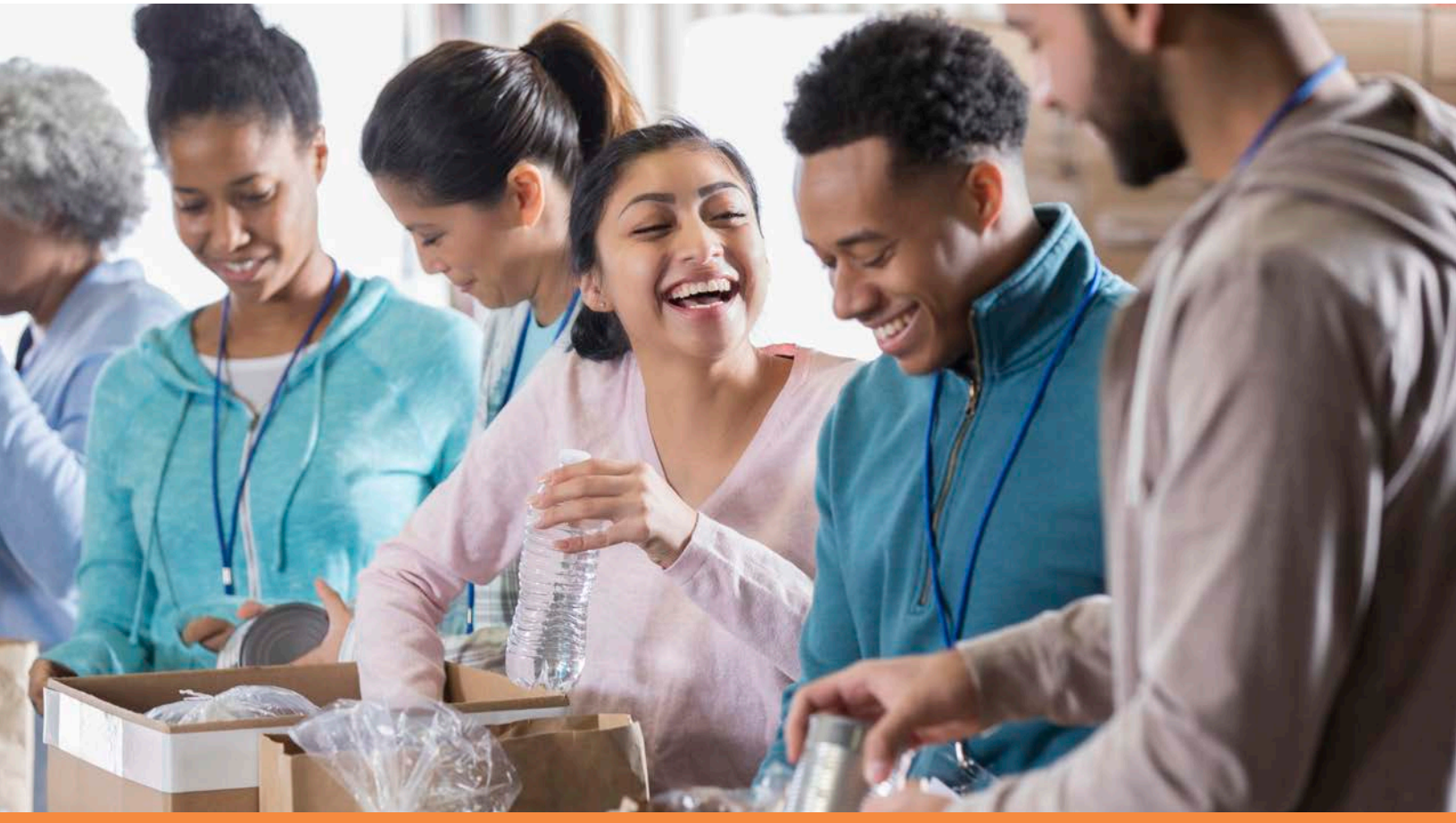
2019 Alexandria Community Health Assessment



INOVA

ALEXANDRIA HEALTH DEPARTMENT
Protecting and Promoting Health

Acknowledgments

This Community Health Assessment reflects the work and contributions of many community stakeholders and governmental partners across the Alexandria community. Sincere appreciation is extended to those who so graciously shared their expertise throughout the process. A special note of gratitude is owed to the following individuals and organizations for their time, commitment and insight in the development of this report.

Alexandria Health Department Staff

Stephen Haering, MD, MPH, FACPM, Health Director
Natalie Talis, MPH, Public Health Planner
Brandie Temple, MPH, Senior Population Health Epidemiologist
Nechelle Terrell, HIV/AIDS Prevention Coordinator
Janine McCormick, Executive Secretary
Shakilla Jackson, Administrative Assistant
Marcella Sikon, MPH, Environmental Health Specialist
Ionela Lutai, MPA, MRC Coordinator
All AHD employees and Medical Reserve Corps members who volunteered at public health pop-ups and community meetings

Inova

Rachel Lynch, MPH, Director of Community Health Improvement
Karen Berube, VP of Population Health
Rachel Arnold, Creative Services Manager
Melanie Schmidt, Marketing Communications Executive

Community Members and Partner Organizations

CHA Steering Committee (full list of members available in Appendix A)
Partnership for a Healthier Alexandria Steering Committee
Arlington County Health Department
Fairfax County Health Department
Loudoun County Health Department
Prince William Health District
James Bryant, Principal GIS Analyst for City of Alexandria Information Technology Services
Sierra Lantham, Demographer for City of Alexandria
Department of Planning and Zoning
All partner organizations that hosted a public health pop-up, shared surveys, or promoted community health meetings

Photos in this report include submissions by community members as part of the CHA PhotoVoice initiative. Published with permission.

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alexandriava.gov/Health

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

Executive Summary

What Makes a Community Healthy?

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

The Process

In 2018, Inova Health System (Inova) and the health departments of Alexandria, Arlington, Fairfax, Loudoun and Prince William came together to develop a common vision for assessing the region's health. Historically, both health departments and non-profit hospitals conduct periodic assessments of the health and health needs of their communities. For the purpose of this joint assessment, the terms Community Health Needs Assessment (CHNA) and Community Health Assessment (CHA) are used interchangeably.

The collaborative shared expertise, best practices and resources to produce the framework for a regional health assessment process. From spring 2018 to summer 2019, Inova and Alexandria Health Department facilitated a CHNA in Alexandria to develop a complete picture of health locally. This CHNA is a community-centered and data-driven approach to uncover the top health issues by using surveys, local statistics and public input.

What We Learned About Health in Alexandria

While Alexandria is relatively healthy overall, community members have significant differences in health outcomes depending on race, gender, age, income, ZIP code and education. The top 10 health issues identified in Alexandria, listed alphabetically, are: **chronic conditions; economic stability; healthcare access; injury and violence; mental health; neighborhood and built environment; obesity, nutrition, and physical activity; oral health; sexual and reproductive health; and tobacco and substance use.**

Next Steps

Using the information from this assessment, along with community input, the Alexandria Health Department and Partnership for a Healthier Alexandria will develop a multi-year Community Health Improvement Plan (CHIP), and Inova Alexandria Hospital (IAH) will develop an Implementation Plan to address significant health needs. The Implementation Plan will feature measurable, actionable strategies to address Alexandria's most pressing community health concerns. All community members are encouraged to provide input and craft solutions.

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

Why is Community Health Important in Alexandria?

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

A CHNA explores:

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

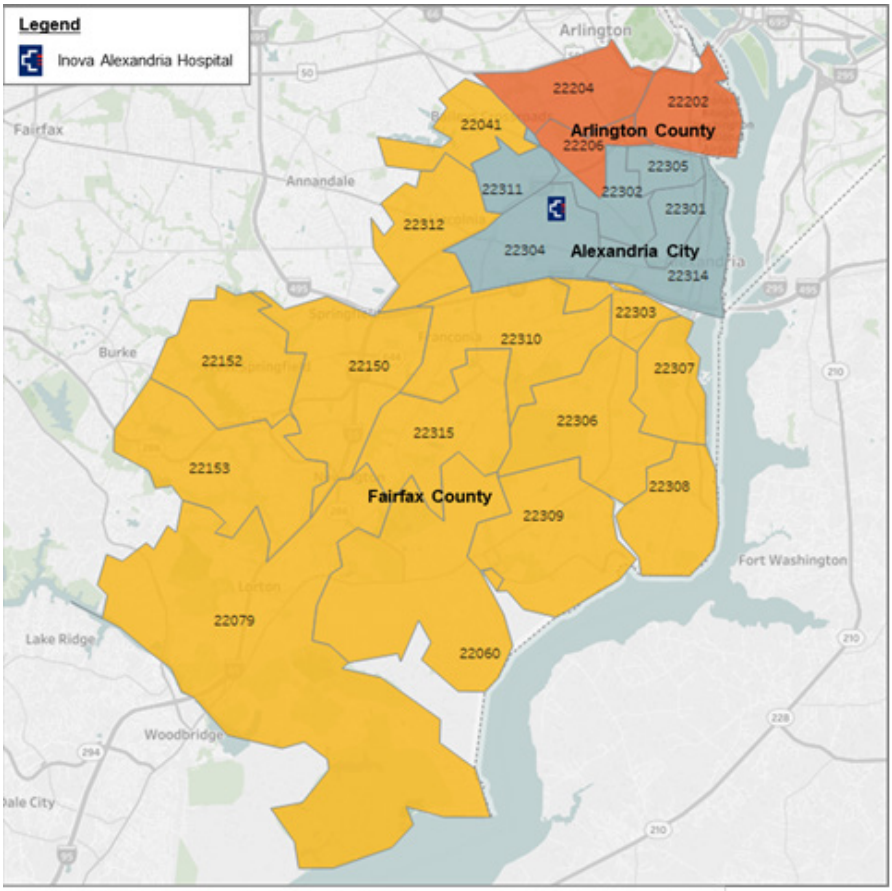
This CHNA features a new approach to assess the most significant health concerns in Northern Virginia through a collaboration of health departments, hospitals, community coalitions, councils and steering committees and the residents who live, work and play in the region. This assessment was developed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

Background

Who is the Community?

Alexandria is a vibrant community of 154,710 people with a rich history and bright future. The city's waterfront location, historic neighborhoods, and proximity to Washington, D.C., make it an ideal destination to live, work, learn, and play. Figure 1 is a map of the Inova Alexandria Hospital (IAH) Community.

FIGURE 1



Source: Tableau and Inova Health System, 2018

The Alexandria community overall is educated, healthy and relatively high-income. However, there are substantial differences in life expectancy, health outcomes and opportunities depending on who you are and where you live. The community is incredibly diverse – only half of all residents identify as a White, Non-Hispanic. Compared to Virginia and national averages, there is a higher proportion of the population that is linguistically isolated. Additionally, while median income is $93,400, about one in 10 residents live in poverty, including almost one in five children.

Table 1 and Figure 2 provide a summary of Alexandria's population. See Appendix B for a comprehensive overview.

TABLE 1

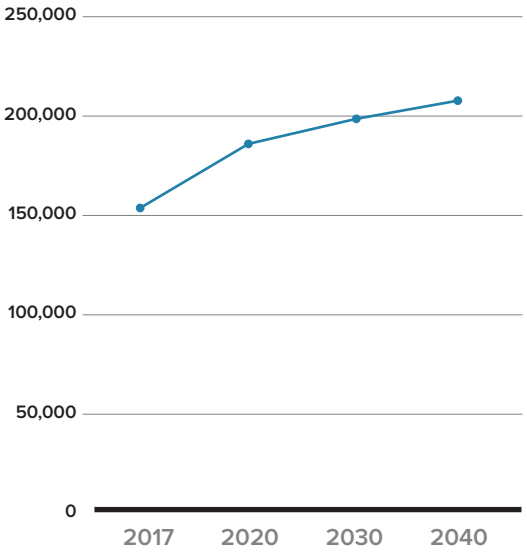
City of Alexandria Population Estimates and Demographic Overview

	2017 POPULATION ESTIMATE	PROPORTION OF POPULATION
Total population	154,710	100%
Age		
0-19	29,705	19%
20-34	42,693	29%
35-44	28,520	18%
45-54	20,937	14%
55-64	16,616	11%
65+	16,239	10%
Sex		
Male	74,501	48%
Female	80,209	52%
Race/Ethnicity		
Black or African American, non-Hispanic	33,557	22%
White, non-Hispanic	80,143	52%
Other race, non-Hispanic	5,656	4%
Asian or Pacific Islander, non-Hispanic	9,451	6%
Hispanic	25,900	17%

Source: ACS 2013-2017 five-year

FIGURE 2

City of Alexandria Population Estimates and Projections



Source: 2008-2012 and 2013-2017 five-year estimates and University of Virginia Weldon Cooper Center, Demographics Research Group Virginia Population Projections, 2017.

Regional Approach

In 2018, Inova and the health departments of Alexandria, Arlington, Fairfax, Loudoun and Prince William collaborated to develop a framework for a regional CHA. The framework provides standardized methods that take into account each community's unique resources, needs and values. It reduces duplication of efforts among the partners and encourages cooperative solutions on joint priorities. Each community conducted a local CHA, personalizing the regional framework.

In Northern Virginia, both communities and their non-profit hospitals conduct periodic assessments of the health and health needs of their communities. A CHNA is defined in the Patient Protection and Affordable Care Act of 2010 and applies to non-profit hospitals. The communities and health departments have traditionally used the term Community Health Assessment (CHA) for this process, which comes from the National Association of County & City

Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process (naccho.org/mapp). For the purpose of this joint assessment, the terms CHNA and CHA are used interchangeably.

This report provides an overview of Alexandria's health assessment. There will also be a joint report assessing the health of the entire region.

Comprehensive Review

Health is more than the absence of disease. It is shaped by policies, neighborhoods and opportunities. In addition to reviewing health behaviors, and outcomes, the collaborative looked at housing, education, transportation, employment status, and food availability to create a fuller picture. Qualitative and quantitative data were analyzed and top health issues identified. See details on page 10.

Equity Focus

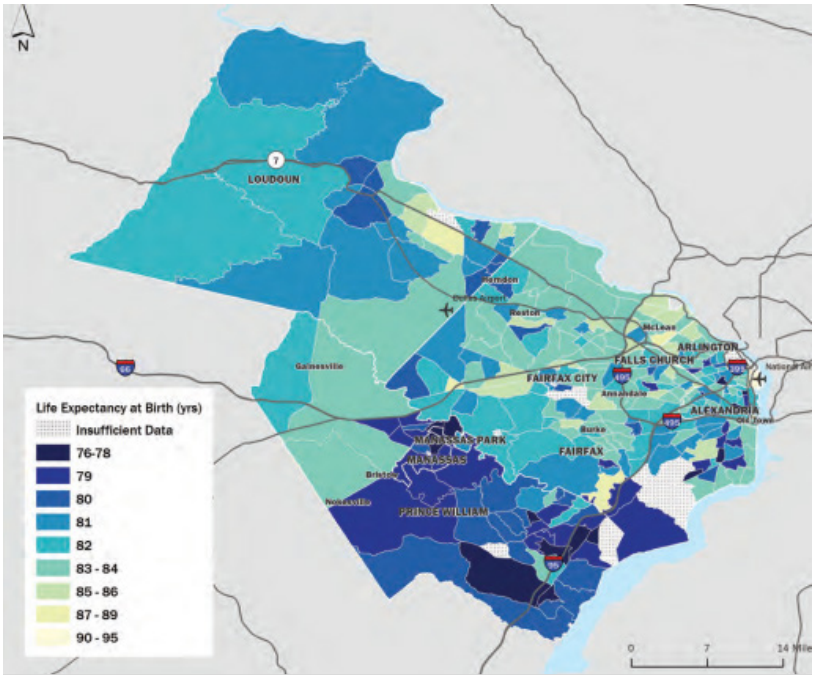
The collaborative chose to focus on health equity and disparities because thriving communities promote well-being for all residents. When compared to Virginia and the nation, Northern Virginia's health outcomes consistently rank high. However, the CHA looks beyond those numbers to review health differences by race, ethnicity, income, education, gender and ZIP code. The process encourages those most impacted by disparities to get involved and be part of the decision-making process. In Alexandria, there are stark contrasts in median income and educational attainment between neighboring census tracts (Appendix B), and average life expectancy at birth can vary by as much as eight years from one neighborhood to another (Figure 3). Where people live impacts their educational opportunities, economic stability, and ultimately their health and quality of life.

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

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

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

FIGURE 3
Life Expectancy Map



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Community-Centered

While a regional approach guided the CHA, each jurisdiction used its own process for community outreach and engagement. As much as possible, the process centered on existing resources, partnerships, and local needs and values. This method ensures that any new initiatives accurately reflect community priorities. Inova and the Alexandria Health Department planned and produced the Alexandria assessment. Each member of the team contributed to the assessment in different ways, utilizing individual strengths.

Throughout the CHA, the Alexandria Health Department (AHD) and Inova worked with community partners and developed public meetings, pop-up events and targeted outreach plans to engage residents who are not always represented. Following are the core strategies AHD used to capture a wide variety of community perspectives and priorities. Inova was an active participant in these activities but relied on AHD core strength in community engagement to lead the process. Throughout the assessment, input was received from diverse sources including the local health department, hospital staff, representatives of key community groups and individual community members.

Community Health Assessment Steering Committee

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

Public Meetings

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

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

PhotoVoice

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

PhotoVoice participants submitted more than 70 pictures and captions. A subset of this group met on August 9, 2018 to discuss the images and sort

them into categories. The resulting categories are: equitable access to green space, accessibility in our food system, community cohesion, children and youth, environment and mobility. A full gallery of the images are on Instagram @AlexHealthMatters.

Public Health Pop-Ups

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

In addition to the pop-ups, Inova and AHD staff worked with a number of local organizations to administer and collect surveys on their premises on an ongoing basis, such as the Department of Community and Human Services, the Alexandria Redevelopment and Housing Authority, Tenants and Workers United, and Casa Chirilagua. Finally, all AHD locations – 4480 King Street clinics and WIC, Teen Wellness Center at TC Williams, and the Casey Center – administered the survey to clients. Additionally, Inova promoted the online survey on its website and through community partners including safety net providers, social service agencies and others. The map of pop-ups and partner organization survey collection is available in Appendix A.

Assessing Health in the Community

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

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

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

FIGURE 4

Qualitative and Quantitative Data

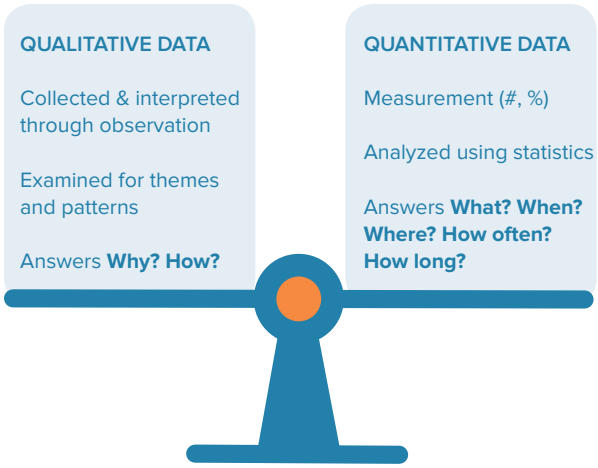


TABLE 2

Description of Health Assessments

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

Methods

Forces of Change Assessment (FOCA)

For this assessment, the CHA Steering Committee discussed trends, events and forces that affect health in Alexandria. Equity was central to the group's discussion about threats to health in the community. For example, the committee noted that a resident's ZIP code, socioeconomic status, race and legal status impact the resident's awareness of and access to available resources. That may include assets like walkable and bike-able streets and low-cost healthcare options.

The committee also noted opportunities and strengths that could support health. For example, the group mentioned Alexandria's growing, diversified local economy and the strong bonds between community members.

ALEXANDRIA VOICES

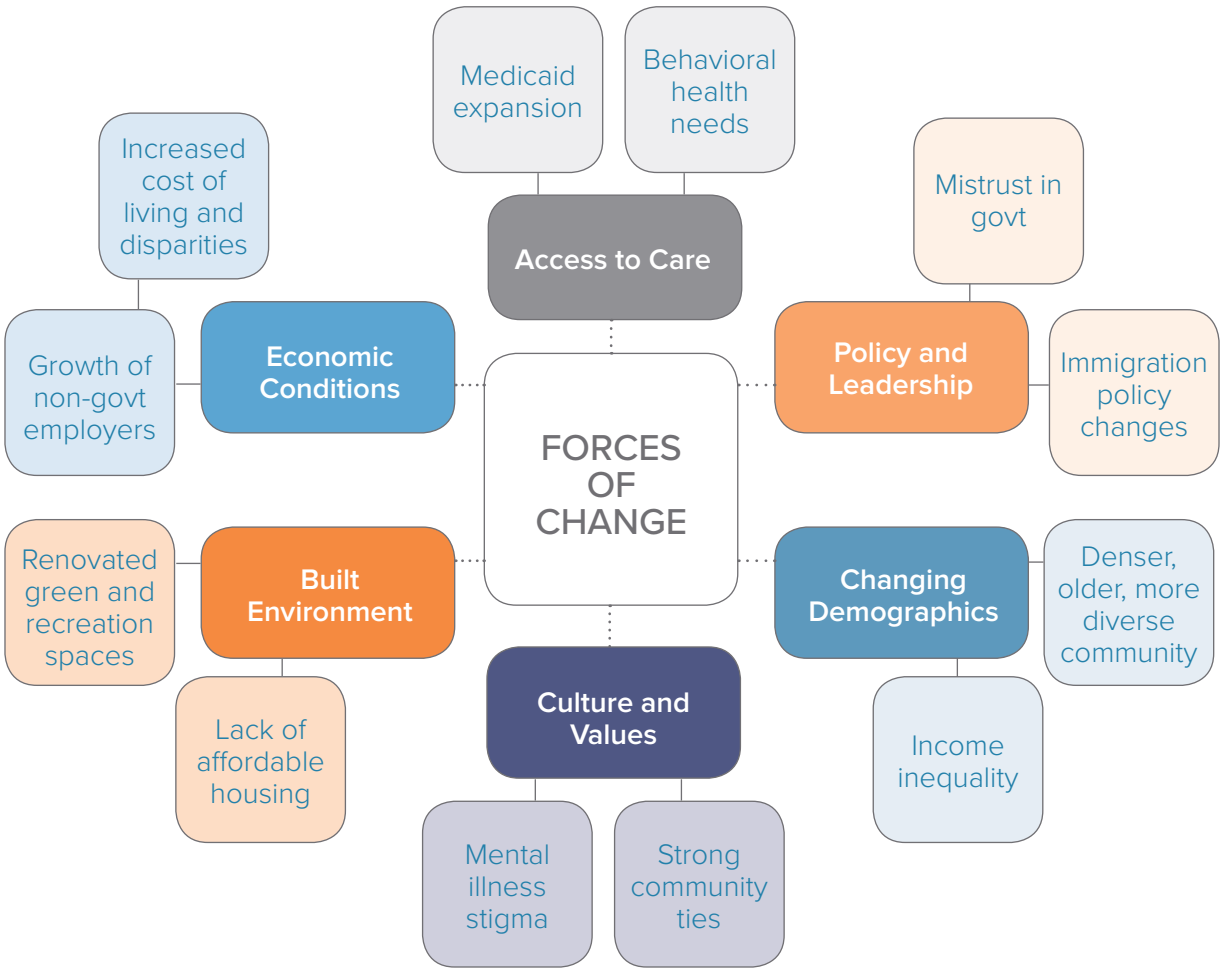
"It is disheartening to see low-income housing replaced by upscale luxury townhouses. Where are the displaced residents moving to? Away from public transportation and opportunity? Alexandria should be a community for all income levels. People are being displaced from their community and where they have called home."

-Anonymous

Figure 5 summarizes the frequently cited themes from the discussion. A full compilation of responses is in Appendix C.

FIGURE 5

Events, Trends and Factors that Affect Health



Community Themes and Strengths Assessment (CTSA)

This assessment was based on information collected through a three-question survey available to all Alexandria community members.

- What are the greatest strengths of our community?
- What are the most important health issues for our community?
- What would most improve the quality of life for our community?

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

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

ALEXANDRIA VOICES

Kierra U. faces complex mental health and medical challenges that homelessness and incarceration prevented her from addressing before. Now, she wants to take control of her health. She knows nutrition is important and is trying to eat a healthier diet, but she needs resources and medical providers to guide her.

TABLE 3

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

RANK	RESPONSE	# OF RESPONSES	% OF TOTAL RESPONSES
1	Diversity (social, cultural, faith, economic)	689	39%
2	Opportunities to be involved	433	25%
3	Safe place to live	419	24%
4	Educational opportunities (schools, libraries, vocational programs, universities)	393	22%
5	Access to healthy food	379	22%

TABLE 4

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

RANK	RESPONSE	# OF RESPONSES	% OF TOTAL RESPONSES
1	Mental health problems (depression, anxiety, stress, suicide)	629	37%
2	Alcohol, drug and/or opiate abuse	472	28%
3	Different health outcomes for different groups of people	439	26%
4	Violence and abuse	361	21%
5	Obesity	344	20%

TABLE 5

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

RANK	RESPONSE	# OF RESPONSES	% OF TOTAL RESPONSES
1	Affordable housing	870	53%
2	Access to healthcare	465	28%
3	Educational opportunities (schools, libraries, vocational programs, universities)	341	21%
4	Welcoming of diversity (social, cultural, faith, economic)	333	20%
5	Access to healthy food	314	19%

Community Health Status Assessment (CHSA)

The regional collaborative identified a core set of health indicators to examine across all jurisdictions. Some jurisdictions also examined additional metrics that are important to the community.

Indicators were selected based on best practices, data availability and local health department knowledge of emerging health issues. The data include rates and percentages of mortality, morbidity, and incidence and prevalence (death, chronic illness, and new and existing disease). Data were compiled from published secondary sources and surveys. Exploring data by age, race, sex, gender and geography allowed for consideration of health across the lifespan and supported a focus on equity.

Indicators reflect the most recent data as of November 2018. County or city-level data for all health-related issues, as well as breakdowns by population characteristics, were not consistently available, which means the amount of information within each health topic may be limited and varied.

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

ALEXANDRIA VOICES

> "I didn't raise my hand and say I want hepatitis C. I was born with a disease that's here to kill me. My body is shutting down, because my liver is so damaged. I've been discriminated against because of my disease; people aren't educated on it. It would help for the community to have more information on hepatitis C."
>
> *– Heather H.*

TABLE 6

CHSA: Summary of Disparities, Progress, and Benchmarks by Indicator Category

Indicator Category	Disparities	Progress	Benchmarks
Chronic health conditions (heart disease, diabetes, Alzheimer's, cancer)	☒	☑	☑
Economic stability (income inequality, poverty, housing costs)	☒	☒	☒
Educational opportunities (school climate, graduation rates, college)	☒	☑	☒
Health-related quality of life and well-being (life expectancy, quality of life rankings)	☒	☒	☒
Healthcare access (insurance coverage, healthcare disparities)	☒	☒	☒
Immunizations and infectious disease (infectious disease incidence, immunization rates)	–	☒	☒
Injury and violence (accidental injury, motor vehicle collision, assault)	☒	☒	☑
Maternal, infant and child health (infant mortality, teen births, prenatal care)	☒	☑	☒
Mental health (mental distress, suicide, depression)	☒	☒	☑
Neighborhood and built environment (food environment, commuting, green space)	☒	☒	☒
Obesity, nutrition, and physical activity (obesity, food insecurity, physical activity)	☒	☒	☒
Oral health (tooth loss, received dental services)	☒	☒	☒
Sexual and reproductive health (teen sexual health and pregnancy, HIV and STI)	☒	☒	☒
Tobacco and substance use and abuse (tobacco and e-cigarette use, alcohol and drug use)	☒	☒	☑

Legend:

	Disparities	Progress	Benchmarks
☒	>100% difference for most indicators	More indicators in category worsened.	More indicators in category have not met benchmarks.
☒	10-99% difference for most indicators	Same number of indicators are getting better or worse, or staying the same.	Same number of indicators in category have met or not met benchmarks.
☑	<10% difference for most indicators	More indicators in category improved.	More indicators in category have met benchmarks.
☒	Meets disparity criteria on state or national level, but local data not available.		
–	Data not available to assess.		

Top Health Issues

As described in each section above, themes were identified in each of the individual assessments. After completing all assessments, Alexandria Health Department, Inova and the CHA Steering Committee identified the top health concerns of the community. (See Appendix F for a full description of this methodology.) Following are descriptions for each of the significant health issues identified in Alexandria.

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

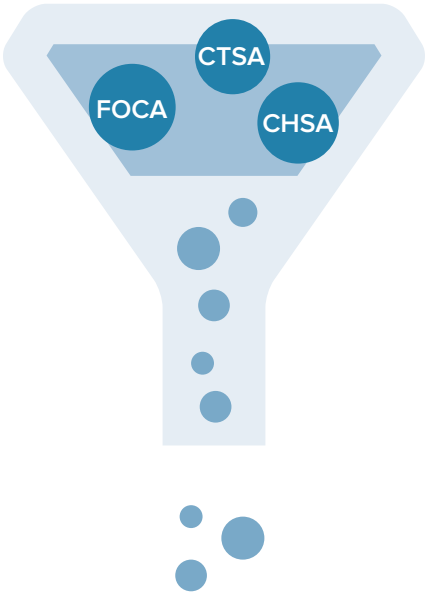
Chronic Conditions

A chronic condition is a health condition or disease that is long-term and affects a person's quality of life over time. This category contains hospitalization and death rates related to chronic conditions, such as asthma, heart disease, stroke, Alzheimer's disease and diabetes.

In the United States, six in 10 adults have a chronic disease, and these diseases are the leading causes of death and disability.[1] Chronic conditions can affect an individual's lifestyle and may require ongoing medical care. About 66% of the total healthcare spending in the United States is associated with costs for the 25% of people living with more than one chronic condition.[2] Chronic conditions can be connected to genetics and environmental factors as well as behaviors, such as tobacco use, poor eating habits, lack of or limited physical activity and alcohol use. The risk of chronic conditions increases with age – about 85% of older adults are living with at least one chronic condition, and 60% are living with at least two.[3] Chronic conditions disproportionately affect persons of color, especially Black or African Americans, and studies support a link between experiences of racism and risk of chronic illness.[4]

FIGURE 6

Strategic Priorities



Top Health Issues

Why This Matters in Alexandria

- Hypertension hospitalization rates among Black or African American residents are 12 times the rate of Whites. Hospitalization rates due to long-term complications from diabetes among Hispanic residents are four times the rate of Whites.
- Black or African American and White residents have similar rates of cancer diagnosis, but Black or African American residents are more likely to die from cancer compared to Whites.
- Residents in Alexandria's West End, specifically in ZIP code 22304, have the highest rate of adult asthma hospitalizations (10.0 per 10,000 population) while residents in Central Alexandria have the lowest rate (2.9 per 10,000 population).

- One in 10 (11%) Alexandrians with Medicare are living with Alzheimer's or dementia.
- CHA survey respondents over age 50 selected aging-related health concerns as one of the community's top health issues. The CHA Forces of Change discussion highlighted longer lifespans and chronic conditions as key components of changing demographics in Alexandria.

Economic Stability

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

Financial resources greatly determine a person's ability to achieve or improve optimal health. For example, health insurance is crucial for access to many healthcare services, but health coverage can be expensive, especially for those without coverage through an employer. Individuals may decide to postpone care because of these costs, which could lead to worse health outcomes for conditions, such as cancer and diabetes.[5] Outside of direct healthcare, behavior and lifestyle changes, such as eating healthier meals and living in neighborhoods with access to parks, healthy foods and transit can be out of reach. Finally, poverty, struggling to pay bills, and long and hard work hours can take a significant toll on mental health. The constant stress of living in unstable conditions can exacerbate existing mental illness and affect child brain development.[6]

Why This Matters in Alexandria

- The percent of Hispanic children (24%) and Black or African American children (30%) living below the federal poverty level is about eight to nine times the percent of White children (3%).
- More than half (58%) of ACPS students are eligible for free and reduced price meals. In some ACPS schools, almost 90% of students are eligible.
- While median household income in Alexandria is high overall ($89,200 per year), median household income for Black or African American residents ($52,494 per year) is about half that of White, non-Hispanic residents ($112,824 per year).
- More than a third of Alexandrians (35%) report worrying about paying rent or mortgage in the last year. The average amount of time eligible

families spend on housing support waiting lists in Alexandria is four years and nine months.

Healthcare Access

The ability to use high quality and affordable health services in a timely manner is critical to maintaining good health and well-being. Measures include the percentage of adults and children with insurance, patient-to-provider ratios and rates of preventive screenings.

Access to healthcare can have an impact across a person's lifespan, and can affect quality of life, life expectancy, disease prevention and preventable death.

The high cost of health and inadequate or no health insurance can prevent an individual from seeking care. In addition to cost, many other barriers contribute to access issues and unmet healthcare needs, such as transportation, health literacy, mistrust, discrimination, cultural sensitivity and difficulty navigating the healthcare system.[7] As a result, access to healthcare often varies based on demographics and location.

Why This Matters in Alexandria

- About 20,800 people in Alexandria are uninsured (14%). One-quarter of those residents are paid less than the Federal Poverty Level (FPL). Black or African American (31%) and Hispanic residents (43%) are disproportionately uninsured.[8]
- The majority (72%) of Alexandria's uninsured population are foreign-born residents, and most (61%) are not citizens. Nearly half (48%) of all non-citizens in Alexandria are uninsured.[8]
- High school students of color are less likely than their White peers to report having a well check in the past two years or having a usual doctor to see when they are sick.
- Black or African American residents with Medicare have nearly twice the rate (65.8 discharges per 1,000 enrollees) of preventable hospital stays compared to Whites (37.6 discharges per 1,000 enrollees).
- "Access to healthcare" was the number two quality of life concern for CHA survey respondents and ranked consistently high across demographic groups. Access to care was also a major theme in the Forces of Change discussion, with a focus on the opportunities resulting from Medicaid expansion.

Injuries and Violence

Injuries and violence are concerns across the lifespan. This category includes behaviors and events, such as falls, motor vehicle accidents, domestic and sexual abuse, seatbelt use while driving and alcohol use prior to sexual encounters.

Injury and violence are a leading cause of death and disability across the U.S. For example, injuries from car accidents are the leading cause of death in children under 19 nationally.[9] Most of these incidents are preventable with awareness and education, and the right policies and systems in place. Beyond physical concerns, injuries and violence can also affect mental health, and in some circumstances lead to conditions, such as traumatic brain injury and post traumatic stress disorder. In the U.S., one in three women and one in six men experience some form of sexual violence in their lifetime.[10]

Why This Matters in Alexandria

- One out of five (21%) CHA survey respondents selected violence and abuse as a top health issue in Alexandria. Violence and abuse ranked

second highest among survey respondents who are Hispanic or Latino.

- All-cause injury and violent death rates (42.0) have increased, and deaths related to unintentional falls (12.2) doubled from the prior year. Alexandria also had increases in firearm deaths, motor vehicle deaths, poisoning deaths, and death related to traumatic brain injury.
- About 30% of high school students report texting or emailing while driving, and one in five (20%) report riding with a drunk driver.
- Eleven percent of male high school students report carrying a weapon in the past month, and 6% report being approached by a gang. About 16% of high school students overall report being in a physical fight in the past year.

Mental Health

Mental health is important at every stage of life and includes conditions and illnesses that affect thoughts, feelings, mood and/or behavior. Mental health also includes emotional, psychological and social well-being. This category includes depression and suicide rates, self-reported poor mental health days and frequency of mental distress.

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

Mental health conditions and illnesses can be long-term, short-term and/or recurring. Examples of mental illness include depression, anxiety, bipolar disorder, post traumatic stress disorder and schizophrenia. Mental health and physical health

ALEXANDRIA VOICES

Lisa experiences severe mental health problems, including anxiety, sleeping disorders, and anger management – the result of years of trauma from abuse, sexual assault and child loss. The free mental health services she receives are a lifeline; without them, she would not be able to manage her mental health needs.

are closely related – mental illness increases the risk of physical health problems and living with a chronic condition can increase the risk of mental illness.[11] Mental illness also increases the risk of suicide. About 60% of people who die by suicide have had a mental illness.[12]

Why This Matters in Alexandria

- Female high-school students seriously consider suicide and attempt suicide at twice the proportion of male students. Among female students who attempt suicide, 11% report needing treatment for injury—five times the proportion of male students.
- More than half (58%) of high school students who identify as lesbian, gay, or bisexual (LGB) report experiencing sad or hopeless feelings for more than two weeks, and a higher proportion of LGB high school (16%) and middle school (28%) students report attempting suicide compared to their heterosexual peers (3% and 4% respectively).

- One in five adults (21%) report poor mental health lasting more than five days, and 12% of people enrolled in Medicare have depression.
- Males (all ages) have three times the suicide rate as females. However, females are hospitalized for self-harm at twice the rate of males.
- CHA survey respondents selected mental health problems as the number one health concern in Alexandria. Forces of Change discussion participants noted mental illness stigma and access to behavioral health services as a key issue.

Neighborhood and Built Environment

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

Community conditions can create either opportunities or barriers for a healthy life. Clean, safe neighborhoods with ample green space, complete sidewalks and low-crime rates support physical activity. Alternately, a high density of fast food restaurants, easy access to alcohol and tobacco products, and a lack of public transportation can encourage unhealthy habits. In addition, housing quality, cost, stability, and safety can significantly influence health. For example, poor quality housing with issues, such as lead paint, mold and pests can trigger asthma flare-ups, particularly in children.[13] The high cost of housing is also a major issue in Northern Virginia, and individuals or families are forced to make difficult decisions about lifestyle choices and medical care.

Why This Matters in Alexandria

- Forty-four percent of Alexandrians spend more than 30% of their income on rent. More than half (57%) of elderly Alexandrians spend more than 30% of their income on housing.
- Forty-five percent of workers with a long commute report driving alone to work, while only 22% of workers commute via public transit, and 4% walk.
- Affordable housing was the number one quality of life concern for survey respondents across all demographics.
- The CHA Forces of Change discussion identified affordable housing and the need for renovated green space as major themes.

Obesity, Nutrition and Physical Activity

Good nutrition, regular physical activity and a healthy body weight decrease the risk of developing chronic conditions, such as diabetes, heart disease, stroke, cancer and depression. Measures in this category include the percent of adults and kids who are overweight or obese, food insecurity rates and level of physical activity.

Adopting healthy habits help those with chronic conditions improve health and/or maintain well-being. Since the 1980's, the U.S. has experienced a dramatic increase in obesity – four in 10 adults and about one in six children and adolescents are obese.[14] Obesity and related unhealthy behaviors can increase the risk of chronic conditions, such as heart disease, stroke and type 2 diabetes.

Thoughtful community planning that includes grocery stores with fresh produce, parks, public transportation and recreation opportunities encourage healthier behaviors. Beyond these environmental factors, community members must be able to afford healthy foods and know how to prepare them. Healthy habits are much easier to maintain with the right access, knowledge and affordability.

Why This Matters in Alexandria

- CHA survey respondents selected access to healthy food (fruits and vegetables) as one of the top five quality of life concerns in Alexandria.
- About one in 10 children (11%) in Alexandria are food insecure, and more than one in four (28%) adults report feeling worried about affording nutritious meals in the past 12 months.
- Twenty-two percent of adults report being obese, and 81% report consuming fruits and vegetables less than the recommended five times per day.
- About one in three (30%) Hispanic kindergartners and one in five (21%) Black or African American kindergartners is obese — four and three times (respectively) the proportion of White kindergarteners (7%).
- Thirty-one percent of Alexandria high schools students report regular physical activity (five or more days per week), which is lower than the national average (49%). Students of color are less likely to report regular physical activity than White students, and female students are less likely to report regular physical activity than male students.

Oral Health

Oral health includes the health of teeth, gums and the mouth. This category measures access to oral healthcare and the rate of people with oral health conditions, such as dental cavities and tooth loss.

Oral health can have an impact on overall health and morbidity, but it is often overlooked. Dental cavities are the most common chronic disease in childhood, and children and teens living in poverty are twice as likely to have untreated dental cavities compared to their higher income peers.[15, 16] For pregnant women, poor oral health is associated with premature birth and low birth weight.[17] There are also a number of other chronic conditions, including diabetes and heart disease that have been linked to poor oral health.[18]

Why This Matters in Alexandria

- Dental problems ranked highest as a health issue among survey respondents earning less than $10,000 per year.
- Only 64% of Alexandrians surveyed report visiting the dentist in the past year compared to 75% of Northern Virginians overall.
- Nine percent of Alexandrians experience tooth loss (adjusted for age).

Sexual and Reproductive Health

Sexual and reproductive health includes reproductive processes, functions and systems. This category includes measures, such as rates of sexually transmitted infections (STIs) and pregnancy among adolescents.

Sexual and reproductive health affects people at all stages of life, and there are significant differences in outcomes when looking at race and economic status. Healthy habits in adolescence can lead to healthy behaviors into adulthood, and pregnancy among adolescents can have implications for future mental health and economic stress.[19, 20] Additionally, STIs are not limited to certain age groups. People in their 20s have some of the highest rates of STIs compared to other age groups.[21] However, the majority of people living with HIV in the U.S. are over 45, and the proportion of individuals over age 50 diagnosed with chlamydia, gonorrhea or syphilis has increased over the past few years.[22, 23]

Why This Matters in Alexandria

- The rate of people living with HIV (766.0) in Alexandria is more than double the rate in Virginia (286.7) and neighboring counties (273.2). The

rate of HIV among Alexandria's Black or African American community is four times the rate among Whites.

- While the pregnancy rate among Alexandria teens overall has declined over the last five years, the rate for Black or African American (17.9%) and Hispanic teens (26.3%) remains two to three times higher than that of White teens (8.0%).
- Teen pregnancy ranked in the top five health issues among CHA survey respondents under 25 years old.
- While 60% of high school students report condom use during their last sexual encounter, 10% of sexually active high school students report no method to prevent pregnancy or STIs the last time they had sex.

Tobacco and Substance Use

The use and abuse of chemical substances, such as tobacco, drugs and alcohol can interfere with health, work or social relationships. This category includes measures, such as smoking, binge drinking and opioid use.

These substances can have serious consequences for physical and mental health, as well as impacts on economic stability and social well-being. Teens who smoke are more likely to drink alcohol or use drugs, and use of e-cigarette products (i.e. Juuling or vaping) among teens is on the rise.[24,25] These products often deliver higher doses of nicotine, which can cause structural and chemical changes to developing brains.[26, 27] Adults who smoke or vape are at a greater risk for lung cancer, heart disease and early death.[28] As a highly addictive substance, nicotine has a strong association with drug and alcohol use. Health risks associated with substance use include overdose, hepatitis infection, impaired cognitive ability and death.

ALEXANDRIA VOICES

> "Most of my friends have started Juuling. It seems like anywhere I go, I see young adults like myself smoking, and it is scary to think how many of us are addicted to this at our age."
>
> *– Anonymous*

Why This Matters in Alexandria

- Cigarette smoking among Alexandria middle and high school students is on the decline, but the use of e-cigarettes has increased by more than 50%. Asian students report nicotine use in higher proportion than students do overall.
- Nearly a third (32%) of female high school students report marijuana use, and more than a quarter (28%) report alcohol use.
- Emergency department visits and death due to heroin/fentanyl and prescription opioid overdoses have increased sharply. Adults 55 and over have triple the rate (11.8%) of death from prescription opioids than the population overall (3.9%). Teens and young adults (15–34) and older adults (55+) disproportionately experience heroin/fentanyl and prescription opioid overdoses.
- Twenty-one percent of Alexandria adults report excessive drinking, and four in 10 local driving deaths are related to alcohol use.
- More than a quarter (28%) of CHA survey respondents overall selected alcohol, drug and/or opiate abuse as a major health issue facing the community.

Next Steps

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

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