2022 Alexandria Community Health Needs Assessment

INOVA

Acknowledgments

This Community Health Needs Assessment reflects the work and contributions of many community stakeholders and governmental partners across the Alexandria 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

Deron Campbell, MPH, Director, Community Health Programs
Leigh Guarinello, MPH, Director, Community Health Programs
Karen Berube, LCSW, VP of Population and Community Health
Leah Chedid, Program Coordinator

Alexandria Health Department

David Rose, MD, MBA, Health Director
Natalie Talis, MPH, Population Health Manager

Fairfax Health Department

Gloria Addo-Ayensu, MD, MPH, Health Director
Sharon Arndt, Director and ALOFR COVID19 Response High Risk Task Force Leader
Benjamin Schwartz, MD, Medical Epidemiologist
Claudia Morcelo, Community Outreach and Engagement Supervisor

Community Members and Partner Organizations

Alexandria Health Equity Community Action Comittee

- Alexandria City (City Council, Environmental Health Services, Health and Human Services, Health Department, Public Schools, Recreation, Parks & Cultural Activities)
- American Foundation for Suicide Prevention, National Capital Area Chapter
- Concerned Citizens Network of Alexandria
- Inova (Alexandria Hospital, Community Health, IHVI, Saville Cancer Center, Behavioral Health, Sustainability)
- iTHRIV
- Medical Reserve Corp
- Mount Olive Baptist Church, Health Ministry
- Neighborhood Health
- Northern Virginia Community College
- Northern Virginia Health Foundation
- Tenants and Workers United

Partnership for a Healthier Alexandria Steering Committee

All partner organizations that hosted events, shared surveys or promoted community health meetings

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Cover photos courtesty of:

Top left: Adedayo Dayo Kosoko for Visit Alexandria
Top right: Inova
Bottom: Adedayo Dayo Kosoko for Visit Alexandria

Contents

Chris Cruz for Visit Alexandria

A **Community Health Assessment** helps communities and hospitals prioritize public health issues and identify resources to address them.

Executive Summary

What Makes a Community Healthy?

Health and wellbeing are impacted by a combination of living conditions, social factors and behaviors. To build the healthiest community possible for all residents it is critical to understand all components and how they work together.

The Process

Both health departments and non-profit hospitals conduct periodic assessments of the health and health needs of their communities. In 2020 Inova Health System (Inova) created the Health Equity Steering Committee to help guide the work of conducting and implementing the Community Health Needs Assessment (CHNA). Regional Health Equity Community Action Committees (hereafter referred to as "Action Committees") were established to ensure the voices of the local communities were integral to the processes. These Committees are made up of Inova team members, health department and county staff members, non-profit partners, Federally Qualified Health Center staff and community members. The Action Committee members share expertise, best practices and resources that informed the regional CHNA process.

From the fall of 2021 to the summer of 2022, Inova used the established framework from the previous Community Health Needs Assessment to facilitate a new CHNA in the Alexandria region to develop a complete picture of health locally. This CHNA is a community-centered and data-driven approach to uncover the top health issues by using surveys, local statistics and public input.

What We Learned About Health in Alexandria

While Alexandria is relatively healthy overall, community members have significant differences in health outcomes depending on race, gender, age, income, ZIP code and education. The top health issues identified in the Alexandria area, listed alphabetically, are:

- **Economic Stability**
- **Healthcare Access**
- **Mental Health**
- **Neighborhood, Community and Environment**

Throughout the assessment process, these issues were examined through the lenses of health equity, anti-racism and social drivers.

Next Steps

Using the information from this assessment, along with community input, Inova will develop a multi-year Implementation Plan with input from the Alexandria Action Committee and other community partners. This plan will feature measurable, actionable strategies to address the community's most pressing community health concerns. All community members are encouraged to provide input and craft solutions.

Visit inova.org to stay current on Implementation Plan efforts and learn about opportunities to participate.

Kristian Summerer for Visit Alexandria

Why is Community Health Important?

For a community to thrive, it must be healthy, resilient and equipped with opportunities for all residents to succeed. A Community Health Needs Assessment measures the community's health status by looking at a broad spectrum of data examining strengths, weaknesses, challenges and opportunities.

A CHNA explores:

- **What** are the biggest health challenges?
- **Who** is most affected?
- **Where** are the unmet needs for services?
- **What** are the health inequities?

This CHNA features an approach to assess the most significant health concerns in Northern Virginia through a collaboration of health departments, hospitals, community coalitions, councils and steering committees, non-profit partners and the residents who live, work and play in the region. This assessment was developed recognizing the IRS 501(r) requirements for 501(c)(3) hospitals. Findings provide the basis for an actionable plan to address top health needs and create a more equitable, flourishing community.

Background

Who is the Community?

Northern Virginia is one of the fastest growing urban communities in the United States. With approximately 1,304 square miles, the region is the most densely populated in the Commonwealth of Virginia. Northern Virginia is comprised of several distinct communities, including the cities of Alexandria, Fairfax, Falls Church, Manassas and Manassas Park, and the counties of Arlington, Fairfax, Loudoun and Prince William. The eastern sections are urbanized with attendant health problems of overcrowding and increasing demand for health services and public programs.

Northern Virginia's racial and ethnic diversity is more pronounced than in the rest of the state. With increasing diversity, economically disadvantaged populations and multiple languages, the need for access to culturally appropriate, flexible healthcare continues to grow. The Northern Virginia geographic region in 2020 was 52.8% non-White, up from 35.1% in 2000, while the nation as a whole reflects a 42.2% non-White population (U.S. Census Bureau).

Alexandria is a vibrant community of 159,467 people with waterfront locations, historic neighborhoods and proximity to Washington, D.C. The Alexandria Community overall is educated, healthy and relatively high-income. However, there are substantial differences in life expectancy, health outcomes and opportunities depending on who you are and where you live. While median income is $102,227, about 8% of residents live in poverty. In 2020, Alexandria's Asian American, Hispanic and African American communities represented 6.5%, 16.6% and 22.8% of the population, respectively, with 26.1% of the current population born outside the United States (U.S. Census Bureau).

Inova Alexandria Hospital (IAH) is a 302-bed community hospital that serves the City of Alexandria and parts of Fairfax and Arlington County (see Figure 1). In 2021, 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 on the hospital and its services is available at: inova.org/iah.

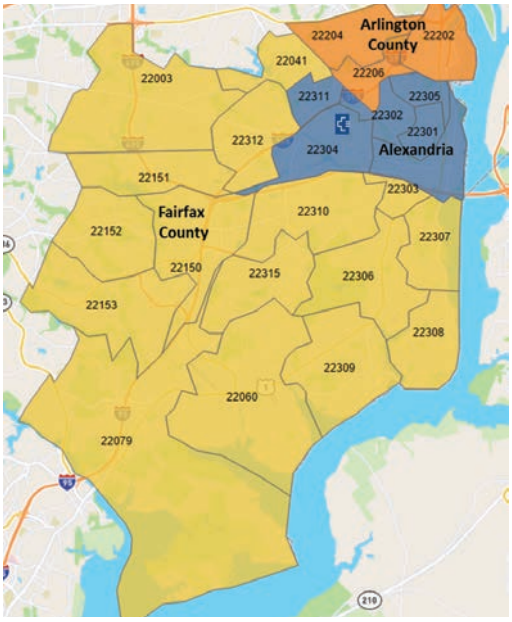
Inova Franconia-Springfield Surgery Center (IFSSC) is a full-service facility established in 2001 and is located in Alexandria, Virginia. IFSSC is licensed by the state of Virginia, certified by Medicare, accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) and also a member of the Ambulatory Surgery Center Association. The Surgery Center provides cost-effective services using modern, state-of-the-art technology in a friendly and caring environment by highly skilled, compassionate staff serving Alexandria, Fairfax County and surrounding communities.

The hospital and surgery center are operating units of Inova, which includes four other hospitals (Inova Fairfax Hospital, Inova Fair Oaks Hospital, Inova Loudoun Hospital and Inova Mount Vernon Hospital), four other surgery centers (Inova McLean Ambulatory Surgery Center, Inova Northern Virginia Surgery Center, Inova Loudoun Ambulatory Surgery Center and Inova Ambulatory Surgery Center at Lorton) and operates a number of other facilities and services across Northern Virginia. Throughout this document the service areas of IAH and IFSSC will be referred to as the Alexandria Community. Learn more about Inova at inova.org.

The map below shows the Alexandria Community.

FIGURE 1

Alexandria Community



Source: Tableau and Inova, 2021

The following table shows the projected population growth in the Alexandria Community.

TABLE 1

Percent Change in Population in Counties/Cities Served, 2020-2030

	Total Population (in thousands)			Projected Percent Change	
City/County	2020	2025	2030	2020-2025	2020-2030
Alexandria City	110.1	121.8	127.3	3.1%	9.9%
Arlingotn County	216.9	223.5	238.4	10.6%	15.6%
Fairfax County	738.9	784.7	828.0	6.2%	12.1%

Source: Metropolitan Washington Council of Governments, 2021

Regional Approach

For the 2021-2022 CHNA, Inova and partners conducted local assessments with each community, tailoring the regional framework. The framework provides standardized methods that take into account each community's unique resources, needs and values.

In Northern Virginia, communities, health departments and non-profit hospitals conduct periodic assessments of the health and health needs of their communities. A CHNA is defined in the Patient Protection and Affordable Care Act of 2010 and applies to non-profit hospitals. The communities and health departments have traditionally used the term Community Health Assessment (CHA) for this process, which comes from the National Association of County & City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process (www.naccho.org/mapp). For the purpose of this assessment, the term CHNA will be used to describe the process undertaken from 2021-2022. This document, which provides a summary of the Alexandria CHNA, and its appendices constitute the Alexandria CHNA report.

The Steering Committee for the 2022 CHNA process was the Alexandria Action Committee, which is made up of Inova team members, community stakeholders, county representatives and non-profit partners. The Committee was established in 2020 to administer the 2019 CHNA Implementation Plan during the challenges associated with the COVID-19 pandemic. This strong community and agency partnership served as the backbone of the CHNA process, and the partners involved contributed invaluable community insight, outreach and engagement to the assessment.

The COVID-19 pandemic complicated the process of reaching community members to gather their perspectives regarding health in Northern Virginia. Additional steps were taken to identify under-invited communities and conduct outreach whenever possible in those settings. Some activities were conducted virtually to ensure safety while still allowing individuals to communicate their feedback, while others were conducted in the community with safety measures like masks in place. Due to the timing of reporting epidemiological data, much of the secondary data referenced in this report is from before or early in the pandemic.

Comprehensive Review

Health is more than the absence of disease. It is shaped by policies, neighborhoods and opportunities. In addition to reviewing health behaviors and outcomes, the CHNA looked at education, transportation, employment status, housing and food availability to create a fuller picture. Qualitative and quantitative data were analyzed, and top health issues were identified.

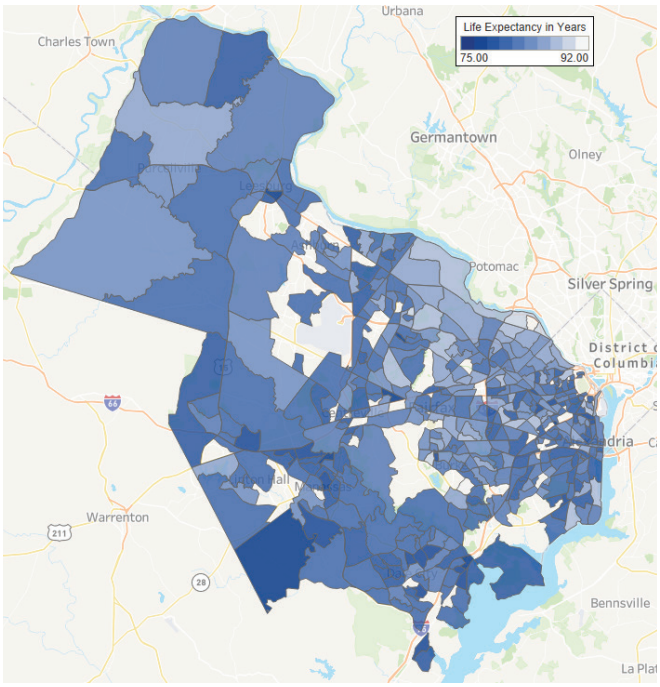
Adedayo Dayo Kosoko for Visit Alexandria

Equity Focus

The CHNA process included examination of health equity and disparities because thriving communities promote wellbeing for all residents. When compared to Virginia and the nation, Northern Virginia's health outcomes consistently rank high. However, the CHNA looks beyond those numbers to review health differences by race, ethnicity, income, education, gender and ZIP code. The process encourages those most impacted by disparities to get involved and be part of the decision-making process.

In Alexandria there are stark contrasts in median income and educational attainment between neighboring census tracts (Appendix B), and average life expectancy at birth can vary by as much as eleven years from one neighborhood to another (Figure 2). Where people live impacts their educational opportunities, economic stability and their health and quality of life.

FIGURE 2
Life Expectancy by Census Tract in Northern Virginia



Source: CDC, National Vital Statistics System, 2018

Health equity:
when everyone has the opportunity to attain their highest level of health and wellbeing.

Health disparities:
differences in health status among groups of people.

Adapted from the American Public Health Association (APHA), apha.org/topics-and-issues/health-equity

Community-Centered

The Alexandria CHNA adopts knowledge gained during previous CHNAs and CHAs, as well as additional community input. While a regional approach guided the CHNA, each jurisdiction used its own process for community outreach and engagement. As much as possible, the process centered on existing resources, partnerships and local needs and values. This method ensures that any new initiatives accurately reflect community priorities. Inova planned and produced the Alexandria assessment in collaboration with the Alexandria Action Committee established in 2020. Each member of the team contributed to the assessment in different ways, utilizing individual strengths.

As a part of the CHNA process, insight, knowledge and input was received from diverse sources including the local health departments, hospital teams, representatives of key community groups and individual community members.

Inova team members conducted Forces of Change sessions with representatives of the Alexandria Action Committee, the Partnership for a Healthier Alexandria Steering Committee, City of Alexandria government, the local FQHC and a group of Faith Leaders from around the region. Community input was gathered through a public survey. Inova and its partners promoted the survey to collaborating organizations and residents alike. The survey was available in print and online in nine languages (Amharic, Arabic, Chinese [Mandarin], English, Farsi, Korean, Spanish, Vietnamese and Urdu). Printed copies were provided to partners and local clinics, as well as health department facilities.

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Assessing Health in the Community

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

1. Forces of Change Assessment (FOCA)
2. Community Themes and Strengths Assessment (CTSA)
3. Community Health Status Assessment (CHSA)

These assessments are part of the Mobilizing for Action through Planning and Partnerships (MAPP) framework. Table 2 provides a description of each assessment.

FIGURE 3
Qualitative and Quantitative Data

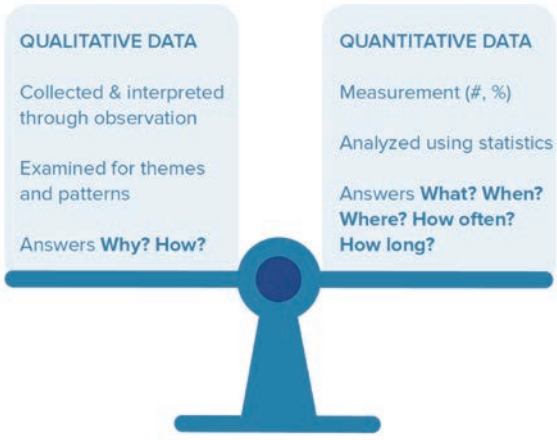

TABLE 2
Description of Health Assessments

ASSESSMENT	DESCRIPTION	POSSIBLE FINDINGS
Forces of Change	Discussion of community conditions and health	What do participants identify as events, trends and factors that impact health?
Community Themes & Strengths	Survey of the community about health issues and opportunities	What do respondents identify as important health issues?
Community Health Status	Review of quantitative community health indicators	What are the differences in health outcomes among groups of people?


Concerned Citizens Network of Alexandria (CCNA)

Methods

Forces of Change Assessment (FOCA)

For this assessment, the focus groups and interviews discussed trends, events and forces that affect health in the community. Equity and disparities were a common theme in group discussions about threats to health in the community. For example, the groups noted that socioeconomic status, race and age impact a resident's awareness of and access to available resources such as food, healthcare and digital connectivity.

The discussions also noted opportunities and strengths that could support health. For example, the groups mentioned increased community collaboration and improved access to technology to support health.

COMMUNITY PERSPECTIVES

"We need to develop communication pathways from the viewpoint of the community member to truly reduce barriers; not just think from a top-down organizational perspective."

-Natalie Talis, *Population Health Manager, Alexandria Health Department*

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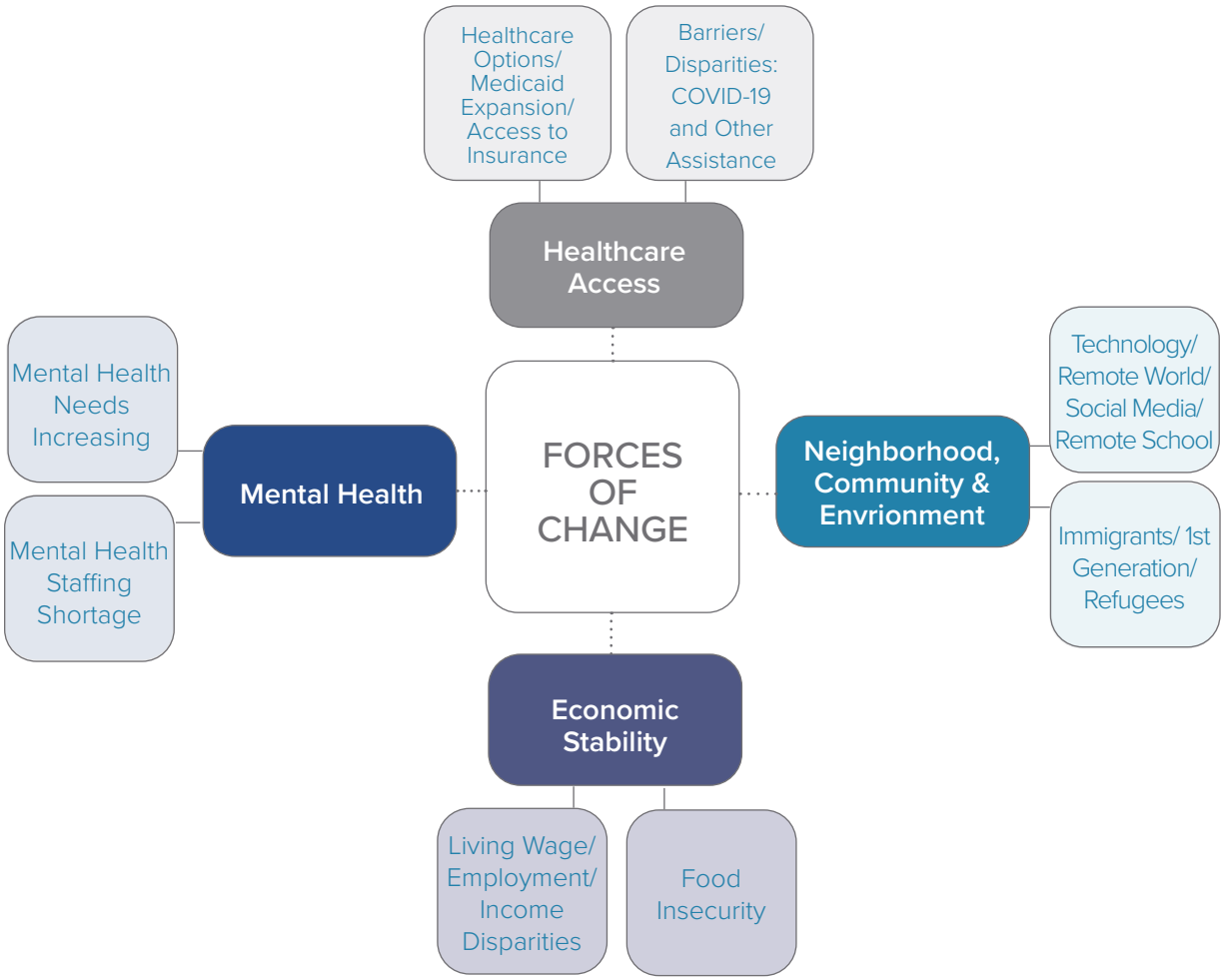
Figure 4 summarizes the frequently cited themes from the discussion. A full compilation of responses is in Appendix C.

FIGURE 4

Events, Trends and Factors that Affect Health



Community Themes and Strengths Assessment (CTSA)

This assessment was based on community member responses to a three-question survey available in multiple formats and distributed throughout the region.

- 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?

Respondents could select up to three choices for each question and leave open feedback in a free-form field. The survey was available online and in paper format and was available in nine languages. It captured demographic information to compare responses among different groups.

Tables 3, 4 and 5 show the top five answers for each question among survey respondents in the Alexandria Community. For full results and demographic information, see Appendix D.

COMMUNITY PERSPECTIVES

"Many families were already one emergency away from not being able to eat, sleep or work. This needs to be acknowledged in our current climate."

--JeanAnn Mayhan, *Steering Committee Member, Partnership for Healthier Alexandria*

TABLE 3

Top 5 Alexandria Responses to "What are the greatest strengths of our community?"

RANK	RESPONSE	# OF RESPONSES	% OF TOTAL RESPONSES
1	Diversity of the community (social, cultural, faith, economic)	586	48.03%
2	Educational opportunities (schools, libraries, vocational programs, universities)	431	35.33%
3	Access to health care	298	24.43%
4	Jobs and a healthy economy	280	22.95%
5	Safe place to live	202	16.56%

TABLE 4

Top 5 Alexandria Responses to "What are the most important health issues of our community?"

RANK	RESPONSE	# OF RESPONSES	% OF TOTAL RESPONSES
1	Mental health problems (depression, anxiety, stress, suicide)	695	56.97%
2	Differences in life expectancy and health outcomes based on race, ethnicity and economic wellbeing	374	30.66%
3	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	308	25.25%
4	Alcohol, drug and/or opiate abuse	293	24.02%
5	Aging-related health concerns	248	20.33%

TABLE 5

Top 5 Alexandria Responses to "What would most improve the quality of life for our community?"

RANK	RESPONSE	# OF RESPONSES	% OF TOTAL RESPONSES
1	Housing that is affordable	621	50.90%
2	Access to health care for all	578	47.38%
3	Mental health and substance abuse services	356	29.18%
4	Jobs and a healthier economy	249	20.41%
5	Welcoming of diversity (social, cultural, faith, economic)	206	16.89%

SCAN of Northern Virginia

Community Health Status Assessment (CHSA)

The CHSA is based on a core set of health indicators to examine across all jurisdictions. Some jurisdictions also examined additional metrics that are important to the community.

Indicators were selected based on best practices, data availability and emerging health issues. The dataset includes rates and percentages of mortality, morbidity and incidence and prevalence (death, chronic illness and new and existing disease).

Data were compiled from published secondary sources and surveys. Exploring data by geography and other demographics allowed for consideration of health across the lifespan and supported a focus on equity.

Indicators reflect the most recent data as of June 2022. County or City-level data for all health-related issues, as well as breakdowns by population characteristics were not consistently available, which means the amount of information within each health topic may be limited and varied.

Table 6 shows a summary of indicator categories and how they were assessed relative to benchmarks and progress. For a comprehensive overview of data, see Appendix E.

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TABLE 6

CHSA: Summary of Progress and Benchmarks by Indicator Category

Indicator Category	Progress	Benchmarks
Chronic Conditions (stroke, heart disease, diabetes, Alzheimer's/dementia, arthritis, cancer)	✓	✓
Economic Stability (income inequality, poverty, unemployment, housing costs)	✓	✓
Education (school climate, graduation rates, college)	✓	✓
Health Literacy (misinformation, disparity awareness, community health education)	-	-
Healthcare Access (insurance coverage, unecessary hospitalization, healthcare disparities)	✓	✓
Immunizations and Infectious disease (infectious disease incidence, immunization rates)	✓	X
Injury and Violence (accidental injury, motor vehicle collision, assault)	✓	✓
Maternal, Infant, Child and Youth health (infant mortality, maternal mortality, birth rate among adolescents, prenatal care)	✓	✓
Mental Health (mental distress, depression, anxiety, aggression, suicide)	X	/
Neighborhood, Community and Environment (safety, food access, commuting, green space, climate impacts, diversity, polarization)	X	/
Obesity, nutrition and physical activity (obesity, food insecurity, physical activity)	X	✓
Oral Health (tooth loss, received dental services)	✓	✓
Sexual and reproductive health (sexual wellness, HIV and STI incidence and prevalence)	✓	✓
Tobacco and substance use (tobacco and e-cigarette use, alcohol and drug use)	✓	/

Legend:

	Progress	Benchmarks
X	Majority of indicators in category worsened	Majority of indicators in category have not met benchmarks
/	Equal number of indicators are getting better or worse, or staying the same	Equal number of indicators in category have met or not met benchmarks
✓	Majority of indicators in category improved	Majority of indicators in category have met benchmarks
-	Data not avaliable to assess	

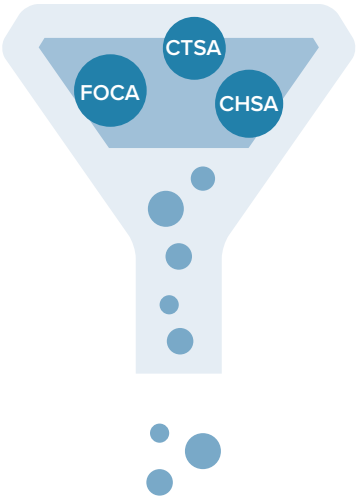
Top Health Issues

As described in each section above, themes were identified in each of the individual assessments. Upon completion of all assessments, the CHNA identified the health-related topics that could be considered themes across the board (see Appendix F for full description of this methodology). Following are descriptions for each of the significant health issues identified in the Alexandria Community.

All data below are from the various CHNA components unless otherwise cited. Quantitative data are from the Community Health Status Assessment (CHSA) and a full list of those sources is available in Appendix E. All rates are per 100,000 people unless specified.

FIGURE 5

Strategic Priorities



Top Health Issues

Economic Stability

Economic stability considers an individual or family's ability to afford and meet basic needs. This category considers local poverty rates, income inequality and unemployment.

Financial resources are a large factor in a person's ability to achieve or improve optimal health. For example, health insurance is crucial for access to many healthcare services, but health coverage can be expensive, especially for those without coverage through an employer. People with low income may be more likely to delay care and are being diagnosed with more advanced chronic diseases like cancer that might have been treated more effectively if diagnosed at an earlier stage.[1]

For people with limited resources, behavior and lifestyle changes such as eating healthier meals and living in neighborhoods with access to parks and transit can be out of reach. Poverty, struggling to pay bills and long hard work hours can take a significant toll on mental health. There is a direct relationship between poverty and mental health which can lead to wider health inequities. Poverty in childhood and among adults can cause poor mental health and outcomes through social stress, stigma and trauma.[2]

Why This Matters in the Alexandria Community

- Among the top five responses to "What would most improve the quality of life for our community?" on the survey were "jobs and a healthier economy" and "housing that is affordable".
- Economic issues were a theme in the Forces of Change discussion, with a focus on issues of disparity in income, cost of living and food insecurity.
- While median household income in Alexandria is high overall ($102,227 per year), median household income for Black or African American residents ($71,064) and Hispanic residents ($61,467) are about half that of White, non-Hispanic residents ($124,091).
- The percent of Hispanic children (25%) and Black or African American children (35%) living below the federal poverty level is about six to eight times the percent of White children (4%).
- In the 2019-2020 school year, 59.7% of all ACPS students were eligible for free and reduced-price lunch. In five of the 19 schools, more than three quarters of students were eligible.

Healthcare Access

The ability to use high quality and affordable health services in a timely manner is critical to maintaining good health and wellbeing. Measures include the percentage of adults and children with insurance, preventative screenings and preventable hospital stays.

Access to healthcare can have an impact across a person's lifespan and can affect quality of life, life expectancy, disease prevention and preventable death. The high cost of healthcare and inadequate health insurance can prevent an individual from seeking care. Aside from cost, many other barriers contribute to access issues and unmet healthcare needs, such as mistrust in the healthcare system, racism and discrimination, cultural sensitivity and competency, transportation, health literacy and competing life priorities.[3] As a result, access to healthcare often varies based on demographics and location.

Why This Matters in the Alexandria Community

- "Access to health care for all" was the number two quality of life concern for survey respondents and ranked as either number one or two across demographic groups.
- Healthcare Access was also a major theme in the Forces of Change discussion, with a focus on disparities exacerbated by COVID-19 and access to care through insurance, Medicaid and other options.
- There is a high percent of individuals who speak a language other than English at home in Alexandria City (31.9%), nearly two times that of Virginia as a whole (16.4%). These individuals may face more challenges finding providers who are culturally and linguistically accessible.
- About 14,850 people (9.6%) in Alexandria are uninsured, and 24% of individuals living below 138% of the federal poverty line are uninsured, compared to 15% people in the U.S. as a whole. Of residents who were born outside the U.S., 26% are uninsured, and of those who are also not citizens, almost 40% are uninsured. While 5.8% of Whites in Alexandria are uninsured, 13% of Blacks/African Americans and 27% of Hispanic/Latino residents are uninsured.
- Colon cancer screening and mammograms rates in Alexandria City have declined since the previous CHNA and are below Virginia state rates. COVID-19 has likely contributed to these falling rates as individuals avoided seeking healthcare during the pandemic.

COMMUNITY PERSPECTIVES

> The most important health issue for our community is "not [having] enough safety net providers for all those without insurance."

Mental Health

Mental health is important at every stage of life and includes conditions and illnesses that affect emotional, psychological and social wellbeing. This category includes depression and suicide rates, self-reported poor mental health, frequency of mental distress or crisis and mental health provider ratios.

Although the terms are often used interchangeably, poor mental health and mental illness are not the same. An individual can experience poor mental health at different periods of their life and not be diagnosed with a mental illness. Similarly, a person living with a mental illness can experience periods of physical, mental and social wellbeing. Mental illness

is common in the United States with more than one in five adults experiencing mild, moderate or severe illness throughout their lifetime.[4]

Mental health conditions and illnesses can be long-term, short-term and/or recurring. Examples of mental illness include depression, anxiety, bipolar disorder, post-traumatic stress disorder and schizophrenia. Mental health and physical health are closely related and each can increase the risk of the other. Racial and ethnic disparities in mental health arise because people of color are more likely to live in neighborhoods where treatment initiation and access to resources is low.[5] Mental illness also increases the risk of suicide. Close to 90% of people who die by suicide have had a mental illness, with the risk of suicide for some mental disorders like depression, alcoholism and schizophrenia estimated to be 5-8%.[6]

COMMUNITY PERSPECTIVES

What would most improve quality of life is “expanded mental health services affordable for all.”

Why This Matters in the Alexandria Community

- Survey respondents selected mental health problems as the number one health concern in the community, and it was in the top two for every demographic. Additionally, the need for more mental health services was among the top five quality of life opportunities for all demographics except those completing the survey in a language other than English or Spanish. Both stigma and prioritization of needs likely play into this exception.
- An increased need for mental health care exacerbated by COVID-19 was noted in the Forces of Change discussions alongside shortages in mental health providers.
- The suicide rate in Alexandria is 8.0 per 100,000 and is highest for White individuals (12.0 per 100,000 population).
- Eleven percent of Alexandria adults reported 14 or more days of poor mental health per month and residents averaged 3.7 poor mental health days during the past 30 days. Of Alexandrians enrolled in Medicare, 15% have depression. In Alexandria, there is one mental health provider for every 263 people.

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Neighborhood and Built Environment

This category describes the conditions where community members live, work, learn and play. Measures include rates of racial segregation, access to grocery stores, availability of public transit and cost and quality of housing.

Community conditions can create either opportunities or barriers for a healthy life. Clean, safe neighborhoods with ample green space, well-maintained sidewalks and low crime rates support physical activity. Alternately, a high density of fast-food restaurants, easy access to alcohol and tobacco products and a lack of public transportation can encourage unhealthy behaviors. In addition, housing quality and neighborhood safety can significantly influence health and force families and individuals to make difficult decisions about lifestyle and medical care. The combination of family poverty and neighborhood poverty poses double risk to a substantial number of children of color, with significant impacts on children's development, achievement and behavior.[7] The changing climate compounds threats to neighborhoods and communities. As the climate continues to warm, the risk to human health continues to grow and exacerbate issues related to health conditions, housing, transportation and other social determinants of health.[8]

Why This Matters in the Alexandria Community

- The need to be welcoming of diversity was among the top five ways to most improve the quality of life for our community, both overall and for the majority of demographics assessed in the survey.
- The Forces of Change discussions identified societal features such as immigration and increasing "remoteness" and isolation as impacting the connectedness and overall health of the community.
- The County Health Rankings measure residential segregation in communities because of the important role it plays in personal and community wellbeing, economic stability and health disparities. Compared to top performing areas, jurisdictions (including cities and counties) in Northern Virginia perform worse when comparing White-Black segregation.
- Approximately 43% of Alexandria's renters spend more than 30% of their income on rent. About 65% of renters between ages of 15-24 and more than half (53.7%) over 65 spend more than 30% of their income on housing.
- Forty-seven percent of workers with a long commute reported driving alone to work, while about 19% of workers commute via public transit and only 3.5% walk.

Next Steps

Ultimately, results of this CHNA will lead to an Implementation Plan. The CHNA analyzes the health of the community to identify the most significant health concerns. The Implementation Plan takes that information to prioritize the health issues for community action. Development of the Implementation Plan is a collaborative long-term, systematic effort to apply strategies toward community needs and public health concerns. To truly improve health within a community, evaluation, planning and implementation must be community-centered. With buy-in and collaboration from community members, stakeholders and partners, the plan allows all those involved to set common priorities and align activities.

[1]Cancer Disparities. National Cancer Institute. https://www.cancer.gov/about-cancer/understanding/disparities. Accessed June 8, 2022.

[2]Knifton L, Inglis G. Poverty and mental health: policy, practice, and research implications. BJ Pscy Bulletin. 2020 Oct; 44(5): 193-196. doi: 10.1192/bjb.2020.78.

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