

Appendices

All appendices referenced in the Community Health Needs Assessment (CHNA) report are included below and are also available online at [Inova.org](https://www.inova.org).

Appendix A: Community engagement

Summary of community outreach and engagement efforts

Appendix B: Community description

Detailed maps and tables exploring resident demographics and characteristics

Appendix C: Community conversations

Topics discussed during community conversations

Appendix D: Community survey

Communitywide survey results broken down by demographics

Appendix E: Community health status assessment results

Chart of health indicators used to identify disparities, trends and progress towards benchmarks

Appendix F: Top health issues methodology

Description of process and outcomes

Appendix G: Actions taken since the previous CHNA



Appendix A: Community engagement

The Alexandria CHNA gathered community input through two main methods – community conversations and a community survey. Community conversations bring together individuals who represent a diverse range of local community voices and champions. Participants included individuals with special knowledge of or expertise in public health; local public health departments; agencies with current data or information about the health and social needs of the community; representatives of social service organizations; business leaders and representatives; leaders and members of medically underserved, low-income and minority populations. Inova team members conducted community conversations with representatives from the Alexandria action committee, the Partnership for a Healthier Alexandria steering committee, local health departments, regional community health workers, the local federally qualified health center and a group of faith leaders from around the region.

The community survey was promoted to partners and residents. The survey was available in print and online in ten languages: Amharic, Arabic, Chinese (Mandarin), Dari, English, Farsi, Korean, Spanish, Vietnamese and Urdu. Printed copies were provided to partners and local clinics, as well as health department facilities. Community health workers assisted in the collection of print and electronic survey responses in their local communities.

Figure A1. Alexandria Community Action Committee organizations

Organization
Alexandria City
Alexandria City Environmental Health Services
Alexandria City Health and Human Services
Alexandria City Health Department
The Child and Family Network Centers
The Concerned Citizens Network of Alexandria
Inova
Inova Alexandria Hospital
Inova Saville Cancer Screening and Prevention Center
Inova injury prevention
Inova community health
Inova sustainability
Inova government relations
Inova workforce development
The Landing Alexandria
Move2Learn
The Northern Virginia Conservation Trust
Partnership for Healthier Alexandria
Smart Public Health Consulting
True Ground Housing



Appendix B: Community description

This section identifies and describes the community that was assessed by Inova Alexandria Hospital, Inova Franconia – Springfield Surgery Center and Inova Oakville Ambulatory Surgery Center (hereafter referred to as the Inova Alexandria Hospital community). The community was defined by considering the geographic origins of the hospital's inpatient discharges and emergency department visits.

The Inova Alexandria Hospital community is comprised of 33 ZIP codes in Alexandria City, Arlington County, Fairfax County and Prince William County that make up the primary and secondary service areas. For the purposes of the CHNA assessments, the Emergency Departments' service area (ZIP codes accounting for 75% of visits) in Virginia was used to better represent the neighborhoods served by the hospital and surgery centers.

Figure B1. Hospital and emergency department service area ZIP codes

ZIP code	Hospital	Emergency Department	ZIP code	Hospital	Emergency Department	ZIP code	Hospital	Emergency Department
22003	X	X	22152	X	X	22304	X	X
22015	X	X	22153	X	X	22305	X	X
22031	X	X	22191	X		22306	X	X
22032	X		22192	X		22307	X	
22041	X	X	22193	X		22308	X	
22042	X		22202	X	X	22309	X	X
22044	X		22204	X	X	22310	X	X
22060	X		22206	X	X	22311	X	X
22079	X	X	22301	X	X	22312	X	X
22150	X	X	22302	X	X	22314	X	X
22151	X	X	22303	X	X	22315	X	X

Source: Inova Health System, 2024

Figure B2. Inova Alexandria Hospital community

City or county	Percent of discharges	Percent of emergency department visits
Fairfax County	35.84%	39.65%
Alexandria City	28.53%	31.37%
Arlington County	5.26%	5.38%
Prince William County	6.33%	2.65%
Community Total	76.0%	79.0%
Other areas	24.1%	21.0%
Total Discharges and ED Visits	14,110	97,002

Source: Inova Health System, 2024



Figure B3. Percent change in community population by subregion, Inova Alexandria Hospital community (2025-2035)

Community	Total population			Percent change	
	2025	2030	2035	5 year 2025-2030	10 year 2025-2035
Alexandria City	177,608	199,128	219,446	12.12%	23.56%
Alexandria East/Old Town	108,438	121,573	135,586	12.11%	25.04%
Alexandria West	69,170	77,555	83,860	12.12%	21.24%
Arlington County	105,360	112,555	119,883	6.83%	13.78%
Arlington South/Shirlington	105,360	112,555	119,883	6.83%	13.78%
Fairfax County	609,030	618,521	630,529	1.56%	3.53%
Annandale/N. Springfield	75,269	75,792	76,445	0.69%	1.56%
East Fairfax 29/50 Corridor	90,039	91,770	94,162	1.92%	4.58%
Franconia/Kingstowne	59,940	61,595	62,630	2.76%	4.49%
GMU/Burke	74,877	75,246	75,608	0.49%	0.98%
Lincolnia/Bailey's Crossroads	61,032	61,756	63,107	1.19%	3.40%
Lorton/Newington	34,057	34,694	35,484	1.87%	4.19%
Mt. Vernon North	55,116	57,274	59,998	3.92%	8.86%
Mt. Vernon South/Ft. Belvoir	65,220	65,865	67,021	0.99%	2.76%
Springfield	93,480	94,529	96,074	1.12%	2.77%
Prince William County	226,838	232,615	239,453	2.55%	5.56%
Dale City	80,836	81,687	82,828	1.05%	2.46%
Lake Ridge/Occoquan	67,842	70,812	74,319	4.38%	9.55%
Woodbridge	78,160	80,116	82,306	2.50%	5.30%
Community Total	1,118,836	1,162,819	1,209,311	3.93%	8.09%

Source: Metropolitan Washington Council of Governments, 2025



Age

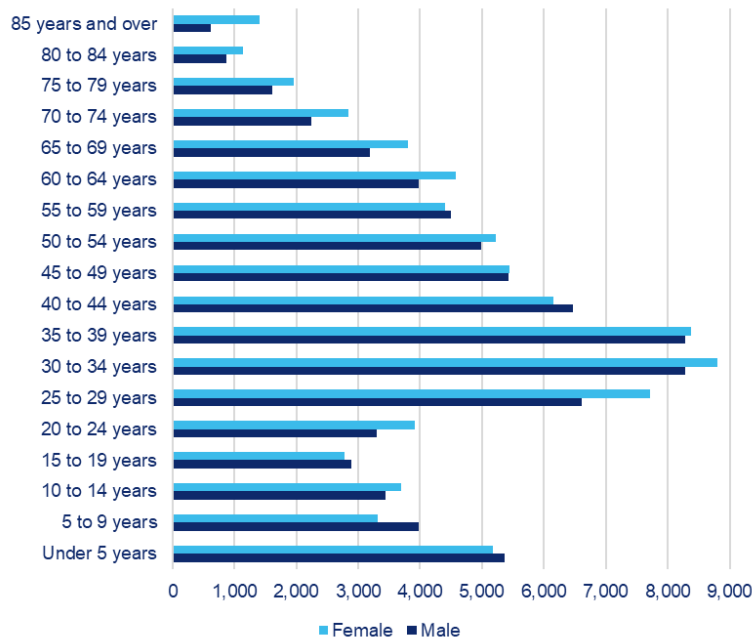
Population characteristics and changes directly influence community health needs. The total population of the Inova Alexandria Hospital community is expected to grow by 8% from 2025-2035. In that same time frame, the population 65+ is expected to increase by more than 38%. The growth of older populations is likely to lead to a growing need for health services, since on an overall per-capita basis, older individuals typically need and use more services than younger persons.

Figure B4. Percent change in population by age, Inova Alexandria Hospital community (2025-2035)

Age Cohort	Total Population			Percent Change	
	2025	2030	2035	5 year 2025-2030	10 year 2025-2035
0-17	240,867	243,262	246,640	0.99%	2.40%
18-44	444,900	439,175	437,753	-1.29%	-1.61%
45-64	276,175	292,487	307,662	5.91%	11.40%
65+	156,894	187,895	217,256	19.76%	38.47%
Total	1,118,836	1,162,819	1,209,311	3.93%	8.09%

Source: Metropolitan Washington Council of Governments, 2025

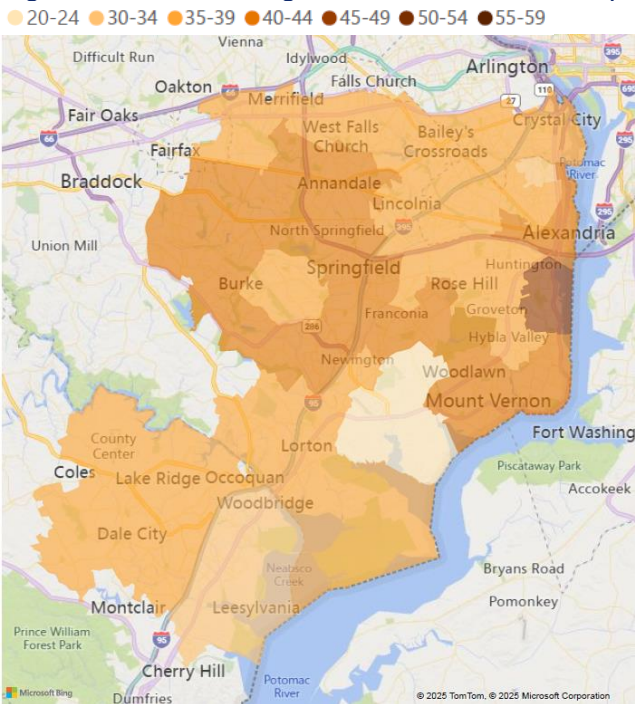
Figure B5. Age distribution by sex, Alexandria City



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

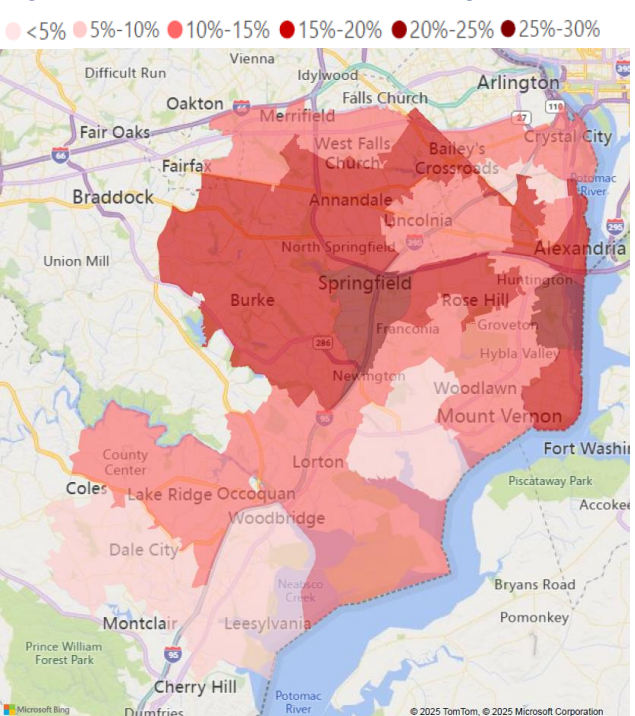


Figure B6a. Median age, Inova Alexandria Hospital community



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

Figure B6b. Percent of population aged 65+, Inova Alexandria Hospital community



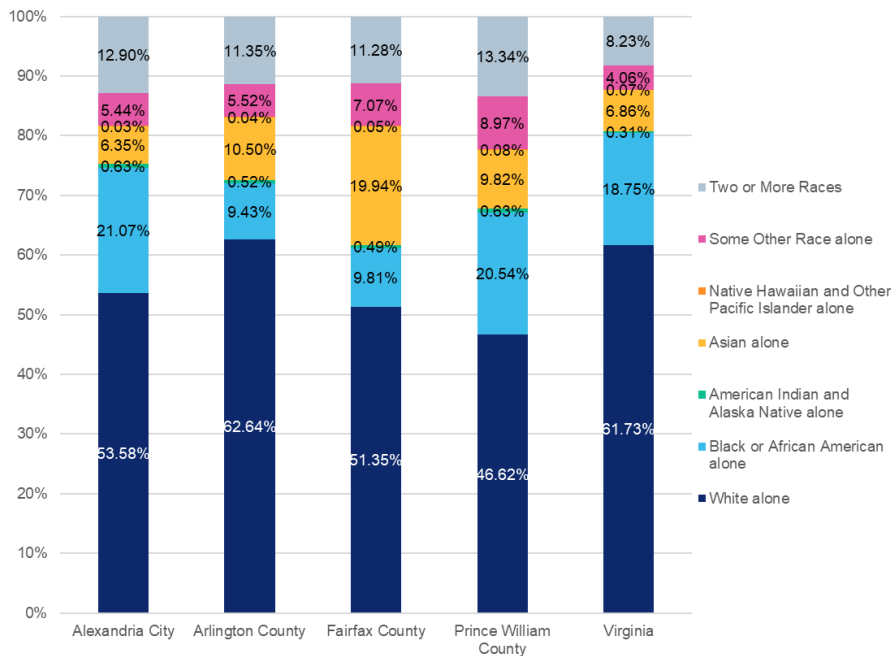
Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates



Race and ethnicity

In Alexandria City in 2023 Asians, Hispanics and African Americans represented 6.35%, 18.2% and 21.1% of the county's population, respectively (U.S. Census Bureau). Racial and ethnic diversity is increasing, as these groups are growing and the percent of the population that is White/Caucasian (excluding Hispanics and Latinos) is decreasing. Additionally, there are portions of the community with high percentages of residents who are foreign-born as well as households with limited English proficiency.

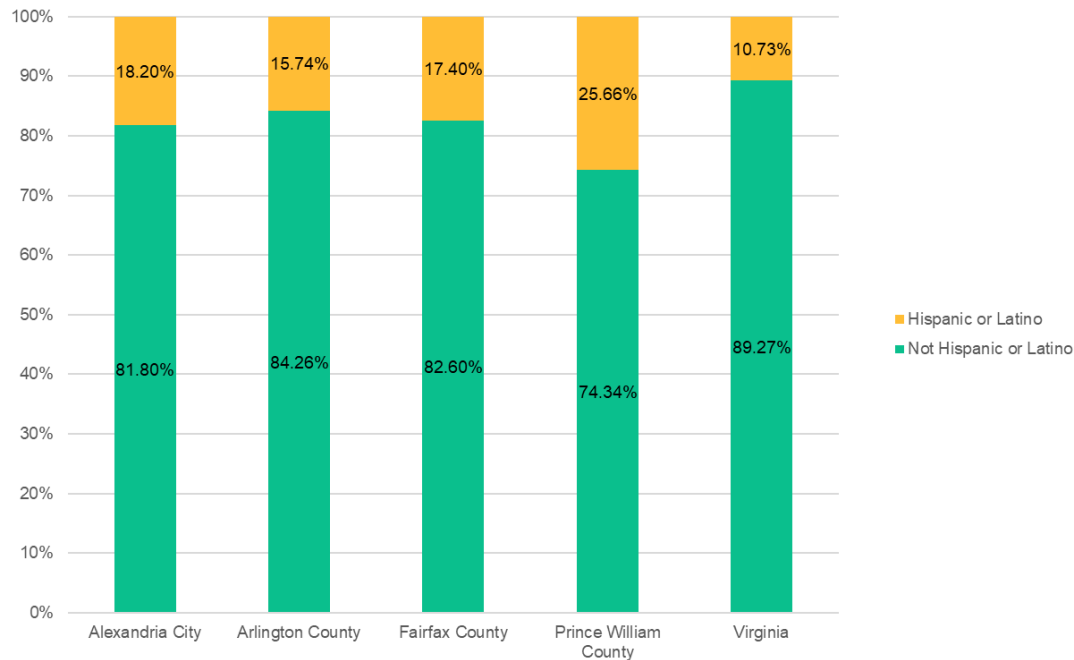
Figure B7a. Race by location



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

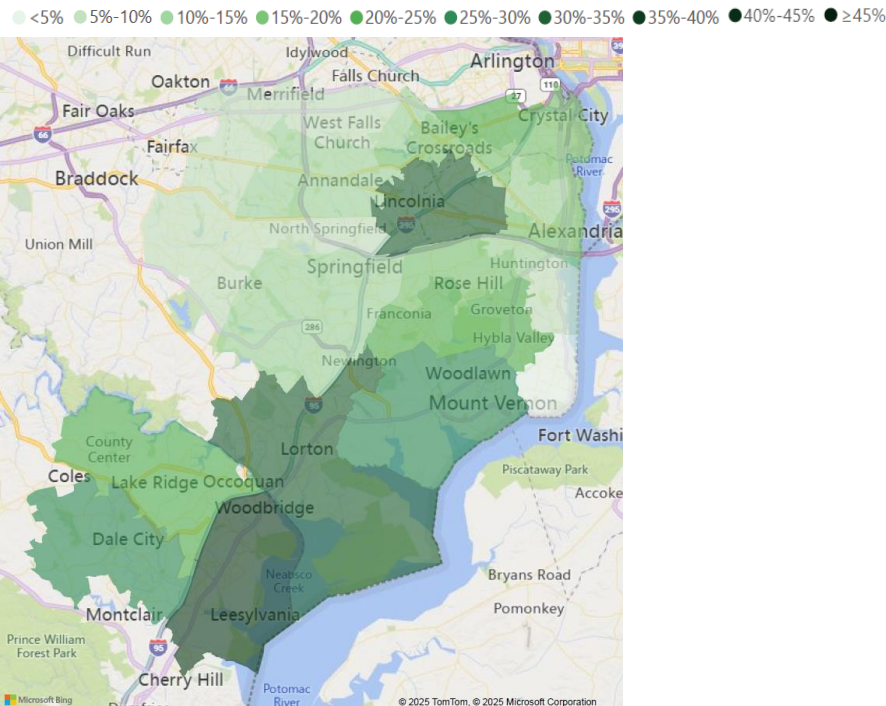


Figure B7b. Ethnicity by location



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

Figure B8a. Percent of population Black, Inova Alexandria Hospital community

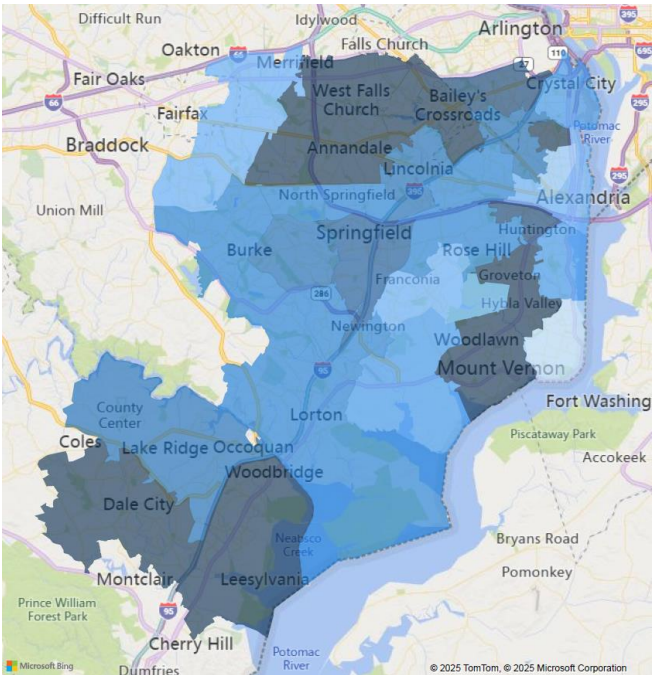


Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates



Figure B8b. Percent of population Hispanic/Latino, Inova Alexandria Hospital community

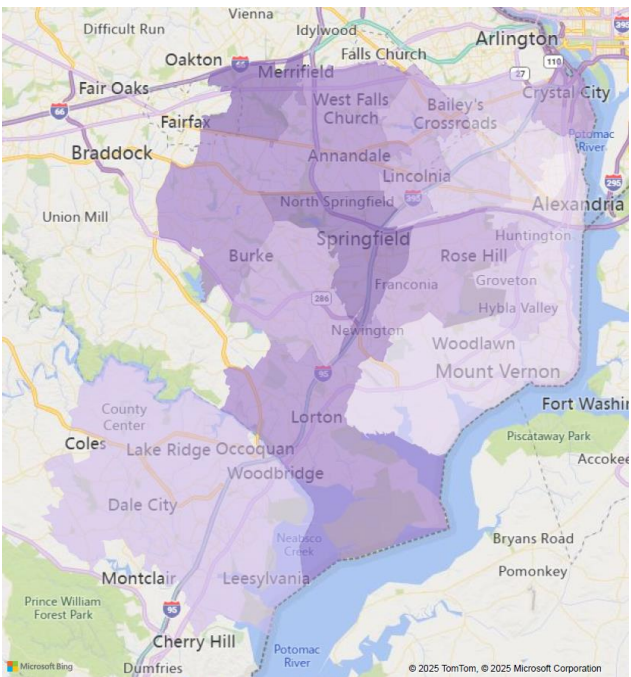
3%-6% 6%-9% 9%-12% 12%-15% 15%-18% 18%-21% 21%-24% 24%-27% ≥27%



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

Figure B8c. Percent of population Asian, Inova Alexandria Hospital community

<5% 5%-10% 10%-15% 15%-20% 20%-25% 25%-30% 30%-35% 35%-40% 40%-45%

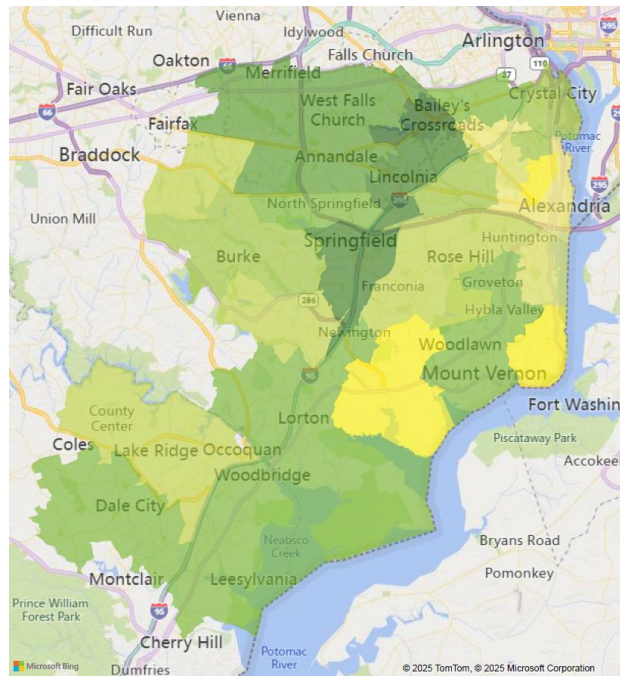


Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates



Figure B8d. Percent of population Foreign-Born, Inova Alexandria Hospital community

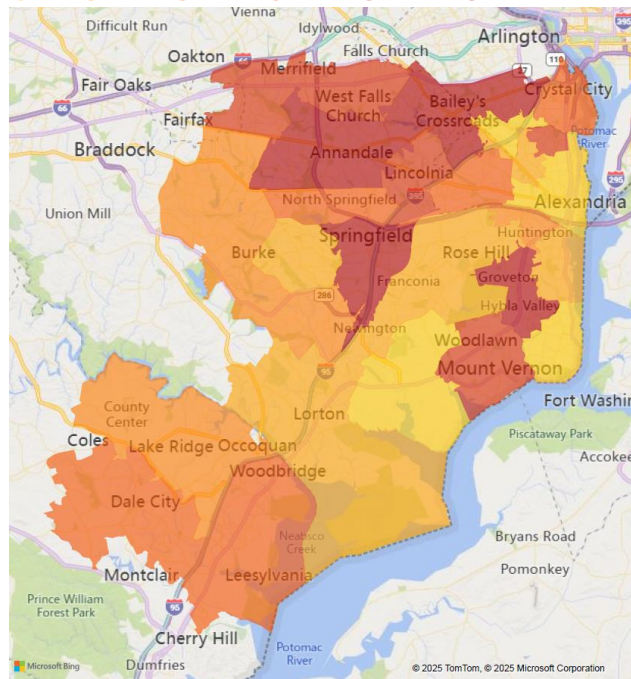
● <5% ● 5%-10% ● 10%-15% ● 15%-20% ● 20%-25% ● 25%-30% ● 30%-35% ● 35%-40% ● 40%-45% ● ≥45%



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

Figure B8e. Percent of limited English-speaking households, Inova Alexandria Hospital community

● <2% ● 2%-3% ● 4%-5% ● 6%-7% ● 8%-10% ● >10%



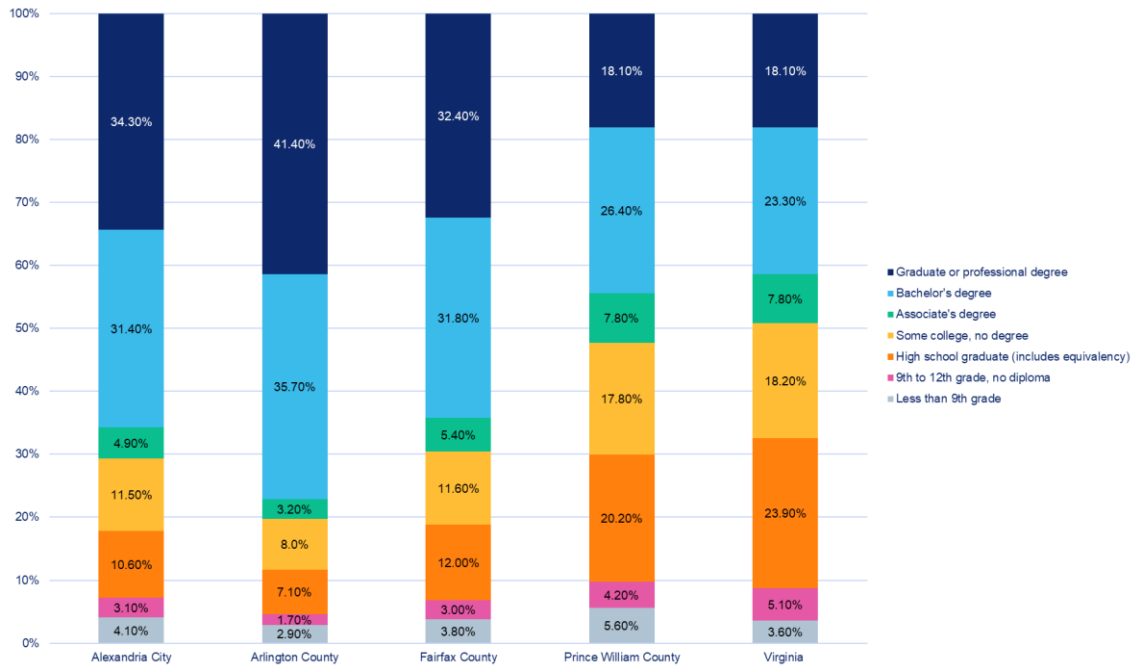
Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates



Education

Overall, the Inova Alexandria Hospital community is highly educated. In Alexandria City, 65.8% of residents 25 years and over hold a bachelor's degree or higher, with 34.4% residents holding a graduate or professional degree. However, there are noticeable discrepancies within the County.

Figure B9. Educational attainment by location

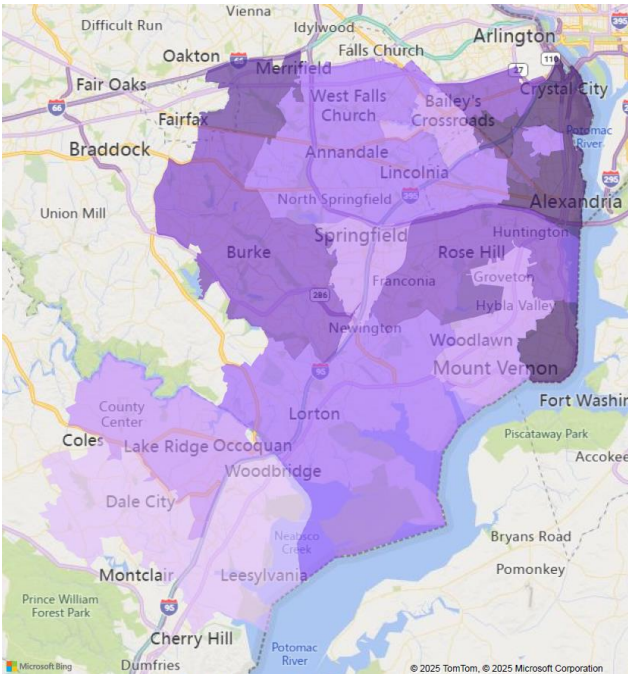


Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates



Figure B10. Percent of residents age 25+ with bachelor's degree or higher, Inova Alexandria Hospital community

10%-19% 30%-39% 40%-49% 50%-59% 60%-69% 70%-75% >75%



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

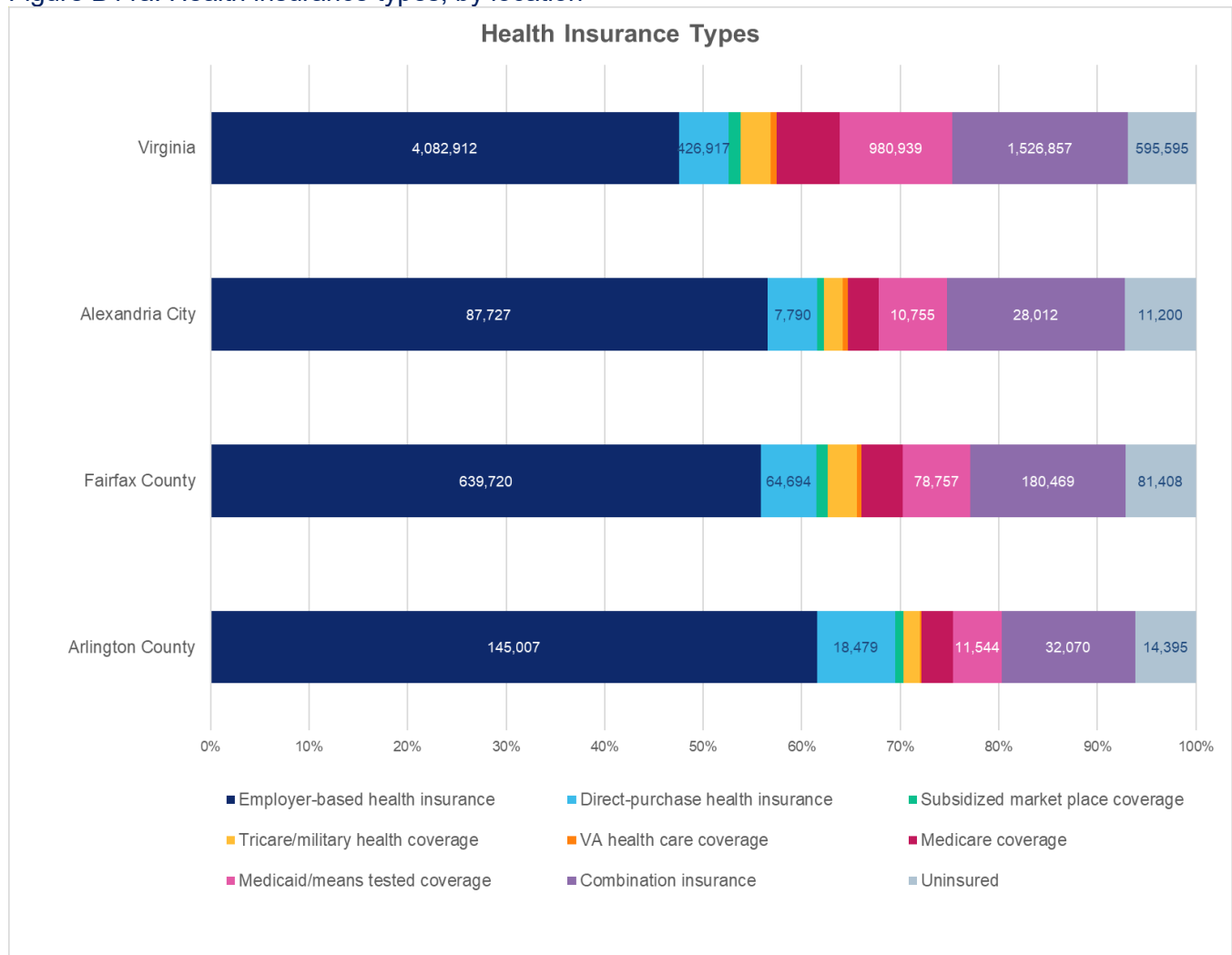


Health insurance

Prior to 2019 in Virginia, Medicaid was primarily available to children in low-income families, pregnant women, low-income elderly persons, individuals with disabilities and parents who met specific income thresholds. Adults without children or disabilities were ineligible.

In January 2019 Virginia expanded Medicaid eligibility to make healthcare more accessible for these populations. According to the Department of Medical Assistance Services, over 360,000 Northern Virginian's are enrolled in Medicaid in 2025.

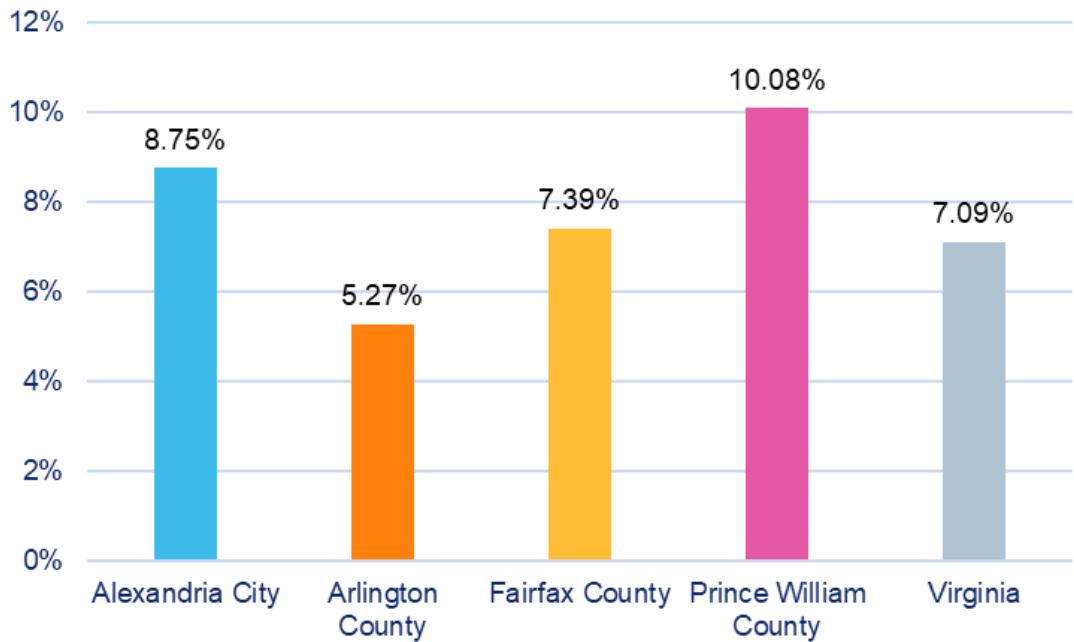
Figure B11a. Health insurance types, by location



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates



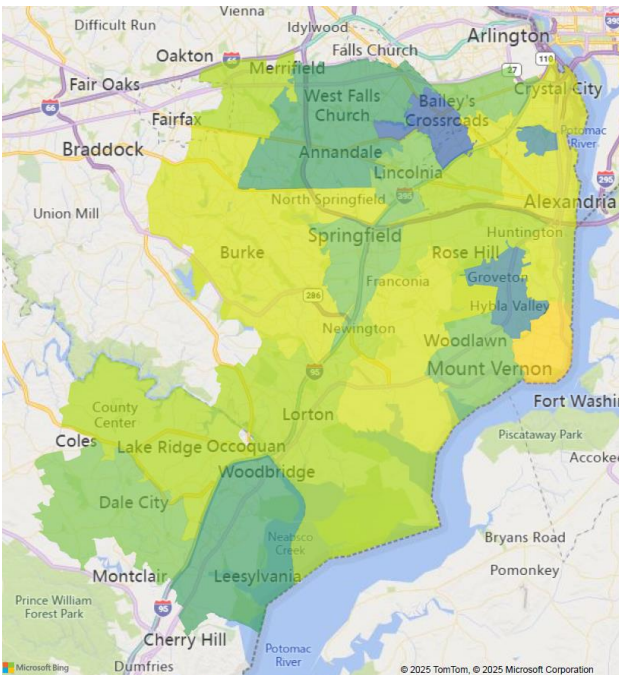
Figure B11b. Percent of the population without health insurance, by location



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

Figure B12. Percent of residents without health insurance coverage, Inova Alexandria Hospital community

● <3% ● 3%-5% ● 6%-8% ● 9%-11% ● 12%-14% ● 15%-18% ● >18%



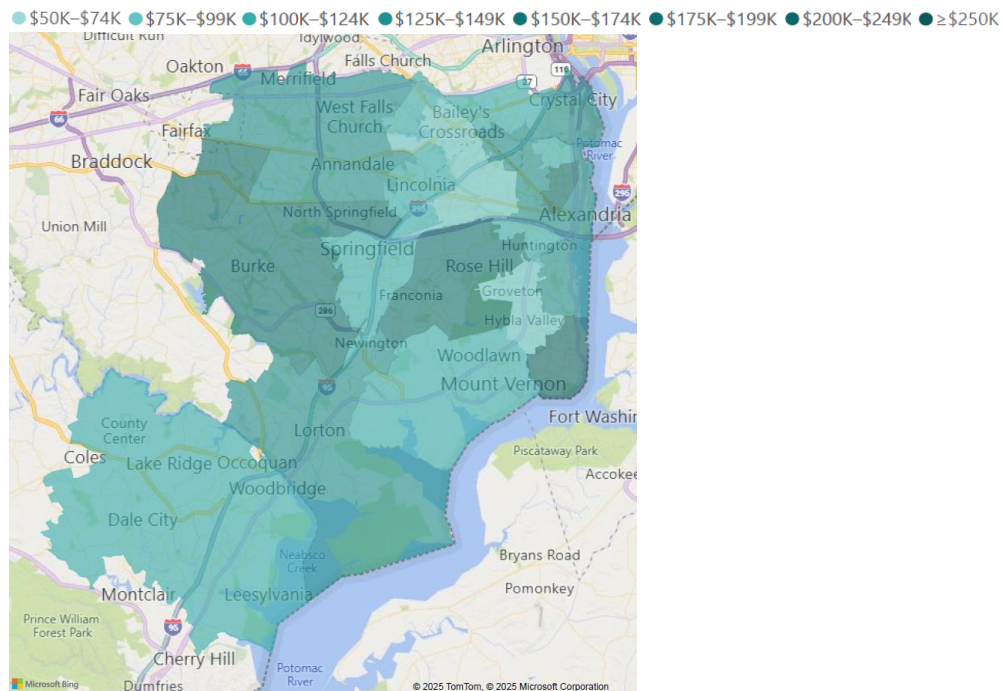
Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates



Socioeconomic

Many health needs have been associated with poverty, unemployment and other socioeconomic factors. While most socioeconomic indicators in the Inova Alexandria Hospital community are favorable compared to Virginia overall, there are disparities by race/ethnicity, county/city and even census tract.

Figure B13. Median household income, Inova Alexandria Hospital community



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates



Figure B14. Poverty distribution, Inova Alexandria Hospital community

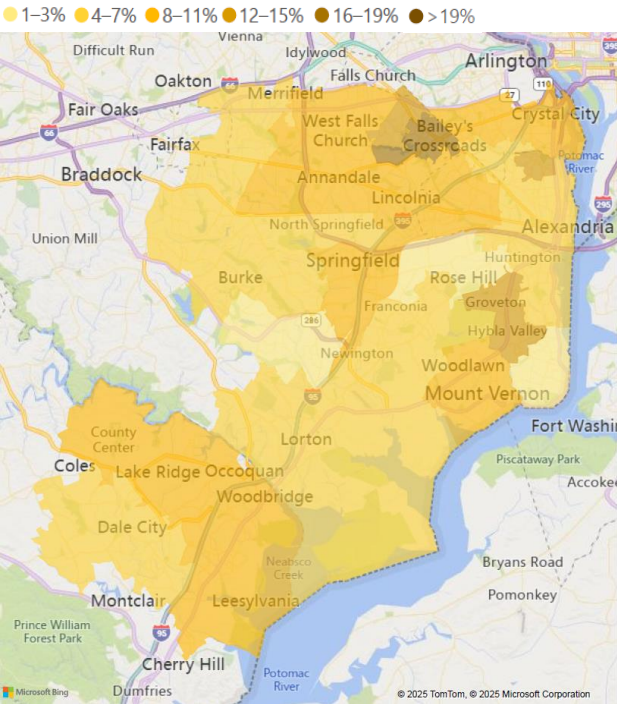
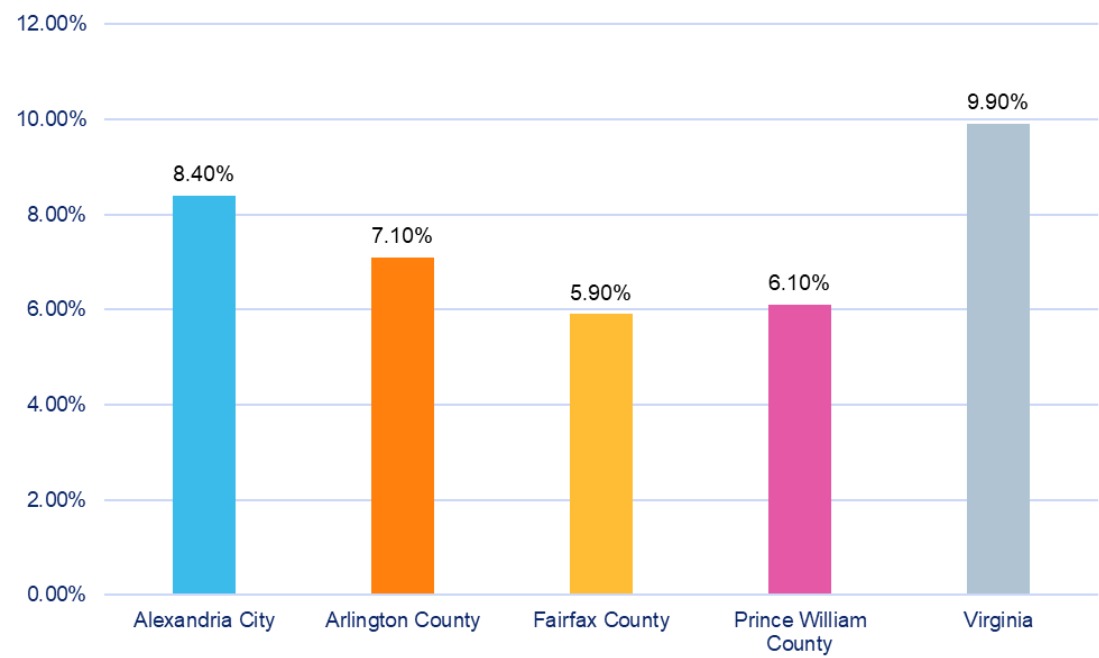


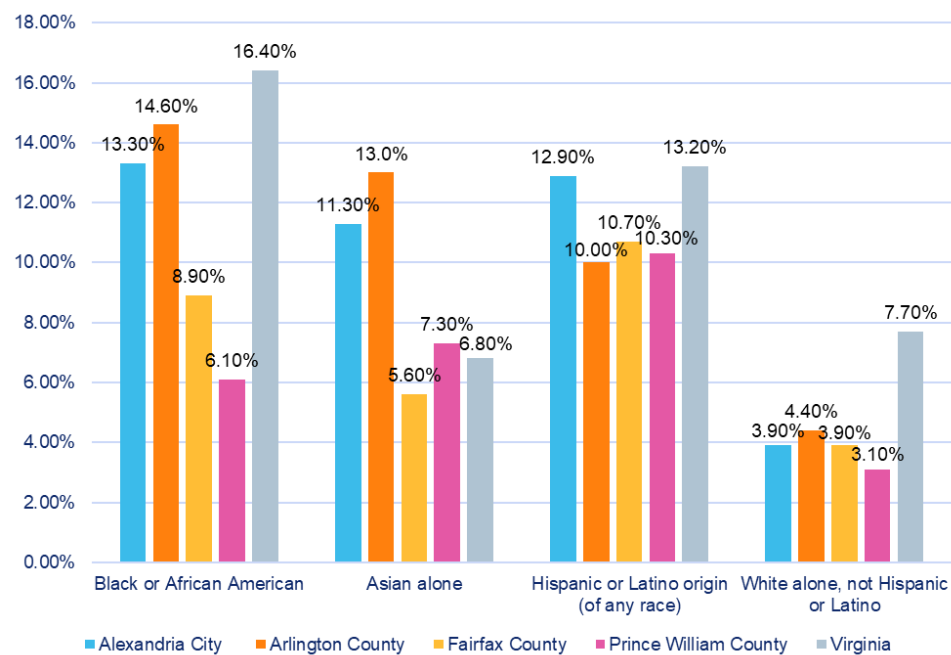
Figure B15a. Poverty distribution, by location



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

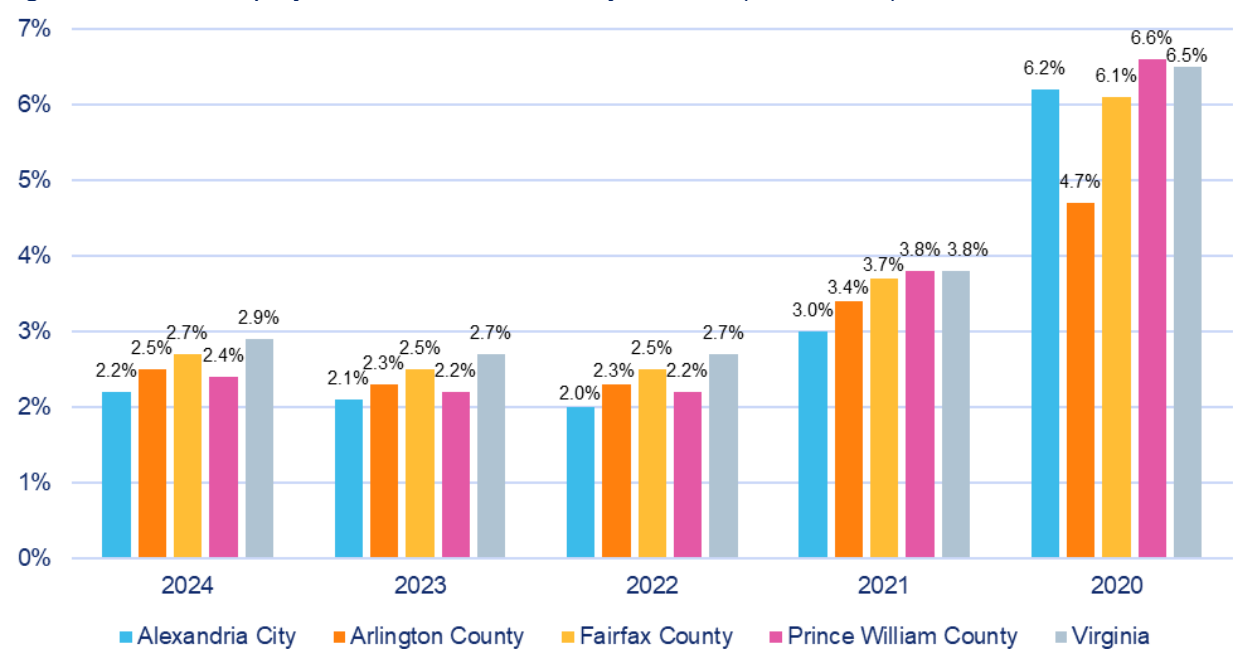


Figure B15b. Poverty rates by race and ethnicity, by location



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

Figure B15c. Unemployment rates over time, by location (2020-2024)



Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics 2020-2024

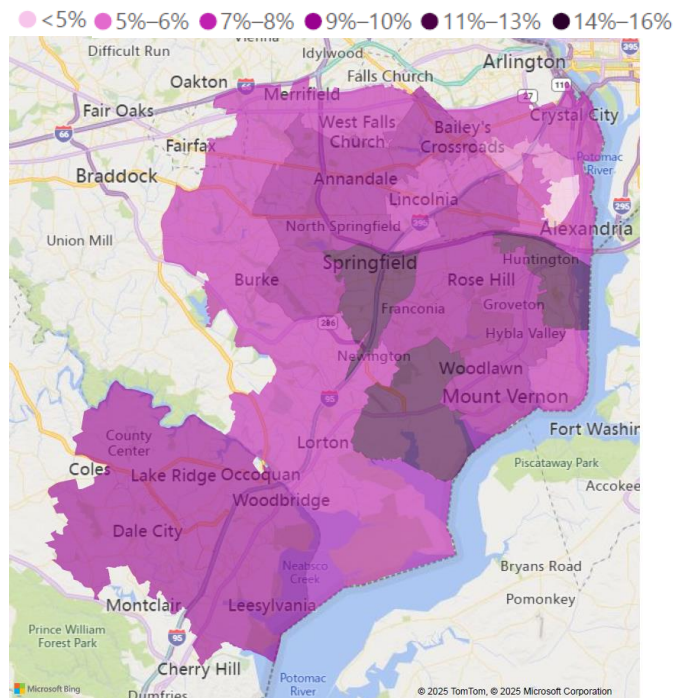


Figure B23. Other socioeconomic factors, by location

Measure	Alexandria City	Arlington County	Fairfax County	Virginia	U.S.
Population 25+ without High School Diploma	7.2%	4.6%	6.8%	8.7%	10.6%
Population with a Disability	7.2%	6.7%	7.8%	12.2%	13.0%

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

Figure B24. Percent of residents with a disability, Inova Alexandria Hospital community



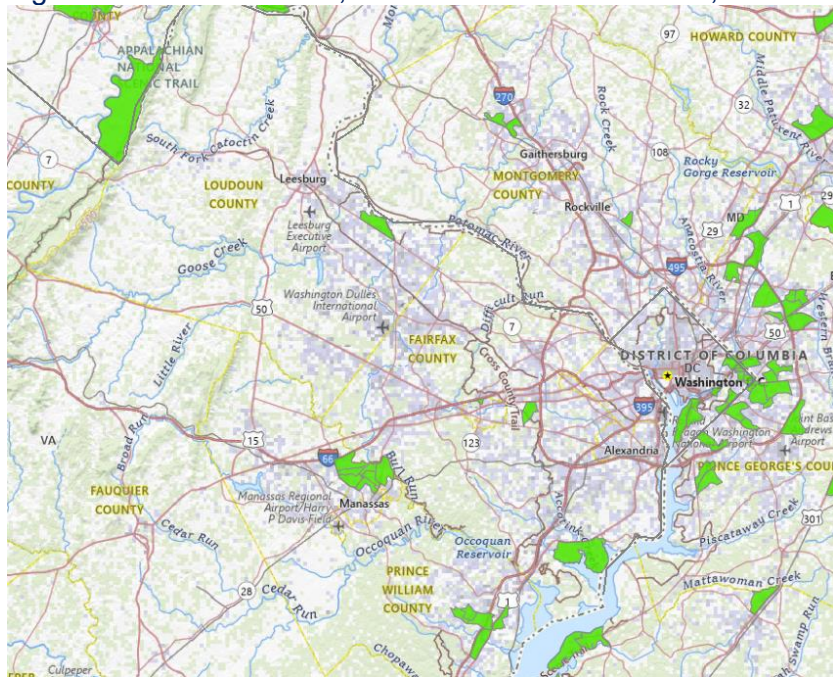
Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates



Food deserts

Food deserts are defined as low-income areas more than one mile from a supermarket in urban areas or more than ten miles from a supermarket in rural areas. Areas shaded in green are designated food deserts.

Figure B26. Food deserts, low income and low access, Northern Virginia, 2019



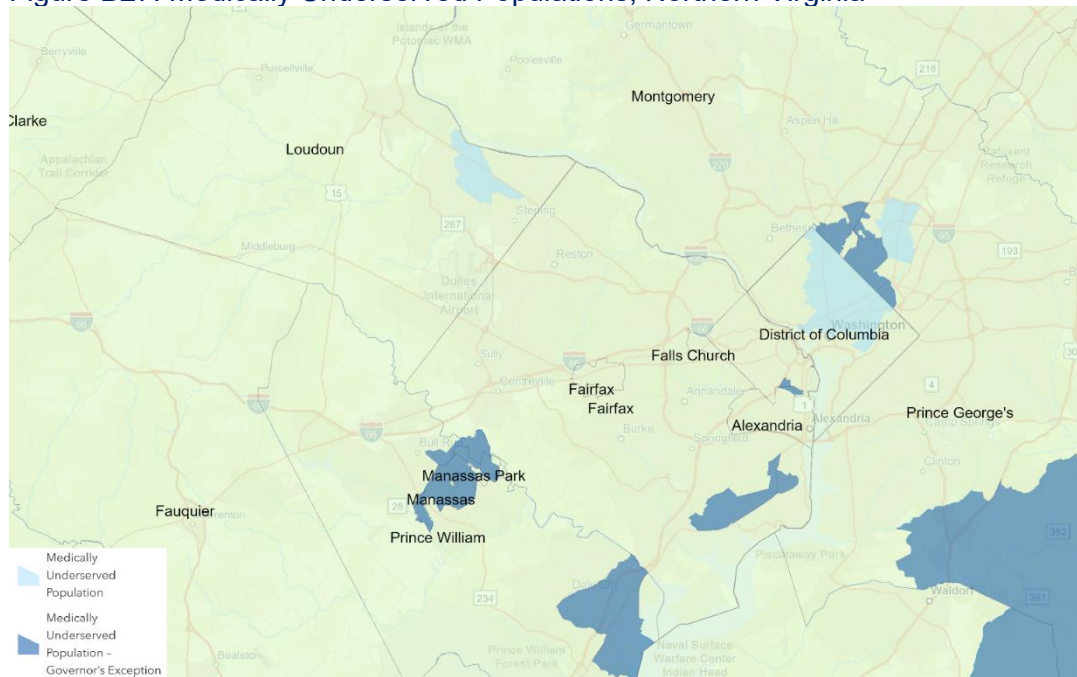
Source: U.S. Department of Agriculture
Accessed: July 29, 2025



Medically underserved populations

Medically Underserved Populations (MUPs) are designated by the Health Resources and Services Administration (HRSA). Populations receiving MUP designation include groups within a geographic area with economic, cultural or linguistic barriers to health care. There are multiple census tracts within the region that have been designated as areas where Medically Underserved Populations are present. In the Inova Alexandria Hospital community, these areas fall primarily in Arlandria, Mount Vernon and Woodbridge.

Figure B27. Medically Underserved Populations, Northern Virginia



Source: Health Resources and Services Administration
Accessed: July 29, 2025



Resources

Federally Qualified Health Centers (FQHCs) are established to promote access to care in areas designated as “medically underserved.” These clinics receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. There currently are three FQHC organizations operating multiple sites in Northern Virginia.

Figure B28. Federally Qualified Health Centers Service Delivery Sites, Northern Virginia

Facility	Street Address	City	ZIP Code
Greater Prince William Health Center - Dumfries	17739 Main St	Dumfries	22026
Greater Prince William Health Center - Manassas	9705 Liberia Ave #201	Manassas	20110
Greater Prince William Health Center - Woodbridge	3350 Commission Ct	Woodbridge	22192
HealthWorks for Northern Virginia - Leesburg	163 Fort Evans Rd NE	Leesburg	20176
HealthWorks for Northern Virginia - Herndon	1141 Elden St	Herndon	20170
HealthWorks for Northern Virginia - Herndon Dental	1141 Elden St #218	Herndon	20170
HealthWorks for Northern Virginia - Reston	11484 Washington Plz West	Reston	20190
HealthWorks for Northern Virginia - Sterling	21641 Ridgetop Cir #107	Sterling	20166
HealthWorks for Northern Virginia - Sully	13800 Wall Rd #055	Herndon	20171
Neighborhood Health Arlington Pediatric Center	3401 Columbia Pk #200	Arlington	22204
Neighborhood Health Arlington Sequoia	2100 Washington Blvd #294	Arlington	22204
Neighborhood Health at 2 East Glebe	2 East Glebe Rd	Alexandria	22305
Neighborhood Health at Annandale Dental	7501 Little River Tpk	Annandale	22003
Neighborhood Health at Annandale Medical	6715 Little River Tpk #201	Annandale	22003
Neighborhood Health at Arlington CSB	2100 Clarendon Blvd #700	Arlington	22201
Neighborhood Health at Martha Custis Drive	1225 Martha Custis Dr #C1	Alexandria	22302
Neighborhood Health at Merrifield Center	8221 Willow Oaks Corporate Dr #450	Fairfax	22031
Neighborhood Health at Richmond Highway	6677 Richmond Hwy	Alexandria	22306
Neighborhood Health at Sherwood Hall Lane	2616 Sherwood Hall Ln	Alexandria	22306
Neighborhood Health at South County Center	8350 Richmond Hwy #301	Alexandria	22309
Neighborhood Health at the Casey Clinic	1200 North Howard St	Alexandria	22304
Neighborhood Health at the Gartlan Mental Health Center	8119 Holland Rd	Alexandria	22306
Neighborhood Health at the WOW Bus	Mobile	Alexandria	
Neighborhood Health Joseph Willard Dental	3750 Blenheim Blvd	Fairfax	22030
Neighborhood Health Mark Center Drive	4850 Mark Center Drive, 3rd Fl	Alexandria	22311
Neighborhood Health South County Dental	8350 Richmond Highway	Alexandria	22309

Source: Health Resources and Services Administration

Accessed: July 29, 2025

In addition to the FQHCs, there are other clinics in the area that serve lower-income individuals. These include the Arlington Free Clinic (Arlington, VA), the Loudoun Free Clinic (Leesburg, VA), Culmore Clinic (Falls Church, VA) and multiple sites throughout the region of the George Mason University’s Mason and Partners Clinics.

In addition to these resources, Inova operates several Inova Cares Clinic sites across Northern Virginia. The local health departments also provide an array of services at locations throughout their jurisdictions.



Figure B29. Hospital facilities, Northern Virginia

Facility	Facility Type	City	ZIP Code
Dominion Hospital	Psychiatric	Falls Church	22044
Encompass Health Rehab Hosp of Northern Virginia	Rehabilitation	Aldie	20105
Fairfax Surgical Center	Ambulatory Surgical	Fairfax	22030
Haymarket Surgery Center	Ambulatory Surgical	Haymarket	20169
HealthQare Services ASC, LLC	Ambulatory Surgical	Arlington	22201
Inova Alexandria Hospital	Acute	Alexandria	22304
Inova Ambulatory Surgery Center at Lorton, LLC	Ambulatory Surgical	Lorton	22079
Inova Fair Oaks Hospital	Acute	Fairfax	22033
Inova Fairfax Hospital	Acute	Falls Church	22042
Inova Loudoun Ambulatory Surgery Center, LLC	Ambulatory Surgical	Leesburg	20176
Inova Loudoun Hospital	Acute	Leesburg	20176
Inova Mount Vernon Hospital	Acute	Alexandria	22306
Inova Oakville Ambulatory Surgery Center	Ambulatory Surgical	Alexandria	22301
Inova Specialty Hospital	Long Term Acute Care	Alexandria	22306
Inova Surgery Center at Franconia-Springfield	Ambulatory Surgical	Alexandria	22310
Kaiser Permanente - Woodbridge Surgery Center	Ambulatory Surgical	Woodbridge	22192
Kaiser Permanente Tysons Corner Surgery Center	Ambulatory Surgical	Mclean	22102
Lake Ridge Ambulatory Surgery Center, LLC	Ambulatory Surgical	Woodbridge	22192
McLean Ambulatory Surgery Center, LLC	Ambulatory Surgical	Mclean	22102
North Spring Behavioral Healthcare	Psychiatric	Leesburg	20176
Northern Virginia Eye Surgery Center, LLC	Ambulatory Surgical	Fairfax	22031
Northern Virginia Surgery Center	Ambulatory Surgical	Fairfax	22033
Pediatric Specialists of Virginia Ambulatory Surgery Center	Ambulatory Surgical	Fairfax	22031
Prince William Ambulatory Surgery Center	Ambulatory Surgical	Manassas	20110
Reston Hospital Center	Acute	Reston	20190
Reston Surgery Center	Ambulatory Surgical	Reston	20190
Sentara Northern Virginia Medical Center	Acute	Woodbridge	22191
Stone Springs Ambulatory Surgery Center	Ambulatory Surgical	Dulles	20166
Stone Springs Hospital Center	Acute	Dulles	20166
UVA Health Haymarket Medical Center	Acute	Haymarket	20169
UVA Health Prince William Medical Center	Acute	Manassas	20110
Virginia Hospital Center	Acute	Arlington	22205

Source: Virginia Health Information

Accessed: July 29, 2025



Other community resources

There is a wide range of agencies, coalitions and organizations that serve the Alexandria region. Several organizations maintain large databases to help refer individuals in need to health and human services and resources to address social drivers of health. Resources available include:

Housing and utilities	Tax preparation assistance
Food, clothing and household items	Legal, consumer and financial management services
Food programs	Transportation
Health care and disability services	Employment and income support
Health insurance and expense assistance	Family support and parenting
Mental health and counseling	Disaster services
Substance abuse and other addictions resources	Government and community services
Support groups	Education, recreation and the arts



Appendix C: Community conversations

The Alexandria Community Action Committee, along with several other individuals, representatives and groups, participated in community conversations regarding the health of the community and opportunities to improve it. Data and findings from the previous CHNA were presented, and the participants were asked to share whether those data continue to feel relevant to the health of their community and what other factors are impacting health.

Figures C1 through C7 are a summary of their responses, organized by:

1. Categories: What health issues are impacted
2. Factors: What factors are affecting health in the community
3. Threats: What are the challenges posed
4. Opportunities: What are the opportunities presented



Figure C1. Alexandria Community Action Committee

Category	Factor	Threats posed	Opportunities created
Economic stability	<ul style="list-style-type: none"> • High cost of living • Workforce reductions 	<ul style="list-style-type: none"> • Displacement and housing insecurity • Living and working in different places creates stress and other issues • 	<ul style="list-style-type: none"> • Employment and CTE programs for new workers
Education & health literacy	<ul style="list-style-type: none"> • Lack of awareness of where to access care, especially specialty care • Misinformation 	<ul style="list-style-type: none"> • Missed care and delayed treatment 	<ul style="list-style-type: none"> • Improve messaging and outreach
Healthcare access	<ul style="list-style-type: none"> • Fewer providers accepting Medicare • Uncertainty about where to access care and what is available • Gaps in oral health care 	<ul style="list-style-type: none"> • Reduced access to specialty care • Reduced access for low-income individuals and older adults • Overreliance on emergency departments 	<ul style="list-style-type: none"> • Collaboration to improve navigation • Continued expansion of senior programs • Increased community and school-based dental clinics
Injury & violence	<ul style="list-style-type: none"> • Community concerns about neighborhood safety • Discrepancy between perceived and actual violence 	<ul style="list-style-type: none"> • Increased fear and stress • Distrust in public safety data 	<ul style="list-style-type: none"> • Improve communication and transparency • Use data to inform community safety strategies
Immunizations and infectious diseases	<ul style="list-style-type: none"> • Decline in booster uptake (COVID-19, RSV) • Vaccine fatigue and misinformation 	<ul style="list-style-type: none"> • Increased vulnerability to preventable diseases 	<ul style="list-style-type: none"> • Education and outreach to new parents and older adults
Mental health and substance use	<ul style="list-style-type: none"> • Loneliness increasing among older adults • Vaping and marijuana use rising among youth • Social disapproval of marijuana is lower than tobacco and alcohol 	<ul style="list-style-type: none"> • Mental health strain increases risk of other chronic conditions • Substance use normalization among youth 	<ul style="list-style-type: none"> • School-based outreach and education • Continued programs for older adults
Neighborhood, community & environment	<ul style="list-style-type: none"> • Climate change impact on health (i.e. wildfire smoke, extreme heat) 	<ul style="list-style-type: none"> • Increase in asthmatic conditions • Increased emergency admissions 	<ul style="list-style-type: none"> • Support of health hazard prevention projects and other home interventions



Figure C2. Partnership for a Healthier Alexandria

Category	Factor	Threats posed	Opportunities created
Economic stability	<ul style="list-style-type: none"> • High cost of living • Workforce returning to office • Aging in place options for older adults 	<ul style="list-style-type: none"> • Increases demand of businesses and the transportation sector • Reduced access to affordable food and care • Increased risk of isolation and worsened living conditions 	<ul style="list-style-type: none"> • Workplace support programs • Funding for aging services
Healthcare access	<ul style="list-style-type: none"> • Gaps in care (primary, dental, behavioral) • Uncertainty of funding and provider availability 	<ul style="list-style-type: none"> • Fear and avoidance of care 	<ul style="list-style-type: none"> • School and community-based pop-up clinics
Immunizations and infectious diseases	<ul style="list-style-type: none"> • Rise in sexually transmitted infections rates 	<ul style="list-style-type: none"> • Increased transmission and health risks 	<ul style="list-style-type: none"> • Continued sexual health education in schools • Community based prevention efforts
Maternal, youth & child health	<ul style="list-style-type: none"> • Rise in teen pregnancy • Challenges in postpartum care access • Cultural acceptance of teen pregnancies 	<ul style="list-style-type: none"> • Interrupted education and job opportunities • Teens losing access to support services and health information once they age out of school • Unstable housing and mental health for teen population • Poor maternal health outcomes 	<ul style="list-style-type: none"> • Use of doulas for culturally appropriate care • Multigenerational educational strategies • Support for teen parents
Mental health & substance use	<ul style="list-style-type: none"> • Underserved teen population 	<ul style="list-style-type: none"> • Lack of sufficient resources 	<ul style="list-style-type: none"> • School based mental health programs
Neighborhood, community & environment	<ul style="list-style-type: none"> • Climate change impact on health (i.e. fire smoke, extreme heat) 	<ul style="list-style-type: none"> • Increased hospitalization and economic stress 	<ul style="list-style-type: none"> • Support of health hazard prevention projects and other home interventions



Figure C3. Alexandria Health Department

Category	Factor	Threats posed	Opportunities created
Economic stability	<ul style="list-style-type: none"> Food insecurity and housing instability Unemployment and unaffordability of region Housing for older adults 	<ul style="list-style-type: none"> Delayed healthcare and nutrition access Increased stress and instability Inability to age in place 	<ul style="list-style-type: none"> Cross sector collaboration to increase use of services and streamline aid Growth of a workforce representative of communities served to understand cultural nuances
Education & health literacy	<ul style="list-style-type: none"> Transparency in messaging Cultural and language barriers 	<ul style="list-style-type: none"> Impacts ability to implement educational programs 	<ul style="list-style-type: none"> Improved communication strategies (more languages, improved flyers)
Healthcare access	<ul style="list-style-type: none"> Gaps in services (e.g. dental care) for uninsured people Barriers to access (systemic challenges, language, wait times) Cultural sensitivity of providers 	<ul style="list-style-type: none"> Delayed care Increased risk of disease and worsened health 	<ul style="list-style-type: none"> Co-location of services CHWs and doulas to message and educate
Injury & violence	<ul style="list-style-type: none"> Rise in violence (gun violence) 	<ul style="list-style-type: none"> Youth at risk within schools Worsened mental health conditions 	<ul style="list-style-type: none"> Coping skills education for youth
Immunizations and infectious diseases	<ul style="list-style-type: none"> Mpox and syphilis among LGBTQ+ communities High incidence of sexually transmitted infections 	<ul style="list-style-type: none"> Increased risk of outbreaks across regions and communities Spread due to lack of education and sexual health awareness 	<ul style="list-style-type: none"> Holistic public health education and outreach Focus on healthy relationships and contraceptive access
Neighborhood, community & environment	<ul style="list-style-type: none"> Hesitancy, mistrust and fear in sharing information Climate change impacts (vermin, greenspace) 	<ul style="list-style-type: none"> Individuals not seeking care Unsafe living conditions 	<ul style="list-style-type: none"> Use of word of mouth and community trust to build messaging Improve communication around data collection and the 'why' to build trust



Figure C4. Arlington County Health Department

Category	Factor	Threats posed	Opportunities created
Economic stability	<ul style="list-style-type: none"> • Affordability challenges • Medium income residents being priced out 	<ul style="list-style-type: none"> • Changing community landscape • Increased stress • 	<ul style="list-style-type: none"> • Support for the “missing middle”
Healthcare access	<ul style="list-style-type: none"> • Undocumented individuals face barriers to care • Low-income residents face long waitlists and limited resources 	<ul style="list-style-type: none"> • Avoidance of care due to fear or lack of trust • Increase in chronic diseases and unmanaged conditions 	<ul style="list-style-type: none"> • Community outreach and staff training to improve navigation and trust
Mental health and substance use	<ul style="list-style-type: none"> • Impact of technology • Reduction in remote work advantages • Burnout and healthcare team member turnover 	<ul style="list-style-type: none"> • Increase stress and reduced access to care • Increase in isolation 	<ul style="list-style-type: none"> • Continue telework/health options and flexible support models
Neighborhood, community & environment	<ul style="list-style-type: none"> • Availability vs. accessibility of recreational spaces • Disparities between North and South Arlington 	<ul style="list-style-type: none"> • Limited use due to life and time constraints, despite prioritization • Unequal health outcomes and access 	<ul style="list-style-type: none"> • Prioritize equity in recreational planning (late hours, weekend offerings) • Training all public health staff to have baseline level of knowledge of services across the county and departments to relay information, promote resources and answer questions



Figure C5. Neighborhood Health of Northern Virginia, Federally Qualified Health Center

Category	Factor	Threats posed	Opportunities created
Chronic conditions	<ul style="list-style-type: none"> Chronic diseases remain persistent, especially among low-income communities Cancer diagnoses increasing due to delayed care 	<ul style="list-style-type: none"> Worsened outcomes from lack of regular monitoring and delayed detection 	<ul style="list-style-type: none"> Improved screening coordination across healthcare system Strengthen primary care infrastructure
Economic stability	<ul style="list-style-type: none"> High cost of living and affordability challenges 	<ul style="list-style-type: none"> Reduced access to care and basic needs 	<ul style="list-style-type: none"> Strategic community collaboration to prioritize resources
Healthcare access	<ul style="list-style-type: none"> Uninsured individuals face major barriers to care despite a robust safety net system Specialty care and radiology/testing demand exceeds supply (OBGYN services and surgeries, dental) 	<ul style="list-style-type: none"> Long wait times and unmet needs Gaps in coverage and service availability Delays in specialized procedures, even for insured patients 	<ul style="list-style-type: none"> Broadened offerings from some providers (e.g. Inova) Robust safety net system with room to grow
Mental health and substance use	<ul style="list-style-type: none"> Youth mental health demand is high Pipeline issues in recruiting bilingual mental health professionals 	<ul style="list-style-type: none"> Burnout and staff turnover 	<ul style="list-style-type: none"> Community workforce initiatives to recruit MH professionals



Figure C6: Community health workers, all regions

Category	Factor	Threats posed	Opportunities created
Economic stability	<ul style="list-style-type: none"> • Transportation costs • Food insecurity • Medicaid eligibility concerns • Financial stability for older adults 	<ul style="list-style-type: none"> • Avoidance of emergency services • Economic strain among older adults • Trade-offs between basic needs 	<ul style="list-style-type: none"> • Education on benefits • Virtual resource sharing • Support for older adults
Education & health literacy	<ul style="list-style-type: none"> • Ineffective methods of communication • Lack of awareness of services and insurance navigation • Difficulty asking questions 	<ul style="list-style-type: none"> • Poor understanding of health systems • Inability to choose appropriate coverage and communicate needs • Avoidance of resources • Missed care opportunities 	<ul style="list-style-type: none"> • Multilingual outreach • CHW and insurance navigator pairing • Community education efforts • Normalize health conversations and address fact vs. fiction to break down stigma
Healthcare access	<ul style="list-style-type: none"> • Lack of culturally accessible materials • Lack of bilingual staff • Unmet oral health, specialty care and sexual/reproductive health needs • Difficulty navigating systems • Need for CHWs and navigators 	<ul style="list-style-type: none"> • Delayed treatment and unmanaged conditions • Fear of accessing services • Ineligibility for care • Limited access to specialists • Increased transmission risks 	<ul style="list-style-type: none"> • Culturally competent care • Tech-assisted interpretation • Expanded health services and coverage • Recruit bilingual professionals and volunteers
Mental health & substance use	<ul style="list-style-type: none"> • Rising anxiety • Cultural stigma • Isolation • Lack of safe spaces for older adults 	<ul style="list-style-type: none"> • Hesitancy to seek help • Unspoken mental health issues • No outlet for older adults 	<ul style="list-style-type: none"> • Community trust-building • Mental health education • Safe spaces for older adults
Neighborhood, community, environment	<ul style="list-style-type: none"> • Lack of cross-sector collaboration • Faith and culturally based barriers to partake in resources • Fear, mistrust and hesitancy in support services 	<ul style="list-style-type: none"> • Reduced engagement in community events and social attendance • Missed opportunities for education and support 	<ul style="list-style-type: none"> • Community ambassadors • Holistic outreach • Leverage partnerships with faith-based groups



Figure C7: Faith partners, all regions

Category	Factor	Threats posed	Opportunities created
Economic stability	<ul style="list-style-type: none"> Financial insecurity and strain Increase in single-income homes Workforce changes and losses Housing insecurity 	<ul style="list-style-type: none"> Trade-offs between basic needs Inability to access resources due to financial insecurity Older adults and marginalized communities at risk of being unhoused 	<ul style="list-style-type: none"> Increased rental and utility assistance through community resources Advocacy for living wages and stable housing
Healthcare access	<ul style="list-style-type: none"> Lack of providers and long wait times Gaps in services (dental, mental health) Lack of awareness of existing services 	<ul style="list-style-type: none"> Delayed treatment and unmanaged conditions Lack of engagement with formal services 	<ul style="list-style-type: none"> Lean on church support services as an entry point to care Equipping trusted community pillars with the right knowledge and resources
Maternal, youth & child health	<ul style="list-style-type: none"> Teen vulnerability Insufficient resources for children and teens with disabilities 	<ul style="list-style-type: none"> Unmet needs in children and youth Pressure on youth to contribute financially and become adults earlier 	<ul style="list-style-type: none"> Resource sharing among and with families Advocacy for whole-family support Church-school partnerships
Mental health & substance use	<ul style="list-style-type: none"> Rising anxiety Cultural stigma Misinformation and spiritualization of mental health issues 	<ul style="list-style-type: none"> Increased mental health issues Criminalization of untreated mental illnesses Increased risk for marginalized communities to become involved with the criminal justice system Hesitancy to seek help Isolation for older adults 	<ul style="list-style-type: none"> Acute and early access interventions Utilizing trusted environments for outreach Safe spaces for open conversations
Neighborhood, community & environment	<ul style="list-style-type: none"> Lack of safe, stigma-free spaces for teens 	<ul style="list-style-type: none"> Reduced engagement due to fear and stigma Limited youth engagement opportunities and safe social places 	<ul style="list-style-type: none"> Utilizing faith spaces as hubs for connection and education
Obesity, nutrition and physical activity	<ul style="list-style-type: none"> Physical activity recommendations unrealistic due to life priorities 	<ul style="list-style-type: none"> Reduced ability to engage in healthy choices 	<ul style="list-style-type: none"> Address social drivers of health before lifestyle changes can be addressed and suggested



Appendix D: Community survey

Data for the community survey were collected through a tool (Figure D1) that asked participants for details about themselves, such as gender, race, income and ZIP code and their opinion about three main questions:

- What are the greatest strengths of our community?
- What are the most important health issues for our community?
- What would most improve the quality of life for our community?

Survey participants could select up to three choices for each question and leave open feedback in a freeform field. The survey was made available online and in paper format and was in the field from January through March 2025. Surveys were available in Arabic, Amharic, Chinese (Mandarin), Dari, English, Farsi, Korean, Spanish, Urdu and Vietnamese. This survey utilized a convenience sampling method; therefore, results from this survey are not generalizable to the entire community.

Because Alexandria and Prince William health departments were conducting community health assessments at the same time as this CHNA, the three surveys were coordinated such that data could be combined. Inova focused its survey collection on Fairfax and Loudoun counties while Alexandria City and Prince William County health departments surveyed their communities. Survey respondents provided their ZIP code which allowed responses from the Inova Alexandria Hospital community to be included and others to be excluded from the analysis.

Themes were identified in the survey in two ways. First, the overall results were reviewed; a survey response was considered a theme if it was in the top 5 of all responses (as shown in the CHNA Report). Second, the results were analyzed by respondent demographics to identify disparities and different perspectives. In this case, a survey response was considered a theme if it fell in the top five for that group.



Figure D1. Community survey

Northern Virginia Community Health Survey

Inova and our partners are conducting a short, anonymous survey to learn about what is important to people in Northern Virginia. The results will be used to inform ongoing efforts to make this a healthier community.

This survey is part of a larger health assessment that includes interviews, focus groups and data on the health of our communities. If you need more information, please visit <https://www.inova.org/CHNA>, contact us at CHNA@inova.org or call 703-698-2575.

1. In your opinion, what are the *greatest strengths* of our community?
Please select up to THREE (3) boxes below:

<input type="checkbox"/> Access to healthy food	<input type="checkbox"/> Inclusive access for people with disabilities (hearing, vision, intellectual, physical)
<input type="checkbox"/> Safe and affordable housing	<input type="checkbox"/> Clean, safe and healthy environment (clean air, stable climate, sanitation)
<input type="checkbox"/> Services that support basic needs (food, clothing, diapers, temporary cash assistance)	<input type="checkbox"/> Opportunities to be involved in the community (volunteerism, arts and cultural events)
<input type="checkbox"/> Educational opportunities (schools, libraries, vocational programs, universities)	<input type="checkbox"/> Welcoming diversity (social, cultural, faith, economic) and addressing racism and biases
<input type="checkbox"/> Jobs and a healthier economy	<input type="checkbox"/> Access to parks, recreation, walkable/bikeable neighborhoods
<input type="checkbox"/> Transportation options	<input type="checkbox"/> Access to accurate sources of health information
<input type="checkbox"/> Access to healthcare and public health services	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Access to vaccines	
<input type="checkbox"/> Mental health and substance use services	
<input type="checkbox"/> Public safety (law enforcement, fire, rescue services)	

2. In your opinion, what are the biggest health issues in our community?
Please select up to THREE (3) boxes below:

<input type="checkbox"/> Aging-related health concerns (dementia, arthritis)	<input type="checkbox"/> Mis/Disinformation about health issues
<input type="checkbox"/> Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	<input type="checkbox"/> Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)
<input type="checkbox"/> Illnesses spread by insects and/or animals (Lyme West Nile, malaria, Zika, rabies)	<input type="checkbox"/> Alcohol, drug, and/or opiate abuse (including overdose)
<input type="checkbox"/> Illnesses that spread from person to person (flu, COVID-19, TB, Mpox, measles, HIV, STDs/STIs,)	<input type="checkbox"/> Mental health (depression, anxiety, stress, self-harm)
<input type="checkbox"/> Preventable injuries (car/bike crashes, falls, poisoning)	<input type="checkbox"/> Obesity
<input type="checkbox"/> Violence and crime in the community	<input type="checkbox"/> Food and water quality and safety
<input type="checkbox"/> Domestic violence, rape/sexual assault, child abuse	<input type="checkbox"/> Differences in life expectancy and health outcomes based on race, ethnicity, and economic well-being
<input type="checkbox"/> Dental problems and access to dental care	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Maternal, infant, child, youth and teen health	

3. In your opinion, what would *most improve health* in our community?
Please select up to THREE (3) boxes below:

<input type="checkbox"/> Access to healthy food	<input type="checkbox"/> Inclusive access for people with disabilities (hearing, vision, intellectual, physical)
<input type="checkbox"/> Safe and affordable housing	<input type="checkbox"/> Clean, safe and healthy environment (clean air, stable climate, sanitation)
<input type="checkbox"/> Support for basic needs (food, clothing, diapers, temporary cash assistance)	<input type="checkbox"/> Opportunities to be involved in the community (volunteerism, arts and cultural events)
<input type="checkbox"/> Educational opportunities (schools, libraries, vocational programs, universities)	<input type="checkbox"/> Welcoming diversity (social, cultural, faith, economic) and addressing racism and biases
<input type="checkbox"/> Jobs and a healthier economy	<input type="checkbox"/> Access to parks, recreation, walkable/bikeable neighborhoods
<input type="checkbox"/> Transportation options	<input type="checkbox"/> Access to accurate sources of health information
<input type="checkbox"/> Access to healthcare and public health services	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Access to vaccines	
<input type="checkbox"/> Mental health and substance use services	
<input type="checkbox"/> Public safety (law enforcement, fire, rescue services)	

Flip Over



Please answer the following questions.

We ask a few questions about you so we can understand more about who took this survey.
Thank you for participating in this anonymous survey!

4. What is your AGE?

Please write in: _____

5. What is your HOME ZIP CODE?

Please write in: _____

6. What is your ANNUAL HOUSEHOLD INCOME?

Please choose ONE (1) box:

- ☐ Less than \$25,000
- ☐ \$25,000 - \$49,999
- ☐ \$50,000 - \$99,999
- ☐ \$100,000 - \$124,999
- ☐ \$125,000 - \$199,999
- ☐ \$200,000+
- ☐ Prefer not to say

7. What is your HIGHEST LEVEL OF EDUCATION?

Please choose ONE (1) box:

- ☐ Less than high school diploma
- ☐ High school diploma / GED
- ☐ Some college
- ☐ Associates / Technical degree
- ☐ Bachelor's degree
- ☐ Graduate degree or higher
- ☐ Prefer not to say

8. Which RACE/ETHNICITY best describes you?

Select ALL THAT APPLY:

- ☐ American Indian or Alaska Native
- ☐ African
- ☐ East/Southeast Asian
- ☐ South Asian
- ☐ Black or African American
- ☐ Hispanic/Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Another race/ethnicity _____
- ☐ Prefer not to say

9. Where do you USUALLY GET HEALTHCARE?

Select ALL THAT APPLY:

- ☐ Hospital / emergency room
- ☐ Doctor's office
- ☐ Urgent care center
- ☐ Free or reduced-fee clinic
- ☐ Veterans Administration
- ☐ Other healthcare setting: _____
- ☐ I don't get healthcare
- ☐ Prefer not to say

10. What COUNTRY were you born in?

Please write in: _____

11. What is your FIRST/PRIMARY LANGUAGE?

Please write in: _____

12. Which GENDER IDENTITY best describes you?

Select ALL THAT APPLY:

- ☐ Woman
- ☐ Man
- ☐ Transgender
- ☐ Nonbinary
- ☐ Prefer to describe: _____
- ☐ I don't know
- ☐ Prefer not to say

13. What is your SEXUAL ORIENTATION?

Select ALL THAT APPLY:

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay or Lesbian
- ☐ Straight or Heterosexual
- ☐ Prefer to describe: _____
- ☐ I don't know
- ☐ Prefer not to say

<https://www.surveymonkey.com/r/2025NoVAHealthAssessment-English>





Figure D2. Characteristics of survey responses from the Inova Alexandria Hospital community

		Number of Respondents	Percent of Respondents
Total Responses		2401	
Age	Free-text categorized		
	Less than 18 years	116	4.83%
	18-24 years	134	5.58%
	25-34 years	386	16.08%
	35-44 years	527	21.95%
	45-54 years	372	15.49%
	55-64 years	251	10.45%
	65-74 years	207	8.62%
	75+ years	124	5.16%
	No response	284	11.83%
Annual Household Income	Choose one		
	Less than \$25,000	254	10.58%
	\$25,000 to \$49,999	281	11.70%
	\$50,000 to \$99,999	420	17.49%
	\$100,000 to \$124,999	230	9.58%
	\$125,000 - \$199,999	306	12.74%
	\$200,000+	290	12.08%
	Prefer not to say / No response	620	25.82%
Education	Choose one		
	Less than high school diploma	186	7.75%
	High school diploma / GED	289	12.04%
	Some college	234	9.75%
	Associates / Technical degree	136	5.66%
	Bachelor's degree	588	24.49%
	Graduate degree or higher	674	28.07%
	Prefer not to say / No response	294	12.24%
Regular Source of Healthcare	Select all that apply		
	Hospital / emergency room	160	6.66%
	Doctor's office	528	21.99%
	Urgent care center	170	7.08%
	Free or reduced fee clinic	54	2.25%
	Veteran's Administration	12	0.50%
	Other	15	0.62%
	I don't get healthcare	21	0.87%
	Prefer not to say / No response	1751	72.93%
Race/Ethnicity	Select all that apply		
	American Indian or Alaska Native	35	1.46%
	African	167	6.96%
	Asian	222	9.25%
	Black or African American	517	21.53%
	Hispanic/Latino	435	18.12%
	Middle Eastern or North African	30	1.25%
	Native Hawaiian or Other Pacific Islander	12	0.50%
	White	825	34.36%



	Another race/ethnicity	51	2.12%
	Prefer not to say / No response	278	11.58%
First/Primary Language	Free-text categorized (top 8)		
	English	1484	61.81%
	Spanish	306	12.74%
	Amharic	154	6.41%
	Dari	64	2.67%
	Pashto	33	1.37%
	Arabic	15	0.62%
	Farsi	12	0.50%
	Tagalog	10	0.42%
Birth country	Free-text categorized (top 8)		
	United States	1346	56.06%
	Ethiopia	141	5.87%
	Afghanistan	79	3.29%
	El Salvador	74	3.08%
	Honduras	49	2.04%
	Guatemala	39	1.62%
	Bolivia	29	1.21%
	Mexico	25	1.04%
Gender Identity	Select all that apply		
	Woman	1575	65.60%
	Man	631	26.28%
	Transgender	14	0.58%
	Nonbinary	11	0.46%
	Prefer to describe	5	0.21%
	I don't know	0	0.00%
	Prefer not to say / No response	174	7.25%
Sexual Orientation	Select all that apply		
	Asexual	96	4.00%
	Bisexual	88	3.67%
	Gay or Lesbian	79	3.29%
	Straight or Heterosexual	1637	68.18%
	Prefer to describe	11	0.46%
	I don't know	31	1.29%
	Prefer not to say / No response	473	19.70%



Top five answers to “What are the biggest health issues in our community?” by select demographic groups

Figure D3. Younger respondents (<25 years of age)

Rank	Response	Number
1	Mental health (depression, anxiety, stress, self-harm)	115
2	Alcohol, drug, and/or opiate abuse (including overdose)	107
3	Violence and crime in the community	86
4	Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)	76
5	Maternal, infant, child, youth and teen health	69

Figure D4. Older respondents (55 years of age or older)

Rank	Response	Number
1	Mental health (depression, anxiety, stress, self-harm)	259
2	Aging-related health concerns (dementia, arthritis)	210
2	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	210
4	Obesity	156
5	Violence and crime in the community	152

Figure D5. Low-income respondents (household income <\$50,000/year)

Rank	Response	Number
1	Mental health (depression, anxiety, stress, self-harm)	213
2	Alcohol, drug, and/or opiate abuse (including overdose)	177
2	Dental problems and access to dental care	172
4	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	155
5	Violence and crime in the community	151

Figure D6. Respondents with less than a high school diploma/GED (25+ years of age)

Rank	Response	Number
1	Dental problems and access to dental care	52
2	Alcohol, drug, and/or opiate abuse (including overdose)	36
3	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	32
4	Violence and crime in the community	30
5	Mental health (depression, anxiety, stress, self-harm)	29

Figure D7. Respondents with a race/ethnicity other than white

Rank	Response	Number
1	Mental health (depression, anxiety, stress, self-harm)	565
2	Alcohol, drug, and/or opiate abuse (including overdose)	415
3	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	377
4	Dental problems and access to dental care	337
5	Violence and crime in the community	336



Figure D8. Hispanic/Latino respondents

Rank	Response	Number
1	Alcohol, drug, and/or opiate abuse (including overdose)	161
2	Mental health (depression, anxiety, stress, self-harm)	157
3	Dental problems and access to dental care	144
4	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	107
5	Violence and crime in the community	107

Figure D9. Respondents with a first/primary language other than English

Rank	Response	Number
1	Mental health (depression, anxiety, stress, self-harm)	253
2	Dental problems and access to dental care	246
3	Alcohol, drug, and/or opiate abuse (including overdose)	213
4	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	212
5	Obesity	169

Figure D10. Respondents with a birth country other than the United States

Rank	Response	Number
1	Mental health (depression, anxiety, stress, self-harm)	265
2	Dental problems and access to dental care	247
3	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	222
4	Alcohol, drug, and/or opiate abuse (including overdose)	221
5	Obesity	163

Figure D11. Women Respondents

Rank	Response	Number
1	Mental health (depression, anxiety, stress, self-harm)	766
2	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	437
3	Alcohol, drug, and/or opiate abuse (including overdose)	424
4	Violence and crime in the community	367
5	Illnesses that spread from person to person (flu, COVID-19, TB, Mpox, measles, HIV, STDs/STIs,)	319

Figure D12. Men Respondents

Rank	Response	Number
1	Mental health (depression, anxiety, stress, self-harm)	284
2	Alcohol, drug, and/or opiate abuse (including overdose)	198
3	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	191
4	Violence and crime in the community	167
5	Obesity	166

Figure D13. LGBTQ+ Respondents

Rank	Response	Number
1	Mental health (depression, anxiety, stress, self-harm)	99
2	Alcohol, drug, and/or opiate abuse (including overdose)	54
3	Illnesses that spread from person to person (flu, COVID-19, TB, Mpox, measles, HIV, STDs/STIs,)	41
4	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	40
5	Obesity	35



Figure D14. Respondents without an identified medical home

Rank	Response	Number
1	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	41
2	Mental health (depression, anxiety, stress, self-harm)	31
3	Violence and crime in the community	26
4	Illnesses that spread from person to person (flu, COVID-19, TB, Mpox, measles, HIV, STDs/STIs,)	23
5	Aging-related health concerns (dementia, arthritis)	19

Figure D15. Respondents receiving care at a free or reduced-fee clinic

Rank	Response	Number
1	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	25
2	Dental problems and access to dental care	17
3	Violence and crime in the community	16
4	Mental health (depression, anxiety, stress, self-harm)	14
5	Alcohol, drug, and/or opiate abuse (including overdose)	12



Top five answers to “What would most improve health in our community?” by select demographic groups

Figure D16. Younger respondents (<25 years of age)

Rank	Response	Number
1	Safe and affordable housing	107
2	Jobs and a healthier economy	67
3	Access to healthcare and public health services	63
4	Mental health and substance use services	57
4	Services that support basic needs (food, clothing, diapers, temporary cash assistance)	57

Figure D17. Older respondents (55 years of age or older)

Rank	Response	Number
1	Safe and affordable housing	262
2	Mental health and substance use services	174
3	Access to healthcare and public health services	136
4	Welcoming diversity (social, cultural, faith, economic) and addressing racism and biases	131
5	Opportunities to be involved in the community (volunteerism, arts and cultural events)	111

Figure D18. Low-income respondents (household income <\$50,000/year)

Rank	Response	Number
1	Safe and affordable housing	246
2	Access to healthcare and public health services	159
3	Jobs and a healthier economy	152
4	Access to healthy food	124
5	Welcoming diversity (social, cultural, faith, economic) and addressing racism and biases	120

Figure D19. Respondents with less than a high school diploma/GED (25+ years of age)

Rank	Response	Number
1	Safe and affordable housing	54
1	Access to healthcare and public health services	30
3	Jobs and a healthier economy	28
4	Access to healthy food	24
5	Educational opportunities (schools, libraries, vocational programs, universities)	22

Figure D20. Respondents with a race/ethnicity other than white

Rank	Response	Number
1	Safe and affordable housing	570
2	Access to healthcare and public health services	344
3	Jobs and a healthier economy	336
4	Welcoming diversity (social, cultural, faith, economic) and addressing racism and biases	306
5	Mental health and substance use services	299



Figure D21. Hispanic/Latino respondents

Rank	Response	Number
1	Safe and affordable housing	206
2	Access to healthcare and public health services	146
3	Jobs and a healthier economy	114
4	Access to healthy food	95
5	Services that support basic needs (food, clothing, diapers, temporary cash assistance)	88

Figure D22. Respondents with a first/primary language other than English

Rank	Response	Number
1	Safe and affordable housing	285
2	Access to healthcare and public health services	238
3	Jobs and a healthier economy	185
4	Access to healthy food	184
5	Educational opportunities (schools, libraries, vocational programs, universities)	158

Figure D23. Respondents with a birth country other than the United States

Rank	Response	Number
1	Safe and affordable housing	420
2	Access to healthcare and public health services	308
3	Jobs and a healthier economy	277
4	Access to healthy food	253
5	Opportunities to be involved in the community (volunteerism, arts and cultural events)	228

Figure D24. Women Respondents

Rank	Response	Number
1	Safe and affordable housing	783
2	Mental health and substance use services	438
3	Access to healthcare and public health services	379
4	Jobs and a healthier economy	332
5	Access to healthy food	295
5	Services that support basic needs (food, clothing, diapers, temporary cash assistance)	295

Figure D25. Men Respondents

Rank	Response	Number
1	Safe and affordable housing	254
2	Access to healthcare and public health services	165
3	Mental health and substance use services	157
4	Jobs and a healthier economy	146
5	Opportunities to be involved in the community (volunteerism, arts and cultural events)	143



Figure D26. LGBTQ+ Respondents

Rank	Response	Number
1	Safe and affordable housing	82
2	Welcoming diversity (social, cultural, faith, economic) and addressing racism and biases	51
3	Mental health and substance use services	50
4	Services that support basic needs (food, clothing, diapers, temporary cash assistance)	41
5	Access to healthcare and public health services	39

Figure D27. Respondents without an identified medical home

Rank	Response	Number
1	Safe and affordable housing	42
2	Jobs and a healthier economy	31
3	Access to healthcare and public health services	27
4	Access to healthy food	25
5	Educational opportunities (schools, libraries, vocational programs, universities)	21

Figure D28. Respondents receiving care at a free or reduced-fee clinic

Rank	Response	Number
1	Safe and affordable housing	20
2	Access to healthcare and public health services	19
3	Jobs and a healthier economy	18
4	Access to healthy food	16
5	Mental health and substance use services	14



Appendix E: Community health status assessment

The health indicators that comprised the community health status assessment were selected based on best practices, availability and local knowledge of emerging health issues. The data include rates and percentages of mortality, morbidity, incidence and prevalence (death, chronic illness and new and existing disease). Data were compiled from published secondary sources available in March 2025. The Virginia Plan for Well-Being's Virginia Community Health Improvement Data Portal collects these resources into a platform that can be used to generate data and maps of local metrics. This tool, developed by the Virginia Department of Health, was launched in September of 2022 and was invaluable to the development of this assessment.

County-level data, as well as breakdowns by population characteristics, was not consistently available, which means the amount of information within certain health topics may be limited. Specific indicators were selected and compiled to support a broad picture of health in the Inova Alexandria Hospital community and may not encompass all data available.

Figure E1 lists the data sources for Figure E2, which provides an overview of much but not all of the data considered. Please contact Inova for more information.

Figure E1. Community health status assessment data sources

Data Source	Abbreviation
American Community Survey	ACS
Centers for Disease Control and Prevention	CDC
CDC Behavioral Risk Factor Surveillance System	CMS
Centers for Medicare and Medicaid Services	CMS
County Health Rankings	CHR
Health Resources and Services Administration	HRSA
Small Area Health Insurance Estimates, Census	SAHIE
Virginia Behavioral Risk Factor Surveillance System	VA BRFSS
Virginia Department of Education	VDE
Virginia Department of Health	VDH
Virginia Health Information	VHI



Figure E2. Community health status assessment data

Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Alexandria City	Arlington County	Fairfax County	Virginia			
Chronic conditions (and disabilities)	Percent of population with a disability	7.20%	6.68%	7.78%	12.25%	Percentage	2019-2023	ACS
	Percent of adults with current asthma (age-adjusted)	9.10%	9.00%	8.30%	10.00%	Percentage	2022	CDC BRFSS
	Percent of adults with arthritis (age-adjusted)	23.10%	20.90%	19.60%	24.90%	Percentage	2022	CDC BRFSS
	Percent of adults with cancer (age-adjusted)	7.00%	7.00%	6.80%	7.00%	Percentage	2022	CDC BRFSS
	Percent of adults with chronic kidney disease (age-adjusted)	2.60%	2.30%	2.40%	2.70%	Percentage	2021	CDC BRFSS
	Percent of adults with chronic obstructive pulmonary disease (age-adjusted)	4.10%	4.70%	3.80%	6.00%	Percentage	2022	CDC BRFSS
	Percent of adults ever diagnosed with coronary heart disease (age-adjusted)	4.60%	4.90%	4.40%	5.40%	Percentage	2022	CDC BRFSS
	Percentage of adults ever diagnosed with diabetes (age-adjusted)	10.30%	9.70%	9.70%	11.40%	Percentage	2022	CDC BRFSS
	Percentage of adults with high blood pressure (age-adjusted)	29.80%	26.70%	26.00%	31.50%	Percentage	2021	CDC BRFSS
	Percentage of adults with high cholesterol (age-adjusted)	30.70%	33.40%	33.50%	32.80%	Percentage	2021	CDC BRFSS
	Percentage of adults ever having a stroke (age-adjusted)	2.40%	2.50%	2.30%	3.00%	Percentage	2022	CDC BRFSS



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Alexandria City	Arlington County	Fairfax County	Virginia			
Chronic conditions (and disabilities)	Asthma hospitalizations	396.28	248.21	364.28	619.52	Per 100,000	2022	VHI
	Diabetes hospitalizations	1042.05	693.82	1011.6	2114.24	Per 100,000	2022	VHI
	Hypertension hospitalizations	2440.68	1596.71	2324.4	4360.69	Per 100,000	2022	VHI
	Stroke hospitalizations	161.91	108.7	169.15	263.13	Per 100,000	2022	VHI
	Percent of adults taking medication for hypertension (age-adjusted)	60.00%	59.10%	60.20%	61.50%	Percentage	2021	CDC BRFSS
	Deaths due to diseases of the heart	98.04	96.2	98.19	174.96	Per 100,000	2020-2022	VDH
	Overall cancer incidence	307.5	327.2	338	413.2	Per 100,000	2016-2020	VDH
	Breast cancer incidence	109.9	128.3	123.4	126.9	Per 100,000	2016-2020	VDH
	Colorectal cancer incidence	21.9	22.7	26.2	34.0	Per 100,000	2016-2020	VDH
	Lung cancer incidence	25.8	27.8	29.1	52.7	Per 100,000	2016-2020	VDH
	Cancer mortality	111.5	94.3	117.1	179.8	Per 100,000	2016-2020	VDH



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Alexandria City	Arlington County	Fairfax County	Virginia			
Economic stability	Households with no motor vehicle	11.73%	14.24%	4.64%	6.00%	Percentage	2019-2023	ACS
	Owner-occupied households with no motor vehicle	4.50%	4.60%	2.24%	2.50%	Percentage	2019-2023	ACS
	Renter-occupied households with no motor vehicle	16.98%	21.18%	9.76%	13.17%	Percentage	2019-2023	ACS
	Percentage of population living below 50% of the Federal Poverty Level	3.86%	4.09%	2.92%	4.94%	Percentage	2019-2023	ACS
	Percentage of population living below 100% of the Federal Poverty Level	8.41%	7.12%	5.99%	9.92%	Percentage	2019-2023	ACS
	Percentage of population living below 185% of the Federal Poverty Level	17.66%	12.93%	12.84%	21.15%	Percentage	2019-2023	ACS
	Percentage of population living below 200% of the Federal Poverty Level	19.50%	14.03%	14.05%	23.35%	Percentage	2019-2023	ACS
	Percentage of children living below 100% of the Federal Poverty Level	13.06%	7.55%	7.47%	12.67%	Percentage	2019-2023	ACS
	Households with housing costs exceeding 30% of income	32.21%	28.49%	26.33%	26.68%	Percentage	2019-2023	ACS
	Rental households with housing costs exceeding 30% of income	44.40%	38.58%	43.73%	44.73%	Percentage	2019-2023	ACS
	Owner-occupied households with mortgage with housing costs exceeding 30% of income	22.22%	20.54%	23.82%	24.64%	Percentage	2019-2023	ACS
	Owner-occupied households without mortgage with housing costs exceeding 30% of income	15.36%	11.73%	11.32%	10.53%	Percentage	2019-2023	ACS
	Severe housing problems	16.60%	15.50%	14.70%	14.10%	Percentage	2023	CHR
	Percentage of households occupied by owner	42.00%	41.80%	68.30%	67.20%	Percentage	2019-2023	ACS
	Median Household Income	\$113,638.00	\$140,160.00	\$150,113.00	\$89,931.00	Dollars	2023	ACS



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Alexandria City	Arlington County	Fairfax County	Virginia			
Education and Health Literacy	Percentage of children ages 3 and 4 enrolled in preschool	53.30%	62.49%	56.29%	46.05%	Percentage	2019-2023	ACS
	Percentage of third graders reading at "proficient" or above on Standards of Learning (SOL) Testing	47.00%	69.00%	63.00%	61.00%	Percentage	2020	VDE
	Percentage of grade K-3 students repeating a grade year	0.40%	0.40%	0.30%	1.30%	Percentage	2019-20	VDE
	Percentage of students graduating high school within 4 years	90.80%	94.40%	94.70%	93.00%	Percentage	2021	VDE
	Percentage of adults age 25 and over with no high school diploma	7.14%	4.57%	6.75%	8.70%	Percentage	2019-2023	ACS
	Adults age 25 and over with high school diploma, but no college coursework	10.64%	7.12%	11.90%	23.90%	Percentage	2019-2023	ACS
	Adults age 25 and over with a bachelor's degree	31.38%	35.72%	31.84%	23.30%	Percentage	2019-2023	ACS
	Adults age 25 and over with a graduate or professional degree	34.38%	41.39%	32.57%	18.20%	Percentage	2019-2023	ACS



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Alexandria City	Arlington County	Fairfax County	Virginia			
Health access	Percentage of population under age 19 who are uninsured	4.25%	2.55%	4.15%	4.31%	Percentage	2022	SAHIE
	Percentage of population ages 18-64 who are uninsured	9.08%	5.43%	8.93%	8.72%	Percentage	2022	SAHIE
	Avoidable adult hospitalizations	441.88	278.73	360.75	820.01	Per 100,000	2020	VDH
	Percentage of adults with dental coverage	Suppressed	77.27%	77.35%	70.74%	Percentage	2020	VA BRFSS
	Percentage of adults with recent dental visit (age-adjusted)	73.80%	72.50%	74.00%	67.50%	Percentage	2022	CDC BRFSS
	Primary care physicians in the community	80.15	77.26	111.5	74.55	Per 100,000	2021	HRSA
	Dental providers in the community	91.9	72.2	119.2	75.3	Per 100,000	2022	HRSA
	Percentage of adults who visited a dentist in the past year	Suppressed	88.85%	77.44%	69.98%	Percentage	2020	VA BRFSS
	Percentage of adults with one or more permanent teeth removed	20.98%	27.62%	30.05%	40.50%	Percentage	2021	VA BRFSS



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Alexandria City	Arlington County	Fairfax County	Virginia			
Health access	Percentage of adults who received an annual checkup (age-adjusted)	77.90%	76.10%	76.20%	77.70%	Percentage	2022	CDC BRFSS
	Percentage of adults who had cholesterol screening in the past year (age-adjusted)	88.10%	88.30%	88.90%	86.20%	Percentage	2021	CDC BRFSS
	Percentage of adults 65 and older with loss of all teeth due to decay or gum disease (age-adjusted)	6.50%	5.00%	7.40%	11.40%	Percentage	2022	CDC BRFSS
	Percentage of females age 21-65 with cervical cancer screening test (age-adjusted)	87.20%	87.00%	83.30%	84.30%	Percentage	2020	CDC BRFSS
	Percentage of adults age 45-75 with adequate colorectal cancer screening (age-adjusted)	65.40%	66.70%	63.20%	62.80%	Percentage	2022	CDC BRFSS
	Percentage of males age 65+ up to date on core preventative services (age-adjusted)	49.40%	53.70%	50.80%	48.50%	Percentage	2020	CDC BRFSS
	Percent of females age 50-74 with recent mammogram (age-adjusted)	81.50%	79.40%	81.30%	78.30%	Percentage	2022	CDC BRFSS



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Alexandria City	Arlington County	Fairfax County	Virginia			
Infectious disease and immunization	New chlamydia infections	527.25	416.67	296.75	469.72	Per 100,000	2022	CDC
	New gonorrhea infections	169.1	145.7	74.4	154.7	Per 100,000	2022	CDC
	People living with HIV/AIDS	784.92	607.54	295.13	337.8	Per 100,000	2022	CDC
	New Lyme infections	18.1	14.5	14.6	20.1	Per 100,000	2023	VDH
	New tuberculosis infections	4.5	3	6.1	2.4	Per 100,000	2023	VDH
	People living with chronic hepatitis B	35.5	24.8	39.4	20.8	Per 100,000	2023	VDH
	People living with chronic hepatitis C	26.4	17.5	16.1	51.1	Per 100,000	2023	VDH
	COVID vaccination rate	24,716	28,022	22,379	14,575	Per 100,000	2024-25	VDH
	Flu vaccination rate	38,449	39,211	39,669	33,267	Per 100,000	2024-25	VDH



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Alexandria City	Arlington County	Fairfax County	Virginia			
Injury and violence	Deaths from unintentional injury	27.6	21.4	26	54.2	Per 100,000	2018-2022	CDC
	Deaths from motor vehicle crashes	4.6	2.6	4.3	11	Per 100,000	2018-2022	CDC
	Violent crime rate	186.4	149.4	96.1	207.0	Per 100,000	2022	CHR
	Hospitalizations due to injury	250.10	233.30	256.40	402.60	Per 100,000	2022	VDH
	Hospitalizations due to non-drug poisoning	0.60	4.30	2.39	5.50	Per 100,000	2022	VDH
	Hospitalizations due to assault-related injury	1.90	7.30	4.55	10.80	Per 100,000	2022	VDH
	Hospitalizations due to fall-related injury	169.10	153.80	166.40	219.80	Per 100,000	2022	VDH
	Hospitalizations due to firearm-related injury	2.60	0.40	2.89	10.70	Per 100,000	2022	VDH
	Hospitalizations due to vehicle-related injury	19.90	18.40	22.84	42.60	Per 100,000	2022	VDH
	Traumatic brain injury hospitalizations	43.70	43.60	51.60	62.80	Per 100,000	2022	VDH
	Firearm-related injuries	2.6	1.3	2.2	5.6	Per 10,000 ED visits	2024	VDH



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Alexandria City	Arlington County	Fairfax County	Virginia			
Maternal, infant, child and youth health	Infant mortality rate	3.08	2.00	3.87	5.98	Per 1,000 Live Births	2020-2022	VDH
	Child mortality rate, ages 1-9	Suppressed	24.51	8.87	16.49	Per 100,000	2022	VDH
	Percentage of total live births with low birth weight	7.32%	7.16%	7.04%	8.46%	Percentage	2022	VDH
	Teen pregnancy rate	25.48	6.53	9.09	15.26	Per 1,000 Births	2022	VDH
	Percentage of total live births preterm	7.76%	8.82%	8.43%	9.61%	Percentage	2022	VDH
	Percentage of mothers with late or no prenatal care	3.24%	6.29%	3.47%	5.10%	Percentage	2022	VDH
	Percentage of birth hospitalizations with neonatal abstinence syndrome	0.5	0	1.1	5.7	Per 1,000 Live Births	2020	VDH
	Delivery hospitalizations with maternal opioid use disorder	2.12	0.95	0.68	4.72	Per 1,000 Births	2020	VDH



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Alexandria City	Arlington County	Fairfax County	Virginia			
Mental health and substance use	Mental health providers in the community	453.9	267.9	300.4	243.3	Per 100,000	2023	CMS
	Drug overdose deaths	12.4	9.8	10.1	24.1	Per 100,000	2018-2022	CDC
	Drug overdose hospitalizations	37.8	41.65	41.05	89.92	Per 100,000	2020	VDH
	Substance use disorder hospitalizations	44.1	17.91	39.36	75.05	Per 100,000	2020	VDH
	Deaths by suicide	8.9	6.2	9.4	13.9	Per 100,000	2018-2022	CDC
	Percentage of adults with depressive disorder	15.03%	19.54%	13.88%	19.62%	Percentage	2021	VA BRFSS
	Self-harm and suicide-related ED visits	341.9	346.2	379.3	680.9	Per 100,000	2023	VDH
	Percentage of adults binge drinking in the past 30 days	17.80%	21.50%	17.10%	18.40%	Percentage	2022	CDC BRFSS
	Percentage of adults who are current smokers	8.90%	9.60%	8.40%	13.70%	Percentage	2022	CDC BRFSS
	Percentage of adults with depression (age-adjusted)	20.80%	20.70%	19.20%	23.00%	Percentage	2022	CDC BRFSS
	Percentage of adults reporting 14 or more poor mental health days in the last month (age-adjusted)	14.50%	14.50%	13.50%	17.20%	Percentage	2022	CDC BRFSS
	Percentage of adults reporting frequent mental distress	14.40%	15.00%	13.00%	16.50%	Percentage	2022	CDC BRFSS



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Alexandria City	Arlington County	Fairfax County	Virginia			
Neighborhood, community and environment	Social Vulnerability Index Socioeconomic Theme Score (higher values indicate higher vulnerability)	0.23	0.04	0.11	0.34	Scale 0 to 1	2022	CDC
	Social Vulnerability Index Household Composition Theme Score (higher values indicate higher vulnerability)	0.02	0.01	0.26	0.38	Scale 0 to 1	2022	CDC
	Social Vulnerability Index Minority Status Theme Score (higher values indicate higher vulnerability)	0.87	0.79	0.87	0.73	Scale 0 to 1	2022	CDC
	Social Vulnerability Index Housing & Transportation Theme Score (higher values indicate higher vulnerability)	0.74	0.79	0.37	0.41	Scale 0 to 1	2022	CDC
	Social Vulnerability Index Nationwide Comparison Score (higher values indicate higher vulnerability)	0.32	0.16	0.24	0.39	Scale 0 to 1	2022	CDC
	Children living in single-parent households	22.46%	16.16%	15.47%	23.61%	Percentage	2019-2023	ACS
	Mean travel time to work	28.3	25.4	28.5	27.5	Minutes	2023	ACS
	Percentage of population working outside of county of residence	29.3%	18.2%	19.4%	38.3%	Percentage	2023	ACS



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Alexandria City	Arlington County	Fairfax County	Virginia			
Neighborhood, community and environment	Residential Segregation Index (higher values indicate greater residential segregation between Black and White residents)	43	51	43	51	Range 0 to 100	2019-2023	ACS
	Particulate matter air pollution	7.4	6.7	7.9	6.7	Micrograms per cubic meter	2025	CHR
	Average traffic volumes	2943	2593	1168	626	Vehicles per meter per day	2023	CHR
	Percentage of commuters who drive alone to work	50.20%	39.70%	57.80%	69.20%	Percentage	2019-2023	ACS
	Percentage of commuters who carpool to work	6.60%	5.30%	8.00%	8.20%	Percentage	2019-2023	ACS
	Percentage of commuters who take public transportation to work	12.70%	15.90%	5.40%	2.60%	Percentage	2019-2023	ACS
	Percentage of commuters who bicycle or walk to work	3.30%	5.70%	2.10%	2.40%	Percentage	2019-2023	ACS
	Percentage of commuters who take a taxi or other method to work	2.10%	1.90%	1.60%	1.40%	Percentage	2019-2023	ACS
	Percentage of households with broadband access	94%	94%	96%	90%	Percentage	2025	CHR



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Alexandria City	Arlington County	Fairfax County	Virginia			
Obesity, nutrition and physical activity	Percentage of adults who are overweight or obese	Suppressed	55.20%	58.80%	68.10%	Percentage	2021	VA BRFSS
	Percentage of adults who are obese (age-adjusted)	29.50%	25.90%	27.10%	35.30%	Percentage	2022	CDC BRFSS
	Percentage of adults who are aerobically active	Suppressed	58.22%	54.72%	50.00%	Percentage	2019	VA BRFSS
	Percentage of adults with no leisure physical activity in the past month	16.00%	17.00%	16.60%	21.00%	Percentage	2022	CDC BRFSS



Appendix F: Identifying top health issues methodology

As described throughout this document and the CHNA Report, each of the three assessments identified areas of concern. Community health needs were determined to be “top health issues” if they were identified as a concern in at least two of the three assessments. An assessment scoring matrix was developed to visualize these results. Figure F1 shows this matrix for the Inova Alexandria Hospital community.

Figure F1. Inova Alexandria Hospital community assessment scoring matrix

Health issue	Survey theme	Assessment theme	Conversations theme
Chronic conditions (stroke, heart disease, hypertension, cancer, diabetes, asthma, arthritis)	X	X	
Economic stability (income inequality, poverty, unemployment, housing costs, transportation access)	X	X	X
Education and health literacy (school climate, graduation rates, college, information sources)			
Healthcare access (insurance coverage, avoidable hospitalization, screening tests, access to medical care)	X		X
Infectious disease and immunization (infectious disease incidence, immunization rates)			
Injury and violence (accidental injury, motor vehicle collision, intentional injury, poisoning)	X	X	
Maternal, infant child and youth health (infant mortality, maternal mortality, birth rate among adolescents, prenatal care)		X	X
Mental health and substance use (depression, poor mental health days, substance use disorder, overdose, self-harm, suicide)	X	X	X
Neighborhood, community and environment (social vulnerability, commuting, pollution)			X
Obesity, nutrition and physical activity (obesity, food insecurity, physical activity)	X		

Using this framework, the top health issues identified for the Inova Alexandria Hospital community are: **chronic conditions; economic stability; healthcare access; injury and violence; maternal, infant, child and youth health; and mental health and substance use.**



Appendix G: Actions taken since the previous CHNA

This appendix discusses community health improvement actions taken by Inova since its last CHNA reports were published in 2022 and based on the subsequently developed implementation strategies. The information is included in the 2025 CHNA reports to respond to final IRC 501(r) regulations.

Members of the Community Health Division, Inova leadership, Inova Alexandria Hospital, Inova Franconia-Springfield Surgery Center, Inova Oakville Ambulatory Surgery Center, Alexandria City Health Department and community partners have been working diligently on the priority areas set forth in the 2022 CHNA Implementation Strategy.

Inova maintained the structure that was established in 2020 in the midst of the COVID-19 pandemic for administering the CHNA and implementation planning. A steering committee addresses system-wide approaches to improving CHNA-identified health needs, and the Alexandria Community Action Committee consisting of Inova team members and community partners identifies local needs and opportunities and develops partnerships to address them. The Steering Committee meets monthly to identify needs and opportunities throughout the system and the community. The Action Committee also meets monthly and brings together representatives from multiple Inova departments, faith based organizations, mental health stakeholders, community businesses and organizations, The Child and Family Network Centers, The Concerned Citizens Network of Alexandria, The Landing Alexandria, Move2Learn, The Northern Virginia Conservation Trust, Partnership for a Healthier Alexandria, Smart Public Health Consulting, True Ground Housing and Alexandria City Government teams including the Health Department; Human Services; Law Enforcement; Parks and Recreation; Race and Social Equity; Alexandria elected officials; Mental Health, Substance Abuse, and Developmental Services and Public Schools.

Inova in the Community

Local action committee conversations in Alexandria and across Northern Virginia brought to light the need for Inova to have an ongoing presence in and engagement with its local communities to continue to build trust. A tool was developed to collect information from Inova team members with interest in sharing their expertise at community events and activities. Rather than create events, Inova, guided by our Community Health Workers, works with local non-profit, faith, clinical, government and neighborhood partners to collaboratively deliver resources at events and activities designed and attended by community members. Inova team members volunteer their time and expertise at a variety of events including health fairs, health education sessions, workforce development opportunities and community celebrations. In Alexandria, this included CCNA's Coat Drives at St. Joseph's Catholic Church, as well as their health expos and community series on mental health, Senior Services of Alexandria's health fair, Alexandria Soccer Association's Soccer Fiestas and resource fairs with Housing Alexandria.

Inova and partners recognize that to improve healthcare access it is important to improve awareness of existing community resources. Reaching under-resourced communities with messaging about services requires tailored approaches and have included the use of Community Health Workers, trusted messengers and popular opinion leaders, multi-lingual and multi-cultural outreach, targeted social media campaigns and interagency partnerships and cross-promotion. All the Inova Community Health clinics and programs have their own websites and educational and outreach materials. A universal one-page resource document with information about all of Inova's clinics and programs for under-resourced



individuals is maintained in English and Spanish for use when attending community events and connecting with partners. In addition, an expanded brochure was created for Inova Cares in Alexandria to increase awareness of available resources and connect individuals across the city to care. These brochures were printed and shared among partners, as well as displayed on Alexandria Transit Company's DASH buses.

Inova team members serve as members of numerous committees across the region sharing their expertise and related work to address health access, food insecurity, workforce development and more. A few of these subcommittees include the Partnership for a Healthier Alexandria, the Northern Virginia Regional Health Services Coalition, Alexandria Move 2 Learn Coalition, Northern Virginia Oral Health Alliance, Virginia Foundation for Healthy Youth, Virginia Community HIV Planning Group, Washington DC Regional Planning Commission on Health and HIV and Northern Virginia Dementia Care Consortium.

Community Health Workers

Inova is a member of the Virginia Hospital & Healthcare Association and participated in its HealthBegins cohort to use health disparity data to drive interventions in 2020. This partnership led to increased interest in the use of Community Health Workers to coordinate with patients and communities to promote wellness, improve access and address social drivers of health. In 2023, CHWs were embedded in all Inova Cares clinics, located in regions with high rates of health disparities. CHWs assist patients to stay connected to care and to address their social needs while also being present in communities to foster trust and collaboration with the healthcare system.

The value of CHWs is increasingly appreciated across the healthcare system. Inova Fairfax's Hospital Violence Intervention Program is run by CHWs with lived experience relevant to their patients' care. Inova Schar Cancer Institute's Cancer Prevention Outreach Program is also staffed with CHWs who make connections with partners and communities they serve. In 2024, a CHW began working in the Inova Mount Vernon Emergency Department to address an increased need for social drivers of health navigation for patients with upstream concerns impacting their health and leading to more emergency room visits.

In 2023, the Northern Virginia Community Health Access Forum was formed to support Northern Virginia's network of CHWs and navigators as identified as an area of focus in the CHNA. While state-wide consortia existed for CHWs, no such groups existed specifically for those working in Northern Virginia to discuss the unique barriers and opportunities they face. Inova team members facilitate the forum and create opportunities for networking and the sharing of resources between CHWs, navigators, neighborhood ambassadors and community gatekeepers across Northern Virginia. During monthly meetings, speakers present key health topics and introduce local non-profits, fostering collaboration to breaking down silos and connect people with lived experiences to resources that serve their communities.

Expansion of Community Health Clinics and Programs

Inova continued to grow its community presence through the expansion of clinics and programs into specific neighborhoods throughout Northern Virginia. Inova Community Health currently has 31 clinics and numerous outreach and engagement programs.

Inova expanded pediatric services in 2023 by co-locating Inova Cares for Children (ICC) at the Inova



Cares for Families (ICF) locations in Alexandria, Fairfax, Manassas, Sterling and Herndon. These expanded services include a dedicated pediatrician and a specially trained support team. ICC offers comprehensive pediatric services for children on Medicaid or without insurance. Spaces are designed to encourage connection and foster conversations among parents, caregivers and providers.

Inova opened the first Inova Cares pediatric sick clinic in 2024, providing new levels of access to same-day care for children and families throughout Northern Virginia. Co-located with Inova Cares for Children – Falls Church, the clinic fast-tracks existing patients who have fevers, ear infections, sore throats or other common ailments to get the care they need to return to daycare or school as soon as possible. Parents and caregivers can bring children directly to the clinic without an appointment to receive immediate care, avoiding a trip to the emergency room.

ICF and the Inova Juniper Program (IJP) opened their Mount Vernon location in October of 2023 as a result of Inova's Mount Vernon Community Health Needs Assessment identifying healthcare access as a top unmet need in the Mount Vernon area. These clinics create medical homes in the community to improve access, address healthcare needs and foster long-term wellbeing.

Inova Cares clinics have partnered with Inova Schar Heart and Vascular to embed cardiologists who can provide onsite screening and treatment with the goal of reducing the risk of high blood pressure, diabetes, heart disease and stroke. This service launched at the Sterling location which serves primarily eastern Loudoun and western Fairfax communities and is expected to expand next to ICF - Mount Vernon. These two locations were selected based on data regarding cardiac risks and outcomes in the communities they serve.

All Inova facilities provide financial assistance in accordance with Inova policies which ensure access to medically necessary care for all individuals. Charity care is defined as free or discounted healthcare services provided to those who cannot afford to pay. Inova's Financial Assistance Policy provides 12 months of coverage to anyone living in Virginia at or below 400% of the federal poverty level. Many of these individuals receive their primary care at the Inova Cares clinics where wrap-around services, including community health workers, can help them with obtaining the resources they need to thrive.

Community Health Partner Support

Every year Inova provides Community Health Opportunities grants to non-profit organizations in Northern Virginia providing services aligned with the CHNA. Applicants are asked to provide a brief overview of their organization's connection to the communities they serve and a description of the services they would provide if awarded. In addition to these awards, numerous local nonprofits are colocated with Inova services and receive additional support. Between 2023 and 2025 approximately \$3.9 million in grants and support were provided to over 60 partners.

Recipients that support the Inova Alexandria Hospital Community include:

2023 recipients: Act for Alexandria, The Growth and Healing HUB, Hamkae Center, Housing Alexandria, LAZERA Ministries, Northern Virginia Dental Clinic and United Community.

2024 recipients: Afghan-American Women's Association, Alexandria Seaport Foundation, Alexandria Soccer Association, True Ground Housing Partners, Carpenter's Shelter, Girls on the Run NOVA, Just Neighbors, Learn & Live Wholistic Health Services, Kitchen of Purpose, Lorton Community Action



Center, Medical Care for Children Partnership Foundation, Prevention of Blindness Society, The Center for Alexandria's Children, The Fenwick Foundation, Wesley Housing and Women Giving Back.

2025 recipients: Adaptive Fitness Legion, Capital Area Food Bank, Cornerstone Craftsman, Friends of Guest House, George Mason University Foundation, Inc., Hispanics Against Child Abuse and Neglect, Inc., Insight Memory Care Center, Korean Community Service Center of Greater Washington, LAZERA Ministries, Marie Maxey Foundation, Move2Learn, NAMI Northern Virginia, Nueva Vida, Inc., Provision Kitchen, Real Food for Kids, Second Story, STEM for Her, The Spitfire Club and United Community.

Social Drivers of Health Screening

In 2021, Inova adopted an SDOH screening tool made up of validated questions assessing need in a wide array of social drivers. The project brought together teams representing all aspects of the Inova workforce to determine how the tool and resulting patient responses should be presented, who it should be available to and what was necessary to begin socializing its use. Inova socialized the tool in all inpatient and outpatient settings and utilizes tracking dashboards to help departments visualize their successes and opportunities in collecting this information. Information available on Inova's intranet helped teams develop approaches to data collection via a variety of mechanisms, including directly from patients and via Inova's online MyChart patient portal.

In addition to helping with the support of individual patients, robust SDOH data can now be used to help inform clinical and community care. Using these data, approaches are created to address top SDOH needs including intimate partner violence, transportation and food insecurity. These workflows can be tailored to the needs of individuals being served in a variety of Inova settings. Data also help predict patient needs, barriers and outcomes, allowing for better insights when developing interventions, designing resources or establishing outreach programs. SDOH screening and interventions are now built into care models, ensuring a whole-person approach to care.

In April 2023, Inova rolled out the Unite Us/Unite Virginia platform for active referrals to social services and non-profit partners. Over 7,000 team members across the Inova system have the ability to make referrals to community partners from the electronic medical record. Several of Inova's community health clinics and programs also accept referrals from the community through the platform. Inova is working closely with community partners to assist in adoption of the platform throughout the non-profit landscape, creating a robust referral network. This critical collaboration provides a closed loop solution for Inova team members using the SDOH screening tool, providing easy access to refer patients to multiple community resources that can address social drivers of health.

The network has grown since Inova began using the platform, in part due to education and partnership Inova sought with non-profits and funders. Recipients of Inova's grant support are encouraged and supported to join the network, opening referrals both to and from Inova and other partners.

To support patients experiencing food insecurity, Inova maintains emergency food pantries in more than ten locations through partnerships with regional food banks and donors. The pantries are in locations, like the Inova Cares clinics, that serve patients experiencing food insecurity to address immediate needs. In 2024, Inova opened its first inpatient food pantry for food insecure patients at Inova Alexandria Hospital. Upon receiving emergency food from these pantries, patients are referred through Unite Us to local food partners and pantries to ensure continuous access to food.



Creating a Community Based Workforce

Inova's community-based workforce development initiative, Dream B!G, aims to ensure the healthcare workforce reflects and represents the communities Inova has the privilege to serve. The program was created in 2021 and gives under-invited youth an up-close look at a variety of healthcare careers and roles. Inova team members from many backgrounds and professions – known as the Dream Team – created short videos highlighting their career journeys. Team members visit Title 1 middle and high schools in Northern Virginia to show the videos, share their work-life experiences and invite students to visit the healthcare setting. The goal is to inspire young people to visualize their own healthcare career success stories.

The Inova Community Health team and Inova Talent Acquisition's Workforce Development team partner to develop resources for youth and adults who aspire to a healthcare career. Information shared at Dream B!G workforce activities includes outlines of positions that do not require post-secondary education, career ladder opportunities and tuition assistance at Inova. These materials can help students determine next steps after high school, as well as offer adults opportunities to join the healthcare field. This approach provides community members with career opportunities and economic stability while providing Inova with a responsive and representative workforce.

Inova organized a series of job pairing events beginning in 2024 for community members eager to explore healthcare career opportunities. In collaboration with Crossroads Jobs, the WISH Center, Bridges to Independence and other community partners, Inova brought personalized career coaching and development directly to partner facilities, providing invaluable and convenient support to job seekers. These efforts aimed to empower individuals with the tools and knowledge they need to successfully navigate the healthcare job market, fostering growth and opportunity for all participants.

In October 2024, Inova convened regional workforce partners to initiate a coordinated effort to improve health and life sciences career awareness and education. Together with the Claude Moore Charitable Foundation, the Northern Virginia Healthcare Workforce Collaborative will facilitate and communicate pathways designed to build a workforce to meet the ongoing healthcare needs of Northern Virginia and create economic stability for its communities. The collaboration brings together public schools, higher education, healthcare employers and more to work collectively to enhance Northern Virginia's healthcare and health sciences talent pipeline.

In 2025, Inova Dream B!G hosted 2 career development seminars for adults. These programs aimed to engage and inform the community regarding several healthcare career pathways. Each day included sessions on interview skills, resume writing, and financial literacy, as well as face-to-face interaction with a wide range of healthcare professionals from different roles.

Inova Community Health has an established a partnership with the Fairfax County Health Department's Public Health Youth Ambassador Program (PHYAP) to provide community-based training and experiential opportunities for Fairfax County Public High School students with low-income backgrounds. Community Health Workers and team members from Inova Cares for Families provided experiential experiences for students to supplement computer-based learning modules. Graduates of the Public Health Youth Ambassador Program receive a certificate of completion from Morehouse School of Medicine's High School Community Health Worker Program, a scholarship, resources they need to participate in the program.



Dream BIG has partnered with Alexandria City Public Schools to provide hands-on activities and tours of Inova Alexandria Hospital. High school students visited with team members in various departments and engaged in activities such as observing the respiratory system with pig lungs. Their visits included small-group roundtable discussions with team members from across the hospital to discuss educational backgrounds and career journeys. Team members provided ad-hoc mentoring about their day-to-day operations and advice for students as they plan their next steps.

In 2023, Inova's Dream BIG Team Members attended speaking opportunities for students in Alexandria City Public School's AVID Programs. They spoke with students in different classrooms, sharing their educational and career stories to over 150 middle schoolers throughout the year. In October 2023, Dream BIG engaged with over 400 children in a Spooky Mad Science Exposition through STEM tabling activities.

In 2024, prior Dream BIG students were offered the opportunity to join a mentorship cohort focused on career pathways to becoming physicians, nurses, pharmacists and technicians. Students were grouped into pods based on their interests and met with Inova team members in those careers. In addition to two in-person events, Inova team members connected with the students via email, phone and meetups throughout the year.

In 2025, Dream BIG expanded its reach and hosted hands-on activities at various school sites throughout Northern Virginia to allow for more students to participate. Inova's cardiology, neuroscience, and pediatric multispecialty departments helped pilot the approach. These nimble teams were able to bring hands on experiences and open conversations to high school students in the comfort of their classrooms.

Healthcare Worker Education

Since 2019, Inova has hosted the annual Healthcare Disparities Conference, which provides attendees with unique perspectives on how to identify and reduce disparities in patient outcomes and experience.

In October 2023, the Fifth Annual Healthcare Disparities Conference championed "A Call for Connection: Cultural Humility and Allyship." Keynote speaker Ijeoma Nnodim Opara, MD, FAAP, FAIM, of Wayne State University, shared a rousing call for cultural humility and health justice. The day included vignettes and storytelling regarding creating brave spaces and addressing healthcare barriers by reframing the patient experience through the lens of SDOH.

In October 2024, Inova and partners presented the Sixth Annual Healthcare Disparities Conference titled: "A Call for Commitment." This event reached more than 425 healthcare workers and community partners across Northern Virginia and throughout the United States with storytelling framed around identifying disparities and implementing strategies to address them while staying motivated to improve the healthcare experience for patients, families and healthcare teams.

The seventh annual conference in September 2025 was titled: "A Call for Innovation." Through real-world examples and local strategies, speakers will showcase the power of data-driven insights and intentional use of artificial intelligence to reduce disparities and deliver care that is responsive to the needs of patients, families and care teams.

The Community Health Division serves as a training site for medical residents, involving placement at ICW, ICC, ICF and Lions Eye Clinic. The team plays a central role in shaping the next generation of



healthcare providers through hands-on clinical education and mentorship. Additionally, residents receive lectures on community health programs and local resources, ensuring they are well-equipped to support patients both inside and outside the clinics.