

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

[Appendix A: Community Engagement](#)

Summary of community outreach and engagement efforts

[Appendix B: Fair Oaks Community Description](#)

Detailed maps and charts exploring resident demographics and characteristics

[Appendix C: Forces of Change Assessment Discussion and Responses](#)

Complete responses for the Forces of Change discussion

[Appendix D: Community Themes and Strengths Assessment](#)

Communitywide survey results broken down by demographics

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

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

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## Appendix A: Community Engagement

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

Forces of Change discussions bring together individuals working in and with the community, who represent a broad diversity of stakeholders. Participants included individuals with special knowledge of or expertise in public health; local public health departments; agencies with current data or information about the health and social needs of the community; representatives of social service organizations; business leaders and representatives, leaders and members of medically underserved, low-income and minority populations. Inova team members conducted Forces of Change sessions with representatives of the Fair Oaks Health Equity Community Action Committee, the Partnership for a Healthier Fairfax Steering Committee, the Prince William Health Department, the local FQHC, the Board of Supervisors, the Fairfax Health Care Advisory Board and a group of Faith Leaders from around the region.

Inova promoted the CTSA survey to partners and residents alike. The survey was available in print or online in nine languages: Amharic, Arabic, Chinese (Mandarin), English, Farsi, Korean, Spanish, Vietnamese and Urdu. Printed copies were provided to partners and local clinics, as well as health department facilities. Community Health Workers assisted in the collection of print and electronic survey responses in their local communities.

Figure A1. Fair Oaks Health Equity Community Action Committee Organizations

Organization
Cornerstones
Fairfax County
Fairfax-Falls Church Community Services Board
Fairfax County Health Department
Fairfax County Neighborhood and Community Services
Fairfax Family Practice
HealthWorks for Northern Virginia
Inova
Inova Fair Oaks Hospital
Inova Community Health
Inova Cares Clinics
Inova Behavioral Health
Inova Saville Cancer Screening and Prevention Center
iTHRIV
Reston Community Center
Western Fairfax Christian Ministries

## Appendix B: Community Description

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

The Inova Fair Oaks community is comprised of 38 ZIP codes, including parts of Fairfax County, Loudoun County, Prince William County and the City of Manassas.

### TOTAL POPULATION

Figure B1. Inova Fair Oaks Community

City or County	Percent of Discharges	Percent of Emergency Department Visits
Fairfax City, VA	6.8%	9.0%
Fairfax County, VA	52.6%	67.0%
Loudoun County, VA	10.6%	5.0%
Manassas City, VA	2.6%	2.0%
Prince William County, VA	15.6%	9.7%
<b>Community Total</b>	<b>88.3%</b>	<b>92.7%</b>
Other areas	11.7%	7.3%
<b>Total Discharges and ED Visits</b>	<b>10,655</b>	<b>45,384</b>

Source: Inova Health System, 2022

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

Community	Total Population			Percent Change	
	2020	2025	2030	2020-2025	2025-2030
<b>Fairfax County</b>	<b>744,150</b>	<b>771,544</b>	<b>803,547</b>	<b>3.68%</b>	<b>4.15%</b>
Centreville	75,163	75,943	77,176	1.04%	1.62%
Chantilly	22,995	26,816	28,924	16.62%	7.86%
Clifton/Fairfax Station	35,332	35,393	35,600	0.17%	0.59%
East Fairfax 29/50 Corridor	84,494	86,339	89,307	2.18%	3.44%
Fairfax City	62,421	66,529	69,366	6.58%	4.26%
GMU/Burke	74,588	74,665	75,029	0.10%	0.49%
Oakton/Fair Lakes/S. Herndon	113,877	121,618	127,085	6.80%	4.50%
Reston/Herndon	108,791	114,945	123,559	5.66%	7.49%
Springfield	90,841	91,004	92,657	0.18%	1.82%
Vienna	75,648	78,292	84,843	3.50%	8.37%
<b>Loudoun County</b>	<b>290,522</b>	<b>312,791</b>	<b>324,639</b>	<b>7.67%</b>	<b>3.79%</b>
Ashburn/Arcola	129,184	137,061	141,645	6.10%	3.34%
South Riding/Aldie	75,703	85,792	88,481	13.33%	3.13%
Sterling/Dulles	85,635	89,938	94,513	5.02%	5.09%
<b>Manassas City</b>	<b>54,244</b>	<b>59,077</b>	<b>63,195</b>	<b>8.91%</b>	<b>6.97%</b>
Manassas West	54,244	59,077	63,195	8.91%	6.97%
<b>Prince William County</b>	<b>199,038</b>	<b>219,372</b>	<b>234,808</b>	<b>10.22%</b>	<b>7.04%</b>
Gainesville/Haymarket/Bull Run	97,403	107,982	116,276	10.86%	7.68%
Manassas East	62,098	66,921	70,559	7.77%	5.44%
Manassas West	39,537	44,469	47,973	12.47%	7.88%
<b>Community Total</b>	<b>1,287,954</b>	<b>1,362,784</b>	<b>1,426,189</b>	<b>5.81%</b>	<b>4.65%</b>

Source: Metropolitan Washington Council of Governments, 2021

**AGE**

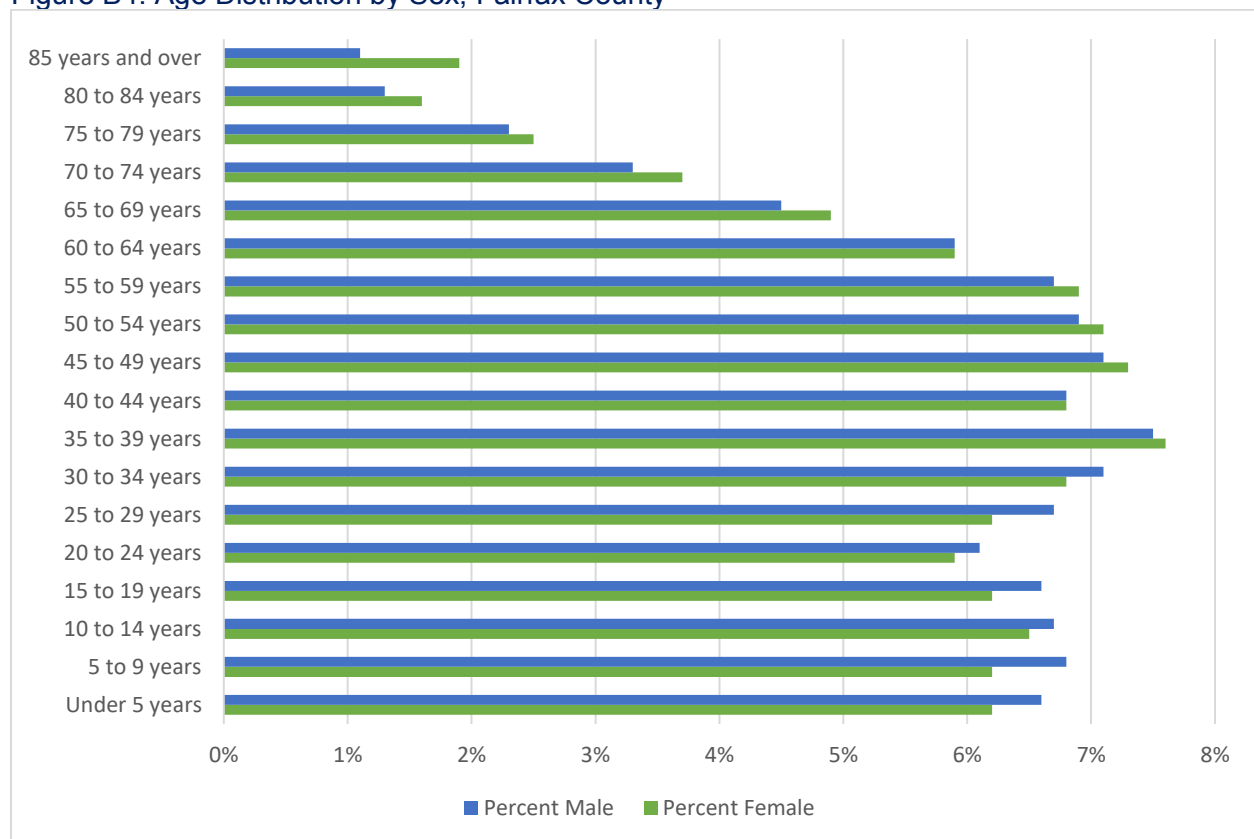
Population characteristics and changes directly influence community health needs. The total population of the Fair Oaks Community is expected to grow nearly 12% from 2020-2030. In that same time frame, the population 65+ is expected to increase by 46%. The growth of older populations is likely to lead to a growing need for health services, since on an overall per-capita basis, older individuals typically need and use more services than younger persons.

Figure B3. Percent Change in Population by Age, Fair Oaks Community (2020-2030)

Age Cohort	Total Population			Percent Change	
	2020	2025	2030	2020-25	2025-30
0-17	261,374	268,393	273,090	2.69%	1.75%
18-44	394,200	422,300	445,102	7.13%	5.40%
45-64	284,561	285,448	287,458	0.31%	0.70%
65+	127,795	158,578	186,237	24.09%	17.44%
<b>Total</b>	<b>1,067,929</b>	<b>1,134,719</b>	<b>1,191,888</b>	<b>6.25%</b>	<b>5.04%</b>

Source: Metropolitan Washington Council of Governments, 2021

Figure B4. Age Distribution by Sex, Fairfax County



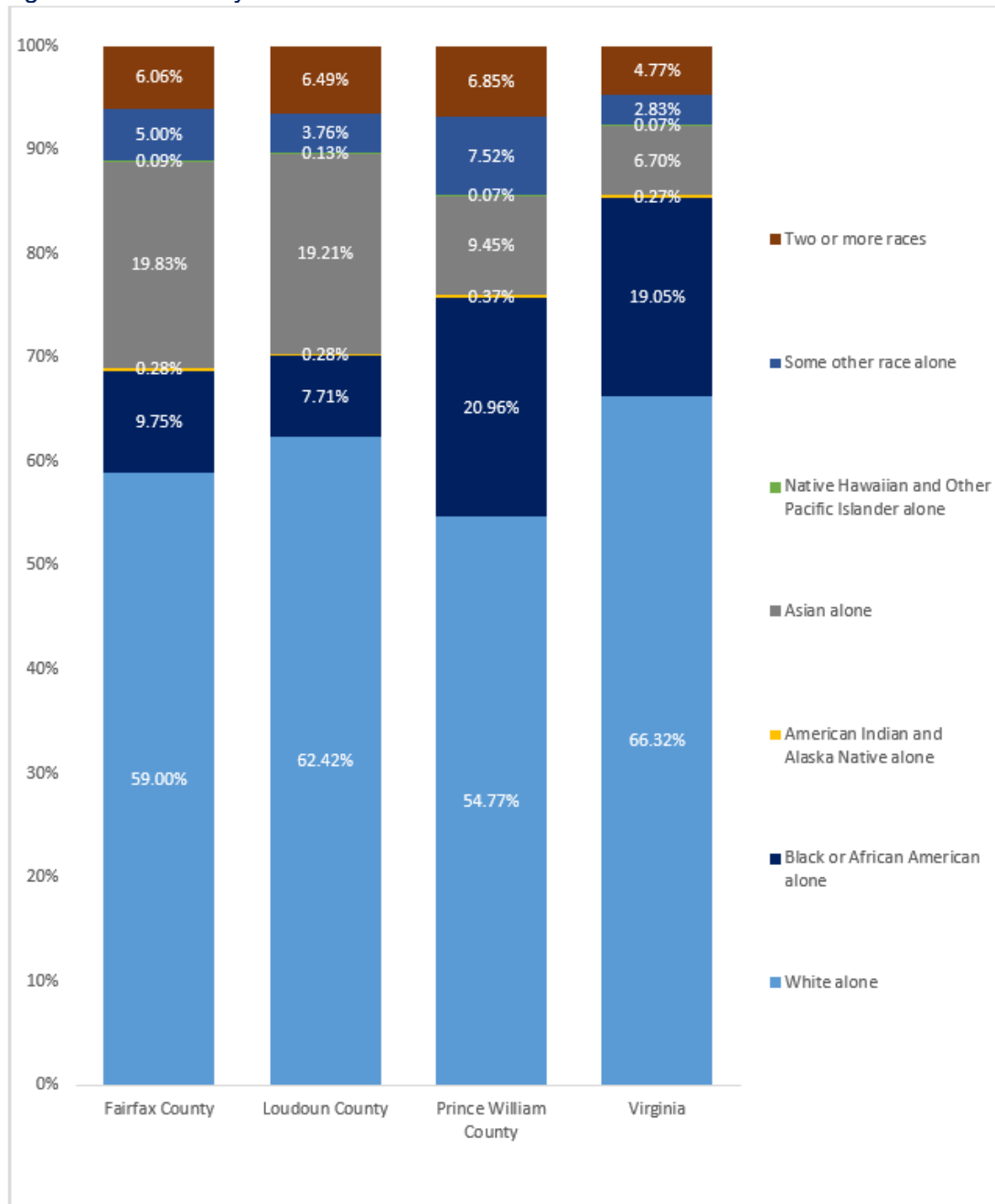
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates



### RACE AND ETHNICITY

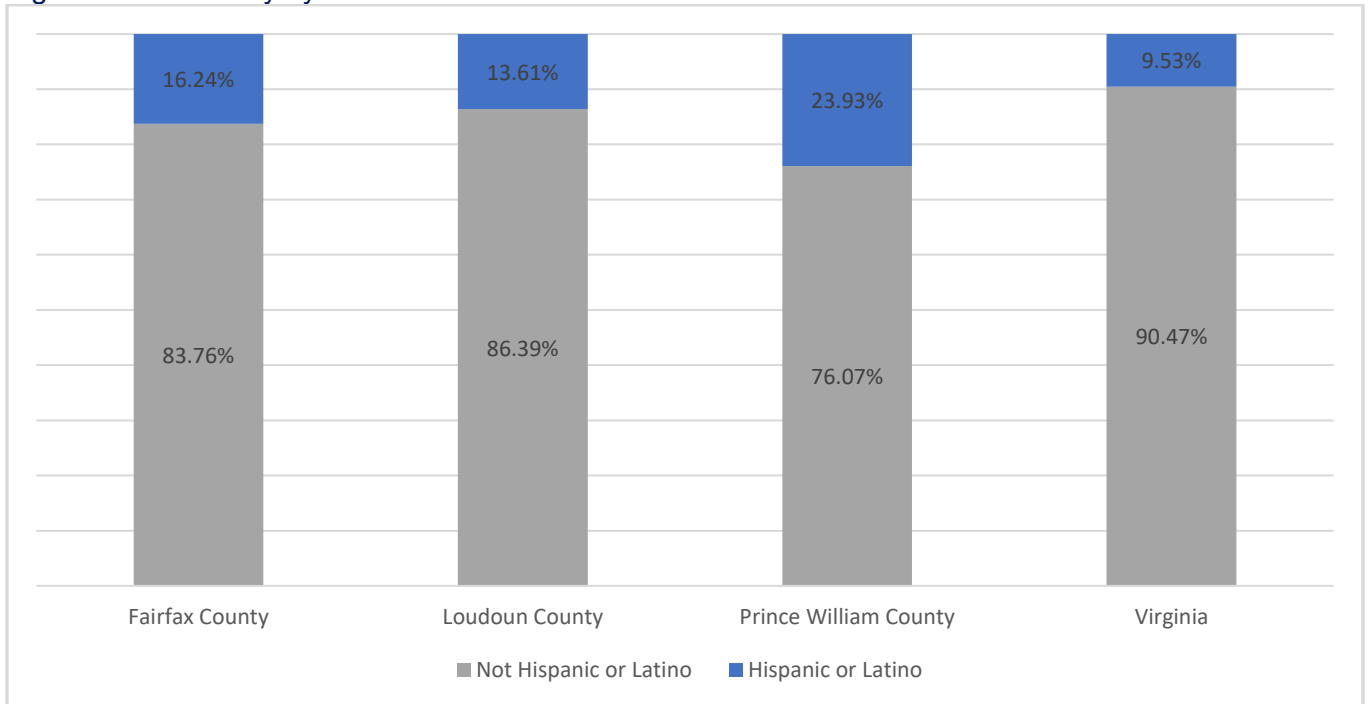
In Fairfax County in 2020 Asians, Hispanics and African Americans represented 19.8%, 16.2% and 9.8% of the county’s population, respectively. Nearly one-quarter of the state’s Hispanic population resides in Fairfax County (U.S. Census Bureau). Racial and ethnic diversity is increasing, as these groups are growing and the percent of the population that is White/Caucasian (excluding Hispanics and Latinos) is decreasing. Additionally, there are portions of the community with high percentages of residents who are foreign-born as well as households with limited English proficiency.

Figure B7a. Race by Location



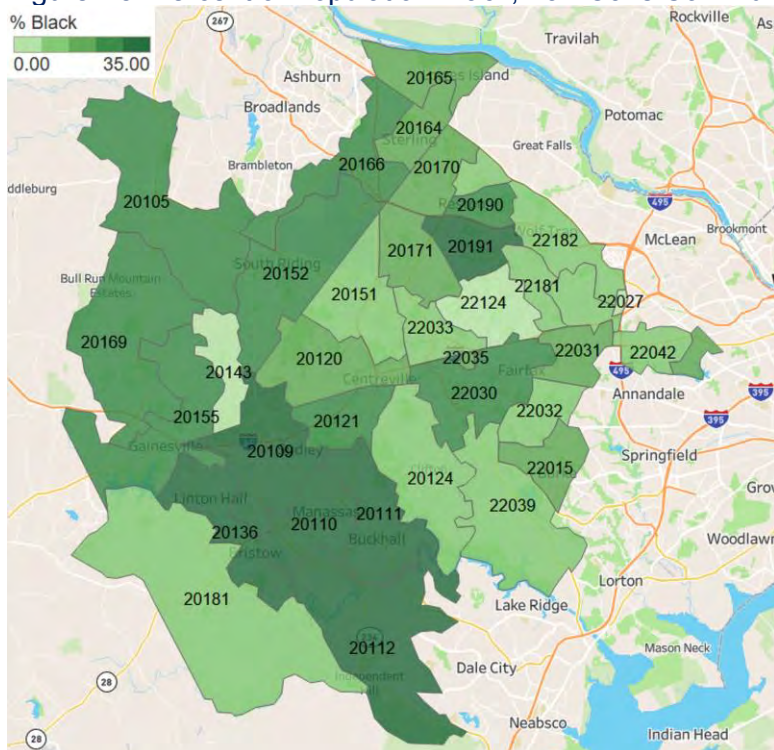
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B7b. Ethnicity by Location



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

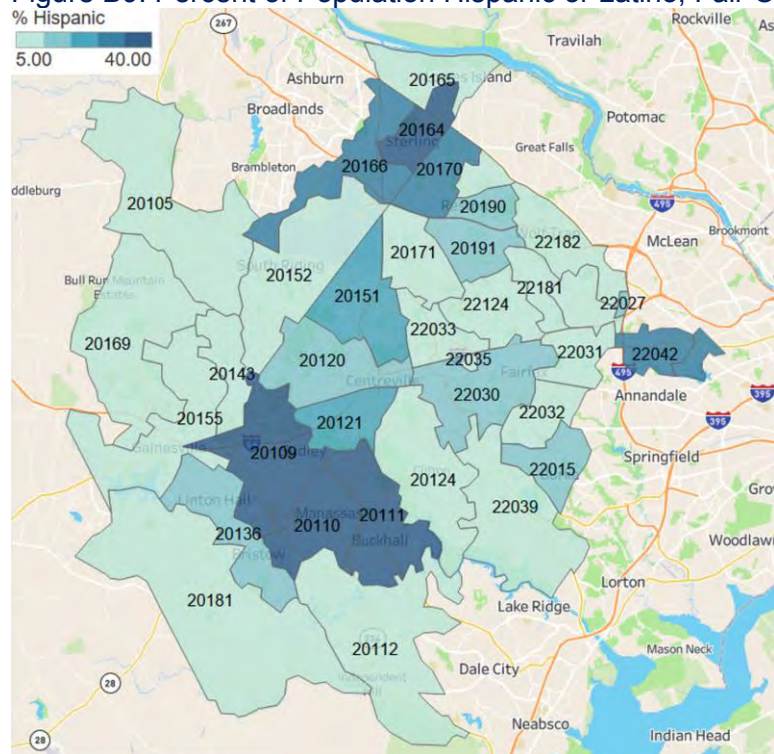
Figure B8. Percent of Population Black, Fair Oaks Community



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

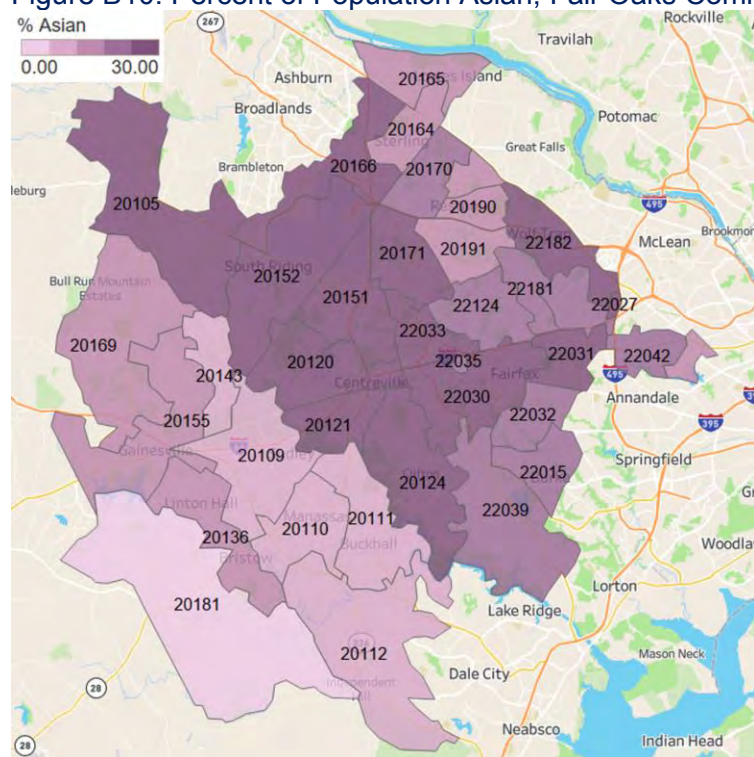


Figure B9. Percent of Population Hispanic or Latino, Fair Oaks Community



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

Figure B10. Percent of Population Asian, Fair Oaks Community



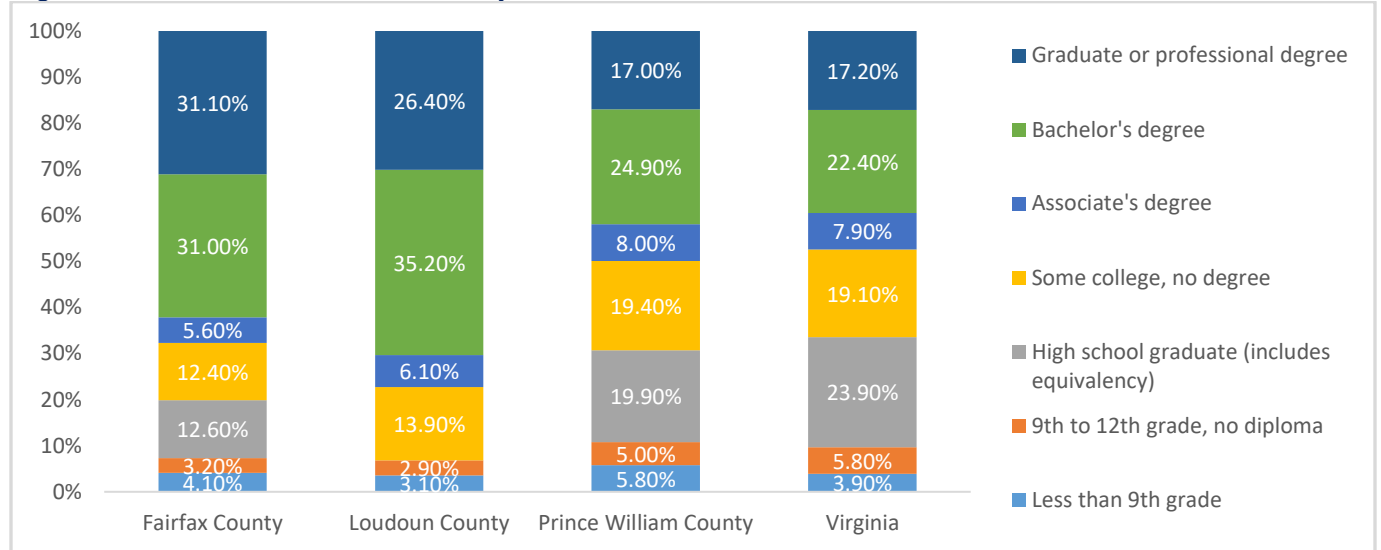
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates



**EDUCATION**

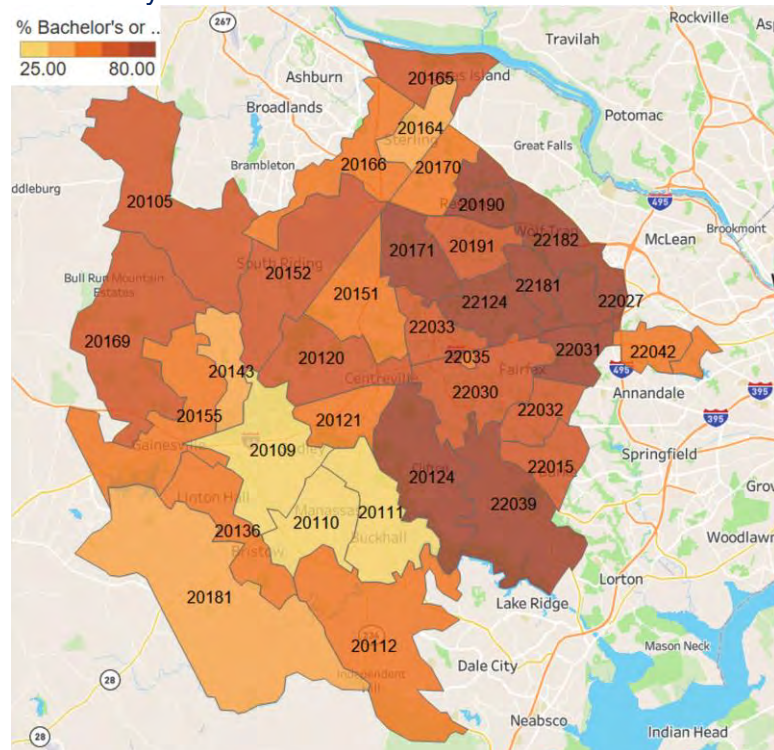
Overall the Fair Oaks Community is highly educated. In Fairfax County, 62% of residents hold a Bachelor’s degree or higher, with about one third of residents holding a graduate or professional degree. However, there are noticeable discrepancies within the County.

Figure B13. Educational Attainment by Location



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

Figure B14. Percent of Residents Age 25+ with Bachelor’s Degree or Higher, Fair Oaks Community



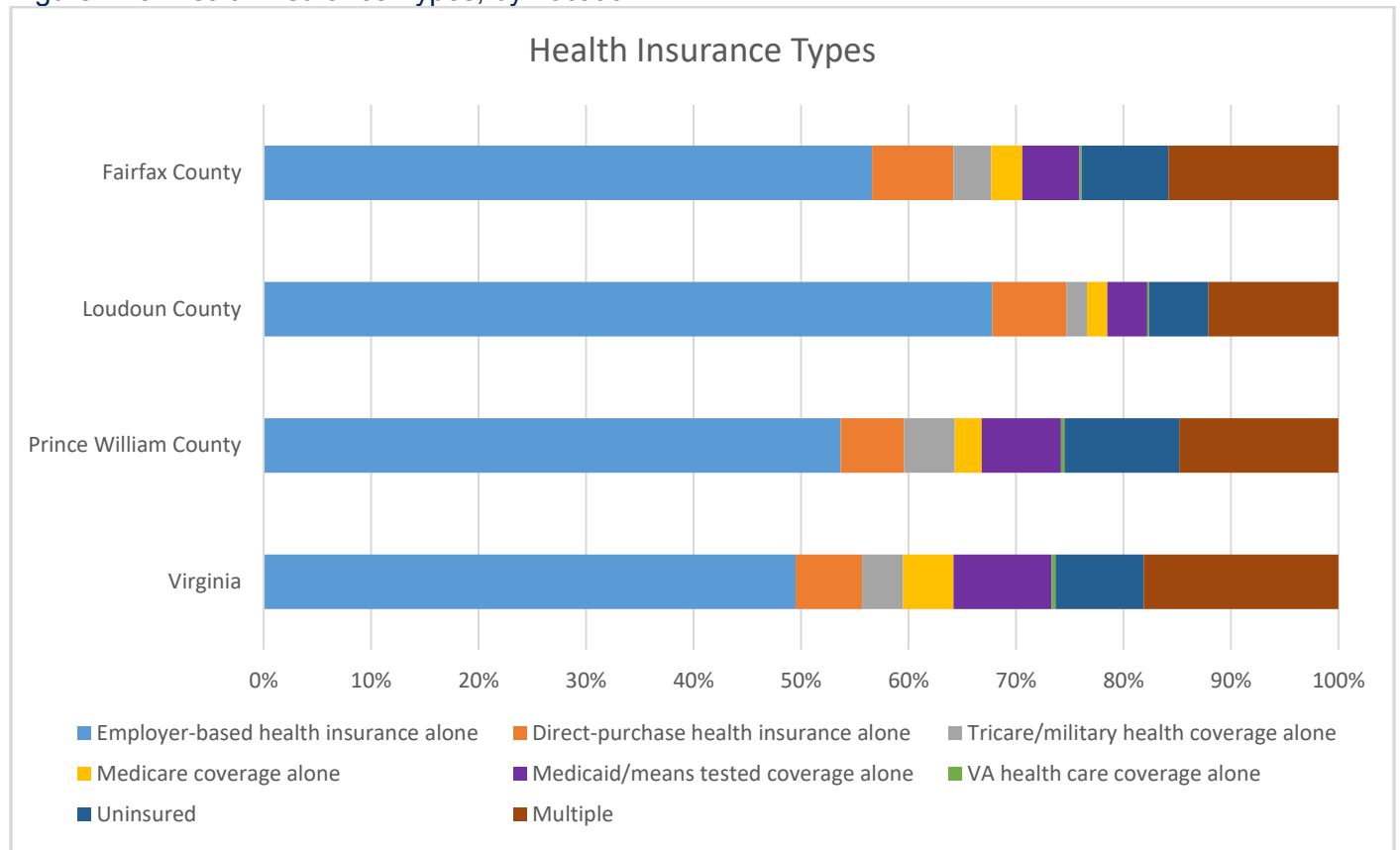
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

### HEALTH INSURANCE

Prior to 2019 in Virginia, Medicaid was primarily available to children in low-income families, pregnant women, low-income elderly persons, individuals with disabilities and parents who met specific income thresholds. Adults without children or disabilities were ineligible.

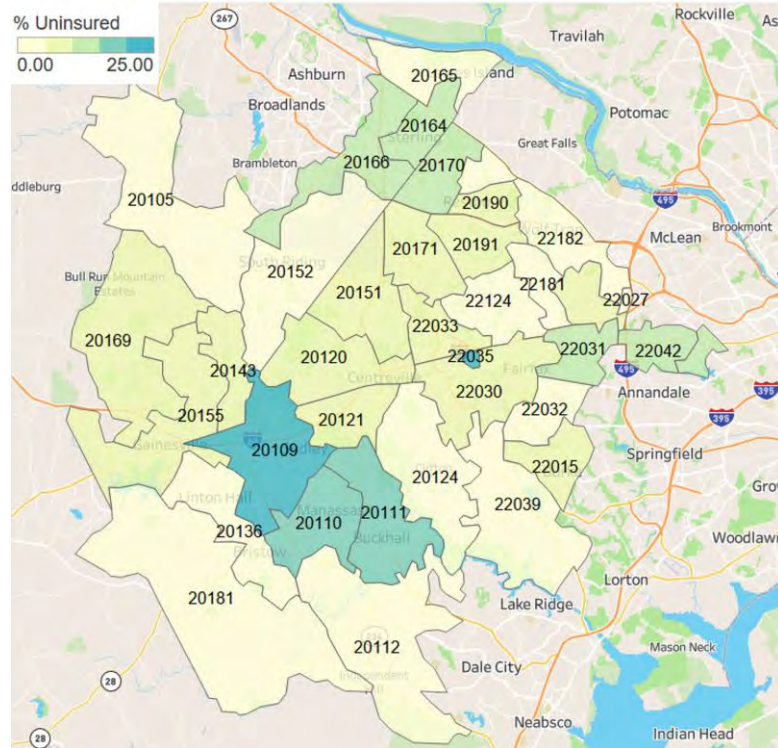
In January 2019 Virginia expanded Medicaid eligibility to make healthcare more accessible for these populations. It was estimated at the time that over 400,000 Virginians would potentially gain coverage if Medicaid were expanded. According to the Department of Medical Assistance Services as of May 2022,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

Figure B15. Health Insurance Types, by Location



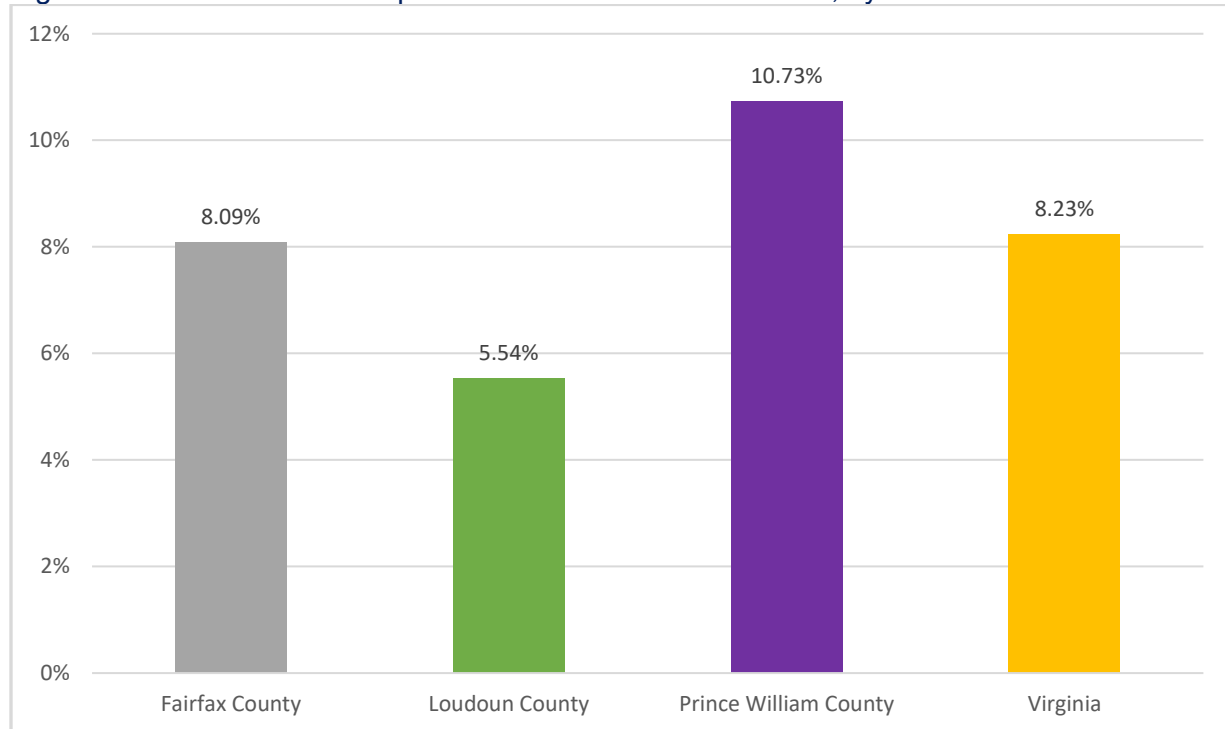
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B16. Percent of Residents without Health Insurance Coverage Fair Oaks Community



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

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

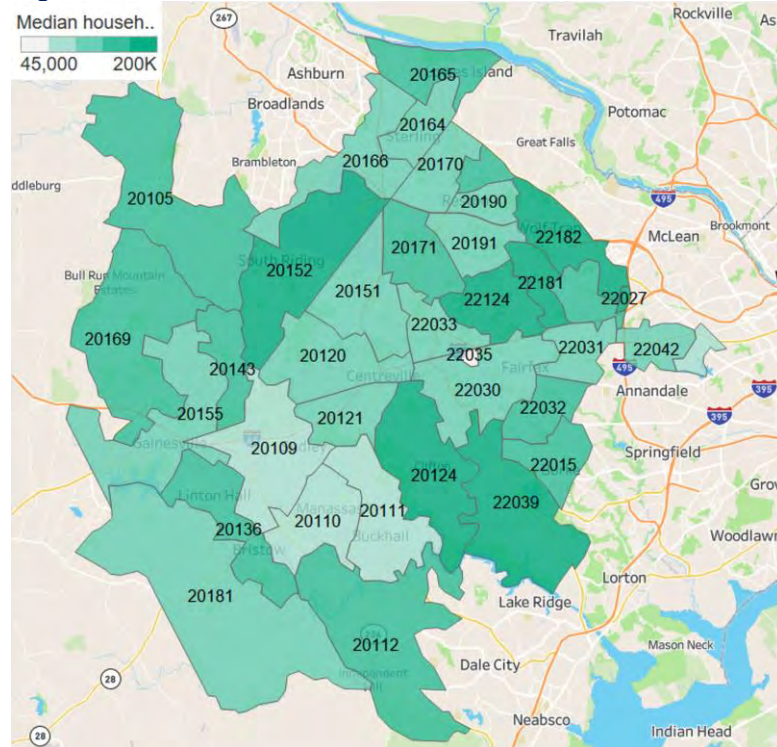


Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

**SOCIOECONOMIC**

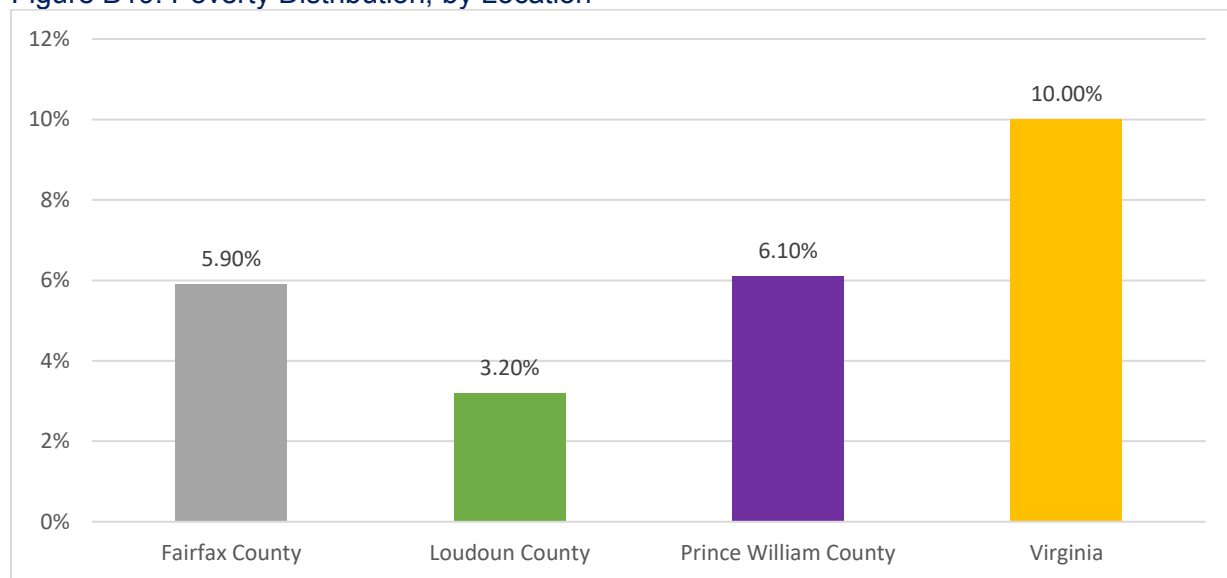
Many health needs have been associated with poverty, unemployment and other socioeconomic factors. While most socioeconomic indicators in the Fair Oaks Community are favorable compared to Virginia overall, there are disparities by race/ethnicity, county/city and even census tract.

Figure B18. Median Household Income, Fair Oaks Community



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

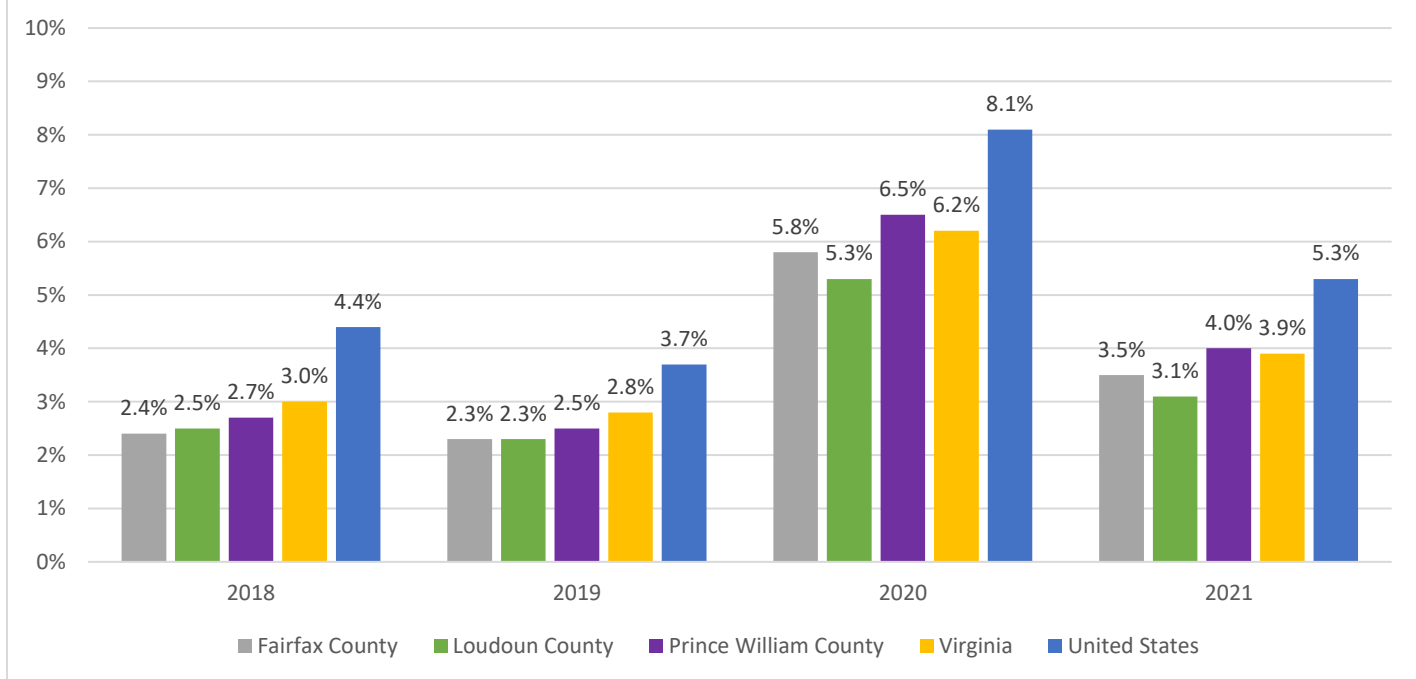
Figure B19. Poverty Distribution, by Location



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



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



Source: U.S. Bureau of Labor Statistics

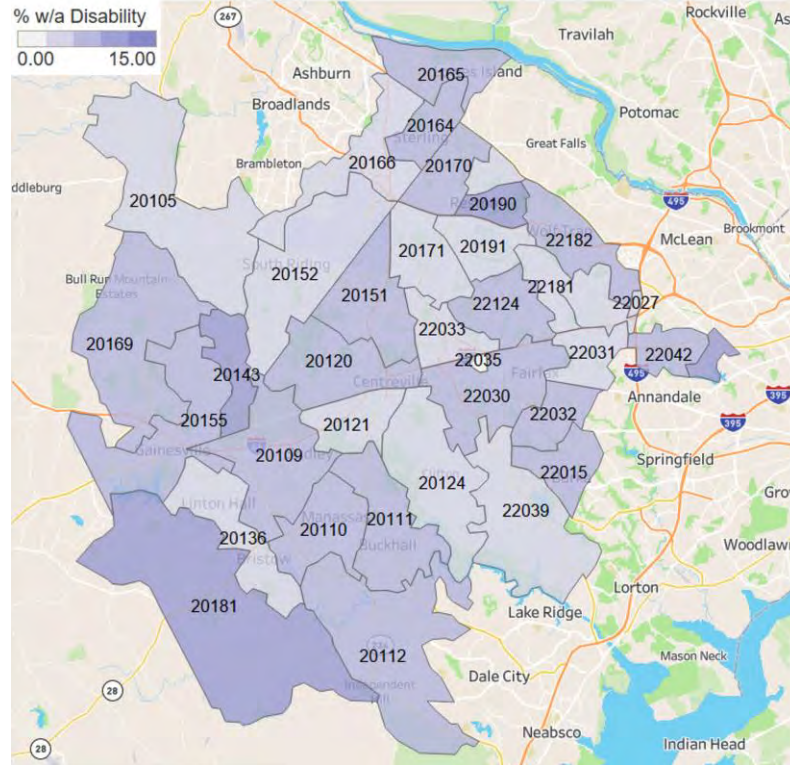
Figure B23. Other Socioeconomic Factors, by Location

Measure	Fairfax County	Loudoun County	Prince William County	Virginia	U.S.
<b>Population 25+ without High School Diploma</b>	7.3%	6.0%	10.8%	9.7%	11.5%
<b>Population with a Disability</b>	7.2%	6.1%	7.9%	11.8%	12.7%

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

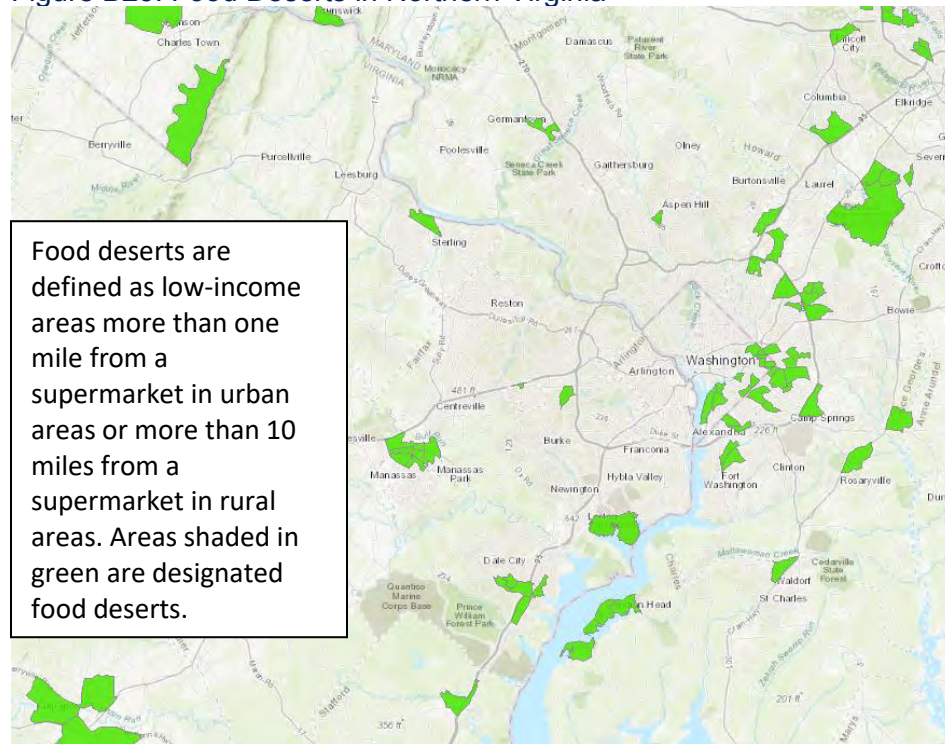


Figure B24. Percent of Residents with a Disability, Fair Oaks Community



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

Figure B25. Food Deserts in Northern Virginia

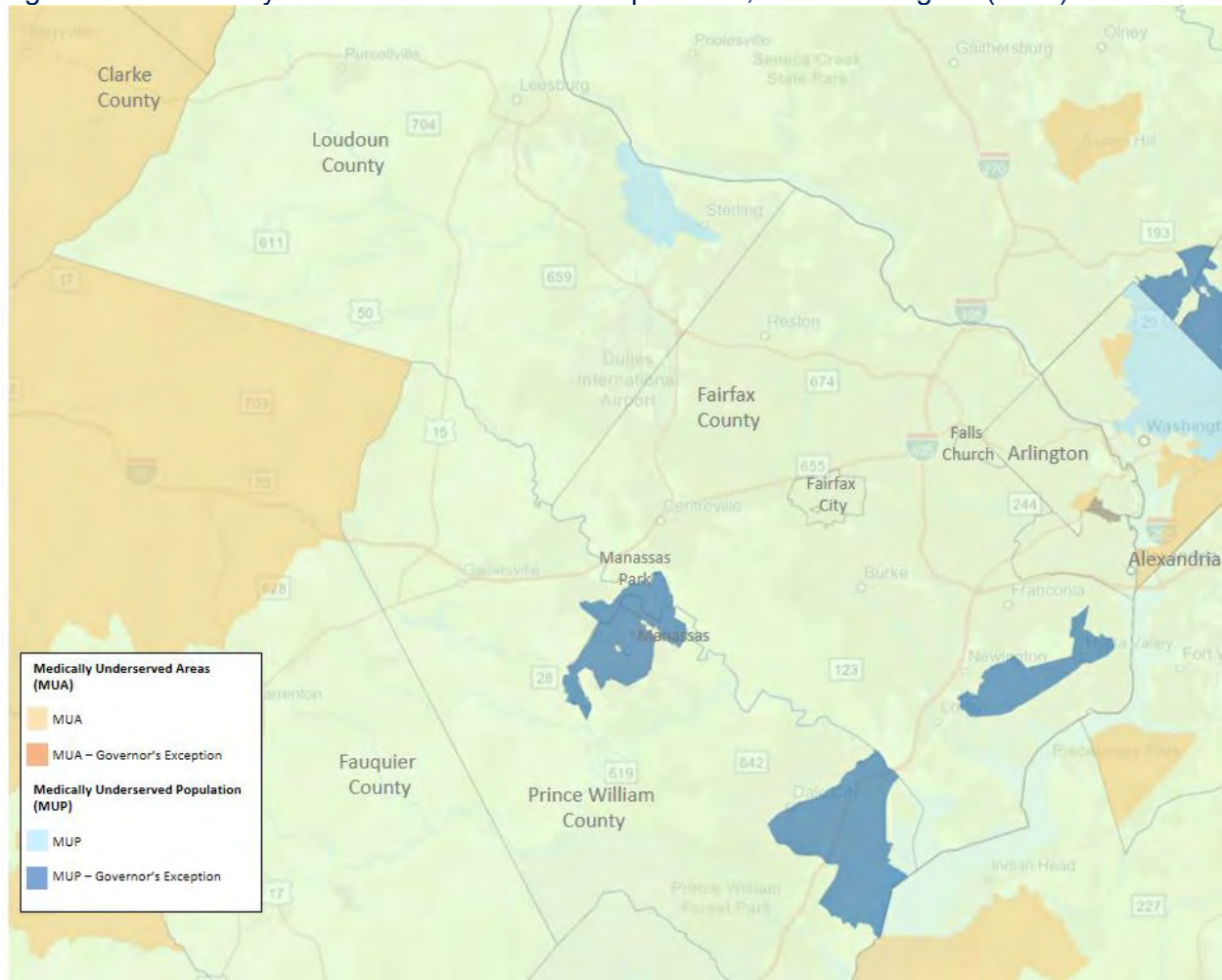


Source: U.S Department of Agriculture, Accessed 5/17/2022

### MEDICALLY UNDERSERVED AREAS AND POPULATIONS

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

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



Resource: Health Resources & Services Administration

**RESOURCES**

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as “medically underserved.” These clinics receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. There currently are three FQHC organizations operating multiple sites in Northern Virginia.

Figure B27. Federally Qualified Health Centers

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

Source: Health Resources & Services Administration (2022)

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

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

Figure B28. Hospital facilities that operate in the community

Facility	Facility Type	City	ZIP Code
<b>Dominion Hospital</b>	Psychiatric	Falls Church	22044
<b>Fairfax Surgical Center</b>	Ambulatory Surgical	Fairfax	22030
<b>Haymarket Surgery Center</b>	Ambulatory Surgical	Haymarket	20169
<b>HealthSouth Rehab Hospital of Northern Virginia</b>	Rehabilitation	Aldie	20105
<b>HealthQare Services ASC, LLC</b>	Ambulatory Surgical	Arlington	22201
<b>Inova Alexandria Hospital</b>	Acute	Alexandria	22304
<b>Inova Ambulatory Surgery Center at Lorton</b>	Ambulatory Surgical	Lorton	22079
<b>Inova Fair Oaks Hospital</b>	Acute	Fairfax	22033
<b>Inova Fairfax Medical Campus</b>	Acute	Falls Church	22042
<b>Inova Loudoun Ambulatory Surgery Center</b>	Ambulatory Surgical	Leesburg	20176
<b>Inova Loudoun Hospital</b>	Acute	Leesburg	20176
<b>Inova Mount Vernon Hospital</b>	Acute	Alexandria	22306
<b>Inova Surgery Center at Franconia-Springfield</b>	Ambulatory Surgical	Alexandria	22310
<b>Kaiser Permanente Tysons Corner Surgery Center</b>	Ambulatory Surgical	McLean	22102
<b>Lake Ridge Ambulatory Surgical Center</b>	Ambulatory Surgical	Woodbridge	22192
<b>McLean Ambulatory Surgery, LLC</b>	Ambulatory Surgical	McLean	22102
<b>North Spring Behavioral Healthcare</b>	Psychiatric	Leesburg	20176
<b>Northern Virginia Eye Surgery Center, LLC</b>	Ambulatory Surgical	Fairfax	22031
<b>Northern Virginia Surgery Center</b>	Ambulatory Surgical	Fairfax	22033
<b>Novant Health UVA Health System Haymarket Medical Center</b>	Acute	Haymarket	20169
<b>Novant Health UVA Health System Prince William Medical Center</b>	Acute	Manassas	20110
<b>Pediatric Specialists of Virginia Ambulatory Surgery Center</b>	Ambulatory Surgical	Fairfax	22031
<b>Prince William Ambulatory Surgery Center</b>	Ambulatory Surgical	Manassas	20110
<b>Reston Hospital Center</b>	Acute	Reston	20190
<b>Reston Surgery Center</b>	Ambulatory Surgical	Reston	20190
<b>Sentara Northern Virginia Medical Center</b>	Acute	Woodbridge	22191
<b>Stone Springs Hospital Center</b>	Acute	Dulles	20166
<b>Virginia Hospital Center</b>	Acute	Arlington	22205

Source: Virginia Health Information

### Other Community Resources:

There is a wide range of agencies, coalitions and organizations that serve the Fairfax region. Several organizations maintain large databases to help refer individuals in need to health and human services and resources to address social determinants of health. Resources available include:

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

## Appendix C: Forces of Change Assessment (FOCA)

The Fair Oaks Health Equity Community Action Committee, along with several other individuals, representatives and groups, participated in Forces of Change Assessments. Figures C1 through C8 are a summary of their responses, categorized into overarching themes.

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

Figure C1: Fair Oaks Health Equity Community Action Committee

Forces	Category	Threats Posed	Opportunities Created
<b>Ongoing Opioid Epidemic</b>	Tobacco and Substance Use and Abuse	<ul style="list-style-type: none"> <li>In addition to the direct health effects, individuals face stigma and hopelessness</li> </ul>	<ul style="list-style-type: none"> <li>Surplus in budget that could support efforts</li> <li>People now recognize this as an important issue</li> </ul>
<b>Increasing Mental Health Needs</b>	Healthcare Access Mental Health	<ul style="list-style-type: none"> <li>Children with awareness of society’s challenges can experience anxiety and depression</li> <li>Increase in mental health issues among children, which don’t tend to resolve without care</li> <li>Insufficient facilities (including bed shortages), general providers and specialty providers to meet the need</li> <li>Insufficient reimbursement from Medicaid and other sources, so providers only accept out-of-pocket payment</li> <li>Virtual care is insufficient for some interventions and few providers are trained on providing virtual services</li> </ul>	<ul style="list-style-type: none"> <li>Children now being taught emotional intelligence, resilience, recognizing humanity of others and mindfulness and have the words to disrupt the status quo</li> <li>Federal 988 number needs funding for call center and associated services including behavioral health resources and social workers</li> <li>Pandemic has raised the awareness and understanding of the behavioral health need</li> <li>Virtual care expands access for some less acute needs</li> </ul>
<b>Isolation</b>	Healthcare Access Mental Health	<ul style="list-style-type: none"> <li>Two years of constant risk management for in-person interactions – heightened stress</li> <li>Immigrant communities can be particularly isolated and affected by language barriers (e.g. Indigenous Guatemalan Communities that don’t speak Spanish or English) and guardianship issues for unaccompanied minors</li> </ul>	<ul style="list-style-type: none"> <li>While older adults may experience isolation, many are learning the technology to interact virtually which can address existing isolation, while food drop-offs and home care can allow for check-ins</li> </ul>

		<ul style="list-style-type: none"> <li>Healthcare providers not able to support one another</li> </ul>	
<b>Financial Challenges</b>	Economic Stability	<ul style="list-style-type: none"> <li>Inflation is adding to already difficult financial situations – people put health on a back burner when prioritizing based on cost which can lead to long-term chronic concerns both physical and mental</li> <li>The region has “less expensive” housing rather than affordable housing, which often gets redeveloped</li> <li>Financial hardship can lead to multigenerational households which have implications for health</li> <li>Public transportation north to south is lacking – communities are in pockets that are not connected and not all services are available in all pockets</li> </ul>	<ul style="list-style-type: none"> <li>Some success using COVID funds to repurpose vacant hotels and office buildings for housing</li> <li>Multigenerational households can create additional caregivers, but not always the best of situations</li> </ul>
<b>Delaying of Preventative Care</b>	Chronic Conditions Healthcare Access	<ul style="list-style-type: none"> <li>Telemedicine has allowed for virtual sick visits but not physicals and wellness check-ins</li> <li>Need to get a better sense of where people are receiving healthcare if not from a medical home – many primary care providers do not take Medicaid or the uninsured</li> <li>Sully Health Center will have a Herndon address which may lead to geographic assumptions that will need to be overcome</li> </ul>	<ul style="list-style-type: none"> <li>Current and future presence of FQHC and lower-cost physical and mental health options has been a big benefit to Western Fairfax</li> </ul>
<b>Recreation and Engagement</b>	Neighborhood, Community and Environment	<ul style="list-style-type: none"> <li>Transportation development can interfere with existing greenspaces</li> </ul>	<ul style="list-style-type: none"> <li>Increased appreciation for outdoor and indoor recreation spaces and parks during pandemic as individuals sought COVID-safe</li> </ul>



			<p>activities (hiking, picnics, etc.)</p> <ul style="list-style-type: none"> <li>• Increased desire for classes and taking up hobbies, including online opportunities</li> <li>• Increase in youth volunteerism and faith communities stepping in to assist with SDOH needs</li> </ul>
<b>Stress, Trauma and Polarization</b>	Health Literacy Mental Health	<ul style="list-style-type: none"> <li>• Nationally and locally, politics, COVID and policies have created polarization</li> <li>• The experience of stress and trauma are additive and lead to more short-tempered behavior</li> <li>• Risk of war, pandemic and inflation converging to escalate anxiety</li> </ul>	<ul style="list-style-type: none"> <li>• Increased acceptance of the complexities of racism and othering</li> <li>• Increased acceptance of diverse identities despite smaller, but loud, opposition</li> </ul>

Figure C2: Partnership for Healthier Fairfax

<b>Forces</b>	<b>Category</b>	<b>Threats Posed</b>	<b>Opportunities Created</b>
<b>Increase in Mental Health Needs and Resources/Social Isolation</b>	Chronic Conditions Economic Stability Health Literacy Injury and Violence Maternal, Infant, Child and Youth Health Mental Health Neighborhood, Community and Environment	<ul style="list-style-type: none"> <li>• Disproportionately affected BIPOC community</li> <li>• Social Media                             <ul style="list-style-type: none"> <li>○ Has been an insidious force for some in our society/adverse impact on adolescent mental health</li> <li>○ Increase dissemination of misinformation across multiple platforms</li> <li>○ Allows for multiple identities which has made it harder to become aware of those in crisis or those in need</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Social Media                             <ul style="list-style-type: none"> <li>○ Increased access for community collaboration and support</li> <li>○ Increase communication of information or social mobilization amongst communities</li> <li>○ Increase digital literacy amongst all age groups</li> <li>○ Allows for increase expression which may aid mental health</li> </ul> </li> </ul>

	<p>Obesity, Nutrition and Physical Activity</p>	<ul style="list-style-type: none"> <li>○ Influence on society/algorithms</li> <li>○ Brutal for young girls</li> <li>● Workforce challenges reinforce mental health stress and anxiety</li> <li>● Limited/lack of providers for mental health regardless of public or private insurance</li> <li>● Limited capacity in the community to handle community members in crisis</li> <li>● Decreased access to mental health services and support</li> <li>● Reduction of people around you</li> <li>● Social isolation can lead to alienation which leads to breakdowns in community fabric (humanity, culture) which is such an important ingredient for communities to function</li> <li>● Increased sedentary behavior which has increased morbidity and mortality</li> <li>● Transition periods (especially for kids) have become challenging and have impacted children and young adults</li> <li>● Increased drop-out rates</li> </ul>	<ul style="list-style-type: none"> <li>● Increase in acuity and diagnosis</li> <li>● Increase in suicide prevention services and resources for kids and LGBTQ+ community (especially in schools)</li> <li>● Increased development of online intervention strategies to build support networks/social media</li> <li>● Increased awareness of need for more support services for community members</li> <li>● Medicaid expansion increased access to services</li> <li>● Increase in mental health awareness and issues with LGBTQ+ youth/young adult population due to increased visibility</li> <li>● Social isolation increased enrollment for local colleges</li> <li>● Increased communication with individuals and families beyond their homes, communities and even countries</li> <li>● Increased behavioral health need</li> <li>● Increase in creativity around how to exercise, enjoy nature and parks</li> </ul>
<p><b>Increased and Sustained Workforce Challenges</b></p>	<p>Economic Stability Injury and Violence Mental Health</p>	<ul style="list-style-type: none"> <li>● Healthcare workforce is strained</li> <li>● 1 in 5 healthcare workers have left their jobs in the last two years</li> <li>● Staffing shortages</li> <li>● Increased violence and threats to</li> </ul>	<ul style="list-style-type: none"> <li>● Perception of unemployment</li> <li>● Increased visibility of essential workers/roles in workforce</li> <li>● Increased benefits offered at most organizations to attract people to</li> </ul>

	Neighborhood, Community and Environment	<p>healthcare workers</p> <ul style="list-style-type: none"> <li>• Impacts ability for organizations to provide core support to the community</li> <li>• Student population is declining because of burnout</li> <li>• COVID sickness or family-member becoming sick is very impactful to home environment</li> <li>• Put a serious strain on other family members to cover needs</li> <li>• Extended family running daycare's now for community</li> <li>• Decreased financial stability</li> <li>• Not about bad versus good people</li> </ul>	<p>the workforce</p> <ul style="list-style-type: none"> <li>• Less carbon footprint due to decrease of transportation</li> </ul>
<b>COVID/ Disproportionate Impact to BIPOC Community</b>	<p>Chronic Conditions</p> <p>Economic Stability</p> <p>Healthcare Access</p> <p>Mental Health</p> <p>Neighborhood, Community and Environment</p> <p>Tobacco and Substance Abuse</p>	<ul style="list-style-type: none"> <li>• Substance abuse has increased/opioid deaths have increased</li> <li>• Other forms of addiction have increased due to stress/anxiety</li> <li>• BIPOC community was already disproportionately affected prior to COVID</li> <li>• Highest risk for getting sick or impacted by family members getting sick</li> <li>• Inability to isolate due to increased number of people living in the home</li> <li>• Workforce challenges</li> <li>• Face-to-face interactions to assist people have declined due to COVID restrictions</li> </ul>	<ul style="list-style-type: none"> <li>• Increased mobilization of community support through community partnership</li> <li>• Increased awareness of the vulnerability of these populations</li> <li>• Increased community voice and organizations seeking community voice and input</li> <li>• Increase in community and neighborhood ambassadors as trusted messengers</li> </ul>
<b>Increase of Homeless Population</b>	<p>Economic Stability</p> <p>Healthcare Access</p>	<ul style="list-style-type: none"> <li>• Income/wealth disparities</li> <li>• Increased the number of family members/families in one house</li> </ul>	<ul style="list-style-type: none"> <li>• Law enforcement response to homelessness has evolved during the pandemic for the better</li> </ul>

	<p>Injury and Violence</p> <p>Neighborhood, Community and Environment</p>	<ul style="list-style-type: none"> <li>• Increased vulnerable population</li> <li>• Increased violence and proximity to danger being in shelters</li> <li>• Increase in hypothermia cases due to individuals not wanting to congregate and get sick from COVID</li> <li>• Increased risk and incidence of homelessness</li> <li>• Impacted family stability and neighborhood livability</li> <li>• Outreach limited due to COVID restrictions</li> <li>• Encampments in community areas</li> </ul>	<ul style="list-style-type: none"> <li>• Increased awareness for services and resources from community partners/shelters</li> <li>• Encampments in community areas</li> <li>• Rental and housing assistance programs and services increased with COVID aid</li> </ul>
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Figure C3: Fairfax County Health Department

Forces	Category	Threats Posed	Opportunities Created
<p><b>Increasing Mental Health Issues</b></p>	<p>Chronic Conditions</p> <p>Mental Health</p>	<ul style="list-style-type: none"> <li>• Pandemic-related issues – compounding of life issues                             <ul style="list-style-type: none"> <li>○ Isolation and loneliness, inability to connect, loss and grief – reduction in home services</li> <li>○ Kids not able to be in school affects development and socialization</li> <li>○ Fear, anxiety and stress related to health and economic issues</li> <li>○ Chronic conditions and obesity affect mental health</li> <li>○ Rise in domestic violence behind closed doors</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• There is a more compassionate view of mental health struggles which could lead to a more nurturing environment                             <ul style="list-style-type: none"> <li>○ Increased awareness of underlying factors and influences</li> <li>○ Increased political awareness of the community needs</li> </ul> </li> <li>• Increase in engagement in mindfulness exercises</li> <li>• Opportunity to create free</li> </ul>

		<ul style="list-style-type: none"> <li>• Can be hard to struggle in an environment like NoVA that emphasizes and prioritizes success – increase in stress due to “keeping up appearances”</li> <li>• Political divisiveness causing dissension and escalation between family and community members, creates unsafe and volatile environments – taboos around acknowledging another viewpoint if it is seen as “other” by one’s group</li> </ul>	<p>(equitable, community directed) emotional/physical outlets (e.g. outdoor gyms) that could provide relief and connection</p>
<p><b>Pandemic Affecting Social Determinants of Health</b></p>	<p>Chronic Conditions Healthcare Access Obesity, Nutrition and Physical Health</p>	<ul style="list-style-type: none"> <li>• Those with lack of transportation, forward facing work and crowded home conditions are at increased risk of exposure to COVID-19 and exposing loved ones</li> <li>• Those most impacted were also often the most susceptible to poor outcomes due to chronic diseases – elderly, marginalized ethnic/racial groups</li> <li>• Increase in obesity rates due to increase in sedentary lifestyle during social isolation</li> <li>• Do not yet know what the long-haul impact of the pandemic will be on these populations and their effect on generational poor health</li> </ul>	<ul style="list-style-type: none"> <li>• Global shift in awareness of the tremendous impact that SDOH has on health outcomes</li> <li>• Increased awareness of the needs facing the most vulnerable populations</li> <li>• Increased upstream preventative actions by community leaders and partners</li> <li>• Increased policy focused on SDOH</li> </ul>
<p><b>Diversity/Immigration</b></p>	<p>Healthcare Access Mental Health</p>	<ul style="list-style-type: none"> <li>• Northern Virginia may not be the most supportive place for immigrants/refugees because of perception and visibility - increase in stress and mental health conditions/issues due to inequities</li> <li>• Generational gaps between older immigrant family members and younger native-born family members can create</li> </ul>	<ul style="list-style-type: none"> <li>• We have the data we need to support our communities – need to understand the underlying stories to create sustainable solutions</li> <li>• Diversity of our region is part of strategic planning, knowing that one-size-fits-all interventions will not work</li> </ul>

		<p>challenges like isolation</p>	<ul style="list-style-type: none"> <li>• Increasingly recognize that communities must be involved in efforts that affect them</li> <li>• While inequities and disparities brought to light by COVID-19 may have surprised the non-health sectors, healthcare system has been lending efforts/resources to community efforts to make change and address conditions that make treatment difficult</li> </ul>
<p><b>Climate Crisis</b></p>	<p>Chronic Conditions            Immunizations and Infectious Diseases            Neighborhood, Community and Built Environment            Obesity, Nutrition and Physical Activity</p>	<ul style="list-style-type: none"> <li>• People who will be hardest hit by environmental changes will be the same vulnerable communities that have been impacted by COVID – people of color, elderly and low income</li> <li>• Radical temperature changes have resulted in excessive rain/flooding and an increase in insect vectors and disease</li> <li>• Exacerbation of breathing conditions or passing infectious diseases – not being able to cool homes properly can be a particular problem for those who are immobile</li> <li>• Young people experiencing health conditions usually seen in older age</li> <li>• People are living in conditions that do not allow them to follow the medical care plans received from healthcare providers</li> </ul>	<ul style="list-style-type: none"> <li>• Increased awareness of environmental health and root causes and increased community collaboration to address concerns – increase in diverse, strategic conversations with communities/stakeholders to find sustainable solutions</li> <li>• Increased awareness of healthy homes initiatives and programs that highlight support in the home to improve overall health and health outcomes</li> </ul>

Figure C4: Prince William County Health Department

Forces	Category	Threats Posed	Opportunities Created
<b>Increase in Mental Health</b>	Health Access Maternal, Infant, Child and Youth Health Mental Health	<ul style="list-style-type: none"> <li>• Increased in youth/young adult population</li> <li>• COVID pandemic has increased needs and decreased resources</li> <li>• Not enough community providers</li> <li>• Not enough providers from diverse backgrounds</li> <li>• Increase in immigrant/refugee population</li> <li>• Greater percent of mental health needs and services also roll into substance abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in awareness of needs in community</li> <li>• Opening up a childhood advocacy center to address needs in youth population</li> <li>• Increased community partnership and collaboration</li> <li>• Increase in training for law enforcement and public safety officers when responding to crisis</li> <li>• Separation of mental health and substance abuse</li> </ul>
<b>Substance Abuse</b>	Health Access Maternal, Infant, Child and Youth Health Tobacco and Substance Use	<ul style="list-style-type: none"> <li>• Increased dramatically in youth/young adult population</li> <li>• Limited providers and capacity in community</li> <li>• COVID pandemic has increased needs and services in community</li> <li>• Better data to allow for tailored interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in community-based medication assistance therapy programs to increase early access and reduce incarceration numbers</li> <li>• Increased training of law enforcement and EMS when responding to community members in crisis</li> <li>• Enhanced community collaboration and support to address increased needs</li> <li>• Peer/Lived-Experience trainers and educators have increased</li> </ul>
<b>Increase in Immigrant/Refugee Population</b>	Economic Stability Health Access	<ul style="list-style-type: none"> <li>• Workforce challenges (not enough providers/nurses to handle increased demand for care)</li> </ul>	<ul style="list-style-type: none"> <li>• Enhances diversity in community</li> <li>• Trusted messengers became elevated leaders</li> </ul>

	Health Literacy	<ul style="list-style-type: none"> <li>• At risk/high-risk</li> <li>• Increased in PWC since COVID pandemic</li> <li>• Language barriers cause trouble navigating care systems and public service programs</li> <li>• Lack of affordable housing</li> <li>• Transportation</li> <li>• Makes up the largest percent of low wage-earning workers in community</li> <li>• Lack of financial stability</li> <li>• Non-trusting of medical systems/providers</li> </ul>	<ul style="list-style-type: none"> <li>• Increased collaboration with community partners/agencies</li> <li>• Peer/Lived-experience trainers and educators became incredibly important</li> <li>• Critical to communication of vaccination efforts during COVID</li> </ul>
<b>Lack of Affordable Housing</b>	Economic Stability Neighborhood, Community and Environment	<ul style="list-style-type: none"> <li>• Access to affordable housing is a big issue in PWC</li> <li>• Poor housing aids in the decline or inability for community members to build social support systems/networks</li> <li>• Crowding in homes/houses increased during pandemic</li> <li>• Increase in living with non-related individuals in community setting</li> <li>• Linked to a need for increased wage</li> <li>• Linked to an increase in commuting/transportation to other counties to increase earning wage potential</li> <li>• Not enough schools to support increased housing needs</li> <li>• More than 30% of community members salary goes to paying rent</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the importance to maintain green spaces/healthy environments and communities</li> <li>• Increased housing will increase funding for more schools</li> </ul>
<b>Transportation</b>	Economic Stability	<ul style="list-style-type: none"> <li>• Elimination of grocery tax may impact support for local bus/transportation systems</li> </ul>	



	<p>Neighborhood, Community and Environment</p> <p>Obesity, Nutrition and Physical Activity</p>	<ul style="list-style-type: none"> <li>• Ability to walk/bike to work safely is limited in PWC</li> <li>• Linked to affordable housing (increase in commuting distance)</li> <li>• Increase in commuting due to low wage-earning potential - increases risk of injury/death</li> <li>• Average person travels more than 50 minutes to get to work</li> </ul>	
<p><b>Education/Virtual Schooling</b></p>	<p>Education</p> <p>Health Literacy</p> <p>Maternal, Infant, Child and Youth Health</p> <p>Mental Health</p> <p>Tobacco and Substance Use</p>	<ul style="list-style-type: none"> <li>• Social Media negatively impacted</li> <li>• Increase in bullying and violence</li> <li>• Negatively impacted by COVID</li> <li>• Schools not able to provide unique interventions anymore (ex – abuse, suicide, hunger, etc.)</li> <li>• Linked to increased substance abuse rates amongst children/youth (not in school setting)</li> <li>• Dropout rates have increased</li> <li>• Has become a health-related battle ground (masks in schools)</li> <li>• Increased proximity to inaccurate and misinformation</li> </ul>	<ul style="list-style-type: none"> <li>• Increased advocacy for more education programs (virtual and in-person) especially early childhood programs</li> <li>• Increased flexibility of learning options amongst student population</li> <li>• Promoted communication hubs and networks amongst affinity groups</li> <li>• Increased collaboration between community partners/agencies and school systems to provide unique programs and initiatives for students</li> <li>• Social media positively impacted</li> <li>• Ability to communicate increased</li> </ul>

Figure C5. HealthWorks for Northern Virginia, Federally Qualified Health Center

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

		<p>challenging to navigate when it is present – need bus routes within communities to connect individuals to job hubs not just focus on metro stations to move people out of our communities</p> <ul style="list-style-type: none"> <li>• Car sharing is a creative but usually not legal strategy - can create vulnerability</li> <li>• Legal services are critical, particularly in the context of domestic violence, immigration and navigating the courts – while non-profits do a great job, the need is great and there is a shortage of immigration lawyers</li> </ul>	<p>resources that allow community members to have access to good jobs in their communities</p>
<b>Limited Mental Health Resources</b>	Healthcare Access Mental Health	<ul style="list-style-type: none"> <li>• Few alternatives for accessing mental health resources without paying out of pocket which can be a significant barrier even when insured</li> <li>• Policy has moved towards short term mental health interventions which doesn't allow for the longitudinal counseling that some individuals need</li> <li>• Mental health concerns are going unaddressed until they escalate and there is a problem to address</li> </ul>	<ul style="list-style-type: none"> <li>• Resources exist for uninsured with mental health challenges, need resources for those who are insured but have to pay out of pocket</li> </ul>
<b>Access vs. Utilization</b>	Healthcare Access	<ul style="list-style-type: none"> <li>• Lacking a social service organization focused on the needs of the large Latino/a population in Loudoun</li> <li>• Services may be available, but individuals don't access them</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity for intentional strategies to engage people to improve health outcomes</li> <li>• CHW collaborative across agencies in Loudoun has been successful in maximizing resources for engagement</li> <li>• Faith based partners are already engaging with their communities</li> </ul>

			<ul style="list-style-type: none"> <li>Inova Loudoun Hospital acts as a true community hospital, easy to navigate, seeks input and participates with its partners</li> </ul>
<b>Western Fairfax and Loudoun Are Different</b>	Healthcare Access	<ul style="list-style-type: none"> <li>The size of Fairfax County means that it is difficult to coordinate collaboration and some decisions are made by county staff without the opportunity for external input</li> </ul>	<ul style="list-style-type: none"> <li>Fairfax County has more financial resources to bring to bear when addressing similar issues to those experienced in Loudoun</li> </ul>

Figure C6: Fairfax County Health Care Advisory Board

<b>Forces</b>	<b>Category</b>	<b>Threats Posed</b>	<b>Opportunities Created</b>
<b>Public Health Resources and Planning During COVID-19</b>	Healthcare Access	<ul style="list-style-type: none"> <li>Focus on COVID-19 has deemphasized other important chronic diseases and conditions</li> <li>Short attention span: Concern that instead of focusing on root causes and prevention, we'll continue to jump from crisis to crisis</li> </ul>	<ul style="list-style-type: none"> <li>Focused attention and concern on public health resources which historically are taken for granted and under-funded when not in crisis</li> <li>Like public safety, public health has the potential and need for planning for capacity/growth and assessment of root causes impacting disparities and gaps in care</li> <li>Increase in partner collaboration, awareness, knowledge and approach to addressing population needs</li> </ul>
<b>Exposure of Gaps/Disparities</b>	Chronic Conditions Healthcare Access	<ul style="list-style-type: none"> <li>COVID-19 revealed existing health inequities to the public at a time when while chronic disease increased and worsened during a period of isolation and social distancing</li> <li>Health communication and messaging</li> </ul>	<ul style="list-style-type: none"> <li>Opportunities to improve communication strategies in order to meet under-resourced communities where they are</li> <li>Impact may have been significant enough to change the way people</li> </ul>

		<p>developed by those in charge may be based on assumptions and not reach those in need (language, culture, technology access, geographic location)</p> <ul style="list-style-type: none"> <li>Public health guidance for pandemic safety was not an option for many who needed to work front-line roles and lived in multigenerational homes that put them at risk (often the same communities at higher risk due to historic health inequities)</li> </ul>	<p>think about public health</p> <ul style="list-style-type: none"> <li>More focus on health issues outside of “who is your healthcare provider” and “how often do you go to the doctor”</li> <li>Future preparation will require government departments (not just the health department) working together with the private sector to avoid “gear up” time and maintain partnerships</li> </ul>
<b>Lack of Faith in Government Entities</b>	Education Health Literacy	<ul style="list-style-type: none"> <li>COVID-19 intensified and made more obvious the extent of distrust of our communities</li> <li>Historical distrust and hesitance affected vaccine uptake</li> <li>Significant misinformation and mixed messages spread that further hurt the credibility of experts – social media “respected voices” communicated messages that further amplified misinformation</li> <li>Exposed lack of medical understanding and health literacy in our communities</li> </ul>	<ul style="list-style-type: none"> <li>Efforts to address vaccine hesitancy has increased knowledge and awareness of agencies of the need</li> <li>Countries that appear to have managed the pandemic best also had a high degree of trust among their people – how can this success be replicated</li> <li>Potential to enhance education in schools regarding understanding statistics and science</li> </ul>
<b>Environmental Health Concerns</b>	Neighborhood, Community and Environment	<ul style="list-style-type: none"> <li>Clear that the environment is linked to health and health outcomes</li> <li>Need better communication to our communities about its importance</li> </ul>	<ul style="list-style-type: none"> <li>Increase political awareness of environmental concerns</li> <li>Many opportunities for environmental health to be included in community health</li> <li>Social media has really expanded this conversation during the</li> </ul>

			pandemic and created platforms for leaders in environmental health
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Figure C7: Representative from the Fairfax County Board of Supervisors

Forces	Category	Threats Posed	Opportunities Created
<b>Healthcare Professions/ Workforce Challenges</b>	Healthcare Access	<ul style="list-style-type: none"> <li>• Workforce is aging and now people are dropping out of healthcare professions – risk to the care of the critically ill</li> <li>• Shortage of healthcare instructors</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity to intervene and motivate middle and high schoolers – younger is better – and engage and expand healthcare academies</li> <li>• Efforts to engage with HBCU’s from other regions and recruit from student body</li> </ul>
<b>Chronic Conditions Persist</b>	Chronic Conditions Health Literacy	<ul style="list-style-type: none"> <li>• Chronic diseases like stroke and diabetes continue to be significant health concerns and even growing</li> <li>• Community members continue to lack the knowledge to properly identify symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Efforts in place to address chronic conditions, like stroke since the 90s</li> <li>• Must recognize that change takes time and temper expectations of programming with realism around making change</li> </ul>
<b>Divisiveness</b>	Chronic Conditions Health Literacy Mental Health	<ul style="list-style-type: none"> <li>• Culture has become increasingly driven by attitudes that give no benefit of the doubt to others and lead to knee-jerk reactions without consideration of the impact on others</li> <li>• False and negative information is easily accessed and shared</li> <li>• Social media and cable channels contribute to echo chambers that can lead to anxiety, aggression and can exacerbate chronic conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity to create education and spaces that allow people to manage their feelings, life issues and trauma that contribute to divisive behavior through conversation</li> <li>• People are anxious to get out and connect – healthcare can be in these spaces as a wellness resource to support the building of communities</li> </ul>

<p><b>Diverse Communities with Unique Perspectives on Health and Healthcare</b></p>	<p>Chronic Conditions Healthcare Access Mental Health</p>	<ul style="list-style-type: none"> <li>• Immigrant communities often include older adults that are less likely to speak English and more likely to be isolated and living with chronic conditions</li> <li>• Some religions and cultures take a “God will provide” mindset towards health and therefore do not seek out healthcare             <ul style="list-style-type: none"> <li>○ Some also preclude women from engaging outside the family which can lead to a disparity in healthcare access</li> </ul> </li> <li>• Many immigrants observe cultural practices and eating habits that can contribute to chronic conditions, or do not have the economic resources to eat more healthy food</li> <li>• Some immigrant populations have experienced significant recent and historical trauma that can contribute to physical and mental health concerns, as well as divisions, and blame within and between groups</li> </ul>	<ul style="list-style-type: none"> <li>• Many immigrant communities have come up with similar strategies for success – opportunity to share similarities and build relationships</li> <li>• Opportunities to engage with non-mainstream religious communities to explore barriers and provide prevention and care access</li> <li>• Some communities have established their own resources and support structures that include traditional medicine – opportunity to build trust with this infrastructure and provide additional healthcare resources in this context</li> <li>• Some communities of color in Fairfax are civically engaged and have representatives and community relations experts – healthcare can engage with them to hear needs and opportunities</li> </ul>
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Figure C8. Faith Based Leaders, All Regions

Forces	Category	Threats Posed	Opportunities Created
<p><b>Increase in Mental Health Impact on Community</b></p>	<p>Chronic Conditions Healthcare Access Health Literacy Mental Health</p>	<ul style="list-style-type: none"> <li>• Need more providers trained in intersectionality to help address multiple identities in the space of behavioral/mental health</li> <li>• Need more providers for long-term</li> </ul>	<ul style="list-style-type: none"> <li>• Church counseling ministries have increased to address awareness for behavioral health and mental health support</li> <li>• Awareness for services and</li> </ul>

	Neighborhood, Community and Environment	<p>intervention</p> <ul style="list-style-type: none"> <li>Faith leaders can only provide short-term interventions for faith-based counseling</li> <li>Even pastors/faith leaders can only provide short-term intervention. What next? This really is a barrier to care when someone is in a mental health crisis</li> <li>Public providers are overwhelmed</li> <li>Stigma is still a huge problem regarding mental health in religious/faith communities</li> <li>Many people do not know they are depressed</li> <li>Depends on word of mouth for referrals for counseling</li> </ul>	<p>programs has increased</p> <ul style="list-style-type: none"> <li>Would like to expand services and make them more well-known to all of community – reducing stigma</li> </ul>
<b>Increase in Immigrant/Refugee Population</b>	<p>Economic Stability Healthcare Access Health Literacy Mental Health Neighborhood, Community and Environment</p>	<ul style="list-style-type: none"> <li>Individuals have trauma and it is not being addressed sufficiently</li> <li>Commonly told that if those who were seeking citizenship were to apply for social services their applications would be denied</li> <li>Affordable housing not accessible</li> </ul>	<ul style="list-style-type: none"> <li>Many communities worked to dispel this stigma and misinformation to increase access</li> <li>Dual trained community members were trained to do pastoral support and programs/services to help address disparities</li> <li>Need to better address trauma when these community members arrive</li> </ul>
<b>Increase in Food Insecurity/Food Pantries</b>	<p>Economic Stability Maternal, Infant, Child and Youth Health</p>	<ul style="list-style-type: none"> <li>Certain ethnic and cultural groups were totally loss to systems (i.e. Haitian, Africans, etc.)</li> <li>Not everyone was included as a vulnerable</li> </ul>	<ul style="list-style-type: none"> <li>Increase in community partnership and collaboration to address enhanced need</li> <li>Churches mobilized community-</li> </ul>



	<p>Neighborhood, Community and Environment</p>	<p>group</p> <ul style="list-style-type: none"> <li>• Community had to come to them instead of services coming to them</li> <li>• Transportation greatly affected community and food accessibility – especially in counties with limited public transportation</li> <li>• School unable to provide dual services that helped address this need</li> <li>• Reduced barriers for community members to access more food for their households and other households were limited due to transportation</li> <li>• Food pantries were not paying attention and were distributing expired foods a lot</li> <li>• Lack of community trust impacted access to food networks, pantries and resources</li> </ul>	<p>based food pantries to deliver service to community</p> <ul style="list-style-type: none"> <li>• For accessibility, what Loudoun Hunger Relief did to promote vaccination access was to distribute food at a remote location. LHR was the "anchor" and they partnered with Department of Health to distribute vaccines. LHR gave a gift card as a promo to ensure people would vaccinate</li> <li>• Using volunteers of diverse backgrounds enhanced trust and increased community participation in using services</li> <li>• Test community members</li> <li>• Lots of overlapping services which may have been barriers to communication</li> <li>• Integrating food distribution between community partners to streamline access</li> <li>• Championed peer-to-peer/neighbor-to-neighbor support groups that facilitated transportation and distribution to communities limited by transportation</li> <li>• Reduced the emphasis on</li> </ul>
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			targeting ethnic and racial groups and open to all
<b>Barrier to Distributing COVID Assistance</b>	<p>Economic Stability</p> <p>Healthcare Access</p> <p>Health Literacy</p> <p>Immunizations and Infectious Disease</p> <p>Mental Health</p> <p>Neighborhood, Community and Environment</p>	<ul style="list-style-type: none"> <li>• Assistance programs were limited in scope and outreach</li> <li>• Undocumented citizens were impacted heavily as they were not allowed to receive many services and resources reserved for “citizens”</li> <li>• Need for increased funding highlighted disparate needs with regard to poverty in Northern VA</li> <li>• Slow communication really impacts access to health for many</li> <li>• Low technology literacy impacted communication of important messaging</li> <li>• Lack of racial/ethnic/cultural mental health specialist/resources in Northern VA</li> <li>• Barriers to accessing programs for all citizens</li> <li>• Families turned away due to lack of documentation</li> <li>• Those not seen as real community members/citizens increases stigma and mistrust</li> </ul>	<ul style="list-style-type: none"> <li>• Accumulated lots of money to address needs</li> <li>• Federal funding was available to undocumented citizens for COVID positive clients</li> <li>• Depended on word of mouth communication</li> <li>• Increased effectiveness of trusted messengers</li> <li>• Barriers to accessing public and government programs or applications was made easier in some instances</li> <li>• Lots of programs reduced barriers to accessing services</li> <li>• Community led communication was very successful</li> </ul>

### Appendix D: Community Themes and Strengths Assessment (CTSA)

Data for the Community Themes and Strengths Assessment (CTSA) were collected through a survey (Figure D1) that asked participants details about themselves, such as gender, race, income and zip code and their opinion about three main questions:

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

Survey participants could select up to three choices for each question and leave open feedback in a freeform field. The survey was made available online and in paper format and was in the field from January through the first week of April 2022. Surveys were available in Arabic, Amharic, Chinese (Mandarin), English, Farsi, Korean, Spanish, Urdu and Vietnamese. This survey utilized a convenience sampling method; therefore, results from this survey are not generalizable to the entire community.

Themes were identified in the survey in two ways. First, the overall results were considered and a survey response is considered a theme if it is in the top 5 of all responses (as shown in the CHNA Report). Second, the results were analyzed by respondent demographics in order to identify disparities and different perspectives. In this case, a survey response was considered a theme if it fell in the top five for that group.

Figure D1. CTSA Survey

**Survey Introduction:**

Inova is conducting a short, anonymous survey to learn about what is important to people in Northern Virginia. The results will be used to inform ongoing efforts to make this a healthier community. We also ask a few questions about you so we can understand more about who took this survey. If you need more information, please visit <https://www.inova.org/about-inova/inova-your-community/community-health-needs-assessments> or contact us at [CHNA@inova.org](mailto:CHNA@inova.org) or call 703-698-2575. Thank you for participating in this anonymous survey.

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

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

Please select up to THREE (3) boxes below:

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

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

Please select up to THREE (3) boxes below:

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

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

Please select up to THREE (3) boxes below:

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

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

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

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

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

**D3. Your HIGHEST LEVEL OF EDUCATION**

Mark (X) only ONE (1) box:

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

**D4. ARE YOU HISPANIC OR LATINO?**

Mark (X) only ONE (1) box:

- Yes  
 No

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

- American Indian or Alaska Native  
 Asian

- Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White or Caucasian

**D6. Do you live in a home with HOUSEHOLD MEMBERS THAT ARE YOUNGER THAN 18**

**YEARS OLD?** Mark (X) only ONE (1) box:

- Yes  
 No

**D7. Where do you USUALLY GO FOR**

**HEALTHCARE?** Mark (X) only ONE (1) box:

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

**D8. Your ASSIGNED SEX AT BIRTH**

Mark (X) only ONE (1) box:

- Female  
 Male

**D9. Your ANNUAL HOUSEHOLD INCOME**

Mark (X) only ONE (1) box:

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



Figure D2. Characteristics of Survey Responses from the Fair Oaks Community

		Number of Respondents	Percent of Respondents
<b>Total Responses</b>		2261	100%
<b>Ethnicity</b>			
	Hispanic/Latino	553	24%
	Not Hispanic/Latino	1633	72%
	No response	75	3%
<b>Race</b>			
	American Indian or Alaska Native	63	3%
	Asian	696	31%
	Black or African American	184	8%
	Native Hawaiian or Other Pacific Islander	20	1%
	White or Caucasian	1055	47%
	No response	325	14%
<b>Language</b>			
	Amharic	1	<1%
	Arabic	4	<1%
	Chinese	233	10%
	English	1437	64%
	Farsi	2	<1%
	Spanish	435	19%
	Vietnamese	69	3%
	Urdu	1	<1%
	Korean	79	3%
<b>Lives with child (&lt;18 years)</b>			
	Yes	1039	46%
	No	1149	51%
	No response	73	3%
<b>Sex</b>			
	Female	1487	66%
	Male	695	31%
	No response	79	3%
<b>Annual Household Income</b>			
	Less than \$10,000	253	11%
	\$10,000 to \$49,000	491	22%
	\$50,000 to \$99,999	505	22%
	\$100,000 to \$149,000	366	16%
	Greater than \$150,000	509	23%
	No response	137	6%

<b>Age Category</b>			
	Less than 18 years	54	2%
	18-24 years	145	6%
	25-29 years	191	8%
	30-39 years	415	18%
	40-49 years	454	20%
	50-64 years	551	24%
	65-79 years	342	15%
	80+ years	82	4%
	No response	27	1%
<b>Education</b>			
	Less than High School Diploma	192	8%
	High School Diploma or GED	312	14%
	Some College	270	12%
	Associates or Technical Degree	155	7%
	Bachelor's Degree	581	26%
	Graduate Degree or Higher	683	30%
	No response	68	3%
<b>Regular Source of Healthcare</b>			
	Hospital or Emergency Room	171	8%
	Private Doctor's Office or HMO	1445	64%
	Urgent Care	158	7%
	Free or Reduced Fee Clinic	206	9%
	I don't get healthcare	176	8%
	No response	105	5%

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

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

Rank	Response	Number of People Who Selected Response
1	Dental problems	217
2	Mental health problems (depression, anxiety, stress, suicide)	198
3	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	181
4	Aging-related health concerns	161
5	Alcohol, drug and/or opiate abuse	140

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

Rank	Response	Number of People Who Selected Response
1	Dental problems	67
2	Alcohol, drug and/or opiate abuse	30
3	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	30
	Mental health problems (depression, anxiety, stress, suicide)	29
4	Violence and abuse	23
	Maternal, infant and child health	23

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

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	83
2	Alcohol, drug and/or opiate abuse	60
3	Violence and abuse	50
4	Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)	47
5	Obesity	43

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

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	445
2	Aging-related health concerns	305
3	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	297
4	Alcohol, drug and/or opiate abuse	198
5	Obesity	181

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

Rank	Response	Number of People Who Selected Response
1	Dental problems	174
2	Alcohol, drug and/or opiate abuse	117
3	Violence and abuse	112
4	Obesity	102
5	Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)	90



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

Rank	Response	Number of People Who Selected Response
1	Aging-related health concerns	144
2	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	142
3	Mental health problems (depression, anxiety, stress, suicide)	100
4	Dental problems	95
5	Food safety	68

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

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	511
2	Dental problems	352
3	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	336
4	Alcohol, drug and/or opiate abuse	316
5	Aging-related health concerns	303

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

Rank	Response	Number of People Who Selected Response
1	Dental problems	187
2	Mental health problems (depression, anxiety, stress, suicide)	179
3	Alcohol, drug and/or opiate abuse	152
4	Violence and abuse	130
5	Obesity	129

Figure D11. Female Respondents

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	815
2	Alcohol, drug and/or opiate abuse	357
3	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	355
4	Differences in life expectancy and health outcomes based on race, ethnicity and economic well-being	320
5	Aging-related health concerns	287

## Appendix E: Community Health Status Assessment (CHSA)

The health indicators that comprised the Community Health Status Assessment (CHSA) were selected based on best practices, availability and local knowledge of emerging health issues. The data include rates and percentages of mortality, morbidity, incidence and prevalence (death, chronic illness and new and existing disease). Data were compiled from published secondary sources and surveys in June 2022. County-level data, as well as breakdowns by population characteristics, was not consistently available, which means the amount of information within certain health topics may be limited. Specific indicators were selected and compiled to support a broad picture of health in the Fair Oaks Community and may not encompass all data available.

Figure E1 lists the data sources for Figure E2, which provides an overview of much but not all of the data considered. Please contact Inova for more information.

Figure E1. CHSA Data Sources

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

Figure E2. CHSA Data

Category	Data Point	Value				Unit of measure	Year of Data	Data Source
		Fairfax County	Loudoun County	Prince William County	Virginia			
Chronic Conditions	Persons with a disability	7.20	5.80	7.80	11.80	%	2019	ACS
	Age-adjusted death rate due to cancer	109.40	118.70	132.10	152.40	Per 100,000	2019	NCI-SEER
	Age-adjusted death rate due to diabetes	11.40	12.90	19.20	23.50	Per 100,000	2018-2020	CDC
	Age-adjusted death rate due to heart disease	87.10	102.9	110.4	149.60	Per 100,000	2018-2020	CDC
	Age-adjusted death rate due to stroke	26.10	25.70	35.00	39.00	Per 100,000	2018-2020	CDC
	Age-adjusted hospitalization due to diabetes	8.80	9.10	14.80	20.70	Per 10,000	2018-2020	VHI
	Age-adjusted hospitalization due to pediatric asthma	1.70	3.20	1.10	3.60	Per 10,000	2018-2020	VHI
	Age-adjusted hospitalization rate due to adult asthma	1.90	2.20	3.20	3.10	Per 10,000	2018-2020	VHI
	Age-adjusted hospitalization rate due to heart failure	16.50	25.50	33.20	36.70	Per 10,000	2018-2020	VHI
	Age-adjusted hospitalization rate due to hypertension	2.50	2.90	2.60	4.60	Per 10,000	2018-2020	VHI
	All cancer incidence rate	335.30	359.50	345.80	411.00	Per 100,000	2018	NCI-SEER
	Medicare beneficiaries with Alzheimer's Disease or Dementia	10.70	11.70	9.60	10.40	%	2018	VA DARS
	Age Adjusted COPD hospitalization	3.50	7.80	11.6	13.50	per 10,000	2018-2020	VHI
	Persons with a disability who live in poverty	11.10	7.00	9.40	17.40	%	2019	ACS
Economic Stability	Median Household Income	124,831	142,299	107,132	74,222	US Dollars	2019	ACS
	Children living below poverty level	7.80	3.20	9.00	13.90	%	2019	ACS
	People 65+ living below poverty level	5.40	4.50	5.30	7.50	%	2019	ACS
	People living below poverty level	6.10	3.40	6.60	10.60	%	2019	ACS
	Child food insecurity rate	4.40	1.70	6.00	11.50	%	2019	FA

Category	Data Point	Value				Unit of measure	Year of Data	Data Source
		Fairfax County	Loudoun County	Prince William County	Virginia			
	Food insecurity rate	5.80	4.00	4.80	9.40	%	2019	FA
	Social and Economic Factors Ranking	5.00	4.00	21.00	6.00	Rank compared to other VA counties	2021	CHR
	Students Eligible for the Free Lunch Program	31.00	19.00	42.00	45.00	%	2019-2020	CHR
	Income Inequality	3.90	3.50	3.50	4.80	Ratio 80%:20% income brackets	2016-2020	CHR
	Annual Unemployment Rate	3.50	3.10	4.00	3.90	%	2021	BLS
Education	People 25+ with a Bachelor's degree or higher	61.60	61.30	41.10	38.80	%	2019	ACS
	High school graduation	94.60	97.60	92.80	93.00	%	2021	VDE
	Proportion of students receiving advanced studies diploma	67.00	76.00	52.00	56.00	%	2020-2021	VDE
	Enrolled in any post-secondary	82.00	85.00	72.00	69.00	%	2019	VDE
Healthcare Access	Adults with Health Insurance	89.30	92.70	86.50	89.20	%	2019	SAHIE
	Children with Health Insurance	95.00	96.30	93.50	95.10	%	2019	SAHIE
	Clinical Care Ranking	14.00	18.00	91.00	-	Rank compared to other VA counties	2021	CHR
	Colon Cancer Screening	68.50	62.40	64.60	70.30	%	2018	CDC
	Mammogram in Past 2 Years: 50-74	80.70	74.90	76.50	80.90	%	2018	CDC
	Pap test in past three years	88.20	88.30	78.80	84.30	%	2018	CDC
	Preventable Hospital Stays - Medicare Population	2497.00	3586.00	4205.00	3896.00	Per 100,000	2019	CHR
	Below 138% FPL uninsured	24.60	24.90	25.90	17.20	%	2020	ACS
Immunizations and Infectious	Adults 65+ with pneumonia vaccination	75.30	72.40	73.70	75.60	%	2019	CDC
	Lyme Disease Incidence	10.30	36.70	8.40	13.40	per 100,000	2018	VDH

Category	Data Point	Value				Unit of measure	Year of Data	Data Source
		Fairfax County	Loudoun County	Prince William County	Virginia			
<b>Disease</b>	Tuberculosis incidence	4.20	2.80	4.30	1.90	per 100,000	2021	VDH
	Varicella (Chickenpox) incidence	6.40	8.30	4.30	4.20	per 100,000	2018	VDH
	Hepatitis B, chronic	52.30	27.10	34.60	24.20	per 100,000	2018	VDH
	Hepatitis C, chronic	57.20	41.40	57.00	122.80	per 100,000	2018	VDH
<b>Maternal, Infant and Child Health</b>	Babies with low birth weight	6.70	6.70	7.60	8.30	Percent less than 2,500 grams	2020	VDH
	Infant mortality rate	3.30	2.30	5.00	5.30	Per 1,000 live births	2020	VDH
	Mothers who received early prenatal care	74.60	79.70	71.80	78.40	%	2020	CDC
	Teen birth rate 15-17	3.10	1.30	4.10	5.10	per 1,000 births	2020	VDH
	Teen birth rate <19	3.60	1.90	5.60	6.70	per 1,000 births	2020	VDH
	Infants born preterm	8.00	8.70	9.00	9.60	%	2020	NCHS
<b>Mental Health</b>	Age-adjusted death rate due to suicide	8.60	9.50	9.00	13.50	Per 100,000	2018-2020	CDC
	Frequent mental distress (14+ days)	10.00	10.00	12.00	13.00	%	2019	CHR
	Mental health provider rate	192.0	157.0	125.0	188.00	per 100,000	2020	CHR
	Poor mental health: 5+ days	3.50	3.40	3.80	4.20	Average number of days in the past 30	2019	CHR
	Adults ever diagnosed with a depressive disorder	14.80	15.00	16.70	17.00	%	2019	CDC
	Depression: Medicare population	12.00	14.00	13.00	16.00	%/Based on 10,000 beneficiaries	2020	CMS
<b>Neighborhood, Community</b>	Severe housing problems	15.00	11.00	15.00	14.00	%	2014-2018	CHR

Category	Data Point	Value				Unit of measure	Year of Data	Data Source
		Fairfax County	Loudoun County	Prince William County	Virginia			
<b>and Environment</b>	Renters spending 30% or more on household income on rent (30.0-34.9)	8.60	6.80	9.10	8.80	%	2019	ACS
	Renters spending 30% or more on household income on rent (35.0 or more)	36.70	33.70	41.00	37.20	%	2019	ACS
	Mean travel time to work	32.30	34.50	40.00	28.70	In minutes	2019	ACS
	Workers commuting by public transportation	9.60	3.60	4.90	4.40	%	2019	ACS
	Workers who walk to work	1.90	1.70	1.10	2.40	%	2019	ACS
	Food Environment Index	9.60	10.00	9.60	8.80	0-10 (10 best)	2019	CHR
	Residential segregation non-white/white index	25.00	32.00	28.00	42.00	0-100 (0=full integration)	2016-2020	CHR
Residential segregation black/white index	42.00	27.00	35.00	50.00	0-100 (0=full integration)	2016-2020	CHR	
<b>Obesity, Nutrition and Physical Activity</b>	Access to exercise opportunities	100.00	92.00	97.00	82.00	%	2019	CHR
	Adults engaging in physical activity	77.60	81.20	78.60	74.70	%	2019	VA BRFSS
	Adults who are overweight or obese	24.00	26.00	30.00	32.00	%	2019	CHR
	Adults who are sedentary	21.00	21.00	27.00	25.00	%	2019	CHR
<b>Oral Health</b>	Dentist rate	108.00	67.00	57.00	71.00	per 100,000	2019	CHR
	Visited dentist in past year	77.50	77.20	67.30	70.50	%	2018	CDC
	Teeth Extractions- 65+	6.70	6.80	9.90	14.90	%	2018	CDC
<b>Sexual and Reproductive Health</b>	Chlamydia incidence rate	249.20	208.90	431.30	469.40	Per 100,000	2020	VDH
	Gonorrhea incidence rate	55.30	24.70	97.00	175.10	Per 100,000	2020	VDH
	HIV/AIDS prevalence rate	5.00	1.40	9.50	7.30	Per 100,000	2020	VDH
	Teen pregnancy rate	3.50	1.50	5.20	7.00	Per 1,000	2020	VDH
	HIV Incidence	5.90	4.40	6.60	9.00	per 100,000	2021	VDH
<b>Tobacco and Substance Use</b>	Adults who drink excessively	15.00	18.00	17.00	17.00	%	2019	CHR
	Adults who smoke	11.00	10.00	13.00	14.00	%	2019	CHR
	Death rate due to or heroin overdose	0.40	0.90	2.30	4.80	Per 100,000	2020	VDH
	Death rate due to opioid overdose	5.70	6.10	17.20	17.20	Per 100,000	2020	VDH

Category	Data Point	Value				Unit of measure	Year of Data	Data Source
		Fairfax County	Loudoun County	Prince William County	Virginia			
	Emergency department visit rate due to heroin	2.30	1.30	2.80	6.60	Per 10,000	2020	VDH
	Emergency department visit rate due to opioids	29.00	25.00	28.30	34.40	Per 10,000	2020	VDH
Violence and Injury	Violent Crime rate	96.00	100.00	186.00	207.00	per 100,000	2014-2016	CHR
	Age-Adjusted Hospitalization Rate related to unintentional fall	14.60	16.70	11.30	20.90	per 10,000	2020	VOIRS
	All-cause injury deaths	32.60	26.40	44.30	70.00	per 100,000	2020	VOIRS
	Firearm deaths	5.60	3.50	5.10	13.7	per 100,000	2020	VOIRS
	Motor vehicle deaths	3.20	3.20	7.10	10.60	per 100,000	2020	VOIRS
	All-cause injury hospitalizations	234.50	260.80	225.30	390.70	per 100,000	2020	VOIRS

## Appendix F: Identifying Top Health Issues Methodology

As described throughout this document and the CHNA Report, each of the three assessments identified areas of concern. Community health needs were determined to be “top health issues” if they were identified as problematic in at least two of the three assessments. An Assessment Scoring Matrix was developed in order to visualize these results. Figure F1 shows this matrix for the Fair Oaks Community.

Figure F1. Inova Fair Oaks Community Assessment Scoring Matrix

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

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



### Appendix G: Actions Taken Since Previous CHNA

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

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

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

Soon after, COVID-19 lockdowns and shifting priorities put many of the Implementation Strategy approaches on hold. Efforts continued to maintain partnerships and support community work. In Fairfax, Inova partnered in Community Health Improvement Strategy efforts to address social isolation and develop a toolkit of resources to assist individuals experiencing the mental health impact of social isolation for a variety of issues including age, physical health, mental health, sexual orientation and gender identity.

Inova is a partner of the county's Community Provider Strategy Team (CPST), formerly the Community Provider Coordination Team (CPCT), and participates on numerous subcommittees related to health access, food and communication. During 2020, this group also collaborated to communicate and address COVID-19-related health disparities and connect services to clients in the community.

Due to significant changes to the social and health landscapes, the Implementation Strategy was shifted in mid-2020 to include the lenses of health equity, antiracism and social determinants of health. A structure was implemented whereby a steering committee addresses system-wide approaches to improving CHNA-identified health needs and the Fair Oaks Health Equity Community Action Committee consisting of Inova team members and community partners identifies local needs and opportunities and develops partnerships to address them. The Steering Committee meets monthly to identify needs and opportunities throughout the system. The Action Committee also meets monthly and brings together representatives from multiple Inova departments, faith-based organizations, Fairfax Family Practice, HealthWorks FQHC, Cornerstones and county teams including the Community Services Board, Public Schools, the Health Department and Health Integration and Safety Net.

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

The Action Committee conversations in Fair Oaks as well as those in other regions of Northern Virginia supported Inova's efforts to have an increased presence in and engagement with its local communities to build trust. A tool was developed to collect information from Inova team members with interest in sharing their expertise at community events and activities. Rather than create events, Inova works with

local non-profit, faith, clinical, government and neighborhood partners to collaboratively deliver resources at events and activities designed and attended by community members. Inova team members volunteer their time and expertise at a variety of events including health fairs, health education sessions, workforce development opportunities and community celebrations. In Fair Oaks, this included participating in events with Western Fairfax Christian Ministries, Cornerstones and Opportunity Neighborhood.

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

### **Inova Community Health Clinics and Programs Respond to Needs**

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

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

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

Inova has made great strides in creating safe spaces for the LGBTQ+ community to seek healthcare and support. Inova's hospitals have been ranked by the Human Rights Campaign Healthcare Equality index, which promotes equitable and inclusive care for all patients and their families. In 2022, the Inova Pride Clinic opened its doors to provide inclusive and judgment-free care, answering questions and supporting long-term health and wellness without barriers. This first-of-its-kind clinic provides primary care and mental health services and addresses LGBTQ-specific healthcare needs.

### **Creating a Diverse Workforce (Improving Healthcare Access, Supporting Behavioral Health)**

Dream Big, Inova's health equity-based workforce development initiative, aims to increase racial and ethnic diversity in the healthcare workforce to better reflect and represent the communities Inova has

the privilege to serve. The program was created in 2021 and gives minority youth an up-close look at a variety of healthcare careers and roles. Inova team members of diverse backgrounds and professions – known as the Dream Team – created short videos highlighting their career journeys. Team members visit Title 1 middle and high schools in Northern Virginia to show the videos and share their work-life experiences. The goal is to inspire young people to visualize their own healthcare career success stories.

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

### **Social Determinants of Health Screening (Improving Healthcare Access, Addressing Chronic Conditions, Supporting Behavioral Health)**

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

### **Community Health Fund/Health Equity Grants (Improving Healthcare Access, Addressing Chronic Conditions, Supporting Behavioral Health)**

Every year Inova provides Community Fund grants to non-profit organizations in Northern Virginia providing services aligned with the CHNA. In 2020, the overall award amount was doubled to \$120,000. Awardees in the region included The Women's Center who used funds to subsidize therapy for low-income, uninsured and underinsured clients; the cost of domestic violence, sexual assault, teen dating, stress and anger management; and foster community collaborations and referrals as a mental health safety net, and The American Foundation for Suicide Prevention who created their first ever Children's Loss and Healing Day allowing AFSP to bring a day of hope and healing to Fairfax's youth- ages 6-12, a population of suicide loss survivors that is currently underserved.

In 2021, the overall award amount was again doubled to \$240,000. Awardees included YMCA of Metropolitan Washington's location in Reston to support both its health promotion programs and its Food and Health Hub program that provides home-delivered local produce to food insecure residents and those with chronic health conditions living.

In 2022, the grant program was renamed to the Inova Health Equity Grants and the total award amount was quadrupled to one million dollars. Recipients located in the Fair Oaks region include Western Fairfax Christian Ministries; Family Counseling Center of Greater Washington; The Women’s Center; Our Minds Matter; National Alliance of Mental Illness; SevaTruck Foundation; The Heart Leaf Center; Food for Others, Inc; Loudoun Literacy Council; INMED Partnerships for Children and Youth for Tomorrow. Several other awardees will be providing services in the region.

### **Community Health Workers (Improving Healthcare Access, Addressing Chronic Conditions)**

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

### **Healthcare Worker Education (Improving Healthcare Access)**

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

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

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

Inova’s Diversity, Equity and Inclusion efforts have made numerous strides including implementing DEI rounding activities, education programs and publishing an anti-racism statement. In late 2021 Inova’s Inclusion Council launched the first Team Member Resource Groups (TMRGs), which provide a platform for team members with shared characteristics or life experiences to connect across the system.

Voluntary, member-led and open to anyone at Inova, TMRGs lead initiatives in recruiting, engagement, education, communication, mentorship, celebrations, community outreach and more. Through these efforts TMRGs amplify the voices of under-represented people and communities and strengthen inclusion and belonging.

### **COVID-19 Vaccination Efforts in the Community (Improving Healthcare Access)**

As the COVID-19 pandemic persisted, Inova collaborated with multiple community partners to get “shots in arms” across the region.

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

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

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

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

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

- ***Get the Vaccine!*** – Inova produced 45 videos to address vaccine hesitancy and reinforce that the vaccine is safe and effective. Inova physicians from a variety of cultural backgrounds and specialties, including general and internal medicine, surgery, OB-GYN and pediatrics,

participated. Providers recorded the message in English and their native languages. Inova also used the videos to engage faith, school and business leaders who found them useful in reaching congregations, families and customers.

- ***Vax UP FCPS*** – In mid-October, Fairfax County Public Schools (FCPS) reached out to request a partnership with Inova’s pediatricians to address the questions and concerns of parents considering vaccinating their soon-to-be eligible 5- to 11-year-olds. Within a few weeks, and in time for the official authorization, the joint Inova-FCPS team created videos answering some of the most common questions about the COVID-19 vaccine for kids. These videos were posted to the FCPS page and were made available on the Inova ***Get the Vaccine!*** page to maximize their reach in all areas of Northern Virginia.
- ***Understanding the COVID-19 Vaccination*** – In February, Inova team members held a virtual town hall with Black church leaders to discuss the vaccine, address hesitancy and discuss messaging for congregations. This well-informed and collaborative conversation helped shape Inova’s outreach efforts to our vulnerable and marginalized populations, while supporting faith leaders in their efforts to keep their communities healthy.

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

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