



2025 Alexandria Community Health Needs Assessment



Acknowledgements

This community health needs assessment reflects the work and contributions of many community champions and governmental partners across the Inova Alexandria Hospital community. Sincere appreciation is extended to those who so graciously shared their expertise throughout the process. A special note of gratitude is owed to the following individuals and organizations for their time, commitment and insight in the development of this report.

Inova

Nigel Walker, MHA, *Director, Community Health Programs*
Leigh Guarinello, MPH, *Director, Community Health Programs*
Leah Chedid, *Community Business Operations Manager*
Olivia Thornton, Minahil Hamid, Dr. Arshia Qaadir,
Armena Ashfaq, Angela Sarfo, *Master of Public Health interns*
Karen Berube, LCSW, *Senior Vice President and Chief, Community Health*

Alexandria Health Department

David Rose, MD, MBA, FAAP, *Health Director*
Natalie Talis, MPH, *Population Health Manager*
Sean Curry, MPH, *Public Health Planner*
Katelyn Mullins, MPH, *Community Health Epidemiologist*
Lina Zimmerman, MPH, *Population Health Epidemiologist*

Arlington Health Department

Gloria Addo-Ayensu, MD, MPH, *Interim Health Director*
Kimberely Brunette, MPH, *Assistant Division Director*
Robert Sharpe, MPA, *Chief Operating Officer*

Fairfax Health Department

Gloria Addo-Ayensu, MD, MPH, *Director of Health*
Parham Jaber, MD, MPH, *Deputy Director for Medical Services*
Carla Paredes Gomez, *Community Outreach and Engagement Supervisor*
Claudia Morcelo, *Community Outreach and Engagement Unit Manager*
Christopher J. Revere, MPA, *Deputy Director for Innovation and Planning*
Jessica Werder, MPH, *Deputy Director for Public Health Operations*

Community partner organizations

Alexandria Community Action Committee

- Alexandria City (Environmental Health Services, Health and Human Services, Health Department)
- The Child and Family Network Centers
- The Concerned Citizens Network of Alexandria
- Inova (including Inova Alexandria Hospital and Inova Saville Cancer Screening and Prevention Center as well as Inova’s injury prevention, community health, sustainability, government relations and workforce development teams)
- The Landing Alexandria
- Move2Learn
- The Northern Virginia Conservation Trust
- Partnership for a Healthier Alexandria
- Smart Public Health Consulting
- True Ground Housing

Partnership for a Healthier Alexandria steering committee

All partners that hosted events, shared surveys or promoted community health meetings.



Alexandria Soccer Association

Contents

Executive summary	2
Why is community health important?	4
Background	5
Assessing health in the community	13
Methods	14
Top health issues	19
Next steps	23



Executive summary

What makes a community healthy?

The health of a community's residents is shaped by their environment, relationships, resources and behaviors. Wellbeing improves when neighbors feel empowered and involved in efforts to enhance safety, connection and access to services. To support the healthiest community possible, hospitals partner with the people they serve to understand and address needs.

The process

Every three years, nonprofit hospitals conduct assessments of the health needs of their communities and develop strategies to address them. In 2020 Inova created a steering committee to help guide the work of conducting and implementing the community health needs assessment (CHNA). Regional community action committees (hereafter referred to as "action committees") were established to ensure the voices of the local communities were integral to the processes. The committee members include Inova, county agencies including the local health department, nonprofit organizations, community clinics, faith partners, community health workers and community members. Action committee members share insight, best practices and resources that inform the regional CHNA process.

Between fall 2024 and summer 2025, Inova updated the framework developed in 2019 to conduct a new CHNA focused on the primary and secondary services areas of Inova Alexandria Hospital, Inova Franconia – Springfield Surgery Center and Inova Oakville Ambulatory Surgery Center which constitute over 75% of admissions (Appendix B provides these ZIP codes). This community-centered, data-driven process used surveys, local data and community input to identify the region's top health issues.

A community health needs assessment helps communities and hospitals identify significant public health issues and resources to address them.

What we learned about health in the Inova Alexandria Hospital community

While the community is relatively healthy overall, community members have significant differences in health needs and outcomes depending on demographics and neighborhood. The top health issues identified in the community, listed alphabetically, are:

- **Chronic conditions**
- **Economic stability**
- **Healthcare access**
- **Injury and violence**
- **Maternal, infant, child and youth health**
- **Mental health and substance use**

Next steps

Based on the CHNA findings and a closer look at local data, Inova and its partners, guided by the Alexandria action committee, will create and adopt a three-year implementation strategy. The plan will outline action areas and strategies to address the community's most pressing health needs. Community members are encouraged to share their input and help shape proposed solutions.

Visit [Inova.org/Community](https://www.inova.org/Community) for information about current and past CHNAs, implementation planning and opportunities to participate.





Why is community health important?

In a thriving community, residents have consistent access to resources and opportunities needed to be healthy. A CHNA examines a wide range of data to understand the overall health of community members and identify strengths, gaps and conditions needed to support wellbeing and long-term growth.

A CHNA explores four big questions:

- **What** are the biggest health concerns in our community?
- **Who** is most affected?
- **Where** are the unmet needs for services?
- **What** resources are available or needed to address the needs?

This CHNA features an approach to identify and assess the most significant health concerns in the Inova Alexandria Hospital region through collaboration among health systems, health departments, community coalitions, nonprofit partners and the residents who live, work and play in the region. This assessment was developed in compliance with the IRS 501(r) requirements for 501(c)(3) hospitals. The information presented in this report is used to develop an implementation strategy to address the community’s top health needs.

Background

Who makes up the community?

Northern Virginia is one of the fastest growing regions in the United States and is the most densely populated in the Commonwealth of Virginia. It is comprised of several distinct communities including the cities of Alexandria, Fairfax, Falls Church, Manassas and Manassas Park, as well as the counties of Arlington, Fairfax, Loudoun and Prince William. Eastern areas of the region are more urbanized and face related health challenges such as overcrowding and rising demand for healthcare services and public programs.

Northern Virginia is significantly more racially and ethnically diverse than the rest of the commonwealth. With diverse languages and backgrounds, community members’ need for accessible, culturally appropriate and adaptable healthcare services continues to grow.

Alexandria City is a dynamic, urban community located just outside Washington, DC, with historic neighborhoods and growing commercial and residential areas. Alexandria City overall is relatively well educated and healthy; however, there are substantial differences in life expectancy, health outcomes and opportunities depending on who you are and where you live.

Northern Virginia

1,304	square miles
>2.5	million residents
28%	born outside the U.S.
\$142,583	median income

Alexandria City

15	square miles	6%	Asian
>156,000	residents	21%	Black
25%	born outside the U.S.	63%	White
\$113,638	median income	11%	More than one race
8.4%	living in poverty	18%	Hispanic

(U.S. Census Bureau 2019 – 2023)



Four Mile Run Conservatory Foundation

The hospital facilities that this CHNA report applies to are Inova Alexandria Hospital, Inova Franconia – Springfield Surgery Center and Inova Oakville Ambulatory Surgery Center. The hospital is a 302-bed community hospital that serves the City of Alexandria and Arlington, Fairfax and Prince William counties (see Figure 1). In 2024, ZIP codes in these areas accounted for over 75% of the hospital’s admissions. The hospital provides an array of medical and surgical services including breast health, cancer services, childbirth services, emergency services, neuroscience services, orthopedics, rehabilitation services, surgical services and others. Additional information about the hospital and its services is available at [Inova.org/IAH](https://www.inova.org/IAH).

Inova Franconia – Springfield Surgery Center and Inova Oakville Ambulatory Surgery Center are full-service facilities, established in 2001 and 2024 respectively, and are located in Alexandria. Both are licensed by the Commonwealth of Virginia, certified by Medicare, accredited by the Accreditation

Association for Ambulatory Health Care and members of the Ambulatory Surgery Center Association. The surgery centers provide cost-effective services using modern, state-of-the-art technology in a friendly and caring environment by highly skilled, compassionate staff serving the City of Alexandria, Fairfax County and surrounding communities.

The hospital and surgery centers are operating units of Inova, which includes four other hospitals (Inova Fair Oaks, Inova Fairfax, Inova Loudoun and Inova Mount Vernon hospitals), four other surgery centers (Inova Ambulatory Surgery Center at Lorton, Inova Loudoun Ambulatory Surgery Center, Inova McLean Ambulatory Surgery Center and Inova Northern Virginia Surgery Center) and operates a number of other facilities and services across Northern Virginia. Throughout this document, the community assessed will be referred to as the Inova Alexandria Hospital community.

Learn more at [Inova.org](https://www.inova.org).

What is known about the community’s health?

The community health improvement plan put into place by the Alexandria Health Department in 2020 prioritized three health issues: housing, mental health and poverty.¹

The results of the Alexandria community health assessment conducted from 2024 to 2025 were published as the City of Alexandria State of Health Report in the summer of 2025. Data and insights based on quantitative data, a community survey and community voices were provided for each of 12 topics, nearly all of which show disparities based on age, race, ethnicity or neighborhood.²

- Chronic conditions
- Disability and accessibility
- Economic mobility
- Educational opportunities
- Healthcare access
- Immunizations and infectious diseases
- Injury, violence and crime
- Maternal, infant and child health
- Mental health
- Neighborhood and environment
- Obesity, nutrition and physical activity
- Oral health
- Sexual and reproductive health
- Tobacco and substance use

The Fairfax County Health Department’s 2023 community health assessment evaluated the health of the county through data and input from community partners and residents. That report highlighted the following key health-related areas with individual metrics improving, worsening or remaining consistent:

- Social determinants of health
- Life expectancy and premature mortality
- Healthcare access and utilization
- Chronic disease and conditions
- Mental health
- Substance use
- Physical activity, healthy eating and food insecurity
- Maternal and child health³

Prince William County was in the process of conducting their community health assessment when this report was written. Arlington County last conducted a community health assessment in 2019.

The Northern Virginia Health Foundation’s Dying Too Soon reports, published in 2023, show significant differences in rates of premature death between census tracts across the Northern Virginia region. In Alexandria City, data from 2015 – 2019 indicate a four-fold difference between the highest and lowest rates. Communities with elevated rates include Beauregard and Arlandria. With a tightly concentrated population, these “islands of disadvantage” are often located near affluent areas with significantly different social drivers of health and demographics. Sixty-eight percent of premature deaths in the city were deemed avoidable through prevention or treatment, with causes including cancer, heart disease, suicide, drug overdoses and diabetes.⁴

Inova screens nearly all patients for social drivers of health. The results of screening help provide insights into underlying reasons why some residents may experience worse health outcomes. For ZIP codes in the Inova Alexandria Hospital community, half or more patients screened between 2022 and 2024 were insufficiently physically active, lacked social connectedness and experienced stress. In addition, more patients (20% of screenings) reported financial resource strain than in other areas of Northern Virginia. Approximately 11.6% of patients reported housing instability, 11.1% had health literacy concerns and 9.5% were food insecure.

COMMUNITY PERSPECTIVES

“Alexandria is a rich stew of individuals and cultures from around the world.”

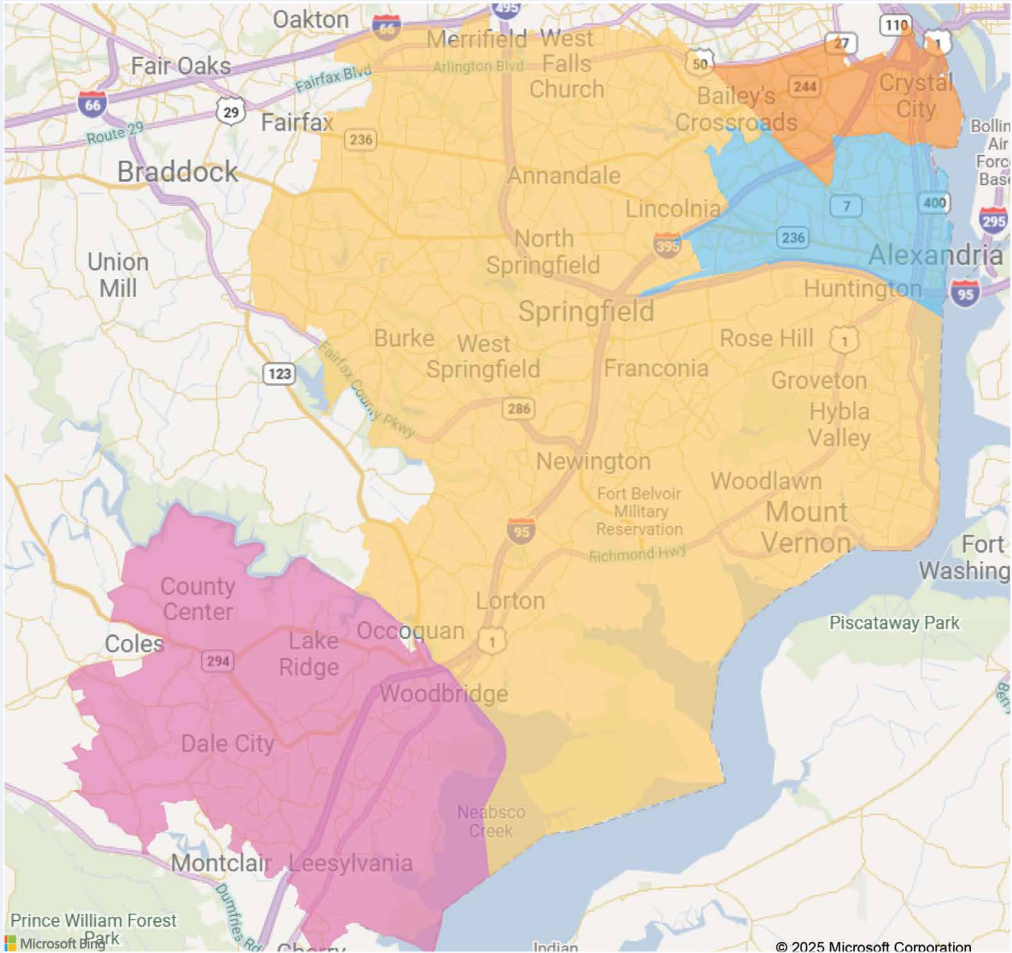
– David Rose, MD
Health Director
Alexandria Health Department



Figure 1

Map of Inova Alexandria Hospital community

- Alexandria
- Arlington County
- Fairfax County
- Prince William County



Source: Inova Alexandria Hospital's primary and secondary service areas, 2025

Table 1

Percent change in population in counties/cities served, 2025 – 2035

The following table shows the projected population growth in the Inova Alexandria Hospital community.

City/County	Total population (in thousands)			Projected percent change	
	2025	2030	2035	5 year 2025 – 2030	10 year 2025 – 2035
Alexandria City	180.5	202.0	222.2	11.89%	23.09%
Arlington County	245.8	260.2	272.9	5.86%	11.04%
Fairfax County	1,202.4	1,247.5	1,283.7	3.75%	6.76%
Prince William County	515.2	536.6	553.0	4.15%	7.34%

Source: Metropolitan Washington Council of Governments, June 2023



Regional Approach

For the 2024 – 2025 CHNA, Inova and its partners conducted local assessments in each community, adapting the regional framework to local contexts. This approach provides standardized methods while accounting for each community’s unique resources, needs and values.

In Northern Virginia, health departments, nonprofit hospitals and other local groups periodically assess the health and health needs of the communities they serve. A CHNA is defined in the Patient Protection and Affordable Care Act of 2010 and applies to nonprofit hospitals. Health departments have traditionally used the term community health assessment (CHA) for this process, which comes from the National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process (NACCHO.org/Programs/Public-Health-Infrastructure/Performance-Improvement/Community-Health-Assessment/MAPP). For the purpose of this assessment, the term CHNA will be used to describe the process undertaken from 2024 to 2025. This document, along with its appendices, constitutes the Inova Alexandria Hospital CHNA report.

The 2025 CHNA process was led by the Alexandria action committee, a group composed of Inova team members, community champions, county representatives and nonprofit partners. The committee was established in 2020 to administer the 2019 CHNA implementation strategy during the challenges associated with the COVID-19 pandemic. This strong partnership served as the foundation of the CHNA process, with partners providing valuable community insight, outreach and engagement.

Beginning in the second half of 2024, regional health entities conducting or planning for a community assessment began meeting regularly to align efforts. These convenings included nonprofit hospitals conducting CHNAs: Inova, Sentara, the University of Virginia and Kaiser Permanente Mid-Atlantic, together with the health departments of Alexandria City, Prince William County and Loudoun County. Fairfax County Health Department provided insight from their assessment the previous year. The partners discussed approaches, shared insights and worked together to align assessment tools and avoid duplicating work.



Inova

Comprehensive review

Optimal health cannot be achieved solely through access to healthcare services provided by hospitals, clinics and doctors’ offices – it is directly related to policies, neighborhood conditions and available resources. Accordingly, in addition to examining access to care and health behaviors, this CHNA explored the impact of social drivers of health such as education, transportation, employment, housing and food access to build a more comprehensive understanding of health. Qualitative and quantitative data were analyzed to identify top health issues in the community.



Focus on addressing disparities

The CHNA explores health disparities with the goal of supporting communities where all residents can thrive. While Northern Virginia as a whole ranks highly in health outcomes compared to Virginia and the nation, this CHNA goes deeper, examining differences in health across demographics and geographic areas. The assessment and planning process incorporates input from those most impacted by health disparities.

The Center for Disease Control and Prevention’s Social Vulnerability Index combines measures of socioeconomic

status, household composition and type, disability, transportation, language, race, and ethnicity to generate an indicator of the susceptibility of communities to public health challenges and emergencies. Communities with the highest vulnerability include Alexandria West, Arlandria and Westend Alexandria (Figure 2).

In Alexandria, neighboring ZIP codes show significant differences in median income, educational attainment and other key indicators (see Appendix B). A person’s place of residence directly influences that individual’s access to education, economic stability, health and overall quality of life.



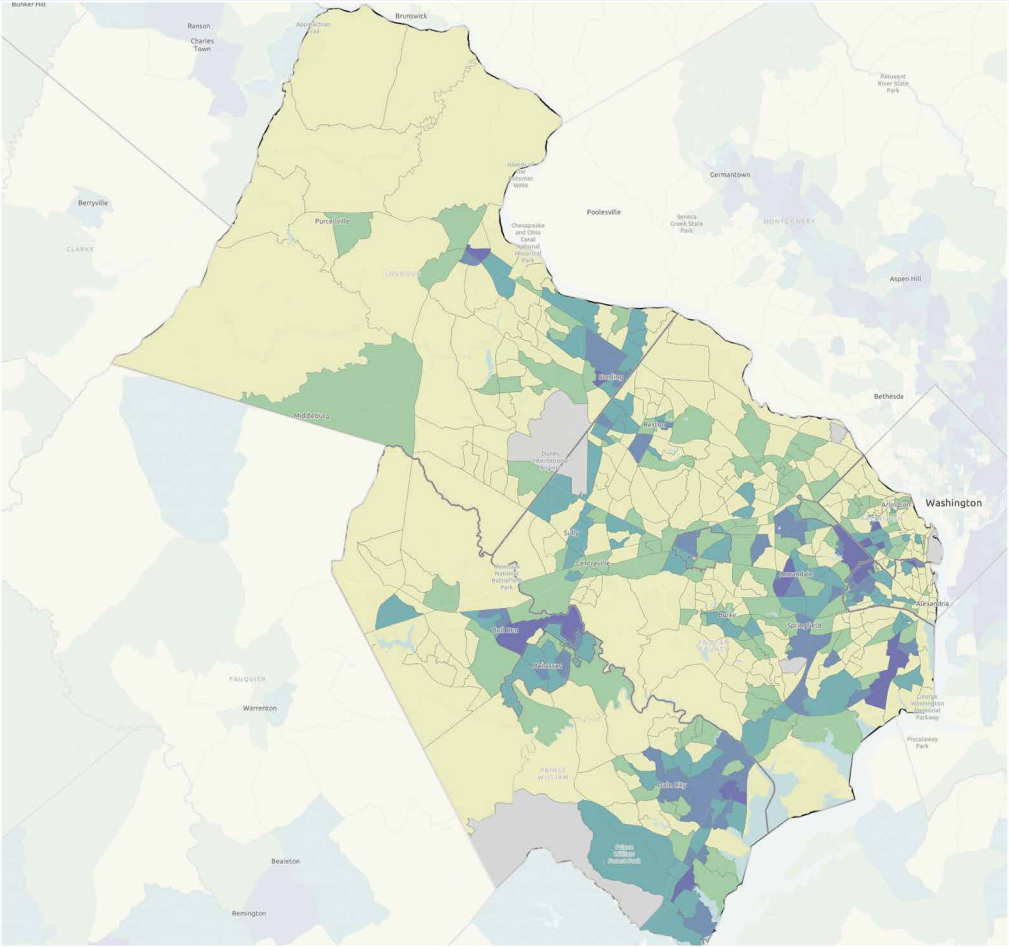
Kristian Summerer for Visit Alexandria

Figure 2

Social Vulnerability Index by census tract in Northern Virginia

Social Vulnerability Index by Tract, CDC 2022

- 0.81 – 1.00 (highest vulnerability)
- 0.61 – 0.80
- 0.41 – 0.60
- 0.21 – 0.40
- 0.00 – 0.20 (lowest vulnerability)
- No data or data suppressed



Source: Virginia Community Health Improvement Data Portal, CDC, 2022

Community-centered process

The Inova Alexandria Hospital CHNA builds on insights from previous assessments while incorporating new input from residents and organizations. Although the assessment followed a regional framework, each jurisdiction tailored its outreach and engagement to reflect local needs. Whenever possible, the process relied on existing partnerships, resources and the unique values of the community to ensure initiatives align with residents’ priorities. Inova developed the CHNA in close collaboration with the Alexandria action committee, formed in 2020. Each committee member brought their own insights to the process, contributing in meaningful and distinct ways.

Community voices played a central role in the CHNA process. Insight and input were gathered from local health departments and hospital teams, as well as representatives of key community organizations and individual residents who shared their lived experiences and priorities.

Inova team members conducted community conversations with approximately 75 participants from the Alexandria action committee, the Partnership for a Healthier Alexandria steering committee, local health departments, regional community health workers, the local federally qualified health center and a group of faith leaders from around the region.

Inova received direct community input through a public survey that was coordinated with Alexandria and Prince William health departments, so 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. This avoided duplication of efforts and survey fatigue in the community while maximizing the impact of outreach efforts. The survey was available in print and online in 10 languages (Amharic, Arabic, Chinese [Mandarin], Dari, English, Farsi, Korean, Spanish, Vietnamese and Urdu) and was promoted through social media, community partners and word of mouth.

COMMUNITY PERSPECTIVES

“Healthcare is a human right, for the individual, the family, the neighborhood, the city, the state and the world. Access to the services we have in the community must be affordable.”

– JeanAnn Mayhan, Citizen, City of Alexandria



Assessing health in the community

To evaluate health in each jurisdiction, the CHNA gathered qualitative and quantitative information through the following three tools:

1. Community conversations
2. Community survey
3. Community health status assessment

Figure 3

Qualitative and quantitative data



Table 2

Description of health assessments

Assessment	Description	Possible Findings
Community conversations	Discussion of community conditions and health	What do participants identify as factors that impact health and health priorities?
Community survey	Survey of the community about health issues and opportunities	What do respondents identify as important health issues and needs?
Community health status	Review of quantitative community health indicators	<ul style="list-style-type: none">• Are people in this region healthier than elsewhere?• Is health getting better or worse?• Are some people doing better than others?



Methods

Community conversations

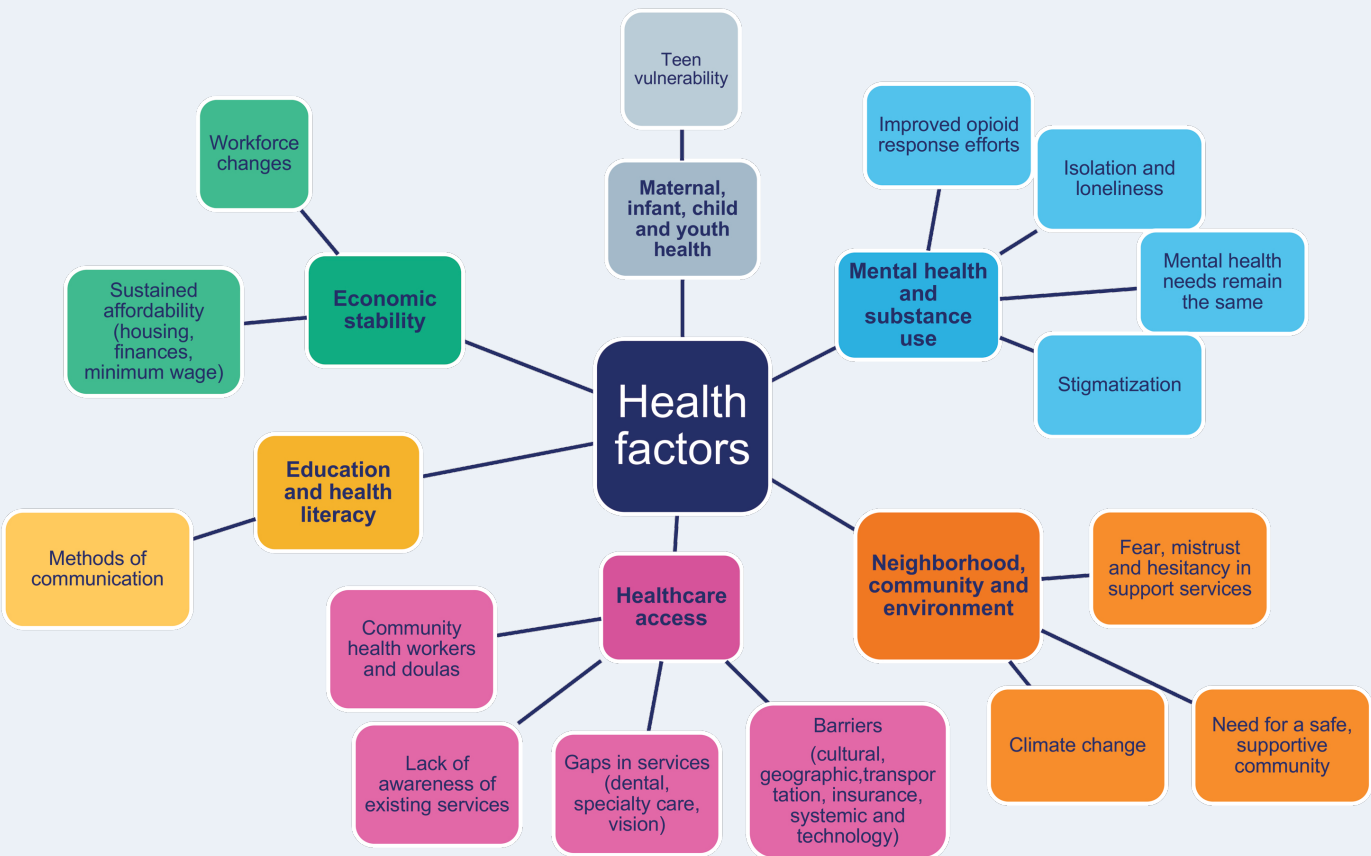
In this assessment, groups and individuals reviewed local health data and discussed the factors affecting health in their community, as well as priorities for addressing them. Group discussions about threats to health pointed to growing disparities in housing affordability. Participants noted that socioeconomic status, race and age impact a resident's ability to access and afford basic needs such as food and healthcare.

The discussions also noted opportunities and strengths that could support health. For example, the groups highlighted the improved opioid response, increased efforts in supporting older adults, and the contributions of community health workers and doulas. Additionally, conversations noted improvements made in addressing transportation gaps and barriers, as well as physical activity opportunities.

Figure 4

Factors that affect health in the community and health priorities

Figure 4 summarizes the frequently cited themes from the community conversations. A compilation of responses is in Appendix C.



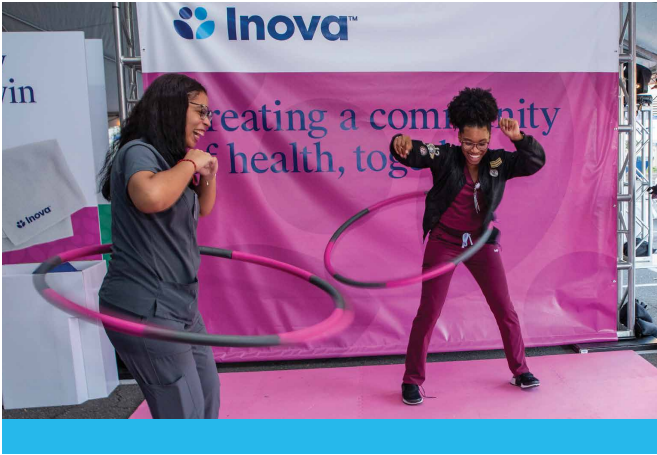
Community survey

This assessment was based on community member survey responses from late 2024 through early 2025. During the development of the survey, Inova partnered with Alexandria City and Prince William County to align survey tools and processes, allowing Inova to focus data collection efforts on Loudoun and Fairfax Counties. Relevant data from all three surveys (2,401) were included in the analysis.

The survey was available online and on paper in 10 languages. It captured demographic information to compare responses to three questions between different groups:

- What are the greatest strengths of our community?
- What are the biggest health issues in our community?
- What would most improve health in our community?

Respondents could select from a list of choices for each question and leave additional feedback in an open-ended field.



Inova

Tables 3, 4 and 5 show the top five answers for each question among survey respondents in the Inova Alexandria Hospital community. For full results including demographic analyses, see Appendix D.

Table 3

Top five Alexandria responses to “What are the greatest strengths of our community?”

Rank	Response	# of responses	% of total responses*
1	Welcoming diversity (social, cultural, faith, economic) and addressing racism and biases	908	38.12%
2	Access to parks, recreation, walkable/bikeable neighborhoods	826	34.68%
3	Educational opportunities (schools, libraries, vocational programs, universities)	759	31.86%
4	Opportunities to be involved in the community (volunteerism, arts and cultural events)	728	30.56%
5	Transportation options	577	24.22%

*Prince William County surveys did not ask this question.



Table 4

Top five Alexandria responses to “What are the biggest health issues in our community?”

Rank	Response	# of responses	% of total responses
1	Mental health (depression, anxiety, stress, self-harm)	1,109	46.19%
2	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	679	28.28%
3	Alcohol, drug and/or opiate abuse (including overdose)	658	27.41%
4	Violence and crime in the community	572	23.82%
5	Obesity	531	22.12%

Table 5

Top five Alexandria responses to “What would most improve health in our community?”

Rank	Response	# of responses	% of total responses
1	Safe and affordable housing	1,095	45.61%
2	Mental health and substance use services	625	26.03%
3	Access to healthcare and public health services	576	23.99%
4	Jobs and a healthier economy	519	21.62%
5	Welcoming diversity (social, cultural, faith, economic) and addressing racism and biases	466	19.41%



Four Mile Run Conservatory Foundation

Community health status assessment

The community health status assessment is based on a set of health indicators examined across the jurisdictions that make up the Inova Alexandria Hospital community.

Indicators were selected based on best practices, data availability and emerging health concerns. The dataset includes rates of mortality, morbidity, incidence and prevalence, which taken together describe health behaviors and outcomes in the community.

Most indicators were obtained via the Virginia Department of Health’s Virginia Community Health Improvement Data Portal, supplemented by other published secondary sources and surveys. Benchmarked against statewide data, the

region performed better than Virginia overall across all health issues, although not for every individual indicator.

Indicators reflect the most recent data as of February 2025. Some data sources used in previous reports were no longer available, requiring the use of alternative sources whenever possible. The amount of information within some health issues was limited and inconsistent.

Exploring data by geography, time and demographics allowed for consideration of health across the lifespan and supported a focus on disparities. All indicators were categorized into ten health issues which were then assessed for progress over time, demographic disparities and performance benchmarked against the Commonwealth of Virginia as a whole.



Table 6

Community health status assessment: summary of progress, disparities and benchmarks by health issue

Table 6 shows a summary of how each health issue performed relative to progress, disparities and benchmarks. For a comprehensive overview of data, see Appendix E.

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

Progress	Disparities	Benchmark
✗ Majority of indicators in category worsened	Majority of indicators in category >100% difference for marginalized groups	Majority of indicators in category have not met benchmarks
⚠ Equal number of indicators are getting better or worse, or are staying the same	Majority of indicators in category 10–99% difference for marginalized groups	Equal number of indicators in category have met or not met benchmarks
✓ Majority of indicators in category improved	Majority of indicators in category <10% difference for marginalized groups	Majority of indicators in category have met benchmarks
— Data not available to assess		

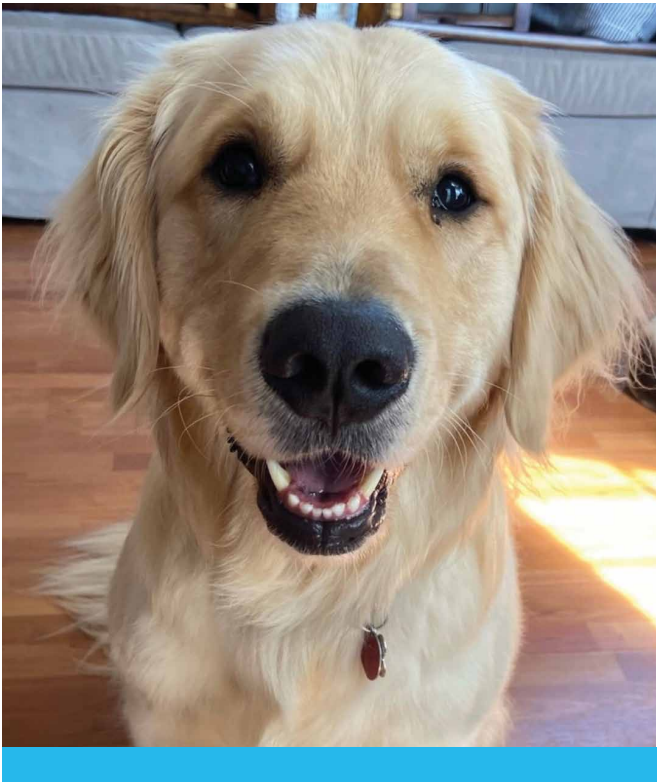
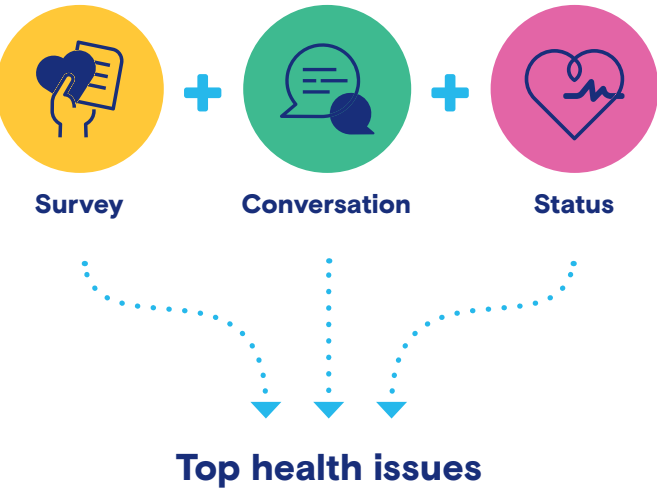
Top health issues

As described in each section above, the community conversations, community survey and community health status assessment each generated themes and priorities. Ten categories of health issues were identified into which all assessments could be mapped. Any issue that was a priority in at least two of the regional assessments is described below (see Appendix F for full description of this methodology).

All data below are from the CHNA assessments unless otherwise cited. A full list of the community health status assessment indicators is available in Appendix E. All rates are per 100,000 people unless specified.

Figure 5

Strategic priorities



Inova



Chronic conditions

A chronic condition is a health issue that is long term, requires medical attention, and may limit daily activities and affect a person's quality of life. This category includes hospitalization and death rates related to chronic conditions such as asthma, heart disease, stroke, cancer and diabetes. In addition to genetics and environmental causes, behavioral risk factors such as tobacco use, alcohol use and physical inactivity contribute significantly to chronic disease burden.⁵

Nearly three in four adults report at least one chronic illness, and over half have multiple conditions including diabetes, heart disease, asthma and arthritis.⁶ Recent reporting indicates that rates of chronic illness have climbed significantly among young people, with about 46% of youth under 19 affected in 2023.⁷ These trends disproportionately impact lower-income and minority populations, contributing to health disparities, long-term economic strain and lower life expectancies.

Chronic diseases are the leading causes of death, disability and increased healthcare costs in the U.S. In 2018, direct healthcare costs of chronic health conditions were estimated at \$1.1 trillion, almost 6% of the gross domestic product.⁸

Why this matters in the Inova Alexandria Hospital community

- Chronic health conditions were the second biggest health issue for survey respondents and were in the top four for nearly all demographics
- The community conversations noted the importance of addressing social drivers of health, in order to prevent the increase or worsening of chronic conditions
- Hospitalizations for manageable chronic conditions have grown over a short period of time
 - » In Alexandria, hospitalizations for asthma increased 14% (from 348.4 to 396.3), with hospitalizations for diabetes rising by 7% (from 972.8 to 1,042.1)
- The rate of hospitalization for stroke increased by about 7% over a two-year period (from 151.8 to 161.9)
- The lung cancer incidence rate of 32.4 for Black or African American residents is nearly 40% higher than for White residents (22.1)



Economic stability

Economic stability considers an individual or family's ability to afford basic needs including healthcare. As a social driver of health, financial wellbeing can shape a person's life expectancy, chronic disease and mental health outcomes. This category considers local poverty rates, housing issues and access to a vehicle.

Financial resources are a large predictor of a person's ability to maintain good health. A recent report examined economic hardships and health among different job types and demographics. It drew a link between lower income, unmet economic need and the inability to afford medical care. Of currently or recently employed adults, 6.9% reported four or more economic hardship indicators and 12.5% reported fair or poor health, with higher rates among marginalized groups and lower-wage industries.⁹

COMMUNITY PERSPECTIVES

What would most improve health in our community is,

“Not just access to healthy food, but affordability of healthy food.”

– Anonymous

People with lower incomes or who are without insurance or transportation are more likely to delay screening and care and be diagnosed with more advanced, harder-to-treat chronic diseases like cancer.¹⁰

Poor health and poverty can both contribute to each other. Chronic illness can result in the inability to work or reduced income, while economic instability can create chronic stress and stigma that can contribute to numerous mental and physical illnesses. In addition, low-income communities are more likely to have more environmental factors that contribute to ill health including unhealthy housing arrangements, lack of utilities and environmental pollutants.¹¹

Why this matters in the Inova Alexandria Hospital community

- Among the top four responses to “What would most improve health in our community?” were “safe and affordable housing” and “jobs and a healthier economy”
- Economic issues were a theme in community conversations, with a focus on the ability to afford living in the community while also paying for necessities like food and medicine
- Nearly one-third of Alexandria residents live in a cost-burdened household, where housing expenses (including rent or mortgage payments, utilities and other fees) exceed 30% of the household's gross income
- There are substantial disparities in childhood poverty rates in Alexandria
 - » Hispanic (17.3%), Black (19.8%) and Asian (25.9%) children experience poverty at much higher rates than White children (4.7%)
- In the 2024 – 2025 school year, 47% of all Alexandria City Public School students were eligible for free and reduced-price lunch



Healthcare access

Access to high-quality, affordable healthcare delivered when and where it is needed is a foundation for lifelong health. However, nearly one in 10 people in the U.S. lack health insurance, limiting their ability to receive routine care, medications and timely treatment.¹² Access affects a wide range of health outcomes including chronic disease management, preventive care and life expectancy.

Barriers to care extend beyond cost alone. Even those with insurance may face long wait times, limited clinic hours, transportation difficulties, language barriers and a lack of culturally responsive providers. Nearly one in four adults delay or forgo care due to nonfinancial challenges such as mistrust in the system, work conflicts or caregiving responsibilities.¹³ These challenges are not experienced equally. People in under-resourced neighborhoods, immigrant communities and communities of color are more likely to face barriers to care and less likely to receive timely preventive services. Over time, these gaps in access can lead to worse health outcomes including higher rates of chronic disease and avoidable hospital stays.



Why this matters in the Inova Alexandria Hospital community

- “Access to healthcare and public health services” was the number three health improvement opportunity for survey respondents and ranked in the top five across all demographic groups
- Dental problems were in the top five biggest health issues for several demographics
- Healthcare access emerged as a major theme in the community conversations, with a focus on gaps and barriers in accessing specialty care due to insurance type, availability of appointments, and services such as dental and vision care
- Less than half of older adults in Alexandria are up to date with recommended preventive services
 - » Only 49.4% of men over 65 years old are current on these services, and just 42.4% of older women are
- Over 12,700 people (8.5%) in Alexandria are uninsured, and roughly one in six individuals living below 138% of the federal poverty line are uninsured
- Additionally, 22.7% of foreign-born residents are uninsured, as compared to 3.7% of those born in the U.S.
- More than one in five Alexandria adults have had one or more adult teeth removed
 - » Additionally, one in four adults report that they have not had a recent visit with a dentist



Injuries and violence

Whether accidental or intentional, injuries are a significant health threat, driving emergency visits, hospital stays and early deaths. Globally, 4.4 million people die each year from injuries and violence, making up nearly 8% of all deaths.¹⁴ In the U.S., unintentional injuries are the third leading cause of death, with falls, car crashes, poisoning and fires taking thousands of lives annually.¹⁵

Among older U.S. adults, nearly one in four has a fall each year, which cause over 800,000 hospitalizations, often for serious injuries like hip fractures or head trauma.¹⁶ Violence, including homicides and self-harm, is a major contributor to death and long-term emotional trauma. For youth ages 5 to 29, three of the top five causes of death are tied to injuries or violence: road traffic injuries, suicide and homicide.¹⁷ These events are often linked to broader social issues and disproportionately impact underserved neighborhoods.



COMMUNITY PERSPECTIVES

“There’s a disconnect between perception and reality. Perception becomes reality for many people. That’s why we need to pay attention to people’s perceptions as well as to the data.”

– Allen Lomax
Chair, Partnership for Healthier Alexandria

Why this matters in the Inova Alexandria Hospital community

- “Violence and crime in the community” ranked the fourth top health issue among survey respondents
- The community conversations addressed discrepancies in data and experiences, with a rising concern over violence among youth in schools and how mental health issues impact their risk
- Black or African American residents in Alexandria have a higher incidence of accidental death (poisoning, falls and motor vehicle crashes) than their White and Hispanic neighbors (41.6, compared to 25.8 and 25.2 respectively)
- Over a two-year period, injury hospitalization in Alexandria increased by more than 25%, from 194.1 to 250.1
- In Alexandria, the rate of firearm death for men is 10.3, more than five times the rate of that for women (2.0).
- Firearm death rates for Black (8.8) and Hispanic (7.2) residents is noticeably higher than that of White (5.0) and Asian (4.2) residents



Maternal, infant, child and youth health

Maternal, infant, child and youth health encompass the physical, emotional and social wellbeing of individuals during the most formative stages of life, from pregnancy to young adulthood. Maternal health involves pregnancy, childbirth and the postpartum period, while infant and child health focus on early growth and development. Youth health includes physical, mental and emotional changes for adolescents and young adults. Ensuring access to consistent care and supportive environments helps children and families build a strong foundation for a healthy life.

Access to prenatal care, proper nutrition and emotional support is critical, as poor maternal health can lead to complications for mothers and their babies. In 2023, the U.S. maternal mortality rate was 18.7 deaths per 100,000 live births, highest among non-Hispanic Black women.¹⁸ Consistent, early medical care is required to avoid preterm complications and mortality. As children grow, their health depends on immunizations, healthy development, early learning and safety. Youth health brings changes in physical and mental health, identity and behavior. Targeted support throughout early stages in life is crucial, as an estimated 49.5% of adolescents will experience a mental health disorder in their lifetime.¹⁹

Why this matters in the Inova Alexandria Hospital community

- Community conversations discussed disparities in maternal health access, specifically for postpartum women, and an increased need for supporting the mental health of youth, despite the growth of opportunities for youth to get involved in community and increase their professional development
- The incidence of low birth weight in Alexandria is 7.2%, which is slightly better than Virginia’s rate (7.3%)
 - » However, the rate of low birth weight is higher in the Asian and Black populations at 10.7% and 12.9%, respectively
- There are also racial disparities in the use of prenatal care in Alexandria
 - » When compared to White residents, Black and Hispanic mothers-to-be are nearly twice as likely to have late or no prenatal care before giving birth
- The rate of teen pregnancy in Alexandria shows even larger racial disparities
 - » Among females ages 15 to 19, the pregnancy rate per 1,000 was highest for Hispanic teens at 39.5
 - » The pregnancy rate for Hispanic teens is nearly twice the rate of Black or African American teens (20.4) and more than three times the rate for White teens (11.7)

COMMUNITY PERSPECTIVES

“There is a comfort in having healthcare providers that mirror you and your experience.”

– Anonymous



Mental health and substance use

Mental health and substance use include conditions affecting emotional, psychological and behavioral wellbeing as well as the misuse of alcohol, drugs, tobacco or other substances that can harm health or functioning. Both are among the leading causes of disability, hospitalization and reduced quality of life and are often co-occurring. This category includes rates of suicide, overdose, binge drinking, depression, poor mental health days and availability of mental health providers.

Examples of mental illness include depression, anxiety, bipolar disorder, post-traumatic stress disorder and schizophrenia. In 2022, more than one in five adults in the U.S. live with a mild, moderate or severe mental illness, more than 59 million people. Young adults (36%) and women (26%) had the highest rates. Despite the increasing prevalence and awareness following the COVID-19 pandemic, only about half of people experiencing mental illness received treatment in the past year.²⁰

The Substance Abuse and Mental Health Services Administration’s National Surveys on Drug Use and Health in 2023 found that 17% of people (48.5 million) ages 12 and over are experiencing substance use disorder. Of these, less than 16% were receiving treatment due to stigma, lack of access or lack of awareness of resources, with young people least likely to receive appropriate care.²¹ Rates of opioid overdose death fell by 24% in 2024, likely owing to widespread use of naloxone to reverse overdose and significant investments into opioid prevention and response. Overdose is still the leading cause of death for young adults.²²

Next steps

The results of this CHNA will inform the development of an implementation strategy. The CHNA assesses the community’s health to identify the most significant health concerns. Creating the implementation strategy is a collaborative effort focused on applying long-term targeted strategies to meet community needs and address public health challenges. Meaningful improvement requires a community-centered approach grounded in shared planning, implementation and evaluation. With input and collaboration from residents, community leaders and partners, the plan helps align efforts around common goals and coordinated action.



Why this matters in the Inova Alexandria Hospital community

- Survey respondents selected mental health concerns as the number one health issue in the community, and alcohol, drug, and/or opiate use was number three
 - » Both were in the top five for nearly all demographics
- The need for mental health and substance use services was ranked the number two thing that could improve health
- An increased need for mental health care exacerbated by the demands of daily life was noted in the community conversations as well as shortages in mental health services, especially serving the youth population
- In Alexandria, the prevalence of adult depression has risen from 17.6% to 20.9% in a three-year period
- The percentage of adults experiencing frequent mental distress rose from 10.9% to 14.4% over a four-year period
- Males experience significantly higher rates of suicide and drug overdose deaths than females
 - » The suicide rate for men is twice that for women (12.1 compared to 5.9)
 - » The rate of deaths from drug overdose in men is more than double (17.3 compared to 7.8)



Misha Enriquez for Visit Alexandria



Endnotes

¹ Alexandria Health Department. (n.d.). Community Health Improvement Plan priority areas. City of Alexandria, VA. Retrieved July 11, 2025, from <https://www.alexandriava.gov/health-department/basic-page/community-health-improvement-plan-priority-areas>

² City of Alexandria. (n.d.). State of health report: Understanding the results of the 2024–2025 community health assessment. Retrieved July 11, 2025, from <https://www.alexandriava.gov/health-department/alexandrias-community-health-planning>

³ Fairfax County Health Department. (2024, March). 2023 Community Health Assessment. <https://www.fairfaxcounty.gov/livehealthy/sites/livehealthy/files/Assets/documents/pdf/CHA2023-final.pdf>

⁴ Northern Virginia Health Foundation. (2023, June). Alexandria City. https://novahealthfdn.org/storage/AlexandriaCity_dyingtoosoon-5.pdf

⁵ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. (n.d.). Chronic disease. <https://www.cdc.gov/chronicdisease/index.htm> (Accessed July 10, 2025)

⁶ Li, X., Dreisbach, C., Gustafson, C. M., Murali, K. P., Koleck, T. A. (2025). Prevalence of multiple chronic conditions among adults in the All of Us Research Program: Exploratory analysis. *JMIR Formative Research*, 9, e69138. <https://doi.org/10.2196/69138>

⁷ Forrest, C. B., Koenigsberg, L. J., Eddy Harvey, F., Maltenfort, M. G., Halfon, N. (2025, July 7). Trends in US children’s mortality, chronic conditions, obesity, functional status, and symptoms. *JAMA*. <https://doi.org/10.1001/jama.2025.9855>

⁸ Waters, H., Graf, M. (2018, August). The costs of chronic disease in the U.S. Milken Institute. <https://milkeninstitute.org/sites/default/files/reports-pdf/ChronicDiseases-HighRes-FINAL.pdf>

⁹ Silver, S. R., Li, J., & Shockey, T. M. (2025). Economic hardship and health within sociodemographic and occupational groups — Behavioral Risk Factor Surveillance System, United States, 2022–2023. *Morbidity and Mortality Weekly Report*, 74(19), 326–333. <https://www.cdc.gov/mmwr/volumes/74/wr/mm7419a3.htm>

¹⁰ National Cancer Institute. (n.d.). Cancer disparities. <https://www.cancer.gov/about-cancer/understanding/disparities> (Accessed July 10, 2025)

¹¹ Health Affairs. (2018, October 4). Health, income, and poverty: Where we are and what could help [Health policy brief]. <https://doi.org/10.1377/hpb20180817.901935>

¹² Guzman, G., & Kollar, M. (2023, September 12). Income in the United States: 2022 (Report No. P60 279). U.S. Census Bureau. Retrieved July 11, 2025, from <https://www.census.gov/library/publications/2023/demo/p60-279.html>

¹³ Urban Institute. (2023, April 26). More than one in five adults with limited public transit access forgo health care because of transportation barriers. Retrieved July 11, 2025, from <https://www.urban.org/research/publication/more-one-five-adults-limited-public-transit-access-forgo-health-care-because-transportation-barriers>

¹⁴ World Health Organization. (2024, June 19). Injuries and violence [Fact sheet]. Retrieved July 11, 2025, from <https://www.who.int/news-room/fact-sheets/detail/injuries-and-violence>

¹⁵ County Health Rankings & Roadmaps. (n.d.). Injury deaths. Retrieved July 11, 2025, from <https://www.countyhealthrankings.org/health-data/community-conditions/social-and-economic-factors/safety-and-social-support/injury-deaths>

¹⁶ World Health Organization. (2024, June 19). Injuries and violence [Fact sheet]. Retrieved July 11, 2025, from <https://www.who.int/news-room/fact-sheets/detail/injuries-and-violence>

¹⁷ World Health Organization. (2024, June 19). Injuries and violence [Fact sheet]. Retrieved July 11, 2025, from <https://www.who.int/news-room/fact-sheets/detail/injuries-and-violence>

¹⁸ Centers for Disease Control and Prevention. (2025, January 30). Data from the Pregnancy Mortality Surveillance System. National Center for Chronic Disease Prevention and Health Promotion; Division of Reproductive Health. Retrieved July 11, 2025, from <https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/index.html?cove-tab=0>

¹⁹ National Institute of Mental Health. (2025, March). Mental illness [Statistics]. U.S. Department of Health and Human Services, National Institutes of Health. Retrieved July 11, 2025, from <https://www.nimh.nih.gov/health/statistics/mental-illness>

²⁰ National Institute of Mental Health. (n.d.). Mental illness. Retrieved July 10, 2025, from <https://www.nimh.nih.gov/health/statistics/mental-illness>

²¹ Substance Abuse and Mental Health Services Administration. (2024). 2023 National Survey on Drug Use and Health (NSDUH): Key substance use and mental health indicators in the United States. Retrieved July 10, 2025, from <https://library.samhsa.gov/product/2023-nsduh-report/pep24-07-021>

²² Centers for Disease Control and Prevention. (2025). CDC reports nearly 24% decline in U.S. drug overdose deaths. Retrieved July 10, 2025, from <https://www.cdc.gov/media/releases/2025/2025-cdc-reports-decline-in-us-drug-overdose-deaths.html>

24 | Alexandria | Inova 2025 Community Health Needs Assessment



inova.org