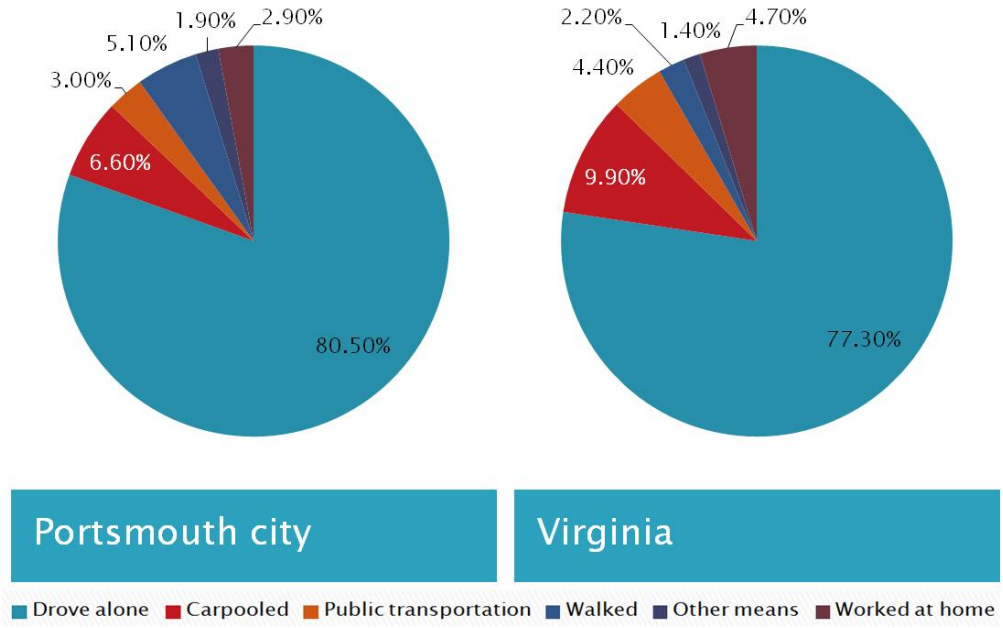


Figure 35: Commute to Work by type of Transportation, Portsmouth city and Virginia, 2012
Source: U.S. Census Bureau

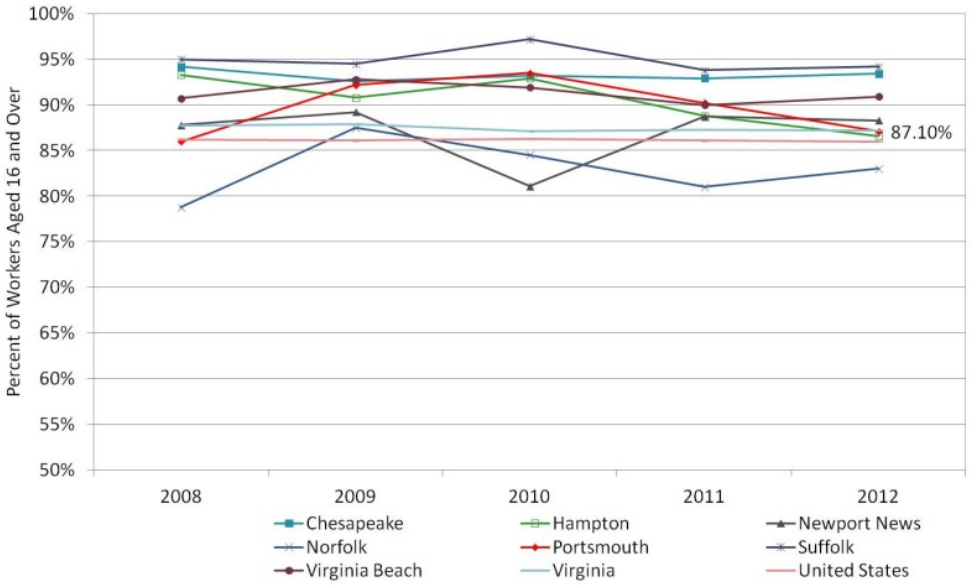


Figure 36: Commute: Drove, Hampton Roads, Virginia, and the U.S., 2008-2012
Source: U.S. Census Bureau

[7] Car, Truck, or van

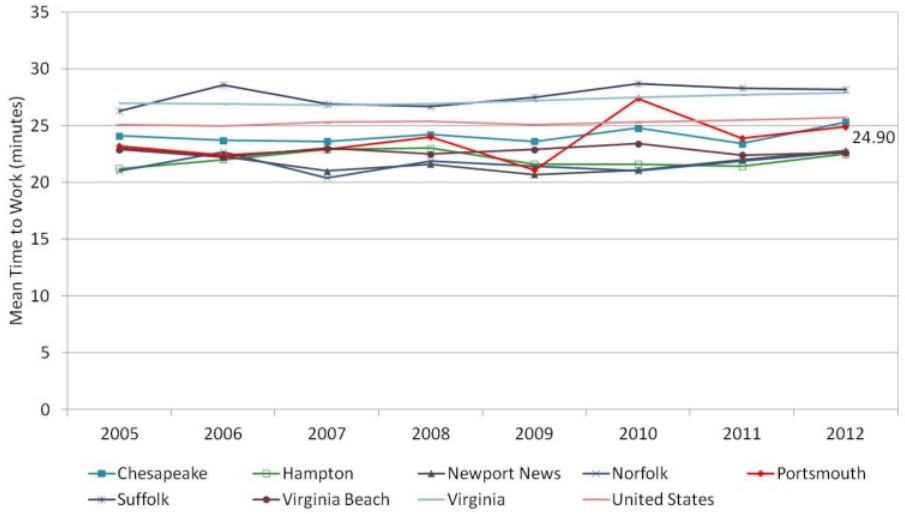
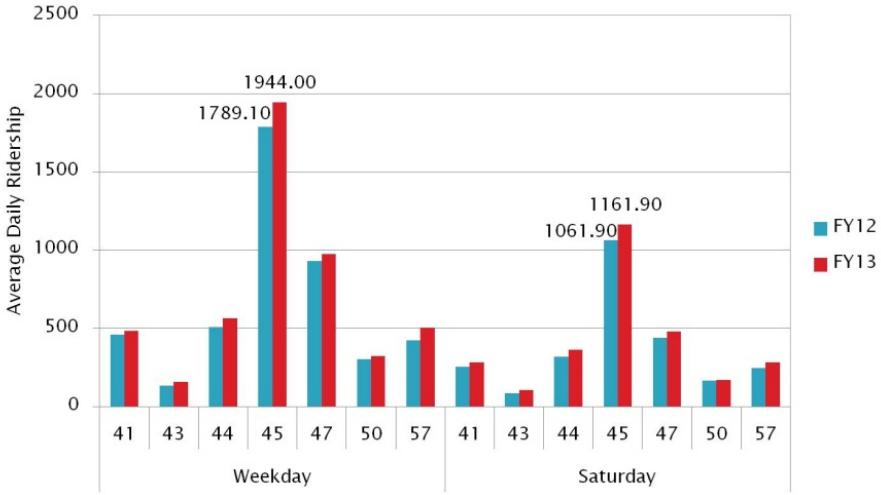


Figure 37: Commute Time to Work, Hampton Roads, Virginia, and the U.S., 2005-2012
Source: USDA Food Environment Atlas



Hampton Roads Transit

Figure 38 shows the Hampton Roads Transit (HRT) average daily ridership by route number in the Hampton Roads region during fiscal year 2012 and fiscal year 2013. Average daily use has increased from 2012 to 2013 by weekday and use on Saturday. Route 45 consistently has the highest amount of use. For reference, Figure 39 shows the Route map for all buses in Portsmouth.

Figure 38: HRT, Average Daily Ridership, Hampton Roads Region, FY2012 and FY2013
Source: Hampton Roads Transit

Figure 39: HRT, Bus Routes System Map, 2013
Source: Hampton Roads Transit

Recreational Facilities

Studies have shown that living close to recreational facilities is associated with higher physical activity and lower obesity levels in a community. [8,9] The Centers for Disease Control and Prevention (CDC) recommends improving access to recreational facilities as one of the 24 environmental- and policy-level strategies to reduce obesity.[10] Thus, Figure 40 shows the number of recreational facilities per 100,000 in the Hampton Roads Region in 2010, when Portsmouth had the second lowest rate of facilities (5)[11] after Suffolk City (3). Portsmouth also has a lower number of facilities compared to Virginia, which is consistent with the rest of the region, except Virginia Beach. Both Hampton Roads and Virginia are below the national benchmark (16). It should be noted that since these data were collected, an additional recreational facility has closed, so the number is currently even lower.

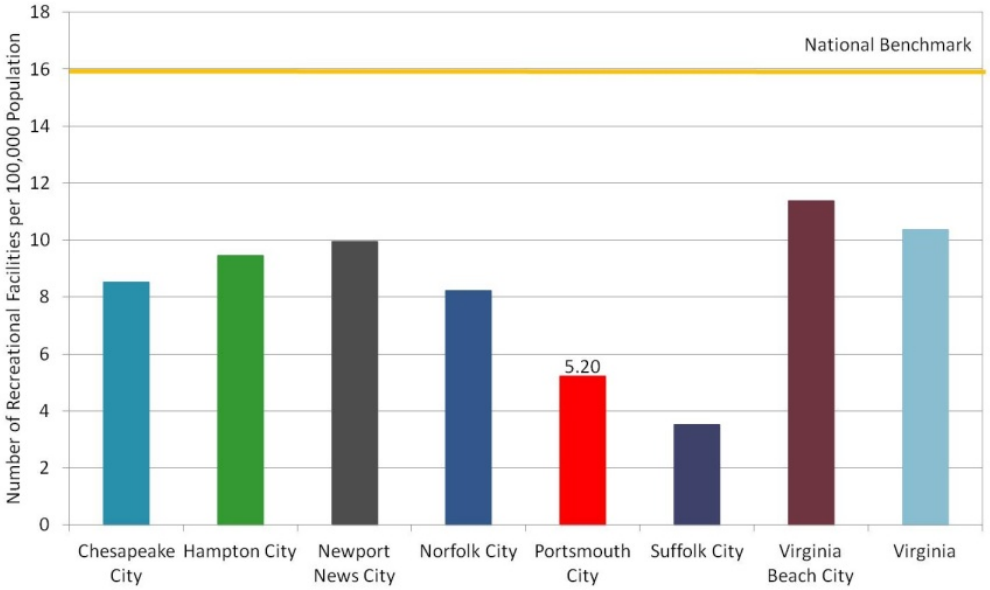


Figure 40: Access to Recreational Facilities, Hampton Roads Region, 2010
Source: County Health Rankings

Food Stores

Figure 41 shows the types of food stores present in Portsmouth as of 2009. With 73 stores, fast food restaurants[12] make the majority (34.76%) of food stores. When comparing food stores to the Hampton Roads Region (Figure 42), Portsmouth has the highest number of convenience stores[13] among all cities, the lowest percentage of full service restaurants[14] (26.67%), and approximately the same percentage of fast food restaurants (35%) and grocery stores[15] (7%)

[8] Ahern, M., Brown, C., & Dukas, S. (2011). A national study of the association between food environments and county-level health outcomes. *The Journal of Rural Health* , 27: 367-379. Retrieved August 8, 2012 from http://www.countyhealthrankings.org/health-factors/built-environment

[9] Task Force on Community Preventive Services. (2002). Recommendations to increase physical activity in communities. *American Journal of Preventive Medicine , 4*, 67-72. Retrieved August 8, 2012 from http://www.countyhealthrankings.org/health-factors/built-environment

[10] Kahn, L., Sobush, K., & Keener, D. (2009). Recommended community strategies and measurements to prevention obesity in the United States. *MMWR Recomm Rep* , 58: 1-26. Retrieved August 8, 2012 from http://www.countyhealthrankings.org/health-factors/built-environment

[11] The City of Portsmouth Department of Parks, Recreation, and Leisure Services website (http://www.portsmouthva.gov/parksandrec/facilities_staff.aspx) lists 6 recreational facilities

[12] Establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. Food and drink may be consumed on premises, taken out, or delivered to the customer's location

[13] Establishments primarily engaged in retailing a limited line of goods that generally includes milk, bread, soda, and snacks. Also includes the number of gasoline-convenience stores, which are engaged in retailing automotive fuels (for example, diesel fuel, gasohol, and gasoline) in combination with convenience store or food mart items. These establishments can either be in a convenience store (food mart) setting or a gasoline station setting

[14] Includes establishments primarily engaged in providing food services to patrons who order and are served while seated (i.e., waiter/waitress service) and pay after eating. These establishments may provide this type of food service to patrons in combination with selling alcoholic beverages, providing take-out services, or presenting live nontheatrical entertainment

[15] Establishments primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included in this industry are delicatessen-type establishments primarily engaged in retailing a general line of food

as the rest of the region. There were no USDA listed farmer's markets in Portsmouth as of 2009, but a Farmer's Market was created in 2010-2011. These types of food stores are important to consider as the 2012 CASPER survey showed that 98% of households reported that most of their food comes from the Grocery Store (Figure 43).

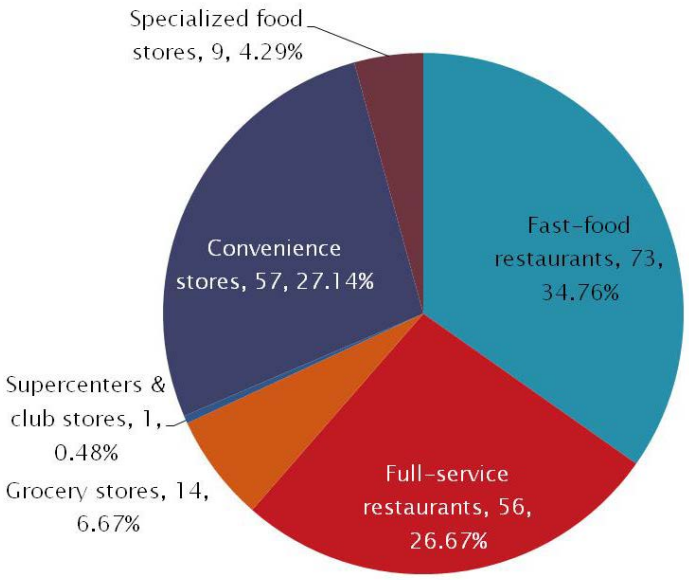


Figure 41: Food Stores by Type, Portsmouth city, 2009
Source: USDA Food Environment Atlas

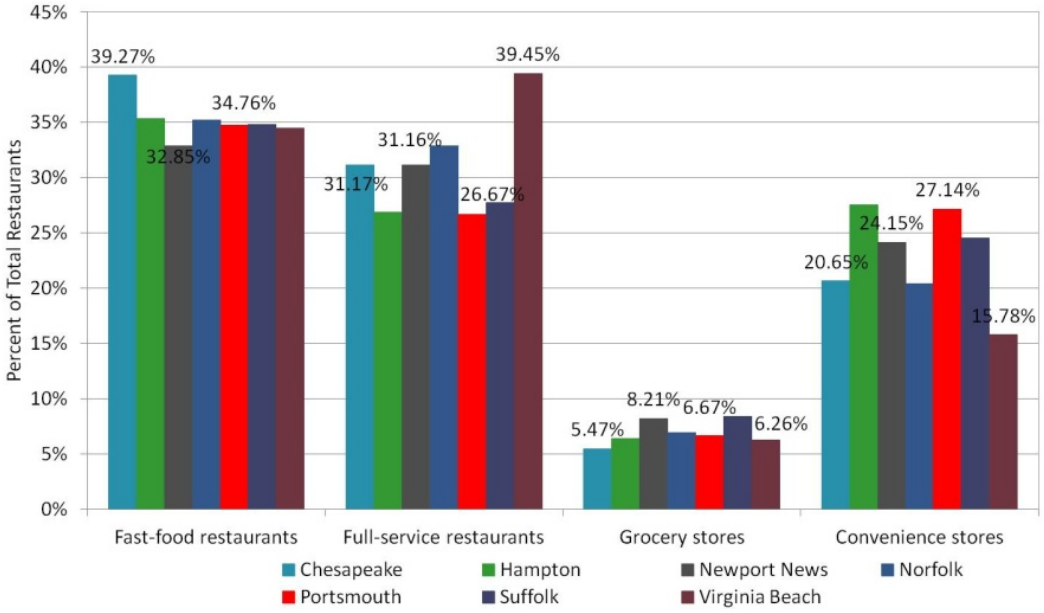


Figure 42: Food Stores by Type, Hampton Roads Region, 2009
Source: USDA Food Environment Atlas

Characteristic	Frequency (n=180)	% of households
Source of most of food		
Grocery Store	177	98
Corner/convenience store	2	1
Farmer's market	0	0
Fast food restaurant	1	1
Frequency of cooking dinner		
Rarely/never	3	2
Some of the time	27	15
Often	31	17
Most of the time	119	66
Frequency of eating fruits and vegetables (excluding potatoes)		
Rarely/never	4	2
Some of the time	25	14
Often	27	15
Most of the time	121	68
Frequency of eating at fast food restaurant		
Rarely/never	69	38
Some of the time	78	43
Often	20	11
Most of the time	13	7

Figure 43: CASPER Analysis, Nutrition, Portsmouth city, 2012
Source: Portsmouth CASPER Survey

Food Deserts

Figure 44 and Figure 45 show the prevalence of food deserts based on census tracts with low income populations and low access to grocery stores in Portsmouth as of 2010. The low income regions (Blue) are census tracts with poverty rates of 20% and higher or a median family income (MFI) of less than 80% of the MFI for the Virginia ($60,665). In low access regions (Pink) at least 500 people (or 33% of the population) live farther than 1 mile from the nearest supermarket, but are not low income. The Green areas are low-income areas where a significant number of residents live more than 1 mile away from the nearest supermarket – this was the original food desert measure. Finally, the Orange areas are low income areas where a significant amount of residents live more than ½ a mile away from the nearest supermarket, which is the new USDA food desert measure. These show that while there are not many food deserts in Portsmouth according to the original measure, when it is changed to residents living more than ½ a mile away from the grocery, significantly more food deserts appear.

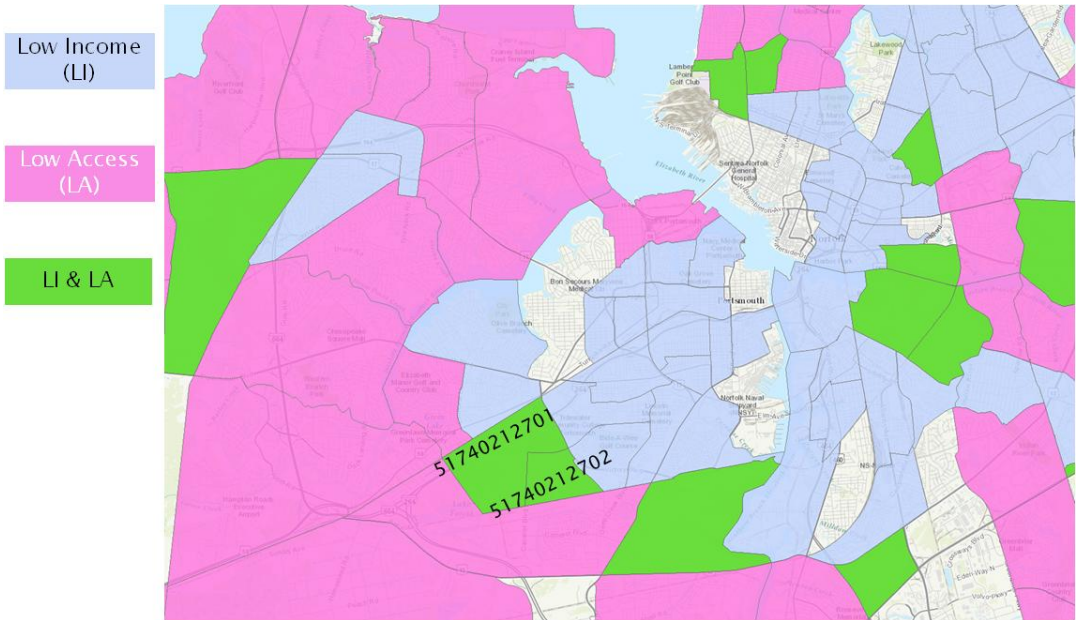


Figure 44: Food Deserts: Original, Portsmouth city, 2010
Source: USDA Food Access Research Atlas

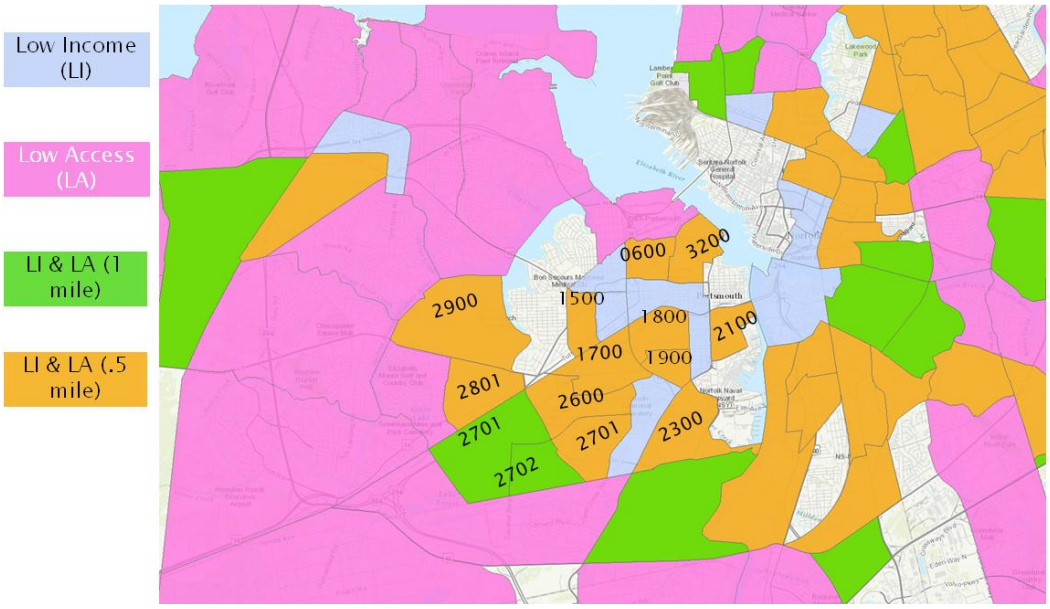


Figure 45: Food Deserts: Revised, Portsmouth city, 2010
Source: USDA Food Access Research Atlas

Community Safety

Reported Crime Incidents and Arrests

As shown in Figure 46, the reported crime incident rates for Portsmouth have decreased overall, from 12,462 offenses per 100,000 residents in 2000 to 10,596 offenses per 100,000 in 2012. Portsmouth total crime (Group A offenses[16]) has been steadily declining since 2009, although the crime rates remain consistently higher than the other Hampton Roads localities.

More specifically, Figure 47 illustrates that there has been a substantial reduction in the arrest rate for narcotic and drug offenses[17] for Portsmouth from 2000-2002 (1,038.74) to 2010-2012 (677.03). Although the drug and narcotic arrest rates for Portsmouth increased between 2000-2002 and 2004-2006, the pattern reversed itself for major declines in the subsequent years. Arrests for these offenses increased overall in most of the other Hampton Roads localities, with the exception of Norfolk and Virginia Beach. As shown in Figure 48, there has been a slight increase in the rate of arrests for DUI in Portsmouth from 255.87 per 100,000 residents in 2000-2002 to 260.32 in 2010-2012. However, Portsmouth city has the lowest rate of DUI arrests among the localities in Hampton Roads as of 2010-2012. Finally, as shown in Figure 49, domestic violence arrests declined from 1,041 arrests in 2000 to 651 arrests in 2013, which was a 37.5% decrease. There was a sudden

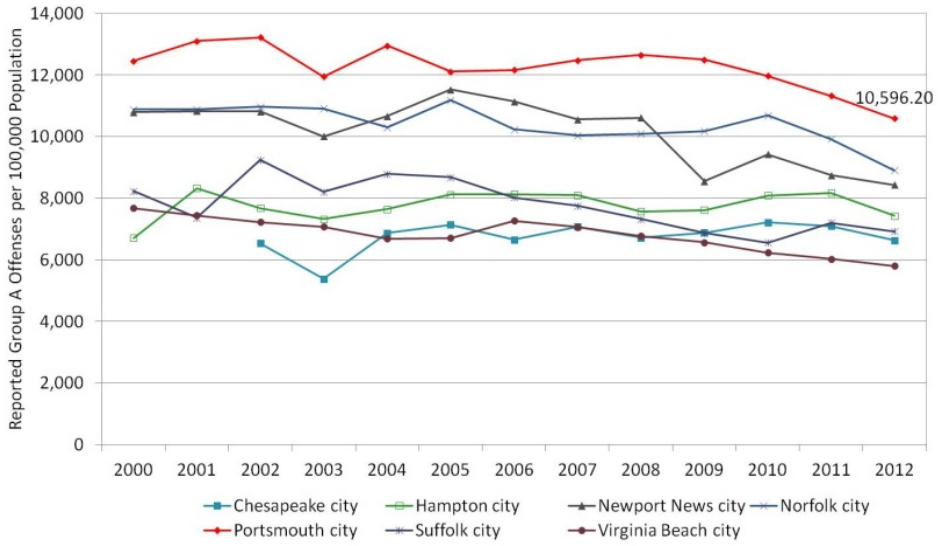


Figure 46: Total Group A Offenses, Hampton Roads Region, 2000-2012
Source: Crime in Virginia Report, Department of State Police

[16] Including: arson, assault, bribery, burglary, counterfeiting/forgery, destruction/damage/vandalism of property, drug/narcotic offenses, embezzlement, extortion/blackmail, fraud, gambling, homicide, kidnapping/abduction, larceny/theft, motor vehicle theft, pornography/obscene material, prostitution, robbery, sex offenses – forcible and nonforcible, stolen property, and weapon law violations

[17] The violation of laws prohibiting the production, distribution, and/or use of certain controlled substances and the equipment or devices utilized in their preparation and/or use (includes drugs and equipment violations)

increase in domestic violence arrests for Portsmouth city in 2012 (873 arrests) but the number of arrests began to decline again in the next year.

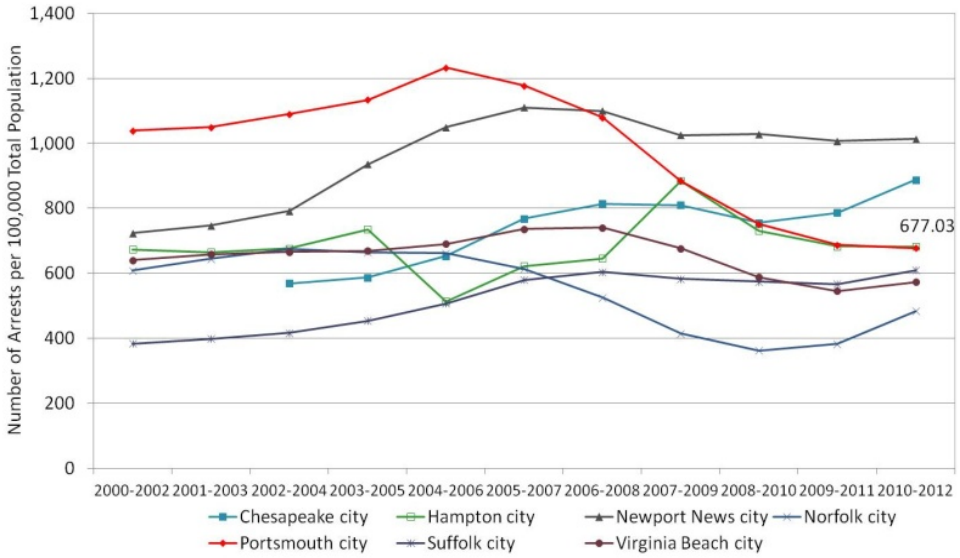


Figure 47: Arrests for Drug & Narcotic Offenses, Hampton Roads Region, 2000-2012
Source: Crime in Virginia Report, Department of State Police

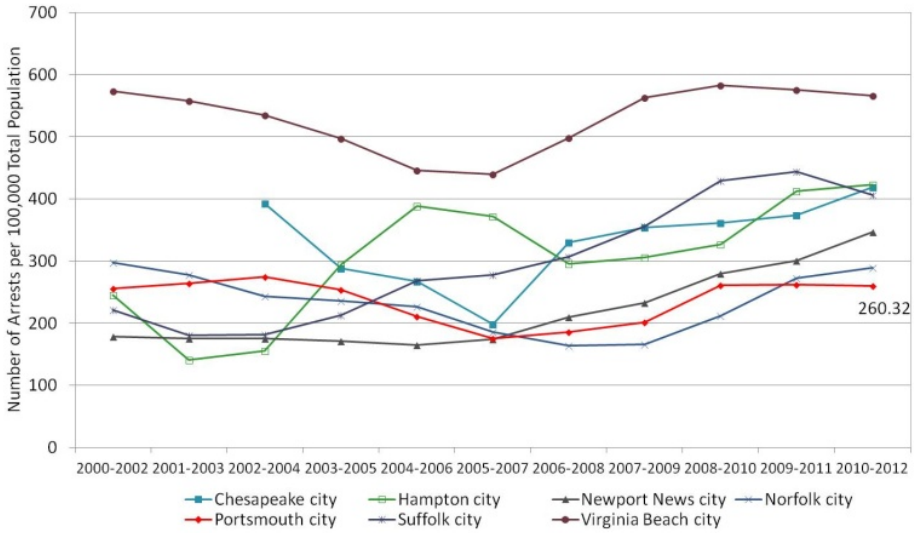


Figure 48: Arrests for DUI, Hampton Roads Region, 2000-2012
Source: Crime in Virginia Report, Department of State Police

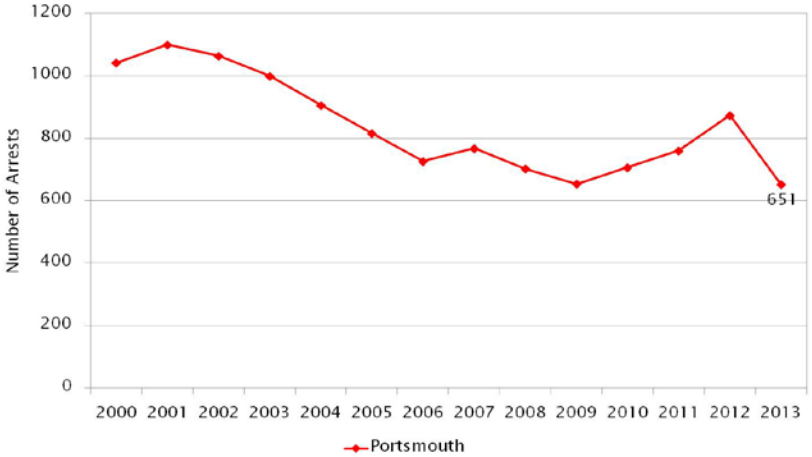


Figure 49: Arrest Totals for Domestic Violence, Portsmouth city, 2000-2013
Source: Portsmouth Police Department

Rate of Founded Child Abuse and Neglect Reports

There has been a substantial decrease (44.8%) in the rate of abuse/neglect reports for Portsmouth from 5.40 per 1,000 children in 2000-2002 to 2.98 per 1,000 children in 2009-2011 (Figure 50). In general, the other Hampton Roads localities tend to follow the same trend of decreasing rates of child abuse/neglect reports, with the exception of Suffolk.

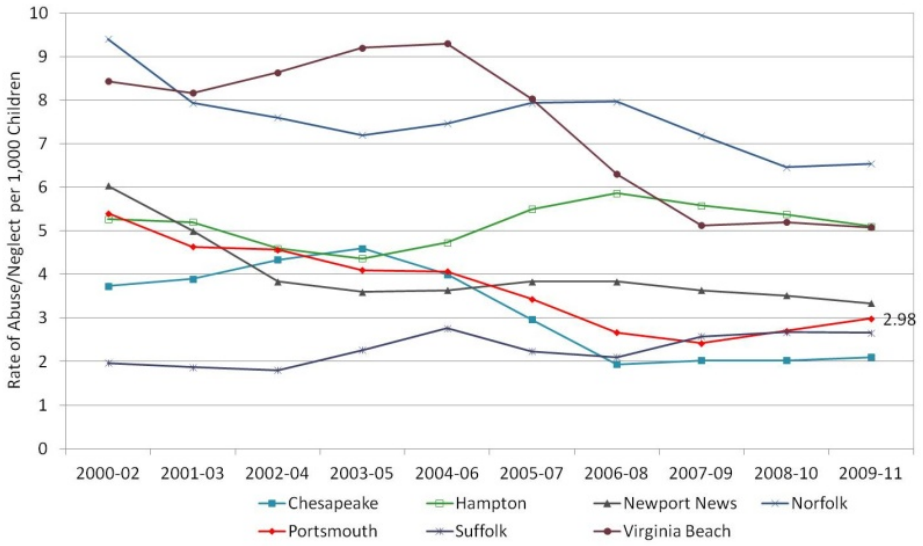


Figure 50: Founded Child Abuse and Neglect, Hampton Roads Region, 2000-2011
Source: Virginia Department of Social Services

Environmental Health

Maintaining a healthy environment, especially air and water, leads to increased quality of life and improved community health. Poor environmental quality presents the greatest risks for people with underlying health issues. Studies have shown that several air pollutants, most notably ozone and fine particulate matter, can contribute to increased morbidity and mortality.[18,19,20,21] Protecting water sources and minimizing exposure to contaminated water sources are critical in reducing infectious diseases.

Air Quality

Figure 51 shows the Air Quality of Richmond, Washington-Arlington-Alexandria and Virginia Beach-Norfolk-Newport News from 2005-2012 (Portsmouth is a part of the Virginia Beach-Norfolk-Newport News region). Good air quality days are consistently higher in the Virginia Beach-Norfolk-Newport News region than in the Richmond and Washington-Arlington-Alexandria area. Air quality has increased for the Virginia Beach-Norfolk- Newport News region from 47.4% in 2005 to 79.5% in 2012.

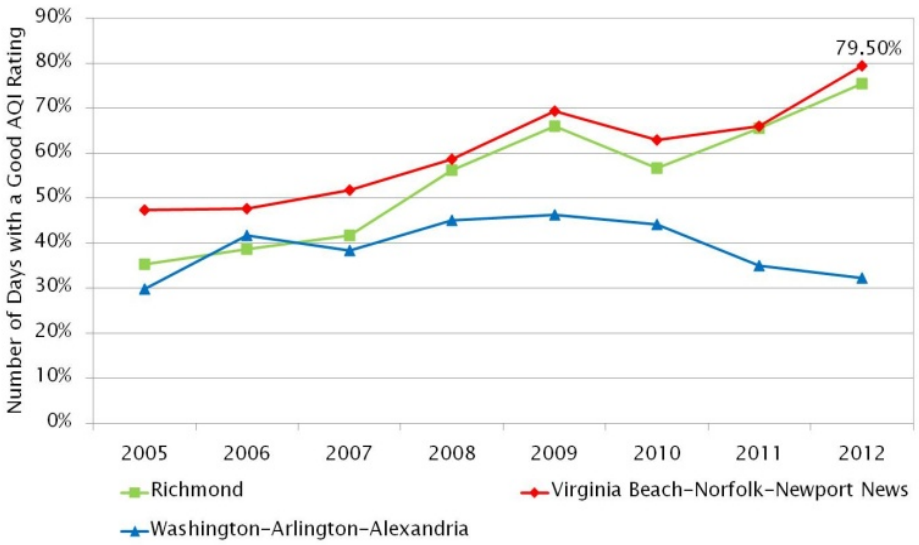


Figure 51: Air Quality, Richmond, Washington, and Virginia Beach regions, 2005-2012 Source: Environmental Protection Agency

[18] Bascom, R., Bromber, P., & Costa, D. (1996). Health effects of outdoor air pollution. *Am J Respir Crit Care Med* , 153: 3-50. Retrieved August 8, 2012 http://www.countyhealthrankings.org/health-factors/environmental-quality

[19] Bell, M., McDermott, A., Zeger, S., Samet, J., & Dominici, F. (2004). Ozone and short-term mortality in 95 US urban communities, 1987-2000. *JAMA* , 292: 2372-2378. Retrieved August 8, 2012 http://www.countyhealthrankings.org/health-factors/environmental-quality

[20] Jerrett, M., Burnett, R., & Pope, C. (2009). Long-term ozone exposure and mortality. *New England Journal of Medicine* , 360: 1085-1095. Retrieved August 8, 2012 http://www.countyhealthrankings.org/health-factors/environmental-quality

[21] Pope, C., Ezzati, M., & Dockery, D. (2009). Fine-particulate air pollution and life expectancy in the United States. *New England Journal of Medicine* , 360: 376-386. Retrieved August 8, 2012 http://www.countyhealthrankings.org/health-factors/environmental-quality

Water Quality

Figure 52 and Figure 53 show the water quality of Portsmouth from 2009-2012. There were no water quality violations during this period.

Substance (Unit of Measure)	Year Sampled	Amount Detected	MCL [MRDL]	MCLG [MRDLG]	Violation
Alpha Emitter (pCi/L) (carcinogenic)	2012	1.7	15	0	No
Beta/Photon Emitters (pCi/L) (carcinogenic)	2011	5.8	50	0	No
	2012	4.5			No
Combined Radium (pCi/L) (Naturally occurring radioactive metal in soil – causes bone cancer – more than one radium particle)	2009	0.2	5	0	No
	2011	0.2			No
	2012	0.4			No
Di(2-ethylhexyl) Phthalate (ppb) (Chemical in carpets and plastics – cacogenic)	2009	2	6	0	No
	2012	1.1			No
Haloacetic Acids [HAA] (ppb) (Product from chlorine from disinfecting drinking water reacting with natural organic mater – carcinogenic)	2009	32	60	NA	No
	2011	34			No
	2012	46			No
TTHMs [Total Trihalomethanes] (ppb) (Industrial solvents/refrigerants – carcinogenic)	2009	48	80	NA	No
	2011	48			No
	2012	63			No

Figure 52: Water Quality: Carcinogens, Portsmouth city, 2009-2012
Source: Lake Kilby Water Treatment Plant

Substance (Unit of Measure)	Year Sampled	Amount Detected	MCL [MRDL]	MCLG [MRDLG]	Violation
Barium (ppm) (Natural metal – used in industry, can increase blood pressure)	2009	0.034	2	2	No
	2011	0.03			No
	2012	0.027			No
Chloramines (ppm) (Used to clean water – want it there to clean, but not too much)	2009	3.5	[4]	[4]	No
	2011	3.27			No
	2012	3.6			No
Chromium (ppm) (Natural metal – irritate allergies)	2009	0.001	100	100	No
Fluoride (ppm) (Helps dental health, but too much can cause bone problems)	2009	1.27	4	4	No
	2011	0.76			No
	2012	1.27			No
Nitrate (ppm) (Plant nutrients – toxic in high concentrations)	2011	0.14	10	10	No
	2012	0.06			No
Total Organic Carbon (ppm) (After filtration, how much organic matter left, i.e. dead things)	2009	3.1	TT	NA	No
	2011	3.21			No
	2012	3.2			
Tubidity^2 (NTU) (Cloudiness)	2009	0.08	TT	NA	No
	2011	0.11			No
	2012	0.12			
Lead (ppm)	2009				
	2011	<.001			
	2012	<1	15	0	No
Copper (ppm)	2009	0.181	1.3	1.3	No
	2011	0.181			No
	2012	0.174			No

Figure 53: Water Quality: Regulated Substances, Portsmouth city, 2009-2012
Source: Lake Kilby Water Treatment Plant

Elevated Blood Lead Levels

According to the Occupational Safety and Health Administration, lead poisoning is the leading environmentally-induced illness in children in the U.S. Figure 54 shows the children aged less than 72 months (6 years old) that were tested for elevated blood levels (line) and those that tested positive (bars) in Portsmouth from 2005 to 2011. The number of children with elevated blood levels fluctuates from year to year but overall, from 2005-2011, there was a decrease in percentage of children with elevated levels. Figure 55 shows the percentage of children that tested positive for elevated blood lead in comparison to the other Hampton Roads cities.

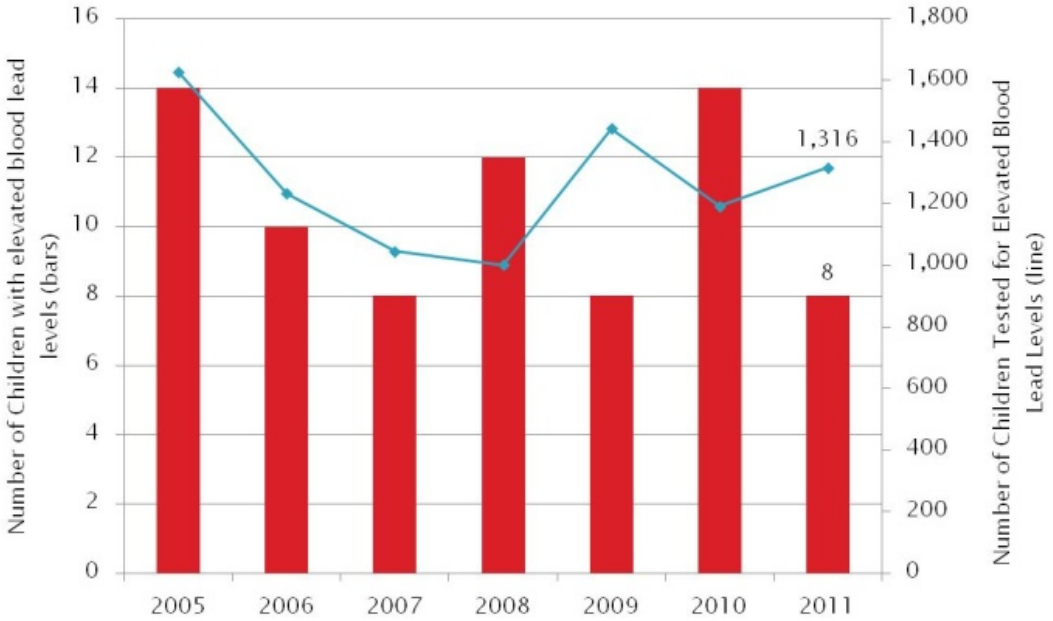


Figure 54: Children <72 months with Elevated Blood Lead Levels, Portsmouth city, 2005-2011
Source: Annual Lead-Safe Virginia Summary Surveillance Report

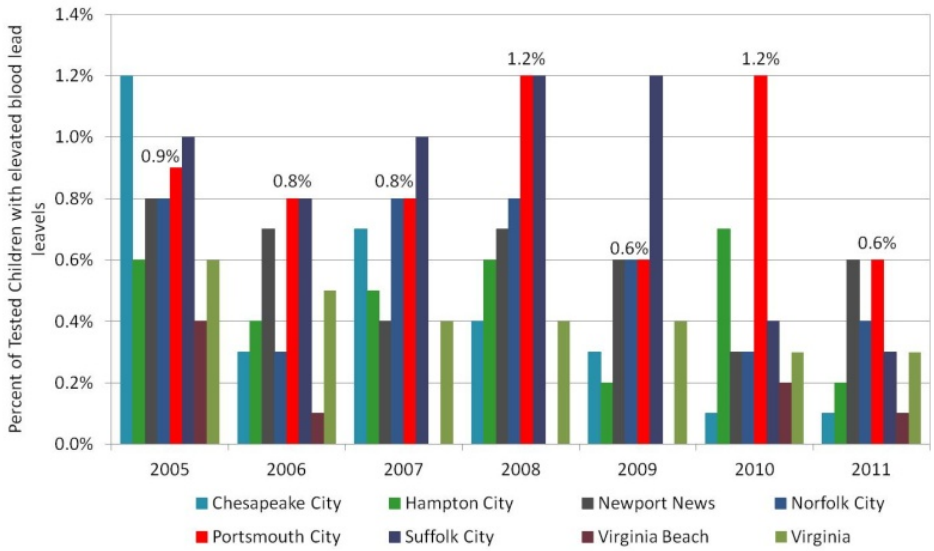


Figure 55: Children with Elevated Blood Lead Levels, Hampton Roads Region, 2005-2011
Source: Lead-Safe Virginia

Health Behaviors

Tobacco Use

Tobacco use, which is associated with multiple poor health risks, is among the most important modifiable risk factors of adverse health outcomes.[22] Figure 56 shows the average percentage of adult smokers in the Hampton Roads region, where 23% of Portsmouth adults reported smoking in 2008-2010, which was above the Healthy People 2020 goal of 12%. Though there has been a decrease since 2002, the percentage is still higher than most other cities in the region, except for Hampton, and Virginia.

As shown in Figure 57, with a $0.30 per pack tax, Virginia ranks 50th among U.S. states in the cigarette tax charged per pack, which is even lower than other major tobacco states' average ($0.49). However, though many states do not allow localities to institute a local cigarette tax, Virginia is an exception and with a $.60 local tax, the tax on cigarettes in

[22] Centers for Disease Control and Prevention. (2011). Current cigarette smoking prevalence among working adults - United States, 2004-2010. *MMWR , 60* (38), 1305-1309.

Portsmouth totals $0.90, which is higher than Chesapeake and Suffolk, but lower than the rest of the cities in the Hampton Roads region.

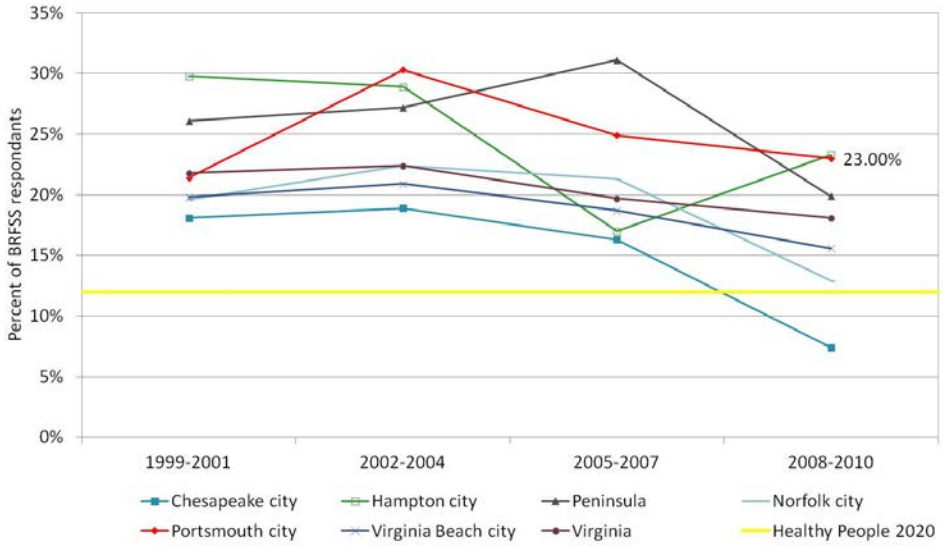


Figure 56: Current Adult Smokers, Hampton Roads and Virginia, 1999-2010
Source: Virginia BRFSS

State Cigarette Excise Tax Rate and Rankings		
	Rank (1=high tax rate)	Tax per pack
Virginia	50th	$0.30
North Carolina	45th	$0.45
South Carolina	42nd	$0.57
Maryland	12th	$2.00
DC	11th	$2.50
Overall States' Average		$1.53
Major Tobacco States' Average		$0.49
Other States' Average		$1.67

Local Government Cigarette Tax Rate			
	Local Cigarette Tax (per pack)	State Cigarette Tax (per pack)	Total State + Local Tax (per pack)
Tappahannock	$0.15	$0.30	$0.45
Poquoson, Smithfield, Williamsburg	$0.25	$0.30	$0.55
Chesapeake, Suffolk	$0.50	$0.30	$0.80
Portsmouth	$0.60	$0.30	$0.90
Virginia Beach	$0.65	$0.30	$0.95
Norfolk	$0.75	$0.30	$1.05
Hampton	$0.80	$0.30	$1.10
Newport News	$0.85	$0.30	$1.15
Alexandria	$1.00	$0.30	$1.30
Chicago, Illinois	$1.18	$1.98	$6.16
New York City, New York	$1.50	$4.35	$5.85

Figure 57: Tobacco Tax Facts, Hampton Roads and Virginia, 2013-2014
Source: Campaign for Tobacco Free Kids; Local Commissioners of Revenue

Adult Obesity

Obesity is a major risk factor for chronic disease and continues to be a national problem among adults aged 20 years old and over; creating opportunities to access healthy foods and to engage in physical activity can be effective approaches to addressing this issue.[23] However, obesity is more than just a national issue – it continues to be a significant problem in Portsmouth; according to the 2013 PPL-PHD Health Needs Survey, 39% of respondents listed obesity as the top health challenge they face (Figure 58). In 2010, 37-40% of adults in Portsmouth were obese[24] by self-reported height and weight (Figure 59 and Figure 60), which was higher than Virginia (26.4%) and the Healthy People 2020 goal (30.5%) and is a dramatic increase from 25.9% in 2004, with a more recent sharp increase since 2008. This was echoed in the

[23] Centers for Disease Control and Prevention. (2009, December 7). *Overweight and obesity: causes and consequences*. From Centers for Disease Control and Prevention Web Site: http://www.cdc.gov/obesity/causes/index.html. Retrieved August 8, 2012 http://www.countyhealthrankings.org/health-factors/built-environment

[24] BMI > 30

Community Assessment for Public Health Emergency Response (CASPER) survey of 2012, where 37% of households reported being diagnosed as Overweight or Obese (Figure 61).

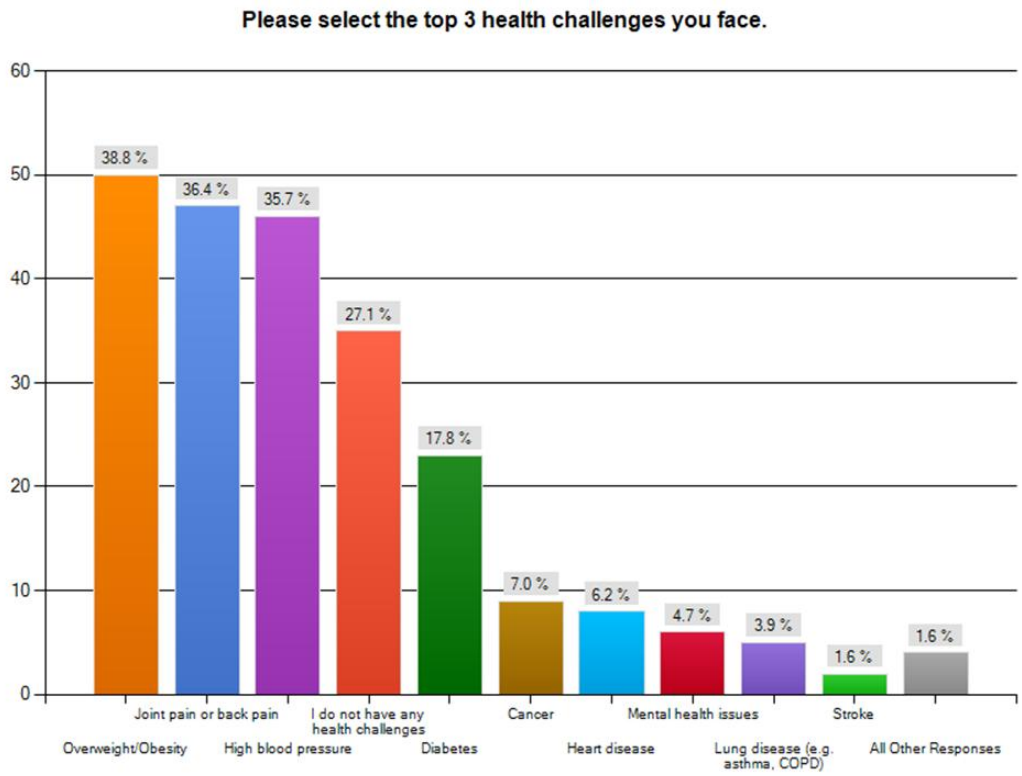


Figure 58: Top Health Challenges, Portsmouth city, 2013
Source: PPL-PHD Health Needs Survey

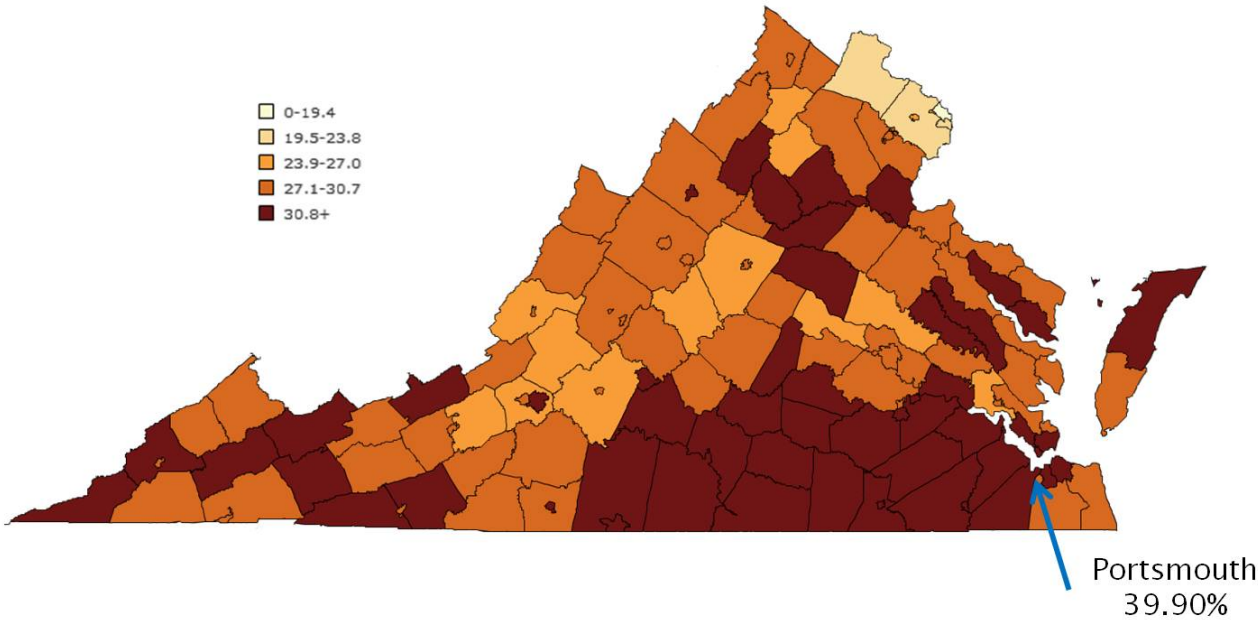


Figure 59: Percentage of Adults who are Obese, Virginia, 2010
Source: Centers for Disease Control and Prevention, Diabetes Public Health Resource: Diabetes Interactive Atlas

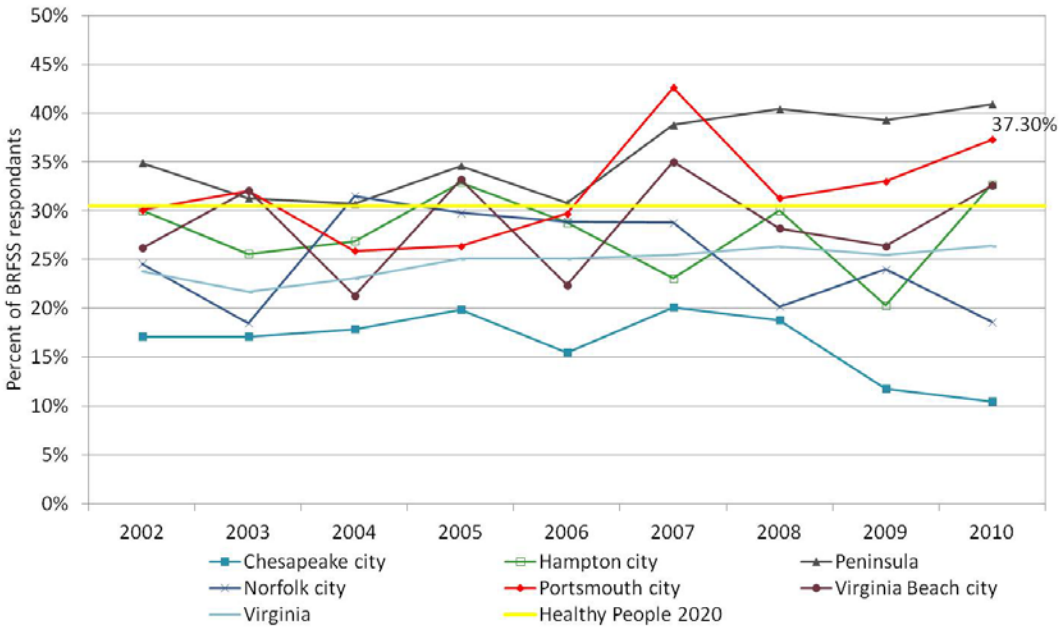


Figure 60: Adult Obesity, Hampton Roads and Virginia, 2002-2010
Source: Virginia BRFSS

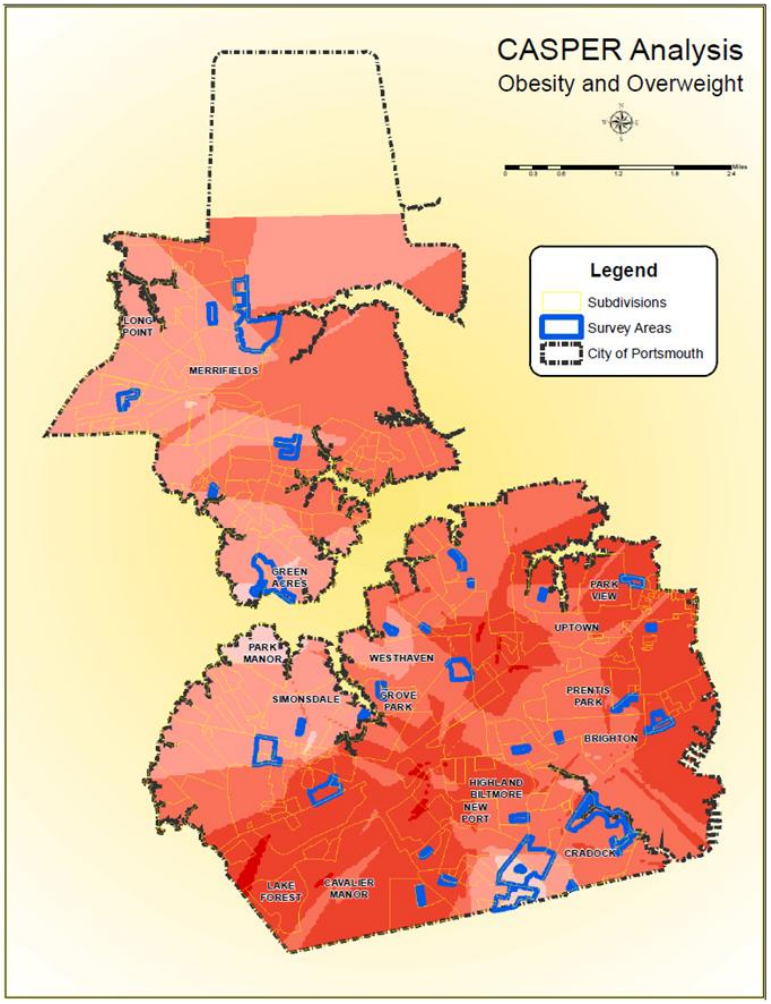


Figure 61: CASPER Analysis, Obesity, Portsmouth city, 2012
Source: Portsmouth CASPER Survey

Physical Inactivity

Physical inactivity is a problem in many cities in the Hampton Roads region – in 2010, over 25% of adults aged 20 years old and older were considered physically inactive[25] in every Hampton Roads city, with the exception of Chesapeake and Virginia Beach (Figure 62). In Portsmouth, 43.7% of adults were physically inactive, which was significantly higher than all other cities and Virginia (25%). The 2012 CASPER survey may give some insight into why the percentage is higher than the region, as 38% of households reported not doing regular physical activity because they do not want to (Figure 63).

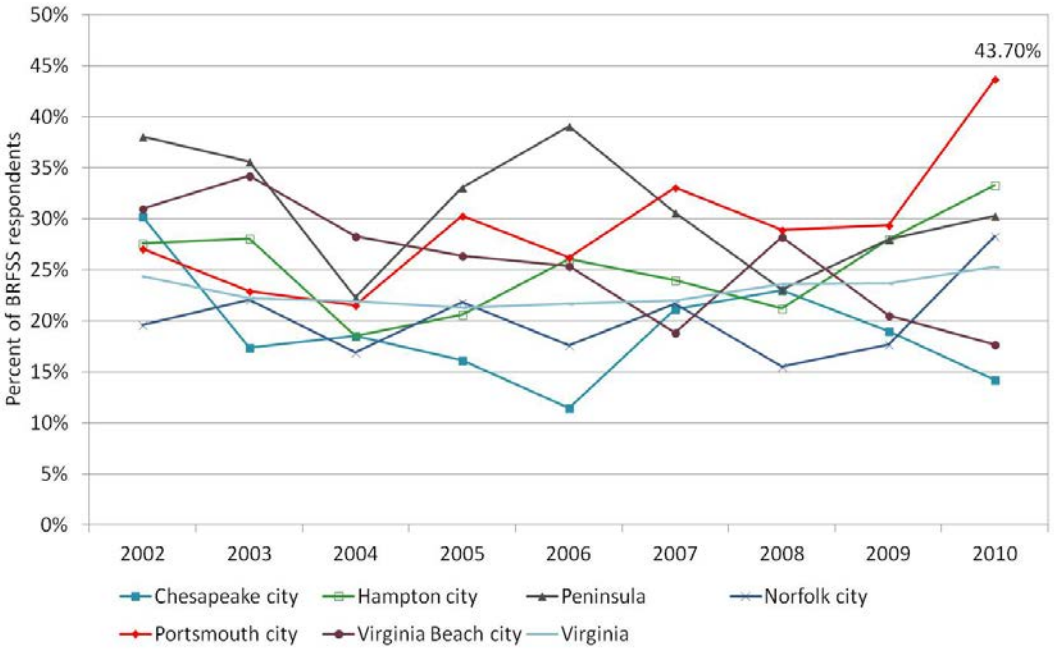


Figure 62: Physical Inactivity, Hampton Roads and Virginia, 2002-2010
Source: Virginia BRFSS

Characteristic	Frequency (n=180)	% of households
Frequency of physical activity		
Never/rarely	13	7
Some of the time	37	21
Often	51	28
Most of the time	79	44
Reasons for why regular physical activity is not done (among those who reported never/rarely)		
Lack of safe place	0	0
No time	2	25
Cannot afford gym	0	0
Does not have transportation to gym	0	0
No sidewalks or parks in area	1	12
Does not want to	3	38
Does not know how	0	0
Health reasons	2	25
Feels safe walking in neighborhood	155	87

Figure 63: CASPER Analysis, Physical Activity, Portsmouth city, 2012
Source: Portsmouth CASPER Survey

[25] In the past month, other than a regular job, they did not participate in any physical activities or exercises

Excessive Drinking

Figure 64 shows the percent of adults aged 18 and over who reported binge drinking, or having 5 or more drinks on one occasion, at least once in the past 30 days. When compared to the region, Portsmouth is comparable to most cities in Hampton Roads with 13.5% of adults drinking excessively.

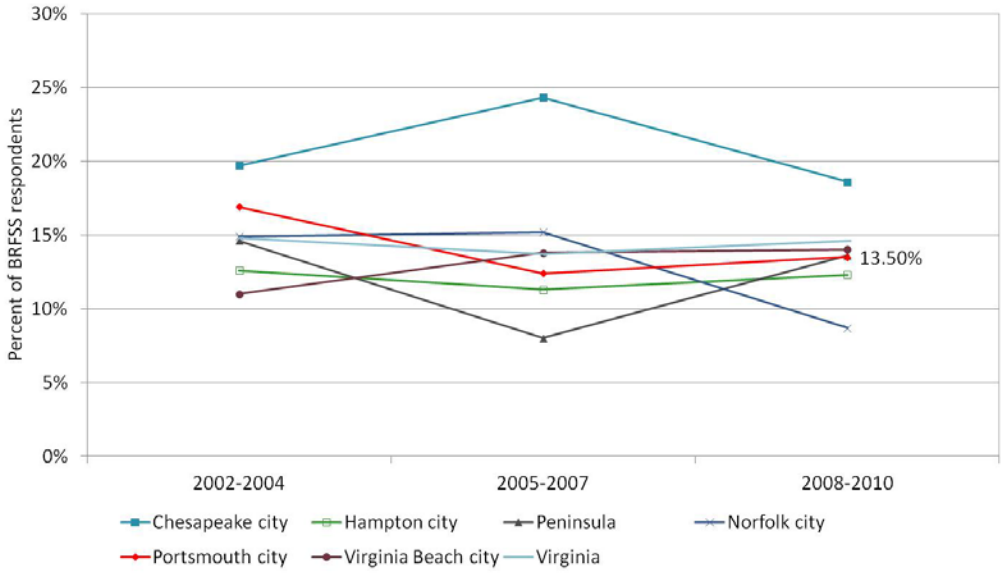


Figure 64: Binge Drinking, Hampton Roads and Virginia, 2002-2010
Source: Virginia BRFSS

Motor Vehicle Crashes

The rate of motor vehicle crashes occurring in Portsmouth decreased from a high of 2,114 crashes per 100,000 residents in 2003 to a low of 377 in 2010 to 1,458 in 2012, which was consistently higher than Chesapeake, but lower than most other Hampton Roads cities and Virginia (Figure 65). Along the same line, Portsmouth has consistently had the lowest rate of motor vehicle fatalities in the Hampton Roads region (Figure 66).

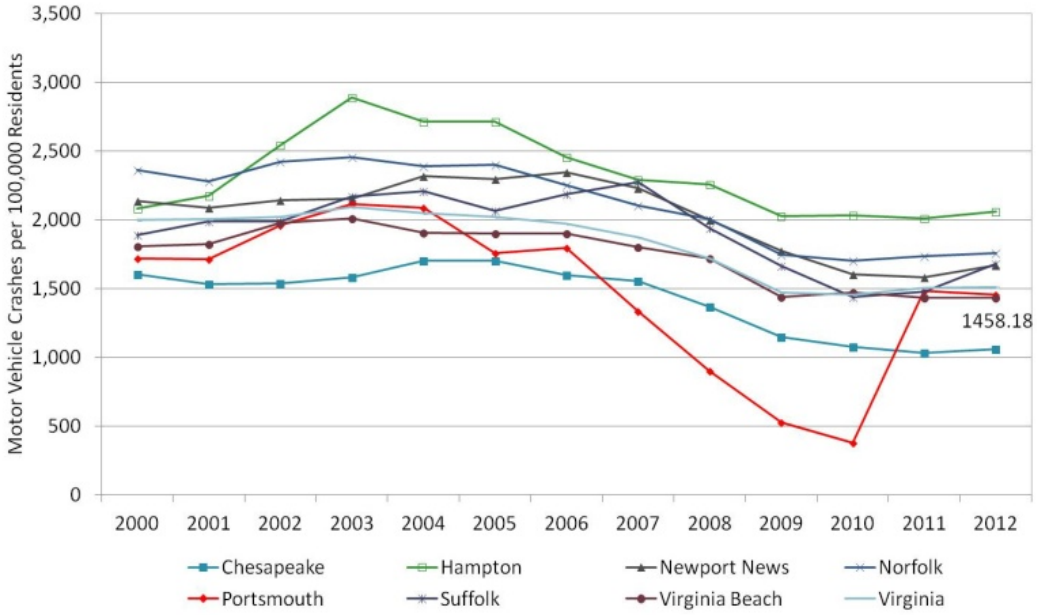


Figure 65: Motor Vehicle Crashes, Hampton Roads and Virginia, 2000-2012
Source: Virginia DMV, Virginia Traffic Crash Facts

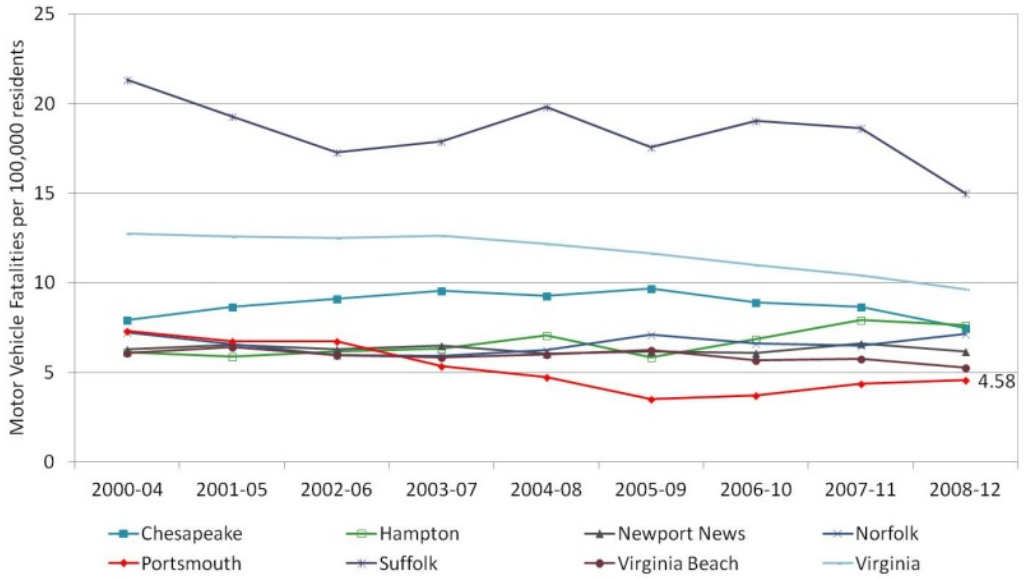


Figure 66: Motor Vehicle Fatalities, Hampton Roads and Virginia, 2000-2012
Source: Virginia DMV, Virginia Traffic Crash Fact

Section III – Health Status

Maternal and Child Health

Live Births

While the live birth[26] rate for most cities[27] in Hampton Roads and the state of Virginia has decreased from 2000 to 2011, the live birth rate for Portsmouth has increased from 15.40 per 1,000 residents to 16.50 per 1,000 (Figure 67). This rising trend in the live birth rate for Portsmouth led the city to have the second highest live birth rate in the Hampton Roads region as of 2011, just behind Newport News (17.00 per 1,000 residents).

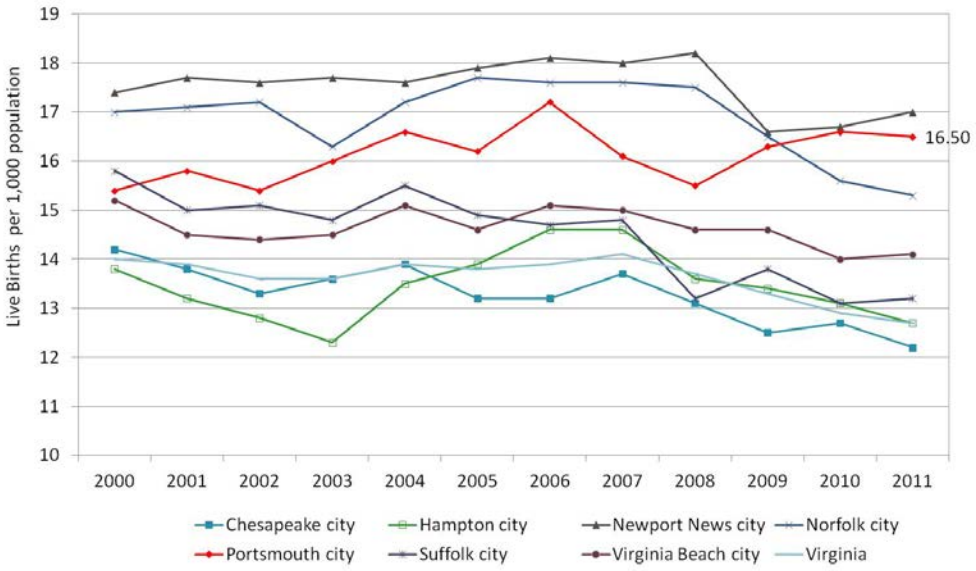


Figure 67: Total Live Birth Rate, Hampton Roads and Virginia, 2000-2011
Source: Virginia Department of Health (VDH)

Infant Mortality

Figure 68 illustrates the high infant mortality rates[28] (IMR) that occur in Hampton Roads as a whole and particularly in Portsmouth; the IMR for most Hampton Roads cities have consistently remained above the Healthy People 2020 goal of 6.0 deaths per 1,000 live births – with Chesapeake alone reaching the goal in 2009-2011. Portsmouth had the highest IMR in the region from 2000 to 2006. Then, though there was a large reduction in the rate between 2005 and 2009, an upward trend has developed and the IMR

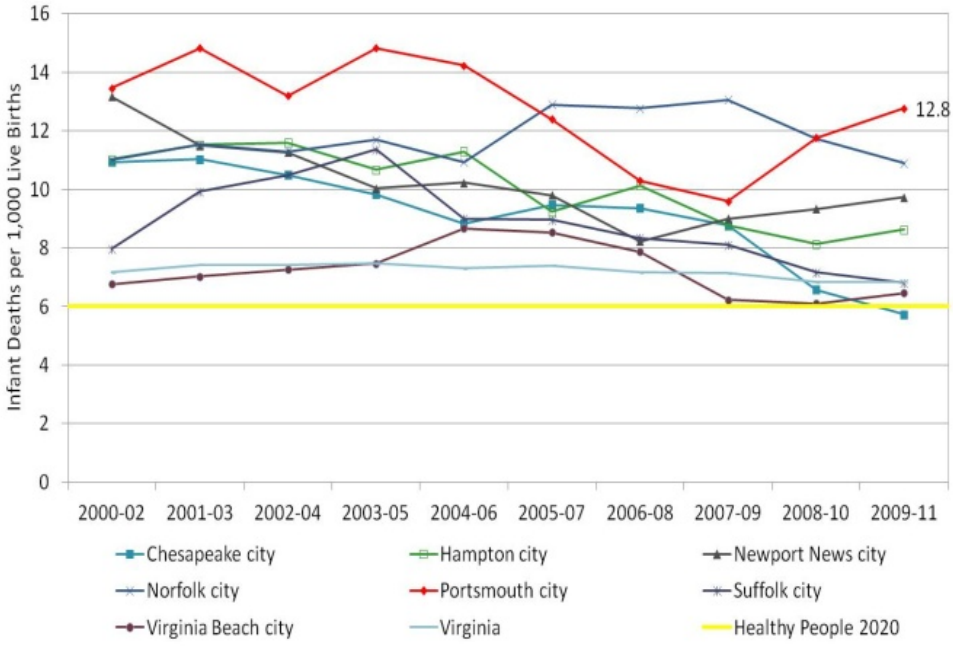


Figure 68: Total Infant Mortality Rate, Hampton, Roads and Virginia, 2000-2011
Source: VDH

[26] The complete expulsion or extraction of a product of human conception from its mother, irrespective of the duration of pregnancy, which breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached
[27] Based on city of residence – not where the mother gave birth
[28] Number of deaths among infants less than one year old per 1,000 live births

increased dramatically between 2007 and 2011. However, there has been an overall reduction in the Portsmouth IMR – from 13.5 deaths per 1,000 live births in 2000 to 12.8 per 1,000 live births in 2011.

There are also racial disparities in IMR for Portsmouth. Figure 69 shows that Black infants have a disproportionately higher rate of infant deaths compared to White infants. For most years between 2000 and 2011, the IMR for White infants in Portsmouth are at or below the Healthy People 2020 target, while the rates for Black infants are consistently above the target. In 2009-2011, the rolling average IMR for Other Residents (20.40 per 1,000 live births) was higher than Black Residents (17.33) and White Residents (6.47), but it should be noted that this may be a function of a smaller population – where one death may make a disproportionate impact on the rate.

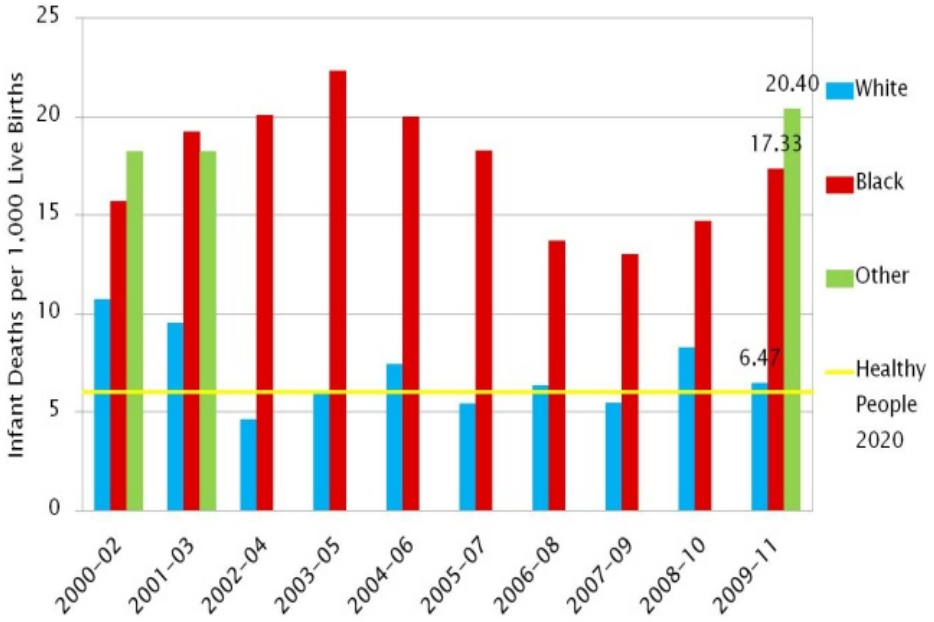


Figure 69: Total Infant Mortality Rate by Race, Portsmouth, 2000-2011
Source: VDH

Low-Weight Births

The percentages of low-weight births[29] in Portsmouth, as shown in Figure 70, are the highest in the Hampton Roads region, remaining between 10% and 12%. However, most Hampton Roads cities, with the exception of Virginia Beach and Virginia, are consistently above the Healthy People 2020 goal of 7.80%.

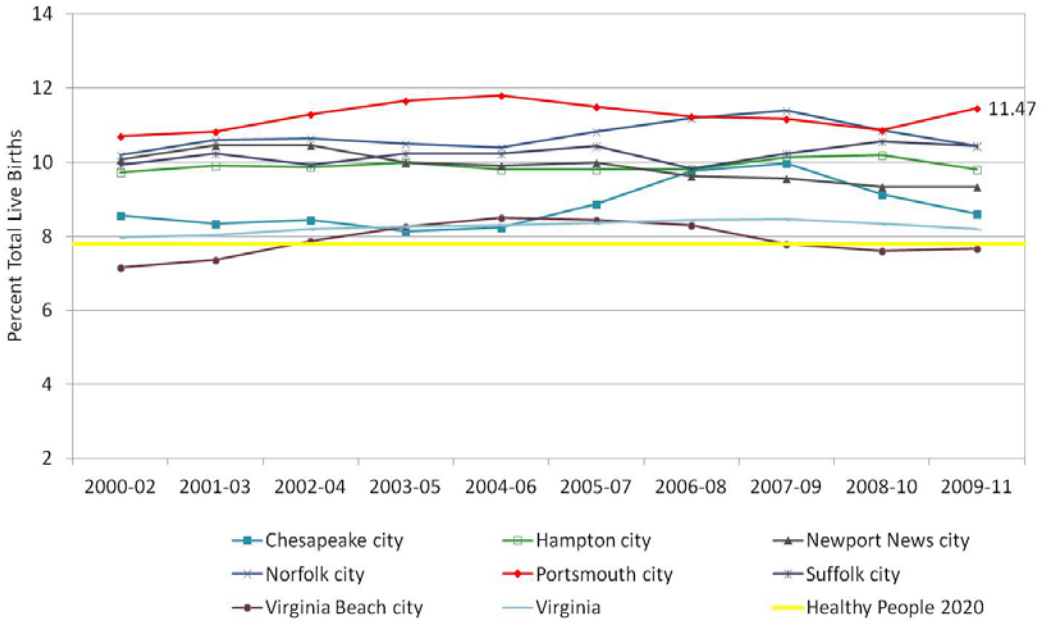


Figure 70: Low-Weight Births, Hampton Roads and Virginia, 2000-2011
Source: VDH

[29] Refers to a baby born weighing less than 5 pounds, 8 ounces

Neonatal Deaths

The neonatal death rate[30] for Portsmouth has been sporadic over the past decade. The neonatal death rate peaked at 10.5 per 1,000 live births in 2003-2005 and fell to a low of 6.0 neonatal deaths per 1,000 live births in 2007-2009 (Figure 71). Although there is currently an increasing trend in the rate for Portsmouth, the 2009-2011 rate of 9.4 per 1,000 live births is comparable to the 2000-2002 rate of 9.0 per 1,000, so the rate has not worsened overall.

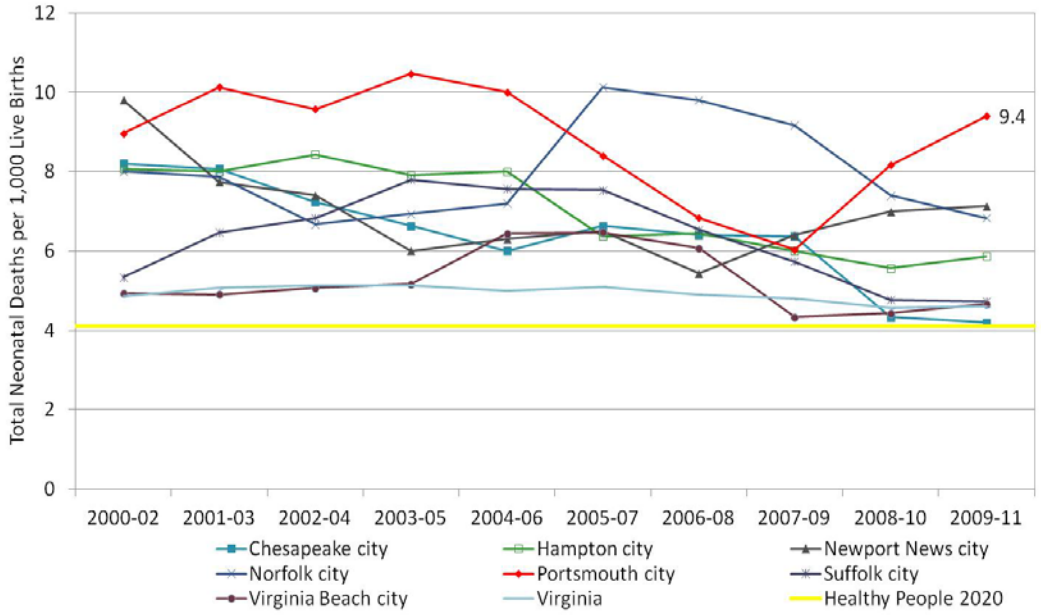


Figure 71: Total Neonatal Death Rate, Hampton Roads and Virginia, 2000-2011
Source: VDH

Teen Pregnancy

As shown in Figure 72, the Portsmouth teen pregnancy rate for 10-19 year old females has decreased overall since 2000. More recently, after a slight increase in 2006-2008, the teen pregnancy rate has remained steady from 2007-2009 to 2009-2011. On the other hand, most other Hampton Roads cities and Virginia have shown a consistent downward trend in teen pregnancy rates.

Teen pregnancy rates in Portsmouth, as with infant mortality rate trends, are higher in racial minorities compared to White residents. Figure 73 demonstrates that pregnancy rates are approximately twice as high in Black Residents teens[31] as White teens for most years. In 2009-2011, the teen pregnancy rate for Black Residents in Portsmouth was 60.50 per 1,000 females 10 to 19 years old, 55.97 per 1,000 for Other Residents, and 33.30 per 1,000 for White Residents.

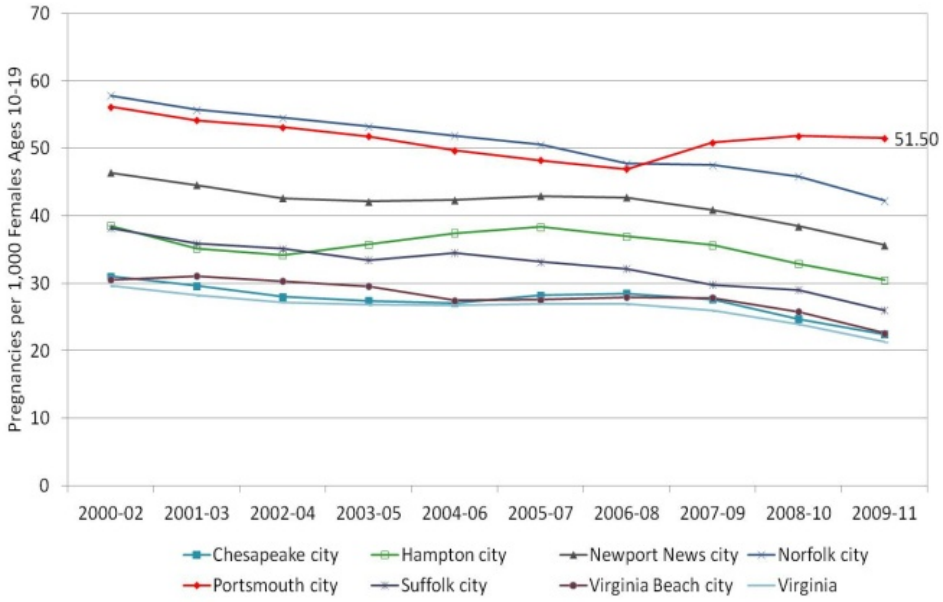


Figure 72: Teen Pregnancy Rate: Ages 10-19, Hampton Roads and Virginia, 2000-2011
Source: VDH

[30] The mortality rate within the first 28 days of life
[31] Also higher than "Other" Teens – but this may be a function of a smaller population size

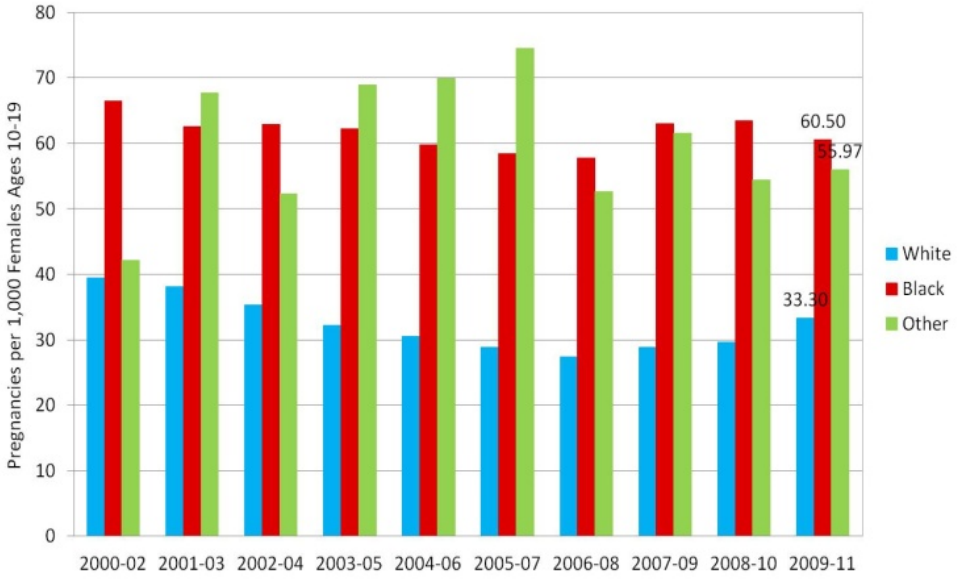


Figure 73: Teen Pregnancy Rate by Race: Ages 10-19, Portsmouth, 2000-2011
Source: VDH

More specifically, the teen pregnancy rates for 15-17 year old females in Portsmouth follow the same downward slope as the rates for females between 10 and 19 years old (Figure 74). Although Portsmouth had the highest teen pregnancy rate in the region, there has been a major reduction from 59.17 pregnancies per 1,000 females ages 15 to 17 years old in 2000-2002 to 48.53 pregnancies per 1,000 in 2009-2011. Virginia and all Hampton Roads cities display the same decreasing trend and most Hampton Roads cities, with the exception of Portsmouth and Norfolk, have met and surpassed the Healthy People 2020 goal of 36.20 pregnancies per 1,000 females.

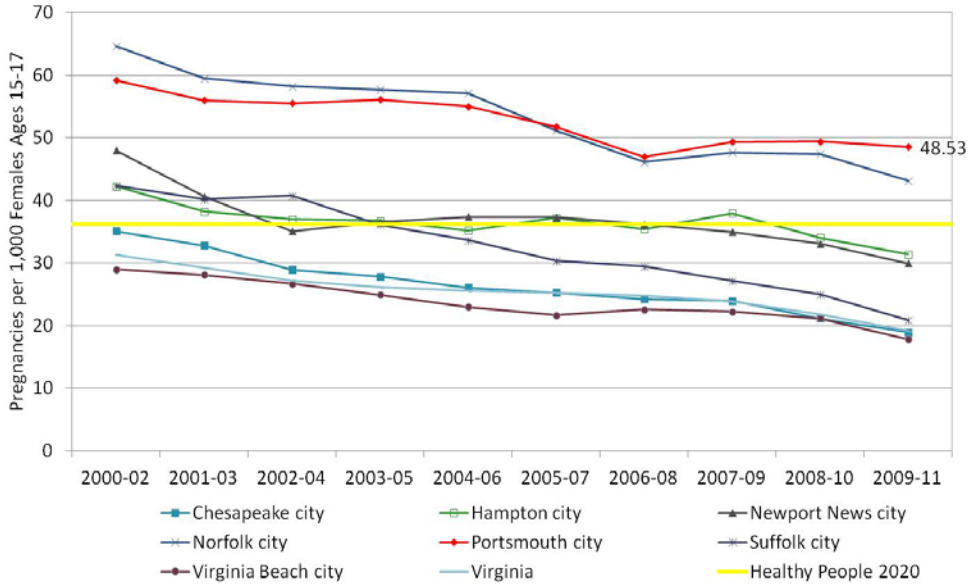


Figure 74: Teen Pregnancy Rate: Ages 15-17, Hampton Roads and Virginia, 2000-2011
Source: VDH

Induced Terminations

While the induced termination[32] rates for Portsmouth have increased, this trend is comparable to other cities in Hampton Roads, which as a region is consistently higher than in Virginia. The induced termination rate for Portsmouth was 29.00 per 1,000 females ages 15 to 44 years old in 2009-2011 (Figure 75).

[32] The intentional interruption of pregnancy with the intention to produce other than a live-born infant or to remove a dead fetus and which does not result in a live birth, regardless of reason for termination

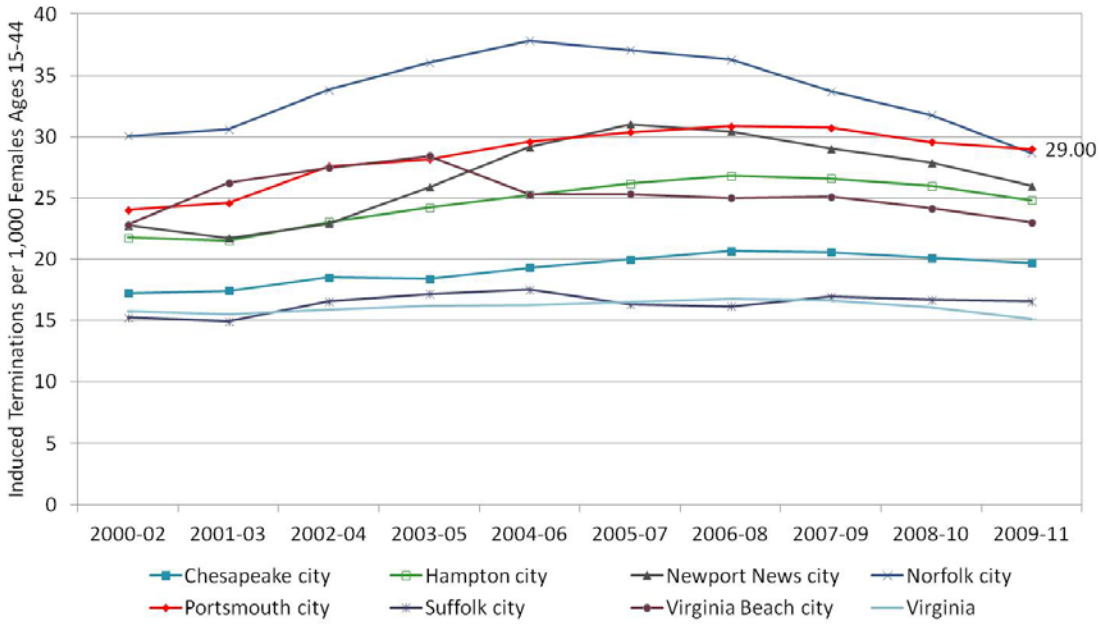


Figure 75: Induced Termination Rate, Hampton Roads and Virginia, 2000-2011
Source: VDH

Prenatal Care

Early entry into prenatal care allows women to be educated about healthy behaviors during pregnancy and allows for detection of problems.[33] Figure 76 reveals the rising percentage of live births to women who started receiving prenatal care in the first 13 weeks of pregnancy in Portsmouth. Virginia and all Hampton Roads cities, with the exception of Suffolk (76.33%), have met and exceeded the Healthy People 2020 target of 77.90%. Portsmouth surpassed this goal in 2007-2009 with 79.73% of women receiving prenatal care in the first trimester and 82.40% of women doing so in 2009-2011.

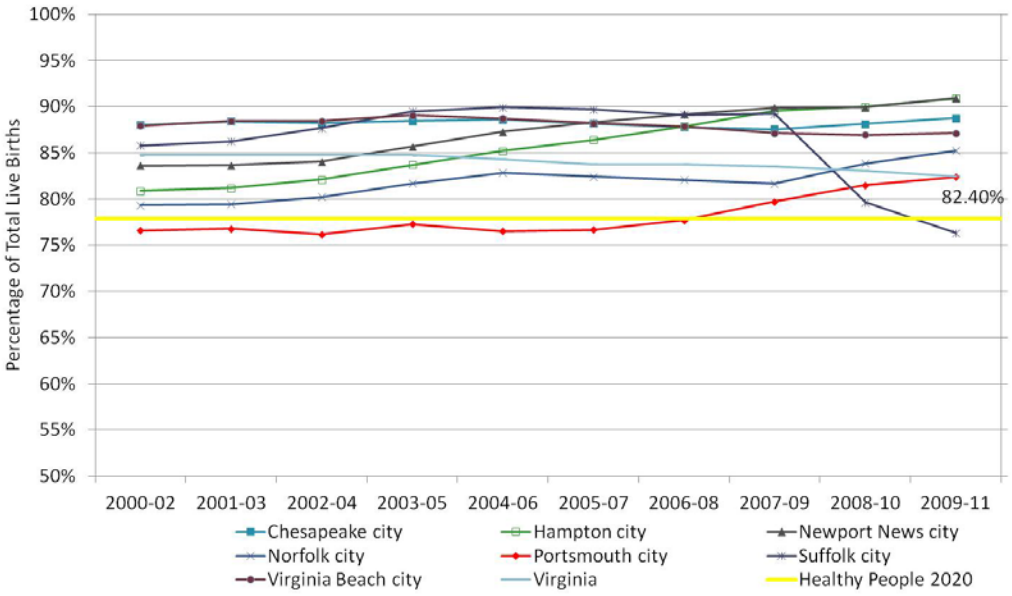


Figure 76: Live Births with Prenatal Care Beginning in First 13 Weeks, Hampton Roads and Virginia, 2000-2011
Source: VDH

For a full term (40 week) pregnancy with no complications, the American College of Obstetricians and Gynecologists recommends 13 to 14 prenatal appointments, based on one visit during the first trimester, followed by monthly visits until 28 weeks, visits every two weeks between 28 and 36 weeks, and then weekly visits until delivery. Figure 77 shows that the percentage of live births to pregnant women who had 10 or more prenatal care visits was generally in the 80-90% range for all Hampton Roads cities from 2000 to 2011. However, Portsmouth and Norfolk were exceptions to

[33] Healthy People 2020. (2012). Maternal, Infant and Child Health. *2020 Topics and Objectives*. Retrieved September 27, 2012 from HealthyPeople.gov website: http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=26

this tendency at different times. There were major declines in the percent of women who had 10 or more prenatal care visits in Portsmouth between 2003 and 2009, but this decline reversed itself and overall this percent has increased from 80.60% in 2000-2002 to 83.37% in 2009-2011.

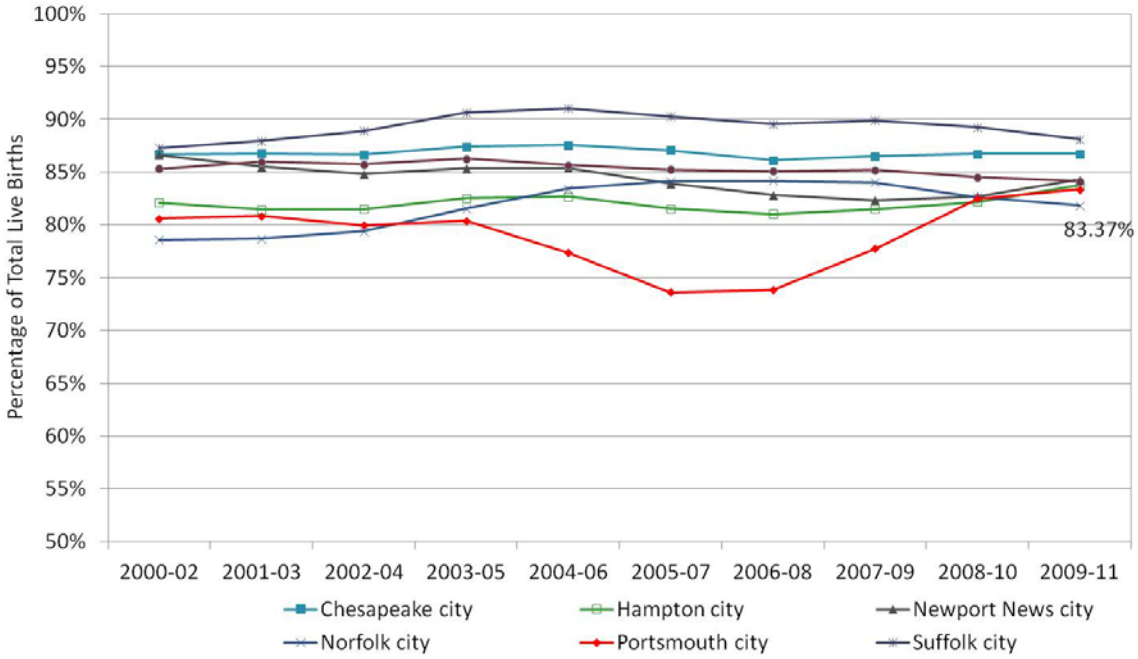


Figure 77: Pregnant Women who had 10+ Prenatal Visits, Hampton Roads and Virginia, 2000-2011
Source: VDH

Mothers with Less than 12th Grade Education

As shown in Figure 78, Portsmouth has seen a dramatic decrease of births to mothers with less than a 12th grade education. There has been an 8.3% reduction (to 18.70% of total live births in 2011) in the amount of live births to mothers with an educational level below 12th grade in Portsmouth from 2000 to 2011.

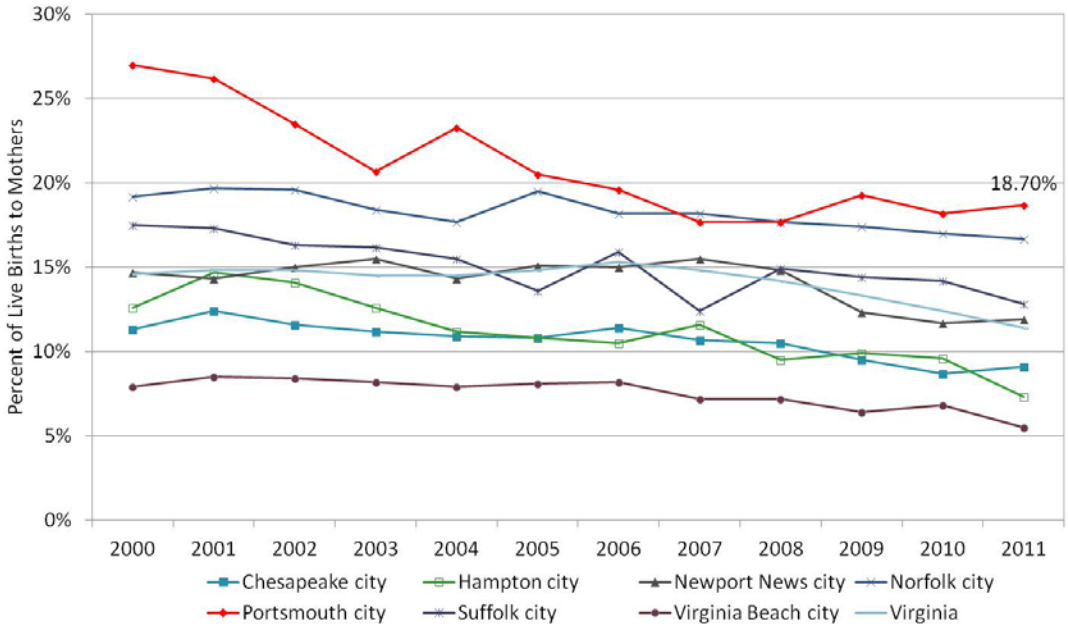


Figure 78: Live Births to Mothers with Less than 12th Grade Education, Hampton Roads and Virginia, 2000-2011
Source: VDH

Mortality

Figure 79 presents the five leading causes of death for Portsmouth residents in 2012. These leading causes of death are all chronic conditions, with heart disease being the primary condition that leads to death. We will cover each of these causes of death in more detail in this section.

Cause of death (2012)	Number of deaths per 100,000 persons
1. Heart Disease	193.3
2. Cancer	182.4
3. Cerebrovascular Disease (Stroke)	61.9
4. Chronic Lower Respiratory Disease (COPD and Asthma)	41.2
5. Diabetes	37.1
Total	911.2

Figure 79: Five Leading Causes of Death, Portsmouth, 2012
Source: VDH

Heart Disease-Related Deaths

There is a distinct downward trend in heart disease-related deaths[34] for Portsmouth, all cities in the Hampton Roads region, Virginia, and the United States (Figure 80). Although Portsmouth had the second highest rate of heart disease-related deaths as of 2011, behind Norfolk (212.6 deaths[35] per 100,000 residents), there has been a 26% decrease since 2000 from 279.4 to 207.2 deaths per 100,000 Portsmouth residents.

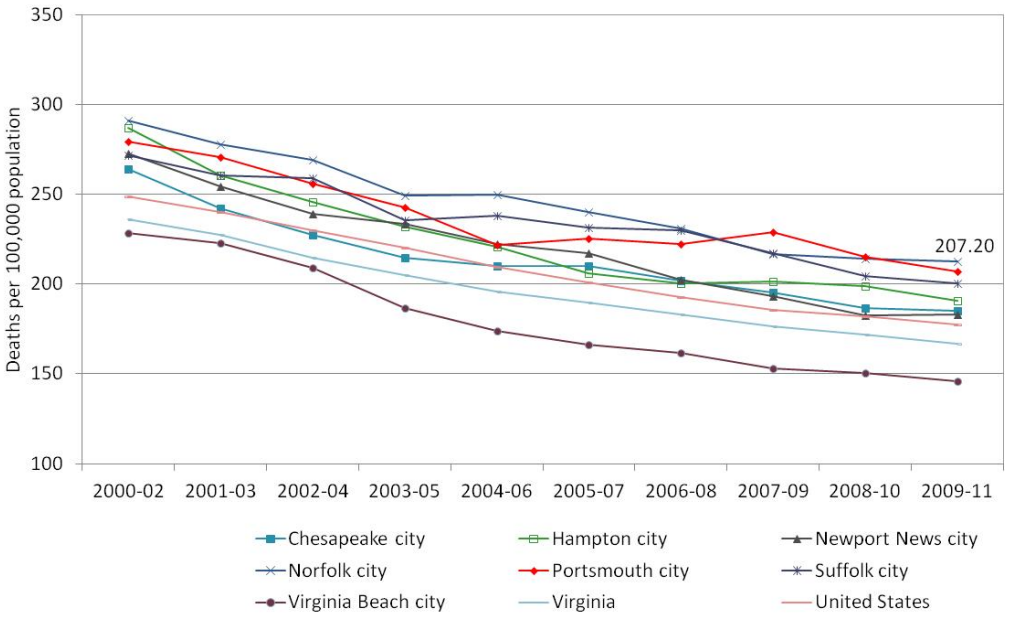


Figure 80: Diseases of the Heart Mortality Rates, Hampton Roads, Virginia, and the U.S., 2000-2011
Source: VDH

Cancer-Related Deaths

While the rates of cancer-related deaths[36] are decreasing for most Hampton Roads cities, Virginia, and the United States, Portsmouth currently has an escalating rate of deaths associated with cancer (Figure 81). Overall, Portsmouth's cancer-related deaths have decreased since 2000 from 246.6 to 238.8 per 100,000 residents in 2009-2011, with the

[34] Classified from "Diseases of the Heart" – Gathered from ICD 10 Codes I00-I09,I11,I13,I20-I51. The Healthy People 2020 target for heart disease is 100.8 deaths per 100,000, but we cannot compare them here because the target is based on coronary heart disease deaths, and this graph shows all heart disease deaths
[35] All Mortality Rates in this section are Three-Year Rolling Average of Age-Adjusted Mortality Rates
[36] Classified from Malignant Neoplasms – ICD codes C00 – C97

lowest rate of 223.0 deaths per 100,000 inhabitants between 2005 and 2007. However, cancer-related deaths have been on the rise for Portsmouth since 2006-2008.

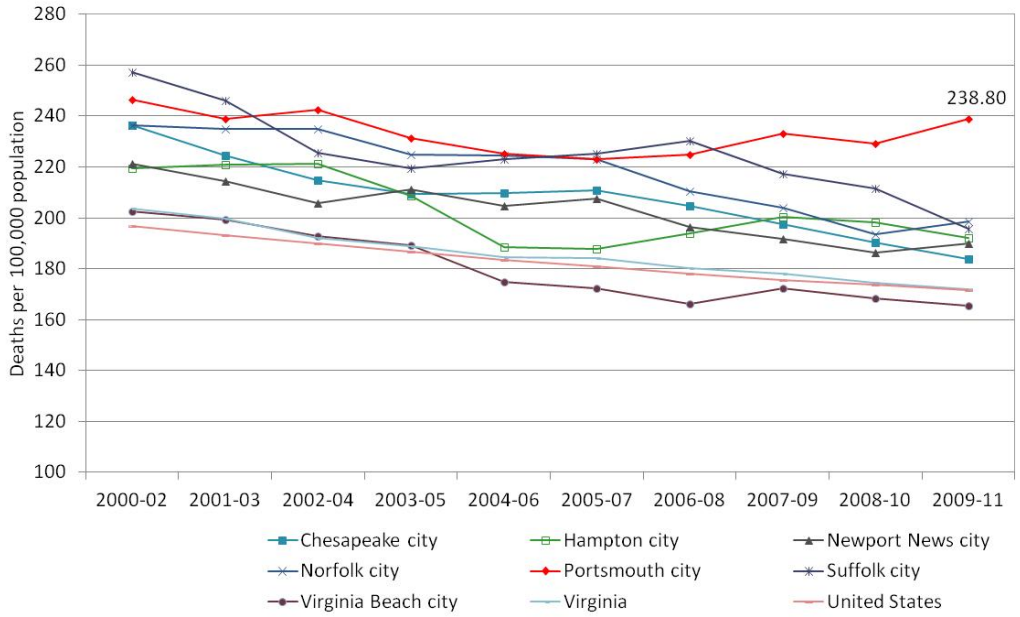
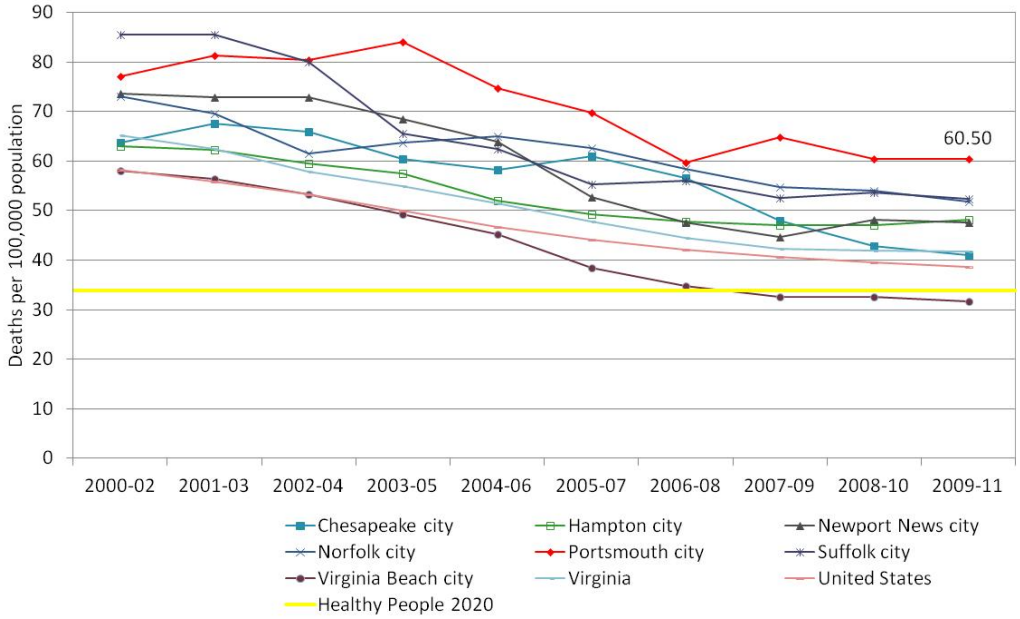


Figure 81: Malignant Neoplasms Mortality Rates, Hampton Roads, Virginia, and the U.S., 2000-2011
Source: VDH

Cerebrovascular Disease Deaths



As shown in Figure 82, Portsmouth had the highest rate of cerebrovascular disease[37] or stroke deaths in the Hampton Roads region as of 2011. However, there has been a significant decrease in stroke-related deaths for Portsmouth, which is comparable to Virginia and the United States. However, the 2009-2011 rate of 60.5 deaths per 100,000 residents for Portsmouth is almost two times the Healthy People 2020 goal of 33.8 per 100,000.

Figure 82: Cerebrovascular Disease Mortality Rates, Hampton Roads, Virginia, and the U.S., 2000-2011
Source: VDH

Chronic Lower Respiratory Disease Deaths

Chronic lower respiratory disease (or COPD and Asthma) death rates fluctuate from year to year for the cities in Hampton Roads (Figure 83) and Portsmouth's chronic lower respiratory disease-related deaths are neither the highest nor the lowest when compared to other regional cities, Virginia, and the United States. The death rate has decreased in Portsmouth over the decade from 47.2 per 100,000 residents in 2000-2002 to 42.3 per 100,000 in 2009-2011.

[37] Cerebrovascular disease, or stroke, occurs when blood flow to the brain is restricted or a blood vessel in the brain ruptures, causing ischemic or hemorrhagic stroke

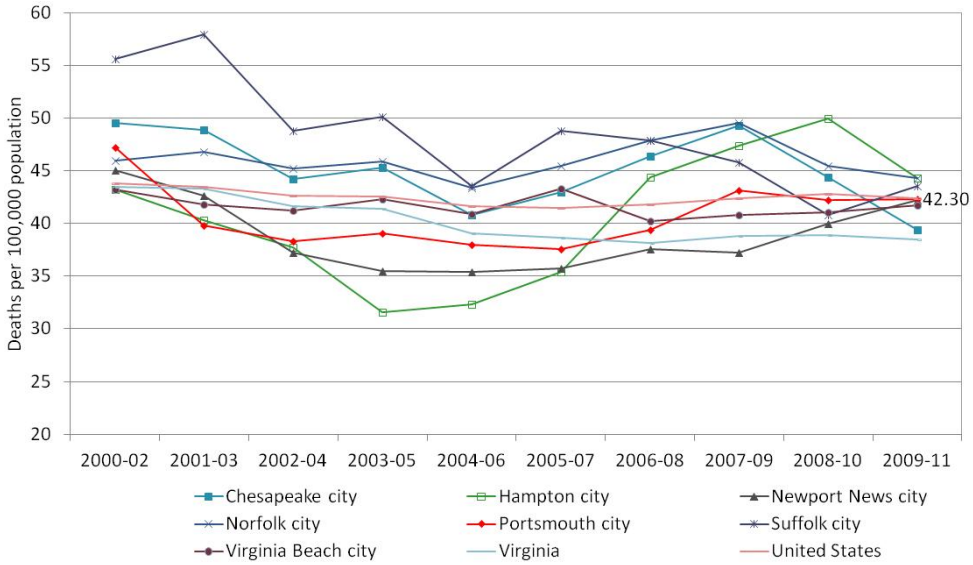


Figure 83: Chronic Lower Respiratory Disease Mortality Rates, Hampton Roads, Virginia, and the U.S., 2000-2011
Source: VDH

Diabetes-Related Deaths

Figure 84 illustrates that Portsmouth has the highest rate of diabetes-related deaths among Hampton Roads, Virginia, and the United States. Even though Portsmouth leads in diabetes-related deaths, the city had its lowest diabetes-related death rate in a decade in 2009-2011 (35.4 per 100,000 residents) and the recent downward trend in these deaths has been steady.

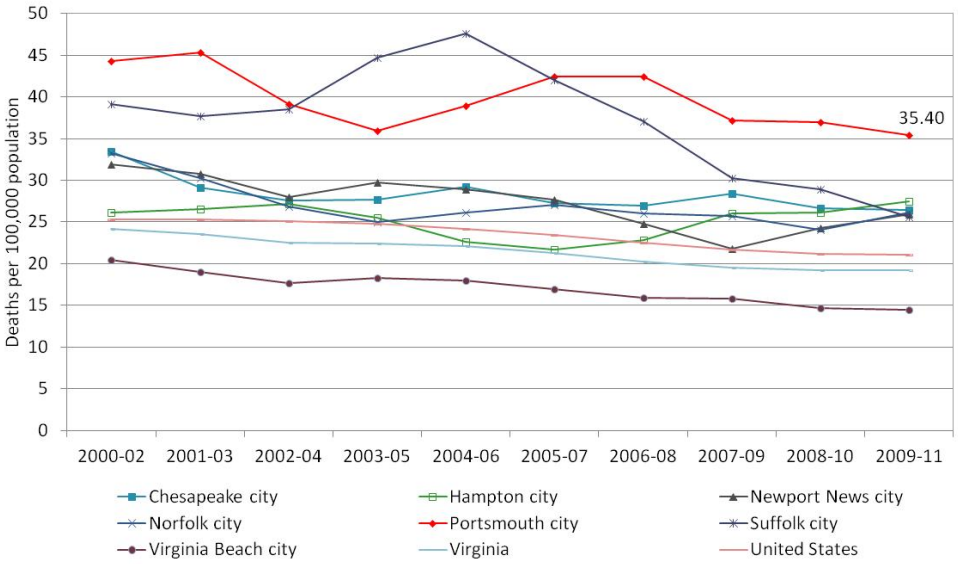


Figure 84: Diabetes Mellitus Mortality Rates, Hampton Roads, Virginia, and the U.S., 2000-2011
Source: VDH

Cancer

Total Cancer

Figure 85 shows the total incidence of cancer in Virginia from 2006 to 2010; there is a significant amount of cancer in the Hampton Roads region, and in Portsmouth there is a range of 489.7 to 522.5 cases per 100,000 people. This is consistent with how Portsmouth residents perceive health in their community – according to the CASPER survey, 11% of households in Portsmouth reported being diagnosed with cancer in 2013 (Figure 87). Figure 86 shows the total cancer mortality in Hampton Roads and Virginia, where Portsmouth has the highest rate among all Hampton Roads cities and Virginia. Since 2000, mortality rates were fairly consistent in Portsmouth until 2011, when there was a 5% increase.

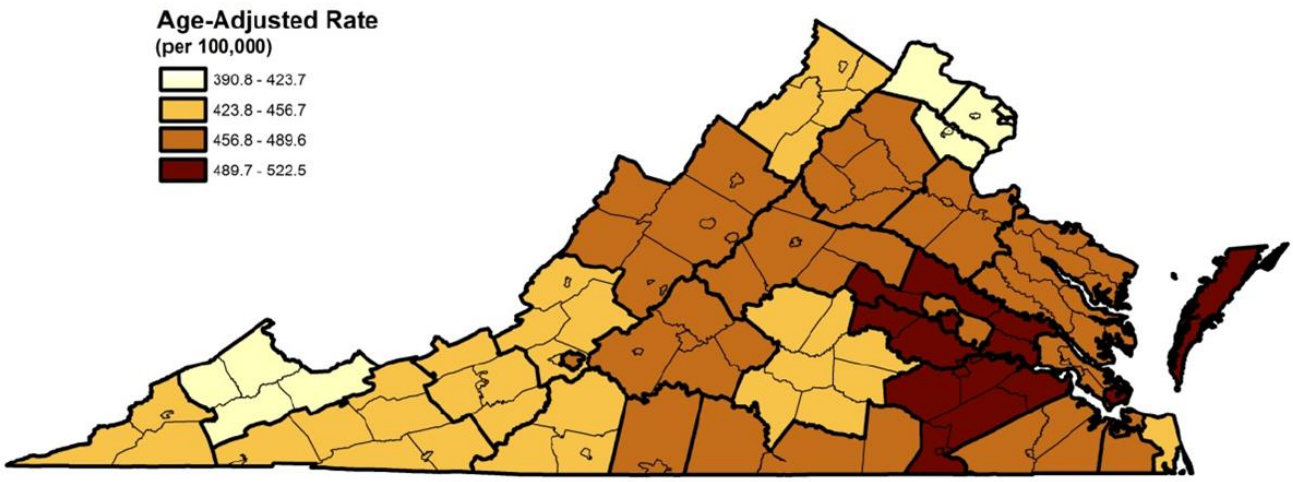


Figure 85: Total Cancer Incidence, Virginia, 2006-2010
Source: Cancer in Virginia Report

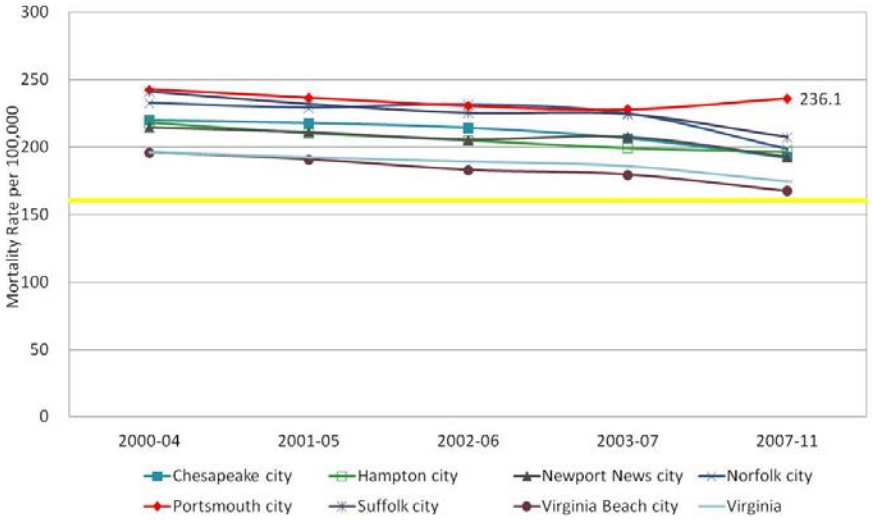


Figure 86: Total Cancer Mortality, Hampton Roads and Virginia, 2000-2011
Source: VDH

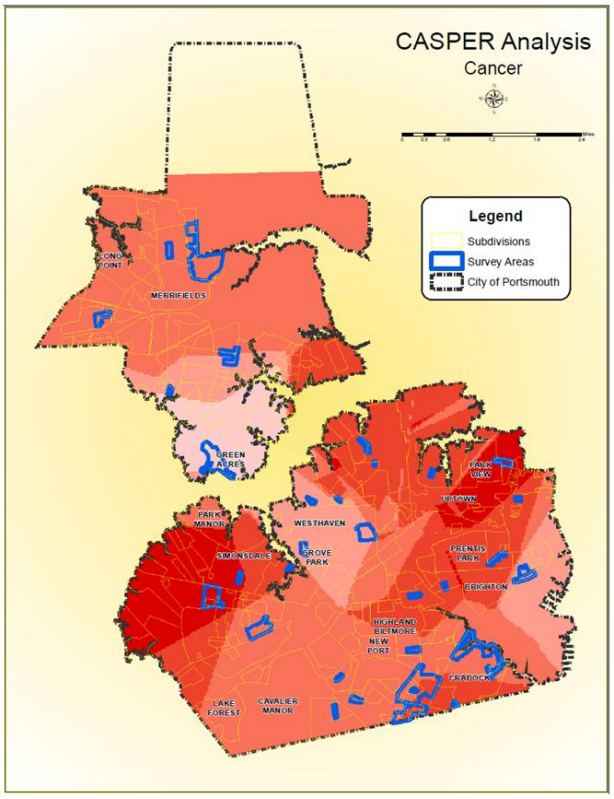


Figure 87: CASPER Analysis, Cancer, Portsmouth city, 2012
Source: VDH

Breast Cancer

Excluding skin cancer, breast cancer is the most frequently diagnosed cancer among women. Figure 88 shows the breast cancer incidence for the Virginia from 2006 to 2010, which shows that there is a high incidence of breast cancer in the Hampton Roads region, ranging from 127.1 to 139.0 cases per 100,000 people. Figure 89 shows the mortality of breast cancer in Hampton Roads and Virginia, where Portsmouth has the highest mortality rate; however, there has been a 5% decrease in deaths from 2002-2011 in Portsmouth.

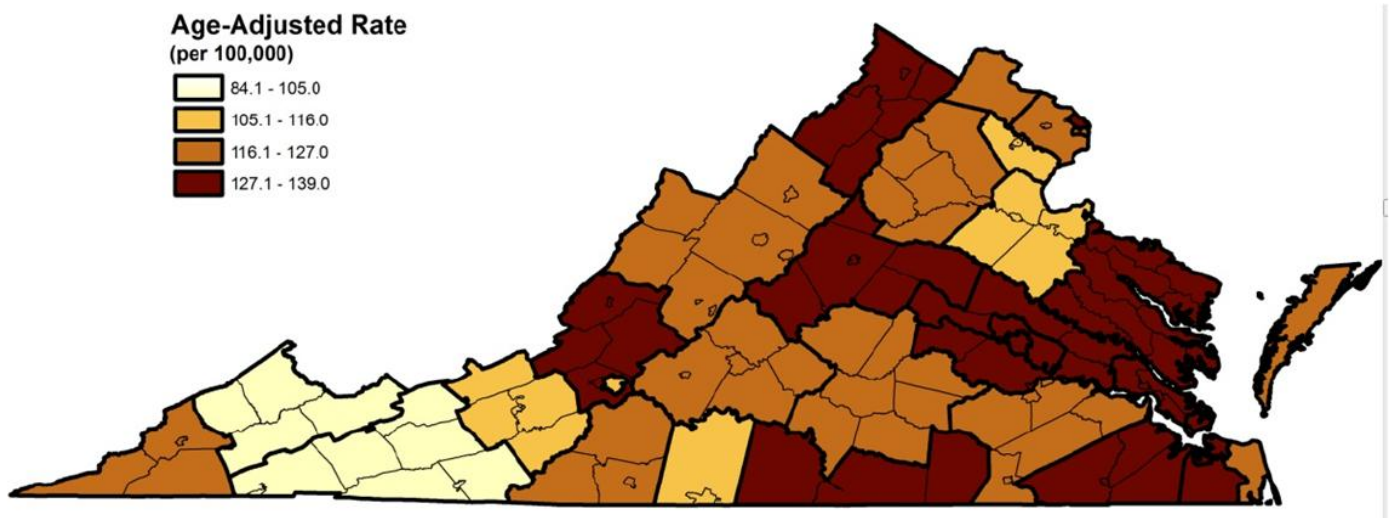


Figure 88: Breast Cancer incidence, Virginia, 2006-2010
Source: Cancer in Virginia Report

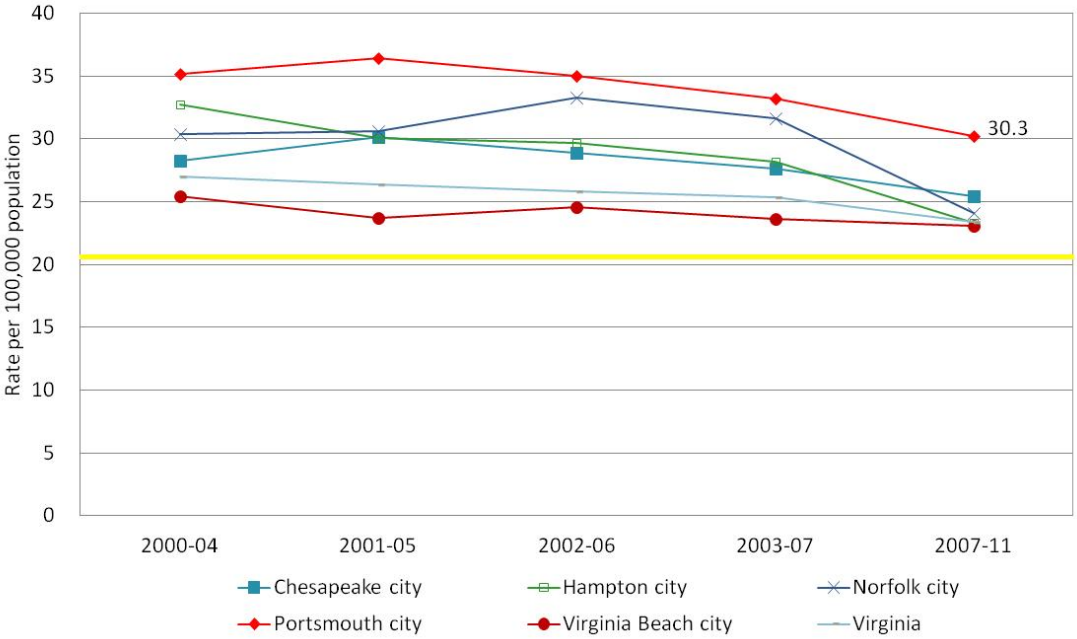


Figure 89: Breast Cancer Mortality, Hampton Roads and Virginia, 2000-2011
Source: VDH

Figure 90 shows the percentage of women aged 40 and over who had a mammogram in the past 2 years, and we see that in 2012 Portsmouth had the highest percentage (93%) among Hampton Roads cities, Virginia and the Eastern Region.

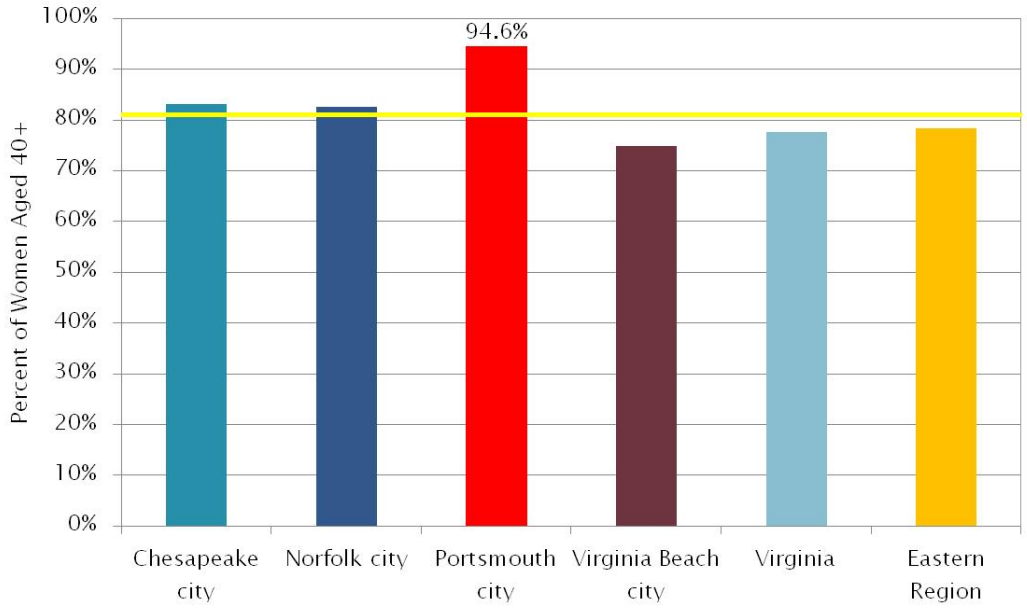


Figure 90: Mammogram, past 2 years, Women 40+, Hampton Roads, Virginia, and Eastern Region, 2012
Source: Virginia BRFSS

Cervical Cancer

Between 2006 and 2010, there was a significant amount of cervical cancer incidence in the Hampton Roads region, ranging from 22.1-26.1 per 100,000 people (Figure 91), which is consistent with the majority of Virginia. However, the incidence rate in Portsmouth was higher than the region, with 30.1-35 cases per 100,000 people. In light of this incidence, it is important to consider preventative measures, thus Figure 92 shows the prevalence of women 18 and over in Virginia who obtained pap tests in the past year between 2006 and 2008. For Portsmouth, there is relatively high percentage ranging from 90-95% of women having a pap test in the past 3 years, while the majority of Virginia ranges from 67-83 percent.

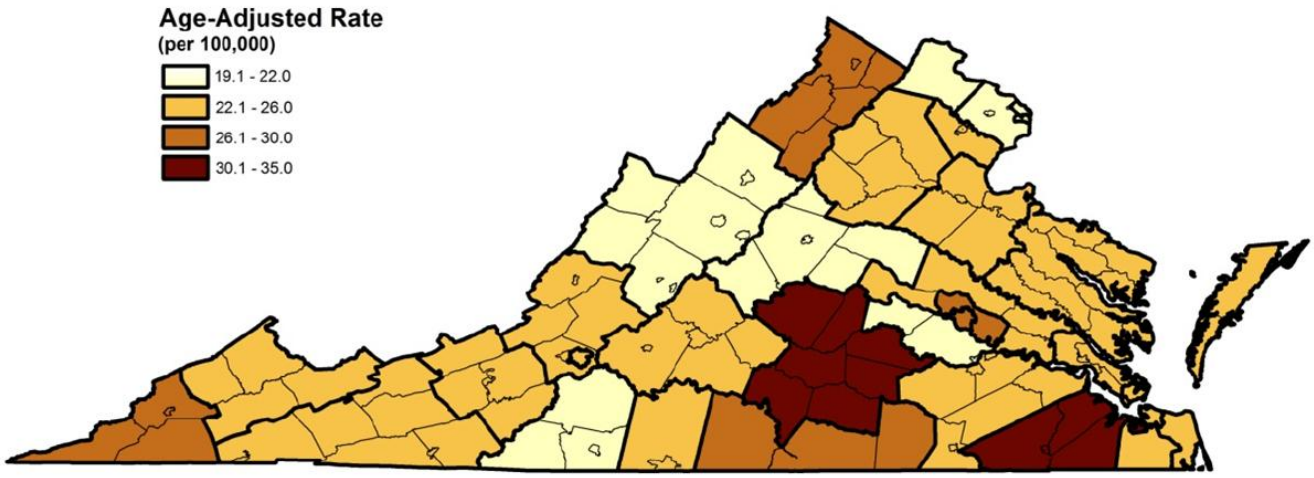


Figure 91: Cervical Cancer Incidence, Virginia, 2006-2010
Source: Cancer in Virginia Report

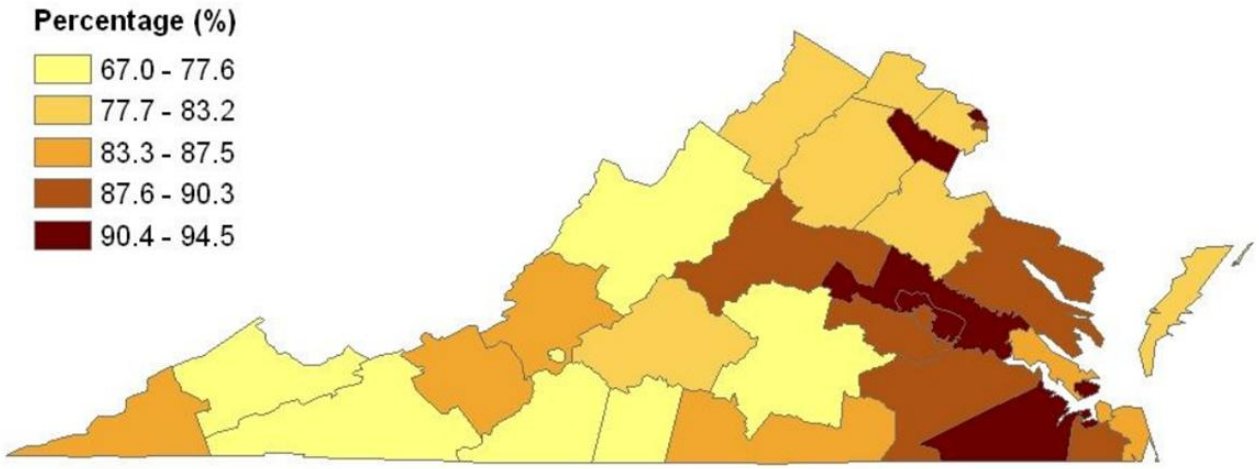


Figure 92: Pap test, past 3 years, Women 18+, Virginia, 2006-2008
Source: Virginia BRFSS

Colorectal Cancer

Factors that increase the risk of developing colorectal cancer include age, personal/family history of colorectal polyps or cancer, certain genetic mutations, overweight/obesity, sedentary lifestyle, high red/processed meat consumption and heavy alcohol use. There is a significant amount of colorectal cancer incidence in Portsmouth, ranging from 48 to 52 cases per 100,000, which is higher than most cities in the region (Figure 93). Portsmouth also has the highest mortality rates in the Hampton Roads region, but there has been a slight decrease (4%) from 2001 to 2011 (Figure 94). However, Portsmouth had a high percentage of people having sigmoidoscopy/colonoscopy screenings between 2006 and 2008, ranging from 63 to 65% (Figure 95).

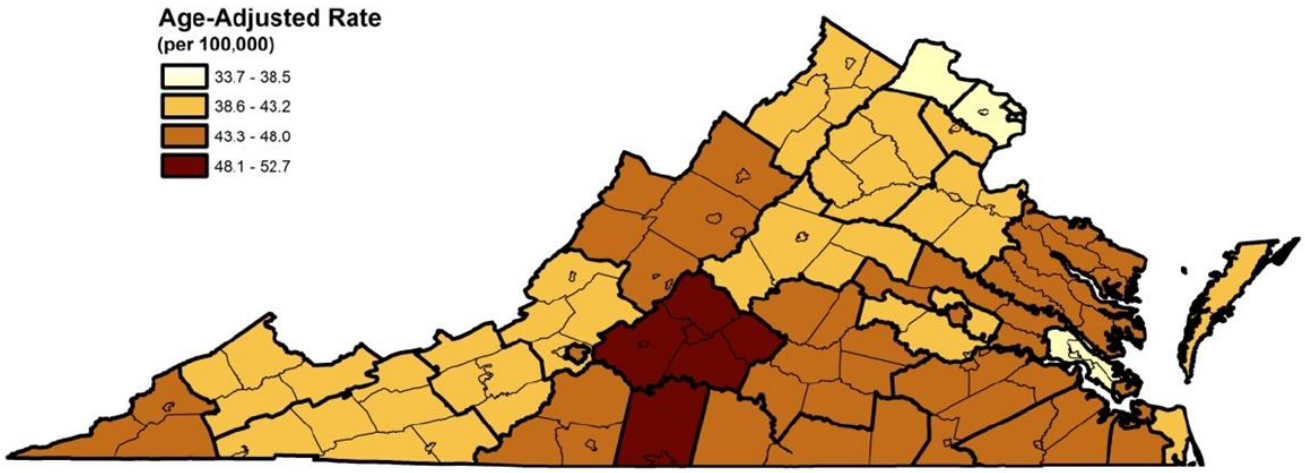


Figure 93: Colorectal Cancer Incidence, Virginia, 2006-2010
Source: Cancer in Virginia Report

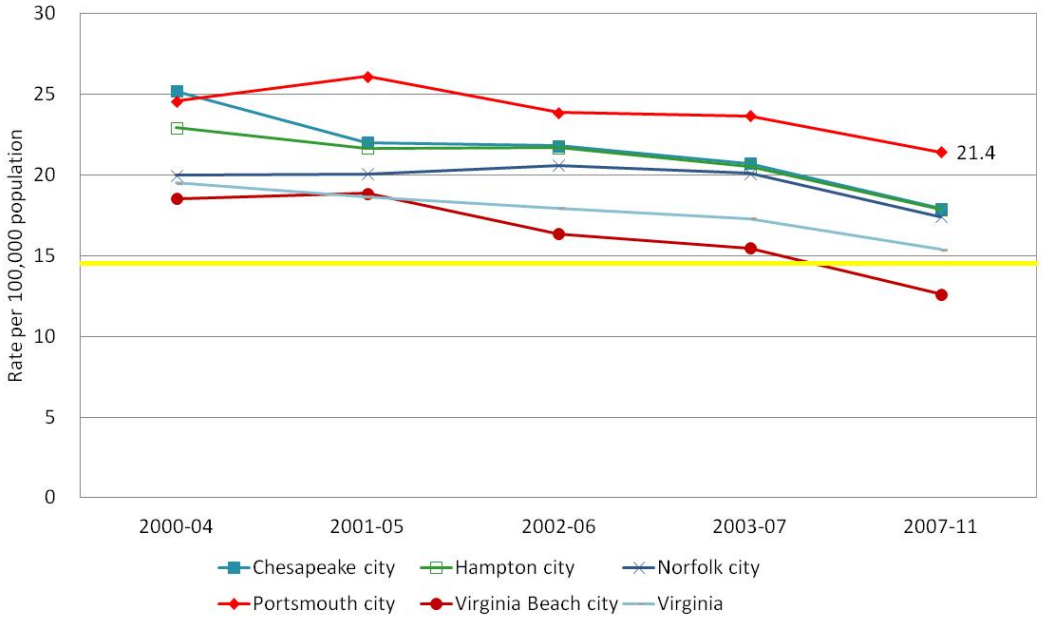


Figure 94: Colorectal Mortality, Hampton Roads and Virginia, 2000-2011
Source: VDH

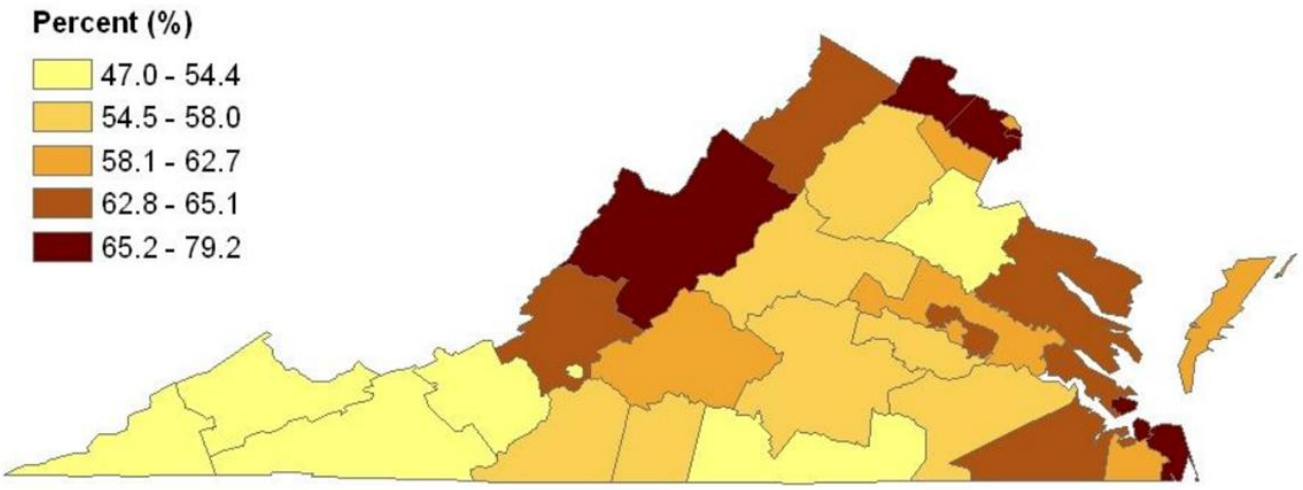


Figure 95: Sigmoidoscopy/Colonoscopy Screening, Virginia, 2006-2008
Source: Virginia BRFSS

Lung Cancer

According to the American Cancer Society, lung cancer accounts for 14% of all new cancer cases. The incidence of lung cancer among men in the U.S has decreased over the past two decades, from 102 cases per 100,000 men in 1984 to 72 in 2008; for women, the rate has recently started to decrease, reversing a trend of growth. In 2006-2010, the incidence of lung cancer in Portsmouth ranges from 84-98 cases per 100,000 people (Figure 96). Portsmouth also has the highest mortality rate among all of Hampton Roads cities and Virginia, but there has been a decrease from 73 deaths per 100,000 in 2000-2004 to 69 per 100,000 for 2007-2011 (Figure 97).

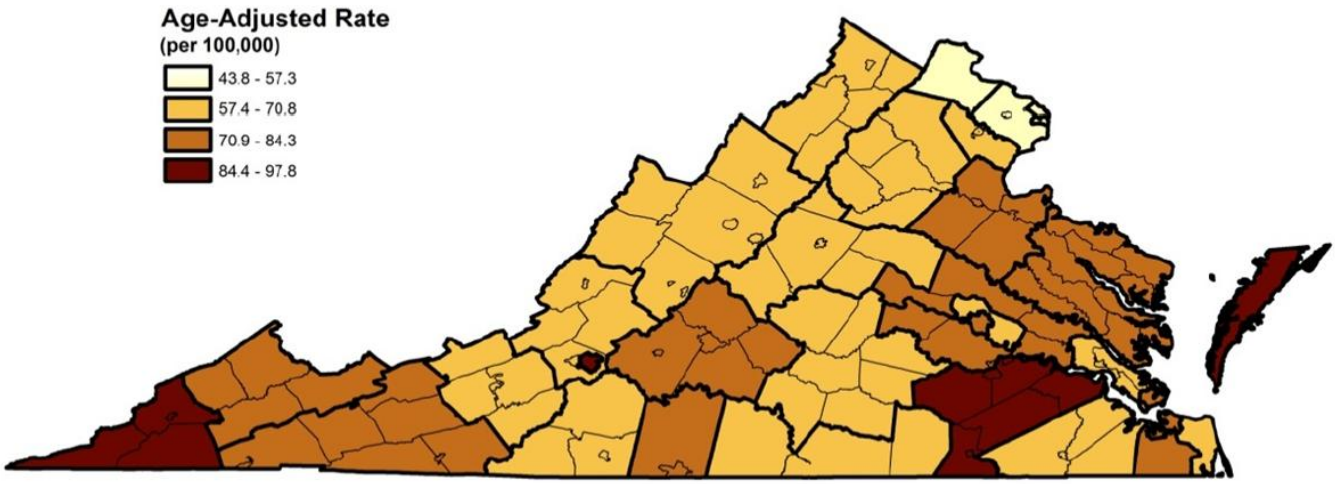


Figure 96: Lung Cancer Incidence, Virginia, 2006-2010
Source: Cancer in Virginia Report

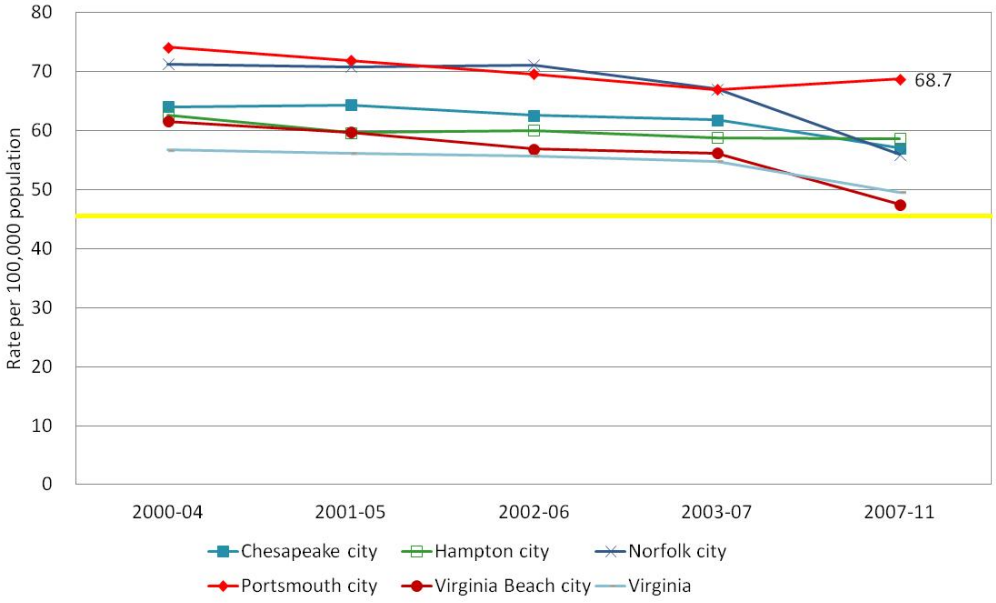


Figure 97: Lung Cancer Mortality, Hampton Roads and Virginia, 2006-2011
Source: VDH

Prostate Cancer

Prostate cancer incidence in Portsmouth ranges from 192-226 cases per 100,000 (Figure 98). Mortality rates in Portsmouth have increased 3% since 2000, and Portsmouth had the highest mortality rate among the Hampton Roads cities and Virginia as of 2011. There are also racial disparities as Black men are 2.5 times greater to die from prostate cancer than White men in Virginia (Figure 99). The Prostate Specific Antigen Test has been performed a significant amount in the Hampton Roads Region, including Portsmouth. This region has mostly achieved above 58.1%, lower than some cities in Northern Virginia, but greater than the western region of Virginia (Figure 100)

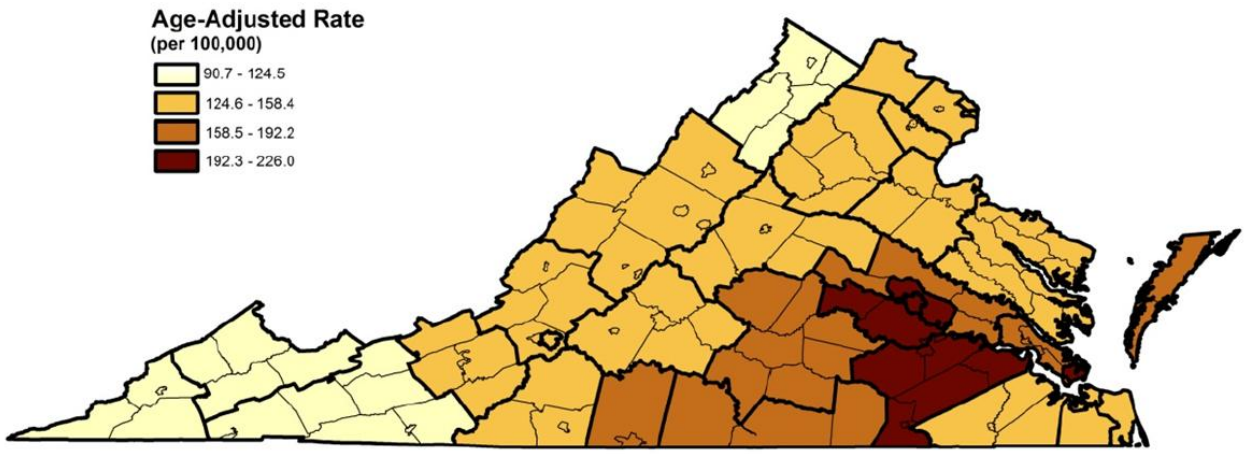


Figure 98: Prostate Cancer Incidence, Virginia, 2006-2010
Source: Cancer in Virginia Report

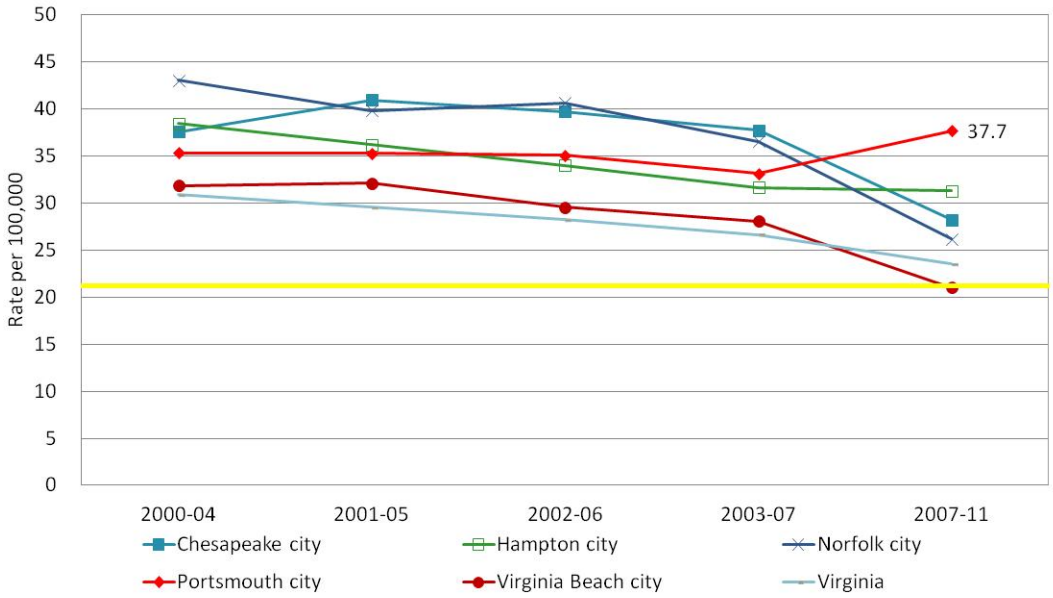


Figure 99: Prostate Cancer Mortality Rate, Hampton Roads Region and Virginia, 2000-2011
Source: VDH

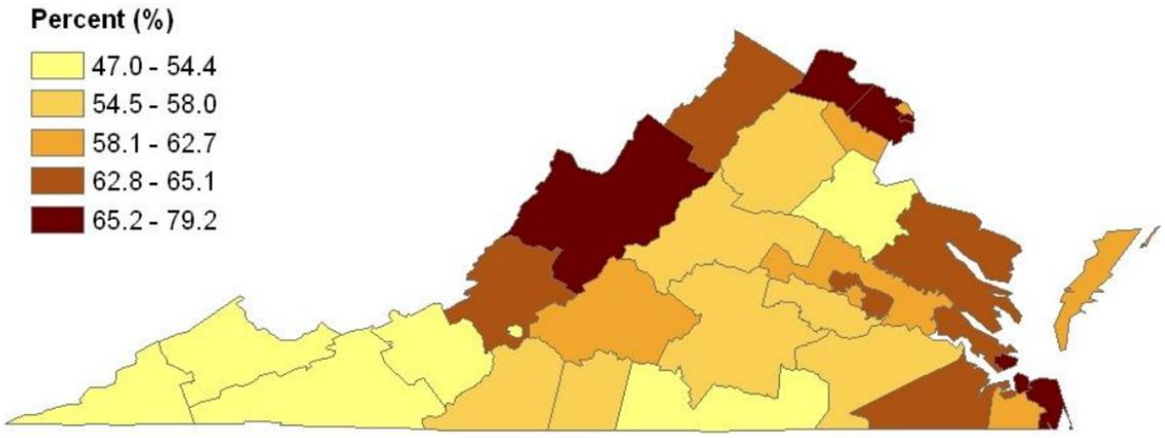


Figure 100: PSA Test, past 2 years, Men 40+, Virginia, 2006-2008
Source: Virginia BRFSS

Injury

Unintentional Injury Hospitalizations by Cause

As Figure 101 demonstrates, Portsmouth and Virginia are comparable where unintentional[38] injury[39] hospitalization causes are concerned. Falls are the major cause of unintentional injury hospitalizations for both Portsmouth and Virginia. Virginia has a slightly higher percentage of motor vehicle and transport crashes (17.17%) than Portsmouth (13.57%). There are six main causes of unintentional injury hospitalizations in the Hampton Roads region, as shown in Figure 102 and Figure 103. The other cities in the region follow the same trends as Portsmouth and the state of Virginia, having falls as the primary cause of unintentional injury hospitalizations. On average, falls are two times more the cause of injury than other or unspecified injuries, which are the second leading cause. Bites and stings cause the fewest unintentional injury hospitalizations.

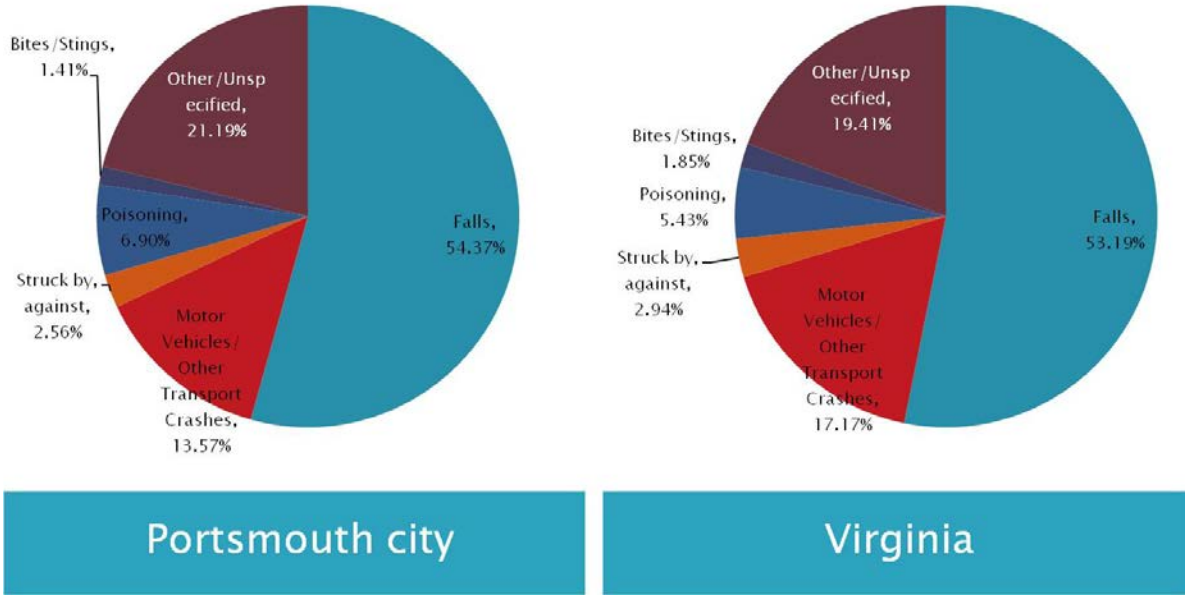


Figure 101: Unintentional Injury Hospitalizations by Cause, Portsmouth and Virginia, 1999-2009
Source: Virginia Online Injury Reporting System

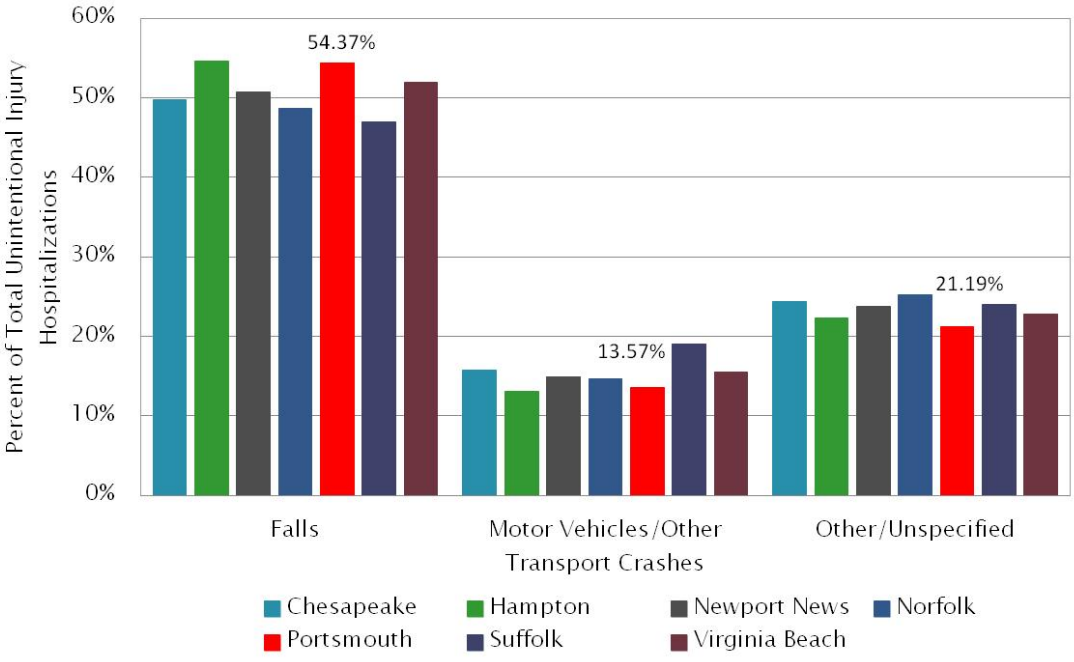


Figure 102: Unintentional Injury Hospitalization by Cause, Hampton Roads, 1999-2009
Source: Virginia Online Injury Reporting System

[38] Intent (Manner): Intent of injury is whether or not an injury was caused by an act carried out on purpose by one's self or by another person(s), with the goal of injuring or killing

[39] Unintentional: Injuries that were unplanned, not intended to happen

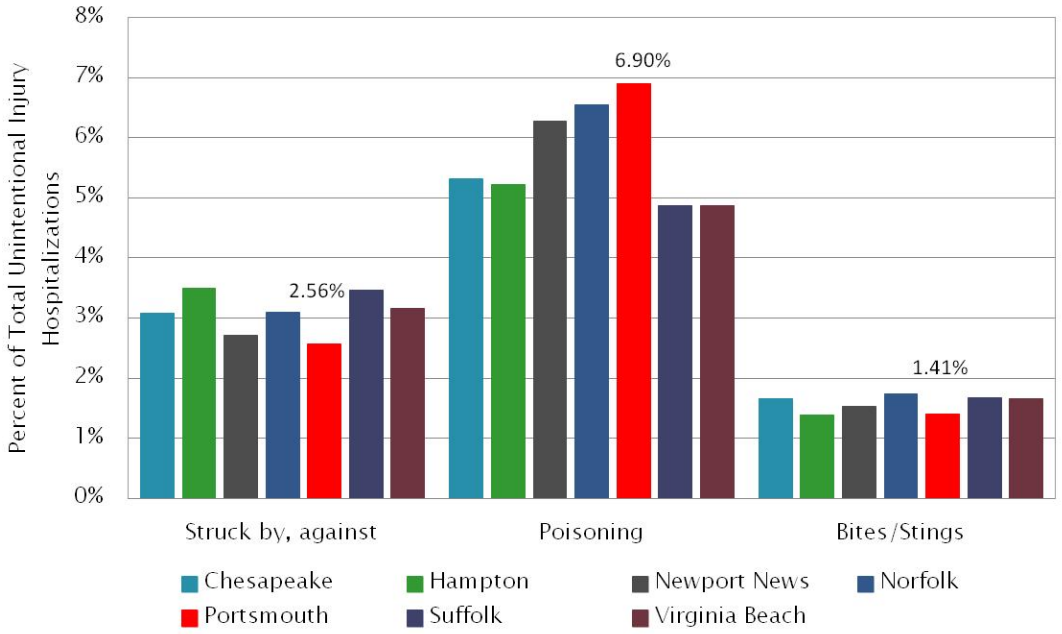


Figure 103: Unintentional Injury Hospitalization by Cause cont., Hampton Roads, 1999-2009
Source: Virginia Online Injury Reporting System

Intentional Injury Hospitalizations by Cause

On the other hand, where intentional[40] injury hospitalization causes are concerned, though Virginia (61%) has slightly more poisoning hospitalizations that Portsmouth (46%), poisoning is the major cause of intentional injury hospitalizations for both Portsmouth and Virginia (Figure 104). Portsmouth has a slightly higher percentage of struck by, against injuries (11%) than Virginia (7%). The same six main causes of intentional injury hospitalizations in the Hampton Roads region are shown in Figure 105 and Figure 106. The other cities in the region generally follow the same trends as Portsmouth and the state of Virginia, having poisoning and unspecified injury as the primary cause of intentional injury hospitalizations. Motor Vehicle/Other Transport crashes cause the fewest intentional injury hospitalizations.

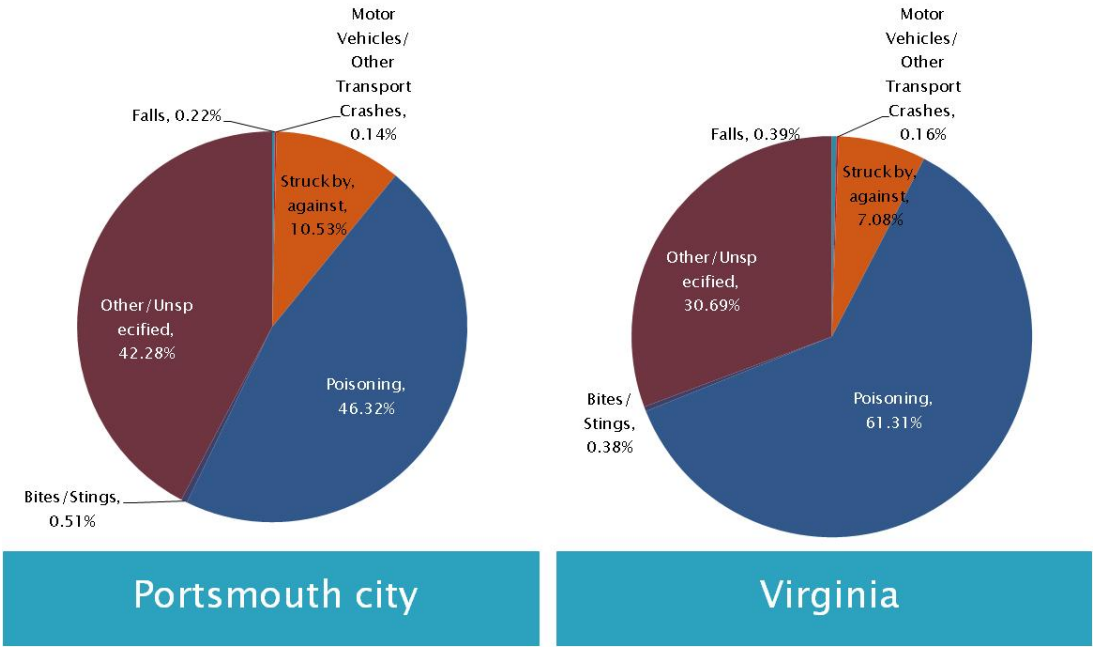


Figure 104: Intentional Injury Hospitalizations by Cause, Portsmouth and Virginia, 1999-2009
Source: Virginia Online Injury Reporting System

[40]Includes Self-Inflicted (Intentionally self-inflicted injury that does not result in death) and Assault (Intentional infliction of bodily harm)

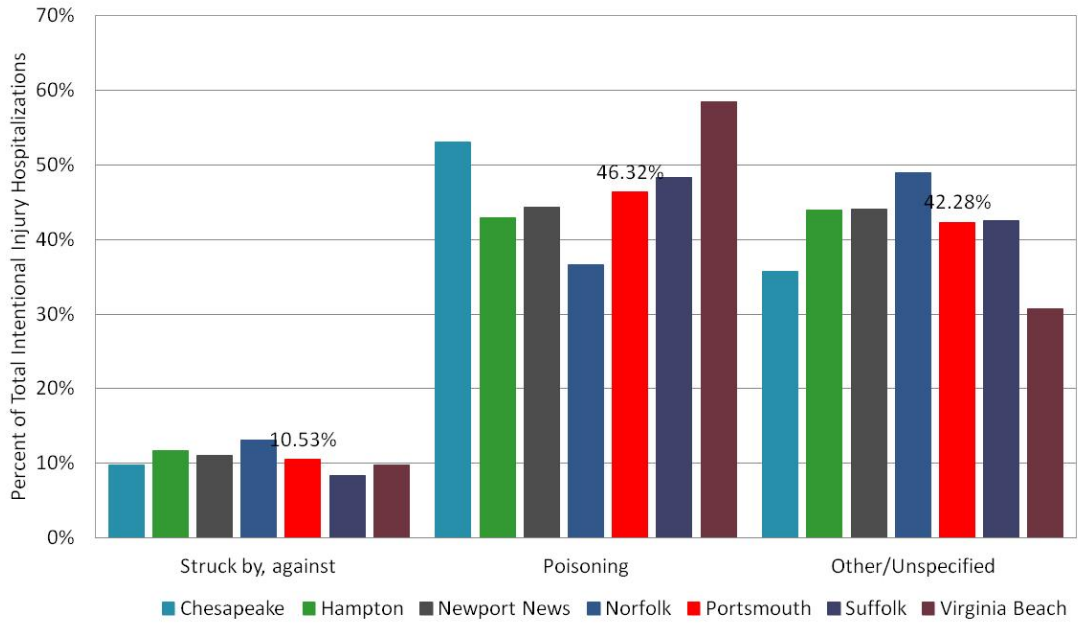


Figure 105: Intentional Injury Hospitalization by Cause, Hampton Roads, 1999-2009
Source: Virginia Online Injury Reporting System

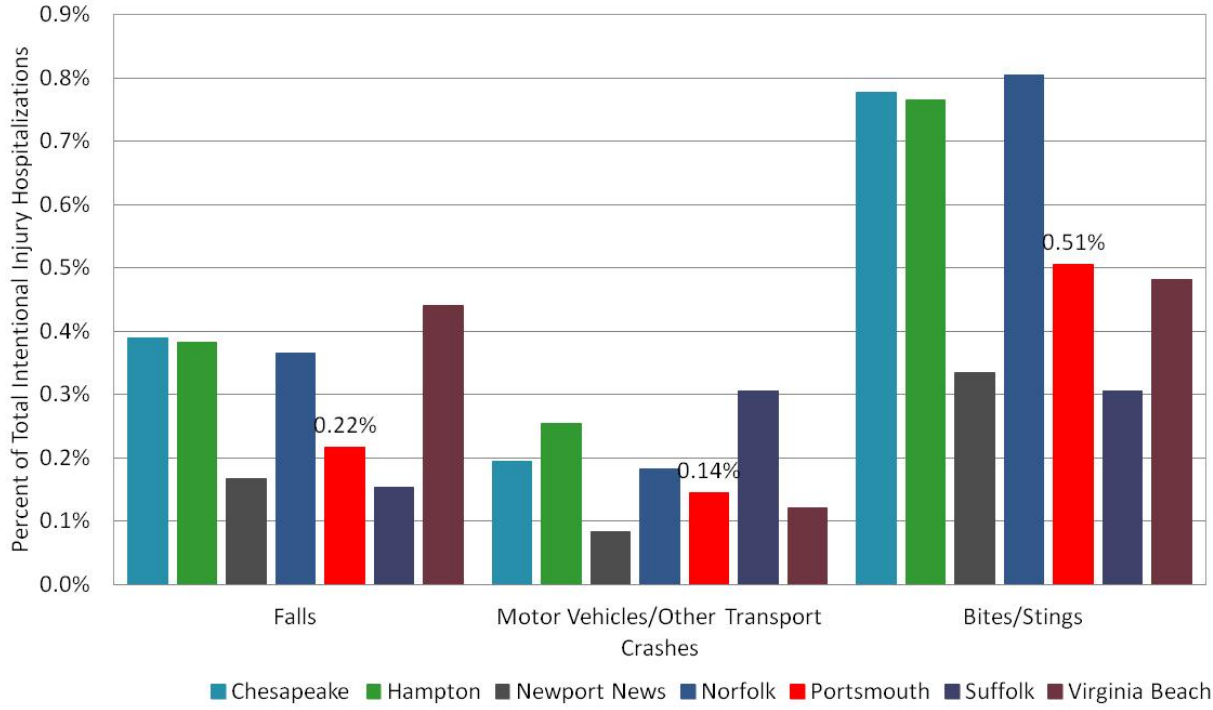


Figure 106: Intentional Injury Hospitalization by Cause cont., Hampton Roads, 1999-2009
Source: Virginia Online Injury Reporting System

All Injuries by Age Group

In Portsmouth, the percentage of all injuries due to falling increases as age increases (Figure 107). However, "other or unspecified injuries" decrease as the age of the injured party increases. Poisoning, intentional and unintentional, is the second leading cause of injury and is most common in the 20-64 year age group.

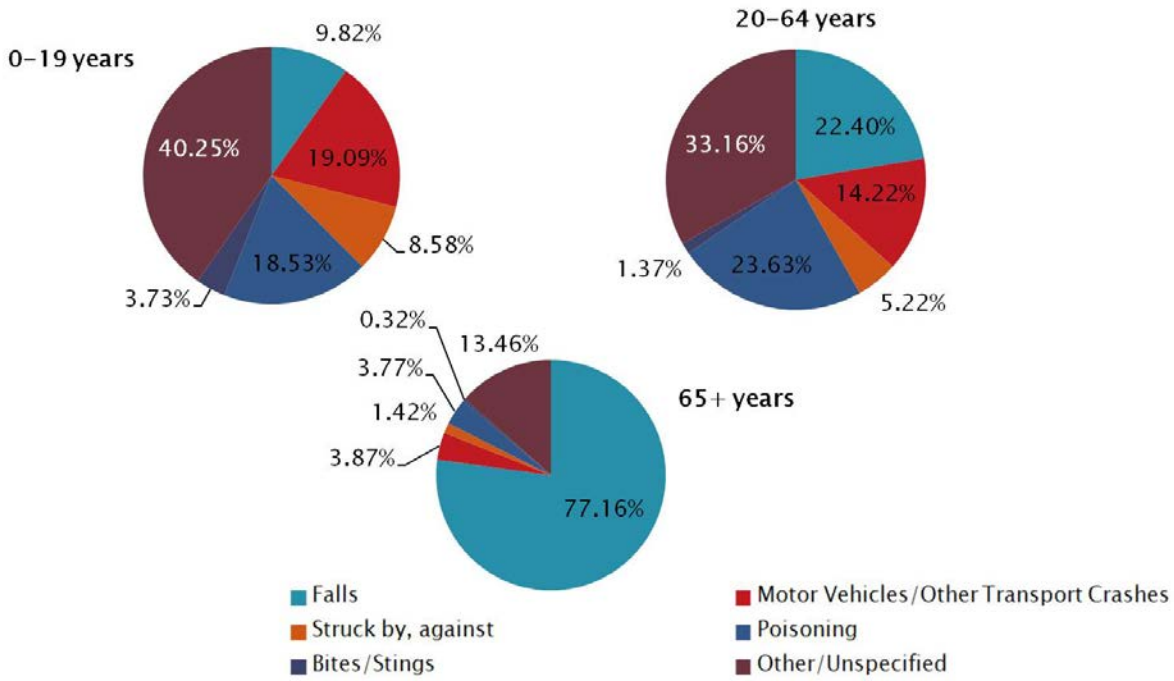


Figure 107: Injury by Age Group, Portsmouth, 1999-2009
Source: Virginia Online Injury Reporting System

Unintentional Injury Deaths by Cause

As shown in Figure 108 and Figure 109, transport crashes are the leading cause of unintentional injury deaths for the Hampton Roads region and Virginia. Poisoning (10.81 per 100,000 residents) is the main cause of unintentional injury deaths in Portsmouth, with transport crashes as a close second (10.77 per 100,000). As demonstrated by Figure 108, Figure 109, and Figure 110, the causes of unintentional injury deaths are generally comparable for Portsmouth, Hampton Roads, and Virginia. Fire/flame and drowning caused the least unintentional injury deaths for all Hampton Roads cities and Virginia.

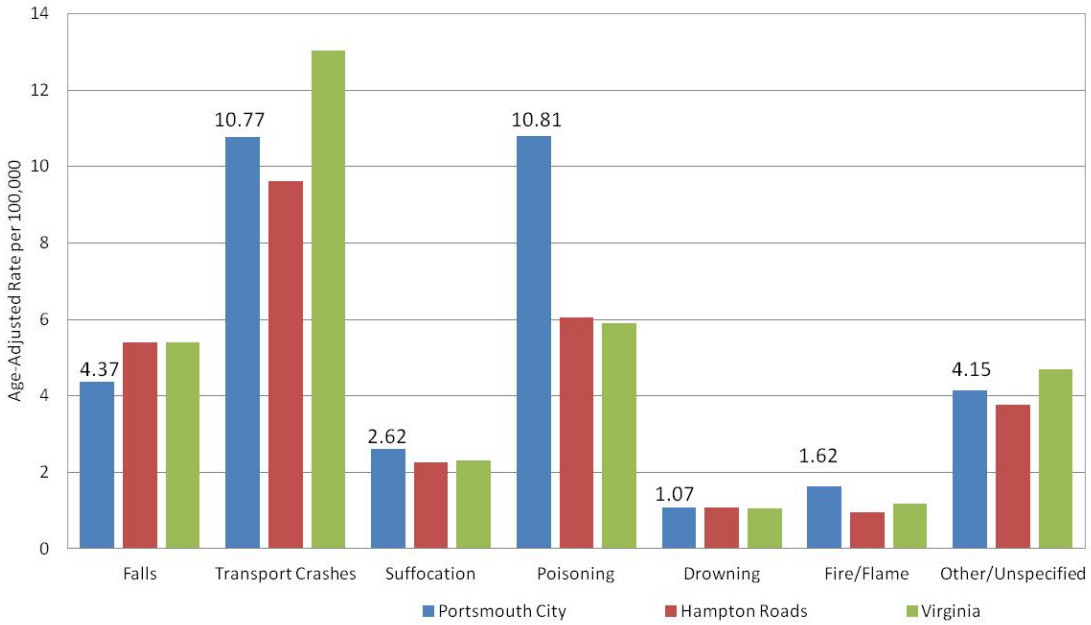


Figure 108: Unintentional Injury Deaths by Cause, Portsmouth, Hampton Roads, and Virginia, 1999-2009
Source: Virginia Online Injury Reporting System

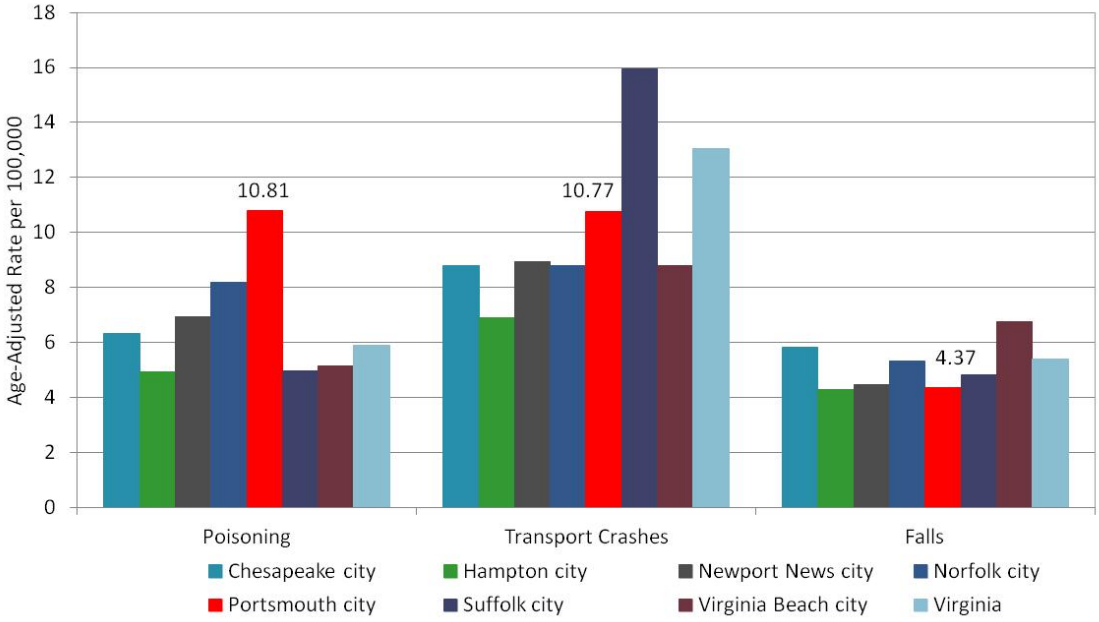


Figure 109: Unintentional Injury Deaths by Cause, Hampton Roads and Virginia, 1999-2009
Source: Virginia Online Injury Reporting System

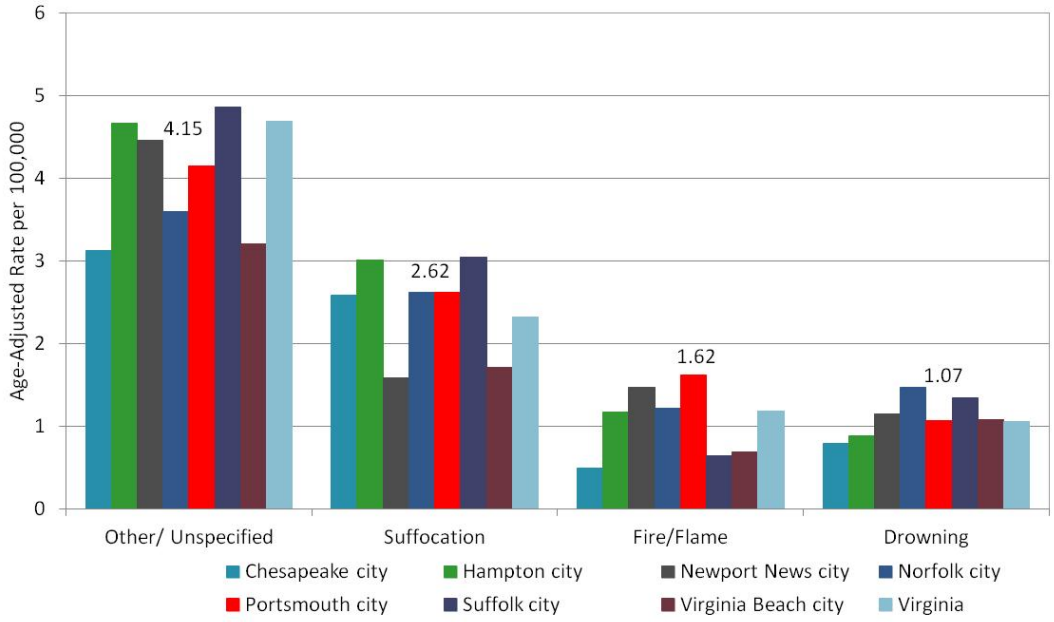


Figure 110: Unintentional Injury Deaths by Cause, Hampton Roads and Virginia cont., 1999-2009
Source: Virginia Online Injury Reporting System

Infectious Disease

Sexually Transmitted Infections

As shown in Figure 111, the rate of Chlamydia in Portsmouth tripled from 2000 to 2011, with a slight decrease to 1,101 cases in 2012. Portsmouth has the second highest rate in the Hampton Roads region. On the other hand, the rate of gonorrhea in Portsmouth has decreased by 53 percent since 2000. In 2011, Portsmouth had the highest rate of gonorrhea in the Hampton roads area (Figure 112). In 2012, Portsmouth had the highest rate of HIV/AIDS cases in the Hampton Roads region. Over time, Portsmouth's rates have increased 36 percent since 2001 (Figure 113). As of 2012, Portsmouth has the highest rate of syphilis (24 cases per 100,000) among the cities in Hampton Roads. The syphilis rate in Portsmouth has increased 500 percent since 2000 (Figure 114).

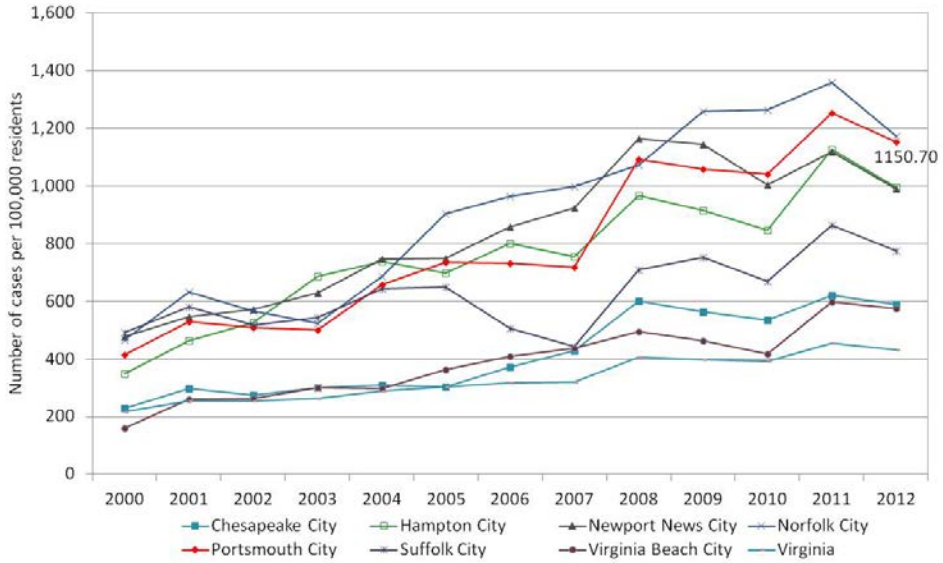


Figure 111: Chlamydia, Hampton Roads and Virginia, 2000-2012
Source: VDH

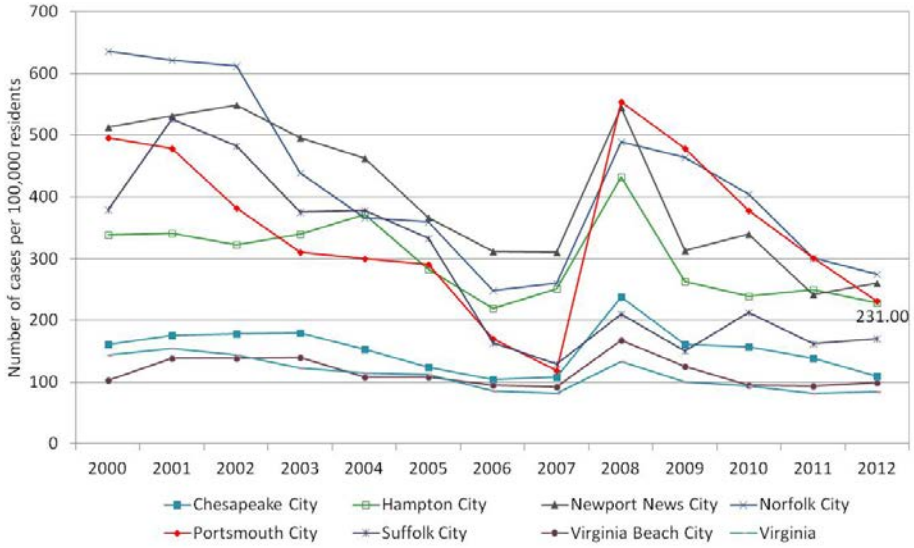


Figure 112: Gonorrhea, Hampton Roads and Virginia, 2000-2012
Source: VDH

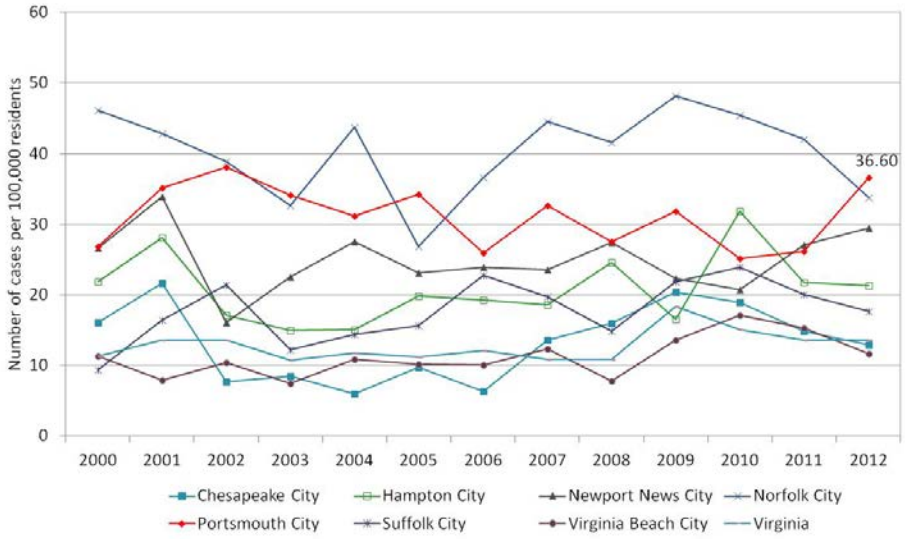


Figure 113: HIV/AIDS, Hampton Roads, Virginia, 2000-2012
Source: VDH

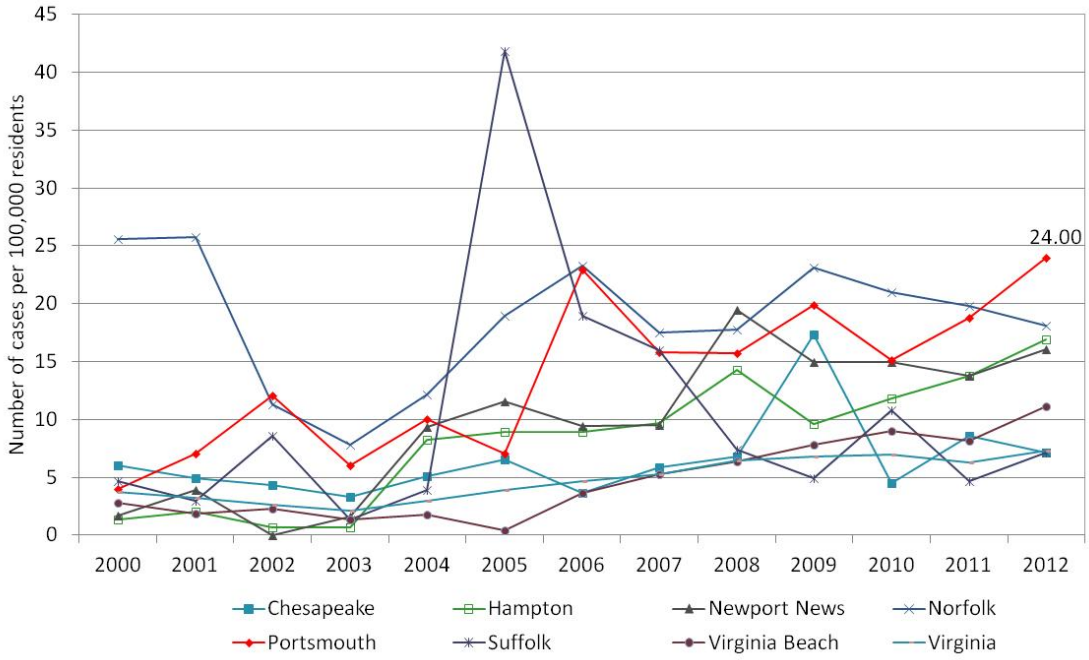


Figure 114: Syphilis, Hampton Roads, Virginia, 2000-2012
Source: VDH

Vaccine Preventable Diseases

From 2000 to 2012, Portsmouth has seen between 1 to 5 cases of Pertussis (whooping cough) annually. Overall in 2012, pertussis cases in Hampton roads increased significantly from the previous year mirroring a similar increase for the entire state of Virginia (Figure 115). Portsmouth receives only a few case reports of Varicella (chicken pox) each year, averaging 3-4 cases. Since 2007, when the second dose of Varicella vaccine was recommended, cases have dramatically declined to only a third of the number reported in the previous years (Figure 116). Hepatitis B has been on the decline in Virginia and the United States since routine vaccination has been recommended for infants. In 2011, no cases of Hepatitis B were reported in people under the age of 20 in Virginia. Portsmouth reports 1 to 3 cases annually of newly diagnosed cases of Hepatitis B (Figure 117).

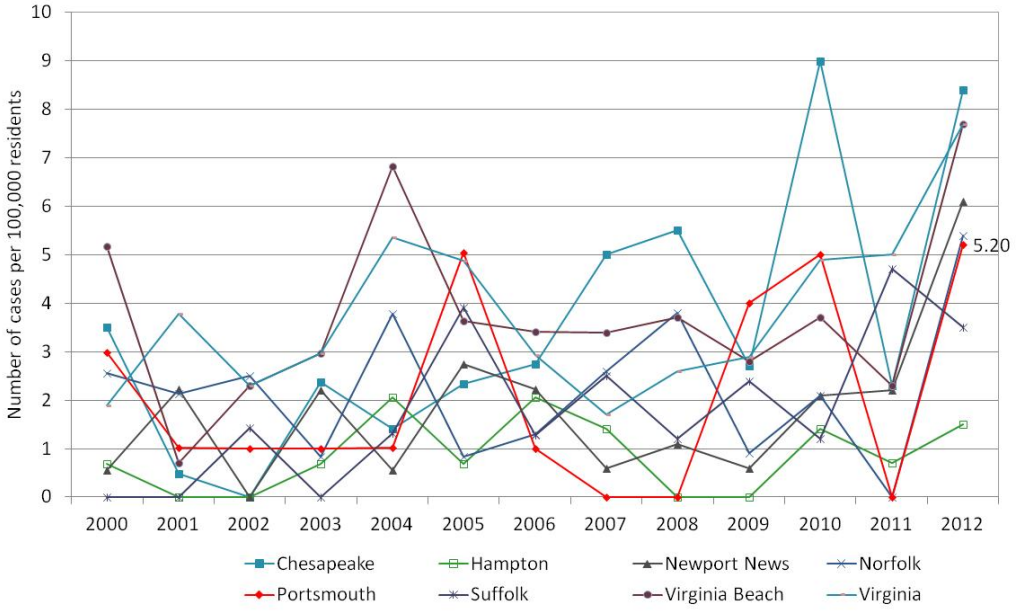


Figure 115: Pertussis, Hampton Roads and Virginia, 2000-2012
Source: VDH

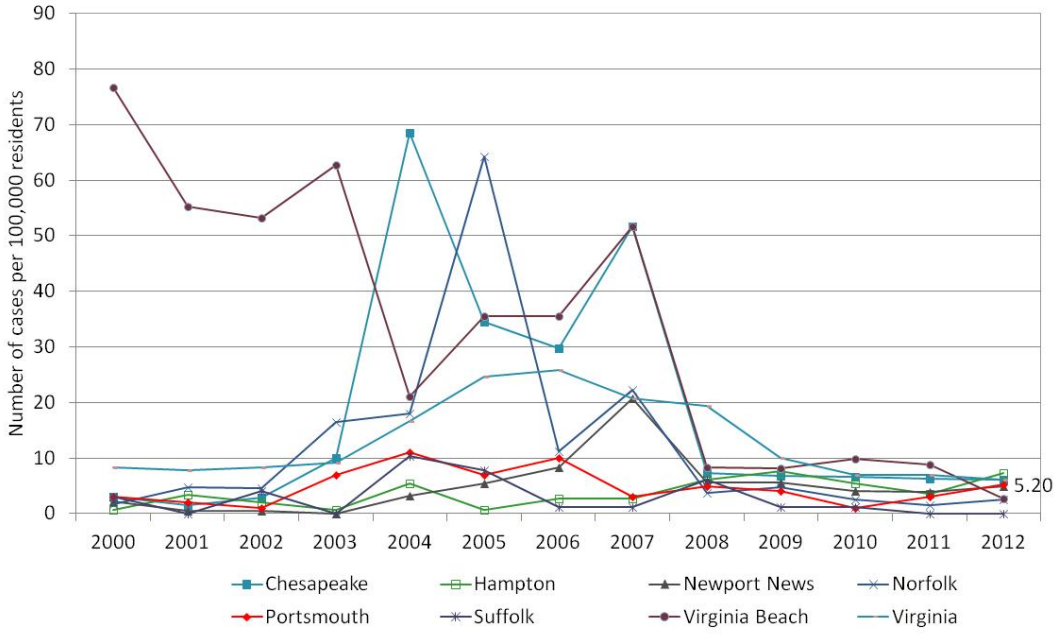


Figure 116: Varicella, Hampton Roads and Virginia, 2000-2012
Source: VDH

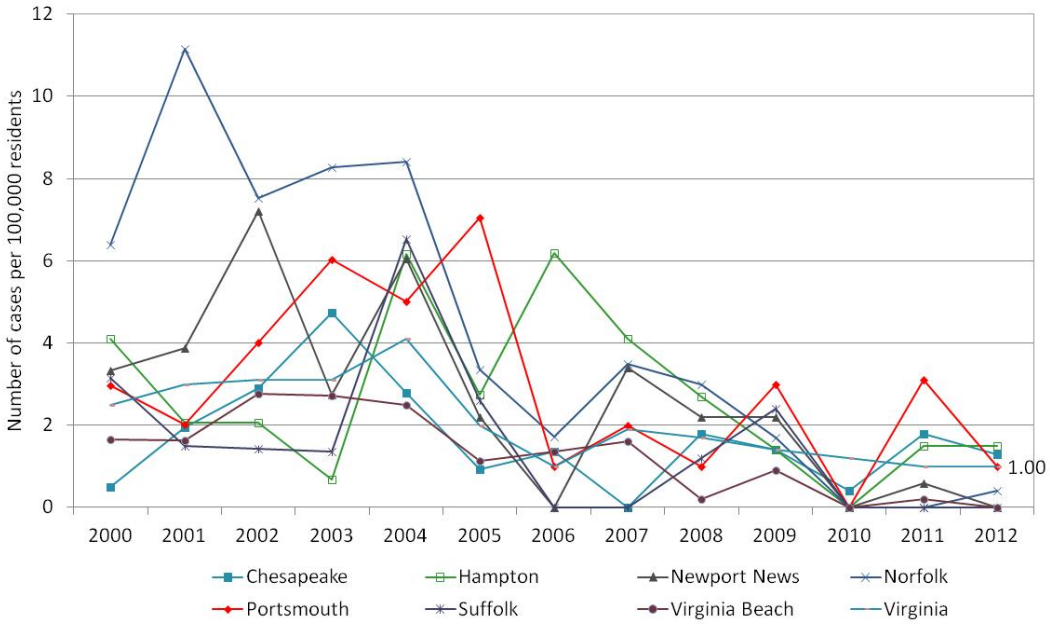


Figure 117: Hepatitis B, Hampton Roads and Virginia, 2000-2012
Source: VDH

Food Borne Diseases

In 2012, Portsmouth had the lowest number of cases of Salmonellosis (salmonella) in Virginia and the Hampton Roads region, exception for Hampton. The rates of infection have been decreasing overall in Portsmouth, but for the rest of the area, the rates vary widely from year to year (Figure 118). Also, as shown in Figure 119, with no reported cases, Portsmouth has lowest number of E. Coli cases among Hampton Roads cities, along with Virginia Beach, Norfolk, and Newport News in 2012.

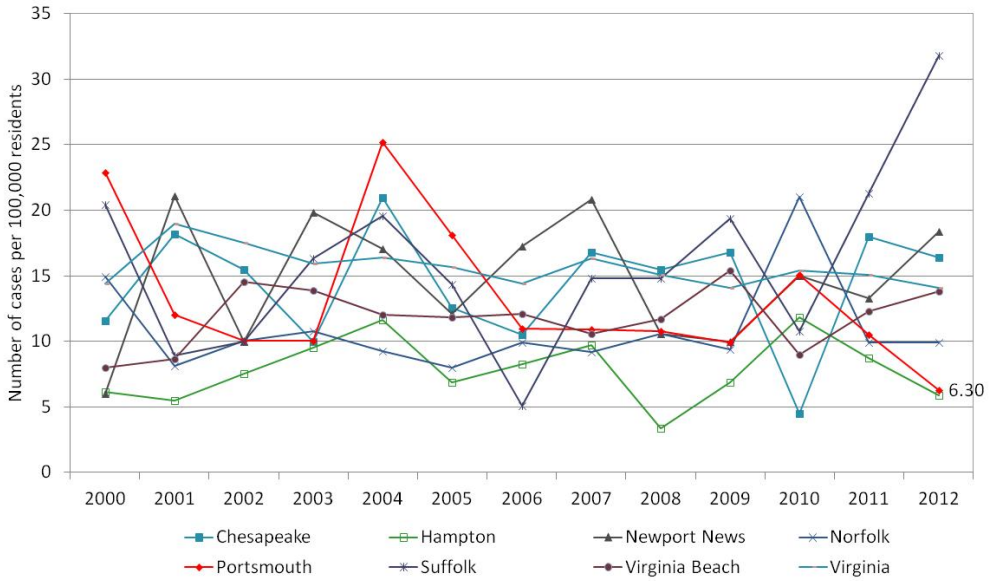


Figure 118: Salmonellosis, Hampton Roads and Virginia, 2000-2012
Source: VDH

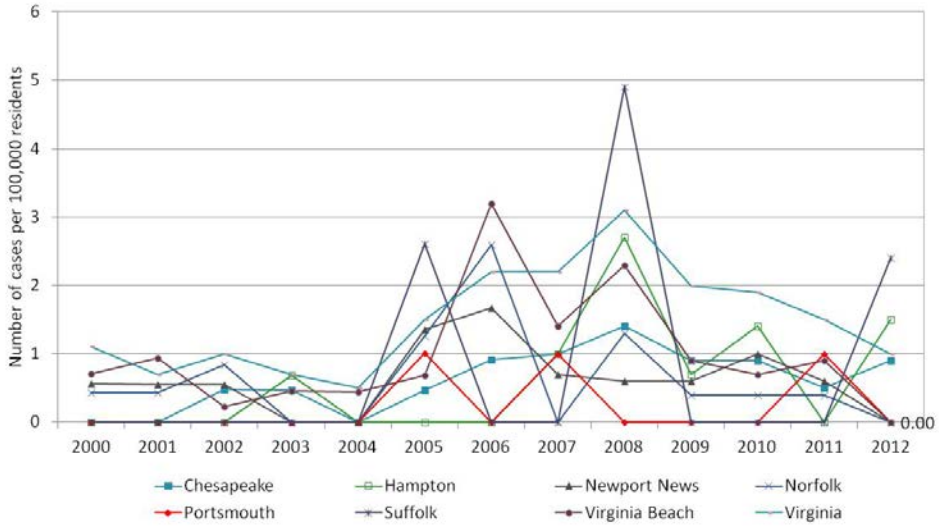


Figure 119: E.Coli, Hampton Roads and Virginia, 2000-2012
Source: VDH

Tick Borne Diseases

As shown in Figure 120, along with Suffolk, Portsmouth had the lowest number of Lyme disease cases among Virginia and the Hampton Roads region. The number of Rocky Mountain spotted fever cases in Portsmouth was also very low, with only 1 case per 100,000 in 2012 (Figure 121).

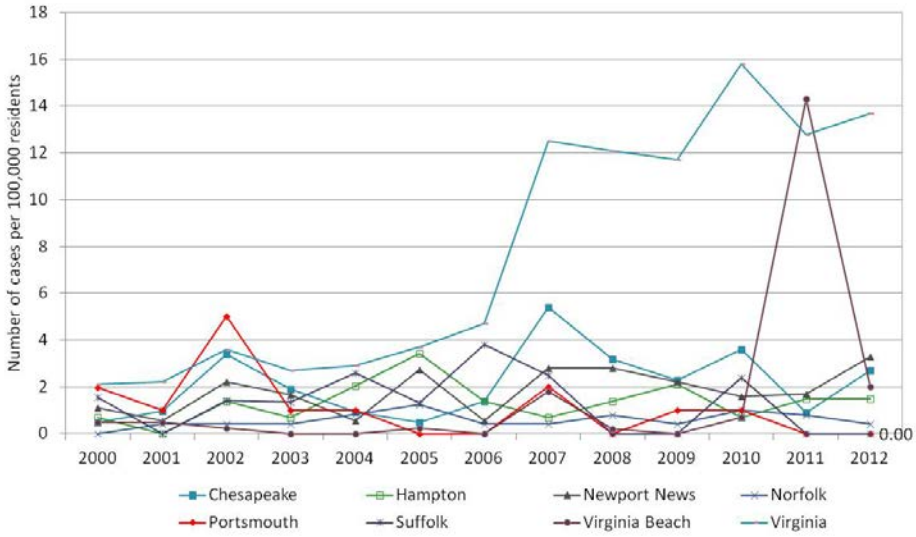


Figure 120: Lyme disease, Hampton Roads and Virginia, 2000-2012
Source: VDH

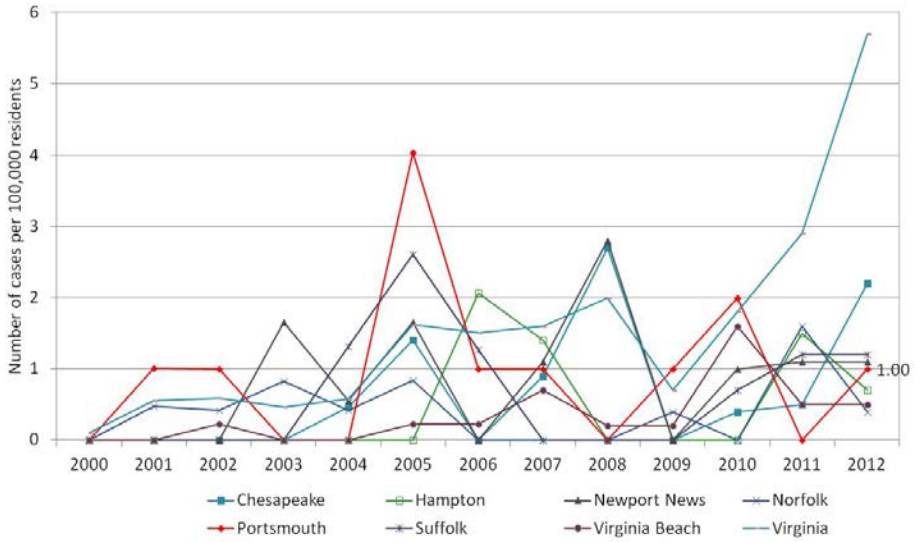
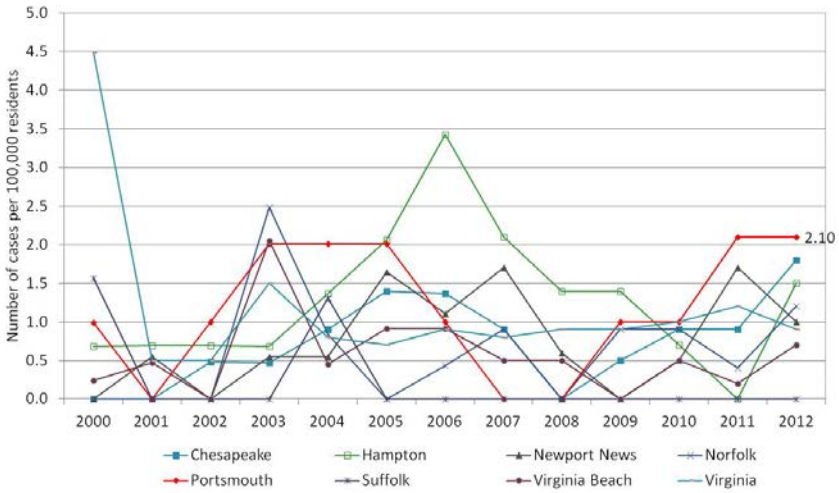


Figure 121: Rocky Mountain spotted fever, Hampton Roads and Virginia, 2000-2012
Source: VDH

Respiratory Diseases



As shown in Figure 122, Portsmouth had the highest rate of Legionellosis (Legionnaire's Disease) cases among Virginia and Hampton Roads in 2012, but with only 2 reported cases per 100,000. Virginia, as well as Portsmouth, continues to see a decline in Tuberculosis cases, though there was a slight increase from 2011 to 2012 (Figure 123). In comparison to Virginia and the Hampton Roads region, Portsmouth has a lower rate of cases reported each year.

Figure 122: Legionellosis, Hampton Roads and Virginia, 2000-2012
Source: VDH

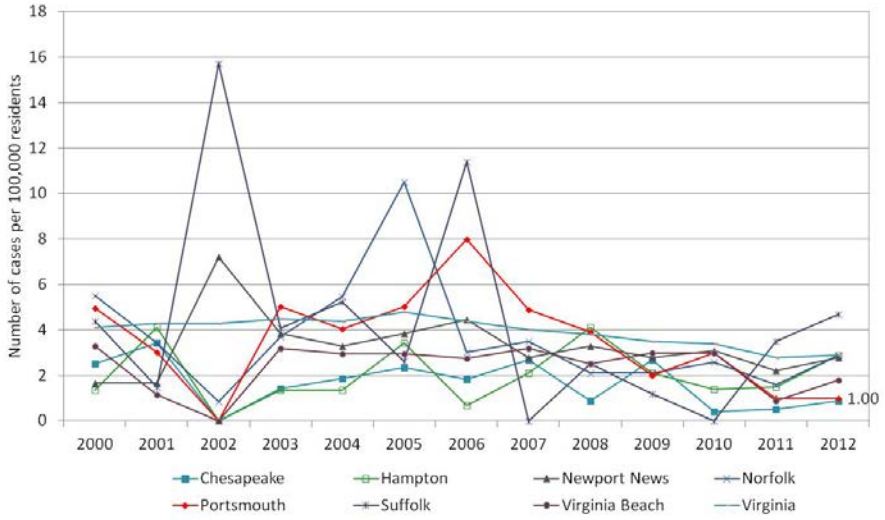


Figure 123: Tuberculosis, Hampton Roads and Virginia, 2000-2012
Source: VDH

Chronic Diseases

Diabetes

As shown in Figure 125, the Peninsula health district had the highest percentage (15.4%) of self-reported diabetes when compared to Virginia and the Hampton Roads region. In Portsmouth, there was a slight decrease from 2007 to 2010 of 1.8%. With 10.1% Portsmouth had a lower percentage than the Peninsula health district, Hampton, and Virginia Beach in 2010. However, according to the CASPER survey, 26 percent of households in Portsmouth reported having someone diagnosed with diabetes (Figure 124), indicating the burden of disease may be greater than represented by the Virginia BRFSS. Diabetes related hospitalizations are consistently highest in Portsmouth, compared to Virginia and the Hampton Roads region from 2000 to 2011 (Figure 126). Over time, hospitalizations have increased from 2000 to 2010 by 51 hospital discharges per 10,000 in the population, to reach 111 in 2011.

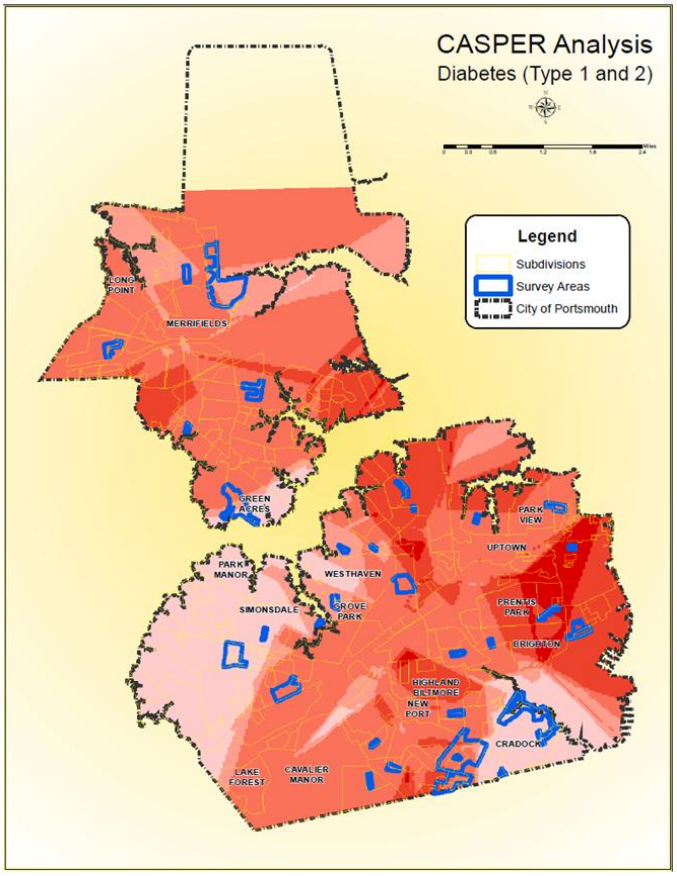


Figure 124: CASPER Analysis, Diabetes, Portsmouth city, 2012
Source: Portsmouth CASPER survey

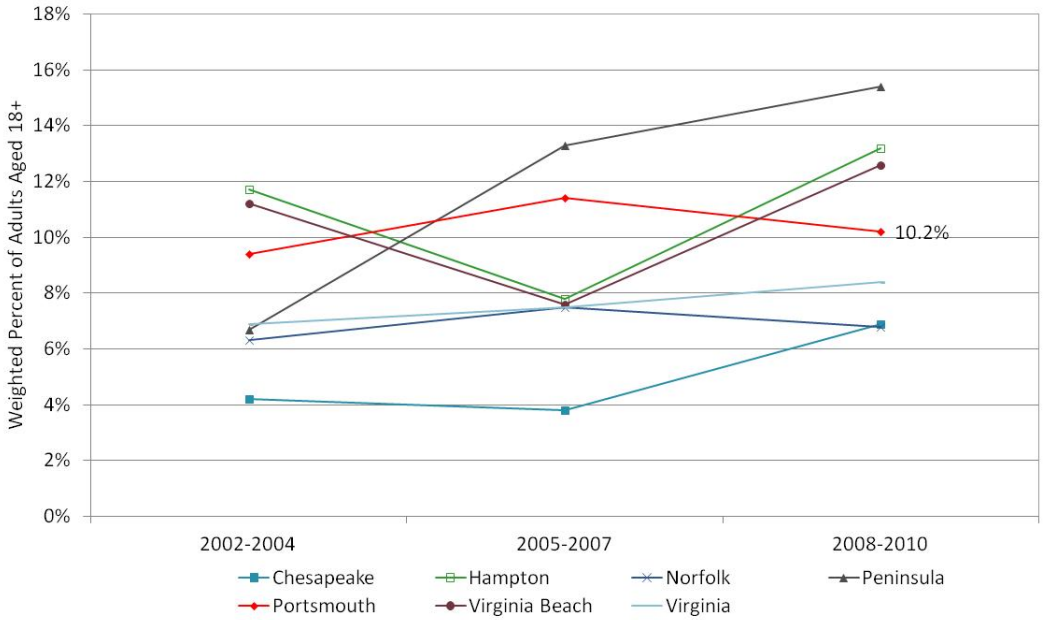


Figure 125: Diabetes (Self Reported), Hampton Roads, Virginia, and the Peninsula, 2002-2010
Source: Virginia BRFSS

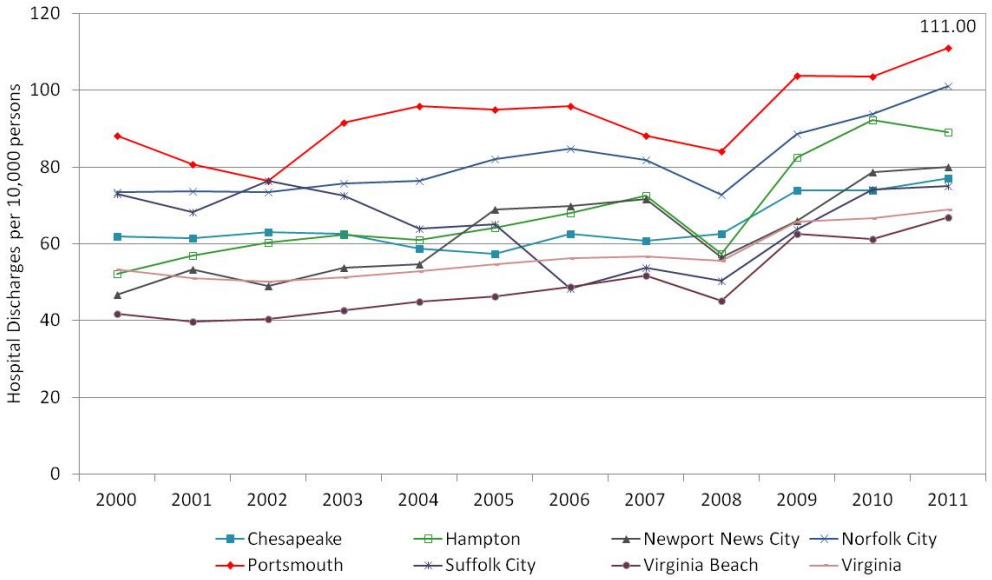


Figure 126: Diabetes Hospitalizations, Hampton Roads and Virginia, 2000-2011
Source: VDH and Virginia Health Information

Asthma

Portsmouth also has the highest percentage of self reported asthma among Virginia and the cities in Hampton Roads. Since 2002, there has been a steady increase of 2.2% to 12.4% in 2010 (Figure 127). Furthermore, as shown in Figure 128, Portsmouth has the second highest rate of asthma hospitalizations in the region, after Norfolk. From 2000 to 2011 there has been a 48 discharge per 10,000 increase in Portsmouth and as of 2011 Portsmouth had a rate of 104 discharges per 100,000, compared to 75 in Virginia and 114 in Norfolk.

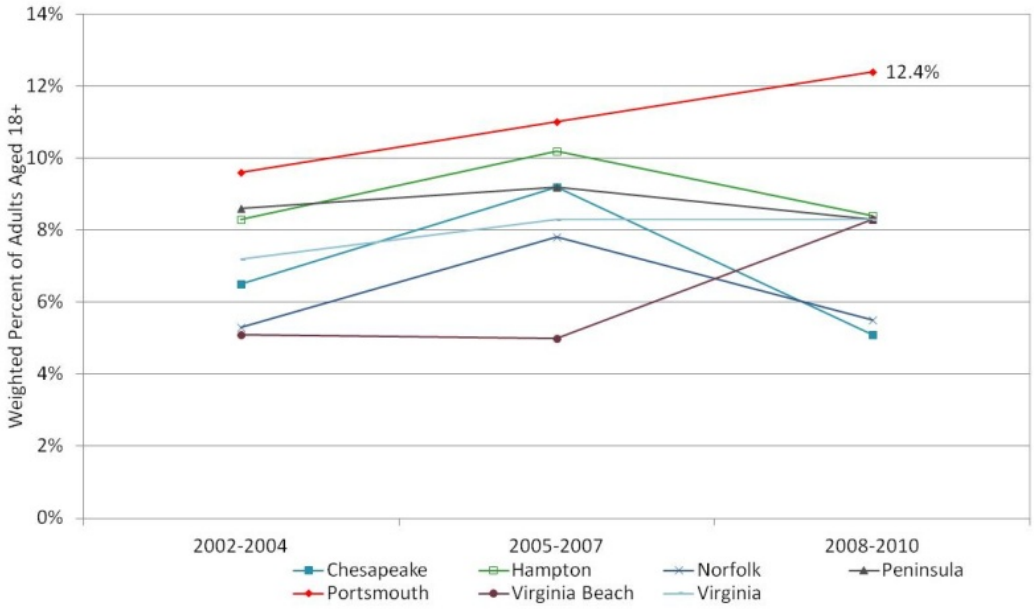


Figure 127: Asthma (Self Reported), Hampton Roads and Virginia, 2002 to 2010
Source: Virginia BRFSS

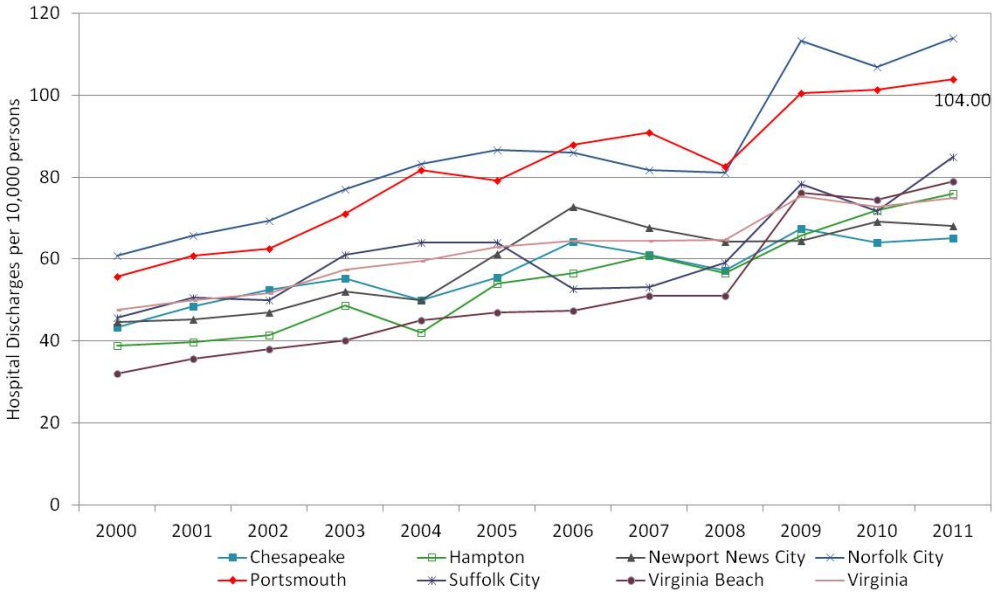


Figure 128: Asthma Hospitalizations, Hampton Roads and Virginia, 2000-2011
Source: VDH and Virginia Health Information

Hypertension

As shown in Figure 129, Portsmouth has the second highest rate of hypertension (high blood pressure) hospital discharges among the Hampton Roads cities, after Suffolk city, from 2000 to 2011. Portsmouth increased from 2000 to 2005 by 90 discharges per 10,000, but then reversed and decreased to 384 per 10,000 in 2011. These increasing rates are supported by the 2012 CASPER survey, where 53% of households reported being diagnosed with Heart Disease (Figure 130).

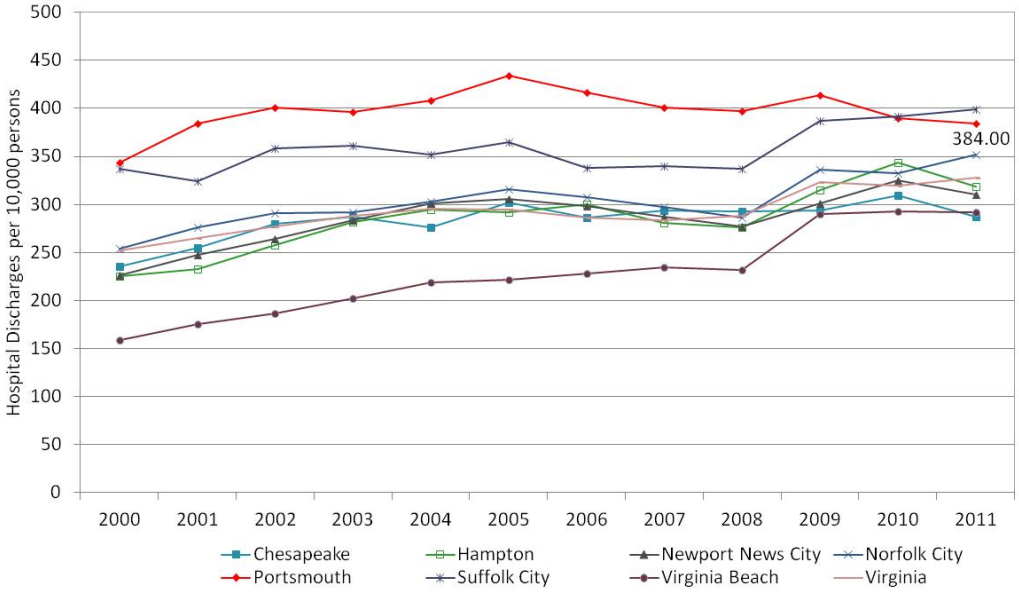


Figure 129: Hypertension Hospitalizations, Hampton Roads and Virginia, 2000-2011
Source: VDH and Virginia Health Information

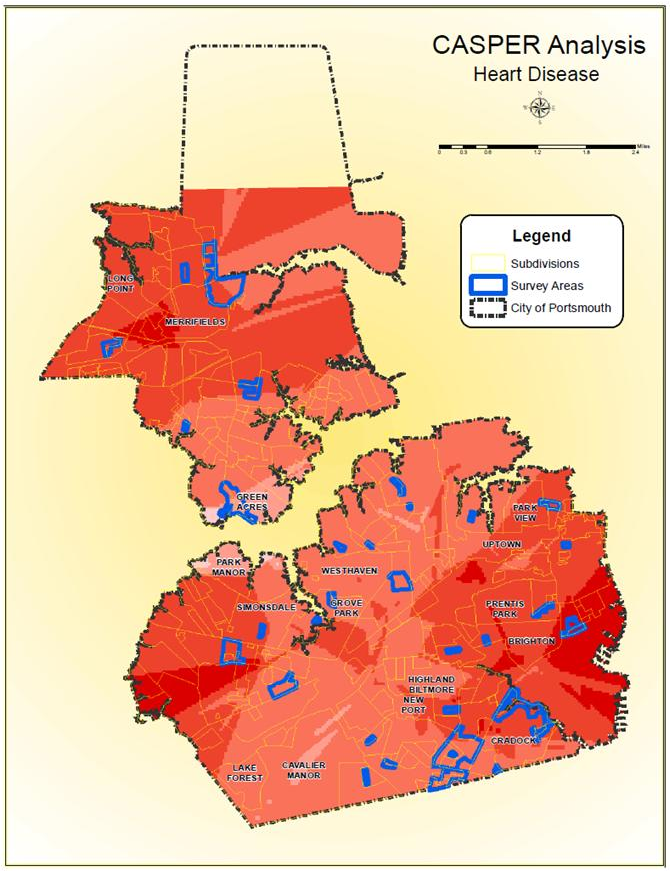


Figure 130: CASPER Analysis, Heart Disease, Portsmouth city, 2012
Source: Portsmouth CASPER survey

Chronic Obstructive Pulmonary Disease

Portsmouth also had the second highest rate of hospital discharges for chronic obstructive pulmonary disease (COPD) hospitalizations, after Norfolk, among the Hampton Roads cities in 2011. However, there has been a decrease in this rate from 2000 to 2011 of 30 per 10,000 (Figure 131).

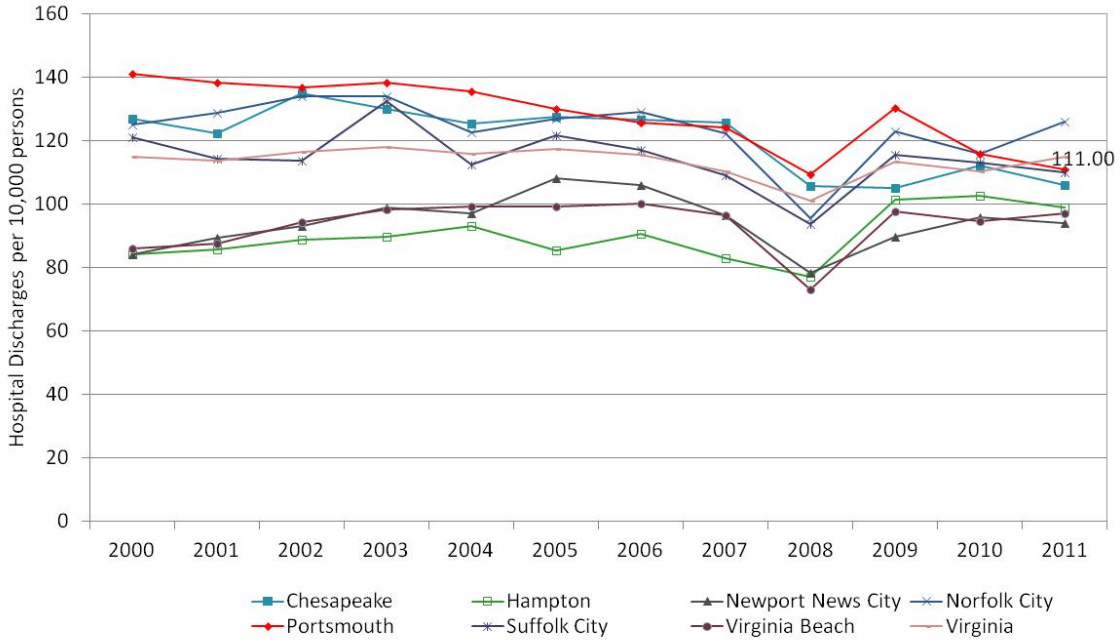


Figure 131: COPD Hospitalizations, Hampton Roads and Virginia, 2000-2011
Source: VDH and Virginia Health Information

Mental Health

As shown in Figure 133, Portsmouth experiences nearly twice number of poor mental health days[41] per month (4.4) compared to the National Mental Health Benchmark of 2.3 days. However, according to CASPER, only 13% of Portsmouth households have reported needing mental health services (Figure 132). Portsmouth also has the greatest number of Poor Physical Health days[42] (3.8 days in the past 30 days) among Hampton Roads cities and Virginia. The poor physical health days in Portsmouth are significantly above the national physical health benchmark of 2.6. When combined, Portsmouth ranks the highest in the region and higher than the state for poor mental and physical health days. On the other hand, according the PPL-PHD Health Needs Survey, the majority of respondents (85%) reported "Good" to "Excellent" overall health (Figure 134).

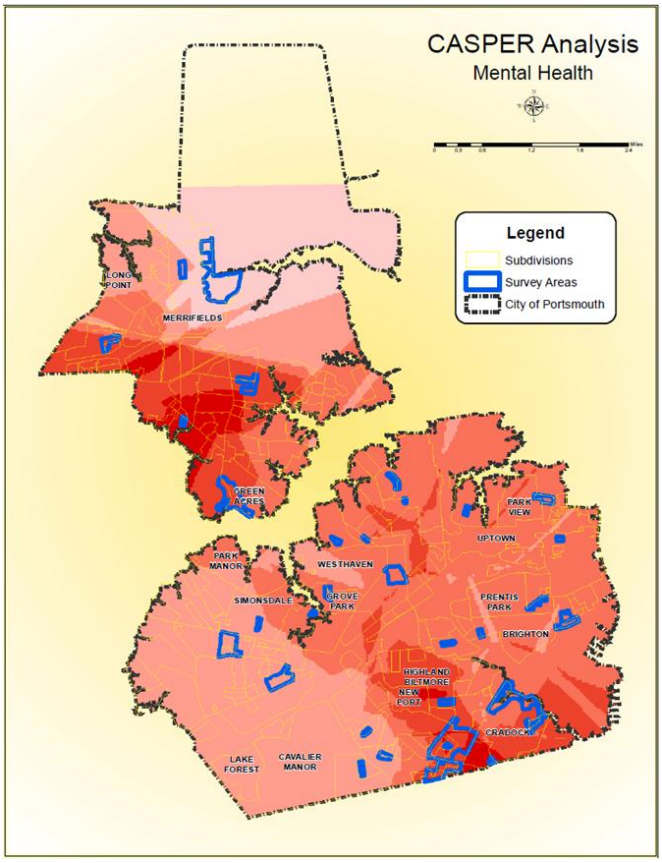


Figure 132: CASPER Analysis, Mental Health, Portsmouth city, 2012
Source: Portsmouth CASPER survey

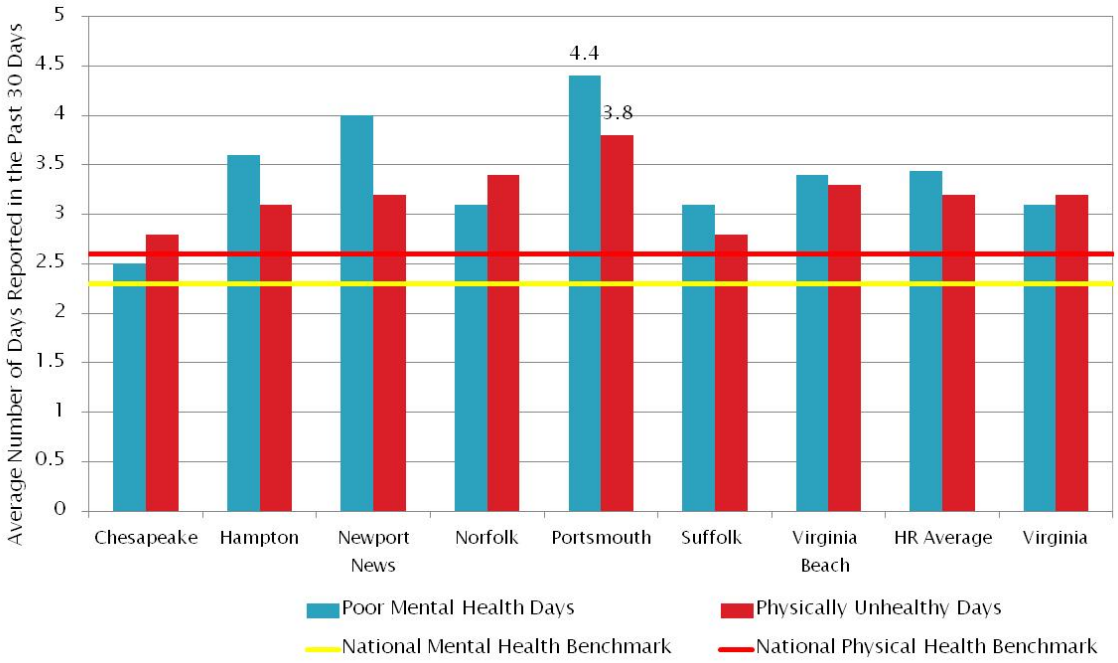


Figure 133: Poor Mental/Physical Health days, Hampton Roads and Virginia, 2013
Source: Virginia BRFSS

[41] Based on responses to the CDC Behavioral Risk Factor Surveillance Study (BRFSS) question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" This is the average number of days a county's adult respondents report that their mental health was not good

[42] Based on responses to the CDC's BRFSS question, "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?"

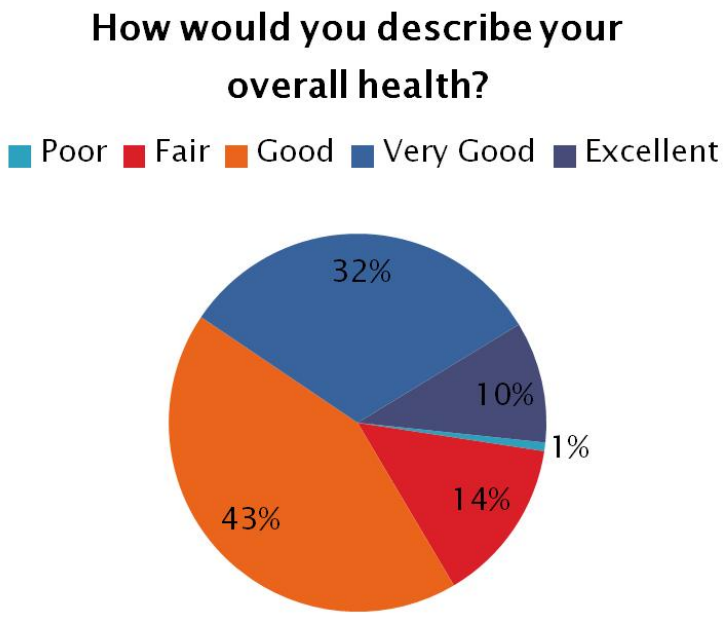


Figure 134: Library Survey, Health Status Analysis – Overall Health, Portsmouth city, 2013
Source: PPL-PHD Health Needs Survey

While local level mental health data is hard to find, Figure 135 shows that Virginia consistently has a higher percentage of youths aged 12 to 17 experiencing at least one major depressive episode (MDE) in the past year. However, significant changes have not occurred for the U.S. and Virginia from 2008 to 2012. Furthermore, among those aged 12 to 17 who did experience a MDE in the past year, over half (61.4%) did not receive treatment for depression, while only 38.6% did receive treatment (Figure 136).

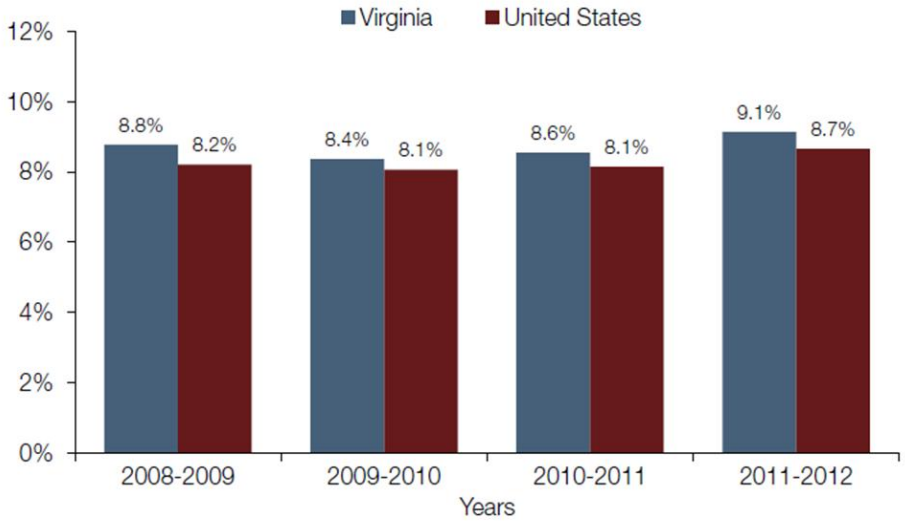


Figure 135: Youths Experiencing Major Depressive Episodes, Virginia and the United States, 2008-2012
Source: SAMHSA: Behavioral Health Barometer (BHB)

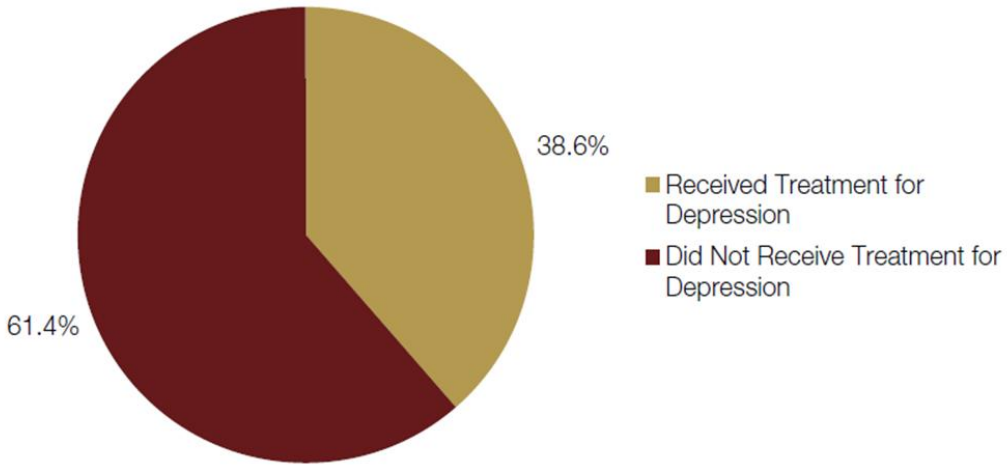


Figure 136: Youth Depression Treatment, Virginia, 2008-2012
Source: SAMHSA: BHB

As shown in Figure 137, among persons aged 18 and over with any mental illness in Virginia over half (52.7%) did not receive treatment and only 47.3% did receive treatment.

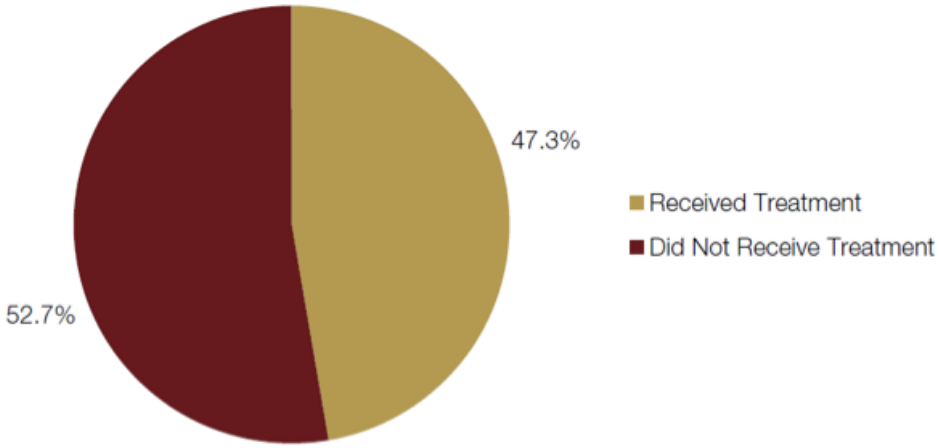


Figure 137: Mental Health Treatment, Virginia, 2008-2012
Source: SAMHSA: BHB

List of Figures

A Special Thank You to Our Partners!

Healthy Portsmouth Partners

American Cancer Society
Bon Secours Faith Ministries
Bon Secours Maryview
Children's Harbor
City of Portsmouth
The Consortium for Infant and Child Health (CINCH)
Eastern Virginia Medical School (EVMS)
Hampton Roads Community Health Center
Portsmouth Behavioral Health Services
Portsmouth General Hospital Foundation
Portsmouth Public Health Department
Portsmouth Public Schools
Portsmouth Redevelopment and Housing Authority
Portsmouth YMCA
Tidewater Community College – Portsmouth Campus
TowneBank
WHRO Center for Regional Citizenship

Summary of the 2014 Community Health Survey for Portsmouth

Being able to assess the health status and needs of a population at the local level is an important role for public health, particularly when used to supplement readily available state and national data. Because of this, in October of 2014, the Portsmouth Health District (PHD) conducted the 2014 Community Health Survey (CHS). In accordance with Healthy Portsmouth and PHD priorities, a survey was developed to assess community households in the following areas: 1) physical activity, 2) nutrition, 3) tobacco use, 4) mental health, 5) teen pregnancy, 6) infant mortality, 7) access to care, 8) perceptions of health, and 9) demographics.

The following are some highlights of the results from the survey (see the following data tables and maps for more details):

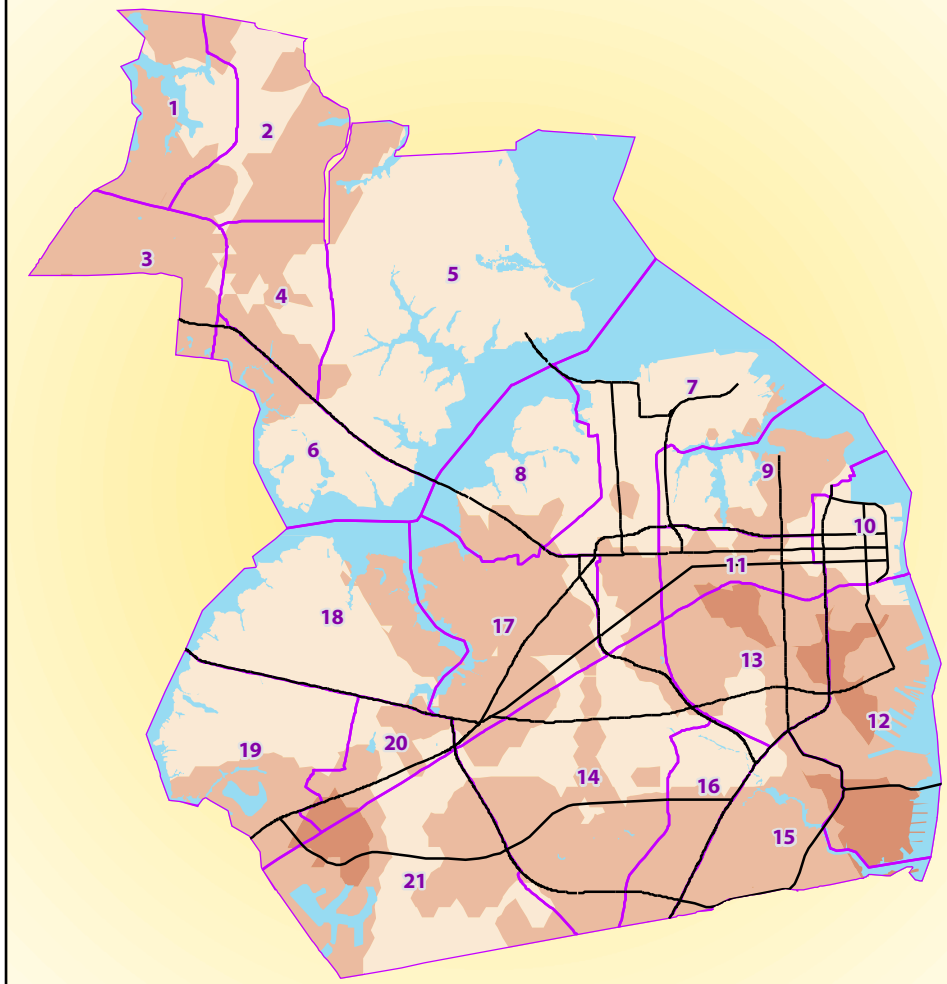
- Regarding peoples' perceptions of their own health, only 4% of household respondents would say that in general their health is excellent and 14% would say it is poor.
- After reporting height and weight, 41% of respondents were classified as obese.
- For physical activity among household members in the last 2 weeks, only 24% of households reported getting at least 30 minutes of physical activity every day.
- Regarding eating habits in the past week, only 39% of households reported eating fruit every day, and 47% reported eating vegetables every day.
- 24% of household respondents reported smoking cigarettes every day or some days, and only 3% reported smoking electronic cigarettes.
- When asked if they had a chronic condition (told by a doctor, nurse or other health professional), 13% of household respondents reported having cancer.
- Using the standardized County Health Rankings indicator, in the last 2 weeks, 13% of respondents reported that their mental health was "not good" every day or most days.
- Finally, 34% of households reported they had little to no knowledge about mental health, and 58% reported little to no knowledge about mental health resources in Portsmouth.

For full details, analysis and discussion of all CHS data (including data for 79 indicators, and 64 maps for 32 indicators), please review the complete "2014 Portsmouth Community Health Survey (CHS) using CASPER Methodology Report," available on the Portsmouth Health Department's website (Portsmouth.vdh.Virginia.gov).

Characteristic	Frequency (n=198)	% of households	Projected number of Households	Weighted %	Weighted 95% CI
General health					
Excellent	7	4	1750	4	1-8
Very Good	34	18	7856	20	13-26
Good	61	32	13494	34	27-41
Fair	58	30	11189	28	21-36
Poor	33	17	5520	14	8-20
BMI					
30 and above (obese)	74	38	16283	41	33-49
25.0-29.9 (overweight)	52	27	10158	26	18-33
18.5-24.9 (normal)	56	29	10376	26	17-35

Below 18.5 (Underweight)	8	4	2948	7	3-12
Did you get at least 30 minutes of physical activity					
None	35	17	8989	22	14-30
1-4 (some days)	37	19	7448	18	12-24
5-9 (every other day)	44	22	9558	23	17-30
10-13 (most days)	26	5	4845	12	6-18
Everyday	56	28	9966	24	17-32
Eat Fruit					
None	25	13	5024	12	7-18
1-3 (some days)	52	26	10276	25	18-32
4-6 (most days)	45	23	9423	23	17-29
Everyday	76	38	16083	39	29-47
Eat Vegetables					
None	11	6	2252	6	2-9
1-3 (some days)	43	22	9872	24	17-32
4-6 (most days)	48	24	9350	23	17-29
Everyday	96	48	19332	47	38-57
Do you smoke cigarettes?					
Every day	36	18	7783	19	11-27
Some days	8	4	1977	5	1-9
Not at all	152	78	30685	76	68-84
Cancer					
Yes	23	12	5278	13	6-20
No	174	88	35139	87	80-94
How often was your mental health not good?					
None	139	70	29215	72	64-79
1-4 (some days)	20	10	4071	10	5-15
5-9 (every other day)	12	6	2255	6	2-9
10-13 (most days)	3	2	430	1	0-2
Everyday	24	12	4836	12	7-17
How knowledgeable are you about mental health?					
No knowledge	46	23	10084	25	18-21
Somewhat Knowledgeable	21	11	3493	9	4-13
Knowledgeable	57	29	12345	30	23-38
Very Knowledgeable	36	18	6147	15	10-20
Professional Training	38	19	8736	21	13-30

Percentage of Portsmouth Residents who Report their General Health as Fair or Poor

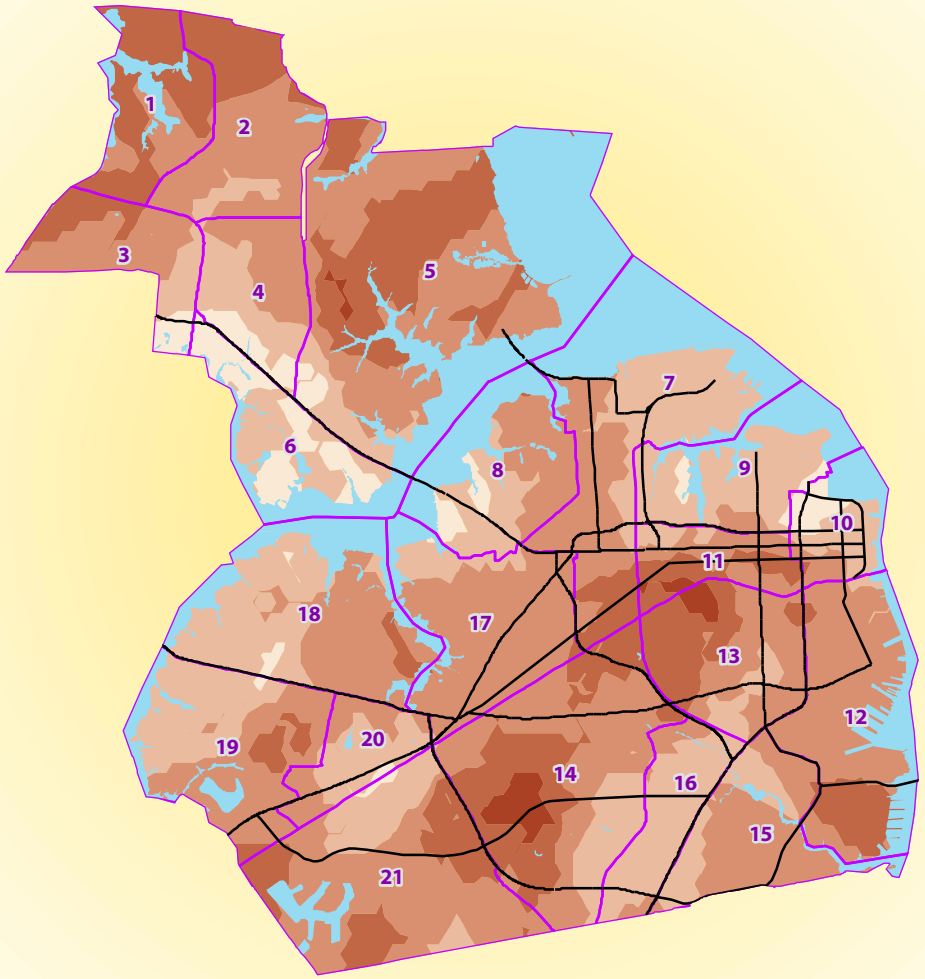


2014 Community Health Survey

Portsmouth, Virginia

PORTSMOUTH Health Department
Charting a Course for Good Health

Percentage of Portsmouth Residents who are Obese

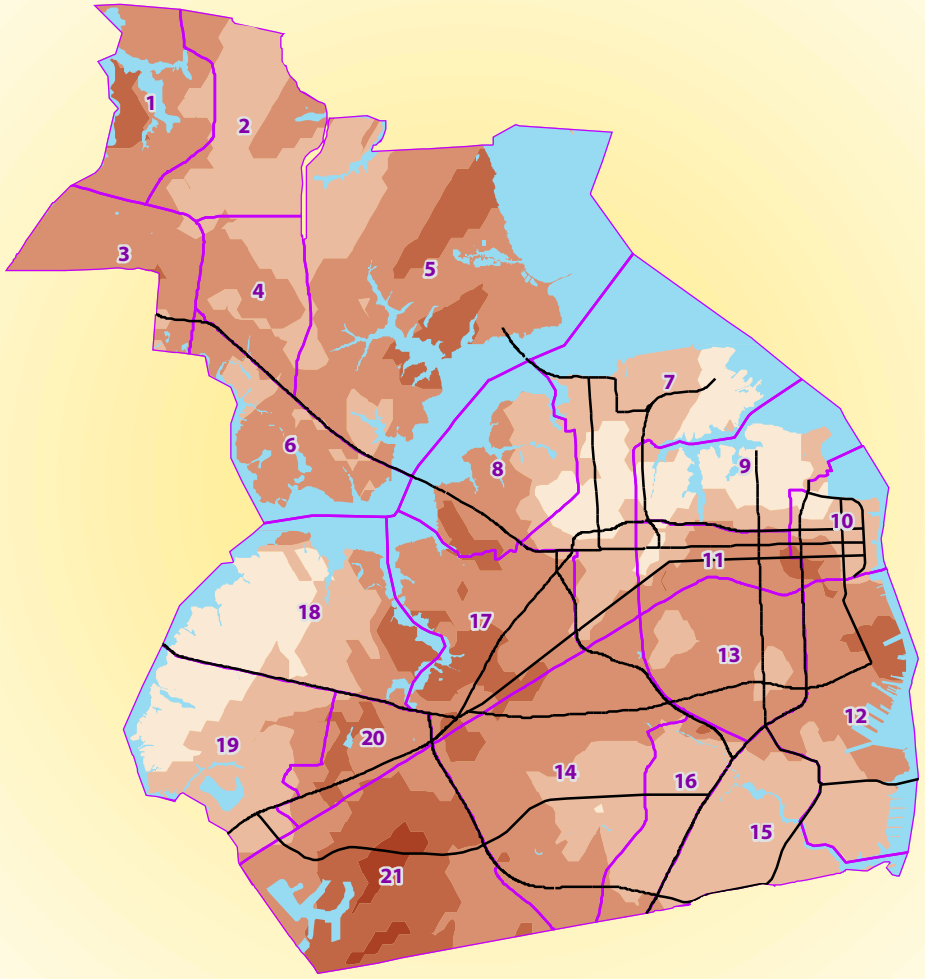


Legend

Percentage of Population
- <20%
- 20% - 39%
- 40% - 59%
- 60% - 79%
- >80%

- Primary Roads
- Water Bodies
- Study Areas

Percentage of Portsmouth Residents who do NOT get enough Physical Activity



Legend

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- 60% - 79%
- >80%

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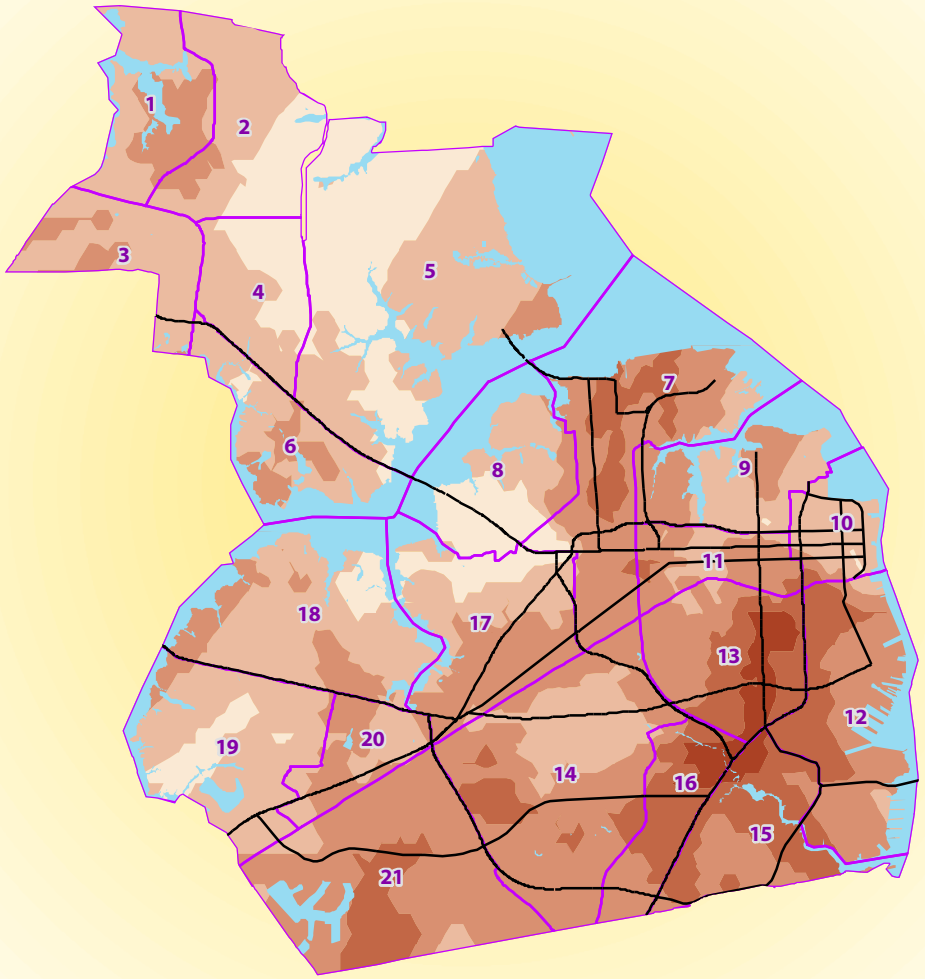
- Water Bodies
- Study Areas

2014 Community Health Survey

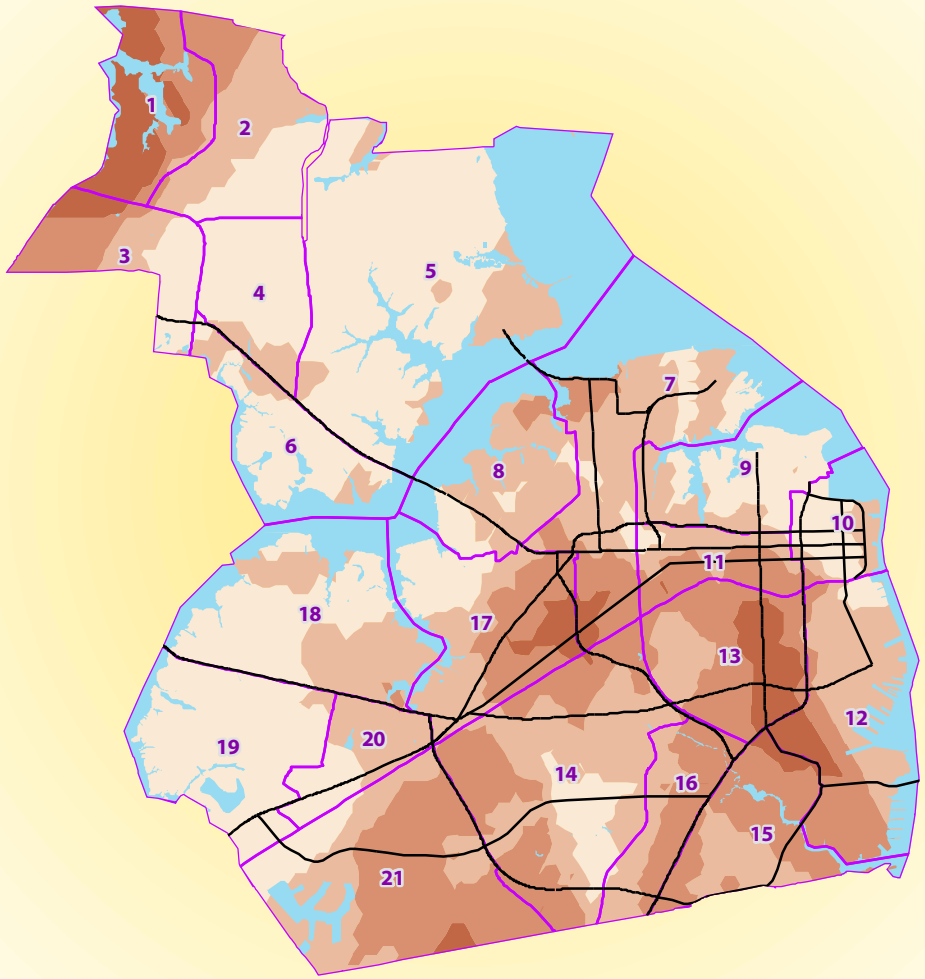
Portsmouth, Virginia

PORTSMOUTH Health Department
Charting a Course for Good Health

Percentage of Portsmouth Residents who Eat Little to No Fruit



Percentage of Portsmouth Residents Eat Little to No Vegetables

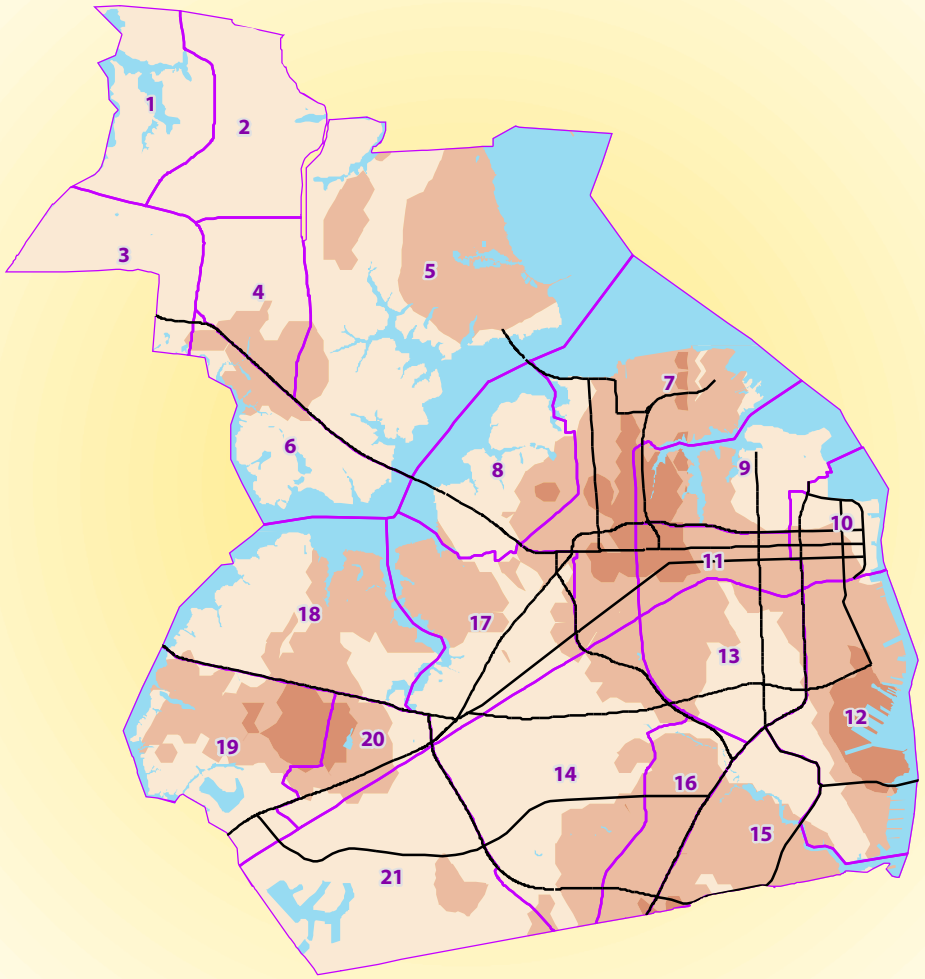


2014 Community Health Survey

Portsmouth, Virginia

PORTSMOUTH Health Department
Charting a Course for Good Health

Percentage of Portsmouth Residents who Smoke Cigarettes

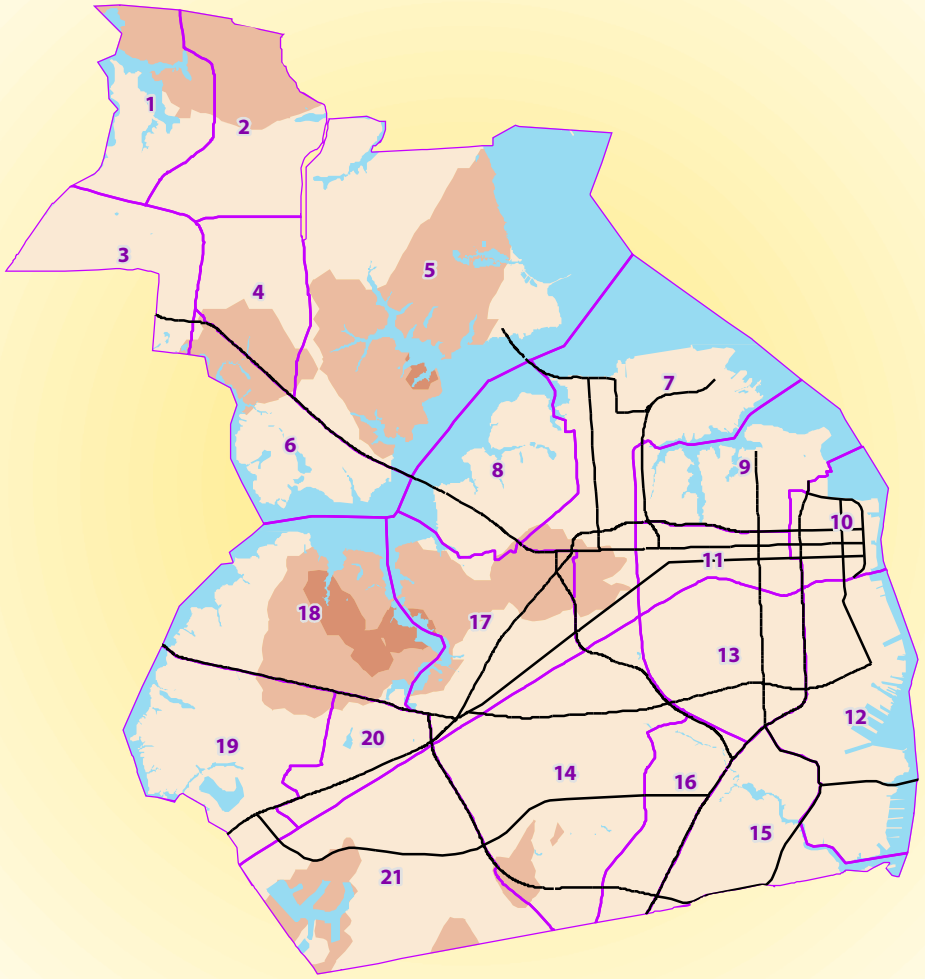


Legend

Percentage of Population
- <20%
- 20% - 39%
- 40% - 59%
- 60% - 79%
- >80%

- Primary Roads
- Water Bodies
- Study Areas

Percentage of Portsmouth Residents who had Cancer



Legend

Percentage of Population
- <20%
- 20% - 39%
- 40% - 59%
- 60% - 79%
- >80%

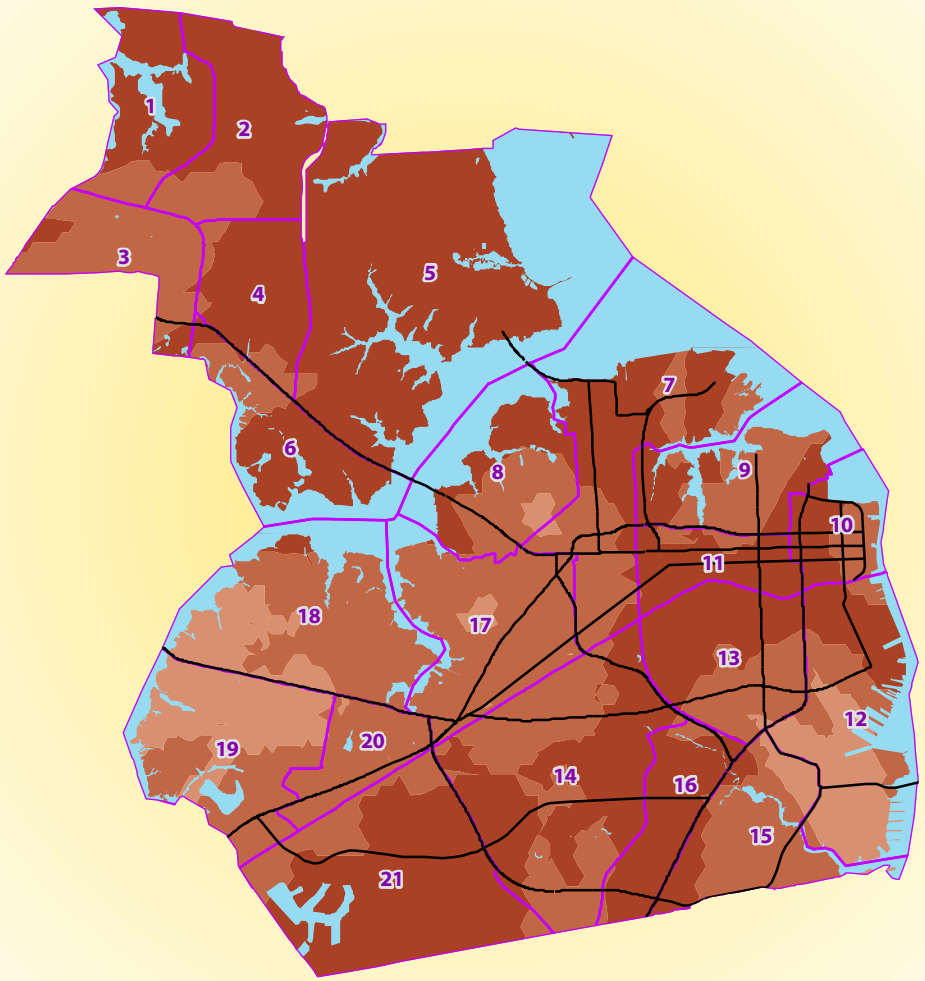
- Primary Roads
- Water Bodies
- Study Areas

2014 Community Health Survey

Portsmouth, Virginia

PORTSMOUTH Health Department
Charting a Course for Good Health

Percentage of Portsmouth Residents whose Mental Health was Not Good

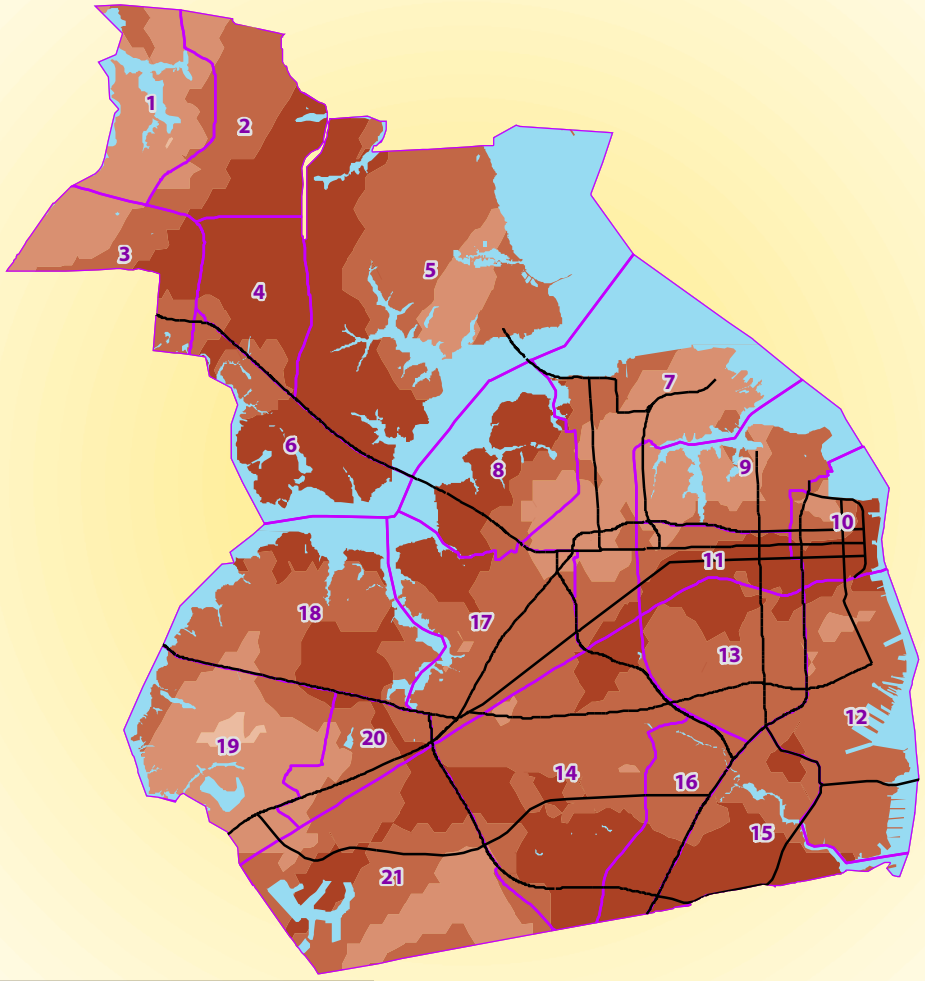


Legend

Percentage of Population
- <20%
- 20% - 39%
- 40% - 59%
- 60% - 79%
- >80%

- Primary Roads
- Water Bodies
- Study Areas

Percentage of Portsmouth Residents who have Little to No Knowledge About Mental Health



Legend

Percentage of Population
- <20%
- 20% - 39%
- 40% - 59%
- 60% - 79%
- >80%

- Primary Roads
- Water Bodies
- Study Areas

2014 Community Health Survey

Portsmouth, Virginia

PORTSMOUTH Health Department
Charting a Course for Good Health

Community Resource Guide

Focus Area #1: Physical Activity

Lead organizations:	Contact Information
Portsmouth Department of Parks, Recreation and Leisure Services	801 Crawford Street, Portsmouth, VA 23704 (757) 393-8481
Portsmouth Department of Planning	801 Crawford Street, 4th floor, Portsmouth, VA 23704 (757) 393-8836
Virginia Cooperative Extension - City of Portsmouth Office	105 Utah Street, Portsmouth, VA 23701 (757) 393-5197

Recreation Centers

Portsmouth City Park
7 CPL. J.L. Williams Avenue
Portsmouth, VA 23701-1567
757- 393-8481

Cavalier Manor Recreation Center
404 Viking Street
Portsmouth, VA 23701-3216
558-2805, Gym 558-2804

Port Norfolk Recreation Center
432 Broad Street,
Portsmouth, VA 23707-2004
393-8709

The Senior Station
3500 Clifford Street,
Portsmouth, VA 23707-4048

J. E. Parker Recreation Center
2430 Turnpike Road,
Portsmouth, VA 23704-2941
393-8340

Neighborhood Facility Recreation Center
900 Elm Avenue,
Portsmouth, VA 23704-4112
393-8595

Therapeutic Recreation (JFK)
JFK Recreation Center
12 Grand Street,
Portsmouth, VA 23701-3012
393-8481 x 4103

Free fitness classes are offered through the Department of Parks, Recreation and Leisure Services.

Parks:

Splash Park: 900 Elm Ave., Portsmouth, VA 23704

Opens weekends only beginning Memorial Day weekend

May 23 through June 15th Saturday and Sunday 11:00 am to 7:00 pm

June 17th –Tuesday – Sunday – 11:00 am to 7:00 pm

Park Place Skate Park: 4117 George Washington Highway, Portsmouth, VA 23702

Hoffler Creek Wildlife Preserve: 4510 Twin Pines Road, Portsmouth, VA 23703

Paradise Creek Nature Park: 1141 Victory Blvd., Portsmouth, VA 23702

Fitness Centers

Portsmouth YMCA

YMCA of South Hampton Roads - Effingham Street

Athletic Programs (Adult and Youth Leagues)

List of Adult and Youth Leagues in Portsmouth - Department of Parks and Recreation

Toolkits

Worksite Wellness Kit - American Heart Association

Faith Communities Healthy Eating and Living Toolkit - Consortium of Infant and Child Health

On-Line Resources:

Let's Move Campaign

Get Moving! Tips for Getting Active - American Heart Association

Healthier Kids - American Heart Association

StairWELL to Better Health - CDC

Focus Area #2: Healthy Eating

Lead organizations:	Contact Information
American Heart Association - Hampton Roads	4669 South Boulevard, Virginia Beach, VA 23452 (757) 628-2610
Portsmouth Health Department	1701 High Street, Suite 102, Portsmouth, VA 23704 (757) 393-8585
Virginia Cooperative Extension - City of Portsmouth Office	105 Utah Street, Portsmouth, VA 23701 (757) 393-5197

Healthy Eating Programs/Classes:

Virginia Cooperative Extension - City of Portsmouth Office

Portsmouth Health Department

Toolkits

Wellness in the Workplace - American Heart Association

Healthy Community Food and Beverage Toolkit - American Heart Association: Great resource for a worksite, church or any community organization.

Faith Communities Healthy Eating and Living Toolkit - Consortium of Infant and Child Health

On-Line Resources

Nutrition Center - American Heart Association

USDA Choose My Plate

Eat Healthy - Let's Move Campaign

Healthier Kids - American Heart Association

Healthy Portsmouth, Inc.

Focus Area #3: Tobacco Use

Lead organizations:	Contact Information
Consortium for Infant and Child Health (CINCH)	Eastern Virginia Medical School – 855 West Brambleton Avenue, Norfolk, VA 23510 (757) 668-6426
Portsmouth Department of Behavioral Healthcare Services	600 Dinwiddie Street, Suite 200, Portsmouth, Virginia 23704 (757) 393-8618
American Cancer Society	4416 Expressway Dr, Virginia Beach, Virginia 23452 (757) 493-7940
City of Portsmouth	801 Crawford Street, Portsmouth, VA 23704 (757) 393-8000
Portsmouth Redevelopment and Housing Authority	3116 South Street, Portsmouth, VA 23707 (757) 399-5261

On-Line Resources

Respiratory Health - CINCH

American Lung Association

Asthma and Allergy Foundation of America

Quit Now Virginia

Tobacco Use Control Project Resources

CDC Quit Smoking Resources

Health and Human Services: Be Tobacco Free

Healthy Portsmouth, Inc.

Focus Area #4: Mental Health Literacy

Lead organizations:	Contact Information
Portsmouth Department of Behavioral Healthcare Services	600 Dinwiddie Street, Suite 200, Portsmouth, Virginia 23704 (757) 393-8618

On-Line Resources

Mentalhealth.gov

ActiveMinds.org

Department of Veterans Affairs - Mental Health

CDC - Mental Health

Anxiety and Depression Association of America

National Alliance on Mental Illness

MedlinePlus - Mental Health