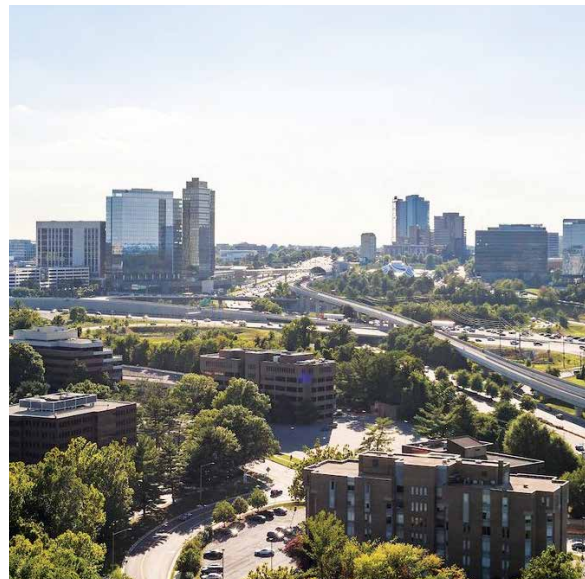




2025 Fairfax Community Health Needs Assessment

Acknowledgements

This community health needs assessment reflects the work and contributions of many community champions and governmental partners across the Inova Fairfax Hospital community. Sincere appreciation is extended to those who so graciously shared their expertise throughout the process. A special note of gratitude is owed to the following individuals and organizations for their time, commitment and insight in the development of this report.

Inova

Leigh Guarinello, MPH, Director, Community Health Programs
Nigel Walker, MHA, Director, Community Health Programs
Leah Chedid, Community Business Operations Manager
Olivia Thornton, Minahil Hamid, Dr. Arshia Qaadir,
Armena Ashfaq, Angela Sarfo, Master of Public Health interns
Karen Berube, LCSW, Senior Vice President and Chief,
Community Health

Fairfax Health Department

Gloria Addo-Ayensu, MD, MPH, Director of Health
Parham Jaber, MD, MPH, Deputy Director
for Medical Services
Carla Paredes Gomez, Community Outreach
and Engagement Supervisor
Claudia Morcelo, Community Outreach
and Engagement Unit Manager
Christopher J. Revere, MPA, Deputy Director
for Innovation and Planning
Jessica Werder, MPH, Deputy Director
for Public Health Operations

Loudoun Health Department

David Goodfriend, MD, Health Director
Carmen Gill-Bailey, MD, FAAP, Medical Director
and Deputy Director
Erica Wickline, MPH, Population Health Division Manager
Briana Roberts, MPH, Community Health Assessment
and Improvement Coordinator

Alexandria Health Department

David Rose, MD, MBA, FAAP, Health Director
Natalie Talis, MPH, Population Health Manager
Sean Curry, MPH, Public Health Planner
Katelyn Mullins, MPH, Community Health Epidemiologist
Lina Zimmerman, MPH, Population Health Epidemiologist

Prince William Health Department

Luke Davies, MPH, Health Director
Diane Anderson, DrPH, MPH, Population Health Supervisor

Community partner organizations

Fairfax Community Action Committee

- ADAMS Compassionate Healthcare Network
- Aetna
- CareFirst BlueCross BlueShield
- Culmore Clinic
- Fairfax County (Health Department, Neighborhood
and Community Services)
- George Mason University Place-Based Initiative
- Inova (including Inova Fairfax Hospital and Inova Saville
Cancer Screening and Prevention Center, as well as
Inova’s community health, sustainability and government
relations teams)
- Insight Memory Care
- Neighborhood Health
- Northern Virginia Family Services

Partnership for a Healthier Fairfax steering committee

All partners that hosted events, shared surveys or promoted
community health meetings.



Charlotte Geary/Visit Fairfax

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Executive summary

What makes a community healthy?

The health of a community's residents is shaped by their environment, relationships, resources and behaviors. Wellbeing improves when neighbors feel empowered and involved in efforts to enhance safety, connection and access to services. To support the healthiest community possible, hospitals partner with the people they serve to understand and address needs.

The process

Every three years, nonprofit hospitals conduct assessments of the health needs of their communities and develop strategies to address them. In 2020, Inova created a steering committee to help guide the work of conducting and implementing the community health needs assessment (CHNA). Regional community action committees (hereafter referred to as "action committees") were established to ensure the voices of the local communities were integral to the processes. The committee members include Inova, county agencies including the local health department, nonprofit organizations, community clinics, faith partners, community health workers and community members. Action committee members share insight, best practices and resources that inform the regional CHNA process.

Between fall 2024 and summer 2025, Inova updated the framework developed in 2019 to conduct a new CHNA focused on the primary and secondary services areas of Inova Fairfax Hospital and Inova McLean Ambulatory Surgery Center which constitute over 75% of admissions (Appendix B provides these ZIP codes). This community-centered, data-driven process used surveys, local data and community input to identify the region's top health issues.

A community health needs assessment helps communities and hospitals identify significant public health issues and resources to address them.

What we learned about health in the Inova Fairfax Hospital community

While the community is comparatively healthy overall, community members have significant differences in health needs and outcomes depending on demographics and neighborhood. The top health issues identified by the CHNA in the community, listed alphabetically, are:

- **Chronic conditions**
- **Economic stability**
- **Education and health literacy**
- **Healthcare access**
- **Maternal, infant, child and youth health**
- **Mental health and substance use**

Next steps

Based on the CHNA findings and a closer look at local data, Inova and its partners, guided by the Fairfax action committee, will create and adopt a three-year implementation strategy. The plan will outline action areas and strategies to address the community's most pressing health needs. Community members are encouraged to share their input and help shape proposed solutions.

Visit [Inova.org/Community](https://www.inova.org/Community) for information about current and past CHNAs, implementation planning and opportunities to participate.

Inova





Why is community health important?

In a thriving community, residents have consistent access to resources and opportunities needed to be healthy. A CHNA examines a wide range of data to understand the overall health of community members and identify strengths, gaps and conditions needed to support wellbeing and long-term growth.

A CHNA explores four big questions:

- **What** are the biggest health concerns in our community?
- **Who** is most affected?
- **Where** are the unmet needs for services?
- **What** resources are available or needed to address the needs?

This CHNA features an approach to identify and assess the most significant health concerns in the Inova Fairfax Hospital region through collaboration among health systems, health departments, community coalitions, nonprofit partners and the residents who live, work and play in the region. This assessment was developed in compliance with the IRS 501(r) requirements for 501(c)(3) hospitals. The information presented in this report is used to develop an implementation strategy to address the community’s top health needs.

Background

Who makes up the community?

Northern Virginia is one of the fastest growing regions in the United States and is the most densely populated in the Commonwealth of Virginia. It is comprised of several distinct communities including the cities of Alexandria, Fairfax, Falls Church, Manassas and Manassas Park, as well as the counties of Arlington, Fairfax, Loudoun and Prince William. Eastern areas of the region are more urbanized and face related health challenges such as overcrowding and rising demand for healthcare services and public programs.

Northern Virginia is more racially and ethnically diverse than the rest of the commonwealth. With diverse languages and backgrounds, community members’ need for accessible, culturally appropriate and adaptable healthcare services continues to grow.

Fairfax County is a large, suburban community known for its schools, public services and proximity to Washington, DC. Residents are diverse in race, ethnicity and income, with a mix of long-established neighborhoods and rapidly growing, multicultural populations.

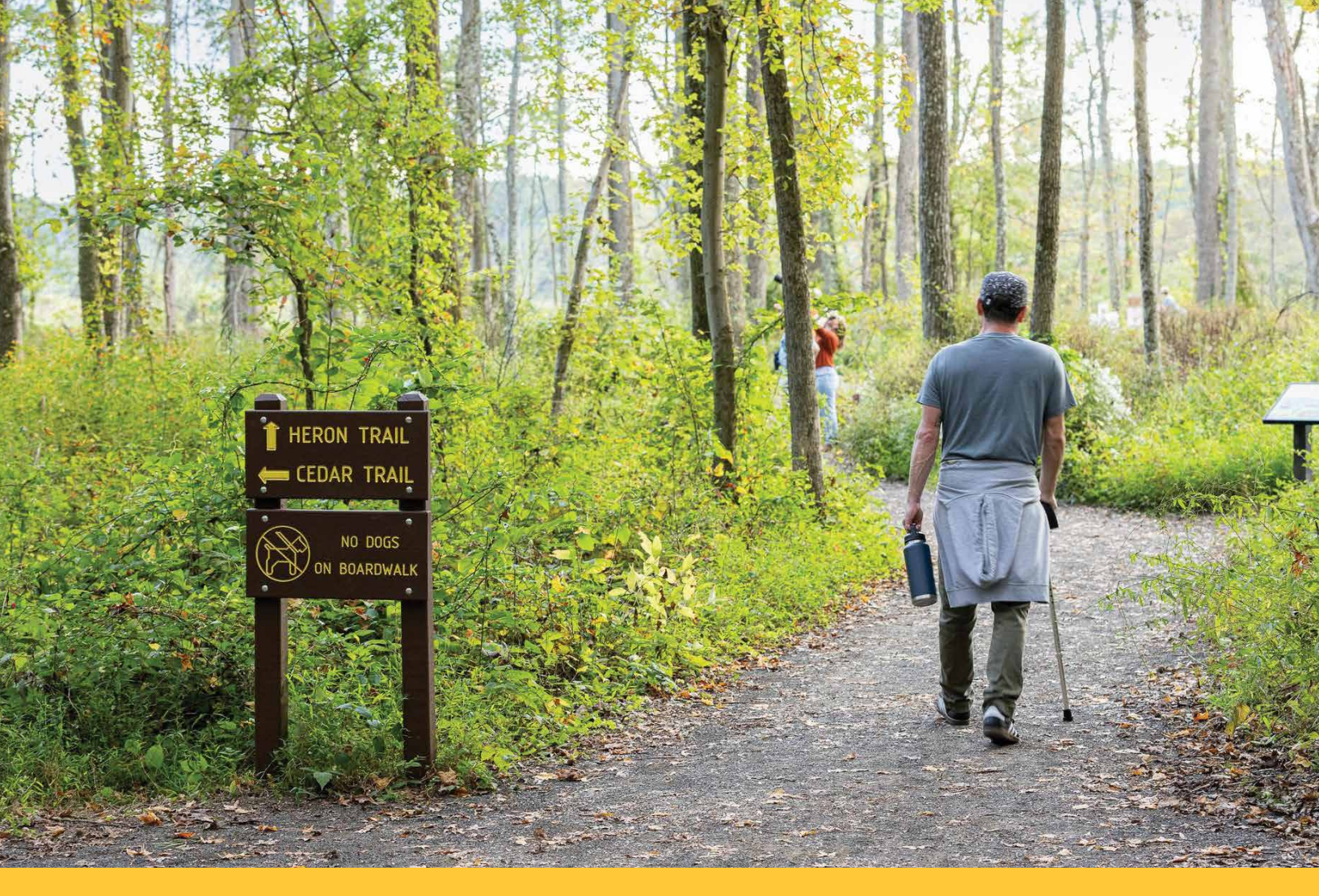
Northern Virginia

1,304	square miles
>2.5	million residents
28%	born outside the U.S.
\$142,583	median income

Fairfax County

391	square miles	20%	Asian
>1.14	million residents	10%	Black
31%	born outside the U.S.	54%	White
\$150,113	median income	11%	More than one race
5.9%	living in poverty	17%	Hispanic

(U.S. Census Bureau 2019 – 2023)



April Greer/Visit Fairfax

The hospital facilities that this CHNA report applies to are Inova Fairfax Hospital and Inova McLean Ambulatory Surgery Center. Inova Fairfax Hospital, Inova’s largest hospital facility, is a 928-bed community hospital that serves Fairfax, Loudoun and Prince William counties and the cities of Alexandria, Fairfax, Falls Church, Manassas and Manassas Park (see Figure 1). In 2024, ZIP codes in these areas accounted for over 75% of the hospital’s admissions. The hospital provides an array of medical and surgical services including Northern Virginia’s only Level I Trauma Center, Inova Women’s Hospital, Inova L.J. Murphy Children’s Hospital, Inova Schar Heart and Vascular and others. Additional information about the hospital and its services is available at Inova.org/IFH.

Inova McLean Ambulatory Surgery Center is a full-service facility located in McLean. The surgery center is licensed by the Commonwealth of Virginia, certified by Medicare, accredited by the Accreditation Association for Ambulatory Health Care and a member of the Ambulatory Surgery

Center Association. The surgery center provides cost-effective services using modern, state-of-the-art technology in a friendly and caring environment by highly skilled, compassionate staff serving the McLean, Tysons Corner and Oakton areas of Fairfax County and surrounding communities.

The hospital and surgery center are operating units of Inova, which includes four other hospitals (Inova Alexandria, Inova Fair Oaks, Inova Loudoun and Inova Mount Vernon hospitals), five other surgery centers (Inova Ambulatory Surgery Center at Lorton, Inova Franconia – Springfield Surgery Center, Inova Loudoun Ambulatory Surgery Center, Inova Northern Virginia Surgery Center and Inova Oakville Ambulatory Surgery Center) and operates a number of other facilities and services across Northern Virginia. Throughout this document, the community assessed will be referred to as the Inova Fairfax Hospital community.

Learn more at Inova.org.

What is known about the community’s health?

The Fairfax County Health Department’s 2023 community health assessment evaluated the health of the county through data and input from community partners and residents. That report highlighted needs in the following key health-related areas with individual metrics improving, worsening or remaining consistent:

- Social determinants of health
- Life expectancy and premature mortality
- Healthcare access and utilization
- Chronic disease and conditions
- Mental health
- Substance use
- Physical activity, healthy eating and food insecurity
- Maternal and child health¹

The community health improvement plan put into place by the Alexandria Health Department in 2020 prioritized three health issues: housing, mental health and poverty.²

The results of the Alexandria community health assessment conducted from 2024 to 2025 were published as the City of Alexandria State of Health Report in the summer of 2025. Data and insights based on quantitative data, a community survey and community voices were provided for each of 12 topics, nearly all of which show disparities based on age, race, ethnicity or neighborhood.³

- Chronic conditions
- Disability and accessibility
- Economic mobility
- Educational opportunities
- Healthcare access
- Immunizations and infectious diseases
- Injury, violence and crime
- Maternal, infant and child health
- Mental health
- Neighborhood and environment
- Obesity, nutrition and physical activity
- Oral health
- Sexual and reproductive health
- Tobacco and substance use

Prince William County was in the process of conducting their community health assessment when this report was written, and Loudoun County anticipates conducting their assessment in the coming year.

The Northern Virginia Health Foundation’s Dying Too Soon reports, published in 2023, show significant differences in rates of premature death between census tracts across the Northern Virginia region. In Fairfax County, data from 2015 – 2019 indicate a six-fold difference between the highest and lowest rates. The highest rate was found in Bailey’s Crossroads, with 458.3 per 100,000 individuals dying prematurely. With a tightly concentrated population, these “islands of disadvantage” are often located near affluent areas with significantly different social drivers of health and demographics. Two-thirds of premature deaths in the county were deemed avoidable through prevention or treatment, with causes including cancer, heart disease, suicide, drug overdoses and stroke.⁴

Inova screens nearly all patients for social drivers of health. The results of screening help provide insights into underlying reasons why some residents may experience worse health outcomes. For ZIP codes in the Inova Fairfax Hospital community, half or more of patients screened between 2022 and 2024 were insufficiently physically active, lacked social connectedness and experienced stress. Approximately 17.9% of those screened reported financial resources strain, 10.5% said they were unstably housed and 9.7% had health literacy concerns.

COMMUNITY PERSPECTIVES

“Injuries are the leading cause of death in children and young adults and a major contributor of death and disability in older adults.”

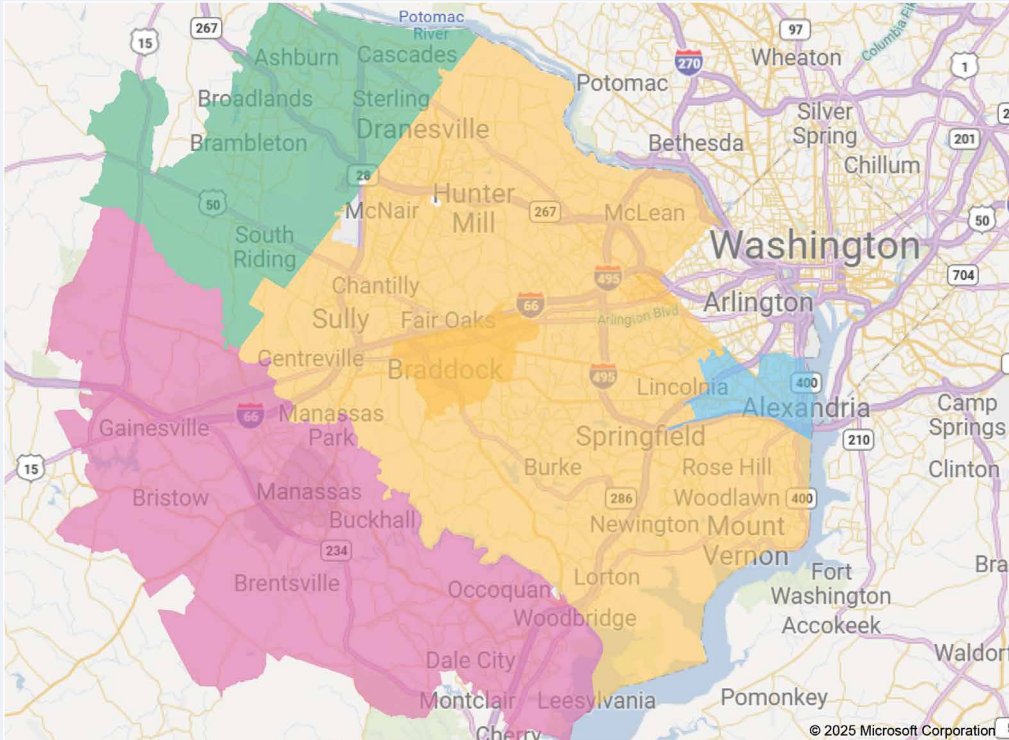
– Dr. Parham Jaber
Deputy Director for Medical Services, Fairfax County Health Department



Figure 1

Map of Inova Fairfax Hospital community

- Alexandria
- Fairfax County
- Loudoun County
- Prince William County



Source: Inova Fairfax Hospital's primary and secondary service areas, 2025

Table 1

Percent change in population in counties/cities served, 2025 – 2035

The following table shows the projected population growth in the Inova Fairfax Hospital community.

City/County	Total population (in thousands)			Projected percent change	
	2025	2030	2035	5 year 2025 – 2030	10 year 2025 – 2035
Alexandria City	180.5	202.0	222.2	11.89%	23.09%
Fairfax County	1,202.4	1,247.5	1,283.7	3.75%	6.76%
Loudoun County	456.2	493.9	515.5	8.26%	13.00%
Prince William County	515.2	536.6	553.0	4.15%	7.34%

Source: Metropolitan Washington Council of Governments, June 2023



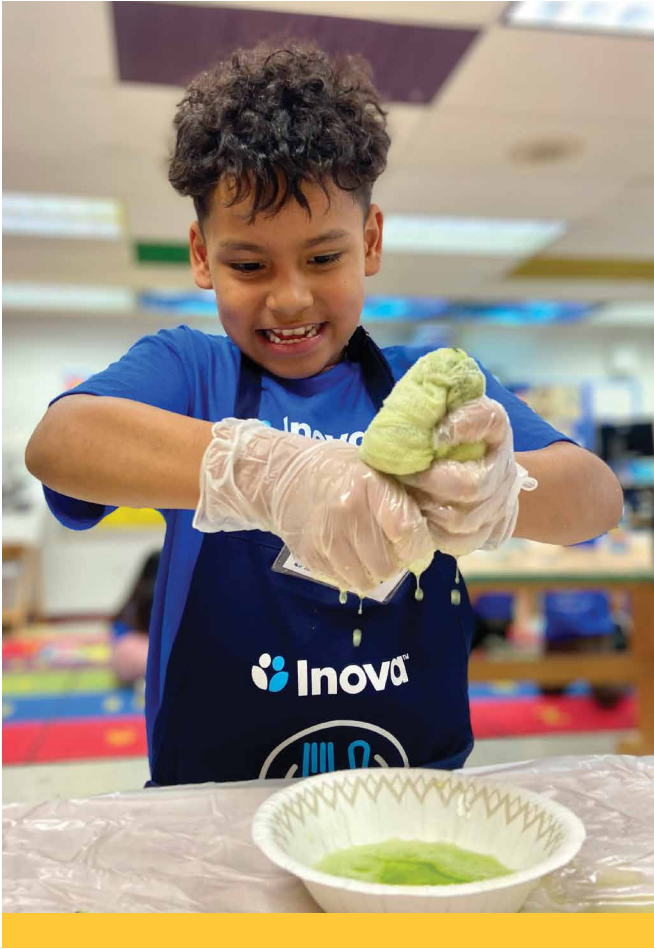
Regional Approach

For the 2024 – 2025 CHNA, Inova and its partners conducted local assessments in each community, adapting the regional framework to local contexts. This approach provides standardized methods while accounting for each community’s unique resources, needs and values.

In Northern Virginia, health departments, nonprofit hospitals and other local groups periodically assess the health and health needs of the communities they serve. A CHNA is defined in the Patient Protection and Affordable Care Act of 2010 and applies to nonprofit hospitals. Health departments have traditionally used the term community health assessment for this process, which comes from the National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process (NACCHO.org/Programs/Public-Health-Infrastructure/Performance-Improvement/Community-Health-Assessment/MAPP). For the purpose of this assessment, the term CHNA will be used to describe the process undertaken from 2024 to 2025. This document, along with its appendices, constitutes the Inova Fairfax Hospital CHNA report.

The 2025 CHNA process was led by the Fairfax action committee, a group composed of Inova team members, community champions, county representatives and nonprofit partners. The committee was established in 2020 to administer the 2019 CHNA implementation strategy during the challenges associated with the COVID-19 pandemic. This strong partnership served as the foundation of the CHNA process, with partners providing valuable community insight, outreach and engagement.

Beginning in the second half of 2024, regional health entities conducting or planning for a community assessment began meeting regularly to align efforts. These convenings included nonprofit hospitals conducting CHNAs: Inova, Sentara, the University of Virginia and Kaiser Permanente Mid-Atlantic, together with the health departments of Alexandria City, Prince William County and Loudoun County. Fairfax County Health Department provided insight from their assessment the previous year. The partners discussed approaches, shared insights and worked together to align assessment tools and avoid duplicating work.



Inova

Comprehensive review

Optimal health cannot be achieved solely through access to healthcare services provided by hospitals, clinics and doctors’ offices – it is directly related to policies, neighborhood conditions and available resources. Accordingly, in addition to examining access to care and health behaviors, this CHNA explored the impact of social drivers of health such as education, transportation, employment, housing and food access to build a more comprehensive understanding of health. Qualitative and quantitative data were analyzed to identify top health issues in the community.



Focus on addressing disparities

The CHNA explores health disparities with the goal of supporting communities where all residents can thrive. While Northern Virginia as a whole ranks highly in health outcomes compared to Virginia and the nation, this CHNA goes deeper, examining differences in health across demographics and geographic areas. The assessment and planning process incorporates input from those most impacted by health disparities.

The Center for Disease Control and Prevention’s Social Vulnerability Index combines measures of socioeconomic

status, household composition and type, disability, transportation, language, race, and ethnicity to generate an indicator of the susceptibility of communities to public health challenges and emergencies. Communities with the highest vulnerability include areas of Annandale, Bailey’s Crossroads, Fairfax City, Seven Corners and Springfield (Figure 2).

In Fairfax, neighboring ZIP codes show significant differences in median income, educational attainment and other key indicators (see Appendix B). A person’s place of residence directly influences that individual’s access to education, economic stability, health and overall quality of life.



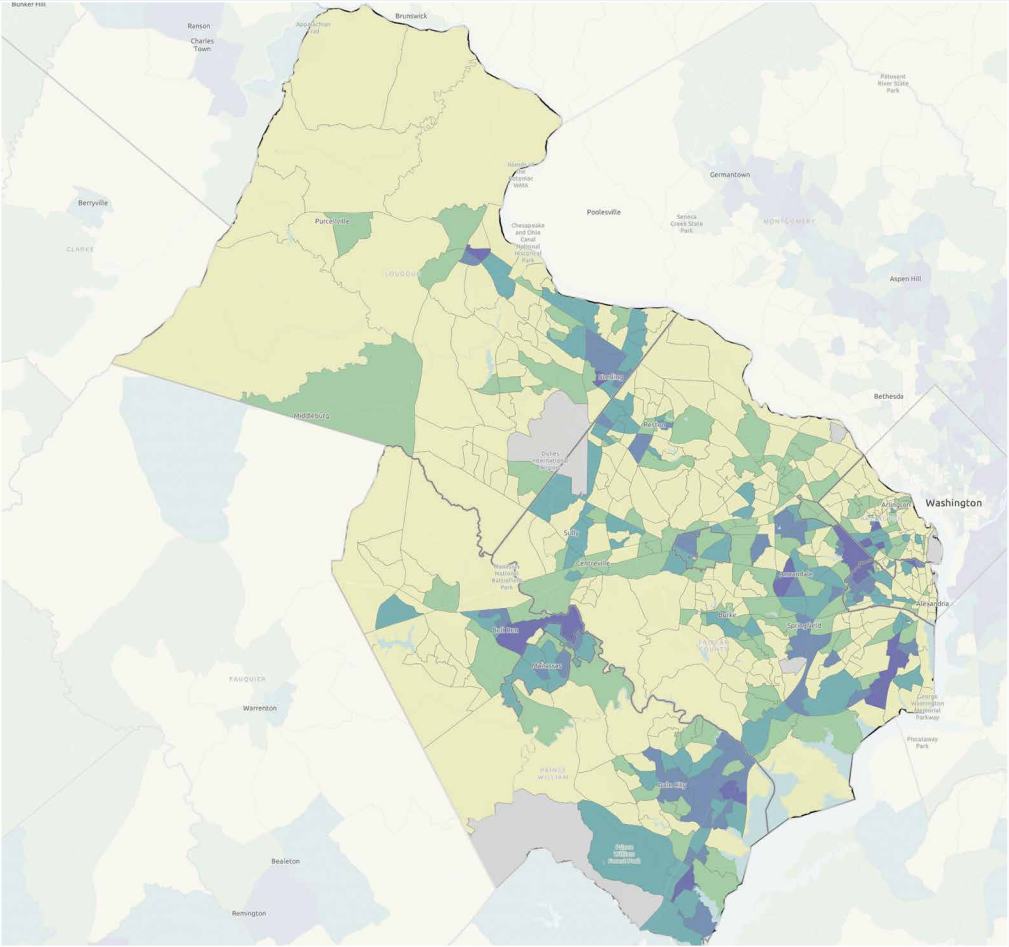
Charlotte Geary/Visit Fairfax

Figure 2

Social Vulnerability Index by census tract in Northern Virginia

Social Vulnerability Index by Tract, CDC 2022

- 0.81 – 1.00 (highest vulnerability)
- 0.61 – 0.80
- 0.41 – 0.60
- 0.21 – 0.40
- 0.00 – 0.20 (lowest vulnerability)
- No data or data suppressed



Source: Virginia Community Health Improvement Data Portal, CDC, 2022

Community-centered process

The Inova Fairfax Hospital CHNA builds on insights from previous assessments while incorporating new input from residents and organizations. Although the assessment followed a regional framework, each jurisdiction tailored its outreach and engagement to reflect local needs. Whenever possible, the process relied on existing partnerships, resources and the unique values of the community to ensure initiatives align with residents’ priorities. Inova developed the CHNA in close collaboration with the Fairfax action committee, formed in 2020. Each committee member brought their own insights to the process, contributing in meaningful and distinct ways.

Community voices played a central role in the CHNA process. Insight and input were gathered from local health departments and hospital teams, as well as representatives of key community organizations and individual residents who shared their lived experiences and priorities.

Inova team members conducted community conversations with approximately 85 participants from the Fairfax action committee, the Partnership for a Healthier Fairfax steering committee, local health departments, regional community health workers, the local federally qualified health center and a group of faith leaders from around the region.

Inova received direct community input through a public survey that was coordinated with Alexandria and Prince William health departments, so data could be combined. Inova focused its survey collection on Fairfax and Loudoun Counties while Alexandria City and Prince William County health departments surveyed their communities. This avoided duplication of efforts and survey fatigue in the community while maximizing the impact of outreach efforts. The survey was available in print and online in 10 languages (Amharic, Arabic, Chinese [Mandarin], Dari, English, Farsi, Korean, Spanish, Vietnamese and Urdu) and was promoted through social media, community partners and word of mouth.

COMMUNITY PERSPECTIVES

In your opinion, what would most improve health in our community?

“More opportunities for our youth outside of school—places for them to go...opportunities for them to increase their self-esteem and to help with mental health.”

– Anonymous

Assessing health in the community

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

1. Community conversations
2. Community survey
3. Community health status assessment

Figure 3

Qualitative and quantitative data

Qualitative data

- Collected and interpreted through observation
- Examined for themes and patterns
- Answers *Why?* *How?*

Quantitative data

- Measurement (#, %)
- Analyzed using statistics
- Answers *What?* *When?* *Where?* *How often?* *How long?*



Table 2

Description of health assessments

Assessment	Description	Possible Findings
Community conversations	Discussion of community conditions and health	What do participants identify as factors that impact health and health priorities?
Community survey	Survey of the community about health issues and opportunities	What do respondents identify as important health issues and needs?
Community health status	Review of quantitative community health indicators	• Are people in this region healthier than elsewhere? • Is health getting better or worse? • Are some people doing better than others?



Methods

Community conversations

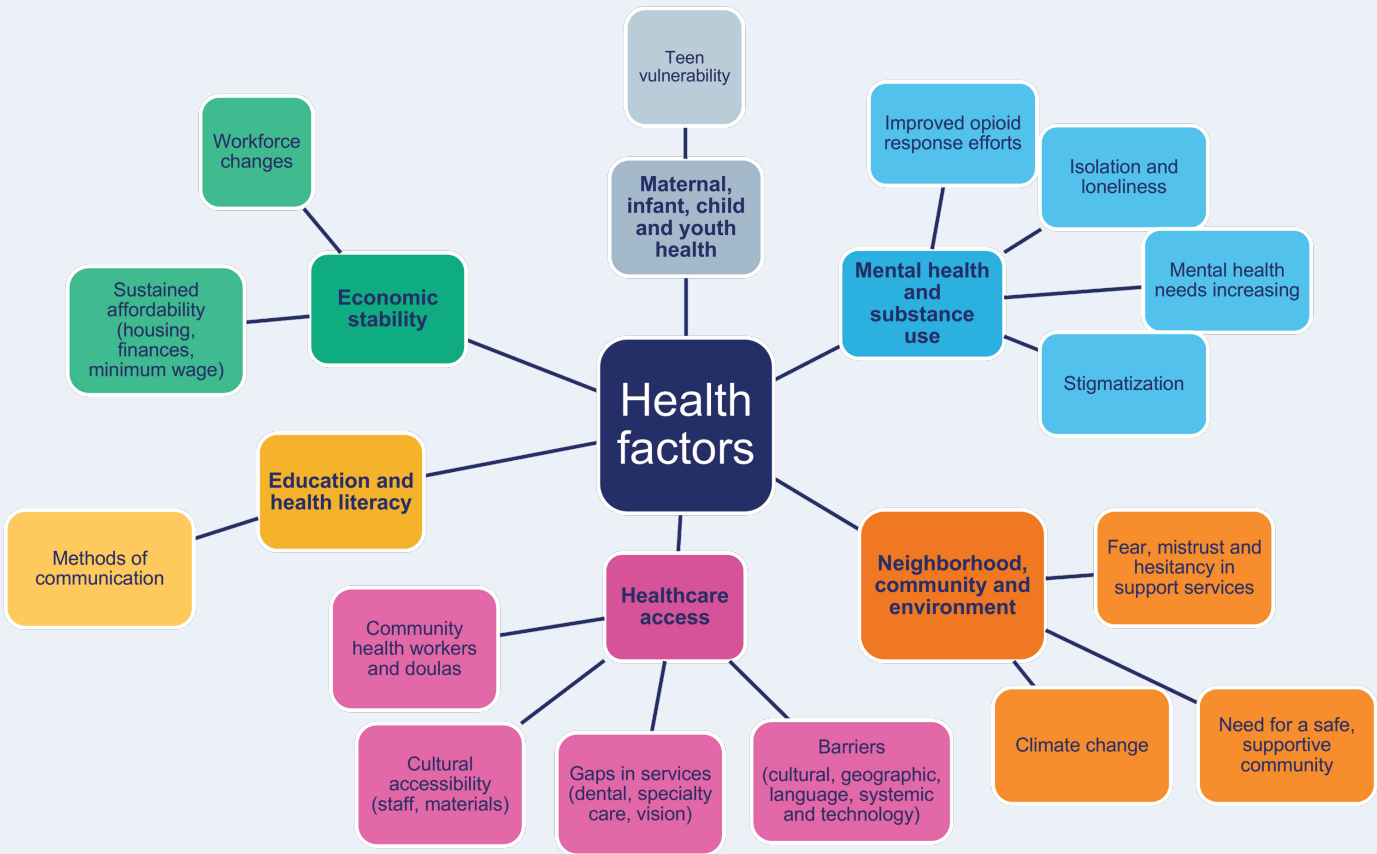
In this assessment, groups and individuals reviewed local health data and discussed the factors affecting health in their community, as well as priorities for addressing them. For example, participants noted that socioeconomic status, age, race and language barriers impact a resident's access to health resources including dental, vision and specialty care.

The discussions also noted opportunities and strengths that could support health. For example, the groups highlighted the improved opioid response and the contributions of community health workers and doulas to address gaps in healthcare access.

Figure 4

Factors that affect health in the community and health priorities

Figure 4 summarizes the frequently cited themes from the community conversations. A compilation of responses is in Appendix C.



Community survey

This assessment was based on community member survey responses from late 2024 through early 2025. During the development of the survey, Inova partnered with Alexandria City and Prince William County to align survey tools and processes, allowing Inova to focus data collection efforts on Loudoun and Fairfax Counties. Relevant data from all three surveys (4,137 responses) were included in the analysis.

The survey was available online and on paper in 10 languages. It captured demographic information to compare responses to three questions between different groups:

- What are the greatest strengths of our community?
- What are the biggest health issues in our community?
- What would most improve health in our community?

Respondents could select from a list of choices for each question and leave additional feedback in an open-ended field.



Inova

Tables 3, 4 and 5 show the top five answers for each question among survey respondents in the Inova Fairfax Hospital community. For full results including demographic analyses, see Appendix D.

Table 3

Top five Fairfax responses to “What are the greatest strengths of our community?”

Rank	Response	# of responses	% of total responses*
1	Educational opportunities (schools, libraries, vocational programs, universities)	1,083	36.99%
2	Welcoming diversity (social, cultural, faith, economic) and addressing racism and biases	971	33.16%
3	Access to parks, recreation, walkable/bikeable neighborhoods	920	31.42%
4	Opportunities to be involved in the community (volunteerism, arts and cultural events)	723	24.69%
5	Access to healthcare and public health services	663	22.64%

*Prince William County surveys did not ask this question.



Table 4

Top five Fairfax responses to “What are the biggest health issues in our community?”

Rank	Response	# of responses	% of total responses
1	Mental health (depression, anxiety, stress, self-harm)	1,810	43.75%
2	Chronic health conditions (cancer, diabetes, heart disease, stroke, asthma)	1,428	34.52%
3	Alcohol, drug and/or opiate abuse (including overdose)	1,346	32.54%
4	Obesity	1,095	26.47%
5	Illnesses that spread from person to person (flu, COVID-19, TB, Mpox, measles, HIV, STDs/STIs)	973	23.52%

Table 5

Top five Fairfax responses to “What would most improve health in our community?”

Rank	Response	# of responses	% of total responses
1	Safe and affordable housing	1,804	43.61%
2	Access to healthcare and public health services	1,254	30.31%
3	Mental health and substance use services	1,150	27.80%
4	Access to healthy food	889	21.49%
5	Jobs and a healthier economy	845	20.43%

COMMUNITY PERSPECTIVES

“Life as a whole is becoming more difficult for families in our communities.”

– Dr. Brenda McBurrough
Mount Olive Baptist Church



Charlotte Geary/Visit Fairfax

Community health status assessment

The community health status assessment is based on a set of health indicators examined across the jurisdictions that make up the Inova Fairfax Hospital community.

Indicators were selected based on best practices, data availability and emerging health concerns. The dataset includes rates of mortality, morbidity, incidence and prevalence, which taken together describe health behaviors and outcomes in the community.

Most indicators were obtained via the Virginia Department of Health’s Virginia Community Health Improvement Data Portal, supplemented by other published secondary sources and surveys. Benchmarked against statewide data, the

region performed better than Virginia overall across all health issues, although not for every individual indicator.

Indicators reflect the most recent data as of February 2025. Some data sources used in previous reports were no longer available, requiring the use of alternative sources whenever possible. The amount of information within some health issues was limited and inconsistent.

Exploring data by geography, time and demographics allowed for consideration of health across the lifespan and supported a focus on disparities. All indicators were categorized into ten health issues which were then assessed for progress over time, demographic disparities and performance benchmarked against the Commonwealth of Virginia as a whole.



Table 6

Community health status assessment: summary of progress, disparities and benchmarks by health issue

Table 6 shows a summary of how each health issue performed relative to progress, disparities and benchmarks. For a comprehensive overview of data, see Appendix E.

Health issue	Progress	Disparities	Benchmark
Chronic conditions (stroke, heart disease, hypertension, cancer, diabetes, asthma, arthritis)	✗	⚠	✓
Economic stability (income inequality, poverty, unemployment, housing costs, transportation access)	⚠	✗	✓
Education and health literacy (school climate, graduation rates, college)	✗	⚠	✓
Healthcare access (insurance coverage, avoidable hospitalization, screening tests, access to medical care)	✓	✗	✓
Infectious disease and immunizations (infectious disease incidence, immunization rates)	✓	⚠	✓
Injury and violence (accidental injury, motor vehicle collision, intentional injury, poisoning)	✗	✗	✓
Maternal, infant, child and youth health (infant mortality, maternal mortality, birth rate among adolescents, prenatal care)	✗	⚠	✓
Mental health and substance use (depression, poor mental health days, substance use disorder, overdose, self-harm, suicide)	✗	✗	✓
Neighborhood, community and environment (safety, food access, social vulnerability)	✓	⚠	✓
Obesity, nutrition and physical activity (obesity, food insecurity, physical activity)	✓	—	✓

Progress	Disparities	Benchmark
✗ Majority of indicators in category worsened	Majority of indicators in category >100% difference for marginalized groups	Majority of indicators in category have not met benchmarks
⚠ Equal number of indicators are getting better or worse, or are staying the same	Majority of indicators in category 10–99% difference for marginalized groups	Equal number of indicators in category have met or not met benchmarks
✓ Majority of indicators in category improved	Majority of indicators in category <10% difference for marginalized groups	Majority of indicators in category have met benchmarks

— Data not available to assess

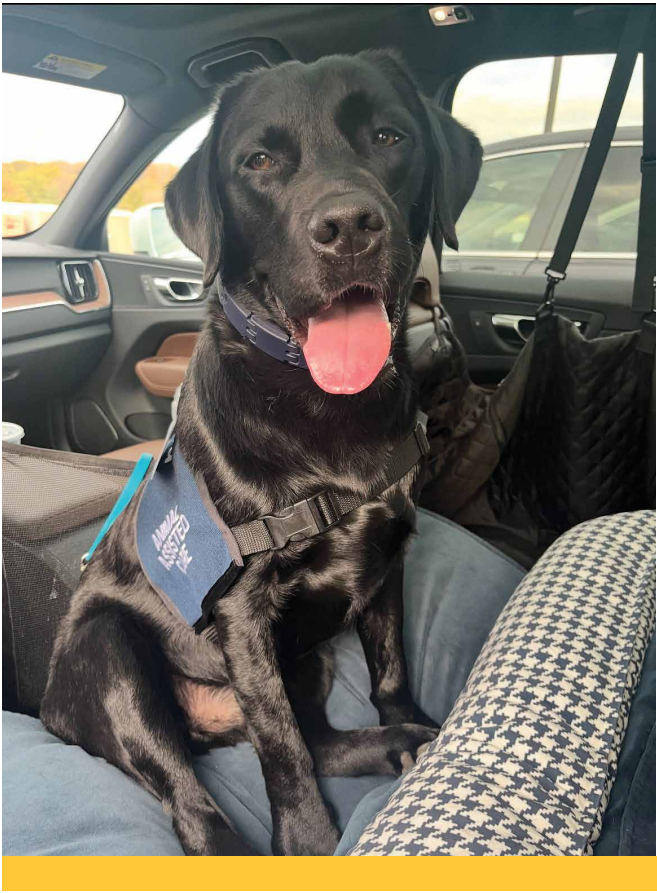
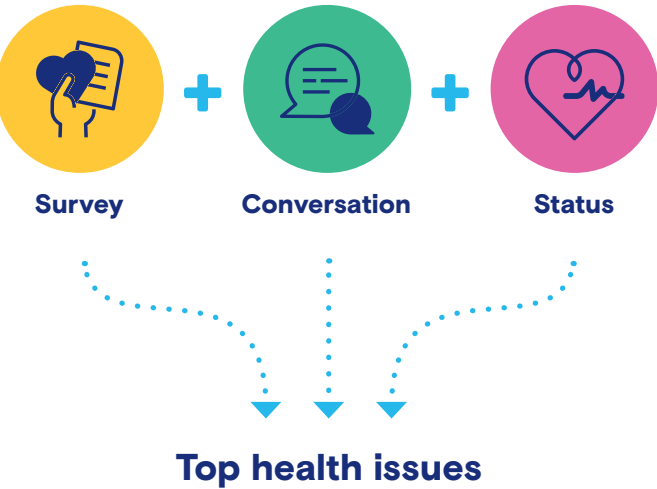
Top health issues

As described in each section above, the community conversations, community survey and community health status assessment each generated themes and priorities. Ten categories of health issues were identified into which all assessments could be mapped. Any issue that was a priority in at least two of the regional assessments is described below (see Appendix F for full description of this methodology).

All data below are from the CHNA assessments unless otherwise cited. A full list of the community health status assessment indicators is available in Appendix E. All rates are per 100,000 people unless specified.

Figure 5

Strategic priorities



Inova



Chronic conditions

A chronic condition is a health issue that is long term, requires medical attention, and may limit daily activities and affect a person's quality of life. This category includes hospitalization and death rates related to chronic conditions such as asthma, heart disease, stroke, cancer and diabetes. In addition to genetics and environmental causes, behavioral risk factors such as tobacco use, alcohol use and physical inactivity contribute significantly to chronic disease burden.⁵

Nearly three in four adults report at least one chronic illness, and over half have multiple conditions including diabetes, heart disease, asthma and arthritis.⁶ Recent reporting indicates that rates of chronic illness have climbed significantly among young people, with about 46% of youth under 19 affected in 2023.⁷ These trends disproportionately impact lower-income and minority populations, contributing to health disparities, long-term economic strain and lower life expectancies.

Chronic diseases are the leading causes of death, disability and increased healthcare costs in the U.S. In 2018, direct healthcare costs of chronic health conditions were estimated at \$1.1 trillion, almost 6% of the gross domestic product.⁸

Why this matters in the Inova Fairfax Hospital community

- Chronic health conditions were the second biggest health issue for survey respondents and were in the top three for nearly all demographics
- The community conversations noted concerns over the rise in chronic disease linked to social drivers like financial and food insecurity
 - » Groups emphasized the need for sustainable, community-driven solutions
- Hospitalizations for manageable chronic conditions have grown over a short period of time
 - » In Fairfax County, hospitalizations for asthma jumped 30% (from 279.8 to 364.3), hypertension 23% (2,194.0 to 2,324.4) and diabetes 7% (944.9 to 1,011.6) between 2020 and 2022
- The rate of high cholesterol diagnoses increased from 30% of the adult population to 35.4% in a two-year period, a jump of 18%



Economic stability

Economic stability considers an individual or family's ability to afford basic needs including healthcare. As a social driver of health, financial wellbeing can shape a person's life expectancy, chronic disease and mental health outcomes. This category considers local poverty rates, housing issues and access to a vehicle.

Financial resources are a large predictor of a person's ability to maintain good health. A recent report examined economic hardships and health among different job types and demographics. It drew a link between lower income, unmet economic need and the inability to afford medical care. Of currently or recently employed adults, 6.9% reported four or more economic hardship indicators and 12.5% reported fair or poor health, with higher rates among marginalized groups and lower-wage industries.⁹

COMMUNITY PERSPECTIVES

“The financial burden on families creates a ripple effect, burdening their mental health and more.”

– Jessica Werder
Fairfax County Health Department

People with lower incomes or who are without insurance or transportation are more likely to delay screening and care and be diagnosed with more advanced, harder-to-treat chronic diseases like cancer.¹⁰

Poor health and poverty can both contribute to each other. Chronic illness can result in the inability to work or reduced income, while economic instability can create chronic stress and stigma that can contribute to numerous mental and physical illnesses. In addition, low-income communities are more likely to have more environmental factors that contribute to ill health including unhealthy housing arrangements, lack of utilities and environmental pollutants.¹¹

Why this matters in the Inova Fairfax Hospital community

- Among the top five responses to “What would most improve health in our community?” on the survey were “safe and affordable housing” and “jobs and a healthier economy”
- Community conversations emphasized how the high cost of living and affordability challenges make it difficult for residents to prioritize their health when other demands and financial pressures come first
- In the 2023 – 2024 school year, 36% of all Fairfax County Public School students were eligible for free and reduced-price meals,¹² up from 31% in the 2019 – 2020 school year¹³
- While median household income in Fairfax is high overall (\$144,814 in 2023), median household income for Black or African American residents (\$106,263) is significantly less than that of White residents (\$169,697)
- Poverty rates are more than twice as high in Blacks and Hispanics than their White counterparts¹⁴



Education and health literacy

Education and health literacy are closely tied to a person's ability to maintain good health and navigate the healthcare system effectively. This topic includes data on educational attainment, health literacy levels and the ability to understand and act on health information. Health literacy affects people's capacity to follow medical instructions, manage chronic diseases, prevent illness and access the care they need.

Individuals with lower levels of education and health literacy are more likely to experience poor health outcomes. They may have difficulty understanding prescription labels, appointment instructions, health insurance terms or chronic disease management plans. This can lead to missed screenings, increased emergency room visits and lower use of preventive care. National studies estimate that only 12% of U.S. adults have proficient health literacy, and the consequences are often more pronounced for older adults, people with limited English proficiency and communities with lower incomes.¹⁵



Educational attainment also impacts long-term health.¹⁶ People with higher levels of education tend to live longer and report better physical and mental health. Education is linked to employment opportunities, income, housing stability and access to resources, all of which are key social drivers of health.

Why this matters in the Inova Fairfax Hospital community

- Community conversations emphasized the need for more tailored and collaborative communication methods to improve understanding across diverse groups
- In Fairfax County, the percentage of third grade students who test at or above the “proficient” level in the Virginia Standards of Learning assessment in reading dropped from 78% to 64% over a five-year period
- There are significant differences in education levels in Fairfax County, with 72.1% of White residents and 63.4% of Asian residents earning a bachelor's degree or higher, compared to 37.1% of Black residents and 28.9% of Hispanic residents



Healthcare access

Access to high-quality, affordable healthcare delivered when and where it is needed is a foundation for lifelong health. However, nearly one in 10 people in the U.S. lack health insurance, limiting their ability to receive routine care, medications and timely treatment.¹⁷ Access affects a wide range of health outcomes including chronic disease management, preventive care and life expectancy.

Barriers to care extend beyond cost alone. Even those with insurance may face long wait times, limited clinic hours, transportation difficulties, language barriers and a lack of culturally responsive providers. Nearly one in four adults delay or forgo care due to nonfinancial challenges such as mistrust in the system, work conflicts or caregiving responsibilities.¹⁸ These challenges are not experienced equally. People in under-resourced neighborhoods, immigrant communities and communities of color are more likely to face barriers to care and less likely to receive timely preventive services. Over time, these gaps in access can lead to worse health outcomes including higher rates of chronic disease and avoidable hospital stays.



COMMUNITY PERSPECTIVES

“[Healthcare] is just such a complex system...many people...still feel inadequate when we have to go in, even for a wellness check.”

– Xiaoquan Zhao
Partnership for a Healthier Fairfax

Why this matters in the Inova Fairfax Hospital community

- “Access to healthcare and public health services” was the number two health improvement opportunity for survey respondents and ranked in the top three across all demographic groups
- Dental problems were in the top five biggest health issues for several demographics
- Healthcare access emerged as a major theme in the community conversations, with focused discussions on cultural, geographic, language, technological and systemic barriers
- The need for culturally accessible tools like translators was discussed to meet the growing needs of the diverse community
- Over 83,400 people (7.4%) in Fairfax County are uninsured, and more than one-quarter of individuals living below 138% of the federal poverty line are uninsured
- Additionally, 18.8% of foreign-born residents are uninsured, as compared to 6.9% of those born in the U.S.
- The percentage of adults with tooth loss in Virginia decreased slightly (from 11.4% to 11.1%), but in Fairfax County, it grew from 6.5% to 7.3%, highlighting the long-term effects of lack of dental care access



Maternal, infant, child and youth health

Maternal, infant, child and youth health encompass the physical, emotional and social wellbeing of individuals during the most formative stages of life, from pregnancy

to young adulthood. Maternal health involves pregnancy, childbirth and the postpartum period, while infant and child health focus on early growth and development. Youth health includes physical, mental and emotional changes for adolescents and young adults. Ensuring access to consistent care and supportive environments helps children and families build a strong foundation for a healthy life.

Access to prenatal care, proper nutrition and emotional support is critical, as poor maternal health can lead to complications for mothers and their babies. In 2023, the U.S. maternal mortality rate was 18.7 deaths per 100,000 live births, highest among non-Hispanic Black women.¹⁹ Consistent, early medical care is required to avoid preterm complications and mortality. As children grow, their health depends on immunizations, healthy development, early learning and safety. Youth health brings changes in physical and mental health, identity and behavior. Targeted support throughout early stages in life is crucial, as an estimated 49.5% of adolescents will experience a mental health disorder in their lifetime.²⁰

Why this matters in the Inova Fairfax Hospital community

- Community conversations noted a growing concern about teen vulnerability and emphasized the need for a more coordinated approach to supporting youth
- There are substantial racial disparities in rates of low birth weight, preterm births and mothers who received no prenatal care in Fairfax County
 - » When compared to White residents, Black and Hispanic mothers-to-be are more than twice as likely to have late or no prenatal care before giving birth
- The rate of teen pregnancy in Fairfax County shows even larger racial disparities
 - » Among females ages 15 to 19, the pregnancy rate per 1,000 was 5.4 for Black or African American teens, nearly twice the rate for White teens (2.9)
 - » At 28.1, the Hispanic teen pregnancy rate was nearly 10 times that of White teens
- While the rate of infant mortality is much lower in Fairfax County than Virginia, the data is trending in the wrong direction, going from 3.39 to 4.66 per 1,000 live births over a three-year period from 2019 to 2022



Mental health and substance use

Mental health and substance use include conditions affecting emotional, psychological and behavioral wellbeing as well as the misuse of alcohol, drugs, tobacco or other substances that can harm health or functioning. Both are among the leading causes of disability, hospitalization and reduced quality of life and are often co-occurring. This category includes rates of suicide, overdose, binge drinking, depression, poor mental health days and availability of mental health providers.

COMMUNITY PERSPECTIVES

“Stress can exacerbate many conditions.”

– Manisha Maskay
Partnership for a Healthier Fairfax

Examples of mental illness include depression, anxiety, bipolar disorder, post-traumatic stress disorder and schizophrenia. In 2022, more than one in five adults in the U.S. live with a mild, moderate or severe mental illness, more than 59 million people. Young adults (36%) and women (26%) had the highest rates. Despite the increasing prevalence and awareness following the COVID-19 pandemic, only about half of people experiencing mental illness received treatment in the past year.²¹

The Substance Abuse and Mental Health Services Administration's National Surveys on Drug Use and Health in

2023 found that 17% of people (48.5 million) ages 12 and over are experiencing substance use disorder. Of these, less than 16% were receiving treatment due to stigma, lack of access or lack of awareness of resources, with young people least likely to receive appropriate care.²² Rates of opioid overdose death fell by 24% in 2024, likely owing to widespread use of naloxone to reverse overdose and significant investments into opioid prevention and response. Overdose is still the leading cause of death for young adults.²³

Why this matters in the Inova Fairfax Hospital community

- Survey respondents selected mental health concerns as the number one health issue in the community, and alcohol, drug and/or opiate use was number three
 - » Both were in the top five for all demographics
- The need for mental health and substance use services was ranked in the top five things that could improve health by nearly every demographic
- Community conversations highlighted rising mental health needs, driven by the increase in isolation and loneliness and remaining cultural stigma
- In Fairfax County, self-harm and suicide-related visits to emergency departments have risen by 26% in a three-year period
 - » The suicide rate is 9.4 per 100,000 population and is highest in White individuals (11.9)
 - » The rate for males is approaching four times the rate for females (14.5 compared to 3.8)
- There has been a minimal decrease in the number of Fairfax adults who are smokers, but the rate of adults who binge drink rose from 13.7% to 16.5% over a three-year period
- Rates of drug overdose from all substances are nearly three times higher for males than females in Fairfax

Next steps

The results of this CHNA will inform the development of an implementation strategy. The CHNA assesses the community's health to identify the most significant health concerns. Creating the implementation strategy is a collaborative effort focused on applying long-term targeted strategies to meet community needs and address public health challenges. Meaningful improvement requires a community-centered approach grounded in shared planning, implementation and evaluation. With input and collaboration from residents, community leaders and partners, the plan helps align efforts around common goals and coordinated action.



Endnotes

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