

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

Appendix A: Community Engagement

Summary of community outreach and engagement efforts

Appendix B: Population Profile, Alexandria

Detailed maps and charts exploring resident demographics and characteristics

Appendix C: Forces of Change Assessment Discussion and Responses

Complete CHA Steering Committee responses for the Forces of Change discussion

Appendix D: Community Themes and Strengths Assessment

Communitywide survey results broken down by demographics

Appendix E: Community Health Status Assessment Results

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

Appendix F: Identifying Top Health Issues Methodology

Description of process and outcomes

Appendix G: Actions Taken Since the Previous CHNA

Appendix A: Community Engagement

Alexandria Health Department (AHD) worked with community partners and developed public meetings, pop-up events, and targeted outreach plans to engage residents who are not always represented. Below are the core strategies used to capture a wide variety of community perspectives and priorities.

Community Health Assessment Steering Committee

The Steering Committee – comprised of community members – guided Alexandria's CHA focus, process and decision-making. Through monthly meetings, this group advised AHD staff on outreach strategies, public meeting structure and how to prioritize data using equity as a primary lens. A full list of participants is below in Figure A1.

Figure A1: List of Steering Committee Participants

Last Name	First Name	Organization
Aguirre	Canek	Economic Opportunities Commission
Diaz	Gaynelle	Alexandria Redevelopment and Housing Authority
Durham	Jim	Alexandria Bicycle and Pedestrian Advisory Committee
Flynn	Laurie	Partnership for a Healthier Alexandria
Gillette	Matthew	Theater Church
Haering	Stephen	Alexandria Health Department
Harbour	Ann	Inova Health System
Karczmarczyk	Diana	Partnership for a Healthier Alexandria
King	Jane	Alexandria Commission on Aging
Knops	Jane	Neighborhood Health
Lomax	Allen	Partnership for a Healthier Alexandria
Martello	Kendra	Alexandria Commission for Women
Martinez	Liz	Neighborhood Health
Mayhan	Jean	Medical Reserve Corps
Omer	Asma	Medical Reserve Corps
Rodgers	Tricia	Northern Virginia Health Foundation
Padilla	Sadie	Alexandria City Public Schools
Salgado	Marissa	Casa Chirilagua
Saroor	Nasreen	Medical Reserve Corps
Sumpter	Charles	Alexandria School Health Advisory Board
Sweeney	Dan	Friends of Alexandria Mental Health Center
Talis	Natalie	Alexandria Health Department
Temple	Brandie	Alexandria Health Department
Terrell	Nechelle	Alexandria Health Department
Torre	Andrew	Alexandria Commission on HIV/AIDS
Whiteside	Sam	Motley Fool
Ziemann	Meg	Friends of Guest House

Public Meetings

AHD hosted three community meetings to ensure transparency and engage community members in the CHA process. Meeting locations were selected deliberately for geographic diversity, proximity to public transit, and easy accessibility for those with limited mobility. AHD provided meals and interpreter services in Spanish, Arabic, and Amharic at all meetings. These public meetings were advertised through City of Alexandria media channels, local newspapers, Medical Reserve Corps volunteer flyer distribution, tabling at community events, and email outreach to various partners and other local government agencies.

- [Kickoff and Creating a Vision for Health](#)
 - April 26, 2018, First Baptist Church
- [Intro to Data Collection](#)
 - July 26, 2018, Durant Recreation Center
- [Gathering Evidence and Examining Results](#)
 - November 3, 2018, George Washington Middle School
- [Building a Healthier Alexandria Together: Community Health Assessment Report Release](#)
 - June 26, 2019, Beth El Hebrew Congregation

PhotoVoice

PhotoVoice is a method to crowdsource information using pictures. AHD introduced the concept during the July 26, 2018 public meeting and asked attendees to submit photos that capture either what people are proud of in Alexandria or what could be improved. Participants could submit up to five photos with captions through email or text message.

PhotoVoice participants submitted more than 70 pictures and captions. A subset of this group [met on August 9, 2018](#) to discuss the images and sort them into categories. The resulting categories are: equitable access to green space, accessibility in our food system, community cohesion, children and youth, environment and mobility. A full gallery of the images are on Instagram @[AlexHealthMatters](#).

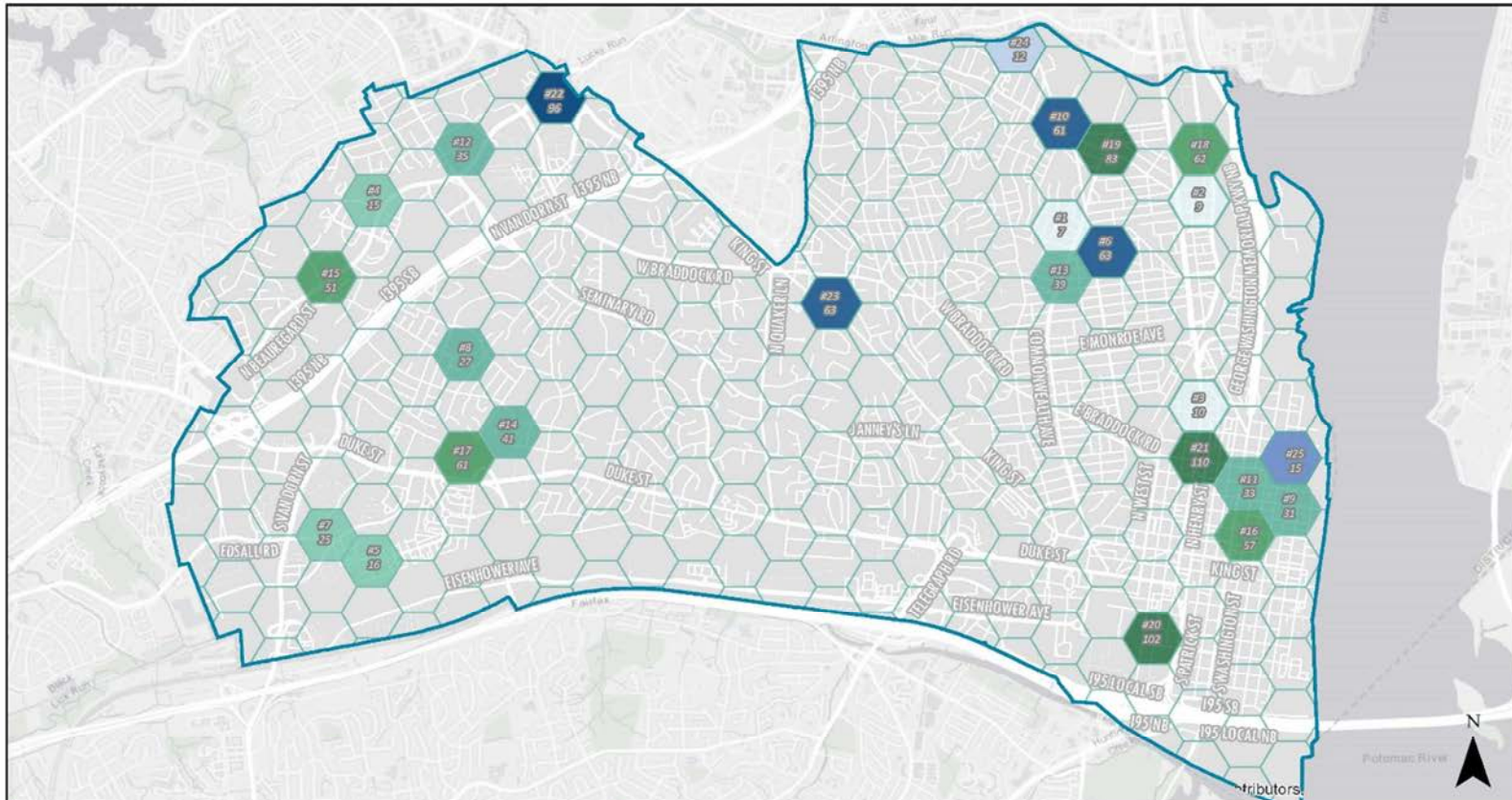
Public Health Pop-Ups

During the Community Themes and Strengths Assessment (CTSA) public survey, AHD staff organized 26 public health pop-ups to collect surveys and promote the November 3, 2018 community meeting. These pop-up locations were selected to meet residents where they are and encourage survey participation from community members who may not be fully engaged in civic processes because of time, awareness, literacy, or language barriers. A combination of AHD employees and Medical Reserve Corps volunteers staffed all of the pop-ups, which were mostly held on evenings and weekends. Of the nearly 1,800 completed CTSA surveys, almost half were collected during public health pop-ups.

APPENDIX A: COMMUNITY ENGAGEMENT

In addition to the pop-ups, AHD staff also worked with a number of local organizations to administer and collect surveys on their premises on an ongoing basis. Figure A2 shows locations of pop-ups and partner organization survey collection.

Figure A2: Location of Pop-Up and Community Partner Survey Collection



Surveys Collected		AHD Community Health Survey Collection								
Pop-Up Locations 0 1 - 10 11 - 25 26 - 50 51 - 75 76 - 110		Pop-Up Locations				Partner Survey Collection				
Partner Locations 1 - 12 13 - 25 26 - 50 51 - 75 76 - 100		Number 1 2 3 4 5 6 7 8 9 10	Name Alexandria Food Day AHDC Community Garden Citizen Corps Council Global Food Mediterranean Bakery First Thursdays in Del Ray Fair Price Market Campagna Center Annie B. Rose House Food Star	Surveys Collected 7 9 10 15 16 19 25 27 31 33	Number 12 13 14 15 16 17 18 19	Name ALIVE! Food Distribution Duncan Library St. Martin de Porres Senior Center William Ramsay Recreation Center American Legion Post 24 Barrett Library Beatley Library Petsmart Leonard "Chick" Armstrong Recreation Center Neighborhood Health - Health Fair	Surveys Collected 35 39 41 51 15 42 61 62 35 48	Number 6 10 22 22 22 23 24 25	Name DCHS Tenants and Workers United WIC Clinic AHD Registration Neighborhood Health Dental Clinic Teen Wellness Center Casa Chirilagua ARHA HQ	Surveys Collected 44 28 65 26 5 63 12 15
		11	St. Joseph's Catholic Church	33	20	Alexandria City Employee Work n' Well Field Day	102			
		11	ARA School Board Forum	N/A	21	Community Baby Shower	10			
					21	STEAM Fest	52			
					21	Charles Houston Recreation Center	48			

Appendix B: Community Description

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

Inova Alexandria Hospital's community is comprised of 23 ZIP codes, including all of Alexandria City along with parts of Fairfax and Arlington counties.

Total Population

Figure B1. IAH Community

City or County	Percent of Discharges	Percent of Emergency Department Visits
Alexandria City, VA	34.0%	32.7%
Arlington County, VA	4.5%	4.0%
Fairfax County, VA	35.4%	39.9%
Community Total	73.9%	76.6%
Other Areas	24.1%	23.4%
All Areas	100.0%	100.0%
Total Discharges and ED Visits	14,914	79,183

Source: Inova Health System, 2018.

Figure B2: Population Change by Census Tract, City of Alexandria (2012 – 2017)

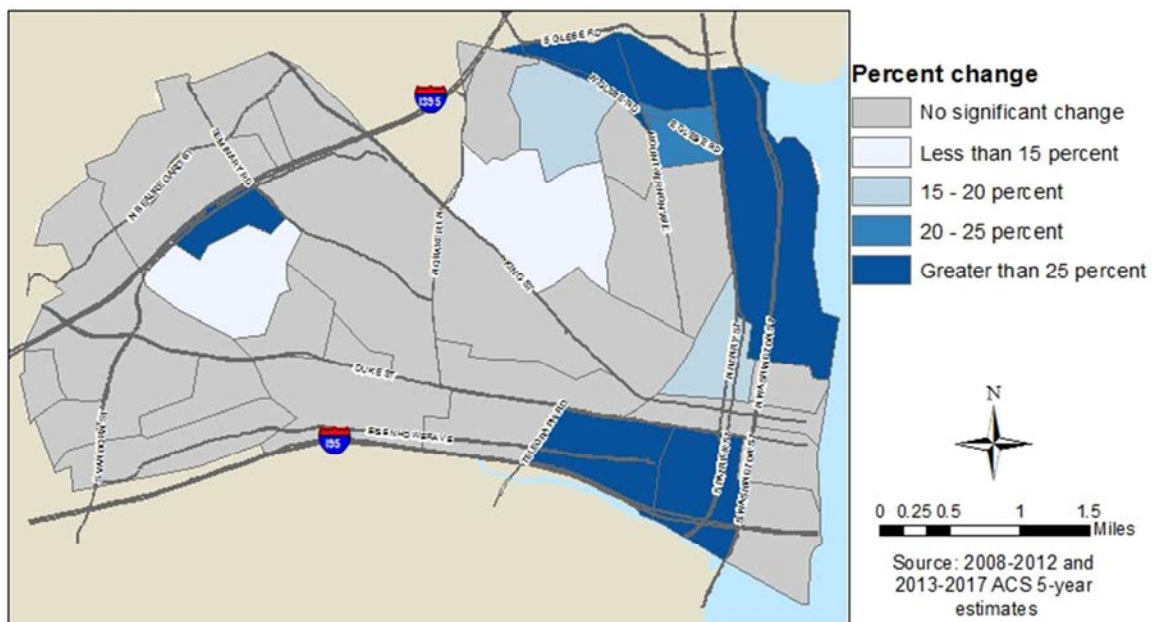


Figure B3: Percent Change in Community Population by Subregion, IAH Community (2015 – 2025)

Community	Total Population			Percent Change	
	2015	2020	2025	2015-2020	2020-2025
Alexandria City	144,900	159,842	168,831	10.3%	5.6%
Alexandria/Old Town	83,151	94,221	102,894	13.3%	9.2%
West Alexandria	61,749	65,622	65,938	6.3%	0.5%
Arlington County	92,316	98,974	106,395	7.2%	7.5%
Shirlington/South Arlington	92,316	98,974	106,395	7.2%	7.5%
Fairfax County	350,572	358,922	373,480	2.4%	4.1%
Franconia/Kingstowne	55,473	55,952	57,641	0.9%	3.0%
Lincolnia/Bailey's Crossroads	58,132	58,561	59,846	0.7%	2.2%
Lorton/Newington	31,146	33,721	35,834	8.3%	6.3%
Mount Vernon North	25,377	26,157	28,459	3.1%	8.8%
Mount Vrn South / Ft. Belvoir	88,201	89,265	92,505	1.2%	3.6%
Springfield	92,244	95,266	99,196	3.3%	4.1%
Community Total	587,788	617,738	648,706	5.1%	5.0%

Source: Metropolitan Washington Council of Governments, 2015

Age

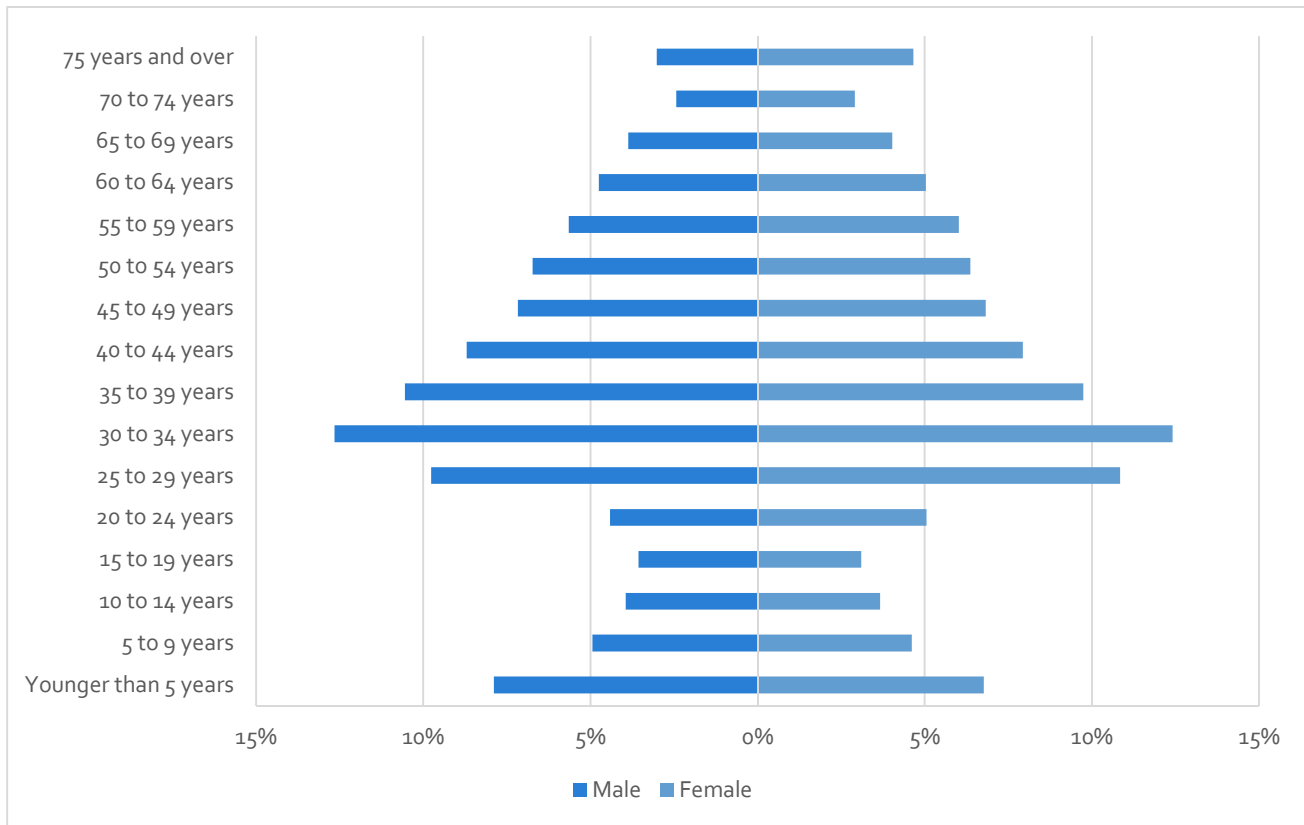
Population characteristics and changes directly influence community health needs. The total population in the Inova Alexandria Hospital community is expected to grow 11 percent from 2015 to 2025. In that same time frame, the population 65+ is expected to increase by 43%. The growth of older populations is likely to lead to a growing need for health services, since on an overall per-capita basis, older individuals typically need and use more services than younger persons.

Figure B4: Percent Change in Population by Age, IAH Community (2015 – 2025)

Age Cohort	Total Population			Percent Change	
	2015	2020	2025	2015-2020	2020-2025
0-17	126,085	129,523	133,929	2.7%	3.4%
18-44	239,222	247,099	255,236	3.3%	3.3%
45-64	153,865	156,893	160,921	2.0%	2.6%
65+	68,615	84,222	98,621	22.7%	17.1%
Total	587,788	617,738	648,706	5.1%	5.0%

Source: Metropolitan Washington Council of Governments, 2015

Figure B5: Age Distribution by Sex, City of Alexandria (2017)



Source: 2013-2017 ACS 5-year estimates.

Figure B6: Median Age by Census Tract, City of Alexandria (2017)

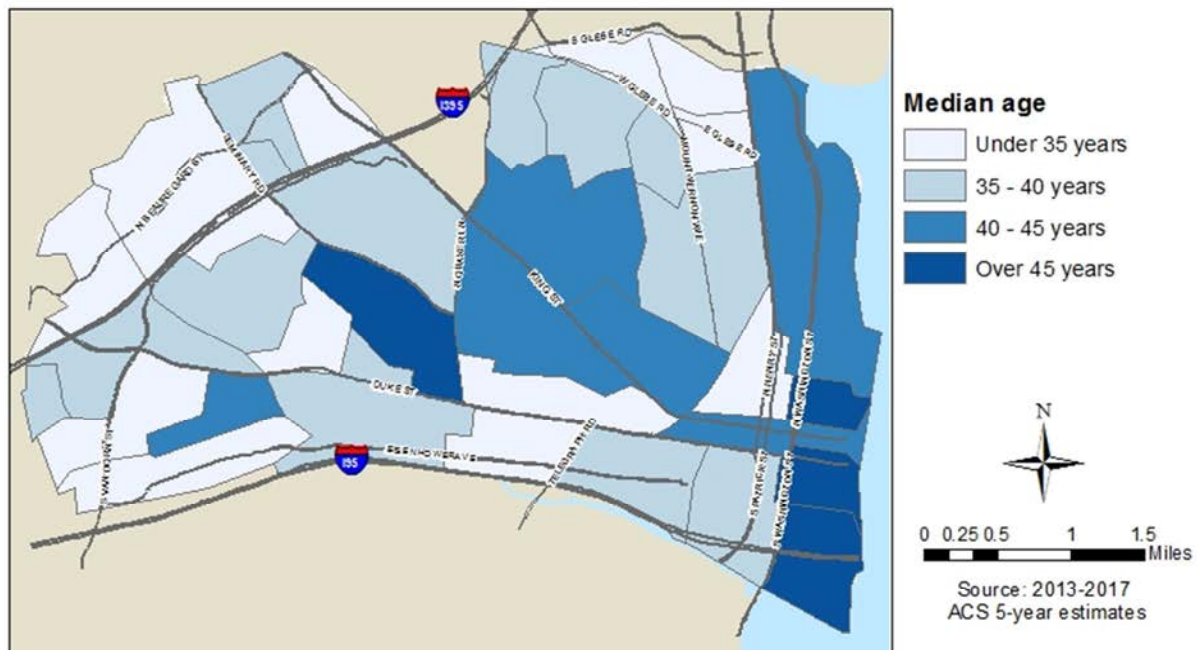
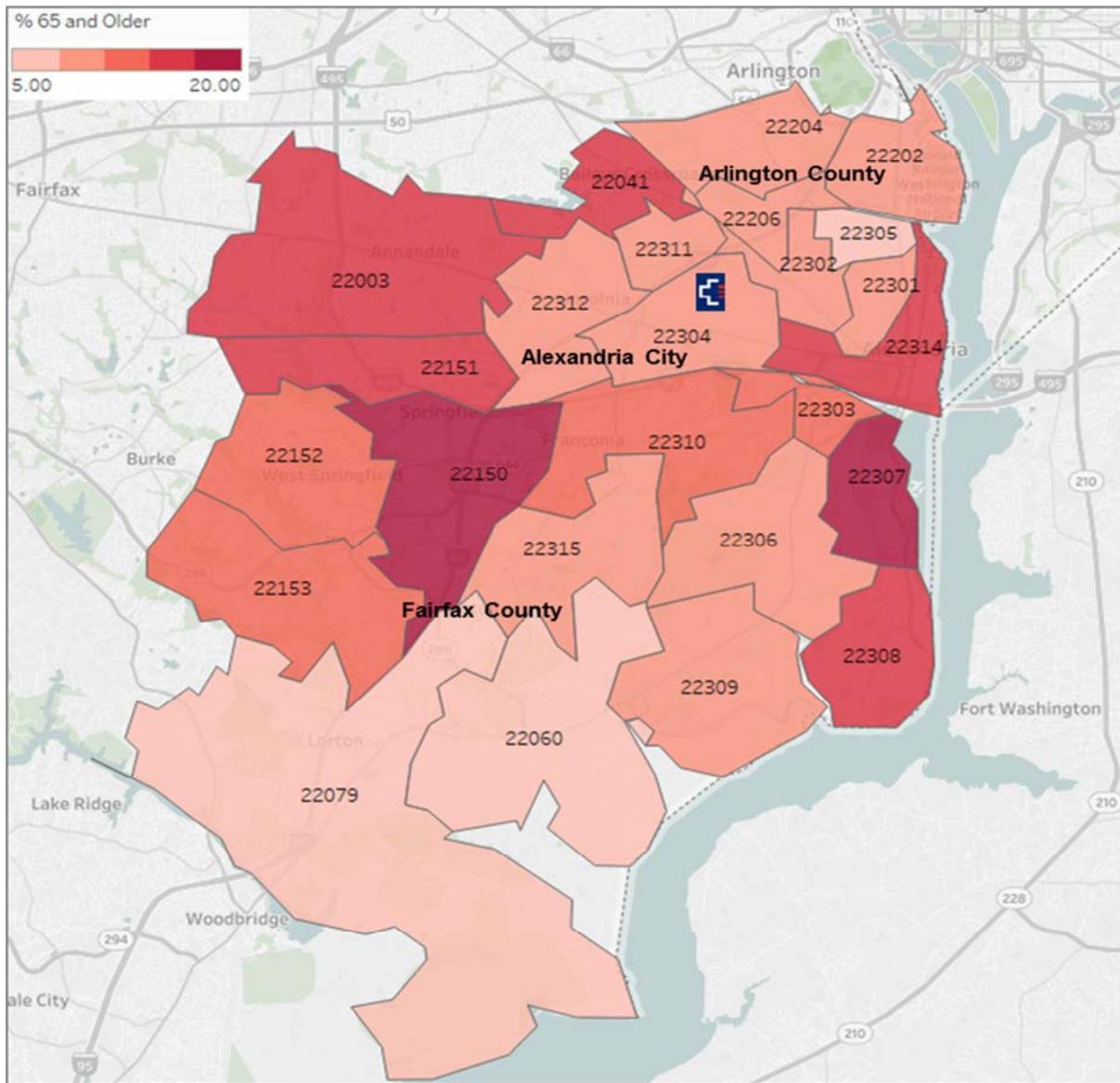


Figure B7: Percent of Population Aged 65+ by Zip Code, IAH Community (2017)

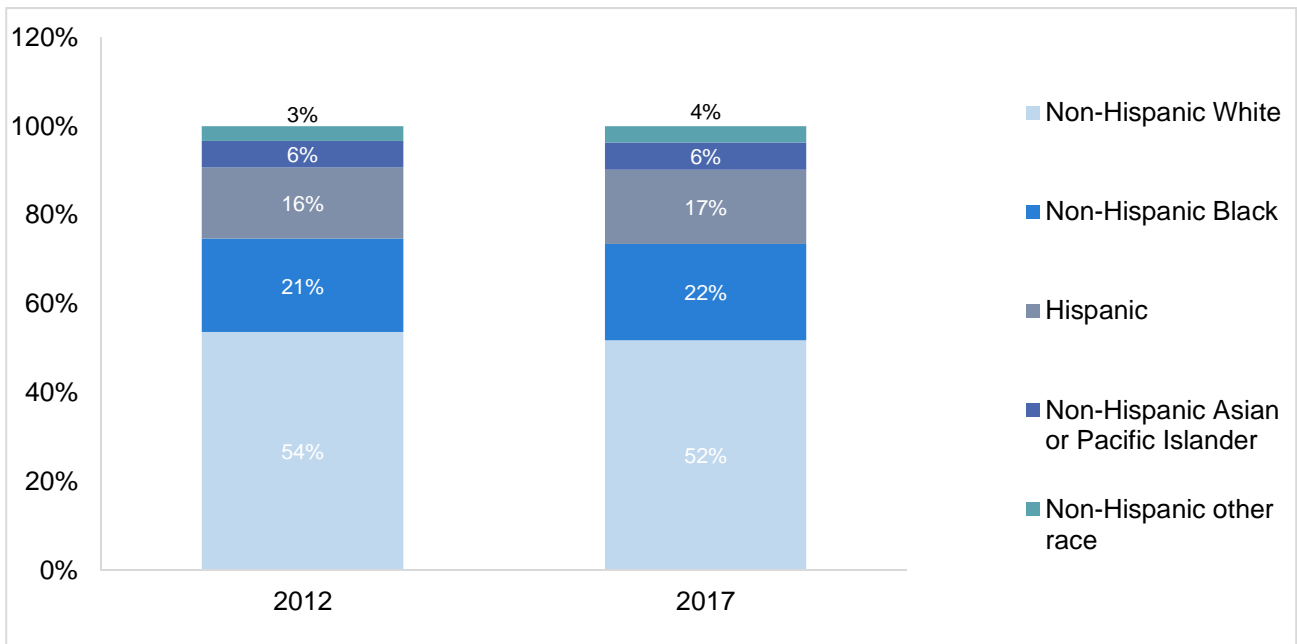


Source: Tableau and U.S. Census, ACS 5-Year Estimates, 2013-2017

Race and Ethnicity

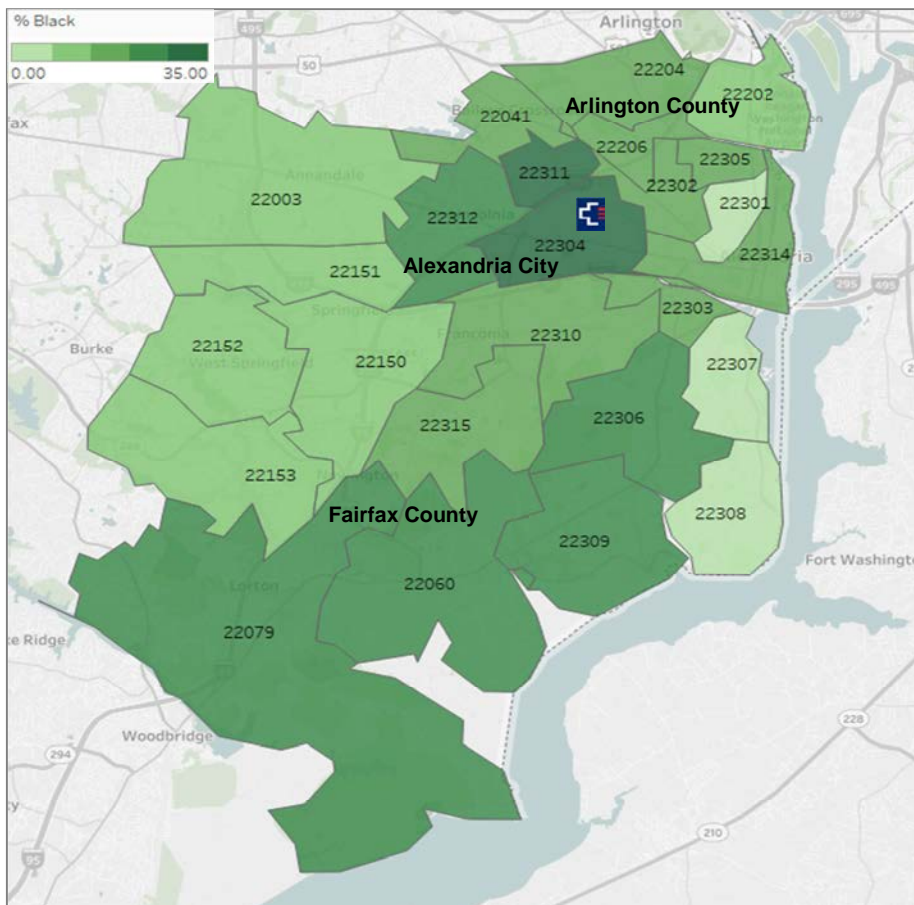
In the City of Alexandria in 2017, Hispanics, and African Americans represented 17%, and 22% of the city’s population, respectively. Racial and ethnic diversity is increasing, as these groups are growing and the percent of the population that is White/Caucasian (excluding Hispanics and Latinos) is decreasing. Additionally, there are portions of the community with high percentages of residents who are foreign-born as well as households with limited English proficiency.

Figure B8: Race and Ethnicity by year, City of Alexandria



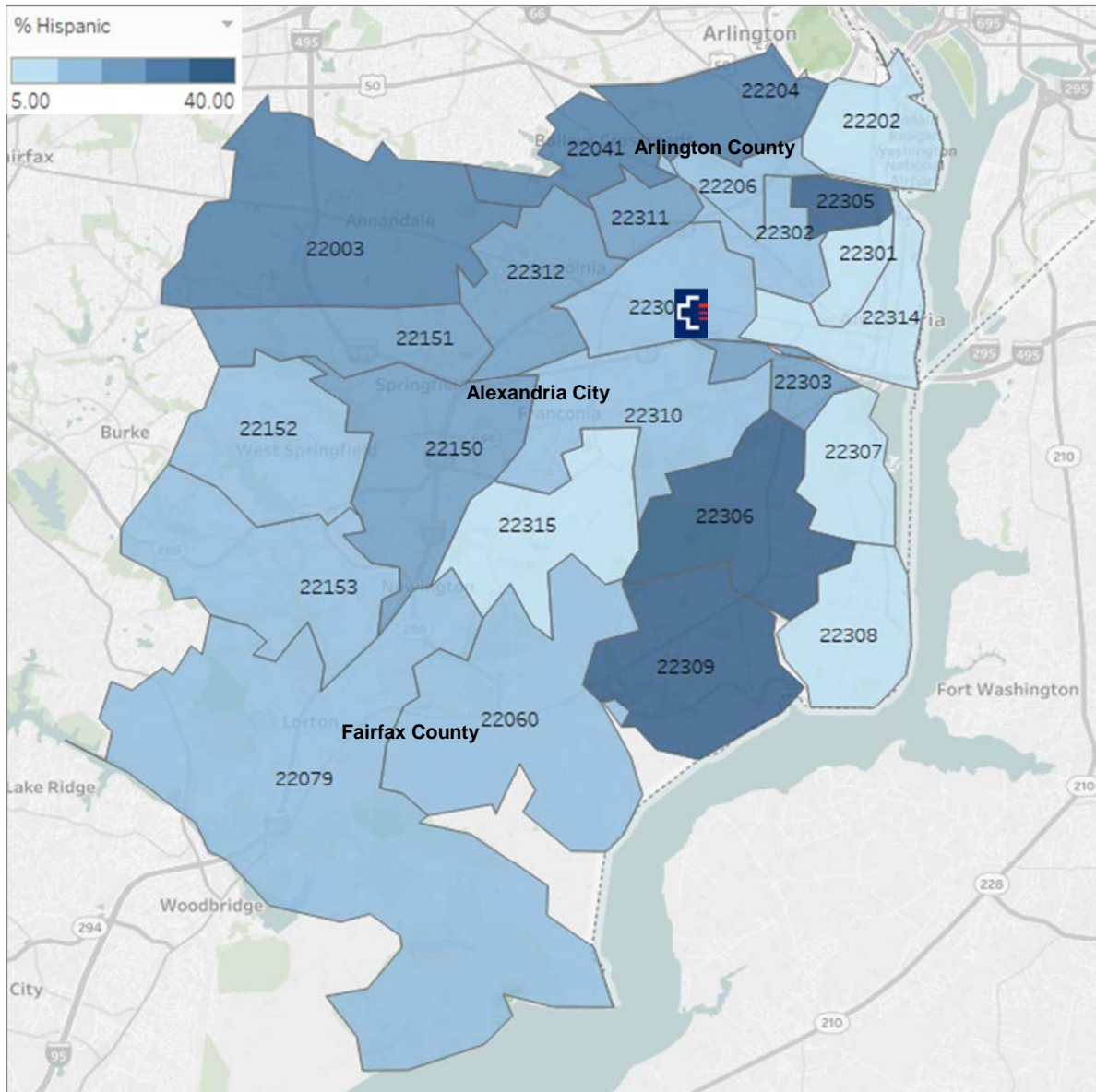
Source: 2008-2012 and 2013-2017 ACS 5-year estimates.

Figure B9: Percent of Population Black, IAH Community (2017)



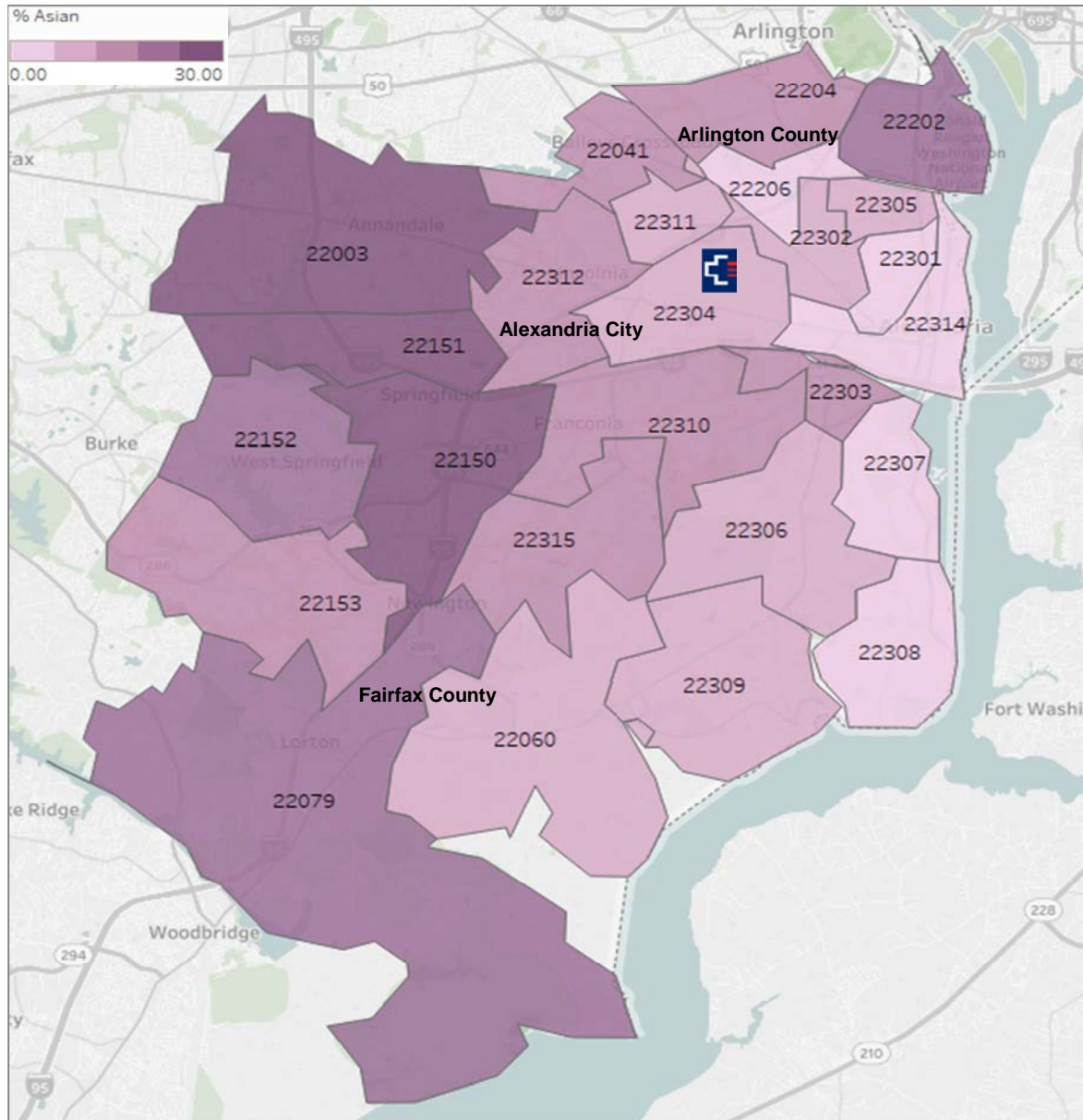
Source: Tableau and U.S. Census, ACS 5-Year Estimates, 2013-2017

Figure B10: Percent of Population Hispanic or Latino, IAH Community (2017)



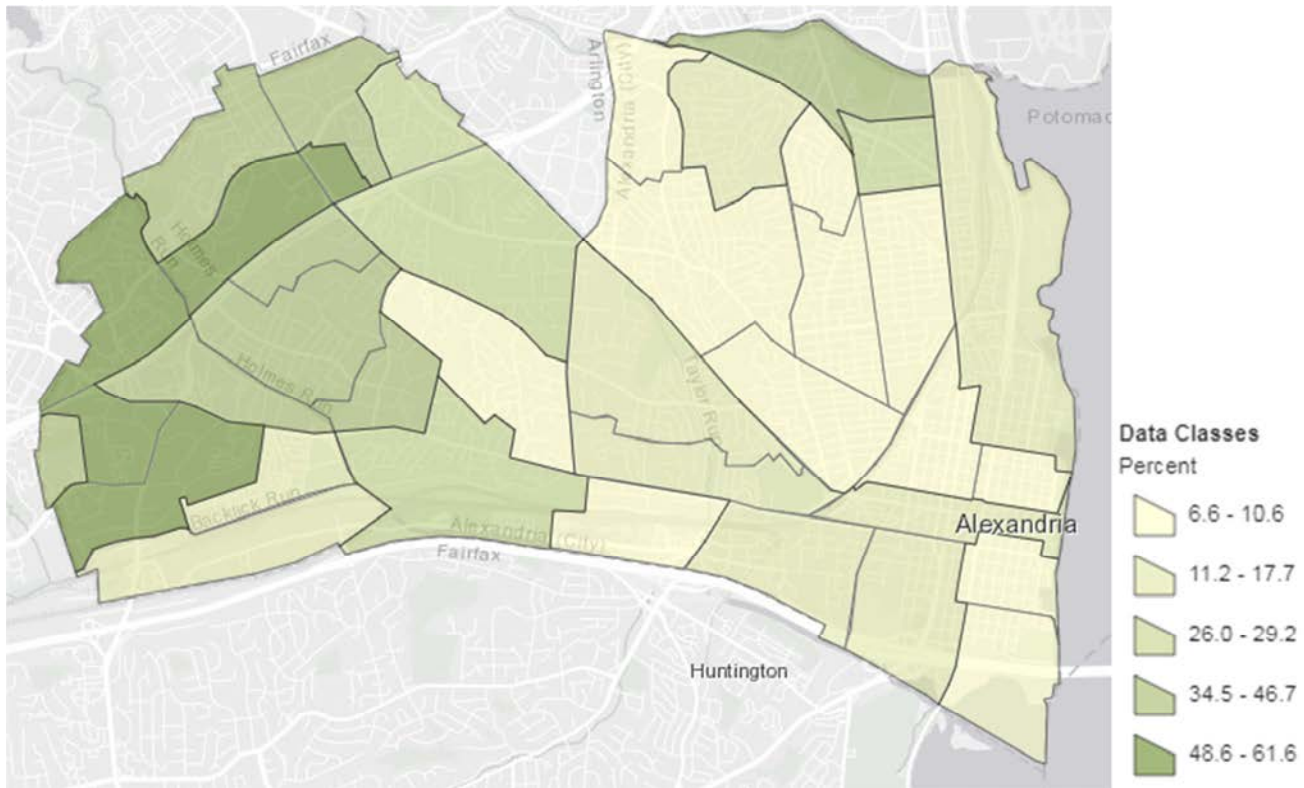
Source: Tableau and U.S. Census, ACS 5-Year Estimates, 2013-2017

Figure B11: Percent of Population Asian, IAH Community (2017)



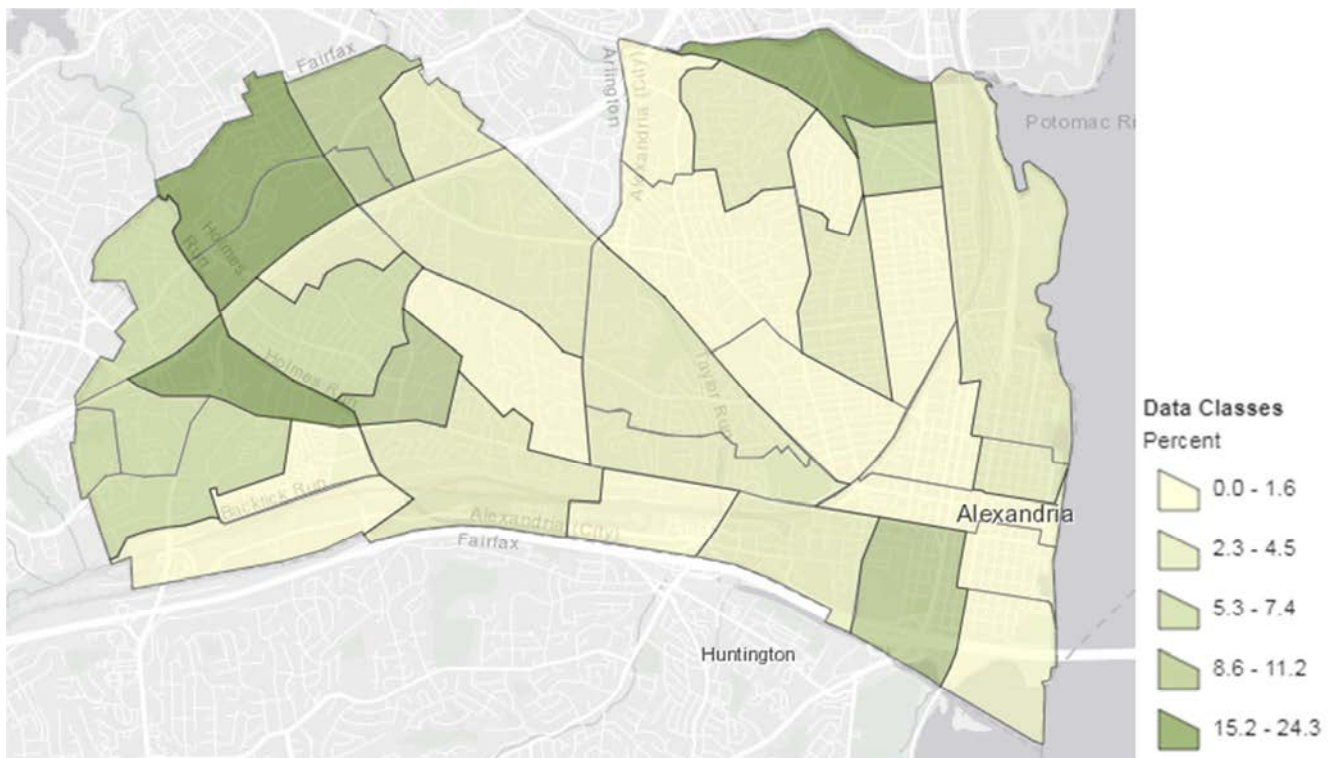
Source: Tableau and U.S. Census, ACS 5-Year Estimates, 2013-2017

Figure B12: Percent of Population Foreign-Born, City of Alexandria (2017)



Source: 2013-2017 ACS 5-year estimates.

Figure B13: Percent of Population with Limited English Speaking Households, City of Alexandria (2017)

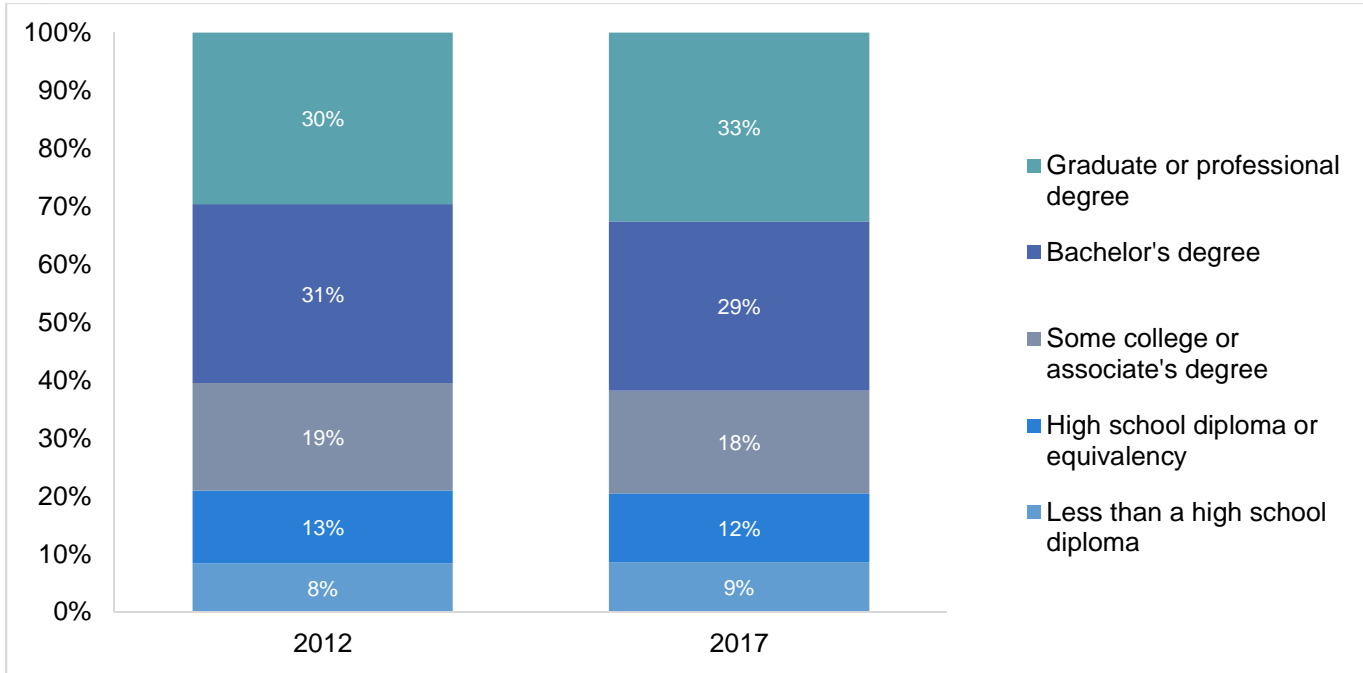


Source: 2013-2017 ACS 5-year estimates.

Education

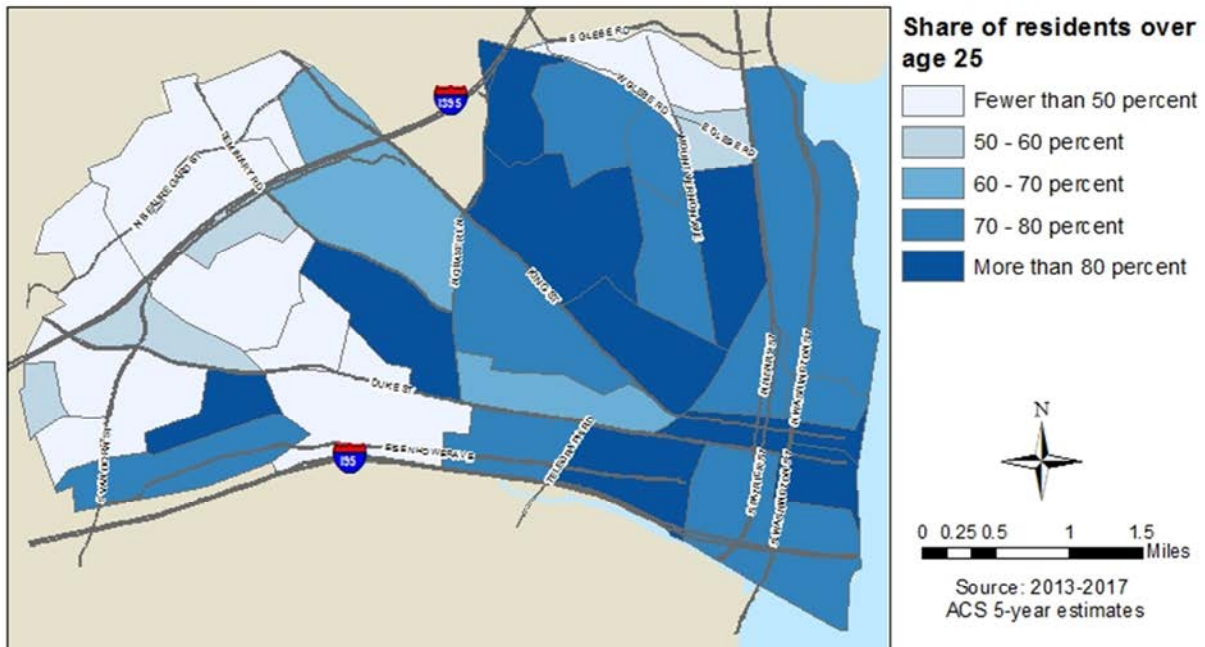
Overall the IAH Community is highly educated. In Fairfax County 62% of residents hold a Bachelor's degree or higher, with one third of residents holding a graduate or professional degree. However, there are noticeable discrepancies within the City.

Figure B14: Educational Attainment by Year, City of Alexandria



Source: 2008-2012 and 2013-2017 ACS 5-year estimates.

Figure B15: Share of Residents Age 25+ with Bachelor's Degree or Higher, City of Alexandria (2017)



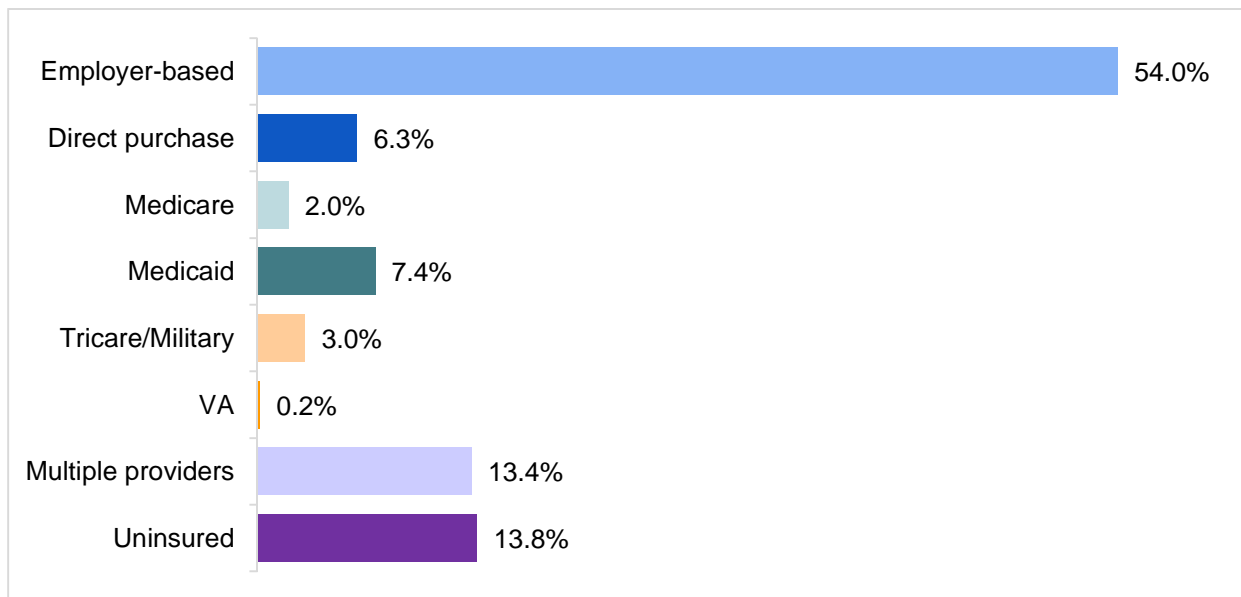
Health Insurance

Virginia Medicaid Expansion

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.¹ 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 that over 400,000 Virginians would potentially gain coverage if Medicaid were expanded. As of July 2019, 300,000 Virginia residents enrolled in Medicaid under the expanded program.

Figure B16: Health Insurance Types, City of Alexandria (2017)



Source: 2013-2017 ACS 5-year estimates.

¹ DMAS.

Figure B17: Share of Residents without Health Insurance Coverage by Census Tract, City of Alexandria (2017)

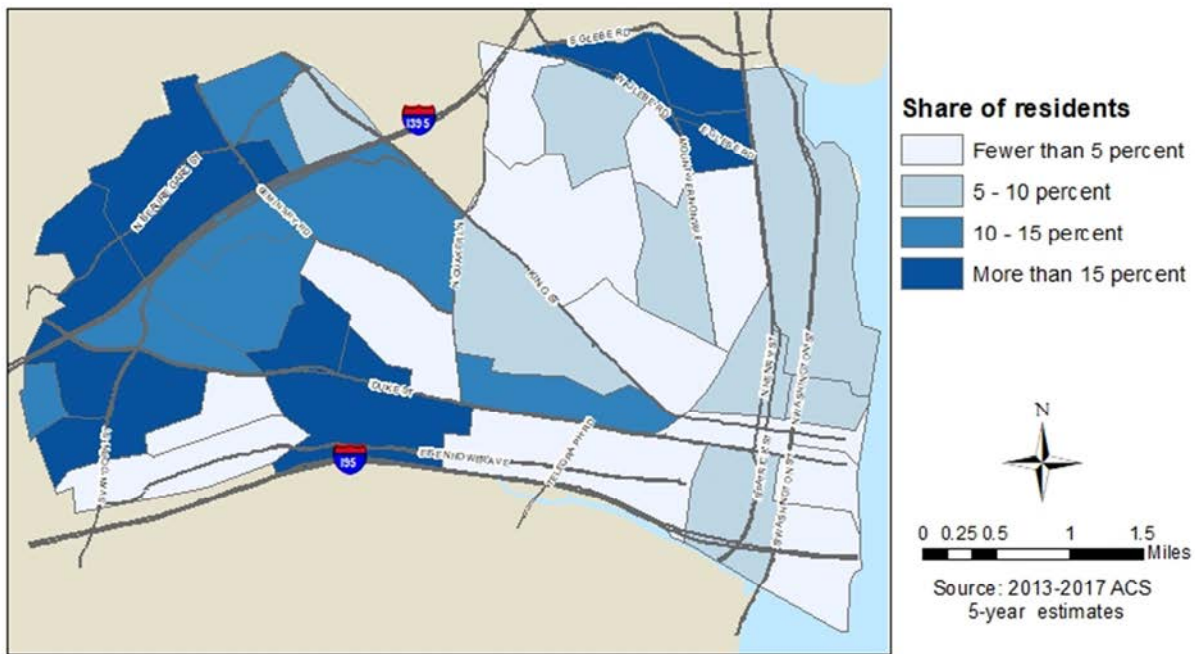
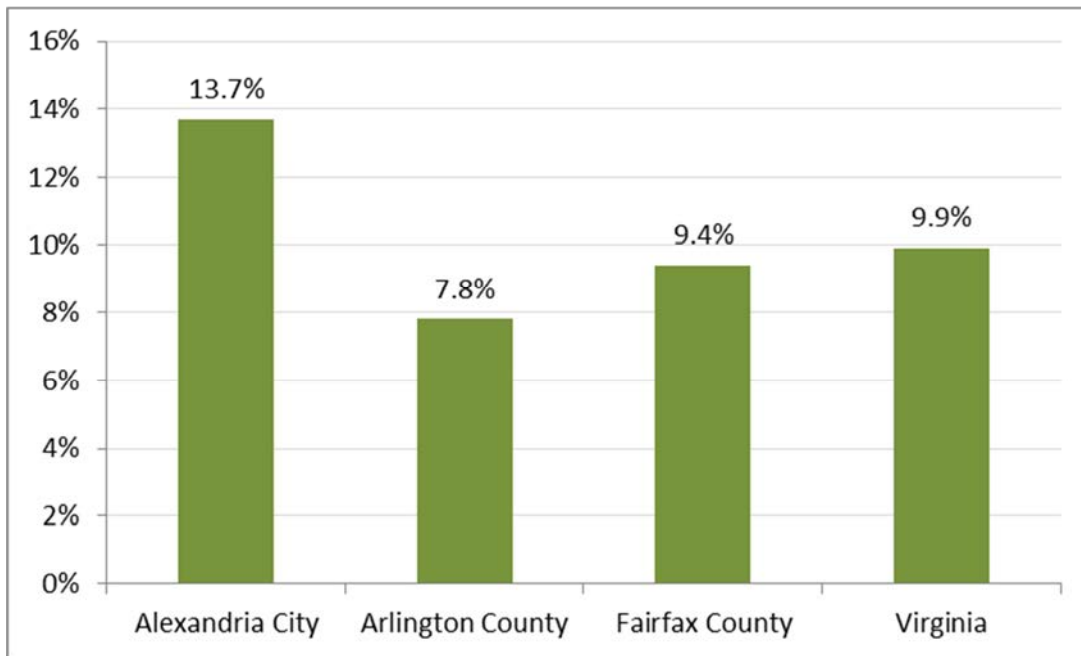


Figure B18: Percent of the Population Without Health Insurance, IAH Community (2017)



Source: U.S. Census, ACS 5-Year Estimates, 2013-2017

Socioeconomic

Many health needs have been associated with poverty, unemployment and other socioeconomic factors. While most socioeconomic indicators in the IAH community are favorable compared to Virginia overall, there are disparities by race/ethnicity and location.

Figure B19: Median Household Income by Census Tract, City of Alexandria (2017)

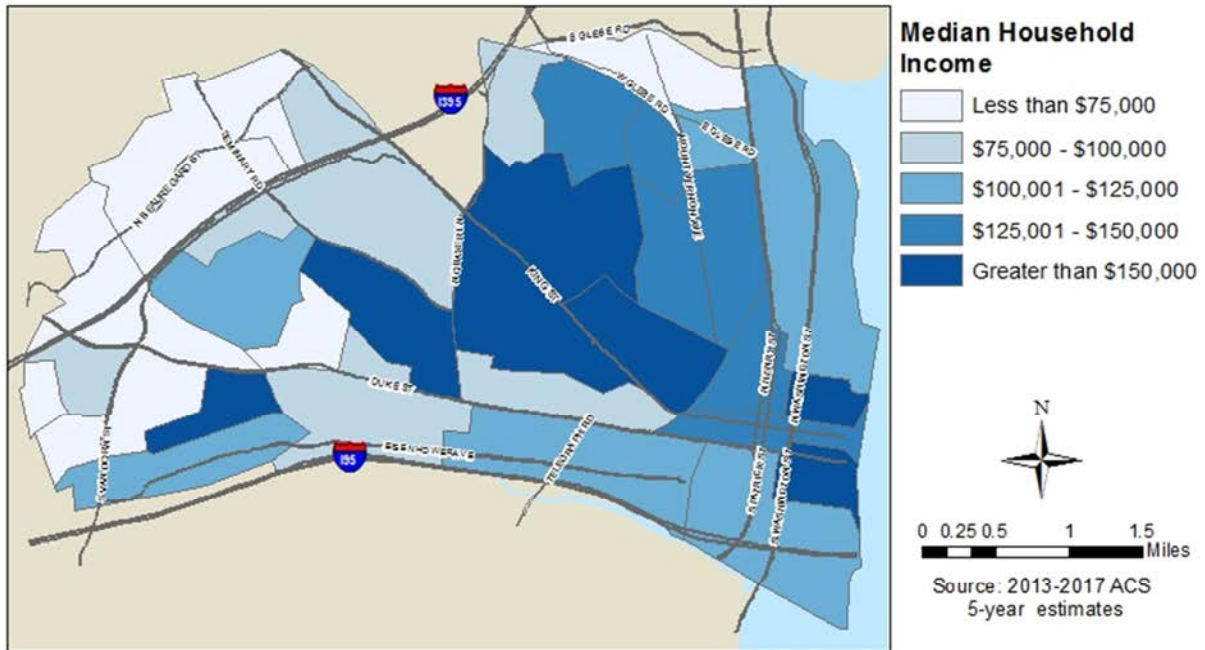


Figure B20. Poverty Distribution by Census Tract, City of Alexandria (2017)

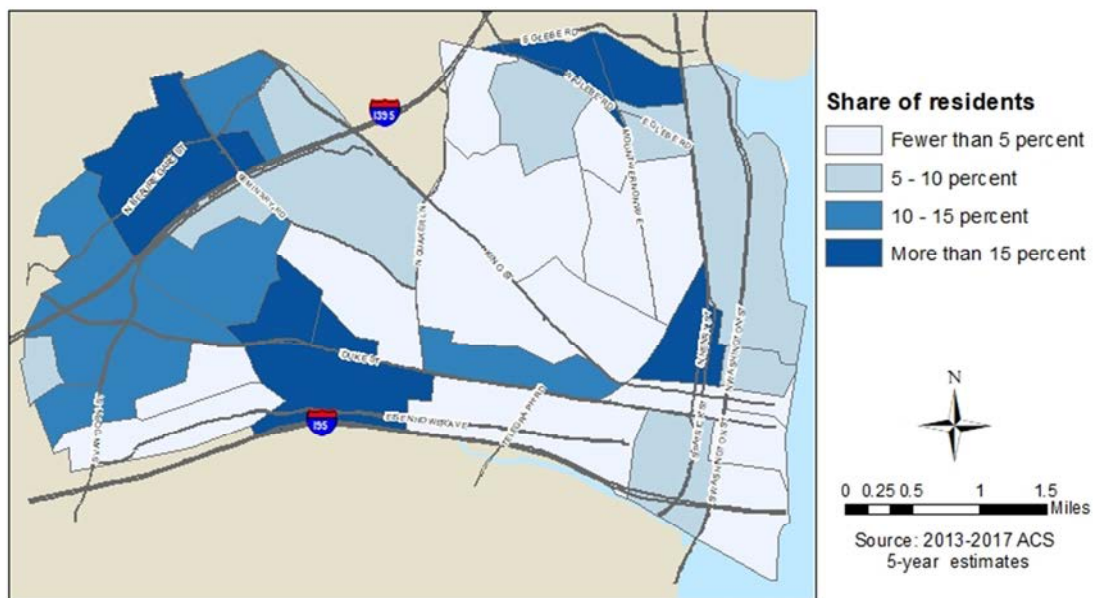
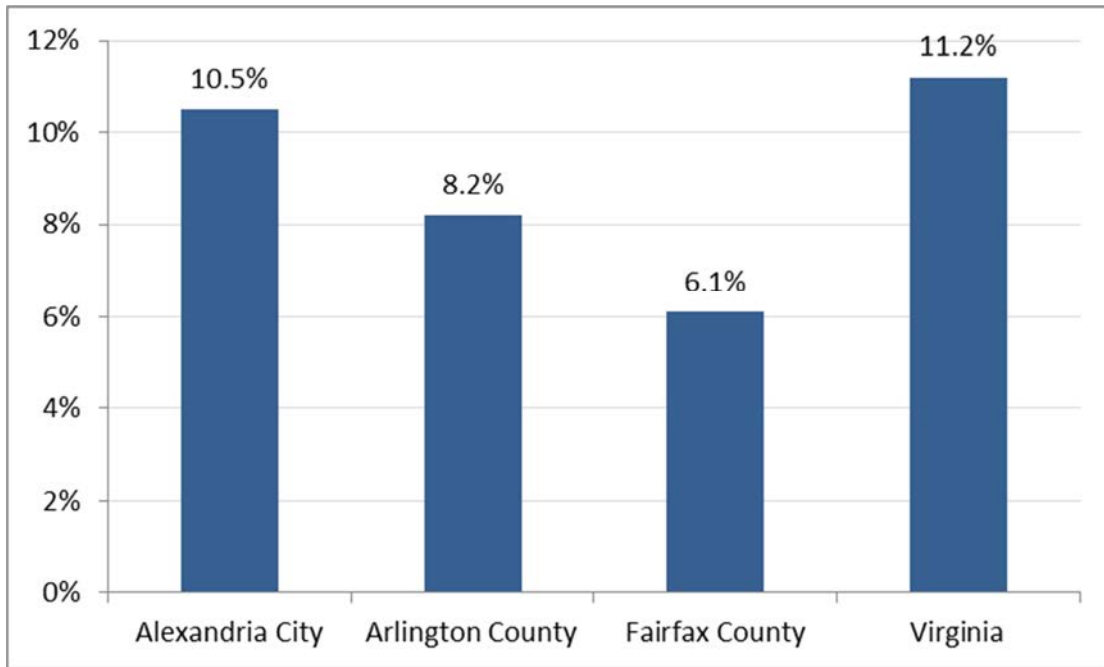
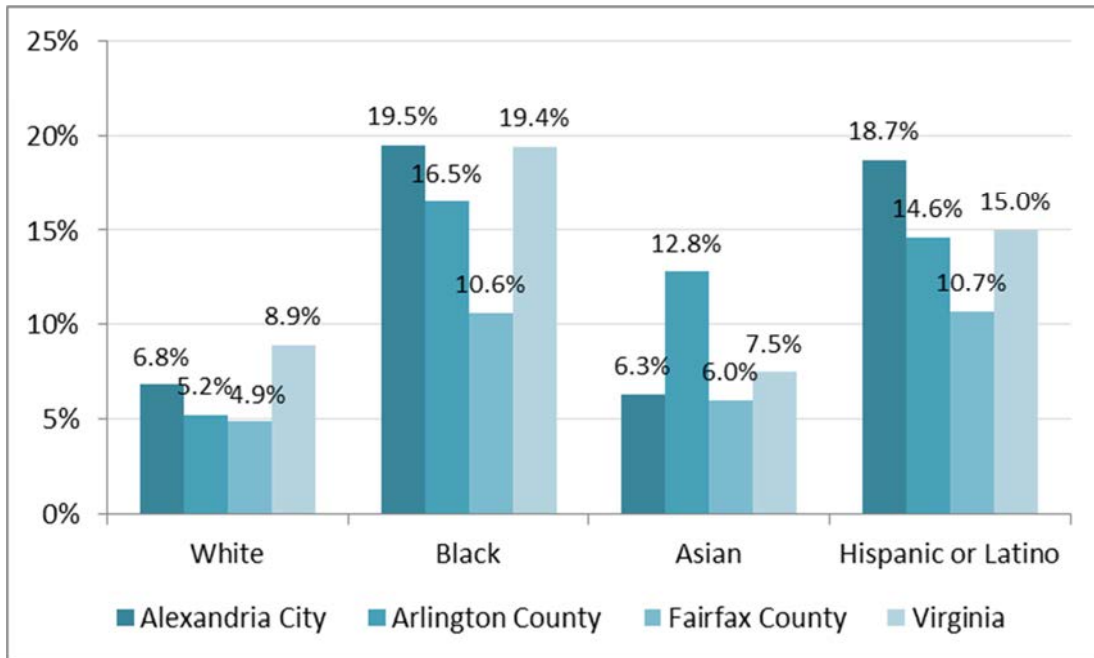


Figure B21. Poverty Distribution, IAH Community (2017)



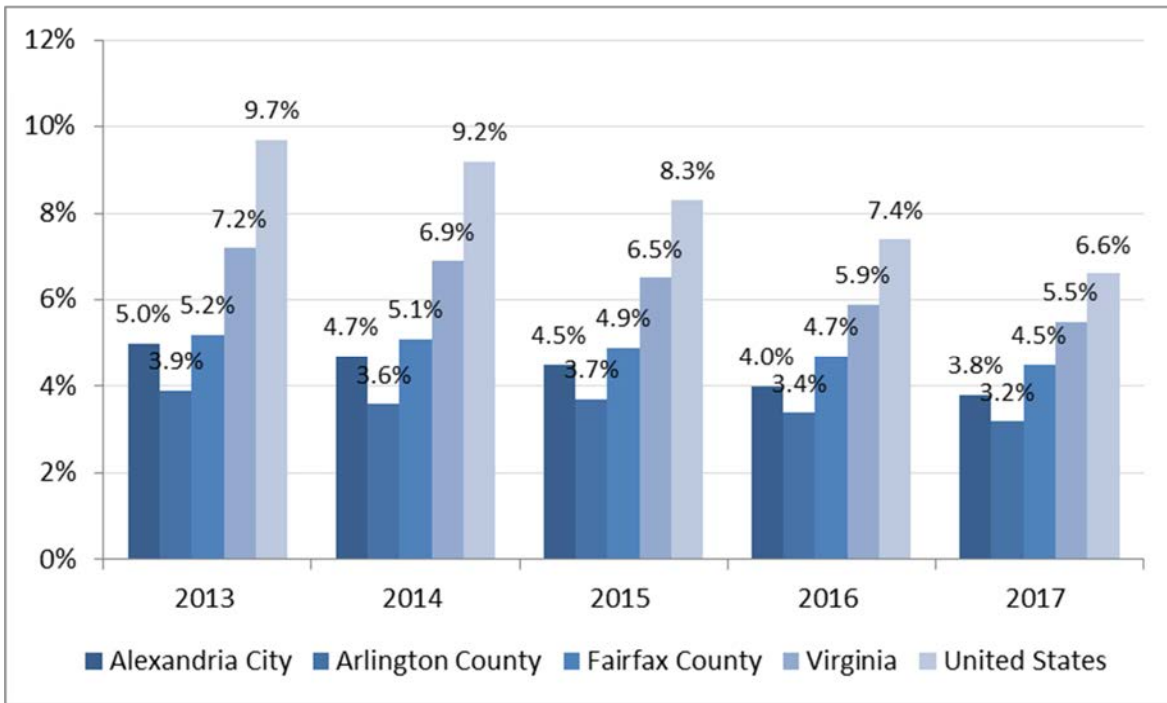
Source: U.S. Census, ACS 5-Year estimates, 2013-2017

Figure B22: Poverty Rates by Race and Ethnicity, IAH Community (2017)



Source: U.S. Census, ACS 5-Year estimates, 2013-2017

Figure B23: Unemployment Rates, IAH Community (2013 – 2017)



Source: U.S. Census, ACS 5-Year estimates, 2013-2017

Figure B24: Other Socioeconomic Factors, IAH Community (2017)

Measure	Alexandria City	Arlington County	Fairfax County	Virginia	U.S.
Population 25+ without High School Diploma	8.6%	6.1%	8.0%	11.0%	12.7%
Population with a Disability	7.1%	5.8%	7.0%	11.5%	12.6%
Population Linguistically Isolated*	5.8%	4.5%	7.3%	2.7%	4.7%

Source: U.S. Census, ACS 5-Year Estimates, 2013-2017

Source: *U.S. Census, ACS 5-Year Estimates, 2007-2011

Figure B25: Share of Residents with a Disability by Census Tract, City of Alexandria (2017)

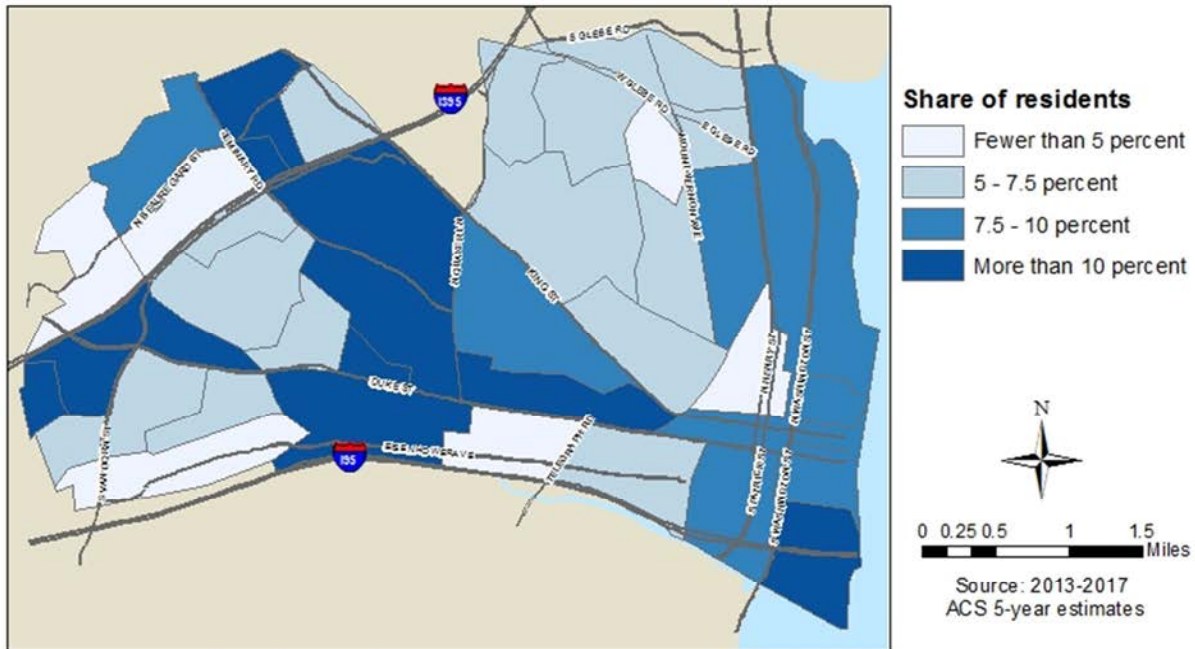
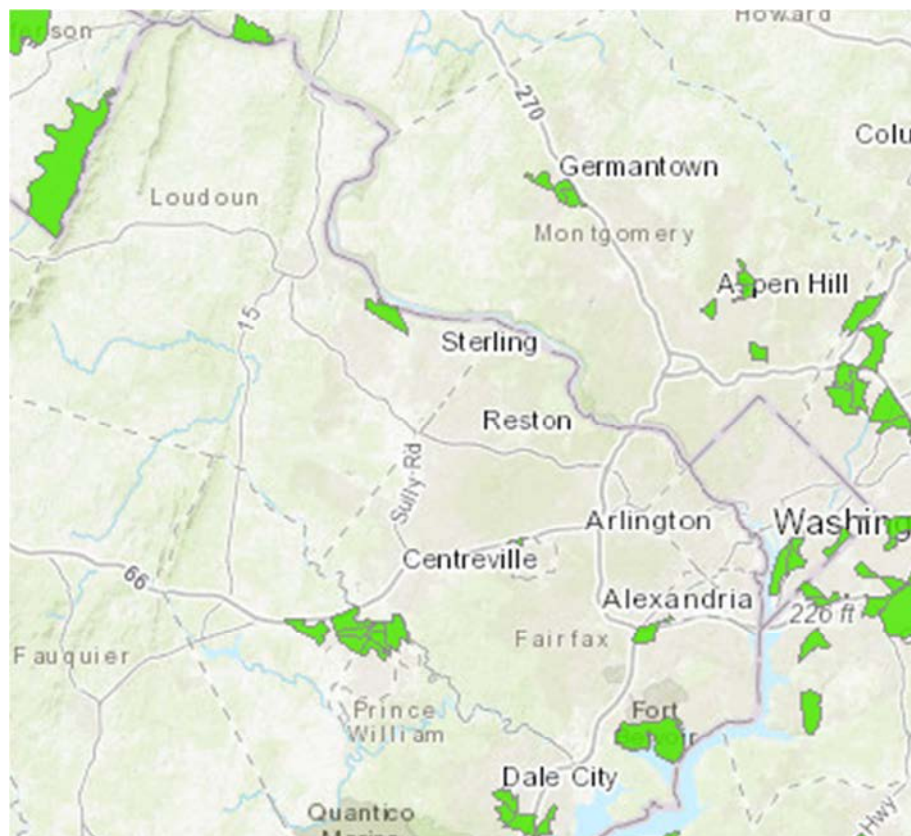


Figure B26: Food Deserts in Northern Virginia



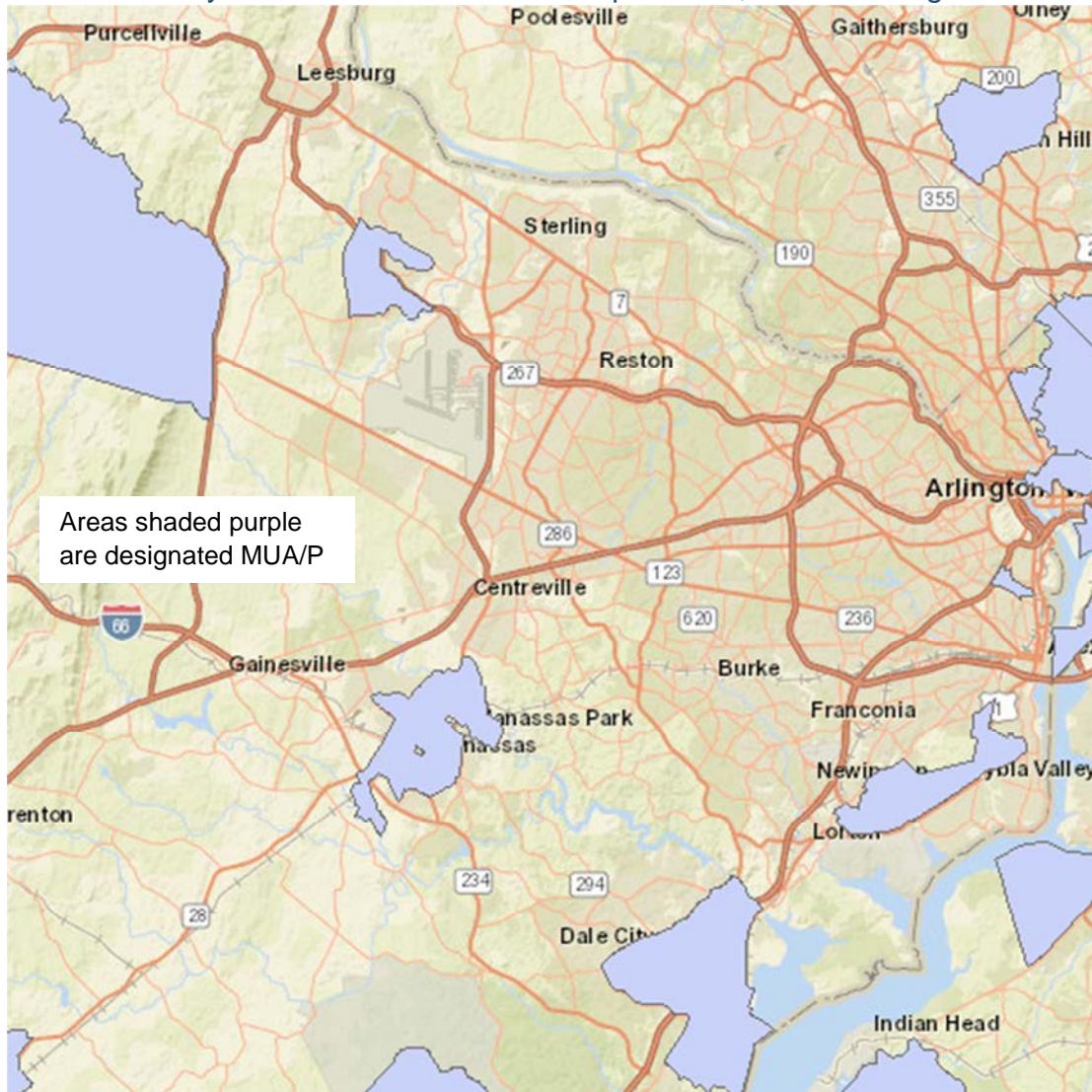
Source: U.S. Department of Agriculture, website accessed 9/19

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.² 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.³

There are multiple census tracts within the hospital’s community that have been designated as areas where Medically Underserved Populations are present. These areas fall primarily along the Richmond Highway corridor, Dale City, and Manassas West.

Exhibit B27: Medically Underserved Areas and Populations, Northern Virginia



Source: HRSA Data Portal, 2019

² Health Resources and Services Administration. See <http://bhwh.hrsa.gov/shortage-designation/muap>

³ *Ibid.*

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 B28: Federally Qualified Health Centers

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

In addition to the FQHCs, there are other clinics in the area that serve lower-income individuals. These include the Arlington Free Clinic (Arlington, VA), the Culmore Clinic (Falls Church, VA) and multiple sites throughout the region of the George Mason University’s Mason and Partners Clinics (MAP).

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

Figure B29: Hospital facilities that operate in the community

Facility	Facility Type	# Beds	City	Zip
Dominion Hospital	Psychiatric	116	Falls Church	22044
Fairfax Surgical Center	Ambulatory Surgical	-	Fairfax	22030
HealthSouth Rehab Hospital of Northern Virginia	Rehabilitation	58	Aldie	20105
Inova Alexandria Hospital	Acute	318	Alexandria	22304
Inova Ambulatory Surgery Center at Lorton	Ambulatory Surgical	-	Lorton	22079
Inova Fair Oaks Hospital	Acute	182	Fairfax	22033
Inova Fairfax Hospital	Acute	894	Falls Church	22042
Inova Loudoun Ambulatory Surgery Center	Ambulatory Surgical	-	Leesburg	20176
Inova Loudoun Hospital	Acute	167	Leesburg	20176
Inova Mount Vernon Hospital	Acute	237	Alexandria	22306
Inova Surgery Center at Franconia-Springfield	Ambulatory Surgical	-	Alexandria	22310
Kaiser Permanente Tysons Corner Surgery Center	Ambulatory Surgical	-	McLean	22102
Lake Ridge Ambulatory Surgical Center	Ambulatory Surgical	-	Woodbridge	22192
McLean Ambulatory Surgery, LLC	Ambulatory Surgical	-	McLean	22102
North Spring Behavioral Healthcare	Psychiatric	100	Leesburg	20176
Northern Virginia Eye Surgery Center, LLC	Ambulatory Surgical	-	Fairfax	22031
Northern Virginia Surgery Center	Ambulatory Surgical	-	Fairfax	22033
Novant Health UVA Health System Haymarket Medical Center	Acute	60	Haymarket	20169
Novant Health UVA Health System Prince William Medical Center	Acute	130	Manassas	20110
Prince William Ambulatory Surgery Center	Ambulatory Surgical	-	Manassas	20110
Reston Hospital Center	Acute	187	Reston	20190
Reston Surgery Center	Ambulatory Surgical	-	Reston	20190
Sentara Northern Virginia Medical Center	Acute	183	Woodbridge	22191
Stone Springs Hospital Center	Acute	124	Dulles	20166
Virginia Hospital Center	Acute	394	Arlington	22205

Other Community Resources:

There is a wide range of agencies, coalitions, and organizations available in the region served by Inova Alexandria Hospital. 2-1-1 Virginia maintains a large database to help refer individuals in need to health and human services in the Commonwealth. This is a service of the Virginia Department of Social Services and is provided in partnership with the Council of Community Services, The Planning Council, and United Way chapters in the Commonwealth. According to 2-1-1, the following types of services and resources are available in this community:

- | | |
|---|--|
| Housing and utilities | Legal, consumer, and financial management services |
| Food, clothing, and household items | Transportation |
| Summer food programs | Employment and income support |
| Health care and disability services | Family support and parenting |
| Health insurance and expense assistance | Holiday assistance |
| Mental health and counseling | Disaster services |
| Substance abuse and other addictions | Government and community services |
| Support groups | Education, recreation, and the arts |
| Tax preparation assistance | Donations and volunteering |

Appendix C: Forces of Change Assessment (FOCA)

The CHA Steering Committee, Alexandria Health Department staff, and Inova Health System staff discussed the following questions on August 2, 2018. Figure C1 is a summary of their responses, categorized into overarching themes.

1. Threats vs. Opportunities
 - 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. What are the most important health concerns today in the City of Alexandria
3. Biggest barriers to reaching optimal health
4. What particular populations subgroups that face these challenges more than others

Table C1: FOCA Response Matrix

Category	Event/Factor/Trend	Threat	Opportunity
Access to care	Medicaid expansion	Strained provider capacity to serve more recipients; woodwork effect	Increased access to care for those previously without insurance
	Expansion of Kaiser and Virginia Hospital clinics in Alexandria		Increased access to care
	2018 General Elections	Federal healthcare policies	Federal healthcare policies
	Research breakthroughs		Advances in medical treatment
	Need for behavioral health services	Limited provider capacity; need detox facilities with appropriate facilities	
	Medication costs	Increased costs to patients	
	Cost of care	People may not seek preventive care because they don't know about resources.	
	Cultural sensitivity		Can enhance quality of care
Policy and leadership	Expiration of Temporary Protected Status	Family disruption; deportation; loss of access to services	
	2018 City Council Elections	Loss of institutional knowledge; officials may not be familiar with social determinants	New ideas and perspectives on council; opportunity for education on health
	Mistrust in public officials	Creates barriers to public engagement	
	Increases in middle school gang recruitment	Increases in violence, drug abuse/trafficking	
	Health Department staff turnover	Loss of institutional knowledge	Opportunity for new perspectives
	Low participation in the public process (eg. City Council meeting attendance)	Policies don't always reflect community	

Category	Event/Factor/Trend	Threat	Opportunity
Changing demographics	Increasing population density	Lower rates of affordable housing	Enhanced diversity and creation of urban environment
	Longer life span	Managing more chronic health conditions	Implementation of age-friendly Alexandria plan
	Increasing immigrant population	Lack of health insurance	Enhanced diversity
Culture and values	Religious beliefs		Can place a high value on health
	Stigma around mental health	May prevent residents from seeking treatment	
	Increased adult interest in nutrition classes		More confidence to cook at home and make healthier food choices
	Strong community ties		Social support for resilience; generous community members
	Ageism	Barrier to achieving health	
	Culture of health		Defining what is important to different communities
Built environment	Redevelopment of Lake Cook and Patrick Henry Rec. Center		Enhanced access to green and play space
	Expanded community gardens by Cora Kelly		Enhanced access to fresh produce
	Flooding	Raw sewage in river	
	Access to public transit	Expected disruptions due to metro maintenance	New metro station at Potomac Yard
	Pedestrian safety		Encourages multimodal transportation
	Lack of affordable housing	Increased economic strain; homelessness; overcrowding; poor quality housing	
Economic conditions	High cost of living	May price out residents; homelessness, and food insecurity issues	
	Non-government industry growth in Alexandria		Diversified economic growth, jobs
	Amazon headquarters in National Landing	Strain on housing stock	Economic growth, jobs
	Growing economic disparities	Increasing equity issues	
	New technology	Increasing social isolation; not everyone has access	Self-driving vehicles; opportunities to build community

Appendix D: Community Themes and Strength 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 September to October 31, 2018. Online and paper formats were available in Spanish, Arabic, Amharic, and Farsi. In addition, the online survey was available in Urdu, Vietnamese, Mandarin, and Korean. 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 and also had more than a 3 point difference in rank compared to the overall responses.

Figure D1: CTSA Survey

Survey Introduction:

Inova is conducting a short, anonymous survey to learn about what is important to people in our community. The results will be used to inform ongoing efforts to make our area 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 www.inova.org. Thank you for participating in this anonymous survey.

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

Please select up to THREE (3) boxes below:

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

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

Please select up to THREE (3) boxes below:

- Dental problems
 - Teen pregnancy
 - Maternal, infant and child health
 - Violence and abuse
 - Preventable injuries (car or bicycle crashes, falls)
 - Aging-related health concerns
 - Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)
 - Alcohol, drug, and/or opiate abuse
 - Mental health problems (depression, anxiety, stress, suicide)
 - Obesity
 - Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)
 - Illnesses spread by insects and/or animals (Lyme disease, Zika, rabies)
 - Sexually transmitted diseases
 - HIV
 - Other illnesses that spread from person to person (flu, TB)
 - Vaccine preventable diseases (whooping cough, measles, tetanus)
 - Food safety
 - Intellectual disabilities (autism, developmental disabilities)
 - Sensory disabilities (hearing, vision)
 - Physical disabilities
 - Differences in health outcomes for different groups of people
 - 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"/> Jobs and a healthier economy |
| <input type="checkbox"/> Welcoming of diversity (social, cultural, faith, economic) | <input type="checkbox"/> Transportation options |
| <input type="checkbox"/> Access to healthy food (fresh fruits and vegetables) | <input type="checkbox"/> Mental health and substance abuse services |
| <input type="checkbox"/> Housing that is affordable | <input type="checkbox"/> Public safety and health (law enforcement, fire, EMS and 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 | <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"/> Arts and cultural events |
| | <input type="checkbox"/> Working to end homelessness |
| | <input type="checkbox"/> Other (please specify): _____ |

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

D1. Your HOME ZIP CODE: _____

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

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

D3. Your HIGHEST LEVEL OF EDUCATION

Mark (X) only ONE (1) box:

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

D4. ARE YOU HISPANIC OR LATINO?

Mark (X) only ONE (1) box:

- Yes
 No

D5. Your RACE - Which one or more of the following race categories do you identify with?

Select ALL THAT APPLY:

- American Indian or Alaska Native
 Asian
 Black or African American

- Native Hawaiian or Other Pacific Islander
 White or Caucasian

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

- Yes
 No

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

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

D8. Your ASSIGNED SEX AT BIRTH

Mark (X) only ONE (1) box:

- Female
 Male

D9. Your ANNUAL HOUSEHOLD INCOME

Mark (X) only ONE (1) box:

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



<https://www.surveymonkey.com/r/LiveHealthyNOVA>

Figure D2: Characteristics of Survey Respondents

	Number of Respondents	Percent of Respondents*
Total Responses	1,775	100%
Ethnicity		
Hispanic/Latino	1,361	77%
Not Hispanic/Latino	245	14%
No response	169	10%
Race		
White	859	48%
Black or African American	449	25%
Asian	86	5%
Two or more races	47	3%
American Indian/Alaskan Native	20	1%
Native Hawaiian or Other Pacific Islander	11	1%
No response	303	17%
Language		
English	1,589	90%
Spanish	128	7%
Arabic	26	2%
Amharic	24	1%
Farsi	8	1%
Lives with child (<18 years)		
Yes	573	32%
No	1,051	59%
No response	151	9%
Sex		
Male	508	29%
Female	1,116	63%
No response	151	9%
Annual Household Income		
Less than \$10,000	179	10%
\$10,000 to \$49,999	361	20%
\$50,000 to \$99,999	447	25%
\$100,000 to \$149,000	255	14%
Greater than \$150,000	346	19%
No response	187	11%
Age Category		
Less than 18 years	43	2%
18-24 years	74	4%
25-29 years	171	10%
30-39 years	413	23%
40-49 years	281	16%
50-64 years	362	20%
65-79 years	269	15%
80+ years	39	2%
No response	123	7%

Education		
Less than High School Diploma	118	7%
High School Diploma or GED	194	11%
Some College	230	13%
Associates or Technical Degree	91	5%
Bachelor's Degree	416	23%
Graduate Degree or Higher	592	33%
No response	134	8%
Regular Source of Healthcare		
Private Doctor's Office or HMO	1134	64%
Urgent Care	161	9%
Hospital or Emergency Room	134	8%
Free or Reduced Fee Clinic	111	6%
I don't get healthcare	82	5%
No response	153	9%
Zip Code		
22304	344	19%
22314	329	19%
22305	166	9%
22301	156	9%
22302	121	7%
22311	89	5%
22312	76	4%
Greater Alexandria	72	4%
DMV Metro Area	139	8%
Greater Virginia	5	0%
No response or out of VA/U.S.	278	16%

* May sum to greater than 100% due to rounding

Top 5 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	156
2	Mental health problems (depression, anxiety, stress, suicide)	147
3	Alcohol, drug, and/or opiate abuse	143
4	Violence and abuse	141
5	Aging-related health concerns	111

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	37
2	Mental health problems (depression, anxiety, stress, suicide)	33
3	Violence and abuse	31
4	Alcohol, drug, and/or opiate abuse	29
5	Maternal, infant and child health	25

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

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	40
2	Alcohol, drug, and/or opiate abuse	38
3	Violence and abuse	34
4	Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)	30
5	Teen pregnancy	29

Figure D6: Older Respondents (>65 years of age)

Rank	Response	Number of People Who Selected Response
1	Aging-related health concerns	111
2	Mental health problems (depression, anxiety, stress, suicide)	90
3	Differences in health outcomes for different groups of people	88
4	Alcohol, drug, and/or opiate abuse	70
5	Obesity	63

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

Rank	Response	Number of People Who Selected Response
1	Dental problems	43
2	Alcohol, drug, and/or opiate abuse	41
3	Violence and abuse	37
4	Teen pregnancy	27
5	Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)	26

Figure D8: Survey Completed in Amharic, Arabic, or Farsi

Rank	Response	Number of People Who Selected Response
1	Dental problems	24
2	Other illnesses that spread from person to person (flu, TB)	20
3	Alcohol, drug, and/or opiate abuse	18
4	Obesity	14
	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	14
	Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)	14
5	Aging-related health concerns	13

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)	250
2	Alcohol, drug, and/or opiate abuse	215
3	Violence and abuse	205
4	Dental problems	187
5	Aging-related health concerns	156

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

Rank	Response	Number of People Who Selected Response
1	Alcohol, drug, and/or opiate abuse	75
2	Violence and abuse	67
3	Mental health problems (depression, anxiety, stress, suicide)	64
4	Dental problems	61
5	Teen pregnancy	52

Figure D11: Female Respondents

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	442
2	Differences in health outcomes for different groups of people	326
3	Alcohol, drug, and/or opiate abuse	291
4	Violence and abuse	243
5	Aging-related health concerns	220

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 health department knowledge of emerging health issues. The data include rates and percentages of mortality, morbidity, and incidence and prevalence (death, chronic illness, and new and existing disease). Data were compiled from published secondary sources and surveys in November 2018. 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 Alexandria, and may not encompass all data in existence.

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. All data are specific to the City of Alexandria, the Alexandria Health District or the Inova Alexandria Hospital Community.

Figure E1: CHSA Data Sources

Data Source	Abbreviation
500 Cities Project, CDC	500 Cities
Alexandria City Public Schools Annual BMI Report	ACPS BMI
American Community Survey, 5 year, Census	ACS
U.S. Bureau of Labor Statistics	BLS
County Health Rankings	CHR
Centers for Medicare and Medicaid Services	CMS
Dartmouth Atlas of Healthcare	DAH
Feeding America	FA
National Center for Education Statistics	NCES
Small Area Health Estimates, Census	SAHE
National Cancer Institute, State Cancer Profiles	SEER
Virginia Behavioral Risk Factor Surveillance System	VA BRFSS
Virginia Department for Aging and Rehabilitative Services	VA DARS
Virginia Department of Education	VDE
Virginia Department of Health	VDH
Virginia Health Information	VHI
Virginia Online Injury Reporting System	VOIRS

Figure E2: CHSA Data

Category	Data point	Value		Unit of measure	Year of Data	Data Source
		Alexandria	VA			
Chronic Conditions	Medicare beneficiaries with Alzheimer's Disease or Dementia	11.30	9.20	%	2016	VA DARS
	Age adjusted COPD hospitalization	10.10	16.90	per 10,000	2014-2016	VHI
	Age adjusted adult asthma hospitalization	7.90	6.60	per 10,000	2014-2016	VHI
	Age-adjusted hospitalization due to pediatric asthma	2.50	6.60	per 10,000	2014-2016	VHI
	All Cancer Deaths (age adjusted)	130.80	163.80	per 100,000	2011-2015	SEER
	All cancer incidence	351.60	414.30	per 100,000	2011-2015	SEER
	Age-adjusted death rate due to heart disease	110.70	147.0	per 100,000	2016	VDH
	Age-adjusted death rate due to stroke	31.50	37.20	per 100,000	2016	VDH
	Age-adjusted hospitalization rate due to heart failure	21.50	33.70	per 10,000	2014-2016	VHI
	Age-adjusted hospitalization rate due to hypertension	4.30	4.10	per 10,000	2014-2016	VHI
	Age-adjusted hospitalization due to diabetes	12.90	17.10	per 10,000	2014-2016	VHI
	Age-adjusted death rate due to diabetes	16.00	21.30	per 100,000	2016	VDH
	Persons with a disability	6.90	11.30	%	2016	ACS
	Persons with a disability who live in poverty (18-64)	21.50	23.80	%	2016	ACS
	Economic Stability	Students Eligible for the Free Lunch Program	37.30	35.00	%	2015-2016
Food insecurity rate		10.00	10.60	%	2016	FA
Child food insecurity rate		11.00	13.30	%	2016	FA
Income inequality		4.10	4.80	ratio 80%:20% income brackets	2017	CHR
Median Household Income		89,200	66,149	US\$	2016	ACS
Children living below poverty level		15.20	15.10	%	2016	ACS
People 65+ living below poverty level		8.90	7.60	%	2016	ACS
People living below poverty level		9.80	11.40	%	2016	ACS
Social and Economic Factors Ranking		24.00	--	of 133 counties	2018	CHR
Annual unemployment rate		2.90	3.80	%	2017	BLS
Education	Proportion of students receiving advanced studies diploma	33.00	52.00	%	2018	VDE
	Enrolled in any post-secondary	70.00	71.00	%	2016	VDE
	4-year graduation rate	83.10	91.20	%	2017	VDE
	People 25+ with a Bachelor's degree or higher	62.10	36.90	%	2016	ACS

Category	Data point	Value		Unit of measure	Year of Data	Data Source
		Alexandria	VA			
Healthcare Access	Below 138% FPL uninsured	33.30	22.10	%	2017	ACS
	Adults with health insurance, small area estimates	87.10	88.20	%	2016	SAHE
	Children with health insurance, small area estimates	93.30	95.10	%	2016	SAHE
	Clinical Care Ranking	73	--	of 133 counties	2018	CHR
	Preventable Hospital Stays - Medicare Population	40.90	42.80	discharges per 1,000 enrollees	2015	DAH
	Mammogram in past 2 years 40+	69.00	77.70	%	2012	VA BRFS
	PAP test in past three years 18+	76.00	81.50	%	2012	VA BRFS
	Colon Cancer Screening: Sigmoidoscopy or colonoscopy	68.00	69.50	%	2012	VA BRFS
	Has not had to skip doctor because of cost	86.30	86.90	%	2014	VA BRFS
Health Related Quality of Life and Well-being	Frequent Physical Distress	9.60	10.70	%	2016	CHR
	All Causes Mortality	4.30	7.90	per 1,000 population	2016	VDH
	Poor or Fair Health Age Adjusted	13.00	17.00	%	2016	CHR
	Health Behaviors Ranking	9	--	of 133 counties	2018	CHR
	Morbidity Ranking (Quality of Life)	18	--	of 133 counties	2018	CHR
	Mortality Ranking (Length of Life)	8	--	of 133 counties	2018	CHR
	Premature Death (YPLL Rate)	4,198	6,122	years of potential life lost	2014-2016	CHR
Social associations	22.90	11.20	associations per 10,000 people	2016	CHR	
Immunizations and Infectious Disease	Lyme's disease incidence	14.10	19.70	per 100,000	2017	VDH
	Tuberculosis incidence	6.40	2.40	per 100,000	2017	VDH
	Varicella (Chickenpox) incidence	8.30	4.00	per 100,000	2017	VDH
	Hepatitis B, chronic	71.90	27.50	per 100,000	2017	VDH
	Adults 65+ with pneumo vaccination	60.30	69.20	%	2005-2010	VA BRFS
	Hepatitis C, chronic	102.70	133.20	per 100,000	2017	VDH
Maternal, Infant, and Child Health	Teen birth rate 15-17	8.8	6.2	per 1,000 births	2016	VDH
	Teen birth rate <19	9.9	7.9	per 1,000 births	2016	VDH
	Infants born preterm	7.50	9.50	%	2016	VDH
	Infant mortality rate	1.40	5.80	per 1,000 births	2016	VDH
	Babies with low birth weight	6.80	8.10	%	2016	VDH
	Mothers who received early prenatal care	70.30	82.90	%	2013	VDH
Mental Health	Mental health provider rate	279	146	per 100,000	2017	CHR
	Adults ever diagnosed with a depressive disorder	13.10	17.40	%	2014	VA BRFS
	Age-adjusted death rate due to suicide	10.60	12.80	per 100,000	2016	VOIRS
	Frequent mental distress	10.20	11.00	%	2016	CHR
	Depression: Medicare population	13.10	16.10	%	2016	CMS
	Poor mental health: 5+ days	20.80	18.00	%	2014	VA BRFS

Category	Data point	Value		Unit of measure	Year of Data	Data Source
		Alexandria	VA			
Neighborhood and Built Environment	Renters spending 30% or more of household income on rent	43.80	49.50	%	2016	ACS
	Severe housing problems (overcrowding, high cost, lack of kitchen or plumbing)	15.50	15.40	%	2010-2014	CHR
	Food Environment Index	8.70	8.20	0-10 (10 best)	2017	CHR
	Mean travel time to work	31.10	28.10	minutes	2016	ACS
	Workers commuting by public transportation	22.20	4.50	%	2016	ACS
	Workers who walk to work	3.50	2.40	%	2016	ACS
	Residential segregation non-white/white index	35.00	41.00	0-100 (0=full integration)	2012-2016	CHR
	Residential segregation black/white index	39.00	50.00	0-100 (0=full integration)	2012-2016	CHR
Obesity, Nutrition, and Physical Activity	Access to exercise opportunities	100.00	83.00	%	2018	CHR
	Kindergarteners who are obese	18.30	--	%	2016	ACPS BMI
	Adults who are sedentary	16.00	22.00	%	2014	CHR
	Adults engaging in physical activity in past month	86.90	76.50	%	2014	VA BRFSS
	Adults who are overweight or obese	59.00	64.70	%	2012	VA BRFSS
Oral Health	Dentist rate	82.00	68.00	per 100,000	2017	CHR
	Visited dentist in past year	64.00	68.90	%	2013-2014	VA BRFSS
	Age-adjusted teeth loss	9.20	--	%	2016	500 Cities
	Permanent Teeth Removed	--	40.80	%	2014	VA BRFSS
Sexual and Reproductive Health	Teen pregnancy rate (15-17)	12.90	8.70	per 1,000 females 15-17	2016	VDH
	HIV Incidence	19.30	10.50	per 100,000	2017	VDH
	Gonorrhea incidence rate	127.00	131.80	per 100,000	2016	VDH
	Chlamydia incidence rate	438.40	471.60	per 100,000	2016	VDH
	HIV Prevalence	766.00	286.70	per 100,000	2017	VDH
Tobacco and Substance Use	Adult Smoking	14.00	15.30	%	2016	VA BRFSS
	Adults who drink excessively	20.50	17.40	%	2016	CHR
	ED rate - heroin OD	9.60	17.80	per 100,000	2017	VDH
	ED rate - prescription opioid OD	75.10	102.60	per 100,000	2017	VDH
	Mortality rate - heroin/fentanyl OD	4.50	11.00	per 100,000	2017	VDH
	Mortality rate - prescription opioid OD	3.90	5.90	per 100,000	2017	VDH
Violence and Injury	All-cause injury or violent hospitalizations	261.90	436.40	per 100,000	2016	VOIRS
	Hospitalizations related to unintentional fall	161.10	212.30	per 100,000	2016	VOIRS
	All-cause injury or violent death	41.70	61.30	per 100,000	2016	VOIRS
	Firearm deaths	5.80	12.20	per 100,000	2016	VOIRS
	Motor vehicle deaths	3.20	8.70	per 100,000	2016	VOIRS
	Violent crime rate	176.00	194.20	per 100,000	2012-2014	CHR

Youth Risk Behavioral Survey

The City of Alexandria and Fairfax County surveyed youth in public schools. The surveys asked questions similar to those raised by the CDC's Youth Risk Behavior Surveillance System (YRBSS).

Figure E3: 2017 YRBS Results

	City of Alexandria	Fairfax County	Virginia	United States
Unintentional Injuries and Violence				
Rode with a driver who had been drinking alcohol	19.5	-	14.2	16.5
Drove when they had been drinking alcohol	-	6.3	5.6	5.5
Texted or e-mailed while driving a car or other vehicle	29.1	35.4	-	39.2
Carried a weapon	8.1	8.7	-	15.7
Were in a physical fight	15.7	-	19.8	23.6
Were electronically bullied	8.9	11.3	12.6	14.9
Were bullied on school property	12.0	12.6	15.7	19.0
Felt sad or hopeless almost everyday for 2 weeks or more during last 12 months	29.4	25.9	29.5	31.5
Seriously considered attempting suicide in last 12 months	12.5	13.7	15.7	17.2
Made a plan about how they would attempt suicide during last 12 months	10.6	-	12.6	13.6
Attempted suicide during last 12 months	6.9	5.4	7.2	7.4
Tobacco Use				
Ever tried cigarette smoking	18.4	11.3	-	28.9
Had their first cigarette smoking before age 13	-	4.0	8.0	9.5
Currently smoked cigarettes	3.9	2.6	6.5	8.8
Did not try to quit smoking cigarettes	67.9	-	65.8	58.6
Currently used electronic vapor product	7.5	4.0	11.8	13.2
Alcohol and Other Drug Use				
Ever drank alcohol	-	34.5	-	60.4
Had their first drink of alcohol before age 13	-	9.0	14.7	15.5
Currently drank alcohol	23.2	15.2	24.5	29.8
Ever used marijuana	29.6	17.4	-	35.6
Tried marijuana for the first time before age 13	-	1.7	5.5	6.8
Currently used marijuana	15.9	8.9	16.5	19.8
Ever took prescription pain medicine without a doctor's order/prescription	-	4.6	12.6	14.0
Sexual Behaviors				
Ever had sexual intercourse	28.9	16.8	-	39.5
Had sexual intercourse for the first time before age 13	2.9	1.5	-	3.4
Currently sexually active	20.6	11.6	-	28.7
Did not use a condom during last sexual intercourse	39.7	33.7	-	46.2
Drank alcohol or used drugs before last sexual intercourse	14.9	20.7	-	18.8
Dietary Behaviors				
Drank soda or pop one or more times per day in last week	-	9.8	16.4	18.7
Physical Activity				
Were physically active at least 60 minutes per day on 5 or more days in the last week	30.6	41.9	42.3	46.5
Played video or computer games or used a computer for 3 or more hours per day in the last week	46.7	48.6	42.9	43.0
Watched television 3 or more hours per day on an average school day	19.5	13.4	18.9	20.7

Unless otherwise specified, questions asked about behavior in the last month.

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 by the collaborative in order to visualize these results. Figure F1 shows this matrix for Alexandria.

Figure F1: Alexandria Assessment Scoring Matrix

Category	CTSA Theme?	CHSA Theme?	FOCA Theme?
Chronic health conditions (stroke, heart disease, diabetes, Alzheimer's/dementia, arthritis, cancer)	X	X	X
Economic stability (income inequality, poverty, unemployment)	X	X	X
Education (school climate, suspensions, graduation rates, advanced academics, college)		X	
Health related quality of life and well-being (life expectancy, years of life lost due to illness, quality of life rankings)			
Healthcare access (insurance coverage, unnecessary hospitalization, healthcare disparities)	X	X	X
Immunizations and infectious disease (infectious disease incidence, immunization rates)		X	
Injury and violence (accidental injury, motor vehicle collision, assault)	X	X	
Maternal, infant and child health (infant mortality, maternal mortality, birth rate among adolescents, prenatal care)		X	
Mental health (mental distress, suicide, depression)	X	X	X
Neighborhood and built environment (residential segregation, housing costs, food environment, commuting, green space)		X	X
Obesity, nutrition, and physical activity (overweight or obesity, food insecurity, levels of physical activity)	X	X	X
Oral health (tooth loss, received dental services)	X	X	
Sexual and reproductive health (adolescent sexual health and pregnancy, HIV and STI incidence and prevalence)	X	X	
Tobacco and substance use and abuse (tobacco and e-cigarette use, alcohol and drug use)	X	X	

Using this framework, the top health issues identified for the IAH community **were chronic conditions; economic stability; healthcare access; injury and violence; mental health; neighborhood and built environment; obesity, nutrition and physical activity; oral health; sexual and reproductive health and tobacco and substance use and abuse.**

Appendix G: Actions Taken Since Previous IAH CHNA

This appendix discusses community health improvement actions taken by Inova since its last CHNA reports were published in 2016, and based on the subsequently developed Implementation Strategies. The information is included in the 2019 CHNA reports to respond to final IRC 501(r) regulations, published by the IRS in December 2014.

Priority Strategic Initiatives

1. Improve the Care and Conditions of Aging Adults
 - a. In 2017, Inova Alexandria Hospital successfully implemented the Hospital Elder Life Program (HELP), which improves the hospital experience for older patients by keeping them mentally and physically active. HELP works to keep patients independent and prevent increased delirium.
 - b. The Inova Medical House Calls program is designed to help patients successfully “age in place” while reducing readmissions and overall cost. An interdisciplinary team provides comprehensive primary care in patient homes and assisted living facilities. Patients are generally 65 years of age or older and they have difficulty leaving home for medical appointments. These primary care services are “high-touch” with intensive patient management and care coordination with an emphasis on advance care planning. The program staff leverages strong relationships with inpatient teams, hospice agencies, skilled nursing staff, physical therapy staff, occupational therapy staff, mental health counselors and county services for high-quality patient outcomes.
 - c. Additionally, one major issue in care for the growing older adult population has been a scarcity of options for primary care. To meet this need, Inova added a geriatrician in three of the Inova Medical Group primary care practices, two of which are in the IAH community.
2. Improve Care and Access to Care for Individuals with Mental Health and/or Substance Abuse Needs
 - a. Inova Behavioral Health Services is committed to offering a full spectrum of mental health and addiction treatment services, and has been working to increase access through creative and multi-modal initiatives. These activities include, but are not limited to the following: adding behavioral health professionals at primary care and OB practices, adding care navigators at all behavioral health clinics and emergency rooms, adding telehealth at all Inova emergency rooms and a new peer counseling program for opioid overdose.
 - b. Additionally, at IAH a new psychiatric liaison position was created, to provide behavioral health care management for adults admitted to the hospital for medical diagnoses. This individual will assist with treatment recommendations, identify behavioral health needs following discharge, develop educational and training programs, and identify resources (or the lack thereof) for behavioral health needs in the community. Mental Health First Aid (MHFA) increased in 2017 through partnership with local law enforcement. The MHFA trainings were provided to Inova staff as well as first responders through this partnership.
 - c. Inova recognizes that hospitals can have a large impact on the rising opioid epidemic. In order to do its part to reduce prescription drug abuse, Inova is working with its doctors to reduce opioid prescriptions using alternative forms of pain management, including piloting new virtual reality therapy, and has successfully reduced overall opioid use at all hospitals.
 - d. Additionally, IAH actively participates in an interagency opioid work group looking to coordinate efforts to address deterrence as well as treatment of opioid abuse across the City of Alexandria.

- e. Another way that Inova is working to fill the gap in services for child and adolescent mental health is through the REACH Program. REACH is an educational program for providers to learn how to use psychiatric medications with the pediatric patients in their offices. Over the last four years Inova has provided this training opportunity to 250 pediatricians and nurse practitioners.
3. Outside of these priority areas identified in the IAH 2016 CHNA Implementation Plan, the hospital has continued community benefit programs that address a variety of health concerns. Inova operates much of its community health programs centrally, and as a result, many of these programs are not operated directly by IAH.
 - a. To further improve the health of the diverse communities that we serve, in late 2016 and early 2017, Inova launched three new Simplicity Health clinics, a group of primary care clinics for adults that provide ongoing care, prevention and disease management at affordable fees for chronic illnesses like diabetes, hypertension and heart disease. With Simplicity Health clinics, Inova is bringing excellent care to convenient locations, including one in Sterling, for high-need communities, making healthcare not only affordable, but also accessible. Staff are as diverse as the communities we serve and are able to speak a variety of languages, such as Korean, Vietnamese, Spanish and Arabic.
 - b. In 2019, with the newly expanded Medicaid eligibility rules, Inova built on the foundation created by the Simplicity Health Clinics to launch Inova Health Advantage. Inova Health Advantage Clinics provide primary care services to Medicaid enrollees to include health maintenance and disease prevention, patient education and counseling, and the treatment of acute and chronic medical conditions such as diabetes and hypertension.
 - c. Inova's Partnership for Healthier Kids (PHK) Access to Care program provides families with comprehensive application and enrollment assistance to connect them with an appropriate and affordable source of health care services. PHK began expansion efforts in the end of 2018 with the onset of Medicaid expansion in Virginia.
 - d. For young people with cognitive and physical disabilities, finding competitive employment is one of the biggest challenges they face. The Project SEARCH® program at Inova Alexandria Hospital is changing that. Since 2011, the community-minded initiative has provided on-the-job training for hundreds of local students between the ages of 18 and 22. High school seniors spend a year at the hospital, working in various departments. In 2018, Inova Alexandria Hospital received The Hiring Award from the Alexandria Chamber of Commerce and the Alexandria Commission on Persons with Disabilities in recognition of its Project SEARCH® success. The Hiring Award is given annually to Alexandria residents and businesses that make significant strides in disability empowerment.
 - e. The Language and Disability Services Department is dedicated to ensuring equal access to Inova's services regardless of language preference or the need for special accommodations. In support of patient safety and satisfaction, language interpretation and document translations are provided at every Inova facility, to facilitate communication with the 14% of Inova's patient population who are Limited English Proficient (LEP), and the 0.2% of clients who are Deaf or Hard of Hearing (D/HH).
 - f. The Inova Comprehensive Addiction Treatment Services Program (CATS) is a leader in providing the highest quality addiction treatment services in Northern Virginia and surrounding areas. A series of structured programs offers effective, compassionate treatment for individuals dealing with all forms of substance abuse disorders, including addiction to alcohol, prescription drugs, heroin, cocaine and other drugs. Services are available to adults ages 18 and older. The range of services includes: Inpatient Medical Detoxification, Partial Hospitalization Program, Intensive Outpatient Program, Outpatient Groups, Medication Assisted Therapy and Substance Use Assessments.

- g. The Inova Kellar Center is a comprehensive, behavioral health treatment center and special education school for children, adolescents and their families. With locations in Fairfax and Loudoun counties, Inova Kellar Center provides a full continuum of outpatient services for psychiatric disorders, substance use disorders, and behavioral and emotional issues. Services include assessment, psychological testing, educational testing, psychiatric evaluation, medication management, individual, family and group therapy and Intensive In-Home services. For adolescents who require intense mental health interventions, the Center provides an afterschool Intensive Outpatient Program for mental health and co-occurring disorders and a full day Partial Hospitalization Program for adolescents who are in crisis and unable to attend school. The treatment services and programs are provided to children and families regardless of ability to pay. The Kellar School of Inova Kellar Center provides special education services to children and adolescents who have not been successful in the public school setting and may be at risk for being removed from the community and placed in more restrictive settings.
- h. The mission of Life with Cancer (LWC) is to enhance the quality of life of those individuals in the community affected by cancer. The program addresses the specific needs by providing individual and family counseling, support groups, educational seminars, workshops on cancer diagnosis and treatment, and a full array of complimentary therapies. Life with Cancer is generously supported by our community; therefore all services are available at no charge to residents of the Washington Metropolitan area.
- i. The Inova Ewing FACT department is a comprehensive, outpatient forensic nursing program for children and adults. Established in the late 1990s, the Inova Ewing FACT department has provided specialized care for victims of sexual abuse, domestic violence and child abuse. FACT serves all of Northern Virginia including Fairfax, Arlington, Loudoun and Prince William counties, the cities of Alexandria and Falls Church, parts of Fauquier and Stafford counties, military installations and universities. FACT also performs courtesy exams for outlying jurisdictions including the District of Columbia, Maryland and West Virginia. The program has grown significantly over the years and now provides services in the areas of Sexual Assault, Intimate Partner/Domestic Violence, Physical Child Abuse, Strangulation and Human Sex Trafficking.