

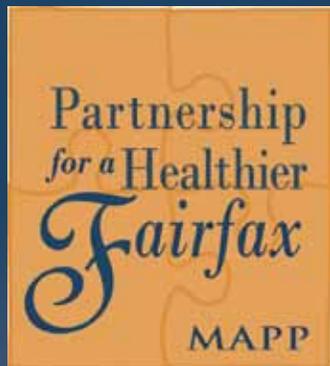
Fairfax: An engaged and empowered community working together to achieve optimal health and well-being for all those who live, work, and play here.

Mobilizing for Action through Planning and Partnerships

**Community
Health Status
Assessment**
Community Report

September 2011

www.fairfaxcounty.gov/hd/mapp



Introduction

The Partnership for a Healthier Fairfax is a coalition of community members, community based organizations, businesses, and governing entities that work together to improve community health. The Partnership is conducting a community-wide strategic planning process called Mobilizing for Action through Planning and Partnerships (MAPP) to identify public health issues in the Fairfax community, and develop goals and strategies to address them.

Assessment Approach

The Community Health Status Assessment (CHSA) focuses on the identification and analysis of key indicators and data on health status, quality of life, and risk factors in the Fairfax Community (which includes the County of Fairfax, the City of Fairfax, the City of Falls Church, and the towns of Herndon, Clifton, and Vienna). The CHSA was conducted between May 2010 and April 2011 by a diverse group of community health stakeholders established as a subcommittee of the larger community coalition.

Data

The subcommittee gathered and analyzed data for key community health indicators across a comprehensive set of categories. Due to the compressed time and the voluntary nature of these efforts, data from existing sources were utilized. Care was taken to obtain data from credible sources that will be reproducible in the future. Fairfax data were compared to regional, state and national trends when available. Efforts were made to include data for all Fairfax Community jurisdictions, including Fairfax County and the cities of Fairfax and Falls Church where it existed.

The Virginia Department of Health (VDH) has divided the state into geographic groupings for planning and data reporting purposes. VDH has defined 35 health districts and 5 health planning regions. Throughout this report, data are presented across a variety of geographic spans (i.e., planning region, health district, county, census tract) due to the distinct data collection mechanisms utilized by numerous primary sources.

Next Steps

The Fairfax CHSA is a crucial component of the MAPP comprehensive community assessment and planning process. It is expected that CHSA findings will be used in conjunction with the results of the other 3 MAPP assessments (Local Public Health System Assessment, Forces of Change Assessment, Community Themes and Strengths Assessment) and the Local Environmental Public Health System Assessment to identify key strategic issues and priorities for community action and to develop a community health improvement plan. Information about the Partnership for a Healthier Fairfax can be found on our website: www.fairfaxcounty.gov/hd/mapp.

ASSESSMENT FINDINGS

HEALTH INDICATORS:

The report is organized using the indicator categories selected by the CHSA Subcommittee:

- Community Characteristics
- Community Healthcare Resources
- Communicable Disease
- Causes of Death and Chronic Disease
- Weight, Nutrition, and Physical Activity
- Behavioral Health and Disabilities
- Maternal, Child and Adolescent Health
- Environmental Health and Infrastructure

This community is asset rich – racially and ethnically diverse, well-educated, high in per capita income, and abundant in community resources (social, cultural, and intellectual); however these assets are not equally distributed among all residents. Segments of the population have low socioeconomic status, low educational attainment, high unemployment, poor health status, lack of insurance coverage, and differences in life expectancy. This contrast in population characteristics presents challenges when planning for and providing services that meet the health and quality-of-life needs of all residents.

The CHSA illustrates the many strengths and positive, area-wide attributes, while recognizing differences in socioeconomic conditions, access to healthcare, and health outcomes found in particular subgroups (largely indicated in the health disparities section for each health indicator). While the size of these subgroups is considered small relative to the size of the community, the variance is significant. Although on average good health outcomes are prevalent in our community, the growing number of individuals and selected populations who carry a disproportionate share of poor health and disease is disconcerting.

Within the Fairfax Community, racial and ethnic minorities, especially those living at or near poverty levels, are more likely to have poor health outcomes and die prematurely. In a community as affluent as Fairfax, the presence of unfavorable social determinants of health (i.e., interrelated social and economic factors that impact health such as socioeconomic status, child development, culture, social support, and housing), and the resulting health disparities need to be recognized and addressed.

COMMUNITY CHARACTERISTICS

DISPARITIES

AGE:

In Fairfax County, children are more likely than adults to live in poverty:

- 1 out of every 15 of the county's children (6.6%) lives in poverty.
- Among county children age 5 and under, 8.2% live in poverty.
- Young adults age 18 to 34 were least likely to have health insurance, and 6.4% of children under the age of 18 lacked health insurance.

At the other end of the population spectrum, seniors (age 65 and over) also face economic disparities:

- 4.6% of seniors are living in poverty.
- The percentage of adults age 65 and older who are uninsured is higher in Fairfax than the national average.
- However, adults age 65 and older are the age group most likely to have health insurance (Medicare).

The Fairfax Community is the most populous jurisdiction in the Commonwealth of Virginia and the Washington Metropolitan Area (WMA), and it is one of the most populous counties in the U.S.

Growth

- Since 2000, the population has increased by 11.5 percent and is expected to grow steadily over the next few decades.

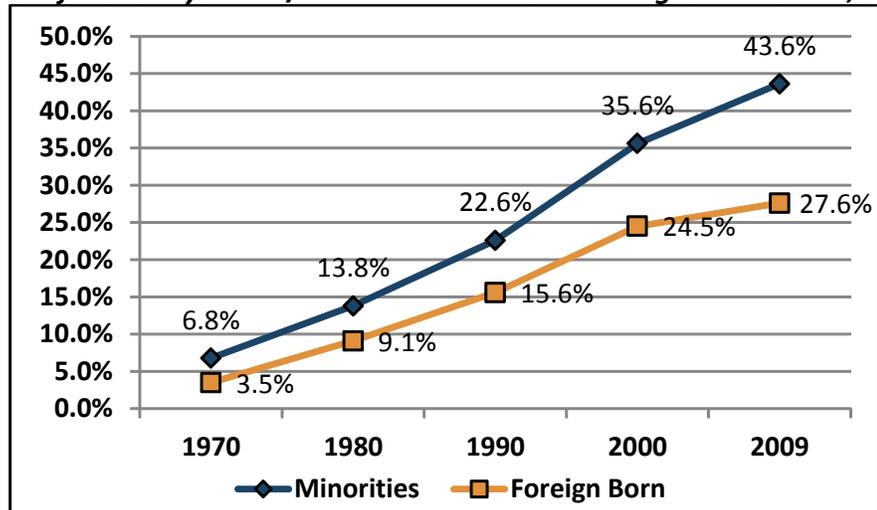
Aging

- The Fairfax Community's population is growing older.
- The region's total population is increasing: growth is expected to occur across all age groups.

Diversity

- In 1970, racial and ethnic minorities comprised less than 7 percent of the population; today, racial and ethnic minorities are nearly half of the population.
- The net population growth between 2000 and 2010 was attributable primarily to growth among racial and ethnic minorities.
- Fairfax is an immigrant gateway: the percentage of foreign-born residents in the county is more than twice that found nationally.

Fairfax County Racial/Ethnic Minorities and Foreign Born Status, 1970-2009



- A growing number of Fairfax County households speak a language other than English at home (34 percent). Over 100 different languages are spoken at home by students enrolled in the Fairfax County Public Schools (FCPS).

COMMUNITY CHARACTERISTICS

DISPARITIES

RACE/ETHNICITY:

Racial and ethnic groups are disproportionately affected by poverty.

↪ 13.3% of Blacks live in poverty.

↪ 12.2% of Hispanics live in poverty.

SEX:

↪ Males were more likely to lack health insurance than females.

↪ 16.4% of families with a female head of household (i.e., no father present and with children age 18 and under) lived in poverty.

GEOGRAPHIC AREA:

↪ Reston-Herndon, Central Fairfax, Bailey's Crossroads/Culmore, and the Route 1 Corridor are the areas with the highest diversity, and also the highest concentration of persons living at or below the federal poverty level.

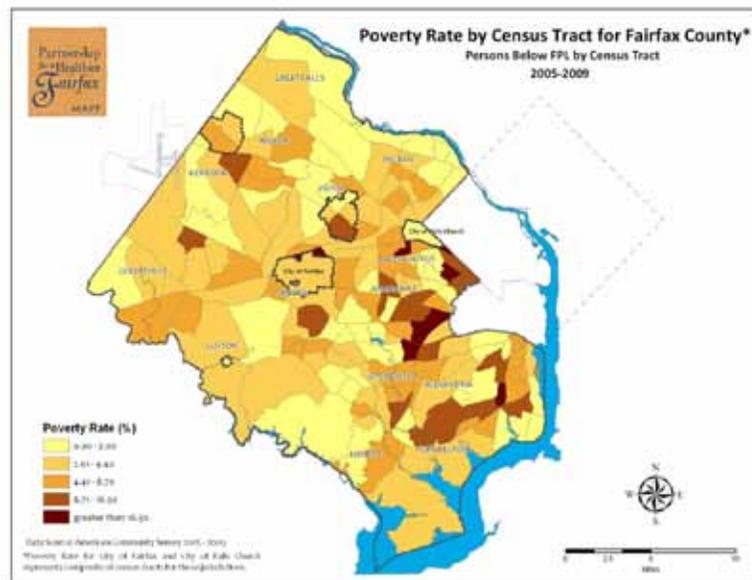
↪ Gang-related crimes are not uniformly distributed throughout the county, occurring only in certain geographic areas.

Employment & Education

- Fairfax is a major employment market in the WMA.
- The unemployment rate in Fairfax is lower than rates for Virginia and the U.S.
- The Fairfax Community has high educational attainment with more than half of residents having a graduate or bachelor's degree.

Income & Poverty

- The Fairfax Community is one of the wealthiest in the nation, yet the number of residents living in poverty in Fairfax County increased 33 percent from 2000 to 2009.
- Nearly 58,000 county residents live in poverty.
- 3.5 percent of Fairfax County families live in poverty.



Health Insurance Coverage

- Residents of Fairfax County are slightly more likely to have health insurance than U.S. residents.
- Despite the Fairfax area's wealth, more than 1 out of every 10 county residents lacked health insurance in 2009.

Quality of Life

- Fairfax overall has low crime rates, especially for violent crimes (e.g., murder, rape, assault).
- The region enjoys high-quality, well-distributed recreational, cultural, and educational assets.
- The high costs of home ownership and rentals contributes to limited and inadequate housing for lower-income residents.

DISPARITIES

RACE/ETHNICITY:

- Racial concordance of patient and provider is associated with greater participation in care, higher patient satisfaction, and greater adherence to treatment as needed.
- While the Fairfax Community continues to diversify, the health workforce (almost all professions) lags in its representation of racial and ethnic minorities.
- The majority of primary care physicians and nurses are White.

GEOGRAPHIC AREA:

- Hospital emergency department utilization is higher in zip code areas with a greater percentage of low-income residents: Route 1 Corridor, Bailey's Crossroads/Culmore, and Herndon-Reston.

Fairfax has a well-distributed, technologically advanced stock of hospitals, ambulatory care centers, and safety net resources but faces a growing demand for primary healthcare services.

Hospitals

- Utilization of hospital services is low in our area compared to state and national rates. Between 2000 and 2009 Northern Virginia's hospitals showed:
 - An 11.2 percent decrease in rate of all discharges.
 - A 12.9 percent decrease in rate of all medical/surgical discharges (excluding maternity and psychiatric cases).
 - A 14.8 percent decrease in the rate of preventable hospital stays (e.g., diabetes complications, hypertension, asthma).

Safety Net Resources

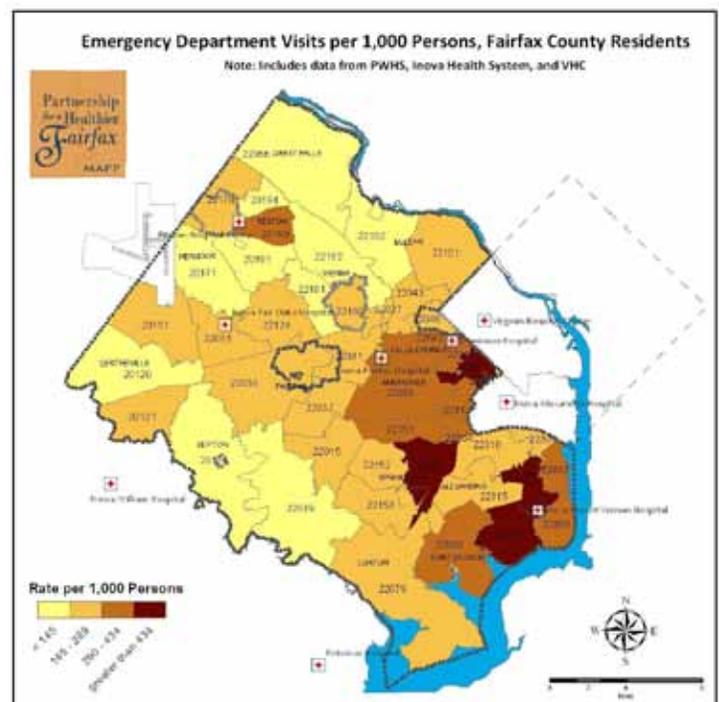
- The region has a variety of no-fee and reduced-fee health services and resources provided by public and private entities.
 - 3 health centers, funded and operated by local government, and 10 nonprofit charity entities provide primary care and/or dental services.
 - Some providers accept Medicaid and State Children's Health Insurance Programs (S-CHIP), but overall physician participation and reimbursement for Medicaid/Medicare may be inadequate to meet growing demand.
 - Virginia's eligibility criteria for Medicaid are conservative (133% FPL, S-CHIP 185% FPL).

Long-Term Care (LTC) & Assisted Living Facilities (ALF)

- The region has an attractive mix of LTC services, especially continuing care retirement communities and other adult care residences.
 - Fairfax County has the majority of licensed ALFs in Northern Virginia.
 - LTC occupancy rates are relatively low.

Health Care Workforce

- Primary care physicians and nurses are aging.
 - 39% of physicians are 60 years or older and are expected to reduce their work hours or retire.
 - The rate of new physicians entering primary health care is inadequate to keep pace with those who are leaving or retiring.
 - Fewer physicians are choosing to practice primary health care.
 - The average age of a nurse is 52 years.
 - A statewide nursing shortage is expected to occur by 2015.



COMMUNICABLE DISEASE

DISPARITIES

RACE/ETHNICITY:

- Compared to Whites, the incidence of HIV/AIDS is 9 times higher in the Black community.
- Compared to Whites, the incidence of HIV/AIDS in the Hispanic/Latino community is 3 times higher.
- The infection rate for chlamydia among Blacks is nearly 7 times higher than for Whites.

SEX:

- About 75 percent of HIV/AIDS cases from 2000 to 2009 were male.

MSM:

- Men who have sex with men (MSM) was the most commonly reported risk factor among individuals diagnosed with HIV between 2000 and 2009, followed by adult heterosexual contact with a high risk partner.

Incidence rates for most communicable diseases in Fairfax County are similar to or lower than state and national rates. However, communicable diseases remain a significant cause of illness, disability, and in some cases, death.

Tuberculosis (TB)

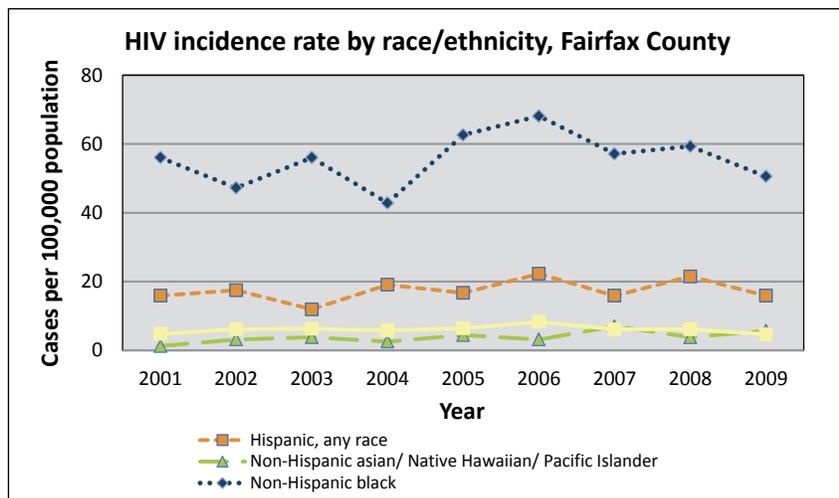
- The TB incidence rate has remained relatively stable over the last decade but is more than twice the Virginia and U.S. rates.
- Approximately 91 percent of TB cases reported in Fairfax County between 2005 and 2009 were among individuals born in another country.

Animal Rabies

- Fairfax consistently has the highest annual number of animal rabies cases in Virginia.

HIV/AIDS

- Between 2000 and 2009, the numbers of new cases of HIV and AIDS in Fairfax County has varied significantly from year to year, but no overall increase or decrease in disease incidence rates can be identified.



Sexually Transmitted Diseases (STDs)

- Chlamydia and gonorrhea are 2 of the most commonly reported communicable diseases in Fairfax County, but the incidence rate of each of these STDs is lower than the state and national rates.

Routine childhood immunizations have helped control many serious infectious diseases that were once common in the U.S.

Childhood Immunizations

- Over the last 10 years, Fairfax County childhood vaccination rates have remained relatively constant.
- About 82 percent of children aged 19-35 months had received the recommended vaccines by age (2007-2008). This compares favorably to state and national rates.
- The percentage of children enrolled in FCPS with an exemption to at least 1 vaccine has remained low and exemptions are primarily taken for medical reasons.

CAUSES OF DEATH and CHRONIC DISEASE

DISPARITIES

RACE/ETHNICITY:

- The death rate for individuals age 25-64 is higher among Blacks than Whites.
- Blacks in the 55-64 years of age group have double the death rate from diabetes and heart disease.
- Blacks age 35 and older have a higher rate of death from cancer than Whites.
- Blacks overall have higher rates of death from cerebrovascular disease, kidney disease, blood poisoning, HIV/AIDS, in addition to reported homicides.

Leading Causes of Death

- Expected deaths for Northern Virginia and Fairfax County are low across all age, race and gender demographic groups. However, few causes of death are declining in number.
- The top 5 leading causes of death (age-adjusted) for adults in Fairfax County are:
 - cancer
 - heart disease
 - cerebrovascular disease (e.g., stroke)
 - chronic lower respiratory diseases (e.g., asthma, allergies, chronic obstructive pulmonary disorder, bronchitis)
 - unintentional injuries.
- Chronic disease indicators in the Fairfax Health District are generally more favorable than those found across the state.

Chronic Conditions	Fairfax Health District	Virginia	Health District Rank (1-35)
Adults with diabetes	4.6%	7.8%	3 (lower than state average)
Adults with asthma	8.4%	8.6%	17 (not significantly different)
Adults with high cholesterol	40.1%	38.1%	23 (not significantly different)
Adults with arthritis	23.5%	27.2%	10 (not significantly different)

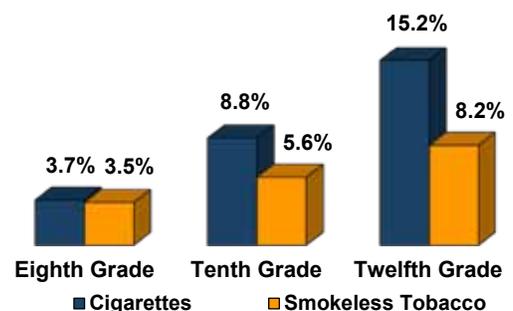
Source: VDH, Chronic Disease in Fairfax Health District 2010, VA BRFSS 2005-2008.

Contributors to Chronic Disease and Premature Death

The leading causes of premature death, by percentage of population, in Fairfax County are:

- No exercise: 14.6 percent
- Few fruits and vegetables eaten daily: 71.5 percent
- Obesity: 15.1 percent
- High blood pressure: 19.6 percent
- Smoking: 14.7 percent
 - Fairfax has the lowest percent of adult current and past smokers among all Virginia health districts.
 - Fairfax County students are less likely to smoke cigarettes than students nationally.
 - Over 15 percent of Fairfax County high school seniors report being smokers.
 - More than one-quarter of Fairfax children live in a household where someone smokes.

Past 30 Day Tobacco Use Eighth, Tenth, and Twelfth Grade Students in Fairfax County Public Schools, 2009



Source: Fairfax County Department of Neighborhood and Community Services, 2009 Youth Survey.

WEIGHT, NUTRITION, and PHYSICAL ACTIVITY

DISPARITIES

RACE/ETHNICITY:

↪ African American students were the least likely to eat fruits and vegetables while Hispanic students were the most likely to drink sodas.

SEX:

↪ Female students are more likely to try losing weight. While they were less likely to eat fruits and vegetables than their male counterparts, they were also less likely to consume sodas.

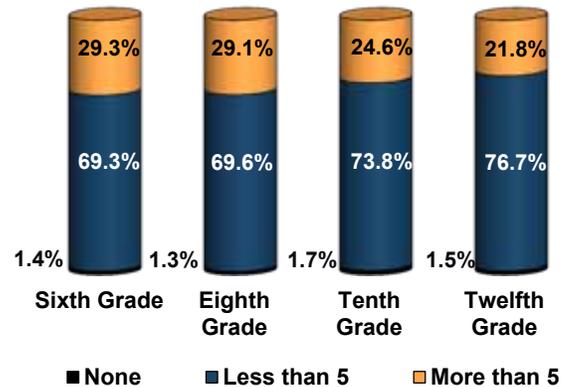
Weight

- Fairfax is ranked 7 out of 35 health districts in Virginia for the percentage of adults (58.1 percent) who are overweight or obese.
- Obesity rates among children and adolescents are increasing.

Nutrition

- Almost three-quarters of Fairfax adults eat fewer than the recommended 5 servings of fruits and vegetables a day.
- The percent of students who eat the recommended 5 or more fruits and vegetables per day decreases by grade level.

Fruits and Vegetables Eaten Daily (Sixth, Eighth, Tenth, and Twelfth Grade Students in Fairfax County Public Schools, 2009)

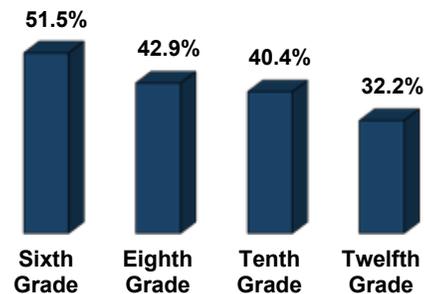


Source: Fairfax County Department of Neighborhood and Community Services, 2009 Youth Survey.

Physical Activity

- More than half of Fairfax’s population are physically inactive; the county ranks unfavorably at 29 out of 35 health districts in Virginia.
- Fairfax County students have higher levels of physical activity than students nationally.
- Students who report being physically active at least 60 minutes per day on 5 or more days during the past week decreases with grade level.
- Fairfax youth watch less television than their peers nationally but engage in significantly more nonacademic “screen-time,” including computers, electronic games and communication devices.

Physically Active 5 or More Days Per Week for at Least 60 Minutes (Sixth, Eighth, Tenth, and Twelfth Grade Students in Fairfax County Public Schools, 2009)



Source: Fairfax County Department of Neighborhood and Community Services, 2009 Youth Survey.

DISPARITIES

AGE:

➤ The two age groups at greatest risk for suicide in Virginia are youth (age 10-24) and the elderly (age 65 or older).

RACE/ETHNICITY:

➤ Hispanic and other/multiracial FCPS students who reported depression were more likely than their peers to attempt suicide.

➤ However, the 5-year suicide rate for non-Hispanic White youth was higher than the rates for any of the other race/ethnicity group.

SEX:

➤ Female youth are more likely to report mental health issues (e.g., depression, suicide attempts), while males are more likely to commit suicide.

VETERANS:

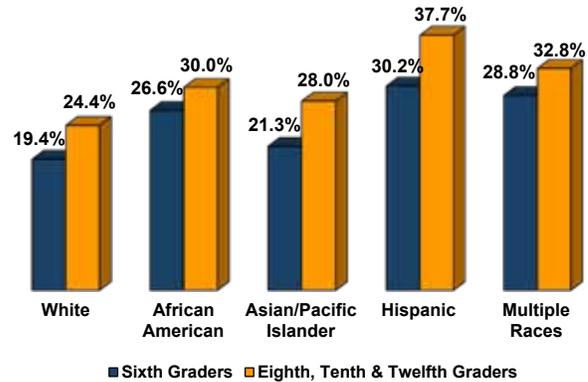
➤ Veterans account for 23% of all suicides that occur in Virginia.

Fairfax is favorably ranked number 1 among all Virginia Health Districts in mental health status.

Depression & Suicide

- The rate of Fairfax County Public School (FCPS) students reporting depression and suicide consideration is higher than the national rate.
- Among 8th, 10th, and 12th grade FCPS students who report depressive symptoms, 37.6 percent thought seriously about attempting suicide and 3.6 percent attempted suicide in 2009.
- The rate of suicide deaths is increasing; suicide is the leading cause of death among youth in Fairfax County.

Feeling Sad and Hopeless by Race/Ethnicity (Sixth, Eighth, Tenth, and Twelfth Grade Students in Fairfax County Public Schools, 2009)

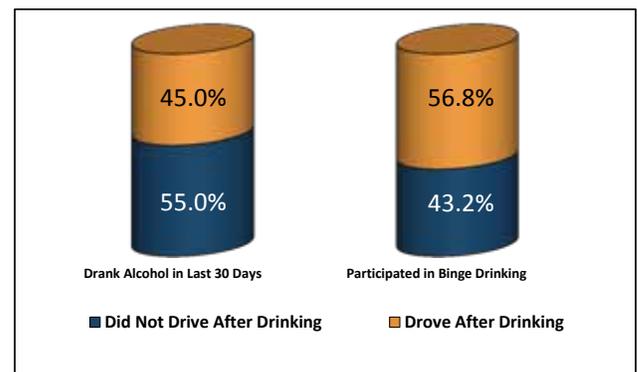


Source: Fairfax County Department of Neighborhood and Community Services, 2009 Youth Survey.

Substance Use

- Substance use rates for alcohol, cigarettes, and marijuana among Fairfax County youth are lower today than 10 years ago and are more favorable than national use rates.
- Alcohol is the most frequently abused substance among FCPS students.
 - Nearly one quarter of FCPS 12th graders admitted in 2009 to binge drinking (5 or more drinks in a row in the last 2 weeks).
 - Approximately 45 percent of 12th graders who drank alcohol within the past 30 days admit to driving a car after drinking. Among 12th graders who binge drink, the number climbs to 56.8 percent.
- Inhalant use among FCPS students is slightly above the national average.
- Fairfax youth are less likely to participate in risky behaviors and are more likely to thrive when they have good relationships with adults and strong connections to their school and community.

Drinking and Driving (Twelfth Grade Students in Fairfax County Public Schools, 2009)



Source: Fairfax County Department of Neighborhood and Community Services, 2009 Youth Survey.

DISPARITIES

DISABLED:

- Individuals with disabilities age 16 and over are employed to a lesser extent than those who are not disabled.
- People with disabilities are also more likely to live in poverty.
- Of Fairfax County residents 16 years and older with a disability, 10.5% are below 100% FPL, 4.4% are between 100-149% FPL, and 85.1% are at or above 150% FPL.

Disabilities

- More than 67,000 individuals with disabilities, representing 6.6 percent of the county's total population, live in the community.
- Of residents living in Fairfax,
 - 3 percent of children age 5-17 years have a disability,
 - 5.1 percent of adults age 18-64 years have a disability, and
 - 28.2 percent of older adults age 65 or older have a disability.
- Of children living in Fairfax,
 - 0.8 percent have impaired hearing,
 - 0.4 percent have visual impairments,
 - 1.8 percent have cognitive limitations,
 - 0.3 percent have ambulatory difficulties, and
 - 0.9 percent have self-care challenges.
- Of all adults 18-64 years old, the most prevalent disabilities are ambulatory (2.1 percent), independent living (1.6 percent) and hearing (1.4 percent) difficulties.
- Adults 65 years and older are most challenged in the areas of ambulation (16.6 percent), living independently (13.2 percent), hearing (11.7 percent) and cognition (7.6 percent).
- The FCPS serves more than 24,000 students with disabilities and provides a wide array of services addressing vision, hearing, intellectual, learning, emotional, and physical challenges that affect educational attainment. Disabled children receiving special education services through FCPS make up 14 percent of the total FCPS enrollment.

DISPARITIES

RACE/ETHNICITY:

On almost all maternal and infant health indicators (teen pregnancies, low weight births, neonatal, early infant and total infant deaths), Blacks have higher rates of adverse outcomes than any other racial group.

Low Birth Weight (% of total live births):

- ↳ Blacks: 9.1%
- ↳ Others: 8.7%
- ↳ Whites: 6.8%

Infant Death Rates (per 1,000 live births)

- ↳ Blacks: 12.8
- ↳ Whites: 5.3
- ↳ Others: 3.3

Neonatal Deaths (per 1,000 total deaths)

- ↳ Blacks: 7.7
- ↳ Whites: 4.1
- ↳ Others: 2.6

Teen Pregnancy (per 1,000 females):

- ↳ Blacks: 16.5
- ↳ Whites: 11.0
- ↳ Others: 5.8

Low Birth Weight (LBW)

Babies born weighing less than 5 pounds, 8 ounces (2,500 grams) are considered low birthweight. LBW poses serious health risks to newborns, such as neurological problems and development delays, and can lead to long-term disabilities. The costs to care for these children are high.

Fairfax County Health Department Clients

- Low weight births among Fairfax County Health Department (FCHD) clients increased from 4.7 percent in FY 2009 to 5.6 percent in FY 2010.
- Low weight births are primarily found among women age 20-34 years old (70 percent).
- Fifty-one percent of LBW mothers had at least some high school education while 26 percent had an 8th grade education or lower.

Low Birthweight by Race, State, Region, and Local Areas, 2009

	2009		
	% White	% Black	% Other
State	7.0	13.2	7.6
Regional	6.5	10.2	7.9
Fairfax County	6.8	9.1	8.7
Fairfax City	4.7	6.5	3.7
Falls Church City	6.9	---	3.4

Source: Virginia Department of Health, 2009.

Infant Mortality

- Infant mortality rates in Fairfax County, Fairfax City, and Falls Church City are consistently below regional, state, and national infant mortality rates.

Prenatal Care

- Data show a decline in early prenatal care (care beginning in the first 13 weeks of pregnancy) during 2000-2008.

Teenage Pregnancy and Births

- Due to the overall population size of Fairfax, the number of teen pregnancies is large, but the rate (especially younger teen pregnancies) is not.

DISPARITIES

Segments of the community suffer disproportionately from environmental hazards (e.g., asthma, blood lead poisoning).

GEOGRAPHIC AREA:

↳ Lyme disease rates are not spread equally across the community: The highest rates of disease are found in the less densely-populated western portions of the county.

Air Quality

- Fairfax County's air quality was rated as the poorest out of the 132 monitoring sites in Virginia (due to noncompliance with particulate and ozone standards).
- The Environmental Protection Agency (EPA) has designated the WMA as a moderate non-attainment area for ozone.
- The number of ozone-exceeding days has decreased since 1998, but Northern Virginia continues to have the highest number of ozone-exceeding days in the state.

Water Quality

- Most of the marine and freshwater recreational waters in Fairfax County fail to meet water quality regulations and guidelines.

Lead Exposure

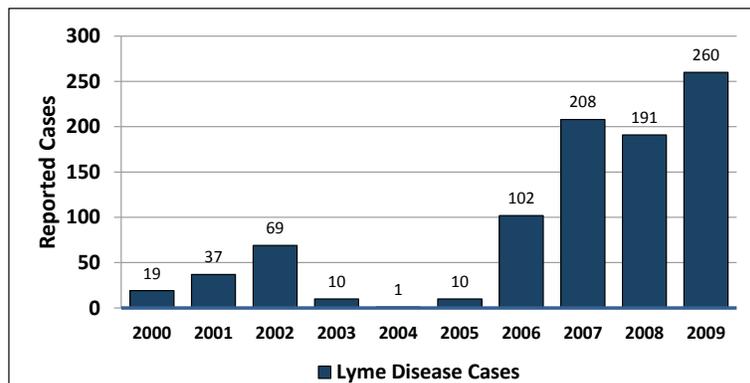
- Fewer than 1 percent of all children under the age of 72 months were found to have elevated blood levels.

Lyme Disease

- Lyme disease cases increased 13-fold between 2000 and 2009, and the disease is considered endemic in Fairfax County.
- Lyme disease cases are identified throughout the year, but incidence is highest

Incidence of Lyme Disease, Fairfax County, 2000-2009

Source: Fairfax County Health Department



during the early summer months.

Infrastructure

- Issues regarding land use, lack of pedestrian and bike friendly infrastructure, neighborhood and housing configurations (safety, mobility, access to community resources and services) impact the health and quality of life of Fairfax residents.
- Traffic congestion is a significant problem across the Washington Metropolitan Area and in Fairfax County. Although efforts are being made to increase availability, use, and funding of public transportation, these initiatives lag behind current needs.

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