# Community Health Needs Assessment Study Report

Produced by Community Health Solutions for
UVA Haymarket Medical Center

May 27, 2022

# Introduction

This report presents the results of a community health needs assessment (CHNA) study conducted by UVA Haymarket Medical Center. The purpose of this CHNA study is to identify community needs and use the results to inform community partnerships for health improvement.

This study was conducted in 2022 as part of a series of health needs assessments conducted every three years. The geographic focus for the CHNA includes UVA Haymarket Medical Center's primary service areas: City of Manassas, the City of Manassas Park, Prince William County, and Fauquier County. The scope of the study includes a community demographic profile, results from surveys of residents and professionals, and insights from three 'community insight events' in which community residents and professionals shared their input in a group setting.

The study was conducted as a partnership between the Community Healthcare Coalition of Greater Prince William inclusive of Prince William Health District, Sentara Northern Virginia Medical Center, UVA Haymarket Medical Center, and UVA Prince William Medical Center (Appendix G). A collaborative approach was employed in the partnership because our organizations are equally dedicated to improving the health inequities and health outcomes of our community through targeted efforts aimed at the social determinants of health, such as access to healthcare, economic stability, neighborhood and physical environment, access to education, and healthy food. Collectively, we serve the needs of all of Prince William County, surrounding counties and cities.

By working together on this project, the partners streamlined the CHNA process to make the best use of available resources to identify community health needs and strategies for bridging gaps. Community Health Solutions, a research and consulting firm, provided research and consulting support for the project.

In assessing the community's health needs, input was solicited from persons who represent the broad interests of the community, including those with special knowledge of or expertise in public health. Both community members, professionals and stakeholders shared their insights about community health, and their ideas for how to improve health and health care in greater Prince William County. In addition, Virginia Department of Health Prince William District (CHCGPW member) with knowledge, information, and expertise relevant to the health needs of the community participated along with members of medically underserved, low-income, and minority populations in the community served by the hospital facility, individuals and organizations representing the interests of these populations. The CHNA documents written comments received on the hospital facility's most recently conducted 2019-2021 CHNA and most recently adopted implementation strategy.

Please note that by design, the report does not include every possible indicator of community health. The analysis is focused on a set of community indicators that provide broad insight into community health and for which there were readily available data sources. However, nearly all of the available community health indicators are dated prior to the onset of the COVID-19 pandemic in 2020. Consequently, the numbers alone do not capture the impact of the pandemic on community health needs and capabilities across the community.

In this context, the community insights provided by community residents and community professionals are especially important for understanding the current state of community health in the region. Hundreds of community stakeholders shared their insights about community health, and their ideas for how to improve health and health care in the region. The results can be helpful for understanding the scope and magnitude of health concerns within the community, especially at this moment in time when the community is recovering from the profound impacts of the pandemic.

The detailed table of contents on the following page outlines the four main sections of the report along with the seven appendixes that provide additional details about community data and community insights.

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# Section 1. Community Demographic Profile

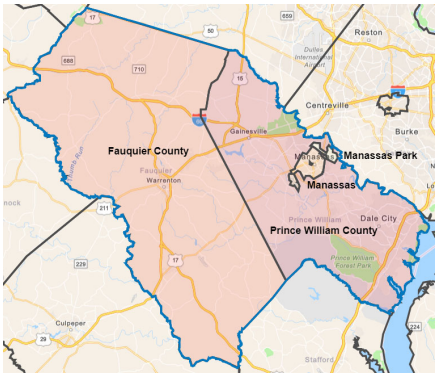
Demographic factors such as age, income, and other characteristics can influence health and well-being for individuals and populations. This section presents a demographic profile of the population residing in the CHNA study region.



## A. Total Population and Projected Growth

The study region for the CHNA study includes the cities of Manassas and Manassas Park, Prince William County, and Fauquier County. As shown in **Exhibit 1.1**, the study region was home to an estimated 598,140 people as of 2021. As shown in **Exhibit 1.2**, the projected population growth in the study region is an estimated 36% between 2021 and 2040, as compared to 14 percent for Virginia.

**Exhibit 1.1**
**The Study Region**




| 2021 Population Estimates | |
|---|---|
| City of Manassas | 41,723 |
| City of Manassas Park | 17,095 |
| Prince William County | 465,234 |
| Fauquier County | 74,088 |
| Study Region | 598,140 |

Source: CHS analysis of population estimates obtained from ESRI using ArcGIS software.

**Exhibit 1.2**
**Regional Population Projections, 2021-2040**

| Location | 2021 Estimate | 2030 Projection | 2040 Projection | % Change 2021-2040 |
|---|---|---|---|---|
| City of Manassas | 41,723 | 46,332 | 48,916 | 17% |
| City of Manassas Park | 17,095 | 20,284 | 23,153 | 35% |
| Prince William County | 465,234 | 571,844 | 656,178 | 41% |
| Fauquier County | 74,088 | 78,698 | 84,851 | 15% |
| Region Total | 598,140 | 717,158 | 813,098 | 36% |
| Virginia | 8,695,186 | 9,331,266 | 9,876,728 | 14% |

Source: CHS analysis of population estimates and projections produced by ESRI (for 2021) and by the Weldon Cooper Center for Public Service at the University of Virginia (for 2030 and 2040).

## B. Demographic Snapshot Profile

**Exhibit 1.3** shows a demographic 'snapshot' profile of the region as of 2021 unless otherwise noted. The localities within the region vary in terms of age distribution, racial and ethnic composition, educational attainment among adults, and income levels. This variation is apparent both within and across city and county boundaries as illustrated in the following section.

**Exhibit 1.3**
**Demographic Snapshot Profile**

| Indicator (Note: All definitions from US Census Bureau) | City of Manassas | City of Manassas Park | Prince William County | Fauquier County | Virginia |
|---|---|---|---|---|---|
| 2021 Total Population | 41,723 | 17,095 | 465,234 | 74,088 | 8,695,186 |
| **Age** | | | | | |
| 2021 Median Age | 34.6 | 32.7 | 35.6 | 43.2 | 39.2 |
| 2021 Child Population (Age <18) | 25.8% | 26.8% | 26.4% | 21.7% | 21.2% |
| 2021 Working-Age Population (Age 18-64) | 62.9% | 64.9% | 62.4% | 60.0% | 62.0% |
| 2021 Senior Population (Age 65+) | 11.3% | 8.3% | 11.2% | 18.3% | 16.8% |
| **Sex** | | | | | |
| 2021 Male Population | 50.2% | 50.5% | 49.5% | 49% | 49.2% |
| 2021 Female Population | 49.8% | 49.5% | 50.5% | 51% | 50.8% |
| **Race and Ethnicity** | | | | | |
| 2021 American Indian/Alaska Native Population | 0.7% | 0.5% | 0.5% | 0.4% | 0.4% |
| 2021 Asian Population | 6.2% | 11.4% | 9.7% | 1.8% | 7.0% |
| 2021 Black/African American Population | 14.3% | 14.2% | 21.2% | 7.5% | 19.5% |
| 2021 Pacific Islander Population | 0.2% | 0.1% | 0.2% | 0.1% | 0.1% |
| 2021 Other Race Population | 18.6% | 21.7% | 10.9% | 3.7% | 4.1% |
| 2021 White Population | 54.9% | 46.2% | 51.3% | 83.0% | 65.1% |
| 2021 Population of Two or More Races | 5.1% | 5.9% | 6.3% | 3.5% | 3.9% |
| 2021 Race Other than White Alone | 45.1% | 53.8% | 48.8% | 17.0% | 34.9% |
| 2021 Hispanic Population | 40.1% | 43.8% | 25.9% | 10.2% | 10.3% |
| 2019 Pop 18-64 Speak Spanish & No English | 2.0% | 0.5% | 0.9% | 0.1% | 0.3% |
| **Educational Attainment** | | | | | |
| 2021 Population Age 25+: Less than 9th Grade | 8.4% | 7.3% | 5.3% | 2.4% | 3.6% |
| 2021 Population Age 25+: 9-12th Grade/No Diploma | 8.1% | 9.0% | 5.4% | 4.7% | 6.1% |
| 2021 Population Age 25+: No Diploma | 16.5% | 16.3% | 10.7% | 7.0% | 9.8% |
| **Income** | | | | | |
| 2021 Per Capita Income | $35,097 | $35,986 | $43,388 | $47,498 | $41,359 |
| 2021 Median Household Income | $84,376 | $89,109 | $106,704 | $104,260 | $76,448 |
| 2021 Median Disposable Income | $63,627 | $67,151 | $80,821 | $79,132 | $58,392 |
| 2019 Households Below the Poverty Level | 8.4% | 4.4% | 5.8% | 5.9% | 10.3% |
| 2019 Population Below 100% Poverty Level | 8% | 6% | 7% | 6% | 11% |
| 2019 Population Below 200% Poverty Level | 24.6% | 23.3% | 18.4% | 12.9% | 24.8% |

Source: CHS analysis of population estimates and projections obtained from ESRI using ArcGIS software.

## C. Community Diversity Profile

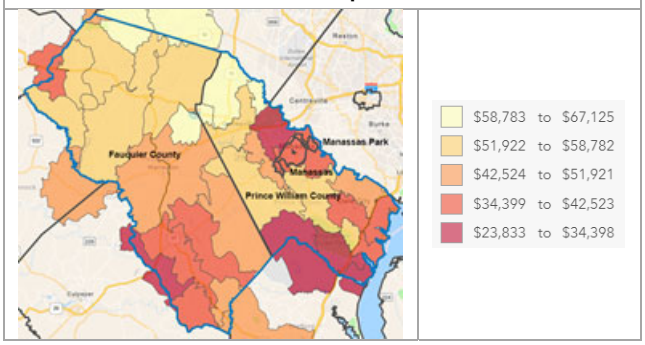
To develop a deeper understanding of local demographics, it can be helpful to 'look inside' city and county boundaries for diversity in population demographics by zip code. By exploring this type of demographic diversity, it is possible to appreciate the rich diversity of the community, and also identify geographic areas with a higher presence of populations who may be more vulnerable for various health concerns.

### Income Diversity

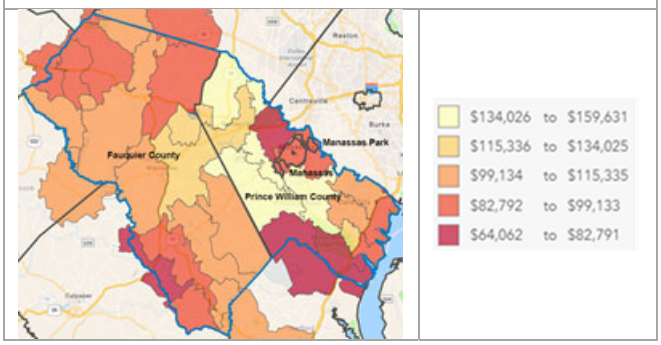
**Exhibits 1.4 and 1.5** illustrate variation in estimated income variation in estimated income across the region. In these maps the red-shaded areas indicate lower levels of income, and the yellow-shaded areas indicate higher levels of income. The patterns show that differences in income by zip code are substantial, as indicated by wide variations in per capita income, household income, and the number and percentage of households with income below poverty level.

**Exhibit 1.4**
**Estimated Per Capita Income and Median Household Income by Zip Code, 2021**

**Estimated Per Capita Income**



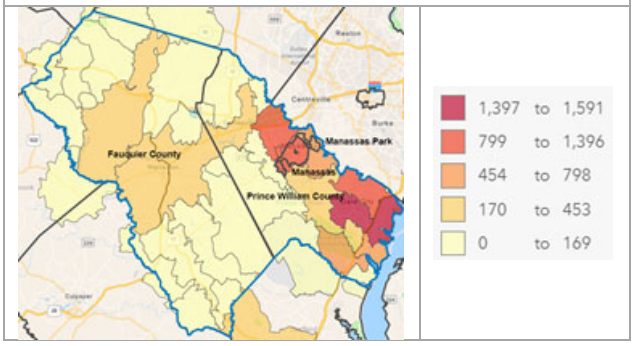

**Estimated Median Household Income**



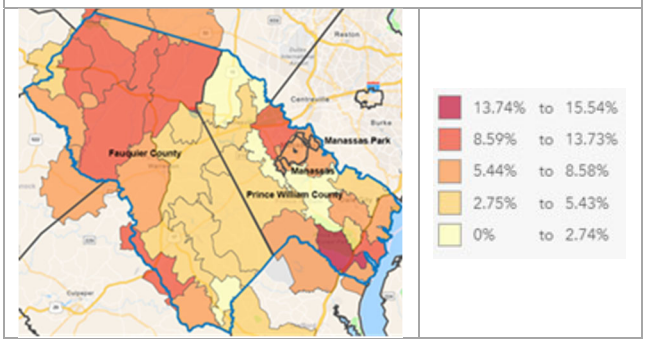

Source: CHS analysis of population estimates obtained from ESRI using ArcGIS software.

**Exhibit 1.5**
**Estimated Households with Income Below Poverty Level by Zip Code, 2019**

**Estimated Number of Households**




**Estimated Percent of Total Households**



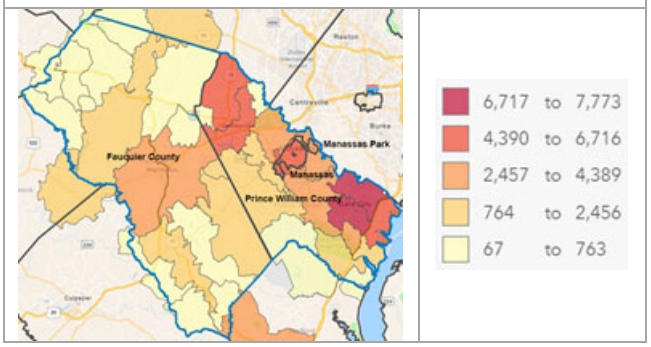

Source: CHS analysis of population estimates obtained from ESRI using ArcGIS software.

## Age Diversity

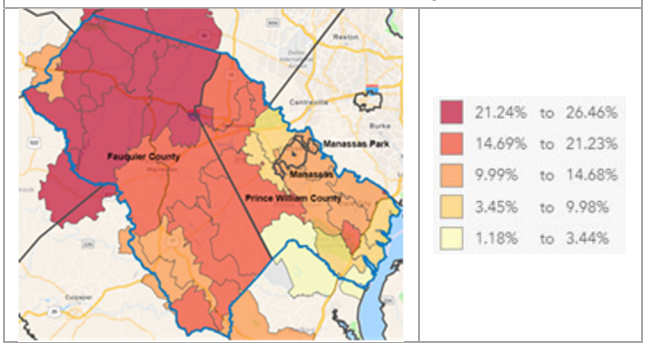
**Exhibits 1.6** illustrates geographic variation in the presence of community residents age 65+ as of 2021. The map on the left indicates that higher numbers of older adults reside in the eastern parts of the region, and the map on the right indicates that older adults represent a higher percent of the total population in the central and western parts of the region.

**Exhibit 1.6**
**Estimated Distribution of Age 65+ Population by Zip Code, 2021**

**Estimated Number of Individuals**




**Estimated Percent of Total Population**

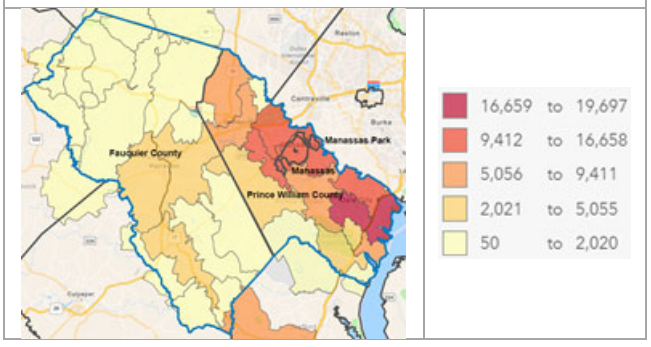



Source: CHS analysis of population estimates obtained from ESRI using ArcGIS software.

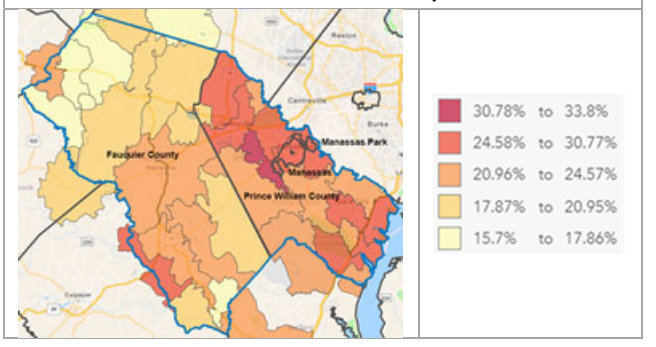
**Exhibit 1.7** illustrates geographic variation in the presence of community residents age 0-17 as of 2021. The map on the left indicates that higher numbers of children reside in the eastern parts of the region, and the map on the right indicates that children represent a substantial percent of the total population in both eastern and western parts of the region.

**Exhibit 1.7**
**Estimated Distribution of Age 0-17 Population by Zip Code, 2021**

**Estimated Number of Individuals**




**Estimated Percent of Total Population**



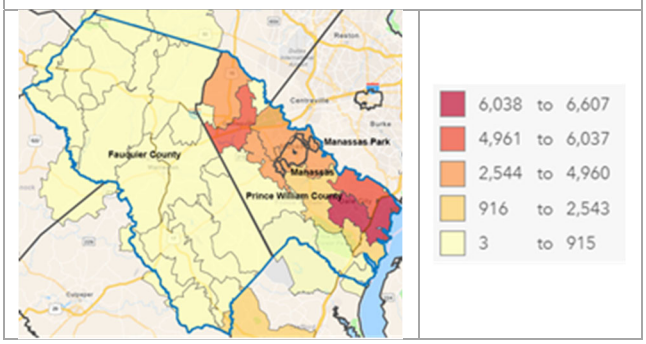

Source: CHS analysis of population estimates obtained from ESRI using ArcGIS software.

## Racial, Ethnic, and Language Diversity

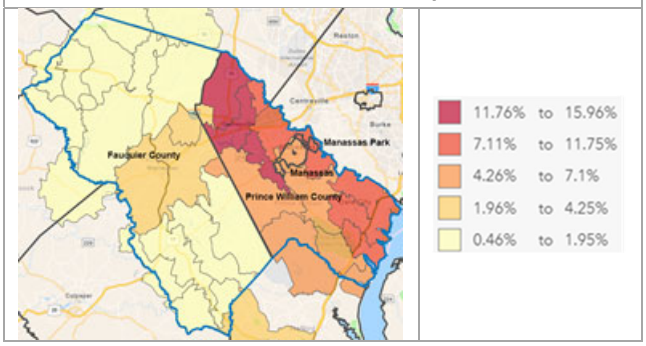
**Exhibits 1.8-1.11** illustrate variation in the presence of community population segments by race, ethnicity, and language as of 2021. In these maps the red-shaded areas indicate a higher presence of each population, and the yellow-shaded areas indicates a lower presence. The maps indicate that members of the Asian, Black / African American, and Hispanic population segments are present throughout the region, but there are wide variations in both the estimated numbers and percentages represented by each group at the zip code level.

**Exhibit 1.8**
**Estimated Distribution of Asian Population by Zip Code, 2021**

**Estimated Number of Individuals**



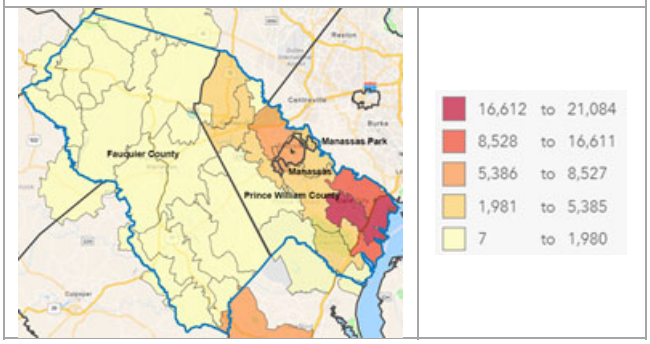

**Estimated Percent of Total Population**



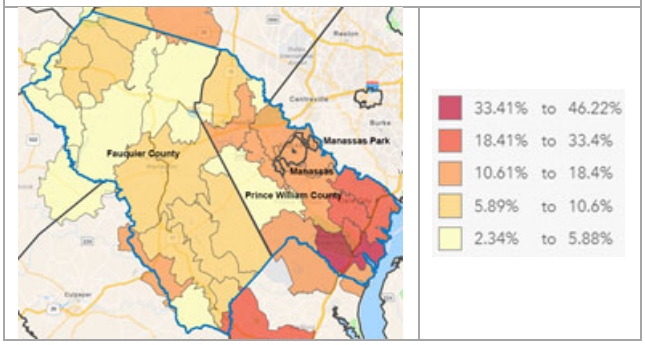

Source: CHS analysis of population estimates obtained from ESRI using ArcGIS software.

**Exhibit 1.9**
**Estimated Distribution of Black / African American Population by Zip Code, 2021**

**Estimated Number of Individuals**



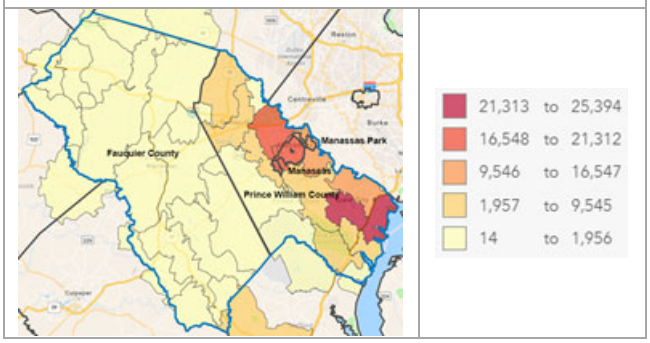

**Estimated Percent of Total Population**



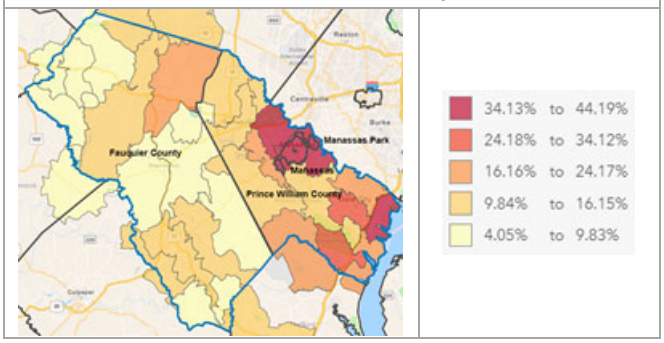

Source: CHS analysis of population estimates obtained from ESRI using ArcGIS software.

**Exhibit 1.10**
**Estimated Distribution of Hispanic Population by Zip Code, 2021**

**Estimated Number of Individuals**



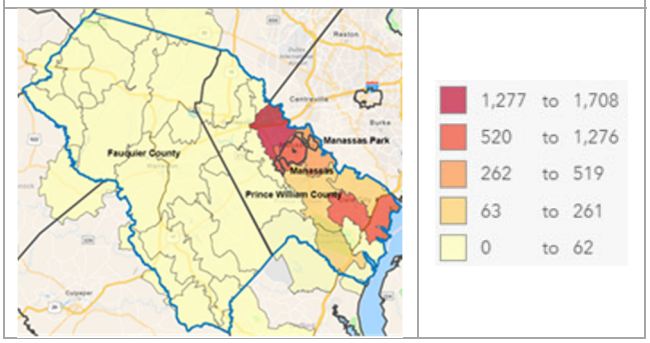

**Estimated Percent of Total Population**



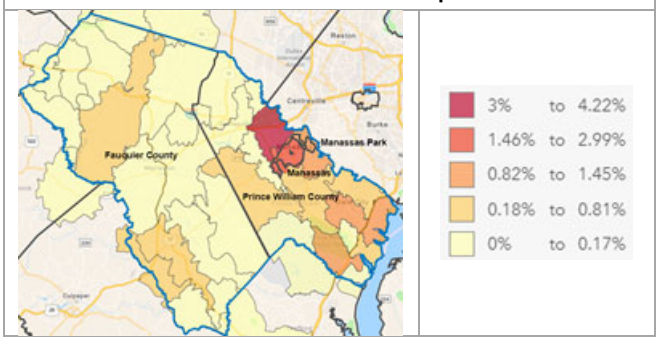

Source: CHS analysis of population estimates obtained from ESRI using ArcGIS software.

**Exhibit 1.11**
**Estimated Population Age 18-64 Speaking Spanish with No English by Zip Code, 2019**

**Estimated Number of Individuals**




**Estimated Percent of Total Population**




Source: CHS analysis of population estimates obtained from ESRI using ArcGIS software.

The demographic profile presented in this section indicates the CHNA study region is a large area with a diverse population. A view of the region at the city and county level is a good starting point for understanding the overall size and growth of the region. Looking within the city and county boundaries is more helpful for understanding the diversity that exists across the region. These local views can be especially helpful in planning and evaluation to assure that all population segments have equitable access to community outreach, services and supports.

# Section 2. Insights from Community Residents

To generate community input for the CHNA, community residents were invited to share their insights through a survey. This section describes the methods and results of the survey. Also see **Appendix E, F, and G** for additional insights from community residents and community professionals that participated in three 'community insight events' conducted for the study.



## A. Survey Methods

The survey of community residents was designed to capture insights about community health needs and opportunities for improvement. The study was conducted as a partnership between the Community Healthcare Coalition of Greater Prince William inclusive of Prince William Health District, Sentara Northern Virginia Medical Center, UVA Haymarket Medical Center, and UVA Prince William Medical Center.

A guiding aim of the survey was to be as inclusive as possible by gathering insights from all demographic groups, including low-income and minority populations. To help accomplish this aim, the survey was distributed through multiple channels including online and in local settings with the help of local partners.

Surveys were administered in paper copy in both English and Spanish. The survey was also made available online in available to be translated in any language. Links and QR code technology was employed to create easy access. Targeted distribution of paper surveys was utilized in an effort to reach areas of the population that may not have been able to access the online survey. Paper surveys were made available at local libraries, community events, at partner locations, through media outlets, at health fairs and to local community groups representing the medically underserved to ensure that participants surveyed represented the medically underserved, uninsured, low-income and minority populations.

It should be noted that the survey was conducted using convenience sampling methods. Convenience sampling is a practical approach for obtaining insights from as many people as possible. It differs from probability sampling, which involves random selection of a smaller group of respondents that should be representative of the broader population. Consequently, the survey results are instructive for understanding the perceptions of a diverse cross-section of community members, but they are not presented as a definitive representation of the entire community population.

## B. Demographic Profile of Survey Respondents

A total of **324** community residents submitted a survey response, although not every respondent completed every survey item. **Exhibit 2.1** on the following page provides a profile of survey respondents by various demographic indicators. As outlined in the box at right:

- The survey sample generally reflects the population distribution by locality in Prince William, Manassas, and Manassas Park, but under represents Fauquier County.
- The survey sample includes a higher percentage of respondents self-identifying as female (75%) compared to the population as a whole.
- The survey sample is within one to four percentage points of the population distribution for residents classified as Asian, Black/African American, or Hispanic.
- The survey sample has a higher percentage of households with income below $35,000 compared to the region as a whole.

**Survey Respondent Profile Compared to Community Population**

| Indicator | Survey Distribution* | Population Distribution |
|---|---|---|
| Prince William resident (including towns) | 82% | 78% |
| Manassas resident | 12% | 7% |
| Manassas Park resident | 3% | 3% |
| Fauquier resident | 3% | 12% |
| Female | 75% | 50% |
| Asian/Native Hawaiian/Other PI | 5% | 9% |
| Black/African American | 20% | 19% |
| Hispanic/Latino | 21% | 25% |
| Household Income < $35,0000 | 21% | 13% |

*Among those who responded to the survey item.

These comparisons are instructive for considering the reach of the survey. However, the survey was based on convenience sampling, and not every respondent responded to the demographic survey items. Consequently it is not possible to assign margins of error to the survey results.

**Exhibit 2.1**
**Demographic Profile of Survey Respondents**

| Place of Residence | Count | % |
|---|---|---|
| Total Responses | 324 | 100 |
| Prince William County | 224 | 69% |
| Manassas (City of) | 39 | 12% |
| Dumfries (Town of) | 30 | 9% |
| Manassas Park (City of) | 10 | 3% |
| Fauquier County | 9 | 3% |
| Haymarket (Town of) | 8 | 2% |
| Occoquan (Town of) | 3 | 1% |
| Quantico (Town of) | 1 | 0% |

| Age | Count | % |
|---|---|---|
| Total Responses | 276 | 100 |
| 0-17 | 0 | 0% |
| 18-24 | 27 | 10% |
| 25-34 | 35 | 13% |
| 35-44 | 60 | 22% |
| 45-54 | 55 | 20% |
| 55-64 | 53 | 19% |
| 65-79 | 44 | 16% |
| 80+ | 2 | 1% |

| Gender Identity & Sexual Orientation | Count | % |
|---|---|---|
| Total Responses | 277 | 100 |
| Female | 207 | 75% |
| Male | 56 | 20% |
| Prefer not to answer | 10 | 4% |
| Non-binary/ Gender Non-conforming | 3 | 1% |
| Other Identity | 1 | 0% |
| Trans Male | 0 | 0% |
| Trans Female | 0 | 0% |

| Race & Ethnicity | Count | % |
|---|---|---|
| Total Responses | 278 | 100 |
| American Indian/Alaska Native | 1 | 0% |
| Asian/Native Hawaiian/Other Pacific Islander | 12 | 5% |
| Black/African American | 52 | 20% |
| Hispanic/Latino | 54 | 21% |
| Please specify | 7 | 3% |
| Two or more races | 10 | 4% |
| White | 124 | 48% |

| Primary Language(s) Spoken at Home | Count | % |
|---|---|---|
| Total Responses | 267 | 100 |
| English | 243 | 91% |
| Spanish | 50 | 19% |
| Other | 15 | 4% |

| Household Size | Count | % |
|---|---|---|
| Total Responses | 275 | 100% |
| One | 21 | 8% |
| Two | 85 | 31% |
| Three | 65 | 24% |
| Four | 57 | 21% |
| Five | 27 | 10% |
| More than five | 20 | 7% |

| Household Income | Count | % |
|---|---|---|
| Total Responses | 235 | 100% |
| Less than $25,000 | 24 | 10% |
| $25,000-$34,999 | 27 | 11% |
| $35,000-$49,999 | 26 | 11% |
| $50,000-$74,999 | 29 | 12% |
| $75,000-$99,000 | 29 | 12% |
| $100,000-$149,000 | 52 | 22% |
| $150,000+ | 48 | 20% |

| Highest Level of Education Completed | Count | % |
|---|---|---|
| Total Responses | 276 | 100% |
| Grade K-8 | 5 | 2% |
| Grade 9-12 | 11 | 4% |
| High School Graduate/ GED | 29 | 11% |
| Skilled Trade Certificate Program | 14 | 5% |
| Some College | 43 | 16% |
| Associates Degree | 23 | 8% |
| Bachelor's Degree | 74 | 27% |
| Graduate Degree | 77 | 28% |

| Methods of Paying for Health Care | Count | % |
|---|---|---|
| Total Responses | 273 | 100% |
| Private Insurance | 182 | 67% |
| Medicare | 44 | 16% |
| Military (Tricare / VA Benefits) | 25 | 9% |
| Medicaid | 25 | 9% |
| Uninsured / Self Pay | 23 | 8% |
| Other | 11 | 4% |

Source: CHS analysis of community resident survey data.

## C. Factors Important for Health and Wellness

Community residents were asked to identify factors that can be important for health and wellness for people in their household, selecting up to five factors each for adults and for children. **Exhibit 2.2** lists the most frequently identified factors for each age group.

For adults, the five most frequently cited factors were annual checkups, health screenings, exercise, access to fresh food, and healthy eating. For children, the top five were annual checkups, access to fresh food exercise, healthy eating, and immunizations.

**Exhibit 2.2**
**Factors Important for Health and Wellness**

| For Adults (18+) in Your Household | Count | % |
|---|---|---|
| Total Responses | 312 | 100% |
| Annual Checkups (Physicals, Well- Child Visits) | 224 | 72% |
| Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.) | 216 | 69% |
| Exercise | 206 | 66% |
| Access to Fresh Food | 203 | 65% |
| Healthy Eating | 162 | 52% |
| Immunizations (Flu, T dap, Shingles, MMR, COVID-19, etc.) | 157 | 50% |
| Awareness & Understanding of Health Issues and New Treatments | 128 | 41% |
| Stress Relief Activities / Mindfulness | 126 | 40% |
| Relationship with Primary Care Provider or Pediatrician | 125 | 40% |
| Places of worship, Social Clubs, Athletics Groups | 80 | 26% |
| Social Connections in the Community | 73 | 23% |
| Parenting Support / Education | 65 | 21% |
| Not Applicable | 5 | 2% |

| For Children (0-17) in Your Household | Count | % |
|---|---|---|
| Total Responses | 312 | 100% |
| Annual Checkups (Physicals, Well- Child Visits) | 114 | 37% |
| Access to Fresh Food | 91 | 29% |
| Exercise | 85 | 27% |
| Healthy Eating | 83 | 27% |
| Immunizations (Flu, T dap, Shingles, MMR, COVID-19, etc.) | 79 | 25% |
| Relationship with Primary Care Provider or Pediatrician | 70 | 22% |
| Awareness & Understanding of Health Issues and New Treatments | 48 | 15% |
| Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.) | 47 | 15% |
| Places of worship, Social Clubs, Athletics Groups | 44 | 14% |
| Social Connections in the Community | 41 | 13% |
| Stress Relief Activities / Mindfulness | 39 | 13% |
| Parenting Support / Education | 35 | 11% |
| Not Applicable | 25 | 8% |

Source: CHS analysis of community resident survey data.

## D. Barriers that Make it Difficult to Access Health Services

Community residents were asked to identify barriers that can make it difficult for people to access health services, selecting up to five each for adults and for children. **Exhibit 2.3** lists the most frequently identified barriers for each age group.

**Exhibit 2.3**
**Barriers that Make it Difficult for People to Access Health Services**

| For Adults (18+) in Your Household | Count | % |
|---|---|---|
| Total Responses | 295 | 100% |
| Cost of care | 166 | 56% |
| Appointment not available | 150 | 51% |
| Health insurance | 117 | 40% |
| Availability of in-person appointments | 95 | 32% |
| Unable to get time off from work | 85 | 29% |
| Accessing healthcare services | 82 | 28% |
| Delaying care due to COVID-19 | 74 | 25% |
| Location of services | 61 | 21% |
| Don’t know what services are available | 60 | 20% |
| Coordinated care | 52 | 18% |
| Lack of Transportation/Cost of Transportation | 50 | 17% |
| Childcare | 49 | 17% |
| Language Barrier | 44 | 15% |
| Lack of understanding by providers about my culture or background | 40 | 14% |
| Don't have the technology to utilize telehealth options | 28 | 9% |
| Other | 15 | 5% |

| For Children (0-17) in Your Household | Count | % |
|---|---|---|
| Total Responses | 295 | 100% |
| Cost of care | 78 | 26% |
| Appointment not available | 63 | 21% |
| Health insurance | 55 | 19% |
| Accessing healthcare services | 46 | 16% |
| Availability of in-person appointments | 45 | 15% |
| Childcare | 44 | 15% |
| Delaying care due to COVID-19 | 28 | 9% |
| Location of services | 27 | 9% |
| Don’t know what services are available | 26 | 9% |
| Coordinated care | 22 | 7% |
| Lack of Transportation/Cost of Transportation | 22 | 7% |
| Language Barrier | 19 | 6% |
| Unable to get time off from work | 18 | 6% |
| Lack of understanding by providers about my culture or background | 15 | 5% |
| Don't have the technology to utilize telehealth options | 11 | 4% |
| Other (please specify in the box below): | 8 | 3% |

Source: CHS analysis of community resident survey data.

## E. Personal Factors that Can Influence Quality of Care

Community residents were asked to identify personal factors that can influence the quality of care received by members of their household, selecting up to five factors each for adults and for children. **Exhibit 2.4** lists the most frequently identified factors for each age group.

**Exhibit 2.4**
**Personal Factors that Can Influence Quality of Care**

| Factors Affecting Adults (18+) in Your Household | Counts | % |
|---|---|---|
| Total Responses | 314 | 100% |
| Type of Health Insurance / Ways People Pay for Health Services | 139 | 18% |
| Age | 108 | 14% |
| Race | 82 | 11% |
| Language | 65 | 8% |
| Level of Education | 65 | 8% |
| Ethnicity | 60 | 8% |
| Physical Disabilities | 56 | 7% |
| Developmental Disabilities | 49 | 6% |
| Immigration Status | 47 | 6% |
| Gender Identity | 44 | 6% |
| Sexual Orientation | 26 | 3% |
| Religious Beliefs | 25 | 3% |

| Factors Affecting Children (0-17) in Your Household | Counts | % |
|---|---|---|
| Total Responses | 314 | 100% |
| Type of Health Insurance / Ways People Pay for Health Services | 53 | 15% |
| Age | 45 | 12% |
| Race | 39 | 11% |
| Language | 38 | 10% |
| Ethnicity | 35 | 10% |
| Developmental Disabilities | 32 | 9% |
| Level of Education | 27 | 7% |
| Immigration Status | 26 | 7% |
| Physical Disabilities | 21 | 6% |
| Gender Identity | 18 | 5% |
| Religious Beliefs | 16 | 4% |
| Sexual Orientation | 13 | 4% |

Source: CHS analysis of community resident survey data.

## F. Trusted Sources of Health Information

Community residents were asked to identify what they consider to be trusted sources of health information. **Exhibit 2.5** lists the most frequently identified sources.

**Exhibit 2.5**
**Trusted Sources of Health Information**

| Source of Health Information | Count | % |
|---|---|---|
| Total Responses | 306 | 100% |
| Healthcare Provider (Doctor, Pediatrician, Physician Assistant, Nurse) | 280 | 92% |
| Local Health System Website (Hospital, Free Clinics, etc.) | 161 | 53% |
| National Government (CDC, NIH, White House, World Health Organization) | 137 | 45% |
| Friends / Family | 121 | 40% |
| State / Local Government (Health Department, Governor, City) | 119 | 39% |
| National Healthcare Sources (Such as Web MD) | 87 | 28% |
| Place of worship | 35 | 11% |
| Local News/Radio Station | 34 | 11% |
| Social media such as Twitter, Facebook, YouTube, Tik Tok, etc. | 20 | 7% |
| Other (please specify in the box below): | 14 | 5% |

Source: CHS analysis of community resident survey data.

## G. Knowledge About Where to Get Community Assistance

Community residents were asked if they would know where to get community assistance for a list of common health concerns. **Exhibit 2.6** shows the number of respondents reporting they were unsure about how to get community assistance for adults and children.

**Exhibit 2.6**
**Knowledge About Where to Get Community Assistance**

| Unsure How to Find Community Assistance for Adults (18+) | Count | % |
|---|---|---|
| Total Responses | 276 | 100% |
| Returning Citizen (previously incarcerated persons) | 187 | 15% |
| Addiction to social media & digital screens | 182 | 14% |
| Unable to Afford Prescription Medications | 156 | 12% |
| Bullying (cyber, school, sports, workplace, etc.) | 141 | 11% |
| Housing Needs (Rent, Homeless, Eviction) | 136 | 11% |
| Alcohol/Substance Use (prescription or illegal drugs) | 103 | 8% |
| Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others) | 101 | 8% |
| Employment | 73 | 6% |
| Pregnancy | 66 | 5% |
| Access to Healthy Food | 65 | 5% |
| Urgent Medical Situation (Broken Bone, Cut that Needs Stitches) | 42 | 3% |
| Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury) | 25 | 2% |

| Unsure How to Find Community Assistance for Children (0-17) | Count | % |
|---|---|---|
| Total Responses | 266 | 100% |
| Addiction to social media & digital screens | 191 | 13% |
| Housing Needs (Rent, Homeless, Eviction) | 164 | 11% |
| Unable to Afford Prescription Medications | 164 | 11% |
| Juvenile Services | 160 | 11% |
| Bullying (cyber, school, sports, workplace, etc.) | 144 | 10% |
| Teen Pregnancy | 142 | 9% |
| Alcohol/Substance Use (prescription or illegal drugs) | 125 | 8% |
| Drowning/Water Safety | 119 | 8% |
| Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others) | 114 | 8% |
| Hunger & Access to Healthy Food | 99 | 7% |
| Urgent Medical Situation (Broken Bone, Cut that Needs Stitches) | 55 | 4% |
| Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury) | 37 | 2% |

Source: CHS analysis of community resident survey data.

## H. Satisfaction with Efforts to Address Diversity, Equity, and Inclusion

Community residents were asked to rate their level of satisfaction with how the community is addressing diversity, equity, and inclusion. **Exhibit 2.7** shows the range of responses from very satisfied to very dissatisfied.

**Exhibit 2.7**
**Satisfaction with How the Community Is Addressing Diversity, Equity, and Inclusion**

| Level of Satisfaction | Count | % |
|---|---|---|
| Total Responses | 283 | 100% |
| Very satisfied | 36 | 13% |
| Satisfied | 95 | 34% |
| Neither satisfied nor dissatisfied | 108 | 38% |
| Dissatisfied | 37 | 13% |
| Very dissatisfied | 7 | 2% |

Source: CHS analysis of community resident survey data.

## I. COVID-19 Impacts and Vaccines

Community residents were asked to share their perspectives on the impact of COVID-19 and their perceptions of the COVID-19 vaccine. As shown in **Exhibit 2.8**, about 20 percent of respondents said someone in their household lost employment due to COVID-19, and about 3% said someone in their household lost housing.

**Exhibit 2.8**
**Household Impact of COVID-19**

| Someone in the Household Lost Employment due to COVID-19 | Count | % |
|---|---|---|
| Total Responses | 282 | 100% |
| Yes | 53 | 19% |
| No | 229 | 81% |

| Someone in the Household Lost Housing due to COVID-19 | Count | % |
|---|---|---|
| Total Responses | 279 | 100% |
| Yes | 8 | 3% |
| No | 271 | 97% |

Source: CHS analysis of community resident survey data.

Community residents were also asked to share their concerns (if any) about the COVID-19 vaccine. The most frequently identified responses are listed in **Exhibit 2.9**.

**Exhibit 2.9**
**Concerns About the COVID-19 Vaccine**

| Concerns About the COVID-19 Vaccine | Count | % |
|---|---|---|
| Total Responses | 261 | 100% |
| I have no concerns about the vaccine | 163 | 62% |
| Worried it will be harmful or have side effects | 64 | 25% |
| I already had COVID-19, so I do not think it is necessary | 26 | 10% |
| Other (please specify in the box below): | 21 | 8% |
| With multiple vaccines, I do not know which is best | 18 | 7% |
| Fear of needles | 15 | 6% |
| I am not concerned about COVID-19, so I do not need a shot | 13 | 5% |
| Religious Objections | 13 | 5% |
| Medical Condition | 13 | 5% |
| Worried about possible costs | 9 | 3% |
| I do not believe in vaccines in general | 8 | 3% |
| Unclear how to get the shot / difficulty accessing | 5 | 2% |

Source: CHS analysis of community resident survey data.

## J. Most Important Community Health Concerns

Community residents were asked to identify important health concerns in their community, selecting up to five each for adults and for children. **Exhibit 2.10** lists the most frequently identified concerns for each age group.

**Exhibit 2.10**
**Most Important Community Health Concerns**

| Health Concerns for Adults (18+) | Count | % |
|---|---|---|
| Total Responses | 282 | 100% |
| Dental/Oral Care | 124 | 66% |
| Substance Use (Alcohol, Drugs) | 78 | 47% |
| Cancer | 71 | 47% |
| Overweight/Obesity | 52 | 44% |
| Physical Disabilities | 50 | 39% |
| Developmental Disabilities | 45 | 38% |
| Respiratory disease | 38 | 33% |
| Alzheimer's and Dementia Care | 38 | 31% |
| Neurological Conditions | 37 | 27% |
| Heart Conditions | 33 | 24% |
| COVID-19 | 31 | 18% |
| Violence in the Community | 21 | 15% |
| Sexual & Reproductive Health Issues (STIs, Teen Pregnancy) | 17 | 15% |
| Violence in the Home (domestic or child abuse, including sexual, physical, emotional abuse and neglect) | 16 | 15% |
| Infectious Disease | 16 | 13% |
| Smoking/Tobacco use (cigarettes, vaping, e-cigarettes, chewing tobacco) | 11 | 11% |
| Diabetes | 11 | 10% |
| Behavioral / Mental Health (Anxiety, Depression, Bullying, Psychoses, Suicide) | 8 | 10% |

| Health Concerns for Children (0-17) | Count | % |
|---|---|---|
| Total Responses | 282 | 100% |
| Dental/Oral Care | 186 | 44% |
| Cancer | 133 | 28% |
| COVID-19 | 132 | 25% |
| Behavioral / Mental Health (Anxiety, Depression, Bullying, Psychoses, Suicide) | 123 | 18% |
| Substance Use (Alcohol, Drugs) | 111 | 18% |
| Violence in the Community | 106 | 16% |
| Overweight/Obesity | 93 | 13% |
| Violence in the Home (domestic or child abuse, including sexual, physical, emotional abuse and neglect) | 88 | 13% |
| Physical Disabilities | 77 | 13% |
| Neurological Conditions | 67 | 12% |
| Alzheimer's and Dementia Care | 52 | 11% |
| Sexual & Reproductive Health Issues (STIs, Teen Pregnancy) | 43 | 7% |
| Heart Conditions | 41 | 6% |
| Diabetes | 41 | 6% |
| Smoking/Tobacco use (cigarettes, vaping, e-cigarettes, chewing tobacco) | 36 | 6% |
| Respiratory disease | 30 | 4% |
| Developmental Disabilities | 29 | 4% |
| Infectious Disease | 29 | 3% |

Source: CHS analysis of community resident survey data.

## K. Suggested Additions or Improvements to Community Services and Supports

Community residents were asked to identify up to five factors they would like to see added or improved in their community, to help keep themselves and their family healthy. **Exhibit 2.11** lists the most frequently identified factors.

**Exhibit 2.11**
**Suggested Additions or Improvements to Community Services and Supports**

| Focus for Additions or Improvements | Count | % |
|---|---|---|
| Total Responses | 311 | 100% |
| Access to Mental Health Providers | 187 | 60% |
| Accessible Communities (Public/Commuter Transportation, Roads, bike paths, Parks & Recreation, Sidewalks, Open Spaces) | 156 | 50% |
| Safe Communities | 147 | 47% |
| Healthy Food Access (Fresh Foods, Community Gardens, Farmers' Markets, EBT, WIC) | 134 | 43% |
| Access to Health & Human Services | 117 | 38% |
| Affordable Childcare | 115 | 37% |
| Safe and Affordable/Workforce Housing | 114 | 37% |
| Public Safety Services (Police, Fire, EMT) | 108 | 35% |
| Environment (Air & Water Quality) | 100 | 32% |
| Employment Opportunities / Workforce Development | 98 | 32% |
| Quality of Education (Pre-K - 12) | 91 | 29% |
| Access to Community Health Education (such as Nutrition Education, Support for Individuals who care for others, etc.) | 86 | 28% |
| Access to Internet and Technology | 69 | 22% |
| Access to Parenting Education and Support Programs | 60 | 19% |
| Other | 16 | 5% |

Source: CHS analysis of community resident survey data.

## L. Additional Ideas and Suggestions for Improving Community Health

Respondents were invited to share any additional ideas and suggestions for improving community health or identifying additional health concerns. A total of 61individuals offered a response, and each of the responses was classified as relating to one or more themes. **Exhibit 2.12** lists the set of themes and the number of responses addressing each theme. **Appendix B** provides a detailed listing of each response in its original wording.

**Exhibit 2.12**
**Ideas and Suggestions for Improving Community Health**

| Ideas or Concerns Relating to… | Count |
|---|---|
| Total Responses | 61 |
| Health Care Services | 34 |
| Community and Social Services | 17 |
| Health Equity | 8 |
| People with Mental Health or Substance Use Concerns | 8 |
| Community Engagement | 7 |
| Supports for Children | 5 |
| COVID-19 | 3 |
| Low Income Population | 3 |
| Built Environment | 2 |
| Elderly Population | 2 |
| People with Lifestyle Risk Factors | 2 |
| Healthy Lifestyle Supports | 1 |
| People with Chronic Conditions | 1 |
| Other | 13 |

Source: CHS analysis of community resident survey data.

## M. Comments on Prior CHNA Studies and Implementation Plans

Community residents were invited to share their insights about prior CHNA studies and implementation plans produced by the CHNA study partners. A total of 36 individuals responded, and their specific comments are listed in **Appendix C**.

# Section 3. Insights from Community Professionals

In addition to the survey of community residents described in Section 2, a second survey was conducted to obtain insights from a cross-section of community professionals with interests in community health improvement. This section describes the methods, summary results, and detailed results for each section of the survey. Also see **Appendix E, F, and G** for additional insights from community residents and community professionals that participated in a series of 'community insight events' conducted for the study.

## A. Survey Methods and Respondent Perspectives

As with the survey of community residents, the survey of community professionals was designed to capture insights about community health needs and opportunities for improvement. The survey was conducted as a partnership between the Community Healthcare Coalition of Greater Prince William, Sentara Northern Virginia Medical Center, UVA Haymarket Medical Center, and UVA Prince William Medical Center. The survey was conducted via email with a pool of potential respondents identified by the project partners from their existing lists of community contacts. A total of 77 individuals submitted a survey response, although not every respondent completed every survey item. **Exhibit 3.1** lists the self-reported organizational affiliations of survey respondents and **Exhibit 3.2** shows the self-reported localities served by the respondents' organization.

**Exhibit 3.1**
**Organizational Affiliation of Survey Respondents**

- Action in Community Through Service - ACTS
- Advocates for Citizen Access
- Bethel Lutheran Church
- City of Manassas (2)
- City of Manassas Park (2)
- Department of Social Services
- Four Seasons at Historic Virginia
- George Mason University
- Georgetown South Community Council
- GRC Enterprises, Inc
- Greater Prince William Health Center (3)
- Haymarket Gainesville Library
- Institute for Public Health Innovation
- Lake Ridge Parks and Recreation Association
- Manassas Park Department of Social Services
- Manassas Park Fire Department (4)
- Manassas Park Police Department
- Mother of Mercy Free Medical Clinic
- Muslim Association of Virginia
- Northern Virginia Veterans Association
- Potomac Health Foundation
- Prince William Area Agency on Aging
- Prince William Commission on Aging
- Prince William County Community Services
- Prince William County Department of Social Services
- Prince William County Planning Office
- Prince William County Police Department
- Prince William County School Board
- Prince William County Schools (10)
- Prince William Health District
- Prince William Public Libraries
- Sentara Northern Virginia Medical Center (16)
- St Francis House
- The Arc of Greater Prince William
- The SkillSource Group, Inc
- Town of Haymarket Police Department
- UVA Health (4)
- Virginia Cooperative Extension Prince William County (2)
- Westminster at Lake Ridge
- Young Invincibles
- Unknown (2)

Source: CHS analysis of community resident survey data.

**Exhibit 3.2**
**Locality Perspectives of Survey Respondents**

| Communities You Serve | Count | % |
|---|---|---|
| Total Responses | 77 | 100% |
| Dumfries (Town of) | 26 | 34% |
| Fauquier County | 4 | 5% |
| Haymarket (Town of) | 18 | 23% |
| Lorton | 11 | 14% |
| Manassas (City of) | 34 | 44% |
| Manassas Park (City of) | 26 | 34% |
| Occoquan (Town of) | 23 | 30% |
| Prince William County | 59 | 77% |
| Quantico (Town of) | 20 | 26% |
| Stafford County | 11 | 14% |

Source: CHS analysis of community resident survey data.

## B. Factors Important for Health and Wellness

Community professionals were asked to identify factors that can be important to the health and wellness of individuals and households, selecting up to five factors for adults and for children. **Exhibit 3.3** lists the most frequently identified factors for each age group.

**Exhibit 3.3**
**Factors Important for Health and Wellness**

| For Adults (18+) in Your Community | Count | % |
|---|---|---|
| Total Responses | 76 | 100 |
| Annual Checkups (Physicals, Well-Child Visits) | 45 | 59% |
| Access to Fresh Food | 45 | 59% |
| Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.) | 45 | 59% |
| Exercise | 37 | 49% |
| Awareness & Understanding of Health Issues and New Treatments | 33 | 43% |
| Social Connections in the Community (Place of Worship, Social Clubs, Athletics Groups) | 31 | 41% |
| Immunizations (Flu, T dap, Shingles, MMR, COVID-19, etc.) | 30 | 39% |
| Relationship with Primary Care Provider or Pediatrician | 28 | 37% |
| Parenting Support / Education | 28 | 37% |
| Healthy Eating | 26 | 34% |
| Stress Relief Activities / Mindfulness | 26 | 34% |

| For Children (0-17) in Your Community | Count | % |
|---|---|---|
| Total Responses | 76 | 100 |
| Annual Checkups (Physicals, Well-Child Visits) | 46 | 61% |
| Access to Fresh Food | 43 | 57% |
| Exercise | 36 | 47% |
| Immunizations (Flu, T dap, Shingles, MMR, COVID-19, etc.) | 36 | 47% |
| Healthy Eating | 31 | 41% |
| Social Connections in the Community (Place of Worship, Social Clubs, Athletics Groups) | 25 | 33% |
| Relationship with Primary Care Provider or Pediatrician | 21 | 28% |
| Stress Relief Activities / Mindfulness | 20 | 26% |
| Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.) | 19 | 25% |
| Parenting Support / Education | 17 | 22% |
| Awareness & Understanding of Health Issues and New Treatments | 15 | 20% |

Source: CHS analysis of community resident survey data.

## C. Barriers that Make it Difficult for People to Access Health Services

Community professionals were asked to identify barriers that can make it difficult for people to access health services, selecting up to five each for adults and for children. **Exhibit 3.4** lists the most frequently identified barriers for each age group.

**Exhibit 3.4**
**Barriers that Make it Difficult for People to Access Health Services**

| For Adults (18+) in Your Community | Count | % |
|---|---|---|
| Total Responses | 75 | 100% |
| Cost of care | 53 | 71% |
| Health insurance | 38 | 51% |
| Lack of transportation/cost of transportation | 32 | 43% |
| Accessing healthcare services | 30 | 40% |
| Don’t know what services are available | 30 | 40% |
| Childcare | 30 | 40% |
| Unable to get time off from work | 30 | 40% |
| Language barrier | 29 | 39% |
| Appointments not available | 20 | 27% |
| Delaying care due to COVID-19 | 18 | 24% |
| Don't have the technology to utilize telehealth options | 18 | 24% |
| Coordinated care | 14 | 19% |
| Availability of in-person appointments | 11 | 15% |
| Location of services | 9 | 12% |
| Other (please specify in the box below): | 6 | 8% |
| Lack of cultural and religious considerations | 6 | 8% |

| For Children (0-17) in Your Community | Count | % |
|---|---|---|
| Total Responses | 75 | 100% |
| Cost of care | 43 | 57% |
| Health insurance | 32 | 43% |
| Accessing healthcare services | 24 | 32% |
| Don’t know what services are available | 22 | 29% |
| Lack of transportation/cost of transportation | 21 | 28% |
| Appointments not available | 19 | 25% |
| Language barrier | 17 | 23% |
| Coordinated care | 15 | 20% |
| Delaying care due to COVID-19 | 15 | 20% |
| Childcare | 13 | 17% |
| Availability of in-person appointments | 12 | 16% |
| Unable to get time off from work | 12 | 16% |
| Don't have the technology to utilize telehealth options | 8 | 11% |
| Location of services | 8 | 11% |
| Other (please specify in the box below): | 5 | 7% |
| Lack of cultural and religious considerations | 4 | 5% |

Source: CHS analysis of community resident survey data.

## D. Personal Factors that Can Influence Quality of Care

Community professionals were asked to identify personal factors that can influence quality of care for adults and children. **Exhibit 3.5** lists the most frequently identified factors for each age group.

**Exhibit 3.5**
**Personal Factors that Can Influence Quality of Care**

| Factors Affecting Adults (18+) in Your Household | Counts | % |
|---|---|---|
| Total Responses | 72 | 100% |
| Type of Health Insurance / Ways People Pay for Health Services | 60 | 83% |
| Language | 51 | 71% |
| Immigration Status | 47 | 65% |
| Level of Education | 46 | 64% |
| Age | 33 | 46% |
| Race | 32 | 44% |
| Ethnicity | 32 | 44% |
| Developmental Disabilities | 29 | 40% |
| Gender Identity | 25 | 35% |
| Physical Disabilities | 23 | 32% |
| Sexual Orientation | 20 | 28% |
| Religious Beliefs | 12 | 17% |

| Factors Affecting Children (0-17) in Your Household | Counts | % |
|---|---|---|
| Total Responses | 72 | 100% |
| Type of Health Insurance / Ways People Pay for Health Services | 49 | 68% |
| Language | 35 | 49% |
| Immigration Status | 35 | 49% |
| Race | 29 | 40% |
| Age | 28 | 39% |
| Ethnicity | 27 | 38% |
| Gender Identity | 26 | 36% |
| Developmental Disabilities | 23 | 32% |
| Physical Disabilities | 19 | 26% |
| Level of Education | 18 | 25% |
| Sexual Orientation | 17 | 24% |
| Religious Beliefs | 7 | 10% |

Source: CHS analysis of community resident survey data.

## E. Knowledge About Where to Get Community Assistance

Community professionals were asked if they would know how to help a person they serve get community assistance if needed. **Exhibit 3.6** shows the number of respondents indicating they would be unsure about how to find community assistance in various situations.

**Exhibit 3.6**
**Knowledge About Where to Get Community Assistance**

| Unsure How to Help Someone Find Assistance | Count | % |
|---|---|---|
| Total Responses | 77 | 100% |
| Unable to Afford Prescription Medications | 40 | 52% |
| Housing Crisis | 37 | 48% |
| Addiction to Alcohol, Gambling, Narcotics, etc. | 28 | 36% |
| Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others) | 19 | 25% |
| Lack of Food | 14 | 18% |
| Urgent Medical Situation (Broken Bone, Cut that Needs Stitches) | 3 | 4% |
| Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury) | 1 | 1% |

Source: CHS analysis of community resident survey data.

## F. Satisfaction with Efforts to Address Diversity, Equity, and Inclusion

Community professionals were asked to rate their level of satisfaction with how the community is addressing diversity, equity, and inclusion. **Exhibit 3.7** shows the range of responses from very satisfied to very dissatisfied.

**Exhibit 3.7**
**Satisfaction with How the Community Is Addressing Diversity, Equity, and Inclusion**

| Level of Satisfaction | Count | % |
|---|---|---|
| Total Responses | 73 | 100% |
| Very satisfied | 10 | 14% |
| Satisfied | 26 | 36% |
| Neither satisfied nor dissatisfied | 25 | 34% |
| Dissatisfied | 9 | 12% |
| Very dissatisfied | 3 | 4% |

Source: CHS analysis of community resident survey data.

## G. Most Important Community Health Concerns

Community professionals were asked to identify the most important health concerns in their community, selecting up to five each for adults and for children. **Exhibit 3.8** lists the most frequently identified concerns for each age group.

**Exhibit 3.8**
**Most Important Community Health Concerns**

| Health Concerns for Adults (18+) | Count | % |
|---|---|---|
| Total Responses | 73 | 100% |
| Behavioral / Mental Health (Anxiety, Depression, Bullying, Psychoses, Suicide) | 63 | 82% |
| Overweight/Obesity | 43 | 56% |
| Diabetes | 34 | 44% |
| Substance Use (Alcohol, Drugs) | 31 | 40% |
| Dental/Oral Care | 28 | 36% |
| Alzheimer's and Dementia Care | 26 | 34% |
| Cancer | 24 | 31% |
| Heart Conditions | 24 | 31% |
| COVID-19 | 23 | 30% |
| Violence in the Home (domestic or child abuse, including sexual, physical, emotional abuse and neglect) | 21 | 27% |
| Physical Disabilities | 15 | 19% |
| Smoking/Tobacco Use (cigarettes, vaping, e-cigarettes, chewing tobacco) | 13 | 17% |
| Developmental Disabilities | 11 | 14% |
| Violence in the Community | 9 | 12% |
| Sexual & Reproductive Health Issues (STIs, Teen Pregnancy) | 7 | 9% |
| Respiratory Disease | 6 | 8% |
| Infectious Disease | 4 | 5% |
| Neurological Conditions | 4 | 5% |

| Health Concerns for Children (0-17) | Count | % |
|---|---|---|
| Total Responses | 73 | 100% |
| Behavioral / Mental Health (Anxiety, Depression, Bullying, Psychoses, Suicide) | 55 | 71% |
| Dental/Oral Care | 36 | 47% |
| Overweight/Obesity | 36 | 47% |
| Violence in the Home (domestic or child abuse, including sexual, physical, emotional abuse and neglect) | 29 | 38% |
| Substance Use (Alcohol, Drugs) | 22 | 29% |
| Developmental Disabilities | 20 | 26% |
| Smoking/Tobacco Use (cigarettes, vaping, e-cigarettes, chewing tobacco) | 17 | 22% |
| Sexual & Reproductive Health Issues (STIs, Teen Pregnancy) | 15 | 19% |
| COVID-19 | 13 | 17% |
| Diabetes | 12 | 16% |
| Physical Disabilities | 9 | 12% |
| Violence in the Community | 9 | 12% |
| Respiratory Disease | 5 | 6% |
| Cancer | 4 | 5% |
| Infectious Disease | 2 | 3% |
| Neurological Conditions | 2 | 3% |
| Heart Conditions | 1 | 1% |

Source: CHS analysis of community resident survey data.

## H. Suggested Additions or Improvements to Community Services and Supports

Community professionals were asked to suggest additions or improvements to community services and supports. **Exhibit 3.9** lists the most frequently suggested additions or improvements.

**Exhibit 3.9**
**Suggested Additions or Improvements to Community Services and Supports**

| Focus for Additions or Improvements | Count | % |
|---|---|---|
| Total Responses | 77 | 100% |
| Access to Mental Health Providers | 62 | 81% |
| Affordable Childcare | 40 | 52% |
| Access to Health and Human Services | 33 | 43% |
| Access to Community Health Education (such as Nutrition Education, Support for Individuals who Care for Others, etc.) | 31 | 40% |
| Access to Parenting Education and Support Programs | 29 | 38% |
| Safe and Affordable Housing for the Workforce | 28 | 36% |
| Accessible Communities (Public/Commuter Transportation, Roads, Bike Paths, Parks & Recreation, Sidewalks, Open Spaces) | 26 | 34% |
| Access to Internet and Technology | 25 | 32% |
| Employment Opportunities / Workforce Development | 25 | 32% |
| Healthy Food Access (Fresh Foods, Community Gardens, Farmers' Markets, EBT, WIC) | 24 | 31% |
| Safe Communities | 15 | 19% |
| Quality of Education (Pre-K - 12) | 10 | 13% |
| Public Safety Services (Police, Fire, EMT) | 8 | 10% |
| Other (please specify in the box below): | 5 | 6% |
| Environment (Air & Water Quality) | 2 | 3% |

Source: CHS analysis of community resident survey data. See **Appendix A** for details on survey methods.

## I. Ideas for Aligning Resources to Meet Community Needs

Community professionals were invited to share ideas for how community stakeholders can best align resources to meet community needs. A total of 42 individuals offered a response, and each response was classified as relating to one or more themes. **Exhibit 3.10** lists the set of themes and the number of responses addressing each theme. **Appendix D** provides a detailed listing of each response in its original wording.

**Exhibit 3.10**
**Ideas for Aligning Resources to Address Community Needs**

| Ideas Relating to…. | Count |
|---|---|
| Total Responses | 42 |
| Health Care Services | 18 |
| Community Engagement | 18 |
| Community and Social Services | 16 |
| People with Mental Health or Substance Use Concerns | 9 |
| Supports for Children | 5 |
| Health Equity | 4 |
| Low Income Population | 3 |
| Built Environment | 3 |
| Supports for People with Disabilities | 2 |
| People with Lifestyle Risk Factors | 2 |
| People with Chronic Conditions | 1 |
| Minority Population | 1 |
| Elderly Population | 1 |
| Other | 1 |

Source: CHS analysis of community resident survey data. See **Appendix A** for details on survey methods.

## J. Comments on Prior CHNA Studies and Implementation Plans

Community professionals were invited to share their insights about prior CHNA studies and implementation plans produced by the CHNA study partners. A total of 28 individuals offered a response, and their specific comments are listed in **Appendix C**.

# Section 4. Community Health Indicators

Sections 2 and 3 described qualitative insights about community health based on surveys with community residents and community professionals. This section provides a quantitative profile of the study region based on a wide array of community health indicators.

To produce the profile, Community Health Solutions analyzed data from multiple sources. By design, the analysis does not include every possible indicator of community health. The analysis is focused on a set of indicators that provide broad insight into community health and for which there were readily available data sources. The results of this profile can be helpful for understanding the scope and magnitude of health concerns within the community.

As with the survey results, there are some practical methodological limitations to the various data sources. *In particular most of the available community health indicators are dated prior to the onset of the COVID-19 pandemic in 2020.* Consequently, they do not capture the impact of the pandemic on community health needs and capabilities across the community.

**Important Technical Notes**

1. In exhibits throughout this section, (- -) indicates that data were either unavailable or too small in number to be included in the exhibit.
2. Underlying data are not structured to support precise statistical comparisons between localities or between local jurisdictions and Virginia. Virginia counts and rates are provided for general reference only.
3. Most of the available community health indicators are dated prior to the onset of the COVID-19 pandemic in 2020. Consequently, they do not capture the impact of the pandemic on community health needs and capabilities across the community.
4. It is not possible to determine the extent to which the indicators shown include data for undocumented immigrants.

As a result, the community health indicators listed in this section should be viewed as instructive for purposes of planning and assessment, but not statistically definitive of what is happening across the community in 2022. The suggested approach is to view these indicators alongside the various sources of community insight to help inform action plans for community health improvement.

**Section Outline**

## A. Maternal and Infant Health Indicators

Maternal and infant health indicators are instructive for identifying concerns with access to health education, preventive services, and primary healthcare. **Exhibit 4.1** shows selected maternal and infant health indicators for the study region localities.

- In 2020 there were a total 7,632 live births in the study region.
- Mothers receiving early prenatal care (in the first trimester) varied from 51.4 percent to 74.9 percent of total live births by locality. The statewide rate was better at 78.2 percent.
- Low weight birth rates ranged from 2.8 percent to 7.6 percent of total live births by locality. These rates were better than the statewide rate of 8.3 percent.
- Non-marital birth rates ranged from 28.2 percent to 42.1 percent by locality, with Manassas and Manassas Park above the statewide rate of 35.8%.
- Teen pregnancy rates showed substantial differences across localities.
- Five-year infant mortality rates were better than the statewide rate in the three localities for which rates were available.

Note that with the exception of infant mortality, the indicators in **Exhibit 4.1** represent a one-year snapshot of actual experience, and maternal and infant health indicators can vary substantially from year to year. Rates that compare unfavorably to the region or the state could be flagged for further attention and monitored for change over time.

**Exhibit 4.1**
**Maternal and Infant Health Indicators**

| Indicators | Manassas | Manassas Park | Prince William | Fauquier | Virginia |
|---|---|---|---|---|---|
| Total Live Births (2020) | 696 | 36 | 6,186 | 714 | 94,666 |
| Mothers Who Received Early Prenatal Care (2019) | 60.9% | 51.4% | 73.1% | 74.9% | 78.3% |
| Babies with Low Birthweight (2020) | 6.8% | 2.8% | 7.6% | 7.3% | 8.3% |
| Non-Marital Births (2020) | 42.1% | 36.1% | 31.3% | 28.2% | 35.8% |
| Teen Pregnancy Rate (per 1,000 females age 15-17) (2020) | 19.7 | 2.7 | 5.2 | 0.7 | 7.0 |
| Infant Mortality Rate (2016-2020)<br>(5-year mean, deaths per 1,000 live births) | 3.84 | -- | 4.28 | 3.74 | 5.58 |

Note: (--) = a complete set of published indicators were not available for infant mortality in Manassas Park.

Source: Virginia Department of Health, Division of Health Statistics. Indicators obtained directly from VDH for Fauquier County and from VDH data maintained by Conduent Healthy Communities Institute at https://www.behealthybehappyprincewilliam.com for Manassas, Manassas Park, Prince William, and Virginia. Early prenatal care indicators obtained from VDH via Kids Count. Data Center at https://datacenter.kidscount.org/.

## B. Mortality Indicators

Mortality indicators are helpful for identifying concerns related to cancer, heart disease, and other chronic conditions, as well as acute problems relating injury, suicide, and drug use. **Exhibit 4.2** shows selected mortality indicators for the study region localities.

- Cancer and heart disease were the leading causes of death in local communities and for the state of Virginia in the timeframes shown. Additional specific causes are listed in alphabetical order, with varying rates across the region.
- The City of Manassas had higher age-adjusted death rates for cancer, heart disease, and a number of other conditions as shown in the rest of the exhibit.
- The indicators shown represent a one-year snapshot of actual experience, and indicators can vary substantially from year to year. Rates that compare unfavorably to the region or the state could be flagged for further attention and monitored for change over time.

**Exhibit 4.2**
**Mortality Indicators**

| Indicator | Manassas | Manassas Park | Prince William | Fauquier | Virginia |
|---|---|---|---|---|---|
| **Age-Adjusted Death Rates** | | | | | |
| | | | | | |
| Cancer (2015-2019) | 152.7 | 82.3 | 132.1 | 147.5 | 152.4 |
| Heart Disease (2018-2020) | 168.6 | 75.2 | 110.4 | 146.6 | 149.6 |
| | | | | | |
| Alzheimer's Disease (2018-2020) | 46.5 | -- | 22.9 | 21.9 | 27.6 |
| Breast Cancer (2015-2019) | 19.3 | -- | 18.7 | -- | 20.9 |
| Cerebrovascular Disease (Stroke) (2018-2020) | 51.6 | -- | 35.0 | 39.5 | 39.0 |
| Chronic Lower Respiratory Disease (2018-2020) | 37.0 | -- | 28.4 | 28.9 | 34.4 |
| Colorectal Cancer (2015-2019) | 10.1 | -- | 11.9 | -- | 13.4 |
| Diabetes (2018-2020) | 22.2 | -- | 19.2 | 14.8 | 23.5 |
| Drug Poisoning (2017-2019) | 25.0 | -- | 14.0 | -- | 17.6 |
| Heart Attack (2016) | 23.8 | 23.8 | 28.4 | -- | 44.0 |
| Influenza and Pneumonia (2017-2019) | 21.0 | -- | 12.7 | 15.8 | 11.8 |
| Lung Cancer (2015-2019) | 43.5 | 42.0 | 29.3 | -- | 37.1 |
| Opioid-involved Overdose (2018-2020) | 27.2 | -- | 16.8 | -- | 20.6 |
| Prostate Cancer (2010-2014) | 42.5 | -- | 17.3 | -- | 19.7 |
| Suicide (2018-2020) | -- | -- | 9.0 | 10.3 | 13.4 |
| Unintentional Injury (2018-2020) | 48.7 | -- | 32.5 | -- | 46.7 |

Note:
- Data years as listed, except for Fauquier County (2018).
- (--) = published indicators were not available for selected causes in Manassas Park and Fauquier.

Source: Virginia Department of Health, Division of Health Statistics. Indicators obtained directly from VDH for Fauquier County and from VDH data maintained by Conduent Healthy Communities Institute at https://www.behealthybehappyprincewilliam.com for Manassas, Manassas Park, Prince William, and Virginia.

Note

## C. Hospital Utilization Indicators

Hospital utilization indicators can be helpful for identifying a wide range of community health concerns, including access to services that should ideally prevent specific causes of hospital utilization. **Exhibit 4.3** shows selected hospital utilization indicators for the study region localities. The indicators shown are focused on hospital utilization for conditions that, in most cases, should be preventable with adequate ambulatory care. (**Ambulatory care** refers to medical services performed on an outpatient basis, without a visit to hospital ED or admission to a hospital.)

**Potentially avoidable ED visits.** The top section of the exhibit is focused on potentially avoidable emergency department (ED) visits. The figures indicate about 8-10 percent of hospital emergency department visits by local residents in 2020 might have been avoided with adequate ambulatory care. Among these visits, the most common causes were respiratory infection, urinary tract infection, headache, ear infection, and back problems. These are conditions that probably could have been treated in an ambulatory care setting outside of the hospital.

**Prevention Quality Indicators (PQI Hospitalizations**. The bottom section of the exhibit shows three indicators of inpatient hospital admissions that might have been avoided with adequate ambulatory care. These 'Prevention Quality Indicators' (PQIs) are defined by the US Agency for Healthcare Research and Quality based on specific codes for diagnoses and procedures.

- Hospitalizations coded as **PQI 90** are for patients who probably could have avoided serious health problems with adequate ambulatory care. These admissions are for specifically defined cases of asthma, COPD, diabetes, heart failure, hypertension, community-acquired pneumonia, and urinary tract infection.

- Hospitalizations coded as **PQI 91** are for patients with conditions that should have been treated outside the hospital when they were less risky. These admissions are for specifically defined cases of dehydration, bacterial pneumonia, and urinary tract infection.

- Hospitalizations codes as **PQI 92** are for patients with a long-lasting (or chronic) condition that is causing health problems. These admissions are for specifically defined cases of asthma, COPD, diabetes, angina, heart failure, and hypertension.

**Exhibit 4.3**
**Hospital Utilization Indicators**

| Indicator | Manassas | Manassas Park | Prince William | Fauquier | Virginia |
|---|---|---|---|---|---|
| **Potentially Avoidable ED Visits (2020)** | | | | | |
| As Percent of Total ED Visits | 9.8% | -- | 9.3% | 8.1% | 10.0% |
| As Percent of Potentially Avoidable Visits | | | | | |
| Respiratory Infection | 34.4% | -- | 34.9% | 29.8% | 35.4% |
| Urinary Tract Infection | 37.0% | -- | 26.5% | 29.6% | 29.4% |
| Headache | 0.0% | | 9.1% | 10.7% | 7.2% |
| Ear Infection | 11.7% | -- | 7.2% | 0.0% | 3.6% |
| Back Problem | 8.2% | -- | 11.6% | 22.6% | 13.3% |
| Other Problems | 9.3% | -- | 10.6% | 7.3% | 11.0% |
| **Prevention Quality Indicator (PQI) Hospitalizations (2019)** | | | | | |
| Hospital discharges per 100,000 population, 2019. (Lower rate is better.) | | | | | |
| **PQI 90**. Preventable admissions for patients with avoidable serious health problems. | 984.92 | -- | 1016.00 | 1115.30 | 1258.70 |
| **PQI 91**. Preventable admissions for patients that could have been treated outside the hospital when they were less risky. | 211.83 | -- | 222.72 | 370.61 | 270.97 |
| **PQI 92.** Preventable admissions for patients with a long-lasting (or chronic) condition causing health problems. | 771.86 | -- | 792.39 | 748.55 | 987.29 |

Note: (--) = published indicators were not available for Manassas Park.

Source: Virginia Health Information Inc., downloaded from https://www.vhi.org/Hospitals/avoidable-ed-visits.asp and https://www.vhi.org/QualityIndicators/default.asp. Note: (--) = published indicators were not available for Manassas Park.

## D. Health Risk Behavior Indicators

Rates of smoking, drinking, and obesity can contribute to a range of health concerns including cancer, diabetes, heart disease, and respiratory disease. **Exhibit 4.4** shows selected health risk factors for adults and high school youth in the study region localities. The high school youth indicators are for the Northern Virginia region as a whole, based on the 2019 Virginia Youth Survey from the Virginia Department of Health.

**Exhibit 4.4**
**Health Risk Factor Indicators**

| Indicator | Manassas | Manassas Park | Prince William | Fauquier | Virginia |
|---|---|---|---|---|---|
| **Adults** | | | | | |
| Adults 18+ Who Smoke (2019) | 16.6% | 16.7% | 13.7% | 14.4% | 14.0% |
| Adults 18+ Who Binge Drink (2019) | 16.4% | 16.9% | 16.2% | 16.7% | 15.3% |
| Adults 18+ Who Are Obese (2019) | 33.2% | 34.2% | 30.3% | 32.4% | 31.9% |
| **High School Youth** | **Northern Virginia Region** | | | | |
| Currently smoked cigarettes or cigars or used smokeless tobacco or electronic vapor products (2019) | 18.0% | | | | |
| Currently drank alcohol (2019) | 24.5% | | | | |
| Described themselves as slightly or very overweight (2019) | 28.8% | | | | |

Note: Source data are based on survey samples and not structured to support valid statistical comparisons between local rates and statewide rates.

Source:
- Virginia Department of Health, Division of Health Statistics. Indicators obtained from https://www.behealthybehappyprincewilliam.com
- CDC Places: Local Data for Better Health https://www.cdc.gov/places/index.html.
- High school youth indicators from Virginia Department of Health, Division of Health Statistics, based on the annual Virginia Youth Survey. https://www.vdh.virginia.gov/virginia-youth-survey/data-tables/

## E. Chronic Condition Indicators

Health risk behaviors can contribute to development of chronic conditions, which are among the leading causes of illness, disability, hospitalization, and mortality. **Exhibit 4.5** shows estimates for the percentage of adults with selected chronic conditions ranging from arthritis to kidney disease.

**Exhibit 4.5**
**Chronic Condition Indicators**

| Indicator | Manassas | Manassas Park | Prince William | Fauquier | Virginia |
|---|---|---|---|---|---|
| **Estimates for adults age 18+ (2019)** | | | | | |
| Arthritis | 20.3% | 18.9% | 20.1% | 25.0% | 26.2% |
| Asthma | 8.7% | 8.4% | 8.4% | 8.8% | 8.8% |
| Chronic Obstructive Pulmonary Disease | 5.3% | 4.6% | 4.8% | 6.5% | 6.5% |
| Coronary Heart Disease | 4.6% | 4.0% | 4.3% | 5.7% | 3.4% |
| Diabetes | 11.1% | 10.9% | 10.1% | 11.0% | 10.9% |
| High Blood Pressure | 29.2% | 28.4% | 29.3% | 33.9% | 33.6% |
| High Cholesterol | 29.7% | 28.8% | 28.7% | 33.8% | 32.7% |
| Kidney Disease | 2.5% | 2.4% | 2.4% | 2.7% | 2.7% |

Note: Source data are based on survey samples and not structured to support valid statistical comparisons between local rates and statewide rates.

Source: CDC Places: Local Data for Better Health (based on the Virginia Behavioral Risk Factor Surveillance Survey) https://www.cdc.gov/places/index.html.

## F. Cancer Indicators

Cancer has a profound impact on community health, as evidenced by its rank as the first or second leading cause of death in each study region locality. **Exhibit 4.6** shows selected indicators of deaths, incidence, and screening rates for selected types of cancer, including breast, cervical, colorectal, lung and bronchus, and prostate

**Exhibit 4.6**
**Cancer Indicators**

| Indicator | Manassas | Manassas Park | Prince William | Fauquier | Virginia |
|---|---|---|---|---|---|
| **Cancer Screening** | | | | | |
| Cervical Cancer Screening Age 21-65 (2018) | 85.2% | 84.6% | 85.9% | 88.0% | 84.3% |
| Colon Cancer Screening Age 50-75 (2018) | 63.6% | 59.9% | 64.6% | 68.6% | 64.8% |
| Mammogram Age 50-74 (2018) | 77.5% | 76.1% | 77.1% | 76.6% | 81.1% |
| **Incidence Rate Per 100,000 Population** | | | | | |
| All Cancer (2014-2018) | 394.3 | 304.7 | 345.8 | 414.5 | 411.0 |
| Breast Cancer (females) (2014-2018) | 116.2 | 102.4 | 104.6 | -- | 126.4 |
| Colorectal Cancer (2014-2018) | 40.6 | 30.1 | 30.0 | 32.1 | 35.0 |
| Lung and Bronchus Cancer (2014-2018) | 57.2 | 49.6 | 42.1 | 55.3 | 54.8 |
| Prostate Cancer (2014-2018) (males) | 85.0 | 85.6 | 92.7 | -- | 98.0 |
| **Age-Adjusted Death Rate per 100,000 Population** | | | | | |
| All Cancer (2015-2019) | 152.7 | 82.3 | 132.1 | 147.5 | 152.4 |
| Breast Cancer (2015-2019) | 19.3 | -- | 18.7 | -- | 20.9 |
| Cervical Cancer (n/a) | -- | -- | -- | -- | -- |
| Colorectal Cancer (2015-2019) | 10.1 | -- | 11.9 | -- | 13.4 |
| Lung and Bronchus Cancer (2015-2019) | 43.5 | 42.0 | 29.3 | -- | 37.1 |
| Prostate Cancer (2010-2014) | 42.5 | -- | 17.3 | -- | 19.7 |

Note:
- Indicators for incidence and death rates years as shown, except for Fauquier County (2013-2017).
- (--) = published indicators were not available for selected indicators in Manassas Park and Fauquier County.

Source:
- Virginia Department of Health, Division of Health Statistics. Indicators obtained Conduent Healthy Communities Institute at https://www.behealthybehappyprincewilliam.com for Manassas, Manassas Park, Prince William, and Virginia.
- CDC Places: Local Data for Better Health (based on the Virginia Behavioral Risk Factor Surveillance Survey) https://www.cdc.gov/places/index.html
- Note: (--) = published indicators were not available.

## G. Mental Health Indicators

Mental health conditions can be debilitating on their own and are often present as a co-morbidity with a wide range of medical conditions. **Exhibit 4.7** shows selected mental health indicators for adults and children enrolled in public schools. The high school youth indicators are for the Northern Virginia region as a whole, based on the 2019 Virginia Youth Survey from the Virginia Department of Health.

**Exhibit 4.7**
**Mental Health Indicators**

| Indicator | Manassas | Manassas Park | Prince William | Fauquier | Virginia |
|---|---|---|---|---|---|
| **Adult Indicators** | | | | | |
| Poor Mental Health Days (Adults reporting 14+ poor mental health days in past 30, 2019) | 13.2% | 13.0% | 12.1% | 12.6% | 12.7% |
| Adults Ever Diagnosed with Depression (2019) | 17.1% | 16.7% | 16.7% | 18.9% | 17.0% |
| Diagnosed with Depression: Medicare Population (2018) | 17.0% | 14.0% | 13.8% | -- | 17.3% |
| Age-Adjusted Death Rate Due to Suicide (2018-2020) | -- | -- | 9.0 | 10.3 | 13.4 |
| **Public School Indicators** | | | | | |
| Number of Children in Public Schools Identified with an Emotional Disturbance (2021-2022) | 36 | 18 | 505 | 69 | 8,590 |
| **High School Youth indicators** | **Northern Virginia Region** | | | | |
| Felt sad or hopeless almost every day for two weeks or more (2019) | 30.0% | | | | |
| Seriously considered attempting suicide in the past (2019) | 12.4% | | | | |

Notes:
- Source data are based on survey samples and not structured to support valid statistical comparisons between local rates and statewide rates.
- (--) = published indicators were not available for suicide in the given time frame for Manassas, Manassas Park, and Fauquier County.

Source:
- CDC Places: Local Data for Better Health (based on the Virginia Behavioral Risk Factor Surveillance Survey) https://www.cdc.gov/places/index.html
- America's Health Rankings https://www.americashealthrankings.org/
- Virginia Department of Health, maintained by Conduent Healthy Communities Institute. Indicators obtained from https://www.behealthybehappyprincewilliam.com
- Children in public school indicators from Virginia Department of Education, Fall Membership Build-a-Table. https://p1pe.doe.virginia.gov/apex/f?p=180:1:::::p_session_id,p_application_name:-1621633875427158797,fallmembership
- High school youth indicators from Virginia Department of Health, Division of Health Statistics, based on the annual Virginia Youth Survey. https://www.vdh.virginia.gov/virginia-youth-survey/data-tables/
- Note: (--) = published indicators were not available.

## H. Substance Use Indicators

Substance use conditions involving alcohol and drugs can lead to illness, disability, hospitalization, and early death. **Exhibit 4.8** shows selected substance use indicators for the study region. The top part of the exhibit shows indicators of alcohol use and hospitalization for adults and youth. The bottom section shows selected indicators of mortality and hospitalization due to drug-related substance use.

**Exhibit 4.8**
**Substance Use Indicators**

| Indicator | Manassas | Manassas Park | Prince William | Fauquier | Virginia |
|---|---|---|---|---|---|
| **Alcohol-Related indicators** | | | | | |
| Adults Who Binge Drink (2019) | 16.4% | 16.9% | 16.2% | 16.7% | 16.9% |
| Adolescent: Age-Adjusted Hospitalization Rate due to Alcohol Use (Age 10-17, 2018-2020) | -- | -- | 2.2 | -- | 2.6 |
| Adult: Age-Adjusted Hospitalization Rate Due to Alcohol Use.(2018-2020) | 35.8 | -- | 14.2 | -- | 15.8 |
| **Drug-Related Emergency Department Visits (2020)** | | | | | |
| All Drugs- Overdoses per 10,000 ED visits | 58.5 | | | 85.9 | 64.4 |
| Opioids – Overdoes per 10,000 ED visits | 28.3 | | | 52.3 | 34.4 |
| Heroin – overdoes per 10,000 ED visits | 2.8 | | | 5.6 | 6.6 |
| **Drug-Related Deaths (2020)** | | | | | |
| All Drug Overdose Deaths (Rate per 100,000 pop.) | 14.7 | 5.6 | 19.6 | 9.8 | 20.4 |
| Any Opioids Deaths (Rate per 100,000 pop.) | 12.2 | 5.6 | 17.2 | 5.6 | 17.2 |
| Prescription Pain Relievers: Natural, Semi-synthetic, and Methadone (Rate per 100,000 pop.) | 0.0 | 0.0 | 2.7 | 0.0 | 3.3 |
| Heroin Deaths (Rate per 100,000 pop.) | 4.9 | 0.0 | 2.3 | 1.4 | 4.8 |

Notes:
- Source data are not structured to support valid statistical comparisons between local rates and statewide rates.
- (--) = published indicators were not available for selected indicators in Manassas, Manassas Park, and Fauquier.

Source:
- CDC Places: Local Data for Better Health (based on the Virginia Behavioral Risk Factor Surveillance Survey) https://www.cdc.gov/places/index.html
- America's Health Rankings https://www.americashealthrankings.org/
- Virginia Department of Health, maintained by Conduent Healthy Communities Institute. Indicators obtained from https://www.behealthybehappyprincewilliam.com
- Virginia Department of Health opioid data portal at https://www.vdh.virginia.gov/opioid-data/data/

## I. Oral Health Indicators

Oral health is fundamental for overall health and well-being, and poor oral health is closely connected to a range of debilitating medical and mental health conditions. Despite its importance, community indicators of oral health status are minimal. **Exhibit 4.9** shows available oral health indicators for the study region.

**Exhibit 4.9**
**Oral Health Indicators**

| Indicator | Manassas | Manassas Park | Prince William | Fauquier | Virginia |
|---|---|---|---|---|---|
| Adults 65+ with Total Tooth Loss (2018) | 12.1% | 12.6% | 9.5% | 9.1% | 11.8% |
| Adults Who Visited a Dentist in Past Year (2018) | 66.6% | 64.0% | 67.3% | 69.8% | 71.7% |
| Dentists per 100,000 Population (2019) | 127 | -- | 57 | -- | 71 |

Notes:
- Source data are not structured to support valid statistical comparisons between local rates and statewide rates.
- (--) = published indicators were not available for selected indicators in Manassas Park and Fauquier.

Source:
- Virginia Department of Health, Division of Health Statistics. Indicators obtained data maintained by Conduent Healthy Communities Institute at https://www.behealthybehappyprincewilliam.com for Manassas, Manassas Park, Prince William, and Virginia.
- Fauquier indicators from CDC Places: Local Data for Better Health (based on the Virginia Behavioral Risk Factor Surveillance Survey) https://www.cdc.gov/places/index.html
- Note: (--) = published indicators were not available.

## J. Health Coverage Indicators

Health coverage through private insurance or public health programs is an essential resource for taking full advantage of available health services. **Exhibit 4.10** shows selected health coverage indicators for the study region localities. The top part of the exhibit shows the estimated percent of the population that was uninsured as of 2019, prior to full implementation of Medicaid expansion in Virginia. The last line in the exhibit shows local enrollment in Medicaid expansion as of April 2022. Available data are not structured to support a precise estimate of how much uninsured rates may have changed due to Medicaid expansion, but as the numbers indicate, Medicaid expansion has extended health coverage to more than 41,000 local residents.

**Exhibit 4.10**
**Health Coverage Indicators**

| Indicator | Manassas | Manassas Park | Prince William | Fauquier | Virginia |
|---|---|---|---|---|---|
| **Estimated Percent of Population Uninsured** | | | | | |
| Age 0-64 (2019) | 16.0% | 15.3% | 11.3% | 9.1% | 9.2% |
| Age 0-18 (2019) | 6.9% | 6.6% | 6.5% | 5.8% | 4.9% |
| Age 18-64 (2019) | 19.9% | 18.2% | 13.5% | 10.5% | 10.8% |
| **Medicaid Expansion Enrollment** | | | | | |
| Medicaid Expansion Enrollment as of April 15, 2022 | 2,650 | 1,097 | 28,448 | 3,501 | 651,254 |

Source:
- US Census Bureau Small Area Health Insurance Estimates, 2019. https://www.census.gov/programs-surveys/sahie.html
- DMAS Medicaid Expansion Dashboard, 2020. https://www.dmas.virginia.gov/data/medicaid-expansion-enrollment/

## K. Health-Related Social Needs Indicators for Children

Children have particular needs for health and developmental supports in their surrounding environment. These factors can affect daily living, including opportunities for attaining optimal health and well-being. **Exhibit 4.11** shows selected health-related social needs indicators for children in the study region.

- The top part of the exhibit shows indicators of poverty, food insecurity, and eligibility for school lunch programs. Local rates are generally lower than statewide rates with the exception of school lunch eligibility in Manassas and Manassas Park.

- The bottom section shows selected indicators for children in public school including the number of children identified as being in foster care, homeless, an English learner, having autism, and having a cognitive delay. These factors can influence the scope and nature of child health needs as well as opportunities for obtaining healthy food, housing, and other supports for health and well-being.

**Exhibit 4.11**
**Health Related Social Needs Indicators for Children**

| Indicator | Manassas | Manassas Park | Prince William | Fauquier | Virginia |
|---|---|---|---|---|---|
| **Income-Related Indicators** | | | | | |
| Children Living Below Poverty Level (2016-2020) | 11.0% | 7.7% | 8.1% | 6.7% | 13.1% |
| Child Food Insecurity Rate (2019) | 6.3% | 6.2% | 6.0% | 6.0% | 11.5% |
| Students Eligible for School Lunch Program (2019-2020) | 49.1% | 56.9% | 34.1% | 22.1% | 39.9% |
| **Additional Indicators of Support Needs** | | | | | |
| Number of Children in Public Schools Identified as Being in Foster Care (2021-2022) | 37 | -- | 66 | 22 | 2,837 |
| Number of Children in Public Schools Identified as Homeless (2021-2022) | 23 | -- | 321 | 76 | 8,006 |
| Number of Children in Public Schools Identified as English Learners (2021-2022) | 2,520 | 1,227 | 17,038 | 804 | 117,755 |
| Number of Children in Public Schools Identified as Having Autism (2021-2022) | 116 | 87 | 1,716 | 177 | 24.207 |
| Number of Children in Public Schools Identified as Having Developmental Delay (2021-2022) | 43 | 27 | 1,081 | 108 | 13,840 |

Source:
- Income-related indicators from Annie E. Casey Foundation Kids Count Data Center, US Census, and Conduent Healthy Communities Institute indicators obtained from https://www.behealthybehappyprincewilliam.com
- Additional indicators for Virginia Department of Education Fall Membership Build-a-Table Website at https://p1pe.doe.virginia.gov/apex/f?p=180:1:::::p_session_id,p_application_name:8143085930504057647,fallmembership
- Note: (--) = published indicators were not available.

## L. Independent Living Indicators for Older Adults

Older adults also have particular health and social support needs that can influence their ability to live independently and age in place. **Exhibit 4.12** shows selected indicators for older adults in the study region localities. The top part of the exhibit shows indicators of income and isolation, and the bottom section shows selected indicators of factors affecting independence and activities of daily living.

**Exhibit 4.12**
**Independent Living Indicators for Older Adults**

| Indicator | Manassas | Manassas Park | Prince William | Fauquier | Virginia |
|---|---|---|---|---|---|
| Estimated Population Age 65+ (2016-2020) | 4,252 | 1,518 | 46,209 | 11,590 | 1,314,345 |
| **Income and Isolation** | | | | | |
| People 65+ Living Below Poverty Level (2016-2020) | 4.9% | 2.0% | 4.8% | 5.8% | 7.5% |
| People 65+ Living Alone (2016-2020) | 22.9% | 21.1% | 17.9% | 21.9% | 26.4% |
| **Factors Affecting Independence and Activities of Daily Living** | | | | | |
| Adults 65+ with a Disability (2016-2020) | 25.5% | 45.6% | 28.8% | 32.6% | 32.4% |
| Adults 65+ with a Hearing Difficulty (2016-2020) | 11.0%% | 16.2% | 10.2% | 15.6% | 13.2% |
| Adults 65+ with a Self-Care Difficulty (2015-2019) | 7.4% | 11.8% | 7.8% | 6.9% | 7.2% |
| Adults 65+ with a Vision Difficulty (2016-2020) | 4.8% | 9.1% | 5.5% | 4.0% | 6.0% |
| Adults 65+ with an Independent Living Difficulty (2015-2019_) | 13.4% | 24.6% | 12.4% | 10.5% | 13.6% |

Source: CHS analysis of American Community Survey data (multiple tables) https://data.census.gov/cedsci/.

## M. ALICE Households and Additional Community Context Indicators

Income, housing, transportation, and digital connection are additional factors that can influence opportunities for community members to obtain health care and attain their best health. Taken together, they reflect a theme that is also apparent from the insights provided by community members.

The combination of relatively low income, expensive housing, and long commutes can create challenges for many working individuals and families who need to live, work, and obtain health care services in the local community. ! **ALICE**, an acronym for Asset Limited, Income Constrained, Employed, is a new way of defining and understanding the struggles of households that earn above the Federal Poverty Level, but not enough to afford a bare-bones household budget. ALICE households apply to more than half of households in the region.

**Exhibit 4.13** shows the estimated percent of ALICE households in the study region localities, along with additional indicators of community context for individuals and families in the region. Note that households below the ALICE threshold include households below poverty. plus households that are not in poverty, but meet the ALICE criteria.

**Exhibit 4.13**
**Additional Community Context Indicators**

| Indicator | Manassas | Manassas Park | Prince William | Fauquier | Virginia |
|---|---|---|---|---|---|
| **Income** | | | | | |
| Households below the ALICE threshold (2018) | 47% | 63% | 32% | 36% | 39% |
| • Households in Poverty (2018) | 9% | 7% | 5% | 6% | 10% |
| • ALICE Households (2018) | 38% | 56% | 27% | 30% | 29% |
| 2021 Per Capita Income | $35,097 | $35,986 | $43,388 | $47,498 | $41,359 |
| 2021 Median Household Income | $84,376 | $89,109 | $106,704 | $104,260 | $76,448 |
| 2021 Median Disposable Income | $63,627 | $67,151 | $80,821 | $79,132 | $58,392 |
| 2019 Households Below the Poverty Level | 8.4% | 4.4% | 5.8% | 5.9% | 10.3% |
| 2019 Population Below 100% Poverty Level | 8% | 6% | 7% | 6% | 11% |
| 2019 Population Below 200% Poverty Level | 24.6% | 23.3% | 18.4% | 12.9% | 24.8% |
| **Housing** | | | | | |
| Home Ownership (2016-2020) | 65.5% | 57.2% | 70.1% | -- | 60.0% |
| Renters Spending 30% or More of Household Income on Rent (2016-2020) | 60.3% | 57.8% | 49.2% | -- | 47.1% |
| **Transportation** | | | | | |
| Households without a Vehicle (2016-2020) | 4.2% | 3.0% | 2.3% | -- | 6.1% |
| Mean Travel Time to Work (minutes, 2016-2020) | 35.8 | 41.6 | 39.8 | -- | 28.6 |
| Workers Commuting by Public Transportation (2016-2020) | 3.2% | 7.7% | 4.4% | -- | 4.0% |
| **Digital Connection** | | | | | |
| Households with an Internet Subscription (2016-2020) | 93.5% | 93.0% | 95.5% | -- | 86.3% |
| Households with Computing Devices (2016-2020) | 94.3% | 96.9% | 97.9% | -- | 92.3% |
| | | | | | |

Source:
- United for ALICE Virginia (https://unitedforalice.org/virginia.),
- ESRI (selected income indicators) via ArcGIS software.
- Conduent Healthy Communities Institute, indicators obtained from https://www.behealthybehappyprincewilliam.com).
- Note: (--) = published indicators were not available.

## Appendix A
## Data Sources and Methods

This appendix describes the data sources and methods used to produce the data presented in the report.

**Section 1. Community Demographic Profile**

1. All of the exhibits in **Section 1** were created using data from ESRI, a commercial vendor of demographic data supplied through the ArcGIS Business software application. Supplemental demographic data for population projections in Exhibit 1.2 were obtained from the Weldon Cooper Center for Public Service at the University of Virginia. https://demographics.coopercenter.org/virginia-population-projections.
2. Maps in Exhibits 1.1 and 1.4 through Exhibit 1.11 were created by Community Health Solutions utilizing ArcGIS Business software from ESRI.
3. Tables in this section were created by Community Health Solutions using Microsoft Excel software and the source data outlined above.

**Section 2. Insights from Community Residents**

1. All of the exhibits in **Section 2** were created by Community Health Solutions based on analysis of data from the survey of community residents, utilizing Qualtrics software and Microsoft Excel software. This includes detailed survey responses provided in **Appendix B**, and **Appendix C**.

2. The survey of community residents was designed to capture insights about community health needs and opportunities for improvement. The survey was conducted as a partnership between the Community Healthcare Coalition of Greater Prince William, Sentara Northern Virginia Medical Center, UVA Haymarket Medical Center, and UVA Prince William Medical Center.

3. A guiding aim of the survey was to solicit and take into account input received from the Virginia Department of Health Prince William District (a member of CHCGPW), members of medically underserved, low-income, and minority populations in the community served by UVA Haymarket Medical Center and UVA Health Prince William Medical Center, individuals or organizations serving or representing the interests of these populations, and written comments received on the facility's most recently conducted CHNA and most recently adopted implementation strategy.

4. It should be noted that the survey of community residents was conducted using convenience sampling methods. Convenience sampling is a practical approach for obtaining insights from as many people as possible. It differs from probability sampling, which involves random selection of a smaller group of respondents that should be representative of the broader population. Consequently, the survey results are instructive for understanding the perceptions of a diverse cross-section of community members, but they are not presented as a definitive representation of the entire community population.

**Section 3. Insights from Community Professionals**

1. All exhibits in Section 3 were created by Community Health Solutions based on analysis of data from the survey of community professionals, utilizing Qualtrics software and Microsoft Excel software. This includes detailed survey responses provided in **Appendix C** and **Appendix D**.

2. The survey of community professionals was designed to capture insights about community health needs and opportunities for improvement. The survey was conducted as a partnership between the Community Healthcare Coalition of Greater Prince William, Sentara Northern Virginia Medical Center, UVA Haymarket Medical Center, and UVA Prince William Medical Center. The survey was conducted via email with a pool of potential respondents identified by the project partners from their existing lists of community contacts.

3. As with the survey of community residents, it should be noted that the survey of community professionals was conducted using convenience sampling methods. Convenience sampling is a practical approach for obtaining insights from as many people as possible. It differs from probability sampling, which involves random selection of a smaller group of respondents that should be representative of the broader population. Consequently, the survey results are instructive for understanding the perceptions of a diverse cross-section of community members, but they are not presented as a definitive representation of the entire community population.

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**Section 4. Community Health Indicators**

1. All exhibits in **Section 4** were created by Community Health Solutions based on the primary data sources described below and
2. Virginia Department of Health, Division of Health Statistics, as maintained by Conduent Healthy Communities Institute. Indicators were obtained from https://www.behealthybehappyprincewilliam.com
3. Early prenatal care indicators obtained from VDH via Kids Count. Data Center at https://datacenter.kidscount.org/.
4. CDC Behavioral Risk Factor Surveillance Survey estimates obtained from https://www.cdc.gov/brfss/data_tools.htm
5. CDC Behavioral Risk Factor Surveillance Survey estimates obtained from CDC Places: Local Data for Better Health at https://nccd.cdc.gov/PLACES/rdPage.aspx?rdReport=DPH_500_Cities.ComparisonReport
6. Virginia Health Information Inc. The indicators were downloaded from https://www.vhi.org/Hospitals/avoidable-ed-visits.asp and https://www.vhi.org/QualityIndicators/default.asp
7. Virginia Department of Health, Division of Health Statistics, Virginia Youth Survey. The indicators were downloaded from https://www.vdh.virginia.gov/virginia-youth-survey/data-tables/.
8. US Census Bureau Small Area Health Insurance Estimates, 2019. https://www.census.gov/programs-surveys/sahie.html ; and DMAS Medicaid Expansion Dashboard, 2020. https://www.dmas.virginia.gov/data/medicaid-expansion-enrollment/.
9. Virginia Department of Education Fall Membership Build-a-Table Website. These indicators were used to produce the health support needs indicators for children in Exhibit 4.11. The indicators were downloaded from https://p1pe.doe.virginia.gov/apex/f?p=180:1:::::p_session_id,p_application_name:8143085930504057647,fallmembership.
10. United for ALICE Virginia (https://unitedforalice.org/virginia.)

**Detailed Survey Responses in Appendix B, Appendix C, and Appendix D**

1. Lists of detailed survey responses were produced by Community Health Solutions based on analysis of data from the survey of community residents and the survey of community professionals, utilizing Qualtrics software and Microsoft Excel software. This includes detailed survey responses provided in **Appendix B**, and **Appendix C**. All survey responses are transcribed exactly as received.

**Detailed Responses from Community Insight Events in Appendix E, F, and G**

1. Lists of detailed responses from community events were produced by Community Health Solutions based on responses to electronic polls administered using Poll Everywhere software.

**Appendix B**
**Community Resident Survey Responses:**
**Additional Ideas and Suggestions for Improving Community Health**

1. A better way to identify what help is available and ability to better navigate resources on-line and by phone.
2. Advertisements that will reach all income and language groups in the community
3. Alleviate the "for profit" component of the current Health Care system. Allow more flexibility for service providers to do their jobs without checking with insurance providers to justify their charges.
4. Best plan would be to return to Major Medical Hospitalization Insurance, with higher deductibles and higher coinsurance, with lower premiums. Early 1980's had very good plans.
5. Better education for patients on cost of health care and how billing will occur when several providers use separate billing services at the hospitals.
6. Cost of healthcare is too much, even with insurance
7. Diversity in healthcare. Address healthcare disparities. Reach out more to underserved communities. Address food deserts.
8. Educate about birth control for uneducated women
9. Encouraging local hospitals and clinics to hold seminars for public in terms of presenting how to get access to healthcare. The seminars can be held online as well.
10. Engage with the community
11. Ferias de salad para la comunidad gratis. Cou information pray todos en ingles y espanol munches gracias *(English Translation: "Free health fairs for the community. What? Information in English and Spanish for everyone, thank you!")*
12. Free clinic no questions asked
13. free mental health services; long waiting lists!!! youth need support!!!!
14. Give them more staff to handle the demand.
15. Health information in all languages Outreach in the community of low-income people Mobile units/van services at elementary schools.
16. Hospital is excellent.
17. How to spread awareness of efforts, programs, resources piggy back off this I didn't know there was CHNA,s or implementations plans
18. I assume one of your major challenges is getting the word out to "everyone" about the services that are available. No one wants to hear until they have a need - then they only want to know about their problem, not anything else. If the service community could all come together and establish one clear starting point that could refer for all the services and full-court press advertising of that one place (billboards, all service providers promote, radio, targeted social media ads, newspapers, all languages, all ages, all mediums) so no matter what the question we'd know where to start for directions, that may help. I'm sure the services I identified that I don't know about are available - it's a challenge of education.
19. I feel that there needs to be more information about what the shot has inside so people will want to get the shot with no problem
20. I hear a lot of concerns from coworkers about childcare costs.
21. I think that health districts should be established. In addition, I would like to see Mobil medical units established e.g. mobile vans for dentistry, mammogram, diabetes and heart diseases and chronic ailments.
22. Improve awareness and expand insurance support for alternative ways to strengthen health.
23. Improve public transportation, especially for those with special needs.
24. Information about how to apply for healthcare, available in multiple languages. Information for single people as well and not just families.
25. Insurance coverage information fairs
26. Make the information delivery easier for all generations accessing to understand- health department website is not supportive of older populations (COVID vaccination process- initial). Websites should be easily searchable with as limited clicks as possible. Many of my friends/relatives and community members struggle with the information availability using county websites.
27. making sure to advertise in schools, churches, community what is available to all
28. Mental Health Please
29. messaging needs to include cultural nuances
30. More education availability
31. More emergency care centers
32. More fb exposure
33. More Mental health professionals and faculties available for community
34. More options in my area Dumfries everything is in northern VA
35. More patient health education in explained in terms the everyday person can understand. Because what I have seen a lot of time but of times that people's health and symptoms are explained to them. But in terms and ways that you have to have a medical background to understand. And not everybody so it needs to be better communication on the end of those treating others.
36. More roads encourage our children to focus on education
37. Need for connection. The Fauquier Free Clinic's Report on their Social Determinates of Health showed a huge need for connection with individuals who care. Fostering connection would be great.
38. No, this s good tool
39. Not at this time. COVID-19, the disease, and the politics, has had such an impact on the community that it is hard to see what recovery looks like. It will be difficult to for the community to rebuild trust in the public health community.
40. Not at this time. Thanks for asking!
41. Outreach & education
42. Provide more available mental health care services and food security opportunities.
43. Run commercials re support services in common areas, on gas station kiosks... over the soda machines at vendor locations...in grocery stores
44. Safe staffing ratios in the hospital and nursing homes. I want to know that my family will be properly cared for and safe.
45. see above
46. Some place to call with any problem and get answered
47. Supply people who work with free insurance options also
48. Support for Pediatric Services in the county especially Mental Health Services

**Appendix B**
**Community Resident Survey Responses:**
**Additional Ideas and Suggestions for Improving Community Health**

49. There is a lot of help, but it can hard to find. Programs have complex requirements. Non English speakers are hard hit. The whole issue around residency documentation is needlessly complex.
50. There is no such thing as trans male or trans female. We are created in the image of God, male and female. That's it.
51. Unhealthy behaviors such as tobacco, drug, and alcohol use, physical inactivity, and poor food choices are not easily changed just by healthcare professionals giving education. Most people know the best choices to make but don't always make them for various reasons.
52. Updating apartment windows so mold and other organisms don't tamper our air quality and health.
53. Use as many outlets as possible such as churches, community centers, etc.
54. We all work hard. Healthcare should be a right, and not tied to whatever lousy plan our employer provides. If I get sick, I should be able to go to a local office with doctors that can help, not just bilk you out of your life's savings. The entire healthcare system in this country is a scam designed to separate you from your money, without giving any relief.
55. we desperately need better outpatient mental health. recently had a friend who was given a list of 25 mental health providers from insurance company. She called each one, heard back from ONE and no appts were accomplished. DISASTER :(
56. We need better access to homeless apts. Homeless is a huge issue Mental health is a huge issue.
57. We need more access to greenspace and healthy food, ideally within walking distance to encourage exercise and help those with transportation issues. We need to have better access to local food. We need to find a way to make local food affordable for all while still allowing farmers to make a living.
58. Western PWC needs a trauma center.
59. Why is dental not included under medical care for insurance? It is so unaffordable, and even good dental insurance barely covers anything. If it is so important as part of overall health, then why isn't it covered as such?
60. work on making medical insurance simple and understandable
61. Yes, I have a comment. Stop worrying about equity and start worrying about providing health care to anyone that is sick.

62. (8 Respondents commented "N/A", "None", or "No comment".)

Source: CHS analysis of community resident survey data. See **Appendix A** for details on survey methods.

## Appendix C
## Comments on Prior CHNA Studies and/or Implementation Plans

Survey respondents were invited to share comments about the prior CHNA study and related implementation plans. The leading issues identified in the prior CHNA study were:

- 1. Access to Healthcare
- 2. Behavioral Health (Mental Health/Substance Use)
- 3. Chronic Disease Management and Prevention
- 4. Nutrition/Physical

The lists below show the comments received through the community resident survey and the community professional survey. All survey comments are transcribed exactly as received.

### Community Resident Survey Responses

1. Access and behavioral health remain in terrific need.
2. All of the above are still relevant. It is hoped they are brought forward so as not to lose the work of the Community Healthcare Coalition done to date.
3. As an adult male it would be nice to know of any mentorship for young men
4. Concur
5. Coordination of care- Kaiser model is great. One stop for appts, labs, pharmacy. Knowing what the cost of care is going to be beforehand and receiving ONE coordinated bill for service. Vulnerable populations do not have the time, ability to sift through medical bills and spend time on the phone figuring out bills. This headache leads people to not want to seek medical care. Some people get bills completely paid for, but when any kind of insurance is involved, it is a nightmare, and you need an advocate to maneuver your way through the system Education- Community outreach - mobile clinics that go into the community are needed. If they go in repeatedly and regularly and people get to know the staff, relationships/trust are built IN PERSON OPPORTUNITIES ARE BEST
6. Currently, I believe access to Behavioral Health treatment is the most pressing issue as a result of current stressors (Covid, economy/inflation, current Ukrainian conflict
7. Good to know that there was some plan of action from previous survey. I heard nothing about the plan - wish I did know there was at least some attempt on improvement. Makes me curious about any changes after this survey and how I may hear about those in the future.
8. Healthcare costs in this country are outrageous. They will literally make you a pauper if you go to the doctor for anything. I wouldn't even ask them the time of day; they'd probably send you a bill for $10,000. Even if by some miracle you're one of the 1% or an "elite" who's able to afford to go to the doctor, half the time they can't help you, anyway. They'll just tell you to go to a bunch of different places, take a bunch of different tests, and never get any relief. I'll just live in pain and be angry about it all the time, instead.
9. I believe our community is SEVERELY lacking in behavioral health access - mental health, eating disorders. We should NOT have to travel outside of our community to get help for our loved ones.
10. I have heard positive progress in BH for youth in PW C
11. I have seen no tangible evidence of you working to address any of these priorities. UVA Health is making no effort to function as a community hospital
12. I have seen where INOVA is creating more accessible facilities in our region. I am not familiar with progress on the other initiatives
13. I really wish someone would address the fact that there is no, clean, newer, affordable housing in our region.
14. I think the pandemic has changed everyone's concerns regarding health care
15. I think these are appropriate priorities for our community. However, these needs should be addressed through social determinants of health. Healthcare is such a small percentage of impact on an individual's overall health. Behavioral health and early intervention is a key service that is missing in the community.

### Community Professional Survey Comments

1. Access is not being addressed. We are trying to make progress in getting mental health care givers in the community but there is a real urgency How to pay for care for chronic care and medications is a real issue. In the folks I encounter, physical activity and nutrition are not addressed. but the three above are such an acute need, this takes a far second place.
2. Affordable housing and homelessness needs to be addressed, especially in Eastern PWC.
3. Agree with above as definite issues.
4. Behavioral Health (Mental Health/Substance Use) is still an issue. It remains to be inadequately handled. Many mental health patients continue to be placed in skilled nursing centers.
5. Behavioral/mental health needs are #1, in my opinion. There aren't enough beds, services, care partners - the EDs across the country are overrun, esp. in the wake of the stresses of COVID.
6. Coming out of the pandemic, I would place number 2 as our highest priority.
7. Homeless services
8. Households with school age children can be better informed if access to computers in home is a high priority
9. I believe there has been progress in all of these areas, but we still lack a coordinated effort to refer and track patients. People don't know about the services. Anyone who needs a referral should be able to access one source for direction.
10. I don't know what steps were taken to address these priorities, so I find it hard to comment, but that is a comment in itself.
11. I think behavioral health/substance abuse is very important and needs to be addressed not be police, teachers, and ER staff, but by therapists, social workers, and psychiatrists.
12. I would need to see how Access to Healthcare is defined and then addressed.
13. I would put the order as follows:4.1.2.3.
14. If anything, we have gone backward regarding access to behavioral health. Community Service Boards have no more capacity; private providers are choosing to go cash only; and primary care providers are being forced into defacto behavioral health providers.
15. It would seem that while many efforts were initially made to move the agenda forward the onset of COVID and associated psychosocial challenges have placed a holt on any forward movement. While things like 1. Access to Healthcare and 2. Behavioral Health (Mental Health/Substance Use) services were starting to free up and flow before COVID, the increase of health care and mental health care issues we are facing now seems to have completely saturated the systems of care in our area. A key component appears to be the siloed nature of efforts that continues to be a detriment in this region to comprehensive care.
16. Let's keep our eye on that data and see how this CHA plays out. Especially since the CHA will combine with others across Virginia to build the next Virginia Plan for Well Being 2021 - 2025.

**Appendix C**
**Comments on Prior CHNA Studies and/or Implementation Plans**

16. I think those priorities align with what the community needs
17. I was a member of the Prince William Medical Center Fitness Center and exercised there about 3 X per week but have not found a replacement since it closed. I understand it's now being used for Cardiac Rehab but some days it sits empty and unused, and I wish it would reopen even at reduced hours.
18. If these are listed in order of importance, behavioral health and nutrition should be more important. I would also prioritize housing.
19. In reference to Chronic disease Management and Prevention addiction has become a very serious problem. And I think it's truly because instead teaching pain manage Doctors just prescribe narcotics and that is not supposed to be a permanent fix. It's supposed to be temporary if used at all. The have so many other health and better long-term choices for the patient such as therapy. They should use those resources more.
20. Move behavioral health to number 1.
21. N/a cannot provide info-not sure what has been provided?
22. New to the area. My issues are more of unfamiliarity with what is available and where it would be located.
23. none
24. Not enough work done in behavior health. Needs to be of the highest priority. It is nearly impossible to get good quality behavioral health service for children and adolescents. Increase these services in schools and get parents involved.
25. Programs/health mental health need to be cost affordable also accessible Transit access Safe
26. Put more gender indifferent individual bathrooms in public places such as schools. Elderly persons should have better places to stay or affordable in-home care for them and more resources for their children who care for them.
27. RX affordability huge issue
28. Same issues still apply
29. The burden of behavioral health on healthcare and local community is ever-increasing and there is thus sense that seeking aid for behavioral health is either too expensive or non-existed. I wonder if any progress has been made.
30. They all still seem important
31. Those four are still relevant!
32. UVA. community Health is still behind helping the community with mental health services leaving them for days in the ER with only medication management if the ER doctor puts in an order. Nursing staff with in patients being dismissive of care. The best thing that has happened for UVA is allowing visitors and family members spend the night. Staff is being held accountable again
33. We are in desperate need for more Mental Health/Substance programs...We need inpatient rehab centers.
34. What happened because these priorities were set? I still can't get an appointment to Community Service Board
35. where is the housing issue???
36. While nutrition/physical activity is important, I don't think it is as important as safe, adequate, affordable housing.
17. Mental health needs to be a priority.
18. Mental health should be top of the list. That and access to healthy food and activities.
19. None at this time.
20. not everyone can access healthcare or be eligible I think 3 and 4 might need to be amended
21. Racism has been deemed as a factor to health. It should be a part of any initiative related to the well-being of communities. It is imperative to expand our understandings of the forms of racisms and find ways to capture the publics experiences - connecting these traumas (historic and contemporary) to health outcomes.
22. Sounds like a good plan-- I wouldn't deviate much.
23. The pandemic delayed implementation of a community health improvement plan. I believe these priorities to still be relevant. While chronic disease management/prevention and nutrition/physical activity impacts the broader community and should be incorporated in all planning activities across community-based organizations and government agencies, access to healthcare and behavioral health services is critical.
24. These continue to be the top issues.
25. These priorities are still relevant.
26. This is a pretty worthless exercise.
27. While nutrition/physical activity is vital, access to affordable housing should be one of the four major factors. We need to look at health holistically and not having adequate, safe, and affordable housing is key.
28. while some of the items appear to have gotten better, #2 Behavioral Health has increased its decline in meeting the consumer need. It does not appear that it will get better anytime soon.

Source: CHS analysis of community resident survey data. See **Appendix A** for details on survey methods.

**Appendix D**
**Community Professional Survey Responses:**
**Ideas on How to Best Align Resources to Meet Community Needs**

1. Access to homeless resources Access to resources for developmental disabilities Access to mental health.
2. affordable, accessible/available mental health, primary care, and dental care for all people, regardless of ability to pay; tools to overcome language barriers; culturally sensitive and trauma-informed medical personnel
3. Align our capabilities with the top needs of the community
4. Clearly identify immediate needs and prioritize limited funding OR become focused on Health & Human Services as infrastructure which would enable identifying and use of funding. And that is nothing new since the concept as infrastructure goes back to the Personal Protection & Affordable Care Act (PPACA).
5. Collaboration with the pursuit and distribution of Federal, State, and Local Resources.
6. Community outreach and education
7. Continue to find ways to remove barriers of cost and access for those who are poor and are in poverty which is slowly including portions of the population that are assumed to be middle class - e.g., those straddled with student loan and other kinds of debts. Also, in incremental ways, de-corporatize health and put those train in all aspects of medicine and public health in leadership roles of organizations.
8. Continue to work in coalitions, returning to in-person meetings at least 3 times a year.
9. Coordinated referral source hub. Get the people to the right resources. Combine some resources to one location to help the patients access multiple services.
10. Educate community health advocates to help in this regard.
11. Educate people the rules and making them aware of the resources. Be self-reliant
12. Education without politics is the best route. Educate the community on the resources that are available using a community health fair and partnering with other community groups, (churches, clubs, etc..) that can bring a multitude of demographics to the event.
13. EDUCATION, EDUCATION, EDUCATION. Health & Human Services counselors need to take on clients (community members) and manage their cases and connect them with agencies to help in all aspects of their lives - health, education, etc. - to empower these folks to stand on their own two feet. Unfortunately, a lot of times people don't know what services are available.
14. Enforce discipline in schools so young people will buckle down and learn subjects that will help them move into the work force. Stick to the basics. Offer education in some of the trades. Have special classes for children who don’t know our language, so they don’t hold our kids back. Support the police. If someone goes against the law, punish them.
15. Help educate residents on the care available and necessary for good health.
16. Hold regular conversations with school leadership and school nurses to ascertain what are the greatest health challenges we are seeing in our schools; align community health resources to meet the greatest needs. There is a deficit of adequate mental health resources, including personnel and locations, for children in particular. Everyone I talk to says they cannot find an available appointment for a counselor nor a place for a child in crisis to receive help when they need it.
17. Identify which issues can be addressed quickly with an immediate solution and which issues need long-term work. Set goals for both.
18. Increase access to free preventative healthcare and to prescription medications.
19. It can be difficult to get information from hospitals, it is unknown whom to contact for a question. An example, how do we find out the rules for child supervision in EDs? There is no liaison for local government to call.
20. make resources more known, more accessible, more availability
21. meet people where they are. expand outreach efforts to local grocery stores, apartment complexes, libraries, group homes, and urgent care if possible.
22. More community programs and information sessions. More widely advertised resources for food, clothing, insurance, health care.
23. more mental health access and assistance (other than immediate/suicide/homicidal thoughts there is not much available right now)
24. More staffing in your facilities to better serve your consumers. Reinstitution of a mental health facility. Sentara on Opitz previously known as Potomac Hospital, had a mental health wing. This offered invaluable services to its consumers, that are no longer offered.
25. One combined website through local government listing available services, by private and government sources.
26. Reduce smoking, encourage exercise, and better diet, promote once a year physical with their primary care physician.
27. remove silos - we need to work together to solve issues. We require health, housing, non-profits, government, etc. to work together
28. Social determinants of health cannot be addressed successfully without coordination. For example, housing advocates need to sit with healthcare providers and vice versa. Transportation is an issue for many, so collaborative agreements with PRTC, yellow cab, uber, and Lyft need to be explored.
29. Start funding the nonprofits and agencies that provide comprehensive case management for underserved individuals who are not able to research, find, determine eligibility, apply for, and receive needed services. Many do not have the cognitive abilities, some are old and feeble, some are disabled, and many are fearful to reach out because they do not know what to ask for or how to receive. They are afraid of fraud or just applying for something new they are not accustomed with. These sub-populations need hands on personalized support, attention, and constant communication. It seems when a person becomes too challenging to help, they are not called back by supporting agencies and then soon forgotten. The Northern Virginia Veterans Associations receives many who have gone through similar unfortunate situations. We need more like us, collaborating with us, to meet the multitude of needs for these marginalized people.
30. Stop running Hospitals and Health Services as a business rather focus on care. Successful practices shouldn't be based on the number of patients seen daily, rather develop relationships with patients and maintain availability for patients to be seen. Additionally, mental health services need to be more readily available and at an affordable cost.
31. There seems to be a lack of awareness or understanding of what services are available in the community and through which stakeholders. This leads to fewer or inappropriate referrals, confusion, and duplication of services. So a better communication system to highlight available services across the community. Better coordination of services across agencies to improve quality of care and better customer service.
32. Through increased public awareness.
33. Trauma informed, culturally diverse and sensitive, integrated, comprehensive, wrap around services . Were everyone in the life of the client is working with each other not using HIPPA as an excuse to reframe from working in collaboration.
34. Uncertain as to what resources are available to meet the needs
35. Understand that the City of Manassas is no longer a white majority and that the minority majority that makes up its population have far different needs than did the previous white majority. Regardless of majority, pay attention to the opioid crisis. 14 fatalities in one year

**Appendix D**
**Community Professional Survey Responses:**
**Ideas on How to Best Align Resources to Meet Community Needs**

is not acceptable just as 14 murders in one year would not be. Where is the opioid awareness and prevention and education? Intervention has not been seen to be successful. Start in the elementary schools and make parents aware.

36. using effective and evolving communications methods
37. We desperately need mental health care. Acute and Chronic. We need transportation to where dare is given too many appointments are not met because of 'transportation" And patients wait for hours for pick up Cost of medications are too high. food or medication should not be a decision one has to make
38. We need to have a better system in place to get affordable health care to those who are below the poverty level or lower middle class.
39. Others who can afford care need to be assured that Primary Doctors manage care from other specialists
40. We need to support mental health and substance abuse. We especially need beds and services for adolescents in PWC. We need in person therapy and groups. We need something that exists between nothing and 911.
41. We need to work together.
42. Work with non-traditional health stakeholders. Focus on advocacy and policy.

Source: CHS analysis of community resident survey data. See **Appendix A** for details on survey methods.

**Appendix E**
**Participant Comments from Community Insight Event on March 29, 2022**

On March 29, 2022, a virtual 'community insight event' was held in which community members (residents and professionals) were invited to learn about preliminary results from the CHNA study and offer their insights on community health needs and opportunities for improving community health. A total of 35 community members attended. A detailed list of their comments is provided below.

**Please tell us your Age and Race & Ethnicity as you define it.**

1. 35; biracial
2. 36, white
3. 38 Caucasian
4. 38, white, non-Hispanic
5. 40, Black
6. 40, Caucasian/Asian
7. 43, Hispanic
8. 46 African American
9. 46- W/F
10. 49, white
11. 51, Black
12. 52 African American
13. 52 African American
14. 56 YOA, White, Non-Hispanic (although everyone else in my household is Hispanic)
15. 61, non-Hispanic biracial
16. 62 Caucasian
17. 63 white
18. 65 white
19. 65, Asian, Filipino
20. 74, White
21. 80 Caucasian
22. Black and 55
23. 13 participants chose not to answer.

**Q1. Are there any additional community issues or concerns that should be included in the CHNA study? List up to three issues or concerns.**

1. access to housing cost assistance
2. Access to internet
3. Affordable medical and dental care
4. behavioral health services available before crisis
5. Collaboration between community providers to support continuity of care
6. COVID-19 has reduced preventative care and cancer screenings in our community
7. Dental care services
8. Financial viability/sustainability of health care organizations to continue to provide or expand health care services in the community
9. health care providers' burn out with COVID, understaffing and acuity of patients
10. homeless
11. homeless
12. Impact of recent refugee resettlement and immigration; lack of affordable housing (Social determinants of health); in PWC, development issues/Impact on environment/climate (e.g., data centers
13. improving access to public services by providing translated materials and health literacy
14. Long-COVID as health factors/conditions continue to be compiled
15. Low mammography rates
16. More activities for 65+
17. more mental health care professional
18. need more affordable housing in the community
19. nursing shortage
20. resources for people ineligible for Medicaid and have to self-pay
21. Robust life skills in the school system
22. Safe sidewalks and affordable communities
23. school health
24. Specific housing needs
25. Support pedestrian connectivity to recreational and community services
26. Surprised transportation did not appear for public. It is a large issue especially for handicapped and seniors and young families with only one
27. Think we missed surveying the underserved based upon the language responses
28. Transportation for underserved communities and Medicaid/Medicare members
29. transportation, behavioral health services
30. Veterans housing and services

continued

**Appendix E**
**Participant Comments from Community Insight Event on March 29, 2022**

**Q2. Where should our community focus its efforts for improving community health? List up to three focus areas.**

1. Access to mental health treatment (residential, long-term)
2. Access to SUD residential treatment within the County
3. Affordable health care
4. Affordable health care
5. Availability of comprehensive mental health services across the population; expansion of public health services, including dental care; affordable housing
6. Behavior/Mental Health Services
7. Behavioral health beds, rehab beds/services, affordable care/prescriptions
8. Behavioral health services
9. Behavioral health first aid community classes
10. Build partnerships with all the schools
11. Building non-traditional / cross-sector partnerships (outside of healthcare industry)
12. Building relationships / networks with non-healthcare organizations and groups to address transportation and housing
13. Building relationships with non-profits that may be able to help address health concerns
14. Collaboration for connecting services and resources, medical and non-medical
15. Educate community that Alzheimer's Disease & Related Dementias (ADRD) is NOT behavioral or mental health.
16. education about health care and human resources that are available to them in the community
17. Education is a healthcare word!
18. Expand Health Literacy to included classes conducted in School Systems using available commercial-off-the-shelf material produced in multiple languages.
19. Health education
20. Health Education/Prevention, Awareness
21. Healthy lifestyle habits
22. incentives to increase physic al activity
23. Local transportation such as Omni Link is ESSENTIAL element of public health!
24. mental health
25. Mental health for children- particularly low-income households
26. more community events focused on healthy eating, exercise, support groups
27. More field trips for students in school
28. Obesity
29. Outpatient outreach
30. PACE program for adult day care -- no choices for Medicare covered services
31. Pooling resources for affordable health care (including dental and mental health) services and ensuring that these services are advertised in multiple languages and is accessible for all to understand
32. Prevention education
33. Reasonable access to care
34. Reducing substance abuse addiction levels
35. Telehealth
36. There are not hard to reach communities, but there may be communities you do not have relationships with so tap into grassroot organizations in those areas.
37. They are all important. But transportation has to be high. And mental health
38. training and education for all on healthy eating practices
39. Transportation to access care
40. Wellness and Preventative medicine
41. Work life balance for families.

**Q3. What are some creative ways that community organizations might work together to help address community issues and concerns? List up to three ideas.**

1. Access to healthcare teams for communication about their healthcare if needed by patients
2. All organizations financially contribute to identified health concern of the top 3 health needs in unity as part of their mission each year.
3. Banners and posters, including QR codes - show and link to further information on 1) healthy behavior, 2) eating practices/information and 3) community resources for health at grocery stores, gyms, common retail venues, transport hubs, etc.
4. Better assessment of existing services/expertise to avoid duplication of effort, improve collaboration, and identify service gaps; expansion of culturally competent public health education; and outreach; advocacy for local and state funding, particularly for mental health
5. Change our methodology as a whole on how we "treat" -- i.e., Portugal and their substance abuse turnaround story
6. Community screenings for both insured and uninsured + sliding scale $$ for underserved individuals
7. Considering health when planning the built environment.
8. Early education for those who may have trouble catching up when beginning k-12 schools due to language, home environment
9. early education on prevention and wellness.
10. Education
11. Encouraging healthy diets and exercise
12. fun community events (virtual/in-person)
13. Have fun free events that address the issues and provide education, awareness, and information on where to get help/assistance. Focus on most vulnerable communities
14. Have the county host an outdoor exhibit for all nonprofits, schools, and for-profit agencies to explain that everything affects our health - we need to t
15. introduce affordable housing programs like other close by communities have
16. Having a meeting such as this within the community for those without access to computers
17. include public health professionals into planning
18. Leverage existing community champions to expand web of awareness/engagement
19. More mental health resources needed
20. need to combine services
21. need to have a shared platform
22. Need to think outside the box and work with all the communities
23. one stop shop for obtaining services.
24. Pick a few priorities and work together to design strategies to address
25. Provide sources for mental health emergencies
26. Promote engagement by showing examples of previous successes
27. Public Service Announcements
28. Return to the days of "Get Healthy" events
29. something as simple as Open Houses so we share and connect with resources available
30. Streamlining services- collaboration within organizations (eliminate redundancy.) to make ease of process for users
31. Support Groups
32. Too many organizations are focusing on only one aspect health: food insecurity. The organizations need to join together. Other groups need join together look at other insecurity: such as homelessness, housing and job training.
33. Work together on "common ground" issues by having a combined message and approach to resolution
34. Working with multiple sources for transportation

Source: Lists of detailed responses from community events were produced by Community Health Solutions based on responses to electronic polls administered using Poll Everywhere software.

**Appendix F**
**Participant Comments from Community Insight Event on March 31, 2022**

On March 31, 2022, a virtual 'community insight event' was held in which community members (residents and professionals) were invited to learn about preliminary results from the CHNA study and offer their insights on community health needs and opportunities for improving community health. A total of 8 community members attended. A detailed list of their comments is provided below.

**Please tell us your Age and Race & Ethnicity as you define it.**

1. 40, Asian/Caucasian
2. 42 yo Hispanic
3. 43/Caucasian
4. 50 yo Hispanic
5. 61 white Hispanic
6. 65 white Female
7. 65 White
8. One participant chose not to answer.

**Q1. Are there any additional community issues or concerns that should be included in the CHNA study? List up to three issues or concerns.**

1. Access to care for uninsured children
2. Access to Mental health services
3. Access to telehealth
4. Affordable housing, close to work and exercise place
5. An expansion of the access to care provided for both outpatient and inpatient services in the community
6. Behavioral Health provider challenges
7. care for those who are ineligible for Medicaid but have high cost of health care
8. Coordination of Care, transportation, increase in Vaping
9. Distracted driving
10. Health literacy
11. Healthcare workforce
12. How to address needs of undocumented residents
13. Impact of caring for complex trauma survivors within both immigrant and refugee population in schools, medical and behavioral health
14. Impact of commercial or residential development on water supply (i.e. aquifer, wells, Lake Manassas, Occoquan Reservoir)
15. Impact of trauma events of Covid 19 in the community
16. Impact within the professional community of having to carry the load of suffering related to the COVID 19 epidemic
17. Need for more mental health professionals in our community.
18. Need for wraparound care across multidisciplinary systems of care working with youth and adolescents
19. Pedestrian safety
20. Returning citizens (recently incarcerated peoples) and juveniles engaged in the court system
21. Substance use services for youth
22. The need for trauma informed care to be a standard of practice across all health and behavioral health disciplines across the county
23. Veterans' services (housing)

**Q2. Where should our community focus its efforts for improving community health? List up to three focus areas.**

1. Active outreach for access to care
2. BIPOC providers
3. Children mental health
4. CSBs
5. End siloing agencies and design workspace that encourages collaboration
6. Having a resource sheet or person where someone can who does not know how or to get the healthcare, support services for behavioral health, drug and alcohol abuse, teen pregnancy etc.
7. Health education
8. Integrate mental health and wellness into Primary Care
9. Involving community advisory boards into governance and planning
10. LGBTQ services
11. Making sure all resources are accessible --easy to understand, available in multiple languages, for all residents to participate
12. Mental health
13. Mental health prevention
14. Mental health access
15. No wrong door
16. Nutrition
17. Obesity
18. Person-centered care
19. Prevention education
20. Safer Communities - violence feels like it has increased since COVID. add in mental health workers to go out with first responders.
21. Safety education
22. Seamless connections between medical and non-medical providers
23. Subspecialist are needed such as MFM
24. Supporting first responders who must engage with community in crisis
25. Supporting health and mental health community providers
26. Trauma informed care
27. Wrap around care

continued

**Appendix F**
**Participant Comments from Community Insight Event on March 31, 2022**

**Q3. What are some creative ways that community organizations might work together to help address community issues and concerns? List up to three ideas.**

1. A collaborative network that provides access to care across multiple system and is accessed within a single network
2. Addressing social determinants of health by engaging multiple sectors of public & community services and government leaders that works on one health goal
3. Advisory boards between organizations and community members
4. Affordable and convenient transportation for health and wellness needs
5. All major and minor players coming to the table to strengthen the collaboration and referral process
6. Be intentional in establishing actions and not just be "the flavor of the month". Continuity!
7. Collaboration
8. Designing Worksites that increase collaboration
9. Dr Ansher just hit the nail in the head. That is the biggest problem this county has.
10. embed community organizations at unexpected events like July 4th or concerts
11. Ending siloing of agencies
12. Find a mutual platform to streamline care
13. Find a way for transportation
14. Go to underserved communities and host a meet and greet there where they are
15. Grant collaborations
16. Have community health centers in public schools
17. Involving community residents to being health advocates, navigators, advisors,
18. Join aging and the young together
19. Meet regularly to share best practices
20. One annual event where all organizations in the area come together to meet, network, feature programs and share their work
21. Organizations subleasing or operating out of same space
22. Prevention and educational services provided to at risk communities, supported by the major health care players in the county
23. Shared Community Health Workers
24. Thoughtful and mindful outreach to disadvantaged and marginalized communities
25. YEAS!

Source: Lists of detailed responses from community events were produced by Community Health Solutions based on responses to electronic polls administered using Poll Everywhere software.

**Appendix G**
**Community Healthcare Coalition of Greater Prince William**

| | |
|---|---|
| George Mason University | https://www.gmu.edu/ |
| Greater Prince William Community Health Center | https://www.gpwhealthcenter.org/ |
| Potomac Health Foundation | https://potomachealthfoundation.org/ |
| Sentara Northern Virginia Medical Center | https://www.sentara.com/hospitalslocations/locations/sentara-northern-virginia-medical-center.aspx |
| UVA Haymarket Medical Center | https://www.novanthealthuva.org/locations/medical-centers--emergency-rooms/haymarket-medical-center.aspx |
| UVA Prince William Medical Center | https://www.novanthealthuva.org/locations/medical-centers--emergency-rooms/prince-william-medical-center.aspx |
| Virginia Department of Health Prince William Health District | https://www.vdh.virginia.gov/prince-william/ |