

Community Health Needs Assessment

Prepared for
INOVA MT. VERNON HOSPITAL

By
VERITÉ HEALTHCARE
CONSULTING, LLC

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ABOUT VERITÉ HEALTHCARE CONSULTING

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Alexandria, Virginia. The firm serves as a national resource that helps hospitals conduct community health needs assessments (CHNAs) and develop implementation strategies that address priority needs. The firm also helps hospital associations and policy makers with community benefit reporting, planning, program assessment, and policy and guidelines development. Verité is a recognized, national thought leader in community benefit and in the evolving expectations that tax-exempt healthcare organizations are being required to meet

The CHNA prepared for Inova Mt. Vernon Hospital was directed by the firm's president and managed by a senior-level consultant. Associates and research analysts supported the work. The firm's president, as well as all senior-level consultants and associates, hold graduate degrees in relevant fields.

More information on the firm and its qualifications can be found at www.VeriteConsulting.com

Verité Healthcare Consulting's work reflects fundamental concerns regarding the health of vulnerable people and the organizations that serve them

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INTRODUCTION

This community health needs assessment (CHNA) was conducted by Inova Mt. Vernon Hospital (Inova Mt. Vernon or the hospital) because the hospital desires to understand better community health needs and to develop an effective implementation strategy to address priority needs. The hospital also has assessed community health needs to respond to community benefit regulatory requirements.

Federal regulations require that tax-exempt hospitals undertake community benefit activities and programs to demonstrate that they merit exemption from taxation. As specified in the instructions to IRS Form 990, Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs.

Community benefit activities or programs seek to achieve objectives, including:

- improving access to health services,
- enhancing public health,
- advancing increased general knowledge, and
- relief of a government burden to improve health.¹

To be reported, community need for the activity or program must be established. Need can be established by conducting a community health needs assessment.

The 2010 Patient Protection and Affordable Care Act (PPACA) requires each tax-exempt hospital to “conduct a [CHNA] every three years and adopt an implementation strategy to

meet the community health needs identified through such assessment.”²

CHNAs seek to identify priority health status and access issues for particular geographic areas and populations by focusing on the following questions:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** are the unique health status and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these problems present?

The question of **how** the organization can best use its limited charitable resources to address priority needs will be the subject of the hospital’s Implementation Strategy.

This assessment considers multiple data sources, including secondary data (regarding demographics, health status indicators, and measures of health care access), assessments prepared by other organizations in recent years, and primary data derived from interviews with persons who represent the broad interests of the community, including those with expertise in public health, a community-wide survey, and focus groups.

The following topics and data are assessed in this report:

- Demographics, e.g., numbers and locations of vulnerable people;

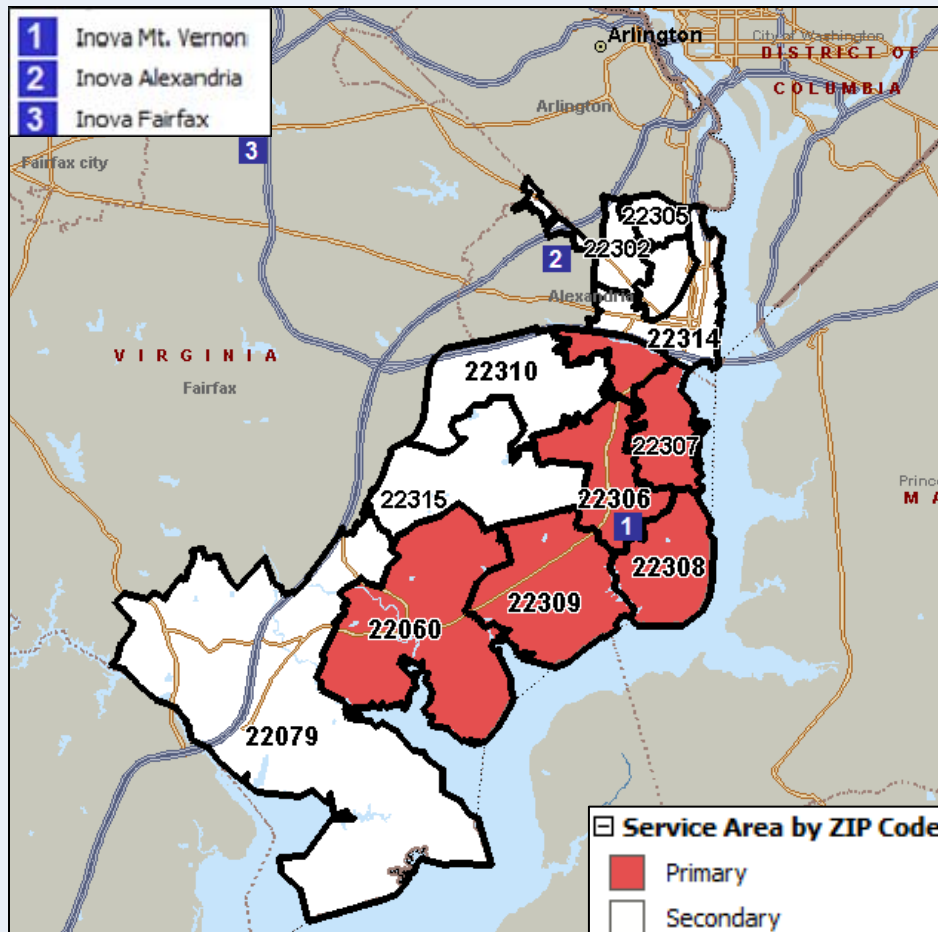
¹ Instructions for IRS Form 990, Schedule H, 2012.

² Patient Protection and Affordable Care Act.

- Economic issues, e.g., poverty and unemployment rates, and impacts of state or local budget changes;
- Community issues, e.g., homelessness, housing, environmental concerns, crime, and availability of social services;
- Health status indicators, e.g. morbidity rates for various diseases and conditions, and mortality rates for leading causes of death;
- Health access indicators, e.g., uninsurance rates, discharges for ambulatory care sensitive conditions (ACSC), and use of emergency departments for non-emergent care;
- Health disparities indicators; and
- Availability of healthcare facilities and resources.

The assessment identifies a prioritized list of community health needs. Inova Mount Vernon Hospital will be preparing an Implementation Strategy that describes how the hospital plans to address the identified needs.

EXECUTIVE SUMMARY



Inova Mt. Vernon Hospital Community By the Numbers

- 13 ZIP codes in Fairfax County and the City of Alexandria
- Estimated Population (2012): 256,499
- 73% of community population resides in Fairfax County (2012)
- Population change (2013-2018):
 - Growth of 0.4% in the primary service area and 1.2% in the secondary service area
 - 5% increase in 65+ population
- Below VA average poverty rates, with pockets of low-income people across the community
- Disparities:
 - Black, Asian, and Hispanic (or Latino) populations more likely to be living in poverty
- Growing diversity:
 - Rapidly growing non-White and Hispanic (or Latino) populations
 - 37% non-White in 2008; 38% by 2018
- 10% of Inova Mt. Vernon Hospital discharges for ambulatory care sensitive conditions (ACSC)

In general, the Inova Mt. Vernon community benchmarks compare favorably on a variety of health indicators compared to national and Virginia averages. However, health status and access problems are present and this assessment seeks to identify the most pressing issues.

The hospital's community is comparatively wealthy, but problematic health disparities exist for low-income populations and racial and ethnic minorities.

Poverty and unemployment can create barriers to access (e.g., to health services, healthy food, and other necessities) and thus contribute to poor health. Although overall the community had lower poverty and unemployment rates than the Virginia and U.S. averages, unemployed, lower income, and insured people are in Mt. Vernon South/Ft. Belvoir, Mt. Vernon North, and Alexandria/Old Town. These areas are home to relatively high proportions of Black and Hispanic (or Latino) residents.

Alexandria City and Fairfax County contain federally-designated Medically Underserved Populations (MUPs). Alexandria City contains one Health Professional Shortage Area (HPSA).

Virginia has enacted budget reductions that affect health and human service providers.

These reductions affect children and youth services, aging and elderly services, other health programs and services, health services for indigent and low-income populations, and health departments, facilities, and workers.

Ten percent of Inova Mt. Vernon Hospital discharges were found to be for ambulatory care sensitive conditions (ACSC), or potentially preventable if patients were accessing primary care resources at optimal rates. Sixty-one percent are for patients 65 years of age and older; the most common conditions for those patients were: congestive heart failure, urinary tract infection, chronic obstructive pulmonary disease, and bacterial pneumonia.

Priority Needs

Poor health status can result from a complex interaction of challenging social, economic, environmental, and behavioral factors combined with a lack of access to care. Addressing these “root” causes is an important way to improve a community's quality of life and to reduce mortality and morbidity.

The table that follows describes the health needs identified throughout the assessment as priorities in the community served by Inova Mount Vernon Hospital.

Access to Health and Human Services

- **Insufficient Collaboration and Coordination Among Organizations Providing Health and Social Services**

Health needs in the community would be better addressed if collaboration among community-wide health care providers, facilities, and agencies providing health and social services were enhanced. Stakeholders expressed a need for comprehensive integration (e.g., primary care and mental health) and coordination of care (e.g., primary care referrals to specialists) across the community-wide system of services and providers. Effective communication and active relationships between these organizations would be beneficial, especially to vulnerable populations.

- **Insufficient Case/Care Management for Seniors - (Fairfax County)**

Disease management and self-sufficiency education and assistance are needed for the senior population, particularly for those with mental health issues.

- **Lack of Affordable and Accessible Primary and Specialty Care and Insurance**

Low-income and minority populations have difficulty accessing health care services and insurance. Clinics and other community organizations are struggling to meet growing demand. Access to specialty care is particularly problematic for Medicaid and uninsured patients. Some residents, particularly those living in the Mt. Vernon North and Mt. Vernon South/Ft. Belvoir areas, have difficulty finding transportation to services.

- **Lack of Access to Preventive Care**

Residents in Mt. Vernon North, Mt. Vernon South/Ft. Belvoir, and Alexandria/Old Town experience comparatively high rates of ambulatory care sensitive hospital admissions that could be avoided with improved access to primary and preventive care. Some residents are not accessing these services due to high cost or insufficient understanding of the importance of preventive care.

- **Language Barriers and Need for Additional Culturally Competent Care Providers**

Culturally competent health services and health system navigation services are needed as diversity increases.

Chronic Disease

- **High Rates of Cancer Incidence and Disparities in Cancer Mortality**

Ovarian cancer rates are comparatively high. Fairfax County exhibits a high rate of breast cancer. Cancer mortality is comparatively high in certain non-White populations, predominately for the Black and Other³ (non-White, non-Black) populations in Alexandria City.

- **Disparities in Cardiovascular Disease Mortality**

Mortalities related to heart health are comparatively high in certain non-White populations, predominantly in the Other³ (non-Black, non-White) population.

- **Disparities in Chronic Liver Disease and Cirrhosis Mortality - (Alexandria City)**

The Black population in Alexandria City has a comparatively high mortality rate for chronic liver disease and cirrhosis.

Dental Health

- **Lack of Access to Dental Care**

Additional, affordable dental care services are needed for low-income, uninsured, and undocumented adults to improve dental health outcomes.

Health Behaviors

- **Alcohol Abuse**

Efforts to reduce alcohol misuse are needed due to comparatively high rates of heavy drinking in the community.

³ The “Other” population includes residents who identify as American Indian/Native American, Asian/Pacific Islander, two or more races, or some other race.

- **High Rates of Smoking – (Alexandria City)**

Efforts to reduce the prevalence of smoking are needed, especially among adolescents, young adults, and lower-income populations in Alexandria City.

- **High Rates of Unsafe Sex and Teen Pregnancy - (Alexandria City)**

Efforts to promote safe sex habits, especially among youth, are needed in Alexandria City.

Maternal and Child Health

- **Disparities in Infant Health Outcomes**

Services (including enhanced prenatal care in the first trimester) are needed to reduce comparatively high infant mortality rates for certain non-White populations and disparities in infant mortality rates. Services also are needed to reduce the number of very low birth weight infants for certain population groups.

Mental Health

- **Lack of Access to Mental Health Services and Poor Mental Health Status**

Additional, comprehensive mental health services are needed to address the needs of children/adolescents, low-income and uninsured/underinsured residents, those suffering from stress, and veterans.

Morbidity and Mortality

- **Diet and Exercise-Related Issues**

Poor diet and a lack of exercise contribute to poor health status in the community, particularly the prevalence of obesity/overweight and diabetes, as well as disparities in diabetes mortality.

- **Disparities in Mortality**

For several leading causes of death (e.g., cardiovascular disease, injury, stroke), mortality rates for non-White populations are comparatively high.

- **High Rates of Communicable Diseases**

The incidence of tuberculosis is above the Virginia average in the community as a whole. The percentage of residents living with HIV/AIDS or diagnosed with syphilis is comparatively high in the City of Alexandria.

Physical Environment

- **Poor Air Quality**

The community has comparatively high concentrations of particulate matter and ozone.

Social and Economic Factors

- **Basic Needs Insecurity**

The economic downturn, combined with a comparatively high cost of living, has led to difficulties accessing affordable food and shelter, especially for residents of Mt. Vernon South/Ft. Belvoir. The economic downturn also has led to pockets of unemployment and poverty as well as community concerns about homelessness in Alexandria City.

- **Lack of Health Education - (Fairfax County)**

Increased health education and knowledge of available services are needed, particularly for children and families in Fairfax County.

APPENDIX

METHODOLOGY

Analytic Methods

This Appendix begins by identifying the communities served by Inova Mt. Vernon. Findings based on various quantitative analyses regarding health needs in those areas are discussed, followed by a review of health assessments conducted by other organizations in recent years.

The Appendix then presents information obtained from interviews with stakeholders who represent the broad interests of the community, including public health officials and experts, and Inova Mt. Vernon-affiliated clinicians, administrators, and staff. Interviews were conducted from March through August of 2012. The assessment also considers information obtained from a public community survey.

Identifying priority community health needs involves benchmarking and trend analysis. Statistics for several health status and health access indicators are analyzed and compared to state-wide and national benchmarks or goals. The assessment considers multiple data sources, including indicators from local, state, and federal agencies. Including multiple data sources and stakeholder views is important when assessing the level of consensus that exists regarding community health needs. If alternative data sources including interviews support similar conclusions, then confidence is increased regarding the most problematic health needs in a community.

Prioritization Process and Criteria

Verité applied a ranking methodology to help prioritize the community health needs identified by the assessment. Verité listed the identified health issues and assigned to each a severity score based on the extent to which indicators exceeded Virginia or U.S. averages. An average severity score was calculated for each category of data (secondary data, previous assessments, interviews, and survey data) to account for the number of sources that measured each health issue. These averages were assigned a weight: 40 percent, 10 percent, 40 percent, and 10 percent, respectively. A final score was calculated by summing the weighted averages. **Exhibit 1** illustrates this process for three example indicators.

Exhibit 1: Example Prioritization Process by Data Source and Indicator, Alexandria City

Data Source	Alcohol Use	Language Barriers	Suicide
County Health Rankings	2	-	-
Community Health Status Indicators Project	-	-	0
Virginia Public Health Data	-	-	0
Healthy People 2010	-	-	-
Behavioral Risk Factor Surveillance Survey	2	-	-
U.S. Census	-	2	-
Secondary Data - Weighted Average (40%)	0.8	0.8	0
Previous Assessments	2	2	1
Previous Assessments - Weighted Average (10%)	0.2	0.2	0.1
Interviews	1	1	-
Interviews - Weighted Average (40%)	0.4	0.4	-
Community Survey	-	1	-
Community Survey - Weighted Average (10%)	-	0.1	-
Final Score	1.4	1.5	0.1

Source: Verité Analysis, 2012.

The methodology takes into account severity scores for each health issue and the number of sources that measure each issue.

Information Gaps

No information gaps have affected Inova Mt. Vernon’s ability to reach reasonable conclusions regarding priority community health needs.

Collaborating Organizations

For this assessment, Inova Mt. Vernon Hospital collaborated with Inova Alexandria Hospital, Inova Fairfax Medical Campus, Inova Fair Oaks Hospital, and Inova Loudoun Hospital.

DEFINITION OF COMMUNITY ASSESSED

This section identifies the community assessed by Inova Mt. Vernon. Verité relied on Inova Mt. Vernon’s current service area definitions to identify the communities to be assessed. The definitions were based on the geographic origins of hospital discharges.

Inova Mt. Vernon’s community is comprised of 13 ZIP codes (and five subregions) that extend into (and overlap with) the Fairfax County and the city of Alexandria (**Exhibits 2 and 3**). The hospital is located in Alexandria (ZIP code 22306).

Exhibit 2: Community Population, 2012

Subregion	2012 Population*	Percent of Population 2012
Primary Service Area		
Fairfax County Subregions	102,201	39.8%
Mt. Vernon North	22,443	8.7%
Mt. Vernon South/Ft. Belvoir	79,758	31.1%
Primary Service Area Total	102,201	39.8%
Secondary Service Area		
Alexandria City Subregions	70,225	27.4%
Alexandria/Old Town	70,225	27.4%
Fairfax County Subregions	84,073	32.8%
Franconia/Kingstowne	55,557	21.7%
Lorton/Newington	28,516	11.1%
Secondary Service Area Total	154,298	60.2%
Combined Service Area Total	256,499	100.0%

Source: The Metropolitan Washington Council of Governments, 2012.

*2012 projections based on Verité analysis of 2008 and 2013 population estimates.

40% of the Inova Mt. Vernon community population lived in the primary service area

...

Fairfax County accounted for 73% of the community population

In 2012, the Inova Mt. Vernon community had a population of nearly 256,500 persons. Approximately 40 percent of the population resided in the primary service area (**Exhibit 2**).

Some health indicators only are available at a county-wide or city-wide level of detail. When assessing these indicators, it is important to take into account the percentage of the total community population that resides in each jurisdiction. **Exhibit 3** shows that Inova Mt. Vernon community ZIP codes account for 17 percent of Fairfax County’s population and 52 percent of Alexandria City’s population.

Exhibit 3: Community and Jurisdiction Population Overlap, 2012

Jurisdiction	Community Population*	Percent of Community Population	Total Jurisdiction Population*	Community Percent of Total Jurisdiction
Alexandria City	70,225	27.4%	135,380	51.9%
Fairfax County	186,274	72.6%	1,083,557	17.2%
Total	256,499	100.0%	1,218,937	21.0%

Sources: The Metropolitan Washington Council of Governments, 2012, and U.S. Census Bureau, 2011.

* Jurisdiction population estimates were based on Verité analysis of data from the U.S. Census Bureau, American Community Survey, 5 Year Estimates 2006-2010. Community population estimates are based on Verité analysis of 2008 demographic data.

The community was defined based on the geographic origins of Inova Mt. Vernon inpatients. In 2010, approximately 43 percent of the hospital's inpatients originated from the primary service area and 52 percent from Fairfax County. The service area accounted for 57 percent of the hospital's inpatient discharges. Among other services, Inova Mt. Vernon provides rehabilitation programs that draw patients from across the region.

The community definition was confirmed by examining the geographic origin of emergency department encounters. In 2010, 81 percent of Inova Mt. Vernon's emergency department visits originated from ZIP codes in the primary and secondary service areas (**Exhibit 4**).

Exhibit 4: Inova Mt. Vernon Inpatient Discharges and Emergency Department Visits by Subregion, 2010

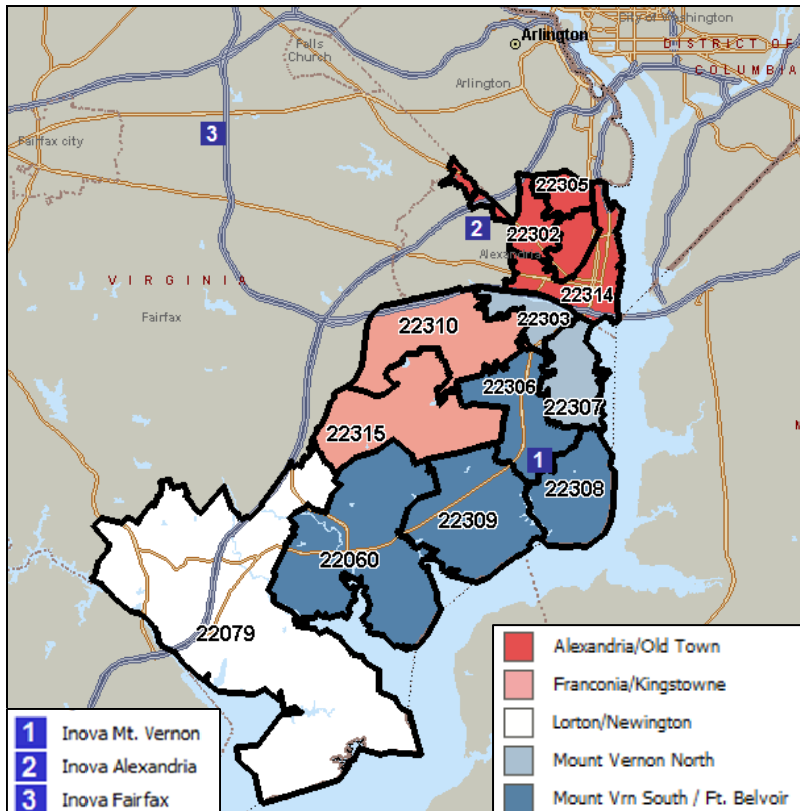
Subregion	Percent of Discharges	Percent of ED Visits
Primary Service Area		
Fairfax County Subregions	43.0%	71.3%
Mt. Vernon North	7.2%	9.7%
Mt. Vernon South/Ft. Belvoir	35.8%	61.7%
Primary Service Area Total	43.0%	71.3%
Secondary Service Area		
Alexandria City Subregions	4.8%	3.0%
Alexandria/Old Town	4.8%	3.0%
Fairfax County Subregions	8.7%	6.8%
Franconia/Kingstowne	5.7%	3.3%
Lorton/Newington	3.0%	3.5%
Secondary Service Area Total	13.4%	9.7%
Combined Service Areas Total	56.5%	81.1%
Other Areas	43.5%	18.9%
All Discharges	7,414	28,491

Source: Health Systems Agency of Northern Virginia, 2011 and Emergency Department Data, 2011.

43% of Inova Mt. Vernon's inpatient discharges and 71% of emergency department visits originated from the primary service area

Exhibit 5 presents a map that shows the ZIP codes that comprise each subregion.

Exhibit 5: Community Map by Subregion and ZIP Code



Sources: Microsoft MapPoint and Inova Mt. Vernon, 2012.

*Population 2012:
256,499*

...

Five subregions: Mt. Vernon North, Mt. Vernon South/Ft. Belvoir, Alexandria/Old Town, Franconia/Kingstowne and Lorton/Newington

SECONDARY DATA ASSESSMENT

This section assesses secondary data regarding health needs in Inova Mt. Vernon's community.

Demographics

Population change plays a determining role in the types of health and social services needed by communities. Overall, the population living in the community is expected to increase by 3.3 percent between 2008 and 2013 and is expected to increase by another 0.9 percent between 2013 and 2018 (**Exhibit 6**).

Exhibit 6: Percent Change in Community Population by Subregion

Subregion	Total Population			Percent Change in Population	
	2008	2013	2018	2008-2013	2013-2018
Primary Service Area					
Fairfax County Subregions	79,134	79,915	80,204	1.0%	0.4%
Mt. Vernon North	22,296	22,480	22,561	0.8%	0.4%
Mt. Vernon South/Ft. Belvoir	79,134	79,915	80,204	1.0%	0.4%
Primary Service Area Total	79,134	79,915	80,204	1.0%	0.4%
Secondary Service Area					
Alexandria City Subregions	69,284	70,462	70,835	1.7%	0.5%
Alexandria/Old Town	69,284	70,462	70,835	1.7%	0.5%
Fairfax County Subregions	79,239	85,345	86,845	7.7%	1.8%
Franconia/Kingstowne	53,742	56,020	56,623	4.2%	1.1%
Lorton/Newington	25,497	29,325	30,222	15.0%	3.1%
Secondary Service Area Total	148,523	155,807	157,680	4.9%	1.2%
Combined Service Area Total	249,953	258,202	260,445	3.3%	0.9%

Source: The Metropolitan Washington Council of Governments, 2012.

The Northern Virginia area is growing at a faster rate than the Commonwealth of Virginia as a whole. The populations of all five of the subregions are expected to increase between 2008 and 2013 (**Exhibit 6**).

Exhibit 7 maps the anticipated population change by ZIP code from 2013 to 2018. The highest population growth is anticipated in Lorton/Newington.

Exhibit 7: Population Change by ZIP Code, 2013-2018

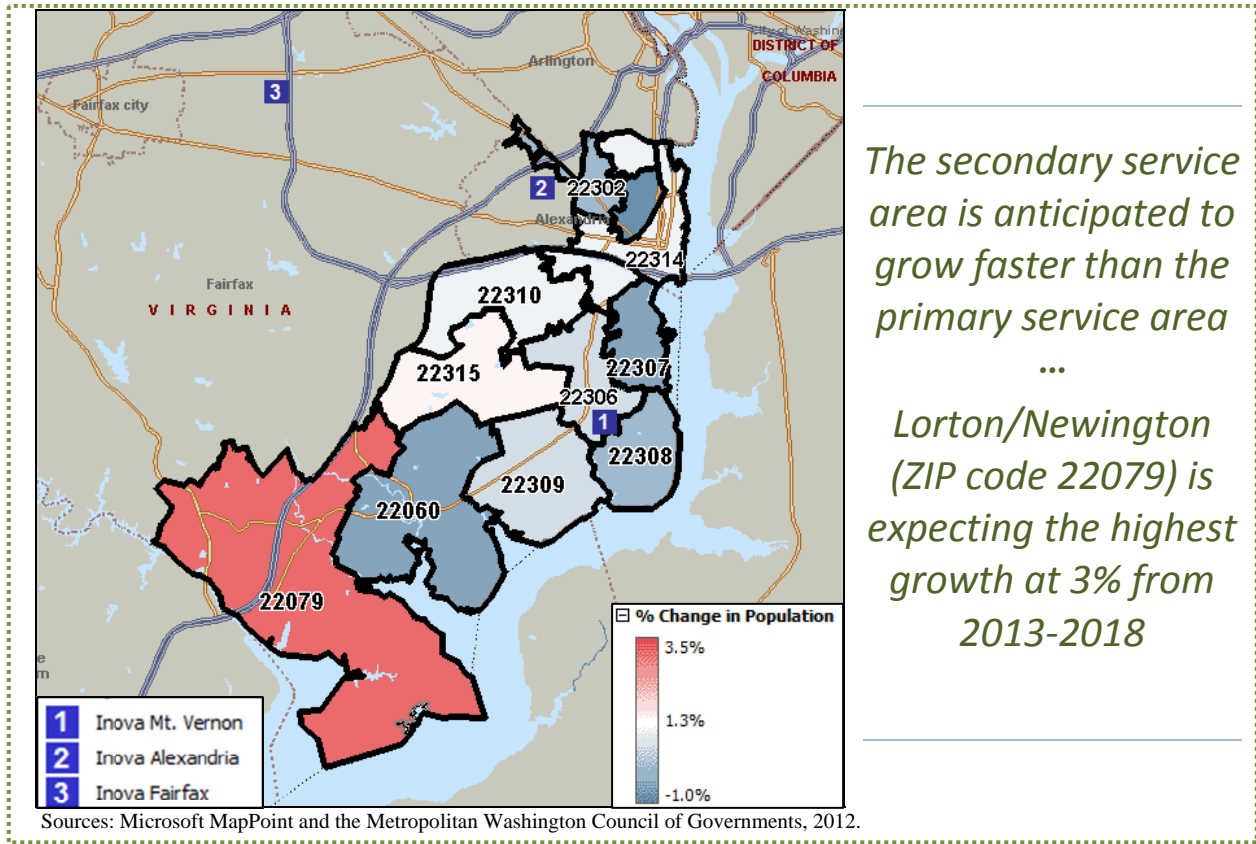


Exhibit 8 indicates that the 65+ and 55 to 64 age cohorts are expected to increase faster than the population of the community as a whole. The proportion aged 18 to 44 years is expected to decline.

Exhibit 8: Percent Change in Population by Age, 2008-2013 and 2013-2018

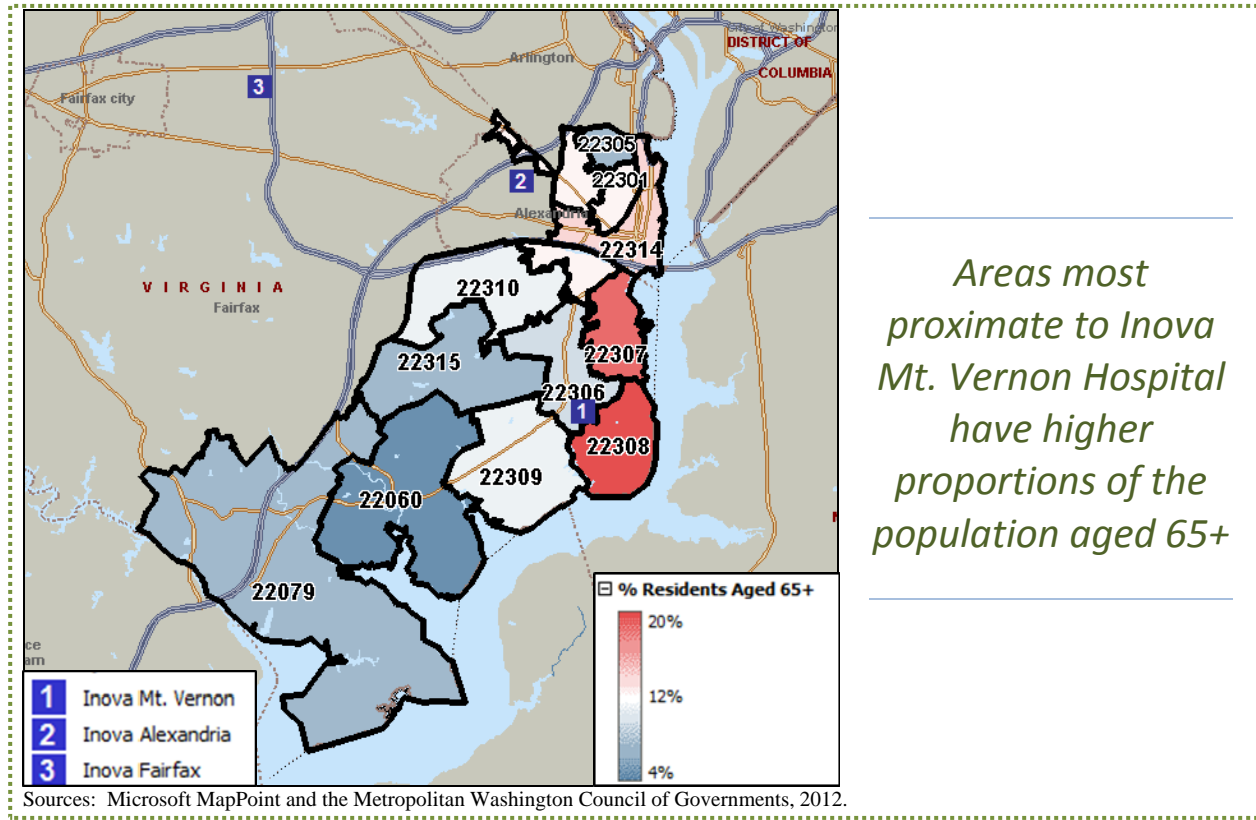
Age/Sex Cohort	Community Population			% Change in Population	
	2008	2013	2018	2008-2013	2013-2018
Primary Service Area					
0-17	25.6%	25.2%	25.1%	-0.6%	-0.1%
Female 18-44	17.1%	15.3%	15.0%	-9.5%	-2.0%
Male 18-44	17.1%	15.7%	15.4%	-7.2%	-1.5%
45-54	15.7%	15.5%	15.5%	-0.6%	0.0%
55-64	12.8%	14.3%	14.6%	12.4%	2.4%
65+	11.7%	14.0%	14.5%	21.0%	4.1%
Total	101,430	102,395	102,765	1.0%	0.4%
Secondary Service Area					
0-17	22.0%	22.1%	22.0%	5.4%	1.1%
Female 18-44	19.7%	17.3%	16.8%	-7.8%	-1.6%
Male 18-44	18.9%	16.9%	16.5%	-6.4%	-1.3%
45-54	16.7%	16.9%	16.9%	6.0%	1.2%
55-64	13.0%	14.5%	14.7%	17.0%	3.2%
65+	9.8%	12.4%	13.0%	33.3%	6.3%
Total	148,523	155,807	157,680	4.9%	1.2%
Combined Service Areas					
0-17	23.4%	23.3%	23.2%	2.7%	0.6%
Female 18-44	18.6%	16.5%	16.1%	-8.4%	-1.7%
Male 18-44	18.2%	16.4%	16.0%	-6.7%	-1.4%
45-54	16.3%	16.4%	16.3%	3.4%	0.8%
55-64	12.9%	14.4%	14.7%	15.1%	2.9%
65+	10.5%	13.0%	13.6%	27.8%	5.3%
Total	249,953	258,202	260,445	3.3%	0.9%

Source: The Metropolitan Washington Council of Governments, 2012.

Growth and aging of the population, coupled with the impact of coverage expansions associated with health reforms, will increase demand for health services.

The proportion of the population 65 years of age and older varies by ZIP code. The subregions of Mt. Vernon North and Mt. Vernon South/Ft. Belvoir (ZIP code 22307 and 22308, respectively) had comparatively high proportions of this population (**Exhibit 9**).

Exhibit 9: Percentage of Residents Aged 65+, 2008



In 2008, nearly 63 percent of the community’s population was White. Non-White populations are expected to grow faster than White populations in the community (**Exhibit 10**).

The population of those not identified as Black, White, or Asian is expected to increase the most (**Exhibit 10**). The growing diversity of the community is important to recognize given that health disparities and the need to enhance the cultural competency of health care providers is present.

Exhibit 10: Distribution of Population by Race, 2008-2013 and 2013-2018

Racial Cohort	Community Population			% Change in Population	
	2008	2013	2018	2008-2013	2013-2018
Primary					
Asian	6.2%	6.4%	6.5%	4.9%	1.0%
Black	22.8%	23.6%	23.7%	4.4%	0.9%
Other	12.6%	13.9%	14.1%	11.1%	2.2%
White	58.4%	56.1%	55.7%	-3.0%	-0.5%
Total	101,430	102,395	102,686	1.0%	0.3%
Secondary					
Asian	6.6%	6.8%	6.8%	8.7%	1.8%
Black	17.3%	17.6%	17.7%	6.3%	1.8%
Other	9.5%	9.6%	9.7%	6.9%	1.6%
White	66.7%	66.0%	65.8%	3.9%	0.8%
Total	148,523	155,807	157,575	4.9%	1.1%
Combined					
Asian	6.4%	6.6%	6.7%	7.2%	1.5%
Black	19.5%	19.9%	20.1%	5.4%	1.4%
Other	10.7%	11.3%	11.4%	8.9%	1.9%
White	63.3%	62.1%	61.8%	1.3%	0.3%
Total	249,953	258,202	260,261	3.3%	0.8%

Source: Claritas Inc. via Inova Mt. Vernon, 2012.

* Data by Race/Ethnicity provide slightly different population projections for 2018 compared to other demographic data assessed in this report.

Exhibit 11 portrays the concentration of Black residents in the Inova Mt. Vernon community. Black populations are most prevalent in Mt. Vernon South/Ft. Belvoir (ZIP code 22060) and Lorton/Newington (ZIP code 22079).

Exhibit 11: Areas with Highest Concentration of Black Residents, 2008

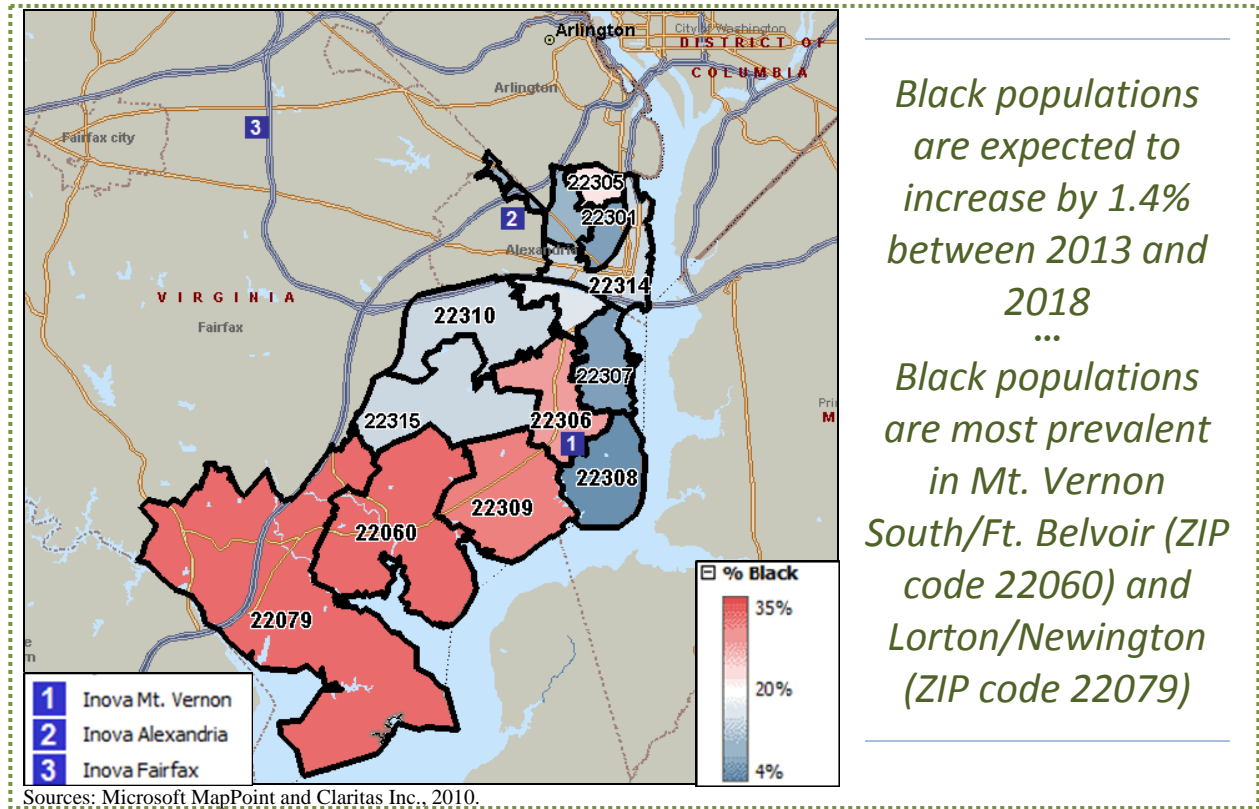
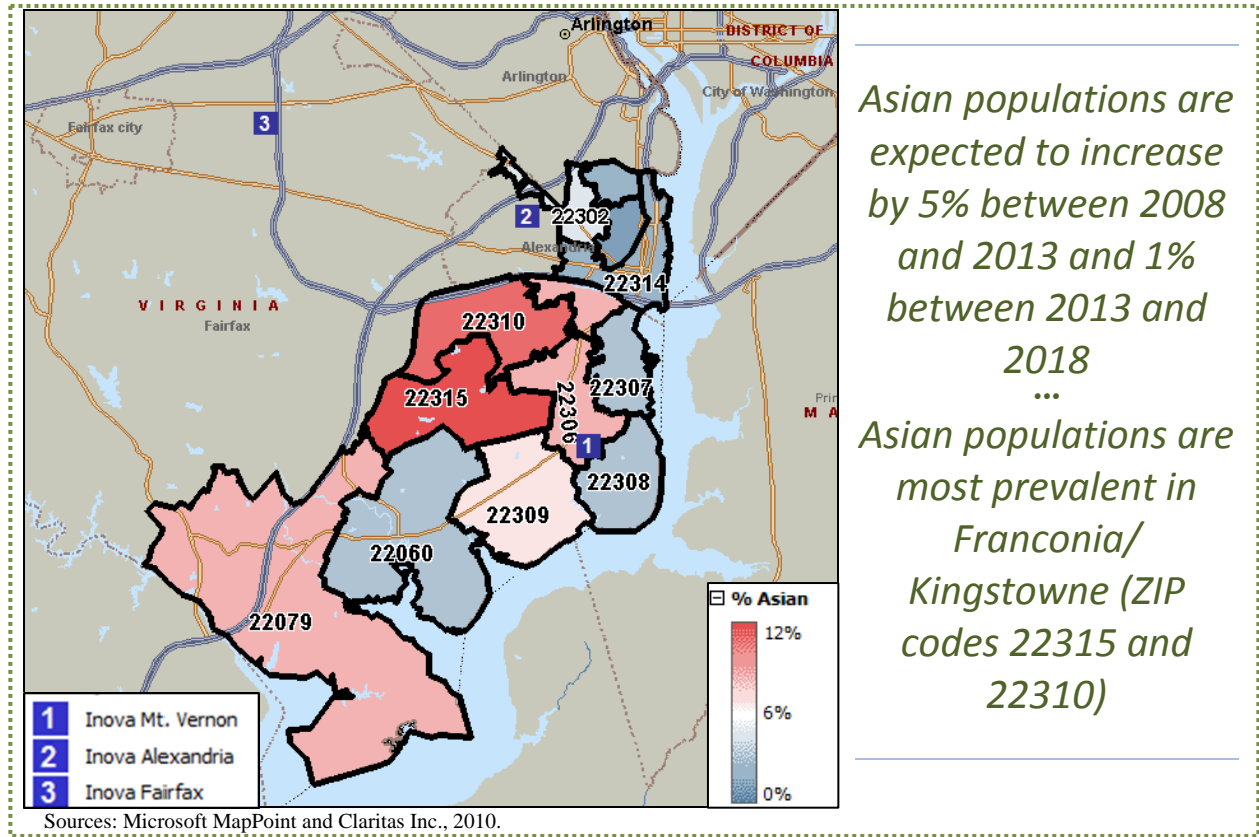


Exhibit 12 portrays the concentration of Asian residents in the Inova Mt. Vernon community. Asian populations are most prevalent in Franconia/Kingstowne (ZIP code 22315 and 22310).

Exhibit 12: Areas with Highest Concentration of Asian Residents, 2008



Projections indicate that the Hispanic (or Latino) community population is expected to increase more rapidly than non-Hispanic (or Latino) ethnicities. In terms of overall percent change, the Inova Mt. Vernon community is projected to experience growth in the Hispanic (or Latino) population of approximately 11.7 percent between 2008 and 2013 and 2.4 percent between 2013 and 2018 (**Exhibit 13**).

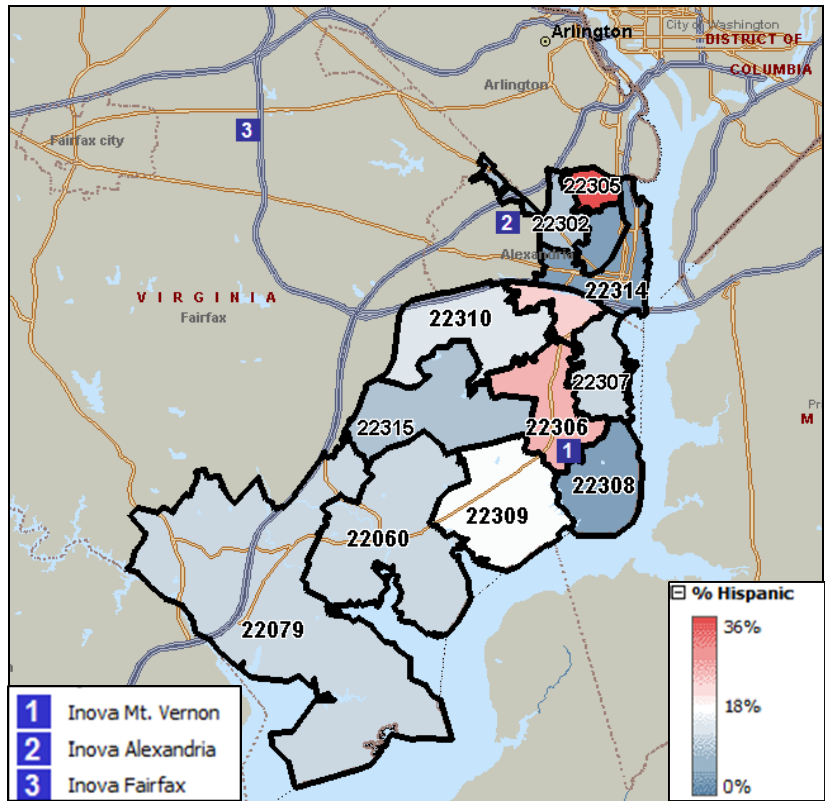
Exhibit 13: Distribution of Population by Ethnicity, 2008-2013 and 2013-2018

Ethnic Cohort	Community Population			% Change in Population	
	2008	2013	2018	2008-2013	2013-2018
Primary Service Area					
Hispanic (or Latino)	17.4%	19.9%	20.5%	15.5%	2.9%
Not Hispanic (or Latino)	82.6%	80.1%	79.5%	-2.1%	-0.4%
Total	101,430	102,395	102,686	1.0%	0.3%
Secondary Service Area					
Hispanic (or Latino)	11.8%	12.2%	12.3%	8.0%	1.8%
Not Hispanic (or Latino)	88.2%	87.8%	87.7%	4.5%	1.0%
Total	148,523	155,807	157,575	4.9%	1.1%
Combined Service Areas					
Hispanic (or Latino)	14.1%	15.3%	15.5%	11.7%	2.4%
Not Hispanic (or Latino)	85.9%	84.7%	84.5%	1.9%	0.5%
Total	249,953	258,202	260,261	3.3%	0.8%

Source: Claritas Inc. via Inova Mt. Vernon, 2012.
 * Data by Race/Ethnicity provide slightly different population projections for 2018 compared to other demographic data assessed in this report.

Exhibit 14 illustrates the concentration of Hispanic (or Latino) residents in the Inova Mt. Vernon community. Hispanic (or Latino) communities appear to be most highly concentrated in Mt. Vernon South/Ft. Belvoir (ZIP 22305) and Alexandria (ZIP code 22306).

Exhibit 14: Areas with Highest Concentration of Hispanic (or Latino) Residents, 2008



Sources: Microsoft MapPoint and Claritas Inc., 2012.

The Hispanic (or Latino) population is growing rapidly

...

The highest proportions of Hispanic (or Latino) residents live in Mt. Vernon South/Ft. Belvoir (ZIP 22305) and Alexandria (ZIP code 22306)

Other demographic characteristics are presented in **Exhibit 15**.

Exhibit 15: Prevalence of Demographic Indicators and Variation from the Commonwealth of Virginia, 2010

Demographic Indicators	Alexandria City	Fairfax County	Virginia	U.S.
Total Population With Any Disability	5.5%	6.0%	10.8%	11.9%
Population 0-18 With Any Disability	2.1%	2.2%	3.4%	4.0%
Population 18-64 With Any Disability	3.4%	4.5%	8.9%	10.0%
Population 65+ With Any Disability	32.1%	25.9%	35.1%	36.7%
Residents 25+ Who Did Not Graduate High School	10.4%	8.4%	13.5%	14.4%
Residents 5+ Who Are Linguistically Isolated	12.7%	15.0%	5.7%	8.7%
Housing Units With No Car	8.6%	4.0%	6.2%	9.1%

Source: U.S. Census Bureau, 2012.

These characteristics include:

- In 2010, both areas had lower percentages of disabled residents than Virginia and national averages.
- More community residents aged 25 and older have graduated high school than the Virginia and national averages. Alexandria City had the highest percentage of non-graduates at 10 percent.
- Both areas had higher percentages of linguistically isolated individuals than the Virginia and U.S. averages. Linguistic isolation is defined as the population aged 5 and older who speak a language other than English at home and who speak English less than “very well.”
- Alexandria City had a higher percentage of housing units with no car available than the Virginia average.

Economic Indicators

The following types of economic indicators with implications for health were assessed: (1) people in poverty, (2) unemployment rates, (3) homelessness, (4) crime, (5) Commonwealth of Virginia and local budget cuts, (6) utilization of government assistance programs, (7) household income, and (8) insurance status.

1. People in Poverty

Many health needs are associated with poverty. According to the U.S. Census, in 2010, about 15 percent of people in the U.S. and about 11 percent of people in Virginia lived in poverty. Alexandria City and Fairfax County reported a lower poverty rate in 2010 than the Commonwealth of Virginia and national averages (**Exhibit 16**). The pediatric population has higher rates of poverty than the adult population.

Exhibit 16: Percent of People in Poverty, 2010

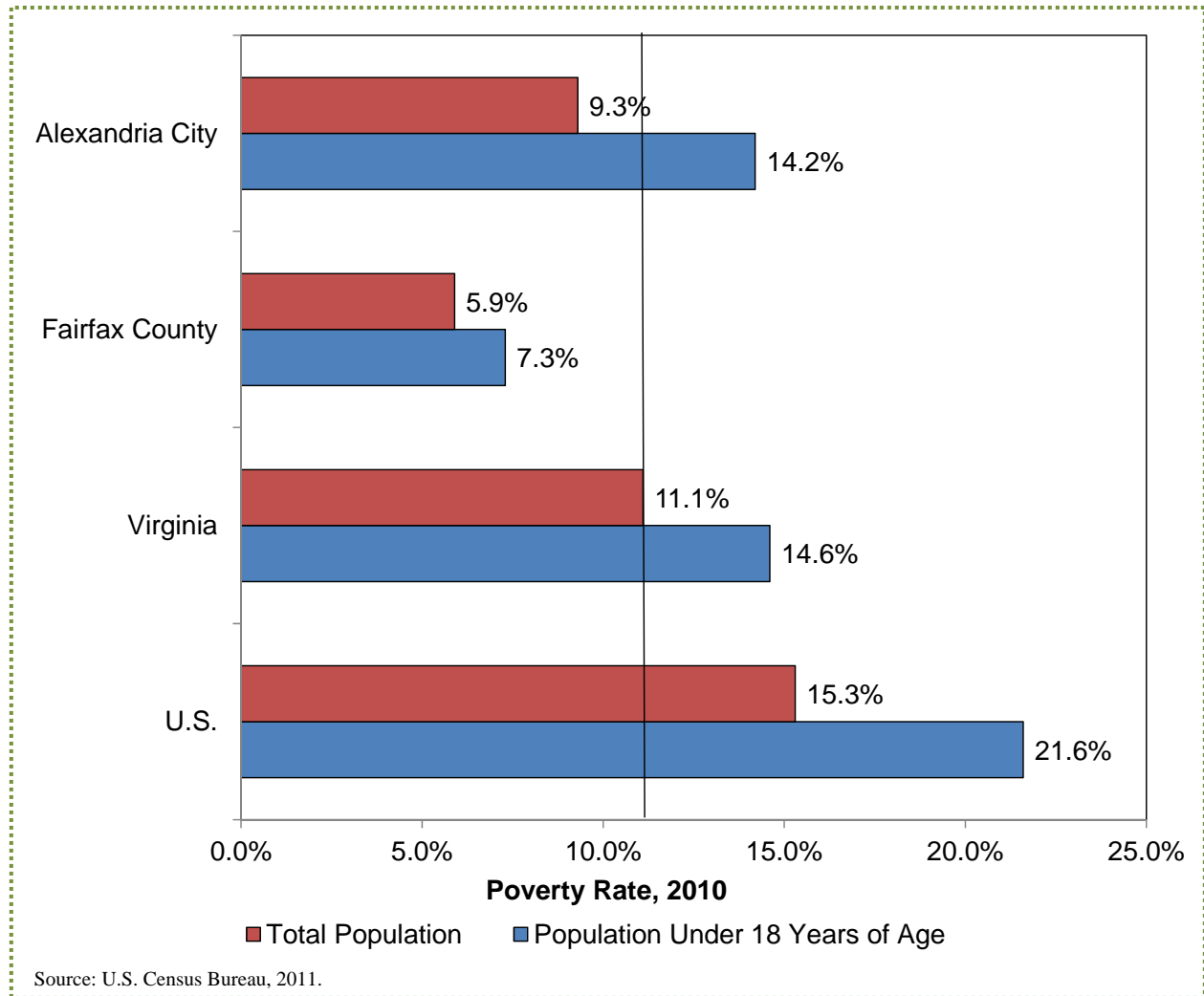
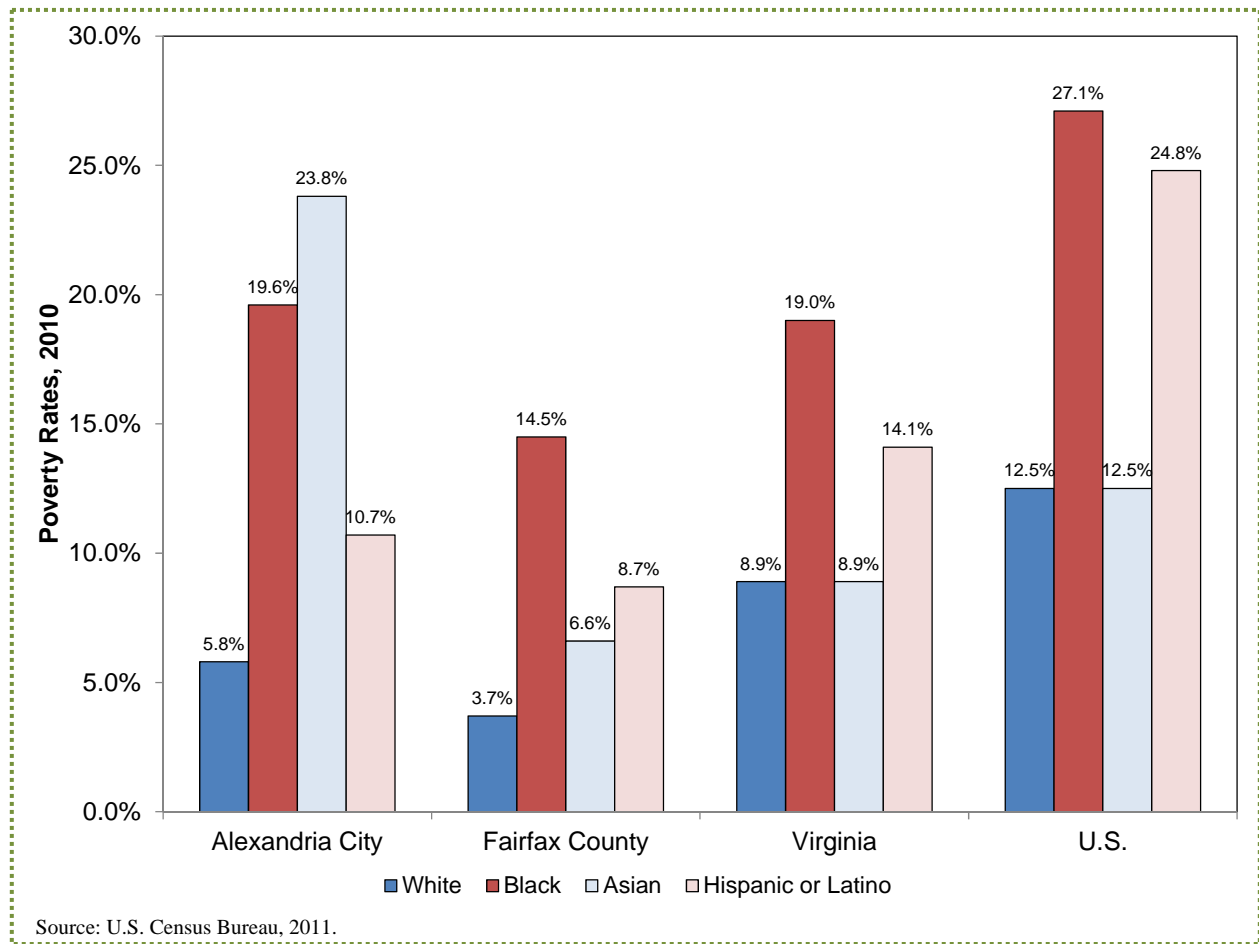


Exhibit 17 presents poverty rates by race. In Alexandria City, the Black population had higher poverty rates than the Virginia average, and the Asian population had rates above both the Virginia and national averages. Although lower than the Virginia and national averages, the poverty rate for the Black population of Fairfax County was higher than other groups.

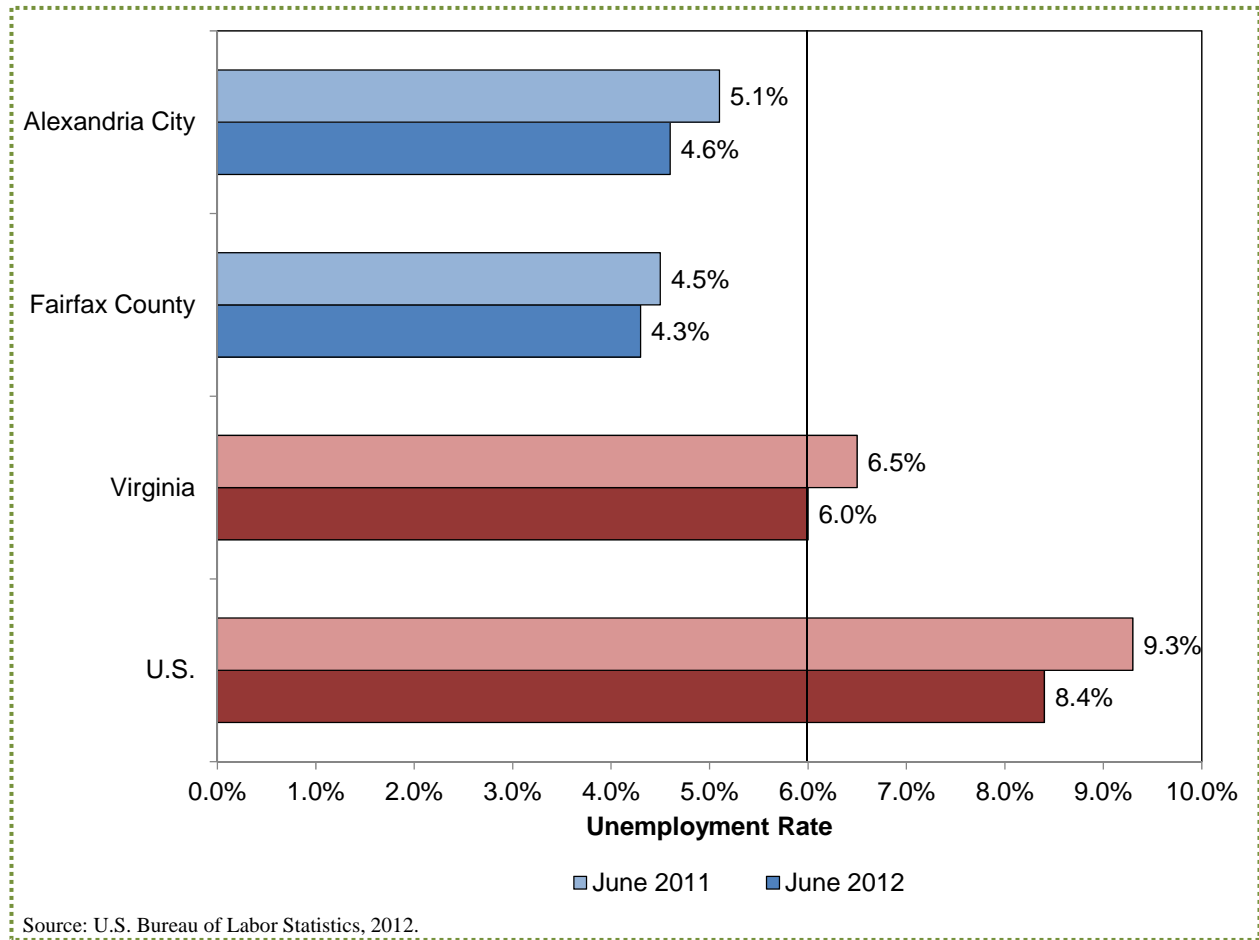
Exhibit 17: Percent of People in Poverty by Race, 2010



2. Unemployment Rates

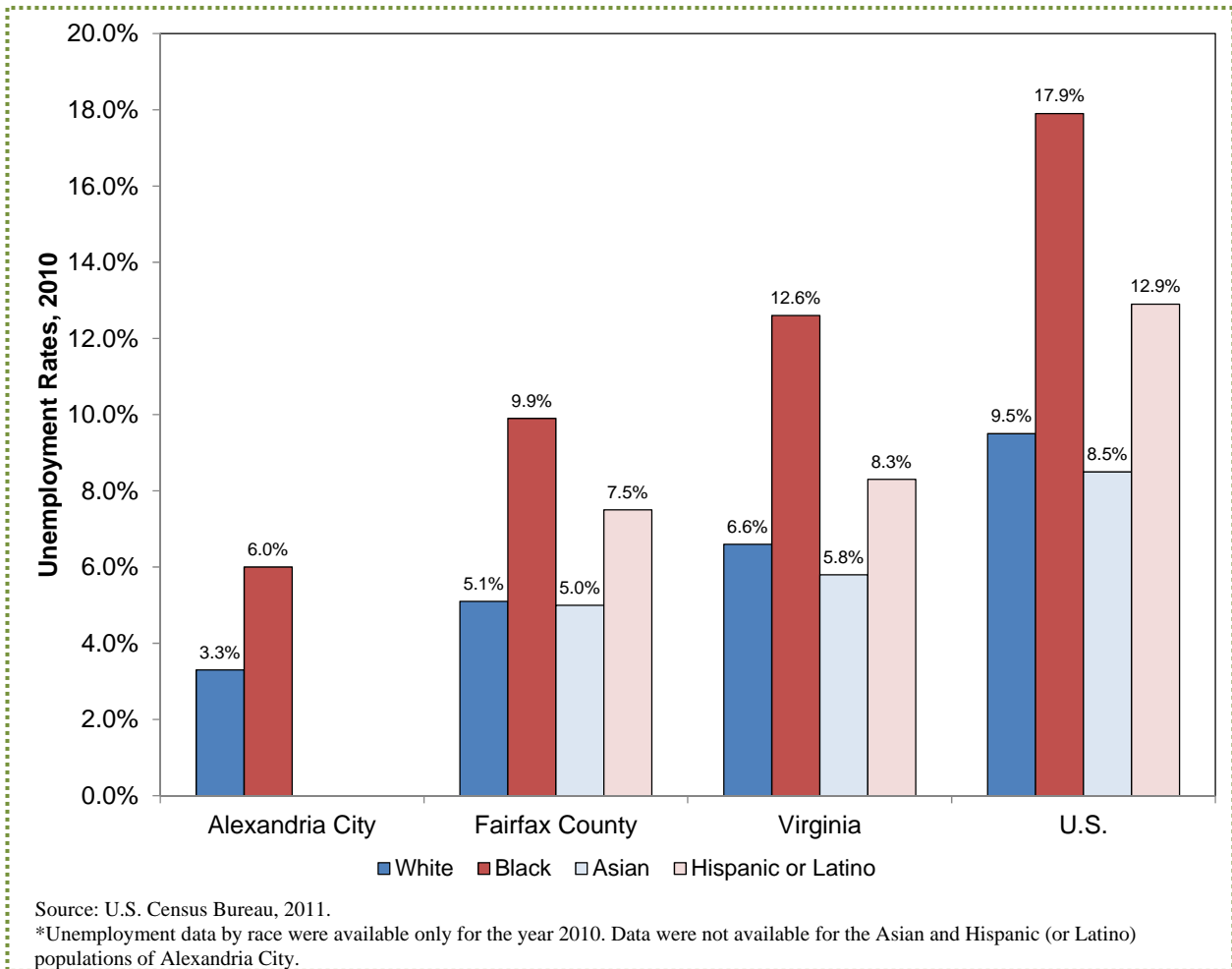
Fairfax County and Alexandria City reported lower unemployment rates in 2011 and 2012 than the Virginia and national average (**Exhibit 18**). High unemployment rates are associated with high numbers of uninsured people due to the lack of employer-based insurance.

Exhibit 18: Unemployment Rates, 2011 and 2012



While still lower than Virginia and national averages, in the areas for which data were available, unemployment rates were highest for the Hispanic (or Latino) and Black populations (**Exhibit 19**).

Exhibit 19: Unemployment Rates by Race, 2010*



3. Homelessness

Since 2001, the Metropolitan Washington Council of Governments has conducted an annual count of the homeless population in the metropolitan region. Alexandria City reported the highest rate of homelessness between 2008 and 2011 (**Exhibit 20**). Rates of homelessness appear to have increased in Alexandria City between 2008 and 2011.

Exhibit 20: Homelessness Rates by Jurisdiction, 2008-2011

Jurisdiction	Homelessness Rate				Percent Change in Rates 2008-2011
	2008	2009	2010	2011	
Alexandria City	24.1	24.0	26.9	28.8	19.8%
Fairfax County	17.4	16.1	14.3	13.6	-21.6%
Total	18.2	17.1	15.7	15.3	-15.7%
Northern Virginia	15.7	15.6	14.4	13.7	-12.6%

Source: Homeless counts retrieved from the Metropolitan Washington Council of Governments' 2012 Homeless in Metropolitan Washington report.

Jurisdiction population estimates were retrieved from the U.S. Census Bureau: American Community Survey 5 Year Estimates 2006-2010, Annual Estimates of the Resident Population for Counties of Virginia April 1, 2000 to July 1, 2009, and County 2011 Population Datasets April 1, 2010 to July 1, 2011.

*Rates are per 100,000 population.

The Alexandria Homeless Services Coordinating Committee identified 208 single men and women and 151 persons in families as homeless in 2010.

4. Crime

The Federal Bureau of Investigation reports data on violent crime in the United States from county and city police departments that participate in its Uniform Crime Reporting (UCR) Program. Both jurisdictions reported lower rates of total violent crime than Virginia and national averages in 2010. Within the community, Alexandria City reported the highest rates of all violent crime types; Alexandria City reported a higher rate of robbery than the Virginia average (Exhibit 21).

Exhibit 21: Violent Crime Rates, 2010

Jurisdiction	Population 2010	Violent Crime Rates per 100,000 Population				
		Total Violent Crime	Murder and Non-negligent Manslaughter	Forcible Rape	Robbery	Aggravated Assault
Alexandria City	133,647	203.5	1.5	16.5	93.5	92.0
Fairfax County	1,048,554	92.6	2.2	12.1	36.5	41.8
Virginia	7,841,754	217.9	4.7	19.5	72.1	121.5
U.S.	303,965,272	410.0	4.9	27.9	121.0	256.2

Sources: Violent crime counts were retrieved from the Federal Bureau of Investigation, Uniform Crime Reports, 2012. Population 2010 estimates were obtained from the U.S. Census Bureau, ACS 5 Year Estimates 2006-2010. Rates were calculated by Verité.

5. Commonwealth of Virginia and Local Budget Cuts

The recent recession has had major implications for employment and for the availability of state and county resources devoted to health, public health, and social services. The Commonwealth of Virginia has significantly reduced funding appropriated to these services.

Governor McDonnell's proposed budget⁴ for the 2012-2014 biennium was approved by the 2012 General Assembly. Funding changes include:

- **Children and Youth Services**

- Elimination of funding for child advocacy centers in the Office of Secretary of Health and Human Resources and Department of Social Services (\$846,000 for both FY 2013 and FY 2014, for a total reduction of \$1,692,000);
- Reductions in base funding to the Comprehensive Services Act for At-Risk Youth and Families (CSA) (\$17,678,003 for FY 2013 and \$14,987,327 for FY 2014, for a total reduction of \$32,665,330) and elimination of general fund support for wrap-around services in public schools (\$5,401,216 for both FY 2013 and FY 2014, for a total reduction of \$10,802,432 (offset by \$700,000));
- Elimination of funding for the Teen Pregnancy Prevention Initiative in Alexandria City⁵ (the Initiative operated in the Richmond, Norfolk, Alexandria, Roanoke City, Crater, Portsmouth, and Eastern Shore health districts; funding reductions for the entire Initiative are \$455,00 for both FY 2013 and FY 2014, for a total reduction of \$910,000);

- **Aging and Elderly Services**

- Elimination of funding for certain non-state agencies that serve aging and elderly populations (\$386,722 for FY 2013 and \$767,945 for FY 2014, for a total reduction of \$1,154,667), including the Prince William County Care Coordination for the Elderly Virginians Program (approximately \$5,500 for FY 2013 and \$11,000 for FY 2014, for a total reduction of approximately \$16,500);
- Reductions in funding for in-home and community-based services, such as adult day care, homemaker, personal care, and transportation services, provided by Virginia's Area Agencies on Aging (\$131,853 for both FY 2013 and FY 2014, for a total reduction of \$263,706);

- **Health Services for Indigent and Low-income Populations**

- Reductions in funding for Alexandria Neighborhood Health Services, Inc. (\$37,830 for FY 2014);
- Reductions in funding for the Jeanie Schmidt Free Clinic of Virginia (\$19,125 for FY 2014);
- Reductions in funding for the Mission of Mercy program through the Virginia Dental Association Foundation (\$425 for FY 2013 and \$10,625 for FY 2014, for a total reduction of \$11,050);

⁴The 2012 Executive Budget Document. Retrieved on August 2, 2012 from <http://dph.virginia.gov/budget/buddoc12/index.cfm>.

⁵Alexandria City committed City general funds to maintain this program.

- Reductions in funding for the Virginia Association of Free Clinics (\$1,598,200 for FY 2014), the Virginia Community Healthcare Association (\$1,204,375 for FY 2014), and the Virginia Health Care Foundation (\$2,040,286 for FY 2014);
- Elimination of funding for the three remaining general medical clinics in Virginia, including the one in the Alexandria Health Department (\$233,500 in FY 2013 and \$466,963 in FY 2014, for a total reduction of \$700,463);
- Elimination of funding for commonwealth supported dental clinics (\$1,664,306 for both FY 2013 and FY 2014, for a total reduction of \$3,328,612);
- Reductions in income limits for the Medicaid long-term care eligibility group (\$36,435,516 for FY 2014);
- Reductions in funding to the commonwealth's Medicaid Children's Health Insurance Program due to slowed enrollment and lower managed care rates (\$8,254,417 in FY 2013 and \$52,782,923 in FY 2014, for a total reduction of \$61,037,340);
- Reductions in funding to the VCU and UVA academic health centers for indigent care services (\$14,995,994 for both FY 2013 and FY 2014, for a total reduction of \$29,991,988);
- **Health Departments, Facilities, and Workers**
 - Reductions in general fund appropriations to the Department of Health (\$1,771,250 FY 2013 and \$8,224,191 for FY 2014, for a total reduction of \$9,995,441);
 - Reductions in funding to the Department of Health Professions (\$97,067 for both FY 2013 and FY 2014, for a total reduction of \$194,134);
 - Withholding annual inflation adjustments from rates paid to nursing facilities (\$51,479,932 FY 2013 and \$79,055,622 for FY 2014, for a total reduction of \$130,535,554), home health agencies (\$154,126 for FY 2013 and \$330,992 for FY 2014, for a total reduction of \$485,118), outpatient rehabilitation agencies (\$413,744 FY 2013 and \$804,262 for FY 2014, for a total reduction of \$1,218,006), and hospitals (\$197,317,468 FY 2013 and \$323,309,280 for FY 2014, for a total reduction of \$520,626,748);
- **Other Health Programs and Services**
 - Reductions in the number of sign language interpreters provided for certain Twelve-Step Programs(\$16,900 for both FY 2013 and FY 2014, for a total reduction of \$33,800);
 - Balance the nongeneral fund appropriations for the Temporary Assistance for Needy Families (TANF) block grant for the Comprehensive Health Investment Project of Virginia (6,164,233 FY 2013 and \$5,107,564 for FY 2014, for a total reduction of \$11,271,797); and,
 - Elimination of one Virginia Epidemiology Response Team position (\$48,335 for both FY 2013 and FY 2014, for a total reduction of \$96,670).

In addition to the commonwealth's budget reductions, service area counties' proposed FY 2013 budgets include the following changes.

- **Alexandria City:**⁶
 - A two percent increase in the health and welfare expenditures of Alexandria City;
 - A proposed cut of 35 percent to maternal and child healthcare;
 - A decrease of 18 percent in adult healthcare funding;
 - An 18 percent increase in intellectual and disability health, as well as aging and adult services;
 - A ten percent increase in adult mental health and substance abuse funding;
 - A proposed increase in city funding toward the Teen Wellness Center from \$357,912 to \$499,24; and
 - An addition to the FY 2012 budget of \$56,607 to address reductions in the Healthy Families Alexandria budget in past years and to provide a Family Support Worker for families in the community.
- **Fairfax County:**⁷
 - A decrease of about four percent since 2011 in Fairfax County Health Department funding; and
 - A decrease of about three percent since 2011 in the total health and welfare department, including the Department of Family Services, Department of Administration for Human Services, the Health Department, the Office to Prevent and End Homelessness, and the Department of Neighborhood and Community Services.

Health and social services agencies across Northern Virginia have expressed many concerns about these funding reductions.

6. Utilization of Government Assistance Programs

Federal, state, and local governments provide assistance programs for low-income individuals and families. These programs include vouchers that subsidize housing costs, free and reduced priced lunches at public schools through the National School Lunch Program, the Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF).

Housing certificates and vouchers allow residents who meet certain eligibility criteria to receive monthly housing assistance under Section 8 of the Housing Act of 1937. Under that program, subsidies of rental and mortgage costs help to make housing more affordable. Residents who apply for these certificates and vouchers may be placed on a waiting list before funds become

⁶ City of Alexandria FY 2013 Proposed Budget.1-11
<http://alexandriava.gov/uploadedFiles/budget/info/FY%202012%20Approved%20Budget%20in%20Brief.pdf>

⁷ City of Fairfax FY 2013 Proposed Budget.1-11 <http://www.fairfaxcounty.gov/dmb/>

available. Alexandria City reported an average time on the waiting list for Section 8 housing certificates and vouchers that was greater than both the Virginia and U.S. averages. Average federal contributions for both areas are noticeably higher than the U.S. and Virginia averages (**Exhibit 22**).

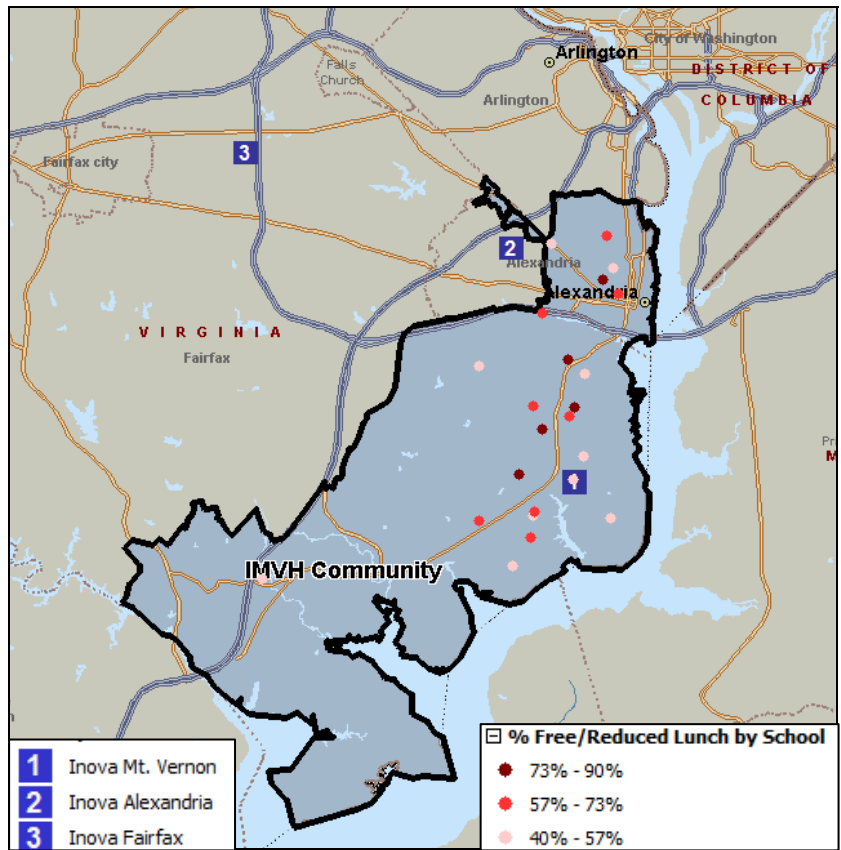
Exhibit 22: Waiting Time for Section 8 Housing Certificates and Vouchers by Jurisdiction, 2009

Jurisdiction	Number of Participating Households	Spending per Unit per Month		Average Months on Waiting List
		Average Household Contribution	Average Federal Contribution	
Alexandria City	1,324	\$436	\$1,062	15
Fairfax County	3,136	\$462	\$1,068	10
Virginia	42,727	\$359	\$676	10
U.S.	2,071,161	\$335	\$657	14

Source: U.S. Department of Housing and Urban Development, 2012.

Schools participating in the National School Lunch Program are eligible to receive financial assistance from the USDA to provide free or reduced-cost meals to low-income students. Schools with 40 percent or more of their student body receiving free or reduced-cost meals are eligible for school-wide Title I funding, designed to ensure that students meet grade-level proficiency standards. In the Inova Mt. Vernon community, 24 out of 49 schools had greater than 40 percent of the student body eligible for free or reduced-cost lunches (**Exhibit 23**). These schools are located along the Richmond Highway corridor.

Exhibit 23: Public Schools with Over 40% of Students Eligible for Free or Reduced Price Lunches, School Year 2011-2012



Sources: Microsoft MapPoint and Virginia Department of Education, 2012.

Five schools in the community have 73%-90% of students eligible for free or reduced priced lunches

Exhibit 24 shows the percent of the total population enrolled in the Supplemental Nutrition Assistance Program (SNAP). This U.S. Department of Agriculture program provides financial support for low-income and no-income residents to purchase food. At six percent, Alexandria City had the highest enrollment in the community.

Exhibit 24: Supplemental Nutrition Assistance Program (SNAP) Enrollment, 2010

Jurisdiction	Average SNAP Enrollment	Total Population	Percent of Total Population
Alexandria City	7,961.1	133,647	6.0%
Fairfax County	36,934.8	1,048,554	3.5%
Virginia	806,895.3	7,841,754	10.3%

Source: Enrollment data were retrieved from the Virginia Department of Social Services, 2012. Population 2010 estimates were obtained from the U.S. Census Bureau, ACS 5 Year Estimates 2006-2010.

Exhibit 25 shows the percent of the total population enrolled in TANF. This U.S. Department of Health and Human Services program provides financial assistance to eligible low-income and no-income families with dependent children. At nearly one percent, Alexandria City had the highest enrollment in the community.

Exhibit 25: Temporary Assistance for Needy Families (TANF) Enrollment, 2010

Jurisdiction	Average TANF Enrollment	Total Population	Percent of Total Population
Alexandria City	1,060.0	133,647	0.8%
Fairfax County	3,177.0	1,082,077	0.3%
Virginia	77,092.3	7,841,754	1.0%

Source: Enrollment data were retrieved from the Virginia Department of Social Services, 2012. Population 2010 estimates were obtained from the U.S. Census Bureau, ACS 5 Year Estimates 2006-2010.

7. Household Income

In the Inova Mt. Vernon community and in 2008, approximately nine percent of all households had incomes below \$25,000, an approximation of the federal poverty level (FPL) for a family of four. Twenty-four percent had incomes less than \$50,000, an approximation of 200 percent of the FPL for a family of four (**Exhibit 26**). FPL is used by many agencies and organizations to assess household needs for low-income assistance programs.

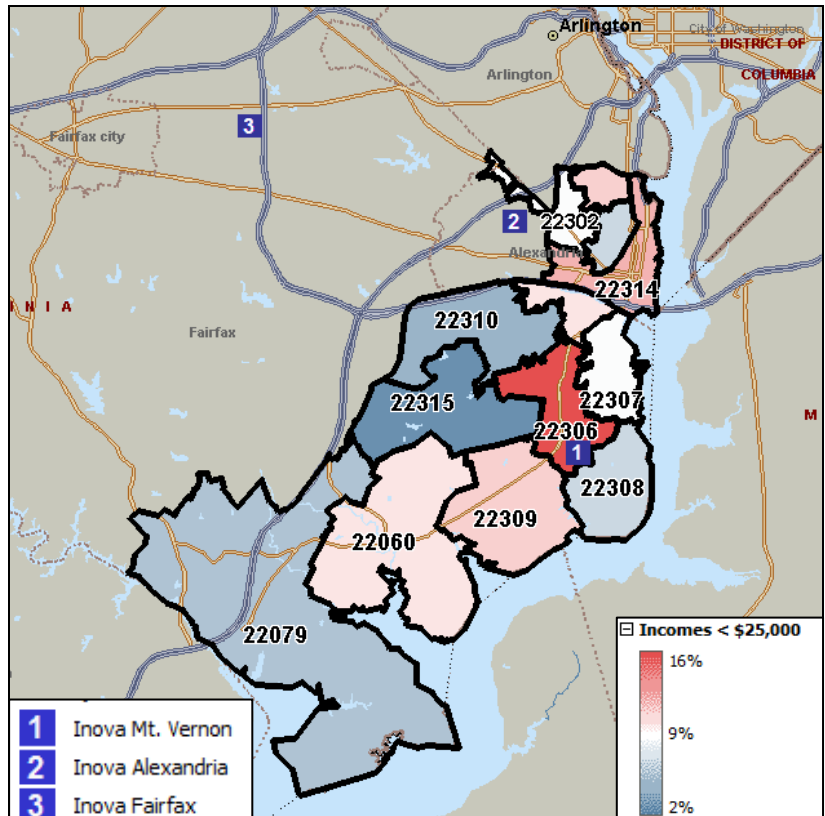
Exhibit 26: Percent Low-Income Households by Subregion, 2008

Subregion	Number of Households 2008	Average Household Income	Percent Less Than \$25,000	Percent Less Than \$50,000
Primary Service Area				
Fairfax County Subregions	39,807	99,836	11.0%	31.7%
Mt. Vernon North	10,828	101,931	9.5%	29.7%
Mt. Vernon South/Ft. Belvoir	28,979	98,789	11.6%	32.4%
Primary Service Area Total	39,807	99,836	11.0%	31.7%
Secondary Service Area				
Alexandria City Subregions	33,148	122,134	9.9%	24.2%
Alexandria/Old Town	33,148	122,134	9.9%	24.2%
Fairfax County Subregions	31,248	112,148	4.4%	15.4%
Franconia/Kingstowne	21,725	115,555	3.8%	13.2%
Lorton/Newington	9,523	105,334	5.8%	20.6%
Secondary Service Area Total	64,396	117,854	7.3%	20.0%
Combined Service Areas Total	104,203	108,845	8.7%	24.4%

Source: Claritas Inc., 2012.

The highest proportions of households with incomes under \$25,000 in 2010 were located in Mt. Vernon South/Ft. Belvoir (ZIP code 22306) and Alexandria/Old Town (ZIP code 22314). At 2.8 percent, Franconia/Kingstowne (ZIP code 22315) had the lowest proportion (**Exhibit 27**).

Exhibit 27: Percent of Households with Incomes Less than \$25,000 by ZIP Code, 2008



Mt. Vernon South/Ft. Belvoir (ZIP code 22306) had the highest proportion of lower-income households: 15.6%

...

Franconia/Kingstowne (ZIP code 22315) had the lowest proportion of lower-income households: under 4%

Sources: Microsoft MapPoint and Claritas Inc., 2012.

8. Insurance Status

Exhibit 28 indicates that in 2010, a higher percentage of residents in Alexandria City and Fairfax County were uninsured than the Virginia average. Alexandria City’s percentage of uninsured residents exceeded both the Virginia and national averages.

Exhibit 28: Uninsured Population by Age Cohort and Jurisdiction, 2010

Jurisdiction	Total Population	Population Under 18	Population 18-64			Total Percent Uninsured
	Percent Uninsured	Percent Uninsured	Percent Uninsured and Employed	Percent Uninsured and Unemployed	Percent Uninsured not in Labor Force	
Alexandria City	17.7%	7.2%	14.8%	2.1%	4.8%	21.8%
Fairfax County	13.5%	8.4%	11.9%	2.1%	3.0%	17.0%
Virginia	13.1%	6.6%	10.5%	3.0%	4.2%	17.8%
U.S.	15.5%	8.0%	12.4%	3.9%	5.1%	21.4%

Source: U.S. Census Bureau, 2012.

Exhibit 29 portrays the distribution of community-wide discharges by subregion and by payer. This helps identify where uninsured (self-pay) people and Medicaid recipients live across the community.

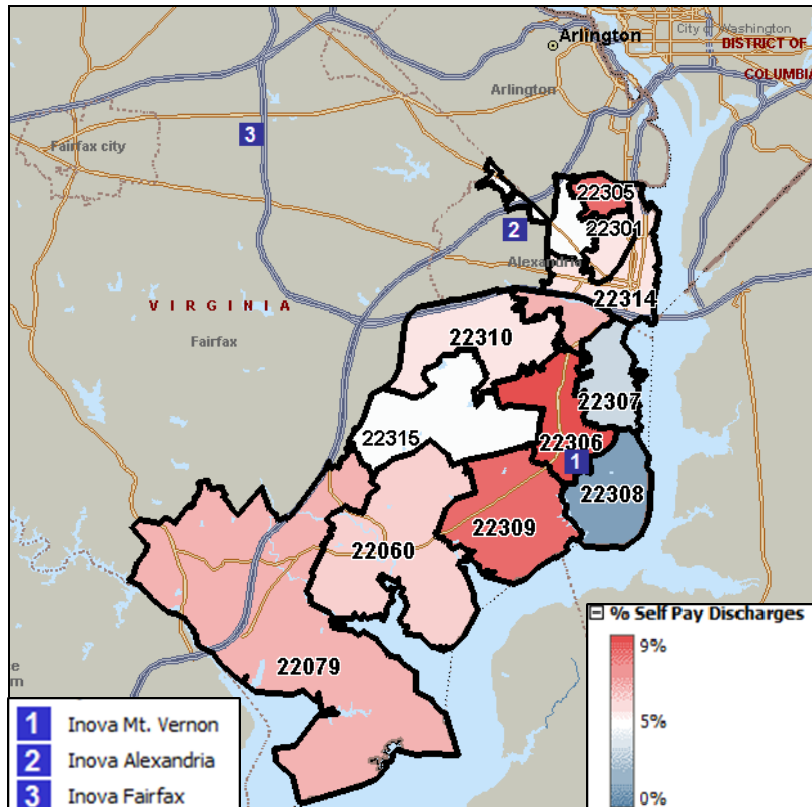
Exhibit 29: Community-Wide Discharges by Subregion and Payer, 2010

Subregion	Discharges	Medicaid	Medicare	Other	Private	Self-pay	Unknown/ Missing
Primary Service Area							
Fairfax County Subregions	7,470	15.5%	37.8%	0.9%	39.1%	6.6%	0.1%
Mt. Vernon North	1,534	8.3%	41.2%	0.8%	44.9%	4.7%	0.1%
Mt. Vernon South/Ft. Belvoir	5,936	17.4%	37.0%	1.0%	37.6%	7.0%	0.1%
Primary Service Area Total	7,470	15.5%	37.8%	0.9%	39.1%	6.6%	0.1%
Secondary Service Area							
Alexandria City Subregions	4,736	12.6%	36.4%	1.1%	44.4%	5.4%	0.1%
Alexandria/Old Town	4,736	12.6%	36.4%	1.1%	44.4%	5.4%	0.1%
Fairfax County Subregions	4,665	8.6%	30.4%	1.0%	54.8%	5.1%	0.1%
Franconia/Kingstowne	3,082	6.8%	33.5%	0.7%	54.3%	4.6%	0.1%
Lorton/Newington	1,583	12.1%	24.3%	1.5%	55.7%	6.2%	0.2%
Secondary Service Area Total	9,401	10.6%	33.4%	1.0%	49.5%	5.3%	0.1%
Combined Service Areas Total	16,871	12.8%	35.4%	1.0%	44.9%	5.8%	0.1%

Source: Health Systems Agency of Northern Virginia, 2011.

Medicaid and self-pay discharges were most prevalent in Mt. Vernon/Ft. Belvoir (ZIP codes 22306 and 22309) and Alexandria (ZIP code 22305) (Exhibits 30, 31, and 32).

Exhibit 30: Distribution of Self-pay Discharges by ZIP Code, 2010



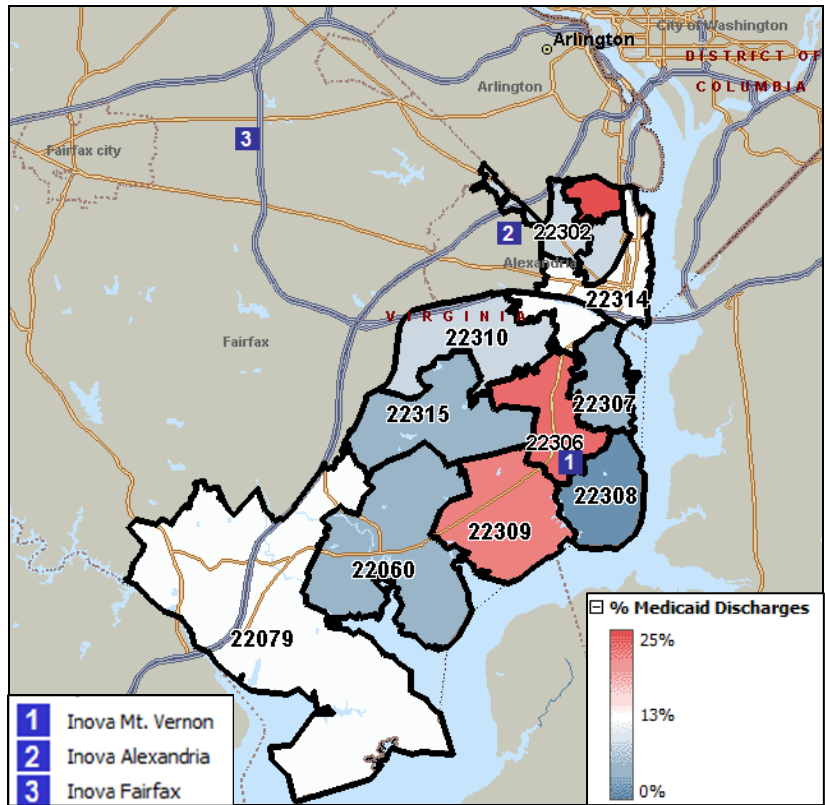
Self-pay discharges were concentrated in Mt. Vernon/ Ft. Belvoir (ZIP codes 22306 and 22309) and Alexandria (ZIP code 22305)

...

6% of discharges were for self-pay (uninsured) patients

Sources: Microsoft MapPoint and Health Systems Agency of Northern Virginia, 2011.

Exhibit 31: Distribution of Medicaid Discharges by ZIP Code, 2010



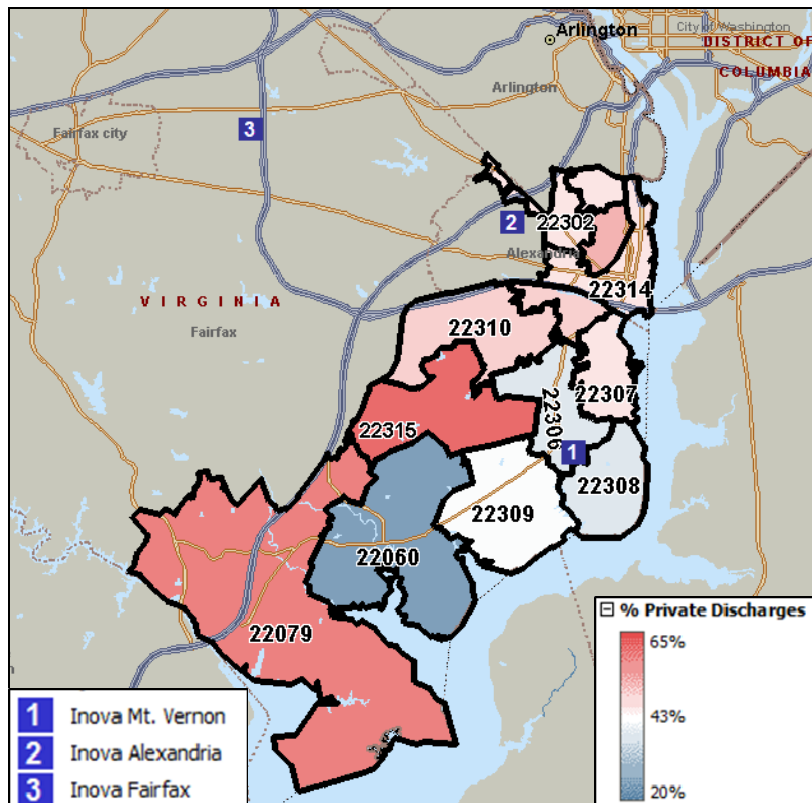
Sources: Microsoft MapPoint and Health Systems Agency of Northern Virginia, 2011.

Medicaid discharges were concentrated in Mt. Vernon/ Ft. Belvoir (ZIP codes 22306 and 22309) and Alexandria (ZIP code 22305)

...

13% of discharges were for Medicaid patients

Exhibit 32: Distribution of Private Discharges by ZIP Code, 2010



Sources: Microsoft MapPoint and Health Systems Agency of Northern Virginia, 2011.

45% of community discharges were for patients with private coverage ...

The greatest proportions of private discharges originated from the towns of Franconia/Kingstowne and Lorton/Newington (ZIP Codes 22315 and 22079)

County/City-Level Health Status and Access Indicators

The following secondary data sources have been used to examine county-level and city-level health status and access indicators in the Inova Mt. Vernon community: (1) County Health Rankings, (2) Community Health Status Indicators Project, (3) Virginia Department of Health, and (4) the Behavioral Risk Factor Surveillance System.

1. County Health Rankings

County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, ranks each county within each state or commonwealth in terms of health factors and health outcomes. The health outcomes measure is a composite based on mortality and morbidity statistics. The health factors measure is a composite of several variables known to affect health outcomes: health behaviors, clinical care, social and economic factors, and physical environment.

County Health Rankings is updated annually. *County Health Rankings 2012* relies on data from 2002 to 2010, with most data originating in 2006 to 2009. *County Health Rankings 2011* relies on data from 2001 to 2009, with most data originating in 2006 to 2008. In 2011, *County Health Rankings* was able to rank 132 of Virginia's 134 counties. In 2012, *County Health Rankings* ranked 131 counties.

Exhibit 33 provides a summary analysis of the rankings for county and city in Inova Mt. Vernon’s community. Rankings for Virginia were divided into quartiles to indicate how each county ranks versus others in the commonwealth. **Exhibit 33** illustrates the quartile into which each area fell by indicator in the 2012 edition, and also illustrates whether an area’s ranking worsened or improved from 2011. For example, in the 2012 edition, Fairfax County was in the top half (3rd out of 131) of Virginia counties for the overall rate of mortality; however, its ranking in 2012 fell for this indicator compared to the 2011 edition.

Exhibit 33: County-Level Health Status and Access Indicators

Indicator	Alexandria City	Rank Change 2011 to 2012	Fairfax County	Rank Change 2011 to 2012
Health Outcomes		6 to 6		1 to 1
Mortality	↓	6 to 7	↓	1 to 3
Morbidity	↓	12 to 13		3 to 3
Health Factors		22 to 16		9 to 7
Health Behaviors		6 to 3	↓	2 to 4
Tobacco Use		17 to 10	↓	7 to 10
Diet and Exercise*		N/A		N/A
Alcohol Use		97 to 75	↓	61 to 84
Sexual Activity	↓	97 to 101		5 to 5
Clinical Care		71 to 47		28 to 15
Access to Care ⁸		75 to 25		38 to 9
Quality of Care	↓	74 to 95	↓	48 to 55
Social & Economic Factors		27 to 19		3 to 3
Education		37 to 34	↓	5 to 7
Employment		3 to 2	↓	3 to 4
Income		46 to 37		7 to 7
Family and Social Support	↓	34 to 37		10 to 7
Community Safety		102 to 94		15 to 13
Physical Environment		131 to 128		132 to 131
Environmental Quality		130 to 129		132 to 131
Built Environment* ⁹		N/A		N/A

Source: *County Health Rankings*, 2011 and 2012.

*The 2012 edition of *County Health Rankings* used different data sources for the “Diet and Exercise” and “Built Environment” indicators than the 2011 edition. Therefore, it is not possible to draw comparisons between years for these indicators

Key	
2012 County Ranking 1 - 66	
2012 County Ranking 67 - 98	
2012 County Ranking 99 -131	
Ranks Not Comparable Between 2011 and 2012	N/A
Rank Decreased from 2011 to 2012	↓

For the Inova Mt. Vernon community, both areas ranked in the bottom one-half of Virginia jurisdictions for Alcohol Use¹⁰ and Environmental Quality¹¹.

⁸ A composite measure that examines the percent of the population without health insurance and ratio of population to primary care physicians.

⁹ A composite measure that examines access to healthy foods and recreational facilities and the percent of restaurants that are for fast food.

¹⁰ A composite measure that examines the number of air pollution-particulate matter days and air pollution-ozone days.

¹¹ A composite measure that examines the number of air pollution-particulate matter days and air pollution-ozone days.

Alexandria City had the highest number of unfavorable indicators, ranking in the bottom one-half of Virginia jurisdictions on the following: Alcohol Use, Sexual Activity,¹² Quality of Care,¹³ Community Safety,¹⁴ and Environmental Quality.

2. Community Health Status Indicators Project

The *Community Health Status Indicators* (CHSI) Project, provided by the U.S. Department of Health and Human Services, compares many health status and access indicators to both the median rates in the U.S. and to rates in “peer counties” or cities across the U.S.

Counties or jurisdictions are considered “peers” if they share common characteristics such as population size, poverty rate, average age, and population density. **Exhibit 34** highlights the analysis of CHSI health status indicators. Cells in the table are shaded if, on that indicator, a city or county compared unfavorably both to the U.S. as a whole and to the group of specified peer communities.

¹² A composite measure that examines the chlamydia rate per 100,000 population and the teen birth rate per 1,000 females ages 15 to 19.

¹³ A composite measure that examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

¹⁴ A measure that examines the violent crime rate per 100,000 population.

Exhibit 34: Unfavorable CHSI Indicators

Indicator	Alexandria City	Fairfax County
Low Birth Weight Infants		
Very Low Birth Weight Infants		
Premature Births		
No Care in First Trimester		
Births to Women Under 18		
Births to Women Age 40-54		
Births to Unmarried Women		
Infant Mortality		
Hispanic Infant Mortality		
White non Hispanic Infant Mortality		
Black non Hispanic Infant Mortality		
Neonatal Infant Mortality		
Post-neonatal Infant Mortality		
Breast Cancer (Female)		
Colon Cancer		
Lung Cancer		
Coronary Heart Disease		
Stroke		
Homicide		
Suicide		
Motor Vehicle Injuries		
Unintentional Injury		

Key	
	Unfavorable

Source: The *Community Health Status Indicators* Project, 2010.

* The Community Health Status Indicators Project considers a high number of births to women age 40-54 to be an unfavorable health outcome. Caution should be used when interpreting this indicator; women may be choosing to delay having children to pursue career or educational goals.

Overall, Alexandria City and Fairfax County compared relatively favorably for most health indicators. Alexandria compared unfavorably on the three indicators followed by Fairfax County with one.

Births to women age 40-54 and compared unfavorably in both areas. No care in the first trimester and homicide compared unfavorably in Alexandria City.

3. Virginia Department of Health

The Virginia Department of Health (VDH) maintains a publicly-available data warehouse that includes indicators regarding a number of health issues. **Exhibit 35** compares each area's age-adjusted rates for leading causes of death to Virginia averages. **Exhibits 36** through **39** assess non age-adjusted rates for racial and ethnic disparities associated with cancer, cardiovascular disease, injury, and other causes of death. **Exhibits 40** through **43** provide information on cancer incidence rates, sexually transmitted infection diagnosis rates, the number of residents living with HIV, and reported cases of tuberculosis. **Exhibits 44** and **45** provide information on maternal and child health indicators by race.

Exhibit 35: Leading Causes of Death, 2010

Death Rates*	Alexandria City	Fairfax County	Virginia
Deaths From All Causes	623.3	510.1	739.2
Malignant Neoplasms	146.7	128.5	170.9
Diseases Of The Heart	142.8	108.6	167.6
Cerebrovascular Diseases	37.3	27.1	41.7
Chronic Lower Respiratory Disease	31.1	22.9	37.9
Unintentional Injury	15.7	18.3	32.2
Alzheimer's Disease	15.2	11.6	24.4
Nephritis And Nephrosis	13.8	12.2	20.1
Diabetes	18.5	11.5	18.7
Septicemia	25.1	15.2	17.2
Influenza And Pneumonia	14.8	10.5	15.3
Suicide	9.4	7.4	11.9
Chronic Liver Disease	5.8	4.0	7.8
Primary Hypertension And Renal Disease	17.8	6.8	7.5
Parkinson's Disease	9.8	8.3	6.9

Key	
Better than VA	
0%-25% worse than VA	
25% to 75% worse than	
>75% worse than VA	

Source: Virginia Department of Health, 2012.

Rates are per 100,000 population and age-adjusted to the 2000 population.

According to VDH, Alexandria City compared unfavorably to Virginia on three indicators. One indicator, primary hypertension and renal disease, was greater than 75 percent worse than Virginia. Fairfax County compared unfavorably to Virginia for one indicator (**Exhibit 35**).

Exhibit 36 portrays non age-adjusted 2010 cancer mortality rates by race. Cells are shaded if the rate for a cohort within one of the counties presented exceeds the Virginia average for that cohort.

Exhibit 36: Cancer Mortality Rates by Race, 2010

Jurisdiction and Race	Colorectal	Pancreas	Lung and Bronchus	Breast (Male and Female)	Cervical and Uterine	Prostate	Non-Hodgkin's Lymphoma	Leukemia
Alexandria City								
White	7.3	8.3	18.7	13.5	7.3	5.2	4.1	5.2
Black	21.5	6.2	36.9	21.5	6.2	18.5	18.5	3.1
Other*	0.0	0.0	18.2	9.1	0.0	9.1	0.0	27.3
Total	10.0	7.1	22.9	15.0	6.4	8.6	7.1	6.4
Fairfax County								
White	10.5	7.5	27.9	10.0	8.5	8.4	6.1	5.5
Black	9.1	7.3	16.3	12.7	7.3	1.8	4.5	5.4
Other*	6.9	3.7	9.6	4.6	1.4	0.0	3.7	3.7
Total	9.7	6.7	23.2	9.2	7.0	6.1	5.5	5.1
Virginia								
White	15.9	11.7	54.6	12.9	8.6	8.2	6.2	7.0
Black	17.3	10.2	42.4	16.2	8.7	13.0	4.3	4.0
Other*	6.5	3.5	13.9	3.7	2.6	1.5	2.8	3.2
Total	15.5	10.9	49.4	12.9	8.2	8.7	5.6	6.1
Key								
Higher Than VA Average								

Source: Virginia Department of Health, 2012.
 Rates are per 100,000 population and are not age-adjusted.
 * The "Other" population includes residents who identify as American Indian/Native American, Asian/Pacific Islander, two or more races, or some other race..

In the community the non-White population compared unfavorably to Virginia averages for a variety of cancer mortality rates. Alexandria City had higher rates of breast cancer than the Virginia average for all racial cohorts. The White population in Fairfax County had a higher rate of prostate cancer than the Virginia average.

Within the community, Alexandria City had the highest mortality rate for colorectal, pancreatic, breast, and prostate cancer, and for non-Hodgkin’s lymphoma and leukemia. Non-white residents had higher mortality rates for all but two cancers in Alexandria City. In Fairfax County, black residents had higher rates of breast cancer compared to other cohorts (**Exhibit 36**).

Exhibit 37: Cardiovascular Disease Mortality Rates by Race, 2010

Jurisdiction and Race	All Major Cardiovascular Diseases	All Diseases of the Heart	Hypertensive Heart And Renal Diseases	Ischemic Heart Diseases	All Other Diseases of the Heart
Alexandria City					
White	163.8	115.1	7.3	64.3	43.5
Black	181.6	132.3	27.7	73.9	30.8
Other*	109.1	72.7	9.1	54.6	9.1
Total	163.6	115.7	12.1	65.7	37.9
Fairfax County					
White	136.9	102.7	4.9	50.2	47.6
Black	90.8	69.9	5.4	34.5	30.0
Other*	58.7	37.6	2.3	22.0	13.3
Total	117.0	86.8	4.5	43.2	39.1
Virginia					
White	236.0	179.6	6.4	106.0	67.2
Black	223.5	161.9	10.7	84.7	66.6
Other*	60.9	41.0	1.7	26.2	13.2
Total	221.6	166.6	6.9	96.3	63.4

Key	
Higher Than VA Average	

Source: Virginia Department of Health, 2012.

Rates are per 100,000 population and are not age-adjusted

* The "Other" population includes residents who identify as American Indian/Native American, Asian/Pacific Islander, two or more races, or some other race.

The "Other" (non-White, non-Black) population compared unfavorably to Virginia for mortality associated with cardiovascular disease with the exception of "all other diseases of the heart" in Alexandria City. All racial cohorts in Alexandria City compared unfavorably to Virginia for hypertensive heart and renal disease mortality.

Within the community, Alexandria City had the highest mortality rate of all types of cardiovascular diseases with the exception of "all other diseases of the heart." Black residents had higher mortality rates for all types of cardiovascular diseases excepting "all other diseases of the heart" in Alexandria City. Black residents had higher rates of hypertensive heart and renal diseases in Fairfax County (**Exhibit 37**).

Exhibit 38: Injury Mortality Rates by Race, 2010

Jurisdiction and Race	Unintentional Injuries, Total	Motor Vehicle Accidents	Accidental Falls, Firearms, And Drowning	Accidental Poisoning and Noxious Substances	All Other Unintentional Injuries	Suicide	Homicide
Alexandria City							
White	17.6	5.2	8.3	3.1	1.0	9.3	0.0
Black	9.2	0.0	3.1	3.1	3.1	9.2	6.2
Other*	0.0	0.0	0.0	0.0	0.0	18.2	0.0
Total	14.3	3.6	6.4	2.9	1.4	10.0	1.4
Fairfax County							
White	20.3	4.6	7.6	3.4	4.7	9.6	1.0
Black	13.6	1.8	3.6	2.7	5.4	3.6	0.9
Other*	7.8	1.8	5.0	0.0	0.9	4.6	4.1
Total	17.2	3.8	6.7	2.7	4.0	8.1	1.6
Virginia							
White	36.3	9.5	9.3	8.2	9.3	14.7	2.6
Black	25.7	9.1	3.9	4.8	7.9	5.8	12.4
Other*	7.1	2.0	3.7	0.2	1.1	5.8	2.6
Total	32.1	8.9	7.8	6.9	8.4	12.3	4.6

Key	
Higher Than VA Average	

Source: Virginia Department of Health, 2012.

Rates are per 100,000 population and are not age-adjusted

* The "Other" population includes residents who identify as American Indian/Native American, Asian/Pacific Islander, two or more races, or some other race.

Overall (and compared to rates in the commonwealth), mortality due to unintentional injuries is comparatively low in the community.

Compared to Virginia averages, the non-White population in Alexandria City had a higher suicide rate and the non-White, non-Black population in Fairfax County had a higher rate of homicide (**Exhibit 38**).

Exhibit 39: Other Mortality Rates by Race, 2010

Jurisdiction and Race	Diabetes Mellitus	Parkinson's Disease	Alzheimer's Disease	Cerebro-vascular Diseases	Influenza And Pneumonia	CLRD	Chronic Liver Disease and Cirrhosis
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Alexandria City

White	12.4	9.3	14.5	29.0	12.4	28.0	5.2
Black	27.7	0.0	0.0	30.8	12.3	12.3	9.2
Other*	0.0	0.0	18.2	18.2	9.1	0.0	0.0
Total	15.0	6.4	11.4	28.6	12.1	22.1	5.7

Fairfax County

White	10.7	7.9	10.9	23.5	10.4	22.5	5.1
Black	12.7	2.7	2.7	18.2	0.9	6.4	3.6
Other*	7.3	0.9	2.8	17.0	4.1	4.1	0.5
Total	10.2	6.0	8.5	21.7	8.2	17.3	4.0

Virginia

White	17.5	8.1	27.6	42.0	16.6	44.8	9.8
Black	28.7	2.5	13.5	44.2	11.8	19.8	6.8
Other*	6.5	1.1	2.6	16.3	3.9	4.6	1.5
Total	19.1	6.5	23.0	40.7	14.8	37.0	8.6

Key	
Higher Than VA Average	

Source: Virginia Department of Health, 2012.

Rates are per 100,000 population and are not age-adjusted


* The "Other" population includes residents who identify as American Indian/Native American, Asian/Pacific Islander, two or more races, or some other race.

Non-White populations compared unfavorably to Virginia averages for a variety of mortality rates.

Within the community, Alexandria City had the highest mortality rates. Black mortality rates associated with diabetes and cerebrovascular diseases are comparatively high across both areas (**Exhibit 39**).

Exhibit 40: Cancer Incidence Rates by Jurisdiction, 2004-2008

Cancer Incidence	Alexandria City	Fairfax County	Virginia
Breast			
Count	381	3,597	26,319
Rate/100,000	103.1	131.9	124.2
Health District Rank	33	6	-
Cervical			
Count	17	175	1,356
Rate/100,000	4.9	6.4	6.7
Health District Rank	32	23	-
Colorectal			
Count	205	1,669	17,092
Rate/100,000	31.0	36.9	45.1
Health District Rank	35	32	-
Lung and Bronchus			
Count	250	2,045	25,741
Rate/100,000	40.2	47.6	68.4
Health District Rank	35	32	-
Melanoma			
Count	82	1,012	7,848
Rate/100,000	11.5	20.4	20.3
Health District Rank	34	18	-
Oral			
Count	63	448	4,095
Rate/100,000	9.6	8.9	10.4
Health District Rank	27	31	-
Ovarian			
Count	45	332	2,532
Rate/100,000	12.6	12.5	12.0
Health District Rank	15	16	-
Prostate			
Count	339	3312	27,726
Rate/100,000	123.6	144.5	159.4
Health District Rank	32	25	-

Key	
Bottom 50% of VA Health Districts	

Source: Virginia Department of Health 2008.
Rates are age-adjusted.

Cancer rates in the bottom 50% of Virginia's 35 health districts: breast cancer in Fairfax County and ovarian cancer in Alexandria City and Fairfax County

Certain cancer rates in the community are above Virginia averages, for example: breast and ovarian cancer in Fairfax County, and ovarian cancer in Alexandria City (**Exhibit 40**).

Exhibit 41: Sexually Transmitted Infection Diagnoses Rates by Jurisdiction, 2007-2010

Jurisdiction	Chlamydia Diagnosis Rate*				Gonorrhea Diagnosis Rate*				Syphilis Diagnosis Rate*			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Alexandria City	270.0	353.1	353.3	359.4	51.4	70.9	76.0	67.9	20.0	16.0	12.7	16.4
Fairfax County	124.2	137.7	124.1	134.2	10.7	19.4	16.6	17.5	3.0	3.1	4.0	3.5
Virginia	329.8	391.0	395.9	393.2	88.4	129.3	99.1	89.6	5.3	6.6	7.0	6.5

Key	
Better than VA	
0%-25% worse than VA	
25% to 75% worse than VA	
>75% worse than VA	

Source: Virginia Department of Health 2011.
Rates are per 100,000 population.

The Inova Mt. Vernon community reported comparatively high diagnosis rates of syphilis in Alexandria City. In 2010, Alexandria City reported syphilis diagnosis rates that were greater than 75 percent worse than the Virginia rate (**Exhibit 41**).

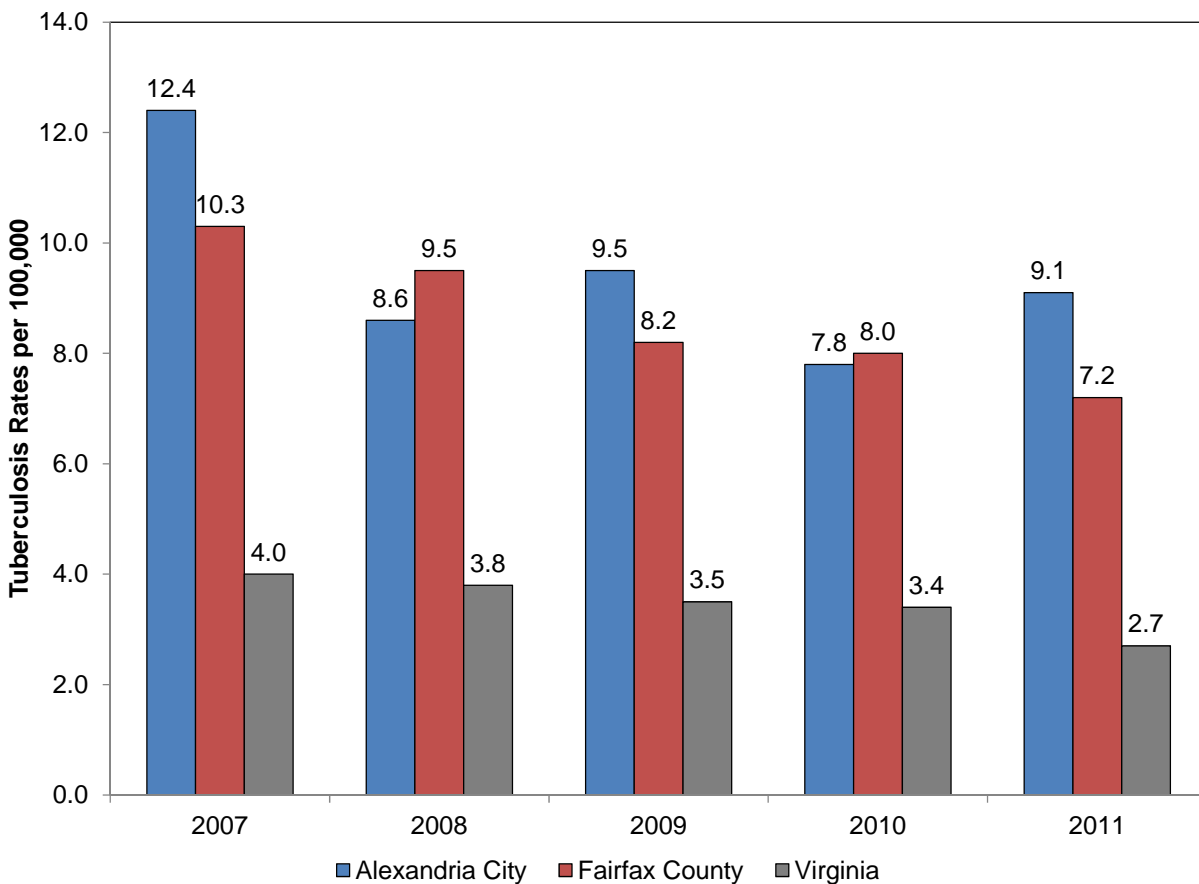
Exhibit 42: Residents Living with HIV by Jurisdiction, 2011

Jurisdiction	HIV Only	AIDS	All Cases of HIV/AIDS	
	Number	Number	Number	Rate
Alexandria City	757	926	1,683	1,202.4
Fairfax County	934	981	1,915	177.0
Virginia	11,930	11,878	23,808	297.6

Source: Virginia Department of Health 2011.
Rates are per 100,000 population.

In 2011, Alexandria City had a higher rate of residents living with HIV/AIDS than the Virginia average (**Exhibit 42**).

Exhibit 43: Reported Tuberculosis Rates by Jurisdiction, 2007-2011



Source: Virginia Department of Health, 2012.

Tuberculosis rates have decreased since 2007. However, incidence rates in Alexandria City and Fairfax County somewhat consistently have exceeded the Virginia average (**Exhibit 43**).

Exhibit 44: Maternal and Child Health Indicators by Jurisdiction, 2010

Indicator	Alexandria City	Fairfax County	Virginia
Number of Total Births	2,667	15,256	102,934
Percent Non-Marital Births of Total Births	27.3%	22.3%	35.5%
Percent Low Weight Births of Total Births	7.1%	7.0%	8.2%
Percent Very Low Weight Births of Total Births	1.5%	1.1%	1.6%
Percent Without Prenatal Care Began in First 13 Weeks	19.7%	13.9%	14.5%
Teen Pregnancy Rate per 1,000 Females Age 10-19	41.6	8.8	21.1
Infant Death Rate Per 1,000 Live Births	4.5	4.5	6.8

Key	
Better than VA	
0%-25% worse than VA	
25% to 75% worse than	
>75% worse than VA	

Source: Virginia Department of Health, 2012.

Fairfax County has reported comparatively favorable maternal and child health indicators. Women in Alexandria City have not been receiving adequate prenatal care in the first 13 weeks of pregnancy. The city also exhibits high rates of teen pregnancy compared to the Virginia average (**Exhibit 44**).

Exhibit 45: Maternal and Child Health Indicators by Race, 2010

Jurisdiction and Race	Percent Non-Marital Births of Total Births	Percent Low Weight Births of Total Births	Percent Very Low Weight Births of Total Births	Teen Pregnancy Rate per 1,000 Females Age 10-19	Infant Death Rate Per 1,000 Live Births
Alexandria City					
White	19.8%	6.8%	1.3%	40.1	3.5
Black	52.1%	8.9%	2.0%	42.5	8.4
Other*	22.3%	5.7%	1.7%	48.9	2.9
Total	27.3%	7.1%	1.5%	41.6	4.5
Fairfax County					
White	23.8%	6.4%	1.0%	9.3	4.1
Black	43.1%	8.5%	2.3%	13.2	10.4
Other*	8.4%	8.2%	1.0%	4.4	3.2
Total	22.3%	7.0%	1.1%	8.8	4.5
Virginia					
White	27.8%	6.9%	1.2%	16.7	4.9
Black	66.3%	12.5%	3.0%	34.9	14.6
Other*	21.3%	8.1%	1.3%	15.4	2.5
Total	35.5%	8.2%	1.6%	21.1	6.8

Key	
Higher Than VA Average	

Source: Virginia Department of Health, 2012.

* The "Other" population includes residents who identify as American Indian/Native American, Asian/Pacific Islander, two or more races, or some other race.

Within the community, the "Other" (non-White, non-Black) population had the greatest number of indicators that compared relatively unfavorably to Virginia averages. Black residents throughout the community and throughout the commonwealth have experienced significant maternal and child health disparities. Teen pregnancy rates in Alexandria City compare unfavorably to Virginia averages for all racial cohorts (**Exhibit 45**).

4. Behavioral Risk Factor Surveillance System

Data collected by the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) are based on a telephone survey that gathers data on various health indicators, risk behaviors, healthcare access, and preventive health measures. Data are collected for the entire U.S. Analysis of BRFSS data can identify localized health issues and trends, and enable county, state or commonwealth, or nation-wide comparisons. **Exhibit 46** compares various BRFSS indicators for the community served by Mt. Vernon, Virginia, and the U.S. Indicators are shaded if an area's values compare unfavorably to Virginia averages.

Exhibit 46: BRFSS Indicators and Variation from the Commonwealth of Virginia, 2010

Indicator		Alexandria City	Fairfax County	Virginia	U.S.
Health Behaviors	Binge Drinkers**	10.9%	12.7%	9.7%	10.1%
	Heavy Drinkers***	7.6%	8.9%	4.4%	4.4%
	Current Smoker	10.1%	8.9%	16.4%	11.5%
	No Physical Activity Past 30 Days	17.6%	15.8%	28.5%	27.4%
Prevention Variables	Women 18+ with No Pap Test in Past 3 Years	11.8%	14.1%	16.0%	20.2%
	Women 40+ with No Mammogram in Past 2 Years	14.3%	15.8%	19.4%	23.6%
Access Variables	Could Not See A Doctor Due to Cost in Past Year	8.4%	5.1%	11.0%	11.8%
Health Conditions	Told Have Asthma	5.9%	7.6%	8.9%	9.2%
	Told Have Diabetes	6.7%	11.4%	13.1%	12.7%
	Told Have Coronary Heart Disease or Angina	3.4%	6.3%	6.3%	6.6%
	Overweight or Obese	52.1%	55.7%	61.9%	61.9%
Mental Health	Rarely or Never Receiving Needed Social and Emotional Support	6.1%	4.0%	8.4%	8.7%
	Poor Mental Health > 21 Days/Month	4.2%	1.9%	6.3%	N/A
Oral Health	No Dental Care Visit in Past Year	16.0%	14.6%	26.2%	30.3%
	Greater than 6 Teeth Extracted	7.6%	8.2%	13.9%	14.6%
	All Teeth Extracted	3.4%	1.9%	7.8%	8.8%
Overall Health	Limited by Physical, Mental, or Emotional Problems	20.2%	24.1%	25.0%	26.8%
	Poor Physical Health > 21 Days/Month	7.6%	3.8%	9.1%	N/A
	Reported Poor or Fair Health	13.4%	13.3%	19.6%	20.1%

Key	
Better than VA	
0%-25% worse than VA	
25% to 75% worse than VA	
>75% worse than VA	

Source: CDC BRFSS, 2011.

**Adult males having five or more drinks on one occasion; adult females having four or more drinks on one occasion.

***Adult men having more than two drinks per day; adult women having more than one drink per day

Areas in the community served by Inova Mount Vernon report an above average prevalence of heavy drinking and binge drinking. Fairfax County also compared poorly to Virginia for the percent of people who have ever been told they have coronary heart disease or angina. Fairfax County had the most indicators (three) that compared unfavorably to the Commonwealth of Virginia, followed by Alexandria City with two.

Overall, Virginia compared unfavorably to the U.S. on the percent of people who were current smokers, the percent of people who had done no physical activity in the past 30 days, and the percent of people who have ever been told by a doctor that they have diabetes.

Ambulatory Care Sensitive Conditions

This section examines the frequency of discharges for ACS conditions throughout the community and at the hospital.

The methodologies for quantifying discharges for ACSC have been well-tested for more than a decade. The methodologies quantify inpatient admissions for ambulatory care sensitive (ACSC) conditions. The discharges for ACSC methodology quantifies inpatient admissions for diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, asthma, and other conditions that, in theory, could have been prevented if adequate ambulatory (primary) care resources were available and accessed by those patients.¹⁵ Findings from the ACSC analysis are presented at the county, ZIP code, and hospital level of detail.

Disproportionately large numbers of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care services. The Agency for Healthcare Research and Quality (AHRQ), part of the U.S. Department of Health and Human Services, publishes software and methodologies for assessing discharges for ACSC. The AHRQ software was applied to analyze the prevalence of discharges for ACSC in geographic areas served by Inova Mt. Vernon.

The ACSC analysis provides a single indicator of potential health problems - allowing comparisons to be made reliably across geographic areas and hospital facilities. This analysis also allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to ambulatory care resources.

¹⁵ See: <http://www.ahrq.gov/data/hcup/factbk5> for more information on this methodology.

1. County/City-Level Analysis

Disproportionately large numbers of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory (primary) care services. **Exhibit 47** indicates for the Inova Mt. Vernon community how many hospital discharges were found to be for ACSCs by payer and by area.

Exhibit 47: Inova Mt. Vernon Community-Wide Discharges for ACSC by Payer, 2010

Jurisdiction	Medicaid	Medicare	Other	Private Payer	Self-pay	Unknown/ Missing	Grand Total
Alexandria City	8.3%	17.9%	7.4%	5.8%	17.4%	0.0%	11.4%
Fairfax County	6.1%	16.9%	3.5%	5.8%	11.4%	11.8%	9.8%
Total	6.4%	17.0%	4.0%	5.8%	12.3%	11.1%	10.0%

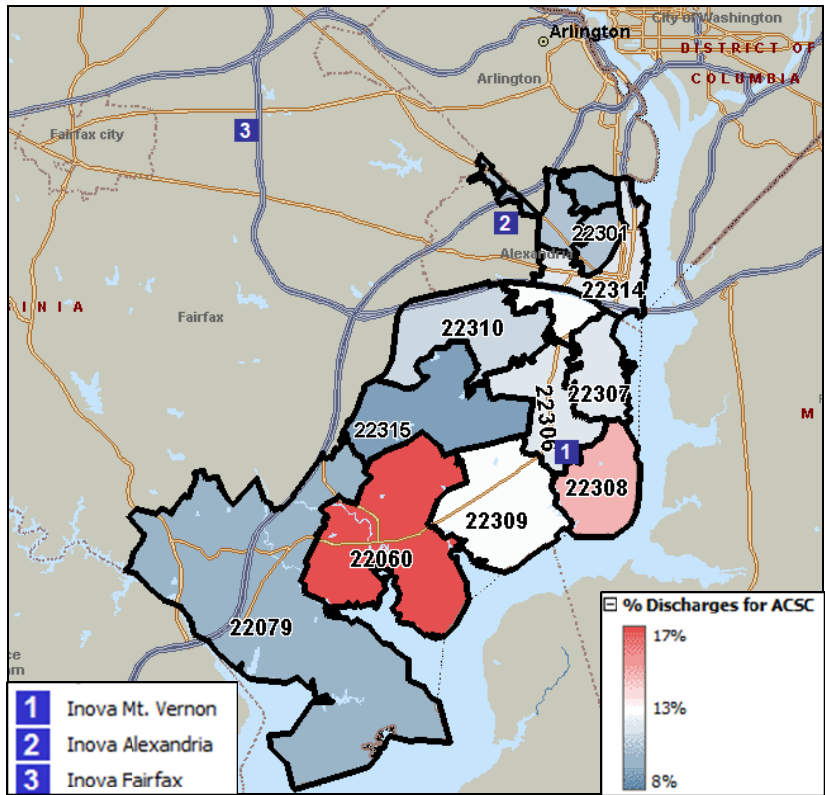
Source: Verité analysis of discharge data from the Health Systems Agency of Northern Virginia using AHRQ software, 2011.

The table indicates that in 2010, 10 percent of discharges were ACSC. Medicare beneficiaries had the highest proportion of discharges for ACSC, followed by self-pay (uninsured) people.

2. ZIP Code-Level Analysis

Exhibit 48 illustrates the rate of discharges for ACSC by ZIP code. These discharges were most prevalent in Mt. Vernon South/Ft. Belvoir (ZIP codes 22060, 22308, and 22309).

Exhibit 48: Community ACSC Discharges by ZIP Code, 2010



ACSC discharges were most prevalent along Richmond Highway in Mt. Vernon South/Ft Belvoir ZIP codes.

Sources: Microsoft MapPoint and analysis of discharge data from the Health Systems Agency of Northern Virginia using AHRQ software, 2011.

3. Hospital-Level Analysis

Exhibit 49 indicates that 10.4 percent of the Inova Mt. Vernon’s discharges in 2010 were for ACSC. Across all Inova hospitals, 9.6 percent of discharges (about 8,100 cases) were for ACSC.

Exhibit 49: Inova Mt. Vernon Hospital Discharges for ACSC as a Percent of Total Discharges, 2010

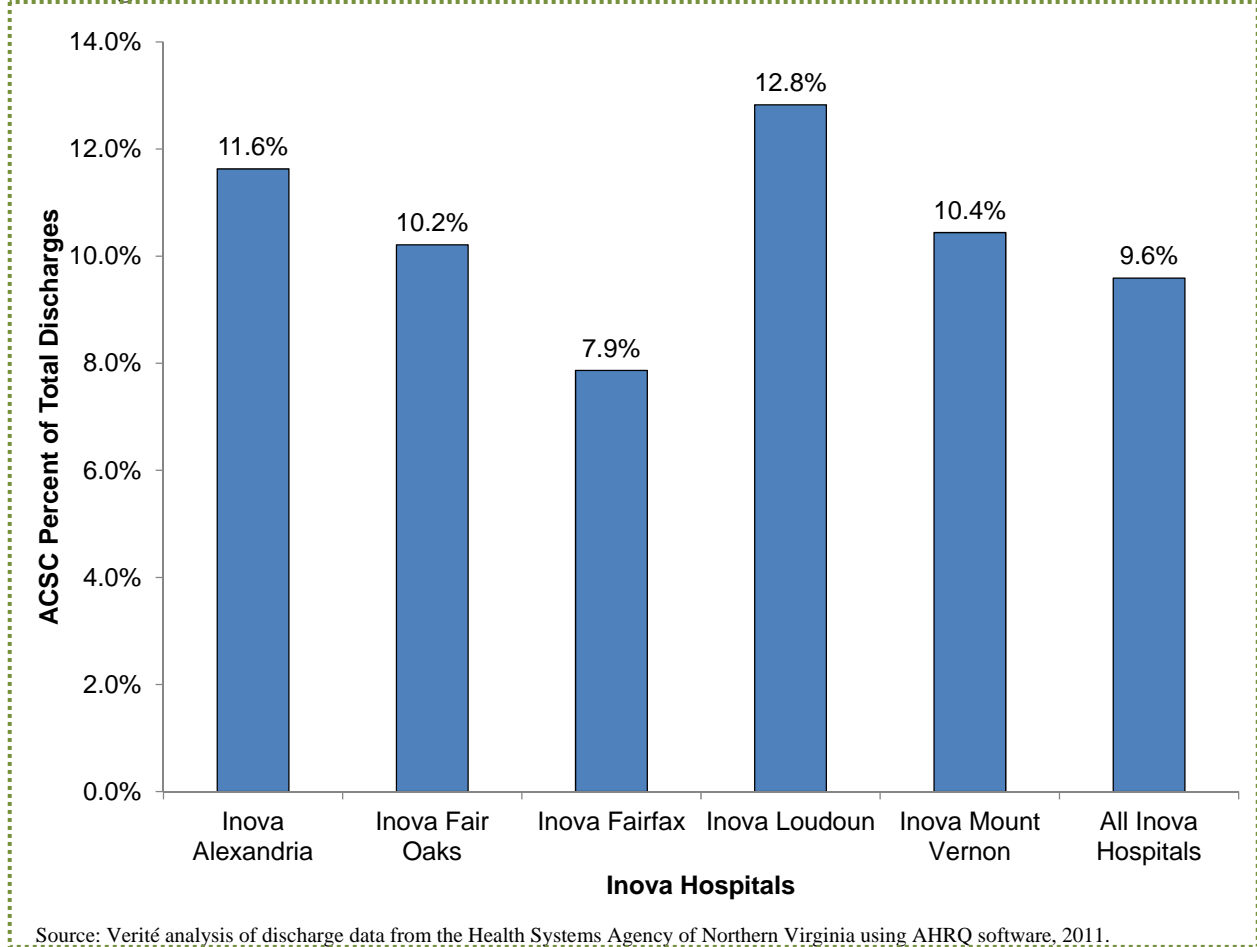


Exhibit 50 indicates that Inova Mt. Vernon’s discharges for ACSC were most concentrated in three conditions: congestive heart failure, bacterial pneumonia, and urinary tract infection.

Exhibit 50: Discharges for ACSC by Condition and Inova Facility, 2010

Condition	Inova Alexandria	Inova Fair Oaks	Inova Fairfax	Inova Loudoun	Inova Mt. Vernon	Total
Congestive Heart Failure	21.4%	14.3%	22.6%	19.5%	22.9%	20.7%
Bacterial Pneumonia	18.1%	18.9%	14.7%	25.0%	17.7%	17.9%
Urinary Tract Infection	14.9%	21.0%	14.2%	16.0%	17.3%	15.9%
Adult Asthma	13.3%	7.6%	5.4%	5.0%	10.1%	7.6%
Chronic Obstructive Pulmonary Disease	5.5%	10.2%	6.8%	8.6%	7.6%	7.4%
Diabetes Long-term Complication	7.3%	5.5%	5.6%	6.6%	8.7%	6.4%
Pediatric Asthma	0.6%	2.4%	6.9%	2.8%	0.1%	3.7%
Dehydration	3.9%	3.2%	2.9%	2.2%	2.7%	3.0%
Perforated Appendix	2.3%	3.4%	3.2%	2.7%	2.8%	3.0%
Diabetes Short-term Complication	3.7%	1.8%	2.4%	2.5%	4.0%	2.7%
Hypertension	3.0%	3.2%	2.2%	3.1%	2.1%	2.6%
Pediatric Urinary Tract Infection	0.4%	1.2%	3.7%	1.9%	0.1%	2.1%
Accidental Puncture Or Laceration	1.6%	2.8%	1.9%	0.3%	1.2%	1.7%
Nosocomial Vascular Catheter Related Infections	1.6%	1.6%	1.2%	1.2%	0.9%	1.3%
Pediatric Perforated Appendix	0.1%	0.4%	2.6%	0.6%	0.4%	1.3%
Pediatric Diabetes Short-term Complication	0.0%	0.0%	2.2%	0.1%	0.0%	0.9%
Uncontrolled Diabetes	1.4%	0.3%	0.4%	0.2%	0.8%	0.6%
Angina Without Procedure	0.4%	1.0%	0.3%	0.7%	0.6%	0.5%
Pediatric Gastroenteritis	0.2%	0.9%	0.4%	0.6%	0.0%	0.4%
Iatrogenic Pneumothorax	0.5%	0.3%	0.5%	0.4%	0.0%	0.4%
Foreign Body Left In During Procedure	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Total	1,539	1,161	3,323	1,289	774	8,086

Source: Verité analysis of discharge data from the Health Systems Agency of Northern Virginia using AHRQ software, 2011.

In 2010, 60.7 percent of Inova Mt. Vernon's discharges for ACSC were for persons 65 years of age and older (**Exhibit 51**).

Exhibit 51: Discharges for ACSC by Age Group and Inova Facility, 2010

Age	Inova Alexandria	Inova Fair Oaks	Inova Fairfax	Inova Loudoun	Inova Mt. Vernon	Total
0 to 17	1.2%	4.9%	15.6%	6.0%	0.6%	8.4%
18 to 39	12.8%	12.4%	9.8%	9.1%	9.2%	10.6%
40 to 64	34.1%	29.7%	26.1%	31.9%	29.5%	29.4%
65+	51.9%	53.0%	48.5%	53.1%	60.7%	51.7%
Total	1,539	1,161	3,323	1,289	774	8,086

Source: Verité analysis of discharge data from the Health Systems Agency of Northern Virginia using AHRQ software, 2011.

At Inova Mount Vernon, the most prevalent ambulatory care sensitive conditions for persons 65 years of age and older were for: congestive heart failure, urinary tract infection, and bacterial pneumonia (**Exhibit 52**).

Exhibit 52: Distribution of Inova Mt. Vernon Discharges for ACSC by Age Group and Condition, 2010

Condition	0 to 17	18 to 39	40 to 64	65+	Total Cases
Congestive Heart Failure		1.7%	15.3%	83.1%	177
Bacterial Pneumonia		7.3%	25.5%	67.2%	137
Urinary Tract Infection		6.0%	17.9%	76.1%	134
Adult Asthma		12.8%	57.7%	29.5%	78
Diabetes Long-term Complication		20.9%	52.2%	26.9%	67
Chronic Obstructive Pulmonary Disease			22.0%	78.0%	59
Diabetes Short-term Complication		38.7%	41.9%	19.4%	31
Perforated Appendix		36.4%	31.8%	31.8%	22
Dehydration		9.5%	28.6%	61.9%	21
Hypertension		12.5%	43.8%	43.8%	16
Accidental Puncture Or Laceration			66.7%	33.3%	9
Nosocomial Vascular Catheter Related Infections		14.3%	71.4%	14.3%	7
Uncontrolled Diabetes		16.7%	66.7%	16.7%	6
Angina Without Procedure			20.0%	80.0%	5
Pediatric Perforated Appendix	100.0%				3
Pediatric Asthma	100.0%				1
Pediatric Urinary Tract Infection	100.0%				1
Total	0.6%	9.2%	29.5%	60.7%	774

Source: Verité analysis of discharge data from the Health Systems Agency of Northern Virginia using AHRQ software, 2011.

61% of Inova Mt. Vernon's discharges for ACSC were for persons 65 years of age and older

Of Inova Mt. Vernon's emergency department visits in fiscal year 2010, 11.5 percent also could be classified as being for ACSC. Across all Inova hospitals, 9.1 percent of emergency department visits in 2010 could be classified as being for ACSC. **Exhibit 53** indicates that Inova Mt. Vernon's emergency department visits for ACSC were more concentrated in four conditions: urinary tract infection, chronic obstructive pulmonary disease, adult asthma, and bacterial pneumonia.

Exhibit 53: Emergency Department Visits for ACSC by Condition and Facility, 2010

Condition	Inova Alexandria	Inova Fair Oaks	Inova Fairfax	Inova Loudoun	Inova Mt. Vernon	Total
Urinary Tract Infection	25.7%	26.5%	30.4%	22.5%	31.5%	28.1%
Chronic Obstructive Pulmonary Disease	20.2%	17.9%	9.5%	16.1%	19.7%	18.4%
Adult Asthma	15.8%	13.7%	13.8%	16.7%	13.7%	14.5%
Bacterial Pneumonia	12.7%	15.0%	16.5%	16.8%	10.4%	14.2%
Hypertension	9.0%	8.2%	7.7%	7.7%	9.0%	7.7%
Congestive Heart Failure	5.2%	5.9%	8.6%	4.7%	6.1%	5.4%
Dehydration	4.8%	6.3%	4.8%	8.1%	2.4%	5.0%
Diabetes Long-term Complications	3.8%	2.8%	4.2%	3.4%	3.7%	3.1%
Diabetes Short-term Complications	1.6%	0.8%	1.6%	1.2%	1.6%	1.2%
Lower-extremity Amputation among Diabetics	0.3%	1.5%	0.5%	1.4%	1.0%	1.0%
Perforated Appendix	0.8%	0.7%	2.0%	1.0%	0.5%	1.0%
Angina without Procedure	0.2%	0.6%	0.4%	0.4%	0.3%	0.4%
Total	5,965	4,592	8,016	6,118	3,276	34,200

Source: Verité analysis of Emergency Department Data, 2011.

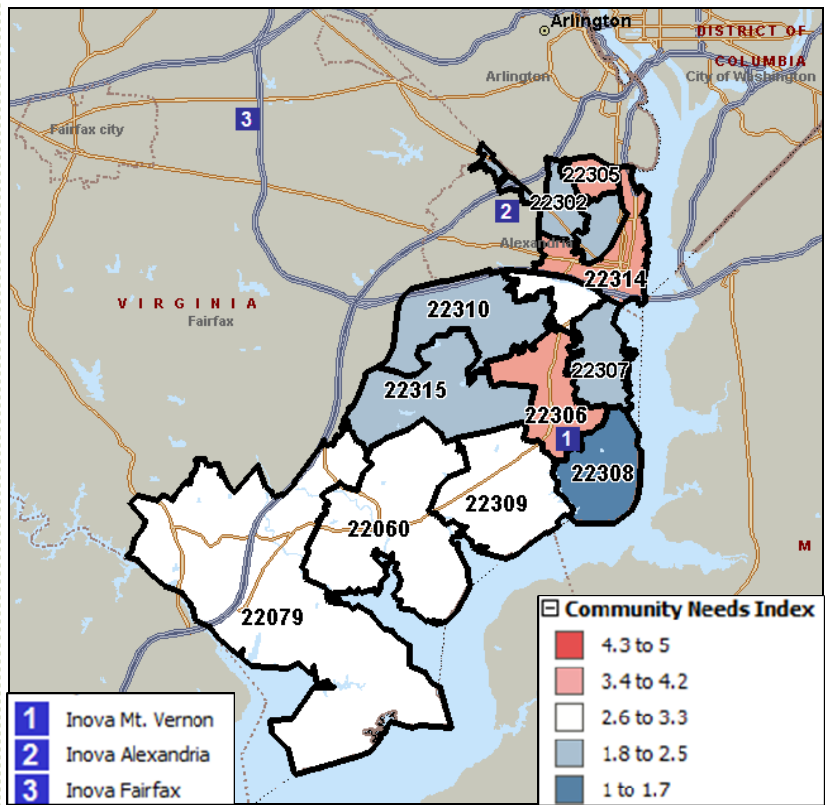
Dignity Health Community Needs Index

Dignity Health, a hospital system based in California, developed the *Community Needs Index*, a standardized index that measures barriers to healthcare access by county and ZIP code. The index is based on five social and economic indicators:

- The percentage of elderly, children, and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency and the percentage of the population that is non-White;
- The percentage of the population without high school diplomas;
- The percentage of uninsured and unemployed residents; and
- The percentage of the population renting houses.

The *Community Needs Index* represents a score based on these indicators, assigned to each ZIP code. Scores range from “Lowest Need” (1.0-1.7), to “Highest Need” (4.2-5.0). **Exhibit 54** presents the *Community Needs Index* (CNI) score of each ZIP code in the Inova Mt. Vernon community. Mt. Vernon South /Ft. Belvoir (ZIP code 22306) exhibits the most unfavorable score in the community at 3.8.

Exhibit 54: Community Needs Index Score by ZIP Code*



Areas of higher access needs are concentrated in Alexandria/Old Town (ZIP 22314) and Mt. Vernon/Ft. Belvoir (ZIP 22306)

...

Mt. Vernon South/Ft. Belvoir (ZIP code 22306) had the highest CNI score of 3.8

Source: Microsoft MapPoint and Dignity Health, 2012.

*Not all ZIP codes are assigned a CNI score; these ZIP codes are gray on the map.

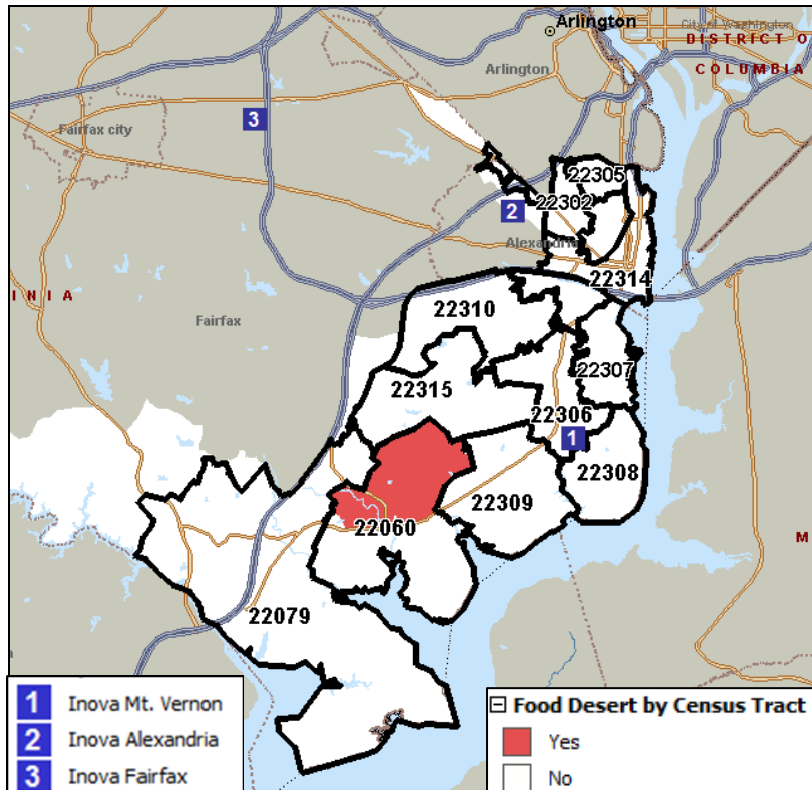
Food Deserts

The U.S. Department of Agriculture’s Economic Research Service estimates the number of people in each census tract that live “more than 1 mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas.”¹⁶ Several government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these “food deserts.” **Exhibit 55** indicates the location of identified food deserts in the Inova Mt. Vernon community.

One census tract in the community was determined to be food deserts. This food desert is located in Mt. Vernon South/Ft. Belvoir (ZIP code 22060).

¹⁶ U.S. Department of Agriculture. Retrieved 2011, from <http://www.ers.usda.gov/Data/FoodDesert/>

Exhibit 55: Location of Food Deserts by Census Tract, 2009



Source: Microsoft MapPoint and U.S. Department of Agriculture, 2010.

One census tract within ZIP code 22060 (Mt. Vernon South/Ft. Belvoir) was identified as a food desert

Chronic Disease

According to the CDC, chronic diseases are “noncommunicable illnesses that are prolonged in duration, do not resolve spontaneously, and are rarely cured completely.” The CDC also indicates that chronic diseases are “the most common and costly of all health problems” and are “also the most preventable.” Certain behaviors, especially “tobacco use, insufficient physical activity, poor eating habits, and excessive alcohol use” contribute to the occurrences of chronic diseases.¹⁷

Chronic diseases are both common in prevalence and costly to treat. The CDC indicates that nearly fifty percent of adult Americans “live with at least one chronic illness,” and that these illnesses are responsible for 75 percent of health care costs.

Because of the health impacts of chronic disease, PPACA includes many provisions that aim to prevent, manage, or reduce chronic disease. IRS Notice 2011-52 (anticipatory regulations regarding the CHNA process) further emphasizes its importance by encouraging hospital facilities to interview persons who can serve as a leader or representative of those with chronic diseases.

¹⁷ See <http://www.cdc.gov/chronicdisease/resources/publications/AAG/chronic.htm>.

Assessment findings regarding chronic disease include the following:

- Chronic Disease Incidence Rates
 - The incidence rates of ovarian cancer in both jurisdictions and breast cancer and melanomas in Fairfax County were higher than Virginia rates, according to the Virginia Department of Health.
 - Rates of coronary heart disease or angina in Fairfax County compared unfavorably to Virginia averages, according to the Behavioral Risk Factor Surveillance System.
- Chronic Disease Mortality Rates
 - The primary hypertension and renal diseases mortality rates in Alexandria City compared unfavorably to Virginia averages, according to the Virginia Department of Health.
 - Health disparities exist among racial cohorts for various cancers, cardiovascular diseases, cerebrovascular diseases, Alzheimer’s disease, chronic lower respiratory disease, and diabetes mellitus mortality rates according to the Virginia Department of Health.
 - Racial cohorts compared unfavorably to Virginia averages for the following mortality rates, according to the Virginia Department of Health:
 - The non-White population: various cancers in both jurisdictions;
 - The White population: breast cancer and hypertensive heart and renal diseases in Alexandria City and prostate cancer in Fairfax County;
 - The Black population: hypertensive heart and renal diseases and chronic liver disease and cirrhosis in Alexandria City;
 - The Other¹⁸ population: cerebrovascular diseases and various cardiovascular diseases in both jurisdictions, Alzheimer’s disease in Alexandria City, and diabetes mellitus in Fairfax County.
- Discharges for ACSC Associated with Chronic Disease
 - Congestive heart failure, chronic obstructive pulmonary disease, adult asthma, and diabetes long-term complications all accounted for at least five percent of Inova Mt. Vernon’s discharges for ACSC.

Analysis of diagnosis codes in inpatient discharge data from the Inova Health System indicate that 67 percent of Inova Mt. Vernon’s discharges were identified by CMS as associated with chronic disease. Discharges for chronic disease were concentrated in rheumatoid arthritis, depression, chronic kidney disease, heart failure, anemia, diabetes, hypertension, chronic obstructive pulmonary disease and bronchiectasis, atrial fibrillation, and stroke (**Exhibit 56**).

¹⁸ The “Other” population includes residents who identify as American Indian/Native American, Asian/Pacific Islander, two or more races, or some other race.

Exhibit 56: Percent of Chronic Condition Discharges from Inova Mt. Vernon, 2010

Chronic Condition	Percent of Discharges
Rheumatoid Arthritis / Osteoarthritis	32.8%
Depression	9.0%
Chronic Kidney Disease	8.7%
Heart Failure	7.6%
Anemia	6.6%
Diabetes	6.2%
Hypertension	5.1%
Chronic Obstructive Pulmonary Disease And Bronchiectasis	3.5%
Atrial Fibrillation	3.4%
Stroke	3.3%
Alzheimer's Disease And Related Disorders Or Senile Dementia	2.3%
Asthma	2.0%
Hyperlipidemia	2.0%
Hip/Pelvic Fracture	1.8%
Ischemic Heart Disease	1.5%
Acquired Hypothyroidism	1.4%
Acute Myocardial Infarction	1.3%
Female / Male Breast Cancer	0.5%
Lung Cancer	0.4%
Colorectal Cancer	0.4%
Benign Prostatic Hyperplasia	0.1%
Prostate Cancer	0.1%
Osteoporosis	0.1%
Glaucoma	0.0%
Total Discharges Associated with Chronic Conditions	5,687

Source: Verité analysis of discharge data from the Inova Health System.

Medically Underserved Areas and Populations

HRSA has calculated an Index of Medical Underservice (IMU) score for communities across the U.S. The IMU score calculation includes the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population greater than age 64. IMU scores range from zero to 100, where 100 represents the least underserved and zero represents the most underserved.¹⁹

Any area or population receiving an IMU score of 62.0 or less qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation. Federally Qualified Health Centers (FQHCs) may be established to serve MUAs and MUPs. Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. When a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if “unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by

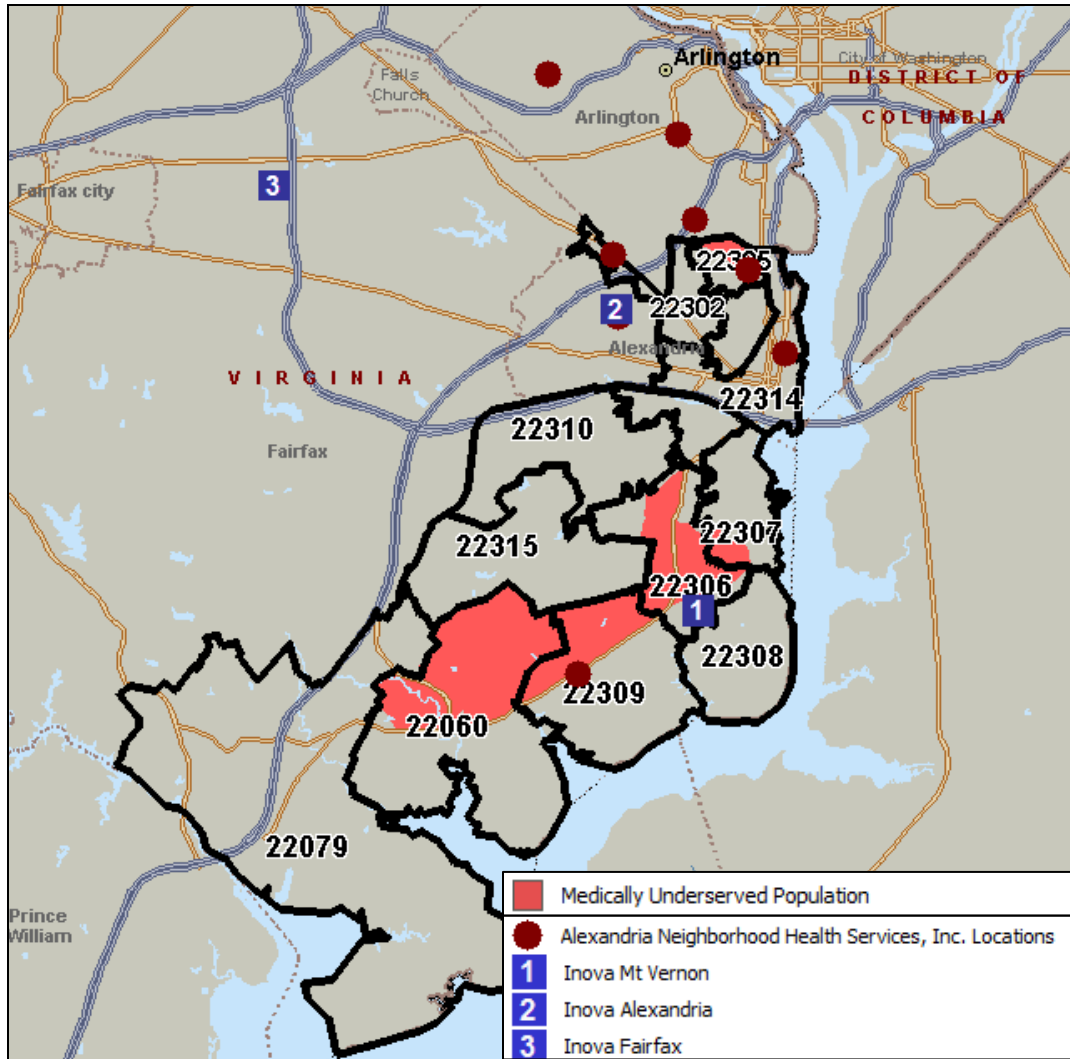
¹⁹ U.S. Health Resources and Services Administration. (n.d.) *Guidelines for Medically Underserved Area and Population Designation*. Retrieved 2012, from <http://bhpr.hrsa.gov/shortage/muaps/index.html>.

the chief executive officer and local officials of the State where the requested population resides.”²⁰

Exhibit 57 shows areas designated by HRSA as medically underserved. Alexandria City contains an MUP. Fairfax County recently submitted an application for MUP status that was approved by HRSA.

²⁰ *Ibid.*

Exhibit 57: Location of Federally Designated Areas in the Inova Mt. Vernon Community, 2012



Source: Microsoft MapPoint, Inova Mt. Vernon, and U.S. Health Resources and Services Administration, 2012.

The community contains MUPs and one HPSA

Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary care, dental care, or mental health care professionals is present.

In addition to areas and populations that can be designated as HPSAs, a facility can receive federal HPSA designation and a resultant, additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health professionals and service capacity.

HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”²¹

In the Inova Mt. Vernon community, Alexandria Neighborhood Health Services, Inc. (ANHSI) is designated as a primary care, mental, and dental health HPSA. ANHSI recently acquired a physician practice located in Fairfax County and now has eight locations (**Exhibit 57**).

Description of Other Facilities and Resources within the Community

The Inova Mt. Vernon community contains a variety of resources that are available to meet the health needs identified in this CHNA. These resources include clinics, hospitals, health professionals, and other agencies and organizations.

In the Inova Mt. Vernon community, one Federally Qualified Health Center is designated as primary medical care, mental health, and dental HPSA.

Alexandria Neighborhood Health Services, Inc. provides family medicine services including primary, prenatal, dental, and behavioral health care. The health center is open five days per week with evening hours on Tuesday, Wednesday, and Thursday.²²

Both areas contain at least one hospital facility (**Exhibit 58**).

²¹ U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2012, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>

²² <http://www.anhsi.org/index.html>

Exhibit 58: Hospital Facilities in the Inova Mt. Vernon Community, 2011

Location	Facility Name	ZIP Code
Alexandria City	Inova Alexandria Hospital	22304
	Inova Fair Oaks Hospital	22305
Fairfax County	Franconia-Springfield Surgery Center	22310
	Inova Fairfax Medical Campus	22042
	Inova Fair Oaks Hospital	22033
	Inova Mt. Vernon Hospital	22306
	Northern Virginia Eye Surgery Center	22031
	Northern Virginia Surgery Center	22033
	Potomac Ambulatory Surgery Center, LLC	22031
	Reston Hospital Center	20190
	Reston Surgery Center	20190
	Skin Cancer Outpatient Surgical Hospital	22182

Source: The Virginia Department of Health Office of Licensure and Certification Directory of Inpatient Hospitals and Outpatient Surgical Centers in Virginia, and the CMS Impact File, 2012.

Ambulatory surgery centers appear in **Exhibit 58** because Virginia licenses these sites as “outpatient hospital” facilities.

Federally Qualified Health Centers (FQHCs) were created by Congress to promote access to ambulatory care in areas designated as “medically underserved.” These clinics receive cost-based reimbursement for Medicare and many also receive grant funding under Section 330 of the Public Health Service Act. FQHCs also receive a prospective payment rate for Medicaid services based on reasonable costs.

The HPSA facility, Alexandria Neighborhood Health Services, Inc., is also an FQHC.

Exhibit 59 presents the number of primary care physicians, mental health providers, and dentists per 100,000 population. The number of professionals available on a per-capita basis is higher than Virginia averages for both areas.

Exhibit 59: Health Professionals Rates per 100,000 Population by Jurisdiction

Jurisdiction	Primary Care Physicians*		Mental Health Providers*		Dentists*	
	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000
Alexandria City	180	124.5	134	92.7	84	65.0
Fairfax County	1,621	159.0	663	65.0	912	88.7
Virginia	9,676	124.1	3,788	48.6	2,896**	37.1

Source: HRSA’s Area Resource File via *County Health Rankings*, 2012.

*Primary care physicians data is from 2009; data regarding mental health providers and dentists is from 2007.

**Number of dentists in Virginia calculated by Verité.

As of 2012, a range of other agencies and organizations are available in each jurisdiction to assist in meeting health needs, including county health departments and human services departments.

Some of these include:

- One Federally Qualified Health Center, Alexandria Neighborhood Health Services, Inc.;
- The Fairfax County and Alexandria City health departments and their associated clinics;

- The Alexandria City and Fairfax-Falls Church Community Services Boards;
- Low cost prescription services such as the Fairfax County Prescription Discount Card and NovaScripts Central;
- Free clinics and other clinics that serve underserved populations, including the Mission Life Center Hope Clinic, Lions Eye Clinic, and Northern Virginia Dental Clinic;
- InovaCares initiatives including InovaCares Clinic for Children, InovaCares Clinic for Women, and the Inova Juniper Program (which serves clients with HIV/AIDS); and
- One Fairfax County Community Health Care Network (CHCN) location (which serves low-income, uninsured patients).

Additionally, lists of available resources have been compiled by community foundations, clinics, and health departments and can be found at the following websites:

- Alexandria City Department of Community and Human Services:
<http://alexandriava.gov/DCHS>
- Alexandria City Health Department Healthy Links:
<http://alexandriava.gov/health/info/default.aspx?id=11464>
- Alexandria City Health Department Medical Services:
<http://alexandriava.gov/health/info/default.aspx?id=11444>
- Fairfax County Health Department Safety Net Contact List:
<http://www.fairfaxcounty.gov/hd/pcs/pcspdf/chcn-safety-net-contact-list.pdf>
- Fairfax County Health Department A-Z:
<http://www.fairfaxcounty.gov/hd/a-z-hd.htm>
- Fairfax County Human Services Resource Guide:
<http://www.fairfaxcounty.gov/hsrg/>
- Fairfax County Public Schools Low Cost Health Care Resources in Northern Virginia:
<http://www.fcps.edu/HyblaValleyES/resources/Clinics.pdf>
- Inova in the Community:
<http://www.inova.org/inova-in-the-community/index.jsp>
- National Capital Region 2-1-1 Combined Database:
<http://www.211metrodc.org/>
- Northern Virginia Health Foundation Wellness Directory:
<http://novahealthfdn.org/health-wellness-directory>
- Northern Virginia Health Services Coalition Find A Clinic:
<http://www.novaclinics.org/find-a-clinic>
- Northern Virginia Regional Commission Quick Guide:
<http://www.novaregion.org/index.aspx?nid=281>
- Virginia Association of Free Clinics:
<http://vafreeclinics.org/>

Findings of Other Recent Community Health Needs Assessments

Verité also considered the findings of other needs assessments published since 2008. Twelve such assessments have been conducted in the Inova Mt. Vernon area and are publicly available. Summary findings from these assessments are provided below, with the most recent presented first.

1. The Commonwealth Institute for Fiscal Analysis

In 2012, the Commonwealth Institute for Fiscal Analysis published a report entitled *Under Pressure: The State of Working Northern Virginia*.²³ That report provided an overview of data regarding the economic well-being of Northern Virginia, with a particular focus on the challenges faced by low and moderate-income residents.

The following key findings are relevant to Northern Virginians' ability to access care:

- Median income levels declined disproportionately in Northern Virginia from 2007 to 2010; lower-income households saw a decline more than three times that of the region's higher-income households.
- The cost of living in the region is high, placing further strain on lower-income residents. In 2010, a family of four living in Northern Virginia (assuming one pre-school aged child and one school-aged child) required an income ranging from approximately \$51,000 in Fauquier County to nearly \$67,000 in Loudoun County to meet a minimum standard of living.
- From 2007 to 2012, enrollment in public assistance services increased. Most notably, the number of people enrolled in the Supplemental Nutrition Assistance Program (SNAP) increased 131 percent in the region compared to a 77 percent increase in Virginia as a whole.

2. George Mason University College of Health and Human Services

In 2012, George Mason University published a report entitled *Recommendations to the Fairfax County Health Care Reform Implementation Task Force*.²⁴ The report summarized Fairfax County's health status and healthcare resources as context for considering options for responding to the recent federal health reform law.

Health status and healthcare access findings in the report are as follows:

- Although Fairfax County as a whole is comparatively wealthy and asset-rich, inequalities existed in health status and healthcare access, particularly for low-income populations

²³ The Commonwealth Institute (May 2012) *Under Pressure: The State of Working Northern Virginia*. Retrieved 2012, from http://www.thecommonwealthinstitute.org/wp-content/uploads/2012/05/120508_under_pressure.pdf

²⁴ George Mason University (March 2012) *Recommendations to the Fairfax County Health Care Reform Implementation Task Force*. Retrieved May 2012, from <http://chpre.org/wp-content/uploads/2012/04/Final-GMU-Fairfax-County-FINAL-Report-4-3-12.pdf>

and racial and ethnic minorities in the Richmond Highway corridor, Bailey's Crossroads-Culmore area, and the Reston-Herndon area.

- The number of families living at or below 200 percent of poverty increased 33 percent from 2000-2009.
- The high cost of living in the county particularly has affected those living on low or fixed incomes.
- Mortality rates, teen pregnancy, low birth weights and infant mortality rates, cancer, high blood pressure, and communicable disease rates were highest for Black residents.
- Thirteen percent of Fairfax County residents lacked health insurance in 2010. Eight percent of children five years of age and younger lived in poverty.
 - Hispanic (or Latino) residents are most likely to be uninsured. This group accounts for 30 percent of the total uninsured population in the county.
- An estimated 23 percent of the uninsured population was served by Fairfax County's safety net providers, specifically the Community Service Boards (CSBs) and Community Health Care Network (CHCN) clinics. Roughly 40 percent of the uninsured population seeks care each year.
- Approximately half of the county's uninsured population may gain insurance coverage as a result of healthcare reform; half of those individuals will obtain private coverage rather than Medicaid. The county's safety net services can be instrumental in maintaining access to care during this transition.
- The area is expecting a shortage of primary care physicians in coming years. Thirty-nine percent of the county's primary care physicians were 60 years of age or older in 2010 and are anticipated to retire within the next few years. Few new physicians are electing primary care.
 - The area lacked sufficient physicians and specialists to treat low-income, Medicare, and Medicaid patients. Dental health professionals, as well as physicians who serve children, the chronically ill, the elderly, and those with disabilities, will be in greatest demand in upcoming years. The area especially lacked mental and behavioral health providers, regardless of insurance status. These problems will be compounded when the health reform law takes effect.
- Fairfax County care providers need to collaborate to improve access to services. The development and implementation of information technology is recommended to support integrated service delivery, administrative functions, and coordination among providers.
- The community would benefit from an outreach campaign to educate residents about new coverage options and services.

3. Northern Virginia Health Foundation

In September of 2011, the Northern Virginia Health Foundation commissioned a report entitled *Oral Health in Northern Virginia*.²⁵ That report provided a region specific analysis on oral health needs based on a literature review and a survey of residents in the region. The survey covered residents from Arlington, Fairfax, Loudoun, and Prince William counties as well as the cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

Findings show that lower-income people in Northern Virginia face barriers to accessing dental care and have comparatively poor oral health:

- In Northern Virginia, more than a third of those in lower-income households (making less than \$40,000 per year) rated their oral health as fair or poor. The percentage was much lower for those in households making over \$40,000 per year.
- Virginia as a whole scored poorly on its ability to address children’s oral health needs, according to a *The State of Children’s Dental Health: Making Dental Coverage Matter*, a report by the Pew Center on The States. Approximately 48 percent of children enrolled in Virginia Medicaid’s “Smiles for Children” program received no dental services at all in 2009. Benefits for adults enrolled in Medicaid are limited to medically necessary oral surgery.
- There are organizations throughout Northern Virginia that provide dental care for low income and uninsured individuals, but waiting lists remained full, and more than 300 patients typically are waiting for care.
- The report identifies barriers to accessing dental care including: low income levels, high costs of care, lack of transportation, a lack of access to dental insurance, and a lack of access to dentists who are able to treat the handicapped or those with special needs.
- Only about 24 percent of lower-income adults with physical health coverage also have dental health coverage. Typically 64 percent of insured, higher-income individuals had dental coverage.
- Lower-income residents were more likely to seek hospital emergency room care for acute dental problems. Almost five times as many lower-income residents had received emergency room care in the last two years compared to higher-income residents.
- Nearly 45 percent of lower-income parents had not been able to afford dental care for their children in the last two years. Only about 62 percent of low-income parents had taken their children to the dentist in the last two years, compared to 79 percent of the higher-income parents.
- Higher percentages of lower-income adults had dentures and report waiting to get a tooth pulled, compared to higher-income adults.

²⁵Northern Virginia Health Foundation (September 2011) *Oral Health in Northern Virginia*. Retrieved 2012, from <http://novahealthfdn.org/wp-content/uploads/NVHF-OralHealth-Report-FINAL.pdf>

- Only about 35 percent of lower-income women saw the dentist for basic checkups while pregnant, compared to two thirds of higher-income women.
- Almost 23 percent of lower-income women had gum or teeth related problems during pregnancy compared to three percent of higher-income women.

4. Partnership for a Healthier Fairfax MAPP Report

The *Community Health Status Assessment Report*,²⁶ published by the Partnership for a Healthier Fairfax in September 2011, provided an overview of the health and wellbeing of Fairfax County. Partnership for a Healthier Fairfax utilized the Mobilization for Action through Planning and Partnerships (MAPP) process to identify public health issues. The regions that were included in this study are Fairfax County and the City of Fairfax, and the towns of Herndon, Clifton, and Vienna.

Key problem area categories included:

1. Income Disparities

- While Fairfax County was one of the most affluent areas in the US, the number of residents living in poverty increased 33 percent from 2000-2009.
- In 2009, six percent of individuals were living in poverty.
- Reston, Herndon, Bailey's Crossroads-Culmore, Central Fairfax, and the Richmond Highway corridor had a high percentage of people living in poverty.

2. Access

- More than one out of every 10 residents of the county lacked health insurance in 2009, though more residents were likely to have health insurance than the US average.
- Virginia's eligibility criteria for Medicaid were between 80 percent and 133 percent of FPL, depending on the program; eligibility criteria for SCHIP were less than 185 percent of FPL. Additionally, many primary care physicians were unwilling to accept new Medicaid patients due to reimbursement and other concerns.
- Fairfax County is anticipating a shortage of primary care physicians, nurses, and specialists due to the number of physicians reaching retirement age. New physicians entering the medical profession are less likely to elect primary care, and those who do choose a primary care practice are not entering at a rate fast enough to replace those who are leaving. Providers willing and able to serve children, the chronically ill, the elderly, and those with disabilities and/or mental disorders will be in greatest demand.

²⁶ Partnership for a Healthier Fairfax (September 2011) *Community Health Status Assessment Report*. Retrieved 2012, from <http://www.fairfaxcounty.gov/hd/mapp/pdf/comm-health-assessment.pdf>

3. Health Behaviors

- Fifty-four percent of Fairfax County's adult population were physically inactive. The county benchmarked poorly on this indicator compared to other areas of Virginia.
- Seventy-two percent of residents ate fewer than five servings of fruits and vegetables daily.
- Fifty-two percent of county residents were overweight or obese.
- Alcohol was the most commonly abused substance for individuals under the age of 18.
- Twenty percent of the Fairfax County population suffered from high blood pressure.

4. Housing

- The cost of living in Fairfax County was high. The county is among the most expensive areas in the nation for housing. The elderly and low-income populations were burdened by housing costs.

5. Mental Health

- Fairfax Public Schools reported a rate of depression that was higher than the national average. Suicide was one of the leading causes of death among youth and young adults in Fairfax County.

6. Infectious Disease

- Tuberculosis rates were more than two times higher than Virginia and national averages.

7. Environment

- Air quality was ranked as the poorest in Virginia.
- Initiatives to improve public transportation lagged behind need.
- Most of the marine and freshwater recreational waters in Fairfax County failed to meet water quality regulations and guidelines.
- Fairfax County saw significant increases in the number of reported cases of Lyme disease since 2000. Fairfax County's rate of 25 cases per 100,000 persons was more than double the Virginia rate.
- Incidence of animal rabies in Fairfax County consistently was one of the highest out of all Virginia counties between 2000 and 2009.
- In 2009, 13 times as many Lyme disease cases were reported than were reported in 2000.

5. Virginia Department of Health

The Virginia Department of Health's Office of Minority Health and Public Health Policy published a report in 2011 entitled *Inequities in Birth Outcomes in Northern Virginia*.²⁷ That report sought to educate the community regarding the causes and effects of birth and infant health inequities while proposing frameworks to address these inequities.

The following disparities were identified in the report:

- Northern Virginia had lower rates of infant mortality and low birth weight infants than the commonwealth and nation in 2006. However, the rates for Black infant mortality and low birth weight were significantly higher than White or Hispanic (or Latino) rates.
- In Northern Virginia in 2006, the infant mortality rate was highest for Black residents at 10.4 deaths per 1,000 live births; White residents experienced 4.1 deaths per 1,000 live births, and Hispanic (or Latino) residents experienced 3.6 deaths per 1,000 live births.
- In 2006, the infant mortality rate in Northern Virginia decreased as years of education increased. However, this was least pronounced for Black residents whose rates stayed higher than rates for non-Black residents at all education levels.

6. Fairfax County Department of Neighborhood and Community Services and Fairfax County Public Schools

The *School Year 2011-2012 Fairfax County Youth Survey*²⁸ was developed collaboratively by the Fairfax County Public Schools and Department of Neighborhood & Community Services. This survey, administered on a confidential basis to students in grades six, eight, ten, and twelve, offers insight into youth behaviors and trends in substance abuse, mental health, violence and delinquency, overall health status, and health risk behaviors.

Summary findings from the most recent survey are listed below:

- Alcohol was the most commonly used substance among Fairfax County youth, but the prevalence of students who used alcohol in the last month (at 22 percent) was lower than the national average. Twelfth graders reported the highest percentage of alcohol use at 37 percent.
- Approximately four percent of eighth graders reported using inhalants in the past month compared to one percent in twelfth grade. Twenty percent of twelfth graders reported using marijuana. This is more than five times the rate reported by eighth graders.
- Thirty-two percent of students reported experiencing depression in the past year. Females and Hispanic (or Latino) students were more likely to experience depression.

²⁷ Virginia Department of Health. (2011) *Inequities in Birth Outcomes in Northern Virginia*. Retrieved 2011, from <http://www.vdh.state.va.us/healthpolicy/policyanalysis/documents/Inequities-in-Birth-Outcomes-NOVA.pdf>

²⁸ Fairfax County Public Schools and Department of Neighborhood & Community Service. (September 2011) *School Year 2011-2012 Fairfax County Youth Survey*. Retrieved 2012, <http://www.fairfaxcounty.gov/demogrph/youthpdf.htm>

- Twenty-six percent of Fairfax County youth reported eating five servings of fruits and vegetables per day, almost twice the national average.
- Thirteen percent of females reported engaging in one hour or more of physical activity for at least seven days per week compared to 28 percent of males. Physical activity levels decrease with students' age.
- Fifty-one percent of students reported being bullied in the past year. Bullying was most prevalent in eighth and tenth grades.
- Two-thirds of youth who report being sexually active also reported using a condom. Twenty percent of students report ever having sex. Black and Hispanic (or Latino) students are more likely to have had sex than other groups, at 30 and 32 percent, respectively.
- Females had a higher likelihood of considering committing suicide, at 20 percent, compared to males at 12 percent.

7. Alexandria Homeless Services Coordinating Committee

In 2010, the Alexandria Homeless Services Coordinating Committee, which manages the City of Alexandria's Continuum of Care collaboration, published a report entitled, *Homeless Enumeration Narrative Reports Alexandria 2010*.²⁹ The Continuum of Care collaboration is a partnership of local organizations and private citizens that serves the needs of the homeless and those at risk for homelessness. The document reported the results of a 2010 point-in-time assessment based on data collected through the Homeless Management Information System, surveys of shelter staff and volunteers, and facility bed records.

Key findings were as follows:

- In the City of Alexandria, 208 single men and women and 151 persons in families were identified as homeless at the time of the count.
- The total homeless population increased by three percent since 2008, and the number of homeless children increased by seven percent.
- The city's various shelters provided 213 beds for individuals and 198 beds or units for persons in families.
- Fifty-two percent of homeless single men and women reported having a monthly income. The primary sources of income were from employment, disability benefits, and Social Security retirement benefits.
- Twenty-one percent of homeless individuals were chronic substance abusers, 19 percent had chronic health problems, and 12 percent were dually diagnosed with substance abuse and severe mental illness.

²⁹Alexandria Homeless Services Coordinating Committee (2010) *Homeless Enumeration Narrative Reports Alexandria 2010*. Retrieved 2011, from <http://www.alexandriava.gov/uploadedFiles/mhmrsa/HOMELESS%20ENUMERATION%20NARRATIVE%20REPORTSalexandria.pdf>

8. Center for Nonprofit Development and Pluralism (Washington AIDS Partnership)

In 2010, The Center for Nonprofit Development and Pluralism developed a report funded by the Washington AIDS Partnership and Kaiser Permanente, entitled *The Profiles Project: How the Washington, DC Suburbs Respond to HIV/AIDS*.³⁰

Important findings include:

- Black residents accounted for 48 percent of those living with HIV/AIDS in Northern Virginia; males accounted for 75 percent of those living with HIV/AIDS.
- Portability of care, defined as having the “ability to obtain HIV-related services from the same provider if s/he moves across jurisdictions within the eligible metropolitan area,” was lacking in the region.

9. Metropolitan Washington Council of Governments and Washington Regional Association of Grantmakers

The *Community Health Status Indicators for Metropolitan Washington, 2009*,³¹ published collaboratively by the Health Officials Committee of the Metropolitan Washington Council of Governments and the Health Working Group of the Washington Regional Association of Grantmakers, examined the health status of the region’s residents with a particular focus on the social determinants of health.

The assessment includes the following areas in the Metropolitan Washington region: Frederick, Montgomery, and Prince George’s counties in Maryland, the counties of Arlington, Fairfax, Loudoun, and Prince William and cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park in Virginia, and the District of Columbia.

Key findings are as follows:

- The percentage of low-income adults who were uninsured was over 50 percent in all Virginia jurisdictions.
- In the cities of Alexandria and Fairfax and Fairfax County, 12 to 15 percent of the population over five years of age did not speak English well.
- Fairfax County and the cities of Alexandria, Fairfax, and Falls Church reported higher percentages of women not receiving prenatal care than the goal established by the federal government in Healthy People 2010. Over 20 percent of women in the city of Alexandria reported late or no prenatal care.

³⁰ The Washington AIDS Partnership and Kaiser Permanente. (April 2010). *The Profiles Project: How the Washington, DC Suburbs Respond to HIV/AIDS*. Retrieved July 2012, from <http://www.mosaica.org/Resources/HIVAIDS/ProfilesProject.aspx>

³¹ Metropolitan Washington Council of Governments & Washington Regional Association of Grantmakers. (June 2009) *Community Health Status Indicators for Metropolitan Washington, 2009*. Retrieved 2012, from <http://www.mwcog.org/uploads/publications/zVZdWA20090623085814.pdf>

- All jurisdictions reported breast cancer mortality rates higher than the Healthy People 2010 goal.
- Fairfax and Falls Church cities had motor vehicle injury death rates that were significantly higher than the national average of 15 per 100,000 population.
- The tuberculosis rate in Fairfax County was more than twice the national average.
- Over 15 percent of the population reported being obese in Fairfax County and the city of Alexandria and Manassas. In the jurisdictions with available data, 67 percent or more adults do not eat five or more fruits and vegetables per day.
- Higher percentages of residents reported being current smokers in Prince William County and the city of Alexandria compared to peer jurisdictions.

10. Voices for Virginia's Children

In 2009, Voices for Virginia's Children³² compiled data from surveys conducted in secondary schools in Northern Virginia, including data from the *Fairfax County Youth Survey* conducted by the Fairfax County Department of Neighborhood and Community Services and Fairfax County Public Schools and the *Alexandria Youth Risk Behavior Survey* conducted by Alexandria Public Schools. Surveys were conducted in Arlington, Fairfax, and Loudoun counties, and in the City of Alexandria.

Findings about youth health risk behaviors include the following:

- Although lower than the national averages, alcohol was the most commonly abused substance:
 - In Fairfax County, 27 percent of 10th and 43 percent of 12th graders consumed alcohol in the last month.
 - In Alexandria City, 26 percent of students in the 9th through 12th grades consumed alcohol in the last month.
- Although lower than the national averages, marijuana was the most abused illicit drug in this region;
 - In Fairfax County, nine percent of 10th graders and 17 percent of 12th graders used marijuana in the last month.
 - In Alexandria City, 19 percent of students in the 9th through 12th grades used marijuana in the last month.
- Mental health was a prominent issue in the region.
 - About eight percent of the high school students in Alexandria had attempted suicide, slightly higher than the national average of seven percent.

³² Voices for Virginia's Children (July 2009) *Self-Portrait of Youth in Northern Virginia*. Retrieved July 7, 2012, from http://vakids.org/pubs/NoVA/YouthSurvey_Web.pdf.

- Nine percent of students in 8th, 10th, and 12th grade had attempted suicide in the past 12 months.
- Youth reported high rates of sexual activity.
 - Alexandria, at 52 percent, had a higher rate of students than the national average who had ever had sex; It also had a higher rate of individuals with four or more sexual partners at 18 percent.
 - The rates in Fairfax County were lower than the national averages.

11. Alexandria City Public Schools

In 2008, Alexandria City Public Schools Monitoring and Evaluation Services published the *Youth Risk Behavior Survey: Final Report*.³³ That survey, administered on a confidential basis to students in grades seven through twelve, offers insight into youth behaviors and trends in substance abuse, mental health, violence and delinquency, overall health status, and health risk behaviors.

The results of the survey are listed below:

- A significant percentage of Alexandria youth reported high levels of “screen time.” Forty-two percent of high school students and 55 percent of middle school students reported watching three or more hours of television daily. Twenty-seven percent of high school students and 34 percent of middle school students reported using a computer for three or more hours daily.
- Sixty-five percent of students reported not engaging in at least one hour of physical activity five or more days per week.
- Roughly 25 percent of high school youth were at risk for becoming overweight or were overweight. Black and Hispanic (or Latino) youth were more likely to be overweight and to make poor nutritional choices.
- Females were more likely to believe that they were overweight and to try to lose weight. Females were also more likely to report feeling depressed.
- Fifty-two percent of high school students and 27 percent of middle school students reported ever having sex. Roughly 16 percent of students reported having sex before age 13. Rates of condom use were high. Black and Hispanic (or Latino) students were more likely to be sexually active, and males were more likely to report having more sexual partners.
- Alcohol was the most commonly used drug among Alexandria youth, but the prevalence (67 percent) was lower than the national average. Among high school students, White youth reported higher rates of drug use than other groups.

³³ Alexandria City Public Schools. (February 2008) *Youth Risk Behavior Survey: Final Report*. Retrieved 2012, from http://alexandriava.gov/uploadedfiles/mhmrsa/info/youth_topics_030708/YRBSReport_Final.pdf

- Seventy-eight percent of middle school males reported being in a physical fight compared to 56 percent of females and 32 percent of all high school students.
- Twenty-nine percent of students reported ever riding with a drunk driver. This percentage is slightly higher than the national average.

12. Alexandria Council of Human Service Organizations

In 2008, Braintree Solution Consulting Inc. prepared a community needs assessment for the Alexandria Council of Human Services Organizations entitled, *A Snapshot of Human Development in Alexandria: A Needs Assessment of the Alexandria Human Services System*.³⁴ The assessment identified health and human service needs in the City of Alexandria's four regions: Old Town, West End, Arlandria, and Del Rey.

Key findings from the following nine categories were:

1. Disparities

- As a whole, Alexandria was a relatively wealthy city with a high quality of life. However, the city faced significant disparities in income, employment, and healthcare access. Alexandria's median income was nearly \$75,000; yet in 2005, at eight percent, the city had the highest percentage of residents living below poverty in Northern Virginia.
- More than half of community residents had a college degree, yet the high school drop-out rate in 2006 was nearly five percent.

2. Access

- Access to care was a relevant issue for low-income, culturally isolated, and other vulnerable populations due to lack of insurance, unemployment, financial hardship, limited funding for supportive services, or lack of knowledge about services available in the community.
- Many physicians were reaching retirement which may result in a shortage of health professionals. Community members, especially those who are low-income or uninsured, had trouble accessing specialty services. Private specialists were in "short supply" and were operating at capacity.
- Access to community resources, especially for youth and the elderly, would be increased by improved public transportation availability.

³⁴Braintree Solution Consulting (June 2008) *A Snapshot of Human Development in Alexandria: A Needs Assessment of the Alexandria Human Services System*. Retrieved 2011, from <http://alexandriava.gov/uploadedFiles/achso/FinalNeedsAssessment.pdf>

3. Housing

- Alexandria is densely populated and housing prices are high. Low-income populations, seniors, and the disabled were in need of additional affordable housing, rental assistance, and transitional housing.
- Many seniors faced financial hardship and a lack of family and social support and were therefore in need of affordable assisted living options.

4. Culturally Sensitive Care

- Language and cultural barriers, concerns about immigration status, and higher poverty rates prevented some populations from seeking out and obtaining care.
- Alexandria and West End communities had the highest concentration of populations that do not speak English. These areas would benefit from more bilingual staff and dissemination of information in multiple languages and through multiple media outlets.

5. Mental Health and Substance Abuse

- Poor mental health and a lack of substance abuse treatment were top concerns in the area. Local service providers rated mental health as the second most critical gap for youth, the third most critical gap for adults, and the fifth most critical gap for the elderly. Depression is a prevalent issue.
- Barriers to accessing mental and behavioral health included waiting lists, language and cultural barriers, and cost.

6. Youth and Children

- Survey results indicated that parenting education and affordable, high-quality childcare were pressing concerns, especially for low-income families.
- Residents expressed a need for increased post-secondary education options for youth, especially job skills/vocational training.

7. Coordination and Collaboration

- The community needs improved access, awareness, and delivery of services. These issues could be addressed through greater coordination of care and collaboration among providers.

8. Behavioral Factors

- Community residents identified sedentary lifestyles, obesity, substance abuse, tobacco use, and teen pregnancy as priority concerns in Alexandria.

9. Health Status

- In 2000, incidence rates of tuberculosis, AIDS, and colorectal cancer were above Virginia and national averages.

Secondary Data Indicators of Concern

This assessment analyzed secondary data regarding demographics, social and economic factors, health behaviors, physical environment, care access and delivery, morbidity, and mortality.

Exhibit 60 presents the indicators that appeared most unfavorable in the Inova Mt. Vernon community when compared to national, state, or local benchmarks. Further details and discussion regarding these indicators can be found in previous sections.

Exhibit 60A: Secondary Data Indicators of Concern

Category	Indicator	Location	Community Value	Benchmark	Data Format	Benchmark Definition
Demographics	Growth in population 65+ 2013-2018	Community	5.3%	0.9%	Percent	All ages
	Growth in Other (not Black, White, or Asian) population 2013-2018	Community	1.9%	0.3%	Percent	White population
	Growth in Hispanic (or Latino) population 2013-2018	Community	2.4%	0.5%	Percent	Non-Hispanic (or Latino) population
	Residents 5+ who are linguistically isolated	Alexandria	12.7%	5.7%	Percent	VA average
		Fairfax	15.0%	5.7%	Percent	VA average
Housing units with no car	Alexandria	8.6%	6.2%	Percent	VA average	
Social and Economic Factors	Poverty rate: Black	Alexandria	19.6%	19.0%	Percent	VA average
	Poverty rate: Asian	Alexandria	23.8%	8.9%	Percent	VA average
	Homelessness	Alexandria	28.8	13.7	Rate per 100,000	Northern Virginia average
	Section 8 housing assistance wait time	Alexandria	15	10	Months	VA average
	Low-income households 2008	Mt. Vernon South/Ft. Belvoir	11.6%	8.7%	Percent	IMVH service area total
		Alexandria/Old Town	9.9%	8.7%	Percent	IMVH service area total
	Uninsured population	Alexandria	17.7%	13.1%	Percent	VA average
		Fairfax	13.5%	13.1%	Percent	VA average
	Medicaid discharges	Mt. Vernon South/Ft. Belvoir	17.4%	12.8%	Percent	IMVH service area total
	Uninsured discharges	Mt. Vernon South/Ft. Belvoir	7.0%	5.8%	Percent	IMVH service area total
	Births to women age 40-54	Alexandria	4.9%	2.7%	Percent	U.S. average
		Fairfax	5.5%	2.7%	Percent	U.S. average
	No prenatal care in first trimester	Alexandria	27.2%	16.1%	Percent	U.S. average
Alexandria		19.7%	14.5%	Percent	VA average	
Health Behaviors	Alcohol use	Alexandria	75	131	County rank	Number of counties
		Fairfax	84	131	County rank	Number of counties
	Unsafe sex	Alexandria	101	131	County rank	Number of counties
	Heavy drinkers	Alexandria	7.6%	4.4%	Percent	VA average
		Fairfax	8.9%	4.4%	Percent	VA average
Binge drinkers	Fairfax	12.7%	9.7%	Percent	VA average	

Source: Verité analysis of secondary data.

Exhibit 60B: Secondary Data Indicators of Concern

Category	Indicator	Location	Community Value	Benchmark	Data Format	Benchmark Definition
Physical Environment	Environmental quality	Alexandria	129	131	County rank	Number of counties
		Fairfax	131	131	County rank	Number of counties
	Community safety	Alexandria	94	131	County rank	Number of counties
	Food desert	Mt. Vernon South/Ft. Belvoir	Present	N/A	N/A	Present or not present - no benchmark
Clinical Care: Access	Medically underserved areas (MUAs)	Alexandria	Present	N/A	N/A	Present or not present - no benchmark
	Health professional shortage areas (HPSAs)	Alexandria	Present	N/A	N/A	Present or not present - no benchmark
Clinical Care: Delivery	ACSC discharges	Mt. Vernon South/Ft. Belvoir	16.5%	10.0%	Percent	IMVH service area total
	ACSC discharges at Inova Mt. Vernon	Community	10.4%	9.6%	Percent	Inova facilities total
Health Outcomes: Morbidity	Breast cancer incidence	Fairfax	6	35	Health district rank	Bottom 50% health districts
	Ovarian cancer incidence	Alexandria	15	35	Health district rank	Bottom 50% health districts
		Fairfax	16	35	Health district rank	Bottom 50% health districts
	Teen pregnancy	Alexandria	41.6	21.1	Rate per 1,000 teens	VA average
	Syphilis diagnoses	Alexandria	16.4	6.5	Rate per 100,000	VA average
	Residents living with HIV/AIDS	Alexandria	1,202.4	297.6	Rate per 100,000	VA average
	Tuberculosis	Alexandria	9.1	2.7	Rate per 100,000	VA average
Fairfax		7.2	2.7	Rate per 100,000	VA average	
Health Outcomes: Mortality	Homicide	Alexandria	7.9	6.1	Rate per 100,000	U.S. average
	Breast cancer	Alexandria	15.0	12.9	Rate per 100,000	VA average
	Non-Hodgkins Lymphoma	Alexandria	7.1	5.6	Rate per 100,000	VA average
	Leukemia	Alexandria	6.4	6.1	Rate per 100,000	VA average
	Primary hypertension and renal disease	Alexandria	15.0	7.4	Rate per 100,000	VA average

Source: Verité analysis of secondary data.

PRIMARY DATA ASSESSMENT

Community input was gathered through interviews and a community web-based survey. Findings from this primary data are presented below.

Interview Findings

Interviews regarding health needs in the community served by Inova Mt. Vernon were conducted with 33 key informants, including external stakeholders (those not affiliated with Inova Mt. Vernon or the Inova Health System) and internal Inova staff. The interviews provided input on a wide range of community health issues, including barriers to access to health services, changes in community population, prevalence of certain health conditions, social determinants of health, health disparities, and other topics. The interviews were guided by a structured interview guide, and interviewees were encouraged to identify and discuss all current and emerging issues affecting community health.

Verité staff summarized all interview comments and assessed the frequency with which community health issues were mentioned and also assessed informant views regarding the severity of each concern. The following issues are considered of greatest concern to community health, based on that assessment.

- **Access Issues**
 - **Lack of Affordable Care.** Interviewees expressed concern about the cost of health services for primary care, specialty care, and medication— in particular for community residents who are Hispanic (or Latino), Black, young adults, low-income, uninsured, or undocumented. This is also an issue for the insured due to high co-pays or deductibles and limited insurance coverage. The current safety net increasingly is resource constrained and unable to meet growing demand. Interviewees report long waiting lists at safety net clinics.
 - **Lack of Access to and Affordability of Insurance.** Health insurance is unaffordable for many lower-income residents. Asian and Hispanic (or Latino) adults are more likely to be uninsured, as are recent immigrants and undocumented people. Interviewees also cited issues with the cost of dental insurance, which frequently does not provide comprehensive benefits. Interviewees also reported that Medicaid and Medicare beneficiaries have difficulty locating care and navigating the system. Interviewees mentioned residents in Alexandria City and Mt. Vernon as most vulnerable to these concerns.
 - **Lack of Access to Preventive Care Services.** A number of interviewees raised concerns about access to prevention services, in particular for low-income and undocumented community members. Interviewees mentioned that reimbursement issues affect the amount of preventive care that is provided.
 - **Lack of Collaboration Among Providers.** Interviewees encouraged greater collaboration among providers in the Inova Mt. Vernon community. Interviewees noted that community resources worked in “silos” and needed to form alliances

and build relationships in order to provide greater coordination of care. Several interviewees mentioned the need for more integration between dental care, primary care, specialty care, and mental health care.

- **Lack of Mental Health Services.** Virtually all interviewees cited a lack of mental health services as a major concern. Accessing mental health services in the community provides “significant challenges.” Community members who have limited English proficiency experience language barriers when seeking counseling. Veterans returning to the area from war, those who are severely mentally ill, persons requiring inpatient treatment, and children diagnosed with autism are experiencing significant challenges accessing mental health care. Although this was identified as a problem for all age groups and income levels, interviewees mentioned low-income and uninsured/underinsured residents as most vulnerable to these concerns.
- **Lack of Affordable and Accessible Dental Care.** Access to dental care was frequently mentioned and dental insurance is unaffordable for many residents. Such access is particularly problematic for low-income, uninsured, or undocumented adults and for Hispanic (or Latino) residents. Interviewees noted a gap in services for adult Medicaid beneficiaries and those slightly above the poverty line. The issue, however, affects all ages and geographic areas; lack of access leads to delays in seeking care. Existing dental clinics are unable to meet current and growing demand.
- **Lack of Providers and Physicians (Including Specialists).** The Inova Mt. Vernon area is experiencing an undersupply of physicians despite population growth. Interviewees mention the following types of gaps: dentists who accept Medicaid and new patients, specialists and psychiatrists willing to provide on-call coverage, and specialists and primary care physicians who accept Medicaid (leading to the need to refer specialty care for Medicaid and uninsured people to the University of Virginia). Interviewees mentioned the low-income and uninsured/underinsured as most vulnerable to these concerns.
- **Transportation Barriers.** Certain residents of the community also experience access barriers due to transportation problems. These problems have the largest impact on seniors, those without automobiles who rely on public transportation, and persons living in Mt. Vernon. Traffic congestion increasingly is affecting access to care, particularly during rush hour. Transportation barriers contribute to high no-show rates at safety net clinics.
- **Access to Prenatal Care.** Several interviewees raised concerns about access to prenatal services for low-income, immigrant, and undocumented women.
- **Lack of Services and Care for Seniors.** Additional community-based care appears needed for seniors, especially those without family and social support.
- **Morbidity/Health Status Issues**
 - **Mental and Behavioral Health.** Poor mental health increasingly is prevalent in the community for the low-income, children, and those suffering from stress.

- **Rates of Obesity/Overweight.** Virtually all informants mention obesity/weight as a major problem area. One described obesity as “huge issue in Virginia.” The prevalence of obesity is highest in low-income, minority populations; culturally-sensitive services are needed. Many interviewees recommended a major focus on children and adolescents. Sedentary lifestyles and concerns about the time residents spend in their cars are major contributing factors.
- **Alcohol Use.** Several interviewees mentioned the prevalence of alcohol abuse as problematic, including among higher-income community residents, adolescents, immigrants, and residents along the Richmond Highway corridor. Some expressed concern about public drunkenness.
- **Poor Dental Health.** Lack of access to dental services is contributing to poor dental health. Community residents are waiting too long to seek care. The homeless, low-income, and recent immigrants are particularly vulnerable. Dental care for vulnerable populations is a “huge gap” in the safety-net.
- **Unsafe Sex and Teen Pregnancy.** Several interviewees mentioned the prevalence of unsafe sex and teen pregnancy as a particular concern in Alexandria City.
- **Smoking.** Residents note high rates of smoking in the Inova Mt. Vernon community, especially among teenagers, young adults, and blue collar workers. Some observed that young women were smoking more frequently than young men.
- **Poor Diet and Exercise.** Several interviewees mentioned poor diet and exercise as problematic, especially among youth.
- **Social and Economic Issues**
 - **Basic Needs Insecurity: Food, Housing, Utilities.** Many interviewees indicated that certain lower-income groups of community residents and immigrants are experiencing problems with access to healthy food and a lack of affordable housing. This issue is particularly problematic along the Richmond Highway; residents noted that homelessness was worsening.
 - **Cultural/Language Barriers.** The area’s immigrant population faces barriers to accessing health and social services. Linguistic isolation and a lack of health system knowledge contribute to these barriers.
 - **Financial Hardship and Unemployment.** Several interviewees mentioned that low-income and undocumented residents, as well as ex-offenders, are particularly vulnerable. Although the area as a whole is wealthy, disparities and “pockets of poverty” are present.
 - **Lack of Community Health Education.** Interviewees mentioned that many residents are not informed about breastfeeding, correct usage of medication, and the importance of dental health. Interviewees noted that health education programs should be aimed toward children, immigrants, and young adults.

Community Survey Findings

Inova Mt. Vernon sought input from the public regarding the health of the community through an online survey. The community survey was publicized through mailings and flyers, and a link was made available on the Inova Health System’s website to an electronic survey instrument from May through August 2012. The survey consisted of 33 questions about respondent demographics and a range of health status and access issues.

1. Respondent Characteristics

A total of 162 residents from the Inova Mt. Vernon community completed the survey. The majority of respondents reported being in good or very good overall health, between the ages of 35 and 64, married, employed, Christian, and White. Eighty-six percent of respondents were female and 14 percent were male.

Additional characteristics of the survey participants are as follows:

- The majority (92 percent) of respondents speak English in the home and speak English very well. Spanish was the top non-English language reported. Of those respondents who speak a language other than English in the home, 34 percent reported speaking English less than “very well.”
- Forty-three percent of respondents know someone with a disability.
- Approximately three percent of respondents reported being unemployed.

Exhibit 61 presents the percentage of respondents from each subregion. The subregion with the highest percentage of respondents was Alexandria/Old Town.

Exhibit 61: Survey Responses, 2012 – Respondents by Subregion

Subregion	Percent of Respondents
Alexandria/Old Town	43.2%
Franconia/Kingstowne	19.1%
Lorton/Newington	6.2%
Mt. Vernon North	9.9%
Mt. Vernon South/Ft. Belvoir	21.6%
Total Responses	162

Source: Inova Community Survey, 2012.

12 of the community’s 13 ZIP codes were represented in the survey

It is important to consider the generalizability of a survey sample. The survey respondents do not adequately represent the diversity of the Inova Mt. Vernon community. Accordingly, caution should be used when assessing the data presented below.

2. Health Issues

When asked to identify the top health issues in the Inova Mt. Vernon community, respondents most often chose obesity, diabetes, and heart disease. Four percent of the community respondents chose “Other” as a top health issue. Due to the small sample size of Inova Mt. Vernon community respondents who chose “Other,” these data are reported based on responses

from the Inova Health System as a whole. The most prevalent responses included Lyme disease, “lifestyle issues,” and high blood pressure (**Exhibit 63**).

Exhibit 62: Survey Responses, 2012 – Top Health Issues

Response	Percent of Respondents*	“Other” Responses	Percent of Responses*
Obesity	76.6%	Lyme disease	17.5%
Diabetes	66.5%	Lifestyle issues	15.0%
Heart disease	65.2%	High blood pressure	12.5%
Cancer	51.3%	Access to care	7.5%
Mental health: depression, bipolar, autism	44.3%	Aging needs	7.5%
Addiction / Substance abuse	33.5%	Disability	6.3%
Asthma	24.1%	Lack of chronic disease management	5.0%
Tobacco use	23.4%	Mental health	5.0%
Alzheimer's or dementia	17.7%	Communicable diseases	5.0%
Stroke	13.3%	Neurology	3.8%
HIV / Sexually transmitted diseases	11.4%	Allergies	2.5%
Osteoporosis	9.5%	Oral Health	1.3%
Other	4.4%	ADHD	1.3%
Birth defects	1.3%	Pediatrics	1.3%
Hepatitis A	0.6%	Auto-immune disorders	1.3%
		Parkinson's	1.3%
		Poverty	1.3%
		Transportation	1.3%
		COPD	1.3%
		Family planning	1.3%
		Cultural barriers to care	1.3%

*Percentages are based on the number of Inova Mt. Vernon respondents who identified top health issues in the community.
N = 162

*Percentages are based on the number of “Other” responses received from the Inova Health System respondents as a whole.
N = 80
Source: Inova Community Survey, 2012.

3. Barriers to Access

The survey included questions about access to and utilization of health services. The majority of participants reported having some form of health insurance, having a usual source of care, and visiting a doctor regularly. Four percent of respondents reported being uninsured.

Exhibit 63 identifies the facility or provider at which respondents and their families receive routine medical care. Of those respondents who do not seek routine medical care from a private medical professional, the majority attend urgent care facilities or store-based walk-in clinics or the emergency room. Uninsured respondents are more likely to seek care at a free or low-cost clinic or health center or not seek routine care compared to those with private coverage.

Exhibit 63: Survey Responses, 2012 – Routine Medical Care

Response	Insurance Coverage		
	All Types	Private Coverage	Uninsured/Medicaid
Private medical professional (MD, APN, PA)	91.2%	95.1%	28.6%
Hospital emergency room	7.5%	6.5%	14.3%
Urgent care facility or store-based walk-in clinic	7.5%	8.1%	14.3%
Provider of alternative medicine	6.3%	5.7%	0.0%
Other	5.0%	2.4%	14.3%
Free or low-cost clinic or health center	2.5%	1.6%	28.6%
No routine medical care received	2.5%	1.6%	28.6%

All Types (N=159), Private Coverage (N=123), Uninsured/Medicaid (N=7).
 Source: Inova Community Survey, 2012.

Exhibit 64 illustrates that health care access varies by type of care and locality. Few respondents had difficulty accessing basic medical care. Survey data indicate that dental care, medical specialty care, mental health care, and medicine and supplies are less accessible. Approximately 15 percent of respondents reported rarely or never being able to get needed mental healthcare – the least accessible of the five health care types. A higher percentage of respondents from Mt. Vernon North and Mt. Vernon South/Ft. Belvoir reported difficulty accessing care compared to other subregions. This is particularly true for mental healthcare.

Exhibit 64: Survey Responses, 2012 – Able to Get Needed Care by Subregion

Response	Subregion					Total
	Alexandria/ Old Town	Franconia/ Kingstowne	Lorton/ Newington	Mt. Vernon North	Mt. Vernon South/ Ft. Belvoir	
Basic Medical Care						(N=161)
Always	92.9%	93.5%	100.0%	87.5%	79.4%	90.1%
Sometimes	7.1%	6.5%	0.0%	12.5%	14.7%	8.7%
Rarely	-	-	-	-	-	-
Never	0.0%	0.0%	0.0%	0.0%	5.9%	1.2%
Dental Care						(N=159)
Always	91.3%	87.1%	100.0%	75.0%	75.8%	86.2%
Sometimes	4.3%	9.7%	0.0%	25.0%	15.2%	9.4%
Rarely	2.9%	0.0%	0.0%	0.0%	3.0%	1.9%
Never	1.4%	3.2%	0.0%	0.0%	6.1%	2.5%
Mental Health Care						(N=137)
Always	75.4%	72.0%	77.8%	61.5%	48.3%	67.9%
Sometimes	13.1%	20.0%	0.0%	23.1%	24.1%	16.8%
Rarely	4.9%	0.0%	0.0%	0.0%	6.9%	3.6%
Never	6.6%	8.0%	22.2%	15.4%	20.7%	11.7%
Medical Specialty Care						(N=156)
Always	85.5%	89.7%	88.9%	75.0%	72.7%	82.7%
Sometimes	10.1%	6.9%	0.0%	25.0%	21.2%	12.8%
Rarely	1.4%	0.0%	0.0%	0.0%	0.0%	0.6%
Never	2.9%	3.4%	11.1%	0.0%	6.1%	3.8%
Medicine and Supplies						(N=158)
Always	91.3%	90.3%	100.0%	68.8%	72.7%	85.4%
Sometimes	4.3%	9.7%	0.0%	31.3%	18.2%	10.8%
Rarely	2.9%	0.0%	0.0%	0.0%	3.0%	1.9%
Never	1.4%	0.0%	0.0%	0.0%	6.1%	1.9%

Source: Inova Community Survey, 2012.

Respondents indicating they are not always able to get care were asked to identify barriers to access (**Exhibits 64 and 65**). Cost and lack of insurance were the two most frequently reported barriers to care.

Data indicate that females had more difficulty with cost of care and lack of insurance than males, while males more often cited inconvenient hours as a barrier to access. A higher percentage of male respondents reported not being able to get an appointment for dental care and medical specialty care compared to females as well as a lack of trust as a barrier to accessing basic medical care and medical and specialty care (**Exhibit 65**).

Exhibit 65: Survey Responses, 2012 – Barriers to Care

Type of Care and Sex	Percent of Respondents								Total Respondents (N)
	Can't Afford It	Can't Get Appointment	Inconvenient Hours	Lack of Transportation	Lack of Trust	Language Barrier	No Insurance	Other	
Male									
Basic Medical Care	0.0%	0.0%	25.0%	0.0%	25.0%	0.0%	25.0%	25.0%	(4)
Dental Care	0.0%	25.0%	25.0%	0.0%	0.0%	0.0%	25.0%	25.0%	(4)
Mental Health Care	0.0%	0.0%	16.7%	0.0%	0.0%	0.0%	16.7%	66.7%	(6)
Medical Specialty Care	25.0%	25.0%	25.0%	0.0%	25.0%	0.0%	25.0%	0.0%	(4)
Medicine and Supplies	25.0%	0.0%	25.0%	0.0%	0.0%	0.0%	25.0%	50.0%	(4)
Female									
Basic Medical Care	28.6%	28.6%	14.3%	0.0%	7.1%	0.0%	35.7%	7.1%	(14)
Dental Care	50.0%	0.0%	12.5%	0.0%	0.0%	0.0%	50.0%	6.3%	(16)
Mental Health Care	37.5%	12.5%	5.0%	0.0%	5.0%	2.5%	20.0%	35.0%	(40)
Medical Specialty Care	29.4%	17.6%	17.6%	0.0%	5.9%	0.0%	35.3%	11.8%	(17)
Medicine and Supplies	57.1%	0.0%	0.0%	0.0%	0.0%	0.0%	35.7%	21.4%	(14)
Total									
Basic Medical Care	22.2%	22.2%	16.7%	0.0%	11.1%	0.0%	33.3%	11.1%	(18)
Dental Care	40.0%	5.0%	15.0%	0.0%	0.0%	0.0%	45.0%	10.0%	(20)
Mental Health Care	32.6%	10.9%	6.5%	0.0%	4.3%	2.2%	19.6%	39.1%	(46)
Medical Specialty Care	28.6%	19.0%	19.0%	0.0%	9.5%	0.0%	33.3%	9.5%	(21)
Medicine and Supplies	50.0%	0.0%	5.6%	0.0%	0.0%	0.0%	33.3%	27.8%	(18)

Source: Inova Community Survey, 2012.

Exhibit 66 presents the responses of residents from the entire Inova Health System who chose “Other” as a barrier to care. Due to the small sample size of Inova Mt. Vernon community respondents who chose “Other,” these data are reported based on responses from the Inova Health System as a whole. Sixty-six percent of all “Other” responses stated that residents did not need one or more of the care types listed. The most common “Other” barriers reported include lack of services and in-plan providers for adult and pediatric mental health, difficulty with referrals and care coordination for specialty care, and insufficient health insurance coverage.

Exhibit 66: Survey Responses, 2012 – “Other” Barriers to Care

“Other” Responses	Percent of “Other” Responses*
Do Not Need Services	65.5%
Basic Medical Care	
Lack of primary care providers	0.6%
Dental Care	
Lack of in-plan providers	0.6%
Mental Health	
Lack of services and in-plan providers	5.2%
No description	3.4%
Lack of services and in-plan providers for pediatric mental health	2.9%
Insufficient insurance coverage	2.3%
Stigma regarding mental health treatment	1.7%
Difficulty navigating insurance	0.6%
Specialty Care	
Difficulty with referrals/care coordination	2.3%
Lack of services and in-plan providers	1.7%
Lack of convenient appointment times	0.6%
Medicine and Supplies	
Insufficient medication coverage	3.4%
Uninsured	0.6%
Doctor-related prescription issues	0.6%
Pharmacy-related prescription issues	0.6%
Inconvenience	0.6%
General	
Insufficient insurance coverage	2.9%
Difficult for disabled residents to access services and providers	1.1%
Lack of Medicare providers and insufficient coverage	0.6%
Difficulty navigating insurance	0.6%
Lack of providers	0.6%
Uninsured or underinsured	0.6%
No description	0.6%

*Percentages are based on the number of “Other” responses received from the Inova Health System respondents as a whole.

N= 174

Source: Inova Community Survey, 2012.

4. Health Behaviors

Respondents were asked about health risk behaviors and outcomes as well as the vaccines and screenings they have received.

Exhibit 67 illustrates the percentage of residents who reported adverse risk behaviors and outcomes. Being overweight and not exercising on a regular basis were the most frequently cited behaviors in the community.

Exhibit 67: Survey Responses, 2012 – Risk Behaviors

Behaviors	Percent of Respondents	Total Respondents (N)
Overweight	47.5%	(160)
No regular exercise	41.9%	(155)
Former smoker	31.6%	(158)
Children or grandchildren overweight	16.3%	(160)
Current smoker/tobacco user	5.6%	(162)

Source: Inova Community Survey, 2012.

48% of respondents reported being overweight

Exhibit 68 presents the percentage of respondents who reported receiving certain vaccines by sex and age cohort. The percentage of respondents aged 45 and older who received hepatitis A vaccines, males aged 45 and older who received hepatitis B vaccines, females who received a pneumonia vaccine, and respondents aged 45+ who received Tdap vaccines compared unfavorably to other cohorts. Fewer than 35 percent of respondents reported receiving human papillomavirus (HPV), meningococcal, varicella, and zoster vaccines.

Exhibit 68: Survey Responses, 2012 – Vaccines

Vaccine	Percent of Respondents by Age			
	Males 15-44	Females 15-44	Males 45+	Females 45+
Flu / influenza in the last year	80.0%	77.5%	86.7%	87.4%
Hepatitis A	40.0%	45.0%	13.3%	27.6%
Hepatitis B	40.0%	70.0%	20.0%	39.1%
Human papillomavirus (HPV) before the age of 26	0.0%	17.5%	-	-
Meningococcal	0.0%	32.5%	0.0%	2.3%
MMR (measles, mumps, rubella) if you were born after 1957	80.0%	75.0%	-	-
Pneumonia / pneumococcal	0.0%	15.0%	46.7%	23.0%
Tdap (tetanus, diphtheria, pertussis) every 10 years	80.0%	85.0%	40.0%	55.2%
Varicella (chicken pox) if you've never had chicken pox	0.0%	15.0%	13.3%	8.0%
Zoster (shingles) if you are age 60+	-	-	33.3%	19.5%

Males 15-44 (N = 5), females 15-44 (N = 40), males 45+ (N = 15), females 45+ (N = 87)

Source: Inova Community Survey, 2012.

Exhibit 69 identifies the percentage of respondents who reported receiving certain health screenings by sex and age cohort. The percentage of females aged 45 and older who were screened for cervical cancer and the percentage of males aged 15-44 who were screened for high or low blood sugar compared unfavorably to other cohorts. Twenty-five percent or fewer male respondents and females aged 45 and older reported being screened for sexually transmitted infections.

Exhibit 69: Survey Responses, 2012 – Health Screenings

Preventive Screening	Percent of Respondents by Age			
	Males 15-44	Females 15-44	Males 45+	Females 45+
Breast cancer (mammogram) in the last year	-	-	-	80.6%
Colorectal cancer (colonoscopy) in the last 5 years	-	-	68.8%	63.4%
Cervical cancer (Pap test)	-	84.2%	-	53.8%
High cholesterol	66.7%	71.1%	100.0%	76.3%
High or low blood pressure	100.0%	73.7%	93.8%	82.8%
High or low blood sugar	33.3%	60.5%	87.5%	61.3%
Prostate cancer in the last year	-	-	75.0%	-
Sexually transmitted infections	0.0%	42.1%	25.0%	9.7%

Males 15-44 (N = 3), females 15-44 (N = 38), males 45+ (N = 16), females 45+ (N = 93)

Source: Inova Community Survey, 2012.

Individuals Providing Community Input

Thirty-three key stakeholders participated in the interview process. The 33 stakeholders were comprised of public health experts; individuals from health or other departments and agencies; leaders or representatives of medically underserved, low-income, and minority populations; and other community members (**Exhibits 70, 71, 72, and 73**).

1. Public Health Experts

Individuals interviewed with special knowledge of or expertise in public health include (**Exhibit 70**):

Exhibit 70: Public Health Experts Interviewed

Name	Title	Affiliation or Organization	Special Knowledge or Expertise
Dr. Gloria Addo-Ayensu	Health Director	Fairfax County Health Department	Through her work at the Fairfax County Health Department, Dr. Addo-Ayensu has specialized knowledge of the public health needs of Fairfax County residents.
Anthony Burchard	President	Inova Health System Foundation	Mr. Burchard has special expertise in public health due to his time funding and planning public health programs through Project Hope.
Dr. Stephen A. Haering	Health Director	Alexandria Health Department (Virginia Department of Health)	Dr. Haering is a Diplomate of the American Board of Preventive Medicine (specialty: Public Health & General Preventive Medicine) and a Fellow of the American College of Preventive Medicine. Dr. Haering has more than 10 years of experience in various public health settings. He has worked with the Virginia Department of Health since 2008 and has served as the Health Director of the Alexandria Health Department since August 2010.
Francine Jupiter	Mt. Vernon District Rep.	Fairfax County Health Care Advisory Board	Ms. Jupiter's educational background is in public health; she has worked as the Director of Social Services at Alexandria City Health Department, is a member of the Fairfax County Health Care Advisory Board, and is particularly knowledgeable about medical insurance claims issues and patient advocacy.
Dr. Charles Konigsberg, Jr.	Board Vice President	Alexandria Neighborhood Health Services Inc.	Dr. Konigsberg has special expertise in public health through his career in health departments in four states; he is the former Health Director at the Alexandria City Health Department.

2. Health or Other Departments or Agencies

Several interviewees were from departments or agencies with current data or other information relevant to the health needs of the Inova Mt. Vernon community (**Exhibit 71**). This list excludes the public health experts identified in **Exhibit 70**.

Exhibit 71: Individuals from Health Departments or Agencies Interviewed

Name	Title	Affiliation or Organization
Kerry Donley	Vice Mayor	City of Alexandria
William Euille	Mayor	City of Alexandria
Michele Evans	Deputy City Manager	City of Alexandria
Rosalyn Foroobar	Deputy Director of Health	Fairfax County Health Department

3. Community Leaders and Representatives

The following individuals were interviewed because they are leaders or representatives of medically underserved, low-income, and/or minority populations (**Exhibit 72**). This list excludes the public health experts identified in **Exhibit 70**.

Exhibit 72: Community Leaders or Representatives Interviewed

Name	Title	Affiliation or Organization	Nature of Leadership Role
Mary Agee	Executive Director	Northern Virginia Family Services	Mrs. Agee represents the underserved patients who receive services at Northern Virginia Family Services and the low-income workers who are connected with healthcare jobs through the Training Futures program.
Anne Andrews	Member, Board of Directors	Alexandria Neighborhood Health Services Inc.	As a Board Member at Alexandria Neighborhood Health Services, Inc. (ANHSI), Anne Andrews serves as a representative of the low-income population receiving services at the clinic.
George Barker	Senator	Virginia General Assembly	Senator Barker represents vulnerable populations in Northern Virginia who seek public health services.
Dr. Ji-Young Cho	Program Director	Korean Community Service Center of Greater Washington	Dr. Cho serves as a leader of the Asian American community who utilize services and programs through the Korean Community Service Center of Greater Washington.
Rosalyn Foroobar	Deputy Director of Health	Fairfax County Health Department	Dr. Foroobar represents the low-income and uninsured residents receiving health services through the health department.
Denise Garcia	ADA Compliance Administrator	Inova Health System	Ms. Garcia represents populations in Northern Virginia who require resources and facilities that are ADA compliant.
Herb Lea	Executive Director Chair	United Community Ministries	Mr. Lea represents the underprivileged populations receiving services at United Community Ministries.
Nury Marquez	Executive Director	Hispanic Committee of Virginia	Ms. Marquez is an active community leader who represents the Hispanic population in Northern Virginia.
Christina Stevens	Program Director	Community Health Care Network	Ms. Stevens represents the uninsured residents receiving services through the Fairfax County Community Health Care Network (CHCN).
Rod Williams	VP, Community Affairs	Inova Health System	Mr. Williams represents the underserved populations receiving support through Inova's programs that provide nutritional support, healthy habits education, and community based learning.
Dr. Tom Wilson	Executive Director	Northern Virginia Dental Clinic	Dr. Wilson represents vulnerable populations receiving dental care at the Northern Virginia Dental Clinic and at events, such as Mission of Mercy, that help underserved populations receive dental care.

4. Persons Representing the Broad Interests of the Community

Exhibit 73: Other Interviewees Representing the Broad Interests of the Community

Name	Title	Affiliation or Organization
Huey J. Battle	Regional Manager, Community Involvement	Washington Gas Chair, VA Workforce Council
Marlene Blum	Chairwoman	Fairfax County Health Care Advisory Board
Sharon Bulova	Chairman	Fairfax County Board of Supervisors
Luanne Gutermuth	Vice President of Human Resources & Organization Development	Washington Gas
Dr. Vera Dvorak	Medical Director for Case Management	Inova Health System
Dr. Loring Flint	Executive Vice President & Chief Medical Officer	Inova Health System
William H. Gary, Sr.	Vice President	Northern Virginia Community College
Dr. J. Martin Lebowitz	At-Large	Fairfax County Health Care Advisory Board
Peggy Maddox	Health Administration & Policy Chair/Professor, College of Health & Human Services	George Mason University
Lori Morris	Vice Chair	Inova Health Care Services Board
Nicole Paulk	VP, Strategic Planning/Innovation	Inova Health System
Dr. Robin Remsburg	Professor and Director, School of Nursing	George Mason University
David West	Lee District Rep.	Fairfax County Health Care Advisory Board
Dr. Timothy Yarboro	At-Large	Fairfax County Health Care Advisory Board

SOURCES

- 111th U.S. Congress. (2010, March). Patient Protection and Affordable Care Act (PPACA).
- The 2012 Executive Budget Document. (2012). Retrieved August, 2012 from <http://dpb.virginia.gov/budget/buddoc12/index.cfm>.
- Alexandria City Public Schools. (February 2008). *Youth Risk Behavior Survey: Final Report*. Retrieved 2012, from http://alexandriava.gov/uploadedfiles/mhmrsa/info/youth_topics_030708/YRBSReport_Final.pdf
- Alexandria Homeless Services Coordinating Committee. (2010). *Homeless Enumeration Narrative Reports Alexandria 2010*. Retrieved 2011, from <http://www.alexandriava.gov/uploadedFiles/mhmrsa/HOMELESS%20ENUMERATION%20NARRATIVE%20REPORTSalexandria.pdf>
- Braintree Solution Consulting. (June 2008). *A Snapshot of Human Development in Alexandria: A Needs Assessment of the Alexandria Human Services System*. Retrieved 2011, from <http://alexandriava.gov/uploadedFiles/achso/FinalNeedsAssessment.pdf>
- Centers for Medicare and Medicaid Services. (2012). CMS Impact File.
- Claritas, Inc. (2011). Demographic and Households Data.
- The Commonwealth Institute. (May 2012). *Under Pressure: The State of Working Northern Virginia*. Retrieved 2012, from http://www.thecommonwealthinstitute.org/wp-content/uploads/2012/05/120508_under_pressure.pdf
- Dignity Health. (n.d.). *Community Needs Index*. Retrieved 2012, from <http://cni.chw-interactive.org/>
- Fairfax County Department of Systems Management. (2000). *2000 Fairfax – Falls Church Community Assessment*. Retrieved 2011, from http://www.fairfaxcounty.gov/demogrph/pdf/2000comm_assess.pdf
- Fairfax County Public Schools and Department of Neighborhood & Community Service. (September 2011). *School Year 2011-2012 Fairfax County Youth Survey*. Retrieved 2012, <http://www.fairfaxcounty.gov/demogrph/youthpdf.htm>
- Federal Bureau of Investigation. (2012). Uniform Crime Reports.
- Federal News Radio (2012). Retrieved in April 2012, from <http://www.federalnewsradio.com/?nid=&sid=2731380>
- George Mason University. (March 2012). *Recommendations to the Fairfax County Health Care Reform Implementation Task Force*. Retrieved May 2012, from <http://chpre.org/wp-content/uploads/2012/04/Final-GMU-Fairfax-County-FINAL-Report-4-3-12.pdf>
- Health Systems Agency of Northern Virginia. (2011). Discharge Data.
- Inova Health System. (2011). Discharge Data.
- Inova Health System. (2011). Emergency Department Data.

- Internal Revenue Service. (2012). Instructions for Schedule H (Form 990).
- The Metropolitan Washington Council of Governments. (2012). Demographic Data.
- The Metropolitan Washington Council of Governments. (2012). Homeless in Metropolitan Washington: 2012 Count.
- The Metropolitan Washington Council of Governments & Washington Regional Association of Grantmakers. (June 2009). *Community Health Status Indicators for Metropolitan Washington, 2009*. Retrieved 2012, from <http://www.mwcog.org/uploads/publications/zVZdWA20090623085814.pdf>
- Northern Virginia Health Foundation. (September 2011). *Oral Health in Northern Virginia*. Retrieved 2012, from <http://novahealthfdn.org/wp-content/uploads/NVHF-OralHealth-Report-FINAL.pdf>
- Partnership for a Healthier Fairfax. (September 2011). *Community Health Status Assessment Report*. Retrieved 2012, from <http://www.fairfaxcounty.gov/hd/mapp/pdf/comm-health-assessment.pdf>
- Virginia Department of Education. (2012). National School Lunch Program Data.
- Virginia Department of Health. (2008). Cancer Statistics in Virginia.
- Virginia Department of Health. (2011). *Inequities in Birth Outcomes in Northern Virginia*. Retrieved 2011, from <http://www.vdh.state.va.us/healthpolicy/policyanalysis/documents/Inequities-in-Birth-Outcomes-NOVA.pdf>
- Virginia Department of Health, Office of Licensure and Certification. (2012). Directory of Inpatient Hospitals and Outpatient Surgical Centers in Virginia.
- Virginia Department of Health. (2012). TB Statistics by Virginia Region.
- Virginia Department of Health. (2012). Virginia Health Statistics.
- Virginia Department of Health. (2011). Virginia Surveillance Quarterly Report.
- Virginia Department of Social Services. (2012). SNAP and TANF Data.
- Voices for Virginia's Children. (July 2009.) *Self-Portrait of Youth in Northern Virginia*. Retrieved July 2012, from http://vakids.org/pubs/NoVA/YouthSurvey_Web.pdf.
- Urgent Matters. (March 2004). *An Assessment of the Safety Net in Fairfax County, Virginia*. Retrieved 2012, from http://urgentmatters.org/media/file/aboutProject_reports_Final_Fairfax.pdf
- U.S. Bureau of Labor Statistics. (n.d.). Retrieved 2012, from <http://www.bls.gov/>
- U.S. Census Bureau. (n.d.). Retrieved 2012, from <http://www.census.gov/>
- U.S. Centers for Disease Control and Prevention. (n.d.). *Behavioral Risk Factor Surveillance System*. Retrieved 2011, from <http://www.cdc.gov/brfss/>
- U.S. Centers for Disease Control and Prevention. (2009). The Power to Prevent, The Call to Control: At a Glance 2009. Retrieved August 2012, from <http://www.cdc.gov/chronicdisease/resources/publications/AAG/chronic.htm>

- U.S. Department of Agriculture. (n.d.). Retrieved 2012, from <http://www.ers.usda.gov/Data/FoodDesert/>
- U.S. Department of Health and Human Services. (n.d.). *Community Health Status Indicators Project*. Retrieved 2012, from <http://www.communityhealth.hhs.gov/homepage.aspx?j=1>
- U.S. Department of Housing and Urban Development. (2012). Section 8 Housing Data.
- U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2011, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>
- U.S. Health Resources and Services Administration. (n.d.) *Guidelines for Medically Underserved Area and Population Designation*. Retrieved 2011, from <http://bhpr.hrsa.gov/shortage/muaps/index.html>.
- U.S. Health Resources and Services Administration. (n.d.). Retrieved 2011, from <http://www.hrsa.gov/index.html>
- University of Wisconsin Public Health Institute and Robert Wood Johnson Foundation. (n.d.). *County Health Rankings: Mobilizing Action Toward Community Health*. Retrieved 2012, from <http://www.countyhealthrankings.org/>
- Washington AIDS Partnership and Kaiser Permanente. (April 2010). *The Profiles Project: How the Washington, DC Suburbs Respond to HIV/AIDS*. Retrieved July 2012, from <http://www.mosaica.org/Resources/HIVAIDS/ProfilesProject.aspx>.