

All appendices referenced in the CHNA report are described below and are also available online at [inova.org](http://inova.org).

[Appendix A: Community Engagement](#)

Summary of community outreach and engagement efforts

[Appendix B: Loudoun 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 \(CTSA\)](#)

Communitywide survey results broken down by demographics

[Appendix E: Community Health Status Assessment \(CHSA\) Results](#)

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

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## Appendix A: Community Engagement

This Loudoun 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 Loudoun Health Equity Community Action Committee; the Loudoun Human Services Network; Loudoun Mental Health, Substance Abuse and Disability Services; the Loudoun Community Health Worker Collaborative; the Loudoun Pediatric Obesity Coalition; the local FQHC; the Board of Supervisors 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. Loudoun Health Equity Community Action Committee Organizations

Organization
George Mason University/Northern Virginia Area Health Education Center
HealthWorks for Northern Virginia
Inova
Inova Loudoun Hospital
Inova Community Health
Inova Cares Clinics
Inova Heart and Vascular Institute
Inova Saville Cancer Screening and Prevention Center
Inova Mobile Health Services
iTHRIV
Loudoun County
Loudoun County Health and Human Services
Loudoun County Health Department
Loudoun County Mental Health, Substance Abuse and Developmental Services
Loudoun County Public Schools
Loudoun Hunger Relief
Loudoun NAACP
Northern Virginia Family services
Ryan Bartel Foundation

## Appendix B: Community Description

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

The Inova Loudoun community is comprised of 20 ZIP codes, including all of Loudoun County and small parts of Clarke and Fauquier Counties.

### TOTAL POPULATION

Figure B1. Inova Loudoun Community

City or County	Percent of Discharges	Percent of Emergency Department Visits
Clarke County, VA	1.1%	1.2%
Loudoun County, VA	79.5%	85.2%
<b>Community Total</b>	<b>80.6%</b>	<b>86.3%</b>
Other areas	19.4%	13.7%
<b>Total Discharges and ED Visits</b>	<b>14,014</b>	<b>78,181</b>

Source: Inova Health System, 2022

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

Community	Total Population			Percent Change	
	2020	2025	2030	2020-2025	2025-2030
<b>Loudoun County</b>	<b>422,077</b>	<b>457,217</b>	<b>477,643</b>	<b>8.33%</b>	<b>4.47%</b>
Ashburn/Arcola	129,184	137,061	141,645	6.10%	3.34%
Leesburg	86,852	95,644	100,950	10.12%	5.55%
South Riding/Aldie	75,703	85,792	88,481	13.33%	3.13%
Sterling/Dulles	85,635	89,938	94,513	5.02%	5.09%
Western Loudoun	44,703	48,782	52,054	9.12%	6.71%
<b>Community Total</b>	<b>422,077</b>	<b>457,217</b>	<b>477,643</b>	<b>8.33%</b>	<b>4.47%</b>

Source: Metropolitan Washington Council of Governments, 2021

**AGE**

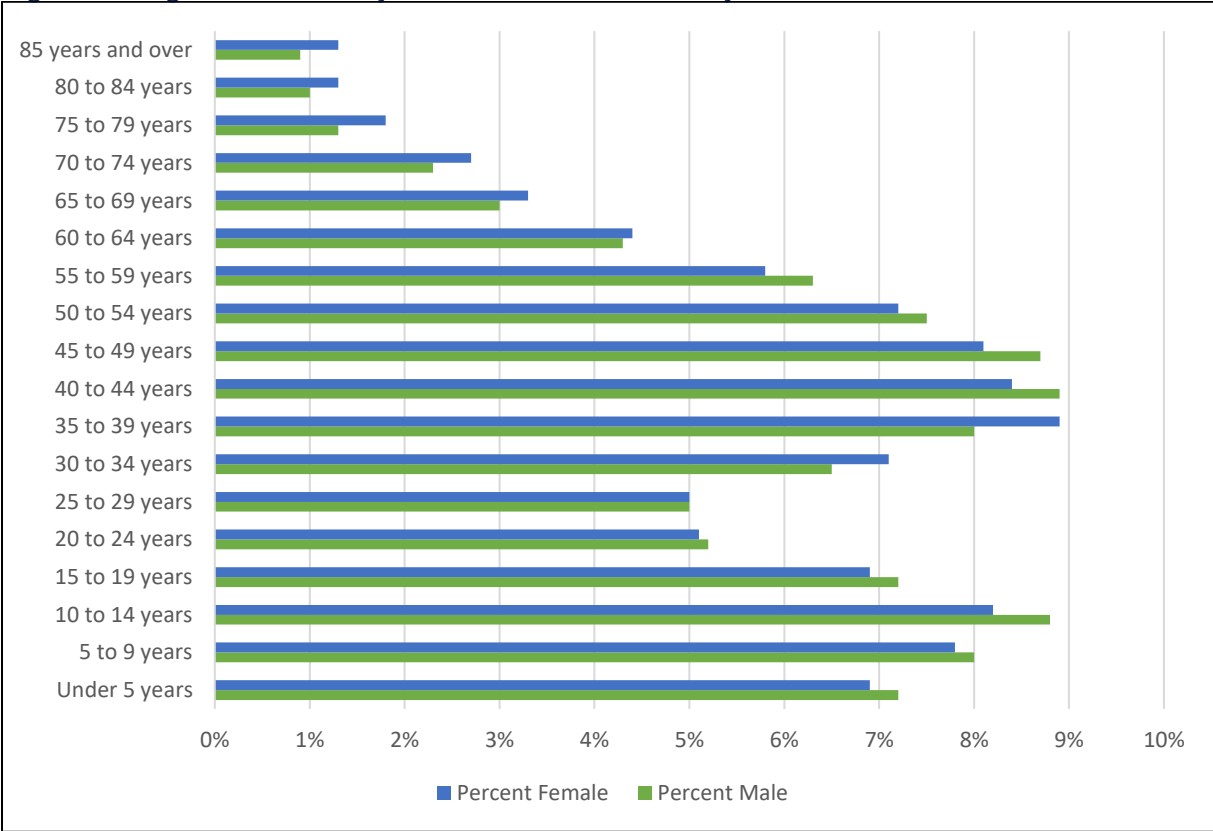
Population characteristics and changes directly influence community health needs. The total population of the Loudoun Community is expected to grow by 13% from 2020-2030. In that same time frame, the population 65+ is expected to increase by 47%. The growth of older populations is likely to lead to a 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, Loudoun Community (2020-2030)

Age Cohort	Total Population			Percent Change	
	2020	2025	2030	2020-25	2025-30
0-17	123,156	129,886	132,461	5.46%	1.98%
18-44	153,684	166,967	174,693	8.64%	4.63%
45-64	110,116	114,586	116,371	4.06%	1.56%
65+	40,793	51,546	59,994	26.36%	16.39%
<b>Total</b>	<b>427,749</b>	<b>462,985</b>	<b>483,518</b>	<b>8.24%</b>	<b>4.3%</b>

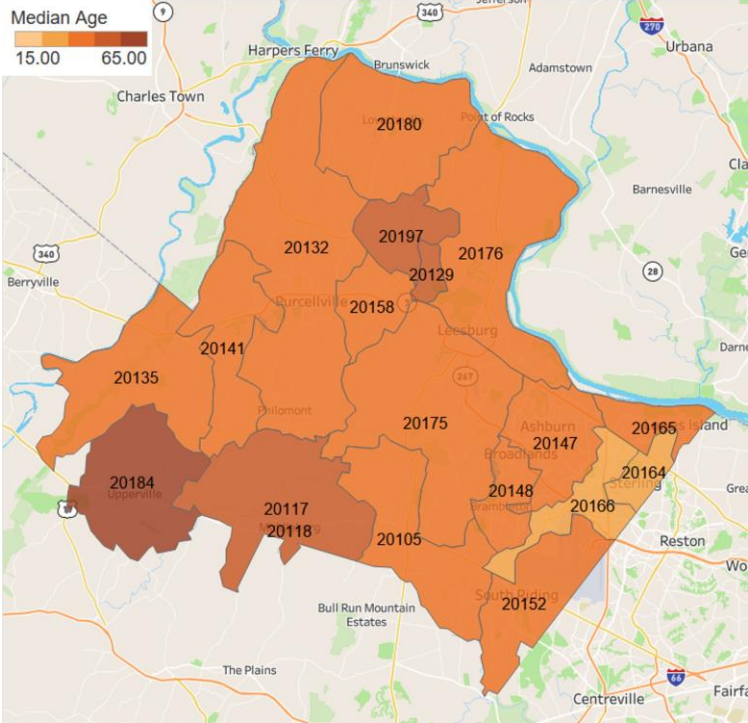
Source: Metropolitan Washington Council of Governments, 2021

Figure B4. Age Distribution by Sex, Loudoun Community



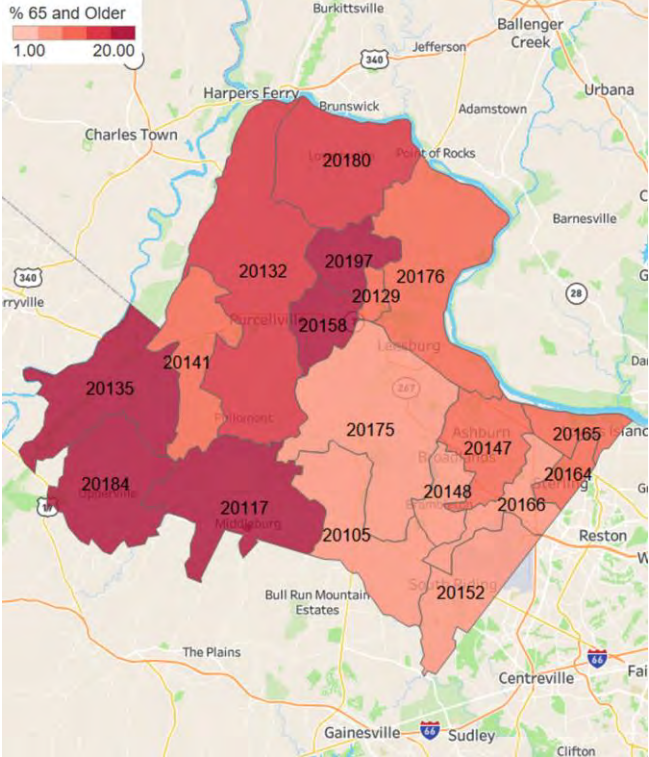
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B5. Median Age, Loudoun Community



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

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

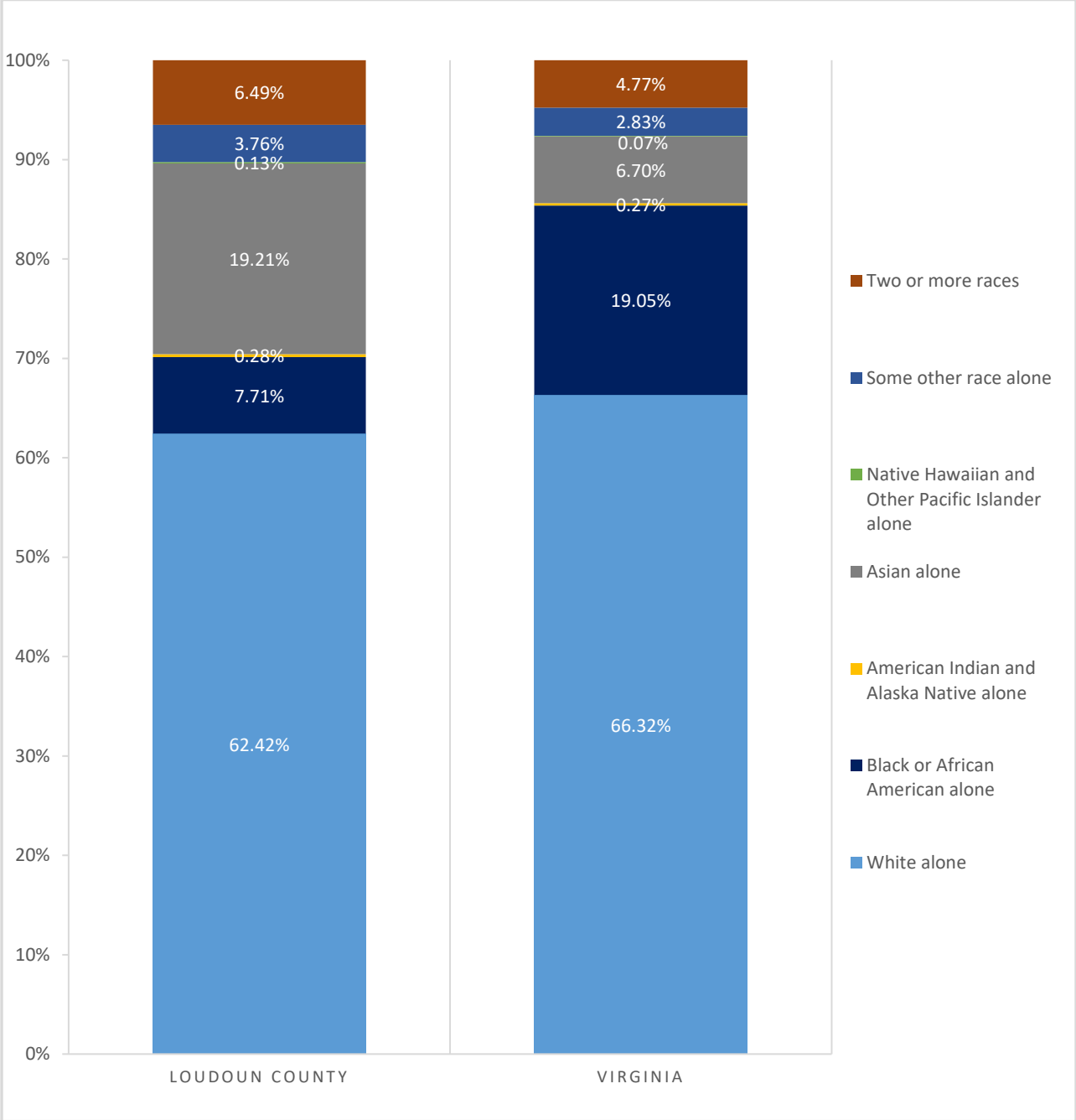


Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

**RACE AND ETHNICITY**

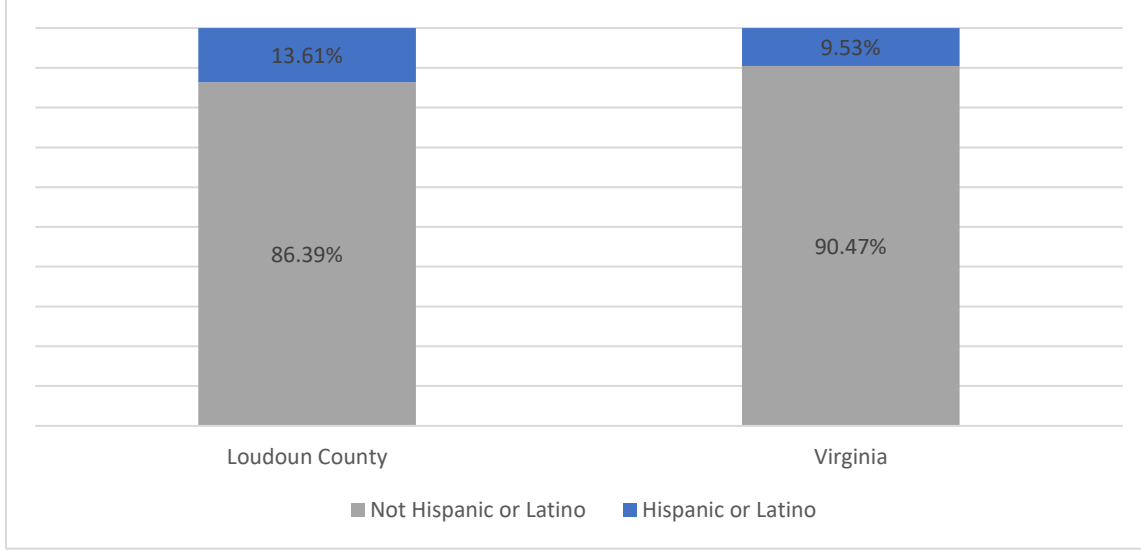
In Loudoun County in 2020 Asians, Hispanics and African Americans represented 19.2%, 13.6% and 7.7% of the county’s population, respectively. Racial and ethnic diversity is increasing, as these groups are growing. Additionally, there are portions of the community with high percentages of residents who are foreign-born as well as households with limited English proficiency.

Figure B7a. Race by Location



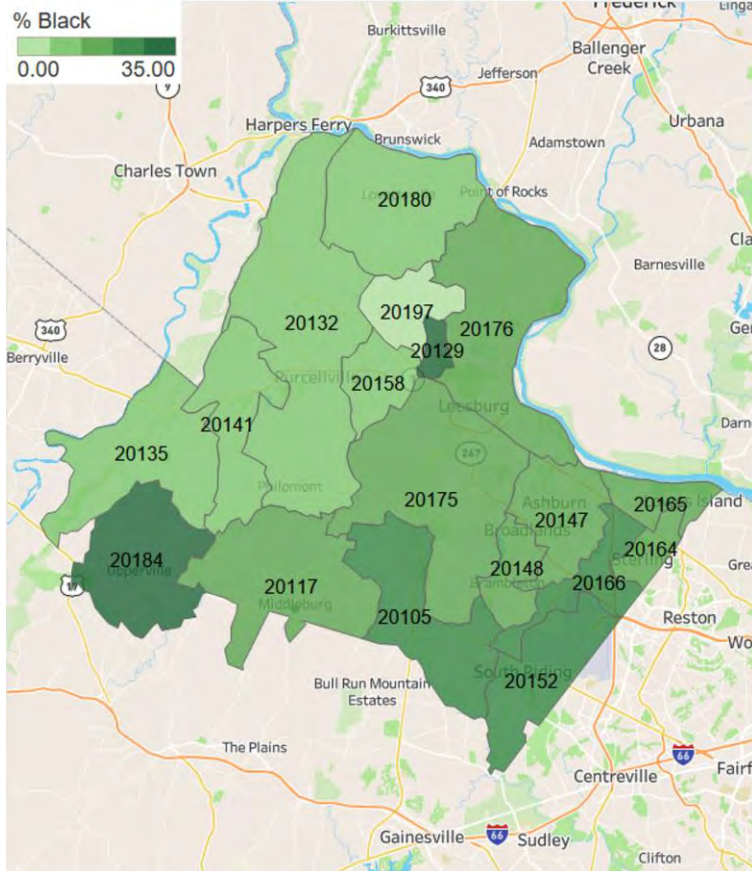
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B7b. Ethnicity by Location



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

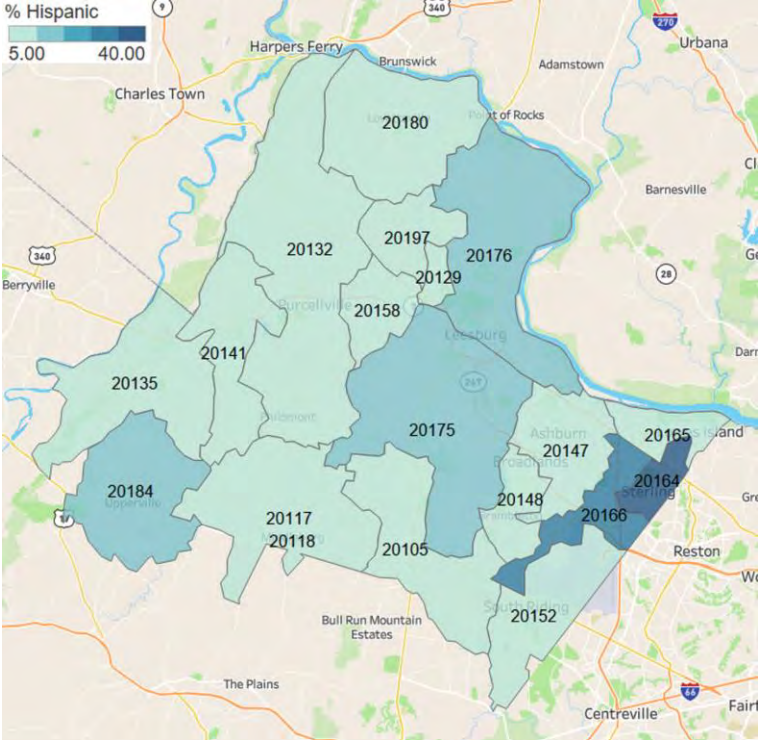
Figure B8. Percent of Population Black, Loudoun Community



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

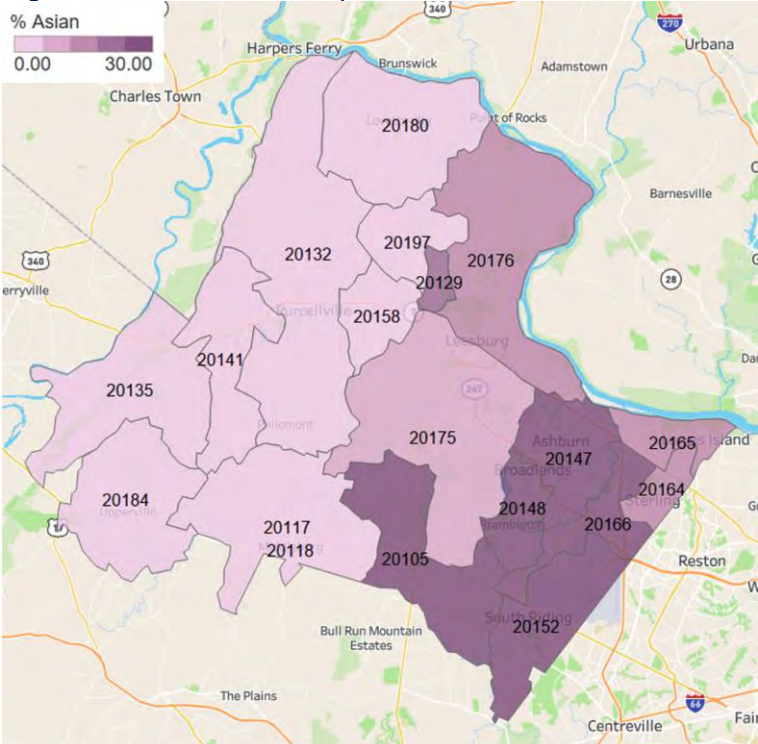


Figure B9. Percent of Population Hispanic or Latino, Loudoun Community



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

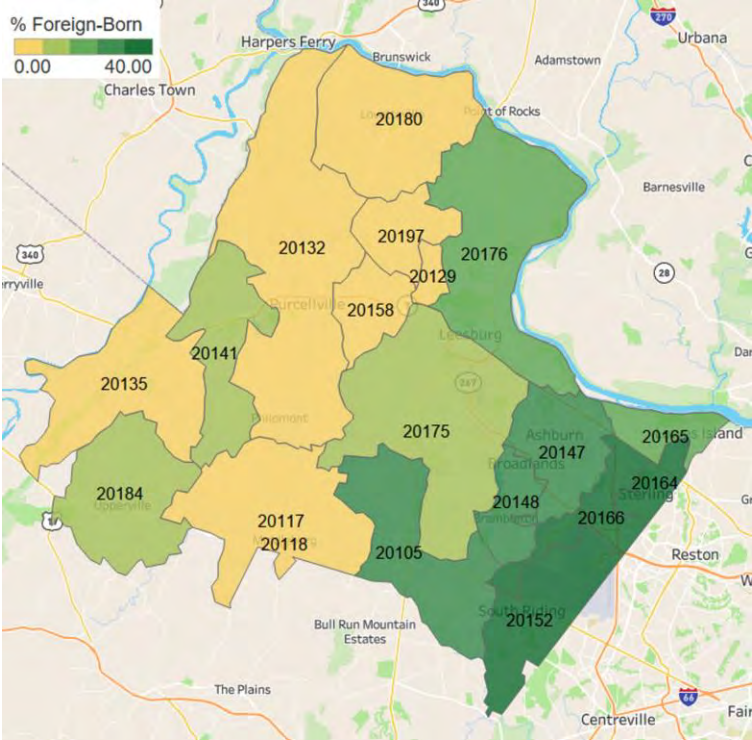
Figure B10. Percent of Population Asian, Loudoun Community



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

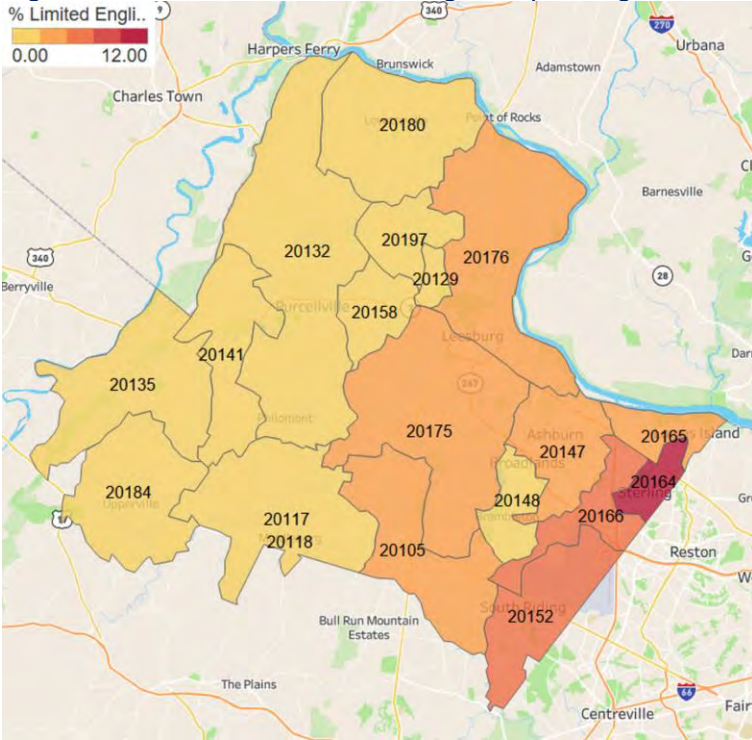


Figure B11. Percent of Population Foreign-Born, Loudoun Community



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

Figure B12. Percent of Limited English Speaking Households, Loudoun Community

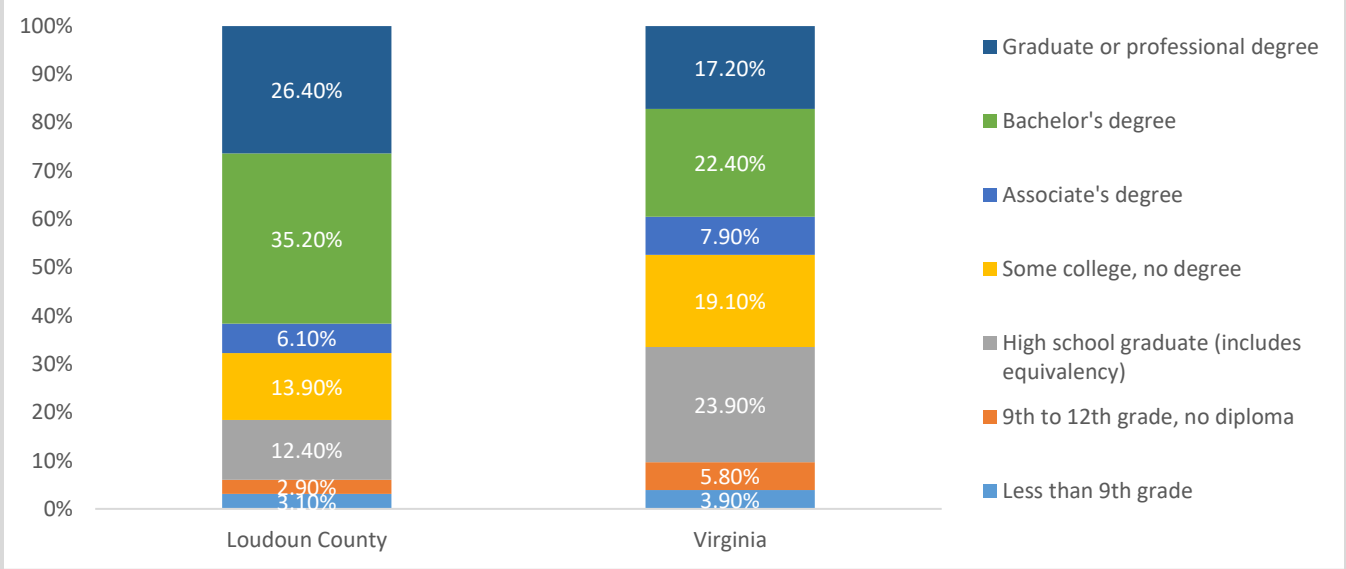


Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

**EDUCATION**

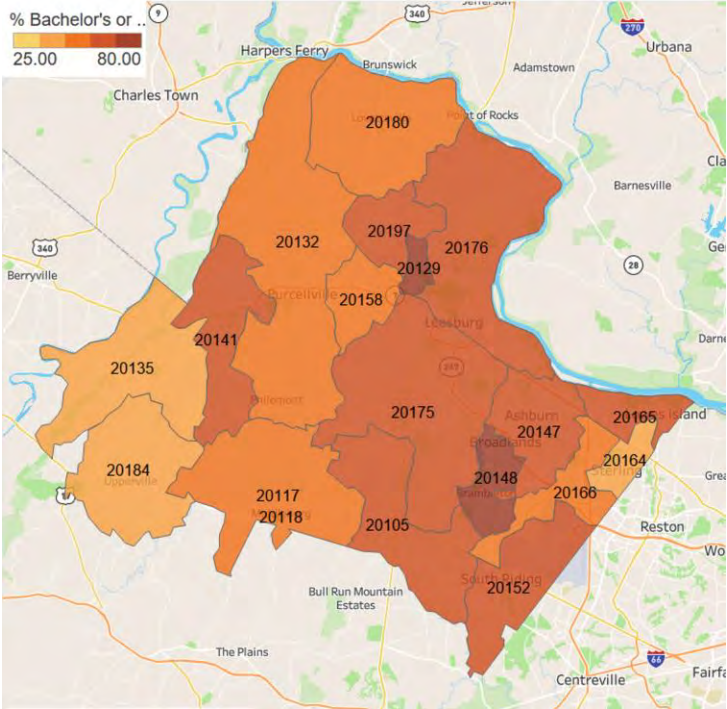
Overall the Loudoun Community is highly educated. In Loudoun County, 61% of residents hold a Bachelor’s degree or higher, with about one quarter of residents holding a graduate or professional degree. However, there are noticeable discrepancies within the County.

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, Loudoun Community



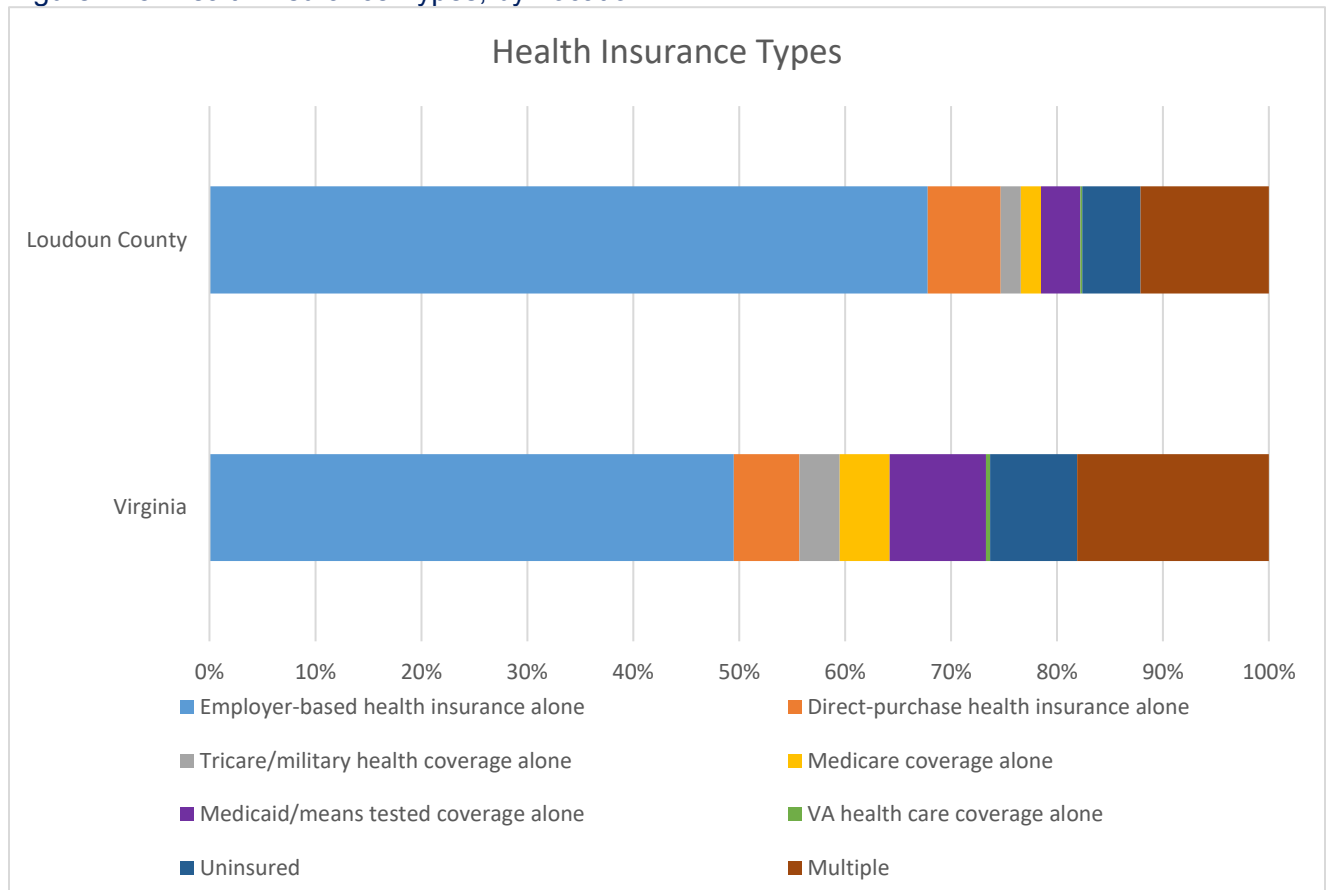
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

**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.

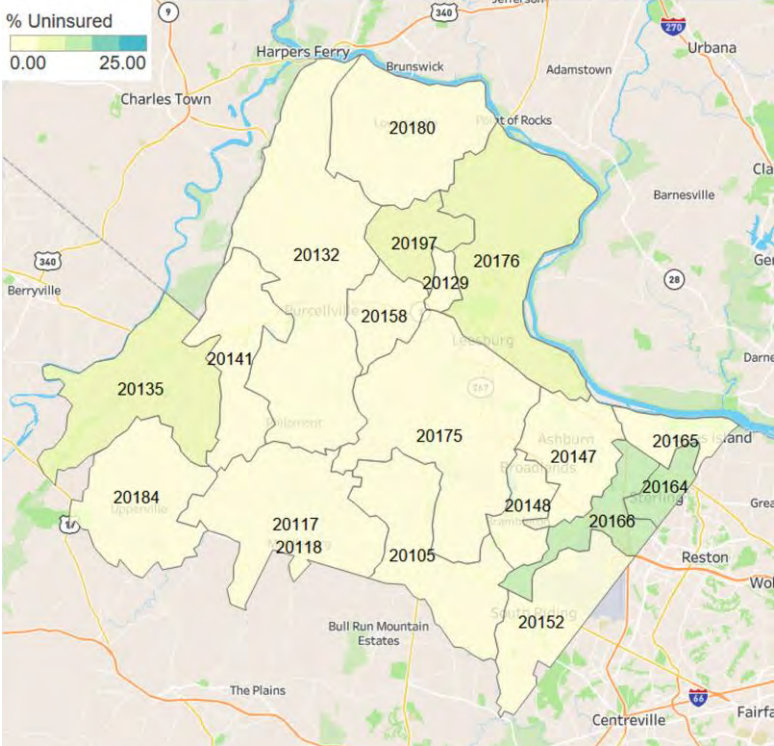
In January 2019 Virginia expanded Medicaid eligibility to make healthcare more accessible for these populations. It was estimated at the time that over 400,000 Virginians would potentially gain coverage if Medicaid were expanded. According to the Department of Medical Assistance Services as of May 2022,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

Figure B15. Health Insurance Types, by Location



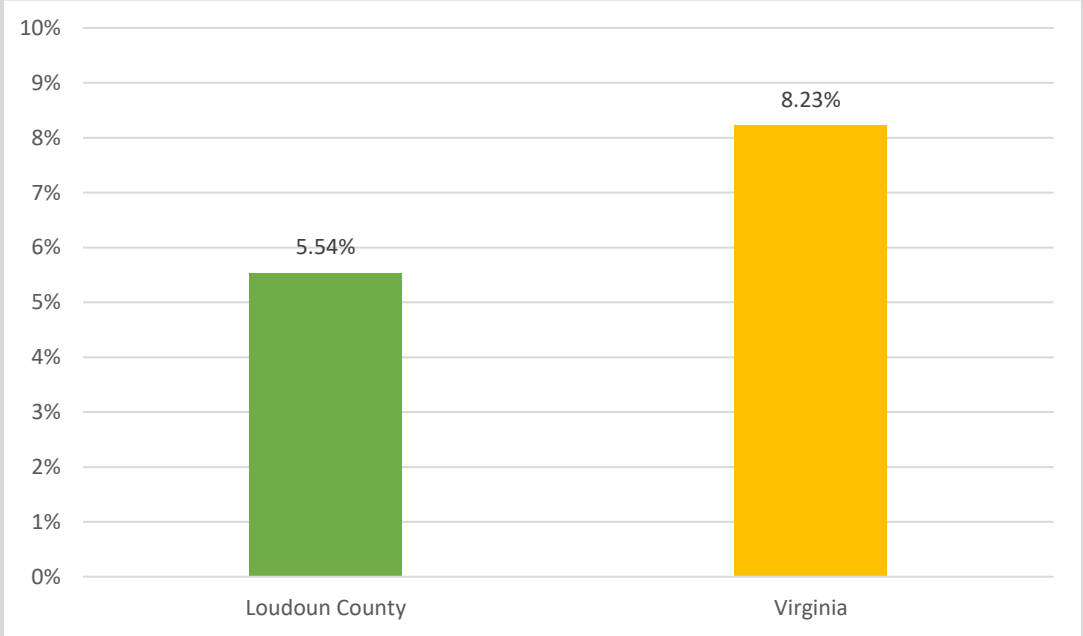
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B16. Percent of Residents without Health Insurance Coverage, Loudoun 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



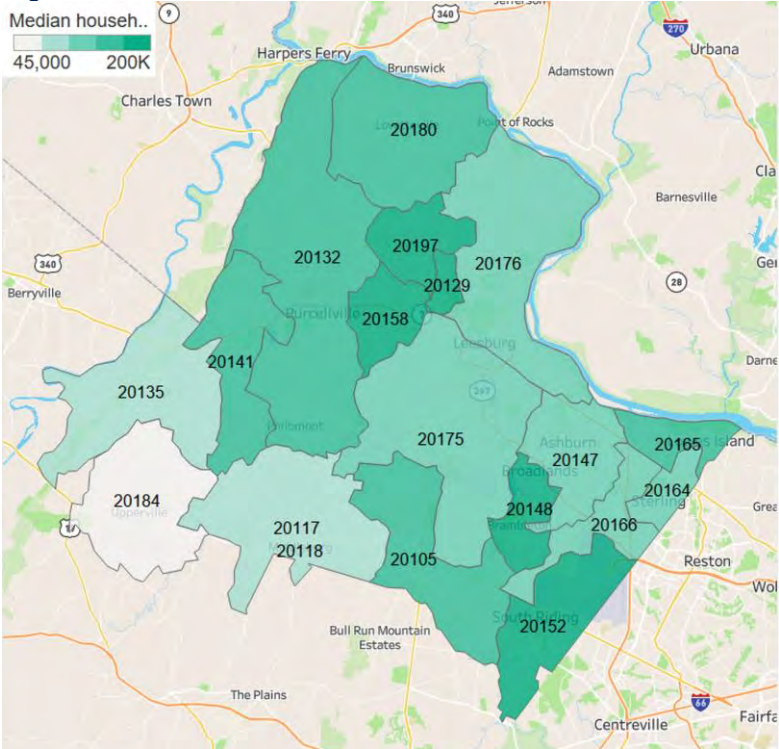
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates



**SOCIOECONOMIC**

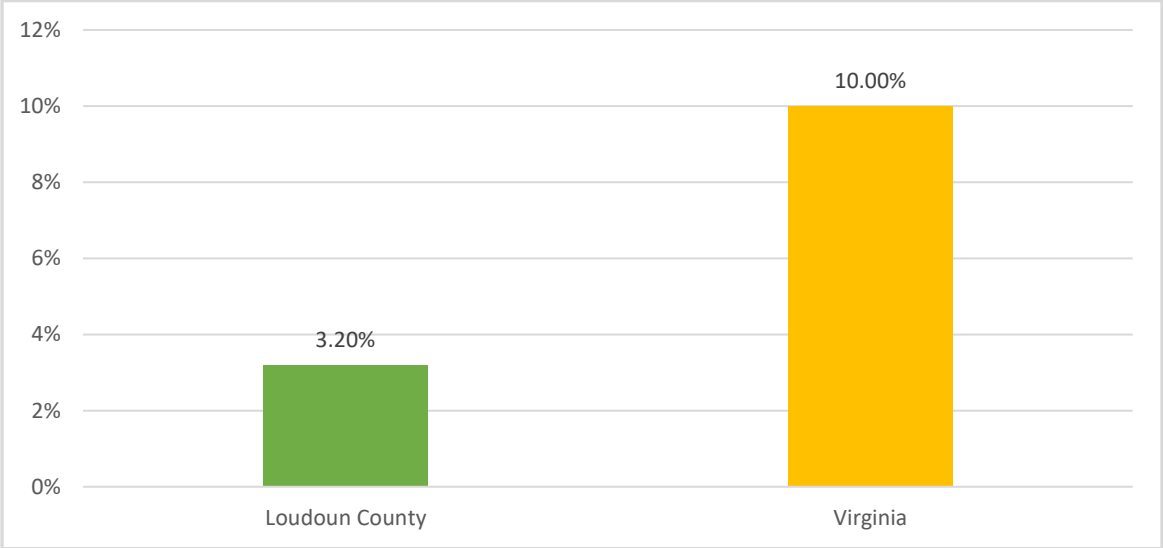
Many health needs have been associated with poverty, unemployment and other socioeconomic factors. While most socioeconomic indicators in the Loudoun Community are favorable compared to Virginia overall, there are disparities by race/ethnicity, county/city and even census tract.

Figure B18. Median Household Income, Loudoun Community



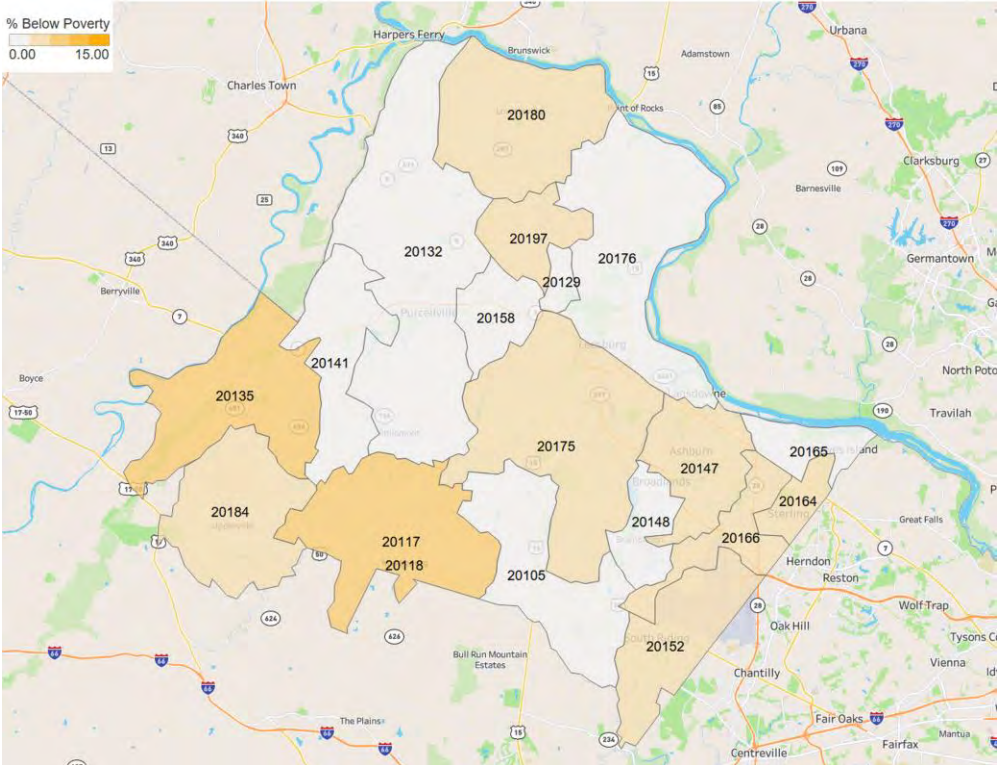
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B19. Poverty Distribution, by Location



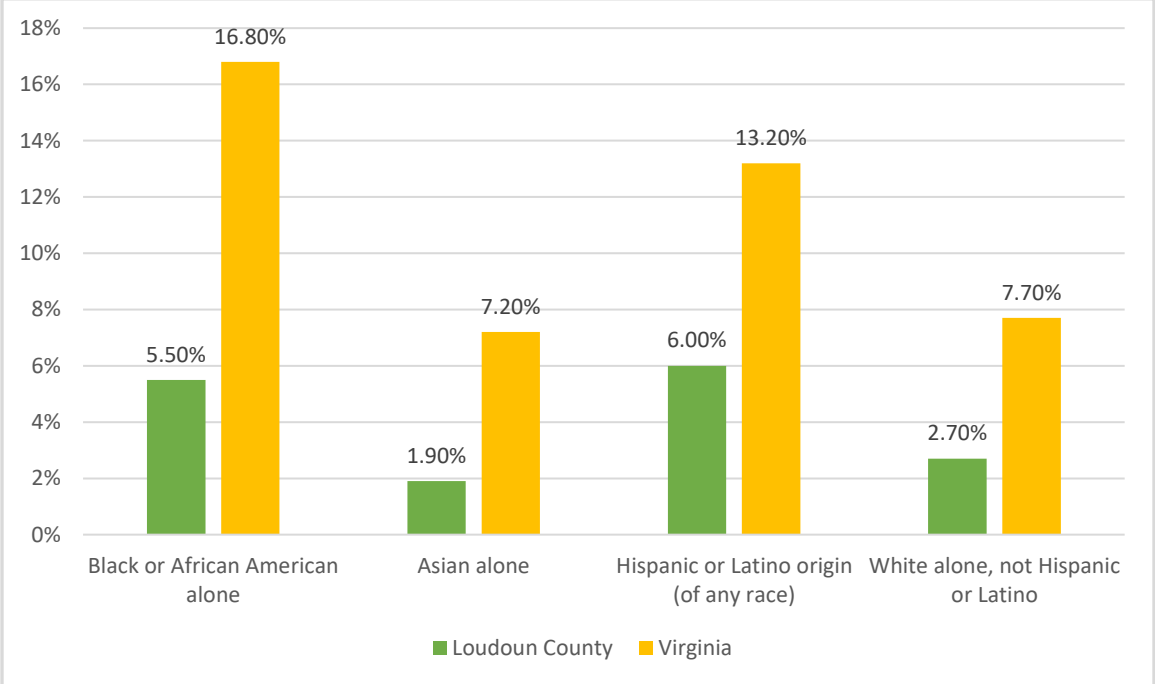
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B20. Poverty Distribution, Loudoun Community



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

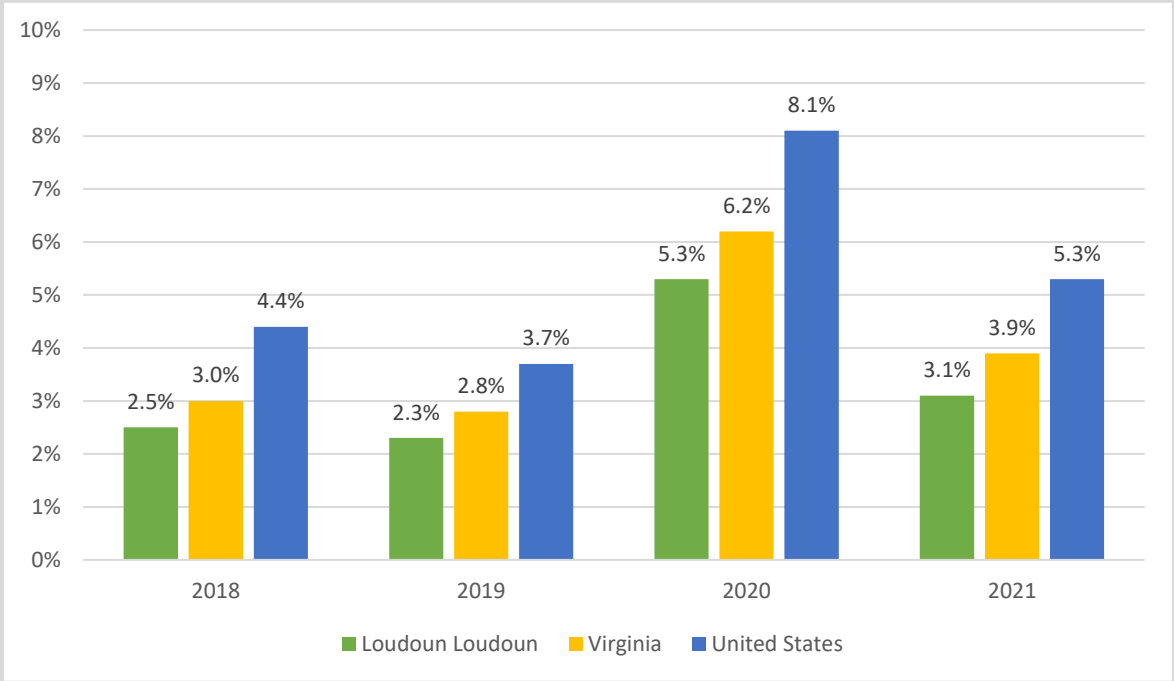
Figure B21. Poverty Rates by Race and Ethnicity, by Location



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



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



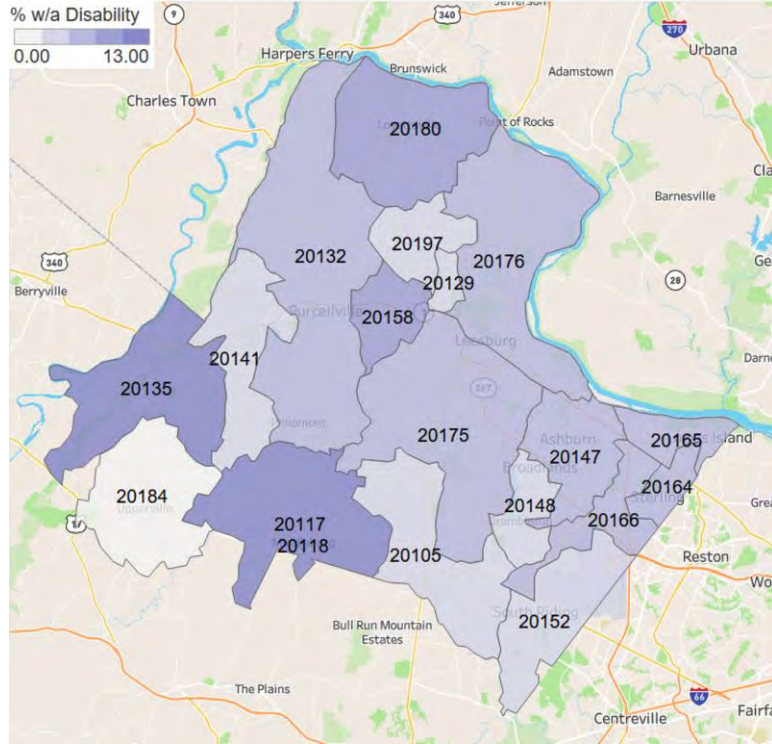
Source: U.S. Bureau of Labor Statistics

Figure B23. Other Socioeconomic Factors, by Location

Measure	Loudoun County	Virginia	U.S.
<b>Population 25+ without High School Diploma</b>	6%	9.7%	11.5%
<b>Population with a Disability</b>	6.1%	11.8%	12.7%

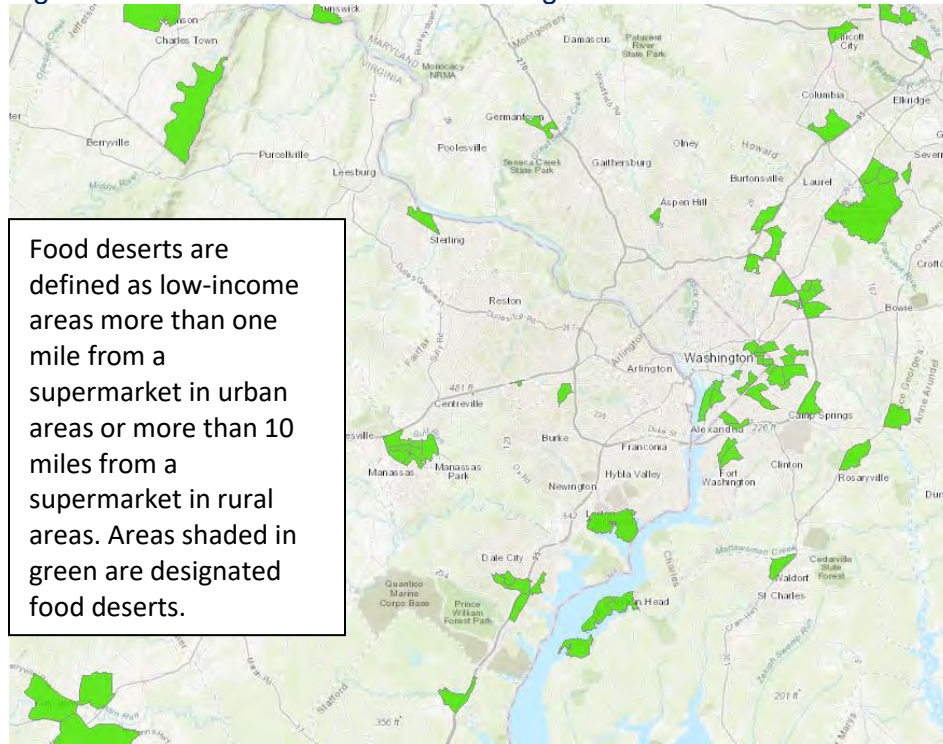
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

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



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

Figure B25. Food Deserts in Northern Virginia

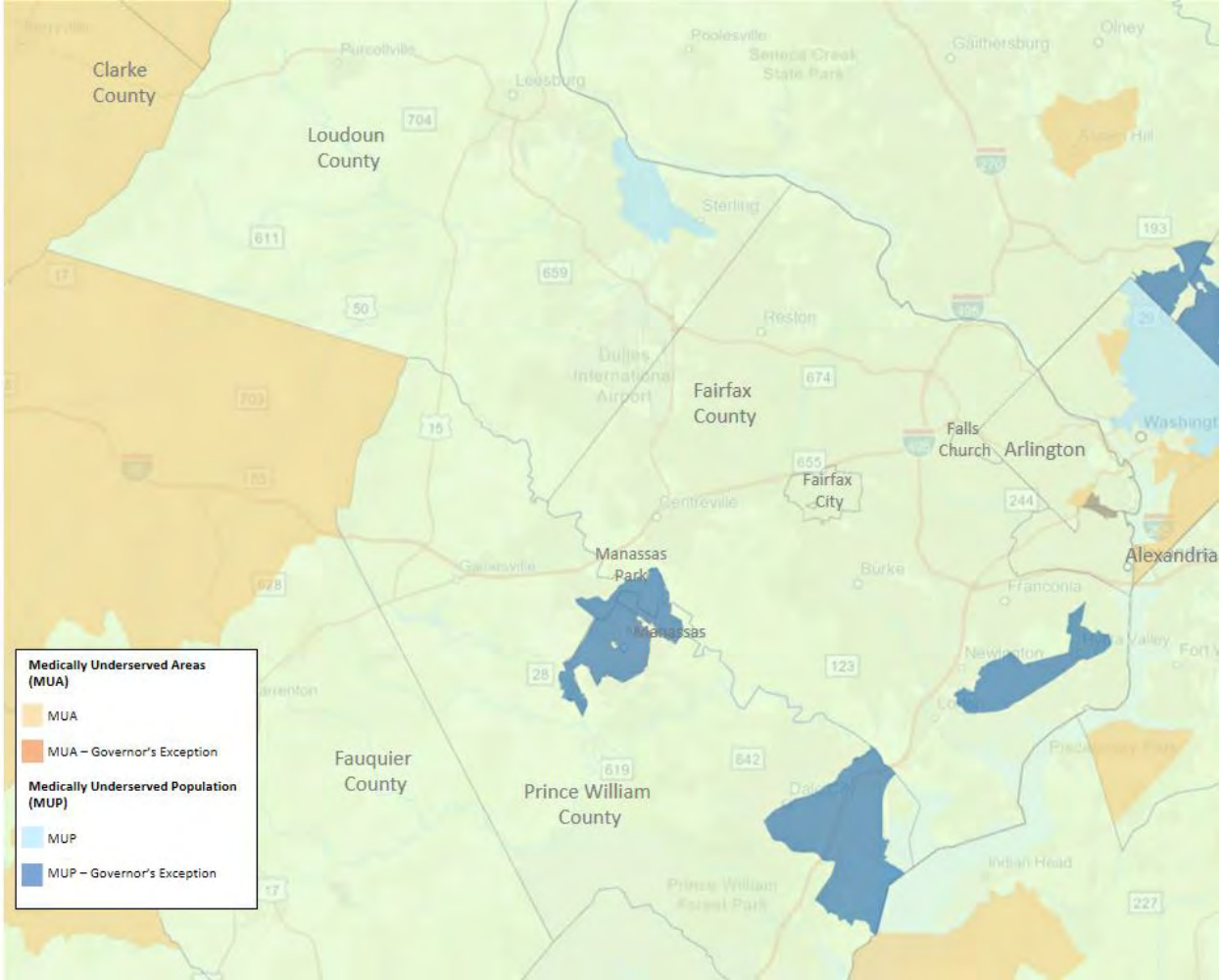


Source: U.S Department of Agriculture, Accessed 5/17/2022

**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. In Loudoun County, this area falls primarily in South Ashburn.

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

Figure B28. Hospital facilities that Operate in the Community

Facility	Facility Type	City	ZIP Code
<b>Dominion Hospital</b>	Psychiatric	Falls Church	22044
<b>Fairfax Surgical Center</b>	Ambulatory Surgical	Fairfax	22030
<b>Haymarket Surgery Center</b>	Ambulatory Surgical	Haymarket	20169
<b>HealthSouth Rehab Hospital of Northern Virginia</b>	Rehabilitation	Aldie	20105
<b>HealthQare Services ASC, LLC</b>	Ambulatory Surgical	Arlington	22201
<b>Inova Alexandria Hospital</b>	Acute	Alexandria	22304
<b>Inova Ambulatory Surgery Center at Lorton</b>	Ambulatory Surgical	Lorton	22079
<b>Inova Fair Oaks Hospital</b>	Acute	Fairfax	22033
<b>Inova Fairfax Medical Campus</b>	Acute	Falls Church	22042
<b>Inova Loudoun Ambulatory Surgery Center</b>	Ambulatory Surgical	Leesburg	20176
<b>Inova Loudoun Hospital</b>	Acute	Leesburg	20176
<b>Inova Mount Vernon Hospital</b>	Acute	Alexandria	22306
<b>Inova Surgery Center at Franconia-Springfield</b>	Ambulatory Surgical	Alexandria	22310
<b>Kaiser Permanente Tysons Corner Surgery Center</b>	Ambulatory Surgical	McLean	22102
<b>Lake Ridge Ambulatory Surgical Center</b>	Ambulatory Surgical	Woodbridge	22192
<b>McLean Ambulatory Surgery, LLC</b>	Ambulatory Surgical	McLean	22102
<b>North Spring Behavioral Healthcare</b>	Psychiatric	Leesburg	20176
<b>Northern Virginia Eye Surgery Center, LLC</b>	Ambulatory Surgical	Fairfax	22031
<b>Northern Virginia Surgery Center</b>	Ambulatory Surgical	Fairfax	22033
<b>Novant Health UVA Health System Haymarket Medical Center</b>	Acute	Haymarket	20169
<b>Novant Health UVA Health System Prince William Medical Center</b>	Acute	Manassas	20110
<b>Pediatric Specialists of Virginia Ambulatory Surgery Center</b>	Ambulatory Surgical	Fairfax	22031
<b>Prince William Ambulatory Surgery Center</b>	Ambulatory Surgical	Manassas	20110
<b>Reston Hospital Center</b>	Acute	Reston	20190
<b>Reston Surgery Center</b>	Ambulatory Surgical	Reston	20190
<b>Sentara Northern Virginia Medical Center</b>	Acute	Woodbridge	22191
<b>Stone Springs Hospital Center</b>	Acute	Dulles	20166
<b>Virginia Hospital Center</b>	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 Loudoun Health Equity Community Action Committee, along with several other individuals, representatives and groups, participated in Forces of Change Assessments. Figures C1 through C9 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. Loudoun Health Equity Community Action Committee

Forces	Category	Threats Posed	Opportunities Created
<b>Lack of Awareness of Services and Access</b>	Healthcare Access Health Literacy	<ul style="list-style-type: none"> <li>• Busy/high-turnover healthcare staffing makes it difficult to keep people informed</li> <li>• Frequent changes to referral partner resources can make it difficult to keep shared referral lists updated</li> <li>• Need consistent way to collaborate between healthcare and social services organizations</li> </ul>	<ul style="list-style-type: none"> <li>• No Wrong Door platform for older adults through the Area Agency on Aging</li> <li>• Unite Us coming that could serve as a platform for referral decision making and warm handoffs</li> <li>• If needed, community partners can come together to create and distribute resources – QR codes could direct to websites with shared access to update information</li> </ul>
<b>Economic Changes</b>	Economic Stability	<ul style="list-style-type: none"> <li>• Significant inflation and other economic challenges forcing people to make hard choices about health and wellness spending</li> <li>• More people accessing social services resources, but are they able to get to the resources they need</li> <li>• Housing costs limits access and encourages multigenerational homes, COVID housing programs will go away</li> <li>• Even “affordable” housing can be out of reach of many with escalating prices</li> <li>• High real estate costs can also price resources out of the area</li> </ul>	<ul style="list-style-type: none"> <li>• Loudoun has chosen to put ARPA funding towards a housing plan to support safe and stable housing</li> </ul>

<p><b>Older Adults and Non-Traditional Caregivers</b></p>	<p>Chronic Conditions Healthcare Access Mental Health</p>	<ul style="list-style-type: none"> <li>• Caregivers often make their own health secondary</li> <li>• Growing population of 55+ years old-existing older adult communities need resources as people age in these locations</li> <li>• “Sandwich Generation” of people caring for young children and aging parents creates unique stressors</li> <li>• Guardianship and Medical Power of Attorney are a slow process and can be challenging when there is no one to take on that role</li> </ul>	
<p><b>Medical Mistrust</b></p>	<p>Health Literacy Injury and Violence</p>	<ul style="list-style-type: none"> <li>• Language barriers contribute to this</li> <li>• Domestic violence increased during the pandemic and trust is an important part of reporting for all demographics</li> </ul>	<ul style="list-style-type: none"> <li>• Identify best practices to develop trust             <ul style="list-style-type: none"> <li>○ Identifying and knowing your own agency’s gaps</li> <li>○ Workforce development efforts to have providers who reflect their community</li> <li>○ Self-assessments to identify implicit and affinity bias</li> </ul> </li> <li>• Growing awareness of the need for diversity in healthcare and outreach teams</li> </ul>

Figure C2. Loudoun Human Services Network

Forces	Category	Threats Posed	Opportunities Created
<p><b>Mental Health Needs Increasing During Staffing Shortages</b></p>	<p>Healthcare Access Maternal, Infant, Child and Youth Health Mental Health</p>	<ul style="list-style-type: none"> <li>• Kids have increasing needs – processing the anxiety, fear, other feelings during pandemic and not being able to go to college/start careers</li> <li>• Increasing isolation</li> <li>• Creating waitlists during a crisis</li> <li>• Professionals that are here don't take insurance due to rates, creating a disparity</li> <li>• Adult mental health affects child mental health</li> <li>• Stratification of access/stress/mental illness by socioeconomic status</li> </ul>	<ul style="list-style-type: none"> <li>• Professional communities are recruiting and being more representative in their staffing</li> <li>• Opportunities to change “social prescription” here - neighbors care for and give to one another beyond traditional referral networks</li> </ul>
<p><b>Communication Access (Language &amp; Interpretation)</b></p>	<p>Healthcare Access</p>	<ul style="list-style-type: none"> <li>• Lack of bilingual staff in public health, mental health and medical care</li> <li>• Organizations not knowing where to find staff</li> <li>• Masks make things more challenging for the deaf and hard of hearing</li> </ul>	<ul style="list-style-type: none"> <li>• Bilingual individuals interested in employment are out there (in Loudoun and beyond), but hiring and job training need to align – “under filling” roles based on less qualifications and on-the-job training/schooling</li> <li>• Small changes can make a big difference in being able to communicate</li> <li>• Increase use of auto-captioning, QR codes, signage and adjusting acoustics to assist the hard of hearing</li> </ul>

			<ul style="list-style-type: none"> <li>• Professional development for existing team members to become bilingual and have cultural humility</li> <li>• Weighing bilingualism as heavily as other criteria in job descriptions</li> </ul>
<b>Autonomy/Medical Decision Making for Youth</b>	Healthcare Access Mental Health	<ul style="list-style-type: none"> <li>• Convoluted process when parents don't allow or don't know what services a youth is seeking (parents may not know how to navigate these resources themselves)</li> <li>• Different parts of the pipeline don't know about each other as resources</li> <li>• Law does not require that healthcare services be provided and it's complicated, so organizations may be opting out</li> </ul>	<ul style="list-style-type: none"> <li>• Disability resources are available</li> <li>• The law allows health services to provide care to 14+ without parental permission (family planning, mental health)</li> <li>• Educating pediatricians re: laws, processes and partners</li> </ul>
<b>Living Wage/Employment</b>	Chronic Conditions Economic Stability Immunization and Infectious Disease	<ul style="list-style-type: none"> <li>• Low wage rates among the most financially vulnerable in our community, including the undocumented</li> <li>• COVID exacerbates the feedback loop of not being healthy, not being able to work, not being able to afford things to stay healthy</li> <li>• Testing for COVID puts people out of work, so to stay working, they might not get tested which can spread disease</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities to provide skills, a trade and education to the under/unemployed that align with workforce needs</li> <li>• Loudoun is a safe and attractive place to live</li> <li>• Untapped resource of people wanting good jobs – opportunity to align job descriptions and assess legitimate requirements vs. potentially discriminatory screening tools</li> <li>• Resources available for organizations that want to overhaul recruiting processes</li> <li>• Disenfranchised people can help inform these processes</li> </ul>

<p><b>Affordable Housing</b></p>	<p>Economic Stability</p>	<ul style="list-style-type: none"> <li>• Significant non-traditional housing that may be unsafe (too many people in one space, kids supervised by non-family adults)</li> <li>• Lack of affordable housing for seniors</li> <li>• Home is the cornerstone of the family – stable housing breaks down other barriers, chronic illnesses require self-management which requires time and a place to take care of needs</li> <li>• Barriers to housing include: documentation, credit issues, history of incarceration and cost</li> </ul>	
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Figure C3. Loudoun County Health Department

<p><b>Forces</b></p>	<p><b>Category</b></p>	<p><b>Threats Posed</b></p>	<p><b>Opportunities Created</b></p>
<p><b>Aging Population</b></p>	<p>Chronic Conditions Healthcare Access</p>	<ul style="list-style-type: none"> <li>• Isolation – particularly with newcomer family members who may not drive or speak English</li> <li>• Not seeing growth in all aspects of the spectrum of care needed as people age (including skilled nursing)</li> <li>• Long term care is expensive and makes it harder to age in place</li> </ul>	<ul style="list-style-type: none"> <li>• Growth in independent living facilities for people over 50</li> </ul>
<p><b>Increase in Sedentary Lifestyle</b></p>	<p>Chronic Conditions Obesity, Nutrition and Physical Activity</p>	<ul style="list-style-type: none"> <li>• COVID contributed by creating mental health and resiliency challenges, telework challenged work-life balance and gyms and fitness classes shuttered</li> </ul>	



<p><b>Decrease in Accessing Preventative Care</b></p>	<p>Chronic Conditions Immunizations and Infectious Disease Oral Health</p>	<ul style="list-style-type: none"> <li>• COVID exposure risk encouraged people to put off preventative care</li> <li>• Can be issues accessing the safety net</li> <li>• Vulnerable populations that already had reasons not to seek care (cultural, financial, gender trends) now compounded</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in Community Health Workers could help to address these barriers at a local level</li> </ul>
<p><b>Workforce Issues</b></p>	<p>Economic Stability Healthcare Access</p>	<ul style="list-style-type: none"> <li>• Those who had to leave work to care for children or family members during the pandemic may struggle to reenter the workforce or choose not to – could disproportionately affect women including loss of sense of self and psychological resignation</li> <li>• Agencies providing health and social services are particularly short-staffed just as our growing communities need more resources</li> </ul>	<ul style="list-style-type: none"> <li>• Worker expectations of employers (pay, balance) unlikely to revert fully</li> <li>• Increase in COVID-related funding may create new opportunities and allow a rethinking of how services are provided based on intentional feedback</li> <li>• COVID creating opportunities to reset – examine services and delivery mechanisms, change policy and address gaps</li> </ul>
<p><b>Mental Health Issues Exacerbated</b></p>	<p>Mental Health</p>	<ul style="list-style-type: none"> <li>• Lack of providers, or providers do not take insurance or bill</li> <li>• Virtual provision of care (e.g. for kids when schools are closed) cannot replace the loss of personal contact</li> <li>• Stress of pandemic and classrooms divided by political beliefs can contribute to child mental health issues</li> </ul>	<ul style="list-style-type: none"> <li>• Tele-mental health may bring accessibility</li> </ul>
<p><b>Shift in Neighborhood Relationships and Community Preparedness</b></p>	<p>Chronic Conditions Tobacco and Substance Use</p>	<ul style="list-style-type: none"> <li>• After two years of discomfort and fear about gathering, when it's safe, will people flock back to planning community efforts or will apprehension remain</li> </ul>	<ul style="list-style-type: none"> <li>• Pandemic encouraged some to look out for their neighbors during quarantines</li> </ul>

		<ul style="list-style-type: none"> <li>• CPR, NARCAN and other classes cancelled during pandemic</li> </ul>	
<b>Culturally Diverse Community</b>	<p>Health Access Injury and Violence Tobacco and Substance Abuse</p>	<ul style="list-style-type: none"> <li>• Racism and all its impacts on safety, access and mental health</li> <li>• Continued disparities based on race and ethnicity regardless of socioeconomic status</li> <li>• Some cultural beliefs can contribute to silencing around substance use and domestic violence</li> <li>• Increased need for services for Spanish-speaking communities</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities to seek input from many voices</li> <li>• Increased awareness of racism and bias allows for the incorporation of equity into health work</li> </ul>
<b>Divergent Access, Cultural and Philosophical Beliefs (Particularly in the East vs. West of the County)</b>	<p>Chronic Conditions Immunizations and Infectious Disease Mental Health Obesity, Nutrition and Physical Activity</p>	<ul style="list-style-type: none"> <li>• Pandemic plus divisiveness in the schools around masks, vaccines, LGBTQ+ issues and teaching about historical inequities contributes to the experience of a divided environment for adults and children in school</li> <li>• Political disagreements can turn inclusive spaces into at-risk/threatening spaces</li> <li>• Health needs in more rural areas of the county may be different (exercise, tobacco, prevention, access to geographically convenient care)</li> </ul>	
<b>Increasing Cost of Living</b>	Economic Stability	<ul style="list-style-type: none"> <li>• Difficult to live here and have a one-wage-earning family</li> <li>• Increase in multi-family/multi-generational homes can create family burden and further isolate older individuals or those ineligible for some health services</li> <li>• Creates less inclusive communities</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities for libraries, parks and rec and non-profits to create inclusive opportunities</li> <li>• Increase in multi-family/multi-generational homes can help with caregiving and family support</li> </ul>

<b>Climate Change</b>	Neighborhood, Community and Environment	<ul style="list-style-type: none"> <li>Concern that fatigue resulting from the pandemic and the last few years of strife could impact how well we are prepared to prevent or deal with the consequences of climate change</li> </ul>	
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Figure C4. HealthWorks for Northern Virginia, Federally Qualified Health Center

<b>Forces</b>	<b>Category</b>	<b>Threats Posed</b>	<b>Opportunities Created</b>
<b>Large and Growing Population in Poverty, Particularly Undocumented</b>	Economic Stability Healthcare Access Neighborhood, Community and Environment	<ul style="list-style-type: none"> <li>Undocumented people are a subpopulation under the radar, stuck in poverty, often isolated by language and likely a larger group than in the official data</li> <li>Often experience poor, shared, dangerous or no housing and generational/cultural issues can lead to negative outcomes including gang involvement</li> <li>Undocumented are ineligible for many resources including Medicaid, food stamps and many types of employment (available work is often inconsistent)</li> <li>Can be particularly difficult for those on the margin floating in and out of poverty</li> </ul>	<ul style="list-style-type: none"> <li>Identified the value of collocating integrated health and social services</li> <li>Communities have shown resiliency building on social networks and unofficial resources</li> </ul>
<b>Nonprofit Funding Patterns</b>	Economic Stability	<ul style="list-style-type: none"> <li>Funding for essential services has inched up but remains insufficient to meet needs - need to continue to move that needle</li> <li>Need to re-implement (and relook) at the HSSP following the COVID pause</li> <li>Need to find the balance between meeting emergency needs and funding preventative efforts to avoid future emergencies</li> </ul>	<ul style="list-style-type: none"> <li>Philosophical shift in Loudoun County to support non-profit human services providers</li> <li>HSSP was a great collaborative process and roadmap for Loudoun as to where to put resources</li> <li>Loudoun has embraced intentional public/private/non-profit planning</li> </ul>

			with inclusive decision making
<b>Economic Barriers: Childcare, Transportation and Legal Services</b>	Economic Stability	<ul style="list-style-type: none"> <li>• Dearth of resources for affordable, reliable, safe childcare - affects all economic levels and can impact literacy and early childhood education</li> <li>• Transportation can be incredibly challenging to navigate when it is present – need bus routes within communities to connect individuals to job hubs not just focus on metro stations to move people out of our communities</li> <li>• Car sharing is a creative but usually not legal strategy – can create vulnerability</li> <li>• Legal services are critical, particularly in the context of domestic violence, immigration and navigating the courts – while non-profits do a great job, the need is great and there is a shortage of immigration lawyers</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity to subsidize childcare until entering public school</li> <li>• The Loudoun Chamber has significant representation of small businesses who can advocate for resources that allow community members to have access to good jobs in their communities</li> </ul>
<b>Western Loudoun Access</b>	Healthcare Access	<ul style="list-style-type: none"> <li>• Isolated communities of service and farm workers living in poverty in Western Loudoun with limited resources to access healthcare</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity for integrated collocated collective impact efforts</li> </ul>
<b>Limited Mental Health Resources</b>	Healthcare Access Mental Health	<ul style="list-style-type: none"> <li>• Few alternatives for accessing mental health resources without paying out of pocket which can be a significant barrier even when insured</li> <li>• Policy has moved towards short term mental health interventions which doesn't allow for the longitudinal counseling that some individuals need</li> <li>• Mental health concerns are going</li> </ul>	<ul style="list-style-type: none"> <li>• Resources exist for uninsured with mental health challenges, need resources for those who are insured but have to pay out of pocket</li> </ul>

		unaddressed until they escalate and there is a problem to address	
<b>Access vs. Utilization</b>	Healthcare Access	<ul style="list-style-type: none"> <li>Lacking a social service organization focused on the needs of the large Latino/a population in Loudoun</li> <li>Services may be available, but individuals don't access them</li> </ul>	<ul style="list-style-type: none"> <li>Opportunity for intentional strategies to engage people to improve health outcomes</li> <li>CHW collaborative across agencies in Loudoun has been successful in maximizing resources for engagement</li> <li>Faith based partners are already engaging with their communities</li> <li>Inova Loudoun Hospital acts as a true community hospital, easy to navigate, seeks input and participates with its partners</li> </ul>
<b>Western Fairfax and Loudoun Are Different</b>	Healthcare Access	<ul style="list-style-type: none"> <li>The size of Fairfax County means that it is difficult to coordinate collaboration and some decisions are made by county staff without the opportunity for external input</li> </ul>	<ul style="list-style-type: none"> <li>Fairfax County has more financial resources to bring to bear when addressing similar issues to those experienced in Loudoun</li> </ul>

Figure C5. Representative from the Loudoun County Board of Supervisors

<b>Forces</b>	<b>Category</b>	<b>Threats Posed</b>	<b>Opportunities Created</b>
<b>Technology/Social Media</b>	Healthcare Access Health Literacy Immunization and Infectious Diseases Mental Health	<ul style="list-style-type: none"> <li>Opportunity for bad actors and uninformed to share misinformation and quote defunct sources</li> <li>Damaging to their own and others' health</li> <li>Can experience lack of compassion and horrible feedback</li> </ul>	<ul style="list-style-type: none"> <li>Ability to sharing valid medical information with solid sources</li> <li>Opportunity to ask questions and get answers - generally receive compassion</li> <li>Real Ladies of Loudoun County page allows for supportive</li> </ul>

			<p>feedback and recommendations</p> <ul style="list-style-type: none"> <li>• Loudoun is a very connected county</li> </ul>
<b>Social Media for Youth</b>	<p>Maternal, Infant, Child and Youth Health</p> <p>Mental Health</p>	<ul style="list-style-type: none"> <li>• Social media has everyone’s best foot forward which set up unrealistic expectations for girls in particular - many hours a day spent immersed in this</li> <li>• Increased suicidality, anxiety and mental health issues for 11-15 with less experience/perspective on reality</li> <li>• Bullying moved to virtual with COVID-19 - can say things without attribution and anonymously</li> <li>• Embarrassment/teasing can be indefinite - lasting on the internet forever so embarrassment lives on</li> </ul>	<ul style="list-style-type: none"> <li>• Parents can limit social media and provide real world perspective</li> </ul>
<b>Healthcare Options/Access in Loudoun</b>	<p>Healthcare Access</p> <p>Mental Health</p>	<ul style="list-style-type: none"> <li>• Behavioral Health – limited units, beds and group recovery homes</li> <li>• “Required to hurt quietly” – needs destigmatizing</li> <li>• Cornwall does a good job, but catch all</li> <li>• Funding for state hospital beds needs to include support for staffing – decent pay and benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Lots of medical resources – urgent care, Inova (L&amp;D is great), Stone Springs, HealthWorks and private</li> <li>• Choices for physical health</li> <li>• Not sitting in ED for hours</li> </ul>
<b>Immigrants and 1<sup>st</sup> Generation Residents</b>	<p>Healthcare Access</p>	<ul style="list-style-type: none"> <li>• Hesitancy to access care for fear of being reported – fly under the radar</li> <li>• Are therefore seen with acute, more severe illness</li> <li>• Need for navigation assistance</li> <li>• Populations in Sterling, Leesburg and</li> </ul>	<ul style="list-style-type: none"> <li>• Stakeholders/validators are there if you look</li> </ul>



		Lovettsville	
<b>Substance Use</b>	Tobacco and Substance Use	<ul style="list-style-type: none"> <li>• Treat most recent substance rather than the disease of addiction, even though there is cross/change drug addiction</li> <li>• Such focus on opioids – funds tied down and not flexible</li> <li>• Some drugs (alcohol, tobacco, marijuana, caffeine) minimized and legalized</li> <li>• Ends up marginalizing/tagging communities and individuals as “weak”</li> </ul>	<ul style="list-style-type: none"> <li>• Strong advocates in place in Loudoun</li> <li>• Addressing through legislation - decoupling specific drugs from dependence/substance use</li> </ul>

Figure C6. Loudoun County Mental Health, Substance Abuse and Disability Services

<b>Forces</b>	<b>Category</b>	<b>Threats Posed</b>	<b>Opportunities Created</b>
<b>Aging Population</b>	Healthcare Access Neighborhood, Community and Environment	<ul style="list-style-type: none"> <li>• Concurrent developmental delays and health conditions that need to be managed</li> <li>• Need housing that does not exacerbate risk</li> </ul>	
<b>Increase in Substance Use</b>	Healthcare Access Tobacco and Substance Use	<ul style="list-style-type: none"> <li>• Pandemic both increased and hid substance use</li> <li>• Difficult to find treatment (including MAT) that is geographically convenient and allows users to manage dependence, withdrawal, gain a foothold and become independent</li> <li>• Substance use is varied including alcohol, opioids, cannabis, tobacco (vaping) and prescription (Xanax, Klonopin, Adderall)</li> </ul>	

		abuse (the last three in particular with youth)	
<b>Criminal Justice and Law Enforcement Connection to Mental Health</b>	Injury and Violence Economic Stability Mental Health	<ul style="list-style-type: none"> <li>• Mentally ill can be diverted to the legal system that cannot serve them in the ways they need</li> <li>• Adolescents with mental illness can be incarcerated and become involved in gang activity</li> <li>• Increases in domestic violence, sexual abuse, sexual violence and trafficking particularly in the setting of low-income and poverty</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis Intervention Team collaborative established so mental health teams and law enforcement can work together to avoid negative outcomes</li> <li>• Better definition and action around the crisis continuum including a crisis call center</li> </ul>
<b>Mental Health Workforce Issues, Access and Cost</b>	Healthcare Access Mental Health	<ul style="list-style-type: none"> <li>• While mental health presentation has become more acute during the pandemic (possibly due to increased stressors and delays in care), new providers are less prepared having had less experiential learning during the pandemic</li> <li>• Particular challenge for those who are insured but do not have cash on hand to pay providers and seek reimbursement after (even then reimbursement rate is low compared to the cost of care)</li> <li>• Gap in available specialists on mental health conditions in the region</li> <li>• Increasing certifications required as well as audit, review, reporting and regulations have increased the cost of care and limited the pool of applicants</li> <li>• Need mental health providers who speak multiple languages to provide linguistically</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity to explore psych ER settings</li> <li>• Opportunity to create networks sufficient for subscribers – federal system more resources available than private</li> </ul>

		and culturally appropriate care	
<b>Increase in Co-Morbid Conditions</b>	Chronic Conditions Mental Health	<ul style="list-style-type: none"> <li>Psychiatrists struggle to treat mental health in the context of chronic conditions (track and educate but don't treat) and primary care experiences the opposite</li> <li>Increase in metabolic disorders in those with mental health</li> <li>Presence of COVID and resulting masks, virtual engagement and remote learning made OT, PT and speech therapy challenging resulting in further delays</li> </ul>	<ul style="list-style-type: none"> <li>Begun to collocate services to support whole-person care in Loudoun</li> <li>Opportunity to change provider mindsets to allow increased collaboration between primary care, specialists and psychiatrists</li> </ul>
<b>Increase Influence of Internet and Social Media</b>	Health Access Mental Health	<ul style="list-style-type: none"> <li>Regions of Western Loudoun with poor connectivity have limited tele-med access</li> <li>Pandemic has made it difficult to enforce screen-time limits</li> <li>Unmoderated internet and social media can contribute to depression and other issues</li> </ul>	<ul style="list-style-type: none"> <li>Changing view of virtual provision care as a legitimate mode when use appropriately</li> <li>Tele-psychiatry can be successful when used as a precision tool for those who would not otherwise access services</li> <li>Internet and social media can provide connection to those with none previously</li> </ul>
<b>Increased Social Unrest, Polarization</b>	Mental Health	<ul style="list-style-type: none"> <li>Increased isolation and uncertainty</li> </ul>	<ul style="list-style-type: none"> <li>Increase in diversity, equity and inclusion conversations and actions</li> </ul>

Figure C7. Loudoun Pediatric Obesity Council

Forces	Category	Threats Posed	Opportunities Created
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<p><b>Gaps in Resources Related to Social and Developmental Growth</b></p>	<p>Education Mental Health</p>	<ul style="list-style-type: none"> <li>• Fewer groups and classes available for interaction and physical health, virtual approaches seem less impactful – can affect development of kids and mental health of adults</li> </ul>	<ul style="list-style-type: none"> <li>• COVID has made clear what isn't working which allows opportunities to reorient, explore new options and invest differently</li> <li>• Neighborhood Readiness Teams in other regions have seen success with focusing on childhood development in the community</li> </ul>
<p><b>Culture/Infrastructure of Movement is Lacking</b></p>	<p>Neighborhood, Community and Environment  Obesity, Nutrition and Physical Activity</p>	<ul style="list-style-type: none"> <li>• Reliance on county activities/events to meet movement needs - seems to be a generational loss of informal networks of play and an empowerment gap</li> <li>• Don't see people in Loudoun walking around – stigma associated with human-powered modes of transport (e.g. you are biking because you don't have/can't afford a car)</li> <li>• Broad spectrum of pressures that contribute: pedestrian/bike safety, lighting, sidewalks, distance and crime (notably including safety of walking to school) all vary by community and can be pose significant barriers</li> <li>• Safety concerns feed stress levels</li> </ul>	
<p><b>Economic Concerns (Housing, Employment, COL, Childcare, Transportation and Medical)</b></p>	<p>Economic Stability</p>	<ul style="list-style-type: none"> <li>• Employees working from home may be treated as "lesser" and miss out on opportunities</li> <li>• Working from home requires tech which has a cost and is a question of infrastructure in areas of Loudoun</li> </ul>	<ul style="list-style-type: none"> <li>• Could housing near metro be required to include a certain amount of low-income housing</li> <li>• Work from home has decreased driving, which is good for the lived environment</li> </ul>

		<ul style="list-style-type: none"> <li>• Medical weight loss needs are not being met by existing programs, which can be too expensive for those who need them</li> <li>• Those who do received medical weight loss assistance may not have the resources to follow the recommendations and also experience cultural barriers</li> </ul>	<ul style="list-style-type: none"> <li>• Pandemic relief effectively ended homelessness in Fairfax County, how can that success be perpetuated</li> </ul>
<b>Unreliable/Inconsistent Transportation</b>	Neighborhood, Community and Environment	<ul style="list-style-type: none"> <li>• Lack of consistent bike and pedestrian safety and accessibility, parks and trails</li> <li>• People with disabilities are often left out – while there is a paratransit system, how well does it meet the need for those who rely on public transit the most</li> </ul>	
<b>Growing Misinformation and Mistrust</b>	Health Literacy	<ul style="list-style-type: none"> <li>• International celebrities/faith leaders influencing immigrant communities with misinformation spread on WhatsApp groups and YouTube</li> <li>• Immigrant fear and mistrust that any healthcare or social assistance will lead to government reporting, public charge record or deportation</li> </ul>	<ul style="list-style-type: none"> <li>• Learn how our communities are getting health information to more effectively counter-message</li> </ul>
<b>Population Growth</b>	Economic Stability Neighborhood, Community and Environment	<ul style="list-style-type: none"> <li>• Desire to redevelop lower-income housing (including trailer parks) to meet the needs of higher income professionals moving to the area</li> <li>• More lower income neighborhoods are up and coming (Ashburn) so planning now is important</li> <li>• Huge divide between the high and low income in the county</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity to “lead up” by advocating based on what we see in the community to the decision makers</li> </ul>

Figure C8. Loudoun Community Health Workers Collaborative

Forces	Category	Threats Posed	Opportunities Created
<b>Medicaid Expansion, Resources from Government and Agencies</b>	Economic Stability Healthcare Access	<ul style="list-style-type: none"> <li>Resources end once a child turns 18 and is no longer in the school system</li> </ul>	<ul style="list-style-type: none"> <li>Medicaid now available to all pregnant people</li> <li>Funding for children with disabilities</li> </ul>
<b>Economic Issues – Jobs, Housing and Transportation</b>	Economic Stability Immunizations and Infectious disease Mental Health	<ul style="list-style-type: none"> <li>Many people need to take multiple unstable low-paying jobs to pay their bills and were forced into riskier jobs during the pandemic</li> <li>People working to stay afloat do not have time for exercise, healthcare, dental care or receiving education (including literacy)</li> <li>Lack of affordable housing put immigrant communities in particular at risk for overcrowding (sharing living space to afford the cost) that can result in the spread of COVID and other diseases like bed bugs as well as increased stress</li> <li>Metro coming to Loudoun will drive housing costs up</li> </ul>	<ul style="list-style-type: none"> <li>Seeing organizations partner to meet community need</li> <li>Mutual aid organizing (off the radar of governments) expanded during the pandemic in communities, but has become harder to find volunteers and funds as the pandemic wears on</li> <li>Opportunities to create partnerships for transportation and bring groups like the DMV to communities to provide IDs or information about discounts and navigation</li> <li>Cohabiting and multi-generational homes can create a social network of support and caregiving</li> <li>Metro and corresponding growth could create jobs in construction, but they will be seasonal/temporary</li> </ul>

<p><b>Growing Medical Hesitancy and Inexperience</b></p>	<p>Healthcare Access Health Literacy</p>	<ul style="list-style-type: none"> <li>• Those working to make a living may not understand the science behind medicine, navigating the medical system and cost</li> <li>• Medical hesitancy in a family/community can spread</li> <li>• Fear that seeking healthcare/diagnosing illness can keep them from working</li> </ul>	
<p><b>Lack of Domestic Abuse Reporting</b></p>	<p>Injury and Violence</p>	<ul style="list-style-type: none"> <li>• With shelters closed there has been hesitancy to report abuse and risk homelessness during the pandemic</li> <li>• Those who are undocumented have a fear of reporting or accessing medical or other social services</li> </ul>	<ul style="list-style-type: none"> <li>• LAWS and other organizations have been providing hotel rooms to those in need</li> </ul>
<p><b>Western Loudoun Economic Divide</b></p>	<p>Economic Stability Healthcare Access</p>	<ul style="list-style-type: none"> <li>• While much of the community is wealthy, some are house rich but struggle to make ends meet, while there are other communities of service workers with particular needs</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity to design outreach to specific communities and establish trust and provide support</li> </ul>
<p><b>Increase in Mental Health and Other Health Conditions</b></p>	<p>Chronic Conditions Mental Health</p>	<ul style="list-style-type: none"> <li>• COVID has had an impact on everyone’s social, medical and mental health and disproportionate impact on vulnerable communities</li> <li>• People have postponed preventative medical care</li> <li>• New mental health needs have arisen due to the pandemic</li> <li>• Mental health system is not prepared for the flood of people with needs but without access or financial resources to seek help</li> </ul>	
<p><b>Growing Political Divisiveness</b></p>	<p>Injury and Violence</p>	<ul style="list-style-type: none"> <li>• Creates stress in the community and divides people</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity to provide de-escalation training to more people</li> </ul>

	Mental Health	<ul style="list-style-type: none"> <li>Safety concerns with fliers and threats coming from organizations including the KKK - some communities do not feel comfortable engaging in public</li> </ul>	to address heightened reactions
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Figure C9. Faith Based Leaders, All Regions

Forces	Category	Threats Posed	Opportunities Created
<b>Increase in Mental Health Impact on Community</b>	Chronic Conditions Healthcare Access Health Literacy Mental Health Neighborhood, Community and Environment	<ul style="list-style-type: none"> <li>Need more providers trained in intersectionality to help address multiple identities in the space of behavioral/mental health</li> <li>Need more providers for long-term intervention</li> <li>Faith leaders can only provide short-term interventions for faith-based counseling</li> <li>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</li> <li>Public providers are overwhelmed</li> <li>Stigma is still a huge problem regarding mental health in religious/faith communities</li> <li>Many people do not know they are depressed</li> <li>Depends on word of mouth for referrals for counseling</li> </ul>	<ul style="list-style-type: none"> <li>Church counseling ministries have increased to address awareness for behavioral health and mental health support</li> <li>Awareness for services and programs has increased</li> <li>Would like to expand services and make them more well-known to all of community – reducing stigma</li> </ul>
<b>Increase in Immigrant/Refugee Population</b>	Economic Stability Healthcare Access	<ul style="list-style-type: none"> <li>Individuals have trauma and it is not being addressed sufficiently</li> </ul>	<ul style="list-style-type: none"> <li>Many communities worked to dispel this stigma and</li> </ul>



	<p>Health Literacy Mental Health Neighborhood, Community and Environment</p>	<ul style="list-style-type: none"> <li>• Affordable housing not accessible</li> <li>• Commonly told that if those who were seeking citizenship were to apply for social services their applications would be denied</li> </ul>	<p>misinformation to increase access</p> <ul style="list-style-type: none"> <li>• Dual trained community members were trained to do pastoral support and programs/services to help address disparities</li> <li>• Need to better address trauma when these community members arrive</li> </ul>
<p><b>Increase in Food Insecurity/Food Pantries</b></p>	<p>Economic Stability Maternal, Infant, Child and Youth Health Neighborhood, Community and Environment</p>	<ul style="list-style-type: none"> <li>• Certain ethnic and cultural groups were totally loss to systems (i.e. Haitian, Africans, etc.)</li> <li>• Not everyone was included as a vulnerable group</li> <li>• Community had to come to them instead of services coming to them</li> <li>• Transportation greatly affected community and food accessibility – especially in counties with limited public transportation</li> <li>• School unable to provide dual services that helped address this need</li> <li>• Reduced barriers for community members to access more food for their households and other households were limited due to transportation</li> <li>• Food pantries were not paying attention and were distributing expired foods a lot</li> <li>• Lack of community trust impacted access to food networks, pantries and resources</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in community partnership and collaboration to address enhanced need</li> <li>• Churches mobilized community-based food pantries to deliver service to community</li> <li>• 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</li> <li>• Using volunteers of diverse backgrounds enhanced trust and increased community participation in using services</li> <li>• Test community members</li> <li>• Lots of overlapping services which may have been barriers to communication</li> </ul>

			<ul style="list-style-type: none"> <li>• Integrating food distribution between community partners to streamline access</li> <li>• Championed peer-to-peer/neighbor-to-neighbor support groups that facilitated transportation and distribution to communities limited by transportation</li> <li>• Reduced the emphasis on targeting ethnic and racial groups and open to all</li> </ul>
<p><b>Barrier to Distributing COVID Assistance</b></p>	<p>Economic Stability Healthcare Access Health Literacy Immunizations and Infectious Disease Mental Health Neighborhood, Community and Environment</p>	<ul style="list-style-type: none"> <li>• Assistance programs were limited in scope and outreach</li> <li>• Undocumented citizens were impacted heavily as they were not allowed to receive many services and resources reserved for “citizens”</li> <li>• Need for increased funding highlighted disparate needs with regard to poverty in Northern VA</li> <li>• Slow communication really impacts access to health for many</li> <li>• Low technology literacy impacted communication of important messaging</li> <li>• Lack of racial/ethnic/cultural mental health specialist/resources in Northern VA</li> <li>• Barriers to accessing programs for all citizens</li> <li>• Families turned away due to lack of documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Accumulated lots of money to address needs</li> <li>• Federal funding was available to undocumented citizens for COVID positive clients</li> <li>• Depended on word of mouth communication</li> <li>• Increased effectiveness of trusted messengers</li> <li>• Barriers to accessing public and government programs or applications was made easier in some instances</li> <li>• Lots of programs reduced barriers to accessing services</li> <li>• Community led communication was very successful</li> </ul>

		<ul style="list-style-type: none"><li>• Those not seen as real community members/citizens increases stigma and mistrust</li></ul>	
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## 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:

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

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



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

Please select up to THREE (3) boxes below:

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

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 Loudoun Community

	Number of Respondents	Percent of Respondents
<b>Total Responses</b>	1023	100%
<b>Ethnicity</b>		
Hispanic/Latino	292	29%
Not Hispanic/Latino	694	68%
No response	37	4%
<b>Race</b>		
American Indian or Alaska Native	33	3%
Asian	153	15%
Black or African American	110	11%
Native Hawaiian or Other Pacific Islander	12	1%
White or Caucasian	599	59%
No response	159	16%
<b>Language</b>		
Amharic	2	<1%
Arabic	3	<1%
Chinese	5	<1%
English	739	72%
Farsi	3	<1%
Spanish	250	24%
Vietnamese	3	<1%
Urdu	7	1%
Korean	11	1%
<b>Lives with child (&lt;18 years)</b>		
Yes	526	51%
No	458	45%
No response	39	4%
<b>Sex</b>		
Female	626	61%
Male	354	35%
No response	43	4%
<b>Annual Household Income</b>		
Less than \$10,000	57	6%
\$10,000 to \$49,000	228	22%
\$50,000 to \$99,999	275	27%
\$100,000 to \$149,000	138	13%
Greater than \$150,000	264	26%

No response	61	6%
<b>Age Category</b>		
Less than 18 years	13	1%
18-24 years	68	7%
25-29 years	92	9%
30-39 years	215	21%
40-49 years	258	25%
50-64 years	251	25%
65-79 years	111	11%
80+ years	6	1%
No response	9	1%
<b>Education</b>		
Less than High School Diploma	66	6%
High School Diploma or GED	161	16%
Some College	155	15%
Associates or Technical Degree	72	7%
Bachelor's Degree	270	26%
Graduate Degree or Higher	265	26%
No response	34	3%
<b>Regular Source of Healthcare</b>		
Hospital or Emergency Room	56	5%
Private Doctor's Office or HMO	631	62%
Urgent Care	85	8%
Free or Reduced Fee Clinic	113	11%
I don't get healthcare	98	10%
No response	40	4%

### 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	Dental problems	95
2	Mental health problems (depression, anxiety, stress, suicide)	84
3	Alcohol, drug and/or opiate abuse	71
4	Obesity	68
5	Violence and abuse	53



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	18
2	Alcohol, drug and/or opiate abuse	15
3	Mental health problems (depression, anxiety, stress, suicide)	11
	Obesity	11
4	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	9

Figure D5. Younger Respondents (&lt;25 years of age)

Rank	Response	Number of People Who Selected Response
1	Alcohol, drug and/or opiate abuse	28
2	Mental health problems (depression, anxiety, stress, suicide)	27
3	Obesity	23
4	Violence and abuse	22
5	Dental problems	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)	192
2	Alcohol, drug and/or opiate abuse	108
3	Aging-related health concerns	103
4	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	86
5	Obesity	77

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

Rank	Response	Number of People Who Selected Response
1	Dental problems	105
2	Obesity	76
3	Alcohol, drug and/or opiate abuse	72
4	Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)	56
	Violence and abuse	56

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)	14
2	Aging-related health concerns	12
	Dental problems	12
3	Obesity	8
4	Teen pregnancy	7

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)	193
2	Dental problems	149
3	Obesity	139
4	Alcohol, drug and/or opiate abuse	137
5	Violence and abuse	105

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

Rank	Response	Number of People Who Selected Response
1	Dental problems	106
2	Obesity	85
3	Mental health problems (depression, anxiety, stress, suicide)	84
	Alcohol, drug and/or opiate abuse	84
4	Violence and abuse	53

Figure D11. Female Respondents

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	369
2	Alcohol, drug and/or opiate abuse	192
3	Obesity	141
4	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	120
5	Differences in life expectancy and health outcomes based on race, ethnicity and economic well-being	112

## 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 Loudoun 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
		Loudoun County	Virginia			
Chronic Conditions	Persons with a disability	5.80	11.80	%	2019	ACS
	Age-adjusted death rate due to cancer	118.70	152.40	Per 100,000	2019	NCI-SEER
	Age-adjusted death rate due to diabetes	12.90	23.50	Per 100,000	2018-2020	CDC
	Age-adjusted death rate due to heart disease	102.9	149.60	Per 100,000	2018-2020	CDC
	Age-adjusted death rate due to stroke	25.70	39.00	Per 100,000	2018-2020	CDC
	Age-adjusted hospitalization due to diabetes	9.10	20.70	Per 10,000	2018-2020	VHI
	Age-adjusted hospitalization due to pediatric asthma	3.20	3.60	Per 10,000	2018-2020	VHI
	Age-adjusted hospitalization rate due to adult asthma	2.20	3.10	Per 10,000	2018-2020	VHI
	Age-adjusted hospitalization rate due to heart failure	25.50	36.70	Per 10,000	2018-2020	VHI
	Age-adjusted hospitalization rate due to hypertension	2.90	4.60	Per 10,000	2018-2020	VHI
	All cancer incidence rate	359.50	411.00	Per 100,000	2018	NCI-SEER
	Medicare beneficiaries with Alzheimer's Disease or Dementia	11.70	10.40	%	2018	VA DARS
	Age Adjusted COPD hospitalization	7.80	13.50	per 10,000	2018-2020	VHI
	Persons with a disability who live in poverty	7.00	17.40	%	2019	ACS
Economic Stability	Median Household Income	142,299	74,222	US Dollars	2019	ACS
	Children living below poverty level	3.20	13.90	%	2019	ACS
	People 65+ living below poverty level	4.50	7.50	%	2019	ACS
	People living below poverty level	3.40	10.60	%	2019	ACS
	Child food insecurity rate	1.70	11.50	%	2019	FA
	Food insecurity rate	4.00	9.40	%	2019	FA
	Social and Economic Factors Ranking	4.00	6.00	Rank compared to other VA counties	2021	CHR
	Students Eligible for the Free Lunch Program	19.00	45.00	%	2019-2020	CHR
	Income Inequality	3.50	4.80	Ratio 80%:20% income brackets	2016-2020	CHR
	Annual Unemployment Rate	3.10	3.90	%	2021	BLS

Category	Data Point	Value		Unit of measure	Year of Data	Data Source
		Loudoun County	Virginia			
Education	People 25+ with a Bachelor's degree or higher	61.30	38.80	%	2019	ACS
	High school graduation	97.60	93.00	%	2021	VDE
	Proportion of students receiving advanced studies diploma	76.00	56.00	%	2020-2021	VDE
	Enrolled in any post-secondary	85.00	69.00	%	2019	VDE
Healthcare Access	Adults with Health Insurance	92.70	89.20	%	2019	SAHIE
	Children with Health Insurance	96.30	95.10	%	2019	SAHIE
	Clinical Care Ranking	18.00	-	Rank compared to other VA counties	2021	CHR
	Colon Cancer Screening	62.40	70.30	%	2018	CDC
	Mammogram in Past 2 Years: 50-74	74.90	80.90	%	2018	CDC
	Pap test in past three years	88.30	84.30	%	2018	CDC
	Preventable Hospital Stays - Medicare Population	3586.00	3896.00	Per 100,000	2019	CHR
	Below 138% FPL uninsured	24.90	17.20	%	2020	ACS
Immunizations and Infectious Disease	Adults 65+ with pneumonia vaccination	72.40	75.60	%	2019	CDC
	Lyme Disease Incidence	36.70	13.40	per 100,000	2018	VDH
	Tuberculosis incidence	2.80	1.90	per 100,000	2021	VDH
	Varicella (Chickenpox) incidence	8.30	4.20	per 100,000	2018	VDH
	Hepatitis B, chronic	27.10	24.20	per 100,000	2018	VDH
	Hepatitis C, chronic	41.40	122.80	per 100,000	2018	VDH
Maternal, Infant and Child Health	Babies with low birth weight	6.70	8.30	Percent less than 2,500 grams	2020	VDH
	Infant mortality rate	2.30	5.30	Per 1,000 live births	2020	VDH
	Mothers who received early prenatal care	79.70	78.40	%	2020	CDC
	Teen birth rate 15-17	1.30	5.10	per 1,000 births	2020	VDH
	Teen birth rate <19	1.90	6.70	per 1,000 births	2020	VDH
	Infants born preterm	8.70	9.60	%	2020	NCHS

Category	Data Point	Value		Unit of measure	Year of Data	Data Source
		Loudoun County	Virginia			
<b>Mental Health</b>	Age-adjusted death rate due to suicide	9.50	13.50	Per 100,000	2018-2020	CDC
	Frequent mental distress (14+ days)	10.00	13.00	%	2019	CHR
	Mental health provider rate	157.00	188.00	per 100,000	2020	CHR
	Poor mental health: 5+ days	3.40	4.20	Average number of days in the past 30	2019	CHR
	Adults ever diagnosed with a depressive disorder	15.00	17.00	%	2019	CDC
	Depression: Medicare population	14.00	16.00	%/Based on 10,000 beneficiaries	2020	CMS
<b>Neighborhood, Community and Environment</b>	Severe housing problems	11.00	14.00	%	2014-2018	CHR
	Renters spending 30% or more on household income on rent (30.0-34.9)	6.80	8.80	%	2019	ACS
	Renters spending 30% or more on household income on rent (35.0 or more)	33.70	37.20	%	2019	ACS
	Mean travel time to work	34.50	28.70	In minutes	2019	ACS
	Workers commuting by public transportation	3.60	4.40	%	2019	ACS
	Workers who walk to work	1.70	2.40	%	2019	ACS
	Food Environment Index	10.00	8.80	0-10 (10 best)	2019	CHR
	Residential segregation non-white/white index	32.00	42.00	0-100 (0=full integration)	2016-2020	CHR
Residential segregation black/white index	27.00	50.00	0-100 (0=full integration)	2016-2020	CHR	
<b>Obesity, Nutrition and Physical Activity</b>	Access to exercise opportunities	92.00	82.00	%	2019	CHR
	Adults engaging in physical activity	81.20	74.70	%	2019	VA BRFSS
	Adults who are overweight or obese	26.00	32.00	%	2019	CHR
	Adults who are sedentary	21.00	25.00	%	2019	CHR
<b>Oral Health</b>	Dentist rate	67.00	71.00	per 100,000	2019	CHR
	Visited dentist in past year	77.20	70.50	%	2018	CDC

Category	Data Point	Value		Unit of measure	Year of Data	Data Source
		Loudoun County	Virginia			
	Teeth Extractions- 65+	6.80	14.90	%	2018	CDC
<b>Sexual and Reproductive Health</b>	Chlamydia incidence rate	208.90	469.40	Per 100,000	2020	VDH
	Gonorrhea incidence rate	24.70	175.10	Per 100,000	2020	VDH
	HIV/AIDS prevalence rate	1.40	7.30	Per 100,000	2020	VDH
	Teen pregnancy rate	1.50	7.00	Per 1,000	2020	VDH
	HIV Incidence	4.40	9.00	per 100,000	2021	VDH
<b>Tobacco and Substance Use</b>	Adults who drink excessively	18.00	17.00	%	2019	CHR
	Adults who smoke	10.00	14.00	%	2019	CHR
	Death rate due to or heroin overdose	0.90	4.80	Per 100,000	2020	VDH
	Death rate due to opioid overdose	6.10	17.20	Per 100,000	2020	VDH
	Emergency department visit rate due to heroin	1.30	6.60	Per 10,000	2020	VDH
	Emergency department visit rate due to opioids	25.00	34.40	Per 10,000	2020	VDH
<b>Violence and Injury</b>	Violent Crime rate	100.00	207.00	per 100,000	2014-2016	CHR
	Age-Adjusted Hospitalization Rate related to unintentional fall	16.70	20.90	per 10,000	2020	VOIRS
	All-cause injury deaths	26.40	70.00	per 100,000	2020	VOIRS
	Firearm deaths	3.50	13.7	per 100,000	2020	VOIRS
	Motor vehicle deaths	3.20	10.60	per 100,000	2020	VOIRS
	All-cause injury hospitalizations	260.80	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 Loudoun Community

Figure F1. Inova Loudoun Community Assessment Scoring Matrix

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

Using this framework, the top health issues identified for the Loudoun Community are: **chronic conditions; economic stability; healthcare access; injury and violence; mental health; neighborhood, community and environment; and obesity, nutrition and physical activity**

## 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 Loudoun Hospital, Loudoun County 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.

Early in 2020 Inova began initial planning for a place-based implementation plan in Sterling and collaborated with the Loudoun Commission on Women and Girls for an event on human trafficking. Inova joined the Social Determinants of Health work group of the Loudoun Human Services Strategic Plan which met in February, but 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. Inova participated in regular COVID-19 planning meetings held by the county as efforts to address growing health disparities ramped up.

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 Loudoun 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, HealthWorks FQHC, Loudoun Free Clinic, Loudoun Hunger Relief, Northern Virginia Family Services, Area Health Education Center and county teams including the Health Department; Human Services; Mental Health, Substance Abuse and Developmental Services and Public Schools.

### **Inova in the Community (Improving Healthcare Access)**

The Action Committee in Loudoun 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 Loudoun, this included participating in events such as SterlingFest and being present at Loudoun Hunger Relief food distribution events. In addition in 2021, Inova Cares Clinic for Families in Sterling hosted a Back to School event in collaboration with Loudoun Health Department, Loudoun County Public Schools and the Medical Reserve Corps.

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 in the region included Friends of Loudoun Mental Health which used funds to provide housing subsidies that enable Loudoun residents living with mental illness to remain in their homes. This program supports clients receiving mental illness treatment from Loudoun County Mental Health, Substance Abuse and Developmental Services and who are economically disadvantaged.

In 2021, the overall award amount was again doubled to \$240,000. Awardees included: Loudoun Literacy Council who help more than 700 adults and children participate in reading and English as a Second Language programs including Health Education and Literacy, Intervention Instruction, Story Walks, Head Start and Starting Toward Excellence in Preschool.

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 Loudoun County include Loudoun Education

Foundation, Loudoun Literacy Council, Loudoun Hunger Relief and INMED Partnerships for Children. 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.

In addition, ICCF’s Community Health Workers and the Loudoun County Health Department focused on reaching Latino communities. Connections were made at local churches and businesses, as well as community events including food distribution days hosted by Loudoun Hunger Relief.

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 in Leesburg which was established in response to Action Committee input regarding gaps in mental health care for chronic conditions.

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

The Loudoun Action Committee established two workgroups to carry out activities outlined in the Implementation Strategy. The Older Adults Workgroup brought together partners serving older adults to identify gaps and find opportunities to reach that community with needed information and services. In December of 2021, the workgroup held a virtual learning session for the community and healthcare teams to help identify red flags, share concerns and find resources for older adult family members.

The Action Committee also joined up with a previously paused workgroup of the county’s Human Services Strategic Plan to create a Behavioral Health group that seeks to address issues identified in that plan. The committee is in the process of administering a survey for private mental health providers to outline their services and provide feedback on how they might help to meet the needs in the county. The responses from these surveys will help guide planning in the country regarding continued gaps in access.



Loudoun Free Clinic, Inova Cares Clinic for Families, HealthWorks and the Loudoun Health Department came together beginning in 2021 to create a partnership to assist uninsured and underinsured individuals in finding a medical home in Loudoun County that best meets their needs. The group shares marketing materials and opportunities and has created a resource that lists services and eligibility requirements for each of the partners. This resource is intended to assist with the community engagement efforts of organizations and outreach workers and break down barriers to healthcare access.