



Community Health Needs Assessment

Appendix A

A community and data-driven look at health and wellbeing in Virginia Beach.

August 2024



Submitted by:
Toxcel

Appendix A: Survey Results

VBDPH conducted the web-based Community Health Needs Assessment survey from January 25, 2024 to May 31, 2024. The QR code and link were available on the VBDPH home page and the City of Virginia Beach website. VBDPH also asked Community Advisory Board (CAB) members to distribute the survey QR code to their client population by posting on their respective websites or through flyers. The survey was also available in paper format and could be completed in this manner as needed at outreach events by Community Development Team members or during home visits. A total of **800** valid responses were recorded.

Profile of Survey Respondents

Geographic profile

During the four-month period between January and May 2024 a total of 800 valid responses were gathered. Of these responses, **89.3% lived in Virginia Beach** zip codes (Figure A:1).

Figure A:1- Population distribution of respondents by zip code

Majority of **survey** responses from-

23462 (14.2%)

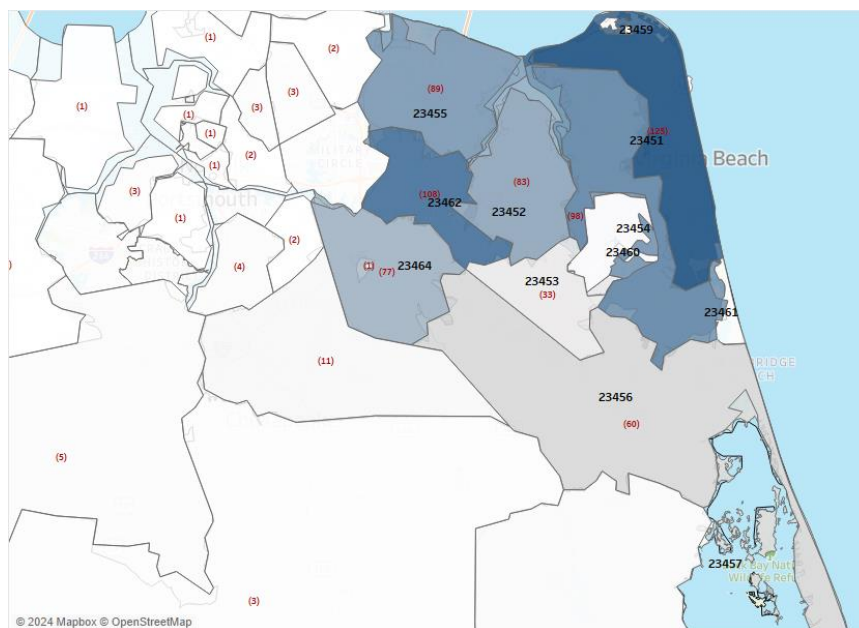
23454 (12.8%)

23451 (16.4%)

23452 (10.9%)

23455 (11.6%)

23464 (10.1%)



Responses within Virginia Beach zip codes was close to the population distribution estimates from the 2022 5-year American Community Survey (Table A:1)

Table A:1- Population distribution by Zip Code (2022)

Virginia Beach Zip Code	Percent of Population
23462	(15.0%)
23454	(7.7%)
23451	(11.1%)
23452	(12.7%)
23455	(12.5%)
23464	(16.6%)

Source: US Census. (2022)- American Community Survey, 5-year estimates.

Demographic and economic profile

The majority of respondents were **White females** (43.9%). VBDPH actively recruited a diverse population of respondents through targeted outreach events. Overall, almost one quarter of the respondents were **male** (23.2%). More than **20%** of respondents were **Black or African American** and **12%** were **Hispanic** (Figure A:2). This distribution closely resembles the population distribution of Virginia Beach according to US Census estimates (Table A:2a) which was used to target minority groups within Virginia Beach by VBDPH.

Figure A:2 Demographic distribution of respondents- Race and Ethnicity

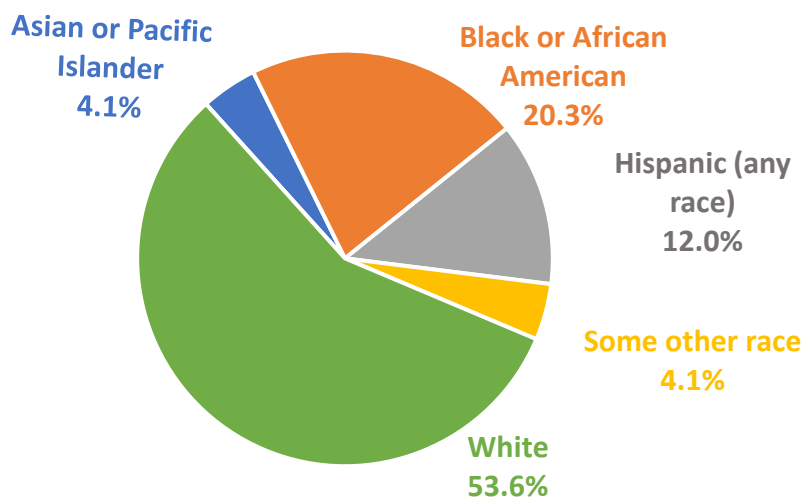


Table A:2- Demographic distribution of respondents

	Female (n=567)	Male (n=171)
Asian or Pacific Islander	3.1%	1.4%
Black or African American	16.5%	5.1%

Hispanic	10.2%	2.6%
Some Other race	3.1%	0.9%
White	43.9%	13.1%
Grand Total	76.8%	23.2%

Table A:2a- Race and Ethnic distribution of Virginia Beach population, 2022

Asian or Pacific Islander	7.0%
Black or African American	18.2%
Hispanic (any race)	8.8%
Some Other race (combined)*	6.0%
White	59.9%

**Note: Some other race includes individuals who classified themselves as two or more races, Native American, Some Other race.*

Source: US Census. (2022)- American Community Survey, 5-year estimates.

Overall, most respondents were between the ages of **40-69 years** old with a minimum age of 17 and a maximum age of 90. The median age was 50 yrs old and the mode was 64 years old. Table A:3 below highlights that among most race and ethnic groups more respondents were within the **50-59 years old** group, except for among the White respondents which had a larger proportion older than 60 years old. Of those that identified as Some Other race (including two or more races) the majority were between 20-29 years old.



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Table A:3- Race, ethnic and age distribution of survey respondents

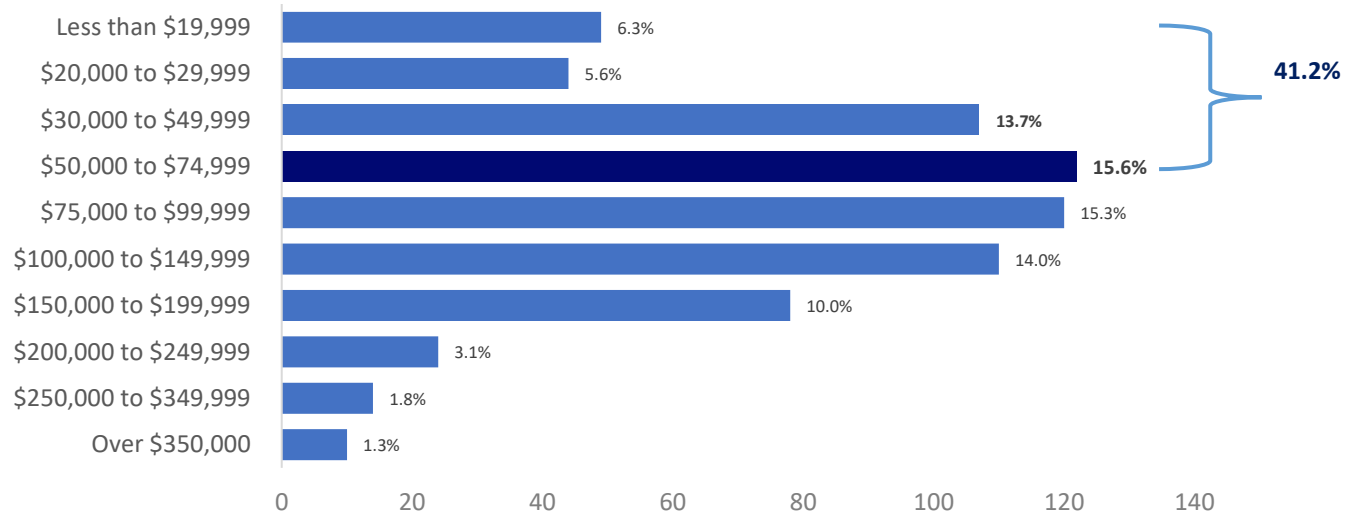
Age	<i>Asian or Pacific Islander</i>	<i>Black or African American</i>	<i>Hispanic or Latino</i>	<i>Some Other race</i>	<i>White</i>	<i>Total</i>
10-19 years	0.0%	0.6%	4.6%	3.8%	1.5%	1.7%

20-29 years	19.4%	16.8%	16.1%	34.6%	9.3%	13.2%
30-39 years	12.9%	20.0%	25.3%	3.8%	14.7%	16.7%
40-49 years	19.4%	17.4%	20.7%	11.5%	16.4%	17.2%
50-59 years	25.8%	21.3%	27.6%	26.9%	17.4%	20.2%
60-69 years	6.5%	16.1%	3.5%	11.5%	22.8%	17.8%
70-79 years	6.5%	5.8%	2.3%	7.7%	14.7%	10.5%
80-90 years	9.7%	1.9%	0.0%	0.0%	3.4%	2.8%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The median household income is estimated to be about \$87,544 for Virginia Beach according to US Census estimates. Approximately, **41.2%** of survey respondents had an income of **less than \$75,000** with about **45.5% above \$75,000** (Figure A:2). Because VBDPH actively tried to diversify the respondent pool, approximately, **33% of male respondents reported an income less than \$50,000** compared to only **27% of female respondents** with that income. Slightly, more females reported an income between \$50,000-\$74,000 (19% versus 17% males).

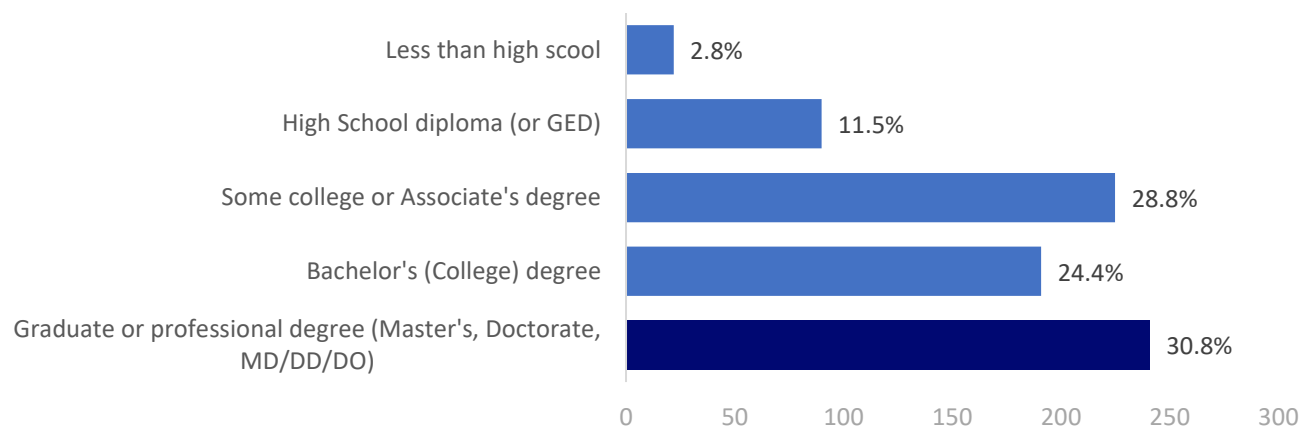


Figure A:2- Income distribution of survey respondents, N=783



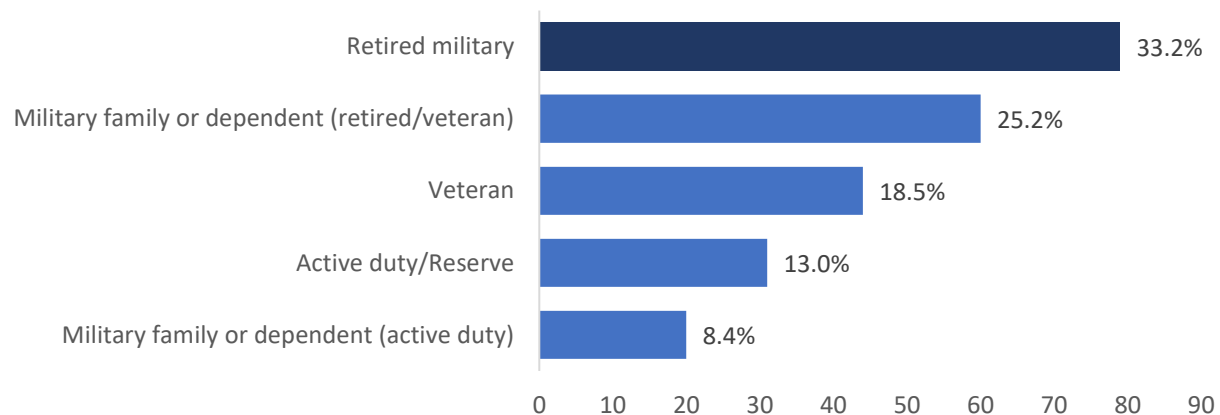
Aproximately **30.9% of respondents** reported having a **graduate degree**, **24.4%** reported having a **college degree**, while **28.9%** reported having **only completed some college classes** or had an Associate's degree. **Less than 3%** reported **not having completed high school** and approximately **11.3%** reported having a **high school degree or equivalent** (Figure A:3). According to the US Census Bureau approximately 34% of Virginia Beach residents have some college or Associate's degree while only 15.1% had a graduate degree.

Figure A:3- Educational attainment of survey, N=782



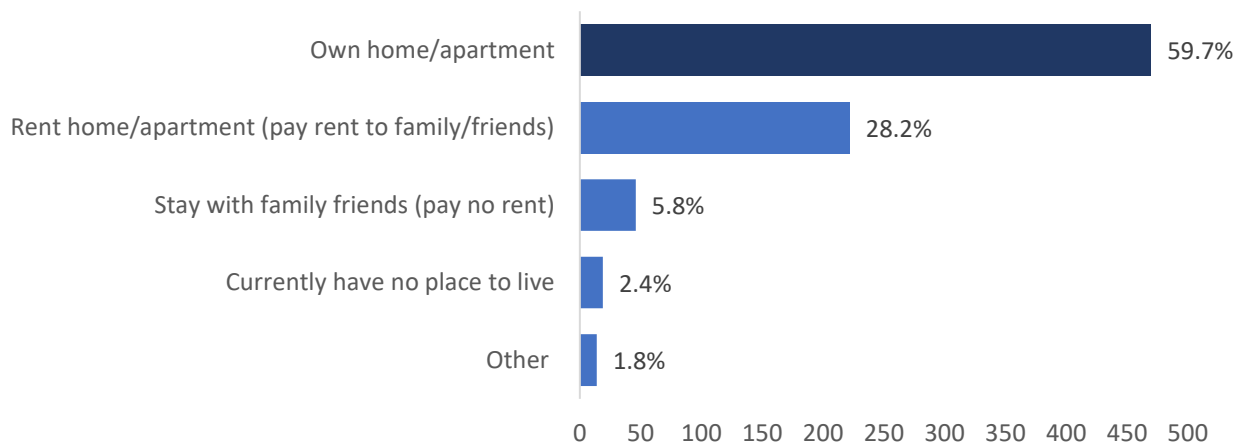
Respondents were asked about their military affiliation since Virginia Beach is home to a large military population. More than **31%** reported **being affiliated with the military** and of those, the majority were retired military or dependents of; 33.2% retired military, 25.2% family/dependent of retired military (Figure A:4).

Figure A:4- Military affiliation and status of survey respondents, N=768 (31.0% military affiliation)



The majority of respondents were **homeowners** (59.7%) versus 28.2% who reported renting. Approximately, 5.8% stayed with family/friends without paying rent and 2.4% were unhoused (Figure A:5). In Virginia Beach approximately 64.6% were estimated to be homeowners in 2022 by the US Census.

Figure A:5: Living arrangements of survey respondents, N=791



Respondents of the survey overwhelmingly reported using a personal vehicle for transportation needs (87.0%). This is slightly higher than the estimated proportion for Virginia Beach for 2022 (84.6%). Of these respondents, **75.3% only used a personal vehicle**. However, because of our outreach efforts, approximately 11.7% reported walking and 4.8% reported using a bicycle for transportation, while 2.3% reported using public transportation. The remainder either asked friends or family or used ride sharing options (Figure A:6). Table A:4 also shows that approximately **12%** of respondents used a form of transportation that was **not a personal vehicle**.

Figure A:6- Mode of transportation among survey respondents, [N=800]

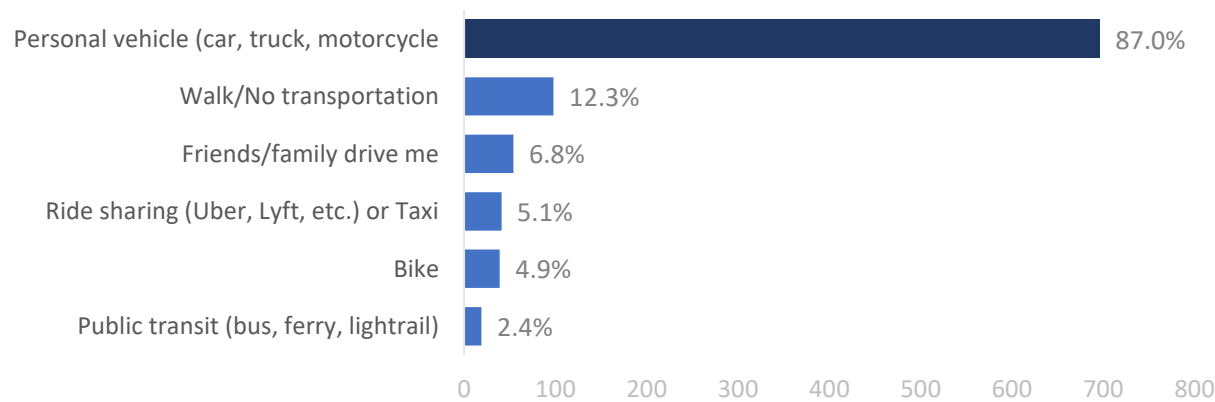


Table A:4- Mode of transportation by mode-only among survey respondents, [N=800]

Personal vehicle only	75.3%
Some other mode (no personal vehicle)	12.0%
Personal vehicle + some other mode	11.8%
Friends only	2.6%
Ride share only	1.5%
Bike only	1.4%
Walk only	1.4%
Public transportation only	0.9%

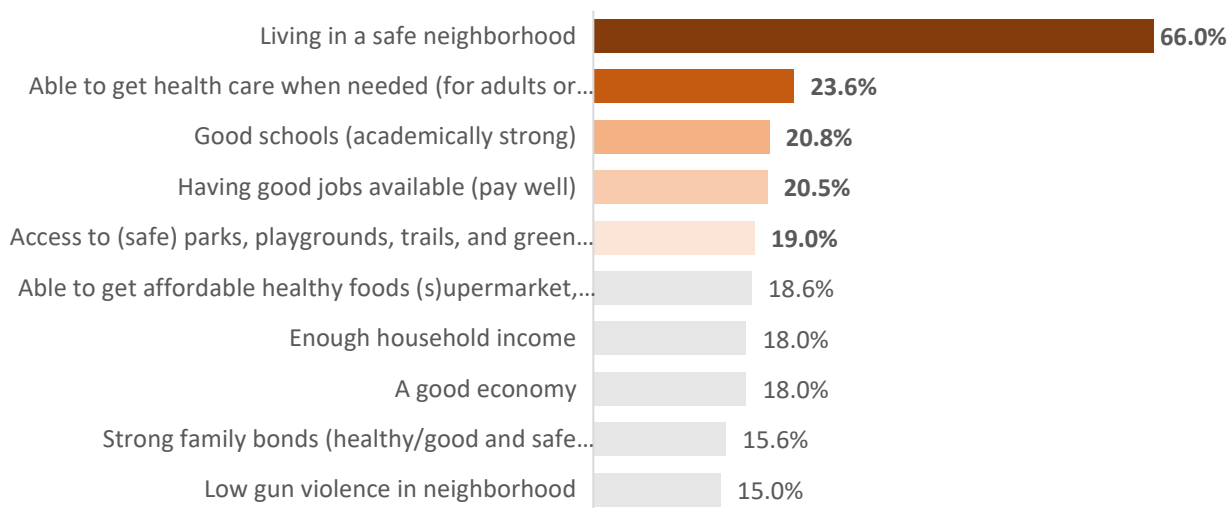
Healthy Characteristics

Respondents in this CHNA survey were asked several questions about healthy characteristics and health issues as they related to their community and to themselves. Community for the purpose of this survey was defined as the place where they live and work or the people that you are with. Healthy qualities were

defined as good reasons to live, play and work in your community or good reasons that make you healthy. The set of characteristics were asked at both the community and personal level.

Overwhelmingly, Figure A:7 shows that respondents selected as **living in a safe neighborhood** as one of the top three important qualities that make a community healthy (66.0%). Next was the ability **to get health care when needed** (23.6%) followed by **good and academically strong schools** (20.8%). In the top 5 important qualities were also having good jobs available that pay well (20.5%) and access to safe parks, playgrounds, trails and green space (19.0%).

Figure A:7- What are the **3 most important QUALITIES** that help make **YOUR COMMUNITY** healthy (good)?
[N=800]

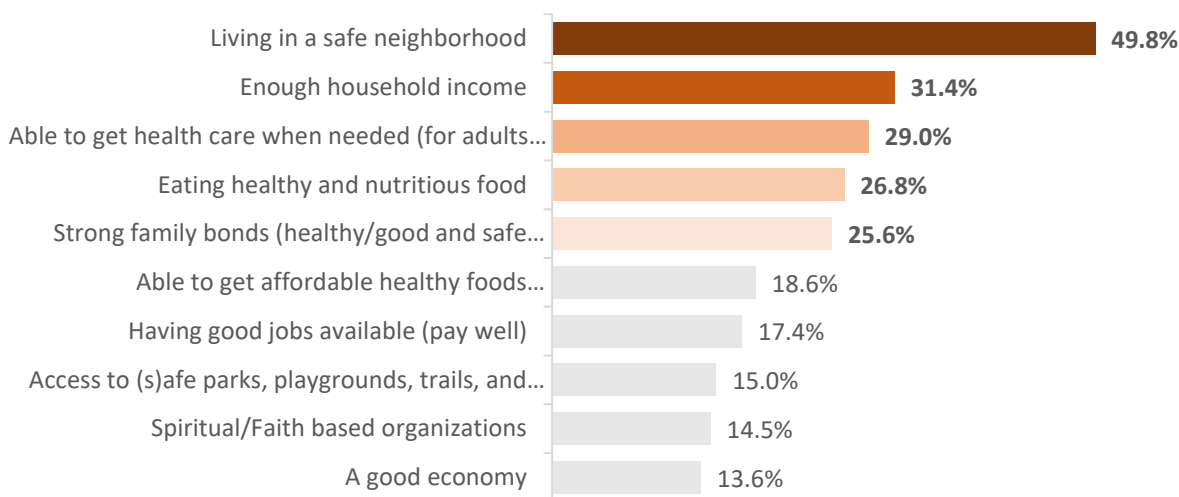


At the personal level, almost half of the respondents selected **living in a safe neighborhood** as an important characteristic (49.8%). Respondents also chose **having enough household income** (31.4%) and **being able to get healthcare when needed** (29%) as the top 3 most important characteristics. Eating health and nutritious foods (26.8%) and strong family bonds (25.6%) were in the top 5 (Figure A:7a).

Approximately, **61.0%** of respondents chose **living in a safe neighborhood** as one of their top important characteristics at both the *community and individual* level. Over half of respondents also chose being able to get good health care when

needed as an important good quality (51.0%). Of respondents who chose having enough household income as an important characteristic for them only 35.0% chose it as an important characteristic at the community level and of these respondents 26.0% thought having good jobs at the community level was one of the most important characteristics.

Figure A:7a- What are the **3 most important QUALITIES** that help make **YOU** healthy (good)?
[N=800]



For *Black or African American* respondents, the top 3 important characteristics included living in a safe neighborhood, having good paying jobs available and low gun violence. At the individual level spiritual/faith-based organizations and strong family ties was one of the top 3. For *Hispanic* respondents' safe neighborhoods, having good paying jobs and available healthcare were their top three good community characteristics while their individual choices were similar to the group as a whole. For *Asian or Pacific Islander* respondents, having a good economy was important at the community level while eating healthy was a top 3 good individual quality.

Health Issues

Respondents were also asked about that health issues that they thought were harmful in their community and at the indivual level. Respondents could choose the 3 issue that they thought were the most important from a provided list of

health issues identified from secondary data sources. The most chosen health issue at both the community level and at the individual level was **mental health issues**; 45.7.% thought this was an important health issue at the community level and 29.6% thought this was an important health issue at the individual level (Figure A:8 and Figure A:8a). **Obesity** was also a top concern at both the community and individual levels; 34.0% identified it as a health problem at the community level and 28.8% at the individual level (Figure A:8 and Figure A:8a). **Drug abuse** was more often identified as a health problem at the community level (28.5%) than at the individual level (6.5% not shown).

Figure A:8 also shows that individuals identified cancers and diabetes more often as a community issue than they did at the individual level (cancers 23.0% as a community issue versus 15.4% as an individual problem; diabetes 20.3% as a community problem versus 18.4% as an individual health problem). (Figure A:8a). As Figures A:8 and A:8a show about 13% of individuals thought that respiratory diseases such as RSV, flu, COVID-19 and pneumonia thought it was an important health problem at the community level and individual level.

Figure A:8- What are the 3 most important **HEALTH PROBLEMS** that help make **YOUR COMMUNITY** unhealthy (bad/harmful)?

[N=800]

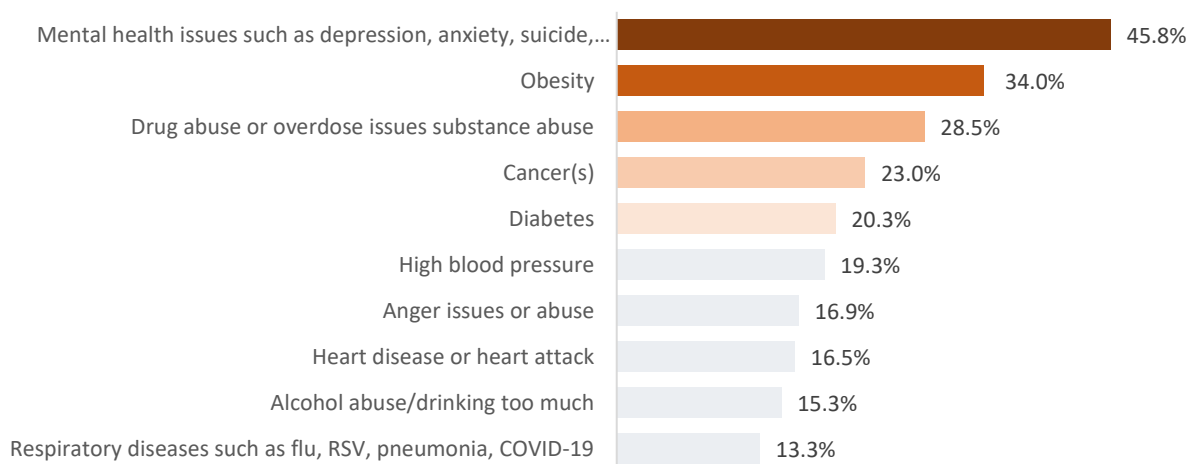
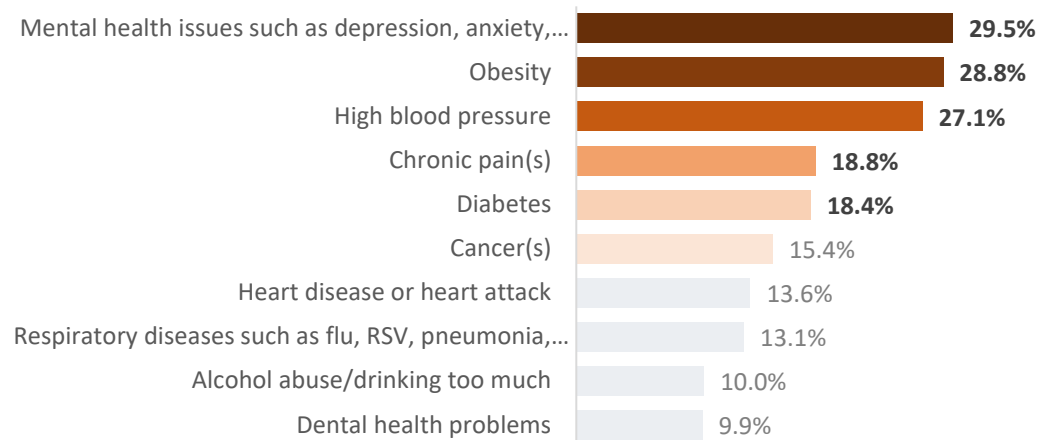


Figure A:8a below also shows that about 10.0% of respondents identified alcohol abuse as an issue at the individual level as well as dental health problems (9.9%). At the community level about 15.3% of respondents identified it as an important health problem. Dental health problems were only identified as an important community issue among 7.5% of respondents (not shown).

Figure A:8a- What are the 3 most important **HEALTH PROBLEMS** that help make **YOU** unhealthy (bad/harmful)?
[N=800]

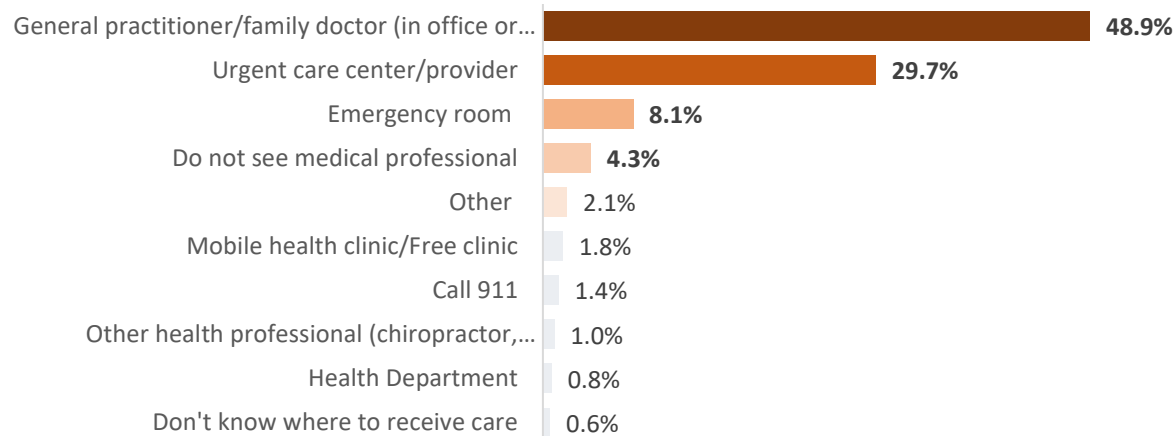


Barriers to Care

The survey also asked respondents about access and barriers to health care. Respondents were asked about who or where they access care and about barriers to accessing care (Figure A:9 and Figure A:10 respectively). Respondents primarily said that they see a **general practitioner/family doctor** when they need care (48.9%) or they access care via an **urgent care center or provider** (29.7%). Other places of care are accessed more infrequently as shown in Figure A:9. Responses below were similar across the different race and ethnic groups. The only slight difference noted was that *Asian or Pacific Islanders* respondents reported **not seeing a medical professional** more often compared to the other groups (12% for *Asian or Pacific Islander* respondents versus 3-4% for other race/ethnic groups (not shown)).

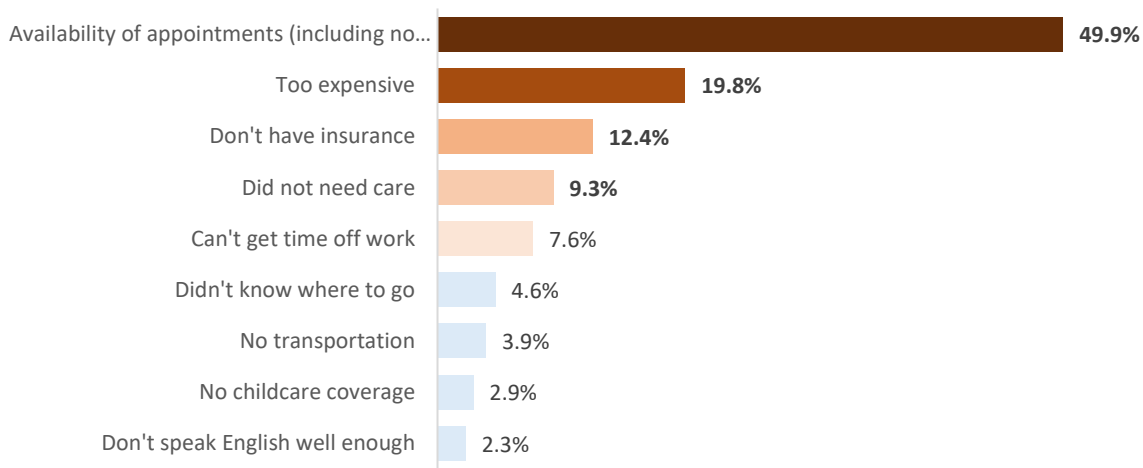
Figure A:9- When you are sick/ill, where do YOU usually (most often) go to receive care?

[N=800]



Respondents stated that **availability of appointments** was the most prevalent reason for not being able to receive care (49.9%). This response included availability of appointments, availability of telehealth appointments and availability of after-hours appointments. Looking into availability of appointments, about 12.4% of respondents stated not having after-hours appointments as a reason for not being able to access care. Cost (19.8%) and lack of insurance (12.4%) were also issues often stated (Figure A:10).

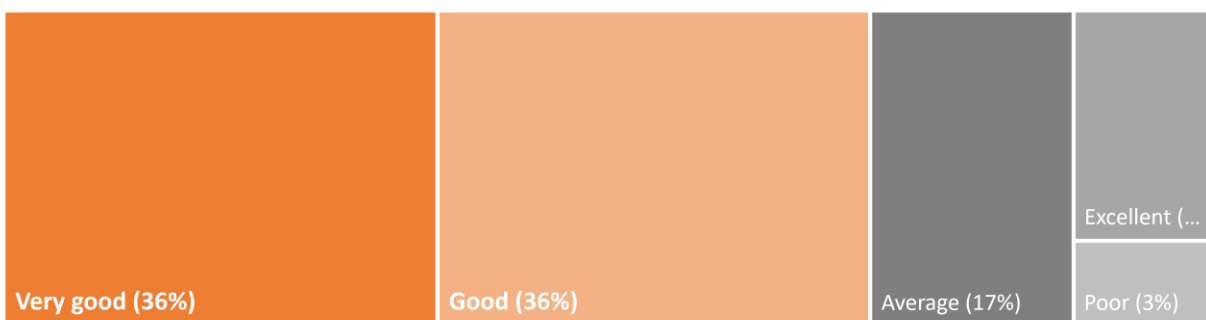
Figure A:10- In the past 12 months, has there been a time when **YOU** wanted or needed to see a doctor (health care provider) or needed services but were unable to due to:
[N=800]



Overall Physical and Mental Health

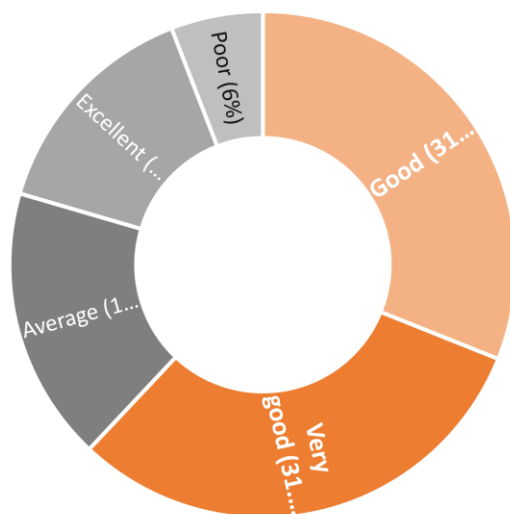
The survey also asked respondents about their overall health and mental health. Figure A:11 and Figure A:12 show that respondents predominately rated their physical health as either **very good** (36.0%) or **good** (36.0%). Approximately 9% rated their physical health as excellent and only 3% rated it as poor.

Figure A:11- Overall, would you say that your **PHYSICAL HEALTH** is:
[N=800]



Survey respondents for the most part also said that their mental health was either **very good** (31%) or **good** (31%). Approximately 14% ranked their mental health as excellent and only 6% ranked their health as poor.

Figure A:12- Overall, would you say that your **MENTAL HEALTH** is:
[N=800]





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

If you have questions about our Community Health Needs Assessment, please email: Anna Feliberti, PhD at anna.feliberti@vdh.virginia.gov or HeathyVB@vdh.virginia.gov.