2025 Executive Summary

of the Community Health Assessment

This report is the result of meaningful collaborations and efforts toward a healthy, supportive, and resilient region

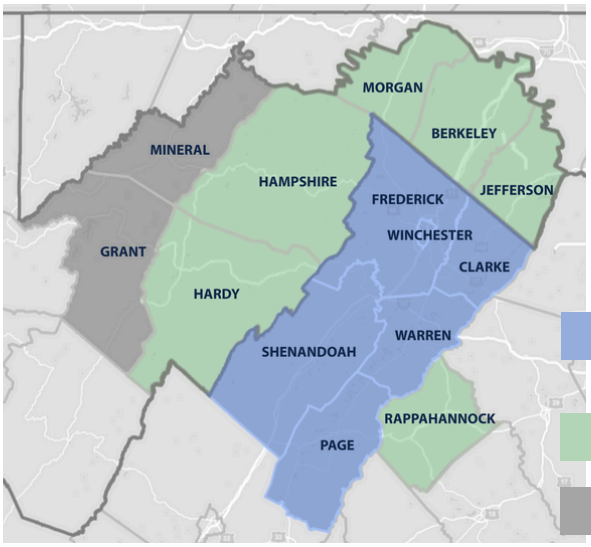
Lord Fairfax Health District

ValleyHealth
Healthier, together.

and our local community partners

Community Health Assessments (CHA)

A CHA is a careful, systematic examination of the health status of the community that is used to identify key health problems and assets in the community. The information and data gathered through this assessment is valuable to community organizations and agencies and allows for updated and timely data regarding the community and its wellbeing in order to inform decision-making, prioritization of health problems, and development of plans for continuous improvement of the health of the community.



The following CHA focuses on the shared service areas of the Lord Fairfax Health District (LFHD) and Valley Health across northwestern Virginia and the eastern panhandle of West Virginia.

Legend:

Shared primary service areas between Valley Health and LFHD

Additional Valley Health primary service areas

Valley Health secondary service areas

Mission Statement

"Our mission is to collaboratively assess, understand, and address the health needs of our community by engaging diverse stakeholders, gathering data, advocating for policies and programs and using evidence-based strategies to improve the overall health and well-being of all community members."

Vision Statement

“Our vision is to foster a community where innovative, evidence-based health solutions are embraced, and where collaborative partnerships lead to sustainable improvements in optimal health and quality of life for every resident."

Why Conduct a CHA?

- Investigate the health of our community. What are our strengths and weaknesses?
- Conducting regular CHAs allows for continual analysis of the community and the driving factors that influence health.
- Learn from our community members about the barriers that prevent them from living their healthiest lives.
- Collaborate with community partners and organizations to build a shared sense of purpose and possibility.

Benefits of a CHA:

- Compiles recent data about community health concerns and health outcomes into one report for our community.
- Aligns the efforts of local organizations and partners on the top health issues identified by our community.
- Build the foundation for equitable, inclusive, and public-health centered improvement efforts.

A key shift in this CHA is the move away from a traditional healthcare-centric lens to one that centers on the

social drivers of health

— the conditions in which people live, learn, work, and play, which influence health outcomes and quality of life.

CHA Summary

The Community Health Assessment uses various data types and sources to form a timely summary of the health status of the community. The CHA report includes:

- **Community Health Survey** — In total, 3,636 surveys were collected from community members, to better understand the perceived community health concerns.
- **Community Partner Interviews** — Group interview sessions to provide insights about the factors influencing health, affected populations, and potential solutions.
- **Community Partner Assessment** — A survey directed towards community organizations, businesses, and agencies to understand their service focus, whom they serve, and their capacity to do so.
- **Community Data Profile** — A collection of secondary data aimed at identifying patterns and trends of health concerns in the community. This profile allows for the comparison of standardized data between localities and the state benchmarks.

This assessment reflects more than just data—it reflects the **lived experiences, challenges, and strengths** of our community.

Key Findings

Community Health Surveys identified the following areas of focus:

- Good health, chronic conditions (cancer & heart disease), & physical inactivity
- Poor nutrition, access to healthy foods, housing costs & affordability
- Illegal drug use, access to mental health supports, & healthcare services

Partner Interview Sessions mentioned:

- Residents shared concerns regarding chronic disease care and management, accessibility for needed providers and services, and lack of healthy lifestyles
- Health outcomes are negatively impacted by high cost of living, economic instability, food insecurity, low health literacy, and housing costs and availability.

Secondary Data indicated concerns regarding:

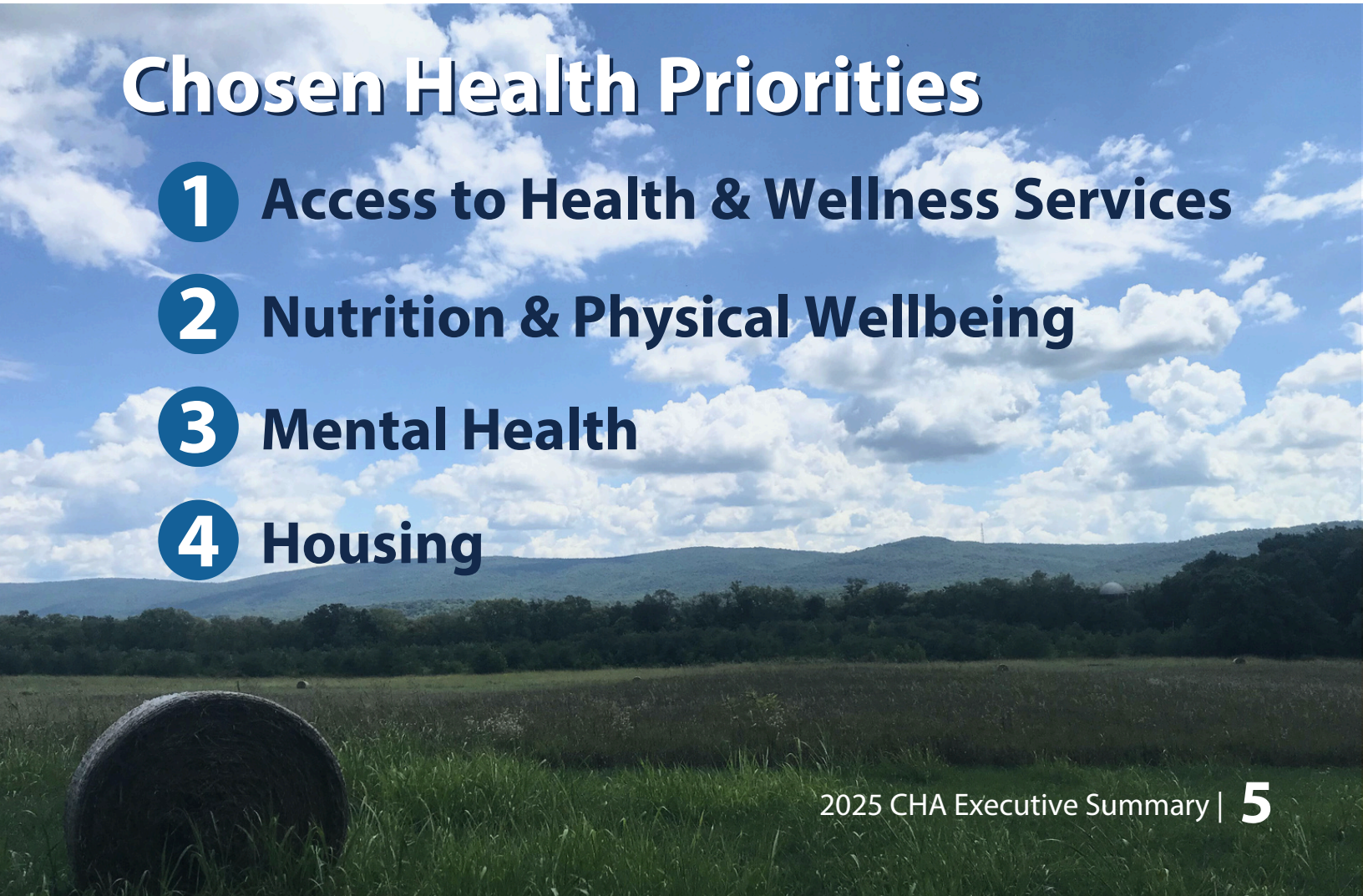
- Limited healthcare provider access
- High percentage of chronic diseases (like obesity, heart disease, poor diabetes outcomes, and the lack of physical activity)
- Mental health & substance use disorders (drug, alcohol, & tobacco use)
- Motor vehicle deaths and hospitalizations
- Poverty, food insecurity, & cost burdened households
- Housing availability, high costs, & homelessness

Community Health Improvement Plan (CHIP)

The data collected in the CHA is used to build a dynamic, community-informed roadmap designed to address the identified community health concerns. By working collaboratively, our community will develop goals, objectives, strategies, and evaluation metrics for each of these priorities — ensuring clear accountability within this process. The timeline for this CHIP is three years and include 2026, 2027, and 2028.

Identified health priorities are the basis for the **Community Health Improvement Plan** (CHIP),

Community health priorities were selected by community members after identifying areas of need through community health surveys, partner interviews, and local, state, and federal data sources. Collective discussions and meetings allowed community members to narrow choices and collaboratively decide on the prioritized concerns.



Access to Health & Wellness Services

Access to affordable, quality, and timely clinical care is an essential part of treating and managing health conditions — enabling individuals to live longer, healthier lives.

- Many individuals face barriers to accessing needed care services, such as: financial barriers, availability of services, transportation limitations, and stigma.
- Connections to nearby support services can be influential on a person's wellbeing and quality of life by providing them opportunities to access needed resources.

Data Shows:

- Rates of primary, mental, and dental healthcare providers are below the VA average in nearly all LFHD localities.
- Improved access to medical and mental healthcare services was identified as a potential community solution by survey respondents.

> *"If providers exist, they're backed up, completely booked, or you have difficulty getting into a specialist."*

Nutrition & Physical Wellbeing

Numerous chronic health conditions, like obesity, type 2 diabetes, heart disease, cancers, kidney and liver diseases, and poor mental health, are linked to poor nutrition and lack of physical activity.

- Incorporating healthy eating and active living practices can support overall health and wellbeing while reducing risk factors for chronic diseases.
- In the Blue Ridge area, 1 in 9 people are food insecure. This increases a person's risk of chronic diseases, adverse birth outcomes, and poor mental health.

Data Shows:

- LFHD localities experience chronic diseases at similar or higher percentages than VA with high percentages of no leisure physical activity time.

> *"Many people do not even know how to cook a meal and thus limit their ability to prepare healthy foods."*

Mental Health

Poor mental health adversely affects a person's quality of life because of its broad negative health and social consequences.

- One's mental health is influenced by not only biological factors, but also the environmental and societal factors in a person's life.
- Mental health conditions often require specialized providers for the support and treatment needed to ensure the best outcomes. Financial barriers and provider availability are two limiting factors for people to access these services.

Data Shows:

- Adults experiencing frequent mental distress has increased consistently over time in the US, VA, and locally.
- Rates of self-harm and suicide related ED visits, deaths due to suicide, alcohol-impaired driving deaths, and percentage of adults with depression in LFHD is higher than VA averages.

> *"Generational trauma is apparent in people, and it leads to normalization of poor mental health in the environment."*

Housing

Affordable, good quality, safe, and stable housing supports health. Living without access to these resources can create poor health that worsens over time, especially among at-risk populations.

- The availability of affordable and safe housing is an increasing concern by community members, who recognize the issue of people struggling to pay rent or resorting to living in substandard living conditions.
- Poor housing conditions are associated with health concerns such as respiratory illnesses and infections, lead poisoning, injuries, and poor mental health. Addressing housing as a public health issue serves as a key social driver of health.

> *"There isn't enough affordable housing anywhere. Limited housing inventory and high prices are significant issues."*

This report provides a snapshot of our community's health at this point in time.

While a Community Health Assessment offers important data and insights, the true value lies in using these findings to drive meaningful, actionable change. Identifying challenges without planning solutions does not move us forward—our commitment is to translate knowledge into collective impact.

Following this CHA, our community will work to build a Community Health Improvement Plan (CHIP) to solidify our goals and objective to work towards for the coming years. Together, through this community-driven process, our community will need to come together around these priority areas and utilize collective action to address health disparities, promote wellbeing, and build a vibrant, healthy future for all residents of the Northern Shenandoah Valley.

In short, this process provides a guide to help us understand where we are, where we want to go, and how we can move forward— **together.**

The complete documents of the CHA and the CHIP are available online and can be found in the links below.

Learn more about this process by visiting www.LFHD.org & www.ValleyHealthLink.com

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