All appendices referenced in the CHNA report are described below and are also available online at inova.org.

Appendix A: Community Engagement

Summary of community outreach and engagement efforts

Appendix B: Alexandria Community Description

Detailed maps and charts exploring resident demographics and characteristics

Appendix C: Forces of Change Assessment Discussion and Responses

Complete responses for the Forces of Change discussion

Appendix D: Community Themes and Strengths Assessment

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 state and national benchmarks

Appendix F: Identifying Top Health Issues Methodology

Description of process and outcomes

Appendix G: Actions Taken Since the Previous CHNA

Appendix A: Community Engagement

This Alexandria Community Health Needs Assessment (CHNA) gathered community input through two main methods – Forces of Change Assessment (FOCA) discussions and the Community Themes and Strengths Assessment (CTSA) survey.

Forces of Change discussions bring together individuals working in and with the community, who represent a broad diversity of stakeholders. 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 Forces of Change sessions with representatives of the Alexandria Health Department, Alexandria Health Equity Community Action Committee, the Partnership for a Healthier Alexandria Steering Committee, the City of Alexandria Government, the local FQHC and a group of Faith Leaders from around the region.

Inova promoted the CTSA survey to partners and residents alike. The survey was available in print or 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. Community Health Workers assisted in the collection of print and electronic survey responses in their local communities.

Figure A1. Alexandria Health Equity Community Action Committee Organizations

Organization
Alexandria City
Alexandria City Council
Alexandria City Environmental Health Services
Alexandria City Health and Human Services
Alexandria City Health Department
Alexandria City Public Schools Recreation
Alexandria City Parks & Cultural Activities
American Foundation for Suicide Prevention, National Capital Area Chapter
Concerned Citizens Network of Alexandria
Inova
Inova Alexandria Hospital
Inova Community Health
Inova Heart and Vascular Institute
Inova Saville Cancer Prevention Center
Inova Behavioral Health
Inova Department of 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

Appendix B: Community Description

This section identifies and describes the community that was assessed by IAH and IFSSC. The community was defined by considering the geographic origins of the hospital's inpatient discharges and emergency department visits.

The Inova Alexandria community is comprised of 25 ZIP codes, including all of the Alexandria City along with parts of Fairfax and Arlington Counties.

TOTAL POPULATION

Figure B1. Inova Alexandria Community

City or County	Percent of Discharges	Percent of Emergency Department Visits
Alexandria City, VA	31.8%	32.0%
Arlington County, VA	5.1%	4.8%
Fairfax City, VA	36.6%	42.4%
Community Total	**73.4%**	**79.2%**
Other areas	26.6%	20.8%
Total Discharges and ED Visits	**12,793**	**80,967**

Source: Inova Health System, 2022

Figure B2. Percent Change in Community Population by Subregion, Alexandria Community (2020-2030)

Community	Total Population			Percent Change	
	2020	2025	2030	2020-2025	2025-2030
Alexandria City	**155,409**	**163,859**	**169,208**	**5.44%**	**3.26%**
Alexandria/Old Town	88,408	96,139	101,646	8.74%	5.73%
West Alexandria	67,001	67,720	67,563	1.07%	-0.23%
Arlington County	**100,502**	**103,939**	**109,709**	**3.42%**	**5.55%**
Shirlington/South Arlington	100,502	103,939	109,709	3.42%	5.55%
Fairfax County	**361,597**	**365,407**	**377,359**	**1.05%**	**3.27%**
Franconia/Kingstowne	58,238	58,999	60,405	1.31%	2.38%
Lincolnia/Bailey's Crossroads	58,869	59,055	60,497	0.32%	2.44%
Lorton/Newington	36,344	37,133	38,446	2.17%	3.54%
Mt. Vernon North	27,296	28,045	30,491	2.75%	8.72%
Mt. Vernon South/Ft. Belvoir	90,010	91,171	94,862	1.29%	4.05%
Springfield	90,841	91,004	92,657	0.18%	1.82%
Community Total	**617,509**	**633,206**	**656,276**	**2.54%**	**3.64%**

Source: Metropolitan Washington Council of Governments, 2021

AGE

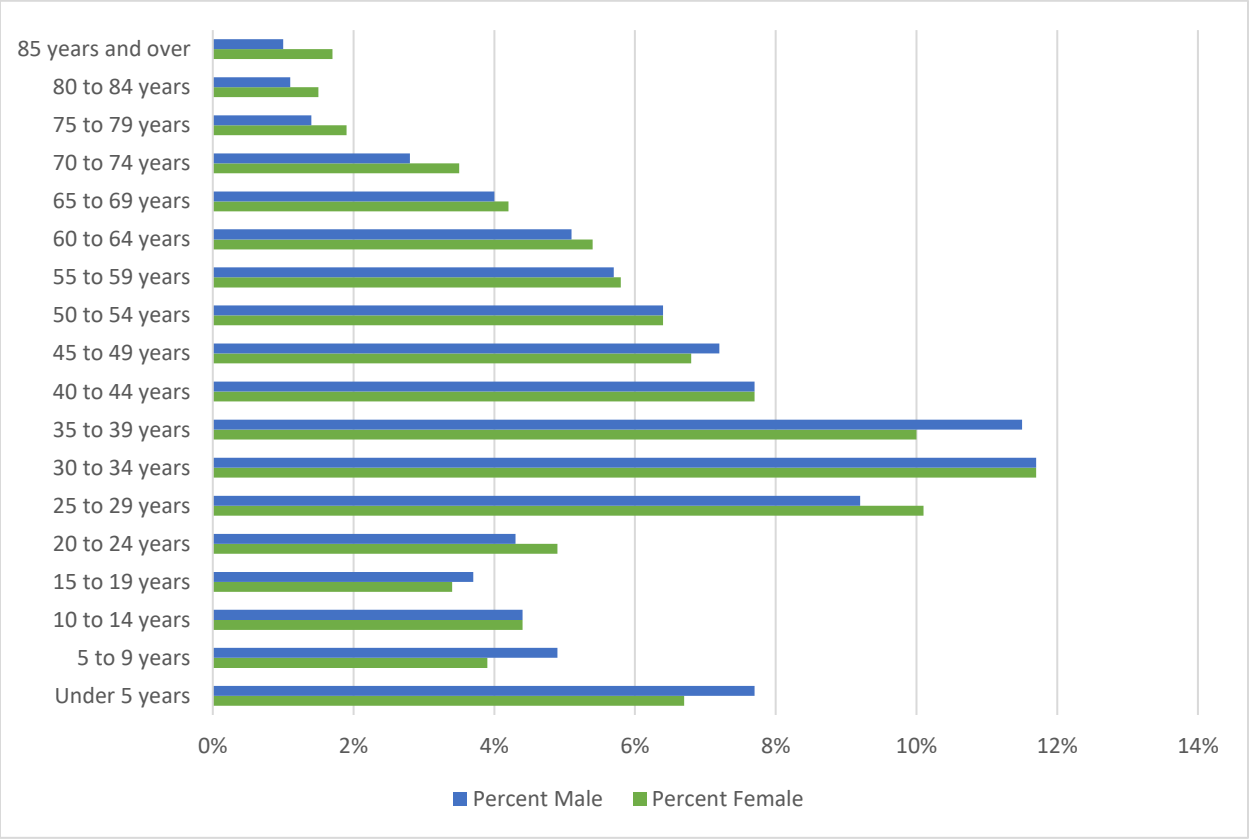
Population characteristics and changes directly influence community health needs. The total population of the Alexandria Community is expected to grow nearly 6% from 2020-2030. In that same time frame, the population 65+ is expected to increase by 32%. The growth of older populations is likely to lead 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 B3. Percent Change in Population by Age, Alexandria Community (2020-2030)

Age Cohort	Total Population			Percent Change	
	2020	2025	2030	2020-25	2025-30
0-17	145,306	143,522	144,273	-1.23%	0.52%
18-44	273,390	279,363	288,454	2.18%	3.25%
45-64	179,014	175,588	175,657	-1.91%	0.04%
65+	94,949	110,817	125,113	16.71%	12.90%
Total	692,659	709,290	733,497	2.40%	3.41%

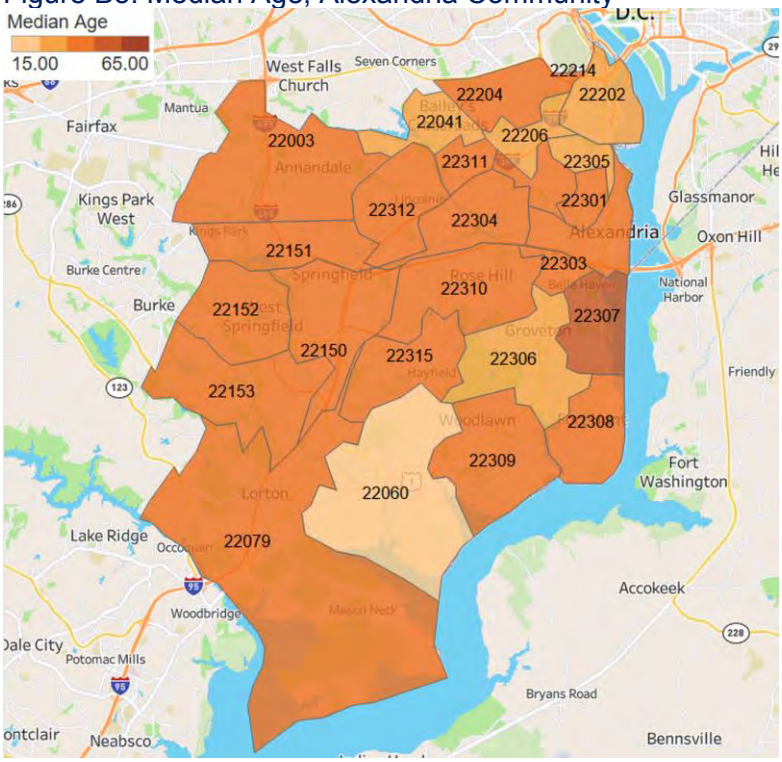
Source: Metropolitan Washington Council of Governments, 2021

Figure B4. Age Distribution by Sex, Alexandria City



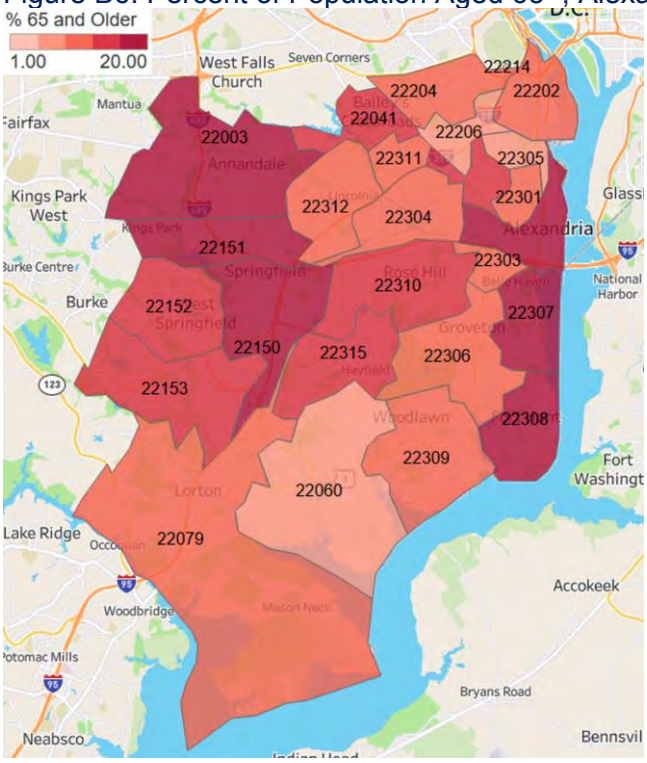
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B5. Median Age, Alexandria Community



Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B6. Percent of Population Aged 65+, Alexandria Community

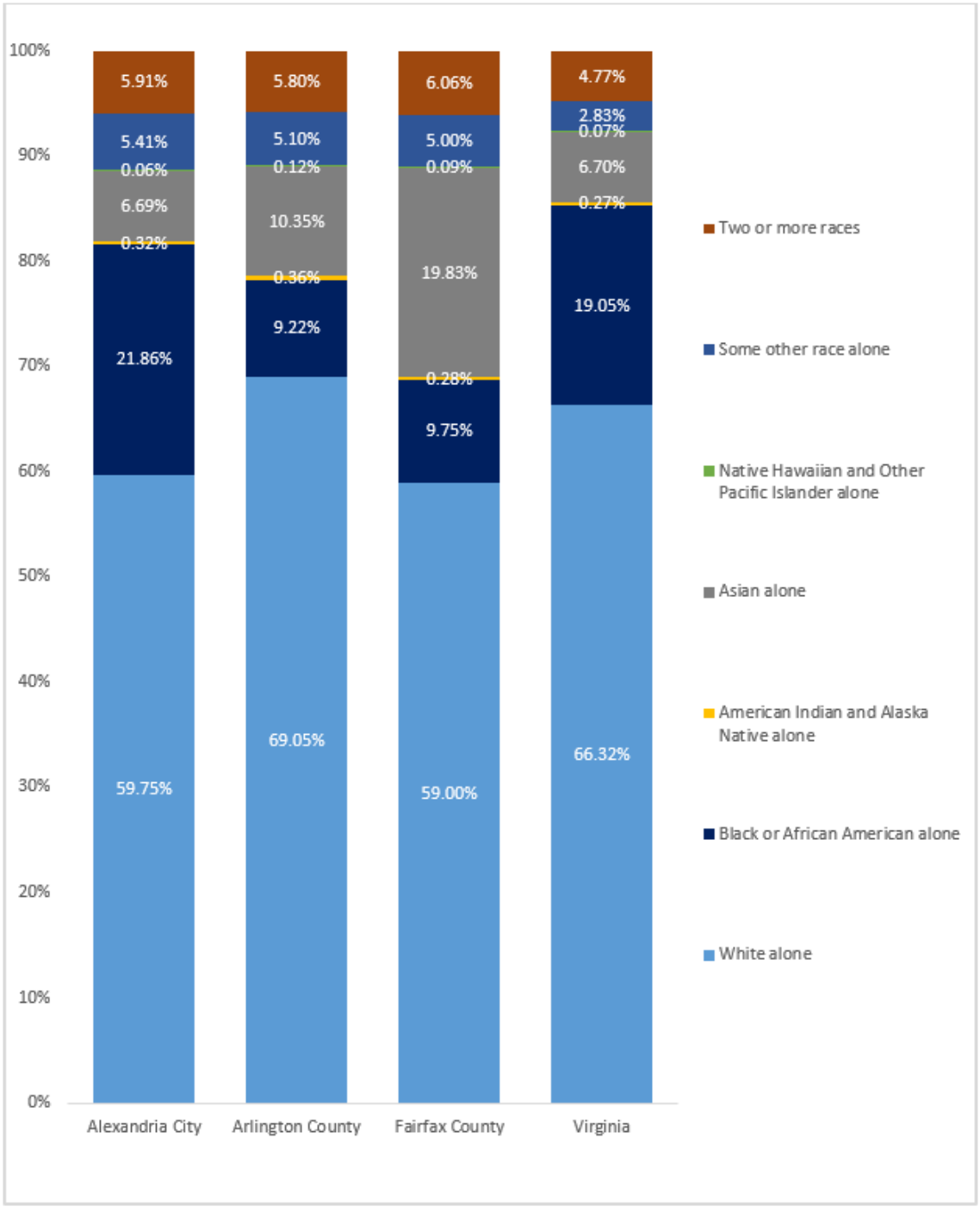


Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

RACE AND ETHNICITY

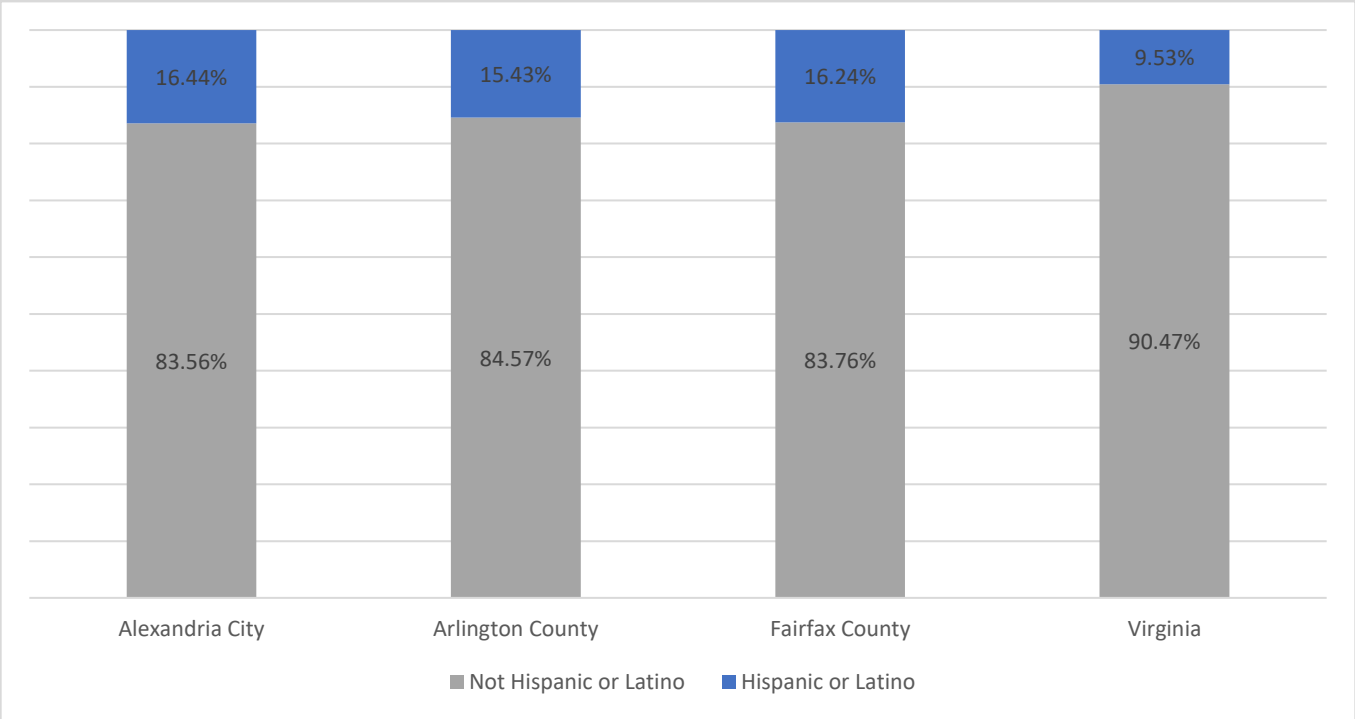
In Alexandria City in 2020 Asians, Hispanics and African Americans represented 6.7%, 16.4% and 21.9% of the county's population, respectively. Racial and ethnic diversity is increasing, as these groups are growing. Additionally, there are portions of the community with high percentages of residents who are foreign-born as well as households with limited English proficiency.

Figure B7a. Race by Location by Location



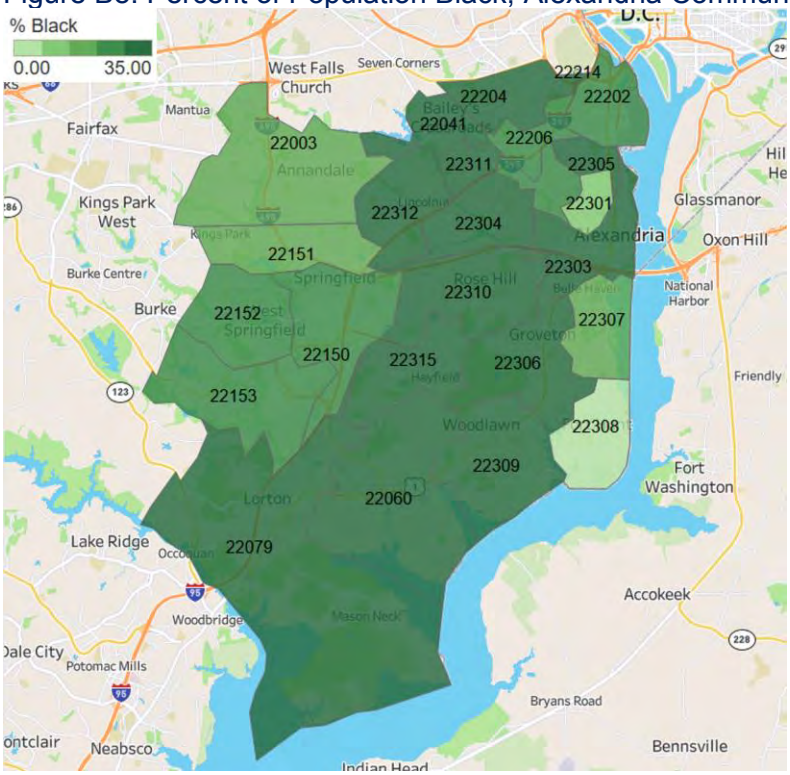
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B7b. Ethnicity by Location



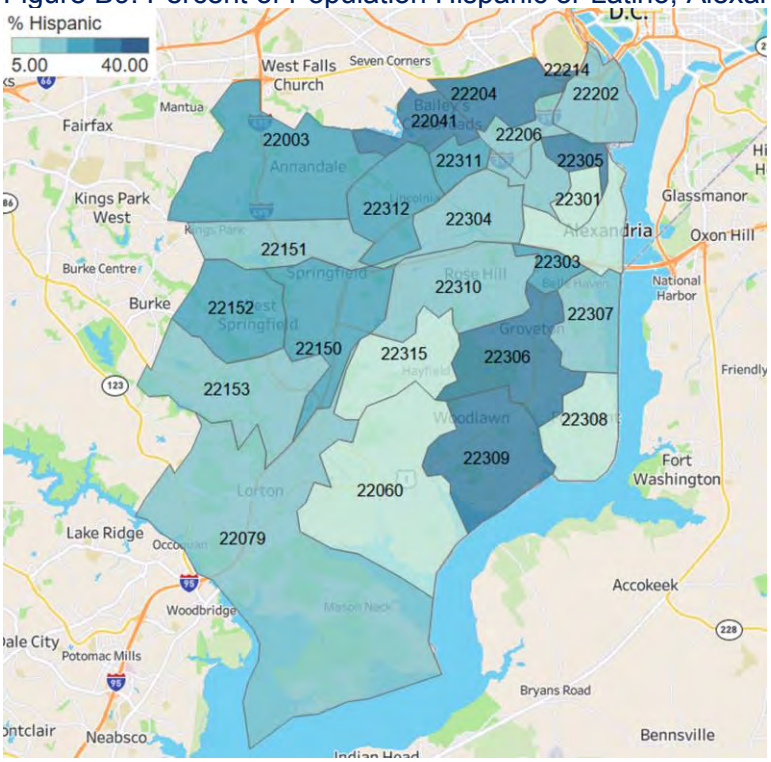
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B8. Percent of Population Black, Alexandria Community



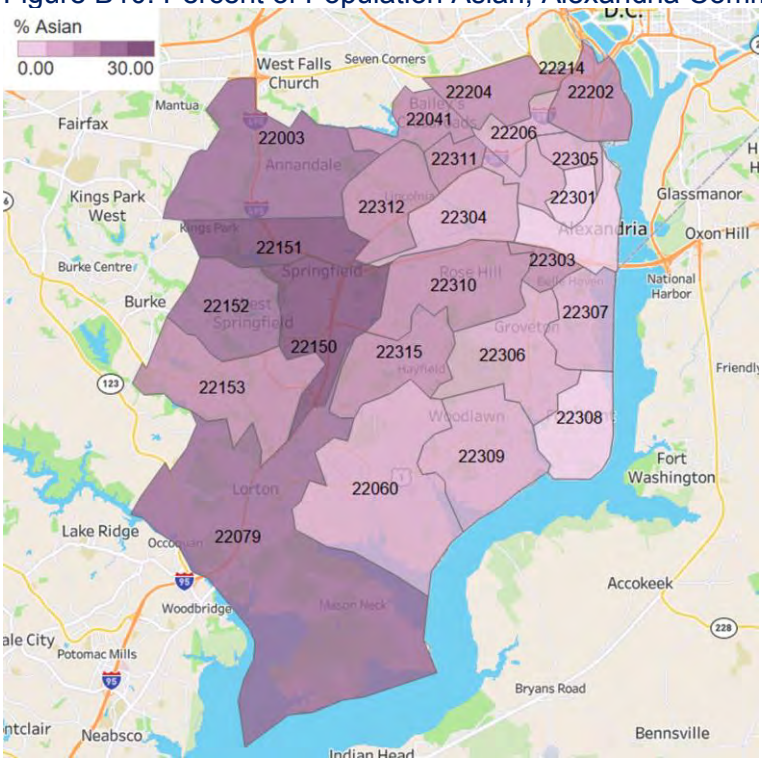
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B9. Percent of Population Hispanic or Latino, Alexandria Community



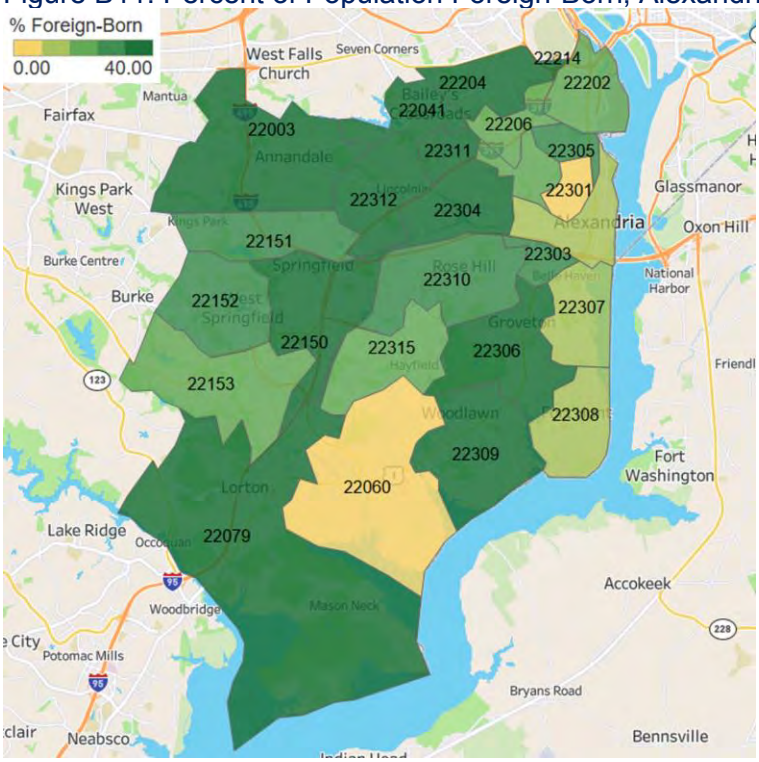
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B10. Percent of Population Asian, Alexandria Community



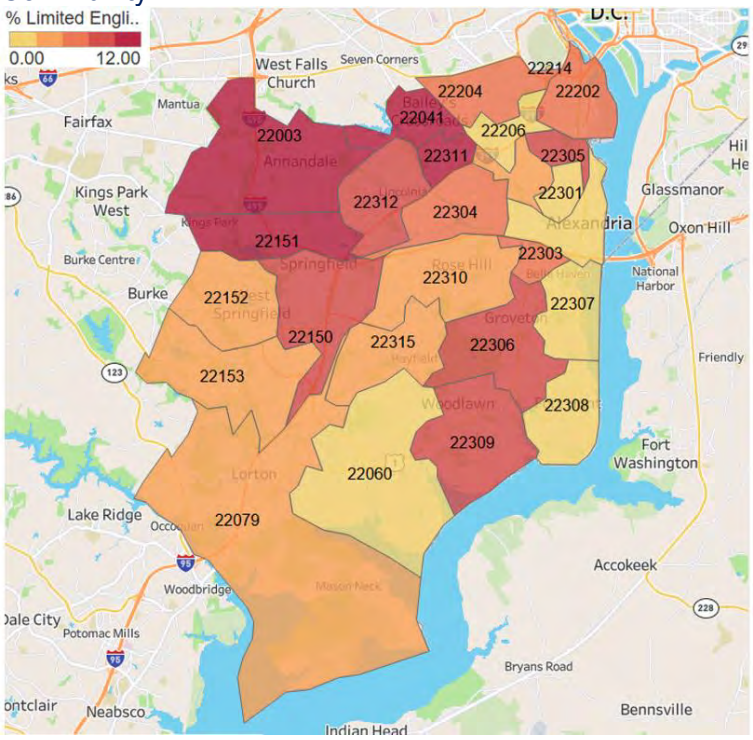
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B11. Percent of Population Foreign-Born, Alexandria Community



Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B12. Percent of Limited English-Speaking Households by Census Tract, Alexandria Community

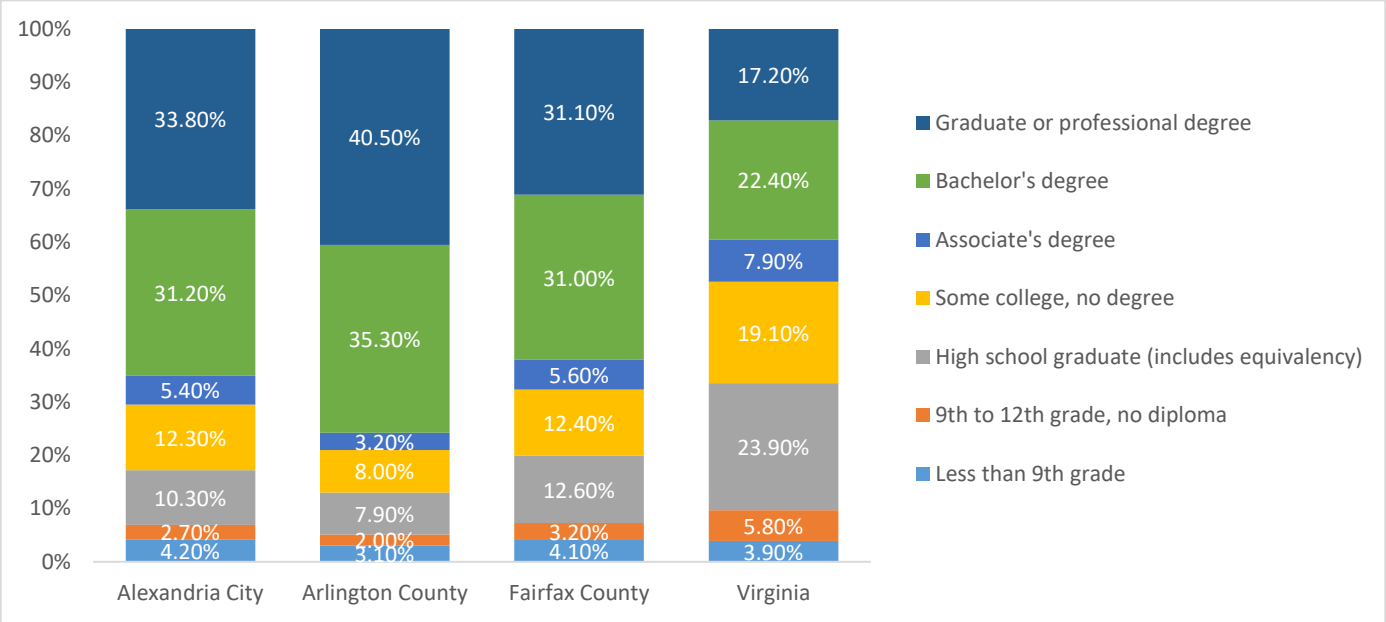


Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

EDUCATION

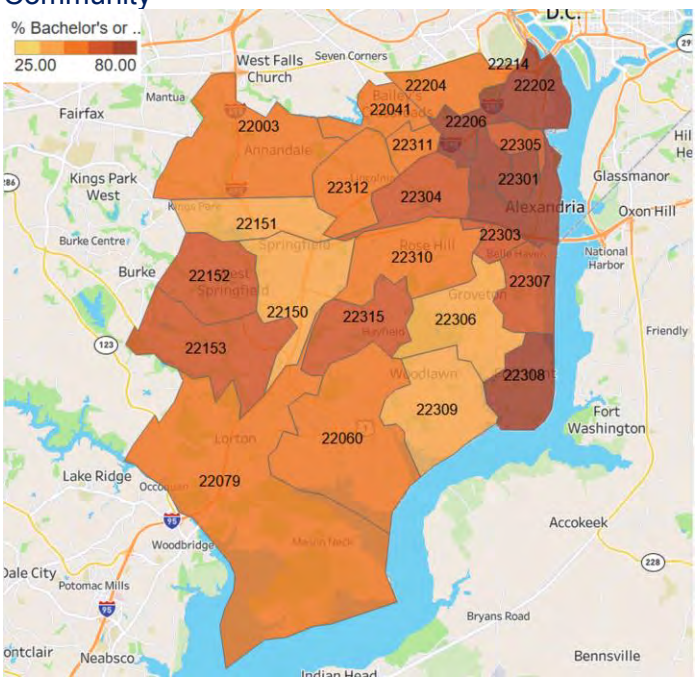
Overall the Alexandria Community is highly educated. In Alexandria City, 65% of residents hold a Bachelor's degree or higher, with about one third of residents holding a graduate or professional degree. However, there are noticeable discrepancies within the County.

Figure B13. Educational Attainment by Location



Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B14. Percent of Residents Age 25+ with Bachelor's Degree or Higher, Alexandria Community



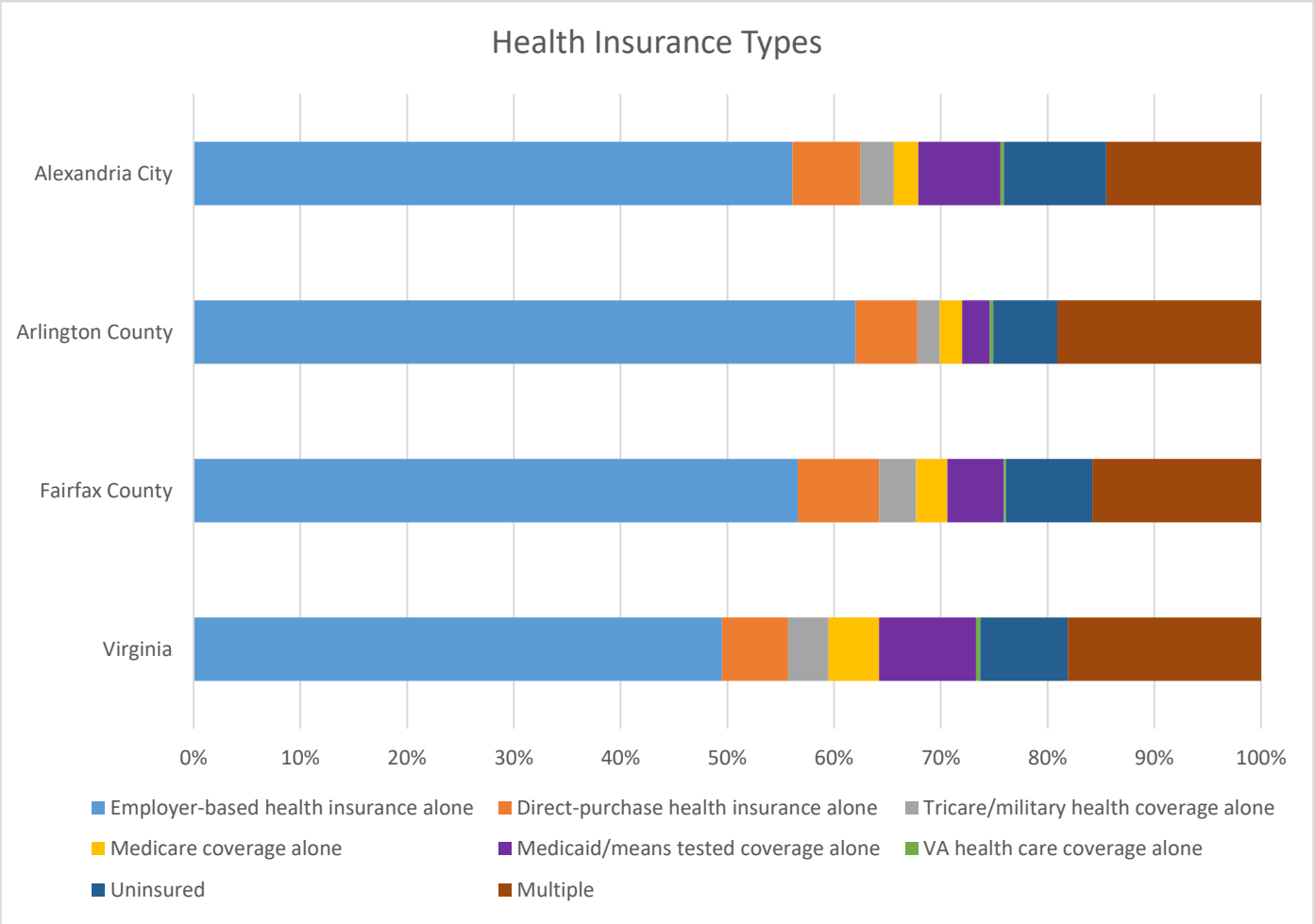
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

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.

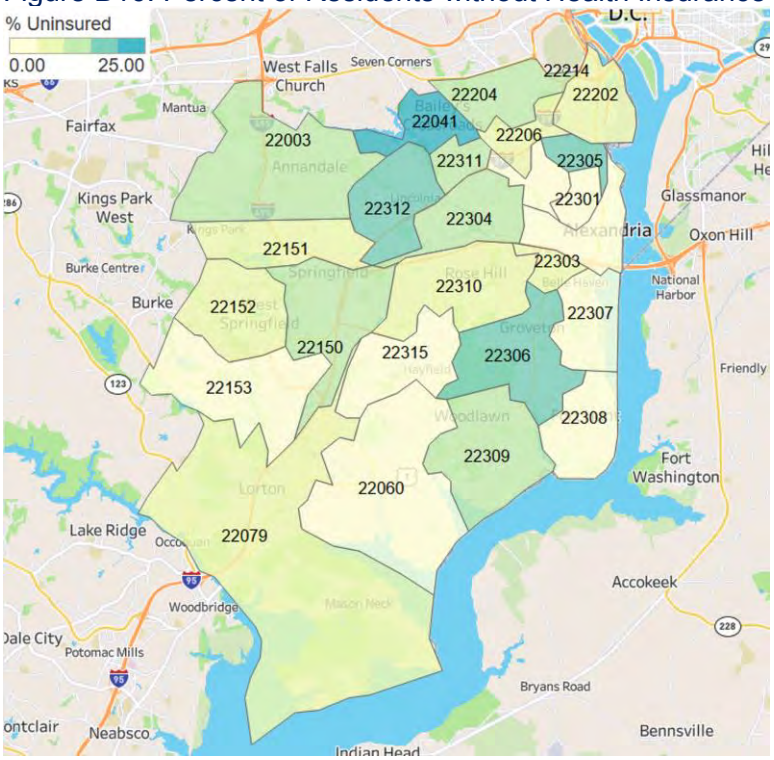
In January 2019 Virginia expanded Medicaid eligibility to make healthcare more accessible for these populations. It was estimated at the time that over 400,000 Virginians would potentially gain coverage if Medicaid were expanded. According to the Department of Medical Assistance Services as of May 2022, over 650,000 adults in Virginia newly enrolled in Medicaid.

Figure B15. Health Insurance Types, by Location



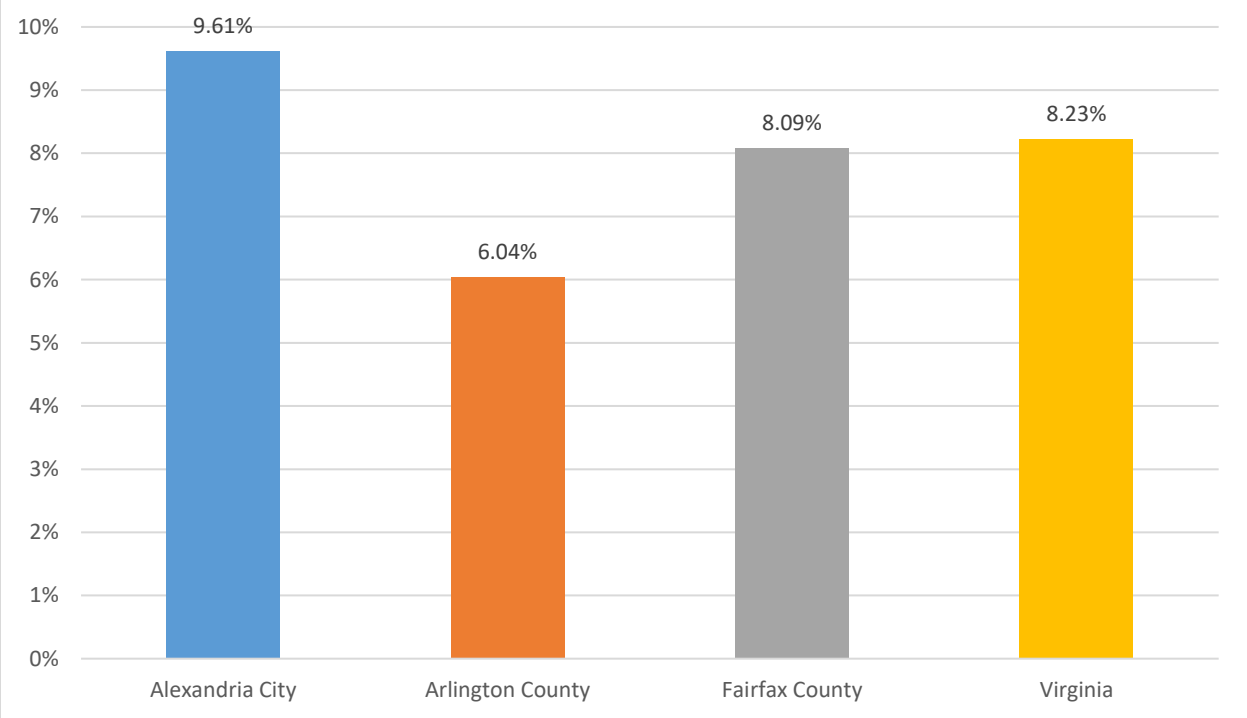
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B16. Percent of Residents without Health Insurance Coverage, Alexandria Community



Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B17. Percent of the Population without Health Insurance, by Location (2020)

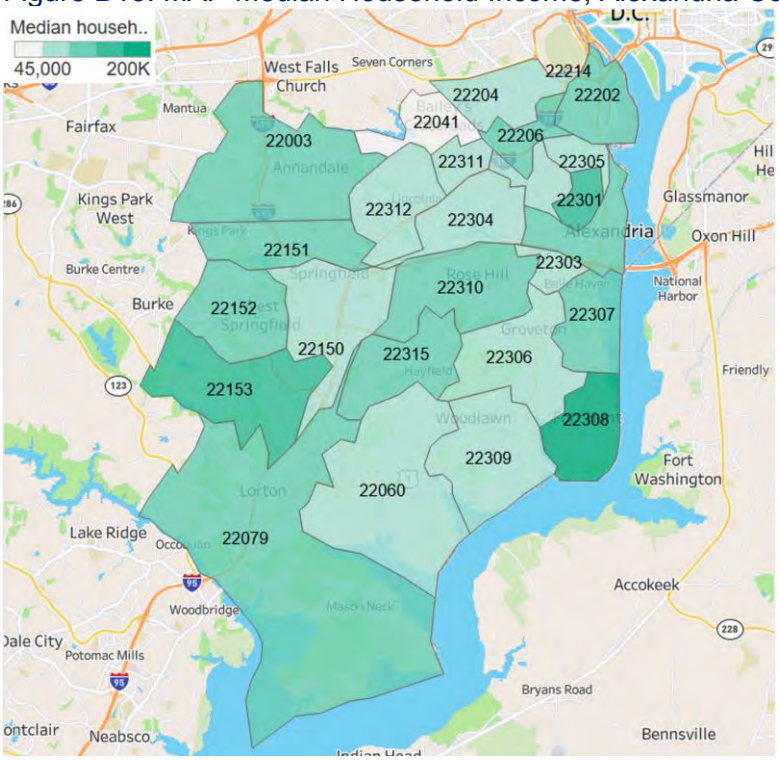


Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

SOCIOECONOMIC

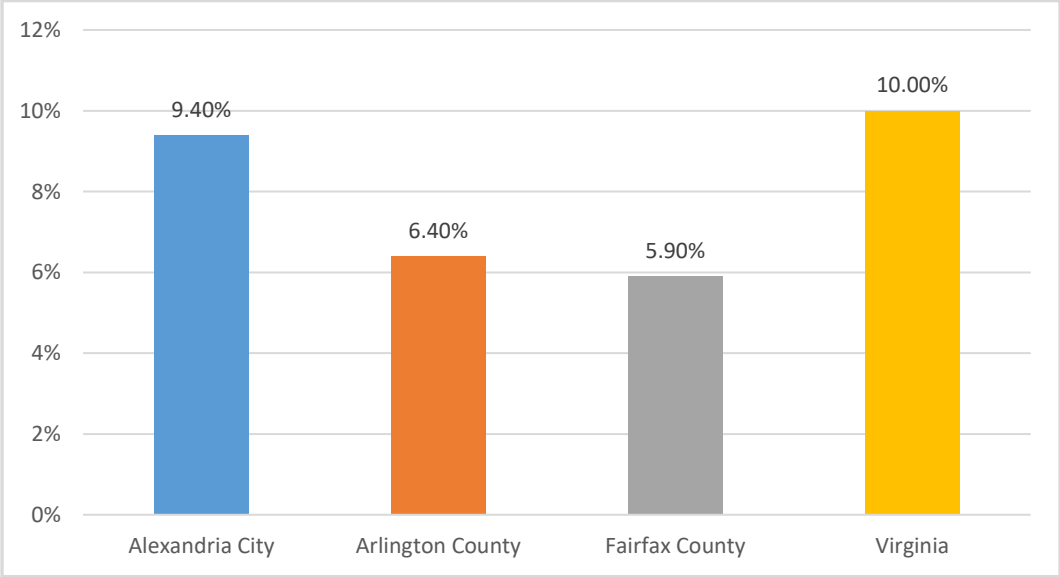
Many health needs have been associated with poverty, unemployment and other socioeconomic factors. While most socioeconomic indicators in the Alexandria Community are favorable compared to Virginia overall, there are disparities by race/ethnicity, county/city and even census tract.

Figure B18. MAP Median Household Income, Alexandria Community



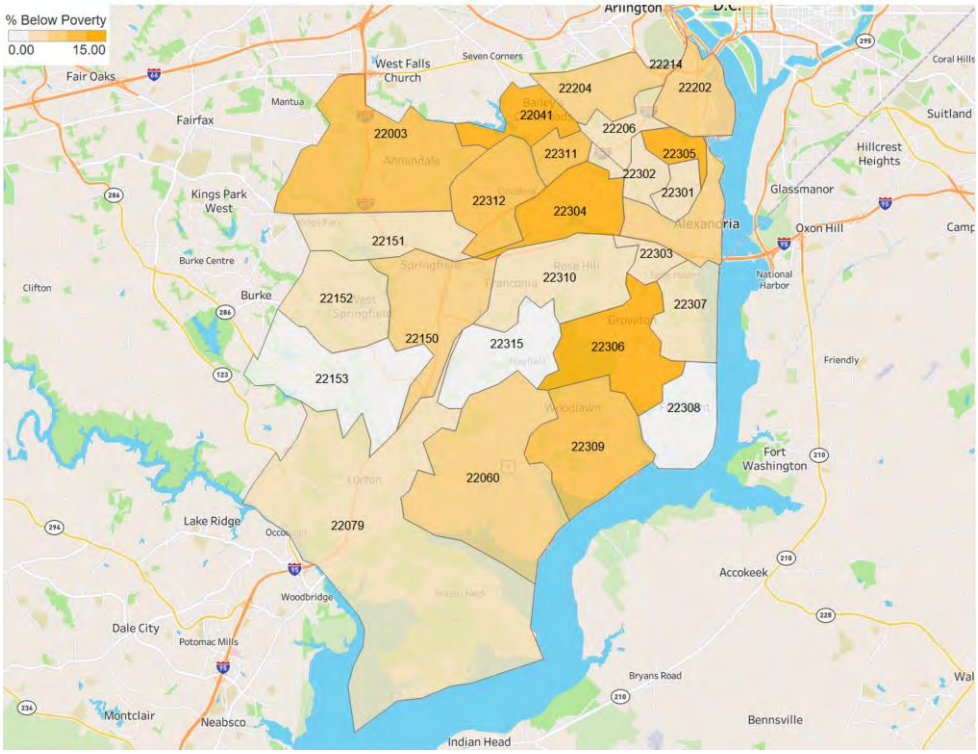
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B19. Poverty Distribution, by Location



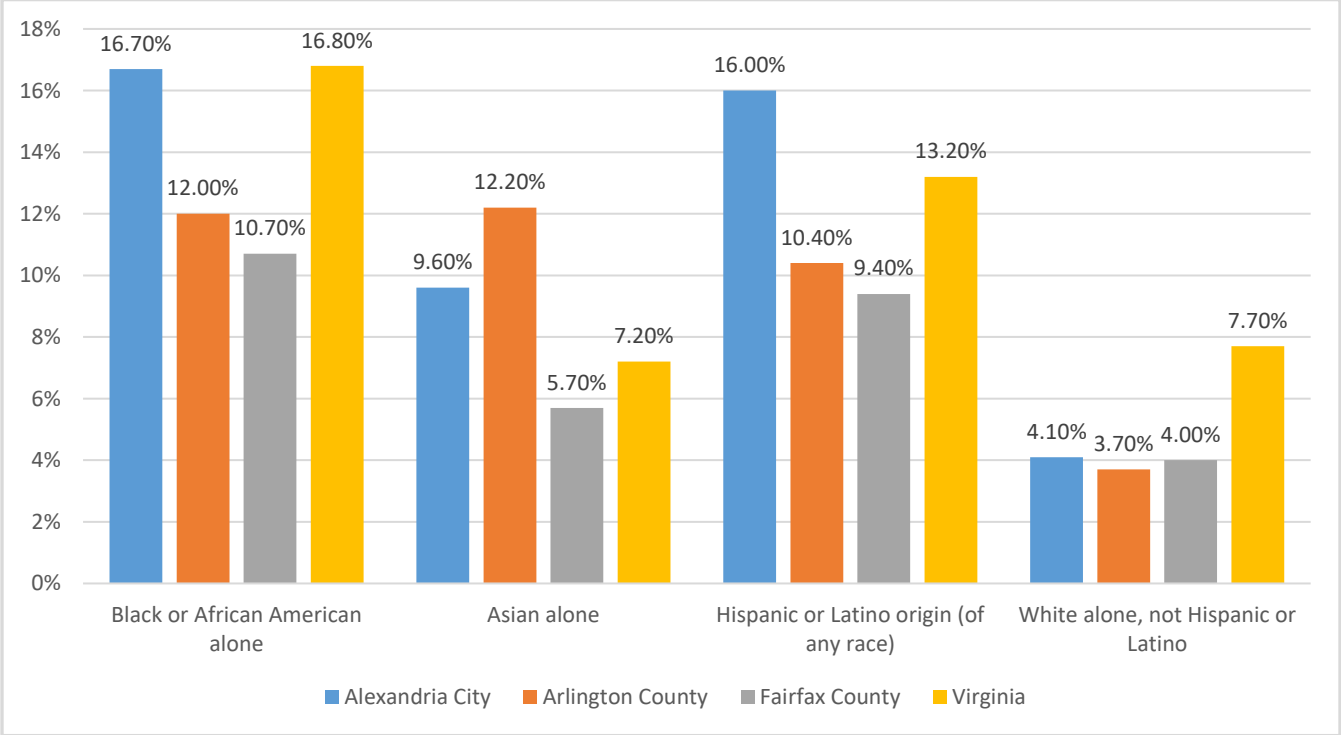
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B20. Poverty Distribution, Alexandria Community



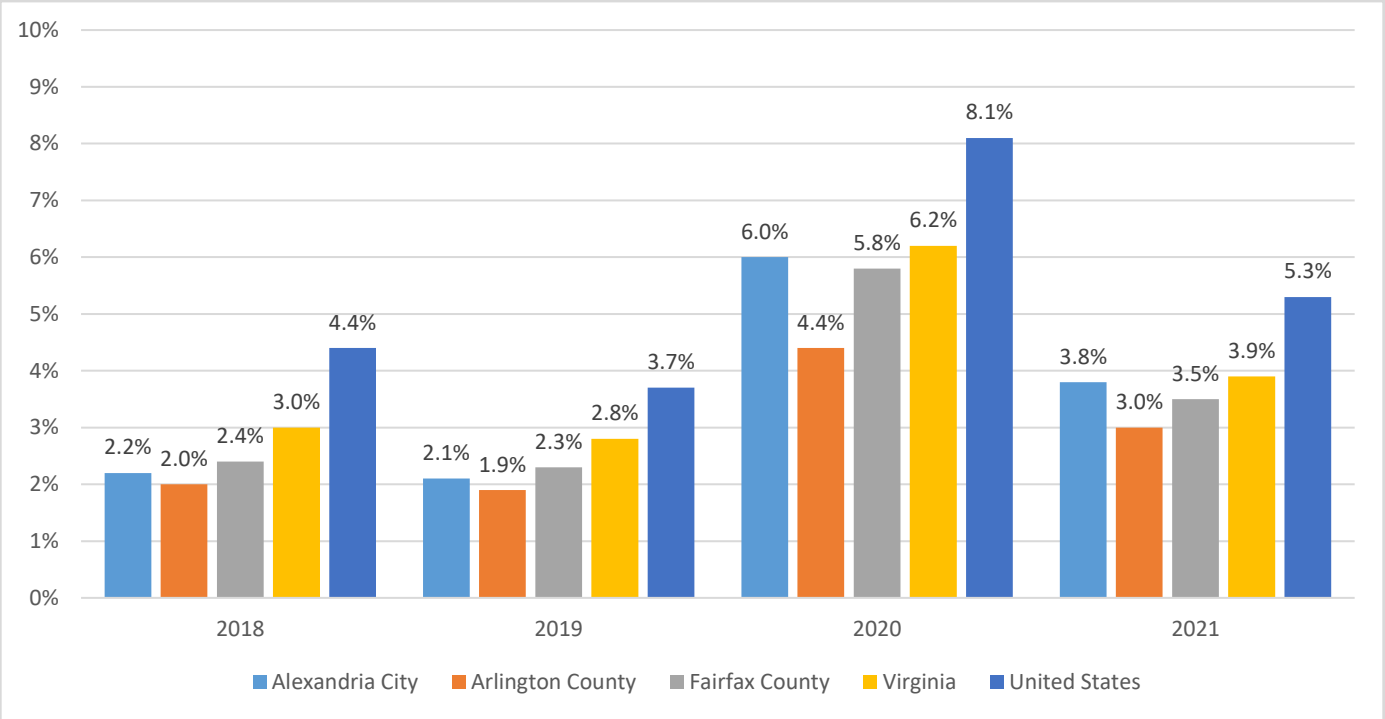
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B21. Poverty Rates by Race and Ethnicity, by Location



Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B22. Unemployment Rates over Time, by Location (2021)



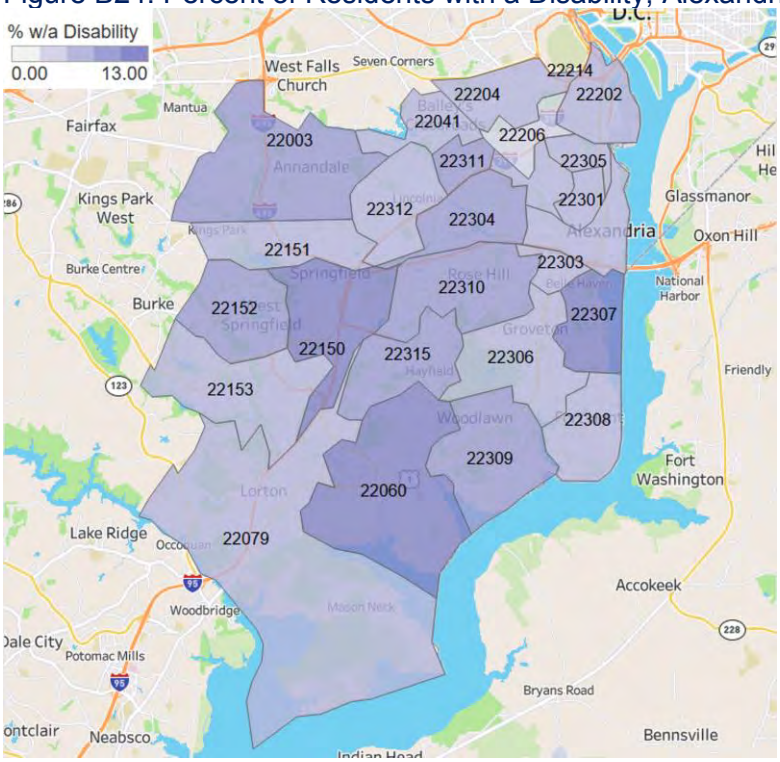
Source: U.S. Bureau of Labor Statistics

Figure B23. Other Socioeconomic Factors, by Location

Measure	Alexandria City	Arlington County	Fairfax County	Virginia	U.S.
Population 25+ without High School Diploma	6.9%	5.1%	7.3%	9.7%	11.5%
Population with a Disability	7.5%	6.0%	7.2%	11.8%	12.7%

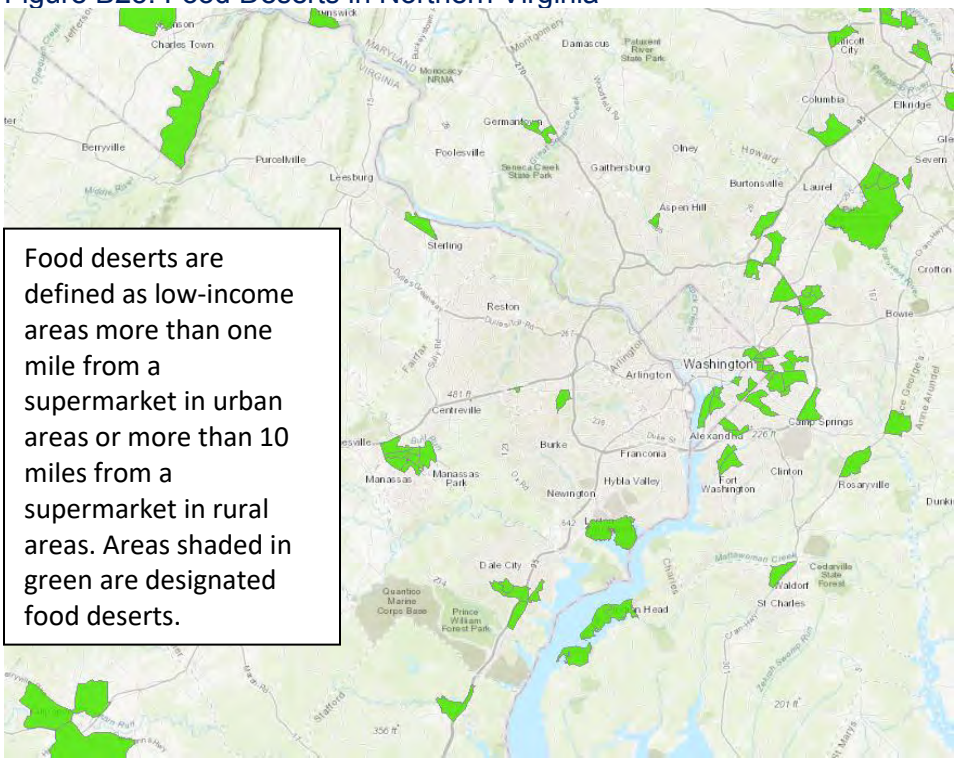
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B24. Percent of Residents with a Disability, Alexandria Community



Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B25. Food Deserts in Northern Virginia



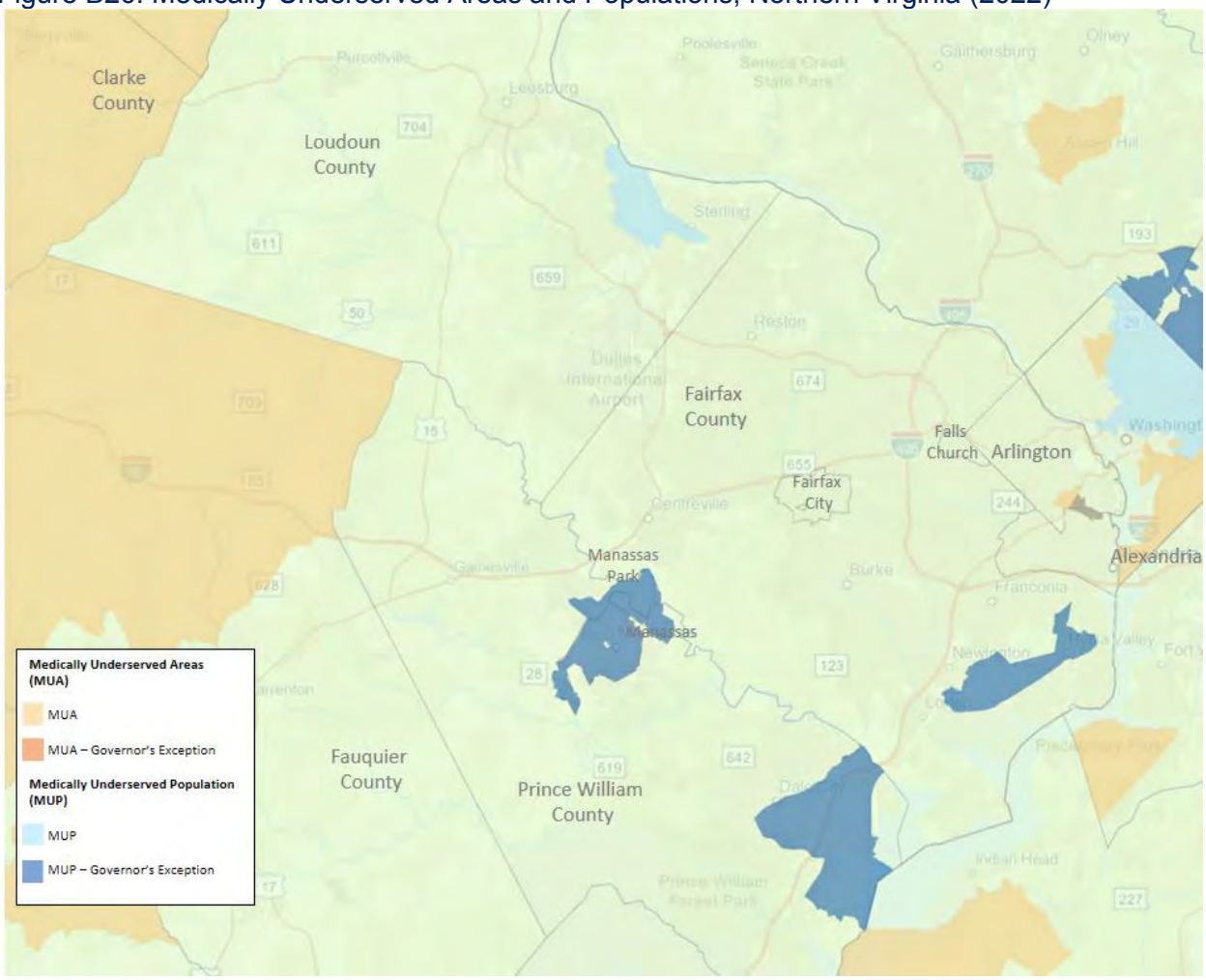
Food deserts are defined as low-income areas more than one mile from a supermarket in urban areas or more than 10 miles from a supermarket in rural areas. Areas shaded in green are designated food deserts.

Source: U.S Department of Agriculture, Accessed 5/17/2022

MEDICALLY UNDERSERVED AREAS AND POPULATIONS

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an "Index of Medical Underservice." The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level and percentage of the population age 65 or over. Areas with a score of 62 or less are considered "medically underserved." Populations receiving MUP designation include groups within a geographic area with economic, cultural or linguistic barriers to health care. There are multiple census tracts within the region that have been designated as areas where Medically Underserved Populations are present. These areas fall primarily along the Richmond Highway corridor, Dale City and Manassas West.

Figure B26. Medically Underserved Areas and Populations, Northern Virginia (2022)



Resource: Health Resources & Services Administration

RESOURCES

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory 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 B27. Federally Qualified Health Centers

Facility	Street Address	City	ZIP Code
Fairfax County Health Department	1850 Cameron Glen Dr Ste 117	Reston	20190
Greater Prince William Area Community Health Center, Inc.	17739 Main St Ste 130	Dumfries	22026
Greater Prince William Area Community Health Center, Inc.	9705 Liberia Ave Ste 201	Manassas	20110
Greater Prince William Area Community Health Center, Inc.	4379 Ridgewood Center Dr Ste 102	Woodbridge	22192
HealthWorks for Northern Virginia	11484 Washington Plz W	Reston	20190
HealthWorks for Northern Virginia	163 Fort Evans Rd NE	Leesburg	20176
HealthWorks for Northern Virginia	1141 Elden St Ste 300	Herndon	20170
Loudoun County Department of Mental Health, Substance Abuse and Developmental Services	21641 Ridgetop Cir Ste 105	Sterling	20166
Neighborhood Health	2100 Washington Blvd	Arlington	22204
Neighborhood Health	2120 Washington Blvd	Arlington	22204
Neighborhood Health	7501 Little River Tpke Ste G4	Annandale	22003
Neighborhood Health	6715 Little River Tpke Ste 201	Annandale	22003
Neighborhood Health (CSB Patients)	720 N Saint Asaph St	Alexandria	22314
Neighborhood Health	1225 Martha Custis Dr Ste C1	Alexandria	22302
Neighborhood Health	6677 Richmond Hwy	Alexandria	22306
Neighborhood Health	2616 Sherwood Hall Ln Ste 106	Alexandria	22306
Neighborhood Health	8350 Richmond Hwy Ste 301	Alexandria	22309
Neighborhood Health	1200 N Howard St	Alexandria	22304
Neighborhood Health (CSB Patients)	8119 Holland Rd	Alexandria	22306
Neighborhood Health	2 E Glebe Rd	Alexandria	22305
Neighborhood Health	4480 King St	Alexandria	22302
Neighborhood Health	8221 Willow Oaks Corporate Dr	Fairfax	22031

Source: Health Resources & Services Administration (2022)

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 Culmore Clinic (Falls Church, VA) and multiple sites throughout the region of the George Mason University's Mason and Partners Clinics (MAP).

In addition to these resources, Inova operates several Inova Cares Clinic sites across Northern Virginia. The Fairfax County Health Department also provides an array of services at locations throughout their jurisdiction and the Alexandria Health Department at locations in the City of Alexandria.

Figure B28. Hospital facilities that operate in the community

Facility	Facility Type	City	ZIP Code
Dominion Hospital	Psychiatric	Falls Church	22044
Fairfax Surgical Center	Ambulatory Surgical	Fairfax	22030
Haymarket Surgery Center	Ambulatory Surgical	Haymarket	20169
HealthSouth Rehab Hospital of Northern Virginia	Rehabilitation	Aldie	20105
HealthQare Services ASC, LLC	Ambulatory Surgical	Arlington	22201
Inova Alexandria Hospital	Acute	Alexandria	22304
Inova Ambulatory Surgery Center at Lorton	Ambulatory Surgical	Lorton	22079
Inova Fair Oaks Hospital	Acute	Fairfax	22033
Inova Fairfax Medical Campus	Acute	Falls Church	22042
Inova Loudoun Ambulatory Surgery Center	Ambulatory Surgical	Leesburg	20176
Inova Loudoun Hospital	Acute	Leesburg	20176
Inova Mount Vernon Hospital	Acute	Alexandria	22306
Inova Surgery Center at Franconia-Springfield	Ambulatory Surgical	Alexandria	22310
Kaiser Permanente Tysons Corner Surgery Center	Ambulatory Surgical	McLean	22102
Lake Ridge Ambulatory Surgical Center	Ambulatory Surgical	Woodbridge	22192
McLean Ambulatory Surgery, 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
Novant Health UVA Health System Haymarket Medical Center	Acute	Haymarket	20169
Novant Health UVA Health System Prince William Medical Center	Acute	Manassas	20110
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 Hospital Center	Acute	Dulles	20166
Virginia Hospital Center	Acute	Arlington	22205

Source: Virginia Health Information

Other Community Resources:

There is a wide range of agencies, coalitions and organizations that serve the Fairfax region. Several organizations maintain large databases to help refer individuals in need to health and human services and resources to address social determinants 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: Forces of Change Assessment (FOCA)

The Alexandria Health Equity Community Action Committee, along with several other individuals, representatives and groups, participated in Forces of Change Assessments. Figures C1 through C6 are a summary of their responses, categorized into overarching themes.

1. Forces: What are the trends, factors and events that are affecting health in the community
    a. Trends, i.e. patterns over time
    b. Factors, i.e. specific things about the community
    c. Events, i.e. policy changes or natural disasters
2. Categories: What Health Issues are impacted by each force
3. Threats: What are the challenges posed by each force
4. Opportunities: What are the opportunities presented by each force

Figure C1: Alexandria Health Equity Community Action Committee

Forces	Category	Threats Posed	Opportunities Created
Increase in Mental Health Impact on Community	Chronic Conditions Injury and Violence Healthcare Access Health Literacy Mental Health Neighborhood, Community and Environment	• Veteran suicide rate increased during the pandemic • Incidence of suicide increased during the pandemic • Technology access can limit access to resources • Trauma that youth have gone through during the pandemic has increased needs in the youth population • Lack of providers • Lack of culturally competent providers • Disproportionately affects people of color in Alexandria • Better informed policy and decision tools for better response to mental health crisis • Need a holistic approach to looking at mental health	• Increased community collaboration and awareness of needs and resources • Increase in community level support in response to lack of providers • Increased telehealth support for mental health therapists at schools and secondary institutions • Technology- increased access • Can see when people access services – positive feedback loop • Response to mental health crisis in the city – diminishment of law enforcement response • Alexandria Marcus Alert Mission Group to address mental health safety and awareness • Better city management of mental health and its needs • Reducing barriers to collaborative approaches to addressing mental health needs in the community
Increase in Food Insecurity/Food Pantries	Economic Stability Neighborhood, Community and Environment	• Pandemic has shown the dramatic level of food insecurity in Alexandria • Disproportionately affected BIPOC community	• Increased approaches at effective ways to address food insecurity • Increased collaboration between organizations to address this for the community

	Obesity, Nutrition and Physical Activity	• Supply chain severely impacted presence of food at grocery stores • Farmers markets shut down due to social distancing and led to decrease in access to fresh foods • Lack of transportation severely impacted food security during pandemic • Bus routes were not running for a while which affected access for community	• Increase in food clinics and kitchens that were community facing • Increase in the circulation of information in communities to address food insecurity • Coupled with other supports to meets needs – trauma/mental health support in schools • Faith based organizations have become leaders in food distribution in marginalized communities • Empowering community members to shop for themselves at food distribution sites increases efficacy • Increase in self efficacy for food selections - Let me pick what I want versus giving me what you think I should have • Increase in neighborhood-based services versus sites
COVID/Vaccine Access for Community	Chronic Conditions Economic Stability Healthcare Access Health Literacy Neighborhood, Community and Environment	• Community feels like healthcare only became concerned about COVID and not the other health conditions that needed attention during the pandemic • Websites were faulty and became barriers • Electronic means of accessing websites and portals to register for vaccination- was not user friendly • Language barriers	• Creation of a Digital Plan in Alexandria to address technology issues – highlighted in the CHIP • Increased funding from government and health systems to enhance technology access

		• Technology was highlighted as a major opportunity for the vaccination efforts	
Increase in Health and Technology Literacy Needs	Education Healthcare Access Health Literacy Injury and Violence Neighborhood, Community and Environment	• Became a major barrier to access in lot of areas during COVID • Can prevent access to care • Cannot use technology- it becomes pointless • Lack of acknowledgement of cultural barriers that contribute to a lack of health or technology literacy • Can impact treatment options and plans and connections to provider care • Limited the provision of resources and services if professionals struggle to use new technology-based systems • Platforms and services change too quickly which can be a barrier • Requires long term buy-in and commitment • Not accessible to everyone • Certain demographic that we will only be able to meet • Can serve as a barrier for programs if technology is faulty	• Increases access to families and platforms for information • Allows organizations to meet people where they are • Increase programs and resources dedicated to improving literacy • Reduces necessity of geographic location to reach people • Increases sustainability • Enhances speed of services provided • For those that are literate, it is a positive tool for access and better life management • Requires long term buy-in and commitment

Figure C2: Partnership for Healthier Alexandria

Forces	Category	Threats Posed	Opportunities Created
Increase in Mental Health Needs and Resources/Disparities	Chronic Conditions Economic Stability Injury and Violence Mental Health Neighborhood, Community and Environment	• Disproportionately affected BIPOC community • Anxiety around getting sick • Anxiety around financial instability • Childcare issues/inconsistencies created lots of stress and anxiety. Prevented people from going to work or remaining employed which challenged financial stability • Increase in social isolation and loneliness • Lack of providers and culturally competent care/providers for diverse population • Once public health emergency aid expires this will impact the increase in services seen during the pandemic	• Reduction around stigma in seeking mental health services and resources within the community • Increased understanding of more cultural competency in mental health care and services • Opportunity for more training of first responders and law enforcement to handle mental health services differently - Marcus Alert Group in Alexandria • Have seen an explosion of virtual mental health services and therapy options which is a tremendous benefit to the community • Medicaid expansion increased access to mental health services • Increase in mental health opportunities that focused on intervening before a crisis – hotlines, call centers, etc. • Alexandria Health Dept. sent out blind mailers to Alexandria residents to message mental health services before community members sought the need • Increase in remote group sessions

			to offer support services during the pandemic • 988 – America's universal 911-type mental health services line • Continue moving towards mobilizing stigma reduction to educate community about mental health • Increase in "Work-from-home" policies really unburdened some people • More services being offered by employers • Empower our leaders to reduce stigma around mental health
COVID-Related Inflation/Challenges to Economic Stability	Economic Stability Neighborhood, Community and Environment Obesity, Nutrition and Physical Activity	• Increase in food insecurity • Increase in gas prices • "Most families were already one emergency away from not being able to eat, sleep, or work. This needs to be acknowledged in our current climate" • Impact to supply chain that affected community resources	• Increased mobilization of community support through community partnership
Increase of Technology as a Barrier	Education Healthcare Access Health Literacy Injury and Violence Mental Health	• Needs for skill building services for technology literacy • Stigma around not having technology access prevented community members from seeking free or reduce cost services • Lack of representation and inclusivity • Everyone does not have access to technology and therefore were not	• Increase in community collaboration and shared services • Changes in city level policies to help people live during the pandemic • Increase in communication channels and pathways that reach more community members

	Neighborhood, Community and Environment	connected • Could be a barrier to access to care • Everything became virtual – virtual connections became challenging with inconsistent connectivity • Prevents the access to necessary services, supports, programs, etc. • Kids could not go to school if home technology was not present or available • Increase in misinformation and disinformation • Where to go now – re-entering society/reclamation impacts mental health and stability • Stages and rollouts only created availability in specific ways instead of creating universal access • Impacted healthcare and behavioral health access	• Increased acknowledgement of cultural ways of communication that were important to use for messaging resources • Increased communication between community stakeholders to address gaps in needs and resources

Figure C3: Alexandria Health Department

Forces	Category	Threats Posed	Opportunities Created
Increase in Housing Disparities and Inequities in Alexandria	Chronic Conditions Economic Stability Injury and Violence Neighborhood, Community and Environment	• Disproportionately affected BIPOC community • Amazon coming to Northern VA increased cost for current residents • Increased asthma hospitalizations due to unhealthy housing environments • Quality and accessible housing is difficult	• Amazon coming to Northern VA • Increased corporate responsibility for companies coming into disadvantaged communities • Increased need and awareness of health homes model by larger corporations

		for community members – especially the elderly/aging in place • Infrastructure of partnerships needs to strengthen to address physical and environment that attributes to health • Need for increased community assistance in repairing and building green spaces • Larger corporations should be more invested in building spaces as anchor institutions in communities • Leverage more data sharing amongst community partners and large corporations to improve health in communities • Need more services and programs to support residents aging in place	• Alexandria ACE Health Homes initiative • Increased community collaboration and partnership to elevate community leaders to address local issues • Investment in the housing infrastructure would allow for more community building opportunities • Increased collaboration between community stakeholders to impact community health
COVID-Related Increases in Healthcare Access Barriers	Chronic Conditions Economic Stability Healthcare Access Health Literacy Neighborhood, Community and Environment	• Gentrification wars in certain zip codes within Alexandria • Needs, resources and pathways of access were put on hold and this greatly impacted the community and services provided • Delays in care or addressing health needs	• Creation of a Digital Plan in Alexandria to address technology issues – highlighted in the CHIP • Increased funding from government and health systems to enhance technology access • Environments are changing in the community – new hospital being built
Increase in New Funding Opportunities	Chronic Conditions Economic Stability Healthcare Access Health Literacy	• Trapping people into poverty circles and hyper visualizing disparities and not focusing on changing systems • Only funded to do specific types of outreach	• New Funding in Community to address issues and needs • Increased opportunities for capacity building within community

	Neighborhood, Community and Environment	• "Funding sources seemed prescriptive rather than assisting in addressing health issues" • Not much funding for systems change versus needs addressing • Need to better support community partners in doing this work in the community • Needs for social media literacy education and tools to help expand the reach within community (capacity building) • Need for increased community-based marketing to reach more people	• Helps to build skills within community • Elevated community-based leaders to lead conversations on helping their communities
Increase in Utilization of Technology During COVID	Education Healthcare Access Health Literacy Injury and Violence Neighborhood, Community and Environment	• Increase of technology needs because of social distancing guidelines during COVID created disparities in community • Libraries were not open where people accessed technology daily • Very little access to Wi-Fi or computer tech to continue daily living for some residents • Impacted communication of important information to community members • Vaccine rollout was heavily impacted • In order for residents to sign up for vaccination it required MyChart sign up which was an additional barrier that contributed to vaccine hesitancy • Lack of acknowledgment by large organizations and institutions to acknowledge this and assist community	• Increased creative pathways for communication to community members • Increased utilization of community health workers as trusted messengers • Increase in trusted messengers to communicate via various platforms to community members • Health department mobilized community partner collaboration to assist with health messaging delivery • Developed WhatsApp messages for community members to send via their respective channels

		leaders to solve this problem to address access barrier • Need for more institutional support to address lack of access needs in communities that affect community member participation with an organization • **Just building it won't get them to come**	• **"Developing communication pathways from the approach of the community member seeking information and not how the health department wants to deliver the messaging to the community"**

Figure C4: Neighborhood Health, Federally Qualified Health Center

Forces	Category	Threats Posed	Opportunities Created
Medicaid Expansion	Healthcare Access	• Not overall positive – lacking coverage is still a barrier for the community • Cost-sharing is not equitable (sliding scale fees, etc.) • Specialty care access is even more of a barrier	• Dropping of 40-quarters of work history helped in Virginia for immigrants to receive benefits • Increase in dental benefit and service access • Better collaboration between safety-net clinics
Insufficient Mental Health Services/Resources	Healthcare Access Injury and Violence Mental Health	• Demand has increased • Providers decreased because of COVID regulations, etc. • Pandemic related social isolation • Lack of insurance coverage, especially private insurance payors • Needs for more mental health support services in schools • Law enforcement • Transportation	• Increase in providers for Medicaid plans • Imbedding mental health services broadly across unique organizations/entities

Insufficient Dental/Oral Health Services/Resources	Healthcare Access Oral Health	• Demand has increased • Providers decreased because of COVID regulations, etc. • No increase in dental providers with the expansion of Medicaid • Additional coverage cost/supplemental programs are too expensive • Capacity in community needs to increase • Transportation	• Medicaid expansion of dental services helps more people • Also created an opportunity for more providers to help population
Immigration/Immigrant Population	Economic Stability Healthcare Access	• Population most-at risk • Mistrust/perception in community keeps population from access care and services • Structural impacts affect resources • Immigration status • Workforce	• Increases diversity of community • Workforce • Better targeted messaging and outreach during COVID pandemic • Trusted community members aided health communication and messaging from organizations
Income/Wealth Disparities	Economic Stability Healthcare Access Mental Health Neighborhood, Community and Environment Oral Health	• Affects transportation • Quality of life • Life expectancy • Access to care/services/resources • Greatly affects those that do not qualify for benefits • Essential workers/sick leave	• Became the greatest driver or marker during COVID to determine need and creating more access • Created better pathways for vaccination efforts for high-risk groups
Access to Specialty Care	Chronic Conditions Healthcare Access Mental Health Oral Health	• Declined and became a huge barrier during COVID pandemic • Send a lot of patients to UVA/VCU (has decreased over the years)	• Medicaid expansion increased services pathways • Increased collaboration between FQHCs and healthcare institutions • Send less patients to UVA/VCU

		• Having to go through a different FAP (barrier) • Transportation	• Expansion of services/resources for uninsured population

Figure C5: City of Alexandria Government

Forces	Category	Threats Posed	Opportunities Created
Disparities in Life Expectancy Between Residents	Chronic conditions Economic Stability Education Healthcare Access	• Cardiovascular disease, obesity, etc. are much higher in black and brown communities compared to whites • Healthy food access • Access to care • Education attainment, access and quality • Observed generational disparities by race and ethnicity within Alexandria City • Crowding in housing became a major problem	• All of the community became impacted during COVID which increased awareness and response of community need • Could no longer ignore disparities • Increase in proximity to green spaces, parks and recreation during the pandemic • Increase in food insecurity and hunger relief efforts across the city • Increase in the support for initiatives that address inequities and disparities • Less work to get "supporters" to assist with community needs and resources
Disparities in Vaccine Access	Economic Stability Healthcare Access Health Literacy Immunizations and Infectious Disease Injury and Violence	• Privileged individuals in the community were mad that disadvantaged communities were prioritized during COVID • Increase in interpersonal violence • "Systems" that were currently in place were not set up for all residents to be successful • Increased awareness of need to create	• Privileged community members could no longer "call the manager" to get things escalated or done • Increased community morale to help disadvantaged communities • Increased collaboration between community partners and larger organizations to help with increase

	Neighborhood Community and Environment	equitability amongst all residents • Those with economic stability created privilege amongst those who were vaccinated first • Created observed disparities by race, ethnicity, age and vulnerability • Lack of trust with health departments/medical providers aided vaccine hesitancy	of needs and resources • Targeted trust building with under-resourced communities
Social Media/Misinformation of Health Messaging	Healthcare Access Health Literacy Immunizations and Infectious Disease Injury and Violence Mental Health Neighborhood, Community and Environment	• Increased the number of "leaders" in the community and messaging became beneficial or not • Increase in internet/interpersonal violence and bullying • Increased anxiety and displays of personal aggression • Increase in the spread of misinformation/disinformation that hurt vaccination efforts • Enhanced mistrust between and amongst community members • Struggle for governments to control information and public response • Supported disparities in vaccine access	• Increased the number of "leaders" in the community and messaging became beneficial or not • Increase cultivation of streamlined communication strategies • Increase in trusted messengers in the community to deliver correct information • Offers reassurance for many people to decrease anxiety • Highlighted a shared sacrifice the entire world/community was making to social distance and keep people healthy • Consumption of information increased dramatically • Increased speed and rate of communication to residents • Increase collaboration between partner organizations to meet needs

Mental Health Access (In School Setting)	Healthcare Access Injury and Violence Mental Health Neighborhood, Community and Environment Substance Abuse	• Kids are showing that they have taken the brunt of the pandemic • Remained in homes with abuse or abuse in homes increased • A lot of children became "head of household" at inappropriate ages • Increased incidence of violence in schools • Lack of providers to respond to the increase in needs, resources and support • Access to mental health was an issue prior to COVID • Lack of providers of diverse backgrounds to handle cultural, racial and ethnic trauma that has increased in the community • Dramatic change in social settings and relationships between peers • Will see kids not having lifetime friends or defining relationships due to the prevention of meeting by social distancing • Social distancing o Prevents kids from observational learning and learning by mistake	• Children are resilient • Increase collaboration with community partners/organizations to support mental health needs in schools • Increase awareness that more services have to be provided outside the school setting • Kids with social/emotional support needs flourished due to the decrease in proximity to other children • Increased suicide awareness and prevention in school settings

Figure C6: Faith Based Leaders, All regions

Forces	Category	Threats Posed	Opportunities Created
Increase in Mental Health Impact on Community	Chronic Conditions Healthcare Access Health Literacy	• Need more providers trained in intersectionality to help address multiple identities in the space of behavioral/mental health	• Church counseling ministries have increased to address awareness for behavioral health and mental health support

	Mental Health Neighborhood, Community and Environment	• Need more providers for long-term intervention • Faith leaders can only provide short-term interventions for faith-based counseling • Even pastors/faith leaders can only provide short-term intervention. What next? This really is a barrier to care when someone is in a mental health crisis • Public providers are overwhelmed • Stigma is still a huge problem regarding mental health in religious/faith communities • Many people do not know they are depressed • Depends on word of mouth for referrals for counseling	• Awareness for services and programs has increased • Would like to expand services and make them more well-known to all of community – reducing stigma
Increase in Immigrant/Refugee Population	Economic Stability Healthcare Access Health Literacy Mental Health Neighborhood, Community and Environment	• Individuals have trauma and it is not being addressed sufficiently • Affordable housing not accessible • Commonly told that if those who were seeking citizenship were to apply for social services their applications would be denied	• Many communities worked to dispel this stigma and misinformation to increase access • Dual trained community members were trained to do pastoral support and programs/services to help address disparities • Need to better address trauma when these community members arrive
Increase in Food Insecurity/Food Pantries	Economic Stability Maternal, Infant, Child and Youth Health	• Certain ethnic and cultural groups were totally loss to systems (i.e. Haitian, Africans, etc.) • Not everyone was included as a vulnerable group	• Increase in community partnership and collaboration to address enhanced need • Churches mobilized community-based food pantries to deliver

	Neighborhood, Community and Environment	• Community had to come to them instead of services coming to them • Transportation greatly affected community and food accessibility – especially in counties with limited public transportation • School unable to provide dual services that helped address this need • Reduced barriers for community members to access more food for their households and other households were limited due to transportation • Food pantries were not paying attention and were distributing expired foods a lot • Lack of community trust impacted access to food networks, pantries and resources	service to community • For accessibility, what Loudoun Hunger Relief did to promote vaccination access was to distribute food at a remote location. LHR was the "anchor" and they partnered with Department of Health to distribute vaccines. LHR gave a gift card as a promo to ensure people would vaccinate • Using volunteers of diverse backgrounds enhanced trust and increased community participation in using services • Test community members • Lots of overlapping services which may have been barriers to communication • Integrating food distribution between community partners to streamline access • Championed peer-to peer/neighbor-to-neighbor support groups that facilitated transportation and distribution to communities limited by transportation • Reduced the emphasis on targeting ethnic and racial groups and open to all

Barrier to Distributing COVID Assistance	Economic Stability Healthcare Access Health Literacy Immunizations and Infectious Disease Mental Health Neighborhood, Community and Environment	• Assistance programs were limited in scope and outreach • Undocumented citizens were impacted heavily as they were not allowed to receive many services and resources reserved for “citizens” • Need for increased funding highlighted disparate needs with regard to poverty in Northern VA • Slow communication really impacts access to health for many • Low technology literacy impacted communication of important messaging • Lack of racial/ethnic/cultural mental health specialist/resources in Northern VA • Barriers to accessing programs for all citizens • Families turned away due to lack of documentation • Those not seen as real community members/citizens increases stigma and mistrust	• Accumulated lots of money to address needs • Federal funding was available to undocumented citizens for COVID positive clients • Depended on word of mouth communication • Increased effectiveness of trusted messengers • Barriers to accessing public and government programs or applications was made easier in some instances • Lots of programs reduced barriers to accessing services • Community led communication was very successful

Appendix D: Community Themes and Strengths Assessment (CTSA)

Data for the Community Themes and Strengths Assessment (CTSA) were collected through a survey (Figure D1) that asked participants 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 the first week of April 2022. Surveys were available in Arabic, Amharic, Chinese (Mandarin), 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.

Themes were identified in the survey in two ways. First, the overall results were considered, and a survey response is considered a theme if it is in the top 5 of all responses (as shown in the CHNA Report). Second, the results were analyzed by respondent demographics in order 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. CTSA Survey

Survey Introduction:

Inova is 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. We also ask a few questions about you so we can understand more about who took this survey. If you need more information, please visit https://www.inova.org/about-inova/inova-your-community/community-health-needs-assessments or contact us at CHNA@inova.org or call 703-698-2575. Thank you for participating in this anonymous survey.

We know that COVID-19 has affected health in many ways. Please keep that in mind when answering these questions.

1. In your opinion, what are the greatest strengths of our community?

Please select up to THREE (3) boxes below:

- ☐ Opportunities to be involved in the community
- ☐ Diversity of the community (social, cultural, faith, economic)
- ☐ Access to healthy food (fresh fruits and vegetables)
- ☐ Housing that is affordable
- ☐ Services that support basic needs (food, clothing, temporary cash assistance)
- ☐ Access to health care
- ☐ Educational opportunities (schools, libraries, vocational programs, universities)
- ☐ A good place for children to live
- ☐ A good place for older adults to live
- ☐ Jobs and a healthy economy
- ☐ Transportation options
- ☐ Mental health and substance abuse services
- ☐ Police, fire and rescue services
- ☐ Safe place to live
- ☐ Parks and recreation
- ☐ Walk-able, bike-able community
- ☐ Clean and healthy environment
- ☐ Arts and cultural events
- ☐ Other (please specify): _____

2. In your opinion, what are the most important health issues for our community?

Please select up to THREE (3) boxes below:

- ☐ Dental problems
- ☐ Teen pregnancy
- ☐ Maternal, infant and child health
- ☐ Violence and abuse
- ☐ Preventable injuries (car or bicycle crashes, falls)
- ☐ Aging-related health concerns
- ☐ Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)
- ☐ Alcohol, drug, and/or opiate abuse
- ☐ Mental health problems (depression, anxiety, stress, suicide)
- ☐ Obesity
- ☐ Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)
- ☐ Other (please specify): _____
- ☐ Illnesses spread by insects and/or animals (Lyme disease, Zika, rabies)
- ☐ Sexually transmitted diseases
- ☐ HIV
- ☐ Other illnesses that spread from person to person (flu, TB)
- ☐ Vaccine preventable diseases (whooping cough, measles, tetanus)
- ☐ Food safety
- ☐ Intellectual disabilities (autism, developmental disabilities)
- ☐ Sensory disabilities (hearing, vision)
- ☐ Physical disabilities
- ☐ Differences in life expectancy and health outcomes based on race, ethnicity, and economic well-being

3. In your opinion, what would most improve the quality of life for our community?

Please select up to THREE (3) boxes below:

- ☐ Opportunities to be involved in the community
- ☐ Welcoming of diversity (social, cultural, faith, economic)
- ☐ Access to healthy food (fresh fruits and vegetables)
- ☐ Housing that is affordable
- ☐ Services that support basic needs (food, clothing, temporary cash assistance)
- ☐ Access to health care for all
- ☐ Educational opportunities (schools, libraries, vocational programs, universities)
- ☐ Jobs and a healthier economy
- ☐ Transportation options
- ☐ Mental health and substance abuse services
- ☐ Improved public safety (law enforcement, fire, EMS)
- ☐ Improved public health
- ☐ Access to parks and recreation
- ☐ A walk-able, bike-able community
- ☐ Clean and healthy environment
- ☐ Arts and cultural events
- ☐ Working to end homelessness
- ☐ Other (please specify): _____

Please answer the following questions about yourself. We ask these questions to better understand your answers.

D1. Your HOME ZIP CODE: _ _ _ _ _

D2. Your AGE Mark (X) only ONE (1) box:

- ☐ Under 18 years
- ☐ 18 - 24 years
- ☐ 25 - 29 years
- ☐ 30 - 39 years
- ☐ 40 - 49 years
- ☐ 50 - 64 years
- ☐ 65 - 79 years
- ☐ 80+ years

D3. Your HIGHEST LEVEL OF EDUCATION Mark (X) only ONE (1) box:

- ☐ Less than high school diploma
- ☐ High school diploma / GED
- ☐ Some college
- ☐ Associates / Technical degree
- ☐ Bachelor's degree
- ☐ Graduate degree or higher

D4. ARE YOU HISPANIC OR LATINO? Mark (X) only ONE (1) box:

- ☐ Yes
- ☐ No

D5. Your RACE - Which one or more of the following race categories do you identify with? Select ALL THAT APPLY:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White or Caucasian

D6. Do you live in a home with HOUSEHOLD MEMBERS THAT ARE YOUNGER THAN 18 YEARS OLD? Mark (X) only ONE (1) box:

- ☐ Yes
- ☐ No

D7. Where do you USUALLY GO FOR HEALTHCARE? Mark (X) only ONE (1) box:

- ☐ Hospital / emergency room
- ☐ Private doctor's office / HMO
- ☐ Urgent care center
- ☐ Free or reduced-fee clinic
- ☐ I don't get healthcare

D8. Your ASSIGNED SEX AT BIRTH Mark (X) only ONE (1) box:

- ☐ Female
- ☐ Male

D9. Your ANNUAL HOUSEHOLD INCOME Mark (X) only ONE (1) box:

- ☐ Less than $10,000
- ☐ $10,000 - $49,999
- ☐ $50,000 - $99,999
- ☐ $100,000 - $149,999
- ☐ $150,000+

https://www.surveymonkey.com/r/NoVAHealthAssessment-English

Figure D2. Characteristics of Survey Responses from the Alexandria Community

		Number of Respondents	Percent of Respondents
Total Responses		1220	100%
Ethnicity			
	Hispanic/Latino	283	23%
	Not Hispanic/Latino	918	75%
	No response	19	2%
Race			
	American Indian or Alaska Native	34	3%
	Asian	213	17%
	Black or African American	163	13%
	Native Hawaiian or Other Pacific Islander	8	1%
	White or Caucasian	695	57%
	No response	151	12%
Language			
	Amharic	2	<1%
	Arabic	2	<1%
	Chinese	3	<1%
	English	958	79%
	Farsi	0	0%
	Spanish	154	13%
	Vietnamese	81	7%
	Urdu	0	0%
	Korean	20	2%
Lives with child (<18 years)			
	Yes	561	46%
	No	636	52%
	No response	23	2%
Sex			
	Female	889	73%
	Male	295	24%
	No response	36	3%
Annual Household Income			
	Less than $10,000	90	7%
	$10,000 to $49,000	248	20%
	$50,000 to $99,999	242	20%
	$100,000 to $149,000	235	19%
	Greater than $150,000	327	27%
	No response	78	6%
Age Category			
	Less than 18 years	48	4%
	18-24 years	61	5%
	25-29 years	70	6%
	30-39 years	234	19%

	40-49 years	282	23%
	50-64 years	308	25%
	65-79 years	175	14%
	80+ years	24	2%
	No response	18	1%
Education			
	Less than High School Diploma	138	11%
	High School Diploma or GED	138	11%
	Some College	81	7%
	Associates or Technical Degree	50	4%
	Bachelor's Degree	335	27%
	Graduate Degree or Higher	453	37%
	No response	25	2%
Regular Source of Healthcare			
	Hospital or Emergency Room	78	6%
	Private Doctor's Office or HMO	910	75%
	Urgent Care	54	4%
	Free or Reduced Fee Clinic	99	8%
	I don't get healthcare	50	4%
	No response	29	2%

Top Five Answers to "What are the top health issues facing our community?" by Select Demographic Groups

Figure D3. Low Income Respondents (Household Income <$50,000/year)

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	154
2	Dental problems	112
3	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	82
4	Alcohol, drug and/or opiate abuse	76
5	Violence and abuse	68

Figure D4. Respondents with Less than a High School Diploma or GED (25+ years of age)

Rank	Response	Number of People Who Selected Response
1	Dental problems	50
2	Mental health problems (depression, anxiety, stress, suicide)	35
3	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	29
4	Alcohol, drug and/or opiate abuse	18
5	Maternal, infant and child health	16

Figure D5. Younger Respondents (<25 years of age)

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	62
2	Alcohol, drug and/or opiate abuse	40
3	Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)	33
4	Violence and abuse	27
5	Differences in life expectancy and health outcomes based on race, ethnicity and economic well-being	19

Figure D6. Older Respondents (50 years of age or older)

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	263
2	Differences in life expectancy and health outcomes based on race, ethnicity and economic well-being	161
3	Aging-related health concerns	159
4	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	125
5	Alcohol, drug and/or opiate abuse	117

Figure D7. Spanish Speaking Respondents (Survey Language in Spanish)

Rank	Response	Number of People Who Selected Response
1	Dental problems	78
2	Mental health problems (depression, anxiety, stress, suicide)	51
3	Alcohol, drug and/or opiate abuse	40
	Maternal, infant and child health	40
4	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	37

Figure D8. Survey Completed in a Language other than English or Spanish

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	41
2	Aging-related health concerns	39
3	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	28
4	Dental problems	19
	Alcohol, drug and/or opiate abuse	19
	Obesity	19

Figure D9. Respondents of Color (All respondents except white, non-Hispanic or without race/ethnicity info)

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	321
2	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	168
3	Alcohol, drug and/or opiate abuse	159
4	Dental problems	145
5	Differences in life expectancy and health outcomes based on race, ethnicity and economic well-being	143

Figure D10. Respondents of Hispanic or Latino Ethnicity (regardless of race)

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	135
2	Dental problems	103
3	Alcohol, drug and/or opiate abuse	74
4	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	66
5	Violence and abuse	63

Figure D11. Female Respondents

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	541
2	Differences in life expectancy and health outcomes based on race, ethnicity and economic well-being	307
3	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	219
4	Alcohol, drug and/or opiate abuse	213
5	Violence and abuse	171

Appendix E: Community Health Status Assessment (CHSA)

The health indicators that comprised the Community Health Status Assessment (CHSA) 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 and surveys in June 2022. 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 Alexandria 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. CHSA Data Sources

Data Source	Abbreviation
American Community Survey	ACS
Centers for Disease Control and Prevention	CDC
Centers for Medicare and Medicaid Services	CMS
County Health Rankings	CHR
Feeding America	FA
National Cancer Institute, State Cancer Profiles	NCI-SEER
National Center for Health Statistics	NCHS
Small Area Health Insurance Estimates, Census	SAHIE
US Bureau of Labor Statistics	BLS
Virginia Behavioral Risk Factor Surveillance System	VA BRFSS
Virginia Department for Aging and Rehabilitative Services	VA DARS
Virginia Department of Education	VDE
Virginia Department of Health	VDH
Virginia Health Information	VHI
Virginia Online Injury Reporting System	VOIRS

Figure E2. CHSA Data:

Category	Data Point	Value				Unit of measure	Year of Data	Data Source
		Alexandria City	Arlington County	Fairfax County	Virginia			
Chronic Conditions	Persons with a disability	7.10	5.90	7.20	11.80	%	2019	ACS
	Age-adjusted death rate due to cancer	117.60	107.60	109.40	152.40	Per 100,000	2019	NCI-SEER
	Age-adjusted death rate due to diabetes	13.60	11.20	11.40	23.50	Per 100,000	2018-2020	CDC
	Age-adjusted death rate due to heart disease	101.50	92.50	87.10	149.60	Per 100,000	2018-2020	CDC
	Age-adjusted death rate due to stroke	25.30	26.00	26.10	39.00	Per 100,000	2018-2020	CDC
	Age-adjusted hospitalization due to diabetes	11.70	7.00	8.80	20.70	Per 10,000	2018-2020	VHI
	Age-adjusted hospitalization due to pediatric asthma	1.60	1.90	1.70	3.60	Per 10,000	2018-2020	VHI
	Age-adjusted hospitalization rate due to adult asthma	3.30	2.20	1.90	3.10	Per 10,000	2018-2020	VHI
	Age-adjusted hospitalization rate due to heart failure	21.10	15.40	16.50	36.70	Per 10,000	2018-2020	VHI
	Age-adjusted hospitalization rate due to hypertension	4.70	1.80	2.50	4.60	Per 10,000	2018-2020	VHI
	All cancer incidence rate	325.60	336.10	335.30	411.00	Per 100,000	2018	NCI-SEER
	Medicare beneficiaries with Alzheimer's Disease or Dementia	12.20	11.50	10.70	10.40	%	2018	VA DARS
	Age Adjusted COPD hospitalization	6.60	4.90	3.50	13.50	per 10,000	2018-2020	VHI
	Persons with a disability who live in poverty	16.00	13.60	11.10	17.40	%	2019	ACS
Economic Stability	Median Household Income	100,939	120,071	124,831	74,222	US Dollars	2019	ACS
	Children living below poverty level	18.80	6.60	7.80	13.90	%	2019	ACS
	People 65+ living below poverty level	6.80	9.10	5.40	7.50	%	2019	ACS
	People living below poverty level	10.30	6.80	6.10	10.60	%	2019	ACS
	Child food insecurity rate	9.40	2.70	4.40	11.50	%	2019	FA
	Food insecurity rate	8.40	7.80	5.80	9.40	%	2019	FA

Category	Data Point	Value				Unit of measure	Year of Data	Data Source
		Alexandria City	Arlington County	Fairfax County	Virginia			
	Social and Economic Factors Ranking	6.00	2.00	5.00	6.00	Rank compared to other VA counties	2021	CHR
	Students Eligible for the Free Lunch Program	56.00	28.00	31.00	45.00	%	2019-2020	CHR
	Income Inequality	4.10	4.00	3.90	4.80	Ratio 80%:20% income brackets	2016-2020	CHR
	Annual Unemployment Rate	3.80	3.00	3.50	3.90	%	2021	BLS
Education	People 25+ with a Bachelor's degree or higher	63.10	75.30	61.60	38.80	%	2019	ACS
	High school graduation	90.80	94.40	94.60	93.00	%	2021	VDE
	Proportion of students receiving advanced studies diploma	41.00	68.00	67.00	56.00	%	2020-2021	VDE
	Enrolled in any post-secondary	71.00	79.00	82.00	69.00	%	2019	VDE
Healthcare Access	Adults with Health Insurance	89.80	92.90	89.30	89.20	%	2019	SAHIE
	Children with Health Insurance	94.90	96.40	95.00	95.10	%	2019	SAHIE
	Clinical Care Ranking	60.00	10.00	14.00	-	Rank compared to other VA counties	2021	CHR
	Colon Cancer Screening	68.00	67.80	68.50	70.30	%	2018	CDC
	Mammogram in Past 2 Years: 50-74	79.90	79.40	80.70	80.90	%	2018	CDC
	Pap test in past three years	86.70	90.60	88.20	84.30	%	2018	CDC
	Preventable Hospital Stays - Medicare Population	3706.00	2650.00	2497.00	3896.00	Per 100,000	2019	CHR
	Below 138% FPL uninsured	24.00	19.90	24.60	17.20	%	2020	ACS
Immunizations and Infectious Disease	Adults 65+ with pneumonia vaccination	73.50	74.90	75.30	75.60	%	2019	CDC
	Lyme Disease Incidence	10.60	5.10	10.30	13.40	per 100,000	2018	VDH
	Tuberculosis incidence	4.40	5.00	4.20	1.90	per 100,000	2021	VDH

Category	Data Point	Value				Unit of measure	Year of Data	Data Source
		Alexandria City	Arlington County	Fairfax County	Virginia			
	Varicella (Chickenpox) incidence	8.70	4.70	6.40	4.20	per 100,000	2018	VDH
	Hepatitis B, chronic	36.20	30.60	52.30	24.20	per 100,000	2018	VDH
	Hepatitis C, chronic	68.10	58.70	57.20	122.80	per 100,000	2018	VDH
Maternal, Infant and Child Health	Babies with low birth weight	6.30	6.20	6.70	8.30	Percent less than 2,500 grams	2020	VDH
	Infant mortality rate	3.00	1.10	3.30	5.30	Per 1,000 live births	2020	VDH
	Mothers who received early prenatal care	74.70	68.60	74.60	78.40	%	2020	CDC
	Teen birth rate 15-17	7.10	1.60	3.10	5.10	per 1,000 births	2020	VDH
	Teen birth rate <19	5.90	1.90	3.60	6.70	per 1,000 births	2020	VDH
	Infants born preterm	7.30	8.00	8.00	9.60	%	2020	NCHS
Mental Health	Age-adjusted death rate due to suicide	8.00	5.80	8.60	13.50	Per 100,000	2018-2020	CDC
	Frequent mental distress (14+ days)	11.00	10.00	10.00	13.00	%	2019	CHR
	Mental health provider rate	347.00	198.00	192.00	188.00	per 100,000	2020	CHR
	Poor mental health: 5+ days	3.70	3.30	3.50	4.20	Average number of days in the past 30	2019	CHR
	Adults ever diagnosed with a depressive disorder	17.60	16.10	14.80	17.00	%	2019	CDC
	Depression: Medicare population	14.00	15.00	12.00	16.00	%/Based on 10,000 beneficiaries	2020	CMS
Neighborhood, Community and Environment	Severe housing problems	17.00	16.00	15.00	14.00	%	2014-2018	CHR
	Renters spending 30% or more on household income on rent (30.0-34.9)	8.10	7.90	8.60	8.80	%	2019	ACS

Category	Data Point	Value				Unit of measure	Year of Data	Data Source
		Alexandria City	Arlington County	Fairfax County	Virginia			
	Renters spending 30% or more on household income on rent (35.0 or more)	30.80	29.90	36.70	37.20	%	2019	ACS
	Mean travel time to work	31.90	29.20	32.30	28.70	In minutes	2019	ACS
	Workers commuting by public transportation	19.90	27.40	9.60	4.40	%	2019	ACS
	Workers who walk to work	4.20	5.00	1.90	2.40	%	2019	ACS
	Food Environment Index	-	9.30	9.60	8.80	0-10 (10 best)	2019	CHR
	Residential segregation non-white/white index	37.00	32.00	25.00	42.00	0-100 (0=full integration)	2016-2020	CHR
	Residential segregation black/white index	41.00	49.00	42.00	50.00	0-100 (0=full integration)	2016-2020	CHR
Obesity, Nutrition and Physical Activity	Access to exercise opportunities	100.00	100.00	100.00	82.00	%	2019	CHR
	Adults engaging in physical activity	82.70	85.70	77.60	74.70	%	2019	VA BRFSS
	Adults who are overweight or obese	28.00	24.00	24.00	32.00	%	2019	CHR
	Adults who are sedentary	22.00	18.00	21.00	25.00	%	2019	CHR
Oral Health	Dentist rate	85.00	69.00	108.00	71.00	per 100,000	2019	CHR
	Visited dentist in past year	76.30	79.80	77.50	70.50	%	2018	CDC
	Teeth Extractions- 65+	8.10	5.90	6.70	14.90	%	2018	CDC
Sexual and Reproductive Health	Chlamydia incidence rate	414.00	323.00	249.20	469.40	Per 100,000	2020	VDH
	Gonorrhea incidence rate	124.80	92.50	55.30	175.10	Per 100,000	2020	VDH
	HIV/AIDS prevalence rate	7.60	6.70	5.00	7.30	Per 100,000	2020	VDH
	Teen pregnancy rate	12.60	1.90	3.50	7.00	Per 1,000	2020	VDH
	HIV Incidence	5.00	10.10	5.90	9.00	per 100,000	2021	VDH
Tobacco and Substance Use	Adults who drink excessively	19.00	20.00	15.00	17.00	%	2019	CHR
	Adults who smoke	12.00	9.00	11.00	14.00	%	2019	CHR
	Death rate due to or heroin overdose	0.60	1.70	0.40	4.80	Per 100,000	2020	VDH
	Death rate due to opioid overdose	10.70	9.60	5.70	17.20	Per 100,000	2020	VDH
	Emergency department visit rate due to heroin	3.20	2.10	2.30	6.60	Per 10,000	2020	VDH
	Emergency department visit rate due to opioids	30.50	25.70	29.00	34.40	Per 10,000	2020	VDH

Category	Data Point	Value				Unit of measure	Year of Data	Data Source
		Alexandria City	Arlington County	Fairfax County	Virginia			
Violence and Injury	Violent Crime rate	186.00	149.00	96.00	207.00	per 100,000	2014-2016	CHR
	Age-Adjusted Hospitalization Rate related to unintentional fall	11.90	11.70	14.60	20.90	per 10,000	2020	VOIRS
	All-cause injury deaths	30.30	30.90	32.60	70.00	per 100,000	2020	VOIRS
	Firearm deaths	7.60	5.10	5.60	13.7	per 100,000	2020	VOIRS
	Motor vehicle deaths	3.80	3.00	3.20	10.60	per 100,000	2020	VOIRS
	All-cause injury or violent hospitalizations	194.60	183.10	234.50	390.70	per 100,000	2020	VOIRS

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 problematic in at least two of the three assessments. An Assessment Scoring Matrix was developed in order to visualize these results. Figure F1 shows this matrix for the Alexandria Community

Figure F1. Inova Alexandria Community Assessment Scoring Matrix

Category	CTSA Theme?	CHSA Theme?	FOCA Theme?
Chronic Conditions (stroke, heart disease, diabetes, Alzheimer's/dementia, arthritis, cancer)	X		
Economic Stability (income inequality, poverty, unemployment, housing costs)	X		X
Education (school climate, graduation rates, college)			
Health Literacy (misinformation, disparity awareness, community health education)			
Healthcare Access (insurance coverage, unnecessary hospitalization, healthcare disparities)	X		X
Immunizations and Infectious Disease (infectious disease incidence, immunization rates)		X	
Injury and Violence (accidental injury, motor vehicle collision, assault)	X		
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	X	X
Neighborhood, Community and Environment (safety, food access, commuting, green space, climate impacts, diversity, polarization)	X	X	X
Obesity, Nutrition and Physical Activity (obesity, food insecurity, physical activity)		X	
Oral Health (tooth loss, received dental services)	X		
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)	X		

Using this framework, the top health issues identified for the Alexandria Community are: **economic stability; healthcare access; mental health; and neighborhood, community and environment.**

Appendix G: Actions Taken Since Previous CHNA

This appendix discusses community health improvement actions taken by Inova since its last CHNA reports were published in 2019 and based on the subsequently developed Implementation Strategies. The information is included in the 2021 CHNA reports to respond to final IRC 501(r) regulations.

Members of the Community Health Division, Inova leadership, Inova Alexandria Hospital, Alexandria City Health Department and community partners have been working diligently on the priority areas set forth in the 2019 CHNA Implementation Strategy.

Through the work and collaboration of diverse stakeholders, much progress has been made. In early 2020, two listening sessions were conducted to gather region wide insights from stakeholders regarding issues presented in the Implementation Strategy. These groups discussed Healthcare Workforce Development and Behavioral Health Gaps. Stakeholders included representation from local colleges and universities, the Area Health Education Center, County Health Departments, Public Schools, Federally Qualified Health Centers, Community Services Boards and behavioral health providers. The insights gathered provide perspective on the scope of gaps and opportunities.

Soon after, COVID-19 lockdowns and shifting priorities put many of the Implementation Strategy approaches on hold. Efforts continued to maintain partnerships and support community work. In Alexandria, Inova co-lead a partnership to address a Community Health Improvement Plan Tactic connecting physical and mental health. A group of community stakeholders implemented a Facebook page that launched on Memorial Day and regularly posted inspirational and motivational messages, opportunities to safely be active and articles about the physical and mental benefits of movement. The group partnered with the schools in September 2020 to launch a “Walk the Block” event to celebrate the first week of school and to encourage taking a walk before classes (virtual or in-person) to boost the brain.

Due to significant changes to the social and health landscapes, the Implementation Strategy was shifted in mid-2020 to include the lenses of health equity, antiracism and social determinants of health. A structure was implemented whereby a steering committee addresses system-wide approaches to improving CHNA-identified health needs and the Alexandria Health Equity 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. The Action Committee also meets monthly and brings together representatives from multiple Inova departments, faith based organizations, mental health stakeholders, community businesses and organizations, the Concerned Citizen Network of Alexandria (CCNA), Tenants and Workers United, American Foundation for Suicide Prevention, Medical Reserve Corp – Alexandria, Volunteers of Alexandria, Animal Welfare League of Alexandria, Four Mile Run, Northern Virginia Community College, Neighborhood Health FQHC and Alexandria City Government teams including the Health Department; Human Services; Law Enforcement; Parks and Recreation; Race and Social Equity; Alexandria elected officials;, Mental Health, Substance Abuse, and Developmental Services and Public Schools.

Inova in the Community (Improving Healthcare Access)

The Action Committee conversations in Alexandria as well as those in other regions of Northern Virginia supported Inova's efforts to have an increased presence in and engagement with its local communities 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 works with local non-profit, faith, clinical, government and neighborhood partners to collaboratively deliver resources at events and activities designed and attended by community members. Inova team members volunteer their time and expertise at a variety of events including health fairs, health education sessions, workforce development opportunities and community celebrations. In Alexandria, this included the Coat and Vaccine community event with CCNA at St. Joseph's Catholic Church in Old Town, Back to School Health Fair, two Pets and People Community Event's with the Animal Welfare League of Alexandria and the Spring 2Motion Movement Challenge for the City of Alexandria.

Inova and partners recognize that to improve healthcare access it is important to improve awareness of existing community resources. Reaching under-resourced communities with messaging about services requires tailored approaches and have included the use of Community Health Workers, trusted messengers and popular opinion leaders, multi-lingual and multi-cultural outreach, targeted social media campaigns and interagency partnerships and cross-promotion.

Inova Community Health Clinics and Programs Respond to Needs

The Inova Cares Clinics and outreach programs have expanded many services. As the COVID-19 pandemic worsened and under-resourced communities suffered disproportionately, Inova moved to make many resources available to improve safety and expand access. Physicians from across the Inova system worked at the community health clinics to ensure sufficient resources for these patients. Pulse oximeters were provided to patients free of charge so they could self-monitor during COVID-19 infection and keep in touch with their providers about their readings. Pregnant patients at Inova Cares Clinic for Women were provided free blood pressure cuffs and scales to reduce the number of in-person visits required while still ensuring appropriate monitoring and care.

Food insecurity was already prevalent in the community, and the pandemic only worsened the situation. Inova Cares Clinics for Women and Children and Care Connections for the Community worked with local grocery stores and other partners to collect food and distribute it, often right to the doors of families without access to healthy meals. As the pandemic and the ongoing issues of food access persisted, food pantries were set up at the Inova Cares Clinics for Families, and planning for pantries in the Inova hospitals is underway.

As schools planned to reopen in the fall of 2021, Inova and its partners recognized the challenges facing parents in preparing their children to return. This included difficulties getting caught up on vaccinations and back to school physicals. In 2021 and 2022, Inova Cares Clinics for Children and Families partnered with local health departments, schools and community partners to make weekend and weekday clinics available for families to prepare for a healthy new school year.

Inova has made great strides in creating safe spaces for the LGBTQ+ community to seek healthcare and support. Inova's hospitals have been ranked by the Human Rights Campaign Healthcare Equality index, which promotes equitable and inclusive care for all patients and their families. In 2022, the Inova Pride Clinic opened its doors to provide inclusive and judgment-free care, answering questions and supporting

long-term health and wellness without barriers. This first-of-its-kind clinic provides primary care and mental health services and addresses LGBTQ-specific healthcare needs.

Creating a Diverse Workforce (Improving Healthcare Access, Supporting Behavioral Health)
Dream Big, Inova's health equity-based workforce development initiative, aims to increase racial and ethnic diversity in the healthcare workforce to better reflect and represent the communities Inova has the privilege to serve. The program was created in 2021 and gives minority youth an up-close look at a variety of healthcare careers and roles. Inova team members of diverse 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 and share their work-life experiences. The goal is to inspire young people to visualize their own healthcare career success stories.

In addition, Inova Community Health and Inova Talent Acquisition joined forces to develop resources for youth and adults who aspire to a healthcare career. Information includes positions that don't require post-secondary education, career ladders and tuition assistance options at Inova. These materials can help students determine next steps after high school, as well as offer adults opportunities to join the healthcare field. It's a win-win – providing the community with career opportunities and economic stability and providing Inova with a culturally responsive and representative workforce.

Social Determinants of Health Screening (Improving Healthcare Access, Addressing Chronic Conditions, Supporting Behavioral Health)
In 2021, Inova established a Clinical Effectiveness sprint to implement Social Determinants of Health screenings across the system. The screening tool is made up of validated questions assessing need in a wide array of social determinants. The project brought together a team representing all aspects of the Inova workforce to determine how the tool and resulting "wheel" should be presented, who it should be available to, and what was necessary to begin socializing its use. The tool launched at the end of August following the project and a variety of mechanisms are in place to gather the information, including directly from patients, via the MyChart patient portal. A resource page was created on the Inova intranet to assist in the use of the tool and referrals based on individual responses. The system is in the process of implementing an SDOH referral platform (Unite Us/Unite Virginia) for active referrals to social services and non-profit partners, and the Inova team is encouraging referral partners to join the platform as well. This will close the loop for those using the screening tool and needing easy access to resources for patients.

Community Health Fund/Health Equity Grants (Improving Healthcare Access, Addressing Chronic Conditions, Supporting Behavioral Health)
Every year Inova provides Community Fund grants to non-profit organizations in Northern Virginia providing services aligned with the CHNA. In 2020, the overall award amount was doubled to $120,000. Awardees included: FRESHFARM, Inc, RunningBrooke, The Josh Anderson Foundation, the Child and Family Network Center and Senior Services of Alexandria.

In 2021, the overall award amount was again doubled to $240,000. Awardees included: The Boys and Girls Club of Greater Washington, Capital Youth Empowerment Program (CYEP), Carpenter's Shelter Inc, La Cocina VA, Neuva Vida Inc, SCAN of Northern Virginia, The Campagna Center and The Child and Family Network Centers.

In 2022, the grant program was renamed to the Inova Health Equity Grants and the total award amount was quadrupled to one million dollars. Recipients located in Alexandria City include Capital Youth Empowerment Program, Nueva Vida, ACT for Alexandria, The Boys and Girls Club of Greater Washington and SCAN of Northern Virginia. Several other awardees will be providing services in the region.

Community Health Workers (Improving Healthcare Access, Addressing Chronic Conditions)
Inova is a member of the Virginia Hospital & Healthcare Association and participated in its HealthBegins cohort to use health disparity data to drive interventions. A charter was developed to identify and address food insecurity and access in the area bordering Fairfax County and the City of Alexandria. This effort led to increased interest in the use of Community Health Workers (CHW) to partner with individuals and communities to promote health and address social determinants of health. In 2020, a CHW was hired for the charter region and another was identified for zip codes in eastern Loudoun County. CHW roles are now present in all Inova Cares Clinic for Families sites located in regions with high rates of health disparities.

Healthcare Worker Education (Improving Healthcare Access)
In September 2020, Inova presented the second annual Healthcare Disparities Conference entitled: "Culture of Health: A Call to Action for Health Equity, Access, and Justice". This event reached healthcare workers across Northern Virginia and throughout the United States with topics addressing the role sociocultural barriers and challenges play when caring for culturally and ethnically diverse patients. The event included a panel of regional partners who spoke about their work in Northern Virginia and answered questions from the participants. The partnership that coordinated this CME-accredited event included George Mason University, Virginia Area Health Education Center and the Integrated Translational Health Research Institute of Virginia (iTHRIV CTSA).

In October 2021 Inova and its partnership presented the third annual Healthcare Disparities Conference entitled: "A Call for Transformation: Impactful Strategies for Sustainable Change". This event addressed strategies for implementing individual, team, community and systemic change to address health disparities and improve the health and wellbeing of culturally and ethnically diverse patients. Speakers shared their experiences with advancing health equity and implementing change in their practice settings and communities. Participants learned how to be a community ally by supporting practice and policy changes that promote health equity. Planning has begun for the fourth annual conference in October 2022 with a focus on health disparities and intersecting identities.

Also in 2021, the Health Equity Grand Rounds series was launched. This virtual series is made available to all team members across the Inova system. The launch session provided an overview of how healthcare systems can focus on health equity by addressing social determinants of health and other upstream approaches to health and wellness.

Inova's Diversity, Equity and Inclusion efforts have made numerous strides including implementing DEI rounding activities, education programs and publishing an anti-racism statement. In late 2021 Inova's Inclusion Council launched the first Team Member Resource Groups (TMRGs), which provide a platform for team members with shared characteristics or life experiences to connect across the system. Voluntary, member-led and open to anyone at Inova, TMRGs lead initiatives in recruiting, engagement, education, communication, mentorship, celebrations, community outreach and more. Through these

efforts TMRGs amplify the voices of under-represented people and communities and strengthen inclusion and belonging.

COVID-19 Vaccination Efforts in the Community (Improving Healthcare Access)
As the COVID-19 pandemic persisted, Inova collaborated with multiple community partners to get "shots in arms" across the region.

Inova's first large-scale vaccine distribution center, which opened at the Inova Center for Personalized Health in late 2020, was soon vaccinating up to 4,000 Inova team members per day. In early 2021, Inova served as the primary source of vaccines for public and private school teachers and employees, and vaccinated community members aged 65+ by appointment. To accommodate increasing demand, the site moved to the Inova Stonebridge COVID-19 Vaccination Center in the City of Alexandria and began accepting walk-in appointments from the general public in mid-March. The site also offered drive-through vaccinations to improve access. Members of Volunteer Fairfax, the Fairfax County Community Emergency Response Team and the Virginia National Guard helped with patient movement and flow. The Fairfax County Medical Reserve Corps provided 10 volunteers each day in addition to the 100 Inova team members needed daily to administer vaccines. By the end of 2021 more than 450,000 vaccines had been administered.

For those who couldn't leave their homes to get a vaccine, the Inova Medical House Calls was one of the first groups to operationalize in-home vaccines in early 2021. Between January and March, the team administered 1,260 doses to 655 homebound older adults and family caregivers without wasting a single dose.

Despite widespread availability as the year progressed, some community members did not have access or were reluctant to get the vaccine. To reach them, Inova Cares Clinic for Families (ICCF) teamed up with local health departments in Fairfax, Loudoun and Prince Williams counties, which linked ICCF with pastors from local African American churches to rally their congregations. Faith leaders became incredibly important in building trusted relationships between healthcare systems and communities they serve to improve access to care for all. The churches helped to coordinate transportation to ICCF locations, and ICCF set aside clinic days and times during non-work hours to meet the needs of this community.

As a result of these joint outreach efforts, more than 4,000 community members were vaccinated at designated ICCF sites. Inova team members administered the shots while church volunteers and health department workers coordinated registration and flow.

To educate the community and encourage people to get the COVID-19 vaccine, Inova created and participated in a number of messaging campaigns, including:

- ***Get the Vaccine!*** – Inova produced 45 videos to address vaccine hesitancy and reinforce that the vaccine is safe and effective. Inova physicians from a variety of cultural backgrounds and specialties, including general and internal medicine, surgery, OB-GYN and pediatrics, participated. Providers recorded the message in English and their native languages. Inova also used the videos to engage faith, school and business leaders who found them useful in reaching congregations, families and customers.

- ***Vax UP FCPS –*** In mid-October, Fairfax County Public Schools (FCPS) reached out to request a partnership with Inova's pediatricians to address the questions and concerns of parents considering vaccinating their soon-to-be eligible 5- to 11-year-olds. Within a few weeks, and in time for the official authorization, the joint Inova-FCPS team created videos answering some of the most common questions about the COVID-19 vaccine for kids. These videos were posted to the FCPS page and were made available on the Inova ***Get the Vaccine!*** page to maximize their reach in all areas of Northern Virginia.

- ***Understanding the COVID-19 Vaccination –*** In February, Inova team members held a virtual town hall with Black church leaders to discuss the vaccine, address hesitancy and discuss messaging for congregations. This well-informed and collaborative conversation helped shape Inova's outreach efforts to our vulnerable and marginalized populations, while supporting faith leaders in their efforts to keep their communities healthy.

Expansion of Community Health Clinics and Programs (Improving Healthcare Access, Addressing Chronic Conditions, Supporting Behavioral Health)

Inova continued to grow its community presence through the expansion of clinics and programs into specific neighborhoods which are open to individuals throughout Northern Virginia. Inova Ewing FACT and Inova Cares Clinic for Women opened new clinics in Alexandria to add to their existing presence in Fairfax and Loudoun Counties. Inova Cares Clinic for Families opened a Herndon location to add to its presence in Alexandria, Annandale, Sterling and Manassas. Inova Medical House Calls continued to grow its service area to include Mt. Vernon. The Inova Healthy Plate Club provided parents and children with virtual health cooking classes with free ingredients available for pickup to reduce barriers during the pandemic. In 2022, Inova's Community Health Division launched two new programs in the region that address community need – Inova Pride Clinic for LGBTQ+ individuals and Inova Cares for Behavioral Health.

Additional Local Partnerships (Improving Healthcare Access, Addressing Chronic Conditions, Supporting Behavioral Health)

In collaboration with the Partnership for a Healthier Alexandria, the Alexandria Action Committee established the AlexMoves workgroup to carry out activities outlined in the Alexandria Community Health Improvement Plan (CHIP). AlexMoves brought together community partners and stakeholders focused on improving mental health through physical activity and exercise opportunities for all Alexandria residents and community. In the Spring of 2021, AlexMoves hosted the week-long Spring 2Motion Movement Challenge for the City of Alexandria which created and promoted physical activity and exercise opportunities for all community members.