

# 2022 Mount Vernon Community Health Needs Assessment



## Acknowledgments

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### Inova

**Deron Campbell, MPH**, Director, Community Health Programs

**Leigh Guarinello, MPH**, Director, Community Health Programs

**Karen Berube, LCSW**, VP of Population and Community Health

**Leah Chedid**, Program Coordinator

### Fairfax Health Department

**Gloria Addo-Ayensu, MD, MPH**, Director of Health

**Sharon Arndt**, Director and ALOFR COVID19 Response High Risk Task Force Leader

**Benjamin Schwartz, MD**, Medical Epidemiologist

**Claudia Morcelo**, Community Outreach and Engagement Supervisor

### Alexandria Health Department

**David Rose, MD, MBA**, Health Director

**Natalie Talis, MPH**, Public Health Planner

## Community Members and Partner Organizations

### Mount Vernon Health Equity Community Action Committee

- Anthem HealthKeepers
- Audubon Estates Community
- CareFirst BCBS
- Concerned Citizens Network of Alexandria
- ENDependence Center of Northern Virginia
- Growth and Healing Hub
- Fairfax County (Neighborhood & Community Services, Health Department, Board of Supervisors, Public Schools)
- Inova (Mount Vernon Hospital, Community Health, Saville Cancer Center, IHVI, Behavioral Health)
- iTHRIV
- Melwood
- Neighborhood Health
- Northern Virginia Health Foundation
- Sentara
- Mount Olive Baptist Church, Health Ministry
- Southeast Fairfax Development Corporation
- United Community/Community+
- WishKnish

### Partnership for a Healthier Fairfax Steering Committee

All partner organizations that hosted events, shared surveys or promoted community health meetings

Additional thanks to our Interns and Community Health Workers for assistance with data collection

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





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## Executive Summary

### What Makes a Community Healthy?

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

### The Process

Both health departments and non-profit hospitals conduct periodic assessments of the health and health needs of their communities. In 2020 Inova Health System (Inova) created the Health Equity Steering Committee to help guide the work of conducting and implementing the Community Health Needs Assessment (CHNA). Regional Health Equity Community Action Committees (hereafter referred to as “Action Committees”) were established to ensure the voices of local communities were integral to the processes. These Committees are made up of Inova team members, health department and county staff members, non-profit partners, Federally Qualified Health Center staff and community members. The Action Committee members share expertise, best practices and resources that informed the regional CHNA process.

From the fall of 2021 to the summer of 2022, Inova used the established framework from the previous Community Health Needs Assessment to facilitate a new CHNA in the Mount Vernon region to develop a complete picture of health locally. This CHNA is a community-centered and data-driven approach to uncover the top health issues by using surveys, local statistics and public input.

### What We Learned About Health in Mount Vernon

While Mount Vernon is relatively healthy overall, community members have significant differences in health outcomes depending on race, gender, age, income, ZIP code and education. The top health issues identified in the Mount Vernon area, listed alphabetically, are:

- Chronic Conditions
- Economic Stability
- Healthcare Access
- Mental Health
- Neighborhood, Community and Environment
- Tobacco and Substance Use

Throughout the assessment process, these issues were examined through the lenses of health equity, anti-racism and social drivers.

### Next Steps

Using the information from this assessment, along with community input, Inova will develop a multi-year Implementation Plan with input from the Mount Vernon Action Committee and other community partners. This plan will feature measurable, actionable strategies to address the community’s most pressing community health concerns. All community members are encouraged to provide input and craft solutions.

Visit [inova.org](https://www.inova.org) to stay current on Implementation Plan efforts and learn about opportunities to participate.



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## Why is Community Health Important?

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

A CHNA explores:

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

This CHNA features an approach to assess the most significant health concerns in Northern Virginia through a collaboration of health departments, hospitals, community coalitions, councils and steering committees, non-profit partners and the residents who live, work and play in the region. This assessment was developed recognizing the IRS 501(r) requirements for 501(c)(3) hospitals. Findings provide the basis for an actionable plan to address top health needs and create a more equitable, flourishing community.

# Background

## Who is the Community?

Northern Virginia is one of the fastest growing urban communities in the United States. With approximately 1,304 square miles, the region is the most densely populated in the Commonwealth of Virginia. Northern Virginia is comprised of several distinct communities, including the cities of Alexandria, Fairfax, Falls Church, Manassas and Manassas Park, and the counties of Arlington, Fairfax, Loudoun and Prince William. The eastern sections are urbanized with attendant health problems of overcrowding and increasing demand for health services and public programs.

Northern Virginia's racial and ethnic diversity is more pronounced than in the rest of the state. With increasing diversity, economically disadvantaged populations and multiple languages, the need for access to culturally appropriate, flexible healthcare continues to grow. The Northern Virginia geographic region in 2020 was 52.8% non-White, up from 35.1% in 2000, while the nation as a whole reflects a 42.2% non-White population (U.S. Census Bureau).

Fairfax County, with more than one million residents, is the largest jurisdiction in Northern Virginia and also has the largest non-White population. In Fairfax County in 2021, Asian American, Hispanic and African American communities represented 20.1%, 16.5% and 10.6% of the county's population, respectively.

According to the U.S. Census Bureau, in 2020 approximately 10.7% of the total population between the ages of 19 and 64 (about 74,000 people) in Fairfax County lacked healthcare insurance. Of the people living in Fairfax County whose family incomes are at or below 138% of the federal poverty level, it is estimated that 24.6% (about 25,000 people) were uninsured in 2020.

Inova Mount Vernon Hospital (IMVH) is a 249-bed community hospital that serves parts of the City of Alexandria and Fairfax County (see Figure 1). In 2021,

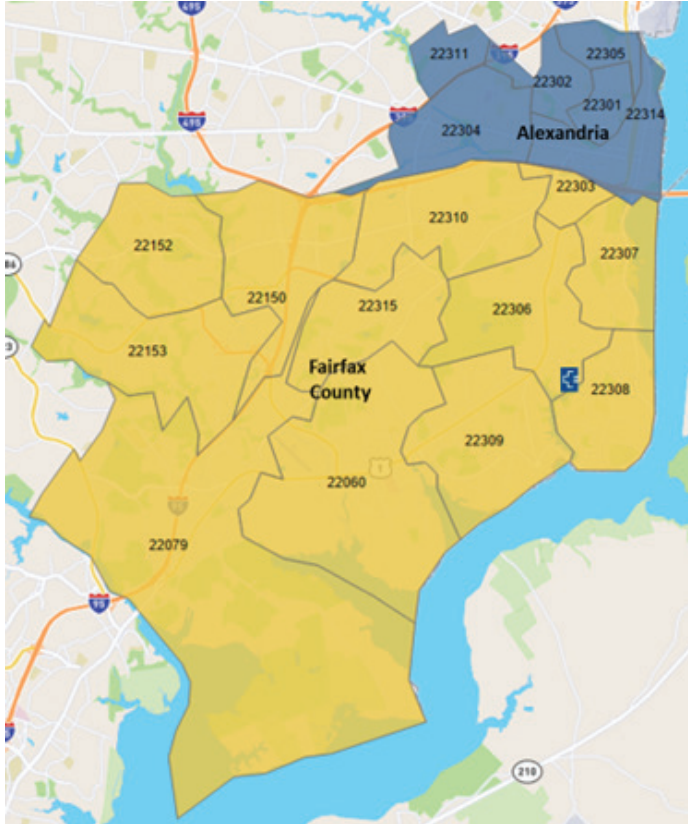
these areas accounted for over 75% of the hospital's admissions. The hospital serves as a regional resource for rehabilitation care and provides an array of medical and surgical services, including the Inova Joint Replacement Center, the Inova Rehabilitation Center, the Inova Wound Healing Center and others. Additional information on the hospital and its services is available at: [inova.org/imvh](https://inova.org/imvh).

Inova Ambulatory Surgery Center at Lorton (IASC) is a full-service facility located in Lorton, Virginia. IASC is licensed by the state of Virginia, certified by Medicare, accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) and also 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 portions of Fairfax County, the City of Alexandria and Prince William County in Northern Virginia.

The hospital and surgery center are operating units of Inova, which includes four other hospitals (Inova Alexandria Hospital, Inova Fairfax Hospital, Inova Fair Oaks Hospital and Inova Loudoun Hospital), four other surgery centers (Inova McLean Ambulatory Surgery Center, Inova Northern Virginia Surgery Center, Inova Franconia-Springfield Surgery Center and Inova Loudoun Ambulatory Surgery Center) and operates a number of other facilities and services across Northern Virginia. Throughout this document the service areas of IMVH and IASC will be referred to as the Mount Vernon Community. Learn more about Inova at [inova.org](https://inova.org).

The map below shows the Mount Vernon Community.

**FIGURE 1**  
Mount Vernon Community



Source: Tableau and Inova, 2021

The following table shows the projected population growth in the Mount Vernon Community.

**TABLE 1**  
Percent Change in Population in Counties/Cities Served, 2020-2030

| City/County     | Total Population (in thousands) |       |       | Projected Percent Change |           |
|-----------------|---------------------------------|-------|-------|--------------------------|-----------|
|                 | 2020                            | 2025  | 2030  | 2020-2025                | 2020-2030 |
| Alexandria City | 110.1                           | 121.8 | 127.3 | 3.1%                     | 9.9%      |
| Fairfax County  | 738.9                           | 784.7 | 828.0 | 6.2%                     | 12.1%     |

Source: Metropolitan Washington Council of Governments, 2021



## Regional Approach

For the 2021-2022 CHNA, Inova and partners conducted local assessments with each community, tailoring the regional framework to provide standardized methods that take into account each community's unique resources, needs and values.

In Northern Virginia, communities, health departments and non-profit hospitals conduct periodic assessments of the health and health needs of their communities. A CHNA is defined in the Patient Protection and Affordable Care Act of 2010 and applies to non-profit hospitals. The communities and health departments have traditionally used the term Community Health Assessment (CHA) for this process, which comes from the National Association of County & City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process ([www.naccho.org/mapp](http://www.naccho.org/mapp)). For the purpose of this assessment, the term CHNA will be used to describe the process undertaken from 2021-2022. This document, which provides a summary of the Mount Vernon CHNA, and its appendices constitute the Mount Vernon CHNA report.

The Steering Committee for the 2022 CHNA process was the Mount Vernon Action Committee, which is made up of Inova team members, community stakeholders, county representatives and non-profit partners. The Committee was established in 2020 to administer the 2019 CHNA Implementation Plan

during the challenges associated with the COVID-19 pandemic. This strong community and agency partnership served as the backbone of the CHNA process, and the partners involved contributed invaluable community insight, outreach and engagement to the assessment.

The COVID-19 pandemic complicated the process of reaching community members to gather their perspectives regarding health in Northern Virginia. Additional steps were taken to identify under-invited communities and conduct outreach whenever possible in those settings. Some activities were conducted virtually to ensure safety while still allowing individuals to communicate their feedback, while others were conducted in the community with safety measures like masks in place. Due to the timing of reporting epidemiological data, much of the secondary data referenced in this report is from before or early in the pandemic.

## Comprehensive Review

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



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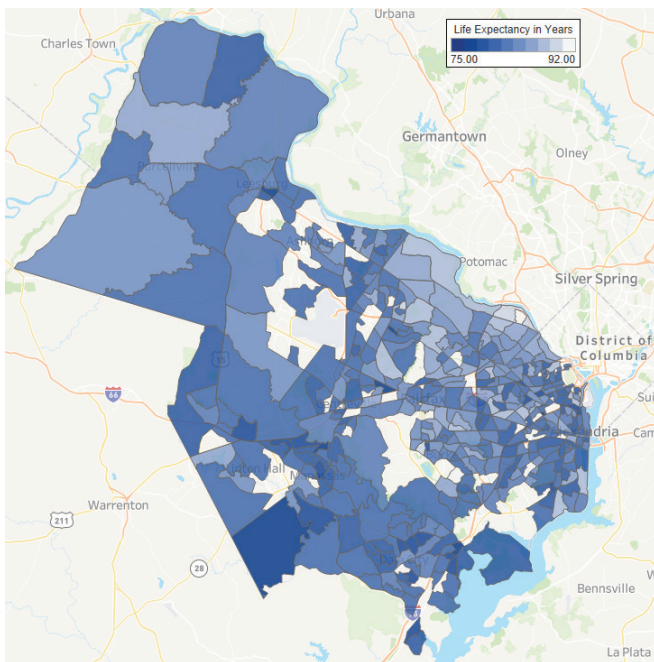
## Equity Focus

The CHNA process included examination of health equity and disparities because thriving communities promote wellbeing for all residents. When compared to Virginia and the nation, Northern Virginia’s health outcomes consistently rank high. However, the CHNA looks beyond those numbers to review health differences by race, ethnicity, income, education, gender and ZIP code. The process encourages those most impacted by disparities to get involved and be

part of the decision-making process.

In Fairfax there are stark contrasts in median income and educational attainment between neighboring census tracts (Appendix B), and average life expectancy at birth can vary by as much as fourteen years from one neighborhood to another (Figure 2). Where people live impacts their educational opportunities, economic stability and their health and quality of life.

**FIGURE 2**  
**Life Expectancy by Census Tract in Northern Virginia**



Source: CDC, National Vital Statistics System, 2018

**Health equity:**  
 when everyone has the opportunity to attain their highest level of health and wellbeing.

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

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

## Community-Centered

The Mount Vernon CHNA adopts knowledge gained during previous CHNAs and CHAs, as well as additional community input. While a regional approach guided the CHNA, each jurisdiction used its own process for community outreach and engagement. As much as possible, the process centered on existing resources, partnerships and local needs and values. This method ensures that any new initiatives accurately reflect community priorities. Inova planned and produced the Mount Vernon assessment in collaboration with the Mount Vernon Action Committee established in 2020. Each member of the team contributed to the assessment in different ways, utilizing individual strengths.

As a part of the CHNA process, insight, knowledge and input was received from diverse sources including the local health departments, hospital teams, representatives of key community groups and individual community members.

Inova team members conducted Forces of Change sessions with representatives of the Mount Vernon Action Committee, the Partnership for a Healthier Fairfax Steering Committee, the local FQHC, the

Board of Supervisors, the Fairfax Health Care Advisory Board and a group of Faith Leaders from around the region. Community input was gathered through a public survey. Inova and its partners promoted the survey to collaborating organizations and residents alike. The survey was available in print and 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 PERSPECTIVES

“We can’t do **for** community, we have to do **with** them.”

-Gloria Addo-Ayensu  
*Director of Health for Fairfax County*



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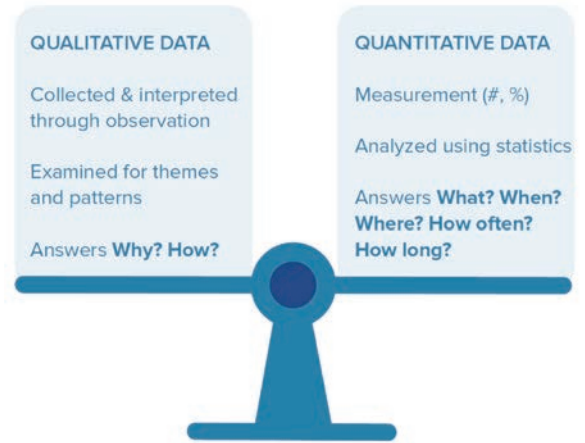
## Assessing Health in the Community

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

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

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

**FIGURE 3**  
Qualitative and Quantitative Data



**TABLE 2**  
Description of Health Assessments

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



## Methods

### Forces of Change Assessment (FOCA)

For this assessment, the focus groups and interviews discussed trends, events and forces that affect health in the community. Equity and disparities were a common theme in group discussions about threats to health in the community. For example, the groups noted that socioeconomic status, race, age and access to transportation impact a resident's awareness of and access to available resources. That may include assets like lower-cost mental and physical healthcare options.

The discussions also noted opportunities and strengths that could support health. For example, the groups mentioned improved community collaboration, enhanced digital literacy and awareness of and motivation to address disparities.



COMMUNITY PERSPECTIVES

“I don’t normally go to big institutions to get help with my problems in my community. I go to my peers. I build a village. I get support from my community.”

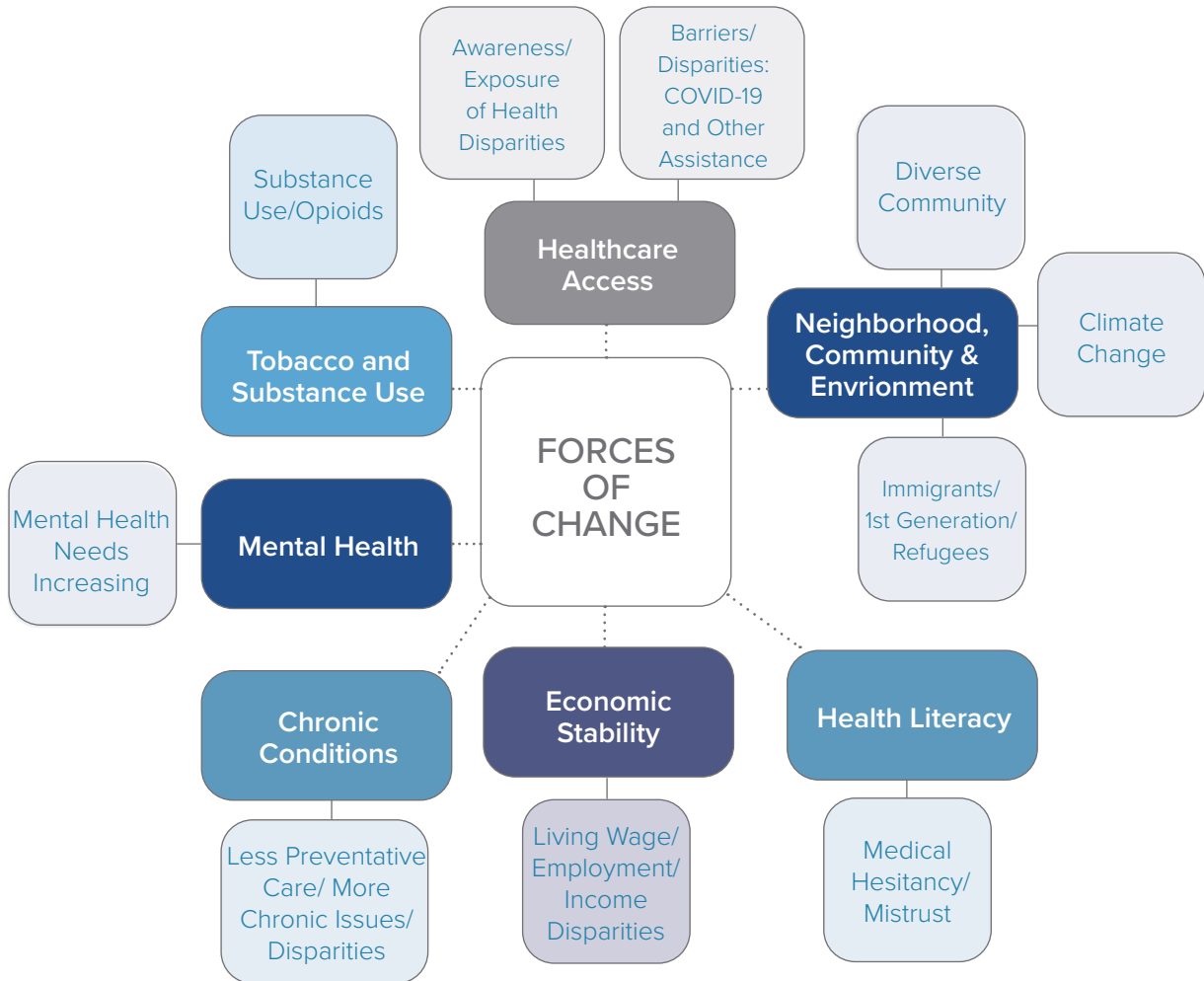
-Yolonda Earl-Thompson  
Executive Director, LAZERA



Food for Others

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

**FIGURE 4**  
**Events, Trends and Factors that Affect Health**



**Community Themes and Strengths Assessment (CTSA)**

This assessment was based on community member responses to a three-question survey available in multiple formats and distributed throughout the region.

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

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

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

**TABLE 3**

**Top 5 Mount Vernon Responses to “What are the greatest strengths of our community?”**

| RANK | RESPONSE  | # OF RESPONSES | % OF TOTAL RESPONSES |
|------|---|----------------|----------------------|
| 1    | Diversity of the community (social, cultural, faith, economic)                    | 399            | 49.32%               |
| 2    | Educational opportunities (schools, libraries, vocational programs, universities) | 296            | 36.59%               |
| 3    | Jobs and a healthy economy  | 193            | 23.86%               |
| 4    | Access to health care   | 186            | 22.99%               |
| 5    | Access to healthy food (fresh fruits and vegetables)                              | 136            | 16.81%               |

TABLE 4

Top 5 Mount Vernon Responses to “What are the most important health issues of our community?”

| RANK | RESPONSE   | # OF RESPONSES | % OF TOTAL RESPONSES |
|------|--|----------------|----------------------|
| 1    | Mental health problems (depression, anxiety, stress, suicide)                                      | 485            | 59.95%               |
| 2    | Differences in life expectancy and health outcomes based on race, ethnicity and economic wellbeing | 260            | 32.14%               |
| 3    | Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)                 | 198            | 24.47%               |
| 4    | Alcohol, drug and/or opiate abuse  | 195            | 24.10%               |
| 5    | Aging-related health concerns  | 157            | 19.41%               |

TABLE 5

Top 5 Mount Vernon Responses to “What would most improve the quality of life for our community?”

| RANK | RESPONSE  | # OF RESPONSES | % OF TOTAL RESPONSES |
|------|---|----------------|----------------------|
| 1    | Housing that is affordable  | 424            | 52.41%               |
| 2    | Access to health care for all   | 366            | 45.24%               |
| 3    | Mental health and substance abuse services                                    | 263            | 32.51%               |
| 4    | Jobs and a healthy economy  | 161            | 19.90%               |
| 5    | Services that support basic needs (food, clothing, temporary cash assistance) | 128            | 15.82%               |





**Community Health Status Assessment (CHSA)**

The CHSA is based on a core set of health indicators to examine across all jurisdictions. Some jurisdictions also examined additional metrics that are important to the community.

Indicators were selected based on best practices, data availability and emerging health issues. The dataset includes rates and percentages of mortality, morbidity and incidence and prevalence (death, chronic illness and new and existing disease).

Data were compiled from published secondary sources and surveys. Exploring data by geography and other demographics allowed for consideration of

health across the lifespan and supported a focus on equity.

Indicators reflect the most recent data as of June 2022. County or City-level data for all health-related issues, as well as breakdowns by population characteristics were not consistently available, which means the amount of information within each health topic may be limited and varied.

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



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TABLE 6

CHSA: Summary of Progress and Benchmarks by Indicator Category

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

Legend:

|   | Progress  | Benchmarks  |
|---|---|---|
| X | Majority of indicators in category worsened                                 | Majority of indicators in category have not met benchmarks            |
| / | Equal number of indicators are getting better or worse, or staying the same | Equal number of indicators in category have met or not met benchmarks |
| ✓ | Majority of indicators in category improved                                 | Majority of indicators in category have met benchmarks                |
| - | Data not available to assess  |   |

## Top Health Issues

As described in each section above, themes were identified in each of the individual assessments. Upon completion of all assessments, the CHNA identified the health-related topics that could be considered themes across the board (see Appendix F for full description of this methodology). Following are descriptions for each of the significant health issues identified in the Mount Vernon Community.

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



### Chronic Conditions

A chronic condition is a health condition or disease that is long-term and affects

a person's quality of life over time. This category includes hospitalization and death rates related to chronic conditions and diseases such as asthma, heart disease, stroke, cancer and diabetes.

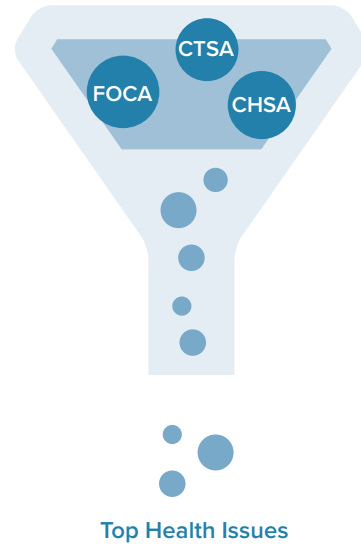
Six in ten adults in the United States have a chronic disease or condition, and these diseases are the leading causes of death, disability and increased healthcare costs.<sup>1</sup> Chronic conditions can affect an individual's lifestyle and may require ongoing medical care. About 90% of the total annual healthcare spending in the U.S. is associated with costs for people living with chronic and mental health conditions.<sup>2</sup> Chronic conditions can be connected to genetics and environmental factors as well as behaviors such as tobacco use, poor eating habits, lack of or limited physical activity and alcohol use. The risk of chronic conditions increases with age – about 85% of older adults are living with at least one chronic condition and 60% are living with at least two.<sup>3</sup> Chronic conditions disproportionately affect persons of color, especially Black or African Americans, and

studies support a link between experiences of racism and risk of chronic illness.<sup>4</sup>

### Why This Matters in the Mount Vernon Community

- Chronic health conditions and aging-related health concerns were both ranked as one of top health issues among survey respondents. Chronic health conditions were in the top five for all demographics except those under 25 years old, and aging-related health concerns were a particular priority for those over fifty years old and men.
- The Forces of Change discussions identified concerns about lack of preventative care leading to more chronic disease which disproportionately affects marginalized communities.
- Among Black or African American residents, hospitalization rates due to diabetes (23.0) and heart failure (36.5) are 3 to 4 times the rate of Whites (6.5 and 13.1 respectively) in Fairfax County. In Alexandria, rates of hospitalization for diabetes are 7 times higher in Black or African American residents than Whites.
- The rate of poverty among residents living with a

**FIGURE 5**  
Strategic Priorities



disability in Fairfax County is 11.1% - twice as high as those without a disability (5.2%).



### Economic Stability

Economic stability considers an individual or family’s ability to afford and meet basic needs. This category considers local poverty rates, income inequality and unemployment.

Financial resources are a large factor in a person’s ability to achieve or improve optimal health. For example, health insurance is crucial for access to many healthcare services, but health coverage can be expensive, especially for those without coverage through an employer. People with low-income may be more likely to delay care and are being diagnosed with more advanced chronic diseases like cancer that might have been treated more effectively if diagnosed at an earlier stage.<sup>5</sup>

For people with limited resources, behavior and lifestyle changes such as eating healthier meals and



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living in neighborhoods with access to parks and transit can be out of reach. Poverty, struggling to pay bills and long hard work hours can take a significant toll on mental health. There is a direct relationship between poverty and mental health which can lead to wider health inequities. Poverty in childhood and among adults can cause poor mental health and outcomes through social stress, stigma and trauma.<sup>6</sup>

### Why This Matters in the Mount Vernon Community

- Among the top five responses to “What would most improve the quality of life for our community?” on the survey were “services that support basic needs”, “housing that is affordable” and “jobs and a healthier economy”.
- Economic issues were a theme in the Forces of Change discussion, with a focus on issues of disparity in income and cost of living.
- While median household income in Fairfax is high overall (\$127,866 in 2020), median household income for Black or African American residents (\$89,226) and Hispanic residents (\$86,409) are significantly less than that of White, non-Hispanic residents (\$140,817).
- The percent of Hispanic children (13%) and Black or African American children (18%) living below the federal poverty level is about three to four times the percent of White children (4%).
- In the 2019-2020 school year, 30.9% of all FCPS students were eligible for free and reduced-price lunch. There are 39 schools where more than 60% of students were eligible.



### Healthcare Access

The ability to use high quality and affordable health services in a timely manner is critical to maintaining good health and wellbeing. Measures include the percentage of adults and children with insurance, preventative screenings and preventable hospital stays.

Access to healthcare can have an impact across a

person's lifespan and can affect quality of life, life expectancy, disease prevention and preventable death. The high cost of healthcare and inadequate health insurance can prevent an individual from seeking care. Aside from cost, many other barriers contribute to access issues and unmet healthcare needs, such as mistrust in the healthcare system, racism and discrimination, cultural sensitivity and competency, transportation, health literacy and competing life priorities.<sup>7</sup> As a result, access to healthcare often varies based on demographics and location.

### Why This Matters in the Mount Vernon Community

- “Access to health care for all” was the number two quality of life concern for survey respondents and ranked in the top two across demographic groups.
- Healthcare Access was also a major theme in the Forces of Change discussion, with a focus on the exposure and awareness of healthcare disparities exacerbated by COVID-19.
- There is a high percent of individuals who speak a language other than English at home in Fairfax County (39.0%), nearly 2.5 times that of Virginia as a whole (16.4%). These individuals may face more challenges finding providers who are culturally and linguistically accessible.
- Almost 91,800 people (8.1%) in Fairfax County are uninsured, and one quarter of individuals living below 138% of the federal poverty line are uninsured, compared to 15% people in the U.S. as a whole. Of residents who were born outside the U.S., 17% are uninsured, and of those who are also not citizens, 31% are uninsured. While 6% of Whites in Fairfax are uninsured, 9.5% of Blacks/ African Americans and 23% of Hispanic/Latino residents are uninsured.
- Colon cancer screening and mammogram rates in Fairfax County have declined since the previous CHNA and are below Virginia state rates. COVID-19 has likely contributed to these falling

rates as individuals avoided seeking healthcare during the pandemic.



### Mental Health

Mental health is important at every stage of life and includes conditions and illnesses that

affect emotional, psychological and social wellbeing. This category includes depression and suicide rates, self-reported poor mental health, frequency of mental distress or crisis and mental health provider ratios.

Although the terms are often used interchangeably, poor mental health and mental illness are not the same. An individual can experience poor mental health at different periods of their life and not be diagnosed with a mental illness. Similarly, a person living with a mental illness can experience periods of physical, mental and social wellbeing. Mental illness is common in the United States with more than one in five adults experiencing mild, moderate or severe illness throughout their lifetime.<sup>8</sup>

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

Mental health and physical health are closely related and each can increase the risk of the other. Racial and ethnic disparities in mental health arise because people of color are more likely to live in neighborhoods where treatment initiation and access to resources is low compared to Whites.<sup>9</sup> Mental illness also increases the risk of suicide. Close to 90% of people who die by suicide have had a mental illness, with the risk of suicide for some mental disorders like depression, alcoholism and schizophrenia estimated to be 5-8 percent.<sup>10</sup>

### Why This Matters in the IMVH Community

- Survey respondents selected mental health problems as the number one health concern in the community, and it was in the top three for

every demographic. Additionally, the need for more mental health services was ranked highly overall and for all demographics except those completing the survey in a language other than English or Spanish and men. Both stigma and prioritization of needs likely play into these exceptions.

- An increased need for mental health care exacerbated by COVID-19 was noted in the Forces of Change discussions. Additionally, participants noted related issues of isolation, substance use and disparity.
- The suicide rate in Fairfax is 8.6 per 100,000 population and is highest in White individuals (11 per 100,000 population). The rate for males is 3.5 times higher compared to females.
- One in ten Fairfax adults reported 14 or more days of poor mental health per month and residents averaged 3.5 poor mental health days during the past 30 days. Of Fairfax residents enrolled in Medicare, 12.4% have depression. In Fairfax, there is one mental health provider for every 486 people.
- Social and community engagement represent part of an individuals' social support network, and the lack of these connections can be associated with isolation and poor health outcomes. Fairfax County has a rate of 8.6 membership associations per 10,000 residents, considerably lower than top



COMMUNITY PERSPECTIVES

“We desperately need more mental health inpatient and outpatient treatment facilities.”

performing regions, the Virginia state value (11.3) and the national value (9.3).



### Neighborhood, Community and Environment

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

Community conditions can create either opportunities or barriers for a healthy life. Clean, safe neighborhoods with ample green space, well-maintained sidewalks and low crime rates support physical activity. Alternately, a high density of fast-food restaurants, easy access to alcohol and tobacco products and a lack of public transportation can encourage unhealthy behaviors. In addition, housing quality and neighborhood safety can significantly influence health and force families and individuals to make difficult decisions about lifestyle and medical care. The combination of family poverty and neighborhood poverty poses double risk to a substantial number of children of color, with significant impacts on children’s development, achievement and behavior.<sup>11</sup> The changing climate compounds threats to neighborhoods and communities. As the climate continues to warm, the risk to human health continues to grow and exacerbate issues related to health conditions, housing, transportation and other social determinants of health.<sup>12</sup>

#### Why This Matters in the IMVH Community

- The need to be welcoming of diversity was among the top five ways to most improve the quality of life for our community both overall and for the majority of demographics assessed in the survey.
- The Forces of Change discussions outlined the value of our diverse community, though there are opportunities to increase inclusivity and access.

Climate change was also discussed as impacting the overall current and future health of the community.

- The County Health Rankings measure residential segregation in communities because of the important role it plays in personal and community wellbeing, economic stability and health disparities. Compared to top performing areas, jurisdictions (including cities and counties) in Northern Virginia perform worse when comparing White-Black segregation.
- Approximately 45% of Fairfax’s renters spend more than 30% of their income on rent. About 65% of renters between ages of 15-24 and those over 65 spend more than 30% of their income on housing.
- About half of workers with a long commute reported driving alone to work, while 8.5% of workers commute via public transit and only 1.7% walk. Workers who commute by public transportation and their mean travel time to work was higher in Fairfax County compared to Virginia, while workers who walk to work was lower.



COMMUNITY PERSPECTIVES

What would most improve quality of life is, “addressing root causes of systemic/ structural racism.”



## Tobacco and Substance Use

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

These substances can have serious consequences for physical and mental health, as well as impacts on economic stability and social wellbeing. Many adolescents, as well as young and older adults, have experienced an increase in factors that contribute to increased risk of using tobacco products, alcohol and other substances. In 2019, 14.5 million people were diagnosed with Alcohol Use Disorder (AUD) with 414,000 of those diagnoses among adolescents ages 12 to 17.<sup>13</sup> Social isolation, anxiety, boredom, stress, fear, grief, poor housing, food insecurity, social violence and disruption to medical, mental health or other social services have contributed to an increase in substance abuse and misuse in teens and young adults.<sup>14</sup>

Simultaneously, communities have experienced devastating consequences of the opioid crisis. In 2019, an estimated 10.1 million people in the U.S. ages 12 or older misused opioids, with 9.7 million people using prescription pain relievers and 745,000 people using heroin.<sup>15</sup> Between 2019 and 2020, 1.6 million people were diagnosed with an opioid use disorder, and over 70,000 people died from a documented drug overdose including 48,000 who died from overdosing on synthetic opioids.<sup>16</sup>

### Why This Matters in the IMVH Community

- Alcohol, drug and/or opiate abuse was among the top five greatest health issues in the community survey overall and across all demographics. Tobacco use specifically was in the top five concerns for respondents under 25 and individuals completing the survey in a language other than English.

- All-drug overdose deaths have decreased, while the rate of hospital visits due to overdoses have increased. Young adults (15–34) disproportionately experience heroin/fentanyl and prescription opioid overdoses.
- According to Fairfax County Youth Survey data published in 2020, cigarette use continues to decline among youth (less than 2% reported smoking cigarettes in the last month), however 15% of students reported vaping in the past month. Vaping rates among students were similar across gender, race, ethnicity and sexual orientation.

## Next Steps

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



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