

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 Fair Oaks 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 Fair Oaks action committee, the Partnership for a Healthier Fairfax 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. Fair Oaks Community Action Committee organizations

Organization
ADAMS Compassionate Healthcare Network
Cornerstones
Fairfax County
Fairfax-Falls Church Community Services Board
Fairfax County Health Department
Fairfax County Neighborhood and Community Services
HealthWorks for Northern Virginia
Inova
Inova Fair Oaks Hospital
Inova Schar Heart and Vascular
Inova community health
Inova sustainability
Northern Virginia Family Services
Shepherd's Center of Northern Virginia
Western Fairfax Christian Ministries



Appendix B: Community description

This section identifies and describes the community that was assessed by Inova Fair Oaks Hospital and Inova Northern Virginia Surgery Center (hereafter referred to as the Inova Fair Oaks Hospital community). The community was defined by considering the geographic origins of the hospital's inpatient discharges and emergency department visits.

The Inova Fair Oaks Hospital community is comprised of 40 ZIP codes in Fairfax and Manassas cities and Fairfax, Loudoun and Prince William counties that make up the primary and secondary service areas. For the purposes of the CHNA assessments, the Emergency Department's service area (ZIP codes accounting for 75% of visits) was used to better represent the neighborhoods served by the hospital and surgery center.

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
20105	X		20155	X		22031	X	X
20109	X	X	20164	X		22032	X	X
20110	X	X	20165	X		22033	X	X
20111	X	X	20166	X		22039	X	
20112	X		20169	X		22042	X	
20120	X	X	20170	X	X	22044	X	
20121	X	X	20171	X	X	22066	X	
20124	X	X	20181	X		22067	X	
20136	X		20190	X		22124	X	X
20143	X		20191	X	X	22180	X	
20147	X		20194	X		22181	X	
20148	X		22015	X	X	22182	X	
20151	X	X	22027	X				
20152	X	X	22030	X	X			

Source: Inova Health System, 2024

Figure B2. Inova Fair Oaks Hospital community

City or county	Percent of discharges	Percent of emergency department visits
Fairfax County	53.99%	66.11%
Prince William County	14.73%	10.57%
Loudoun County	10.54%	5.15%
Fairfax City	6.21%	8.91%
Manassas City	2.32%	2.07%
Community Total	87.8%	92.8%
Other areas	12.20%	7.2%
Total Discharges and ED Visits	11,339	56,557

Source: Inova Health System, 2024



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

Community	Total population			Percent change	
	2025	2030	2035	5 year 2025-2030	10 year 2025-2035
Fairfax City	62,952	69,009	71,110	9.62%	12.96%
Fairfax City	62,952	69,009	71,110	9.62%	12.96%
Fairfax County	629,528	657,011	678,427	4.37%	7.77%
Centreville	75,209	75,811	76,647	0.80%	1.91%
Chantilly	25,124	27,328	29,492	8.77%	17.39%
Clifton/Fairfax Station	37,258	37,546	37,684	0.77%	1.14%
East Fairfax 29/50 Corridor	90,039	91,770	94,162	1.92%	4.58%
GMU/Burke	74,877	75,246	75,608	0.49%	0.98%
Oakton/Fair Oaks/S. Herndon	124,342	132,667	136,022	6.70%	9.39%
Reston/Herndon	135,040	145,633	152,840	7.84%	13.18%
Vienna/Tysons West	67,639	71,010	75,972	4.98%	12.32%
Loudoun County	310,979	337,036	350,550	8.38%	12.72%
Ashburn/Arcola	134,891	148,766	153,952	10.29%	14.13%
South Riding/Aldie	84,284	91,332	94,541	8.36%	12.17%
Sterling/Dulles	91,804	96,938	102,057	5.59%	11.17%
Manassas City	58,200	66,275	68,822	13.87%	18.25%
Manassas West	58,200	66,275	68,822	13.87%	18.25%
Prince William County	229,111	239,513	246,509	4.54%	7.59%
Gainesville/Haymarket/Bull Run	117,824	122,498	126,529	3.97%	7.39%
Manassas East	64,398	65,486	67,553	1.69%	4.90%
Manassas West	46,889	51,529	52,427	9.90%	11.81%
Community Total	1,290,770	1,368,844	1,415,418	6.05%	9.66%

Source: Metropolitan Washington Council of Governments, 2025



Age

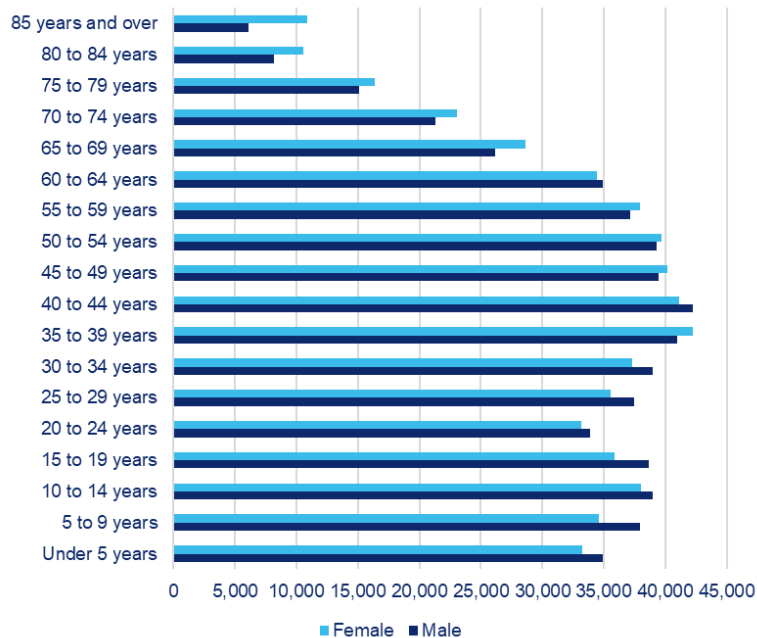
Population characteristics and changes directly influence community health needs. The total population of the Inova Fair Oaks Hospital community is expected to grow nearly 10% from 2025-2035. In that same time frame, the population 65+ is expected to increase by nearly 43%. The growth of older populations 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 Fair Oaks Hospital community (2025-2035)

Age Cohort	Total Population			Percent Change	
	2025	2030	2035	5 year 2025-2030	10 year 2025-2035
0-17	299,812	304,554	303,333	1.58%	1.17%
18-44	478,824	490,552	491,568	2.45%	2.66%
45-64	337,612	359,094	371,537	6.36%	10.05%
65+	174,522	214,644	248,980	22.99%	42.66%
Total	1,290,770	1,368,844	1,415,418	6.05%	9.66%

Source: Metropolitan Washington Council of Governments, 2025

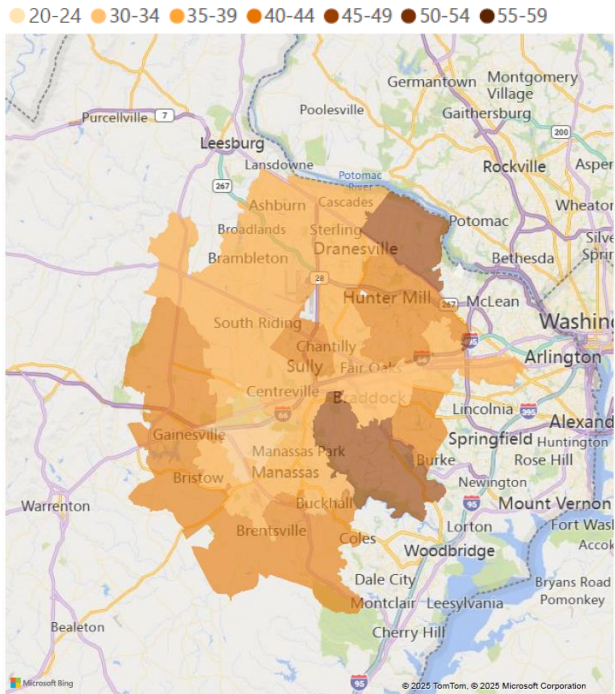
Figure B5. Age distribution by sex, Fairfax County



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

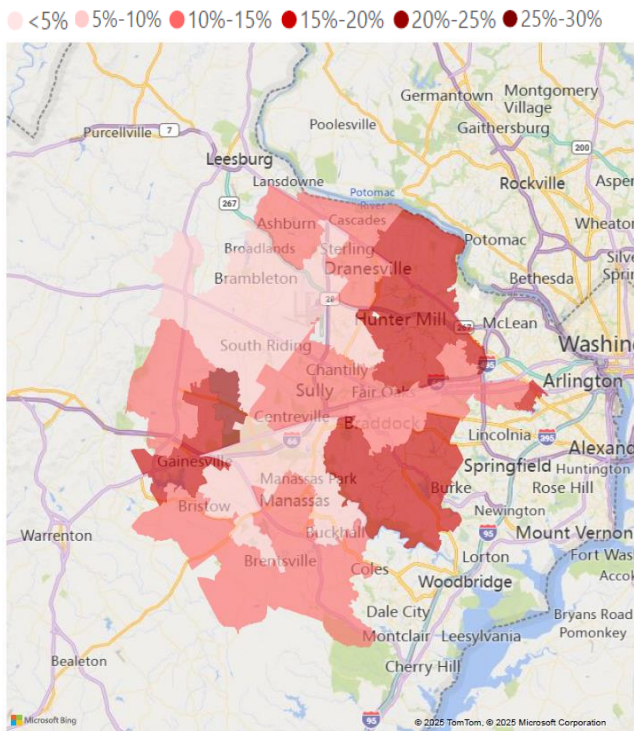


Figure B6a. Median age, Inova Fair Oaks Hospital community



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

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



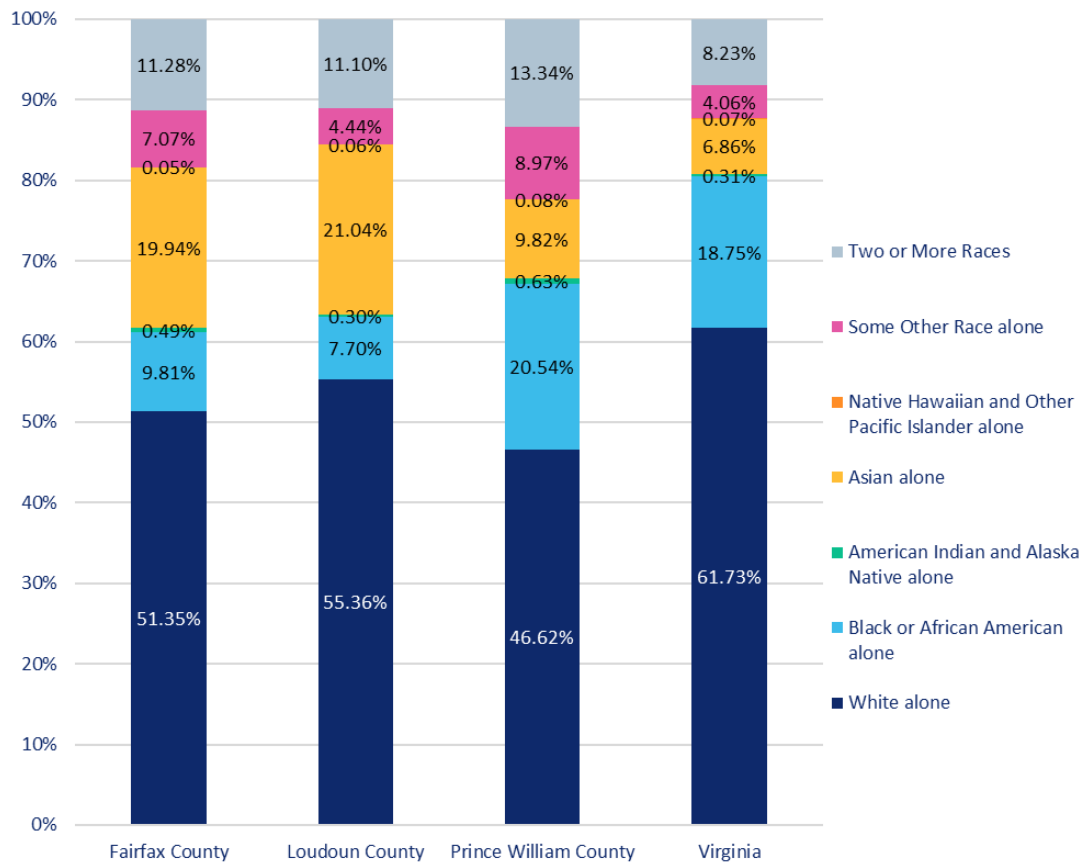
Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates



Race and ethnicity

In Fairfax County in 2023 Asians, Hispanics and African Americans represented 19.9%, 17.4% and 9.8% of the county's population, respectively. Nearly one-quarter of the state's Hispanic population resides in Fairfax County (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.

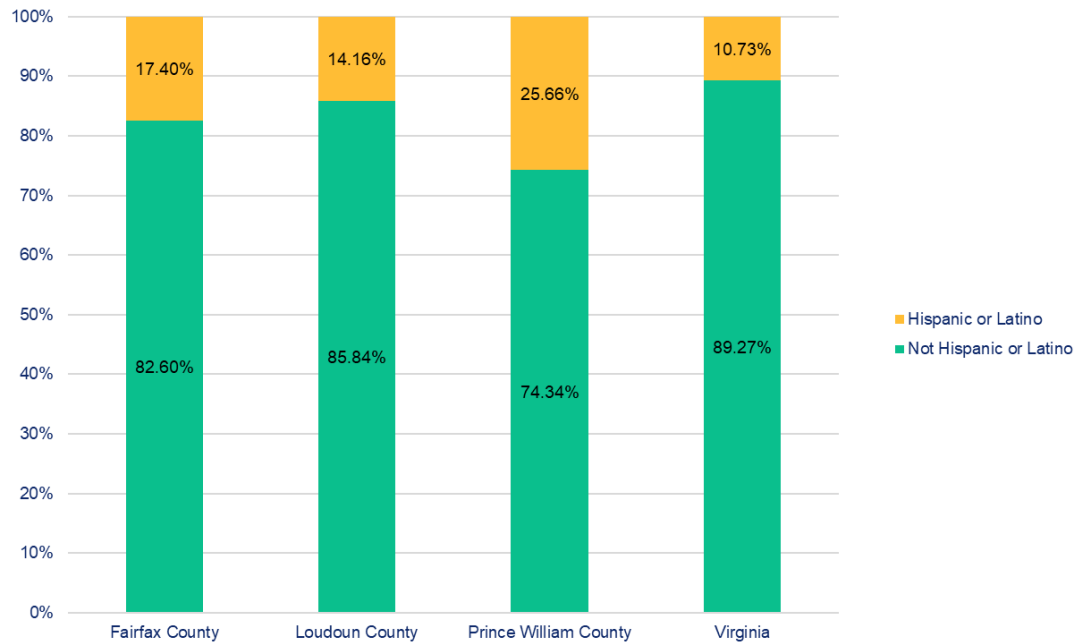
Figure B7a. Race by location



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

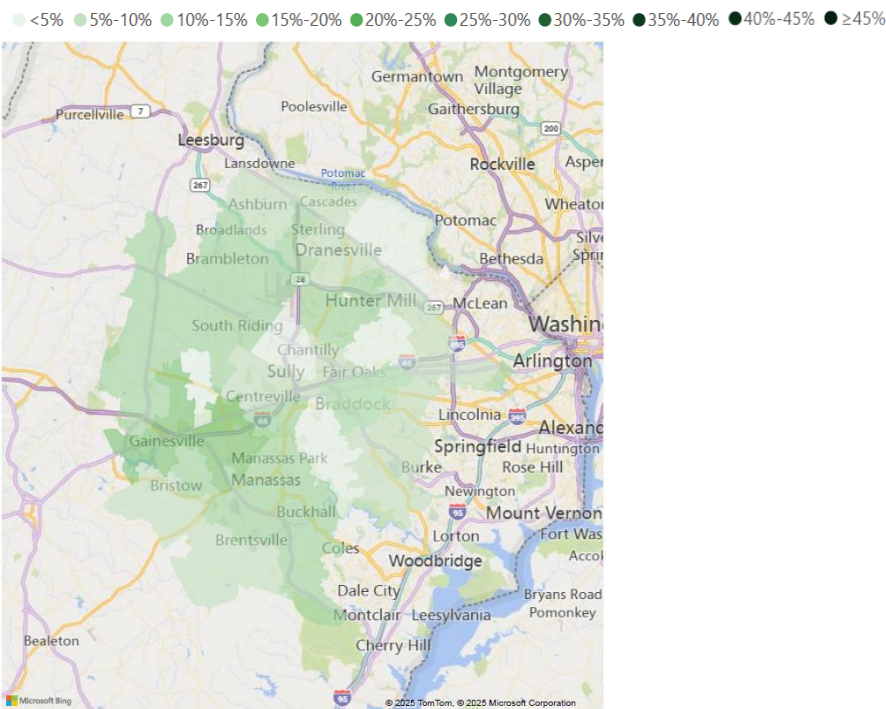


Figure B7b. Ethnicity by location



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

Figure B8a. Percent of population Black, Inova Fair Oaks Hospital community

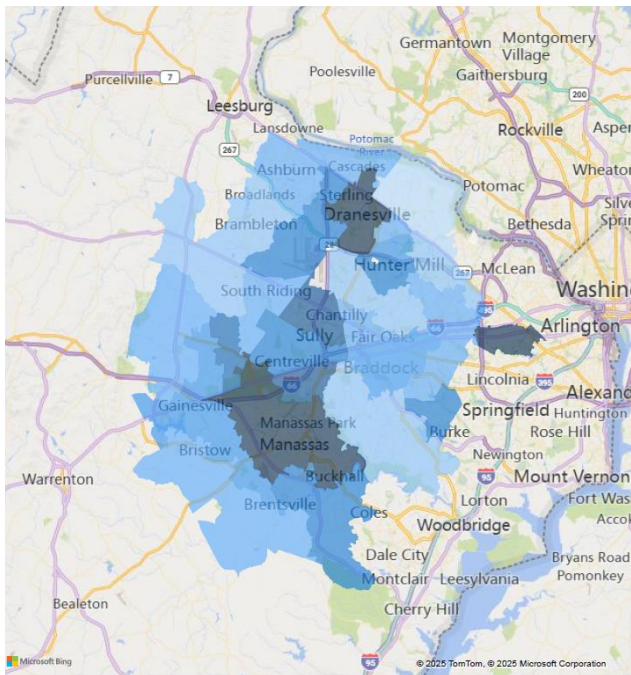


Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates



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

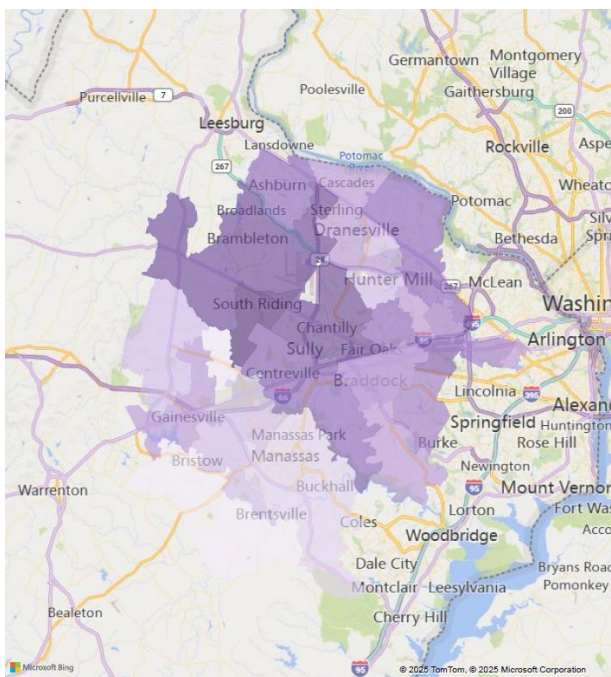
3%-6% 6%-9% 9%-12% 12%-15% 15%-18% 18%-21% 21%-24% 24%-27% ≥27%



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

Figure B8c. Percent of population Asian, Inova Fair Oaks Hospital community

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

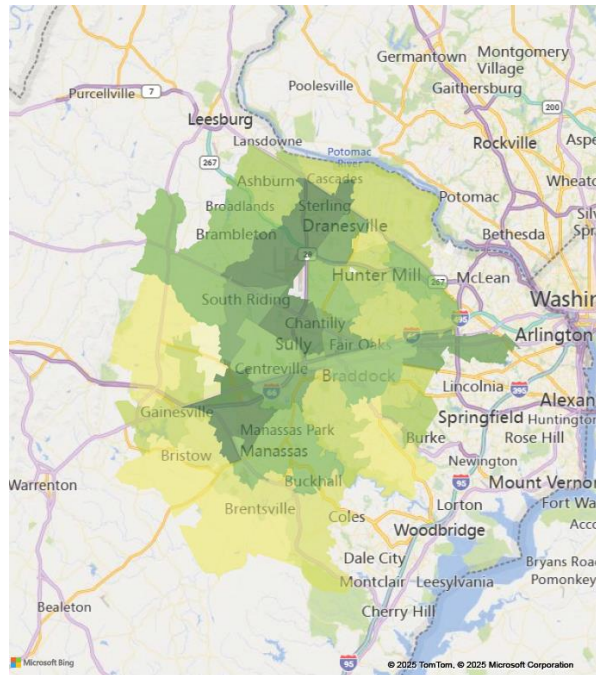


Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates



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

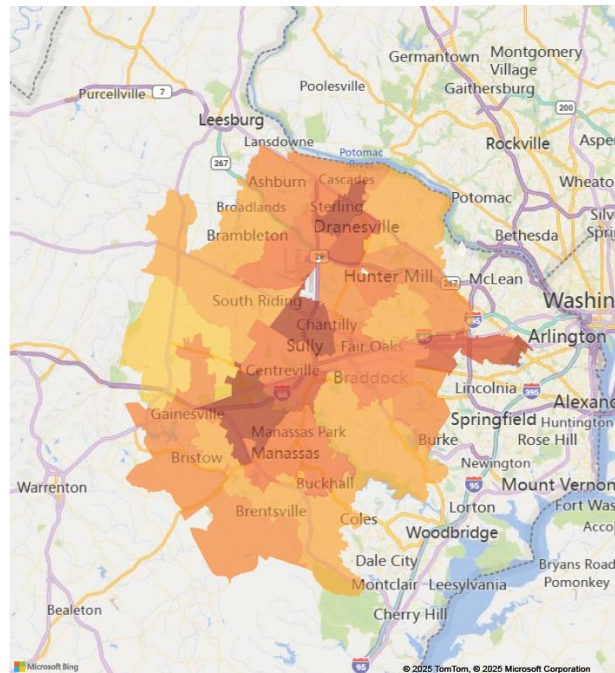
● <5% ● 5%-10% ● 10%-15% ● 15%-20% ● 20%-25% ● 25%-30% ● 30%-35% ● 35%-40% ● 40%-45% ● ≥45%



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

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

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



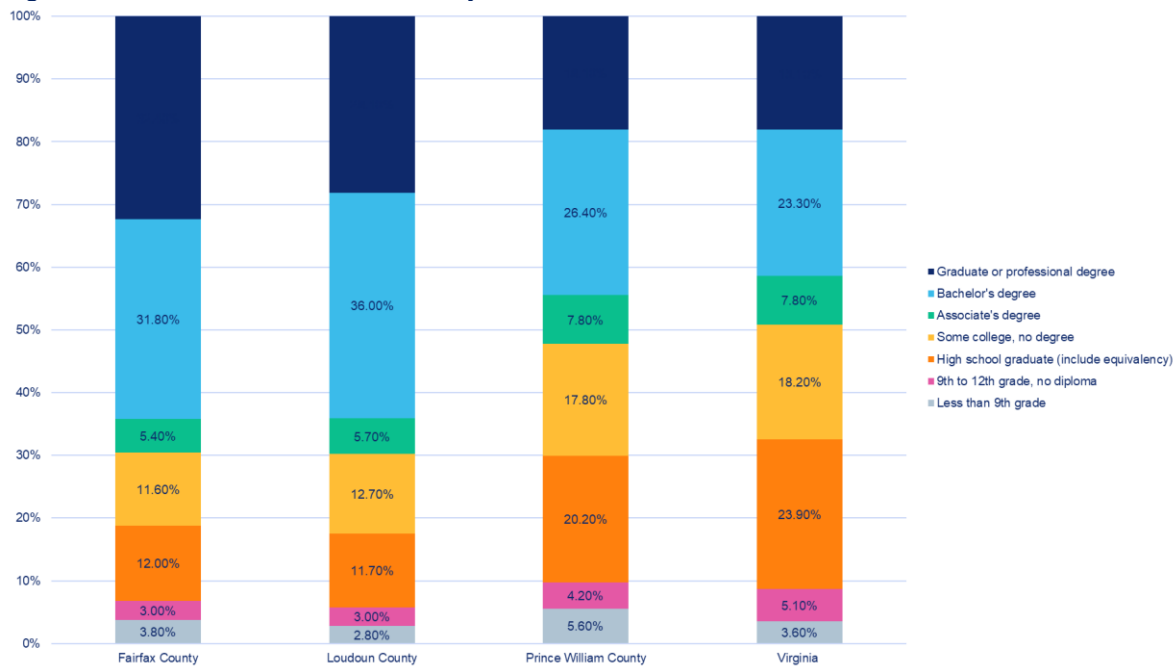
Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates



Education

Overall, the Inova Fair Oaks Hospital community is highly educated. In Fairfax County, 64.3% of residents 25 years and over hold a bachelor's degree or higher, with about one third of residents holding a graduate or professional degree. However, there are noticeable discrepancies within the County.

Figure B9. Educational attainment by location

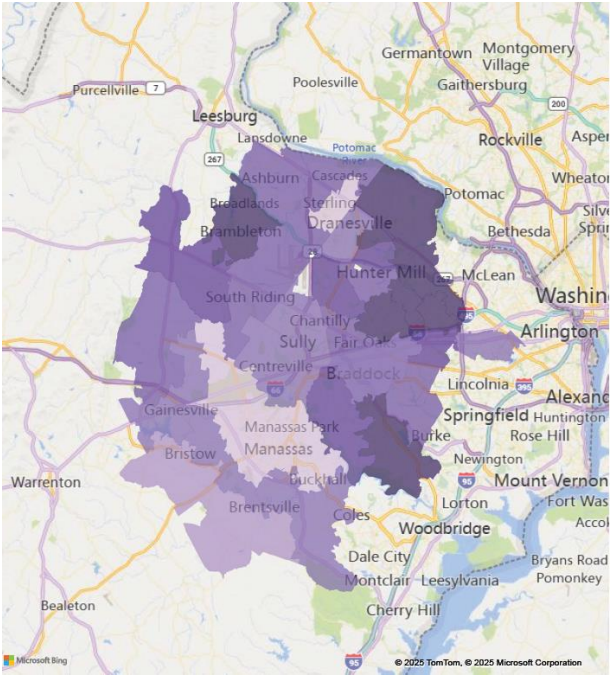


Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates



Figure B10. Percent of residents age 25+ with bachelor's degree or higher, Inova Fair Oaks 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

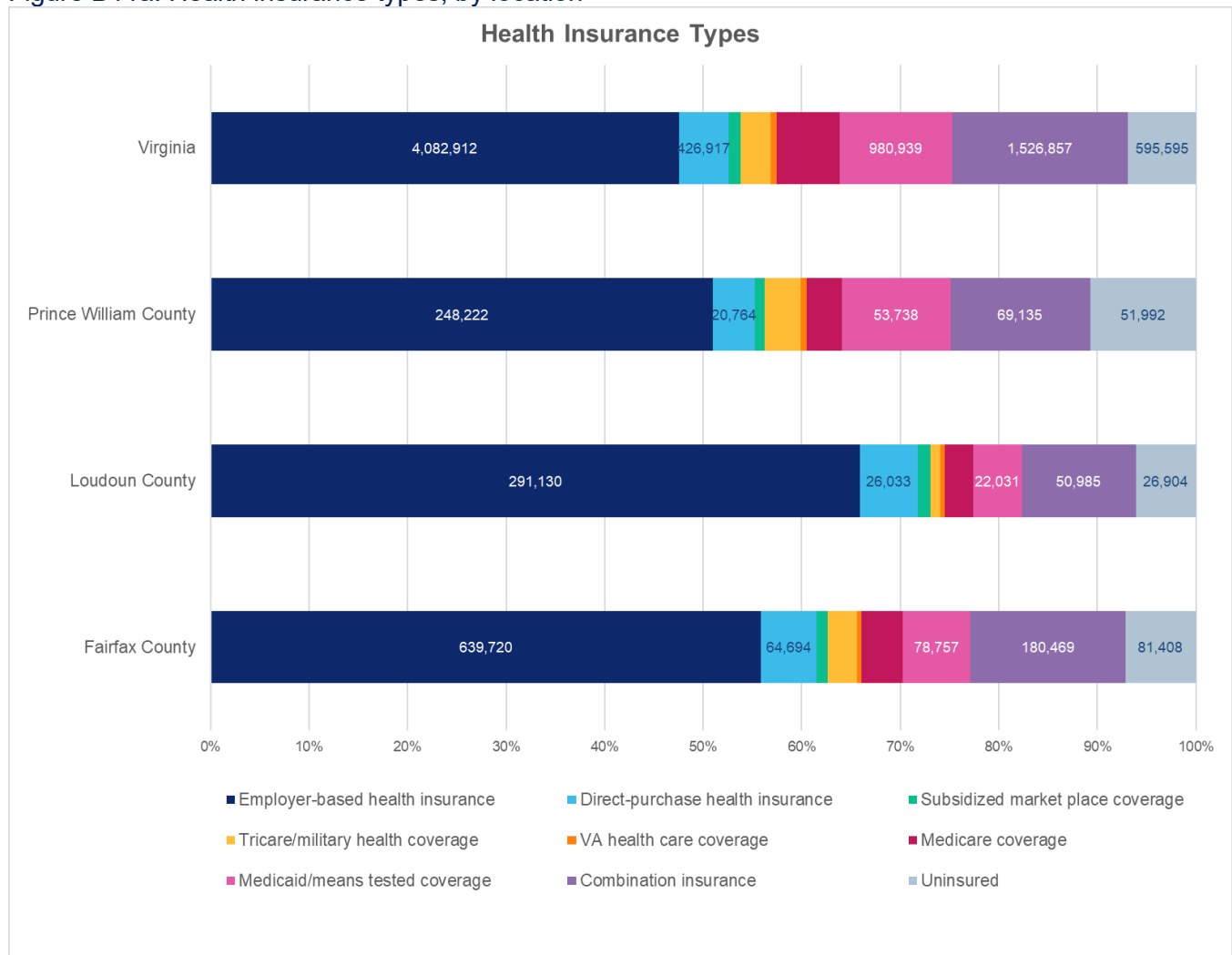


Health insurance

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.

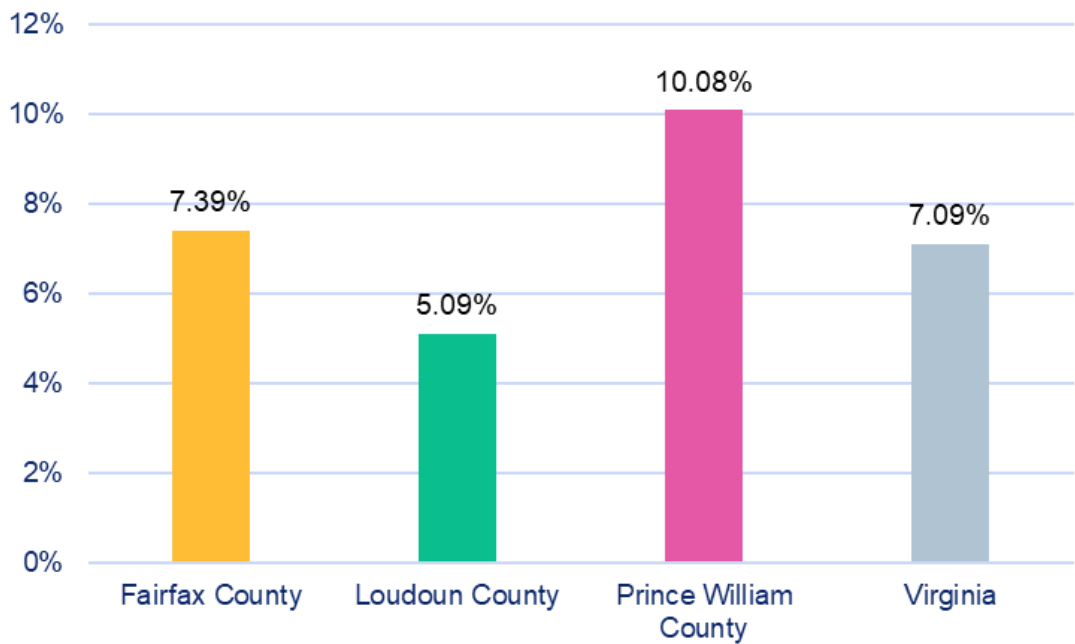
Figure B11a. Health insurance types, by location



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



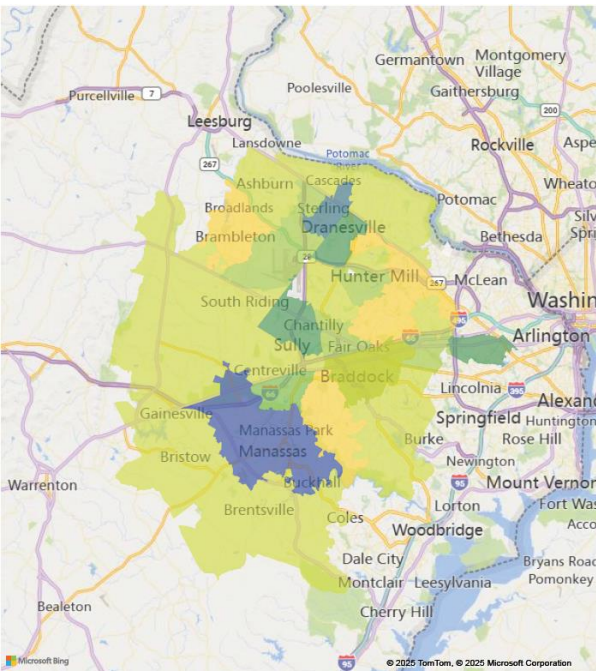
Figure B11b. Percent of the population without health insurance, by location



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

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

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



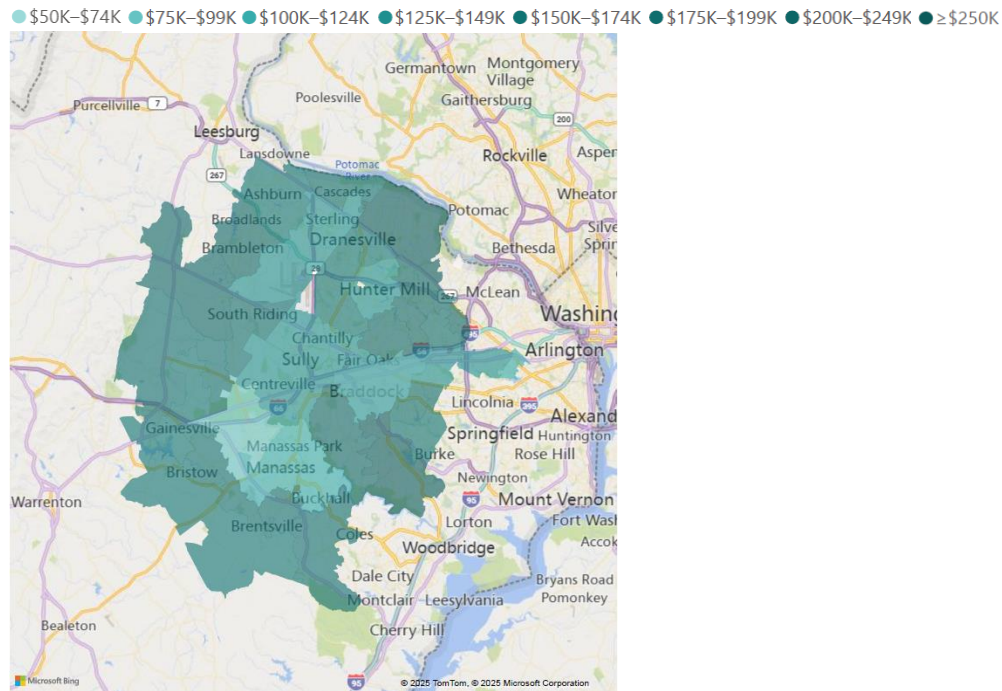
Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates



Socioeconomic

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

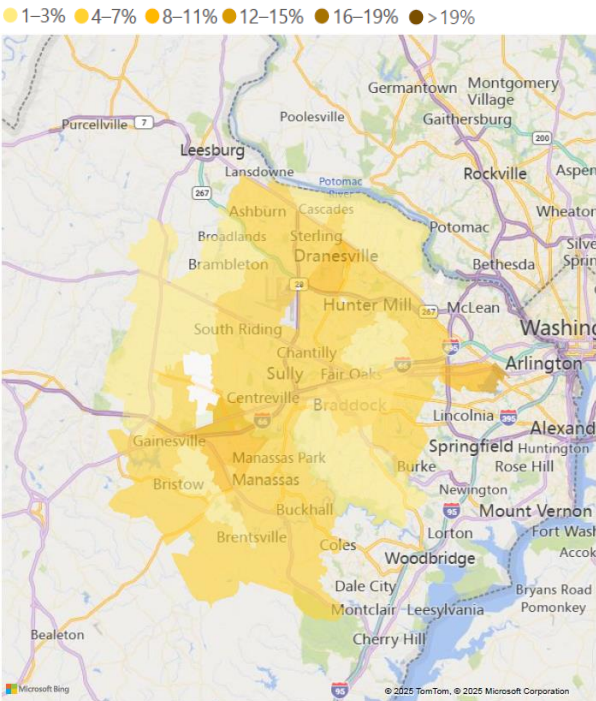
Figure B13. Median household income, Inova Fair Oaks Hospital community



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

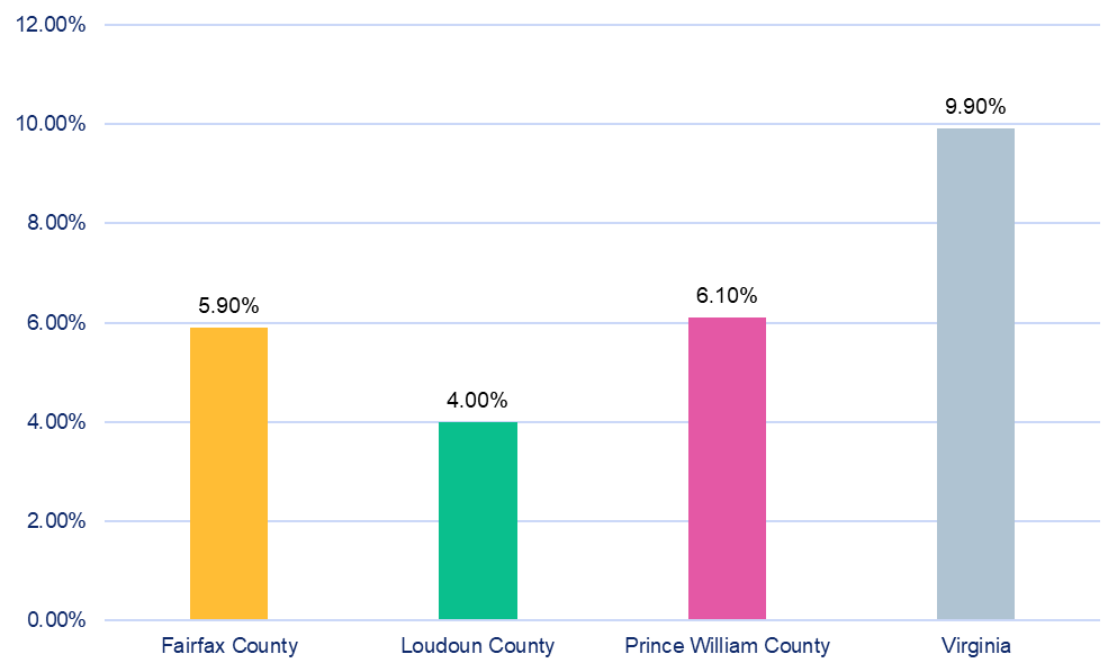


Figure B14. Poverty distribution, Inova Fair Oaks Hospital community



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

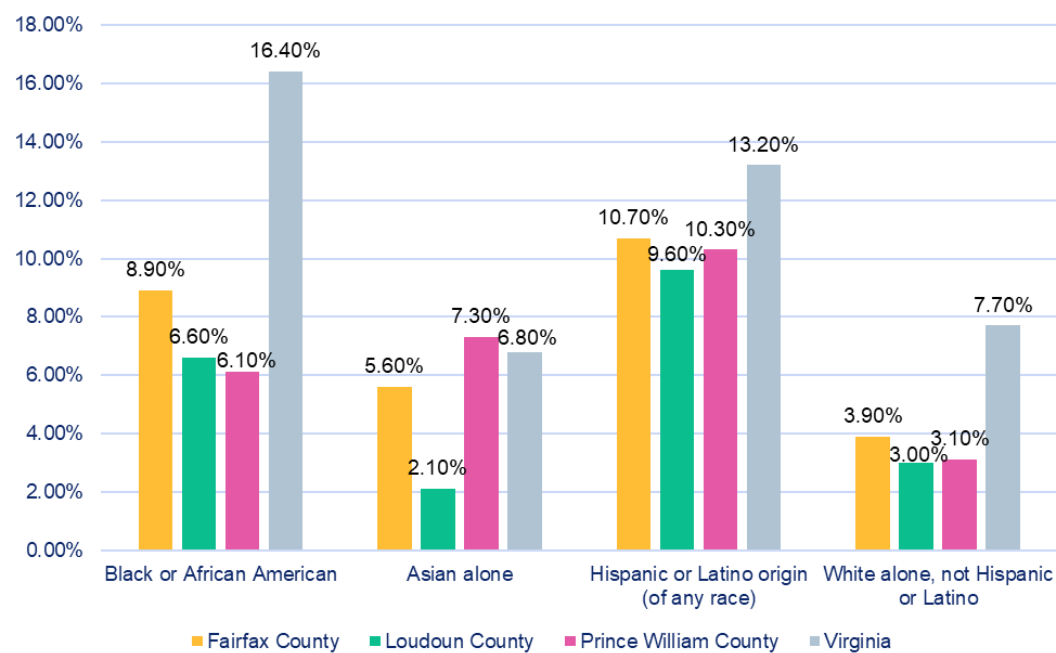
Figure B15a. Poverty distribution, by location



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

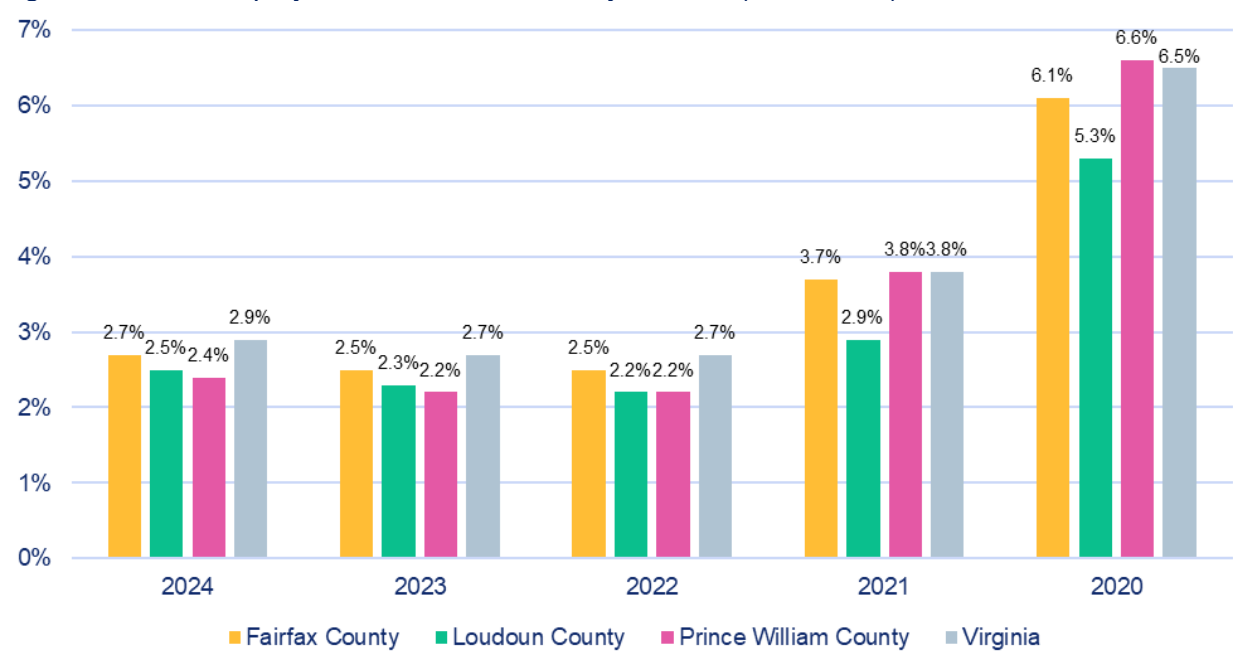


Figure B15b. Poverty rates by race and ethnicity, by location



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

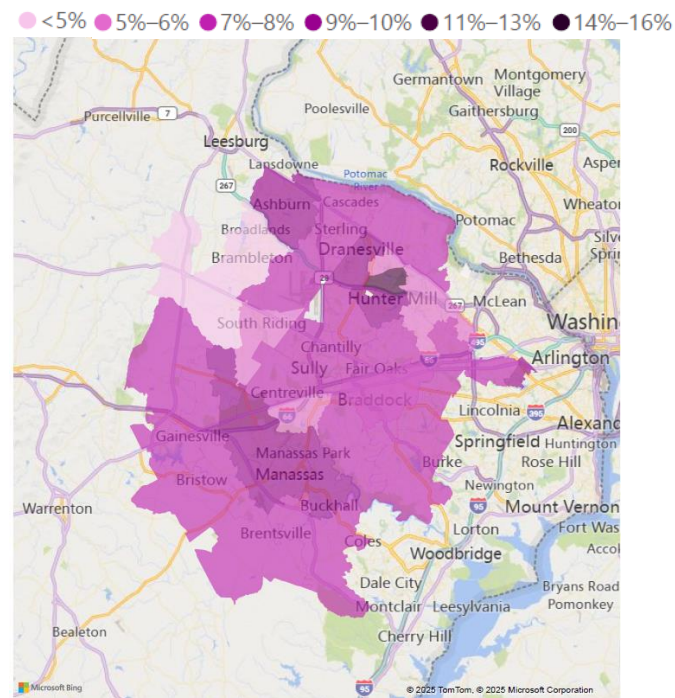


Figure B23. Other socioeconomic factors, by location

Measure	Fairfax County	Loudoun County	Prince William County	Virginia	U.S.
Population 25+ without High School Diploma	6.8%	5.8%	9.8%	8.7%	10.6%
Population with a Disability	7.8%	6.8%	8.7%	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 Fair Oaks Hospital community



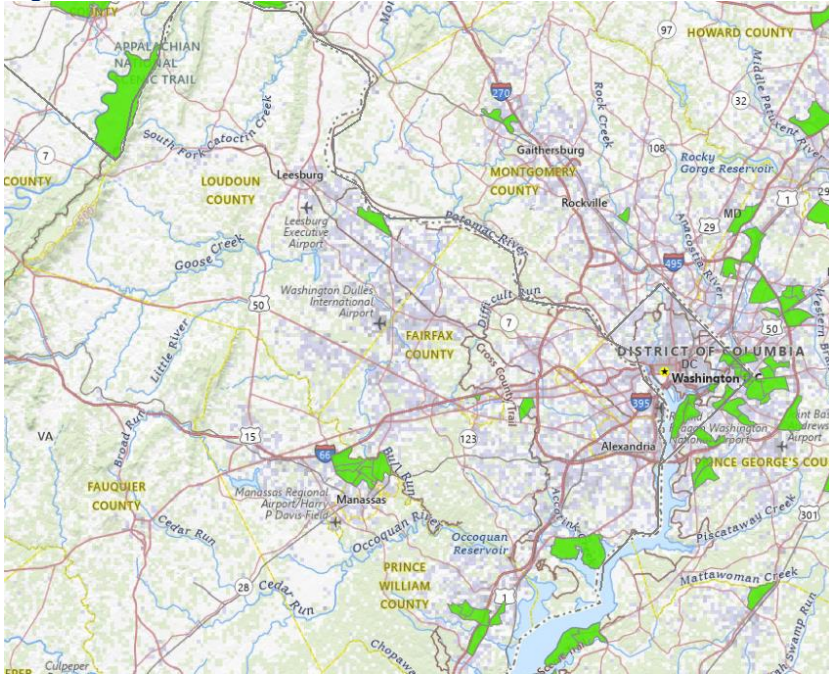
Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimate



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.

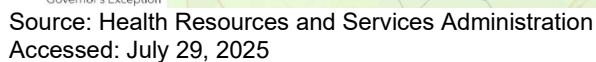
Figure B26. Food deserts, low income and low access, Northern Virginia, 2019



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



Figure B27. Medically Underserved Populations, Northern Virginia





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 Fair Oaks 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 Fair Oaks 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. Fair Oaks Community Action Committee

Category	Factor	Threats posed	Opportunities created
Chronic conditions	<ul style="list-style-type: none"> • Diabetes, arthritis and heart disease prevalent in immigrant communities • Climate change worsening chronic conditions 	<ul style="list-style-type: none"> • Increased health risks for outdoor workers and vulnerable populations 	<ul style="list-style-type: none"> • Chronic disease management workshops for families and ambassadors • Collaboration with urban forestry and weatherization organizations
Economic stability	<ul style="list-style-type: none"> • Gaps in transportation resources • Financial insecurity and housing instability 	<ul style="list-style-type: none"> • Stress and risk of eviction • Inability to afford basic health needs • Missed appointments and reduced access 	<ul style="list-style-type: none"> • Rental assistance programs • Multilingual SNAP application support
Education & health literacy	<ul style="list-style-type: none"> • Difficulties navigating and understanding resources • Native language illiteracy 	<ul style="list-style-type: none"> • Missed opportunities to access services • Dependence on children for translation 	<ul style="list-style-type: none"> • Increased eligibility application assistance • Educational sessions to navigate what is and is not covered under Medicaid
Healthcare access	<ul style="list-style-type: none"> • Lack of oral health resources for children and Medicaid recipients • High demand for eye care and specialty services 	<ul style="list-style-type: none"> • Worsened health conditions and expensive treatment • Delayed care and untreated conditions • Limited provider availability 	<ul style="list-style-type: none"> • Free screenings and prescription access • Community trust improves care-seeking behavior
Mental health and substance use	<ul style="list-style-type: none"> • Lack of youth support services 	<ul style="list-style-type: none"> • Increased risk for substance use, worsened mental health, violence and crime 	<ul style="list-style-type: none"> • Youth-focused prevention programs (violence and substance use focus) • Parenting skill workshops for immigrant families to aid raising their teens



Figure C2: Prince William County Health Department

Category	Factor	Threats posed	Opportunities created
Economic stability	<ul style="list-style-type: none"> • Low number of permanent CHW positions • Changes in federal funding • High cost of living • Workforce shortages 	<ul style="list-style-type: none"> • Lack of community-based assistance and information awareness • Smaller communities or organizations become limited in resources • Families uprooted from cities 	<ul style="list-style-type: none"> • Increased investment in community champion programs • Opportunity for local investment funding and partnerships
Education & health literacy	<ul style="list-style-type: none"> • Accessibility of educational tools • Emotional intelligence of providers 	<ul style="list-style-type: none"> • Self-diagnosing with misinformation found online 	<ul style="list-style-type: none"> • Alternative and innovative methods of communication
Healthcare access	<ul style="list-style-type: none"> • Structural barriers (appointment time, eligibility criteria) • Infrastructure not meeting the demand • Large number of providers not accepting Medicaid 	<ul style="list-style-type: none"> • Increased risk of chronic conditions and communicable diseases • Worsened health for women and children • Widened gaps in necessary health services • Use of urgent care centers for primary care does not allow for continuous care • Provider-patient relationships unestablished 	<ul style="list-style-type: none"> • Increase in prevention education • Alternative approaches to offering clinical services and health care • Exploration of incentives for providers and care sites
Injury & violence	<ul style="list-style-type: none"> • Underutilization of data to understand trends, like ACES (Adverse Childhood Events) 	<ul style="list-style-type: none"> • Worsened mental health of children and teens • Increase in violence, injury and accidents 	<ul style="list-style-type: none"> • Utilize verified tools to understand trends of violence and inform programs • Establish benchmark baselines
Mental health and substance use	<ul style="list-style-type: none"> • Wide spectrum of mental health issues and needs • Increase of use of technology to address mental health needs and workforce shortage • Stigma 	<ul style="list-style-type: none"> • Barriers to access for individuals without internet or proper technology • Loss of human connection • Inpatient crises unaddressed 	<ul style="list-style-type: none"> • Innovative models of interventions that do not require technology • Use of cognitive behavior therapy in groups • Increase of mental health first aid education
Neighborhood, community & environment	<ul style="list-style-type: none"> • Structure of daily life does not allow utilization of amenities 	<ul style="list-style-type: none"> • Increased stress and worsened physical conditions • Loss of socialization and knowledge of resources 	<ul style="list-style-type: none"> • Expansion of current programs to increase access for day workers (time, locations)



Figure C3. Partnership for a Healthier Fairfax

Category	Factor	Threats posed	Opportunities created
Economic stability	<ul style="list-style-type: none"> • Affordability of basic needs (i.e. food) • High cost of living • Threats to support services for those who depend on them for financial and basic needs 	<ul style="list-style-type: none"> • Poor nutrition and inability to obtain nutritious foods • Worsened health due to stress (mental, physical) 	<ul style="list-style-type: none"> • Strengthen public-private partnerships • Financial literacy and budgeting workshops • Support of local food initiatives
Education & health literacy	<ul style="list-style-type: none"> • Disinformation and misinformation • Fear of data sharing between institutions • Complicated system navigation 	<ul style="list-style-type: none"> • Trust in institutions broken • Increased rates of diseases and threats to health • Missed care and social support opportunities 	<ul style="list-style-type: none"> • Large organizations and trusted community partners to educate and promote accurate messaging • Use of trusted messengers • Translation and education for system navigation • Use of CHWs and doulas
Healthcare access	<ul style="list-style-type: none"> • Changing policies and uncertainty • Challenges to navigate health system (immigrants, older adults) • Lack of culturally sensitive and community-based education for providers 	<ul style="list-style-type: none"> • Improper and delayed care • Gaps in crucial access (follow up appointments, referrals) 	<ul style="list-style-type: none"> • Advocacy and partnerships between local organizations and large systems • Educating providers as resource conduits
Mental health and substance use	<ul style="list-style-type: none"> • Polarization in society affecting mental wellbeing 	<ul style="list-style-type: none"> • Social isolation and fewer social connections 	<ul style="list-style-type: none"> • Community based support groups
Neighborhood, community & environment	<ul style="list-style-type: none"> • Mistrust and hesitancy 	<ul style="list-style-type: none"> • Lower attendance rates at events and adherence to medical guidance • Increased spread of communicable diseases 	<ul style="list-style-type: none"> • Use trusted professionals to streamline delivery of accurate information



Figure C4. Fairfax County Health Department

Category	Factor	Threats posed	Opportunities created
Chronic conditions	<ul style="list-style-type: none"> Increasing rates of chronic conditions 	<ul style="list-style-type: none"> Increase in manageable and preventable diseases 	<ul style="list-style-type: none"> Community wide screening initiatives Explore funding and partnership opportunities
Economic stability	<ul style="list-style-type: none"> Workforce shortages Affordability of housing High cost of medications 	<ul style="list-style-type: none"> Financial insecurity and stress can contribute to mental health issues 	<ul style="list-style-type: none"> Workforce development initiatives and program partnerships
Healthcare access	<ul style="list-style-type: none"> Barriers (culturally accessible care, complex processes) Gaps in specialty care – available services do not meet demands 	<ul style="list-style-type: none"> Missed or delayed care Increase in chronic conditions 	<ul style="list-style-type: none"> Simplify application processes (financial aid) Take advantage of holiday and back to school events to connect community members to resources
Immunizations and infectious disease	<ul style="list-style-type: none"> Increase in healthcare acquired infections Decline in vaccine acceptance for preventable illnesses 	<ul style="list-style-type: none"> Increase in preventable diseases like measles 	<ul style="list-style-type: none"> Vaccination clinics in the community and expansion of vaccines in emergency departments Optimize messaging during outbreaks to remind people of the importance
Injury & violence	<ul style="list-style-type: none"> More to be done about preventing injuries Distracted driving (texting, alcohol) 	<ul style="list-style-type: none"> Motor vehicle related injuries and deaths Injury and death of healthy individuals 	<ul style="list-style-type: none"> Collaboration with public safety and policy makers on public health safety initiatives Partner with trauma doctors/surgeons and other professionals on safety and educational campaigns
Maternal, youth & child health	<ul style="list-style-type: none"> A need for post-partum care outside of an OBGYN New moms often do not prioritize themselves Youth mental health challenges 	<ul style="list-style-type: none"> Losing people to care after their coverage for certain services ends Maternal mortality and morbidity 	<ul style="list-style-type: none"> Intentional outreach and referrals for pregnant women without a permanent medical home Educational and motivational workshops for new moms (medical care and self-care)



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

Category	Factor	Threats posed	Opportunities created
Chronic conditions	<ul style="list-style-type: none"> Hypertension manageable with education Diabetes requires lifestyle changes and support Health not prioritized 	<ul style="list-style-type: none"> Lack of dieticians and nutritionists Increased chronic disease risk (kidney disease, diabetes) Limited time and resources for positive habits like exercise 	<ul style="list-style-type: none"> Group education classes Food-as-medicine models Realistic activity solutions (home-based movement)
Economic stability	<ul style="list-style-type: none"> Financial instability and loss of insurance High costs (transportation, food, specialty care) 	<ul style="list-style-type: none"> Delayed or missed care Increased stress and poorer health outcomes 	<ul style="list-style-type: none"> Increase grant opportunities and partnerships Preventative education (finances, housing stability, food access)
Education & health literacy	<ul style="list-style-type: none"> Native language and English illiteracy Telehealth difficulties Ineffective communication methods 	<ul style="list-style-type: none"> Delays in care and receiving results Communication gaps leading to staff inefficiencies 	<ul style="list-style-type: none"> Innovative communication methods (audio messages vs. written) Direct patient communication
Healthcare access	<ul style="list-style-type: none"> Shared vehicles and unreliable public transportation Unequal access across regions Specialty care access limited Legal status barrier for referrals and services 	<ul style="list-style-type: none"> Missed or late appointments leading to interruptions to clinic schedules and longer wait times Isolation Delayed screenings and emergency care Unmet needs among uninsured patients 	<ul style="list-style-type: none"> Education on transit tools and grants for transportation support Strengthen cross regional partnerships and coordination for patients Improved navigation for services (i.e. financial assistance applications)
Immunizations and infectious diseases	<ul style="list-style-type: none"> Low flu vaccination rates Mistrust of vaccines 	<ul style="list-style-type: none"> Increased risk of preventable illnesses 	<ul style="list-style-type: none"> Education on vaccine safety and benefits
Injury & violence	<ul style="list-style-type: none"> Patients under-reporting domestic violence, including due to lack of screening question clarity 	<ul style="list-style-type: none"> Missed identification of abuse Inadequate support services 	<ul style="list-style-type: none"> Revise screening language for clarity and understanding Allocate time and resources for SDOH conversations
Mental health & substance use	<ul style="list-style-type: none"> Substance use (alcohol) culturally normalized Great need for adolescent mental health services Stigma preventing patients from attending appointments 	<ul style="list-style-type: none"> Missed care Chronic damage from alcohol use 	<ul style="list-style-type: none"> Culturally tailored and bilingual services Telehealth options and incentives Long term services for individuals who receive care in short term programs



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 Fair Oaks 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 Fair Oaks Hospital community

		Number of Respondents	Percent of Respondents
Total Responses		1445	
Age	Free-text categorized		
	Less than 18 years	31	2.15%
	18-24 years	132	9.13%
	25-34 years	348	24.08%
	35-44 years	338	23.39%
	45-54 years	224	15.50%
	55-64 years	168	11.63%
	65-74 years	83	5.74%
	75+ years	43	2.98%
	No response	78	5.40%
Annual Household Income	Choose one		
	Less than \$25,000	177	12.25%
	\$25,000 to \$49,999	198	13.70%
	\$50,000 to \$99,999	274	18.96%
	\$100,000 to \$124,999	230	15.92%
	\$125,000 - \$199,999	109	7.54%
	\$200,000+	125	8.65%
	Prefer not to say / No response	332	22.98%
Education	Choose one		
	Less than high school diploma	39	2.70%
	High school diploma / GED	196	13.56%
	Some college	43	2.98%
	Associates / Technical degree	221	15.29%
	Bachelor's degree	378	26.16%
	Graduate degree or higher	193	13.36%
	Prefer not to say / No response	375	25.95%
Regular Source of Healthcare	Select all that apply		
	Hospital / emergency room	230	15.92%
	Doctor's office	873	60.42%
	Urgent care center	268	18.55%
	Free or reduced fee clinic	241	16.68%
	Veteran's Administration	22	1.52%
	Other	64	4.43%
	I don't get healthcare	78	5.40%
	Prefer not to say / No response	150	10.38%
Race/Ethnicity	Select all that apply		
	American Indian or Alaska Native	111	7.68%
	African	40	2.77%
	Asian	138	9.55%
	Black or African American	99	6.85%
	Hispanic/Latino	513	35.50%
	Middle Eastern or North African	29	2.01%
	Native Hawaiian or Other Pacific Islander	21	1.45%
	White	439	30.38%



	Another race/ethnicity	38	2.63%
	Prefer not to say / No response	110	7.61%
First/Primary Language	Free-text categorized (top 8)		
	English	885	61.25%
	Spanish	424	29.34%
	Arabic	10	0.69%
	Nepali	7	0.48%
	Urdu	7	0.48%
	Tagalog	6	0.42%
	Dari	5	0.35%
	French	5	0.35%
Birth country	Free-text categorized (top 8)		
	United States	800	55.36%
	El Salvador	119	8.24%
	Honduras	40	2.77%
	Mexico	30	2.08%
	Guatemala	26	1.80%
	Philippines	23	1.59%
	Peru	18	1.25%
	Bolivia	14	0.97%
Gender Identity	Select all that apply		
	Woman	963	66.64%
	Man	383	26.51%
	Transgender	7	0.48%
	Nonbinary	9	0.62%
	Prefer to describe	4	0.28%
	I don't know	0	0.00%
	Prefer not to say / No response	94	6.51%
Sexual Orientation	Select all that apply		
	Asexual	22	1.52%
	Bisexual	39	2.70%
	Gay or Lesbian	46	3.18%
	Straight or Heterosexual	1065	73.70%
	Prefer to describe	18	1.25%
	I don't know	9	0.62%
	Prefer not to say / No response	261	18.06%



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	Alcohol, drug, and/or opiate abuse (including overdose)	72
2	Illnesses that spread from person to person (flu, COVID-19, TB, Mpox, measles, HIV, STDs/STIs,)	60
3	Mental health (depression, anxiety, stress, self-harm)	59
4	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	39
5	Obesity	38

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

Rank	Response	Number
1	Mental health (depression, anxiety, stress, self-harm)	143
2	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	129
3	Aging-related health concerns (dementia, arthritis)	111
4	Alcohol, drug, and/or opiate abuse (including overdose)	100
5	Obesity	89

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

Rank	Response	Number
1	Alcohol, drug, and/or opiate abuse (including overdose)	173
2	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	165
2	Mental health (depression, anxiety, stress, self-harm)	135
4	Dental problems and access to dental care	120
5	Obesity	112

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

Rank	Response	Number
1	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	9
2	Alcohol, drug, and/or opiate abuse (including overdose)	6
3	Dental problems and access to dental care	5
3	Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)	5
5	<i>Suppressed</i>	

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

Rank	Response	Number
1	Alcohol, drug, and/or opiate abuse (including overdose)	376
2	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	359
3	Mental health (depression, anxiety, stress, self-harm)	280
4	Dental problems and access to dental care	268
5	Obesity	254



Figure D8. Hispanic/Latino respondents

Rank	Response	Number
1	Alcohol, drug, and/or opiate abuse (including overdose)	233
2	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	222
3	Dental problems and access to dental care	205
4	Mental health (depression, anxiety, stress, self-harm)	155
4	Obesity	155

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

Rank	Response	Number
1	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	235
2	Alcohol, drug, and/or opiate abuse (including overdose)	225
3	Dental problems and access to dental care	199
4	Mental health (depression, anxiety, stress, self-harm)	160
5	Obesity	149

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

Rank	Response	Number
1	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	194
2	Alcohol, drug, and/or opiate abuse (including overdose)	176
3	Mental health (depression, anxiety, stress, self-harm)	148
3	Dental problems and access to dental care	148
4	Obesity	127

Figure D11. Women Respondents

Rank	Response	Number
1	Mental health (depression, anxiety, stress, self-harm)	411
2	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	408
3	Alcohol, drug, and/or opiate abuse (including overdose)	342
4	Obesity	274
5	Illnesses that spread from person to person (flu, COVID-19, TB, Mpox, measles, HIV, STDs/STIs,)	258

Figure D12. Men Respondents

Rank	Response	Number
1	Alcohol, drug, and/or opiate abuse (including overdose)	161
2	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	131
3	Mental health (depression, anxiety, stress, self-harm)	124
4	Obesity	109
5	Illnesses that spread from person to person (flu, COVID-19, TB, Mpox, measles, HIV, STDs/STIs,)	108



Figure D13. LGBTQ+ Respondents

Rank	Response	Number
1	Mental health (depression, anxiety, stress, self-harm)	41
2	Illnesses that spread from person to person (flu, COVID-19, TB, Mpox, measles, HIV, STDs/STIs,)	33
3	Alcohol, drug, and/or opiate abuse (including overdose)	30
4	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	29
5	Obesity	22

Figure D14. Respondents without an identified medical home

Rank	Response	Number
1	Alcohol, drug, and/or opiate abuse (including overdose)	106
2	Mental health (depression, anxiety, stress, self-harm)	97
3	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	96
4	Dental problems and access to dental care	90
5	Obesity	82

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

Rank	Response	Number
1	Alcohol, drug, and/or opiate abuse (including overdose)	125
2	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	91
2	Dental problems and access to dental care	91
4	Illnesses that spread from person to person (flu, COVID-19, TB, Mpox, measles, HIV, STDs/STIs,)	71
5	Maternal, infant, child, youth and teen health	60



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	Access to healthcare and public health services	66
2	Safe and affordable housing	57
3	Mental health and substance use services	51
4	Access to healthy food	47
5	Services that support basic needs (food, clothing, diapers, temporary cash assistance)	30

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

Rank	Response	Number
1	Safe and affordable housing	123
2	Access to healthcare and public health services	101
3	Mental health and substance use services	99
4	Access to healthy food	69
5	Services that support basic needs (food, clothing, diapers, temporary cash assistance)	60

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

Rank	Response	Number
1	Access to healthcare and public health services	168
2	Safe and affordable housing	131
3	Mental health and substance use services	110
4	Access to healthy food	97
5	Jobs and a healthier economy	72

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

Rank	Response	Number
1	Access to healthy food	11
2	Access to healthcare and public health services	10
3	<i>Suppressed</i>	
4	<i>Suppressed</i>	
5	<i>Suppressed</i>	

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

Rank	Response	Number
1	Access to healthcare and public health services	376
2	Safe and affordable housing	289
3	Mental health and substance use services	231
4	Access to healthy food	219
5	Jobs and a healthier economy	161



Figure D21. Hispanic/Latino respondents

Rank	Response	Number
1	Access to healthcare and public health services	248
2	Safe and affordable housing	167
3	Mental health and substance use services	122
4	Access to healthy food	118
5	Jobs and a healthier economy	92

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

Rank	Response	Number
1	Access to healthcare and public health services	255
2	Safe and affordable housing	170
3	Access to healthy food	112
4	Mental health and substance use services	107
5	Jobs and a healthier economy	97

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

Rank	Response	Number
1	Access to healthcare and public health services	277
2	Safe and affordable housing	214
3	Mental health and substance use services	137
4	Access to healthy food	135
5	Jobs and a healthier economy	122

Figure D24. Women Respondents

Rank	Response	Number
1	Safe and affordable housing	409
2	Access to healthcare and public health services	375
3	Mental health and substance use services	324
4	Access to healthy food	221
5	Jobs and a healthier economy	187

Figure D25. Men Respondents

Rank	Response	Number
1	Access to healthcare and public health services	141
2	Safe and affordable housing	125
3	Mental health and substance use services	106
4	Access to healthy food	104
5	Jobs and a healthier economy	68

Figure D26. LGBTQ+ Respondents

Rank	Response	Number
1	Safe and affordable housing	55
2	Access to healthcare and public health services	35
3	Mental health and substance use services	26
4	Services that support basic needs (food, clothing, diapers, temporary cash assistance)	25
5	Jobs and a healthier economy	18



Figure D27. Respondents without an identified medical home

Rank	Response	Number
1	Access to healthcare and public health services	111
2	Safe and affordable housing	81
3	Access to healthy food	66
4	Mental health and substance use services	65
5	Jobs and a healthier economy	49

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

Rank	Response	Number
1	Access to healthcare and public health services	116
2	Mental health and substance use services	72
3	Access to healthy food	56
4	Safe and affordable housing	53
5	Jobs and a healthier economy	33



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
		Fairfax County	Loudoun County	Prince William County	Virginia			
Chronic conditions (and disabilities)	Percent of population with a disability	7.78%	6.78%	8.81%	12.25%	Percentage	2019-2023	ACS
	Percent of adults with current asthma (age-adjusted)	8.30%	8.60%	9.30%	10.00%	Percentage	2022	CDC BRFSS
	Percent of adults with arthritis (age-adjusted)	19.60%	21.50%	24.10%	24.90%	Percentage	2022	CDC BRFSS
	Percent of adults with cancer (age-adjusted)	6.80%	6.90%	6.50%	7.00%	Percentage	2022	CDC BRFSS
	Percent of adults with chronic kidney disease (age-adjusted)	2.40%	2.30%	2.70%	2.70%	Percentage	2021	CDC BRFSS
	Percent of adults with chronic obstructive pulmonary disease (age-adjusted)	3.80%	4.10%	5.10%	6.00%	Percentage	2022	CDC BRFSS
	Percent of adults ever diagnosed with coronary heart disease (age-adjusted)	4.40%	4.50%	5.10%	5.40%	Percentage	2022	CDC BRFSS
	Percentage of adults ever diagnosed with diabetes (age-adjusted)	9.70%	9.70%	11.60%	11.40%	Percentage	2022	CDC BRFSS
	Percentage of adults with high blood pressure (age-adjusted)	26.00%	25.90%	31.20%	31.50%	Percentage	2021	CDC BRFSS
	Percentage of adults with high cholesterol (age-adjusted)	33.50%	34.00%	31.90%	32.80%	Percentage	2021	CDC BRFSS
	Percentage of adults ever having a stroke (age-adjusted)	2.30%	2.20%	2.80%	3.00%	Percentage	2022	CDC BRFSS



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Fairfax County	Loudoun County	Prince William County	Virginia			
Chronic conditions (and disabilities)	Asthma hospitalizations	364.28	371.35	466.5	619.52	Per 100,000	2022	VHI
	Diabetes hospitalizations	1011.6	978.75	1415.96	2114.24	Per 100,000	2022	VHI
	Hypertension hospitalizations	2324.4	2249.61	2687.66	4360.69	Per 100,000	2022	VHI
	Stroke hospitalizations	169.15	161.08	171.18	263.13	Per 100,000	2022	VHI
	Percent of adults taking medication for hypertension (age-adjusted)	60.20%	59.60%	61.10%	61.50%	Percentage	2021	CDC BRFSS
	Deaths due to diseases of the heart	98.19	102.23	117.54	174.96	Per 100,000	2020-2022	VDH
	Overall cancer incidence	338	354	341.4	413.2	Per 100,000	2016-2020	VDH
	Breast cancer incidence	123.4	118.3	107.9	126.9	Per 100,000	2016-2020	VDH
	Colorectal cancer incidence	26.2	26.7	30.3	34.0	Per 100,000	2016-2020	VDH
	Lung cancer incidence	29.1	31.1	42.1	52.7	Per 100,000	2016-2020	VDH
	Cancer mortality	117.1	95.7	107.5	179.8	Per 100,000	2016-2020	VDH



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Fairfax County	Loudoun County	Prince William County	Virginia			
Economic stability	Households with no motor vehicle	4.64%	2.98%	2.61%	6.00%	Percentage	2019-2023	ACS
	Owner-occupied households with no motor vehicle	2.24%	1.51%	1.55%	2.50%	Percentage	2019-2023	ACS
	Renter-occupied households with no motor vehicle	9.76%	8.20%	5.60%	13.17%	Percentage	2019-2023	ACS
	Percentage of population living below 50% of the Federal Poverty Level	2.92%	2.33%	3.17%	4.94%	Percentage	2019-2023	ACS
	Percentage of population living below 100% of the Federal Poverty Level	5.99%	3.96%	6.16%	9.92%	Percentage	2019-2023	ACS
	Percentage of population living below 185% of the Federal Poverty Level	12.84%	8.09%	15.48%	21.15%	Percentage	2019-2023	ACS
	Percentage of population living below 200% of the Federal Poverty Level	14.05%	8.99%	17.32%	23.35%	Percentage	2019-2023	ACS
	Percentage of children living below 100% of the Federal Poverty Level	7.47%	4.08%	7.90%	12.67%	Percentage	2019-2023	ACS
	Households with housing costs exceeding 30% of income	26.33%	21.65%	27.69%	26.68%	Percentage	2019-2023	ACS
	Rental households with housing costs exceeding 30% of income	43.73%	41.53%	47.42%	44.73%	Percentage	2019-2023	ACS
	Owner-occupied households with mortgage with housing costs exceeding 30% of income	23.82%	19.38%	26.38%	24.64%	Percentage	2019-2023	ACS
	Owner-occupied households without mortgage with housing costs exceeding 30% of income	11.32%	8.31%	8.54%	10.53%	Percentage	2019-2023	ACS
	Severe housing problems	14.70%	10.50%	15.30%	14.10%	Percentage	2023	CHR
	Percentage of households occupied by owner	68.30%	77.90%	74.40%	67.20%	Percentage	2019-2023	ACS
	Median Household Income	\$150,113.00	\$178,707.00	\$128,873.00	\$89,931.00	Dollars	2023	ACS



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Fairfax County	Loudoun County	Prince William County	Virginia			
Education and health literacy	Percentage of children ages 3 and 4 enrolled in preschool	56.29%	45.91%	37.10%	46.05%	Percentage	2019-2023	ACS
	Percentage of third graders reading at "proficient" or above on Standards of Learning (SOL) Testing	63.00%	72.00%	61.40%	61.00%	Percentage	2020	VDE
	Percentage of grade K-3 students repeating a grade year	0.30%	0.90%	0.60%	1.30%	Percentage	2019-20	VDE
	Percentage of students graduating high school within 4 years	94.70%	97.60%	91.90%	93.00%	Percentage	2021	VDE
	Percentage of adults age 25 and over with no high school diploma	6.75%	5.87%	10.81%	8.70%	Percentage	2019-2023	ACS
	Adults age 25 and over with high school diploma, but no college coursework	11.90%	11.66%	21.05%	23.90%	Percentage	2019-2023	ACS
	Adults age 25 and over with a bachelor's degree	31.84%	35.95%	25.58%	23.30%	Percentage	2019-2023	ACS
	Adults age 25 and over with a graduate or professional degree	32.57%	28.06%	17.41%	18.20%	Percentage	2019-2023	ACS



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Fairfax County	Loudoun County	Prince William County	Virginia			
Health access	Percentage of population under age 19 who are uninsured	4.15%	3.54%	5.41%	4.31%	Percentage	2022	SAHIE
	Percentage of population ages 18-64 who are uninsured	8.93%	6.51%	12.52%	8.72%	Percentage	2022	SAHIE
	Avoidable adult hospitalizations	360.75	371.5	512.25	820.01	Per 100,000	2020	VDH
	Percentage of adults with dental coverage	77.35%	82.51%	69.26%	70.74%	Percentage	2020	VA BRFSS
	Percentage of adults with recent dental visit (age-adjusted)	74.00%	74.50%	68.50%	67.50%	Percentage	2022	CDC BRFSS
	Primary care physicians in the community	111.5	76.01	46.86	74.55	Per 100,000	2021	HRSA
	Dental providers in the community	119.2	73.6	67.6	75.3	Per 100,000	2022	HRSA
	Percentage of adults who visited a dentist in the past year	77.44%	73.82%	68.00%	69.98%	Percentage	2020	VA BRFSS
	Percentage of adults with one or more permanent teeth removed	30.05%	31.51%	33.31%	40.50%	Percentage	2021	VA BRFSS
	Percentage of adults who received an annual checkup (age-adjusted)	76.20%	76.40%	78.10%	77.70%	Percentage	2022	CDC BRFSS



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Fairfax County	Loudoun County	Prince William County	Virginia			
Health access	Percentage of adults who had cholesterol screening in the past year (age-adjusted)	88.90%	87.90%	86.60%	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)	7.40%	7.50%	10.60%	11.40%	Percentage	2022	CDC BRFSS
	Percentage of females age 21-65 with cervical cancer screening test (age-adjusted)	83.30%	84.20%	85.80%	84.30%	Percentage	2020	CDC BRFSS
	Percentage of adults age 45-75 with adequate colorectal cancer screening (age-adjusted)	63.20%	64.00%	62.90%	62.80%	Percentage	2022	CDC BRFSS
	Percentage of males age 65+ up to date on core preventative services (age-adjusted)	50.80%	49.90%	50.00%	48.50%	Percentage	2020	CDC BRFSS
	Percent of females age 50-74 with recent mammogram (age-adjusted)	81.30%	79.20%	78.30%	78.30%	Percentage	2022	CDC BRFSS



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Fairfax County	Loudoun County	Prince William County	Virginia			
Infectious disease and immunization	New chlamydia infections	296.75	205.52	407.48	469.72	Per 100,000	2022	CDC
	New gonorrhea infections	74.4	32.6	97.8	154.7	Per 100,000	2022	CDC
	People living with HIV/AIDS	295.13	133.44	291.19	337.8	Per 100,000	2022	CDC
	New Lyme infections	14.6	29.8	10.5	20.1	Per 100,000	2023	VDH
	New tuberculosis infections	6.1	2.8	3.9	2.4	Per 100,000	2023	VDH
	People living with chronic hepatitis B	39.4	19.4	33.1	20.8	Per 100,000	2023	VDH
	People living with chronic hepatitis C	16.1	10.4	24.2	51.1	Per 100,000	2023	VDH
	COVID vaccination rate	22,379	15,659	12,181	14,575	Per 100,000	2024-25	VDH
	Flu vaccination rate	39,669	34,889	30,173	33,267	Per 100,000	2024-25	VDH



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Fairfax County	Loudoun County	Prince William County	Virginia			
Injury and violence	Deaths from unintentional injury	26	19.2	33	54.2	Per 100,000	2018-2022	CDC
	Deaths from motor vehicle crashes	4.3	3.3	7.9	11	Per 100,000	2018-2022	CDC
	Violent crime rate	96.1	100.4	194.5	207.0	Per 100,000	2022	CHR
	Hospitalizations due to injury	256.40	258.50	233.67	402.60	Per 100,000	2022	VDH
	Hospitalizations due to non-drug poisoning	2.39	1.40	2.23	5.50	Per 100,000	2022	VDH
	Hospitalizations due to assault-related injury	4.55	3.70	5.08	10.80	Per 100,000	2022	VDH
	Hospitalizations due to fall-related injury	166.40	173.30	131.17	219.80	Per 100,000	2022	VDH
	Hospitalizations due to firearm-related injury	2.89	1.20	4.54	10.70	Per 100,000	2022	VDH
	Hospitalizations due to vehicle-related injury	22.84	20.40	32.49	42.60	Per 100,000	2022	VDH
	Traumatic brain injury hospitalizations	51.60	47.90	45.78	62.80	Per 100,000	2022	VDH
	Firearm-related injuries	2.2	1.4	3.4	5.6	Per 10,000 ED visits	2024	VDH



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Fairfax County	Loudoun County	Prince William County	Virginia			
Maternal, infant, child and youth health	Infant mortality rate	3.87	3.45	5.11	5.98	Per 1,000 Live Births	2020-2022	VDH
	Child mortality rate, ages 1-9	8.87	8.95	8.57	16.49	Per 100,000	2022	VDH
	Percentage of total live births with low birth weight	7.04%	6.76%	7.91%	8.46%	Percentage	2022	VDH
	Teen pregnancy rate	9.09	5.26	15.05	15.26	Per 1,000 Births	2022	VDH
	Percentage of total live births preterm	8.43%	7.80%	9.17%	9.61%	Percentage	2022	VDH
	Percentage of mothers with late or no prenatal care	3.47%	2.07%	11.89%	5.10%	Percentage	2022	VDH
	Percentage of birth hospitalizations with neonatal abstinence syndrome	1.1	0.2	1.9	5.7	Per 1,000 Live Births	2020	VDH
	Delivery hospitalizations with maternal opioid use disorder	0.68	0.91	1.59	4.72	Per 1,000 Births	2020	VDH



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Fairfax County	Loudoun County	Prince William County	Virginia			
Mental health and substance use	Mental health providers in the community	300.4	196.5	179.6	243.3	Per 100,000	2023	CMS
	Drug overdose deaths	10.1	8.2	18	24.1	Per 100,000	2018-2022	CDC
	Drug overdose hospitalizations	41.05	37.37	52.58	89.92	Per 100,000	2020	VDH
	Substance use disorder hospitalizations	39.36	27.2	51.46	75.05	Per 100,000	2020	VDH
	Deaths by suicide	9.4	8.2	9.0	13.9	Per 100,000	2018-2022	CDC
	Percentage of adults with depressive disorder	13.88%	0.1247	13.06%	19.62%	Percentage	2021	VA BRFSS
	Self-harm and suicide-related ED visits	379.3	377.7	493.7	680.9	Per 100,000	2023	VDH
	Percentage of adults binge drinking in the past 30 days	17.10%	17.60%	17.60%	18.40%	Percentage	2022	CDC BRFSS
	Percentage of adults who are current smokers	8.40%	8.80%	11.70%	13.70%	Percentage	2022	CDC BRFSS
	Percentage of adults with depression (age-adjusted)	19.20%	19.50%	20.90%	23.00%	Percentage	2022	CDC BRFSS
	Percentage of adults reporting 14 or more poor mental health days in the last month (age-adjusted)	13.50%	13.60%	16.10%	17.20%	Percentage	2022	CDC BRFSS
	Percentage of adults reporting frequent mental distress	13.00%	13.40%	16.10%	16.50%	Percentage	2022	CDC BRFSS



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Fairfax County	Loudoun County	Prince William County	Virginia			
Neighborhood, community and environment	Social Vulnerability Index Socioeconomic Theme Score (higher values indicate higher vulnerability)	0.11	0.02	0.35	0.34	Scale 0 to 1	2022	CDC
	Social Vulnerability Index Household Composition Theme Score (higher values indicate higher vulnerability)	0.26	0.33	0.55	0.38	Scale 0 to 1	2022	CDC
	Social Vulnerability Index Minority Status Theme Score (higher values indicate higher vulnerability)	0.87	0.85	0.92	0.73	Scale 0 to 1	2022	CDC
	Social Vulnerability Index Housing & Transportation Theme Score (higher values indicate higher vulnerability)	0.37	0.14	0.23	0.41	Scale 0 to 1	2022	CDC
	Social Vulnerability Index Nationwide Comparison Score (higher values indicate higher vulnerability)	0.24	0.11	0.43	0.39	Scale 0 to 1	2022	CDC
	Children living in single-parent households	15.47%	12.04%	18.05%	23.61%	Percentage	2019-2023	ACS
	Mean travel time to work	28.5	30.2	37.1	27.5	Minutes	2023	ACS
	Percentage of population working outside of county of residence	19.4%	26.5%	44.0%	38.3%	Percentage	2023	ACS



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Fairfax County	Loudoun County	Prince William County	Virginia			
Neighborhood, community and environment	Residential Segregation Index (higher values indicate greater residential segregation between Black and White residents)	43	30	43	51	Range 0 to 100	2019-2023	ACS
	Particulate matter air pollution	7.9	6.3	7.6	6.7	Micrograms per cubic meter	2025	CHR
	Average traffic volumes	1168	298	530	626	Vehicles per meter per day	2023	CHR
	Percentage of commuters who drive alone to work	57.80%	60.60%	67.00%	69.20%	Percentage	2019-2023	ACS
	Percentage of commuters who carpool to work	8.00%	7.60%	10.30%	8.20%	Percentage	2019-2023	ACS
	Percentage of commuters who take public transportation to work	5.40%	1.70%	2.80%	2.60%	Percentage	2019-2023	ACS
	Percentage of commuters who bicycle or walk to work	2.10%	1.30%	1.30%	2.40%	Percentage	2019-2023	ACS
	Percentage of commuters who take a taxi or other method to work	1.60%	1.30%	1.80%	1.40%	Percentage	2019-2023	ACS
	Percentage of households with broadband access	96%	97%	96%	90%	Percentage	2025	CHR



Health issue	Data point	Value				Unit of measure	Years of data	Data source
		Fairfax County	Loudoun County	Prince William County	Virginia			
Obesity, nutrition and physical activity	Percentage of adults who are overweight or obese	58.80%	67.90%	72.00%	68.10%	Percentage	2021	VA BRFSS
	Percentage of adults who are obese (age-adjusted)	27.10%	28.60%	33.40%	35.30%	Percentage	2022	CDC BRFSS
	Percentage of adults who are aerobically active	54.72%	57.29%	45.85%	50.00%	Percentage	2019	VA BRFSS
	Percentage of adults with no leisure physical activity in the past month	16.60%	16.00%	20.90%	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 Fair Oaks Hospital community.

Figure F1. Inova Fair Oaks 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
Education and health literacy (school climate, graduation rates, college, information sources)		X	X
Healthcare access (insurance coverage, avoidable hospitalization, screening tests, access to medical care)	X		X
Infectious disease and immunization (infectious disease incidence, immunization rates)	X		
Injury and violence (accidental injury, motor vehicle collision, intentional injury, poisoning)		X	
Maternal, infant child and youth health (infant mortality, maternal mortality, birth rate among adolescents, prenatal care)		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 Fair Oaks Hospital community are: **chronic conditions; economic stability, education and health literacy, healthcare access, 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 Fair Oaks Hospital, Inova Northern Virginia Surgery Center, Fairfax County 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 Fair Oaks 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 and community partners including ADAMS Compassionate Healthcare Network, Cornerstones, HealthWorks for Northern Virginia, Northern Virginia Family Services, Shepherd's Center of Northern Virginia, Western Fairfax Christian Ministries and county teams including the Community Services Board, Public Schools, the Health Department and Neighborhood and Community Services.

Inova is a partner of the county's Community Provider Strategy Team (CPST), formerly the Community Provider Coordination Team (CPCT), and participates on numerous subcommittees related to health access, food and communication. As Fairfax County completed its Community Health Assessment and began its community health improvement planning, Inova team members participate in four workgroups designed to hone the plan going forward.

Inova in the Community

Local action committee conversations in Fair Oaks 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 Fair Oaks, this included participating in events with the public schools, houses of worship, partner organizations and local colleges. Inova team members provide education, navigation and screening opportunities in a variety of these settings, such as Health Fairs at Mount Olive Baptist Church, Western Fairfax Christian Ministries Client Fair, Community Falls Festivals and back-to-school events.

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.

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 Fairfax, Northern Virginia Regional Health Services Coalition, Fairfax Food Council, Healthy Families Advisory Council, Medical Care for Children Partnership Foundation, Northern Virginia Oral Health Alliance, Virginia Foundation for Healthy Youth, the Virginia Community HIV Planning Group, Washington DC Regional Planning Commission on Health and HIV, Coordinated Council on Aging and Adults with Disabilities 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 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.

Also in 2023, Inova expanded services and renamed the OB-GYN clinic at Inova Loudoun Hospital to Inova Cares for Women (ICW) - Lansdowne. The clinic was established in 2008 as a partnership between Inova Loudoun Hospital and the Loudoun County Health Department to improve birth outcomes and reduce NICU stays among uninsured and low-income women. In 2023, ICW – Lansdowne added gynecologic services for patients, including those referred from the emergency room, and family planning.

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.

Additionally, two ICF clinics expanded their sites in 2025 to meet the significant growth in need in the communities they serve. The Herndon location moved to an expanded site that ensures patient access is aligned with community needs as identified in prior CHNAs. By co-locating Inova Cares for Women, Children, and Families and Inova Juniper Program, patients can receive care for the whole family at a single location. The Annandale site saw significant patient growth over the last decade and anticipates serving more patients with the new expansion.

Inova and Loudoun County Public Schools (LCPS) partnered to develop onsite mobile health services with shared staffing for uninsured students in need of school physicals and wellness checks. Together, Inova nurses, Inova's bus driver, George Washington University student nurses, an LCPS nurse practitioner and LCPS administrative team members launched the LCPS Mobile Health Clinic in June 2023. Students and families receive health services on the Inova mobile unit and receive navigation assistance to establish a permanent medical home.

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 Fair Oaks Hospital Community include:

2023 recipients: Adaptive Fitness Legion, Cornerstones, Culmore Clinic, Hamkae Center, The House Inc., Loudoun Education Foundation, Main Street Child Development Center, Northern Virginia Dental Clinic, SafeSpot Children's Advocacy Center, Shepherd's Center of Fairfax-Burke and Stroke Comeback Center.

2024 recipients: Afghan-American Women's Association, Alexandria Seaport Foundation, True Ground Housing Partners, Girls on the Run NOVA, Just Neighbors, Learn & Live Wholistic Health Services, Kitchen of Purpose, Loudoun Hunger Relief, Medical Care for Children Partnership Foundation, Planning for Senior Life, Prevention of Blindness Society, Centers for Opportunity, Ryan Bartel Foundation, Shepherd's Center of Northern Virginia, The Chris Atwood Foundation, The Fenwick Foundation, Wesley Housing and Women Giving Back.

2025 recipients: Adaptive Fitness Legion, Capital Area Food Bank, Fellowship Square Foundation, Hispanics Against Child Abuse and Neglect, Inc., Insight Memory Care Center, Korean Community Service Center of Greater Washington, Loudoun Education Foundation, Marie Maxey Foundation, NAMI Northern Virginia, Nueva Vida, Inc., Real Food for Kids, Second Story, Shelter House, Inc., STEM for Her and The Lamb Center.

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. Inova joined several philanthropic organizations in Loudoun County to create a stipended community of practice which helped 13 non-profits serving Loudoun and Fairfax join the network in a collaborative learning environment with thoughtful workflows.

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. 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 BIG, 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 BIG 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 B!G has partnered with Fairfax County Public Schools to provide hands-on activities and tours of Inova Fair Oaks Hospital. High school students visited with team members in the surgery department, observed the respiratory system with pig lungs and engaged in neuroscience activities. 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 2024, prior Dream B!G 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 B!G 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.