All appendices referenced in the CHNA report are described below and are also available online at inova.org.

Appendix A: Community Engagement

Summary of community outreach and engagement efforts

Appendix B: Fairfax 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

Appendix F: Identifying Top Health Issues Methodology

Description of process and outcomes

Appendix G: Actions Taken Since the Previous CHNA

Appendix A: Community Engagement

This Fairfax 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 Fairfax 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. Fairfax Health Equity Community Action Committee Organizations

Organization
Carefirst BCBS
Elderlink
ENDependence Center of Northern Virginia
Fairfax County
Fairfax-Falls Church Community Services Board
Fairfax County Health Department
Fairfax County Neighborhood and Community Services
Fairfax County Public Schools
Inova
Inova Fairfax Hospital
Inova Community Health
Inova Cares Clinics
Inova Heart and Vascular Institute
Inova Saville Cancer Screening and Prevention Center
iTHRIV
Neighborhood Health

Appendix B: Community Description

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

The Inova Fairfax community is comprised of 71 ZIP codes, including all of Fairfax County and the City of Fairfax, along with parts of Loudoun County, Prince William County, Falls Church City, Fairfax City, Alexandria City and Manassas City.

TOTAL POPULATION

Figure B1. Inova Fairfax Community

City or County	Percent of Discharges	Percent of Emergency Department Visits
Alexandria City, VA	3.8%	4.1%
Fairfax City, VA	2.9%	4.0%
Fairfax County, VA	53.1%	62.5%
Falls Church City, VA	0.7%	1.0%
Loudoun County, VA	6.4%	2.9%
Manassas City, VA	1.3%	1.1%
Prince William County, VA	12.6%	10.0%
Community Total	**80.9%**	**85.5%**
Other areas	19.1%	14.5%
Total Discharges and ED Visits	**48,717**	**166,114**

Source: Inova Health System, 2022

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

Community	Total Population			Percent Change	
	2020	2025	2030	2020-2025	2025-2030
Fairfax County	**1,168,704**	**1,207,226**	**1,255,006**	3.30%	3.96%
Annandale/N. Springfield	75,150	76,085	77,220	1.24%	1.49%
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%
Franconia/Kingstowne	58,238	58,999	60,405	1.31%	2.38%
GMU/Burke	74,588	74,665	75,029	0.10%	0.49%
Lincolnia/Bailey's Crossroads	58,869	59,055	60,497	0.32%	2.44%
Lorton/Newington	36,344	37,133	38,446	2.17%	3.54%
McLean/Great Falls	80,301	87,482	93,939	8.94%	7.38%
Mt. Vernon South/Ft. Belvoir	90,010	91,171	94,862	1.29%	4.05%
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%
West Falls Church	25,642	25,756	26,089	0.45%	1.29%
Falls Church City	**19,005**	**20,321**	**21,287**	**6.93%**	**4.75%**
West Falls Church	19,005	20,321	21,287	6.93%	4.75%
Loudoun County	**161,338**	**175,730**	**182,994**	**8.92%**	**4.13%**
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%
Manassas City	**54,244**	**59,077**	**63,195**	**8.91%**	**6.97%**
Manassas West	54,244	59,077	63,195	8.91%	6.97%
Prince William County	**470,993**	**503,401**	**527,177**	**6.88%**	**4.72%**
Dale City/Dumfries/Quantico	134,627	139,564	143,034	3.67%	2.49%
Gainesville/Haymarket/Bull Run	97,403	107,982	116,276	10.86%	7.68%
Lake Ridge/Occoquan	63,739	66,046	67,685	3.62%	2.48%
Manassas East	62,098	66,921	70,559	7.77%	5.44%
Manassas West	39,537	44,469	47,973	12.47%	7.88%
Woodbridge	73,589	78,419	81,650	6.56%	4.12%
Community Total	**1,874,283**	**1,965,755**	**2,049,659**	**4.88%**	**4.27%**

Source: Metropolitan Washington Council of Governments, 2021

AGE

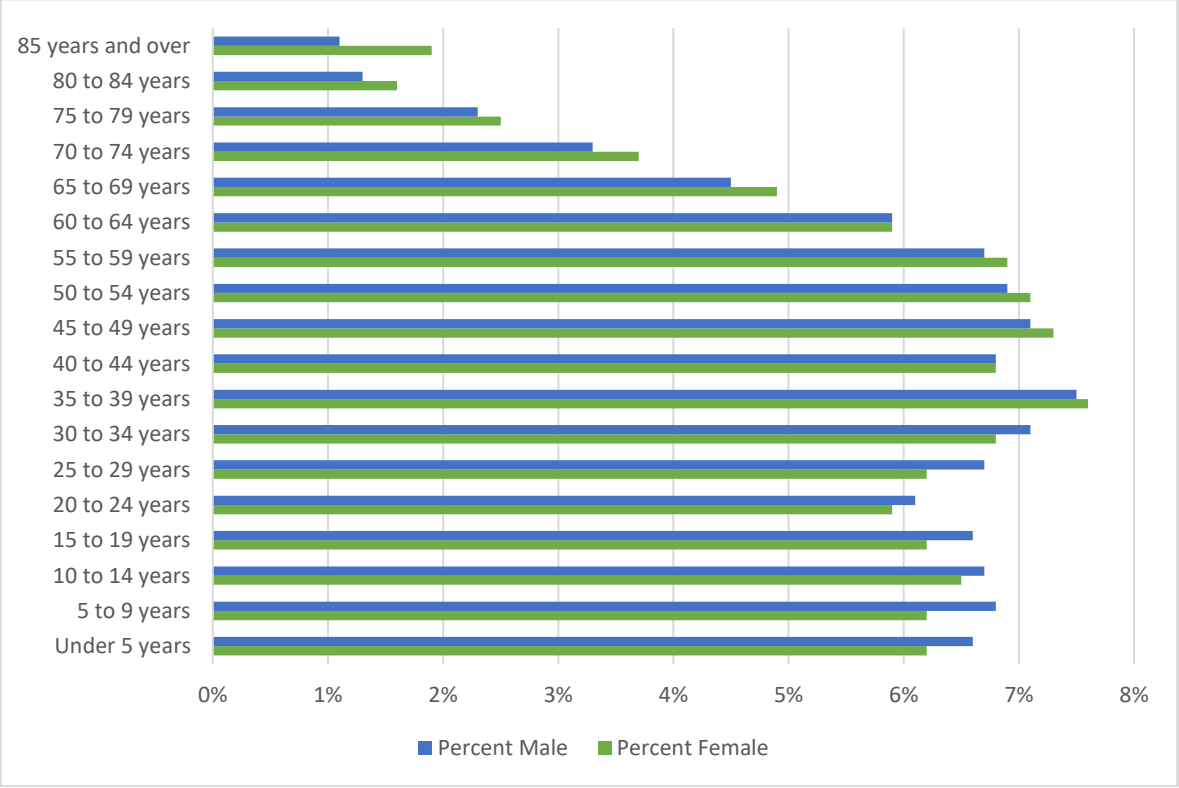
Population characteristics and changes directly influence community health needs. The total population of the Fairfax Community is expected to grow nearly 10% from 2020-2030. In that same time frame, the population 65+ is expected to increase by 40%. The growth of older populations is likely to lead 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, Fairfax Community (2020-2030)

Age Cohort	Total Population			Percent Change	
	2020	2025	2030	2020-25	2025-30
0-17	493,594	501,447	507,648	1.59%	1.24%
18-44	758,452	802,128	839,722	5.76%	4.69%
45-64	541,995	539,711	540,925	-0.42%	0.22%
65+	257,504	311,869	359,675	21.11%	15.33%
Total	2,051,545	2,155,156	2,247,969	5.05%	4.31%

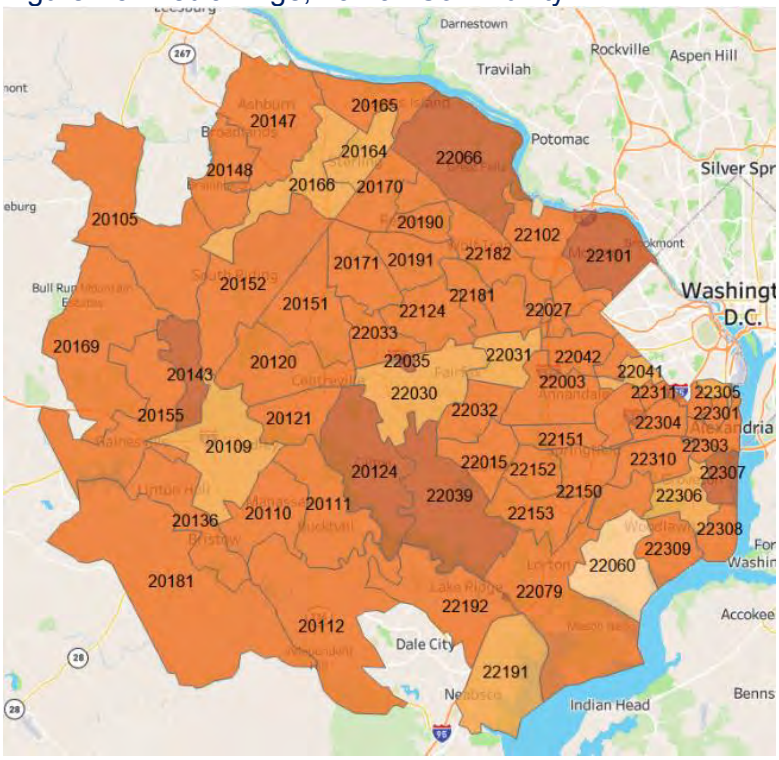
Source: Metropolitan Washington Council of Governments, 2021

Figure B4. Age Distribution by Sex, Fairfax Community



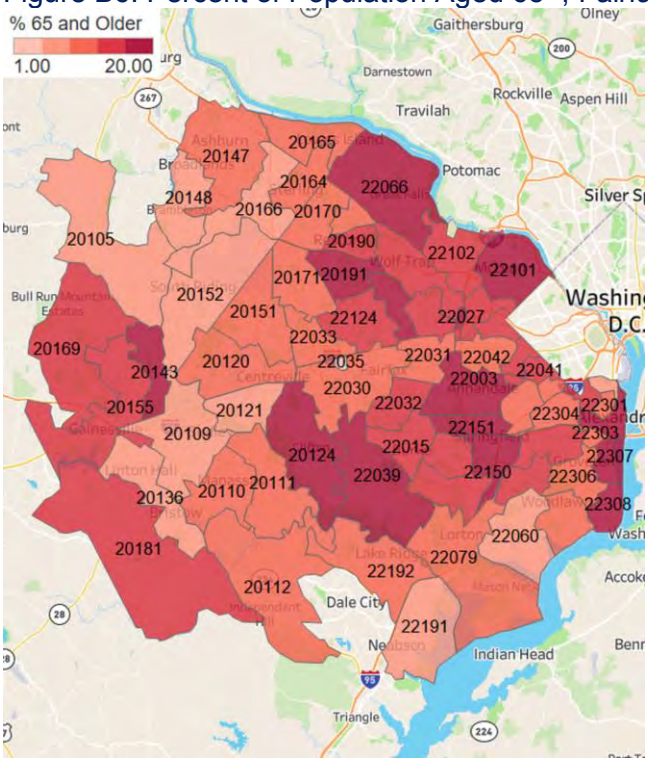
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B5. Median Age, Fairfax Community



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

Figure B6. Percent of Population Aged 65+, Fairfax Community

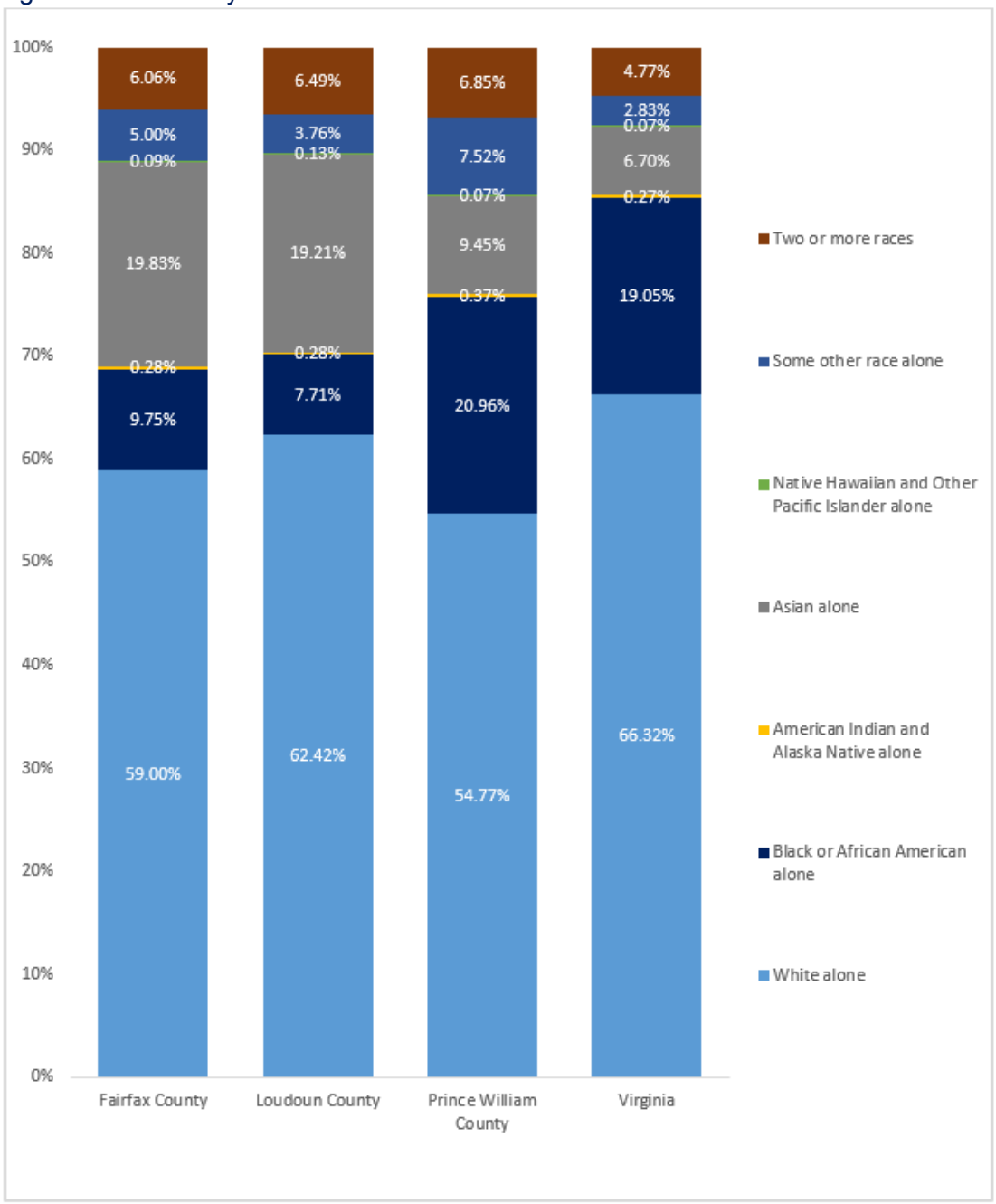


Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

RACE AND ETHNICITY

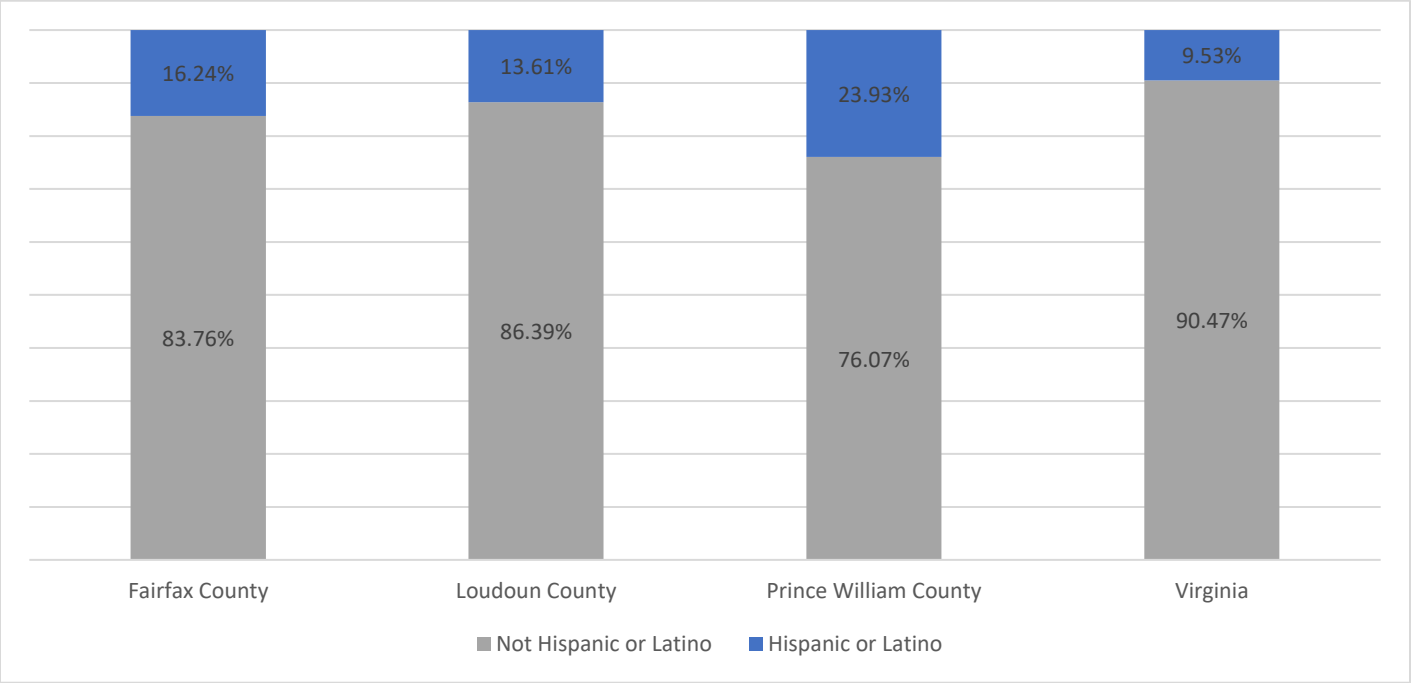
In Fairfax County in 2020 Asians, Hispanics and African Americans represented 19.8%, 16.2% and 9.8% of the county's population, respectively. Nearly one-quarter of the state's Hispanic population resides in Fairfax County (U.S. Census Bureau). Racial and ethnic diversity is increasing, as these groups 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



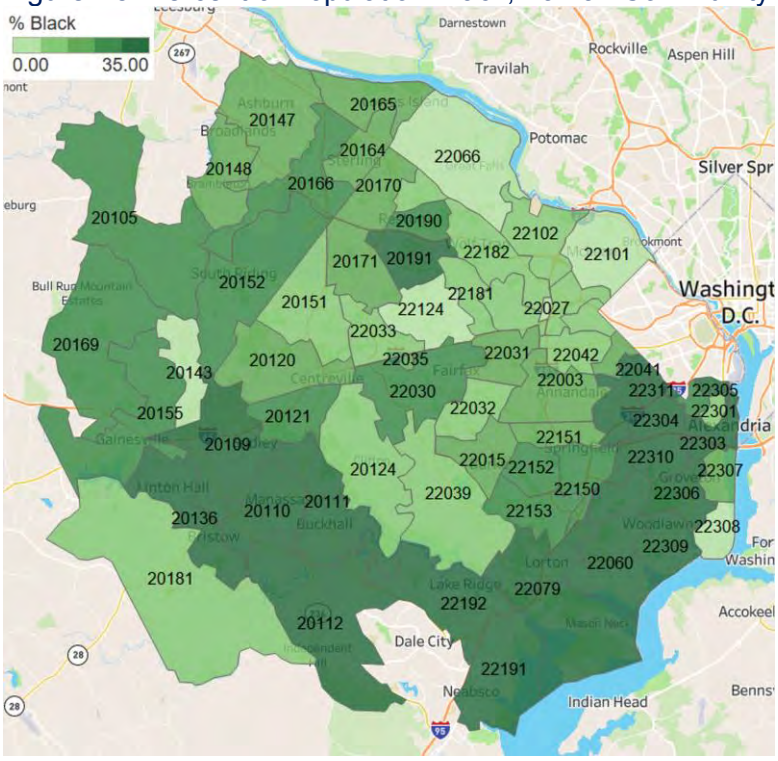
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B7b. Ethnicity by Location



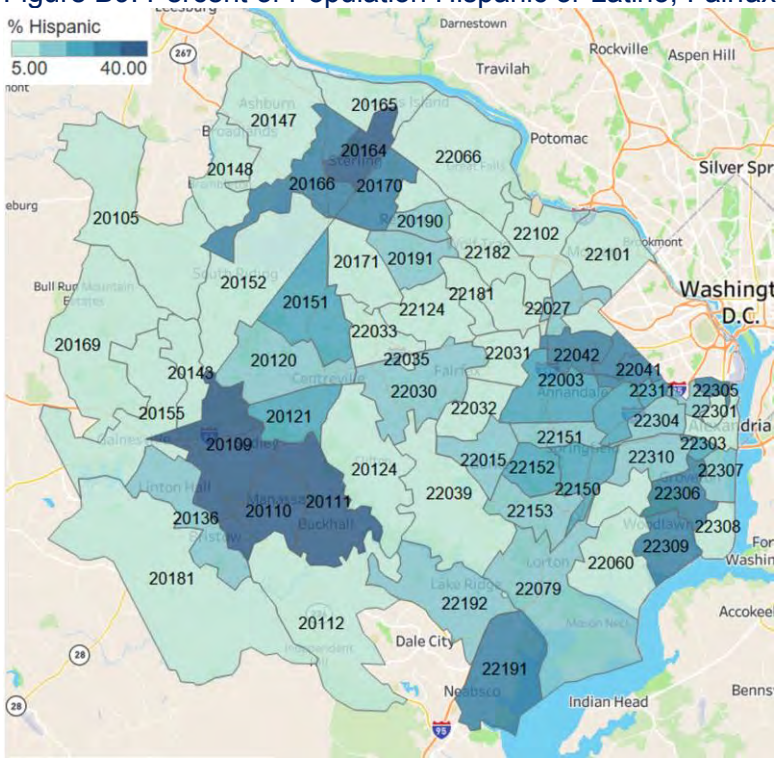
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B8. Percent of Population Black, Fairfax Community



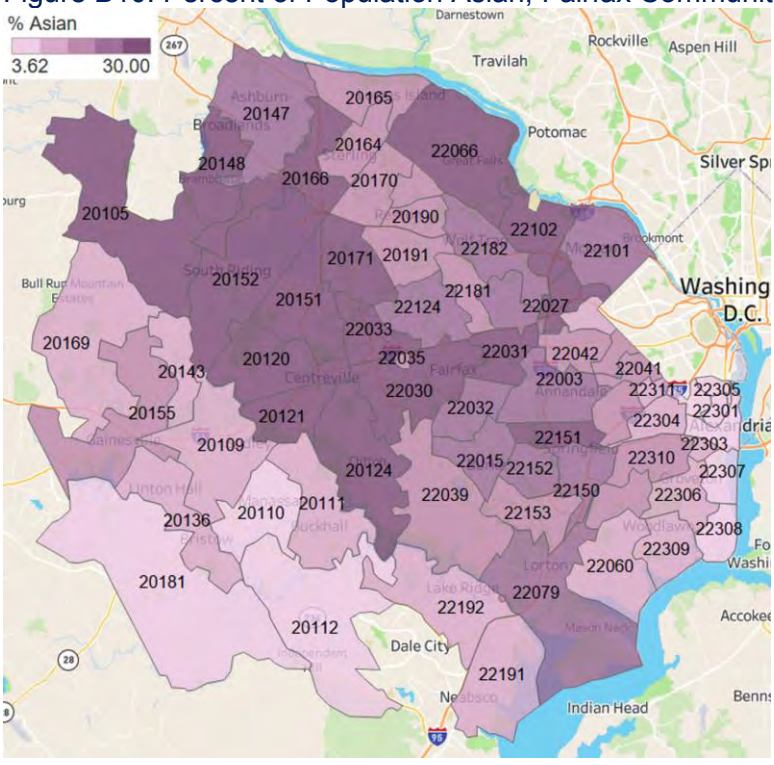
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B9. Percent of Population Hispanic or Latino, Fairfax Community



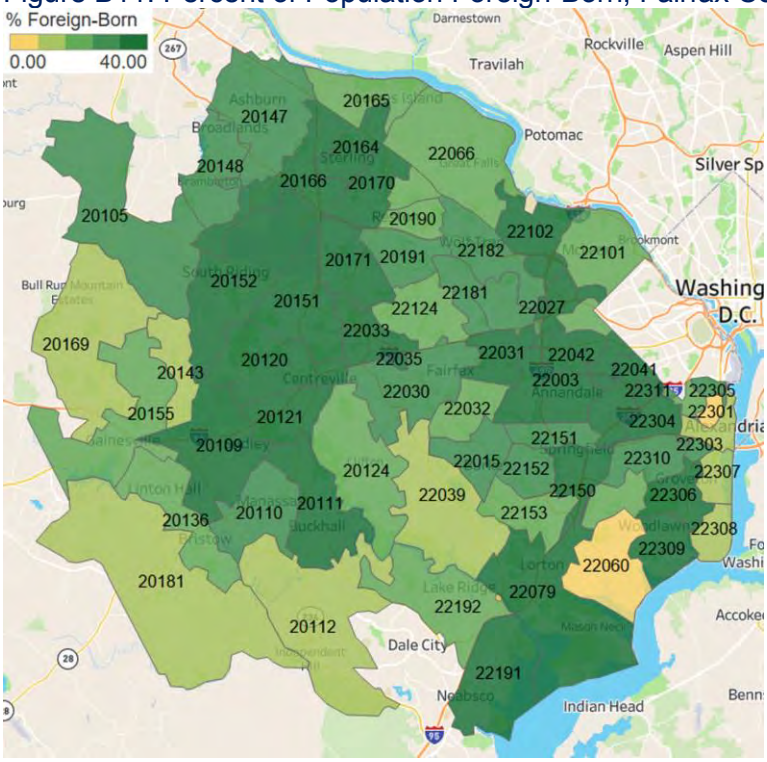
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B10. Percent of Population Asian, Fairfax Community



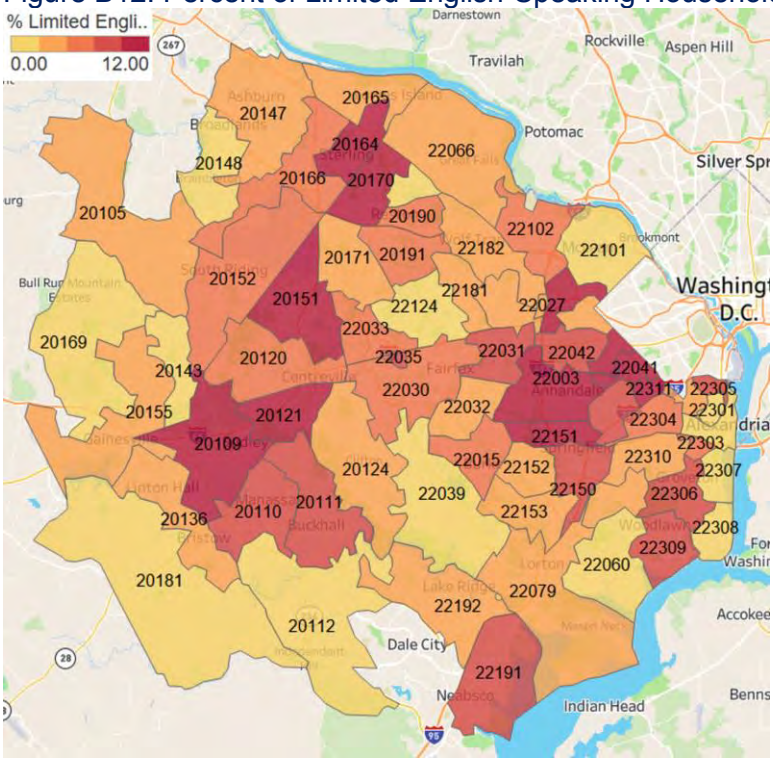
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B11. Percent of Population Foreign-Born, Fairfax County



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

Figure B12. Percent of Limited English-Speaking Households, Fairfax Community

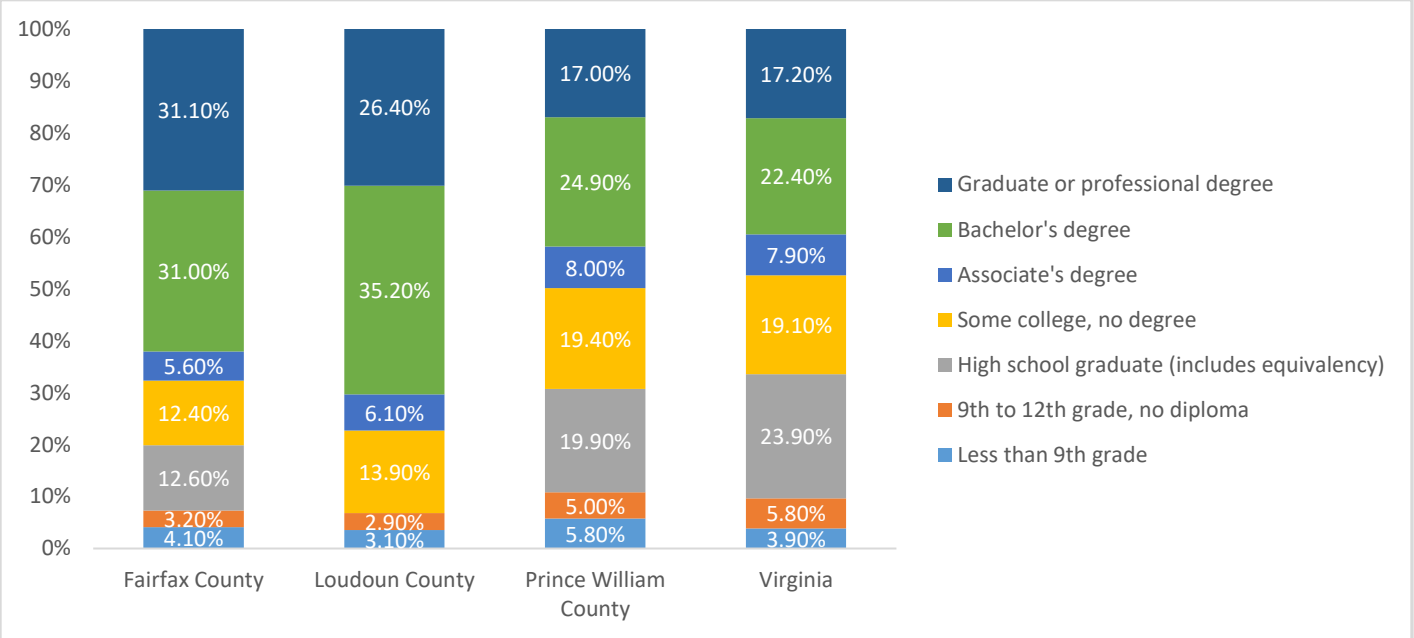


Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

EDUCATION

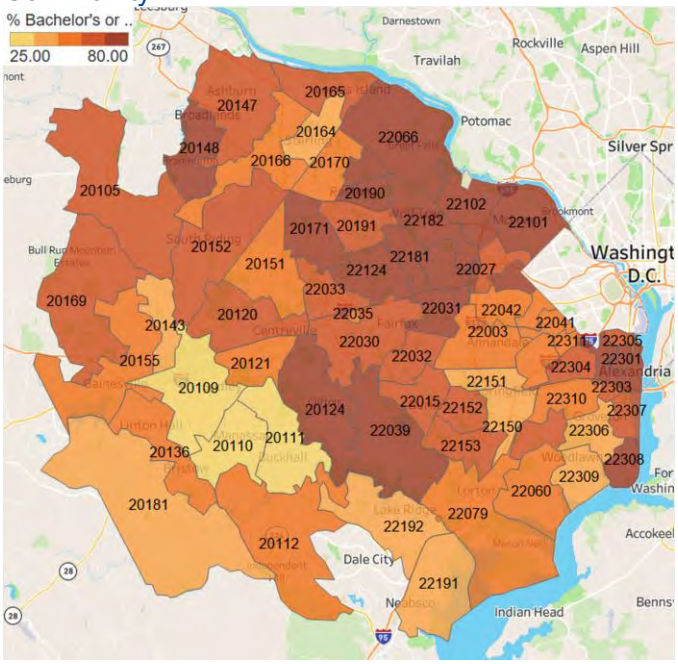
Overall the Fairfax Community is highly educated. In Fairfax County, 62% of residents hold a Bachelor's degree or higher, with about one third of residents holding a graduate or professional degree. However, there are noticeable discrepancies within the County.

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, Fairfax Community



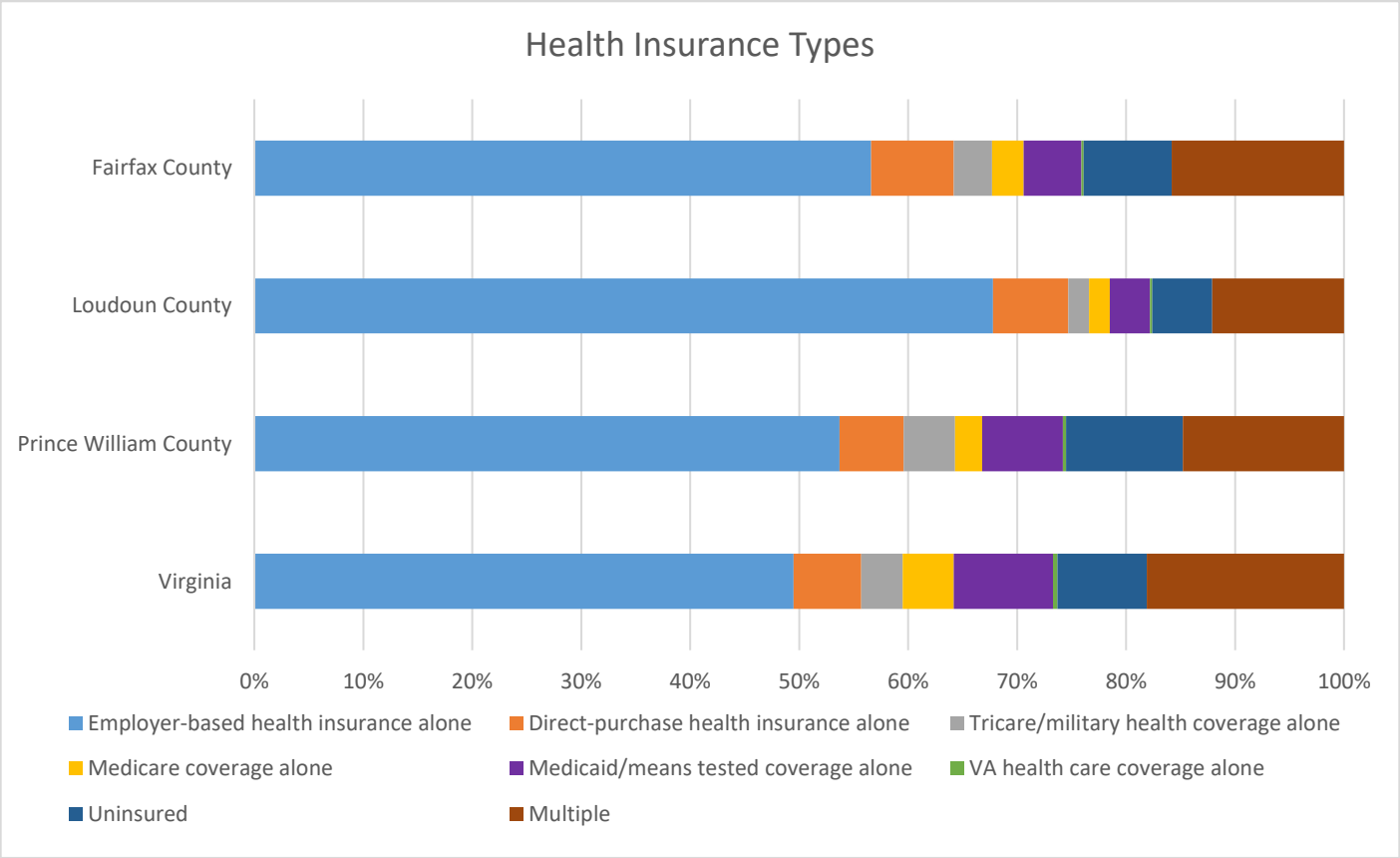
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

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.

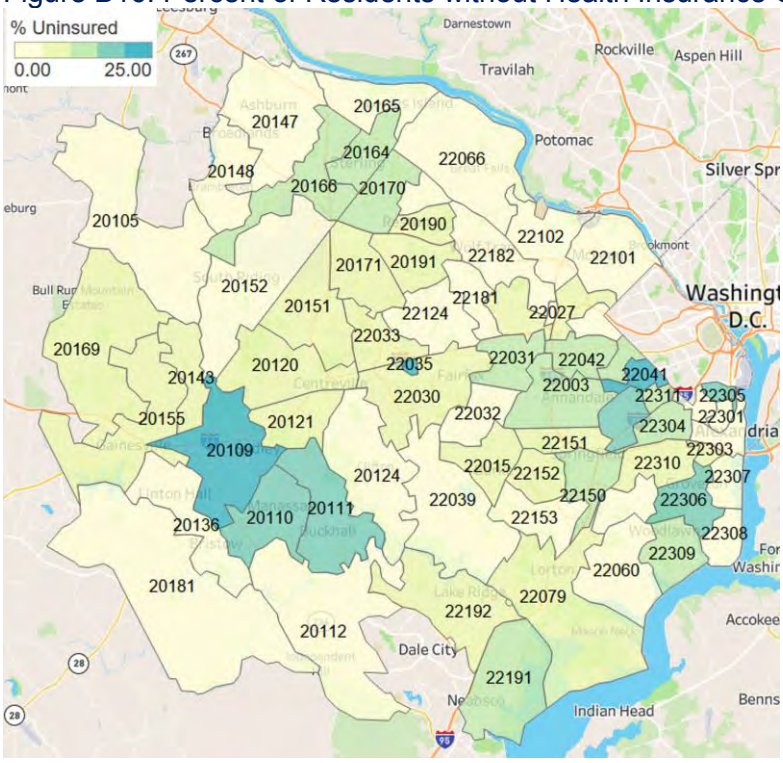
In January 2019 Virginia expanded Medicaid eligibility to make healthcare more accessible for these populations. It was estimated at the time that over 400,000 Virginians would potentially gain coverage if Medicaid were expanded. According to the Department of Medical Assistance Services as of May 2022,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

Figure B15. Health Insurance Types, by Location



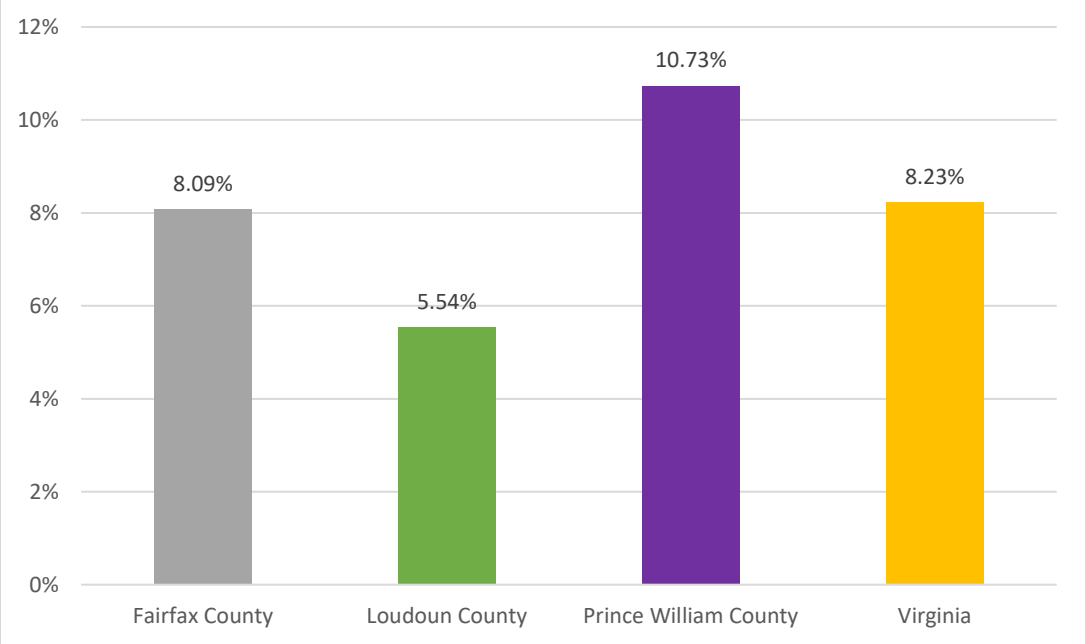
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B16. Percent of Residents without Health Insurance Coverage, by County



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

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

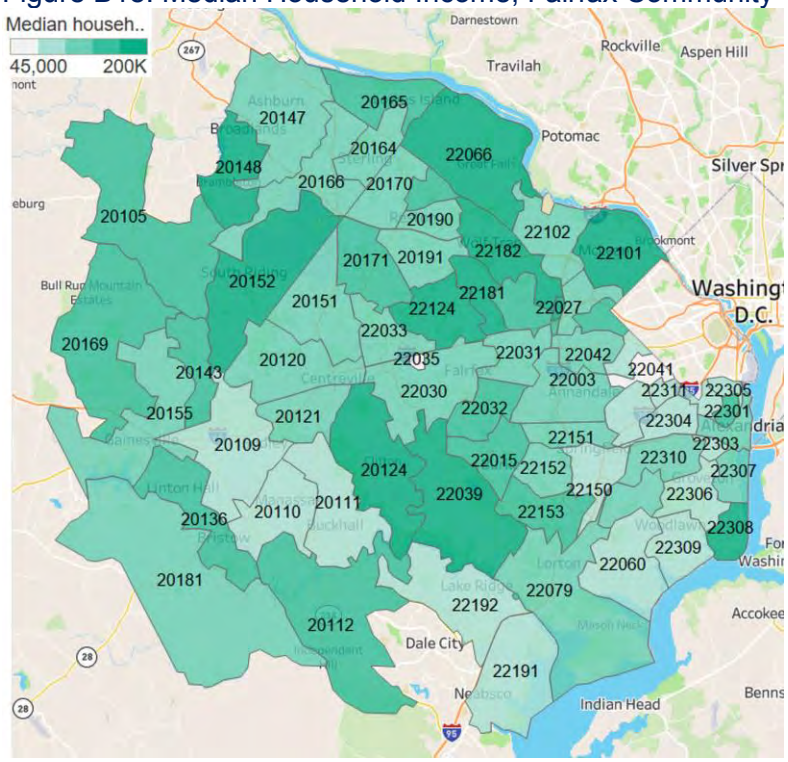


Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

SOCIOECONOMIC

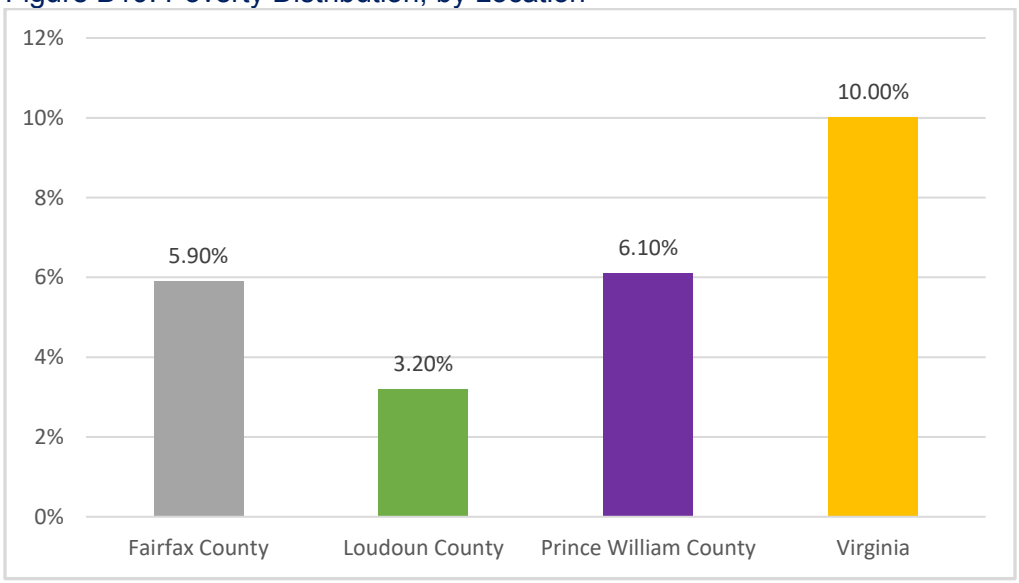
Many health needs have been associated with poverty, unemployment and other socioeconomic factors. While most socioeconomic indicators in the Fairfax Community are favorable compared to Virginia overall, there are disparities by race/ethnicity, county/city and even census tract.

Figure B18. Median Household Income, Fairfax Community



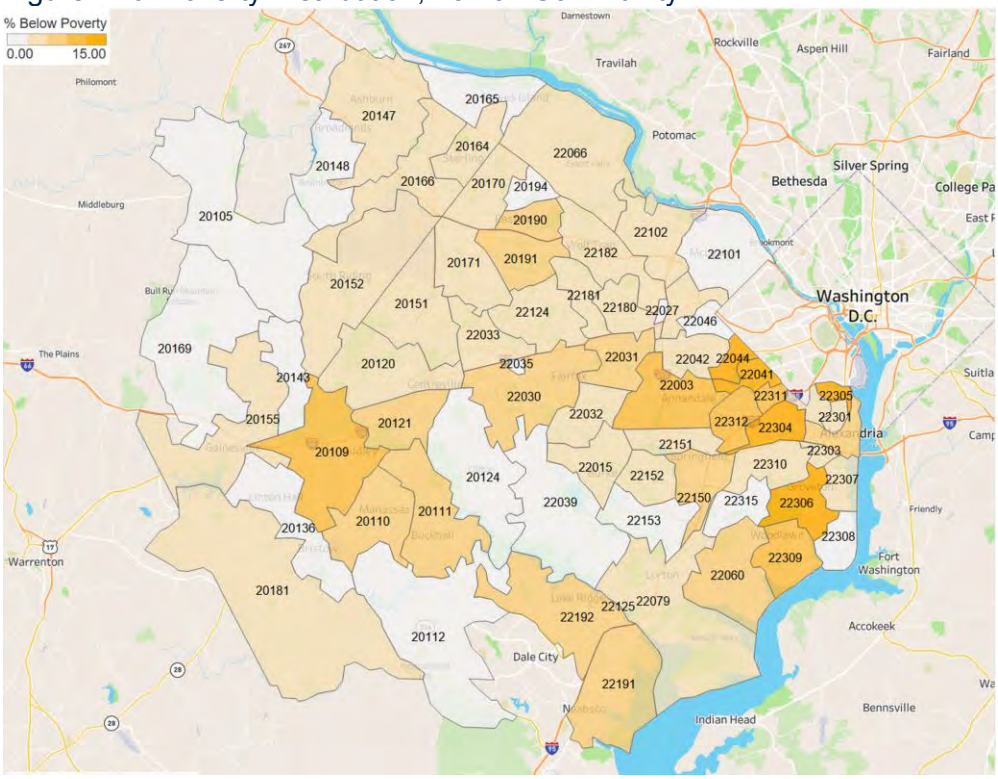
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B19. Poverty Distribution, by Location



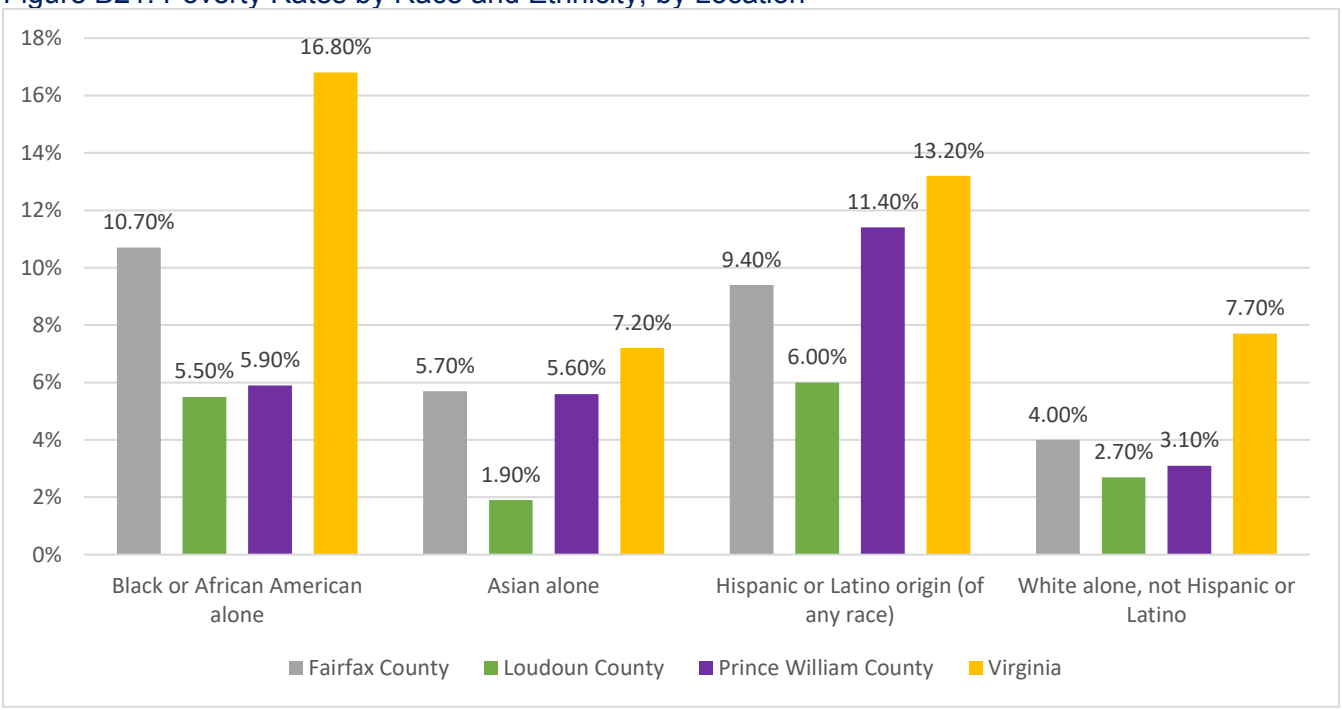
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B20. Poverty Distribution, Fairfax Community



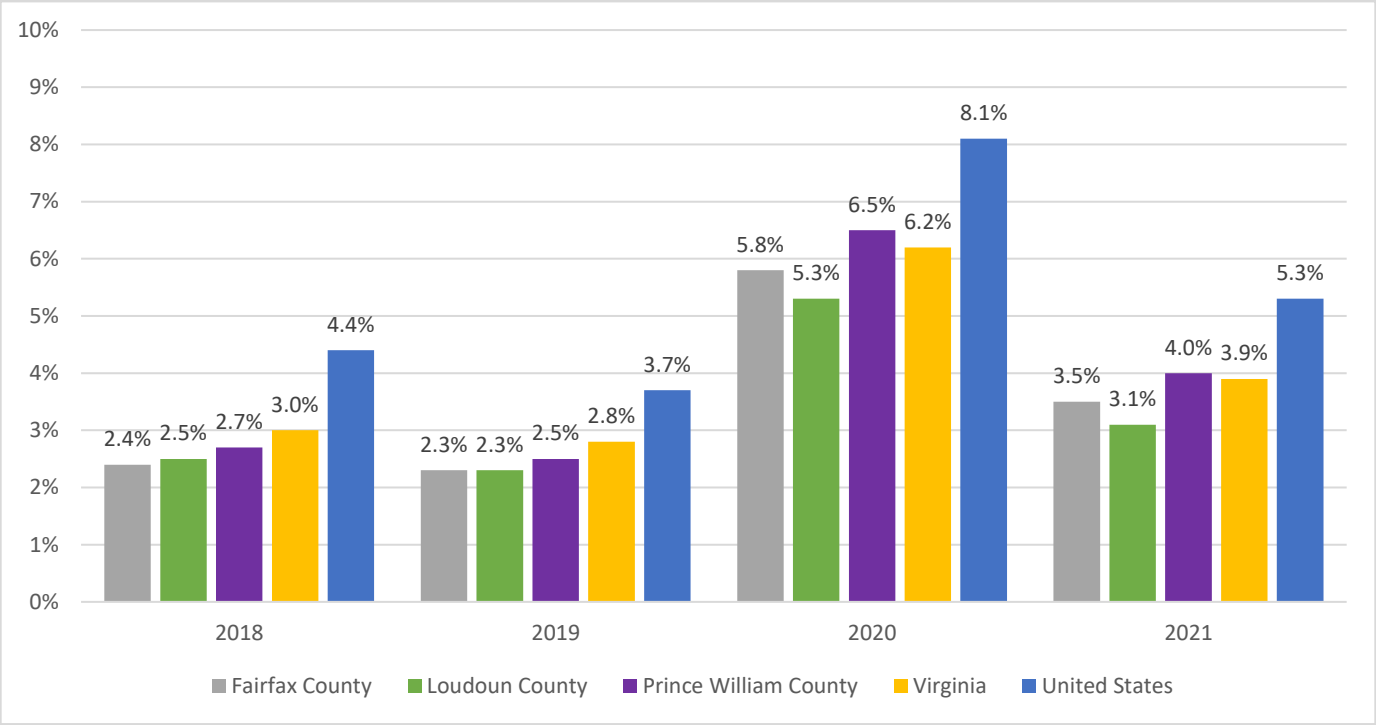
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B21. Poverty Rates by Race and Ethnicity, by Location



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

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



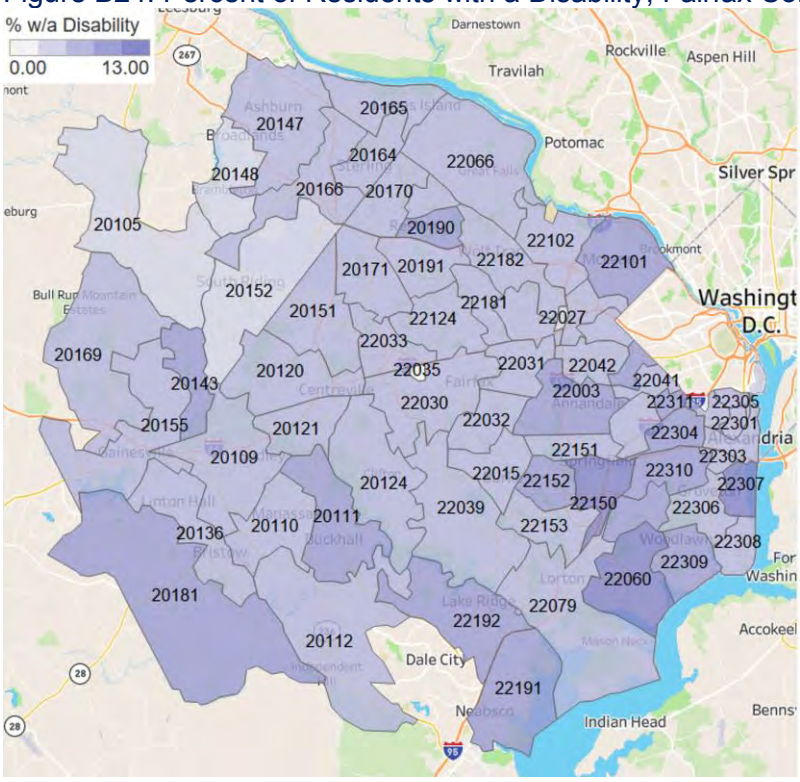
Source: U.S. Bureau of Labor Statistics

Figure B23. Other Socioeconomic Factors, by Location

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

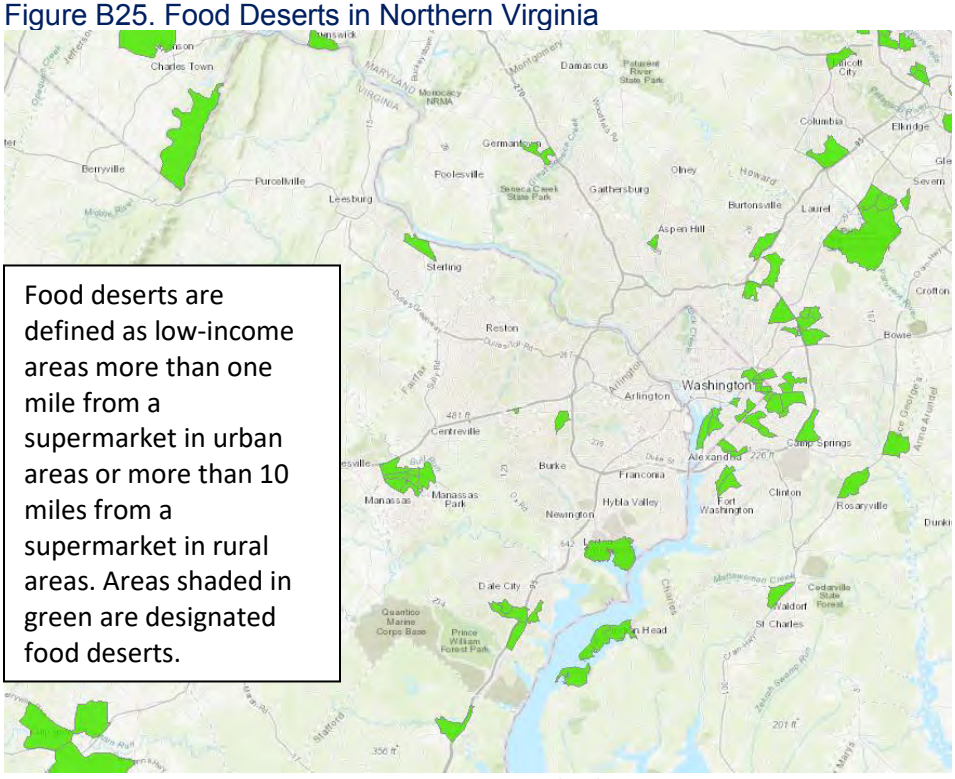
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Figure B24. Percent of Residents with a Disability, Fairfax Community



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

Figure B25. Food Deserts in Northern Virginia



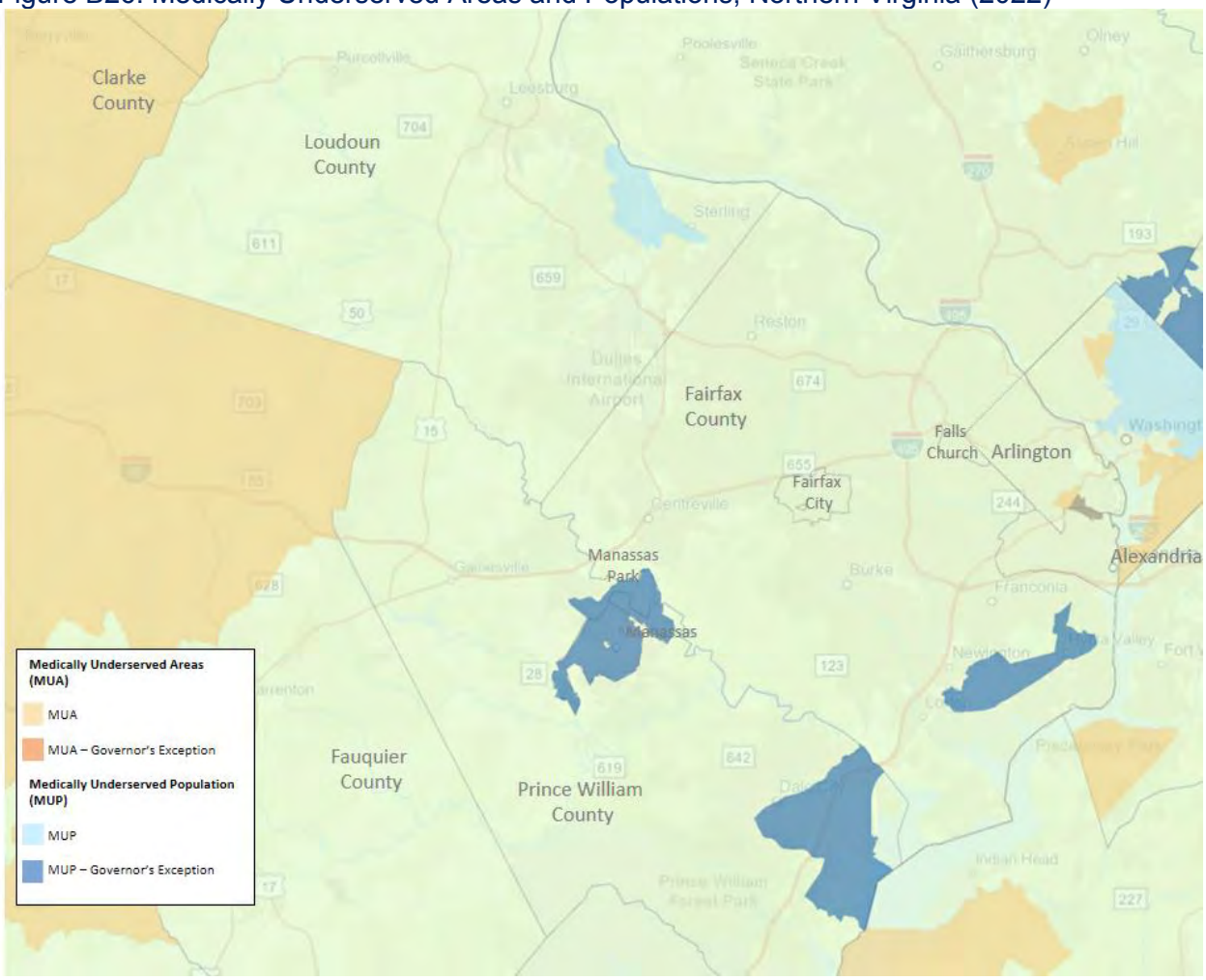
Food deserts are defined as low-income areas more than one mile from a supermarket in urban areas or more than 10 miles from a supermarket in rural areas. Areas shaded in green are designated food deserts.

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
Fairfax County Health Department	1850 Cameron Glen Dr Ste 117	Reston	20190
Greater Prince William Area Community Health Center, Inc.	17739 Main St Ste 130	Dumfries	22026
Greater Prince William Area Community Health Center, Inc.	9705 Liberia Ave Ste 201	Manassas	20110
Greater Prince William Area Community Health Center, Inc.	4379 Ridgewood Center Dr Ste 102	Woodbridge	22192
HealthWorks for Northern Virginia	11484 Washington Plz W	Reston	20190
HealthWorks for Northern Virginia	163 Fort Evans Rd NE	Leesburg	20176
HealthWorks for Northern Virginia	1141 Elden St Ste 300	Herndon	20170
Loudoun County Department of Mental Health, Substance Abuse and Developmental Services	21641 Ridgetop Cir Ste 105	Sterling	20166
Neighborhood Health	2100 Washington Blvd	Arlington	22204
Neighborhood Health	2120 Washington Blvd	Arlington	22204
Neighborhood Health	7501 Little River Tpke Ste G4	Annandale	22003
Neighborhood Health	6715 Little River Tpke Ste 201	Annandale	22003
Neighborhood Health (CSB Patients)	720 N Saint Asaph St	Alexandria	22314
Neighborhood Health	1225 Martha Custis Dr Ste C1	Alexandria	22302
Neighborhood Health	6677 Richmond Hwy	Alexandria	22306
Neighborhood Health	2616 Sherwood Hall Ln Ste 106	Alexandria	22306
Neighborhood Health	8350 Richmond Hwy Ste 301	Alexandria	22309
Neighborhood Health	1200 N Howard St	Alexandria	22304
Neighborhood Health (CSB Patients)	8119 Holland Rd	Alexandria	22306
Neighborhood Health	2 E Glebe Rd	Alexandria	22305
Neighborhood Health	4480 King St	Alexandria	22302
Neighborhood Health	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
Dominion Hospital	Psychiatric	Falls Church	22044
Fairfax Surgical Center	Ambulatory Surgical	Fairfax	22030
Haymarket Surgery Center	Ambulatory Surgical	Haymarket	20169
HealthSouth Rehab Hospital of Northern Virginia	Rehabilitation	Aldie	20105
HealthQare Services ASC, LLC	Ambulatory Surgical	Arlington	22201
Inova Alexandria Hospital	Acute	Alexandria	22304
Inova Ambulatory Surgery Center at Lorton	Ambulatory Surgical	Lorton	22079
Inova Fair Oaks Hospital	Acute	Fairfax	22033
Inova Fairfax Medical Campus	Acute	Falls Church	22042
Inova Loudoun Ambulatory Surgery Center	Ambulatory Surgical	Leesburg	20176
Inova Loudoun Hospital	Acute	Leesburg	20176
Inova Mount Vernon Hospital	Acute	Alexandria	22306
Inova Surgery Center at Franconia-Springfield	Ambulatory Surgical	Alexandria	22310
Kaiser Permanente Tysons Corner Surgery Center	Ambulatory Surgical	McLean	22102
Lake Ridge Ambulatory Surgical Center	Ambulatory Surgical	Woodbridge	22192
McLean Ambulatory Surgery, LLC	Ambulatory Surgical	McLean	22102
North Spring Behavioral Healthcare	Psychiatric	Leesburg	20176
Northern Virginia Eye Surgery Center, LLC	Ambulatory Surgical	Fairfax	22031
Northern Virginia Surgery Center	Ambulatory Surgical	Fairfax	22033
Novant Health UVA Health System Haymarket Medical Center	Acute	Haymarket	20169
Novant Health UVA Health System Prince William Medical Center	Acute	Manassas	20110
Pediatric Specialists of Virginia Ambulatory Surgery Center	Ambulatory Surgical	Fairfax	22031
Prince William Ambulatory Surgery Center	Ambulatory Surgical	Manassas	20110
Reston Hospital Center	Acute	Reston	20190
Reston Surgery Center	Ambulatory Surgical	Reston	20190
Sentara Northern Virginia Medical Center	Acute	Woodbridge	22191
Stone Springs Hospital Center	Acute	Dulles	20166
Virginia Hospital Center	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 Fairfax 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: Fairfax Health Equity Community Action Committee

Forces	Category	Threats Posed	Opportunities Created
Access to Health Insurance and Healthcare	Healthcare Access	• New political leadership could affect progress in access • Three levels of concern: gaps in services, gaps in knowledge about existing services and barriers to accessing existing services • Medicaid expansion does not automatically mean an expansion in capacity if providers don't take it • Need for healthcare and insurance pricing transparency and clarity • Need additional specialty care resources	• Expansion of Medicaid and inclusion of dental • More collaboration and communication between community partners leading to better transitions of care • Opportunity to streamline eligibility for a variety of programs to reduce barriers to access, help with navigation and deliver information in appropriate languages and literacy levels • Establishing connections with medical care can help address Social Determinants of Health and create linkages to make wellness less episodic
Systemic Racism and Systems of Oppression	Healthcare Access Health Literacy	• Affects access, trust, perception of eligibility, education, medical home and other health access • Creates racial/ethnic disparities in life expectancy	• Increased awareness of the need for cultural, racial and ethnic diversity • Increased awareness of the need for advocacy to address racism and efforts to diversify the healthcare workforce
Rise in Social Media as a Communication Method	Healthcare Access Health Literacy Mental Health	• The toxic culture of projecting perfection skews reality and leads to unhealthy self-image	• Unique tool for connecting people and creating safe spaces and virtual support communities • Apps like WhatsApp, while not

		• Extends the disparity experienced by those with limited or no technology access • Generally unmonitored/unchecked which can lead to misinformation, bullying and violence	HIPAA compliant, can serve as a mass communication tool and often does for international communities • Opportunities for peer trainers and support team members to communicate regarding social media literacy
Increasingly Remote World	Healthcare Access Mental Health	• Feeds isolation, loneliness and can lead to an increase in depression and anxiety across age groups • Increased virtual/social media/online bullying and aggression • Anxiety and isolation create a negative feedback loop and COVID fears can enhance this • Vulnerable groups have less ability to engage outside the home (children, older adults, those with disabilities, those with language barriers and those with barriers to technology access) • Fewer opportunities to set eyes on individuals and assess wellness and SDOH issues including food insecurity • While self-monitoring of medical conditions is important, Tele-med alone cannot address community needs and can create disparities	• Learning at home has been a great option for children with social anxiety • Less in-person bullying • Telehealth and telemedicine can expand access to healthcare
Environment – Play and Transportation Needs	Neighborhood, Community and Built Environment	• Need more access to safe places to play, walk and bike • Need to balance the growing demand for	• Beginning to see increased efforts regarding recreation and human-powered transportation

	Obesity, Nutrition and Physical Activity	these spaces with the growing demand from traditional infrastructure (commuting, parking, building, etc.)	• More use of green-spaces and parks due to pandemic distancing
Rise in Individualism	Neighborhood, Community and Built Environment	• Focus on ourselves and not acknowledging the humanity/needs of our neighbors • Unwillingness to sacrifice for the needs of others • Lack of community/sharing means more manufacturing and injury to the environment	• In reaction against this trend, an increased awareness of collaborative platforms

Figure C2: Partnership for Healthier Fairfax

Forces	Category	Threats Posed	Opportunities Created
Increase in Mental Health Needs and Resources/Social Isolation	Chronic Conditions Economic Stability Health Literacy Injury and Violence Maternal, Infant, Child and Youth Health Mental Health Neighborhood, Community and Environment Obesity, Nutrition and Physical Activity	• Disproportionately affected BIPOC community • Social Media o Has been an insidious force for some in our society/adverse impact on adolescent mental health o Brutal for young girls o Increase dissemination of misinformation across multiple platforms o Allows for multiple identities which has made it harder to become aware of those in crisis or those in need o Influence on society/algorithms • Workforce challenges reinforce mental	• Social Media o Increased access for community collaboration and support o Increase communication of information or social mobilization amongst communities o Increase digital literacy amongst all age groups o Allows for increase expression which may aid mental health • Increase in acuity and diagnosis • Increase in suicide prevention services and resources for kids and LGBTQ+ community (especially in

		health stress and anxiety • Limited/lack of providers for mental health regardless of public or private insurance • Limited capacity in the community to handle community members in crisis • Decreased access to mental health services and support • Reduction of people around you • 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 • Increased sedentary behavior which has increased morbidity and mortality • Transition periods (especially for kids) have become challenging and have impacted children and young adults • Increased drop-out rates	schools) • Increased development of online intervention strategies to build support networks/social media • Increased awareness of need for more support services for community members • Medicaid expansion increased access to services • Increase in mental health awareness and issues with LGBTQ+ youth/young adult population due to increased visibility • Social isolation increased enrollment for local colleges • Increased communication with individuals and families beyond their homes, communities and even countries • Increased behavioral health need • Increase in creativity around how to exercise, enjoy nature and parks
Increased and Sustained Workforce Challenges	Economic Stability Injury and Violence Mental Health Neighborhood, Community and Environment	• Healthcare workforce is strained • 1 in 5 healthcare workers have left their jobs in the last two years • Staffing shortages • Increased violence and threats to healthcare workers • Impacts ability for organizations to provide core support to the community	• Perception of unemployment • Increased visibility of essential workers/roles in workforce • Increased benefits offered at most organizations to attract people to the workforce • Less carbon footprint due to decrease of transportation

		• Student population is declining because of burnout • COVID sickness or family-member becoming sick is very impactful to home environment • Put a serious strain on other family members to cover needs • Extended family running daycare's now for community • Decreased financial stability • Not about bad versus good people	
COVID/ Disproportionate Impact to BIPOC Community	Chronic Conditions Economic Stability Healthcare Access Mental Health Neighborhood, Community and Environment Tobacco and Substance Abuse	• Substance abuse has increased/opioid deaths have increased • Other forms of addiction have increased due to stress/anxiety • BIPOC community was already disproportionately affected prior to COVID • Highest risk for getting sick or impacted by family members getting sick • Inability to isolate due to increased number of people living in the home • Workforce challenges • Face-to-face interactions to assist people have declined due to COVID restrictions	• Increased mobilization of community support through community partnership • Increased awareness of the vulnerability of these populations • Increased community voice and organizations seeking community voice and input • Increase in community and neighborhood ambassadors as trusted messengers
Increase of Homeless Population	Economic Stability Healthcare Access Injury and Violence	• Income/wealth disparities • Increased the number of family members/families in one house • Increased vulnerable population • Increased violence and proximity to danger	• Law enforcement response to homelessness has evolved during the pandemic for the better • Increased awareness for services and resources from community partners/shelters

	Neighborhood, Community and Environment	being in shelters • Increase in hypothermia cases due to individuals not wanting to congregate and get sick from COVID • Increased risk and incidence of homelessness • Impacted family stability and neighborhood livability • Outreach limited due to COVID restrictions • Encampments in community areas	• Encampments in community areas • Rental and housing assistance programs and services increased with COVID aid

Figure C3: Fairfax County Health Department

Forces	Category	Threats Posed	Opportunities Created
Increasing Mental Health Issues	Chronic Conditions Mental Health	• Pandemic-related issues – compounding of life issues o Isolation and loneliness, inability to connect, loss and grief – reduction in home services o Kids not able to be in school affects development and socialization o Fear, anxiety and stress related to health and economic issues o Chronic conditions and obesity affect mental health o Rise in domestic violence behind closed doors • Can be hard to struggle in an environment like NoVA that emphasizes and prioritizes	• There is a more compassionate view of mental health struggles which could lead to a more nurturing environment o Increased awareness of underlying factors and influences o Increased political awareness of the community needs • Increase in engagement in mindfulness exercises • Opportunity to create free (equitable, community directed) emotional/physical outlets (e.g.

		success – increase in stress due to "keeping up appearances" • 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	outdoor gyms) that could provide relief and connection
Pandemic Affecting Social Determinants of Health	Chronic Conditions Healthcare Access Obesity, Nutrition and Physical Health	• 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 • Those most impacted were also often the most susceptible to poor outcomes due to chronic diseases – elderly, marginalized ethnic/racial groups • Increase in obesity rates due to increase in sedentary lifestyle during social isolation • Do not yet know what the long-haul impact of the pandemic will be on these populations and their effect on generational poor health	• Global shift in awareness of the tremendous impact that SDOH has on health outcomes • Increased awareness of the needs facing the most vulnerable populations • Increased upstream preventative actions by community leaders and partners • Increased policy focused on SDOH
Diversity/Immigration	Healthcare Access Mental Health	• 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 • Generational gaps between older immigrant family members and younger native-born family members can create challenges like isolation	• We have the data we need to support our communities – need to understand the underlying stories to create sustainable solutions • Diversity of our region is part of strategic planning, knowing that one-size-fits-all interventions will not work • Increasingly recognize that

			communities must be involved in efforts that affect them • 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
Climate Crisis	Chronic Conditions Immunizations and Infectious Diseases Neighborhood, Community and Built Environment Obesity, Nutrition and Physical Activity	• 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 • Radical temperature changes have resulted in excessive rain/flooding and an increase in insect vectors and disease • 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 • Young people experiencing health conditions usually seen in older age • People are living in conditions that do not allow them to follow the medical care plans received from healthcare providers	• 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 • Increased awareness of healthy homes initiatives and programs that highlight support in the home to improve overall health and health outcomes

Figure C4: Prince William County Health Department

Forces	Category	Threats Posed	Opportunities Created
Increase in Mental Health	Health Access Maternal, Infant, Child and Youth Health Mental Health	• Increased in youth/young adult population • COVID pandemic has increased needs and decreased resources • Not enough community providers • Not enough providers from diverse backgrounds • Increase in immigrant/refugee population • Greater percent of mental health needs and services also roll into substance abuse	• Increase in awareness of needs in community • Opening up a childhood advocacy center to address needs in youth population • Increased community partnership and collaboration • Increase in training for law enforcement and public safety officers when responding to crisis • Separation of mental health and substance abuse
Substance Abuse	Health Access Maternal, Infant, Child and Youth Health Tobacco and Substance Use	• Increased dramatically in youth/young adult population • Limited providers and capacity in community • COVID pandemic has increased needs and services in community • Better data to allow for tailored interventions	• Increase in community-based medication assistance therapy programs to increase early access and reduce incarceration numbers • Increased training of law enforcement and EMS when responding to community members in crisis • Enhanced community collaboration and support to address increased needs • Peer/Lived-Experience trainers and educators have increased

Increase in Immigrant/Refugee Population	Economic Stability Health Access Health Literacy	• Workforce challenges (not enough providers/nurses to handle increased demand for care) • At risk/high-risk • Increased in PWC since COVID pandemic • Language barriers cause trouble navigating care systems and public service programs • Lack of affordable housing • Transportation • Makes up the largest percent of low wage-earning workers in community • Lack of financial stability • Non-trusting of medical systems/providers	• Enhances diversity in community • Trusted messengers became elevated leaders • Increased collaboration with community partners/agencies • Peer/Lived-experience trainers and educators became incredibly important • Critical to communication of vaccination efforts during COVID
Lack of Affordable Housing	Economic Stability Neighborhood, Community and Environment	• Access to affordable housing is a big issue in PWC • Poor housing aids in the decline or inability for community members to build social support systems/networks • Crowding in homes/houses increased during pandemic • Increase in living with non-related individuals in community setting • Linked to a need for increased wage • Linked to an increase in commuting/transportation to other counties to increase earning wage potential • Not enough schools to support increased housing needs • More than 30% of community members salary goes to paying rent	• Increase in the importance to maintain green spaces/healthy environments and communities • Increased housing will increase funding for more schools

Transportation	Economic Stability Neighborhood, Community and Environment Obesity, Nutrition and Physical Activity	• Elimination of grocery tax may impact support for local bus/transportation systems • Ability to walk/bike to work safely is limited in PWC • Linked to affordable housing (increase in commuting distance) • Increase in commuting due to low wage-earning potential - increases risk of injury/death • Average person travels more than 50 minutes to get to work	
Education/Virtual Schooling	Education Health Literacy Maternal, Infant, Child and Youth Health Mental Health Tobacco and Substance Use	• Social Media negatively impacted • Increase in bullying and violence • Negatively impacted by COVID • Schools not able to provide unique interventions anymore (ex – abuse, suicide, hunger, etc.) • Linked to increased substance abuse rates amongst children/youth (not in school setting) • Dropout rates have increased • Has become a health-related battle ground (masks in schools) • Increased proximity to inaccurate and misinformation	• Increased advocacy for more education programs (virtual and in-person) especially early childhood programs • Increased flexibility of learning options amongst student population • Promoted communication hubs and networks amongst affinity groups • Increased collaboration between community partners/agencies and school systems to provide unique programs and initiatives for students Social media positively impacted • Ability to communicate increased

Figure C5: Neighborhood Health, Federally Qualified Health Center

Forces	Category	Threats Posed	Opportunities Created
Medicaid Expansion	Healthcare Access	• Not overall positive – lacking coverage is still a barrier for the community • Cost-sharing is not equitable (sliding scale fees, etc.) • Specialty care access is even more of a barrier	• Dropping of 40-quarters of work history helped in Virginia for immigrants to receive benefits • Increase in dental benefit and service access • Better collaboration between safety-net clinics
Insufficient Mental Health Services/Resources	Healthcare Access Injury and Violence Mental Health	• Demand has increased • Providers decreased because of COVID regulations, etc. • Pandemic related social isolation • Lack of insurance coverage, especially private insurance payors • Needs for more mental health support services in schools • Law enforcement • Transportation	• Increase in providers for Medicaid plans • Imbedding mental health services broadly across unique organizations/entities
Insufficient Dental/Oral Health Services/Resources	Healthcare Access Oral Health	• Demand has increased • Providers decreased because of COVID regulations, etc. • No increase in dental providers with the expansion of Medicaid • Additional coverage costs/supplemental programs are too expensive • Capacity in community needs to increase • Transportation	• Medicaid expansion of dental services helps more people • Also created an opportunity for more providers to help population

Immigration/ Immigrant Population	Economic Stability Healthcare Access	• Population most-at risk • Mistrust/perception in community keeps population from access care and services • Structural impacts affect resources • Immigration status • Workforce	• Increases diversity of community • Workforce • Better targeted messaging and outreach during COVID pandemic • Trusted community members aided health communication and messaging from organizations
Income/Wealth Disparities	Economic Stability Healthcare Access Mental Health Neighborhood, Community and Environment Oral Health	• Affects transportation • Quality of life • Life expectancy • Access to care/services/resources • Greatly affects those that do not qualify for benefits • Essential workers/sick leave	• Became the greatest driver or marker during COVID to determine need and creating more access • Created better pathways for vaccination efforts for high-risk groups
Access to Specialty Care	Chronic Conditions Healthcare Access Mental Health Oral Health	• Declined and became a huge barrier during COVID pandemic • Send a lot of patients to UVA/VCU (has decreased over the years) • Having to go through a different FAP (barrier) • Transportation	• Medicaid expansion increased services pathways • Increased collaboration between FQHCs and healthcare institutions • Send less patients to UVA/VCU • Expansion of services/resources for uninsured population

Figure C6: Fairfax County Health Care Advisory Board

Forces	Category	Threats Posed	Opportunities Created
Public Health Resources and Planning During COVID-19	Healthcare Access	• Focus on COVID-19 has de-emphasized other important chronic diseases and conditions	• Focused attention and concern on public health resources which historically are taken for granted

		• Short attention span: Concern that instead of focusing on root causes and prevention, we'll continue to jump from crisis to crisis	and under-funded when not in crisis • 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 • Increase in partner collaboration, awareness, knowledge and approach to addressing population needs
Exposure of Gaps/Disparities	Chronic Conditions Healthcare Access	• 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 • Health communication and messaging developed by those in charge may be based on assumptions and not reach those in need (language, culture, technology access, geographic location) • 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)	• Opportunities to improve communication strategies in order to meet under-resourced communities where they are • Impact may have been significant enough to change the way people think about public health • More focus on health issues outside of "who is your healthcare provider" and "how often do you go to the doctor" • 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
Lack of Faith in Government Entities	Education Health Literacy	• COVID-19 intensified and made more obvious the extent of distrust of our communities	• Efforts to address vaccine hesitancy has increased knowledge and awareness of agencies of the need

		• Historical distrust and hesitance affected vaccine uptake • Significant misinformation and mixed messages spread that further hurt the credibility of experts – social media "respected voices" communicated messages that further amplified misinformation • Exposed lack of medical understanding and health literacy in our communities	• 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 • Potential to enhance education in schools regarding understanding statistics and science
Environmental Health Concerns	Neighborhood, Community and Environment	• Clear that the environment is linked to health and health outcomes • Need better communication to our communities about its importance	• Increase political awareness of environmental concerns • Many opportunities for environmental health to be included in community health • Social media has really expanded this conversation during the pandemic and created platforms for leaders in environmental health

Figure C7: Representative from the Fairfax County Board of Supervisors

Forces	Category	Threats Posed	Opportunities Created
Healthcare Professions/ Workforce Challenges	Healthcare Access	• Workforce is aging and now people are dropping out of healthcare professions – risk to the care of the critically ill • Shortage of healthcare instructors	• Opportunity to intervene and motivate middle and high schoolers – younger is better – and engage and expand healthcare academies • Efforts to engage with HBCU's from other regions and recruit from student body

Chronic Conditions Persist	Chronic Conditions Health Literacy	• Chronic diseases like stroke and diabetes continue to be significant health concerns and even growing • Community members continue to lack the knowledge to properly identify symptoms	• Efforts in place to address chronic conditions, like stroke since the 90s • Must recognize that change takes time and temper expectations of programming with realism around making change
Divisiveness	Chronic Conditions Health Literacy Mental Health	• 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 • False and negative information is easily accessed and shared • Social media and cable channels contribute to echo chambers that can lead to anxiety, aggression and can exacerbate chronic conditions	• Opportunity to create education and spaces that allow people to manage their feelings, life issues and trauma that contribute to divisive behavior through conversation • People are anxious to get out and connect – healthcare can be in these spaces as a wellness resource to support the building of communities
Diverse Communities with Unique Perspectives on Health and Healthcare	Chronic Conditions Healthcare Access Mental Health	• Immigrant communities often include older adults that are less likely to speak English and more likely to be isolated and living with chronic conditions • Some religions and cultures take a "God will provide" mindset towards health and therefore do not seek out healthcare o Some also preclude women from engaging outside the family which can lead to a disparity in healthcare access • Many immigrants observe cultural practices and eating habits that can contribute to chronic conditions, or do not have the	• Many immigrant communities have come up with similar strategies for success – opportunity to share similarities and build relationships • Opportunities to engage with non-mainstream religious communities to explore barriers and provide prevention and care access • Some communities have established their own resources and support structures that include traditional medicine – opportunity to build trust with this infrastructure and provide

		economic resources to eat more healthy food • 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	additional healthcare resources in this context • 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

Figure C8. Faith Based Leaders, All Regions

Forces	Category	Threats Posed	Opportunities Created
Increase in Mental Health Impact on Community	Chronic Conditions Healthcare Access Health Literacy Mental Health Neighborhood, Community and Environment	• Need more providers trained in intersectionality to help address multiple identities in the space of behavioral/mental health • Need more providers for long-term intervention • Faith leaders can only provide short-term interventions for faith-based counseling • 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 • Public providers are overwhelmed • Stigma is still a huge problem regarding mental health in religious/faith communities	• Church counseling ministries have increased to address awareness for behavioral health and mental health support • Awareness for services and programs has increased • Would like to expand services and make them more well-known to all of community – reducing stigma

		• Many people do not know they are depressed • Depends on word of mouth for referrals for counseling	
Increase in Immigrant/Refugee Population	Economic Stability Healthcare Access Health Literacy Mental Health Neighborhood, Community and Environment	• Individuals have trauma and it is not being addressed sufficiently • Affordable housing not accessible • Commonly told that if those who were seeking citizenship were to apply for social services their applications would be denied	• Many communities worked to dispel this stigma and misinformation to increase access • Dual trained community members were trained to do pastoral support and programs/services to help address disparities • Need to better address trauma when these community members arrive
Increase in Food Insecurity/Food Pantries	Economic Stability Maternal, Infant, Child and Youth Health Neighborhood, Community and Environment	• Certain ethnic and cultural groups were totally loss to systems (i.e. Haitian, Africans, etc.) • Not everyone was included as a vulnerable group • Community had to come to them instead of services coming to them • Transportation greatly affected community and food accessibility – especially in counties with limited public transportation • School unable to provide dual services that helped address this need • Reduced barriers for community members to access more food for their households and other households were limited due to	• Increase in community partnership and collaboration to address enhanced need • Churches mobilized community-based food pantries to deliver service to community • 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

		transportation • Food pantries were not paying attention and were distributing expired foods a lot • Lack of community trust impacted access to food networks, pantries and resources	• Using volunteers of diverse backgrounds enhanced trust and increased community participation in using services • Test community members • Lots of overlapping services which may have been barriers to communication • Integrating food distribution between community partners to streamline access • Championed peer-to peer/neighbor-to-neighbor support groups that facilitated transportation and distribution to communities limited by transportation • Reduced the emphasis on targeting ethnic and racial groups and open to all
Barrier to Distributing COVID Assistance	Economic Stability Healthcare Access Health Literacy Immunizations and Infectious Disease Mental Health	• Assistance programs were limited in scope and outreach • Undocumented citizens were impacted heavily as they were not allowed to receive many services and resources reserved for “citizens” • Need for increased funding highlighted disparate needs with regard to poverty in Northern VA	• Accumulated lots of money to address needs • Federal funding was available to undocumented citizens for COVID positive clients • Depended on word of mouth communication • Increased effectiveness of trusted messengers

	Neighborhood, Community and Environment	• Slow communication really impacts access to health for many • Low technology literacy impacted communication of important messaging • Lack of racial/ethnic/cultural mental health specialist/resources in Northern VA • Barriers to accessing programs for all citizens • Families turned away due to lack of documentation • Those not seen as real community members/citizens increases stigma and mistrust	• Barriers to accessing public and government programs or applications was made easier in some instances • Lots of programs reduced barriers to accessing services • Community led communication was very successful

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 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:

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

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

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

https://www.surveymonkey.com/r/NoVAHealthAssessment-English

Figure D2. Characteristics of Survey Responses from the Fairfax Community

		Number of Respondents	Percent of Respondents
Total Responses		3933	100%
Ethnicity			
	Hispanic/Latino	906	23%
	Not Hispanic/Latino	2918	74%
	No response	109	3%
Race			
	American Indian or Alaska Native	108	3%
	Asian	1003	26%
	Black or African American	400	10%
	Native Hawaiian or Other Pacific Islander	30	1%
	White or Caucasian	2025	51%
	No response	508	13%
Language			
	Amharic	5	<1%
	Arabic	6	<1%
	Chinese	260	7%
	English	2747	70%
	Farsi	4	0%
	Spanish	639	16%
	Vietnamese	156	4%
	Urdu	7	<1%
	Korean	109	3%
Lives with child (<18 years)			
	Yes	1840	47%
	No	1987	51%
	No response	106	3%
Sex			
	Female	2688	68%
	Male	1113	28%
	No response	132	3%
Annual Household Income			
	Less than $10,000	363	9%
	$10,000 to $49,000	808	21%
	$50,000 to $99,999	831	21%
	$100,000 to $149,000	676	17%
	Greater than $150,000	1008	26%
	No response	247	6%

Age Category			
	Less than 18 years	107	3%
	18-24 years	219	6%
	25-29 years	271	7%
	30-39 years	724	18%
	40-49 years	841	21%
	50-64 years	996	25%
	65-79 years	607	15%
	80+ years	120	3%
	No response	48	1%
Education			
	Less than High School Diploma	347	9%
	High School Diploma or GED	495	13%
	Some College	398	10%
	Associates or Technical Degree	223	6%
	Bachelor's Degree	1070	27%
	Graduate Degree or Higher	1300	33%
	No response	100	3%
Regular Source of Healthcare			
	Hospital or Emergency Room	268	7%
	Private Doctor's Office or HMO	2708	69%
	Urgent Care	236	6%
	Free or Reduced Fee Clinic	327	8%
	I don't get healthcare	253	6%
	No response	141	4%

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	Mental health problems (depression, anxiety, stress, suicide)	385
2	Dental problems	354
3	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	287
4	Aging-related health concerns	241
5	Alcohol, drug and/or opiate abuse	234

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	108
2	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	59
3	Mental health problems (depression, anxiety, stress, suicide)	58
4	Alcohol, drug and/or opiate abuse	43
5	Aging-related health concerns	38

Figure D5. Younger Respondents (<25 years of age)

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	152
2	Alcohol, drug and/or opiate abuse	102
3	Tobacco use (cigarettes, vaping, e-cigarettes, snuff, chewing tobacco)	81
4	Violence and abuse	79
5	Obesity	63

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)	833
2	Aging-related health concerns	553
3	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	487
4	Alcohol, drug and/or opiate abuse	374
	Differences in life expectancy and health outcomes based on race, ethnicity and economic well-being	374

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

Rank	Response	Number of People Who Selected Response
1	Dental problems	264
2	Alcohol, drug and/or opiate abuse	173
3	Violence and abuse	152
4	Mental health problems (depression, anxiety, stress, suicide)	144
5	Obesity	136

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	206
2	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	178
3	Mental health problems (depression, anxiety, stress, suicide)	166
4	Dental problems	126
5	Food Safety	92

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)	945
2	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	554
3	Dental problems	533
4	Alcohol, drug and/or opiate abuse	518
5	Aging-related health concerns	470

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

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	348
2	Dental problems	307
3	Alcohol, drug and/or opiate abuse	243
4	Violence and abuse	205
5	Obesity	192

Figure D11. Female Respondents

Rank	Response	Number of People Who Selected Response
1	Mental health problems (depression, anxiety, stress, suicide)	1555
2	Differences in life expectancy and health outcomes based on race, ethnicity and economic well-being	698
3	Alcohol, drug and/or opiate abuse	656
4	Other chronic health conditions (asthma, cancers, diabetes, heart disease, stroke)	654
5	Aging-related health concerns	523

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 Fairfax 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			
Disease	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
Maternal, Infant and Child Health	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
Mental Health	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
Neighborhood, Community	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			
and Environment	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
Obesity, Nutrition and Physical Activity	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
Oral Health	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
Sexual and Reproductive Health	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
Tobacco and Substance Use	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 Fairfax Community

Figure F1. Inova Fairfax Community Assessment Scoring Matrix

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

Using this framework, the top health issues identified for the Fairfax Community are: **chronic conditions; economic stability; healthcare access; mental health; neighborhood, community and environment; and obesity, nutrition and physical activity.**

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 Fairfax 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 Plan 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 Fairfax 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, mental health stakeholders, Neighborhood Health FQHC, Area Health Education Center and county teams including the Community Services Board, Neighborhood and Community Services, Public Schools and the Health Department.

Inova in the Community (Improving Healthcare Access)

The Action Committee conversations in Fairfax 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 Fairfax, this included participating in events such as County-led Health Resource Fairs in Annandale and the Lee District, LatinX AIDS Awareness Day and HIV testing at Northern Virginia Community College (NVCC), World AIDS Day Awareness testing at NVCC, Community Health Fair at Groveton Baptist Church and the launch of Dream Big at West Potomac Academy of Fairfax County Public Schools.

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 included The Women's Center Funds which 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 which funded the 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 The Women's Center who expanded access to effective, equitable and affordable mental health services for more than 60 low-income Fairfax County residents; and NOVA Scripts Central who provides affordable pharmacy

services to low-income, uninsured residents across Northern Virginia and will improve access to culturally competent and linguistically appropriate health information.

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 Fairfax region include Family Counseling Center of Greater Washington; The Women's Center; our Minds Matter; National Alliance on Mental Illness; SevaTruck Foundation; The Heart Leaf Center; Boat People SOS, Inc. and Food for Others, Inc. 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.