The health of adults and children varies dramatically across Alexandria. Life expectancy (how long a newborn baby can be expected to live) varies by as many as 8 years across the city, from 78 years in parts of Arlandria to 86 years in the downtown area of Hoffman Town Center. What determines our health also determines our ability to “get ahead.” Social and economic advancement—like health—depends on a good education, income, housing, transportation, safety, and other living conditions.

Although the quality of life on average is excellent in Alexandria, the opportunity landscape is uneven. We examined 2013 data from the American Community Survey for more details.

In three disadvantaged census tracts near Landmark Mall, a population of approximately 14,000 persons had limited education, insufficient economic resources, and inadequate living conditions to meet basic needs or help their children attain a better life.

The population exposed to these conditions was largely Hispanic and African American.
In Alexandria, and throughout Northern Virginia, areas of wealth and disadvantage existed in close proximity. For example, affluent tracts in historic Old Town—where the average home value in one census tract was $935,000—were blocks away from low-income tracts to the immediate north and south. The poverty rate in one nearby census tract was 23%, and 58% of the children lived in poverty.

Throughout Alexandria, neighborhoods separated by one thoroughfare often had very different demographics, housing, and socioeconomic resources. A striking example was near Arlandria, where residents in two census tracts on either side of West Glebe Road—tracts 2011 and 2012.03—faced very different living conditions (Figure right). In census tract 2011, south of West Glebe Road, median household incomes exceeded $165,000 per year and three out of four adults had a Bachelor’s degree or higher education.

Just north of West Glebe Road, in tract 2012.03, only 31% of adults had a Bachelor’s degree and 43% of children lived in poverty. Low levels of education and income also existed throughout West Alexandria, where in some tracts 12% of residents lived in overcrowded housing, 56% of households with children had single parents, and as many as 27% of residents lacked health insurance. Hispanics and African Americans accounted for a disproportionate share of the population exposed to these adverse conditions.

Improving the conditions that shape health and wellbeing in Alexandria requires not only better access to health care but also to other basic needs, like education and affordable housing. In today’s knowledge economy, advancement requires better access to education—from preschool through college—and economic development to bring jobs with livable wages to disadvantaged areas. And it requires an investment in the infrastructure of neglected neighborhoods, to make the living environment healthier and safer, to provide transportation, and to improve public safety.

**What is good for our health is also good for the economy and will make Alexandria a stronger community for all of its residents.**

To learn more about the conditions in Alexandria and other areas of Northern Virginia, visit novahealthfdn.org.
The health of adults and children varies dramatically across Arlington County. Life expectancy (how long a newborn baby can be expected to live) varies by as many as 10 years across the county, from 78 years in the Buckingham area to 88 years in parts of Rosslyn and Aurora Highlands. What determines our health also determines our ability to “get ahead.” Social and economic advancement—like health—depends on a good education, income, housing, transportation, safety, and other living conditions.

Although the quality of life on average is excellent in Arlington County, the opportunity landscape is uneven. We examined 2013 data from the American Community Survey for more details.

In three disadvantaged census tracts along Columbia Pike near Bailey’s Crossroads, a population of more than 13,000 persons had limited education, insufficient economic resources, and inadequate living conditions to meet basic needs or help their children attain a better life.

The population exposed to these conditions was largely Hispanic and African American.
In Arlington County, and throughout Northern Virginia, areas of wealth and disadvantage existed in close proximity. For example, affluent tracts in parts of Clarendon—where annual incomes were approximately $140,000 per year and the average home value could exceed $800,000—were blocks away from low-income tracts near Fort Myer and Arlington National Cemetery, where the poverty rate in one tract, 1017.01, was 28%, and 21% of the residents lacked health insurance.

Throughout Arlington County, neighborhoods separated by one thoroughfare often had very different demographics, housing, and socioeconomic resources. A striking example was near Ballston Common, where residents in two census tracts on either side of North Glebe Road—tracts 1019 and 1020.01—faced very different living conditions (Figure right). In census tract 1019, east of North Glebe Road, 85% of adults had a Bachelor’s degree or higher education and the median household income exceeded $160,000 per year.

Just west of North Glebe Road, in tract 1020.01, 30% of teens ages 15–17 years were not enrolled in school, only 38% of adults had a Bachelor’s degree and 48% of the population was uninsured. Low levels of education and income also existed along Columbia Pike and to its south. For example, near Army and Navy Country Club, the poverty rate in one census tract was 18%, and 41% of children in an adjacent census tract lived in poverty. Hispanics and African Americans accounted for a disproportionate share of the population exposed to these adverse conditions.

Improving the conditions that shape health and wellbeing in Arlington County requires not only better access to health care but also to other basic needs, like education and affordable housing. In today’s knowledge economy, advancement requires better access to education—from preschool through college—and economic development to bring jobs with livable wages to disadvantaged areas. And it requires an investment in the infrastructure of neglected neighborhoods, to make the living environment healthier and safer, to provide transportation, and to improve public safety.

What is good for our health is also good for the economy and will make Arlington County a stronger community for all of its residents.

To learn more about the conditions in Arlington County and other areas of Northern Virginia, visit novahealthfdn.org.
The health of adults and children varies dramatically across Fairfax County. Life expectancy (how long a newborn baby can be expected to live) varies by as much as 11 years across the county, from 78 years in parts of Centreville, Annandale, and the Route 1 corridor to 89 years in neighborhoods near Reston Town Center and Tyson’s Corner. What determines our health also determines our ability to “get ahead.” Social and economic advancement—like health—depends on a good education, income, housing, transportation, safety, and other living conditions.

Although the quality of life on average is excellent in Fairfax County, the opportunity landscape is uneven. We examined 2013 data from the American Community Survey for more details.

In two census tracts near Seven Corners and Bailey’s Crossroads, a population of almost 9,000 persons had limited education, insufficient economic resources, and inadequate living conditions to meet basic needs or help their children attain a better life.

The population exposed to these conditions was largely Hispanic and African American.

Fairfax County statistics (county averages)

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>High school education or higher</td>
<td>92%</td>
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<tr>
<td>Bachelor’s degree or higher</td>
<td>59%</td>
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<td>Median household income</td>
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<td>Poverty rate</td>
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<tr>
<td>Child poverty</td>
<td>8%</td>
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<tr>
<td>Receiving public assistance</td>
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<tr>
<td>Living in overcrowded housing</td>
<td>3%</td>
</tr>
<tr>
<td>Limited English households</td>
<td>7%</td>
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</table>
In Fairfax County, and throughout Northern Virginia, areas of wealth and disadvantage existed in close proximity. For example, affluent tracts in Great Falls—where annual incomes were approximately $220,000 per year and average home values sometimes exceeded $800,000—were as close as four miles from some low-income tracts in Reston and Herndon where the poverty rate in two tracts (4822.01 and 4823.02) exceeded 25%, and where 29% of residents in another tract (4809.03) lacked health insurance.

Throughout Fairfax County, in areas like Centreville and the Route 1 corridor, neighborhoods separated by one thoroughfare often had very different demographics, housing, and socioeconomic resources. A striking example was in Chantilly, where residents of two census tracts on either side of Poplar Tree Road—tracts 4915.02 and 4916.01—faced very different living conditions (Figure right). In census tract 4915.02, south of Poplar Tree Road, three out of four adults had a Bachelor’s degree or higher education and the median household income exceeded $200,000 per year.

North of Poplar Tree Road, in tract 4916.01, the median income was $70,000 per year and 22% of the population was uninsured. Low levels of education and income also existed in large areas of eastern Fairfax County, such as Annandale and Lincolnia, where 16% of the residents in one tract required public assistance and 40% of those in another tract were uninsured. Hispanics and African Americans accounted for a disproportionate share of the population exposed to these adverse conditions.

Improving the conditions that shape health and wellbeing in Fairfax County requires not only better access to health care but also to other basic needs, like education and affordable housing. In today’s knowledge economy, advancement requires better access to education—from preschool through college—and economic development to bring jobs with livable wages to disadvantaged areas. And it requires an investment in the infrastructure of neglected neighborhoods, to make the living environment healthier and safer, to provide transportation, and to improve public safety.

What is good for our health is also good for the economy and will make Fairfax County a stronger community for all of its residents.

To learn more about the conditions in Fairfax County and other areas of Northern Virginia, visit novahealthfdn.org.
The health of adults and children varies dramatically across Loudoun County. Life expectancy (how long a newborn baby can be expected to live) varies by as much as 10 years across the county, from 79 years in parts of Leesburg and Sterling to 89 years in areas of Ashburn. What determines our health also determines our ability to “get ahead.” Social and economic advancement—like health—depends on a good education, income, housing, transportation, safety, and other living conditions.

Although the quality of life on average is excellent in Loudoun County, the opportunity landscape is uneven. We examined 2013 data from the American Community Survey for more details.

In three disadvantaged census tracts of Leesburg and Sterling, a population of almost 15,000 persons had limited education, insufficient economic resources, and inadequate living conditions to meet basic needs or help their children attain a better life.

The population exposed to these conditions was largely Hispanic.
In Loudoun County, and throughout Northern Virginia, areas of wealth and disadvantage existed in close proximity. For example, just north of Route 7 were tracts along the Potomac River that are home to exclusive golf resorts and where median household incomes were as high as $175,000 per year. This area, along with other affluent tracts in Ashburn, were short distances from tracts in Leesburg, where the poverty rate in one tract was as high as 14% and where 11% of the population in an adjacent tract received public assistance.

Throughout Loudoun County, neighborhoods separated by short distances often had very different demographics, housing, and socioeconomic resources. For example, residents in two census tracts on either side of Washington-Dulles Airport, tracts 6119 and 6116.02, faced very different living conditions (Figure right).

Census tract 6116.02, in Sterling Park, was among a number of low-income census tracts in the Sterling area, south of Route 7 (Harry Byrd Highway), which had low levels of education and income and a child poverty rate in one tract as high as 25%. Hispanics accounted for a disproportionate share of the population exposed to these adverse conditions.

Improving the conditions that shape health and wellbeing in Loudoun County requires not only better access to health care but also to other basic needs, like education and affordable housing. In today’s knowledge economy, advancement requires better access to education—from preschool through college—and economic development to bring jobs with livable wages to disadvantaged areas. And it requires an investment in the infrastructure of neglected neighborhoods, to make the living environment healthier and safer, to provide transportation, and to improve public safety.

What is good for our health is also good for the economy and will make Loudoun County a stronger community for all of its residents.

To learn more about the conditions in Loudoun County and other areas of Northern Virginia, visit novahealthfdn.org.
The health of adults and children varies dramatically across Prince William County. Life expectancy (how long a newborn baby can be expected to live) varies by as much as 17 years across the county, from 71 years in parts of Woodbridge to 88 years in areas of Linton Hall. What determines our health also determines our ability to “get ahead.” Social and economic advancement—like health—depends on a good education, income, housing, transportation, safety, and other living conditions.

Although the quality of life on average is excellent in Prince William County, the opportunity landscape is uneven. We examined 2013 data from the American Community Survey for more details.

In four disadvantaged census tracts in Woodbridge, a population of more than 24,000 persons had limited education, insufficient economic resources, and inadequate living conditions to meet basic needs or help their children attain a better life.

The population exposed to these conditions was largely Hispanic.
In Prince William County, and throughout Northern Virginia, areas of wealth and disadvantage existed in close proximity. For example, affluent tracts along Prince William Parkway were short distances from low-income tracts in Woodbridge, Dale City, and Dumfries, where the poverty rate in one tract was as high as 26% and almost half of children lived in poverty.

Throughout Prince William County, neighborhoods separated by short distances often had very different demographics, housing, and socioeconomic resources. For example, the residents in two census tracts on either side of Manassas National Battlefield Park—tracts 9015.05 and 9017.01—faced very different living conditions (Figure right). In census tract 9015.05, located off exit 43 of Interstate 66 near the Heritage Hunt Country Club, the median household income exceeded $175,000 per year and home values averaged almost $500,000.

In census tract 9017.01 in Bull Run, just four miles away off exit 47, 17% of teens ages 15-17 years were not enrolled in school and only 17% of adults had a Bachelor’s degree. Low levels of education and income also existed in Manassas and Manassas Park, as well as in Yorkshire, where 18% of the residents in one tract lived on public assistance. Hispanics accounted for a disproportionate share of the population exposed to these adverse conditions.

Improving the conditions that shape health and wellbeing in Prince William County requires not only better access to health care but also to other basic needs, like education and affordable housing. In today’s knowledge economy, advancement requires better access to education—from preschool through college—and economic development to bring jobs with livable wages to disadvantaged areas. And it requires an investment in the infrastructure of neglected neighborhoods, to make the living environment healthier and safer, to provide transportation, and to improve public safety.

**What is good for our health is also good for the economy and will make Prince William County a stronger community for all of its residents.**

To learn more about the conditions in Prince William County and other areas of Northern Virginia, visit novahealthfdn.org.