The joint Community Health Needs Assessment report was completed in collaboration with Sentara Northern Virginia Medical Center and Lake Ridge Ambulatory Surgery Center, which have the identical service areas of Prince William County, including Quantico, Dumfries, and Stafford County.

Appendices represent data and sources used in the Community Health Needs report.

Appendix A: Community Demographics

> Demographics include geography, population change, age, gender, ethnicity, language, education, employment, poverty, and insurance.

Appendix B: Community Health Indicators

> Indicators include county health rankings (health outcomes and health factors), mortality, hospitalizations, risk factors, maternal and infant, cancer, behavioral health, violent crimes and gun violence.

Appendix C: Community Health Needs Assessment Survey

> This includes the community health needs assessment survey.
> The resident survey was live from 3/1/2022 – 3/31/2022.
> The stakeholder survey was live from 3/9/2022 – 4/4/2022.

Appendix D: Community Health Needs Assessment Survey results: Community Residents

> This includes the community health needs assessment survey response results.

Appendix E: Community Health Needs Assessment Survey results: Community Professionals

> This includes the community health needs assessment survey response results.

Appendix F: Community Focus Group results

> This included the focus group demographics and brief summary of results.

Data Limitations

- The data presented represents a snapshot of the population, economic and leading health, and wellness issues in the service area.
- It includes primary data gathered from community surveys and secondary data from health and other sources.
- This information can be used as a guide for helping communities identify leading health issues in the service area.
- Other health issues, data and resources may be available that were not listed here that communities may wish to consider when establishing health priorities.

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APPENDIX A

Sentara Northern Virginia Medical Center Geography

2018 Population Density per Square Mile			
	State of Virginia	**Prince William County**	**Stafford County**
Population Density/Sq Mile	191	1,230.4	481.1

Source: http://www.usa.com/rank/virginia-state--population-density--county-rank.htm

Population Change

2020-2040 Population Projections				
Demographics	**State of Virginia**	**Total Service Area**	**Prince William County**	**Stafford County**
Population estimates, April 2020	8,631,393	639,131	482,204	156,927
Population, percent change - April 1, 2010 (estimates base) to April 1, 2020	7.3%	**16.9%**	**16.6%**	**17.8%**
Projected Population 2020 - 2030*	9,331,666	755,005	571,844	183,161
Projected Population 2030 - 2040*	9,876,728	865,428	656,178	209,250
Projected Population Change 2020 - 2030*	7.3%	**15.3%**	**15.7%**	**14.3%**
Projected Population Change 2030 - 2040*	5.8%	**14.6%**	**14.7%**	**14.2%**

Source: US Census Bureau QuickFacts Table 2020   https://www.census.gov/quickfacts/fact/table/VA,US/PST045219;
Produced by Demographics Research Group of the Weldon Cooper Center for Public Service, July 2019, http://demographics.coopercenter.org
Green=highlights increase in population

Population by Sex

2020 Population by Sex				
	State of Virginia	**Total Service Area**	**Prince William County**	**Stafford County**
Female	4,390,275	318,781	241,102	77,679
%	50.8%	50.0%	50.0%	49.5%
Male	4,251,999	320,350	241,102	79,248
%	49.2%	50.0%	50.0%	50.5%

Source: US Census Bureau QuickFacts Table 2020   https://www.census.gov/quickfacts/fact/table/VA,US/PST045219

Population by Age

2020 Population By Age				
Demographics	**Virginia**	**Total Service Area**	**Prince William County**	**Stafford County**
Persons under 5 years, percent	5.9%	7.0%	7.2%	6.4%
Persons under 18 years, percent	21.8%	26.7%	26.9%	25.9%
Persons 19 - 64 years, percent	56.4%	56.2%	56%	57%
Persons 65 years and over, percent	15.9%	10.4%	10.3%	10.7%

Source: US Census Bureau QuickFacts Table 2020   https://www.census.gov/quickfacts/fact/table/VA,US/PST045219;
Produced by Demographics Research Group of the Weldon Cooper Center for Public Service, July 2019, http://demographics.coopercenter.org

Aging Population

The Aging Population: Percent of Population Age 65+ by Age Class and Locality				
Population Projections	**State of Virginia**	**Total Service Area**	**Prince William County**	**Stafford County**
2020 Age 65-74	9.5%	7.2%	7.1%	7.3%
2020 Age 75-84	4.4%	2.9%	3.0%	3.1%
2020 Age 85+	1.7%	0.9%	0.9%	0.9%
2030 Age 65-74	10.4%	8.3%	8.0%	9.1%
2030 Age 75-84	6.1%	4.7%	4.7%	4.8%
2030 Age 85+	1.9%	1.4%	1.4%	1.2%
2040 Age 65-74	8.7%	7.5%	7.5%	7.4%
2040 Age 75-84	6.8%	5.6%	5.4%	6.1%
2040 Age 85+	2.5%	2.2%	2.3%	1.9%

Source: Produced by Demographics Research Group of the Weldon Cooper Center for Public Service, July 2019, http://demographics.coopercenter.org
Green=highlights higher than State average

Other Demographic Features

Other Descriptive Information	Virginia	Prince William County	Stafford County
Veterans, 2015-2019	677,533	42,139	20,297
Veterans as a percent of population 2019	7.9%	8.7%	12.9%
Owner-occupied housing unit rate, 2015-2019	66.3%	73.3%	77.4%
Median value of owner-occupied housing units, 2015-2019	$273,100	$382,400	$346,100
Foreign born persons, percent, 2015-2019	12.4%	24.5%	9.8%
Language other than English spoken at home, percent of persons age 5 years+	16.3%	33.7%	14.4%
Households with a computer, percent, 2015-2019	91.1%	97.2%	96.9%
Households with a broadband Internet subscription, percent, 2015-2019	83.9%	94.2%	94.3%
High school graduate or higher, percent of persons age 25 years+, 2015-2019	89.7%	88.5%	93.2%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	38.8%	41.1%	39.9%
With a disability, under age 65 years, percent, 2015-2019	8.0%	5.5%	6.0%
Persons without health insurance, under age 65 years, percent	9.3%	11.3%	7.1%
In civilian labor force, total, percent of population age 16 years+, 2015-2019	64.1%	71.0%	66.3%
In civilian labor force, female, percent of population age 16 years+, 2015-2019	60.5%	65.8%	63.1%
Median household income (in 2019 dollars), 2015-2019	$74,222	$107,132	$111,108
Per capita income in past 12 months (in 2019 dollars), 2015-2019	$39,278	$40,932	$42,126

Source: US Census Bureau QuickFacts Table 2020; https://www.census.gov/quickfacts/fact/table/VA,US/PST045219

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Population by Race/Ethnicity

2020 Population by Race/Ethnicity				
Race/Ethnicity	State of Virginia	Total Service Area	Prince William County	Stafford County
White alone	69.4%	64.5%	62.4%	70.9%
Black or African American alone	19.9%	21.7%	22.2%	20.0%
American Indian and Alaska Native alone	0.5%	1.0%	1.1%	0.8%
Asian alone	6.9%	8.0%	9.4%	3.6%
Native Hawaiian and Other Pacific Islander alone	0.1%	0.2%	0.2%	0.2%
Two or More Races	3.2%	4.7%	4.7%	4.5%
Hispanic or Latino**	9.8%	22.0%	24.5%	14.2%
White alone, not Hispanic or Latino	61.2%	45.9%	41.5%	59.3%

Source: US Census Bureau QuickFacts Table 2020   https://www.census.gov/quickfacts/fact/table/VA,US/PST045219;
*too few to include in calculation   **Hispanics may be of any race, so are included in applicable race categories

Preferred Language

Limited English Speaking Households				
	State of Virginia	Total Service Area	Prince William County	Stafford County
Other than English Spoken in Home*	16.3%	29.0%	33.7%	14.4%
Spanish Speaking: Speak English less than well**	2.9%	6.6%	8.2%	1.6%

Source: *US Census Bureau QuickFacts Table 2020   https://www.census.gov/quickfacts/fact/table/VA,US/PST045219;
**Virginia Department of Health Culturally and Linguistically Appropriate Health Care Services; US Census Bureau American Community Survey Five-Year;
Estimates, 2014 vintage; https://apps.vdh.virginia.gov/omhhe/clas/leppopulation/

Education Attainment

2020 Education Attainment			
	State of Virginia	Prince William County	Stafford County
High school graduate or higher, percent of persons age 25 years+, 2015-2019	89.7%	88.5%	93.2%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	38.8%	41.1%	39.9%

Source: US Census Bureau QuickFacts Table 2020   https://www.census.gov/quickfacts/fact/table/VA,US/PST045219

Civilian Labor Force

2020 Education Attainment			
	State of Virginia	Prince William County	Stafford County
In civilian labor force, total, percent of population age 16 years+, 2015-2019	64.1%	71.0%	66.3%
In civilian labor force, female, percent of population age 16 years+, 2015-2019	60.5%	65.8%	63.1%

Source: US Census Bureau QuickFacts Table 2020   https://www.census.gov/quickfacts/fact/table/VA,US/PST045219

Poverty

Poverty Prevalence 2020				
	State of Virginia	Total Service Area	Prince William County	Stafford County
Number of People (All Ages) Living in Poverty*	769,479	31,032	22,884	8,148
Percent of People (All Ages) Living in Poverty in Locality*	9.2%	5.0%	4.9%	5.4%
Number of People (<18 years) Living in Poverty*	22,617	10,948	8,290	2,658
Percent of People (<18 years) Living in Poverty in Locality*	12.2%	6.7%	6.7%	6.7%

Source: US Census Bureau, Small Area Income and Poverty Estimates (SAIPE). Estimates are for 2020.

Poverty Status by Race

2018 Poverty Status By Race/Ethnicity			
	State of Virginia	Total Prince William County	Total Stafford County
Black	18.6%	8.5%	6.5%
Hispanic	14.7%	11.3%	5.5%
American Indian	13.7%	7.8%	3.7%
Asian	7.4%	6.5%	9.7%
Pacific Islander	7.4%	0.0%	11.5%
White	8.8%	1.9%	4.0%

Source: US Census Bureau 2019: ACS 5-Year Estimates

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Medicaid, FAMIS, & Medicare

Medicaid and FAMIS 2022/Medicare and Medicaid 65+ 2019				
	State of Virginia	Total Service Area	Prince William County	Stafford County
Medicaid Enrollment (Below 138% FPL)	626,398	35,836	27,175	8,661
Medicaid Percentage	7.2%	5.6%	5.6%	5.5%
FAMIS (Below 138% FPL)	1,347,010	91,409	71,458	19,951
FAMIS Percentage	15.6%	0.0%	0.0%	0.0%
Children Enrolled in Medicaid/FAMIS (Below	813,229	64,157	50,411	13,746
Children Enrolled in Medicaid/FAMIS Percen	9.4%	7.6%	10.5%	8.8%
65+ Medicaid (Below 138% FPL)	83,149	4,246	3,470	776
65+ Medicaid Percentage	0.9%	0.7%	0.7%	0.5%
65+ Medicare**	802,949	31,749	23416	8333
65+Medicare Percentage**	64.5%	54.5%	53.7%	56.7%
65+ Medicare and Medicaid**	56,810	2,413	2,101	312
65+ Medicare and Medicaid Percentage**	4.6%	4.1%	4.8%	2.1%
Persons in Poverty*	9.2%	5.0%	4.9%	5.4%

Source: Virginia Medicaid Department of Medical Assistance Services; (As of January 15, 2022) https://www.dmas.virginia.gov/data;
*US Census Bureau QuickFacts Table 2020; (2020 Small Area Income and Poverty Estimates (SAIPE));
** Centers for Medicare & Medicaid Services 2019; Mapping Medicare Data;
FEP=Federal poverty level; FAMIS=Family Access to Medical Insurance Security

APPENDICES

2021 County Health Rankings

2021 County Health Rankings: Virginia		
	Health Outcomes	**Health Factors**
Prince William	10	28
Stafford	9	20

2021 County Health Rankings: Virginia		
	Prince William County	**Stafford County**
Length of Life	6	10
Quality of Life	16	10
Health Behaviors	9	10
Clinical Care	91	87
Social & Economic Factors	21	17
Physical Environment	133	40

Source: County Health Rankings 2021, Rankings Data & Documentation

Access to Health Services

Access to Health Services			
	State of Virginia	**Prince William County**	**Stafford County**
Preventable Hopital Stays Rate, 2018*	4,269	**4,709**	**6,231**
Preventable Hopital Stays Rate, Black population 2018*	5,992	**6,312**	**6,248**
Preventable Hopital Stays Rate, White population 2018*	4,011	**4,429**	**6,446**
Uninsured %, 2018	12%	**15%**	9%

Source: County Health Rankings 2021, Overview
Red=highlights higher than state of Virginia;
* Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.

Length of Life

Length of Life			
	State of Virginia	**Prince William County**	**Stafford County**
Life expectancy (Average number of years a person can expect to live)	79.5	82.4	80.1
Age-Adjusted Death Rate	320	234	267
Premature age-adjusted mortality (number of deaths among residents under age 75 per 100,000)	95,342	3,253	1,203

Length of Life: African American			
	State of Virginia	**Prince William County**	**Stafford County**
Life expectancy (Average number of years a person can expect to live)	76.5	80	80
Age-Adjusted Death Rate	444	291	284

Source: County Health Rankings 2021, Overview

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Hospitalization Rates

Age-Adjusted Hospitalization Rates, per 10,000 2018-2020		
	State of Virginia	**Prince William County**
Type 2 Diabetes	14.9	11.5
Short-term Complications of Diabetes	8.3	6.3
Long-term Complications of Diabetes	9.0	6.2
Uncontrolled Diabetes	3.3	2.3
COPD	13.5	11.6
Adult Asthma	3.1	**3.2**
Influenza and Pneumonia	11.8	**12.7**
Heart Attack	25.4	17.1
Heart Failure	36.7	33.2
Hypertension	4.6	2.6
Opioid Use	33.3	26.6
Adult Alcohol Use	15.8	14.2

Source: County Health Rankings 2021, Rankings and Documentation; Be Healthy Be Happy Prince William Indicator Dashboard;
Red=highlights higher than state of Virginia

Emergency Department Behavioral Health Visits

SNVMC Emergency Department Behavioral Health Visits, Top 4 Diagnosis, 2021					
	Behavioral Health (Patient Frequency)	Suicidal Ideations	Schizophrenia	Unspecified Psychosis	Major Depressive Disorder
Adults, 18+	1,607	26.5%	4.7%	5.7%	8.7%
Youth, 0-17	457	40.2%	0.0%	0.2%	12.6%

Source: Sentara Northern Virginia Medical Center Emergency Department encounters, 2021
*Patient Frequency includes multiple visits

Quality of Life (Lifestyle, Mental Health, Substance Use, Medical and Mental Health Providers)

Quality of Life			
	State of Virginia	**Prince William County**	**Stafford County**
Food Insecure	10%	6%	6%
Limited Access to Healthy Foods	4%	3%	3%
Physical Inactivity	22%	18%	16%
Access to Exercise Opportunities	82%	97%	78%
Adults with Obesity	31%	**32%**	**32%**
Excessive Drinking	18%	17%	**19%**
Smokers	15%	14%	14%
Poor or fair health	17%	16%	14%
Average poor physical health days	3.5	3.4	3.2
Frequent physical distress	11%	10%	10%
Diabetes prevalence	11%	9%	8%
Number of HIV cases	23,081	891	213
Primary Care Physicians	6,428	210	46
Primary Care Physician ratio	1325:1	2229:1	3260:1
Violent Crime rate per 100,000 (2015-2019)	207	186	197
Firearm Fatalities rate per 100,000 (2015-2019)	12	7	6
Average Poor mental health days	4.0	3.9	3.6
Frequent mental distress	12%	12%	12%
Mental Health Providers	16,061	588	125
Mental Health Provider ratio	531:1	800:1	1223:1

Source: County Health Rankings 2021, Overview;
Red=highlights higher than state

APPENDICES

COVID-19

COVID-19, 2020-2022			
	State of Virginia	**Prince William County**	**Stafford County**
COVID-19 deaths, 2020	5,766	319	34
Total cases (March 2021-April 2022)	1,669,750*	51,817	19,733
Rates per 100,000 (March 2021-April 2022)	-	10,897	12,589
Total deaths (March 2021-April 2022)	19,714*	246	103
Rates per 100,000 (March 2021-April 2022)	-	52	65.7
Vaccinations (Single Dose) November 2021-April 2022	81.4%	92.3%	78.3%
Fully Vaccinated, November 2021-April 2022	72.7%	83.8%	70.5%
Booster/Third Dose, November 2021-April 2022	32.0%	42.2%	34.4%

Source: Virginia Department of Health, COVID-19 Data in Virginia, Dashboard;
North Carolina DHHS, North Carolina COVID-19 Dashboard;
*Totals August 27, 2020, through April 1, 2022; -rates unavailable

Diabetes

Diabetes			
	State of Virginia	**Prince William County**	**Stafford County**
Adults with Diabetes	8.5%	**9.1%**	-
Age-Adjusted Death Rate due to Diabetes*	22.0	19.2	-
Age-Adjusted Hospitalization Rate due to Diabetes**	20.7	14.8	-
Complications of Diabetes**	9	6.2	-
Complications of Diabetes**	8.3	6.3	-
Age-Adjusted Hospitalization Rate due to Type 2 Diabetes**	14.9	11.5	-
Diabetes**	3.3	2.3	-
Diabetes: Medicare Population, 2018	27.4%	26.8%	-
Diabetic Monitoring: Medicare Population, 2015	87.6%	86.2%	-

Data Source: Be Healthy Be Happy Greater Prince William Area Indicators Dashboard;
*Deaths per 100,000 population; **Deaths per 10,000 population;
*** data unavailable for Stafford County

Maternal Health

Births, Birthweight and Infant Death by Locality of Residence 2019				
	State of Virginia	**Total Service Area**	**Prince William County**	**Stafford County**
Total Births to Residents	97,434	8,154	6,390	1,764
Total Teen Births Below Age 18	824	54	44	10
Teen Births Ages 18 - 19	2,798	162	127	35
Non-Marital Births	34,196 / 35.1%	2,506 / 30.7%	1941 / 30.4%	565 / 32%
Low Birthweight Births / percent of total births	8,162 / 8.4%	604 / 7.4%	456 / 7.1%	148 / 8.4%
Very Low Birthweight Births / percent of total births	1,436 / 1.5%	116 / 1.4%	91 / 1.4%	25 / 1.4%
Total Infant Deaths / Rate per 1,000 Births	570 / 5.9%	43 / 5.3%	29 / 4.5%	14 / 7.9%

Source: Virginia Department of Health Division of Health statistics

Alzheimer's Disease and Dementia Prevalence

2017 Alzheimer's Disease and Dementia Prevalence			
	State of Virginia	Prince William County	Stafford County
Less than 65 years (%)	3.9%	**4.5%**	**4.2%**
Less than 65 years (#)	5,026	144	55
65+ (%)	11.1%	9.8%	11.0%
65+ (#)	100,034	2,739	1,277

Source: Alzheimer's Association, Virginia Alzheimer's facts;
Virginia Alzheimer's Commission, AlzPossible Initiative
Red=highlights higher worse than state

Medicare Chronic Conditions

Medicare Primary Chronic Conditions, 2020			
	State of Virginia	Prince William County	Stafford County
Hypertension	55%	53%	**57%**
Diabetes	27%	26%	**28%**
Kidney Disease	25%	23%	24%
Ischemic Heart Disease	24%	23%	**26%**
Heart Failure	13%	12%	12%
Alzheimer's, Dementia	10%	9%	9%
Obstructive Pulmonary Disease	9%	8%	9%
Cancer (Colorectal, Breast, Prostate, Lung)	8%	8%	**9%**

Source: Centers for Medicare & Medicaid Services 2019; Mapping Medicare Data;
Red=highlights higher than state of Virginia

Cancer

Cancer Incidence Rate: Annual Average Count / Rate Per 100,000, Age-adjusted 2014-2018				
		State of Virginia	Prince William County	Stafford County
Breast (Female)	Prevalence Rate	**126.4**	**104.6**	**127**
	Average Annual Count	6,464	232	91
Prostate	Prevalence Rate	**98**	**92.7**	**109.8**
	Average Annual Count	4,783	175	74
Lung and Bronchus	Prevalence Rate	**54.8**	**42.1**	**59.8**
	Average Annual Count	5,422	146	74
Colon and Rectum	Prevalence Rate	**35.0**	**30.0**	**39.2**
	Average Annual Count	3,357	119	50
All Sites	Prevalence Rate	**411**	**345.8**	**429.4**
	Average Annual Count	40,096	1,375	570
Trend: Falling		**Trend: Rising**	Trends compare to previous 5-year period	

Virginia Incidence Rates by Race, 2014-2018 Annual Average Count / Rate Per 100,000, Age-adjusted 2014-2018					
State of Virginia		Prostate	Breast (Female)	Lung and Bronchus	Colon and Rectum
White	Prevalence Rate	**82.9**	**129.2**	**56.8**	**34.5**
	Average Annual Count	3,020	4,652	4,198	2,398
Black (includes Hispanic)	Prevalence Rate	**161.1**	**132.9**	**57.3**	**39.9**
	Average Annual Count	1,318	1,276	969	677
Hispanic	Prevalence Rate	**65.7**	**78.7**	**22.5**	**23.0**
	Average Annual Count	110	198	72	97
Asian	Prevalence Rate	**49.3**	**77.0**	**26.3**	**22.3**
	Average Annual Count	110	248	129	117
Trend: Falling		**Trend: Rising**	Trends compare to previous 5-year period		

Cancer Death Rate: Annual Average Count / Rate Per 100,000, Age-adjusted 2015-2019				
		State of Virginia	Prince William County	Stafford County
Breast (Female)	Prevalence Rate	**20.9**	**18.7**	**18.2**
	Average Annual Count	1,129	41	13
Prostate	Prevalence Rate	**19.7**	**17.3**	**13.4**
	Average Annual Count	768	21	6
Lung and Bronchus	Prevalence Rate	**37.1**	**29.3**	**39.4**
	Average Annual Count	3,720	102	47
Colon and Rectum	Prevalence Rate	**13.4**	**11.9**	**13.6**
	Average Annual Count	1,310	42	18
All Sites	Prevalence Rate	**152**	**132.1**	**142.6**
	Average Annual Count	15,046	477	176
Trend: Falling		**Trend: Rising**	Trends compare to previous 5-year period	

Virginia Death Rates by Race, 2015-2019 Annual Average Count / Rate Per 100,000, Age-adjusted 2014-2018					
State of Virginia		Prostate	Breast (Female)	Lung and Bronchus	Colon and Rectum
White	Prevalence Rate	**17.4**	**20.3**	**39.0**	**13.0**
	Average Annual Count	527	797	2,930	936
Black (includes Hispanic)	Prevalence Rate	**37.5**	**28.0**	**38.6**	**18.1**
	Average Annual Count	215	274	651	302
Hispanic	Prevalence Rate	**10.3**	**10.2**	**11.9**	**6.9**
	Average Annual Count	11	25	37	27
Asian	Prevalence Rate	**9.3**	**10.1**	**18.4**	**8.6**
	Average Annual Count	15	32	89	42
Trend: Falling		**Trend: Rising**	Trends compare to previous 5-year period		

Source: NIH National Cancer Institute, 2014-2018 Incident Rate Report for Virginia, Cancer Profile;
2014-2018 Mortality Rate Report for Virginia, Cancer Profile

Mental Health Providers

Virginia Mental Health Providers Race/Ethnicity 2020				
	State of Virginia Virginia	Licensed Clinical Psychologis	Licensed Clinical Social Worker	Licensed Professional Counselor
	2020 Census	2020 Virginia Department of Health Professions Reports		
White	60.3%	82%	79%	76%
Black	18.6%	7%	14%	16%
Hispanic	10.5%	4%	3%	4%
Asian	7.1%	4%	2%	1%
Other	5.8%	1%	1%	1%
2+	8.2%	2%	2%	2%

Source: Virginia Health Care Foundation, Assessment of the Capacity of Virginia's Licensed Behavioral Health Workforce, 2022

APPENDICES

APPENDIX C: COMMUNITY SURVEY

2022 Community Health Needs Assessment Survey

Let Your Voice Be Heard

This brief survey is being conducted in partnership with Community Healthcare Coalition of Greater Prince William, Sentara Northern Virginia Medical Center, UVA Haymarket Medical Center and UVA Prince William Medical Center.

We do not ask you to provide your name in this survey. This means your response will be anonymous.

The Survey will take 5-10 minutes to complete, and the results will help us identify and prioritize community health risks. It will also help us find possible ways to affect change.

We thank you for sharing your thoughts about your community.

Note: If you are completing the survey on your phone, please use the horizontal view to see the questions clearly.

NOVA CHNA 2022 Stakeholder

Let the Voices of Those You Serve Be Heard

This brief survey is being conducted in partnership with Community Healthcare Coalition of Greater Prince William, Sentara Northern Virginia Medical Center, UVA Haymarket Medical Center and UVA Prince William Medical Center. We are inviting you and other **community professionals and stakeholders** to share your insights on community health needs through this survey.

The confidential survey will take 5-10 minutes to complete, and the results will help us identify and prioritize community health risks. It will also help us find possible ways to affect change.

We thank you for sharing your thoughts about your community.

 Note: If you are completing the survey on your phone, please use the horizontal view to see the questions clearly.

A. Your Community Perspective

1. Below is a list of Virginia communities. Please tell us which localities you view as the community your serve. (Check all that apply even if your perspective only includes one part of a city, county, or town).

- ☐ Dumfries (Town of)
- ☐ Manassas (City of)
- ☐ Fauquier County
- ☐ Prince William County
- ☐ Stafford County
- ☐ Haymarket (Town of)
- ☐ Manassas Park (City of)
- ☐ Lorton
- ☐ Quantico (Town of)
- ☐ Occoquan (Town of)

2. Contact Information. Please provide your contact information so we can confirm your response.

- ○ Your organization: _____
- ○ Your email address: _____

B. Focus on Community Members Your Organization Serves

3. Below is a list of factors that can be important to the health and wellness of individuals and households. Please check up to 5 factors that you feel are important for adults your organization serves (if applicable). Also check up to 5 factors that you feel are important for children your organization serves (if applicable).

	Adults (18+)	Children (0-17)
Access to Fresh Food	☐	☐
Annual Checkups (Physicals, Well-Child Visits)	☐	☐
Awareness & Understanding of Health Issues and New Treatments	☐	☐
Exercise	☐	☐
Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)	☐	☐
Healthy Eating	☐	☐
Immunizations (Flu, T dap, Shingles, MMR, COVID-19, etc.)	☐	☐
Parenting Support / Education	☐	☐
Relationship with Primary Care Provider or Pediatrician	☐	☐
Social Connections in the Community (Place of Worship, Social Clubs, Athletics Groups)	☐	☐
Stress Relief Activities / Mindfulness	☐	☐

4. Thinking about the community your organization serves, please check up to 5 barriers that make it difficult for adults to access health services. Also check up to 5 barriers that make it difficult for children to access health services.

	Adults (18+)	Children (0-17)
Appointments not available	☐	☐
Accessing healthcare services	☐	☐
Availability of in-person appointments	☐	☐
Childcare	☐	☐
Coordinated care	☐	☐
Cost of care	☐	☐
Delaying care due to COVID-19	☐	☐
Don't know what services are available	☐	☐
Don't have the technology to utilize telehealth options	☐	☐
Health insurance	☐	☐
Lack of transportation/cost of transportation	☐	☐
Lack of cultural and religious considerations	☐	☐
Language barrier	☐	☐
Location of services	☐	☐
Unable to get time off from work	☐	☐
Other (please specify in the box below):	☐	☐

5. Please check up to 5 areas you would like to see added or improved in your community to keep the individuals your organization serves healthy.

☐ Access to Community Health Education (such as Nutrition Education, Support for Individuals who Care for Others, etc.)

☐ Access to Health and Human Services

☐ Access to Internet and Technology

☐ Access to Mental Health Providers

☐ Access to Parenting Education and Support Programs

☐ Accessible Communities (Public/Commuter Transportation, Roads, Bike Paths, Parks & Recreation, Sidewalks, Open Spaces)

☐ Affordable Childcare

☐ Employment Opportunities / Workforce Development

☐ Environment (Air & Water Quality)

☐ Healthy Food Access (Fresh Foods, Community Gardens, Farmers' Markets, EBT, WIC)

☐ Public Safety Services (Police, Fire, EMT)

☐ Quality of Education (Pre K - 12)

☐ Safe and Affordable/Workforce Housing

☐ Safe Communities

☐ Other (please specify in the box below): _____

6. If someone you serve were to experience any of the below situations, would you know how to help them access community assistance?

	Yes	No
Addiction to Alcohol, Gambling, Narcotics, etc.	○	○
Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury)	○	○
Housing Crisis	○	○
Lack of Food	○	○
Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others)	○	○
Unable to Afford Prescription Medications	○	○
Urgent Medical Situation (Broken Bone, Cut that Needs Stitches)	○	○

C. Focus on the Community in General

7. Below is a list of health concerns that may affect adults or children in your community. Please check up to 5 of the most important health concerns for adults in your community. Also check up to 5 of the most important health concerns for children in your community.

	Adults (18+)	Children (0-17)
Alzheimer's and Dementia Care	☐	☐
Behavioral / Mental Health (Anxiety, Depression, Bullying, Psychoses, Suicide)	☐	☐
Cancer	☐	☐
COVID-19	☐	☐
Dental/Oral Care	☐	☐
Developmental Disabilities	☐	☐
Diabetes	☐	☐
Heart Conditions	☐	☐
Infectious Disease	☐	☐
Neurological Conditions	☐	☐
Overweight/Obesity	☐	☐
Physical Disabilities	☐	☐
Respiratory Disease	☐	☐
Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)	☐	☐
Smoking/Tobacco Use (cigarettes, vaping, e-cigarettes, chewing tobacco)	☐	☐
Substance Use (Alcohol, Drugs)	☐	☐
Violence in the Community	☐	☐
Violence in the Home (domestic or child abuse, including sexual, physical, emotional abuse and neglect)	☐	☐

8. We would like to ensure that everyone in our community receives high quality care. Below is a list of personal factors that can impact the quality of care for adults and children in your community. Please check all that apply for adults in your community. Also check all that apply for children in your community.

	Adults (18+)	Children (0-17)
Age	☐	☐
Race	☐	☐
Ethnicity	☐	☐
Gender Identity	☐	☐
Language	☐	☐
Developmental Disabilities	☐	☐
Immigration Status	☐	☐
Level of Education	☐	☐
Physical Disabilities	☐	☐
Religious Beliefs	☐	☐
Sexual Orientation	☐	☐
Type of Health Insurance / Ways People Pay for Health Services	☐	☐

9. From your perspective, how can we, as community stakeholders, best align resources to meet our community's needs?

_____

_____

_____

10. Please indicate how satisfied you are with how your community is addressing diversity, equity and inclusion (DEI).

○ Very satisfied

○ Satisfied

○ Neither satisfied nor dissatisfied

○ Dissatisfied

○ Very dissatisfied

11. In our previous community health needs assessments (CHNAs) from 2019-2021, the partner organizations identified a set of priorities for community implementation plans. The priorities (in alphabetical order) include:

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

Do you have any comments relevant to the previous CHNAs and/or implementation plans (efforts and work conducted to date) related to the priorities listed above?

○ No comment

○ Comment (please specify in the box below): _____

2022 Community Health Needs Assessment Survey

Let Your Voice Be Heard

This brief survey is being conducted in partnership with Community Healthcare Coalition of Greater Prince William, Sentara Northern Virginia Medical Center, UVA Haymarket Medical Center and UVA Prince William Medical Center.

We do not ask you to provide your name in this survey. This means your response will be anonymous.

The Survey will take 5-10 minutes to complete, and the results will help us identify and prioritize community health risks. It will also help us find possible ways to affect change.

We thank you for sharing your thoughts about your community.

Note: If you are completing the survey on your phone, please use the horizontal view to see the questions clearly.

Community Healthcare Coalition
of Greater Prince William
*Improving the health of the residents of
the Greater Prince William Area*

SENTARA® UVAHealth

A. Where You Live

1. In which locality listed below do you live?

Dumfries (Town of)	☐
Haymarket (Town of)	☐
Manassas (City of)	☐
Manassas Park (City of)	☐
Fauquier County	☐
Lorton	☐
Prince William County	☐
Quantico (Town of)	☐
Stafford County	☐
Occoquan (Town of)	☐

2. What is the 5 DIGIT Zip Code where you live? (Example: 12345)

B. You and Your Family

3. Below is a list of factors that can be important for health and wellness. Please check up to 5 factors that are important for adults in your household. Also check up to 5 factors that are important for children in your household (if applicable).

	Adults (18+)	Children (0-17)
Access to Fresh Food	☐	☐
Annual Checkups (Physicals, Well-Child Visits)	☐	☐
Awareness & Understanding of Health Issues and New Treatments	☐	☐
Exercise	☐	☐
Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)	☐	☐
Healthy Eating	☐	☐
Immunizations (Flu, T dap, Shingles, MMR, COVID-19, etc.)	☐	☐
Parenting Support / Education	☐	☐
Places of Worship, Social Clubs, Athletics Groups	☐	☐
Relationship with Primary Care Provider or Pediatrician	☐	☐
Social Connections in the Community	☐	☐
Stress Relief Activities / Mindfulness	☐	☐
Not Applicable	☐	☐

4. Please check up to 5 areas you would like to see added or improved in your community to help you keep you and your family healthy.

Access to Community Health Education (such as Nutrition Education, Support for Individuals who care for others, etc.)	☐
Access to Health & Human Services	☐
Access to Internet and Technology	☐
Access to Mental Health Providers	☐
Access to Parenting Education and Support Programs	☐
Accessible Communities (Public/Commuter Transportation, Roads, Bike Paths, Parks & Recreation, Sidewalks, Open Spaces)	☐
Affordable Childcare	☐
Employment Opportunities / Workforce Development	☐
Environment (Air & Water Quality)	☐
Healthy Food Access (Fresh Foods, Community Gardens, Farmers' Markets, EBT, WIC)	☐
Public Safety Services (Police, Fire, EMT)	☐
Quality of Education (Pre-K - 12)	☐
Safe and Affordable/Workforce Housing	☐
Safe Communities	☐
Other (please specify):	

5. Below is a list of barriers that can make it difficult for people to access health services. Please check up to 5 barriers for adults in your household. Also check up to 5 barriers for children in your household (if applicable).

	Adults (18+)	Children (0-17)
Appointment not available	☐	☐
Accessing healthcare services	☐	☐
Availability of in-person appointments	☐	☐
Childcare	☐	☐
Coordinated care	☐	☐
Cost of care	☐	☐
Delaying care due to COVID-19	☐	☐
Don't know what services are available	☐	☐
Don't have the technology to utilize telehealth options	☐	☐
Health insurance	☐	☐
Lack of Transportation/Cost of Transportation	☐	☐
Lack of understanding by providers about my culture or background	☐	☐
Language Barrier	☐	☐
Location of Services	☐	☐
Unable to get time off from work	☐	☐
Other (please specify):		

6. We would like to ensure that everyone in our community receives high quality care. Please consider which (if any) personal factors impact the quality of care adults and children in your household receive. Check all that apply for adults in your household. Also check all that apply for children in your household (if applicable).

	Adults (18+)	Children (0-17)
Age	☐	☐
Race	☐	☐
Ethnicity	☐	☐
Gender Identity	☐	☐
Language	☐	☐
Developmental Disabilities	☐	☐
Immigration Status	☐	☐
Level of Education	☐	☐
Physical Disabilities	☐	☐
Religious Beliefs	☐	☐
Sexual Orientation	☐	☐
Type of Health Insurance / Ways People Pay for Health Services	☐	☐

7. Which of the following do you consider to be a trusted source of health information? Check all that apply.

Friends / Family	☐
Healthcare Provider (Doctor, Pediatrician, Physician Assistant, Nurse)	☐
Local Health System Website (Hospital, Free Clinics, etc.)	☐
Local News/Radio Station	☐
National Government (CDC, NIH, White House, World Health Organization)	☐
National Healthcare Sources (Such as Web MD)	☐
Place of worship	☐
Social media such as Twitter, Facebook, YouTube, Tik Tok, etc.	☐
State / Local Government (Health Department, Governor, City)	☐
Other (please specify):	

C. Your Community

8. Below is a list of health concerns that may affect adults or children in your community. Please check up to 5 of the most important health concerns for adults in your community. Also check up to 5 of the most important health concerns for children in your community.

	Adults (18+)	Children (0-17)
Alzheimer's and Dementia Care	☐	☐
Behavioral / Mental Health (Anxiety, Depression, Bullying, Psychoses, Suicide)	☐	☐
Cancer	☐	☐
COVID-19	☐	☐
Dental/Oral Care	☐	☐
Developmental Disabilities	☐	☐
Diabetes	☐	☐
Heart Conditions	☐	☐
Infectious Disease	☐	☐
Neurological Conditions	☐	☐
Overweight/Obesity	☐	☐
Physical Disabilities	☐	☐
Respiratory disease	☐	☐
Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)	☐	☐
Smoking/Tobacco use (cigarettes, vaping, e-cigarettes, chewing tobacco)	☐	☐
Substance Use (Alcohol, Drugs)	☐	☐
Violence in the Community	☐	☐
Violence in the Home (domestic or child abuse, including sexual, physical, emotional abuse and neglect)	☐	☐

9. If you or someone you know (18+) were to experience any of the below situations, would you know how to get community help?

	Yes	No
Access to Healthy Food	☐	☐
Addiction to social media & digital screens	☐	☐
Alcohol/Substance Use (prescription or illegal drugs)	☐	☐
Bullying (cyber, school, sports, workplace, etc.)	☐	☐
Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury)	☐	☐
Employment	☐	☐
Housing Needs (Rent, Homeless, Eviction)	☐	☐
Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others)	☐	☐
Pregnancy	☐	☐
Returning Citizen (previously incarcerated persons)	☐	☐
Unable to Afford Prescription Medications	☐	☐
Urgent Medical Situation (Broken Bone, Cut that Needs Stitches)	☐	☐

10. If a child or adolescent you know (ages 0-18) were to experience any of the below situations, would you know how to get community help?

	Yes	No
Addiction to social media & digital screens	☐	☐
Alcohol/Substance Use (prescription or illegal drugs)	☐	☐
Bullying (cyber, school, sports, workplace, etc.)	☐	☐
Drowning/Water Safety	☐	☐
Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury)	☐	☐
Housing Needs (Rent, Homeless, Eviction)	☐	☐
Hunger & Access to Healthy Food	☐	☐
Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others)	☐	☐
Juvenile Services	☐	☐
Teen Pregnancy	☐	☐
Unable to Afford Prescription Medications	☐	☐
Urgent Medical Situation (Broken Bone, Cut that Needs Stitches)	☐	☐

11. Please indicate how satisfied you are with how your community is addressing diversity, equity and inclusion.

Very satisfied	☐
Satisfied	☐
Neither satisfied nor dissatisfied	☐
Dissatisfied	☐
Very dissatisfied	☐

D. COVID-19

For the questions in this section, please think about community needs that are specifically related to COVID-19.

12. Employment – Have you or anyone in your household lost employment due to COVID-19?

Yes	☐
No	☐

13. Housing – Have you or anyone in your household lost housing due to COVID-19?

Yes	☐
No	☐

14. Please share your concerns (if any) about the COVID-19 vaccine (select all that apply)

Fear of needles	☐
I already had COVID-19, so I do not think it is necessary	☐
I am not concerned about COVID-19, so I do not need a shot	☐
I do not believe in vaccines in general	☐
Medical Condition	☐
Religious Objections	☐
Unclear how to get the shot / difficulty accessing	☐
With multiple vaccines, I do not know which is best	☐
Worried about possible costs	☐
Worried it will be harmful or have side effects	☐
I have no concerns about the vaccine	☐
Other (please specify):	☐

E. Your Point of View

Please tell us a little about yourself.

15. Gender Identity & Sexual Orientation

Female	☐
Male	☐
Non-binary/Gender Non-conforming	☐
Trans Female	☐
Trans Male	☐
Other Identity	☐
Prefer not to answer	☐

16. Race & Ethnicity

White	☐
Black/African American	☐
American Indian/Alaska Native	☐
Asian/Native Hawaiian/Other Pacific Islander	☐
Hispanic/Latino	☐
Two or more races	☐
Please specify):	
Prefer not to answer	☐

17. Age (years)

0-17	☐
18-24	☐
25-34	☐
35-44	☐
45-54	☐
55-64	☐
65-79	☐
80+	☐

18. Income - What is your estimated annual household income?

Less than $25,000	☐
$25,000-$34,999	☐
$35,000-$49,999	☐
$50,000-$74,999	☐
$75,000-$99,000	☐
$100,000-$149,000	☐
$150,000+	☐
Prefer not to disclose	☐

19. Highest level of education completed

Grade K-8	☐
Grade 9-12	☐
High School Graduate/ GED	☐
Skilled Trade Certificate Program	☐
Some College	☐
Associates Degree	☐
Bachelor's Degree	☐
Graduate Degree	☐

20. How do you pay for health care? Select all that apply.

Medicaid	☐
Medicare	☐
Military (Tricare / VA Benefits)	☐
Private Insurance (Individual, Exchange Plan, Employer Sponsored)	☐
Uninsured / Self Pay	☐
Other (please specify):	☐

21. Household Size - How many people live in your household, including yourself?

1	☐
2	☐
3	☐
4	☐
5	☐
More than 5	☐

22. What is the primary language(s) used in your home?

American Sign Language (ASL)	☐
English	☐
Spanish	☐
Korean	☐
Vietnamese	☐
Mandarin Chinese	☐
Arabic	☐
Tagalog	☐
Persian	☐
Amharic	☐
French	☐
Russian	☐
Hindi	☐
German	☐
Bengali	☐
Kru, Ibo, Yoruba	☐
Pashto/Dari	☐
Other (please specify):	☐

23. In our previous community health needs assessments (CHNAs) from 2019-2021, the partner organizations identified a set of priorities for community implementation plans. The priorities (in alphabetical order) include:

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

Do you have any comments relevant to the previous CHNAs and/or implementation plans (efforts and work conducted to date) related to the priorities listed above?

Comments:

24. Do you have additional ideas and suggestions for improving community health or identifying additional health concerns?

Ideas and suggestions:

We thank you for your time spent taking this survey.

APPENDICES

APPENDIX D: COMMUNITY RESIDENTS RESPONSES

To generate community input for the community health needs assessment, community residents were invited to share their insights through a survey. This section describes the methods and results of the survey.

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Survey Methods

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.

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.

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.

Appendix D Data Sources and Methods
This describes the data sources and methods used to produce the data presented in the report.

Insights from Community Residents

☐ All of the exhibits in **this section** 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.

☐ 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.

☐ 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.

☐ 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.

Detailed Survey Responses

☐ 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.

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

Demographic Profile of Survey Respondents

A total of **347** community residents submitted a survey response, although not every respondent completed every survey item. **Exhibit 1.1** provides a profile of survey respondents by various demographic indicators.

Compared to the overall demographic profile of the regional population, the survey respondents were more likely to reside in Prince William County, and more likely to be female. The overall distribution of survey respondents by household income was generally comparable to the region as a whole. The distribution of respondents by race and ethnicity was generally comparable for the Black/African American and Hispanic population segments. These comparisons are instructive for considering the reach of the survey but noting again that the survey was based on convenience sampling, it is not possible to assign margins of error to the survey results.

Exhibit 1.1
Demographic Profile of Survey Respondents

Place of Residence	Count	%
Total Responses	347	100%
Manassas (City of)	39	11%
Manassas Park (City of)	10	3%
Prince William County	224	65%
Stafford County	22	6%
Lorton	10	3%

Age	Count	%
Total Responses	294	100%
0-17	1	0%
18-24	27	9%
25-34	38	13%
35-44	64	22%
45-54	60	20%
55-64	57	19%
65-79	45	15%
80+	2	1%

Gender Identity & Sexual Orientation	Count	%
Total Responses	295	100%
Female	221	75%
Male	58	20%
Prefer not to answer	11	4%
Non-binary/ Gender Non-conforming	3	1%
Other Identity	1	0%
Trans Male	1	0%
Trans Female	0	0%

Race & Ethnicity	Count	%
Total Responses	277	100%
American Indian/Alaska Native	1	0%
Asian/Native Hawaiian / Other Pacific Islander	12	4%
Black/African American	54	19%
Hispanic/Latino	58	21%
Other specified by respondent	7	3%
Two or more races	10	4%
White	135	49%

Primary Language(s) Spoken at Home	Count	%
Total Responses	294	100%
English	258	88%
Spanish	52	18%
Other	17	6%

Household Size	Count	%
Total Responses	293	100%
One	24	8%
Two	87	30%
Three	70	24%
Four	61	21%
Five	28	10%
More than five	23	8%

Household Income	Count	%
Total Responses	249	100%
Less than $25,000	25	10%
$25,000-$34,999	28	11%
$35,000-$49,999	30	12%
$50,000-$74,999	30	12%
$75,000-$99,000	30	12%
$100,000-$149,000	56	22%
$150,000+	50	20%

Highest Level of Education Completed	Count	%
Total Responses	294	100%
Grade K-8	6	2%
Grade 9-12	12	4%
High School Graduate/ GED	31	11%
Skilled Trade Certificate Program	16	5%
Some College	44	15%
Associates Degree	28	10%
Bachelor's Degree	81	28%
Graduate Degree	76	26%

Methods of Paying for Health Care	Count	%
Total Responses	291	100%
Private Insurance	193	66%
Medicare	46	16%
Military (Tricare / VA Benefits)	28	10%
Medicaid	26	9%
Uninsured / Self Pay	27	9%
Other	12	4%

Source: CHS analysis of community resident survey data.

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 1.2** lists the most frequently identified factors for each age group.

Exhibit 1.2 Factors Important for Health and Wellness					
For Adults (18+) in Your Household	**Count**	**%**	**For Children (0-17) in Your Household**	**Count**	**%**
Total Responses	333	100	Total Responses	333	100
Annual Checkups (Physicals, Well- Child Visits)	237	71%	Annual Checkups (Physicals, Well- Child Visits)	121	36%
Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)	228	68%	Access to Fresh Food	99	30%
Exercise	217	65%	Exercise	94	28%
Access to Fresh Food	216	65%	Healthy Eating	90	27%
Healthy Eating	175	53%	Immunizations (Flu, T dap, Shingles, MMR, COVID-19, etc.)	86	26%
Immunizations (Flu, T dap, Shingles, MMR, COVID-19, etc.)	169	51%	Relationship with Primary Care Provider or Pediatrician	73	22%
Awareness & Understanding of Health Issues and New Treatments	139	42%	Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)	54	16%
Relationship with Primary Care Provider or Pediatrician	137	41%	Awareness & Understanding of Health Issues and New Treatments	52	16%
Stress Relief Activities / Mindfulness	135	41%	Places of worship, Social Clubs, Athletics Groups	48	14%
Places of worship, Social Clubs, Athletics Groups	88	26%	Stress Relief Activities / Mindfulness	44	13%
Social Connections in the Community	81	24%	Social Connections in the Community	44	13%
Parenting Support / Education	71	21%	Parenting Support / Education	40	12%
Not Applicable	5	2%	Not Applicable	26	8%

Source: CHS analysis of community resident survey data.

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 1.3** lists the most frequently identified barriers for each age group.

Exhibit 1.3
Barriers that Make it Difficult for People to Access Health Services

For Adults (18+) in Your Household	Count	%	For Children (0-17)) in Your Household	Count	%
Total Responses	318	100%	Total Responses	318	100%
Cost of care	178	56%	Cost of care	81	25%
Appointment not available	155	49%	Appointment not available	68	21%
Health insurance	125	39%	Health insurance	58	18%
Availability of in-person appointments	105	33%	Availability of in-person appointments	50	16%
Unable to get time off from work	98	31%	Accessing healthcare services	48	15%
Accessing healthcare services	85	27%	Childcare	47	15%
Delaying care due to COVID-19	80	25%	Delaying care due to COVID-19	31	10%
Location of Services	68	21%	Don't know what services are available	30	9%
Don't know what services are available	66	21%	Location of Services	28	9%
Coordinated care	58	18%	Coordinated care	25	8%
Childcare	56	18%	Lack of Transportation/Cost of Transportation	24	8%
Lack of Transportation/Cost of Transportation	55	17%	Language Barrier	21	7%
Language Barrier	47	15%	Unable to get time off from work	20	6%
Lack of understanding by providers about my culture or background	42	13%	Lack of understanding by providers about my culture or background	16	5%
Don't have the technology to utilize telehealth options	32	10%	Don't have the technology to utilize telehealth options	14	4%
Other	15	5%	Other	8	3%

Source: CHS analysis of community resident survey data.

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	%	Factors Affecting Children (0-17) in Your Household	Counts	%
Total Responses	241	100%	Total Responses	241	100%
Type of Health Insurance / Ways People Pay for Health Services	147	61%	Type of Health Insurance / Ways People Pay for Health Services	56	23%
Age	116	48%	Age	50	21%
Race	83	34%	Language	43	18%
Level of Education	73	30%	Race	42	17%
Language	70	29%	Ethnicity	37	15%
Ethnicity	62	26%	Developmental Disabilities	35	15%
Physical Disabilities	62	26%	Level of Education	30	12%
Developmental Disabilities	51	21%	Immigration Status	28	12%
Immigration Status	50	21%	Physical Disabilities	22	9%
Gender Identity	45	19%	Gender Identity	18	7%
Sexual Orientation	28	12%	Religious Beliefs	18	7%
Religious Beliefs	28	12%	Sexual Orientation	14	6%

Source: CHS analysis of community resident survey data.

Trusted Sources of Health Information

Community residents were asked to identify what they consider to be trusted sources of health information. **Exhibit 1.5** lists the most frequently identified sources.

Exhibit 1.5
Trusted Sources of Health Information

Source of Health Information	Count	%
Total Responses	326	100%
Healthcare Provider (Doctor, Pediatrician, Physician Assistant, Nurse)	299	92%
Local Health System Website (Hospital, Free Clinics, etc.)	175	54%
National Government (CDC, NIH, White House, World Health Organization)	147	45%
Friends / Family	127	39%
State / Local Government (Health Department, Governor, City)	124	38%
National Healthcare Sources (Such as Web MD)	96	29%
Place of worship	38	12%
Local News/Radio Station	35	11%
Social media such as Twitter, Facebook, YouTube, Tik Tok, etc.	22	7%
Other :	17	5%

Source: CHS analysis of community resident survey data.

APPENDICES

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 1.6** shows the number of respondents reporting they were unsure about how to get community assistance for adults and children.

Exhibit 1.6 Knowledge About Where to Get Community Assistance						
Unsure How to Find Community Assistance for Adults (18+)	**Count**	**%**		**Unsure How to Find Community Assistance for Children (0-17)**	**Count**	**%**
Total Responses	296	100%		Total Responses	283	100%
Returning citizen (previously incarcerated)	200	68%		Addiction to social media & digital screens	203	13%
Addiction to social media & digital screens	194	66%		Housing Needs (Rent, Homeless, Eviction)	176	11%
Unable to afford prescription medications	171	58%		Unable to Afford Prescription Medications	174	11%
Bullying (cyber, school, sports, workplace, etc.)	155	52%		Juvenile Services	169	10%
Housing needs (rent, homeless, eviction)	148	50%		Bullying (cyber, school, sports, workplace, etc.)	156	10%
Alcohol/substance use (prescription or illegal drugs)	112	38%		Teen Pregnancy	152	9%
Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others)	108	36%		Alcohol/Substance Use (prescription or illegal drugs)	133	8%
Employment	78	26%		Drowning/Water Safety	126	8%
Access to healthy food	72	24%		Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others)	120	7%
Pregnancy	72	24%		Hunger & Access to Healthy Food	103	6%
Urgent medical situation (broken bone, cut that needs stitches)	45	15%		Urgent Medical Situation (Broken Bone, Cut that Needs Stitches)	58	4%
Emergency medical situation (chest pain, shortness of breath, slurred speech, head injury)	29	10%		Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury)	40	2%

Source: CHS analysis of community resident survey data.

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 1.7** shows the range of responses from very satisfied to very dissatisfied.

Exhibit 1.7 Satisfaction with Efforts to Address Diversity, Equity, and Inclusion		
Level of Satisfaction	**Count**	**%**
Total Responses	302	100%
Very satisfied	41	14%
Satisfied	102	34%
Neither satisfied nor dissatisfied	113	37%
Dissatisfied	38	13%
Very dissatisfied	8	3%

Source: CHS analysis of community resident survey data.

SENTARA NORTHERN VIRGINIA MEDICAL CENTER | LAKE RIDGE ASC

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 1.8**, 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 1.8
Household Impact of COVID-19

Someone in the Household Lost Employment due to COVID-19	Count	%
Total Responses	301	100%
Yes	59	20%
No	242	80%

Someone in the Household Lost Housing due to COVID-19	Count	%
Total Responses	298	100%
Yes	9	3%
No	289	97%

Source: CHS analysis of community resident survey data.

Community residents were also asked to share their concerns (if any) about the COVID-19. The most frequently identified responses are listed in **Exhibit 1.9**.

Exhibit 1.9
Concerns About the COVID-19 Vaccine

Concerns About the COVID-19 Vaccine	Count	%
Total Responses	278	100%
I have no concerns about the vaccine	169	61%
Worried it will be harmful or have side effects	69	25%
I already had COVID-19, so I do not think it is necessary	30	11%
Other	25	9%
With multiple vaccines, I do not know which is best	20	7%
Fear of needles	15	5%
Religious Objections	15	5%
I am not concerned about COVID-19, so I do not need a shot	14	5%
Medical Condition	14	5%
I do not believe in vaccines in general	9	3%
Worried about possible costs	9	3%
Unclear how to get the shot / difficulty accessing	5	2%

Source: CHS analysis of community resident survey data.

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 1.10** lists the most frequently identified concerns for each age group.

Exhibit 1.10
Most Important Community Health Concerns

Health Concerns for Adults (18+)	Count	%
Total Responses	340	100%
Behavioral / Mental Health (Anxiety, Depression, Bullying, Psychoses, Suicide)	198	58%
Overweight/Obesity	147	43%
Cancer	140	41%
Alzheimer's and Dementia Care	125	37%
Dental/Oral Care	121	36%
Diabetes	114	34%
COVID-19	101	30%
Heart Conditions	97	29%
Substance Use (Alcohol, Drugs)	86	25%
Violence in the Community	76	22%
Violence in the Home (domestic or child abuse, including sexual, physical, emotional abuse and neglect)	57	17%
Infectious Disease	47	14%
Smoking/Tobacco use (cigarettes, vaping, e-cigarettes, chewing tobacco)	44	13%
Physical Disabilities	43	13%
Neurological Conditions	41	12%
Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)	35	10%
Respiratory disease	34	10%
Developmental Disabilities	33	10%

Health Concerns for Children (0-17)	Count	%
Total Responses	340	100%
Behavioral / Mental Health (Anxiety, Depression, Bullying, Psychoses, Suicide)	132	39%
Dental/Oral Care	86	25%
Overweight/Obesity	77	23%
COVID-19	59	17%
Substance Use (Alcohol, Drugs)	53	16%
Developmental Disabilities	48	14%
Violence in the Community	47	14%
Violence in the Home (domestic or child abuse, including sexual, physical, emotional abuse and neglect)	42	12%
Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)	42	12%
Smoking/Tobacco use (cigarettes, vaping, e-cigarettes, chewing tobacco)	37	11%
Cancer	33	10%
Diabetes	22	6%
Infectious Disease	19	6%
Respiratory disease	19	6%
Heart Conditions	18	5%
Physical Disabilities	12	4%
Neurological Conditions	12	4%
Alzheimer's and Dementia Care	8	2%

Source: CHS analysis of community resident survey data.

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 1.11** lists the most frequently identified factors.

Exhibit 1.11 Suggested Additions or Improvements to Community Services and Supports		
Focus for additions or improvements…	**Count**	**%**
Total Responses	331	100%
Access to mental health providers	196	59%
Accessible communities (public/commuter transportation, roads, bike paths, parks & recreation, sidewalks, open spaces)	168	51%
Safe communities	161	49%
Healthy food access (fresh foods, community gardens, farmers' markets, EBT, WIC)	141	43%
Access to health & human services	125	38%
Affordable childcare	124	37%
Safe and affordable housing for the workforce	123	37%
Public safety services (Police, Fire, EMT)	114	34%
Environment (air & water quality)	105	32%
Employment opportunities / workforce development	101	31%
Quality of education (Pre-K - 12)	98	30%
Access to community health education (such as nutrition education, support for individuals who care for others, etc.)	95	29%
Access to internet and technology	73	22%
Access to parenting education and support programs	68	21%
Other	17	5%

Source: CHS analysis of community resident survey data.

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 69 individuals offered a response, and each of the responses was classified as relating to one or more themes. **Exhibit 1.12** lists the set of themes and the number of responses addressing each theme.

Exhibit 1.12 Additional Ideas and Suggestions for Improving Community Health	
Ideas and Suggestions focusing on…	**Count**
Total Responses	69
Health care services	36
Community and social services	19
Services for people with mental health or substance use concerns	9
Community engagement	8
Health equity	8
Supports for children	4
The built environment	3
Response to COVID-19	3
Low income population	3
People with lifestyle risk factors	3
Elderly population	2
People with chronic conditions	2
Healthy lifestyle supports	1
Other	9

Source: CHS analysis of community resident survey data.

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 39 individuals responded, and their specific comments are listed below.

| **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. Education. Of citizens AND medical professionals, particularly doctors.
10. 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.
11. Engage with the community
12. Ferias de salad para la comunidad gratis. Cou information pray todos en ingles y espanol munches gracias
13. Free clinic no questions asked
14. free mental health services; long waiting lists!!! youth need support!!!!
15. Give them more staff to handle the demand.
16. Health information in all languages Outreach in the community of low-income people Mobile units/van services at elementary schools.
17. Hospital is excellent.
18. How to spread awareness of efforts, programs, resources piggyback off this I didn't know there was CHNA's or implementations plans
19. 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.
20. 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
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 it easier to speak with someone instead of automated
28. making sure to advertise in schools, churches, community what is available to all
29. Mental health needs to become a top priority.
30. Mental Health Please
31. messaging needs to include cultural nuances
32. More education availability
33. More emergency care centers
34. More fb exposure
35. More Mental health professionals and faculties available for community
36. More options in my area Dumfries everything is in northern VA
37. 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.
38. More roads encourage our children to focus on education

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

39. no, this s good tool
40. 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.
41. Not at this time. Thanks for asking!
42. Outreach & education
43. Provide more available mental health care services and food security opportunities.
44. Run commercials re support services in common areas. On gas station kiosks... over the soda machines at vendor locations...in grocery stores
45. Safe staffing ratios in the hospital and nursing homes. I want to know that my family will be properly cared for and safe.
46. see above
47. See above. Implement A food assistance program for those who work to live but have a Chronic disease. Funding to food banks doesn't make it to the working class. The world understands that to have proper health care and nutrition (and housing assistance) we should work minimal hours and apply for assistance. Instead - the working middle class are slowly becoming despondent and die earlier for lack.
48. Some place to call with any problem and get answered
49. Supply people who work with free insurance options also
50. Support for Pediatric Services in the county especially Mental Health Services
51. 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.
52. 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.
53. 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.
54. Updating apartment windows so mold and other organisms don't tamper our air quality and health.
55. Use as many outlets as possible such as churches, community centers, etc.
56. 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.
57. 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 :(
58. We need better access to homeless apts. Homeless is a huge issue Mental health is a huge issue.
59. 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.
60. Western PWC needs a trauma center.
61. 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?
62. work on making medical insurance simple and understandable
63. Yes, I have a comment. Stop worrying about equity and start worrying about providing health care to anyone that is sick.
64. (8 Respondents commented "N/A", "None", or "No comment".)

Source: CHS analysis of community resident survey data. on survey methods.

Community Resident Survey Responses

1. Access and behavioral health remain in terrific need.
2. Access to affordable healthcare has increased for the lower AMI but the working lower- middle class have to prioritize basic housing over healthcare. Mental health services have greatly increased in visibility and availability. Chronic disease management - Kaiser doctors have flat out stated to me, "we look at these things, are you dying or do you need immediate services." The rest is managed care, but they are void on assisting with chronic disease management. They mark a chart and move on - no matter patient's concern. Nutrition and physical activity. With COVID restrictions gone, more people are back in park-like settings. There is a lack of availability for nutrition for the above 30% AMI. SNAP recipients eat well; very well. Those who do not qualify for SNAP with chronic health issues such as Celiac or diabetes do not receive assistance and therefore disease(s) are not as effectively controlled. Having Celiac disease, I cannot afford proper nutrition - even at a dollar short of $50,000 annually. For individuals like myself, we might need the well-funded and advertised mental health agencies/centers eventually because we are peddling uphill and so very frustrated.
3. 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.
4. As an adult male it would be nice to know of any mentorship for young men
5. Concur
6. 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

Community Resident Survey Responses
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

7. 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

8. 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.

9. 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.

10. Healthcare that is not tied to Mary Washington. Limited choices if you don't want the MW brand of one size fits all, strictly Western, throw drugs at every problem medicine.

11. Healthy lifestyle and early identification, treatment and education of chronic disease continues to be a need for the community. Prevention and education is key for healthy communities.

12. 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.

13. I have heard positive progress in BH for youth in PW C

14. 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

15. I have seen where INOVA is creating more accessible facilities in our region. I am not familiar with progress on the other initiatives

16. I really wish someone would address the fact that there is no, clean, newer, affordable housing in our region.

17. I think the pandemic has changed everyone's concerns regarding health care

18. 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.

19. I think those priorities align with what the community needs

20. 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.

21. 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.

22. Move behavioral health to number 1.

23. N/a cannot provide info-not sure what has been provided...?

24. none

25. 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.

26. Programs/health mental health need to be cost affordable also accessible Trans it access Safe

27. 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.

28. RX affordability huge issue

29. Same issues still apply

30. Still appropriate

31. 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.

32. They all still seem important

33. Those four are still relevant!

34. 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 within 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

35. We are in desperate need for more Mental Health/Substance programs...We need inpatient rehab centers.

36. What happened because these priorities were set? I still can't get an appointment to Community Service Board

37. Where and how is this information shared with the public?

38. where is the housing issue???

39. While nutrition/physical activity is important, I don't think it is as important as safe, adequate, affordable housing.

APPENDIX E: COMMUNITY PROFESSIONAL RESPONSES

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.

Section Outline	
A. Survey Methods and Respondent Perspectives	
B. Factors Important for Health and Wellness	
C. Barriers that make it Difficult for People to Access Health Services	
D. Personal Factors that Can Influence Quality of Care	
E. Knowledge About Where to Get Community Assistance	
F. Satisfaction with Efforts to Address Diversity, Equity, and Inclusion	
G. Most Important Community Health Concerns	
H. Suggested Additions or Improvements to Community Services and Supports	
I. Ideas for Aligning Resources to Address Community Needs	
J. Comments on Prior CHNA Studies and Implementation Plans	

Appendix E Data Sources and Methods
This appendix describes the data sources and methods used to produce the data presented in the report.
Insights from Community Professionals
☐ 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**. ☐ 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. ☐ 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.
Detailed Survey Responses
☐ 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.

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 81 individuals submitted a survey response, although not every respondent completed every survey item. **Exhibit 2.1** lists the self-reported organizational affiliations of survey respondents, and **Exhibit 2.2** shows the self-reported localities served by the respondents' organization.

Exhibit 2.1 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 • GRC Enterprises, Inc • George Mason University • Georgetown South Community Council • 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 County Community Services • Prince William Area Agency on Aging • Prince William Commission on Aging • Prince William County Department of Social Services • Prince William County Planning Office • Prince William County Police Department • Prince William County Schools (10) • Prince William County School Board • Prince William Health District • Prince William Public Libraries • 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 • Sentara Northern Virginia Medical Center (17) • Unknown (2)

Source: CHS analysis of community professionals survey data.

Exhibit 2.2 Locality Perspectives of Survey Respondents		
Communities You Serve	**Count**	**%**
Total Responses	78	100%
Dumfries (Town of)	26	33%
Fauquier County	4	5%
Haymarket (Town of)	18	23%
Lorton	11	14%
Manassas (City of)	34	44%
Manassas Park (City of)	26	33%
Occoquan (Town of)	23	29%
Prince William County	59	76%
Quantico (Town of)	20	26%
Stafford County	12	15%

Source: CHS analysis of community professionals survey data.

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 2.3** lists the most frequently identified factors for each age group.

Exhibit 2.3 Factors Important for Health and Wellness						
For Adults (18+) in Your Community	**Count**	**%**	**For Children (0-17) in Your Community**	**Count**	**%**
Total Responses	80	100	Total Responses	80	100
Annual Checkups (Physicals, Well-Child Visits)	46	60%	Annual Checkups (Physicals, Well-Child Visits)	47	61%
Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)	46	60%	Access to Fresh Food	43	56%
Access to Fresh Food	45	58%	Immunizations (Flu, T dap, Shingles, MMR, COVID-19, etc.)	37	48%
Exercise	37	48%	Exercise	36	47%
Awareness & Understanding of Health Issues and New Treatments	34	44%	Healthy Eating	32	42%
Immunizations (Flu, T dap, Shingles, MMR, COVID-19, etc.)	31	40%	Social Connections in the Community (Place of Worship, Social Clubs, Athletics Groups)	25	32%
Social Connections in the Community (Place of Worship, Social Clubs, Athletics Groups)	31	40%	Relationship with Primary Care Provider or Pediatrician	21	27%
Parenting Support / Education	28	36%	Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)	20	26%
Relationship with Primary Care Provider or Pediatrician	28	36%	Stress Relief Activities / Mindfulness	20	26%
Healthy Eating	27	35%	Parenting Support / Education	17	22%
Stress Relief Activities / Mindfulness	26	34%	Awareness & Understanding of Health Issues and New Treatments	16	21%

Source: CHS analysis of community professionals survey data.

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 2.4** lists the most frequently identified barriers for each age group.

Exhibit 2.4
Barriers that Make it Difficult for People to Access Health Services

For Adults (18+) in Your Community	Count	%	For Children (0-17) in Your Community	Count	%
Total Responses	79	100%	Total Responses	79	100%
Cost of care	53	67%	Cost of care	43	54%
Health insurance	39	49%	Health insurance	33	42%
Accessing healthcare services	33	42%	Lack of transportation/cost of transportation	24	30%
Don't know what services are available	31	39%	Don't know what services are available	23	29%
Lack of transportation/cost of transportation	30	38%	Accessing healthcare services	21	27%
Appointments not available	30	38%	Childcare	19	24%
Language barrier	30	38%	Unable to get time off from work	17	22%
Coordinated care	29	37%	Language barrier	16	20%
Delaying care due to COVID-19	20	25%	Appointments not available	15	19%
Childcare	19	24%	Delaying care due to COVID-19	14	18%
Availability of in-person appointments	18	23%	Don't have the technology to utilize telehealth options	13	16%
Unable to get time off from work	14	18%	Coordinated care	12	15%
Don't have the technology to utilize telehealth options	12	15%	Availability of in-person appointments	8	10%
Location of services	9	11%	Location of services	8	10%
Lack of cultural and religious considerations	6	8%	Lack of cultural and religious considerations	4	5%
Other	6	8%	Other	5	6%

Source: CHS analysis of community professionals survey data.

APPENDICES

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 2.5** lists the most frequently identified factors for each age group.

Factors Affecting Adults (18+) in Your Household	Counts	%	Factors Affecting Children (0-17) in Your Household	Counts	%
Total Responses	76	100%	Total Responses	76	100%
Type of Health Insurance / Ways People Pay for Health Services	61	80%	Type of Health Insurance / Ways People Pay for Health Services	50	66%
Language	51	67%	Immigration Status	35	46%
Immigration Status	47	62%	Language	35	46%
Level of Education	46	61%	Race	29	38%
Age	33	43%	Age	28	37%
Race	32	42%	Ethnicity	27	36%
Ethnicity	32	42%	Gender Identity	26	34%
Developmental Disabilities	29	38%	Developmental Disabilities	23	30%
Gender Identity	25	33%	Physical Disabilities	19	25%
Physical Disabilities	23	30%	Level of Education	18	24%
Sexual Orientation	20	26%	Sexual Orientation	17	22%
Religious Beliefs	12	16%	Religious Beliefs	7	9%

Exhibit 2.5 — Personal Factors that Can Influence Quality of Care. Source: CHS analysis of community professionals survey data.

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 2.6** shows the number of respondents indicating they would be unsure about how to find community assistance in various situations.

Unsure how to help someone find assistance for...	Count	%
Total Responses	81	100%
Affordable prescription medications	42	52%
Housing crisis	39	48%
Addiction to alcohol, gambling, narcotics, etc.	28	35%
Mental health crisis (suicidal thoughts or threatening to harm others)	19	23%
Lack of food	14	17%
Urgent medical situation (e.g., broken bone, cut that needs stitches)	3	4%
Emergency medical situation (e.g., chest pain, shortness of breath, slurred speech, head injury)	1	1%

Exhibit 2.6 — Knowledge About Where to Get Community Assistance. Source: CHS analysis of community professionals survey data.

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 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	77	100%
Very satisfied	10	14%
Satisfied	26	35%
Neither satisfied nor dissatisfied	26	35%
Dissatisfied	9	12%
Very dissatisfied	3	4%

Source: CHS analysis of community professionals survey data.

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 2.8** lists the most frequently identified concerns for each age group.

Exhibit 2.8 Most Important Community Health Concerns					
Health Concerns for Adults (18+)	**Count**	**%**	**Health Concerns for Children (0-17)**	**Count**	**%**
Total Responses	77	100%	Total Responses	77	100%
Behavioral / Mental Health (Anxiety, Depression, Bullying, Psychoses, Suicide)	64	83%	Behavioral / Mental Health (Anxiety, Depression, Bullying, Psychoses, Suicide)	56	73%
Overweight/Obesity	44	57%	Overweight/Obesity	37	48%
Dental/Oral Care	28	45%	Dental/Oral Care	36	47%
Violence in the Home	21	40%	Violence in the Home	30	39%
Substance Use (Alcohol, Drugs)	31	36%	Substance Use (Alcohol, Drugs)	22	29%
Developmental Disabilities	11	34%	Developmental Disabilities	21	27%
Smoking/Tobacco Use/Vaping	13	32%	Smoking/Tobacco Use/Vaping	17	22%
Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)	7	32%	Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)	15	19%
COVID-19	23	30%	COVID-19	13	17%
Diabetes	35	27%	Diabetes	13	17%
Physical Disabilities	15	19%	Physical Disabilities	9	12%
Violence in the Community	9	17%	Violence in the Community	9	12%
Respiratory Disease	6	14%	Respiratory Disease	5	6%
Cancer	25	12%	Cancer	4	5%
Infectious Disease	4	9%	Infectious Disease	2	3%
Neurological Conditions	4	8%	Neurological Conditions	2	3%
Heart Conditions	25	5%	Heart Conditions	1	1%
Alzheimer's and Dementia Care	26	5%			

Source: CHS analysis of community professionals survey data.

Suggested Additions or Improvements to Community Services and Supports

Community professionals were asked to suggest additions or improvements to community services and supports. **Exhibit 2.9** lists the most frequently suggested additions or improvements.

Exhibit 2.9
Suggested Additions or Improvements to Community Services and Supports

Focus for additions or improvements...	Count	%
Total Responses	78	100%
Access to mental health providers	63	81%
Affordable childcare	41	53%
Access to health and human services	34	44%
Access to community health Education (such as nutrition education, support for individuals who care for others, etc.)	32	41%
Access to parenting education and support Programs	29	37%
Safe and affordable housing for the workforce	28	36%
Accessible communities (public/commuter transportation, roads, bike paths, parks & recreation, sidewalks, open spaces)	26	33%
Employment opportunities / workforce development	26	33%
Access to internet and technology	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%
Environment (air & water quality)	2	3%
Other	5	6%

Source: CHS analysis of community professionals survey data.

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 44 individuals offered a response, and each response was classified as relating to one or more themes. **Exhibit 2.10** lists the set of themes and the number of responses addressing each theme.

Exhibit 2.10 Ideas for Aligning Resources to Address Community Needs	
Ideas Relating to….	**Count**
Total Responses	44
Community engagement	19
Health care services	18
Community and social services	17
Supports for 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
Supports for people with lifestyle risk factors	2
Supports for people with chronic conditions	1
Supports for minority populations	1
Supports for elderly population	1
Other	1

Source: CHS analysis of community professionals survey data.

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 29 individuals offered a response.

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 need 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 health should be number 1 for children & adults' people can't veto or appointment
6. 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.
7. Coming out of the pandemic, I would place number 2 as our highest priority.
8. Homeless services
9. Households with school age children can be better informed if access to computers in home is a high priority
10. 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.
11. 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.
12. 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.
13. I would need to see how Access to Healthcare is defined and then addressed.
14. I would put the order as follows: 4. 1. 2.3.
15. 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.
16. 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.
17. 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.
18. Mental health needs to be a priority.
19. Mental health should be top of the list. That and access to healthy food and activities.
20. None at this time.
21. not everyone can access healthcare or be eligible I think 3 and 4 might need to be amended
22. 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.
23. Sounds like a good plan-- I wouldn't deviate much.
24. 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.
25. These continue to be the top issues.
26. These priorities are still relevant.
27. This is a pretty worthless exercise.
28. 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.
29. 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. stakeholders. Focus on advocacy and policy.

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 uses 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.

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

6. Collaborative meetings with stakeholders have suffered greatly due to COVID. Conversations surrounding how to access services need to be addressed by community leaders. Children in Manassas Park often lack a medical home, and many are in dire need of dental care.
7. Community outreach and education
8. 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.
9. Continue to work in coalitions, returning to in-person meetings at least 3 times a year.
10. Coordinated referral source hub. Get the people to the right resources. Combine some resources to one location to help the patients access multiple services.
11. Educate community health advocates to help in this regard.
12. Educate people the rules and making them aware of the resources. Be self-reliant
13. 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.
14. 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.
15. 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.
16. Have a comprehensive resource guide to services available.
17. Help educate residents on the care available and necessary for good health.
18. 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.
19. Identify which issues can be addressed quickly with an immediate solution and which issues need long-term work. Set goals for both.
20. Increase access to free preventative healthcare and to prescription medications.
21. 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.
22. make resources more known, more accessible, more availability
23. meet people where they are. expand outreach efforts to local grocery stores, apartment complexes, libraries, group homes, and urgent care if possible.
24. More community programs and information sessions. More widely advertised resources for food, clothing, insurance, health care.
25. more mental health access and assistance (other than immediate/suicide/homicidal thoughts there is not much available right now)
26. 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.
27. One combined website through local government listing available services, by private and government sources.
28. Public awareness
29. Reduce smoking, encourage exercise and better diet, promote once a year physical with their primary care physician.
30. remove silos - we need to work together to solve issues. We require health, housing, non-profits, government, etc. to work together
31. 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.
32. 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.
33. 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.
34. 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.

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Community Professional Survey Responses: Ideas on How to Best Align Resources to Meet Community Needs
35. Through increased public awareness. 36. 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. 37. Uncertain as to what resources are available to meet the needs 38. 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 are 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. 39. using effective and evolving communications methods 40. 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 41. 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. Others who can afford care need to be assured that Primary Doctors manage care from other specialists 42. 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. 43. We need to work together. 44. Work with nontraditional health stakeholders. Focus on advocacy and policy.
Source: CHS analysis of community resident survey data. on survey methods.

APPENDIX F: COMMUNITY INSIGHT

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.

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. 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
12. improving access to public services by providing translated materials and health literacy
13. Long-COVID as health factors/conditions continue to be compiled

14. Low mammography rates
15. More activities for 65+
16. more mental health care professional
17. need more affordable housing in the community
18. nursing shortage
19. resources for people ineligible for Medicaid and have to self-pay
20. Robust life skills in the school system
21. Safe sidewalks and affordable communities
22. school health
23. Specific housing needs
24. Support pedestrian connectivity to recreational and community services
25. Surprised transportation did not appear for public. It is a large issue especially for handicapped and seniors and young families with only one 🚐
26. Think we missed surveying the underserved based upon the language responses
27. Transportation for underserved communities and Medicaid/Medicare members
28. transportation, behavioral health services
29. Veteran's housing and services

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 physical activity
23. Local transportation such as OmniLink 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	15. Having a meeting such as this within the community for those without access to computers 16. include public health professionals into planning 17. introduce affordable housing programs like other close by communities have 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 shops 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: CHS analysis of community resident survey data. on survey methods.

Participant Comments from Community Insight Event on March 29,2022
On March, 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 18 community members attended. A detailed list of their comments is provided below.

Q1. What are the most serious health problems in our community? Please list up to three.	
1. Mental health 2. I see a lot of Mental Health issues in the community and with clients 3. For mental health-outreach to homeless, vets, and victims of Covid	4. Mental Health 5. Mental Health, the range of Chronic Diseases, quality of housing which may impact health 6. mental health, substance use, parenting struggles, affordable housing, returning citizens (former incarcerated individuals)

Q2. What are the key social determinants of health we should be focusing on? Please list up to three.	
1. food-eliminating sugar from diet/healthy behaviors 2. Health Behaviors 3. housing, transportation, social support 4. Affordable housing. Rent and housing prices are skyrocketing 5. Educating and making healthy options more accessible and affordable.	6. clear message on which foods are healthy and the costs of a poor diet on not only physical, but mental and emotional aspects 7. Education, employment affect capability to acquire housing, food and health care and play into overall health and issues around violence (x2)

Participant Comments from Community Insight Event on March 29,2022

Q3. Are there particular groups of individuals within our community who are especially vulnerable for health problems? Please list up to three groups.

1. Increased depression and anxiety in adolescents. 2. opioid crisis has not gone away 3. kids in school, elderly, poor 4. Single parents, recent graduates, adults turning 26 - off of parent's insurance	5. moving on to less expensive forms 6. City of Manassas increase in overdoses & death related to opioids during covid 7. Plus, increase in YOUNGER people with HIV related to intravenous drug use

Q4. What are the most important barriers people face in taking care of their health and accessing care? Please list up to three barriers.

1. co-pays! 2. cheaper and easier to access poor food choices 3. Opioid & HIV nationwide issue 4. confusing messages regarding health of food and food preparation 5. Income, uninsured	6. Shortage of psychiatrists in the area 7. transportation issue with lack of investment in local public providers. Every $1 invested by health entity in transportation gives $7 in reduced cost of care (2016 study)

Q5. What are the most important community resources for improving health and reducing barriers? Please list up to three resources.

1. many disparate programs working in similar space, not always working in concert with each other, not always aware of each other 2. County increasing financial support	3. OmniLink piloting "on-demand" local bus route in Manassas & Manassas Park. Pilot begins this summer, and they will expand to east side of County particularly Dumfries, Triangle areas 4. On-demand may enable more readily available transportation for supporting health

Q6. How has the COVID-19 pandemic worsened the health issues in our community? Please list up to three concerns.

1. Weight gain 2. took focus off existing programs 3. Alcohol consumption 4. Anxiety in youth not wanting to return to school 5. Inflation. 6. overwhelming information causing confusion and apathy 7. PWC very proactive in getting resources out to community 8. Lack of appointments and delaying treatment	9. Primary care providers may not be aware there were ICD-10 codes created for specific billings. Important for documenting Long-COVID 10. More stress on families causing marital conflict 11. promoted funding from government for small biz 12. distrust in healthcare due to lack of consistent messaging (and Niyatik Dhokai agreed) 13. Yes. Increase in violence. 14. Increased suicidal ideation 15. Increase ease of access to care and Tele-health access

Q7. What more can be done to improve health, particularly for those individuals and groups most in need? Please list up to three specific opportunities or actions our community could take.

1. More outreach, education 2. popup venues in communities of need staffed with mental health workers and materials 3. Great Idea Danny! Pop ups where people ARE… 4. Decreased cost of deductibles for mental health services 5. more mental health officers working with police 6. police 7. More & more outdoor activities for the community. Hiking, biking. Events for the community to get together and share their experiences 8. activities for the community.	9. Local Government has the Human Services. They should know after two years - since they are first and last line for access - the excuse of "We're Government and we don't do that" won't work henceforth and moving forward. 10. More local government funding to provide mental services for those who are not able to afford it. 11. The issue of Local Government being "first and last" in this area was a topic when SNVMC was developing its Strategic Plan. Particularly in relation to Mental/Behavioral Health.

Source: CHS analysis of community resident survey data. on survey methods.

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.

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. aquafer, 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

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 silo-ing 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: CHS analysis of community resident survey data.

Participant Comments from Community Insight Event on April 21, 2022

On April 21, 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 5 community members attended. A detailed list of their comments is provided below.

Q1. What are the most serious health problems in our community? Please list up to three.

1. Chronic Conditions: Cancer, Heart Disease, Diabetes
2. dental care
3. diabetes, hypertension, dental care
4. Diabetes, hypertension, obesity
5. hypertension
6. Individuals not seeking preventative care
7. Mental health
8. Not knowing how to seek care or where to seek care
9. Obesity, diabetes, cancer
10. Obesity, diabetes, lack of a long-term health care.
11. Stress management)

Q2. What are the key social determinants of health we should be focusing on? Please list up to three.

1. Access to affordable housing
2. Access to health care, education, transportation, access to healthy food.
3. economic stability
4. education
5. English proficiency
6. Food insecurities
7. Health literacy
8. Lack of access to prevention services
9. Legal status
10. Legal status is a big deterrent
11. neighborhood and physical environment (especially crime impact)
12. neighborhood/physical environment
13. Out of the last 756 people that have visited our offices, their average weekly income is $310. 86.24% of those (652) did not have any health insurance.
14. People having illegal status don't have access to any preventive health
15. Social support network
16. Transportation
17. Transportation
18. Transportation

Q3. Are there particular groups of individuals within our community who are especially vulnerable for health problems? Please list up to three groups.

1. Behavioral Health
2. Diversity within the Latino community- race, income, education
3. Elderly
4. elderly - not many affordable resources
5. Homeless, traditional and non-traditional
6. homeless/houseless individuals
7. People living with cancer
8. People living with diabetes
9. People with limited access to healthy food
10. People with limited education
11. The Elderly, disabled, special needs children
12. transgender
13. Undocumented
14. Undocumented, older and lack of access due to many barriers.
15. uninsured (financial challenge to access health care services)
16. Working poor
17. Younger people with mental/behavioral health issues

Q4. What are the most important barriers people face in taking care of their health and accessing care? Please list up to three barriers.

1. 1. Economic 2. Health-care system navigation 3. English level 4. Immigration status
2. Cultural barriers beyond language barriers
3. Emerging issue: immigrants with limited language supports
4. financial challenges
5. Immigration status
6. Language
7. Language barriers
8. language barriers
9. Language barriers, Transportation, access to insurance
10. Newer immigrants
11. Newer immigrants without natural supports
12. Not intuitive
13. Transportation

Q5. What are the most important community resources for improving health and reducing barriers? Please list up to three resources.

1. Community organizations can play a big role in getting healthcare to different groups
2. Community organizations play big role in getting health care to folks in need
3. effective referral resources (people don't know who offers what services)
4. Finding a way to go to where individuals are
5. Free Clinic and FQHC - GPWCHC
6. Free clinics
7. Government (limited)
8. GPW Health Center patient transportation at NO COST
9. House of mercy
10. House of Mercy for dental
11. Lion's club
12. Local health system
13. Local hospital
14. Mobile Health Units - Mammography and Family Medicine
15. Public transportation, free clinics, public safety
16. Sentara Family Health Connection, Free clinics @ Churches/Community Organizations/Businesses, free-accessible programs w/ low barrier or no barrier entry.
17. simple to understand patient education
18. Worship centers

Participant Comments from Community Insight Event on April 21,2022

Q6. How has the COVID-19 pandemic worsened the health issues in our community? Please list up to three concerns.

1. Access/ comfort with technology
2. Even lower economic growth, lack of clear access and navigation due to all the barrier + the overload on the healthcare system created an additional barrier.
3. Individuals have stopped seeking care all together
4. Limited services due to reduce in person services
5. Limited Transportation access due to reduced services
6. Long COVID
7. Long COVID

8. Loss of job, and possibly housing because of life of job, so not accessing services
9. Paralyzed by fear
10. Patients avoid accessing services out of fear
11. Risks of self-medication
12. Technology barriers
13. Transition to Telehealth not easy for all.

Q7. What more can be done to improve health, particularly for those individuals and groups most in need? Please list up to three specific opportunities or actions our community could take.

1. Community partners re-connect post COVID to reboot cooperation
2. Community resource site to educate people what services are available and how to access
3. Create a free-accessible program that would provide preventative and long-term health-care access. Partner-up with businesses, organizations and churches to ensure that this program is accessible to people. Additionally, advocate the local and state legislatures to ensure that additional funding and program creation is created to remove the immigration, language and economic barriers to access healthcare.
4. Create innovative programs to reach community in need

5. Expanding social programs
6. Partnerships- especially Partnerships with nontraditional partners
7. Partnerships with 'trusted' partners that live in community
8. Provide free consultation. If not free, lower cost. Making it available for all. Also care for those individuals and groups

Source: CHS analysis of community resident survey data. on survey methods.