

2019

# CITY OF ALEXANDRIA'S COMMUNITY HEALTH ASSESSMENT

PREPARED BY

**ALEXANDRIA HEALTH  
DEPARTMENT**



[alexandriava.gov/Health](http://alexandriava.gov/Health)



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All photos in this report were submitted by community members as part of the PhotoVoice initiative. All "Alexandria Voices" stories are real quotes or stories collected by Community Health Assessment Steering Committee members. All photos, stories, and quotes are published with permission.

# APPENDICES

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All appendices referenced in this report are described below and available online at [alexandriava.gov/Health](http://alexandriava.gov/Health).

## Appendix A: Community Engagement

Summary of community outreach and engagement efforts

## Appendix B: Population Profile, City of Alexandria

Detailed maps and charts exploring resident demographics and characteristics

## Appendix C: Forces of Change Assessment Discussion and Responses

Complete CHA Steering Committee responses for the Forces of Change discussion

## Appendix D: Community Themes and Strengths Assessment

Communitywide survey results broken down by demographics and ZIP code

## 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

Updated slide deck from CHA Steering Committee presentation



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# ACKNOWLEDGEMENTS

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## Community Members and Partners

**CHA Steering Committee** (full list of  
members available in Appendix A)

**Partnership for a Healthier Alexandria  
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**All partner organizations** that hosted a  
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promoted community health meetings.



# REPORT SUMMARY

## How Healthy Are We?

How do we measure health in a community? Is it the number of doctors? Is it how many residents smoke cigarettes? Or is health measured by the difference in diabetes hospitalizations between different racial/ethnic groups? Is it the percentage of residents living in poverty or the high cost of housing?

We measure health by looking at all of these factors and more. Health and well-being are impacted by a combination of living conditions, social factors, and behaviors, and we have to understand each component to build the healthiest community possible for all Alexandrians.

## Our Process

From spring 2018 to summer 2019, the Alexandria Health Department facilitated a Community Health Assessment (CHA) to develop a complete picture of health. We collaborated with Inova Health System and other Northern Virginia health departments to map out a regional CHA framework and then used a community-centered and data-driven approach to uncover Alexandria's top health issues.

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## What We Learned About Health in Alexandria

While Alexandria is relatively healthy overall, residents have substantial differences in health outcomes depending on race, gender, age, income, ZIP code, and education. These serious differences are incompatible with Alexandria's values, which support inclusivity and diversity.

### The top 10 health issues identified in the City of Alexandria, listed alphabetically, are:



**Chronic Conditions**



**Neighborhood and Built Environment**



**Economic Stability**



**Obesity, Nutrition, and Physical Activity**



**Healthcare Access**



**Oral Health**



**Injury and Violence**



**Sexual and Reproductive Health**



**Mental Health**



**Tobacco and Substance Use**

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## Next Steps

Using information from the CHA, the Alexandria Health Department, Partnership for a Healthier Alexandria, and community partners (including you!) will develop a multiyear Community Health Improvement Plan (CHIP). The CHIP will feature measurable, actionable strategies to address Alexandria's most pressing community health concerns. All residents are encouraged to participate in deciding the CHIP priority areas and crafting solutions.

Stay up to date on CHIP efforts and opportunities at [alexandriava.gov/Health](http://alexandriava.gov/Health).

# ALEXANDRIA BY THE NUMBERS

The City of Alexandria is a vibrant community of about 154,710 people with a rich history and bright future. The City's waterfront location, historic neighborhoods, and proximity to Washington, D.C. make it an ideal destination to live, work, learn, and play.

Overall, Alexandria is well-educated, healthy, and relatively high-income.

About 62% of residents hold either a Bachelor's, graduate, or professional degree. The community is also incredibly diverse, with just about half of all residents identifying as white, non-Hispanic. Alexandria's median household income is \$93,400. However, that median income is in stark contrast to the reality that about one in ten residents live in poverty, including almost one in five children.\*

Figure 1 provides a summary of Alexandria's population—see Appendix B for a comprehensive overview. Figure 2 highlights varied life expectancy in the City.

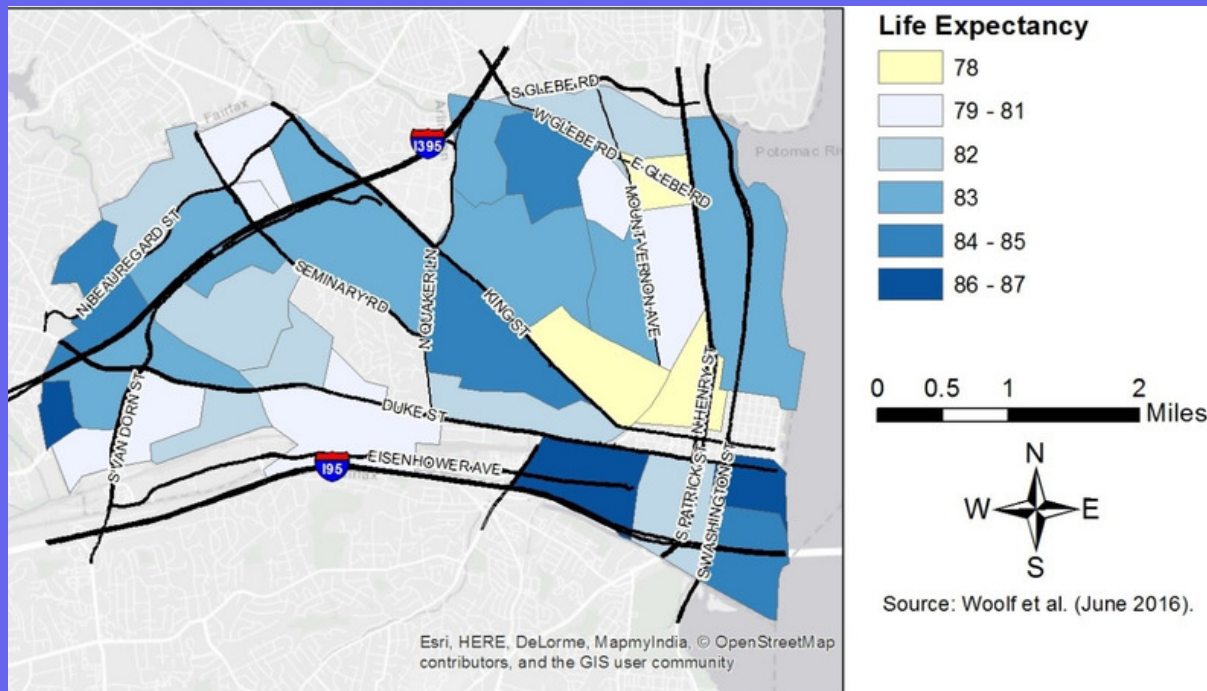
Figure 1. City of Alexandria Population Estimates and Demographic Overview

	2017 Population Estimate	Proportion of Population
Total population	154,710	100%
Age		
0-19	29,705	19%
20-34	42,693	29%
35-44	28,520	18%
45-54	20,937	14%
55-64	16,616	11%
65+	16,239	10%
Sex		
Male	74,501	48%
Female	80,209	52%
Race/Ethnicity		
Black or African American, non-Hispanic	33,557	22%
White, non-Hispanic	80,143	52%
Other race, non-Hispanic	5,656	4%
Asian or Pacific Islander, non-Hispanic	9,451	6%
Hispanic	25,900	17%
Source: ACS 2013-2017 5-year		

\*U.S. Census Bureau. 2018 Poverty Thresholds. <https://www2.census.gov/programs-surveys/cps/tables/time-series/historical-poverty-thresholds/thresh18.xls>. Accessed June 6, 2019.



Figure 2. City of Alexandria Life Expectancy



Average life expectancy at birth can vary by as much as eight years from one neighborhood to another (Figure 2). Where people live impacts their educational opportunities, economic stability, and ultimately, their health and quality of life.

## ALEXANDRIA VALUES

Alexandria has substantial differences in life expectancy, health outcomes, and opportunities, depending on who you are and where you live. *However, Alexandrians are resilient.*

CHA survey respondents selected **diversity (social, cultural, faith, economic), opportunities to be involved, and safe place to live** as Alexandria's top strengths. Also, CHA PhotoVoice participants sent in far more positive images than images of items that needed to be improved, including lush green parks, inclusive community gatherings, active kids and youth, and eco-friendly transit. These are community characteristics that residents see on a regular basis and value.

# COMMUNITY HEALTH OVERVIEW: WHY WE MEASURE

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

A CHA explores:

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

We can't fix what we don't understand. CHA findings are the basis for an actionable plan to address top health needs and create a more equitable, flourishing community.



# COMMUNITY HEALTH OVERVIEW: HOW WE MEASURE

This CHA features a new approach to assess the most significant health concerns in Alexandria through a collaboration of health departments, hospitals, a steering committee, and community members who live, work, learn, and play in Alexandria. Alexandria Health Department (AHD) used the following framework to guide the CHA.

## Regional Approach

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

## Equity Focus

AHD and its partners focused on health equity and disparities throughout the CHA because thriving communities promote well-being for all residents. When compared to Virginia and the nation, Alexandria's health outcomes consistently rank high. However, the CHA looks beyond those numbers to review health differences by race, ethnicity, income, education, gender, and ZIP code. This process encourages those most impacted by disparities to get involved and be part of the decision-making process.

### Health Equity:

When everyone has the opportunity to attain their highest level of health and well-being.\*

### Health Disparities:

Differences in health status between groups of people.\*

\*Adapted from American Public Health Association (APHA), [www.apha.org/topics-and-issues/health-equity](http://www.apha.org/topics-and-issues/health-equity).

# LIFTING COMMUNITY VOICES

Throughout this process, AHD worked with community partners to develop public meetings, pop-up events, and targeted outreach plans to engage residents who are not always represented. Below are the core strategies AHD used to capture a wide variety of community perspectives and priorities.

## CHA Steering Committee

The Steering Committee—comprised of community members—guided Alexandria's CHA focus, process, and decision-making. (See Appendix A for a full list of Steering Committee members.) Through monthly meetings, the Steering Committee advised AHD staff on outreach strategies, public meeting structure, and how to prioritize data using equity as a primary lens. The Steering Committee also collected the "Alexandria Voices" quotes throughout this report to share community member stories about key health issues.

## Public Meetings

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

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

“

### Alexandria Voices

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

– Anonymous

”





## PhotoVoice

PhotoVoice is a method to crowdsource information using pictures. In 2018, AHD introduced the concept during the July 26, public meeting and asked attendees to submit photos that capture either what people are proud of in Alexandria or what could be improved. Participants were invited to submit up to five photos with captions through email or text message. PhotoVoice participants submitted more than 70 pictures and captions. A subset of this group met on August 9, to discuss the images and sort them into categories. The resulting categories are: equitable access to green space, accessibility in our food system, community cohesion, children and youth, environment, and mobility. A full gallery of the images are on Instagram @AlexHealthMatters.

## Public Health Pop-Ups

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

In addition to the pop-ups, AHD staff also worked with a number of local organizations to administer and collect surveys on their premises on an ongoing basis, such as the Department of Community and Human Services, the Alexandria Redevelopment and Housing Authority, Tenants and Workers United, and Casa Chirilagua. Finally, all AHD locations—4480 King Street clinics and WIC, Teen Wellness Center at T.C. Williams High School, and the Flora Krause Casey Center—administered the survey to clients. A map of pop-ups and partner organization survey collection is available in Appendix A. During the CTSA, Inova Health System shared the survey through their social media channels and other networks to collect responses.

# METHODS AND RESULTS

AHD and Inova Health System gathered and analyzed qualitative and quantitative information about health in Alexandria through the following three tools: the Forces of Change Assessment, Community Themes and Strengths Assessment, and Community Health Status Assessment. These assessments are adapted from the Mobilizing for Action through Planning and Partnerships (MAPP) framework developed by the National Association of County and City Health Officials (NACCHO).

## Forces of Change

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

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

Figure 3 summarizes the frequently cited themes from the discussion. A full compilation of responses is in Appendix C.

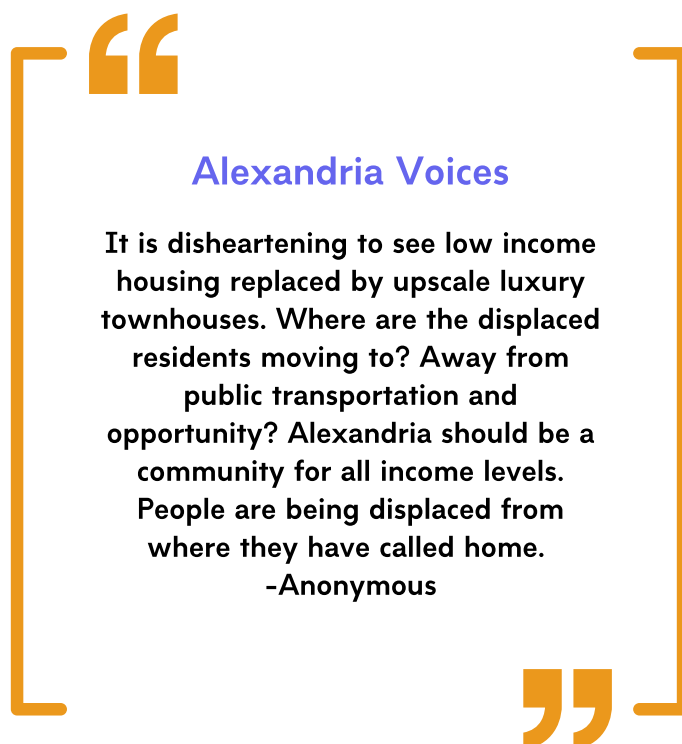
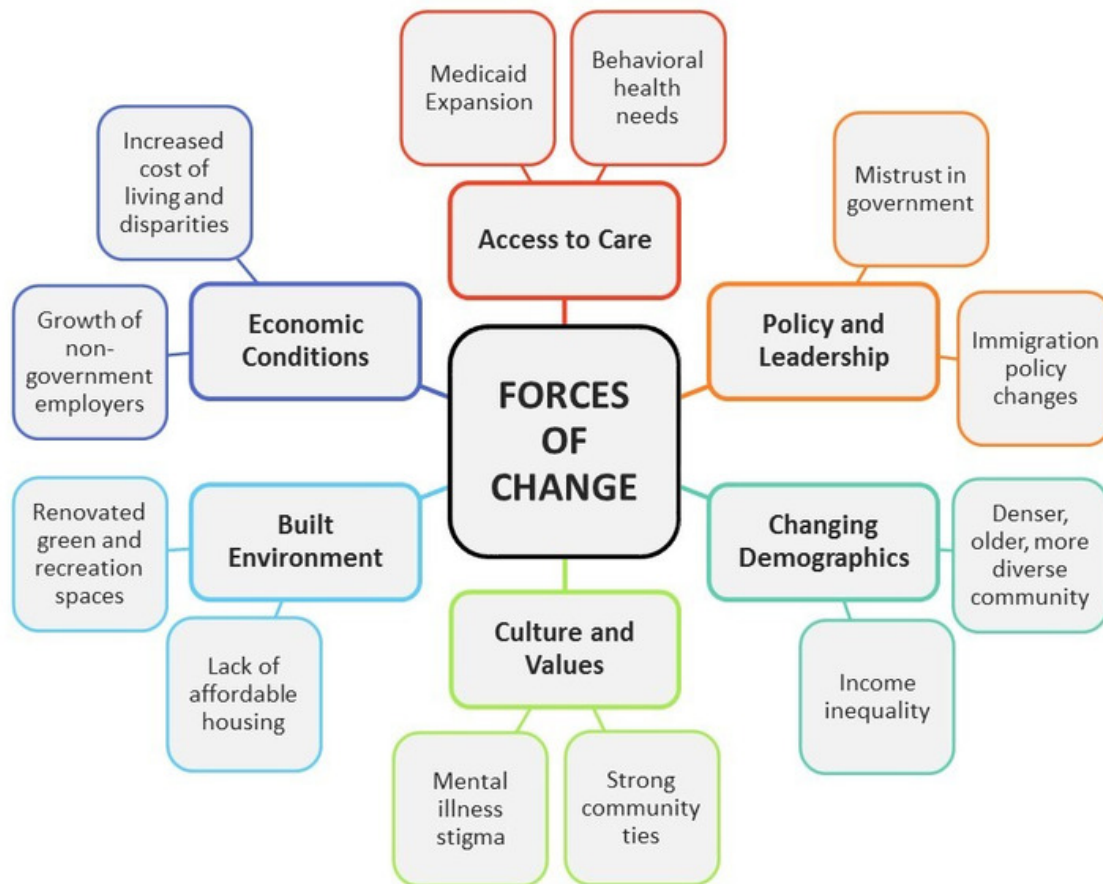


Figure 3. Events, Trends, and Factors that Affect Health



Source: Prepared by Alexandria Health Department

# Community Themes and Strengths Assessment

This assessment collected information through a three-question survey available to Alexandria community members:

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

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

Figures 4, 5, and 6 show the top five answers for each question among survey respondents in Alexandria. For full results and demographic information, see Appendix D.

“

## Alexandria Voices

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

”

**Figure 4. Top Five Alexandria Responses to “What are the greatest strengths of our community?”**

Rank	Response	Number of Respondents
1	Diversity of the community (social, cultural, faith, economic)	689
2	Opportunities to be involved in the community	433
3	Safe place to live	419
4	Educational opportunities (schools, libraries, universities)	393
5	Access to healthy food (fresh fruits and vegetables)	379

Source: Prepared by Alexandria Health Department



## Community Themes and Strengths Assessment

Figure 5. Top Five Alexandria Responses to “What are the most important health issues for our community?”

Rank	Response	Number of Respondents
1	Mental health problems (depression, anxiety, stress, suicide)	629
2	Alcohol, drug, and/or opiate abuse	472
3	Differences in health outcomes for different groups of people	439
4	Violence and abuse	361
5	Obesity	344

Source: Prepared by Alexandria Health Department

Figure 6. Top Five Alexandria Responses to “What would most improve the quality of life for our community?”

Rank	Response	Number of Respondents
1	Housing that is affordable	870
2	Access to health care	465
3	Educational opportunities (schools, libraries, universities)	341
4	Welcoming of diversity (social, cultural, faith, economic)	333
5	Access to healthy food (fresh fruits and vegetables)	314

Source: Prepared by Alexandria Health Department

# Community Health Status Assessment

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

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

Indicators reflect the most recent City of Alexandria data as of November 2018. County or City-level data for all health-related issues, as well as breakdowns by population characteristics, were not consistently available, which means the amount of information within each health topic may be limited and varied. Figure 7 shows a summary of indicator categories and how they were assessed locally relative to disparities, benchmarks, and progress. For a comprehensive overview of data, see Appendix E.

“

## Alexandria Voices

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

**– Heather H.**

”



Figure 7. Community Health Status Assessment: City of Alexandria Summary of Disparities, Progress, and Benchmarks by Indicator Category

Indicator Category	Disparities	Progress	Benchmarks
Chronic Conditions	✗	✓	✓
Economic Stability	✗	✗	✗
Educational Opportunities	□	✓	□
Health Related Quality of Life and Well-Being	□	✗	□
Healthcare Access	✗	□	✗
Immunizations and Infectious Disease	—	□	✗
Injury and Violence	✗	✗	✓
Maternal, Infant, and Child Health	□	✓	✗
Mental Health	✗	✗	✓
Neighborhood and Built Environment	□	□	✗
Obesity, Nutrition, and Physical Activity	□	✗	□
Oral Health	⊗	□	✗
Sexual and Reproductive Health	✗	□	✗
Tobacco and Substance Use	✗	□	✓

**Legend:**

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

Source: Prepared by Alexandria Health Department





## TOP HEALTH ISSUES

Each assessment resulted in several identified themes. After all assessments were complete, AHD staff and the CHA Steering Committee identified the overlapping themes to create a list of top ten health issues in Alexandria. Following are descriptions and relevant statistics for each of the significant health issues.

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

“

### Alexandria Voices

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

”



## Chronic Conditions

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

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

### Why Chronic Conditions Matter in Alexandria:

- Hypertension hospitalization rates among Black or African American residents are 12 times the rate of whites. Hospitalization rates due to long-term complications from diabetes among Hispanic residents are four times the rate of whites.
- Black or African American and white residents have similar rates of cancer diagnosis, but Black or African Americans are more likely to die from cancer compared with whites.
- Residents in Alexandria's West End, specifically in ZIP code 22304, have the highest rate of adult asthma hospitalizations (10.0 per 10,000 population) while residents in Central Alexandria have the lowest rate (2.9 per 10,000 population).
- One in ten (11%) of Alexandrians with Medicare are living with Alzheimer's or dementia.
- CHA survey respondents over age 50 selected aging-related health concerns as one of the community's top health issues. The CHA Forces of Change discussion highlighted longer lifespans and chronic conditions as key components of changing demographics in Alexandria.

[i] Chronic Disease. CDC National Center for Chronic Disease Prevention and Health Promotion. <https://www.cdc.gov/chronicdisease/index.htm>. Accessed June 4, 2019.

[ii] Anderson G. Chronic Care: Making the Case for Ongoing Care. Princeton, NJ: Robert Wood Johnson Foundation; 2010. <https://www.rwjf.org/en/library/research/2010/01/chronic-care.html>. Accessed June 4, 2019.

[iii] Supporting Older Patients with Chronic Conditions. NIH National Institute on Aging. <https://www.nia.nih.gov/health/supporting-older-patients-chronic-conditions>. Accessed June 4, 2019.

[iv] Mays VM, Cochran SD, Barnes NW. Race, race-based discrimination, and health outcomes among African Americans. *Annu Rev Psychol.* 2007 Jan;58:201–225. <https://doi.org/10.1146/annurev.psych.57.102904.190212>. Accessed June 4, 2019.





## Economic Stability

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

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

### Why Economic Stability Matters in Alexandria:

- The percentage of Hispanic children (24%) and Black or African American children (30%) living below the federal poverty level is about eight to nine times the percentage of white children (3%).
- More than half (58%) of ACPS students are eligible for free and reduced price meals. In some ACPS schools, almost 90% of students are eligible.
- While median household income in Alexandria is high overall (\$93,400 per year), median household income for Black or African American residents (\$55,200 per year) is about half that of white, non-Hispanic residents (\$118,000 per year).
- About one in 10 residents live in poverty, including one in five children.
- More than a third (35%) of Alexandrians report worrying about paying rent or mortgage in the last year. The average amount of time eligible families spend on housing support waiting lists in Alexandria is four years and nine months.

[i] Factors That Contribute to Health Disparities in Cancer. cdc.gov  
[https://www.cdc.gov/cancer/healthdisparities/basic\\_info/challenges.htm](https://www.cdc.gov/cancer/healthdisparities/basic_info/challenges.htm). Accessed June 4, 2019.

[ii] Jordan R. Poverty's Toll on Mental Health. Urban Institute Blog. <https://www.urban.org/urban-wire/povertys-toll-mental-health>. Accessed June 4, 2019.



## Healthcare Access

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

Access to healthcare can have an impact across a person's lifespan, and can affect quality of life, life expectancy, disease prevention, and preventable death. The high cost of healthcare and inadequate or no health insurance can prevent an individual from seeking care. In addition to cost, many other barriers contribute to access issues and unmet healthcare needs, such as transportation, health literacy, mistrust, discrimination, cultural sensitivity, and difficulty navigating the healthcare system.[i] As a result, access to healthcare often varies based on demographics and location.

### Why Healthcare Access Matters in Alexandria:

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

[i] Kullgren JT, McLaughlin CG, Mitra N, Armstrong K. Nonfinancial barriers and access to care for U.S. adults. *Health Serv Res.* 2012 Feb;47(1 Pt 2):462–485. <https://doi.org/10.1111/j.1475-6773.2011.01308.x>. Accessed June 4, 2019.

[ii] U.S. Census Bureau. American Community Survey, 2013–2017 American Community Survey 5-Year Estimates, Table S2702. Generated via American FactFinder. <https://factfinder.census.gov>. Accessed June 4, 2019.



## Injury and Violence

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

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

### Why Injury and Violence Matter in Alexandria:

- All-cause injury and violent death rates (42.0) have increased, and deaths related to unintentional falls (12.2) doubled from the prior year. Alexandria also had increases in firearm deaths, motor vehicle deaths, poisoning deaths, and death related to traumatic brain injury.
- About 30% of high school students report texting or emailing while driving, and one in five (20%) report riding with a drunk driver.
- Eleven percent of male high school students report carrying a weapon in the past month and 6% report being approached by a gang. About 16% of high school students overall report being in a physical fight in the past year.
- One out of five CHA survey respondents (21%) selected violence and abuse as a top health issue in Alexandria. Violence and abuse ranked second highest among survey respondents who are Hispanic or Latino.

[i] Injury and Violence Prevention. HealthyPeople.gov. <https://www.healthypeople.gov/2020/topics-objectives/topic/injury-and-violence-prevention>. Accessed June 4, 2019.

[ii] Smith SG, Chen J, Basile KC, et al. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010–2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, CDC; 2017. <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>. Accessed June 4, 2019.



## Mental Health

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

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

Mental health conditions and illnesses can be long-term, short-term, and can be recurring. Examples of mental illness include depression, anxiety, bipolar disorder, post-traumatic stress disorder, and schizophrenia. Mental health and physical health are closely related—mental illness increases the risk of physical health problems and living with a chronic condition can increase the risk of mental illness.[i]

### Why Mental Health Matters in Alexandria:

- Female high school students seriously consider suicide and attempt suicide at twice the proportion of male students. Among female students who attempt suicide, 11% report needing treatment for injury—five times the proportion of male students.
- More than half (58%) of high school students who identify as lesbian, gay, or bisexual (LGB) report sad or hopeless feelings for more than two weeks, and a higher proportion of LGB high school (16%) and middle school (28%) students report attempting suicide compared with their heterosexual peers (3% and 4%, respectively).
- One in five adults (21%) report poor mental health lasting more than five days and 12% of people enrolled in Medicare have depression.
- Males (all ages) have three times the suicide rate as females of all ages. However, females are hospitalized for self-harm at twice of rate of males.
- CHA survey respondents selected mental health problems as the number one health concern in Alexandria. Forces of Change discussion participants noted mental illness stigma and access to behavioral health services as a key issue.

[i] Ohrnberger J, Fichera E, Sutton M. The relationship between physical and mental health: A mediation analysis. Soc Sci Med. 2017 Dec;195: 42-49. <https://doi.org/10.1016/j.socscimed.2017.11.008> Accessed June 4, 2019.



## Neighborhood and Built Environment

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

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

### Why Neighborhood and Built Environment Matter in Alexandria:

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

[i] Beck AF, Huang B, Chundur R, Kahn RS. Housing code violation density associated with emergency department and hospital use by children with asthma. *Health Aff.* 2014 Nov;33(11): 1993-2002. <https://doi.org/10.1377/hlthaff.2014.0496>. Accessed June 4, 2019.





## Obesity, Nutrition, and Physical Activity

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

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

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

### Why Obesity, Nutrition, and Physical Activity Matter in Alexandria:

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

[i] Obesity and Overweight. CDC National Center for Health Statistics. <https://www.cdc.gov/nchs/fastats/obesity-overweight.htm>. Accessed June 4, 2019.



## Oral Health

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

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

There is a significant lack of local data about oral health conditions. Most of the data used for this category is based on community input and state-level statistics.

### Why Oral Health Matters in Alexandria:

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

[i] Dental Caries (Tooth Decay) in Children Age 2 to 11. NIH National Institute of Dental and Craniofacial Research. <https://www.nidcr.nih.gov/research/data-statistics/dental-caries/children>. Accessed June 4, 2019.

[ii] Pregnancy and Oral Health. CDC. <https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html>. Accessed June 4, 2019.

[iii] Oral Health Basics. CDC. <https://www.cdc.gov/oralhealth/basics/index.html>. Accessed June 4, 2019.



## Sexual and Reproductive Health

Sexual and reproductive health is physical and mental well-being in relation to sexuality and reproduction. This category includes measures such as rates of sexually transmitted infections (STIs) in all ages, and pregnancy among adolescents.

Sexual and reproductive health affects people at all stages of life, and there are significant differences in outcomes when looking at race and economic status. Healthy habits in adolescence can lead to healthy behaviors into adulthood[i] and pregnancy among adolescents can have implications for mental health and economic stress.[ii]

People in their 20's have some of the highest rates of sexually transmitted infections when compared with other age groups.[iii] However, STIs are not limited to certain age groups. The majority of people living with HIV in the U.S. are over age 45,[iv] and the proportion of individuals over 50 diagnosed with chlamydia, gonorrhea, or syphilis has increased over the past few years.[v]

### Why Sexual and Reproductive Health Matter in Alexandria:

- The rate of people living with HIV (766.0) in Alexandria is more than double the rate in Virginia (286.7) and neighboring counties (273.2). The prevalence rate of HIV among Alexandria's Black or African American community is four times the rate among whites.
- While the pregnancy rate among Alexandria teens overall has declined over the last five years, the rate for Black or African American (17.9) and Hispanic teens (26.3) remains two to three times higher than that of white teens (8.0).
- While 60% of high school students report condom use during their last sexual encounter, 10% of sexually active high school students report using no method to prevent pregnancy or STIs the last time they had sex.
- Teen pregnancy ranked in the top five health issues among CHA survey respondents under 25 years old.

[i] Scott ME, Wildsmith E, Welti K, Ryan S, Schelar E, Steward-Stren NR. Risky adolescent sexual behaviors and reproductive health in young adulthood. *Perspect Sex Reprod Health*. 2011 Jun;43(2):110-8. <https://doi.org/10.1363/4311011>. Accessed June 4, 2019.

[ii] Reproductive Health: Teen Pregnancy. CDC. <https://www.cdc.gov/teenpregnancy/about/index.htm>. Accessed June 4, 2019.

[iii] STDs in Adolescents and Young Adults. CDC. <https://www.cdc.gov/std/stats17/adolescents.htm>. Accessed June 4, 2019.

[iv] HIV Among People Aged 50 and Older. CDC. <https://www.cdc.gov/hiv/group/age/olderamericans/index.html>. Accessed June 4, 2019.

[v] CDC. Sexually Transmitted Disease Surveillance 2017. Atlanta: U.S. Department of Health and Human Services; 2018. [https://www.cdc.gov/std/stats17/2017-STD-Surveillance-Report\\_CDC-clearance-9.10.18.pdf](https://www.cdc.gov/std/stats17/2017-STD-Surveillance-Report_CDC-clearance-9.10.18.pdf). Accessed June 4, 2019.



## Tobacco and Substance Use

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

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

### Why Tobacco and Substance Use Matter in Alexandria:

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

[i] McCabe SE, West BT, McCabe VV. Associations between early onset of e-cigarette use and cigarette smoking and other substance use among US adolescents: a national study. *Nicotine Tob Res.* 2018 Aug;20(8):923–930. <https://doi.org/10.1093/ntr/ntx231>. Accessed June 4, 2019.

[ii] Kann L, McManus T, Harris WA, et al. Youth Risk Behavior Surveillance — United States, 2017. *MMWR Surveill Summ.* 2018 Jun 15;67(No. SS-8):1–114. <http://dx.doi.org/10.15585/mmwr.ss6708a1>. Accessed June 4, 2019.

[iii] Vaping Pods Produce High Nicotine Levels in Young Users. NIH National Cancer Institute. <https://www.cancer.gov/news-events/cancer-currents-blog/2018/youth-vaping-high-nicotine-levels>. Accessed June 4, 2019.

[iv] Goriounova NA, Mansvelder HD. Short- and long-term consequences of nicotine exposure during adolescence for prefrontal cortex neuronal network function. *Cold Spring Harb Perspect Med.* 2012 Sep 13;2(12):a012120. <https://doi.org/10.1101/cshperspect.a012120>. Accessed June 4, 2019.

[v] Glantz SA. Evidence on how e-cigs cause lung and heart disease and, now, cancer, presented at SRNT meeting. University of California San Francisco Center for Tobacco Control Research and Education Blog. <https://tobacco.ucsf.edu/evidence-how-e-cigs-cause-lung-and-heart-disease-and-now-cancer-presented-srnt-meeting>. Accessed June 4, 2019.

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## NEXT STEPS

Ultimately, results of this CHA will lead to an actionable Community Health Improvement Plan (CHIP). The CHA analyzes the health of the community to identify the most significant health concerns. The CHIP takes that information to prioritize the health issues for community action. Development of the CHIP is a collaborative long-term, systematic effort to apply strategies toward community needs and public health concerns. Every Alexandrian is invited to participate in this process.

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