Community Healthcare Coalition of Greater Prince William

Community Health Assessment (CHA) 2025

A Collaborative Approach for Health Accountability in Greater Prince William

This joint Community Health Assessment (CHA) was completed in collaboration with the Community Healthcare Coalition of Greater Prince William, Prince William Health District, Sentara Northern Virginia Medical Center, Lake Ridge Ambulatory Surgery Center, and Northern Virginia Heart and Vascular Center, LLC, which have the identical service areas of Prince William County and the cities of Manassas and Manassas Park. Sentara Northern Virginia Medical Center, Lake Ridge Ambulatory Surgery Center, and Northern Virginia Heart and Vascular Center, LLC, are using this assessment as their 2025 Community Health Needs Assessment (CHNA).

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Community Healthcare Coalition of Greater Prince William 2025 Community Health Assessment (CHA)

September 2025

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Community Health Assessment (CHA) 2025

BE HEALTHY
BE HAPPY

Community Healthcare Coalition Greater Prince William

Executive Summary

The 2025 Community Health Assessment (CHA) for Greater Prince William was a collaborative effort led by the Community Healthcare Coalition of Greater Prince William (Coalition), which includes the Prince William Health District, a part of the Virginia Department of Health, as well as Sentara Northern Virginia Medical Center, among others. The comprehensive assessment is based on a community status assessment, which includes a robust analysis of secondary data sources related to health and health outcomes, and a community insight assessment, analyzing community perspectives through a community health survey and community conversations. The core tenet guiding this 2025 CHA is health accountability.

***Health accountability** is the shared responsibility of healthcare systems, public agencies, and community stakeholders to ensure transparent, inclusive, and sustained actions that **promote attainment of the highest level of health** for residents in Greater Prince William.*

Community Profile

Greater Prince William is an area of Northern Virginia that includes Prince William County and the cities of Manassas and Manassas Park. The area is more diverse than Virginia overall.[1] While English is the primary language spoken, the Virginia Department of Education has more than 20 student home languages on record, with the top five being Spanish, Urdu, Dari, Arabic, and Farsi. Though the area's population is currently younger than the state overall, estimates project that the 65+ population will increase by 14.5% by 2040.[1]

Social Determinants of Health

Health outcomes are ultimately influenced by a confluence of factors, including access to quality healthcare, neighborhood and built environment, access to quality education, economic stability, and an individual's social and community context.[2] In Greater Prince William, poverty is higher among minority groups than it is among White residents.[3] The area has more uninsured children and adults compared to the Virginia average.[4] Lower provider rates also affect access to healthcare, with the area having fewer primary care providers, mental health providers, and dentists per capita than Virginia. The areas most affected by food insecurity are Dale City, Woodbridge, Dumfries, Manassas, and Manassas Park.[5] The areas with the higher social vulnerability scores mirror those of food insecurity, with the addition of Gainesville and parts of Quantico.[6]

[1] Virginia Population Projections. (2025). Retrieved April 10, 2025, from Weldon Cooper Center for Public Services: https://www.coopercenter.org/.

[2] Healthy People 2030. (2025). Retrieved March 15, 2025, from U.S. Department of Health and Human Services: https://odphp.health.gov/healthypeople.

[3] American Community Survey (ACS). (2025). Retrieved April 10, 2025, from US Census Bureau: https://www.census.gov/programs-surveys/acs/.

[4] American Community Survey (ACS). (2025). Retrieved April 10, 2025, from US Census Bureau: https://www.census.gov/programs-surveys/acs/.

[5] Hunger Heat Map. (2024). Retrieved April 10, 2025, from Capital Area Food Bank: https://experience.arcgis.com/experience/c1a4a9353dd54413a8d9c3fcd8bc3b7d/page/Map#data_s=id%3AdataSource_7-1910f2ee548-layer-201-1914743f6c9-layer-215%3A571.

[6] Woolf, S., Chapman, D., Lee, J., & France, T. (2023). Lost Opportunities: The persistence of disadvantaged neighborhoods in Northern Virginia. Northern Virginia Health Foundation and VCU Center on Society and Health.

Health Indicators

The average life expectancy in the area is 80.2 years, almost two years higher than the Virginia average. For Black residents in Manassas, the average life expectancy is 72 years, nearly four years less than White residents.[7] The leading causes of death from 2021 to 2023 were cancer, heart disease, COVID-19, stroke, and chronic lower respiratory disease. Variations are evident when comparing across the three localities and by race and ethnicity.[8]

Data indicates decreased rates for the most common types of cancer, though mammography and colorectal screenings are lower in the area than statewide, illustrating an opportunity for community outreach and support for access to and receipt of cancer screenings and education.[9] The prevalence of type 2 diabetes (12.1%) is slightly lower than the statewide average (12.7%).[10] Though rates for sexually transmitted infections (STIs) are lower than Virginia rates, gonorrhea and syphilis incidence rates (per 100,000 population) are on the rise, with syphilis increasing from 11.2 in 2019 to 15.7 in 2023 and gonorrhea increasing from 85.4 in 2019 to 132.7 in 2023.[11]

From 2017 to 2023, nonfatal drug overdoses fluctuated across all races, with notable increases among those identifying as Black, Hispanic, or White.[12] Suicidal ideation was the cause of a startling rate of emergency department visits for minors (41.75%) compared to adults (25.61%).[13] In terms of maternal and child health, 12.2% of mothers in the area had late or no prenatal care compared to 5.1% across Virginia.[14]

Community Insight

The Coalition conducted a convenience sampling methodology in which all residents were invited to complete a community health survey. The Coalition received 1,990 completed surveys in English, Spanish, or Dari. Respondents highlighted mental health, chronic conditions, and dental problems as the three biggest health concerns for the community. The behaviors most reported as needing to be addressed in the area were unhealthy eating, lack of exercise, and driving while drunk or high. Factors identified that would most improve health in the community were access to healthcare, affordable housing, and access to dental care. The Coalition led 17 community conversations that provided valuable insight related to the area's strengths, challenges, ideas for improving the health of the community, and suggestions for stronger community engagement with public health and healthcare providers.

Coalition CHA Prioritization

Assessment findings emphasize the critical need for continued efforts in three key areas: to improve access to behavioral health services, expanding resources for the management of chronic conditions, and a broad approach to health that includes initiatives addressing social determinants of health, including poverty, affordable housing, and food insecurity which all play significant roles in health outcomes.

[7] 2024 Annual Data Release. (2025). Retrieved February 4, 2025, from County Health Rankings & Roadmaps: https://www.countyhealthrankings.org/.

[8] CDC WONDER. (2025). Retrieved February 24, 2025, from Centers for Disease Control and Prevention: https://wonder.cdc.gov/.

[9] State Cancer Profiles. Incidence Rates Table. (2025). Retrieved February 5, 2025, from National Cancer Institute: https://statecancerprofiles.cancer.gov/incidencerates/index.php.

[10] Community Health Improvement Data Portal. (2025). Retrieved April 10, 2025, from Virginia's Plan for Well-Being: https://virginiawellbeing.com/virginiacommunity-health-improvement-data-portal.

[11] STD Data and Reports 2023. (2025). Retrieved February 5, 2025, from Virginia Department of Health: https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-aids-sexually-transmitted-disease-std-hepatitis-reports/.

[12] Sievers, K., Sims, C., Lincoln, J., Melendez, E., & Elahi, L. (2024). Opioid Needs Assessment: Understanding Community Factors for Opioid Use Disorder. Prince William Health District Virginia Department of Health.

[13] Sentara Healthcare Behavioral Health Emergency Department Visits Summary. (2024). January 1, 2024 through January 3, 2025.

[14] Community Health Improvement Data Portal. (2025). Retrieved April 10, 2025, from Virginia's Plan for Well-Being: https://virginiawellbeing.com/virginiacommunity-health-improvement-data-portal.

As the Coalition moves from the assessment to the Community Health Improvement Plan (CHIP), the Coalition will continue to champion inclusive, community-driven strategies that address health gaps and promote a future where all residents living in Greater Prince William can thrive in a healthy, supportive environment. The Coalition is committed to promoting a future where all residents have access to a healthy, supportive environment that enables them to thrive.

CHA Priorities

Improve access to behavioral health services

Expand resources to manage chronic conditions

Address social determinants of health

The complete summary of the work completed by the Coalition prior to the 2025 CHA can be found in Appendix E.

Community Healthcare Coalition of Greater Prince William (CHCGPW): 2022-2024

During the 2022-2024 Community Health Improvement Plan (CHIP) cycle, the CHCGPW advanced public health through two workgroups: Neighborhood and Built Environment (2022-2023) and Educational Opportunities (2024). The Neighborhood workgroup focused on community safety improvements, such as pedestrian safety, and engaged residents in transportation planning, dashboards, and informational campaigns. The Educational Opportunities workgroup launched a Community Health Liaison program, training 20 lay interpreters and 10 to 15 facilitators to improve health literacy and service access. The Coalition also strengthened its community engagement through consistent branding, professional materials, and a health data-driven website, increasing visibility and trust.

Sentara Implementation Strategy Progress: 2023-2025

Sentara Northern Virginia Medical Center (SNVMC) and Lake Ridge Ambulatory Surgery Center (LRASC) addressed the 2022 Community Health Needs Assessment (CHNA) priorities of behavioral health, chronic diseases, and social determinants of health. Efforts included expanding behavioral health services, such as telepsychiatry and community mental health partnerships and awareness, and cancer prevention outreach, particularly for underserved populations. Both SNVMC and LRASC worked to reduce the impact of chronic diseases by offering cancer screening events in the community, using a mobile mammography van, and targeting efforts to reach under-resourced neighborhoods. They also collaborated with multiple colleges and universities to provide fellowships, internships, and preceptorships for healthcare professionals and students. Both centers are addressing social determinants through collaborations on food security and social connections and utilizing the Unite Us platform to link people to services.

Acknowledgements

This 2025 Community Health Assessment (CHA) is the result of collective efforts, insights, and dedication of a broad network of community partners and residents across Greater Prince William. We extend our sincere gratitude to all who contributed their time, knowledge, and lived experiences to help shape the implementation of this assessment.

We recognize the **Community Healthcare Coalition of Greater Prince William (Coalition) Steering Committee** and **Coalition Member Organizations** for their ongoing commitment to advancing community health. Your partnership, and continued engagement, remain essential to creating a healthier future for all who live and work in Prince William County and the cities of Manassas and Manassas Park.

This work was funded by the Prince William Health District, a part of the Virginia Department of Health, the Potomac Health Foundation, Sentara Health, and the Kaiser Permanente Mid-Atlantic Region.

The 2025 CHA was led by: Diane Anderson, DrPH, MPH, Lead Epidemiologist at the Prince William Health District and Coalition Co-Chair; and Michele Burton, MSPH, Coalition Program Manager at the Institute for Public Health Innovation.

Thank you to the following staff for the procurement of supplies, communication materials development, and implementation of data collection and community outreach efforts:

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- Michele Eckhardt | Director, Physician & Community Relations
- Ashlie Watts, MPH | Community Benefit Project Manager

Kaiser Permanente Mid-Atlantic Region

- Ondrea McIntyre-Hall | Sr. Director, Community Health, and Coalition Co-Chair

Coalition Steering Committee

- Greater Prince William Health Center
- Inova Community Health
- Institute for Public Health Innovation
- Kaiser Permanente Mid-Atlantic Region
- Mason and Partners (MAP) Clinic
- Mother of Mercy Clinic
- Potomac Health Foundation
- Prince William Health District
- Prince William Office of Community Safety
- Sentara Northern Virginia Medical Center
- UVA Community Health

Coalition Member Organizations

- ACTS: Action in Community Through Service
- ADAMS Greater Gainesville
- ADKOA Pharmacy
- All Saints Food Pantry
- Arc of Greater Prince William
- Beacon
- CASA
- Casa Brumar
- Centro de Apoyo

Coalition Member Organizations (continued)

- Chamber of Commerce Prince William County
- City of Manassas Dept. Social Services
- City of Manassas Police Department
- Comfort Keepers
- Connections Family Resource Center
- Cooperative Council of Ministries
- Dar Al Noor
- Dream in Nova
- Equality Prince William
- Freedom Aquatics and Fitness Center
- George Mason University, College of Public Health, and Department of Social Work
- Georgetown South Community Council Foundation
- Greater Prince William Medical Reserve Corps
- Greater Prince William Trails Coalition
- Heritage Hunt Community Association
- Housing Program City of Manassas Park
- Human Rights Commission
- Human Services Alliance of Greater Prince William
- ICNA Relief
- Independence Empowerment Center
- Lifetime Pharmacy
- Lions Club
- Literacy Volunteers of America, Prince William
- Manassas Mall
- Manassas Mosque
- Manassas Muslim Association
- Manassas Park Community Center
- Manassas Park Family Market
- Manassas Park Library
- Manassas Senior Center
- Manassas St. Thomas United Methodist Church
- Muslim Response
- National Alliance on Mental Illness (NAMI)- Prince William Chapter
- New Creatures in Christ
- Northern Virginia Family Service
- Northern Virginia Food Council

Coalition Member Organizations (continued)

- Northern Virginia Food Rescue
- Northern Virginia Health Foundation
- Northern Virginia Veterans Association (NOVA Vets)
- OmniRide (transportation)
- Postpartum Support Virginia
- Prevention Coalition of Greater Prince William
- Prince William County Area Agency on Aging
- Prince William County Community Foundation
- Prince William County Community Resource Group
- Prince William County Community Services
- Prince William County Continuum of Care
- Prince William County Library System
- Prince William County Neighborhood Services
- Prince William County Office of Equity and Inclusion
- Prince William County Parks and Recreation
- Prince William County Planning Department
- Prince William Islamic Center
- Prince William Living
- Saved Hands Foundation
- School Community Liaisons, Prince William County and City of Manassas Park
- Sentara Community Care Mobile Clinic
- SPARK: Prince William County Public Schools
- Streetlight Ministries
- Team Quest
- Todos Supermarket
- Unite Us Tech Platform /Case Management
- VA Cooperative Extension
- VA Women and Family Support Center
- VOICE
- Volunteer Prince William
- Woodbridge Senior Center
- Woodbridge Workers Committee
- Worship Watch
- Yellow Cab
- Youth Under God

Introduction

The 2025 Community Health Needs Assessment (CHA) was a collaborative effort led by the Community Healthcare Coalition of Greater Prince William (Coalition), which includes the Prince William Health District (PWHD), a part of the Virginia Department of Health, as well as Sentara Northern Virginia Medical Center, among others. As a coordinated, multi-sector body, the Coalition undertook a comprehensive assessment of the health status across Greater Prince William, encompassing Prince William County and the cities of Manassas and Manassas Park. By combining resources, expertise, and community connections, the Coalition sought to engage diverse, interconnected partners in identifying and addressing the most pressing health needs. Below are brief descriptions of the organizations contributing to the development of this report.

Community Healthcare Coalition of Greater Prince William (Coalition)

The Community Healthcare Coalition of Greater Prince William (Coalition) was established in 2017 to convene government agencies, public health professionals, nonprofits, residents, and community leaders dedicated to improving the health of residents in Prince William County and the cities of Manassas and Manassas Park. Supported by the Potomac Health Foundation since 2021, the Coalition focuses on identifying community health needs and mobilizing resources to implement evidence-based strategies to improve health outcomes through the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) processes.[15]

Prince William Health District (PWHD), Virginia Department of Health (VDH)

Situated in Northern Virgina, PWHD resides within the VDH Community Health Services Division. As the local health district, it is the community's Chief Health Strategist that operates multiple programs to protect and improve the health and well-being of residents living in Prince William County and the cities of Manassas and Manassas Park. Programs include environmental health services, the Women, Infants, and Children (WIC) program, vital records, emergency preparedness and response, disease investigation and response of reportable diseases, immunization clinics, screening for infectious diseases, and population health programs.[16]

[15] Community Healthcare Coalition of Greater Prince William. (2025). Retrieved March 15, 2025, from Virginia Department of Health: https://www.vdh.virginia.gov/prince-william/be-healthy-be-happy-prince-william/.

[16] Prince William Health District. (2025). Retrieved March 15, 2025, from Virginia Department of Health: https://www.vdh.virginia.gov/prince-william/.

Institute for Public Health Innovation

Started in 2009, the Institute for Public Health Innovation (IPHI) is a public health institute within the National Network of Public Health Institutes (NNPHI), serving the District of Columbia, Maryland, and Virginia. The Institute provides workforce training, technical assistance, and program development and implementation.[17]

Lake Ridge Ambulatory Surgery Center

The Lake Ridge Ambulatory Surgery Center (LRASC) is a multispecialty outpatient surgical clinic with a focus on orthopedics, spine, ear, nose, and throat (ENT), gynecology, plastic surgery, and pain management procedures.[18]

Sentara Northern Virginia Medical Center

Sentara Northern Virginia Medical Center (SNVMC) is a 183-bed not-for-profit hospital located in Woodbridge, VA. This level III trauma center combines the resources of a major health system with the compassionate, personalized care of a community hospital. Clinical services at SNVMC include advanced imaging, cancer services, diabetes management, emergency care, heart and vascular care, lab services, neurosurgery, primary care, orthopedics, physical therapy, urology, weight loss surgery, wound care, women's services, and more.[18]

Northern Virginia Heart and Vascular Center

Northern Virginia Heart and Vascular Center (NVHVC) is working diligently to open a new Cardiovascular Ambulatory Surgery Center (CV ASC) with comprehensive heart and vascular services. This is a specialized outpatient facility focused on providing procedural care for heart and vascular conditions to include cardiac catheterizations, electrophysiology procedures, and vascular interventions.[18]

Health Accountability

The core tenet guiding this 2025 Community Health Needs Assessment (CHA) is health accountability.

***Health accountability** is the shared responsibility of healthcare systems, public agencies, and community stakeholders to ensure transparent, inclusive, and sustained actions that **promote attainment of the highest level of health** for residents in Greater Prince William.*

CHA Design

The Coalition used two frameworks for the design, implementation, and analysis of findings for this CHA: the Socio-ecological Model and the Mobilizing for Action through Planning and Partnerships 2.0 (MAPP 2.0) framework.

The Coalition recognized that there are aspects of health that are up to the individual to control, such as their own knowledge, attitudes, and skills, but that people do not exist in a vacuum. The public's health is affected not only by individuals and their interpersonal relationships, but also by the organizations and institutions that make up the community in which they exist. Further, these factors are affected by national, state, and local policies that govern their health and well-being. The Socio-ecological Model shown in Figure 1 is a framework to help create a shared understanding of the interconnectedness of a community's health to support the Coalition in identifying key health needs and issues to work toward community health improvement planning following this CHA.[19]

[17] (2025). Retrieved March 15, 2025, from Institute for Public Health Innovation: https://www.institutephi.org/.

[18] About Sentara. (2025, March 1). Retrieved from Sentara Health: https://www.sentara.com/aboutus.aspx.

[19] Socio-ecological model: Framework for prevention, Centers for Disease Control. (2025). Retrieved April 10, 2025, from Centers for Disease Control and Prevention (CDC): http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html.

Socio-ecological Model

Figure 1 Source: Socio-ecological model: framework for prevention, Centers for Disease Control. Available from the Centers for Disease Control and Prevention (CDC). https://www.cdc.gov/violence-prevention/?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html.

The Coalition also applied aspects of the Mobilizing for Action through Planning and Partnerships 2.0 (MAPP 2.0) framework to implement health accountability principles for this 2025 CHA. The National Association of County and City Health Officials (NACCHO) developed MAPP 2.0 as a community-driven strategic planning process for improving community health.[20]

From June through August 2024, the Coalition held multiple in-person and virtual meetings to collect feedback from community stakeholders on four key aspects for this CHA:

1. Which partners should be engaged in this CHA?
2. Which populations should be prioritized?
3. Which questions should be asked to obtain community insight?
4. Which outreach strategies should be implemented?

This feedback and existing data informed the identification of the following priority populations:

- Parents/guardians of young children
- LGBTQ+ community members
- Seniors/aging individuals
- Members of the military and Veterans
- Individuals living with disabilities
- Youth ages 15-17
- Immigrant communities
- Residents from the eastern and western parts of Greater Prince William

Prince William Health District staff obtained Virginia Department of Health (VDH) Institutional Review Board (IRB) approval before outreach to youth ages 15-17 for this CHA.

[20] Mobilizing for Action through Planning and Partnerships (MAPP). (2025). Retrieved March 15, 2025, from National Association of County and City Health Officials (NACCHO): https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp.

Assessment	Description
Community Status	The Coalition analyzed demographic and health indicator data to identify differences in community and health outcomes that will inform Community Health Improvement Planning (CHIP) work.
Community Insight	The Coalition obtained community perspectives by administering a survey to community members and by holding community conversations to gather their in-depth experiences on key health and social issues affecting residents in Greater Prince William.

Table 1

Data Collection and Analysis

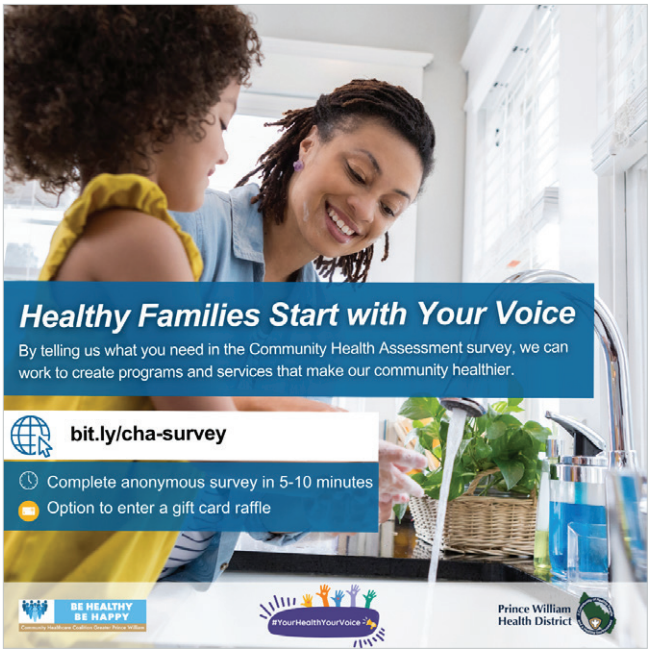
The Coalition implemented data collection and analysis efforts from September 2024 through March 2025. The MAPP 2.0 Community Status Assessment and Community Context Assessment were adapted by the Coalition to provide a snapshot of the health status of residents in our communities, including information about key health and health-related challenges and opportunities. As described in Table 1, the Coalition analyzed existing data sources to understand the community status overall, and to identify certain populations that data indicate experience differences. The Coalition conducted a convenience sampling methodology in which all residents were invited to complete a community health survey. Community conversations were held with priority populations and community partners to understand community insights and context for differences in lived experiences that impact health outcomes.

CHA Promotion

A communications plan informed CHA materials development and utilized existing community partner channels for dissemination. Materials were created to describe the CHA overall, to promote the survey, and to recruit partner organizations to host community conversations. All promotional materials including flyers, postcards, social media images, social media/ newsletter template language, and website pages were available to download by partners on the Coalition's website. The CHA hashtag was #YourHealthYourVoice in English, and #SuSaludSuVoz in Spanish.

The logos and websites of community partners who jointly developed and implemented data collection efforts were included in promotional materials to emphasize the collaborative effort for this CHA.

Examples of CHA social media images are shown below. Additional 2025 CHA outreach materials can be accessed in Appendix F.



CHA Outreach

A comprehensive outreach plan was developed to ensure community engagements efforts occurred across Greater Prince William. Starting in September 2024, the CHA team attended existing community engagement events to promote the survey and community conversations. Team members presented at community partner meetings and Coalition meetings. Partners including Youth Under God, the Independence Empowerment Center, CASA, and Woodbridge Workers Committee tailored survey promotion and outreach efforts to reach non-English speaking residents. Alignment with the Luchando por Su Salud study in partnership with the Connections Family Resource Center and Georgetown South Community Council Foundation ensured trusted advocates captured the health concerns among Manassas City Latino residents. Luchando por Su Salud is an initiative funded by the Jeffress Trust Awards Program in Research Advancing Health Equity.

In February and early March 2025, the CHA survey was promoted by inserting English and Spanish postcards with QR codes into clear door hangers that were distributed in neighborhoods needing more zip code survey responses. Volunteers affiliated with the Greater Prince William Medical Reserve Corps (MRC) and Northern Virginia Community College (NOVA) Woodbridge campus helped make this a successful strategy.

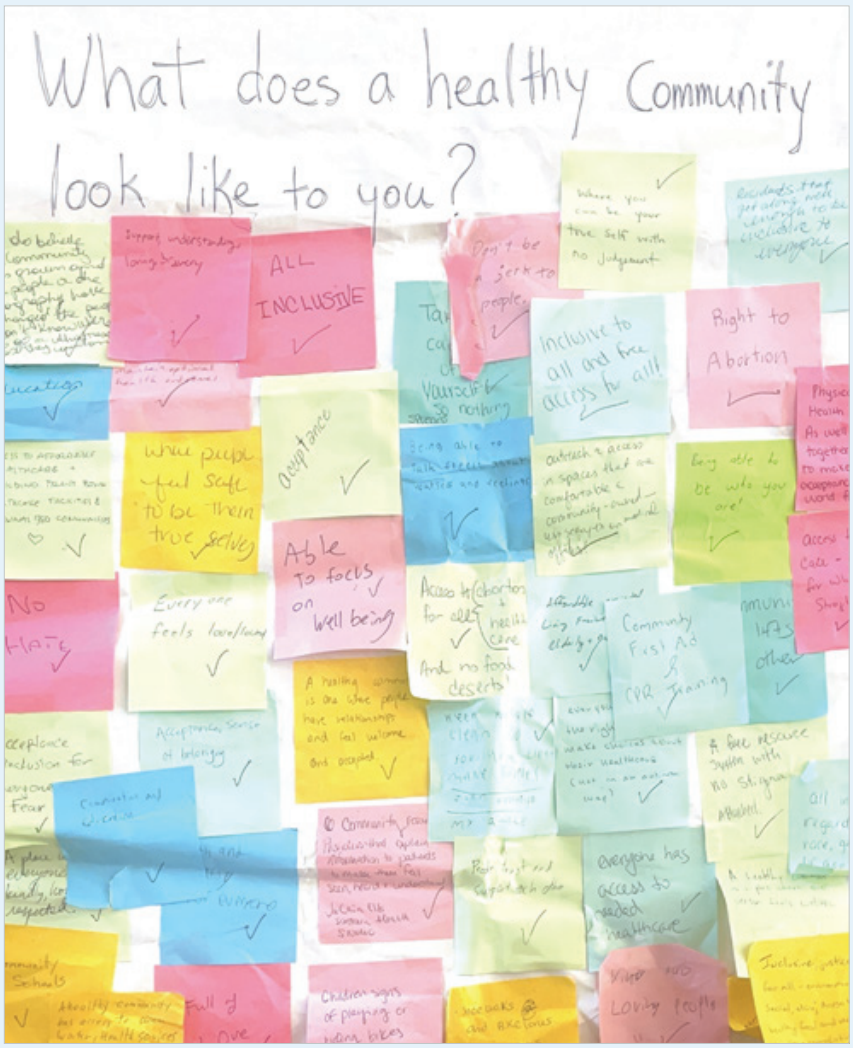
Community conversations were conducted either as part of existing community partner meetings or held in collaboration with public agencies and health systems. A list of 2025 CHA events, pictures, and community engagement strategies can be accessed online here.

CHA Findings

The 2025 CHA findings are organized into five sections:

- Community Profile
- Social Determinants of Health
- Health Indicators
- Community Insight
- Priority Health Needs

Comprehensive tables with information on the data sources used as well as detailed community insight methodologies are included in Appendices A-D.



Community Profile

Greater Prince William includes a population of 544,222 residents. Prince William County has the highest population (484,625), followed by the cities of Manassas (42,674) and Manassas Park (16,923).[21]

Prince William County is divided into seven magisterial districts: Brentsville, Coles, Potomac, Gainesville, Neabsco, Occoquan, and Woodbridge. The area includes the towns of Dumfries, Haymarket, Occoquan, and Quantico, and the village of Nokesville.[22] There has been significant growth over the last 25 years with the population nearly doubling and estimates that it will increase by almost 20% from 2025 to 2035.[23] Adapting to this anticipated population growth and the community's service needs continues to be a priority and challenge for the county and cities.[24]

The geographic proximity to the District of Columbia and close access to two airports (Dulles International Airport and Reagan National Airport) are key demographic and economic drivers for the county and cities. Stakeholders also identified key assets (Figure 2) that make Greater Prince William attractive for residents, businesses, and tourism.

Healthcare Access & Services	Options for healthcare providers and services
Community Engagement & Collaboration	Resource fairs, cultural events, volunteerism
Diversity & Inclusion	Diversity represented in businesses, restaurants, and languages spoken
Parks, Recreation, & Historical Preservation	Public parks, trails, fitness and aquatics centers, museums, performance venues
Economic Strength & Resources	Variety of businesses, restaurants, retail, service providers, and faith-based organizations

Figure 2 Coalition members and stakeholders identified assets within Greater Prince William as part of a critical exercise to identify important resources for residents.

[21] American Community Survey (ACS). (2025). Retrieved April 10, 2025, from US Census Bureau: https://www.census.gov/programs-surveys/acs/.

[22] (2025). Retrieved March 15, 2025, from Prince William County Virginia: https://www.pwcva.gov/.

[23] Virginia Population Projections. (2025). Retrieved April 10, 2025, from Weldon Cooper Center for Public Services: https://www.coopercenter.org/.

[24] PWC Strategic Plan. (2025). Retrieved March 15, 2025, from Prince William County: www.pwcva.gov/strategic-plan.

There are three larger inpatient providers (Sentara Northern Virginia Medical Center, UVA Health Haymarket, and Prince William Medical Center), outpatient providers (Inova, Greater Prince William Health Centers, Kaiser Permanente Mid-Atlantic, and Prince William Health District), the Mason and Partners (MAP) clinic, and safety net providers serving the underinsured and uninsured. There is an extensive park system and protected natural areas that offer residents recreation and outdoor activities. The area also encompasses notable historical landmarks and a vibrant arts community – all of which enhance its cultural heritage. Regional diversity is represented through a variety of businesses, restaurants, faith-based organizations, and languages spoken.

According to the 2020 U.S. Census, Prince William County ranked the ***most diverse county in Virginia*** *and the 10th most diverse county in the United States, with a 6.0 increase in diversity index from 2010 to 2020.*[25]

Race and Ethnicity

Greater Prince William has the following race and ethnicity profile: White (46.73%), Hispanic (27.65%), Black (19.63%), Asian (9.51%), and residents who identify as either another race/ethnicity (9.31%), or with multiple races (14.03%). In comparison, nearly two-thirds of the Virginia population identifies as White (61.73%).[26] Figure 3 illustrates how the area is more diverse than Virginia overall comparing four race and ethnicity categories.

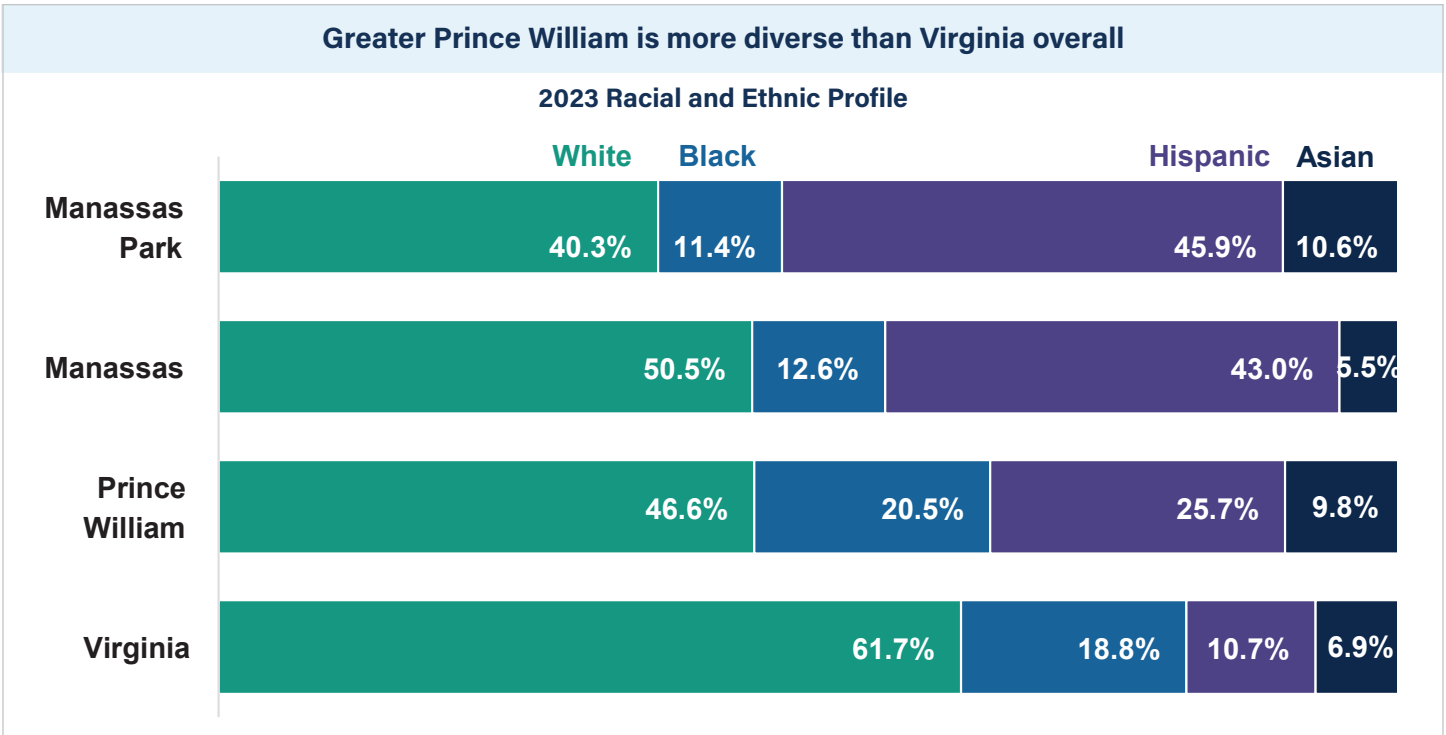


Figure 3 Source: Virginia's Plan for Well-Being. Virginia Community Health Improvement Data Portal. Data Source: U.S. Census Bureau. American Community Survey (ACS). 2019-2023.

[25] Jensen, E., Jones, N., Rabe, M., Pratt, B., Medina, L., Orozco, K., & Spell, L. (2021). 2020 U.S. population more racially and ethnically diverse than measured in 2010. United States Census Bureau. Retrieved from https://www.census.gov/library/stories/2021/08/2020-united-states-population-more-racially-ethnically-diverse-than-2010.html.

[26] American Community Survey (ACS). (2025). Retrieved April 10, 2025, from US Census Bureau: https://www.census.gov/programs-surveys/acs/.

Cultural and Linguistic Needs

English is the primary language spoken in the area. However, over one-third (35.23%) of the population identified as speaking a language other than English. Approximately 27% of residents were born in a country other than the United States.[27] School districts across the Commonwealth track home language of enrolled students. In 2024, there were more than 20 different languages reported in the area's school systems, with the most common being Spanish, Urdu, Dari, Arabic, and Farsi.[28] The top languages spoken are presented in Table 2.

Local health systems and service providers strive to meet the linguistic needs of residents. For example, in 2024, Sentara Northern Virginia Medical Center had 35,390 requests for interpreter services. The highest percentage of interpreter service requests (88.0%) was for Spanish speaking individuals, with the second highest percentage for Dari (2.4%).[29]

Virginia Department of Education Student Home Language on Record, Fall 2024, Number of Reported Students				
	Greater Prince William	Manassas City	Manassas Park City	Prince William County
Spanish	31,948	4,774	2,094	25,080
Urdu	1,967	58	34	1,875
Dari	1,766	5	21	1,740
Arabic	1,608	101	38	1,469
Farsi	1,015	69	24	922

Table 2

[27] American Community Survey (ACS). (2025). Retrieved April 10, 2025, from US Census Bureau: https://www.census.gov/programs-surveys/acs/.

[28] Virginia Department of Education. (2024). Student home language on record, Fall 2024: Greater Prince William area. [Unpublished dataset].

[29] The Language Group LLC Sentara Language Line at Sentara Northern Virginia Medical Center. (2024). January 1, 2024 through December 31, 2024.

Age and Sex

In Greater Prince William, the number of male and female residents are similar, with a slightly higher number of male residents (50.36%). A comparison of age distributions shown in Figure 4 illustrates how the area's population is slightly younger than Virgina overall.

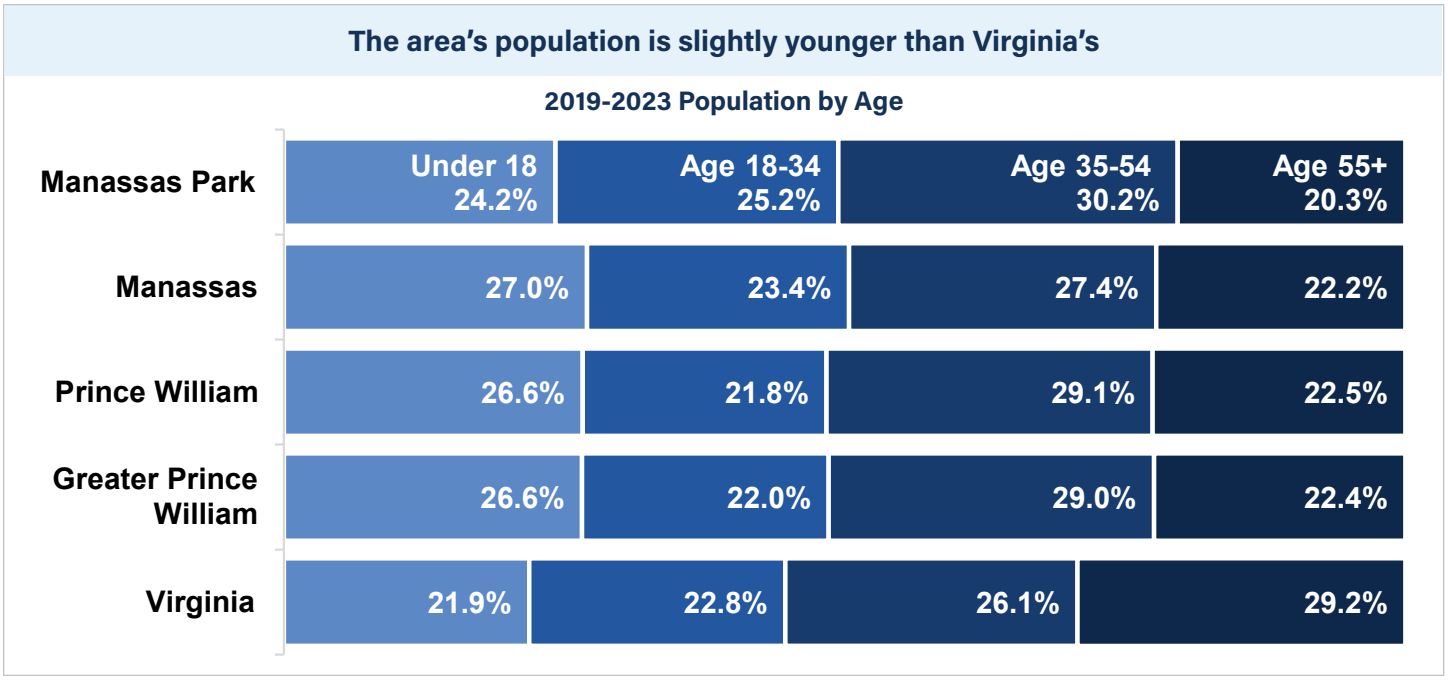


Figure 4 Source: Virginia's Plan for Well-Being. Virginia Community Health Improvement Data Portal. Data Source: U.S. Census Bureau. American Community Survey (ACS). 2019-2023.

Aging Population

Research shows the highest utilization of medical services is among the aging population (age 65 and older) and the elderly population (age 85 and older).[30] Approximately 10.79% of the residents living in Greater Prince William are age 65 and older, compared to 16.29% in Virginia.[31] The Weldon Cooper Center for Public Services estimates that the population of older adults, age 65 and older, will increase 14.5% by 2040.[32]

[30] Jones, C., & Dolsten, M. (2024). Healthcare on the brink: navigating the challenges of an aging society in the United States. NPJ Aging, 10(1):22.

[31] American Community Survey (ACS). (2025). Retrieved April 10, 2025, from US Census Bureau: https://www.census.gov/programs-surveys/acs/.

[32] Virginia Population Projections. (2025). Retrieved April 10, 2025, from Weldon Cooper Center for Public Services: https://www.coopercenter.org/.

Other Demographic Features

Compared to Virginia overall (67.2%), Prince William County (74.4%) and the cities of Manassas (72.2%) and Manassas Park (67.6%) have higher percentages of owner-occupied homes. More households in Greater Prince William have computers (98.4%) and internet access (96.1%) compared to Virginia overall (94.8%, 89.9%).[33] These factors result in the area having increased access to remote learning, telehealth, and other resources.

A lower percentage of the population is living with a disability (8.81%) compared to Virginia overall (12.25%).[34] Data indicates that more Black residents are living with a disability in the city of Manassas Park (33.49%) compared to other races and ethnicities.[35] Veterans living in Greater Prince William are another population that data indicate experience a higher percentage of disability.

***Veterans** represent **11.26% of the population** in Greater Prince William, compared to 9.6% statewide.*

The Prince William Area Continuum of Care (CoC) reported that, on average, 38% of Veteran households in Greater Prince William reported living with one or more disabling conditions between 2020 and 2024.[36]

[33, 34, 35] American Community Survey (ACS). (2025). Retrieved April 10, 2025, from US Census Bureau: https://www.census.gov/programs-surveys/acs/.

[36] Homelessness in Metropolitan Washington: Results and Analysis from the Annual Point-in-Time (PIT) Count of Persons Experiencing Homelessness. (2025). Retrieved May 21, 2025, from Metropolitan Washington Council of Governments: https://www.mwcog.org/.

Social Determinants of Health

There are many factors that influence how well and how long people live. Access to healthcare only accounts for 10-20% of health outcomes.[37] This section presents an overview of certain educational, economic, and environmental factors that impact health, known as the social determinants of health, shown in Figure 5.[38]

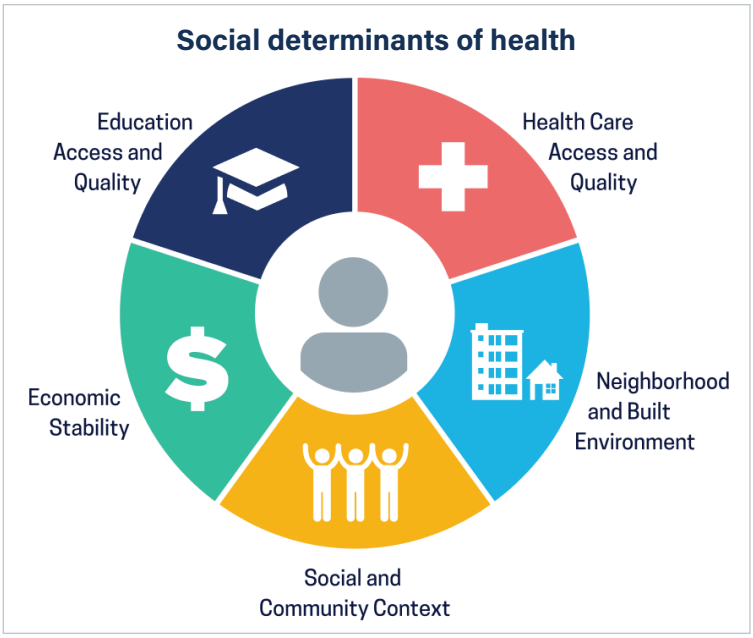


Figure 5 Source/Data Source: U.S. Department of Health and Human Services. Healthy People 2030. Accessed April 11, 2025. https://odphp.health.gov/healthypeople.

Education

Education is the basis for stable employment and financial stability, which in turn supports access to quality healthcare and positive health outcomes.[39,40] Prince William County has the highest percentage of residents with a bachelor's degree (44.5%) compared to the cities of Manassas and Manassas Park (33.2%, 25.5%). The percentage of residents who are high school graduates in Greater Prince William (89.2%) is slightly lower than the state overall (91.3%). The city of Manassas Park has the lowest percentage of high school graduates (78.9%) compared to city of Manassas (81.7%) and Prince William County (90.2%).[41] Chronic absenteeism and truancy are issues being addressed by all school systems. For the 2022-2023 school year, the percentage of students who missed more than ten percent of the academic year was 20% in Prince William County, 26% in the city of Manassas, and 33.2% in the city of Manassas Park.[42]

Economic Stability

Economic stability considers an individual or family's ability to earn income through employment that allows them to meet their health needs.[43] Greater Prince William has a higher percentage of residents aged 16 years and older in the labor force (70.7%) compared to the state overall (63.7%). The median household incomes for Prince William County ($128,873), city of Manassas ($117,919), and city of Manassas Park ($100,127) are higher than the state overall ($90,974). However, the county has a slightly higher unemployment percentage (3.1%) compared to the state (2.7%) and cities of Manassas (2.4%) and Manassas Park (2.6%).[44]

[37] Hood, C. M. (2016). County health rankings: Relationships between determinant factors and health outcomes. American Journal of Preventive Medicine, 50(2):129-135.

[38] 2024 Annual Data Release. (2025). Retrieved February 4, 2025, from County Health Rankings & Roadmaps: https://www.countyhealthrankings.org/.

[39, 43] Healthy People 2030. (2025). Retrieved March 15, 2025, from U.S. Department of Health and Human Services: https://odphp.health.gov/healthypeople.

[40] (2024). Social Determinants and Health: Education Access and Quality. HRSA National Health Service Corps.

[41] American Community Survey (ACS). (2025). Retrieved April 10, 2025, from US Census Bureau: https://www.census.gov/programs-surveys/acs/.

[42] Thacker, P., Lerch, M., Bolles, T., Buie, J., & Leon, M. (2024). Prince William 2023 Situation Analysis Report. Virginia Cooperative Extension.

[44] Community Health Improvement Data Portal. (2025). Retrieved April 10, 2025, from Virginia's Plan for Well-Being: https://virginiawellbeing.com/virginia-community-health-improvement-data-portal/.

Poverty

The percentage of residents living in poverty in Greater Prince William (6.2%) is lower than the state overall (9.9%). However, the 2023 U.S. Census enables the identification of certain populations that experience higher than average measures of poverty. Poverty is higher among residents who are Hispanic (9.84%), Asian (6.96%), Black (6.49%), or another race/ethnicity (12.64%) compared to White residents (4.63%) living in the area.[45] Figure 6 illustrates these racial and ethnic differences compared to the area overall.

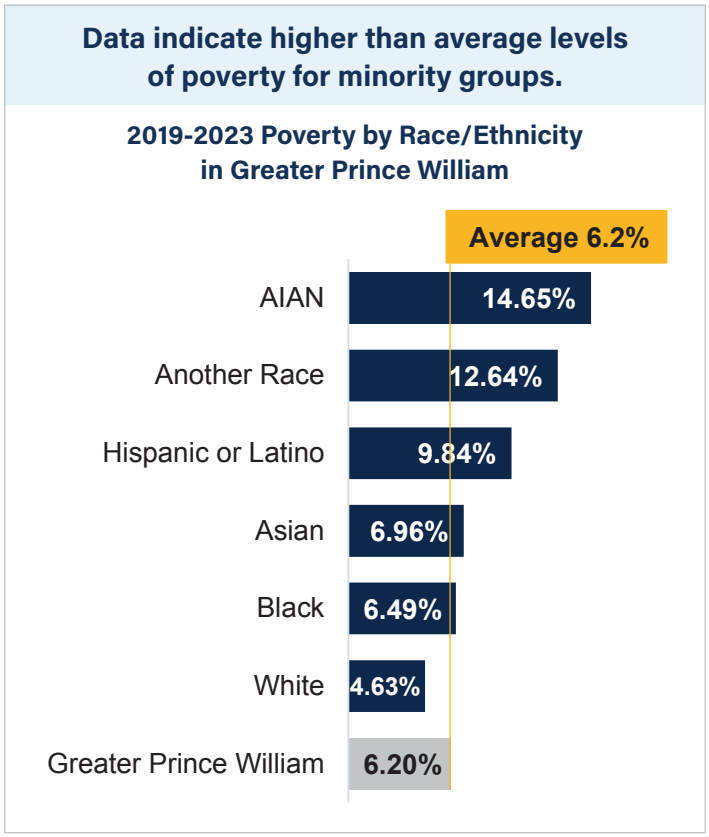


Figure 6 Source: Data indicate higher than average levels of poverty for minority groups. 2019-2023 Poverty by Race/Ethnicity in Greater Prince William.

[45] Community Health Improvement Data Portal. (2025). Retrieved April 10, 2025, from Virginia's Plan for Well-Being: https://virginiawellbeing.com/virginia-community-health-improvement-data-portal/.

The causes of poverty lead to consequences that make it more likely that the individual – or their offspring – will experience poverty in the future.[46] Figure 7 illustrates the cycle of poverty and circumstances that make it challenging for individuals experiencing poverty to achieve optimal health.

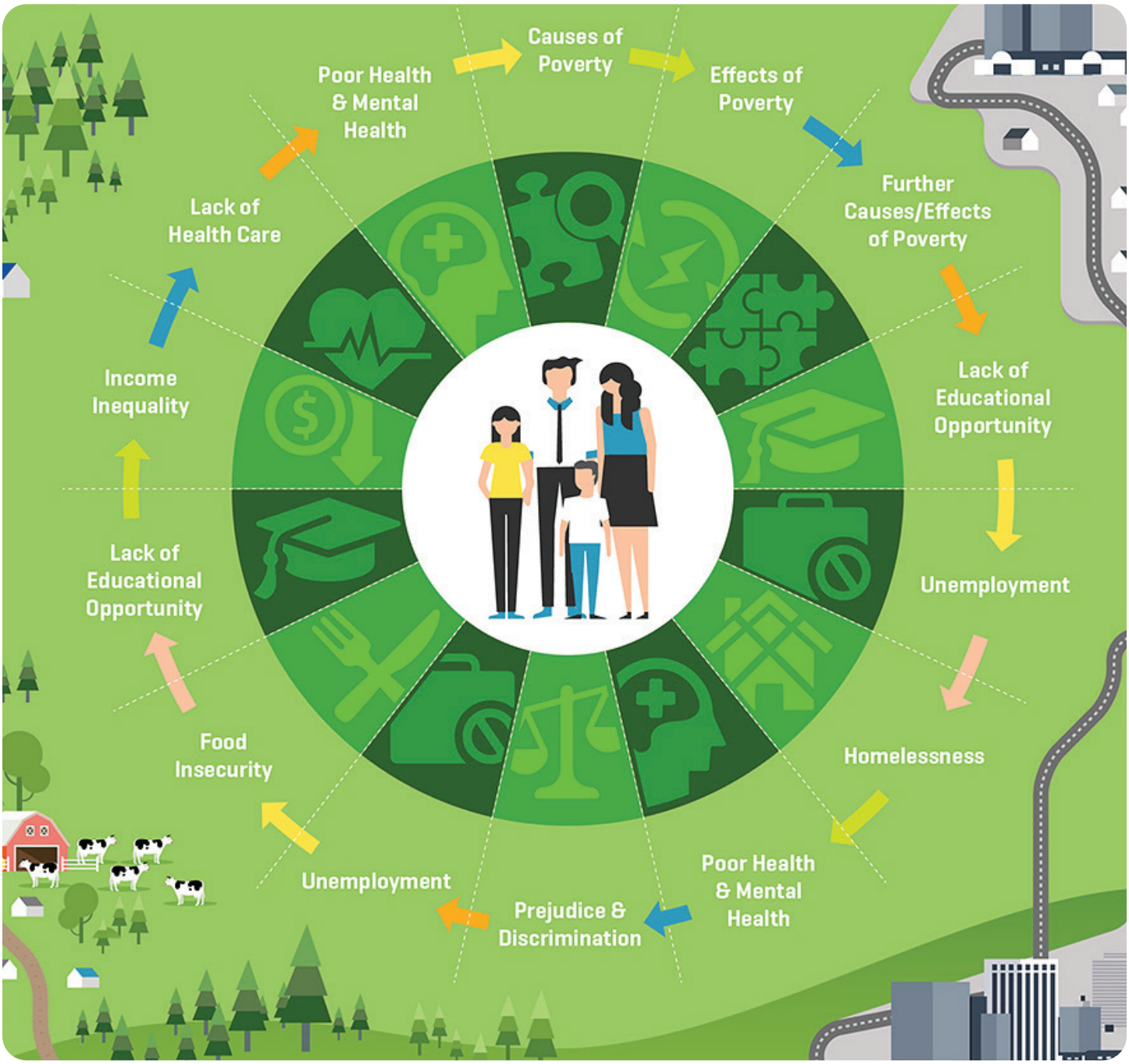


Figure 7 Source: Aurora University. Social Work and Poverty: Rural vs. Urban Poverty. Accessed April 11, 2025. https://online.aurora.edu/infographics/rural-poverty-vs-urban-poverty/.

[46] Social Work and Poverty: Rural vs. Urban Poverty. (2019). Retrieved April 10, 2025, from Aurora University: https://online.aurora.edu/infographics/rural-poverty-vs-urban-poverty/.

Access to Healthcare

Access to quality and affordable healthcare is important to an individual's health. Health insurance and local healthcare resources can help ensure access to care.[47] Residents living in Greater Prince William have a higher percentage of children and adults who are uninsured compared to Virgina overall. Figures 8 and 9 illustrate these differences. The cities of Manassas and Manassas Park have nearly double the percentage of uninsured adults (16.44%, 16.37%) compared to Virginia overall (8.72%).[48]

Greater Prince William has a lower percentage of residents with Medicaid, the Family Access to Medical Insurance Security Plan (FAMIS) children's insurance plan, or Medicare coverage compared to Virginia overall. Approximately 22.1% of residents in Greater Prince William are enrolled in Medicaid/FAMIS, less than Virginia overall (24.5%).[49] Residents living in the city of Manassas have higher percentages of enrollment in Medicaid/FAMIS and Medicare compared to Virginia overall.[50]

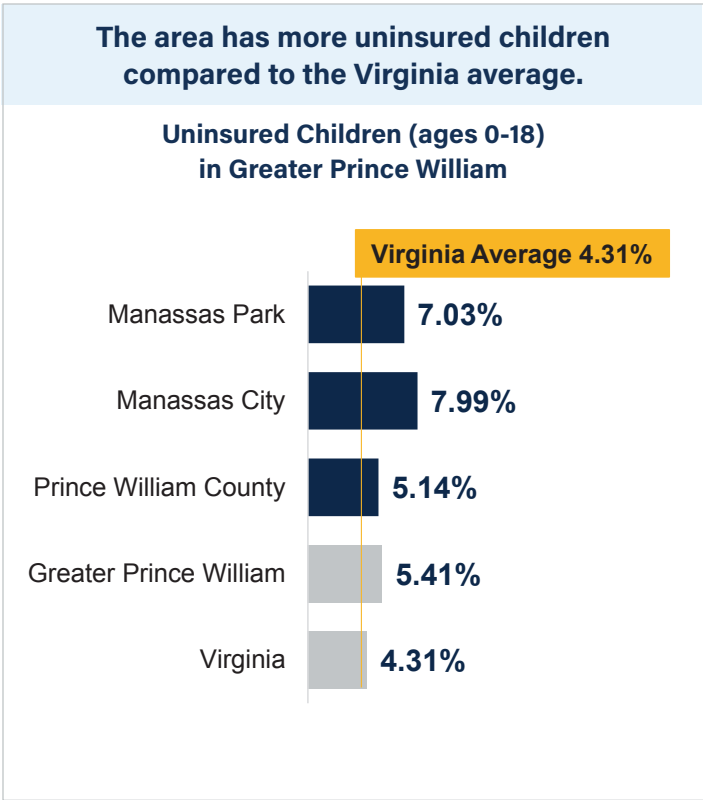


Figure 8 Source: Virginia's Plan for Well-Being. Virginia Community Health Improvement Data Portal. Data Source: U.S. Census Bureau. Small Area Health Insurance Estimates. 2022.

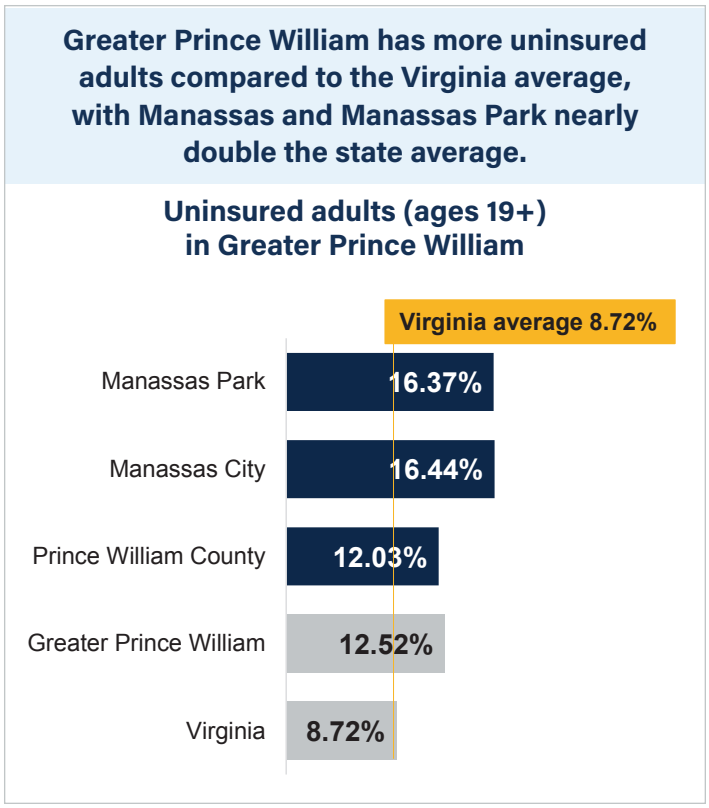


Figure 9 Source: Virginia's Plan for Well-Being. Virginia Community Health Improvement Data Portal. Data Source: U.S. Census Bureau. Small Area Health Insurance Estimates. 2022.

[47] Healthy People 2030. (2025). Retrieved March 15, 2025, from U.S. Department of Health and Human Services: https://odphp.health.gov/healthypeople.

[48] Community Health Improvement Data Portal. (2025). Retrieved April 10, 2025, from Virginia's Plan for Well-Being: https://virginiawellbeing.com/virginiacommunity-health-improvement-data-portal.

[49] Medicaid / FAMIS / PACE Enrollment. (2025). Retrieved from VA Department of Medical Assistance Services: https://www.dmas.virginia.gov/data-reporting/eligibility-enrollment/medicaid-famis-pace-enrollment/.

[50] Mapping Medicare Disparities by Population. (2025). Retrieved February 4, 2025, from Centers for Medicare & Medicaid Services: https://data.cms.gov/tools/mapping-medicare-disparities-by-population.

Access to healthcare is affected by low provider rates, particularly in primary care, behavioral health, and specialty services. According to UVA Health's 2021 Health Provider Shortage Area (HPSA) designations, Prince William County is rated 16 out of 25 (25 representing the greatest shortage) for both primary healthcare providers and mental health providers.[51] With fewer providers available relative to the growing population, residents often face long wait times, limited appointment availability, and difficulty finding providers who accept new patients or offer culturally and linguistically appropriate care. This issue affects all residents of different races, ethnicities, and ages, and is not solely an issue among those without insurance. These shortages are compounded in medically underserved areas and among populations with public insurance or no insurance at all. As a result, many residents delay care, rely on emergency services for non-emergency issues, or forego treatment altogether which may lead to worsening health outcomes and increased strain on the healthcare system.[52] Figure 10 illustrates how the Greater Prince William rates of primary care providers, mental health care providers, and dentists (per 100,000 population) is lower compared to Virginia and the United States.

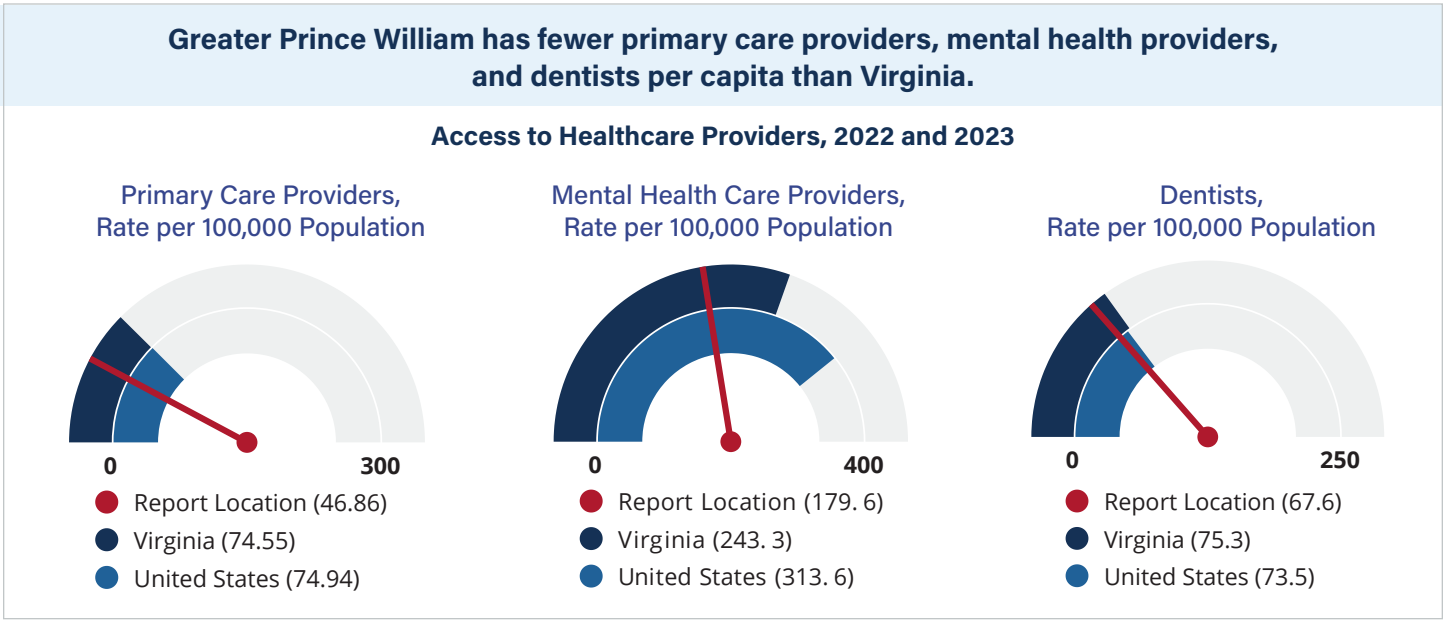


Figure 10 Source: Virginia's Plan for Well-Being. Virginia Community Health Improvement Data Portal.

[51] UVA Health: Virginia hospital profile. (2021). Retrieved March 15, 2025, from HPSA Acumen: https://hpsa.us/client-pages/uva-health/.

[52] (2023). Retrieved April 10, 2025, from National Association of Community Health Centers: https://www.nachc.org.

Food Insecurity

According to the Capital Area Food Bank's 2024 Hunger Report, Prince William County ranked as the second highest area in the Washington, D.C. metropolitan area experiencing food insecurity.[53,54,55] Food insecurity is defined as a lack of consistent access to enough food for an active, healthy life.[56] This issue is a major public health threat, as there is strong evidence connecting the experience of food insecurity and poorer health outcomes which may include hypertension, coronary heart disease (CHD), hepatitis, stroke, cancer, asthma, diabetes, arthritis, chronic obstructive pulmonary disease (COPD), and kidney disease. Food insecure households may also include children with developmental impacts across the lifespan.[57]

The 2024 Capital Area Food Bank Hunger Heat Map shown in Figure 11 illustrates how food insecurity is a widespread issue in Prince William County, as demonstrated by dark red, which indicates the highest concentration of food insecurity. The areas of Greater Prince William most affected by food insecurity include the communities of Dale City, Woodbridge, and Dumfries in the east and Manassas and Manassas Park in the west. For example, in the Sudley District/Bull Run, the estimated number of households experiencing food insecurity is 1,590 (90th percentile) with approximately 3,891 food insecure adults. In Dale City, the estimated number of households experiencing food insecurity is 2,350 (96th percentile), with approximately 5,507 food insecure adults. In Dumfries, the estimated number of households experiencing food insecurity is 1,399 (89th percentile), with approximately 2,817 food insecure adults. In the Haymarket area, the estimated number of households experiencing food insecurity is comparatively lower at 539 (73th percentile), with approximately 1,359 food insecure adults.[58]

The areas most affected by food insecurity are Dale City, Woodbridge, Dumfries, Manassas, and Manassas Park

2024 Food Insecure Households

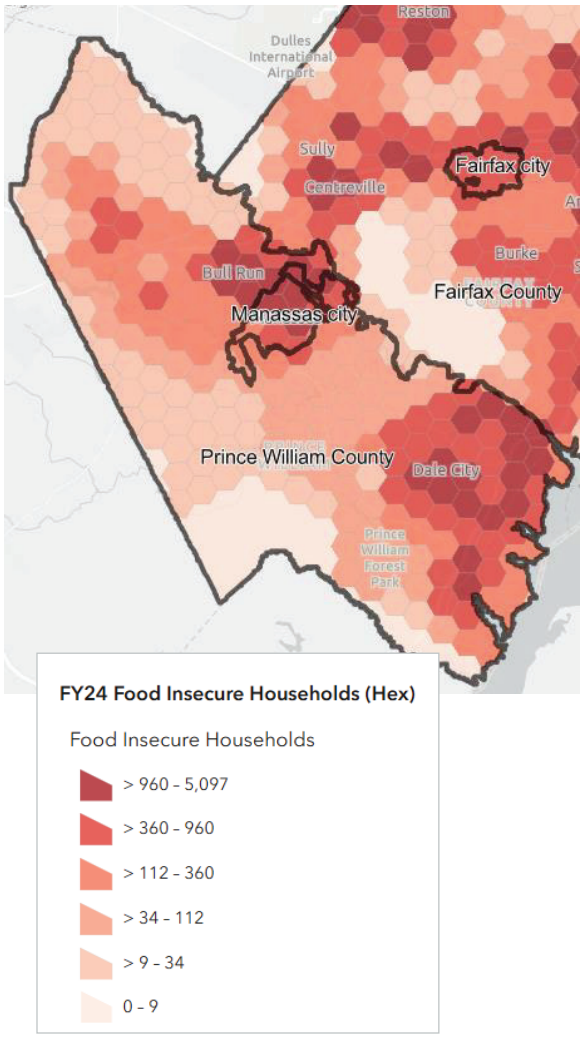


Figure 11 Source/Data Source: Capital Area Food Bank. (2024) Hunger Heat Map. https://experience.arcgis.com/experience/c1a4a9353dd54413a8d9c3fcd8bc3b7d/page/Map#data_s=id%3AdataSource_7-1910f2ee548-layer-201-1914743f6c9-layer-215%3A571.

[53] Cooksey-Stowers, K., Schwartz, M., & Brownell, K. (2017). Food Swamps Predict Obesity Rates Better Than Food Deserts in the United States. International Journal of Environmental Research and Public Health, 14(11), 1366.

[54] Ver Ploeg, M., Breneman, V., Farrigan, T., Hamrick, K., Hopkins, D., Lin, B.-H., . . . Tuckermanty, E. (2009). Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences. USDA Economic Research Service.

[55] Hunger report 2024: Food, health, and the rise of nutrition insecurity. (2024). Retrieved April 10, 2025, from Capital Area Food Bank: https://hunger-report.capitalareafoodbank.org/report-2024/.

[56] Gundersen, C., & Ziliak, J. (2015). Food insecurity and health outcomes. Health affairs, 34(11), 1830-1839.

[57] Gregory, C., & Coleman-Jensen, A. (2022). Food insecurity, chronic disease, and health among working-age adults. Economic Research Report, 235.

[58] Hunger Heat Map. (2024). Retrieved April 10, 2025, from Capital Area Food Bank: https://experience.arcgis.com/experience/c1a4a9353dd54413a8d9c3fcd8bc3b7d/page/Map#data_s=id%3AdataSource_7-1910f2ee548-layer-201-1914743f6c9-layer-215%3A571.

Social Vulnerability Index

The CDC's 2022 Social Vulnerability Index (SVI) combines 16 U.S. Census variables into a single measure to determine how vulnerable a location is to external stressors on health.[59] The 16 variables are grouped into four key themes: socioeconomic status, household characteristics, racial and ethnic minority status, and housing type/transportation. Figure 12 illustrates how place matters. Residents living in dark blue Census tracts within Gainesville, Manassas, Manassas Park, Dale City, Woodbridge, and Dumfries have higher SVI scores in the area. This elevated SVI is due to factors such as lower levels of education, income, and health insurance compared to residents living in other parts of Greater Prince William. The SVI helps show which communities may experience more challenges in staying healthy and meeting basic needs. Similar place-based trends were found in reports published in 2017 and 2023 by the Northern Virginia Health Foundation and Virginia Commonwealth University (VCU) Center on Society and Health.[60,61]

These locations with high SVI scores informed the strategy for obtaining community resident input for this CHA described in the Community Insight section of this report. The Coalition's continued engagement with residents and community leaders in these locations enables the identification of opportunities to support residents in achieving optimal health outcomes.

Residents living in Census tracts within Gainesville, Manassas, Manassas Park, Dale City, Woodbridge, and Dumfries have higher SVI values in the area.

Social Vulnerability Index by Census Tract, CDC 2022

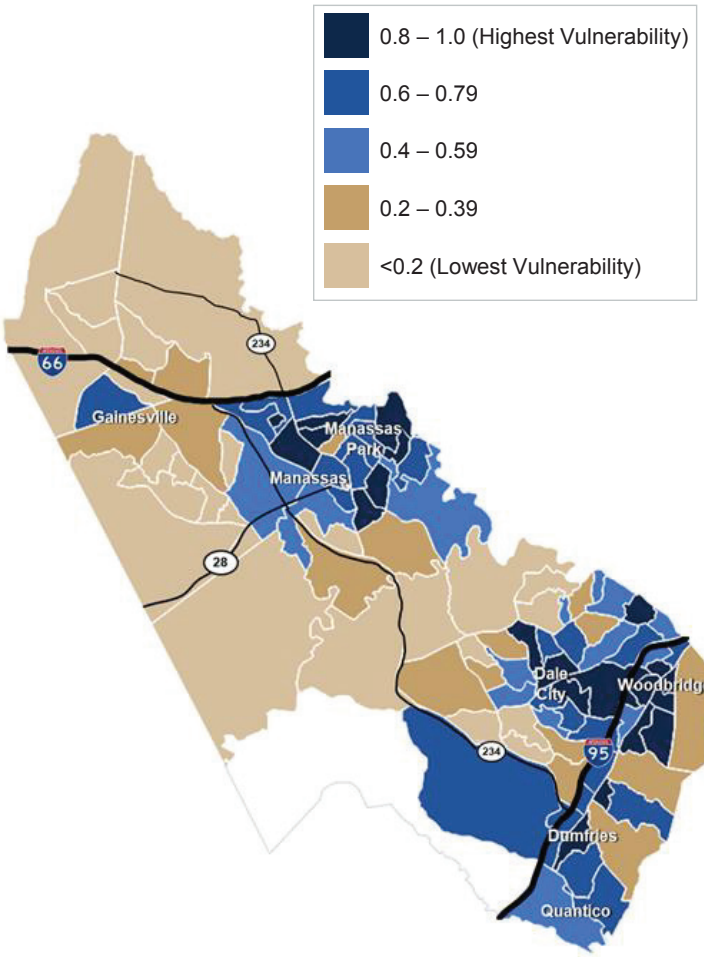


Figure 12 Source/Data Source: Social Vulnerability Index | Place and Health - Geospatial Research, Analysis, and Services Program (GRASP) | ATSDR.

[59] Social Vulnerability Index. (2024). Retrieved February 24, 2025, from ATSDR Place and Health — Geospatial Research, Analysis, and Services Program (GRASP): https://www.atsdr.cdc.gov/place-health/php/svi/index.html.

[60] Woolf, S., Chapman, D., Hill, L., & Snellings, L. (2017). Getting Ahead: The uneven opportunity landscape in Northern Virginia. Northern Virginia Health Foundation and VCU Center on Society and Health.

[61] Woolf, S., Chapman, D., Lee, J., & France, T. (2023). Lost Opportunities: The persistence of disadvantaged neighborhoods in Northern Virginia. Northern Virginia Health Foundation and VCU Center on Society and Health.

Health Indicators

This section of the report provides an overview of the leading health indicators in Greater Prince William. Data findings are presented overall, by locality, and among certain populations that data indicates experience higher than average measures of a particular health indicator. Detailed data tables are available in Appendix B.

Life Expectancy

The average life expectancy for a person living in Virginia is 78.1 years, similar to the national average of 77.6 years. In Greater Prince William, the average life expectancy is 80.2 years, about two years more than the state average. In the city of Manassas, the average life expectancy is 76.4 years. For Black residents in Manassas, the average life expectancy is 72.0 years, about four years less than White residents (76.3 years).[62]

Leading Causes of Death

The Centers for Disease Control and Prevention (CDC) WONDER (Wide-ranging Online Data for Epidemiologic Research) data portal contains information on the nationwide leading causes of death. From 2021 through 2023, Greater Prince William's leading causes of death were cancer, heart disease, COVID-19, stroke, and chronic lower respiratory disease. Variations occur when looking at leading causes of death by the three localities in the area and when comparing by race and ethnicity across the area (Table 3).[63]

Leading Causes of Death Overall, by Race/Ethnicity, 2021-2023			
White, Non-Hispanic	**Black, Non-Hispanic**	**Asian, Non-Hispanic**	**Hispanic/Latino**
Cancer	Cancer	Cancer	Cancer
Heart Disease	Heart Disease	Heart Disease	Heart Disease
COVID-19	Stroke	Stroke	COVID-19
Stroke	COVID-19	COVID-19	Unintentional Drug Overdose
Chronic Lower Respiratory Disease	Unintentional Drug Overdose	Diabetes	Stroke
Diabetes	Diabetes	Kidney Disease	Chronic Liver Disease
Unintentional Drug Overdose	Kidney Disease	Flu and Pneumonia	Motor Vehicle Accidents
Alzheimer's Disease	Motor Vehicle Accidents	Chronic Lower Respiratory Disease	Diabetes
Parkinson's Disease	Homicide	Suicide	Suicide
Kidney Disease	Chronic Lower Respiratory Diseases	Transport Accidents	Kidney Disease

Table 3 Source/Data Source: Centers for Disease Control and Prevention (CDC) WONDER (Wide-ranging Online Data for Epidemiologic Research) https://wonder.cdc.gov/.

[62] 2024 Annual Data Release. (2024). Retrieved February 4, 2025, from County Health Rankings & Roadmaps: https://www.countyhealthrankings.org/

[63] CDC WONDER. (2025). Retrieved February 24, 2025, from Centers for Disease Control and Prevention: https://wonder.cdc.gov/

Cancer

Since cancer is a leading cause of death in this area, death and incidence rates for a variety of cancer types were examined. Compared to the previous five-year rates, the number of cases and deaths from the most common types of cancer are decreasing in the area, though the data is prior to COVID-19 and research shows an increase in rates due to a lapse in screenings.[64,65] It is important to note that incident rates are rising for the Black and Asian populations living in Virginia as a whole.[66] The lower percentages of mammography and colorectal screenings in the area compared to Virginia overall highlight the need for continued community outreach programs providing cancer screenings and education.

Diabetes

According to the CDC, the prevalence of type 2 diabetes continues to increase in the United States and is the seventh leading cause of death nationwide. Risk factors such as obesity and physical inactivity have played a role in this increase, but age and race/ethnicity are also key risk factors.[67] The percentage of adults living with diabetes in the area (12.1%) is slightly lower than the state percentage of 12.7%, though the city of Manassas Park is higher with 13.8%. Per the 2023 U.S. Census, the hospitalization rate for diabetes was also lower than Virginia overall.[68]

Communicable Diseases and Sexually Transmitted Infections (STIs)

The top four reportable diseases, not including STIs, are campylobacteriosis, shiga toxin-producing E. coli infection (STEC), salmonellosis, and shigellosis. The area had higher rates (per 100,000 population) than the state for shigellosis and STEC from 2018 through 2022. In 2022, the PWHD rate for STEC was 6.4 compared to 4.5 for Virginia, and the area's rate for shigellosis was 5.8 compared to 2.9 for Virginia. Rates for salmonellosis were also higher in the area (15.4) than the Commonwealth in 2022 (13.8).[69]

Though rates for STIs (per 100,000 population) in the area are consistently lower compared to the Commonwealth, rates for gonorrhea and syphilis are on the rise. The syphilis incidence rate increased from 11.2 in 2019 to 15.7 in 2023. The gonorrhea incidence rate increased from 85.4 in 2019 to 132.7 in 2023. While Virginia also showed an increase in syphilis rates from 2019 to 2023 (15.1 to 20.7, respectively), gonorrhea rates were 159.8 in 2019 and 159.4 in 2023.[70]

In June 2024, the Prince William Health District had access to more robust demographic data around HIV incidence to inform outreach strategies for National HIV Testing Day. Though case counts decreased from 2019 to 2023, two findings to note are that 29% of new infections from 2019 to 2023 were among people identifying as female, and more than half (53%) were ages 15 to 34 years.[71]

[64, 66] State Cancer Profiles. Incidence Rates Table. (2025). Retrieved February 5, 2025, from National Cancer Institute: https://statecancerprofiles.cancer.gov/incidencerates/index.php.

[65] State Cancer Profiles. Death Rates Table. (2025). Retrieved February 4, 2025, from National Cancer Institute: https://statecancerprofiles.cancer.gov/deathrates/index.php.

[67] National Diabetes Statistics Report. (2025). Retrieved April 10, 2025, from Centers for Disease Control and Prevention: https://www.cdc.gov/diabetes/php/data-research/index.html.

[68] Community Health Improvement Data Portal. (2025). Retrieved April 10, 2025, from Virginia's Plan for Well-Being: https://virginiawellbeing.com/virginia-community-health-improvement-data-portal/.

[69] Annual Report: Reportable Disease Surveillance in Virginia. (2025). Retrieved April 10, 2025, from Virginia Department of Health: https://www.vdh.virginia.gov/surveillance-and-investigation/annual-report/.

[70] STD Data and Reports 2023. (2025). Retrieved February 5, 2025, from Virginia Department of Health: https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-aids-sexually-transmitted-disease-std-hepatitis-reports/.

[71] (2024). New HIV Infections in Prince William Health District. Prince William Health District Virginia Department of Health.

Flu and Adolescent Immunizations

Approximately a third of Virginians and residents in Greater Prince William received a flu vaccination during the 2024-2025 flu season. Residents ages 65 years and older had the highest percentage of flu vaccination compared to other age groups in Manassas City, Manassas Park, and Prince William County (58.5%, 48.9%, 58.2%). Compared to Virginia overall, adolescents in the area have a higher percentage of vaccinations for the Tdap vaccine, Meningococcal ACWY (MenACWY) vaccine, and the human papillomavirus (HPV) vaccine.[72]

Behavioral Health: Substance Use

Hospitalization rates due to mental health, drug overdose, substance use, suicide, and self-inflicted injury were examined. In Manassas, there were higher hospitalization rates (per 100,000 population) due to drug overdoses and substance use disorders compared to Virginia rates. In terms of fatal opioid overdoses, the 2023 rate for Manassas City was 28.1 compared to 23.8 for Virginia.[73]

In 2024, the Prince William Health District published a comprehensive opioid needs assessment for Greater Prince William, which can be accessed online here.

Findings underscore the importance of exploring non-fatal overdoses by age and race/ethnicity. The opioid needs assessment found that, from 2017 to 2023, nonfatal overdoses fluctuated across all races, with notable increases among those identifying as Black, Hispanic, or White. These trends, shown in Figure 13, included an exponential increase in nonfatal overdoses for Hispanic (500%) and Black (237%) individuals from 2017 to 2023.[74]

From 2017 to 2023, nonfatal overdoses fluctuated across all races, with notable increases among those who identified as Black, Hispanic, or White.

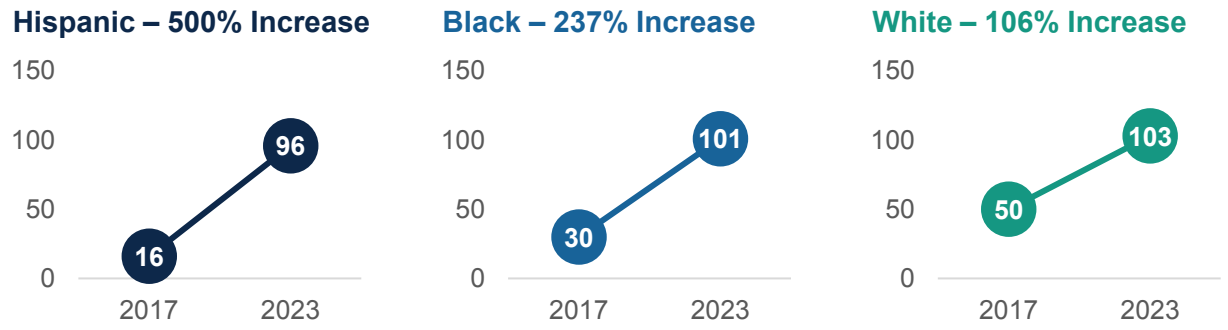


Figure 13 Source: Sievers, Sims, Lincoln, Melendez, & Elahi, 2024

[72] Virginia COVID-19 and Flu Vaccine Dashboard. (2025). Retrieved April 10, 2025, from Virginia Department of Health: https://www.vdh.virginia.gov/epidemiology/respiratory-diseases-in-virginia/data/vaccines/.

[73] Community Health Improvement Data Portal. (2025). Retrieved April 10, 2025, from Virginia's Plan for Well-Being: https://virginiawellbeing.com/virginia-community-health-improvement-data-portal/.

[74] Sievers, K., Sims, C., Lincoln, J., Melendez, E., & Elahi, L. (2024). Opioid Needs Assessment: Understanding Community Factors for Opioid Use Disorder. Prince William Health District Virginia Department of Health.

Behavioral Health: Mental Health

Mental health is becoming an increasing health concern for both adolescents and adults. Rates for depression, poor mental health days, and frequent mental distress are in line with Virginia's overall average. A slightly higher percentage of Manassas Park residents (17.80%) reported poor mental health days compared to the area (16.10%), shown in Figure 14.

The Coalition examined emergency department visits in 2024 to gain a better understanding of the mental health crisis communities have been facing since the COVID-19 pandemic. In 2024, the Sentara Northern Virginia Medical Center (SNVMC) emergency department treated 1,691 adults with behavioral health diagnoses. Of the 1,691 visits, 25.61% of adult patients presented with suicidal ideation, 6.6% with schizophrenia, 4.6% with brief psychotic disorder, and 3.7% with unspecified psychosis. The emergency department also had 400 minors (age 0-18), present with a behavioral health diagnosis. Of the 400 visits among minors, 41.75% presented suicidal ideation and 4.5% with unspecified psychosis.[75] Emergency department visits for suicidal ideation comparing minors and adults are presented in Figure 15.

Just over one-fifth of the area's population (21%) reports depression, with 16% reporting poor mental health days.

2019-2023 Mental Health, Age 18+

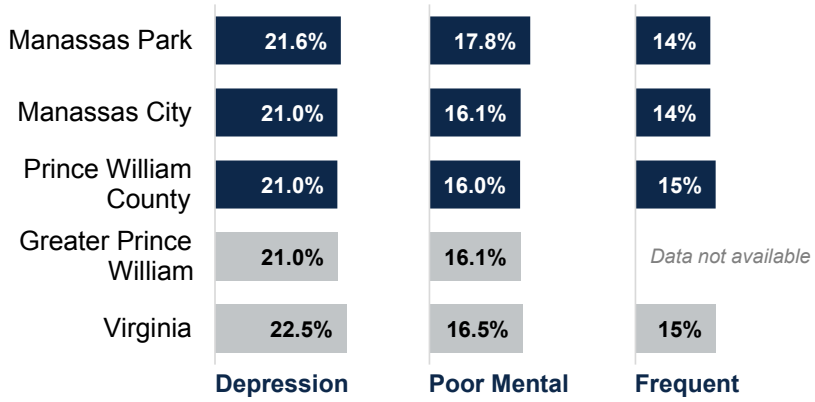


Figure 14 Source: Virginia's Plan for Well-Being. Virginia Community Health Improvement Data Portal.

Suicidal ideation was the cause of a startling rate of emergency department visits for minors (41.75%) compared to adults (25.61%).

2024 SNVMC Emergency Department Behavioral Health Visits

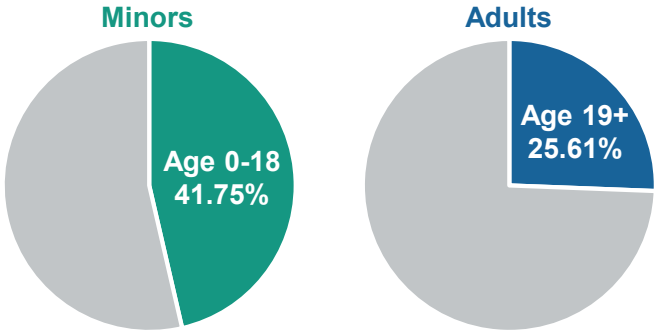


Figure 15 Source: Sentara Health Behavioral Health Emergency Department Visits Summary. (2024). January 1, 2024 through January 3, 2025.

[75] Sentara Health Behavioral Health Emergency Department Visits Summary. (2024). January 1, 2024 through January 3, 2025.

Maternal and Child Health

In 2022, the Commonwealth Fund reported that approximately two out of three maternal deaths in the United States occurred during the postpartum period.[76] Factors contributing to poor pregnancy outcomes include poverty status and decreased utilization of prenatal care and delivery services.[77] Compared to Virginia (5.1%), 12.2% of mothers in the area had late (started during the third trimester) or no prenatal care in 2022. The percentage of live births among Medicaid eligible mothers was also higher in the area (35.1%) compared to Virginia overall (33.8%) in 2022.[78] While teen births are a community concern, the low numbers do not permit meaningful standardization for comparison to state rates. Short gestation and low birthweight, as well as congenital malformations were the leading causes of infant mortality in Greater Prince William.[79]

Older and Aging Adults

The Centers for Medicare & Medicaid Services (CMS) reported that Medicaid beneficiaries living in Greater Prince William were primarily treated for hypertension, diabetes, and depression. Diabetes, for which patients received hospital treatment in this area, was higher in the city of Manassas (26%) and Prince William County (26%) than Virginia overall (25%). The percentage of Medicare beneficiaries treated for Alzheimer's disease or dementia was higher in the city of Manassas (7%) and Prince William County (7%) than in Virginia overall (6%).[80] These conditions are important to note, as they will impact the aging population's health, quality of life, healthcare demand and costs.

[76] Gunja, M., Gumas, E., Masitha, R., & Zephyrin, L. (2024). Insights into the U.S. Materal Mortality Crisis: An International Comparison. The Commonwealth Fund.

[77] Nagahawatte, N., & Goldenberg, R. (2008). Poverty, Maternal Health, and Adverse Pregnancy Outcomes. Annals of the New York Academy of Sciences, 1136:80-5.

[78, 79] Maternal & Child Health Indicators. (2022). Retrieved February 11, 2025, from Virginia Department of Health: https://www.vdh.virginia.gov/data/maternal-child-health/mch-indicators/.

[80] Mapping Medicare Disparities by Population. (2025). Retrieved from Data.CMS.gov: https://data.cms.gov/tools/mapping-medicare-disparities-by-population.

Community Insight

Community insight for this CHA consisted of two methodologies: a community health survey and more in-depth community conversations conducted with residents and community partners. Understanding the needs, opinions, and experiences of people who live, work, pray, and play in Greater Prince William highlights what matters most to community members. It also ensures that future health programs and services are informed by residents' experiences and challenges.

Community Health Survey

The community health survey was open from September 25, 2024, through March 12, 2025, with a total of 1,990 responses through convenience sampling. The survey was available online in English and Spanish and on paper in Dari. Of respondents, 1,450 completed the English version of the survey, 527 completed the Spanish survey, and 13 completed the Dari survey.

The majority of respondents were ages 25-44 (38.6%) followed by the 45-64 age group (26.4%), the 65-75+ age group (14.9%), and the 15-24 age group (9.2%). Over one-third of respondents reported as Hispanic/Latino (31.4%), 27.8% as White, 8.3% as Black or African American, and 4.8% selecting more than one race/ethnicity category. The majority of respondents (61.6%) identified as women, 26.5% as men, and 1.5% as transgender, non-binary, or another gender identity. While over half of respondents were born in the United States (52%), over one-third were born in another country (33%). Tables summarizing demographic data for survey respondents and survey findings overall and by certain groups are available in Appendix C.

The survey focused on the three primary questions listed below. Respondents could select up to three choices for each question from the provided list, or they could enter their own responses via free form text. The tables below show the top three answers for these questions among community members overall and by the localities of Prince William County and the cities of Manassas and Manassas Park. Responses in green font illustrate locality differences in Tables 4-6.

What are the BIGGEST HEALTH CONCERNS in the community where you live?				
Rank	**Overall Responses (n=1,990)**	**Prince William County (n=1,030)**	**City of Manassas (n=499)**	**City of Manassas Park (n=169)**
1	Mental health (depression, anxiety)	Mental health (depression, anxiety)	Chronic conditions (cancer, diabetes)	Chronic conditions (cancer, diabetes)
2	Chronic conditions (cancer, diabetes)	Chronic conditions (cancer, diabetes)	Mental health (depression, anxiety)	Dental problems
3	Dental problems	*Violence and crime in the community*	Dental problems	Mental health (depression, anxiety)

Table 4

Which BEHAVIORS need to be addressed in the community where you live?				
Rank	**Overall Responses (n=1,990)**	**Prince William County (n=1,030)**	**City of Manassas (n=499)**	**City of Manassas Park (n=169)**
1	Eating unhealthy foods	Eating unhealthy foods	Eating unhealthy foods	*Cannabis (marijuana) misuse*
2	Lack of exercise	Lack of exercise	Driving while drunk or high	*Alcohol misuse (excessive drinking)*
3	Driving while drunk or high	Driving while drunk or high	Lack of exercise	*Drinking sugary beverages*

Table 5

What would MOST IMPROVE HEALTH in the community where you live?				
Rank	**Overall Responses (n=1,990)**	**Prince William County (n=1,030)**	**City of Manassas (n=499)**	**City of Manassas Park (n=169)**
1	Access to healthcare services	Access to healthcare services	Access to healthcare services	Access to healthcare services
2	Affordable housing	Affordable housing	Access to dental care	Access to dental care
3	Access to dental care	*Affordable healthy food*	Affordable housing	Affordable housing

Table 6

Responses to these three primary questions differed among age and race/ethnicity categories. Respondents in the 45-64 age group ranked violence and crime in the community as the third health concern. Aging-related concerns (dementia, falls) was the primary health concern among respondents aged 65 and older, and ranked second among White respondents. Health differences by race/ethnicity or income was ranked third among Black or African American respondents. Bullying (physical, verbal, online) was among the top health behaviors for the 15-24 age group and among respondents who identified as a race other than White, Hispanic/Latino, or Black or African American. Isolation or loneliness was among the top health behaviors for the 65 and older age group and among White respondents. Affordable healthy food was reported as a need to improve the quality of life among respondents in the 15-24 and 45-64 age groups as well as among respondents who identified as a race other than White or Hispanic/Latino.

Among 47.2% of survey respondents who have a child under the age of 18, 20% reported having ever declined a vaccination for their child, and 66% reported having their child seen by a doctor or nurse to attend school this year. The most reported barrier for getting a child seen by a doctor or nurse was cost (55%). Additional barriers include it being hard to make an appointment, clinic hours, and wait times being too long.

The majority of respondents who completed the English version of the survey reported perceptions of feeling safe or very safe at home, school/work, in the neighborhood, and in the community. There was more variation in perceived safety among respondents who completed the Spanish version of the survey with 12% feeling very unsafe at home, 22.2% feeling unsafe or very unsafe in the neighborhood, and 33.4% feeling unsafe or very unsafe in the community.

Community Conversations

The Coalition led 17 community conversations with community members (13) and community partners (4) from August 2024 to February 2025. Each conversation went through a series of the same six questions to gain community insight on health strengths, challenges, and ideas for improvement. These conversations reached 151 unique participants, including 111 community members and 40 community partners. Participants were asked to complete a demographic survey, which had 123 responses (101 community members and 22 partners).

Community member participants ranged in age from teenagers to seniors with 26% in the 25-34 age group and 22% in the 45-54 age group. Three-fourths of participants (75%) identified as women. Participants could select all applicable races or include their own descriptor, with 38% identifying as Hispanic or Latino, 21% White, 9% Black, and 9% South Asian. Community partner participants ranged in age from young adults to seniors, with 27.3% in the 55-64 age group, 22.7% ages 25-34, and 22.7% ages 35-44 years. The majority of participants (81%) identified as women. More than a third identified as Hispanic or Latino (38%), with 33% White and 19% Black. Additional demographic data is included in Appendix D.

The six questions asked were:

- What does a healthy community in the Greater Prince William area look like to you?
- What are your community's strengths, such as what are some good things, programs, or people in your community who help others?
- What challenges affect health, such as what problems make it hard for people in your community to stay healthy? Think about big or small problems, like laws or decisions in the area.
- Who has the most problems because of these things? In other words, who is most impacted?
- What can we do to make the community healthier? In other words, what actions could improve health in our community?
- How can the health department connect better? In other words, what advice do you have for the local health department for getting community input on educational materials and programs/services?

Table 7 illustrates the top themes and subthemes that emerged across community conversations with community members and partners. A summary of responses overall for each question, and full definitions of themes are available in Appendix D.

The first column in Table 7 (next page) provides a short definition for the overall theme, and the next column shows an example sub-theme(s). The top portion of each cell under "Community Member" or "Community Parter" responses contain a brief description of what was shared by participants. Statements in italics are quotes from either the community member or community partner sessions.

Results

Themes	Subthemes	Community Member Responses	Community Partner Responses
Health & Social Services Systems, programs, and resources that support individuals' physical, mental, and social well-being; this includes access to affordable healthcare, mental health support, and essential community services	**Healthcare Access**	Fear of cost, delays in care, few affordable clinics *"People without health insurance do not go to the doctors for regular checkups or when they are sick. People are afraid to lose their job if they ask permission to go to the doctor. People think they lose their time if they go to consult a doctor."*	Lack of affordable providers, emergency department overuse *"Patients needing to go to urgent care or a physician but can't afford it, they will wait 6-12 hours to deal with minor medical issues."*
	Mental Health Support *"We do not have any resources for people without insurance or for people in poverty. Mental health costs money even with insurance. We have people suffering in our community will all types of mental health disorders and are not getting treated."* –Community Partner	Stress, isolation, limited mental health access	Long waits, complex needs unmet, crisis growing
Basic Needs & Economic Stability Individuals and families can meet fundamental needs such as stable employment, fair wages, affordable housing, food security, and financial stability	**Employment, Sustainable Wages, Job Stability**	Families struggling with rent, unstable housing *"Prioritizing basic needs makes it difficult to focus on aspects of health beyond physical well-being – lack of opportunities to support others + self."*	Clients make over income threshold for aid but still struggling *"People who are right on the brink in terms of income: 'You make too much to get help/ services, but not enough to survive.' Or you have healthcare, but your co-pay is expensive. They aren't middle class; they aren't lower class."*
Education & Awareness Accessible, high-quality learning opportunities and resource communication through multiple channels	**Multilingual Communication and in Easy to Find Locations** *"In this area, there are a lot of different languages. You see kids translating for parents. People are still uncomfortable to ask people to rephrase things."* –Community Member	Need for translated materials and multiple ways to conduct outreach *"We live in times right now where we have a lot of information, but we don't know how to use it."*	Need bilingual staff, cultural competence *"We have Spanish translators. But we need Arabic, Urdu, Persian."*

Table 7

Results (cont.)

Themes	Subthemes	Community Member Responses	Community Partner Responses
Community Connectedness & Engagement The relationships, interactions, and participation among community members that foster a sense of belonging, trust, and collaboration	**Community Partnerships** *"PWC County Public Libraries offer more than just reading – they foster a welcoming atmosphere where kindness + safety are always felt"* –Community Member	Trusted organizations like faith-based organizations, libraries, schools, and advocacy organizations; desire no-cost activities for all ages *"[speaking about a resident] goes out and networks the whole situation and tells us … and not everyone has [this person]. If [this person's name] is dead, we are in trouble."* –Community Member	Collaboration with faith-based organizations and trusted advocacy organizations is key to outreach *"Collaboration with other organizations that serve those that are most in need in the community."*
Safety & Environmental Concerns Accessible, high-Community members' physical security, environmental health, and overall quality of life; this includes efforts to reduce crime, improve infrastructure, maintain clean public spaces, and ensure access to safe, sustainable, and inclusive environments	**Neighborhood Infrastructure & Complete Streets** *"I'd wait for a bus for 3 hours and in rain it's bad."* –Community Member	Want better sidewalks, crosswalks, transit options especially for the bus *"I stop by my neighbor's house to sit and talk while walking (to take a break)" because it is hard to go for a long distance. Need to have a place to rest, before moving on."* –Community Member	Call for complete streets, safe walking areas *"In PWC there are some food and transportation deserts."*
Power & Social Policy Context The structural and systemic factors that influence inclusion, and community empowerment in shaping policies, resource distribution, and decision-making processes	**Opportunities for All to Participate and Thrive** *"A healthy place would be friendly & free from hate, with places/activities for all."* –Community Member	Immigrants, seniors, people with disabilities face service barriers *"For those with a developmental disability, or multiple disabilities, can be hard to access transportation or mental health services."*	Push for fair services for all groups *"Many of our Veterans are suffering. People do not understand how disconnected they are from technology and the accommodations that they need."*

Table 7

Priority Health Needs

Assessment findings highlight the need for continued work to improve access to behavioral health services, resources for the management of chronic conditions, and a broad approach to health that includes initiatives addressing social determinants of health, including poverty, affordable housing, and food insecurity.

Behavioral Health Services

Health indicator data and insights obtained through the community health survey and community conversations highlighted mental health (depression, anxiety) as a high priority need for Greater Prince William.

The growing population size has led to a lower number of mental health providers that cannot meet the demand of resident needs. Regional diversity also illuminates the need for culturally tailored mental health services and education through partnerships with trusted entities, including faith-based organizations and community leaders.

A community partner and community member elaborated on the challenges residents experience in accessing mental health services:

"We do not have any resources for people without insurance or for people in poverty. Mental health costs money even with insurance. We have people suffering in our community with all types of mental health disorders and are not getting treated."
—Community Member

"Mental health is a huge issue. Everyone is suffering from technology addiction. Everything is at our fingertips."
—Community Member

Management of Chronic Conditions

Addressing chronic conditions (cancer, diabetes) and improving access to healthcare services continues to be high priority needs in Greater Prince William. Community conversations highlighted the need for multilingual and culturally responsive resources for health education in healthcare and social service settings. Community members and partners also shared the challenges for residents in accessing dental care, which can lead to worsening health conditions that are cost-prohibitive for residents on limited incomes. Immigrants, seniors, and people with disabilities face service barriers, including transportation challenges and being ineligible to utilize certain programs. While poverty and lack of health insurance are contributing factors, these findings warrant further investigation into the needs and opportunities for resource alignment in Greater Prince William.

"Access to affordable dental care – this is a request we frequently receive and there are few options available, especially for those not on Medicaid."

—Community Partner

"It's uncomfortable going to the doctor based on navigating the process, insurance, making appointments with language barriers."

—Community Member

Social Determinants of Health

Residents and community partners overwhelmingly identified poverty, affordable housing, and food insecurity as key social determinants of health deserving attention in Greater Prince William. Financial strain among those in poverty and just above the poverty threshold results in individuals foregoing healthcare to meet basic needs for food and housing.

The Coalition obtained community health survey insights by attending food distribution events at faith-based organizations and safety net organizations. Continued engagement with community partners and public agencies addressing food insecurity, housing, and poverty will enable resource alignment and opportunities to further augment existing efforts.

Residents and partners described the challenges in their neighborhoods and navigating available options to access support services:

"The applications are not capturing the full picture how on paper someone might not qualify for services due to income, but one major expense can make them have financial hardships/living from paycheck to paycheck."

—Community Partner

"Safety is essential for physical health."

—Community Member

"Dumfries and 234 — there are no medical clinics. No grocery stores. So much commuter traffic. No sidewalks. There aren't marked crosswalks and crossing areas. There are eight lane roads. The southern parts of the county don't have much at all except traffic."

—Community Partner

Access to Care

Residents and partners indicated the fear of cost as a primary reason for delaying or avoiding care. Even those with insurance reported challenges paying for healthcare, including co-pays and prescriptions. Additional barriers included locating providers that were accessible for those with disabilities, flexible hours, and culturally responsive staff for persons of all backgrounds. Residents shared that emergency departments were used as a safety net for people because they lacked alternatives to care. In addition, residents specifically identified dental problems and access to dental care as major health needs in the community health survey. They also shared frustration with delays in securing appointments for mental health care that could lead to worsening health outcomes. Seniors, people with disabilities, and those who rely on public transit expressed difficulty in traveling to reach clinic locations.

"We have to choose whether to eat, starve, or get this medication."
—Community Member

"If you don't have insurance... doctors sometimes, they don't wanna give appointments... that's a big problem."
—Community Member

"Patients needing to go to urgent care or a physician but can't afford it will wait 6-12 hours to deal with minor issues."
—Community Partner

"There are no clinics in my neighborhood. There aren't crosswalks or grocery stores either."
—Community Partner

"People think they lose their time [at work], if they go to consult a doctor."
—Community Member

Next Steps

The CHA reveals that residents and community partners call for immediate, coordinated action to address persistent barriers to health and well-being. Lasting health improvements require more than reporting problems – they require partnership. While residents and partners identified specific priorities that should be addressed, we must focus upon common goals to strengthen collaboration across the sectors of health, government, foundations, health systems, local leaders, and community organizations.

Between July and October 2025, the Coalition will share assessment findings with residents and partners at existing community partner meetings. The Coalition will also coordinate data sharing opportunities with public agencies and health systems. This collaborative approach will accomplish two goals:

1. **Obtain resident feedback on findings, and**
2. **Inform residents of existing services and resources.**

Starting in Fall 2025, the Coalition will work with multi-sector community partners and residents to develop a Community Health Improvement Plan (CHIP) to address the identified health needs. The Coalition's continued engagement with residents and community leaders in locations that experience higher levels of food insecurity and social vulnerability enables the identification of opportunities to support residents in achieving optimal health outcomes.

Notes

Community Healthcare Coalition of Greater Prince William

Community Health Assessment (CHA) 2025