

Appendices represent data and sources used in the Community Health Assessment (CHA) report. The 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.

### [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 access to care, leading causes of death, hospitalizations, substance use, reportable diseases, sexually transmitted infections, vaccinations, mental health, chronic conditions, maternal and child health, quality of life, and transportation.

### [Appendix C: Community Insight: Survey](#)

This includes the survey questions and survey answers

[Survey questions](#)

[Survey responses](#)

### [Appendix D: Community Insight: Community Conversations](#)

This includes the focus group demographics, questions and brief summary of results.

[Community Conversation facilitator guide](#)

[Community Conversation summary](#)

### [Appendix E: Supplemental Resources](#)

[SNVMC and LRASC 2023-2025 Progress Report](#)

[Community Healthcare Coalition of Greater Prince William Accomplishments](#)

### [Appendix F: CHA Outreach Materials and 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.

# Appendix A: Demographics

## METHODS

The Coalition conducted a comprehensive analysis of multiple data sources to better understand the population’s demographic, socioeconomic, and health characteristics. This included household composition, age distribution, educational attainment, income and employment indicators, mortality rates, prevalence of chronic conditions, and key health risk factors such as obesity and tobacco use. Complementing this analysis, Sentara developed a detailed data profile integrating patient billing and clinical records to examine patterns in emergency and preventive care utilization, chronic disease burden, and culturally specific needs, including language preferences. Together, these data sources offer a holistic view of community health, helping to identify both systemic gaps and opportunities for targeted intervention.

Research components for this assessment included data from the following sources:

- Centers for Medicare & Medicaid Services
- County Health Rankings 2024
- National Cancer Institute
- United States Census Bureau American Community Survey
- Virginia Department of Health
- Virginia Medicaid, Virginia Department of Medical Assistance Services
- Virginia’s Plan for Well-Being: Virginia Community Health Assessment
- Weldon Cooper Center for Population Studies, University of Virginia

Geography					
2024 Population Density per Square Mile					
	Virginia*	Manassas City	Manassas Park City	Prince William County	
Population Density/Sq Mile	219	4,335	5,578	1,446	
<b>Source: Accessed April 10, 2025</b>					
A total of 544,222 people live in the 348.13 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2019-23 5-year estimates. The population density for this area, estimated at 1,563 persons per square mile, is greater than the national average population density of 94 persons per square mile.					
<a href="#">Virginia’s Plan For Well-Being</a> , Virginia Community Health Improvement Data Portal. Data Source: US Census Bureau, <a href="#">American Community Survey</a> , 2019-23.					
Population Change					
Population Projections					
Demographics	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
Population Estimates, 2024	8,811,195	558,303	42,913	17,537	497,853
Population, % change, 4/1/2020 to 07/1/2024	1.90%	2.97%	0.30%	1.80%	3.20%
*Projected Population 2035	9,444,186	669,871	<b>48,573</b>	<b>21,436</b>	<b>599,862</b>
*Projected Population 2045	10,147,590	772,474	<b>52,017</b>	<b>24,729</b>	<b>695,728</b>
*Projected Population 2055	10,924,029	880,452	<b>55,835</b>	<b>28,193</b>	<b>796,424</b>
*Projected Population 2025-2035, %	7.18%	19.98%	13.19%	22.23%	20.49%
*Projected Population 2035-2045, %	7.45%	15.32%	7.09%	15.36%	15.98%
*Projected Population 2045-2055, %	7.65%	13.98%	7.34%	14.01%	14.47%
<b>Sources: Accessed April 10, 2025</b>					
*Weldon Cooper Center for Public Services: Virginia Population Projections.					
Green=increase					

Population by Sex at Birth					
Female	4,379,009	270,168	20,869	8,314	240,985
%	50.58%	49.64%	48.90%	49.13%	49.73%
Male	4,278,490	274,054	21,805	8,609	243,640
%	49.42%	50.36%	51.10%	50.87%	50.27%

Sources: Accessed April 10, 2025

Virginia's Plan For Well-Being, Virginia Community Health Improvement Data Portal, US Census Bureau, [American Community Survey](#), 2019-23

Population by Age					
	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
Age 0-4	5.72%	6.85%	7.88%	5.86%	6.80%
Age 5-17	16.16%	19.74%	19.14%	18.37%	19.84%
Age 18-24	9.29%	8.84%	8.24%	9.73%	8.86%
Age 25-34	13.55%	13.15%	15.15%	15.50%	12.89%
Age 35-44	13.45%	15.12%	14.57%	17.78%	15.07%
Age 45-54	12.61%	13.88%	12.83%	12.46%	14.02%
Age 55-64	12.94%	11.63%	11.88%	10.70%	11.65%
Age 65+	16.29%	10.79%	10.32%	9.61%	10.88%

Sources: Accessed April 10, 2025

Virginia's Plan For Well-Being, Virginia Community Health Improvement Data Portal, US Census Bureau, [American Community Survey](#), 2019-23

"The Aging" Population Projections					
2023 Age 65-74*	9.7%	6.8%	6.6%	6.2%	6.8%
2023 Age 75-84*	4.8%	3.1%	2.8%	2.1%	3.2%
2023 Age 85+*	1.7%	0.9%	0.9%	1.4%	0.9%
2030 Age 65-74**	10.6%	8.1%	8.0%	7.0%	8.1%
2030 Age 75-84**	6.5%	4.3%	4.6%	2.8%	4.3%
2030 Age 85+**	2.1%	1.3%	1.4%	1.1%	1.3%
2040 Age 65-74**	8.9%	7.3%	6.9%	6.9%	7.4%
2040 Age 75-84**	7.3%	5.2%	5.5%	4.0%	5.2%
2040 Age 85+**	2.9%	2.0%	2.2%	1.6%	2.0%
2050 Age 65-74**	8.4%	6.8%	7.1%	6.1%	6.8%
2050 Age 75-84**	6.2%	4.8%	4.8%	4.0%	4.8%
2050 Age 85+**	3.5%	2.6%	2.9%	2.3%	2.6%

Sources: Accessed April 10, 2025

\* United States Census Bureau: [American Community Survey](#), 2019-23, [DP05 table: ACS Demographic and Housing Estimates](#)

\*\* [Weldon Cooper Center for Public Services](#): Virginia Population Projections, August 2023

Racial Profile: Race Alone					
White	61.73%	46.73%	50.52%	40.29%	46.62%
Black	18.75%	19.63%	12.60%	11.36%	20.54%
Asian	6.86%	9.51%	5.54%	10.55%	9.82%
American Indian or Alaska Native	0.31%	0.72%	0.55%	3.64%	0.63%
Native Hawaiian or Pacific Islander	0.07%	0.07%	0.03%	0.00%	0.08%
Some Other Race	4.06%	9.31%	10.06%	17.11%	8.97%
Multiple Races	8.23%	14.03%	20.69%	17.04%	13.34%
Hispanic or Latino, Percent	10.73%	27.65%	43.01%	45.92%	25.66%
Non-Hispanic, Percent	89.27%	72.35%	56.99%	54.08%	74.34%
*Foreign Born Persons	12.9%	26.95%	31.8%	36.6%	26.2%

Sources: Accessed April 10, 2025

Virginia's Plan For Well-Being, Virginia Community Health Improvement Data Portal, US Census Bureau, [American Community Survey](#), 2019-23

\* United States Census Bureau: [American Community Survey](#), 2019-23, [DP02 table: Selected Characteristics in the United States](#)

Spoken Languages, Population with Limited English Proficiency					
	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
Language spoken in the home, age 5+*					
Other than English	17.2%	35.23%	47.4%	54.6%	36.4%
Population with Limited English Proficiency, age 5+*					
	6.14%	14.69%	22.81%	24.10%	13.66%
Population with Limited English Proficiency, age 5+, by Ethnicity Alone*					
Hispanic or Latino	29.98%	35.71%	45.78%	39.63%	34.00%
Not Hispanic or Latino	3.38%	6.87%	6.13%	11.30%	6.81%
Population with Limited English Proficiency, age 5+, by Race Alone*					
White	2.00%	8.02%	13.32%	15.27%	7.29%
Black, African American	2.38%	5.61%	3.49%	2.66%	5.79%
American Indian or Alaska Native	20.01%	22.66%	30.64%	15.06%	23.48%
Asian	26.78%	30.06%	37.59%	40.69%	29.25%
Native Hawaiian or Pacific Islander	4.30%	0.53%	0.00%	**	0.55%
Some Other Race	37.27%	40.40%	50.03%	45.02%	39.15%
Multiple Race	13.75%	22.55%	41.71%	32.80%	19.64%
Sentara Language Line Services Requested at SNVMC**					
Spanish	**	88.0%	**	**	**
Dari	**	2.4%	**	**	**
Urdu	**	1.4%	**	**	**
Bengali	**	1.0%	**	**	**
ASL	**	0.9%	**	**	**

Sources: Accessed April 10, 2025

United States Census Bureau: [American Community Survey](#), 2019-23, DP02 table: [Selected Characteristics in the United States](#)

\*[Virginia's Plan For Well-Being](#), Virginia Community Health Improvement Data Portal, US Census Bureau, [American Community Survey](#), 2019-23

\*\*Sentara Language Line Usage Report, January 2024-December 2024

(\*\*) data unavailable or unreliable

Virginia Department of Education Student Home Language on Record, Fall 2024, number of reported students					
	Virginia	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
Pashto, Northern	**	989	31	11	947
Amharic	**	960	15	13	932
Twi	**	835	10	2	823
Nepali	**	687	18	38	631
Bengali	**	655	4	6	645
Vietnamese	**	531	29	22	480
Korean	**	363	3	8	352
Pashto, Southern	**	325	17	11	297
French	**	304	11	2	291
Turkish	**	263	3	0	263
Krio	**	229	2	0	227
Punjabi	**	220	8	2	210
Tagalog	**	207	16	10	181
Chinese, Mandarin	**	198	5	4	189
Russian	**	180	9	3	168
Hindi	**	168	8	7	153
Portuguese	**	113	7	6	113

Sources: Accessed March 3, 2025

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

(\*\*) data unavailable or unreliable

Other Demographics, 2019-2023

	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
Veterans*	9.6%	11.26%	6.8%	9.2%	11.7%
<b>Persons Without Health Insurance, under age 65</b>					
No health insurance coverage**	7.1%	11.2%	20.1%	21.5%	10.1%
<b>Education, age 25+</b>					
High School Graduate or Higher*	91.3%	89.2%	81.7%	78.9%	90.2%
Bachelor's Degree or Higher*	41.5%	43.0%	33.2%	25.5%	44.5%
<b>Labor Force, age 16+</b>					
Civilian Labor Force**	63.7%	70.7%	72.4%	76.6%	70.3%
Civilian Labor Force, Female**	60.2%	65.0%	63.3%	68.0%	65.0%
<b>Median Household Income</b>					
Median Household Income**	\$90,974	**	\$117,919	\$100,127	\$128,873
Owner-occupied Housing***	67.2%	**	72.2%	67.6%	74.4%
<b>Computer and Broadband Internet Access</b>					
Households with Computer*	94.8%	98.4%	97.9%	98.0%	98.4%
Households with Broadband Internet*	89.9%	96.1%	95.7%	94.0%	96.2%

Sources: Accessed April 10, 2025

\* United States Census Bureau: [American Community Survey](#), 2019-23 DP02 table: [Selected Social Characteristics in the United States](#)

\*\* United States Census Bureau: [American Community Survey](#), 2019-23 DP03 table: [Selected Economic Characteristics](#)

\*\*\* United States Census Bureau: [American Community Survey](#), 2019-23 S1101 table: [Households and Families](#)

(\*\*) data unavailable or unreliable

Persons Without Health Insurance, 2022

	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
Under Age 19	4.31%	5.41%	7.99%	7.03%	5.14%
Age 18-64	8.72%	12.52%	16.44%	16.37%	12.03%

Sources: Accessed February 4, 2025

[Virginia's Plan For Well-Being](#), Virginia Community Health Improvement Data Portal. Data Source: United States Census Bureau, [Small Area Health Insurance Estimates](#), 2022.

Red: Worse than state

Persons Living with any Disability

	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
Persons with Disability	12.25%	8.81%	8.95%	10.95%	8.72%
<b>Population with Any Disability by Race/Ethnicity Alone</b>					
Hispanic or Latino	7.73%	6.66%	4.11%	9.99%	6.84%
Not Hispanic or Latino	12.79%	9.63%	12.61%	11.77%	9.37%
White	13.02%	9.23%	11.17%	8.64%	9.06%
Black	13.98%	9.42%	7.33%	33.49%	9.06%
American Indian or Alaska Native	14.81%	10.43%	**	9.09%	11.53%
Asian	6.89%	7.76%	14.81%	6.10%	7.47%
Native Hawaiian or Pacific Islander	18.02%	12.20%	**	**	12.67%
Some Other Race	7.67%	7.39%	7.43%	9.50%	7.24%
Multiple Race	9.18%	8.10%	3.94%	6.24%	8.77%
<b>Population with Any Disability-by-Disability Status</b>					
Hearing	3.37%	2.21%	2.25%	2.29%	2.20%
Vision	2.26%	1.72%	1.73%	4.75%	1.61%
Cognitive	4.96%	3.57%	4.31%	3.01%	3.52%
Ambulatory	6.17%	4.04%	4.28%	4.37%	4.01%
Self-care	2.36%	1.83%	2.67%	1.54%	1.77%
Independent Living	5.40%	3.71%	3.97%	3.67%	3.68%

Sources: Accessed April 10, 2025

[Virginia's Plan For Well-Being](#), Virginia Community Health Improvement Data Portal, US Census Bureau, [American Community Survey](#), 2019-23.

(\*\*) data unavailable or unreliable

**Below Poverty Level**

	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
Below Poverty Level, all ages	834,866	33,123	2,838	979	29,306
Below Poverty Level %	9.9%	6.2%	6.7%	5.8%	6.1%
Below Poverty Level, under age 18	236,443	11,197	1,157	435	9,605
Below Poverty Level, under age 18; %	12.7%	7.9%	10.4%	10.7%	7.6%

Sources: Accessed April 10, 2025

United States Census Bureau: [American Community Survey](#), 2019-23, [S7101 table: Poverty Status in the Past 12 Months](#)

**Poverty Status by Race/Ethnicity**

White	7.87%	4.63%	4.51%	3.17%	4.69%
Black	16.37%	6.49%	14.61%	1.04%	6.15%
American Indian/Alaska Native	13.16%	14.65%	39.15%	49.68%	5.64%
Asian	6.77%	6.96%	3.89%	1.01%	7.34%
Native Hawaiian or Pacific Islander	10.23%	3.71%	**	**	**
Some Other Race	16.28%	12.64%	9.50%	9.33%	13.18%
Multiple Race	10.30%	5.51%	5.60%	5.20%	5.51%
Hispanic or Latino	13.21%	9.84%	6.20%	10.33%	10.34%

Sources: Accessed April 10, 2025

Virginia's Plan For Well-Being, Virginia Community Health Improvement Data Portal, US Census Bureau, [American Community Survey](#), 2019-23

(\*\*) data unavailable or unreliable

**Unemployment, population 16 years and over**

Unemployed	191,415	12,759	775	346	11,638
Unemployed, percent	2.7%	3.1%	2.4%	2.6%	3.1%

**Employment, population 16 years and over**

In labor force	4,580,910	301,007	23,434	10,159	260,939
In labor force, percent	65.6%	72.2%	72.4%	76.6%	70.3%
Females, age 16+	3,561,750	208,430	16,009	6,425	185,996
In labor force, female	2,171,264	136,338	10,130	4,370	121,838
In labor force, female, percent	61.0%	65.4%	63.3%	68.0%	65.5%

Sources: Accessed April 10, 2025

United States Census Bureau: [American Community Survey](#), 2019-23, [DP03 table: Selected Economic Characteristics](#)

**Education Attainment, population 25 years and over**

	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
No High School Diploma	8.7%	10.81%	18.3%	21.1%	10.81%
High School Only	23.9%	21.05%	27.1%	30.7%	20.2%
Some College	18.2%	17.46%	14.5%	16.6%	17.8%
Associate's Degree	7.8%	7.69%	6.9%	6.2%	7.8%
Bachelor's Degree	23.3%	25.58%	21.0%	15.2%	26.4%
Graduate or Professional Degree	18.2%	17.41%	12.2%	10.3%	18.1%

Sources: Accessed April 10, 2025

Virginia's Plan For Well-Being, Virginia Community Health Improvement Data Portal, US Census Bureau, [American Community Survey](#), 2019-23

Government Programs					
Medicaid and FAMIS (Below 138% FPL) Enrollment January 1, 2025					
	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
Medicaid/FAMIS Enrollment	2,132,830	121397	12375	**	109022
Medicaid/FAMIS Percentage	24.5%	22.1%	29.0%	**	22.3%
65+ Enrolled in Medicaid/FAMIS Enrollment	87,993	4575	332	**	4243
65+ Enrolled in Medicaid/FAMIS Percentage	1.0%	0.8%	0.8%	**	0.9%
Children Enrolled in Medicaid/FAMIS	837,647	58374	6738	**	51636
Children Enrolled in Medicaid/FAMIS Percentage	9.6%	10.6%	15.8%	**	10.5%
<b>Sources: Accessed February 4, 2025</b>					
<a href="#">Virginia Medicaid, Department of Medical Assistance Services (DMAS) Data</a> The denominators used for percentage calculations in this table are the 2024 Population Estimates in the Population Projections table in Appendix A.					
(**) data unavailable or unreliable					
Medicare Fee for Service Enrollment, 2022					
65+ Medicare Percentage	65.4%	**	69.9%	**	56.2%
65+ Medicare and Medicaid Percentage	4.8%	**	2.3%	**	5.1%
<b>Sources: Accessed February 4, 2025</b>					
Centers for Medicare & Medicaid Services Data (cms.gov), <a href="#">Mapping Medicare Disparities by Population</a>					
(**) data unavailable or unreliable					
Transportation Profile (percent), 2019-23					
Workers age 16+	4,308,387	283,134	22,127	9,604	251,403
Drive alone	69.2%	67.0%	69.4%	69.5%	66.7%
Carpool	8.2%	10.3%	13.1%	13.4%	9.9%
Public transportation	2.6%	2.8%	2.3%	5.9%	2.7%
Bicycle or walk	2.3%	1.3%	1.3%	0.6%	1.3%
Taxi or other	1.4%	1.8%	1.5%	0.7%	1.9%
Work at home	16.3%	16.9%	12.4%	10.0%	17.5%
No motor vehicle	6.0%	2.6%	3.9%	5.7%	2.4%
<b>Sources: Accessed</b>					
<a href="#">Virginia's Plan For Well-Being</a> , Data Source: US Census Bureau, <a href="#">American Community Survey</a> , 2019-23					
<b>Red:</b> Worse than State rates					

## Appendix B: Community Health Indicators

Length of Life (Average number of years a person can expect to live)					
	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
Life expectancy	78.1	80.2*	76.4	85.3	81.0
Length of Life: Black					
Life expectancy	76.8	**	72.0	**	78.5
Length of Life: White					
Life expectancy	80.1	**	76.3	**	80.5
Length of Life: Hispanic (All Races)					
Life expectancy	**	**	79.8	**	84.3
Length of Life: Asian					
Life expectancy	**	**	81.5	**	85.9
<b>Sources: Accessed February 4, 2025</b>					
<a href="#">2024 County Health Rankings &amp; Roadmaps</a> (2019-2021 data from National Center for Health Statistics)					
* <a href="#">Virginia's Plan For Well-Being</a> , Virginia Community Health Improvement Data Portal. Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, <a href="#">U.S. Small-Area Life Expectancy Estimates Project</a> , 2010-15.					
(**) data unavailable or unreliable					
Access to Care					
	Virginia	Greater Prince William *	Manassas City	Manassas Park City	Prince William County
Primary Care Physicians, 2021	6443	255	41	**	214
Primary Care Physician ratio, 2021	1341:1	**	1042:1	**	<b>2264:1</b>
Primary Care Physician rate, 2021	74.55	<b>46.86</b>	96.0	**	<b>44.17</b>
Dentists, 2022	6535	**	52	**	306
Dentist ratio, 2022	1329:1	**	820:1	**	<b>1591:1</b>
Dentists rate, 2022	75.3	<b>67.6</b>	121.9	**	<b>62.8</b>
Mental Health Providers, 2023	21124	**	157	**	794
Mental Health Provider ratio, 2023	411:1	**	272:1	**	<b>613:1</b>
Mental Health Provider rate, 2023	243.3	<b>179.6</b>	368.2	**	<b>163.1</b>
Preventable hospital stays rate, 2021 (per 100,000 Medicare enrollees)					
Preventable hospital stays rate	2601	**	<b>2822</b>	**	<b>2617</b>
Preventable hospital stays rate, (Black)	**	**	<b>3705</b>	**	<b>3869</b>
Preventable hospital stays rate (Asian)	**	**	1226	**	1571
Preventable hospital stays rate (Hispanic)	**	**	1201	**	1779
Preventable hospital stays rate, (White)	**	**	2888	**	2518

Mammography Screening, (Medicare enrollees age 65-74) 2021					
Mammography screening, percent	44%	**	32%	**	34%
Mammography screening (White)	**	**	33%	**	37%
Mammography screening (Black)	**	**	32%	**	30%
Mammography screening (Asian)	**	**	23%	**	28%
Mammography screening (Hispanic)	**	**	24%	**	27%

Sources: Accessed February 4, 2025

[2024 County Health Rankings & Roadmaps](#)

\*[Virginia's Plan For Well-Being](#), Virginia Community Health Improvement Data Portal.

(\*\*) data unavailable or unreliable

Red: Worse than state

Leading Causes of Death, Rate (Per 100,000 Population) 2021-2023				
Greater Prince William	White, non-Hispanic	Black, non-Hispanic	Asian, non-Hispanic	Hispanic/Latino (all races)
Cancer (112.6)	Cancer (173.4)	Cancer (109.1)	Cancer (90.7)	Cancer (51.7)
Heart Disease (92.4)	Heart Disease (149.8)	Heart Disease (103.2)	Heart Disease (67.7)	Heart Disease (25.0)
COVID-19 (31.4)	COVID-19 (42.3)	Stroke (31.5)	Stroke (23.0)	COVID-19 (24.7)
Stroke (26.1)	Stroke (37.1)	COVID-19 (29.9)	COVID-19 (22.4)	Unintentional Drug Overdose (13.3)
Chronic Lower Respiratory Disease (17.9)	Chronic Lower Respiratory Disease (36.8)	Unintentional Drug Overdose (23.4)	Diabetes (14.5)	Stroke (10.8)
Unintentional Drug Overdose (17.5)	Diabetes (22.5)	Diabetes (23.4)	Kidney Disease (**)	Chronic Liver Disease (8.2)
Diabetes (16.8)	Unintentional Drug Overdose (22.0)	Kidney Disease (15.3)	Flu and Pneumonia (**)	Motor Vehicle Accidents (7.7)
Kidney Disease (11.7)	Alzheimer's Disease (21.6)	Motor Vehicle Accidents (12.5)	Chronic Lower Respiratory Disease (**)	Diabetes (6.8)
Alzheimer's Disease (11.0)	Parkinson's Disease (16.5)	Homicide (11.5)	Suicide (**)	Suicide (5.5)
Suicide (9.9)	Kidney Disease (15.7)	Chronic Lower Respiratory Diseases (11.5)	Motor Vehicle Accidents (**)	Kidney Disease (5.3)

Sources: Accessed February 24, 2025

Accessed via [CDC WONDER](#). 2021-2023.

(\*\*) Death rates are flagged as Unreliable when the rate is calculated with a numerator of 20 or less

Leading Causes of Death, Rate (Per 100,000 Population) 2021-2023					
	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
Cancer	192.2	112.6	119.29	52.54	109.97
Heart/Cardiovascular Disease	182.5	92.4	127.79	48.37	87.94
COVID-19	58.0	31.4	36.71	17.51	23.67
Stroke/Cerebrovascular Disease	49.2	26.1	37.39	**	25.87
Chronic Lower Respiratory Disease	37.9	17.9	25.83	**	19.08
Diabetes	31.3	16.8	22.77	**	16.22
Unintentional Drug Overdose	28.4	17.5	34.4	**	15.7
Alzheimer's Disease	28.3	11.0	23.45	**	11.88
Kidney/Nephritis Syndromes	18.8	11.7	16.31	**	11.28
Suicide	14.0	9.9	9.52	**	8.42
Sepsis/Septicemia	12.3	6.7	10.88	**	6.61

Sources: Accessed February 24, 2025

Accessed via [CDC WONDER](#). 2021-2023.

(\*\*) Death rates are flagged as Unreliable when the rate is calculated with a numerator of 20 or less

Red: Worse than state

Leading Causes of Death, Rate (Per 100,000 Population) 2021-2023						
	Virginia	Greater Prince William	White, non-Hispanic	Black, non-Hispanic	Asian, non-Hispanic	Hispanic/Latino (all races)
Alzheimer's Disease	28.30	11.00	21.60	7.20	0.00	**
Cancer	182.50	112.60	173.40	109.10	90.70	51.70
Chronic Liver Disease	13.70	8.50	13.80	**	0.00	8.20
Chronic Lower Respiratory Disease	37.90	17.90	36.80	11.50	**	**
COVID-19	58.00	31.40	42.30	29.90	22.40	24.70
Diabetes	31.30	16.80	22.50	23.40	14.50	6.80
Flu and Pneumonia	11.50	7.90	13.00	**	**	**
Heart Disease	192.20	92.40	149.80	103.20	67.70	25.00
Homicide	7.00	4.30	0.00	11.50	0.00	4.90
Kidney Disease	18.80	11.70	15.70	15.30	**	5.30
Motor Vehicle Accidents	11.80	8.40	7.60	12.50	**	7.70
Parkinson's Disease	12.50	7.60	16.50	**	0.00	0.00
Perinatal Conditions	3.30	3.60	-	**	0.00	5.10
Stroke	49.20	26.10	37.10	31.50	23.00	10.80
Suicide	14.00	9.90	15.20	7.80	**	5.50
Unintentional Drug Overdose	28.40	17.50	22.00	23.40	0.00	13.30

Sources: Accessed February 24, 2025

Accessed via [CDC WONDER](#). 2021-2023.

(\*\*) Death rates are flagged as Unreliable when the rate is calculated with a numerator of 20 or less

Substance Use					
	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
<b>Drug Overdose Crude Death, Rate (Per 100,000 Population), 2018-2022</b>					
Drug Overdose	24.1	18.0	<b>34.0</b>	17.3	16.6
<b>Drug Overdose Crude, Rate (Per 100,000 Population), Gender</b>					
Men	33.5	26.7	<b>55.0</b>	**	24.3
Women	14.9	9.0	**	**	9.0
<b>Drug Overdose Crude Death, Rate (Per 100,000 Population), Race</b>					
Black	32.0	22.6	<b>81.4</b>	**	19.2
White	26.6	25.0	<b>42.2</b>	**	23.5
<b>Hospitalizations, Rate (Per 100,000 Population), 2020</b>					
Drug Overdose Hospitalizations	89.92	52.58	<b>90.53</b>	**	51.31
Substance Use Disorder (SUD)	75.05	51.46	<b>90.53</b>	**	50.05
<b>Fatal Opioid Overdoses, Rate (Per 100,000 Population), 2018-2023</b>					
2018	14.3	**	<b>16.8</b>	11.6	10.7
2019	15.2	**	<b>29.2</b>	11.4	12.1
2020	22.3	**	<b>31.8</b>	<b>27.8</b>	18.7
2021	25.7	**	<b>35.1</b>	<b>41.0</b>	17.1
2022	24.7	**	21.1	23.9	15.0
2023	23.8	**	<b>28.1</b>	18.3	11.2
<b>Drug Overdose Emergency Department Visits, Rate (Per 100,000 Population), 2018-2023</b>					
2018	86.4	43.9	**	**	**
2019	88.5	43	**	**	**
2020	117.2	72.9	**	**	**
2021	127.6	75.3	**	**	**
2022	134.8	72.2	**	**	**
2023	132.5	66.8	**	**	**
<b>Mortality, Rate (Per 100,000 Population), 2018-2022</b>					
Alcohol-Impaired Driving Deaths	1.6	0.9	1.4	**	0.9
Liver Disease and Cirrhosis	13.0	9.1	12.4	**	8.8
<b>Behaviors, Percentage of Adults Age 18+, 2022</b>					
Binge Drinking, past 30 days, age 18+	17.4%	<b>17.6%</b>	<b>18.6%</b>	17.5%	17.5%
Current smokers, age 18+	13.3%	12.2%	12.2%	<b>15.5%</b>	12.1%
<b>Sources: Accessed February 4, 2025</b>					
<a href="#">Virginia's Plan For Well-Being</a> , Virginia Community Health Improvement Data Portal. Data Source: Centers for Disease Control and Prevention, <a href="#">CDC - National Vital Statistics System</a> . Accessed via <a href="#">CDC WONDER</a> . 2018-2022. US Department of Transportation, National Highway Traffic Safety Administration, <a href="#">Fatality Analysis Reporting System</a> . 2018-2022. Centers for Disease Control and Prevention, <a href="#">Behavioral Risk Factor Surveillance System</a> . Accessed via the <a href="#">PLACES Data Portal</a> . 2022. <a href="#">Virginia Department of Health</a> (VDH) <a href="#">Forensic Epidemiology – Medical Examiner (virginia.gov)</a> . 2018-2023. VDH <a href="#">ED Visits for Drug Overdose – Surveillance and Investigation (virginia.gov)</a> . 2018-2023. Drug overdose emergency department visit data not available by locality. Due to size of sample, data combined for all three localities.					
<b>Red:</b> Worse than state					
(**) data unavailable or unreliable					

Leading Reportable Diseases 2018 to 2022, rate per 100,000 people						
	Year	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
Campylobacteriosis	2018	19.7	16.5	7.2	24.1	17.3
	2019	19.3	14.6	9.6	5.78	15.8
	2020	16.3	14.2	12.2	11.4	14.88
	2021	20	18.2	17.1	5.55	19.35
	2022	17	14.9	14	17.6	15.5
E. coli infection, shiga toxin-producing	2018	4.7	7.1	4.8	6	7.6
	2019	4.7	9.2	16.81	11.6	8.55
	2020	2.7	3	2.43	0	3.2
	2021	3.9	5.9	4.9	5.55	6.1
	2022	4.5	6.4	18.7	11.8	5.2
Salmonellosis	2018	16	14.4	9.6	6	14.9
	2019	16.4	14.4	19.21	17.3	14.1
	2020	11.5	9.8	9.74	11.44	9.99
	2021	14.2	13.1	26.92	33.3	11.36
	2022	13.8	15.4	23.4	11.7	15.1
Shigellosis	2018	2.8	5.2	9.6	24.1	4.1
	2019	3.1	5.8	9.6	0	5.8
	2020	1.5	2	4.9	0	1.91
	2021	2.1	4.1	7.3	5.6	3.8
	2022	2.9	5.8	18.7	5.9	4.7

Data accessed March 13, 2025

Source: VDH Annual Report – Surveillance and Investigation ([virginia.gov](http://virginia.gov))

Red: Worse than state

Sexually Transmitted Infections and HIV 2019 to 2023, rate per 100,000 people						
	Year	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
HIV	2019	10	11.5	17	11.4	11.1
	2020	7.3	8.5	2.3	0	9.3
	2021	9.3	6.4	7	0	6.6
	2022	9.8	7.9	9.4	17.6	7.4
	2023	10	7	2.3	5.9	7.4
Chlamydia	2019	557.2	546	559.5	531.6	545.3
	2020	470	431.5	569.6	486.3	417.4
	2021	469.5	434.5	550.5	588.8	418.7
	2022	472.5	412	512.8	388.2	403.9
	2023	473.5	409.3	523	353.2	401.3
Gonorrhea	2019	159.8	85.4	60	57.8	88.7
	2020	175.2	97	114.4	80.1	96.1
	2021	167.1	102	112.6	72.2	102.2
	2022	155.5	98.9	86.6	52.9	101.6
	2023	159.4	132.7	199.3	179.6	125.3
Early Syphilis	2019	15.1	11.2	16.8	0	11.1
	2020	15.2	14.7	12.2	11.4	15.1

	2021	16.5	10.9	7.3	<b>16.7</b>	10.9
	2022	17.9	12.1	9.4	17.6	12.2
	2023	20.7	15.7	11.7	12	16.2

**Data accessed March 13, 2025**

Source: VDH [VDH Disease Prevention - HIV & STDs, Data and Reports, 2023.](#)

**Red:** Worse than state

**Flu Vaccination Prevalence for 2024-2025 Flu Season**

	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
Percent of the Population with a Flu Vaccination	31.8%	**	27.1%	28.1%	28.7%
<b>By Age</b>					
0 to 4 years	35.4%	**	32.4%	51.2%	33.7%
5 to 11 years	28.0%	**	25.3%	32.4%	27.6%
12 to 17 years	24.1%	**	28.2%	33.9%	26.0%
18 to 30 years	18.1%	**	16.8%	17.9%	17.3%
31 to 49 years	23.4%	**	18.9%	19.4%	20.5%
50 to 64 years	33.5%	**	28.7%	29.5%	32.2%
65 years and older	60.3%	**	58.5%	48.9%	58.2%

**Sources: Accessed March 15, 2025**

Virginia Department of Health, [Virginia Respiratory Immunization Dashboards, 2024-2025.](#)

(\*\*) data unavailable or unreliable

**Percent of Adolescent Population Who Received School-Required Vaccines**

	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
Tdap vaccine among 13 year olds with at least one dose	94.7%	**	95.0%	95.0%	95.0%
MenACWY vaccine among 13 year olds with at least one dose	91.5%	**	95.0%	95.0%	94.3%
MenACWY vaccine among 18 year olds with two doses	60.1%	**	76.0%	95.0%	75.8%
HPV vaccine among 13 year olds with at least one dose	74.7%	**	83.3%	95.0%	79.4%

**Sources: Accessed March 15, 2025**

Virginia Department of Health, [Virginia Adolescent Vaccine Dashboard, 2024-2025.](#)

(\*\*) data unavailable or unreliable

The Tdap vaccine protects against tetanus, diphtheria, and pertussis. The Tdap vaccine is recommended for children 11-12 years of age and is required for all children entering the 7th grade in Virginia.

The Meningococcal ACWY (MenACWY) vaccine can help protect against meningococcal disease caused by serogroups A, C, W, and Y. The MenACWY vaccine series (2 doses) is recommended for children 11-12 years of age and 16-18 years of age. The first dose is required for all children entering 7th grade and the second dose is required for all children entering 12th grade in Virginia.

The human papillomavirus (HPV) vaccine series (2 doses 6 months apart) is recommended for children 11-12 years of age and the first dose is required for all children entering 7th grade in Virginia. Parents may choose to opt out of the vaccine after reviewing the Virginia Board of Health materials related to the connection of HPV and cancer.

Mental Health					
	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
<b>Suicide Crude Death Rate (Per 100,000 Population), 2018-2022</b>					
Suicide	13.9	9.0	9.6	**	9.0
<b>Suicide Crude Death Rate (Per 100,000 Population), Gender</b>					
Male	22.1	14.5	**	**	14.6
Female	5.9	3.4	**	**	3.4
<b>Suicide Crude Death Rate (Per 100,000 Population), Rates</b>					
White	18.1	13.4	**	**	13.4
Black	8.5	8.0	**	**	8.0
<b>Self-harm, ED Visit Counts Rate (Per 100,000 Population, age 5+), 2023</b>					
Self-harm and Suicide	680.9	493.7	**	**	**
<b>Depression, Crude Rate (Per 100,000 Population), age 18+</b>					
Depression	22.5%	21.0%	21.3%	21.6%	21.0%
<b>Poor Mental Health Days, Crude Rate (Per 100,000 Population), age 18+</b>					
Poor Mental Health Days	16.5%	16.1%	16.1%	17.8%	16.0%
<b>Depressive Disorder, Crude Rate (Per 100,000 Population), Health District, 2021</b>					
	Virginia		Prince William Health District		
Depressive Disorder	19.62%		13.1%		
<b>*Frequent Mental Distress, Adults reporting 14 or more days of poor mental health per month (age-adjusted)</b>					
*Frequent Mental Distress	15%	**	14%	15%	14%
<b>Sources: Accessed February 4, 2025</b>					
<a href="#">Virginia's Plan For Well-Being</a> , Virginia Community Health Improvement Data Portal. Data Source: Centers for Disease Control and Prevention, <a href="#">CDC - National Vital Statistics System</a> . Accessed via <a href="#">CDC WONDER</a> . 2018-2022. Virginia Department of Health, <a href="#">Syndromic Surveillance Data, Division of Surveillance and Investigation, Office of Epidemiology - Virginia Department of Health</a> . Data directly obtained via email from Virginia Syndromic Surveillance 2023. Virginia Department of Health, <a href="#">Behavioral Risk Factor Surveillance Survey</a> . Data directly obtained via email from Virginia Department of Health. 2021. Centers for Disease Control and Prevention, <a href="#">Behavioral Risk Factor Surveillance System</a> . Accessed via the <a href="#">PLACES Data Portal</a> . 2022.					
<b>*2024 County Health Rankings &amp; Roadmaps</b>					
(**) data unavailable or unreliable					
Red: Worse than state					
<b>SNVMC Emergency Department Behavioral Health Visits, Top 4 Diagnosis, 2024</b>					
	Behavioral Health (Patient Frequency)	Suicidal Ideation	Schizophrenia, unspecified	Brief Psychotic Disorder	Unspecified Psychosis
<b>By Age</b>					
Age 0-18	400	41.75%	0.25%	1.25%	1.50%
Age 19+	1,691	25.61%	6.62%	4.55%	3.67%
<b>By Race</b>					
Black	791	23.89%	9.36%	5.56%	4.80%
White	1,138	32.16%	2.64%	2.99%	2.37%
<b>By Gender</b>					
Male	1,044	26.72%	6.90%	3.74%	3.26%
Female	1,047	30.66%	3.92%	4.11%	3.25%
<b>Sources: Accessed January 29, 2025</b>					
Sentara Healthcare Behavioral Health Emergency Department Visits Summary, 2024 (January 1, 2024 through January 3, 2025)					

Cancer Incidence Rate: Annual Average Count / Rate Per 100,000, Age-adjusted 2017-2020					
		Virginia	Manassas City	Manassas Park City	Prince William County
Breast (female)	Prevalence Rate	129.0	104.0	126.9	115.4
	Average Annual Count	6,823	22	10	278
Prostate (male)	Prevalence Rate	106.6	74.3	63.2	98.0
	Average Annual Count	5,571	14	4	212
Lung and Bronchus	Prevalence Rate	51.3	40.1	49.7	41.0
	Average Annual Count	5,461	13	6	167
Colon & Rectum	Prevalence Rate	33.8	35.6	40.0	30.6
	Average Annual Count	3,401	14	6	135
All Sites	Prevalence Rate	411.2	356.3	349.5	350.2
	Average Annual Count	42,411	137	51	1,550
Trend: Falling	Trend: Rising	Trends compare to previous 5-year period			

Virginia Cancer Incidence Rate by Race: Annual Average Count / Rate Per 100,000, Age-adjusted 2017-2020					
		Prostate (Male)	Breast (Female)	Lung and Bronchus	Colon and Rectum
White	Prevalence Rate	93.0	131.9	53.5	33.6
	Average Annual Count	3,572	4,810	4,175	2,392
Black	Prevalence Rate	173.4	133.7	54.3	38.1
	Average Annual Count	1,533	1,325	988	678
Hispanic	Prevalence Rate	71.4	85.8	21.2	22.1
	Average Annual Count	146	251	86	110
Asian	Prevalence Rate	54.2	86.2	26.5	22.2
	Average Annual Count	140	304	149	133
Trend: Falling	Trend: Rising	Trends compare to previous 5-year period			

Cancer Death Rate: Annual Average Count / Rate Per 100,000, Age-adjusted 2017-2020					
		Virginia	Manassas City	Manassas Park City	Prince William County
Breast (female)	Prevalence Rate	129.0	21.8	**	17.8
	Average Annual Count	6,823	4	**	42
Prostate (male)	Prevalence Rate	106.6	**	**	19.3
	Average Annual Count	5,571	**	**	28
Lung and Bronchus	Prevalence Rate	51.3	31.5	62.1	**
	Average Annual Count	5,461	10	12	**
Colon & Rectum	Prevalence Rate	33.8	12.4	18.7	13.1
	Average Annual Count	3,401	5	3	52
All Sites	Prevalence Rate	411.2	140.4	75.8	127.7
	Average Annual Count	42,411	49	10	123
Trend: Falling	Trend: Rising	Trends compare to previous 5-year period			

Virginia Cancer Death Rate by Race: Annual Average Count / Rate Per 100,000, Age-adjusted 2017-2020					
		Prostate (Male)	Breast (Female)	Lung and Bronchus	Colon and Rectum
White	Prevalence Rate	18.3	19.5	35.0	12.8
	Average Annual Count	582	782	2,768	955
Black	Prevalence Rate	38.1	27.0	36.0	16.9
	Average Annual Count	234	273	645	296
Hispanic	Prevalence Rate	11.4	11.8	11.0	6.5
	Average Annual Count	15	33	43	29
Asian	Prevalence Rate	9.8	12.0	17.0	8.4
	Average Annual Count	20	42	95	48
<b>Trend: Falling</b>	<b>Trend: Rising</b>	Trends compare to previous 5-year period			

Sources: Accessed February 4, 2025

[National Cancer Institute, State Cancer Profiles: Incident Rates Table](#)

[National Cancer Institute, State Cancer Profiles: Mortality Rates Table](#)

(\*\*) data unavailable or unreliable

Prevention: Cancer

	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
Cervical Cancer Screening Test, Crude Rate, females age 21-65, 2020					
Cervical Cancer	83.8%	85.7%	83.2%	81.5%	86.1%
Mammography Screening, Crude Rate, females age 50-74, 2022					
Mammography	78.6%	78.3%	79.0%	74.8%	78.4%
Colorectal Cancer Screening Test, Crude Rate, men age 45-75, 2022					
Colorectal Cancer	67.3%	64.5%	63.9%	58.2%	64.8%
Adults with Cancer, Crude Rate, age 18+, 2022					
Cancer Diagnosis	8.1%	6.4%	6.3%	5.4%	6.4%

Sources: Accessed February 4, 2025

[Virginia's Plan For Well-Being](#), Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES Data Portal](#), 2020 and [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES Data Portal](#), 2022.

Red: Worse than state

Diabetes

Adults Diagnosed with Diabetes, Crude Rate, age 18+, 2022					
Diabetes Diagnosis	12.7%	12.1%	12.4%	13.8%	12.0%
Diabetes Hospitalizations, Rate per 100,000 Population, age 18+, 2022					
Diabetes Hospitalizations	2,114.24	1,415.96	1,607.58	22.22	1,452.27
Diabetes Mortality, Rate per 100,000 Population, 2022					
Diabetes Deaths	33.80	19.03	22.35	**	18.75
Adults Diagnosed with Prediabetes/Diabetes, Crude Rate, age 18+					
	Virginia		Prince William Health District		
Prediabetes, 2020	9.3%		12.6%		
Diabetes, 2021	11.4%		9.2%		

Sources: Accessed February 4, 2025

[Virginia's Plan For Well-Being](#), Virginia Department of Health, Inpatient Discharge Dataset from Virginia Health Information (VHI). Data directly obtained via email from Virginia Department of Health 2021. Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES Data Portal](#), 2021. Virginia Department of Health, [Virginia Department of Health, Office of Information Management, Division of Health Statistics](#). Data directly obtained via email from Virginia Department of Health 2022.

Red: Worse than state

(\*\*) data unavailable or unreliable

Chronic Conditions, Rate per 100,000 Population, 2022					
	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
Asthma Hospitalizations, rate	619.52	466.50	494.26	5.55	481.56
Hypertension Hospitalizations, rate	4,360.69	2,687.66	3,234.73	72.21	2,739.66
Stroke Hospitalizations, rate	263.13	171.18	188.41	**	169.70
Deaths due to Diseases of the Heart, rate	174.96	117.54	149.63	83.66	114.79
Deaths due to Cerebrovascular Diseases, rate	44.89	34.69	45.98	**	33.74
Deaths due to Alzheimer's Disease, rate	32.31	23.30	43.07	**	20.49

Sources: Accessed February 4, 2025

[Virginia's Plan For Well-Being](#), Virginia Department of Health, [Inpatient Discharge Dataset from Virginia Health Information \(VHI\)](#) and [Virginia Department of Health, Office of Information Management, Division of Health Statistics](#).. Data directly obtained via email from Virginia Department of Health 2022.

Red: Worse than state

(\*\*) data unavailable or unreliable

Medicare Primary Chronic Conditions, Primary Condition Prevalence Percentage, 2023				
	Virginia	Manassas City	Manassas Park City	Prince William County
Hypertension	66%	64%	**	64%
Diabetes	25%	<b>26%</b>	**	<b>26%</b>
Obesity	18%	17%	**	16%
Depression	16%	15%	**	14%
Kidney Disease	17%	17%	**	17%
Ischemic Heart Disease	19%	17%	**	19%
Heart Failure	11%	11%	**	11%
Atrial Fibrillation	14%	12%	**	13%
Obstructive Pulmonary Disease	10%	9%	**	10%
Cancer	12%	10%	**	11%
Asthma	7%	<b>8%</b>	**	<b>8%</b>
Alzheimer's and Dementia	6%	<b>7%</b>	**	<b>7%</b>

Sources: Accessed February 4, 2025

[Centers for Medicare & Medicaid Services Data, Mapping Medicare Disparities by Population \(cms.gov\)](#)

Red: Worse than state

(\*\*) data unavailable or unreliable

Births, Birthweight and Infant Death by Locality of Residence 2022					
	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
Total Live Births to Residents	95,615	7,183	**	**	**
Teen Pregnancies, Ages 15-19	4,174	283	**	**	**
Teen Pregnancies Rate, Ages 15-19	15.1	14.9	**	**	**
Preterm Births, percentage	9.6%	9.2%	**	**	**
Mothers with Late or No Prenatal Care, Percent of Total Live Births	5.1%	<b>12.2%</b>	**	**	**
Percent of Medicaid births	33.8%	<b>35.1%</b>	**	**	**

Sources: Accessed February 11, 2025

[Virginia's Plan For Well-Being](#), Virginia Department of Health, [VDH - Maternal & Child Health](#).

(\*\*) data unavailable or unreliable

Red: Worse than State

Low Birthweight Birth Rates (birth weight less than 5 pounds 8 ounces), 2022					
	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
Low Birth Weight	8,088	568	**	**	**
Low Birth Weight, percent	8.46%	7.9%	**	**	**
Infant Death Rates (per 1,000 live births), 2022					
Total Infant Deaths (rate per 1,000 live births)	6.2	5.2	**	**	**
Total Infant Death Rate (White)	4.9	**	**	**	**
Total Infant Death Rate (Black)	12.1	**	**	**	**
Total Infant Death Rate (Hispanic)	6.1	**	**	**	**
<b>Sources: Accessed February 11, 2025 and March 3, 2025</b>					
<a href="#">Virginia's Plan For Well-Being</a> , Virginia Department of Health, <a href="#">VDH - Maternal &amp; Child Health</a> .					
(**) data unavailable or unreliable					
Leading Causes of Infant Mortality (count, % of all fetal deaths), 2018-2022					
	Virginia	Greater Prince William			
Congenital Malformation	539 (19%)	37 (23%)			
Short Gestation or Low Birth Weight	488 (17%)	38 (24%)			
Sudden Infant Death Syndrome	362 (13%)	9 (6%)			
Maternal Complication of Pregnancy, Labor, or Delivery	138 (5%)	6 (4%)			
Hypoxia	134 (5%)	6 (4%)			
<b>Sources: Accessed March 3, 2025</b>					
Virginia Department of Health, <a href="#">VDH - Maternal &amp; Child Health</a>					
Quality of Life					
	Virginia	Greater Prince William	Manassas City	Manassas Park City	Prince William County
Food insecure, 2021	8%	**	5%	5%	5%
Limited access to health foods, 2019	4%	**	2%	<b>10%</b>	4%
Physical inactivity, 2021	20%	**	<b>23%</b>	<b>26%</b>	<b>21%</b>
Access to exercise opportunities, 2023	84%	**	100%	100%	97%
Adults with obesity, 2021	34%	**	<b>35%</b>	<b>37%</b>	<b>36%</b>
Poor or fair health, 2021	14%	**	<b>16%</b>	<b>18%</b>	14%
Frequent physical distress, 2020	10%	**	10%	<b>11%</b>	9%
Firearm fatality rate, per 100,000 population, 2017-2021	13	**	8	**	7
*Injury death rate, per 100,000 population, 2020-2022	72.63	39.42	58.95	23.16	37.17
<b>Sources: Accessed February 4, 2025</b>					
<a href="#">2024 County Health Rankings &amp; Roadmaps</a>					
* <a href="#">Virginia's Plan For Well-Being</a> , Centers for Disease Control and Prevention, <a href="#">Behavioral Risk Factor Surveillance System</a> . Accessed via the <a href="#">PLACES Data Portal</a> . 2022. Virginia Department of Health, <a href="#">Virginia Department of Health, Office of Information Management, Division of Health Statistics</a> .					
(**) data unavailable or unreliable					
<b>Red:</b> Worse than State rates					

## Appendix C: Community Insight: Survey

### Methodology

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 questions to ask in the survey and Community Conversations
- 2) Which outreach strategies to implement
- 3) Which populations should be prioritized for Community Conversations
- 4) Which partners should be engaged in this CHA

All promotional materials including flyers, postcards, social media images, social media/newsletter template language, and website pages were available to download on our 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.

### Community Health Survey

The Community Health Survey provided a comprehensive overview of residents' health needs across the Greater Prince William Region, while also highlighting differences by location of residence, home zip code, and sociodemographic characteristics. It was designed to capture respondents' perceptions of top health concerns, behaviors, and resource needs. Questions on perceived community safety, and parental experiences in having a child seen by a doctor or nurse to attend school were also included.

The survey was programmed in REDCap and piloted in August 2024. The final version was fielded from September 25, 2024, through March 12, 2025. The timeframe extended into early 2025 to capitalize on in-person survey data collection opportunities by community partners. Multiple rounds of online bots submitting fake survey data resulted in the addition of a CAPTCHA human verification step before accessing the online survey. 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.

The 10-minute anonymous survey was available in English, Spanish, and Dari to everyone 15 years and older. After completing the survey online or on paper, respondents were invited to enter a separate gift card raffle in which up to forty respondents randomly received a \$25 gift card. A target goal of collecting 2,163 survey responses was set to be reflective of 0.4% of the population estimate for the Region, and to achieve parity with neighboring jurisdictions.

The survey was conducted using convenience sampling methods resulting in 1,990 responses. This practical approach was employed to obtain insights from as many residents as possible across Greater Prince William, and among certain demographic groups including low-income and minority populations. Results are instructive for understanding the perceptions of a diverse-cross-section of community members. However, survey results are not generalizable to Greater Prince William residents overall. While all questions were required in the online format, it is important to note that not every respondent answered every question in the survey. Inclusion of 156 incomplete surveys in the

overall survey results ensured we captured the top health concerns from underserved populations and individuals who speak English as a second language who may have had difficulty in completing some of the demographic questions.

## 2024 Community Health Assessment Survey

This short, anonymous survey is to learn about what is important to people in the Greater Prince William Region and neighboring counties. It should take 5-10 minutes to complete.

**By telling us what you need, we can work to create programs and services that make our community healthier.**



### Your opinions matter!

#### 1. What are the BIGGEST HEALTH CONCERNS in the community where you live?

Select up to THREE (3) boxes:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Aging-related concerns (dementia, falls)</li> <li><input type="checkbox"/> Chronic conditions (cancer, diabetes)</li> <li><input type="checkbox"/> Dental problems</li> <li><input type="checkbox"/> Discrimination or racism</li> <li><input type="checkbox"/> Diseases that can spread (flu, tuberculosis)</li> <li><input type="checkbox"/> Food safety (at restaurants, food trucks)</li> <li><input type="checkbox"/> Health differences by race/ethnicity or income</li> <li><input type="checkbox"/> Health of pregnant women and babies</li> <li><input type="checkbox"/> Mental health (depression, anxiety)</li> <li><input type="checkbox"/> Mold, radon, or lead exposure in the home</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Preventable injuries (car crashes, poisoning)</li> <li><input type="checkbox"/> Safe drinking water</li> <li><input type="checkbox"/> Sexually transmitted infections (chlamydia)</li> <li><input type="checkbox"/> Substance use disorders (opioids, alcohol)</li> <li><input type="checkbox"/> Violence and crime in the community</li> <li><input type="checkbox"/> Weather-related concerns (heat stroke)</li> <li><input type="checkbox"/> Other health concern (please describe):<br/>_____</li> </ul> |
|--|--|

#### 2. Which BEHAVIORS need to be addressed in the community where you live?

Select up to THREE (3) boxes:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Alcohol misuse (excessive drinking)</li> <li><input type="checkbox"/> Bullying (physical, verbal, online)</li> <li><input type="checkbox"/> Cannabis (marijuana) misuse</li> <li><input type="checkbox"/> Domestic violence</li> <li><input type="checkbox"/> Drinking sugary beverages</li> <li><input type="checkbox"/> Driving while drunk or high</li> <li><input type="checkbox"/> Drug use / prescription drug misuse</li> <li><input type="checkbox"/> Eating unhealthy foods</li> <li><input type="checkbox"/> Elder abuse or neglect</li> <li><input type="checkbox"/> Gaming and online gambling</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Isolation or loneliness</li> <li><input type="checkbox"/> Lack of exercise</li> <li><input type="checkbox"/> Not being up-to-date on vaccines</li> <li><input type="checkbox"/> Not safely storing guns</li> <li><input type="checkbox"/> Technology addiction</li> <li><input type="checkbox"/> Tobacco use (cigarettes, cigars, snuff)</li> <li><input type="checkbox"/> Unsafe sex</li> <li><input type="checkbox"/> Vaping / e-cigarette use</li> <li><input type="checkbox"/> Other behavior (please describe):<br/>_____</li> </ul> |
|---|---|

**3. What would MOST IMPROVE HEALTH in the community where you live?**

Select up to THREE (3) boxes:

- |  |  |
|--|--|
| <input type="checkbox"/> Access to dental care                   | <input type="checkbox"/> Mental health services                      |
| <input type="checkbox"/> Access to healthcare services           | <input type="checkbox"/> Programs for parents and caregivers         |
| <input type="checkbox"/> Access to online services (internet)    | <input type="checkbox"/> Programs for youth outside of school        |
| <input type="checkbox"/> Affordable childcare                    | <input type="checkbox"/> Safety services (police, fire, rescue)      |
| <input type="checkbox"/> Affordable healthy food                 | <input type="checkbox"/> Sidewalks, bike lanes, and crosswalks       |
| <input type="checkbox"/> Affordable housing                      | <input type="checkbox"/> Support for basic needs (food, clothing)    |
| <input type="checkbox"/> Alcohol/drug treatment programs         | <input type="checkbox"/> Support for people living with disabilities |
| <input type="checkbox"/> Community health education programs     | <input type="checkbox"/> Transportation options (bus, train)         |
| <input type="checkbox"/> Community parks and gardens             | <input type="checkbox"/> Other improvement (please describe):        |
| <input type="checkbox"/> Job training and business opportunities | _____  |
| <input type="checkbox"/> Language interpreter services           |  |

**4. Do you have any CHILDREN under the age of 18?**

- Yes  No  Prefer not to say

**4A. Have you ever declined a vaccination for your child?**

- Yes  No  I don't know  Prefer not to say

**4B. Was your child seen by a doctor or nurse to attend school this year?**

- Yes  No  I don't know  Prefer not to say

**4C. Has it ever been difficult to get your child seen by a doctor or nurse?**

- No
- Yes (Select ALL THAT APPLY)
- |  |   |
|--|---|
| <input type="checkbox"/> Due to clinic hours                 | <input type="checkbox"/> It was hard to make an appointment |
| <input type="checkbox"/> Due to the cost                     | <input type="checkbox"/> Location was too far away          |
| <input type="checkbox"/> Due to a physical limitation        | <input type="checkbox"/> Wait time was too long             |
| <input type="checkbox"/> I could not take time off from work | <input type="checkbox"/> Other (please describe):           |
| <input type="checkbox"/> I did not have childcare            | <input type="checkbox"/> _____                              |
| <input type="checkbox"/> I did not have transportation       | <input type="checkbox"/> Prefer not to say                  |
| <input type="checkbox"/> I did not know where to go          |   |

**5. How SAFE do you feel in the following locations?**

Please choose ONE (1) box for each location:

	Very Unsafe	Unsafe	Safe	Very Safe	Not applicable
<b>At home</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At school or work</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>In the neighborhood where you live</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>In the community (outside your neighborhood)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Tell us about you!

*We ask a few questions about you so we can understand more about who took this survey.*

**D1. WHERE do you live?**

*Please choose ONE (1) box:*

- |   |  |
|---|--|
| <input type="checkbox"/> Prince William County<br><input type="checkbox"/> City of Manassas<br><input type="checkbox"/> City of Manassas Park<br><input type="checkbox"/> Fauquier County | <input type="checkbox"/> Stafford County<br><input type="checkbox"/> Other location: _____<br><input type="checkbox"/> Homeless/Unhoused (shelter, car, hotel)<br><input type="checkbox"/> Prefer not to say |
|---|--|

**D2. What is your HOME ZIP CODE? \_\_\_\_\_**

- Prefer not to say

**D3. What is your AGE?**

*Please choose ONE (1) box:*

- |                                |                                |  |
|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> 15-17 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 65-74             |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 75+               |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 55-64 | <input type="checkbox"/> Prefer not to say |

**D4. What is the MAIN LANGUAGE you speak?**

*Please write in:* \_\_\_\_\_  Prefer not to say

**D5. Which RACE/ETHNICITY best describes you? Select ALL THAT APPLY:**

- |   |   |
|---|---|
| <input type="checkbox"/> African<br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> East/Southeast Asian<br><input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Middle Eastern or North African<br><input type="checkbox"/> not to say | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> South Asian<br><input type="checkbox"/> White<br><input type="checkbox"/> Another race/ethnicity: _____<br><input type="checkbox"/> Prefer |
|---|---|

**D6. What is your HIGHEST LEVEL OF EDUCATION? Please choose ONE (1) box:**

- |  |   |
|--|---|
| <input type="checkbox"/> Elementary / Middle school<br><input type="checkbox"/> High school diploma / GED<br><input type="checkbox"/> Some college<br><input type="checkbox"/> Associates / Technical degree | <input type="checkbox"/> Bachelor's degree or higher<br><input type="checkbox"/> Other (please describe): _____<br><input type="checkbox"/> Prefer not to say |
|--|---|

**D7. Which GENDER IDENTITY best describes you? Select ALL THAT APPLY:**

- |  |  |
|--|--|
| <input type="checkbox"/> Woman<br><input type="checkbox"/> Man<br><input type="checkbox"/> Transgender<br><input type="checkbox"/> Nonbinary | <input type="checkbox"/> Other (please describe): _____<br><input type="checkbox"/> I don't know<br><input type="checkbox"/> Prefer not to say |
|--|--|

**D8. What is your SEXUAL ORIENTATION? Select ALL THAT APPLY:**

- Straight or Heterosexual
- Gay or Lesbian
- Asexual
- Bisexual
- not to say
- Pansexual
- Other (please describe): \_\_\_\_\_
- I don't know
- Prefer

**D9. How many PEOPLE live in your home? Please write in: \_\_\_\_\_**

- Less than \$25,000
- \$25,000 - \$49,999
- \$50,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 - \$199,999
- \$200,000+
- Don't know/unsure
- Prefer not to say

**D11. Were you BORN in the United States?**

- Yes
- No
- Prefer not to say

**If NO:**

D11A. What COUNTRY were you born in? \_\_\_\_\_

- Prefer not to say

D11B. Are you a REFUGEE or asylum-seeking?

- Yes
- No
- Prefer not to say

D11C. How many YEARS have you lived in the United States? \_\_\_\_\_

- Prefer not to say

**D12. Where do you USUALLY GET HEALTHCARE? Select ALL THAT APPLY:**

- Doctor's office
- Emergency room
- Free or reduced-fee clinic
- Urgent care center
- Veterans Administration
- Other (please describe): \_\_\_\_\_
- I don't get healthcare
- Prefer not to say

**D13. How do you PAY FOR HEALTHCARE? Select ALL THAT APPLY:**

- Medicaid
- Medicare
- Military (Tricare / VA Benefits)
- Private Insurance (employer sponsored)
- Uninsured / self-pay
- Other (please describe): \_\_\_\_\_
- Prefer not to say

**Thank you! Please return the survey to any Prince William County Library or Health District office**



Please scan the QR code to enter an online raffle for a chance to receive a \$25.00 gift card. This raffle entry form is not linked to your survey answers.

For more information, visit [behealthybehappyprincewilliam.com](http://behealthybehappyprincewilliam.com)

## Table Shells for Community Health Survey Response

	Total* (n=1,990)	Prince William County (n=1,030)	City of Manassas (n=499)	City of Manassas Park (n=169)
<b>1. What are the BIGGEST HEALTH CONCERNS in the community where you live?</b>				
Aging-related concerns (dementia, falls)	431 , 21.7%	238 , 23.1%	114 , 22.8%	21 , 12.4%
Chronic conditions (cancer, diabetes)	727 , 36.5%	337 , 32.7%	204 , 40.9%	75 , 44.4%
Dental problems	522 , 26.2%	206 , 20.0%	156 , 31.3%	70 , 41.4%
Discrimination or racism	347 , 17.4%	174 , 16.9%	95 , 19.0%	35 , 20.7%
Diseases that can spread (flu, tuberculosis)	477 , 24.0%	241 , 23.4%	135 , 27.1%	50 , 29.6%
Food safety (at restaurants, food trucks)	271 , 13.6%	133 , 12.9%	76 , 15.2%	21 , 12.4%
Health differences by race/ethnicity or income	373 , 18.7%	188 , 18.3%	99 , 19.8%	33 , 19.5%
Health of pregnant women and babies	263 , 13.2%	111 , 10.8%	88 , 17.6%	33 , 19.5%
Mental health (depression, anxiety)	835 , 42.0%	474 , 46.0%	198 , 39.7%	52 , 30.8%
Mold, radon, or lead exposure in the home	107 , 5.4%	40 , 3.9%	36 , 7.2%	13 , 7.7%
Preventable injuries (car crashes, poisoning)	197 , 9.9%	114 , 11.1%	53 , 10.6%	11 , 6.5%
Safe drinking water	207 , 10.4%	104 , 10.1%	65 , 13.0%	20 , 11.8%
Sexually transmitted infections (chlamydia)	81 , 4.1%	27 , 2.6%	30 , 6.0%	6 , 3.6%
Substance use disorders (opioids, alcohol)	325 , 16.3%	177 , 17.2%	82 , 16.4%	22 , 13.0%
Violence and crime in the community	433 , 21.8%	250 , 24.3%	111 , 22.2%	36 , 21.3%
Weather-related concerns (heat stroke)	78 , 3.9%	30 , 2.9%	31 , 6.2%	10 , 5.9%
Other health concern (please describe)**	157 , 7.9%	73 , 7.1%	54 , 10.8%	13 , 7.7%
Null / not provided	5 , 0.3%	1 , 0.1%	0 , 0.0%	0 , 0.0%

\* The total number of surveys includes responses from people who live, work, pray, and play in Greater Prince William. A detailed summary of this total is in D1. Place of Residence table.

	Total* (n=1,990)	Prince William County (n=1,030)	City of Manassas (n=499)	City of Manassas Park (n=169)
<b>2. Which BEHAVIORS need to be addressed in the community where you live?</b>				
Alcohol misuse (excessive drinking)	365 , 18.3%	162 , 15.7%	97 , 19.4%	44 , 26.0%
Bullying (physical, verbal, online)	404 , 20.3%	234 , 22.7%	87 , 17.4%	33 , 19.5%
Cannabis (marijuana) misuse	311 , 15.6%	150 , 14.6%	80 , 16.0%	46 , 27.2%
Domestic violence	352 , 17.7%	182 , 17.7%	93 , 18.6%	25 , 14.8%
Drinking sugary beverages	286 , 14.4%	133 , 12.9%	72 , 14.4%	40 , 23.7%
Driving while drunk or high	452 , 22.7%	238 , 23.1%	128 , 25.7%	36 , 21.3%
Drug use / prescription drug misuse	354 , 17.8%	193 , 18.7%	76 , 15.2%	29 , 17.2%
Eating unhealthy foods	547 , 27.5%	285 , 27.7%	137 , 27.5%	35 , 20.7%
Elder abuse or neglect	167 , 8.4%	83 , 8.1%	46 , 9.2%	13 , 7.7%
Gaming and online gambling	110 , 5.5%	49 , 4.8%	26 , 5.2%	12 , 7.1%
Isolation or loneliness	367 , 18.4%	208 , 20.2%	89 , 17.8%	22 , 13.0%
Lack of exercise	486 , 24.4%	267 , 25.9%	124 , 24.8%	39 , 23.1%
Not being up-to-date on vaccines	185 , 9.3%	102 , 9.9%	50 , 10.0%	12 , 7.1%
Not safely storing guns	162 , 8.1%	94 , 9.1%	35 , 7.0%	14 , 8.3%
Technology addiction	340 , 17.1%	179 , 17.4%	93 , 18.6%	27 , 16.0%
Tobacco use (cigarettes, cigars, snuff)	150 , 7.5%	74 , 7.2%	47 , 9.4%	14 , 8.3%
Unsafe sex	81 , 4.1%	21 , 2.0%	34 , 6.8%	12 , 7.1%
Vaping / e-cigarette use	270 , 13.6%	131 , 12.7%	77 , 15.4%	32 , 18.9%
Other behavior (please describe)**	196 , 9.8%	92 , 8.9%	70 , 14.0%	13 , 7.7%
Null / not provided	6 , 0.3%	0 , 0.0%	0 , 0.0%	0 , 0.0%

\* The total number of surveys includes responses from people who live, work, pray, and play in Greater Prince William. A detailed summary of this total is in D1. Place of Residence table.

	Total* (n=1,990)	Prince William County (n=1,030)	City of Manassas (n=499)	City of Manassas Park (n=169)
<b>3. What would MOST IMPROVE HEALTH in the community where you live?</b>				
Access to dental care	535 , 26.9%	215 , 20.9%	160 , 32.1%	84 , 49.7%
Access to healthcare services	762 , 38.3%	338 , 32.8%	222 , 44.5%	93 , 55.0%
Access to online services (internet)	128 , 6.4%	58 , 5.6%	33 , 6.6%	11 , 6.5%
Affordable childcare	396 , 19.9%	214 , 20.8%	101 , 20.2%	37 , 21.9%
Affordable healthy food	498 , 25.0%	262 , 25.4%	119 , 23.8%	39 , 23.1%
Affordable housing	641 , 32.2%	338 , 32.8%	155 , 31.1%	57 , 33.7%
Alcohol/drug treatment programs	247 , 12.4%	127 , 12.3%	69 , 13.8%	20 , 11.8%
Community health education programs	248 , 12.5%	121 , 11.7%	57 , 11.4%	25 , 14.8%
Community parks and gardens	247 , 12.4%	150 , 14.6%	67 , 13.4%	17 , 10.1%
Job training and business opportunities	247 , 12.4%	132 , 12.8%	67 , 13.4%	11 , 6.5%
Language interpreter services	136 , 6.8%	62 , 6.0%	45 , 9.0%	14 , 8.3%
Mental health services	425 , 21.4%	247 , 24.0%	97 , 19.4%	23 , 13.6%
Programs for parents and caregivers	137 , 6.9%	72 , 7.0%	39 , 7.8%	7 , 4.1%
Programs for youth outside of school	266 , 13.4%	165 , 16.0%	64 , 12.8%	12 , 7.1%
Safety services (police, fire, rescue)	156 , 7.8%	95 , 9.2%	37 , 7.4%	7 , 4.1%
Sidewalks, bike lanes, and crosswalks	175 , 8.8%	96 , 9.3%	51 , 10.2%	12 , 7.1%
Support for basic needs (food, clothing)	220 , 11.1%	124 , 12.0%	61 , 12.2%	18 , 10.7%
Support for people living with disabilities	177 , 8.9%	92 , 8.9%	52 , 10.4%	9 , 5.3%
Transportation options (bus, train)	178 , 8.9%	103 , 10.0%	53 , 10.6%	9 , 5.3%
Other improvement (please describe)**	166 , 8.3%	61 , 5.9%	73 , 14.6%	13 , 7.7%
Null / not provided	1 , 0.1%	0 , 0.0%	0 , 0.0%	0 , 0.0%

\* The total number of surveys includes responses from people who live, work, pray, and play in Greater Prince William. A detailed summary of this total is in D1. Place of Residence table.

	Total* (n=1,990)	Prince William County (n=1,030)	City of Manassas (n=499)	City of Manassas Park (n=169)
<b>4. Do you have any CHILDREN under the age of 18?</b>				
Yes	940 , 47.2%	424 , 41.2%	266 , 53.3%	113 , 66.9%
No	944 , 47.4%	568 , 55.1%	211 , 42.3%	54 , 32.0%
Prefer not to say	80 , 4.0%	38 , 3.7%	22 , 4.4%	2 , 1.2%
Null / not provided	940 , 47.2%	424 , 41.2%	266 , 53.3%	113 , 66.9%
<b>a) IF YES, Have you ever declined a vaccination for your child?</b>				
Yes	188 , 20.0%	78 , 18.4%	39 , 14.7%	30 , 26.5%
No	708 , 75.3%	327 , 77.1%	213 , 80.1%	76 , 67.3%
I don't know	44 , 4.7%	19 , 4.5%	14 , 5.3%	7 , 6.2%
Prefer not to say	188 , 20.0%	78 , 18.4%	39 , 14.7%	30 , 26.5%
Null / not provided	708 , 75.3%	327 , 77.1%	213 , 80.1%	76 , 67.3%
<b>b) Was your child seen by a doctor or nurse to attend school this year?</b>				
Yes	620 , 66.0%	306 , 72.2%	170 , 63.9%	52 , 46.0%
No	281 , 29.9%	104 , 24.5%	79 , 29.7%	57 , 50.4%
I don't know	14 , 1.5%	6 , 1.4%	4 , 1.5%	2 , 1.8%
Prefer not to say	25 , 2.7%	8 , 1.9%	13 , 4.9%	2 , 1.8%
Null / not provided	620 , 66.0%	306 , 72.2%	170 , 63.9%	52 , 46.0%
<b>c) Has it ever been difficult to get your child seen by a doctor or nurse?</b>				
No	668 , 71.1%	305 , 71.9%	178 , 66.9%	84 , 74.3%
Yes	668 , 71.1%	305 , 71.9%	178 , 66.9%	84 , 74.3%
Due to clinic hours	249 , 26.5%	106 , 25.0%	80 , 30.1%	29 , 25.7%
Due to the cost	71 , 28.5%	29 , 27.4%	23 , 28.8%	6 , 20.7%
Due to a physical limitation	137 , 55.0%	54 , 50.9%	46 , 57.5%	19 , 65.5%
I could not take time off from work	14 , 5.6%	4 , 3.8%	1 , 1.3%	3 , 10.3%
I did not have childcare	44 , 17.7%	21 , 19.8%	13 , 16.3%	5 , 17.2%
I did not have transportation	30 , 12.0%	12 , 11.3%	8 , 10.0%	2 , 6.9%
I did not know where to go	40 , 16.1%	13 , 12.3%	14 , 17.5%	4 , 13.8%
It was hard to make an appointment	26 , 10.4%	9 , 8.5%	10 , 12.5%	2 , 6.9%
Location was too far away	75 , 30.1%	33 , 31.1%	20 , 25.0%	8 , 27.6%
Wait time was too long	23 , 9.2%	10 , 9.4%	5 , 6.3%	2 , 6.9%
Other (please describe)**	64 , 25.7%	24 , 22.6%	21 , 26.3%	9 , 31.0%
Prefer not to say	14 , 5.6%	10 , 9.4%	1 , 1.3%	1 , 3.4%
Null / not provided	4 , 1.6%	1 , 0.9%	2 , 2.5%	0 , 0.0%

\* The total number of surveys includes responses from people who live, work, pray, and play in Greater Prince William. A detailed summary of this total is in D1. Place of Residence table.

	<b>Total* (n=1,990)</b>	<b>Prince William County (n=1,030)</b>	<b>City of Manassas (n=499)</b>	<b>City of Manassas Park (n=169)</b>
<b>5. How SAFE do you feel in the following locations?</b>				
<b>At home</b>				
Very unsafe	81 , 4.1%	30 , 2.9%	28 , 5.6%	15 , 8.9%
Unsafe	67 , 3.4%	36 , 3.5%	19 , 3.8%	7 , 4.1%
Safe	571 , 28.7%	291 , 28.3%	156 , 31.3%	63 , 37.3%
Very Safe	1147 , 57.6%	651 , 63.2%	265 , 53.1%	81 , 47.9%
Not applicable	80 , 4.0%	22 , 2.1%	31 , 6.2%	3 , 1.8%
Null / not provided	44 , 2.2%	0 , 0.0%	0 , 0.0%	0 , 0.0%
<b>At school or work</b>				
Very unsafe	69 , 3.5%	28 , 2.7%	19 , 3.8%	11 , 6.5%
Unsafe	145 , 7.3%	58 , 5.6%	44 , 8.8%	25 , 14.8%
Safe	772 , 38.8%	421 , 40.9%	179 , 35.9%	77 , 45.6%
Very Safe	555 , 27.9%	283 , 27.5%	147 , 29.5%	39 , 23.1%
Not applicable	402 , 20.2%	240 , 23.3%	110 , 22.0%	17 , 10.1%
Null / not provided	47 , 2.4%	0 , 0.0%	0 , 0.0%	0 , 0.0%
<b>In the neighborhood where you live</b>				
Very unsafe	75 , 3.8%	29 , 2.8%	25 , 5.0%	14 , 8.3%
Unsafe	187 , 9.4%	91 , 8.8%	49 , 9.8%	25 , 14.8%
Safe	922 , 46.3%	522 , 50.7%	196 , 39.3%	79 , 46.7%
Very Safe	639 , 32.1%	357 , 34.7%	165 , 33.1%	46 , 27.2%
Not applicable	122 , 6.1%	31 , 3.0%	64 , 12.8%	5 , 3.0%
Null / not provided	45 , 2.3%	0 , 0.0%	0 , 0.0%	0 , 0.0%
<b>In the community (outside your neighborhood)</b>				
Very unsafe	95 , 4.8%	51 , 5.0%	24 , 4.8%	9 , 5.3%
Unsafe	389 , 19.5%	208 , 20.2%	92 , 18.4%	45 , 26.6%
Safe	986 , 49.5%	562 , 54.6%	231 , 46.3%	74 , 43.8%
Very Safe	321 , 16.1%	163 , 15.8%	78 , 15.6%	32 , 18.9%
Not applicable	154 , 7.7%	46 , 4.5%	74 , 14.8%	9 , 5.3%
Null / not provided	45 , 2.3%	0 , 0.0%	0 , 0.0%	0 , 0.0%

\* The total number of surveys includes responses from people who live, work, pray, and play in Greater Prince William. A detailed summary of this total is in D1. Place of Residence table.

	Total* (n=1,990)	English Survey (n=1,450)	Spanish Survey (n=527)
<b>5. How SAFE do you feel in the following locations?</b>			
<b>At home</b>			
Very unsafe	81 , 4.1%	18 , 1.2%	63 , 12.0%
Unsafe	67 , 3.4%	46 , 3.2%	21 , 4.0%
Safe	571 , 28.7%	379 , 26.1%	188 , 35.7%
Very Safe	1147 , 57.6%	936 , 64.6%	203 , 38.5%
Not applicable	80 , 4.0%	39 , 2.7%	40 , 7.6%
Null / not provided	44 , 2.2%	32 , 2.2%	12 , 2.3%
<b>At school or work</b>			
Very unsafe	69 , 3.5%	30 , 2.1%	39 , 7.4%
Unsafe	145 , 7.3%	81 , 5.6%	64 , 12.1%
Safe	772 , 38.8%	546 , 37.7%	218 , 41.4%
Very Safe	555 , 27.9%	459 , 31.7%	92 , 17.5%
Not applicable	402 , 20.2%	301 , 20.8%	100 , 19.0%
Null / not provided	47 , 2.4%	33 , 2.3%	14 , 2.7%
<b>In the neighborhood where you live</b>			
Very unsafe	75 , 3.8%	32 , 2.2%	43 , 8.2%
Unsafe	187 , 9.4%	112 , 7.7%	74 , 14.0%
Safe	922 , 46.3%	690 , 47.6%	226 , 42.9%
Very Safe	639 , 32.1%	534 , 36.8%	100 , 19.0%
Not applicable	122 , 6.1%	50 , 3.4%	71 , 13.5%
Null / not provided	45 , 2.3%	32 , 2.2%	13 , 2.5%
<b>In the community (outside your neighborhood)</b>			
Very unsafe	95 , 4.8%	53 , 3.7%	42 , 8.0%
Unsafe	389 , 19.5%	255 , 17.6%	134 , 25.4%
Safe	986 , 49.5%	791 , 54.6%	188 , 35.7%
Very Safe	321 , 16.1%	256 , 17.7%	62 , 11.8%
Not applicable	154 , 7.7%	63 , 4.3%	88 , 16.7%
Null / not provided	45 , 2.3%	32 , 2.2%	13 , 2.5%

\* The total number of surveys includes responses from people who live, work, pray, and play in Greater Prince William. A detailed summary of this total is in D1. Place of Residence table.

NOTE: The Dari survey responses were not reported due to the low sample size.

	Counts	%
<b>Survey Respondents by Language</b>		
English survey respondents	1450	72.9%
Spanish survey respondents	527	26.5%
Dari survey respondents	13	0.7%
<b>TOTAL</b>	<b>1990</b>	<b>100%</b>

	Counts	%
<b>D1. Place of Residence</b>		
Prince William County	1030	51.8%
City of Manassas	499	25.1%
City of Manassas Park	169	8.5%
Fauquier County	48	2.4%
Stafford County	31	1.6%
Other Location	69	3.5%
Homeless/Unhoused (shelter, car, hotel)	1	0.1%
Prefer not to say	27	1.4%
Null / not provided	116	5.8%
<b>TOTAL</b>	<b>1990</b>	<b>100%</b>

<b>D2. HOME ZIP CODE</b>		
Zip Code	Description	Counts
20109	Sudley Springs / Manassas / Bull Run	116
20110	City of Manassas	354
20111	City of Manassas / City of Manassas Park / Buckhall	207
20112	City of Manassas	100
20136	Bristow / Linton Hall	70
20143	Catharpin	2
20155	Gainesville	59
20169	Haymarket	47
20181	Nokesville	25
22025	Montclair / Dumfries	37
22026	Dumfries	35
22134	Quantico	1
22172	Triangle	19
22191	Woodbridge West	166
22192	Woodbridge East / Lake Ridge	162
22193	Dale City	175
PO Box zip codes in Region with surveys	Occoquan (22125), Manassas (20108), Manassas Park (20113), Gainesville (20156), Nokesville (20182), Woodbridge (22194)	21

Total Responses for SNVMC, LRASC, Prince William Health District Service Area				
Responses	Total* (n=1,990)	Prince William County (n=1,030)	City of Manassas (n=499)	City of Manassas Park (n=169)
<b>D3. Age</b>				
15-17	45 , 2.3%	24 , 2.3%	8 , 1.6%	11 , 6.5%
18-24	138 , 6.9%	74 , 7.2%	38 , 7.6%	13 , 7.7%
25-34	374 , 18.8%	176 , 17.1%	106 , 21.2%	40 , 23.7%
35-44	395 , 19.8%	203 , 19.7%	103 , 20.6%	42 , 24.9%
45-54	302 , 15.2%	168 , 16.3%	72 , 14.4%	41 , 24.3%
55-64	224 , 11.3%	143 , 13.9%	58 , 11.6%	9 , 5.3%
65-74	187 , 9.4%	126 , 12.2%	43 , 8.6%	10 , 5.9%
75+	110 , 5.5%	86 , 8.3%	19 , 3.8%	1 , 0.6%
Prefer not to say	99 , 5.0%	30 , 2.9%	52 , 10.4%	2 , 1.2%
Null / not provided	116 , 5.8%	0 , 0.0%	0 , 0.0%	0 , 0.0%
<b>D4. Language</b>				
Additional languages summarized below**				
English	1189 , 59.7%	743 , 37.3%	261 , 13.1%	55 , 2.8%
Spanish	522 , 26.2%	181 , 9.1%	214 , 10.8%	100 , 5.0%
Prefer not to say	7 , 0.4%	1 , 0.1%	1 , 0.1%	3 , 0.2%
Null / not provided	146 , 7.3%	13 , 0.7%	7 , 0.4%	1 , 0.1%
<b>D5. Race/Ethnicity</b>				
African	57 , 2.9%	42 , 4.1%	12 , 2.4%	2 , 1.2%
American Indian or Alaska Native	69 , 3.5%	17 , 1.7%	14 , 2.8%	18 , 10.7%
Black or African American	165 , 8.3%	119 , 11.6%	28 , 5.6%	2 , 1.2%
East/Southeast Asian	32 , 1.6%	21 , 2.0%	6 , 1.2%	4 , 2.4%
Hispanic/Latino	625 , 31.4%	255 , 24.8%	222 , 44.5%	111 , 65.7%
Middle Eastern or North African	36 , 1.8%	20 , 1.9%	10 , 2.0%	1 , 0.6%
Native Hawaiian or Other Pacific Islander	4 , 0.2%	2 , 0.2%	1 , 0.2%	0 , 0.0%
South Asian	79 , 4.0%	58 , 5.6%	14 , 2.8%	3 , 1.8%
White	553 , 27.8%	358 , 34.8%	119 , 23.8%	22 , 13.0%
Another race/ethnicity	21 , 1.1%	18 , 1.7%	2 , 0.4%	0 , 0.0%
Prefer not to say	96 , 4.8%	50 , 4.9%	23 , 4.6%	3 , 1.8%
Null / not provided	135 , 6.8%	68 , 6.6%	48 , 9.6%	3 , 1.8%
<b>D6. Highest Level of Education</b>				
Elementary / Middle school	180 , 9.0%	58 , 5.6%	67 , 13.4%	44 , 26.0%
High school diploma / GED	323 , 16.2%	158 , 15.3%	92 , 18.4%	54 , 32.0%
Some college	261 , 13.1%	147 , 14.3%	64 , 12.8%	20 , 11.8%
Associates / Technical degree	138 , 6.9%	88 , 8.5%	24 , 4.8%	15 , 8.9%
Bachelor's degree or higher	709 , 35.6%	464 , 45.0%	150 , 30.1%	23 , 13.6%
Other (please describe)	105 , 5.3%	63 , 6.1%	25 , 5.0%	4 , 2.4%
Prefer not to say	156 , 7.8%	51 , 5.0%	76 , 15.2%	9 , 5.3%
Null / not provided	118 , 5.9%	1 , 0.1%	1 , 0.2%	0 , 0.0%

\* The total number of surveys includes responses from people who live, work, pray, and play in Greater Prince William. A detailed summary of this total is in D1. Place of Residence table.

\*\* Additional languages include Amharic, Bengali, Catalan, Cebuano, Chinese, Creole, Dari, Farsi, French, Hindi, Korean, Kurdish, Mongolian, Nepali, Pashto, Persian, Portuguese, Punjabi, Russian, Sinhala, Tigrinya, Turkish, Twi, Urdu, and Vietnamese.

	Total* (n=1,990)	Prince William County (n=1,030)	City of Manassas (n=499)	City of Manassas Park (n=169)
<b>D7. Gender Identity</b>				
Woman	1226 , 61.6%	698 , 67.8%	318 , 63.7%	120 , 71.0%
Man	528 , 26.5%	285 , 27.7%	124 , 24.8%	46 , 27.2%
Transgender	3 , 0.2%	3 , 0.3%	0 , 0.0%	0 , 0.0%
Non-binary	7 , 0.4%	4 , 0.4%	3 , 0.6%	0 , 0.0%
Other (please describe)	4 , 0.2%	3 , 0.3%	0 , 0.0%	0 , 0.0%
I don't know	1 , 0.1%	1 , 0.1%	0 , 0.0%	0 , 0.0%
Prefer not to say	12 , 0.6%	6 , 0.6%	5 , 1.0%	0 , 0.0%
Null / not provided	92 , 4.6%	29 , 2.8%	49 , 9.8%	3 , 1.8%
<b>D8. Sexual Orientation</b>				
Straight or Heterosexual	1454 , 73.1%	848 , 82.3%	343 , 68.7%	129 , 76.3%
Gay or Lesbian	43 , 2.2%	19 , 1.8%	11 , 2.2%	6 , 3.6%
Asexual	10 , 0.5%	4 , 0.4%	0 , 0.0%	2 , 1.2%
Bisexual	33 , 1.7%	23 , 2.2%	6 , 1.2%	2 , 1.2%
Pansexual	15 , 0.8%	9 , 0.9%	3 , 0.6%	0 , 0.0%
Other (please describe)	14 , 0.7%	6 , 0.6%	4 , 0.8%	3 , 1.8%
I don't know	17 , 0.9%	14 , 1.4%	0 , 0.0%	2 , 1.2%
Prefer not to say	15 , 0.8%	8 , 0.8%	5 , 1.0%	0 , 0.0%
Null / not provided	270 , 13.6%	97 , 9.4%	126 , 25.3%	25 , 14.8%
<b>D9. How many people live in your home?</b>				
1	281 , 14.1%	134 , 13.0%	120 , 24.0%	13 , 7.7%
2-5	1322 , 66.4%	774 , 75.1%	300 , 60.1%	116 , 68.6%
More than 5	219 , 11.0%	104 , 10.1%	65 , 13.0%	32 , 18.9%
Prefer not to say	126 , 6.3%	6 , 0.6%	0 , 0.0%	0 , 0.0%
Null / not provided	281 , 14.1%	134 , 13.0%	120 , 24.0%	13 , 7.7%
<b>D10. Annual Household Income</b>				
Less than \$25,000	226 , 11.4%	98 , 9.5%	86 , 17.2%	34 , 20.1%
\$25,000 - \$49,999	251 , 12.6%	137 , 13.3%	59 , 11.8%	28 , 16.6%
\$50,000 - \$99,999	353 , 17.7%	204 , 19.8%	81 , 16.2%	31 , 18.3%
\$100,000 - \$149,999	238 , 12.0%	159 , 15.4%	42 , 8.4%	14 , 8.3%
\$150,000 - \$199,999	183 , 9.2%	126 , 12.2%	23 , 4.6%	4 , 2.4%
\$200,000+	153 , 7.7%	97 , 9.4%	38 , 7.6%	5 , 3.0%
Don't know/unsure	128 , 6.4%	58 , 5.6%	43 , 8.6%	20 , 11.8%
Prefer not to say	340 , 17.1%	150 , 14.6%	126 , 25.3%	33 , 19.5%
Null / not provided	118 , 5.9%	1 , 0.1%	1 , 0.2%	0 , 0.0%

\* The total number of surveys includes responses from people who live, work, pray, and play in Greater Prince William. A detailed summary of this total is in D1. Place of Residence table.

	Total* (n=1,990)	Prince William County (n=1,030)	City of Manassas (n=499)	City of Manassas Park (n=169)
<b>D11. Were you born in the United States?</b>				
Yes	1034 , 52.0%	633 , 61.5%	216 , 43.3%	61 , 36.1%
No	656 , 33.0%	329 , 31.9%	198 , 39.7%	87 , 51.5%
Prefer not to say	178 , 8.9%	64 , 6.2%	85 , 17.0%	20 , 11.8%
Null / not provided	122 , 6.1%	4 , 0.4%	0 , 0.0%	1 , 0.6%
<b>a) IF NO, What country were you born in?</b>				
Additional countries summarized below**				
Afghanistan	26 , 4.0%	21 , 6.4%	1 , 0.5%	0 , 0.0%
El Salvador	148 , 22.6%	48 , 14.6%	54 , 27.3%	39 , 44.8%
Honduras	43 , 6.6%	19 , 5.8%	15 , 7.6%	6 , 6.9%
Mexico	48 , 7.3%	14 , 4.3%	21 , 10.6%	6 , 6.9%
Prefer not to say	51 , 7.8%	23 , 7.0%	14 , 7.1%	11 , 12.6%
<b>b) Are you a refugee or asylum-seeking?</b>				
Yes	80 , 12.2%	42 , 12.8%	21 , 10.6%	11 , 12.6%
No	487 , 74.2%	251 , 76.3%	148 , 74.7%	63 , 72.4%
Prefer not to say	88 , 13.4%	36 , 10.9%	28 , 14.1%	13 , 14.9%
Null / not provided	1 , 0.2%	0 , 0.0%	1 , 0.5%	0 , 0.0%
<b>c) How many years have you lived in the United States?</b>				
Up to 1 year	121 , 18.4%	58 , 17.6%	36 , 18.2%	12 , 13.8%
2-10 years	185 , 28.2%	82 , 24.9%	60 , 30.3%	35 , 40.2%
Greater than 10 years	347 , 52.9%	189 , 57.4%	99 , 50.0%	40 , 46.0%
Null / not provided	121 , 18.4%	58 , 17.6%	36 , 18.2%	12 , 13.8%

\* The total number of surveys includes responses from people who live, work, pray, and play in Greater Prince William. A detailed summary of this total is in D1. Place of Residence table.

\*\* Additional countries include Abu Dhabi, Algeria, Antigua, Argentina, Bahamas, Bangladesh, Belarus, Belgium, Belize, Bolivia, Brazil, Bulgaria, Burkina Faso, Cameroon, Canada, Chile, China, Colombia, Cuba, Czech Republic, Dhaka, Dominican Republic, Ecuador, Egypt, England, Eritrea, Ethiopia, France, Germany, Ghana, Guatemala, India, Iran, Iraq, Ireland, Italy, Ivory Coast, Japan, Jordan, Kenya, Korea, Kurdistan, Liberia, Libya, Madagascar, Monaco, Mongolia, Morocco, Nepal, Nicaragua, Niger, Nigeria, Pakistan, Panama, Peru, Philippines, Puerto Rico, Romania, Sierra Leone, South Korea, Spain, Sri Lanka, Thailand, Trinidad, Tunisia, Turkey, Uruguay, Uzbekistan, Venezuela, Vietnam, and Yugoslavia.

	Total* (n=1,990)	Prince William County (n=1,030)	City of Manassas (n=499)	City of Manassas Park (n=169)
<b>D12. Where do you usually get healthcare?</b>				
Doctor's office	1233 , 62.0%	755 , 73.3%	275 , 55.1%	88 , 52.1%
Emergency room	217 , 10.9%	119 , 11.6%	44 , 8.8%	17 , 10.1%
Free or reduced-fee clinic	260 , 13.1%	98 , 9.5%	88 , 17.6%	43 , 25.4%
Urgent care center	304 , 15.3%	194 , 18.8%	62 , 12.4%	18 , 10.7%
Veterans Administration	45 , 2.3%	27 , 2.6%	12 , 2.4%	1 , 0.6%
Other (please describe)**	114 , 5.7%	58 , 5.6%	33 , 6.6%	14 , 8.3%
I don't get healthcare	104 , 5.2%	50 , 4.9%	32 , 6.4%	17 , 10.1%
Prefer not to say	164 , 8.2%	66 , 6.4%	72 , 14.4%	11 , 6.5%
Null / not provided	118 , 5.9%	2 , 0.2%	0 , 0.0%	0 , 0.0%
<b>D13. How do you pay for healthcare?</b>				
Medicaid	281 , 14.1%	133 , 12.9%	66 , 13.2%	34 , 20.1%
Medicare	376 , 18.9%	237 , 23.0%	66 , 13.2%	22 , 13.0%
Military (Tricare/VA Benefits)	137 , 6.9%	99 , 9.6%	29 , 5.8%	1 , 0.6%
Private Insurance (employer sponsored)	767 , 38.5%	486 , 47.2%	177 , 35.5%	35 , 20.7%
Uninsured/self-pay	343 , 17.2%	148 , 14.4%	113 , 22.6%	58 , 34.3%
Other (please describe)**	49 , 2.5%	25 , 2.4%	14 , 2.8%	9 , 5.3%
Prefer not to say	208 , 10.5%	85 , 8.3%	82 , 16.4%	21 , 12.4%
Null / not provided	119 , 6.0%	2 , 0.2%	1 , 0.2%	0 , 0.0%

\* The total number of surveys includes responses from people who live, work, pray, and play in Greater Prince William. A detailed summary of this total is in D1. Place of Residence table.

## What are the **BIGGEST HEALTH CONCERNS** in the community where you live?

Rank	Overall Responses (n=1990)	Prince William County (n=1030)	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	<b>Violence and crime in the community</b>	Dental problems	Mental health (depression, anxiety)

## BY AGE: What are the BIGGEST HEALTH CONCERNS in the community where you live?

Rank	Overall Responses (n=1990)	Age 15-24 (n=183)	Age 25-44 (n=769)	Age 45-64 (n=526)	Age 65-75+ (n=297)
1	Mental health (depression, anxiety)	Mental health (depression, anxiety)	Mental health (depression, anxiety)	Mental health (depression, anxiety)	<b>Aging-related concerns (dementia, falls)</b>
2	Chronic conditions (cancer, diabetes)	<b>Diseases that can spread (flu, tuberculosis)</b>	Chronic conditions (cancer, diabetes)	Chronic conditions (cancer, diabetes)	Mental health (depression, anxiety)
3	Dental problems	Chronic conditions (cancer, diabetes)	Dental problems	<b>Violence and crime in the community</b>	Chronic conditions (cancer, diabetes)

## BY R/E: What are the BIGGEST HEALTH CONCERNS in the community where you live?

Rank	Overall Responses (n=1990)	White (n=553)	Hispanic or Latino (n=625)	Black or AA (n=165)	Other R/E* (n=394)
1	Mental health (depression, anxiety)	Mental health (depression, anxiety)	Chronic conditions (cancer, diabetes)	Mental health (depression, anxiety)	Mental health (depression, anxiety)
2	Chronic conditions (cancer, diabetes)	<b>Aging-related concerns (dementia, falls)</b>	Dental problems	Chronic conditions (cancer, diabetes)	Chronic conditions (cancer, diabetes)
3	Dental problems	Chronic conditions (cancer, diabetes)	Mental health (depression, anxiety)	<b>Health differences by race/ ethnicity or income</b>	Dental problems

\* Other race and ethnicity identified includes the following survey categories: African, American Indian or Alaska Native, East/Southeast Asian, Middle Eastern or North African, Native Hawaiian or Other Pacific Islander, South Asian, Multi Racial with two or more categories selected, or Another race/ethnicity not listed.

## What are the **BIGGEST HEALTH CONCERNS** in the community where you live?

Health Concern	Count
Mental health (depression, anxiety)	835
Chronic conditions (cancer, diabetes)	727
Dental problems	522
Diseases that can spread (flu, tuberculosis)	477
Violence and crime in the community	433
Aging-related concerns (dementia, falls)	431
Health differences by race/ethnicity or income	373
Discrimination or racism	347
Substance use disorders (opioids, alcohol)	325
Food safety (at restaurants, food trucks)	271
Health of pregnant women and babies	263
Safe drinking water	207
Preventable injuries (car crashes, poisoning)	197
Mold, radon, or lead exposure in the home	107
Sexually transmitted infections (chlamydia)	81
Weather-related concerns (heat stroke)	78

## Which **BEHAVIORS** need to be addressed in the community where you live?

Rank	Overall Responses (n=1990)	Prince William County (n=1030)	City of Manassas (n=499)	City of Manassas Park (n=169)
1	Eating unhealthy foods	Eating unhealthy foods	Eating unhealthy foods	<b>Cannabis (marijuana) misuse</b>
2	Lack of exercise	Lack of exercise	Driving while drunk or high	<b>Alcohol misuse (excessive drinking)</b>
3	Driving while drunk or high	Driving while drunk or high	Lack of exercise	<b>Drinking sugary beverages</b>

## BY AGE: Which BEHAVIORS need to be addressed in the community where you live?

Rank	Overall Responses (n=1990)	Age 15-24 (n=183)	Age 25-44 (n=769)	Age 45-64 (n=526)	Age 65-75+ (n=297)
1	Eating unhealthy foods	Eating unhealthy foods	Eating unhealthy foods	Eating unhealthy foods	<b>Isolation or loneliness</b>
2	Lack of exercise	Driving while drunk or high	Lack of exercise	Lack of exercise	Lack of exercise
3	Driving while drunk or high	<b>Bullying (physical, verbal, online)</b>	<b>Alcohol misuse (excessive drinking)</b>	Driving while drunk or high	Driving while drunk or high

## BY R/E: Which BEHAVIORS need to be addressed in the community where you live?

Rank	Overall Responses (n=1990)	White (n=553)	Hispanic or Latino (n=625)	Black or AA (n=165)	Other R/E* (n=394)
1	Eating unhealthy foods	Lack of exercise	Driving while drunk or high	Eating unhealthy foods	Eating unhealthy foods
2	Lack of exercise	<b>Isolation or loneliness</b>	Lack of exercise	Lack of exercise	<b>Bullying (physical, verbal, online)</b>
3	Driving while drunk or high	Eating unhealthy foods	Eating unhealthy foods	<b>Domestic violence</b>	<b>Alcohol misuse (excessive drinking)</b>

\* Other race and ethnicity identified includes the following survey categories: African, American Indian or Alaska Native, East/Southeast Asian, Middle Eastern or North African, Native Hawaiian or Other Pacific Islander, South Asian, Multi Racial with two or more categories selected, or Another race/ethnicity not listed.

**Which BEHAVIORS need to be addressed in the community where you live?**

Behavior Type	Count
Eating unhealthy foods	547
Lack of exercise	486
Driving while drunk or high	452
Bullying (physical, verbal, online)	404
Isolation or loneliness	367
Alcohol misuse (excessive drinking)	365
Drug use / prescription drug misuse	354
Domestic violence	352
Technology addiction	340
Cannabis (marijuana) misuse	311
Drinking sugary beverages	286
Vaping / e-cigarette use	270
Not being up-to-date on vaccines	185
Elder abuse or neglect	167
Not safely storing guns	162
Tobacco use (cigarettes, cigars, snuff)	150
Gaming and online gambling	110
Unsafe sex	81

**What would MOST IMPROVE HEALTH in the community where you live?**

Rank	Overall Responses (n=1990)	Prince William County (n=1030)	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	Affordable housing	Affordable housing
3	Access to dental care	Affordable healthy food	Access to dental care	Access to dental care

## BY R/E: What would MOST IMPROVE HEALTH in the community where you live?

Rank	Overall Responses (n=1990)	White (n=553)	Hispanic or Latino (n=625)	Black or AA (n=165)	Other R/E* (n=394)
1	Access to healthcare services	<b>Mental health services</b>	Access to healthcare services	Affordable housing	Access to healthcare services
2	Affordable housing	Affordable housing	Access to dental care	Access to healthcare services	Affordable housing
3	Access to dental care	Access to healthcare services	Affordable housing	<b>Affordable healthy food</b>	<b>Affordable healthy food</b>

\* Other race and ethnicity identified includes the following survey categories: African, American Indian or Alaska Native, East/Southeast Asian, Middle Eastern or North African, Native Hawaiian or Other Pacific Islander, South Asian, Multi Racial with two or more categories selected, or Another race/ethnicity not listed.

## What would MOST IMPROVE HEALTH in the community where you live?

Health Concern	Count
Access to healthcare services	762
Affordable housing	641
Access to dental care	535
<b>Affordable healthy food</b>	<b>498</b>
<b>Mental health services</b>	<b>425</b>
<b>Affordable childcare</b>	<b>396</b>
Programs for youth outside of school	266
Community health education programs	248
Alcohol/drug treatment programs	247
Community parks and gardens	247
Job training and business opportunities	247
Support for basic needs (food, clothing)	220
Transportation options (bus, train)	178
Support for people living with disabilities	177
Sidewalks, bike lanes, and crosswalks	175
Safety services (police, fire, rescue)	156
Programs for parents and caregivers	137
Language interpreter services	136
Access to online services (internet)	128

## Appendix D: Community Insight: Community Conversations

### Community Conversations

As part of a community-led approach, a series of focus group sessions called Community Conversations were conducted to gather in-depth insights on key health and social issues affecting residents. The Community Conversation questions were formulated through two rounds of Coalition feedback, collected via in-person and virtual meetings, community events, and surveys to ensure alignment with stakeholders' concerns and priorities. This feedback and existing data informed the identification of the following priority populations:

- Parents/Guardians of young children
- LGBTQIA+ 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 the Greater Prince William Region

### Methodology

From August 2024-February 2025, Coalition partners worked collaboratively to identify how to engage priority populations in these discussions. To maximize accessibility and inclusivity, we partnered with community organizations to integrate Community Conversation discussions within existing programs and gatherings, ensuring that conversations reached diverse populations in familiar and trusted settings. We also trained community members from partner organizations as co-facilitators and note takers and to help recruit participants and to review and edit the Facilitator guide. This collaborative, equity-driven approach allowed us to capture authentic experience, identify emergent community needs and inform future health initiatives with direct community input.

Community Conversations were conducted with a standard set of six questions capturing perceived community health assets, needs, and barriers. Responses were typed by a notetaker. Participants were also asked to complete a demographics survey and offered a \$25 gift card for their participation.

Virginia Department of Health (VDH) Institutional Review Board (IRB) approval was obtained in February 2025 to conduct Community Conversations with youth residents ages 15-17. We also conducted a partner assessment among Coalition partners, hospital community partners, a local clinic staff, and veterans service organization to gather insights from key stakeholders. This assessment utilized the same six questions as the community member Community Conversations, to ensure consistency in data collection. Partners participated in the assessment in their preferred setting, allowing for candid discussion on community needs, service gaps, and opportunities for collaboration.

Thematic analysis was conducted using typed notes. Microsoft Excel was used to code and categorize data by reoccurring themes and patterns that emerged from responses for each of the six questions. Qualitative data was coded manually by a pair of Coalition members, followed by several additional coding sessions to refine themes, which were then further consolidated while ensuring key insights remained intact. This was the same process for both groups—Community Member and Community Partner Conversations.

Since Community Conversations were conducted with a limited number of participants (no more than 15 participants per conversation), the findings cannot be generalized across priority populations. Rather, the key themes provide context to overall CHNA findings and ensure that future health programs or services are informed by residents' experiences and challenges.

### **Community Conversations**

All were held in person except for the sessions on 1/24/25, 2/25/25, & 2/28/25

### **Community Member Community Conversations**

- 9/28/24 Casa Brumar LGBTQ+
- 11/20/2024 Literacy Volunteers Prince William –adults from Immigrant communities, English Language Learners
- 12/4/2024 Dream In Nova –held in Spanish, adults from Latino community, majority from immigrant background
- 1/3/2025 Prince William Islamic Center –faith-based community/Greater Prince William residents
- 1/11/2025 Manassas Muslim Association –faith-based community/Greater Prince William residents
- 1/24/2025 Arc of Greater Prince William –Parents/Caregivers of or individuals with disabilities (Virtual)
- 1/27/205 Literacy Volunteers of Prince William –adults from Immigrant communities, English Language Learners
- 1/29/25 Dream in NoVA -- –held in Spanish, adults from Latino community, majority from immigrant background
- 1/30/25 PWC Office of Community Safety and Manassas Senior Center –Seniors 55+
- 1/31/2025 Literacy Volunteers of Prince William –adults from Immigrant communities, English Language Learners
- 2/5/2025 Equality Prince William/Casa Brumar –LGBTQ+
- 2/19/2025 Woodbridge Senior Center –Seniors 55+
- 2/25/2025 Prince William Co Public Schools Students –Youth (Virtual)

### **Community Partner Community Conversations**

- 8/24/2024 Community Healthcare Coalition Members
- 1/16/2025 Sentara Northern Virginia Medical Center – General Public and Community Partners
- 1/28/2025 MAP clinic –Clinical staff, community health workers, nursing students serving this site
- 2/28/2025 NOVA Vets (Northern Virginia Veterans Association) – NOVA Vets staff who serve military veterans (Virtual)

## Facilitator Guide for the Community Conversations as part of the Community Health Assessment

### Facilitator Guide for Community Conversations

**Goal:** To listen to community members about their health needs and ideas to help improve health in the Greater Prince William region.

**Total Time:** 60 minutes

#### Materials Needed:

- Paper for note-taking
- Creative supplies such as crayons, markers, playdough, and pipe cleaners for engagement
- A timer such as a cell phone or other device to track the number of minutes
- Large paper or whiteboard (optional) & post-it notes
- Pens
- Demographics forms
- Consent forms
- Recording device (laptop using Teams or recorder)
- Handouts about the CHA and Community Conversation
- \$25.00 gift card incentives
- Gift card incentive receipts for recipient signatures/PWHD tracking
- Optional-snacks and water

#### Welcome & Introduction (5 minutes)

1. **Welcome everyone** and explain what a community health assessment is.
  - "We are here to listen to what you think about the health of our community. Your ideas will help us make plans to improve health for everyone and allocate resources appropriately."
2. **Why is this important?**
  - "We do this because we want to understand what is helping people stay healthy and what makes it hard for people to be healthy. This way, we can make our community better for everyone."
3. **Consent and confidentiality:**
  - "Everything you share today will be private. Your name will not be linked to anything you say, and no one will know who said what. We might use some quotes in our final report, but no one's name will be connected to any quote."
  - Please sign the **consent notice/gift card form** for our record keeping.
  - Mention that there's a **demographics form** to fill out. "We ask everyone to fill out a short form about their background. This information helps us understand who we are hearing from, but it will not be linked to anything you say."
4. **Explain the purpose** of the conversation.
  - "Today, we'll talk about what a healthy community looks like and what things help or hurt our health. We want to hear from you!"

- For this conversation, we will use the term health to mean a state of complete physical, social, and mental well-being and not the absence of disease—as defined by the World Health Organization.
  - We can consider “community” as any group of people who have something in common, it can be self-defined, place-based, shared language, heritage, or relationships. When sharing about your community during this discussion, we invite you to share what community means to you.
5. **Review the ground rules:**
    - Anonymity
    - Step up/Step back.
    - Everyone's opinion matters.
    - There are no wrong answers.
    - Be respectful of each other's opinions.
  6. **Remind them about the time:**
    - "We have 60 minutes together. We will ask a few questions, and everyone will get a chance to share."
  7. **Remind them about the gift card**
    - "As a thank you for sharing your opinions, you will be offered a \$25.00 gift card at the end."
  8. **Mention participation is voluntary.**
    - “You may stop participating at any time”
- 

## Questions & Discussion (55 minutes)

Break down each question, provide examples, and offer follow-up prompts to keep the conversation going.

If the participants do not answer the question, please rephrase or redirect them to the question to ensure they understand. Answer via Post-it note/worksheet, draw it on paper, and share it out loud for the facilitator to write down.

1. **What does a healthy community in the Greater Prince William area look like to you? (5 minutes)**
  - a. **Probes:**
    - i. "What would make our community a healthy place to live?"
    - ii. "What places could make our community healthier?"
    - iii. "What would you like to see more of?"
2. **What are your community's strengths; such as, what are some good things, programs, or people in your community who help others? (5-10 minutes)**
  - a. **Probes:**
    - i. "What programs or places in our community help people stay healthy?"
    - ii. "Are there any activities or programs that really help people in our community?"
    - iii. "What places do people go to feel healthy and safe?"

3. **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. (5-10 minutes)**
  - a. **Probes:**
    - i. "What things in our community make it harder or easier to be healthy?"
    - ii. "This could be big things like jobs or housing, or small things like access to healthy food."
    - iii. "Are there any rules or decisions in our community that you think help or hurt people's health?"
  
4. **Who has the most problems because of these things? Or in other words, who is most impacted? (5-10 minutes)**
  - a. **Probes:**
    - i. "Who in our community is most affected by the things that help or hurt health?"
    - ii. "For example, some of the factors you mentioned were ...." Think about different groups of people—children, older adults, or those who live in different areas. Who do you think is most impacted?"
    - iii. "Are there any groups that don't get the health services they need?"
  
5. **What can we do to make the community healthier? In other words, what actions could improve health in our community? (5-10 minutes)**
  - a. **Probes:**
    - b. "What do you think we can do to improve health for everyone in our community?"
    - c. "What changes would you like to see? "
    - d. "What could the community or local leaders do to help?"
  
6. **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? (5 minutes)**
  - a. **Probes:**
    - i. "How can Prince William Health District improve its community engagement efforts?"
      1. For example: PWHD wants to ensure its materials are tailored for certain audiences. PWHD wants to ensure members of the public are aware of services/programs offered that could benefit people.
    - ii. "What actions should PWHD take to get community input?"

**Closing & Next Steps (5 minutes)**

1. **Thank the participants for their time and ideas.**
  - a. "Thank you all for sharing your thoughts. Your feedback will help us make decisions that improve health in our community."
2. **Explain the next steps:**
  - a. "We will take what you shared today and use it to guide our plans for improving health in Greater Prince William. Please fill out the demographics forms before you leave. Please fill out the consent notice/gift card incentive receipt with your name and signature"

**Time Allocation Summary:**

- Welcome & Introduction: 5 minutes
- Question 1: 5 minutes.
  - **What does a healthy community in the Greater Prince William area look like to you?**
- Question 2: 5-10 minutes\*
  - **What are your community's strengths, such as, what are some good things, programs, or people in your community who help others?**
- Question 3: 5-10 minutes
  - **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.**
- Question 4: 5-10 minutes
  - **Who has the most problems because of these things? Who has the most problems because of these things?**
- Question 5: 5-10 minutes
  - **What can we do to make the community healthier? In other words, what actions could improve health in our community?**
- Question 6: 5 minutes
  - **How can the health department connect better? What advice do you have for the local health department for getting community input on educational materials and programs/services?**
- Closing & Next Steps: 5 minutes
- \*There is a range of 5-10 minutes for questions because the group may take more or less time to respond, the maximum amount of time you should spend on questions 2-5 is 10 minutes. The minimum amount of time for each question is 5 minutes.

**Total: 60 minutes**

## Community Conversation Responses

### Focus Group Demographics

13 Total Community **Member** Focus Groups: 111 Participants

Demographic survey N=101

<b>Gender identity (n=98)</b>		<b>Woman</b>		74.5%		<b>Man</b>		21.4%		<b>Not Listed</b>		4.1%	
<b>Age range of participants (n=99)</b>		<b>15-17</b>	<b>18-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65-74</b>	<b>75+</b>				
		5.1%	6.1%	26.3%	10.1%	22.2%	12.1%	9.1%	9.1%				
<b>Race/ethnicity of participants* (n=99)</b>	<b>African</b>	<b>AIAN</b>	<b>Black</b>	<b>East/ SE Asian</b>	<b>Hisp/ Latino</b>	<b>M East/ N African</b>	<b>NHPI</b>	<b>South Asian</b>	<b>White</b>	<b>Write In**</b>	<b>Prefer not to say</b>		
	6%	2%	9%	6%	38%	6%	0	9%	21%	4%	1%		
<b>Zip codes of participants (n=87)</b>		20109		20110		20111		20112		20136			
		20155		20171		20181		22021		22025			
		22191		22192		22193		22734					

AIAN: American Indian or Alaska Native

M East/ N African: Middle Eastern or North African

NHPI: Native Hawaiian or Other Pacific Islander

\*Totals for race/ethnicity equal more than 100% due to respondents choosing all categories that best describes them

\*\*Write-in responses include Asian and Haitian

### Focus Group Demographics

4 Total Community **Partner** Focus Groups: 40 Participants

Demographic survey N=22

<b>Gender identity (n=21)</b>		<b>Woman</b>		81.0%		<b>Man</b>		14.3%		<b>Prefer not to say</b>		4.8%	
<b>Age range of participants (n=21)</b>		<b>15-17</b>	<b>18-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65-74</b>	<b>75+</b>				
		0	4.5%	22.7%	22.7%	13.6%	27.3%	4.5%	0				
<b>Race/ethnicity of participants* (n=21)</b>	<b>African</b>	<b>AIAN</b>	<b>Black</b>	<b>East/ SE Asian</b>	<b>Hisp/ Latino</b>	<b>M East/ N African</b>	<b>NHPI</b>	<b>South Asian</b>	<b>White</b>	<b>Write In**</b>	<b>Prefer not to say</b>		
	5%	10%	19%	0	38%	0	0	5%	33%	0	5%		
<b>Zip codes of participants (n=22)</b>		20109		20110		20111		20112		20120			
		20186		22015		22026		22030		22152			
		22192		22193		22701							

AIAN: American Indian or Alaska Native

M East/ N African: Middle Eastern or North African

NHPI: Native Hawaiian or Other Pacific Islander

\*Totals for race/ethnicity equal more than 100% due to respondents choosing all categories that best describes them

For additional notes, use our online [feedback form](#).

**Brief summary of findings**

#	Brief Summary of Responses from Community Member Community Conversations by each question
1.	<p>Education &amp; Awareness</p> <ul style="list-style-type: none"> <li>Community members have clear, accessible health information</li> <li>Multilingual communication and simple, accessible information tailored to diverse audiences</li> <li>Residents know how to access services including walk-in clinics, food assistance and behavioral health programs</li> <li>Multilingual and intergenerational accessibility to improve resource navigation for all</li> <li>Collaboration between community organizations, local government, and trusted institutions</li> </ul> <p>Health &amp; Social Services</p> <ul style="list-style-type: none"> <li>Healthcare Access— Affordable, high-quality care, including clinics, mobile units, primary care, specialty services, immunizations, and support for uninsured/underinsured residents.</li> <li>Mental Health Support— Increased mental health resources, crisis intervention, school-based services, and support for individuals with disabilities.</li> <li>Health Education— Community programs promoting nutrition, disease prevention, vaping awareness, and health screenings.</li> </ul> <p>Power &amp; Social Policy Context</p> <ul style="list-style-type: none"> <li>Fair access to healthcare, education, food, and social services for everyone.</li> <li>Overall well-being (mental, physical, emotional, spiritual), including safety, belonging, inclusivity, and resource access.</li> </ul>
2.	<p>Health &amp; Social Services</p> <ul style="list-style-type: none"> <li>Hospitals, low-cost clinics, and healthcare facilities provide essential medical care and support</li> </ul> <p>Basic Needs &amp; Economic Stability</p> <ul style="list-style-type: none"> <li>Food pantries, faith-based, and community-based programs help address food insecurity, clothing and transportation provide vital assistance</li> </ul> <p>Education &amp; Awareness</p> <ul style="list-style-type: none"> <li>Libraries were trusted, accessible places where residents gain information, digital access and community resources</li> </ul> <p>Community Engagement &amp; Support Networks</p> <p>Local partnerships, volunteers, and faith-based organizations.</p> <p>Teachers and school leadership (e.g., Superintendent) were recognized by youth</p> <p>Police and emergency staff who come to the senior centers for community education</p>
3.	<p>Health &amp; Social Services</p> <ul style="list-style-type: none"> <li>Limited healthcare access, long wait times, affordability issues, and gaps for mental health services were the most cited barriers -especially for uninsured or low-income individuals.</li> </ul> <p>Economic Stability &amp; Basic Needs</p> <ul style="list-style-type: none"> <li>Food insecurity, high housing costs, and limited transportation options contribute to financial strain and make it difficult for families to prioritize health.</li> </ul> <p>Safety &amp; Environmental Concerns</p> <ul style="list-style-type: none"> <li>Concerns about neighborhood safety, pollution, and infrastructure neglect negatively impact overall community health and quality of life.</li> </ul> <p>Power &amp; Social Policy Context</p> <ul style="list-style-type: none"> <li>Language barriers, digital literacy gaps, and difficulties navigating healthcare and social services prevent individuals—especially immigrants, low-literacy, elderly residents—from accessing support.</li> <li>Structural inequities, system complexity, and exclusion affect access to healthcare and economic resources especially for returned citizens, immigrants, and those with disabilities</li> </ul>
4.	<p>Low-income &amp; economically disadvantaged individuals</p> <ul style="list-style-type: none"> <li>Financial hardship, food insecurity, and limited access to housing and healthcare create ongoing struggles.</li> <li>Disparities in health and economic stability among low-income, disabled, and immigrant groups.</li> </ul> <p>Elderly and Disabled Populations</p> <ul style="list-style-type: none"> <li>Difficulties accessing healthcare, mobility support, and social services make daily living and medical care more challenging.</li> </ul> <p>Immigrant and Non-English-Speaking Communities</p>

	<ul style="list-style-type: none"> <li>Language barriers, lack of culturally competent care, and fear of seeking services hinder access to critical resources.</li> </ul> <p>Socially Isolated Groups</p> <ul style="list-style-type: none"> <li>Social isolation, discrimination, and disparities in mental health services affect well-being and inclusion. (This could apply to any of the groups mentioned here)</li> </ul> <p>LGBTQ+ Individuals</p> <ul style="list-style-type: none"> <li>Access to inclusive, affirming healthcare and mental health support, especially for transgender and nonbinary individuals</li> </ul> <p>Youth and Single Parents</p> <ul style="list-style-type: none"> <li>Employment instability, lack of support networks, high childcare costs, and barriers to mental health support create additional economic and emotional stress.</li> <li>There was concern for youth regarding school-related stress, mental health support, digital addiction and concern for economic prospects and career pathways</li> </ul>
<p><b>5.</b></p>	<p>Health &amp; Social Services</p> <ul style="list-style-type: none"> <li>Expanded healthcare services, increased mental health services, and more affordable medical care are needed to support vulnerable population.</li> </ul> <p>Basic Needs &amp; Economic Stability</p> <ul style="list-style-type: none"> <li>Access to healthy food and nutrition education</li> <li>More affordable housing options and employment closer to home</li> <li>Improving economic opportunities for all residents</li> </ul> <p>Safety &amp; Environmental Concerns</p> <ul style="list-style-type: none"> <li>Better public transit options, improved walkability, and safer pedestrian infrastructure</li> </ul> <p>Education &amp; Awareness</p> <ul style="list-style-type: none"> <li>Culturally responsive health education, enhanced outreach efforts, and public awareness campaigns meeting people where they are through events, schools and trusted organizations</li> </ul> <p>Community Connectedness and Engagement</p> <ul style="list-style-type: none"> <li>Expanded recreational programs, inclusive community spaces, and cultural celebrations</li> <li>Stronger collaboration between local government and community organizations</li> <li>Free/low-cost community activities, events, parks, and social opportunities</li> </ul> <p>Power &amp; Social Policy Context</p> <ul style="list-style-type: none"> <li>Inclusive, culturally responsive programs that reflect the diversity of the region</li> <li>Fairness in accessing housing, healthcare, and education</li> </ul>
<p><b>6.</b></p>	<p>Education &amp; Awareness</p> <ul style="list-style-type: none"> <li>Multiple communication channels (digital platforms, social media, flyers, mail) ensure residents know about healthcare, food assistance, and disability services.</li> <li>Direct outreach at trusted locations—faith-based, community centers and schools</li> <li>Expanding digital access through social media, flyers, local radio, and a centralized resource hub would ensure information reaches more residents.</li> </ul> <p>Community Connectedness and Engagement</p> <ul style="list-style-type: none"> <li>Want health staff to show up in community spaces instead of people seeking them out</li> <li>Greater collaboration with faith-based groups, community leaders, and advocacy organizations</li> </ul> <p>Power and Social Policy Context</p> <ul style="list-style-type: none"> <li>Culturally responsive health education and outreach especially for immigrants and non-English speakers</li> <li>Community feedback loops between community leaders, diverse community groups and health district staff</li> </ul>

#	Brief Summary of Responses from <i>Community Partner Community Conversations by each Question (#1-6)</i>
1.	<p>Access to essential resources and services</p> <ul style="list-style-type: none"> <li>• affordable healthcare, mental health services, and emergency care</li> <li>• food security, grocery store accessibility, nutritious options</li> <li>• public transportation and infrastructure improvements</li> </ul> <p>Safe &amp; Clean Environment</p> <ul style="list-style-type: none"> <li>• accessible sidewalks, streetlights, community spaces</li> <li>• crime-free neighborhoods and safe homes</li> <li>• clean air, water, and housing free from hazards (mold, mildew)</li> </ul> <p>Holistic Wellness &amp; Behavioral Health</p> <ul style="list-style-type: none"> <li>• collectively address emotional, physical, and mental health</li> <li>• destigmatize mental health concerns</li> <li>• integrate mental health into routine healthcare</li> </ul> <p>Social Connectedness</p> <ul style="list-style-type: none"> <li>• strong community relationships, social gatherings and outreach programs</li> <li>• prevention of isolation, especially for at-risk groups – veterans, seniors</li> <li>• culturally competent and inclusive service providers</li> </ul>
2.	<p>Collaboration &amp; Community Resources</p> <ul style="list-style-type: none"> <li>• Strong partnerships between government agencies, nonprofits, and grassroots organizations enhance resource-sharing and civic engagement.</li> </ul> <p>Social Support Services</p> <ul style="list-style-type: none"> <li>• ACTS, SERVE, and the Community Services Board (CSB) provide essential case management, crisis intervention, and community assistance.</li> </ul> <p>Food Assistance and Basic Needs Support</p> <ul style="list-style-type: none"> <li>• Local food banks, donation initiatives, and school-based services help address food insecurity and economic hardships.</li> </ul> <p>Advocacy and Equity-focused Organizations</p> <ul style="list-style-type: none"> <li>• Casa Brumar, Equality Prince William, and VOICE advocate for marginalized populations and promote social justice.</li> </ul> <p>Veteran Support Services</p> <ul style="list-style-type: none"> <li>• Driving Vets and other veteran-focused programs ensure access to essential care, transportation, and assistance.</li> </ul>
3.	<p>Healthcare access barriers</p> <ul style="list-style-type: none"> <li>• High costs, lack of insurance options, long wait times (especially for mental health services).</li> </ul> <p>Transportation challenges</p> <ul style="list-style-type: none"> <li>• Limited public transit, language barriers, difficulty accessing available healthcare resources.</li> </ul> <p>Disparities among vulnerable groups</p> <ul style="list-style-type: none"> <li>• Uninsured, underinsured, immigrant communities, and individuals with disabilities face greater access barriers.</li> </ul> <p>Gaps in mental health care</p> <ul style="list-style-type: none"> <li>• Long waitlists, lack of specialized providers, and insufficient support for individuals with intellectual and developmental disabilities.</li> </ul> <p>Economic instability and basic needs struggles</p> <ul style="list-style-type: none"> <li>• Food insecurity, unaffordable housing, and limited job opportunities increase health risks.</li> </ul> <p>Overburdened Social Support Systems</p> <ul style="list-style-type: none"> <li>• School counselors, case managers, and community organizations lack capacity to meet growing demands.</li> </ul> <p>Lack of Community Awareness and Outreach</p> <ul style="list-style-type: none"> <li>• Residents often unaware of existing health and social services, limiting access and utilization.</li> </ul>

	<p>Need for Stronger Cross-sector Coordination</p> <ul style="list-style-type: none"> <li>Improved collaboration between healthcare providers, government agencies, and community organizations for equitable service access.</li> </ul>
<p>4.</p>	<p>In order of most frequently stated groups</p> <ul style="list-style-type: none"> <li>Low-income individuals and families</li> <li>people with disabilities,</li> <li>uninsured &amp; underinsured,</li> <li>immigrants,</li> <li>LGBTQ+,</li> <li>elderly,</li> <li>youth, insufficient youth mental health services</li> <li>single parents and unhoused,</li> <li>veterans</li> <li>those with specialized medical needs,</li> <li>those facing systemic barriers and structural inequities</li> </ul>
<p>5.</p>	<p>Expand access to healthcare services</p> <ul style="list-style-type: none"> <li>Increase free/low-cost clinics, emergency care, and vaccination programs for uninsured individuals.</li> </ul> <p>Strengthening mental health support</p> <ul style="list-style-type: none"> <li>Expand services for youth, individuals with disabilities, and financially vulnerable populations.</li> </ul> <p>Address healthcare costs and insurance limitations</p> <ul style="list-style-type: none"> <li>Reduce financial barriers and improve affordability of insurance and care options.</li> </ul> <p>Enhance community outreach and health education</p> <ul style="list-style-type: none"> <li>Boost awareness of available health services, preventive care, and community resources.</li> </ul> <p>Improve transportation access</p> <ul style="list-style-type: none"> <li>Strengthen transit options to healthcare facilities and reduce transportation cost barriers.</li> </ul> <p>Develop culturally competent and multilingual services</p> <ul style="list-style-type: none"> <li>Ensure healthcare accessibility for immigrant and underserved communities.</li> </ul>
<p>6.</p>	<p>Expand Direct Engagement with Community Organizations</p> <ul style="list-style-type: none"> <li>Strengthen partnerships with faith-based groups, advocacy networks, and nonprofits to increase awareness of healthcare services.</li> </ul> <p>Enhance Accessibility &amp; Cultural Competency</p> <ul style="list-style-type: none"> <li>Provide multilingual materials, culturally tailored care, and targeted resources for immigrant and non-English-speaking populations.</li> </ul> <p>Increase Presence at Local Events</p> <ul style="list-style-type: none"> <li>Attend community meetings, cultural festivals, and grassroots gatherings to build trust and promote public health initiatives.</li> </ul> <p>Strengthen Communication Channels</p> <ul style="list-style-type: none"> <li>Utilize social media, newsletters, and direct outreach to improve healthcare program awareness and information sharing.</li> </ul> <p>Address Transportation Barriers</p> <ul style="list-style-type: none"> <li>Deploy mobile health units, expand clinic locations, and coordinate ride services to improve access to care.</li> </ul> <p>Foster Collaborative Partnerships</p> <ul style="list-style-type: none"> <li>Work closely with community leaders, nonprofits, and advocacy groups to co-design solutions for underserved populations.</li> </ul>

Themes and # of times it emerged among Community Member and Partner Community Conversations	Theme Definition	Sub-themes and their definition and # of times they emerged  <b>Community Member Partner Counts</b>
Education & Awareness:	Ensuring accessible, high-quality learning opportunities and resource communication through multiple channels, empowering individuals to make informed decisions about health, well-being, and community engagement. It also ensures that all community members have the knowledge and tools needed to improve their quality of life.	<p><b>Resource Awareness:</b> Refers to ensuring that community members are informed about available resources, how to access them, and how to navigate complex systems. This includes clear and widespread communication about services, such as healthcare access, food assistance, disability services, and community programs, through multiple channels (digital platforms, social media, printed materials, and direct outreach). It also addresses barriers to information access, such as language differences, lack of centralized resource hubs, inconsistent updates to service directories, and limited outreach to underserved populations. Effective resource awareness requires collaboration between community organizations, local government, and trusted institutions to ensure timely, accurate, and accessible information reaches all residents.</p> <p><b>Information Accessibility:</b> Intergeneration gaps, health literacy, language equity, resource navigation</p> <p><b>School &amp; Community Education:</b> Providing accessible educational opportunities for all ages, including language programs and skill-building courses.</p> <p>Digital access Physical flyers Email/text/mail</p>
Health and Social Services:	refers to the 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 that enhance quality of life and provide assistance to vulnerable populations. A strong health and social service infrastructure ensures that all individuals—regardless of income, ability, or background—can access the care and support they need.	<p><b>Healthcare Access:</b> Availability of affordable and quality healthcare services, including clinics, hospitals, and preventive care. This includes expanded access to employer-based insurance, dental and specialty services, free and low-cost clinics, wraparound care, public health initiatives, in-home healthcare, economic assistance for surgeries, expanded vaccination programs, and accessible vision and prescription services to serve uninsured, underinsured, and undocumented individuals.</p> <p><b>Mental Health Support:</b> Resources and services available for mental health care, including therapy, crisis intervention, and community support. This includes expanding access to affordable, government-funded programs, addressing school-based mental health service capacity, supporting individuals with intellectual and developmental disabilities, improving crisis intervention services, reducing waitlists for care, and promoting alternative treatment models like crisis receiving centers.</p> <p><b>Health Education:</b> Educating the community about health services, preventive care, and wellness practices. This includes providing access to information on nutrition, breastfeeding, disease prevention, and vaping risks, as well as promoting sex education, regular health screenings, and specialized medical campaigns. Expanding health education efforts ensures that individuals have the knowledge and resources needed to make informed health decisions.</p>

<p>Community Connectedness and Engagement</p>	<p>Refers to the relationships, interactions, and participation among community members that foster a sense of belonging, trust, and collaboration. A connected community is one where people engage in civic activities, support one another, and have access to social and cultural networks that enhance overall well-being.</p>	<p><b>Youth, Family Support and Recreational programs:</b> Ensuring families and young people have access to recreational, educational, and mentorship programs that address childcare barriers, digital health concerns, family engagement, economic struggles, and safe spaces for social and physical activities.</p> <p><b>Civic Engagement and Leadership:</b> Encouraging community participation in decision-making, town halls, and leadership roles to shape local policies and services. This includes expanding outreach, promoting civic education, increasing awareness through multiple channels, and fostering stronger connections between leaders and residents.</p> <p><b>Connection and Community Spaces:</b> Fostering inclusive spaces that promote social bonds, cultural exchange, and civic participation. This includes accessible gathering places, youth-friendly third spaces, community-led outreach, mobile services, and increased awareness of local resources through engagement events, strategic communication, and cross-community collaboration.</p> <p><b>Cultural and Social Support Networks:</b> Supporting meaningful relationships and social support systems through community gatherings, cultural exchange, faith-based organizations, and informal networks. This includes creating welcoming spaces for diverse groups, strengthening neighborhood connections, supporting seniors and vulnerable individuals, and encouraging shared cultural experiences to promote inclusion and well-being.</p>
<p>Safety &amp; Environmental Concerns:</p>	<p>the conditions that impact 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. A community with strong safety and environmental policies fosters well-being, mobility, and resilience against public health risks. Additionally, the Complete Streets approach is central to ensuring that streets are designed to accommodate all users—including pedestrians, cyclists, transit riders, and motorists—promoting accessibility, safety, and connectivity in public spaces.</p>	<p><b>Neighborhood Infrastructure and Complete streets:</b> Developing safe, accessible transportation and public spaces that serve all residents. This includes improving sidewalks, lighting, seating, and parking while expanding equitable public transit. A Complete Streets approach prioritizes multi-modal options like bike lanes, walkable communities, and well-distributed bus stops. Regulating public spaces, including smoking and vaping policies, promotes a healthier environment.</p> <p><b>Community Safety:</b> Ensuring low crime, fair law enforcement, and safe public spaces through neighborhood policing, well-lit areas, scam prevention, and protection from exploitation.</p> <p><b>Green Spaces and Clean Environment:</b> Promoting clean, well-maintained public spaces, streets, and waterways while addressing pollution, waste management, and environmental disparities to ensure all communities have access to green spaces.</p> <p><b>Parks, Recreation, and Access to exercise:</b> Ensuring access to parks, recreation centers, community-based gyms, and outdoor activities that promote physical and social well-being. This includes increasing green spaces, affordable sports programs, and safe environments including trails, recreational facilities and fitness program for families, youth, and diverse groups to engage in exercise and social connection.</p>

<p><b>Basic Needs &amp; Economic Stability:</b></p>	<p>Ensuring individuals and families can meet fundamental needs such as stable employment, fair wages, affordable housing, food security, and financial stability by addressing both immediate necessities and systemic economic challenges. A community with strong economic stability ensures that residents can meet their fundamental needs without financial hardship.</p>	<p><b>Food Security:</b> Ensuring access to nutritious, affordable food through farmers’ markets, food drives, grocery assistance programs, and school meal initiatives. This includes addressing food deserts, the rising cost of healthy food, the availability of culturally inclusive meals, and the need for expanded nutrition education. Improving food security ensures that all community members, especially low-income families and those with dietary health concerns, have access to balanced meals.</p> <p><b>Employment, Sustainable Wages, and Job Stability:</b> This subtheme refers to widespread access to stable, well-paying jobs with fair wages, benefits, paid time off, and reasonable commute times that support financial security. It includes job training, career advancement opportunities, and employer policies that promote long-term stability and work-life balance. A strong labor market ensures that all individuals have consistent employment and pathways for economic mobility.</p> <p><b>Social Support Services:</b> Programs and resources that provide essential aid and services to individuals and families in need. This includes food assistance programs like SNAP, clothing and donation programs, veteran support services, community-based assistance organizations, and advocacy groups that support marginalized populations.</p> <p><b>Affordable Housing:</b> Ensuring safe and affordable living conditions for all community members.</p>
<p><b>Power and Social Policy Context</b></p>	<p>refers to the structural and systemic factors that influence inclusion, and community empowerment in shaping policies, resource distribution, and decision-making processes. This includes addressing discrimination, institutional barriers, and disparities in representation to ensure that all community members—regardless of race, ethnicity, socioeconomic status, ability, gender identity, or immigration status—have a voice in shaping policies that impact their lives. By fostering inclusive governance, fair public policies, and community-driven advocacy, this theme emphasizes the need for shared power, accountability, and meaningful participation in building a more just and responsive society.</p>	<p><b>Opportunities for all to participate and thrive:</b> Ensuring that all individuals have fair access to healthcare, education, and social services, regardless of their background, socioeconomic status, disabilities, country of origin, or language.</p> <p><b>Community Well-being:</b> The overall health, safety, inclusivity, and quality of life of a community. It encompasses physical, mental, and social health, ensuring that all community members have access to necessary resources, feel a sense of belonging, and live in a safe and supportive environment. A community with high well-being fosters economic stability, social connections, accessible infrastructure, and equitable opportunities for all individuals to thrive.</p> <p><b>Inclusion for All:</b> Refers to the active and intentional effort to ensure that every community member feels valued, welcomed, and fully able to participate in social, economic, and civic life. This means building a culture of belonging, representation, and meaningful engagement in all aspects of community life. It emphasizes breaking down social, cultural, and systemic barriers so that individuals of all backgrounds, abilities, and identities can fully contribute and thrive in shared spaces, programs, and decision-making processes.</p>

## Appendix E: Supplemental Resources

### 2023-2025 Sentara Northern Virginia Medical Center implementation strategy progress summary

The previous CHNA identified several health issues in the service area. The Sentara Northern Virginia Medical Center (SNVMC) and Lake Ridge Ambulatory Surgery Center (LRASC) implementation strategy progress report was developed to document activities addressing health needs identified in the 2022 CHNA report through both primary and secondary data sources.

By identifying the most pressing health concerns within a community, the 2022 assessment assisted in setting priorities for health interventions and resource allocation to advance health equity based on patient demographic data and community insight.

This section of the CHNA report describes these activities and collaborative efforts. SNVMC and LRASC are monitoring and evaluating progress to date in the 2023 implementation strategies to track implementation and document the impact of those strategies in addressing selected CHNA health needs. For reference, the list below includes the 2022 CHNA health needs that were prioritized to be addressed by SNVMC and LRASC in the 2023 Implementation Strategy.

- Behavioral health
- Chronic Diseases
- Social Determinants of Health

#### *Behavioral Health*

Improving the mental and emotional well-being of all living in the SNVMC and LRASC service area by increasing access to behavioral health services is an important priority. Sentara continues to improve access to behavioral health resources knowing that one in five adults will have a mental illness severe enough to require treatment, and many more will have emotional and mental health problems that prevent them from fully enjoying their lives. At Sentara, we offer inpatient treatment services through telepsychiatry. Our adult and senior behavioral health inpatient programs provide diagnostic services and treatment for people 18

and older who are in crisis due to mental illness, emotional distress, or destructive behavior patterns. Because our treatment facilities are located within several of our hospitals, patients have access to the full range of both psychiatric and medical care. Sentara will continue to partner with community mental health programs to identify alternate placement options for Behavioral Health Emergency Department patients.

Bringing partners together, SNVMC and LRASC attended the Stress Less Table at Mental Health and Wellness Expo. The stress less table was set up and team members gave information on behavioral health concerns, anxiety and depression, and demonstrated stress relieving techniques for event organizers and community members who attended the Mental Health and Wellness Expo organized by the Prince William Chapter for the National Coalition of 100 Black Women.

To increase community awareness and reduce stigma, Sentara partnered with Virginia Stage Company to support an inspirational play about mental health. "Every Brilliant Thing" is an intimate, interactive performance which continues to be brought to communities throughout Virginia and North Carolina.

#### *Chronic Disease*

SNVMC and LRASC are working to reduce the impact of chronic diseases on morbidity and mortality for the community living in the service area by increasing disease management support resources and education. SNVMC and LRASC extend their reach into the community, where life happens. Sentara brings prevention, hope, inspiration, and support to our local community where SNVMC and LRASC are working to reduce chronic disease impact. LRASC works with patients and their families to provide multiple resources and tools regarding mental health and chronic diseases.

The cancer educators implement programs focused on cancer prevention and detection and provide community outreach by hosting and participating in screening and education events. Local cancer screening events for oral, head and neck cancers, FIT testing for colorectal cancer, breast cancer mammography screening and skin cancer screening events are offered. SNVMC and LRASC continue to remove barriers to wellness for uninsured or underinsured women for mammography, including supplementing traditional measures, such as its mobile mammography van, with more targeted efforts to reach underserved communities, including connecting with faith leaders, providing transportation for those who need it and building trust with patients.

### *Social Determinants of Health*

SNVMC and LRASC are assisting with the Center for Disease Control Social Determinants of Health Project. This project is a combined effort from community partners to brainstorm programs, resources, solutions, and interventions addressing food security and social connection for older adults, people with low income, racial/ethnic minorities, people with mental health concerns, and people with disabilities in Prince William and Rappahannock Counties. This is a planning grant with the hopes of an implementation grant to come.

SNVMC and LRASC participate in the Community Healthcare Coalition of Greater Prince William. The purpose of the Community Healthcare Coalition of Greater Prince William is to bring together a multiagency and multidisciplinary group of entities and individuals to develop a sustainable dashboard of community health indicators, identify and prioritize community health issues, and evaluate a community health improvement process.

Each hospital has implemented the use of Unite Us, a cross-sector collaboration software establishing a new standard of care that identifies social needs in communities, manages enrollment of individuals in services, and leverages meaningful outcomes data and analytics to further drive community investment. To increase economic growth, job security, and educational opportunities, SNVMC and LRASC continues to collaborate with multiple colleges and universities to provide fellowships, internships and preceptorships for healthcare professionals and students.

### **Grantmaking and community benefit**

In the 2023 implementation strategy process, Sentara and their hospital facilities planned for and drew on a broad array of resources and strategies to support vulnerable populations, such as grant making, in-kind resources, collaborations, and partnerships.

Sentara is aware of the significant impact that our organization has on the economic vitality of our communities. As a system, Sentara will continue to invest in and support organizations and projects that address prominent social determinants of health. We will continue to promote health equity by working to eliminate traditional barriers to health and human services.

In 2023, Sentara invested more than \$294 million in the communities we serve—\$47 million in community giving, \$13 million in health and prevention programs, \$70 million in teaching and training of healthcare professionals and \$164 million in uncompensated patient care. In 2024, Sentara invested more than \$329 million in the communities we serve; \$40 million in community giving, \$19 million in health and prevention programs, \$96 million in teaching and training of healthcare professionals and \$174 million in uncompensated patient care.

Community health is defined by much more than medical care. As more is known about the role of social determinants of health, more opportunities will arise to influence population health by engaging in community approaches to care. Beyond the scope of SOH, BASC, and SOAS alone, these opportunities will require active partnerships among local organizations and individuals to create lasting impact.

Sentara Cares community benefit and building efforts enhance SNVMC and LRASC health priorities. For 2026-2028, priorities for SNVMC, LRASC, and NVHVC will focus on behavioral health, chronic conditions and social drivers of health. Your input is important to us so that we can incorporate your feedback into our future assessments. You may use our online feedback form available on [sentara.com](https://www.sentara.com).

## Community Healthcare Coalition of Greater Prince William Accomplishments



Founded in 2017, the Community Healthcare Coalition of Greater Prince William is a diverse collaboration of government agencies, public health professionals, nonprofits, residents, and community leaders. Together, we work to improve the health of residents in Prince William County, Manassas City, and Manassas Park. Supported by the Potomac Health Foundation since 2021, the Coalition focuses on identifying public health issues through the Community Health Assessment (CHA) and implementing solutions to address them through the Community Health Improvement Plan (CHIP). The Coalition listserv has grown since its inception in 2022 to include community organizations and interested residents. Coalition leadership seeks to continue to increase its membership to reflect the rich diversity of the three jurisdictions.

### *Key Focus Areas of the 2022-2024 CHIP:*

1. **Neighborhood and Built Environment** (2022-2023): Enhancing transportation safety, pedestrian infrastructure, and access to healthy housing.
2. **Educational Opportunities** (2024-2025): Promoting health literacy and wellness education.
3. **Marketing, Outreach, and Advocacy** (2022-2025): Raising awareness of health challenges and resources in the community.

### *Recent Accomplishments:*

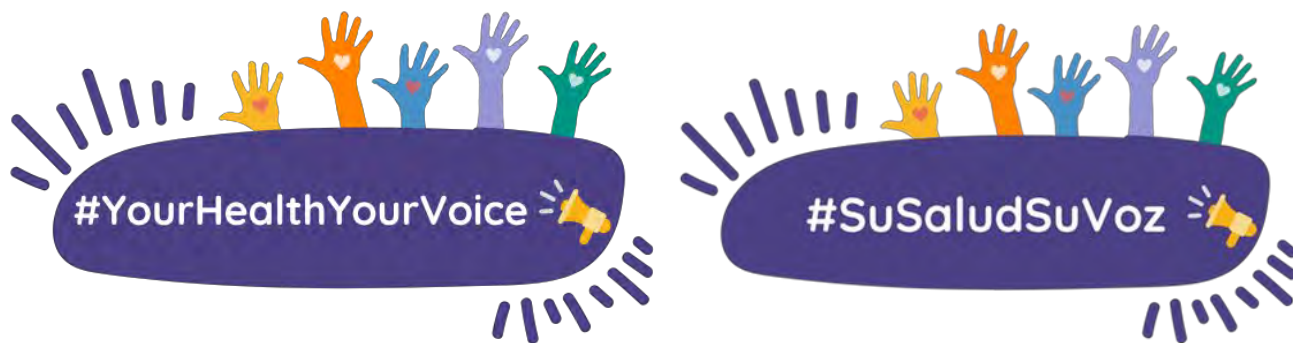
- **Public Input:** Collected feedback from over 380 residents to shape the “Prince William County 2040 Comprehensive Plan” and improve pedestrian safety and met with Board of County Supervisors.
- **Community Safety:** Distributed firearm safety materials to healthcare providers and partnered with local programs to reduce violence in high-risk areas.
- **Housing Resources:** Created a “Housing Resource Guide” to assist residents with housing concerns and connect them to needed services.
- **Data to Inform Decision-Making:** A contracted data analyst created a dashboard analyzing Virginia Department of Transportation data to highlight the locations of pedestrian accidents to inform public education and opportunities for action.
- **Coalition awareness:** The Coalition strengthened community engagement by establishing a consistent brand identity, professional communication materials, structured meetings, and integrating health data into the [BeHealthyBeHappy website](#), thus enhancing visibility, trust, and community empowerment.

### *Language Equity and Interpreter Training:*

The Educational Opportunities Workgroup partnered with the Virginia Department of Behavioral Health and Developmental Services who led an Interpreter Training for Lay Persons (CLP – 12 hours) in February 2025. This training was part of a Community Health Liaison pilot initiative to increase health literacy and equitable service access by training 20 lay Interpreters to build a roster of community interpreters to assist with future engagements

## Appendix F: CHA Outreach Materials and Results

### CHA Outreach Materials:



Take the **C**ommunity **H**ealth **A**ssessment Survey!

*By telling us what you need, we can work to create programs and services that make our community healthier.*

➔ Complete the anonymous survey online at [bit.ly/cha-survey](https://bit.ly/cha-survey) or scan the QR code

- 🕒 Complete in 5-10 minutes
- 🗣️ Available in other languages
- 🎟️ Option to enter \$25 gift card raffle



This survey is led by PWHD and the Community Healthcare Coalition of Greater Prince William. Results will help the Coalition, community organizations, and government agencies improve health services and plan programs that make our community healthier for everyone. For more information visit

[BeHealthyBeHappyPrinceWilliam.com](https://BeHealthyBeHappyPrinceWilliam.com)



# Realice Nuestra ¡Encuesta de Evaluación de la Salud Comunitaria!

**Al decirnos lo que necesita, podemos trabajar para crear programas y servicios que hagan que nuestra comunidad sea más saludable.**

- ➔ Realice la encuesta anónima en línea en [bit.ly/cha-survey](https://bit.ly/cha-survey) o escanee el código QR
- 🕒 Completar en 5-10 minutos
- 🗣️ Disponible en otros idiomas
- 🎁 Opción para participar en sorteo de una tarjeta de regalo de \$25



Esta encuesta es guiada por el PWHd y la Coalición, por sus siglas en inglés CHCGPW, Community Healthcare Coalition of Greater Prince William. Los resultados ayudarán a la Coalición, a las organizaciones comunitarias y a las agencias gubernamentales a mejorar los servicios de salud y a planificar programas que hagan que nuestra comunidad sea más saludable para todos. Para obtener más información, visite [BeHealthyBeHappyPrinceWilliam.com](https://BeHealthyBeHappyPrinceWilliam.com)



**It's Time to Be Heard!**  
 Let us know what matters to you and your community by taking the Community Health Assessment survey.

[bit.ly/cha-survey](https://bit.ly/cha-survey)

- 🕒 Complete anonymous survey in 5-10 minutes
- 🎁 Option to enter a gift card raffle

BE HEALTHY BE HAPPY | #YourHealthYourVoice | Prince William Health District

**Don't Ghost Us**

Tell us what health means to **YOU**

*By telling us what you need in the Community Health Assessment survey, we can work to create programs and services that make our community healthier.*

[bit.ly/cha-survey](https://bit.ly/cha-survey)

BE HEALTHY BE HAPPY | #YourHealthYourVoice | Prince William Health District

**Healthier Trails, Healthier Lives**  
 By telling us what you need in the Community Health Assessment survey, we can work to create programs and services that make our community healthier.

[bit.ly/cha-survey](https://bit.ly/cha-survey)

- 🕒 Complete anonymous survey in 5-10 minutes
- 🎁 Option to enter a gift card raffle

BE HEALTHY BE HAPPY | Greater Prince William TRAILS COALITION | Prince William Health District | #YourHealthYourVoice

**¡Estamos Aquí Para Usted!**  
 Al decirnos lo que necesita en la encuesta de salud, podemos trabajar para crear programas y servicios que hagan que nuestra comunidad sea más saludable.

[bit.ly/cha-survey](https://bit.ly/cha-survey)

- 🕒 Complete la encuesta anónima en 5-10 minutos
- 🎁 Opción de participar en un sorteo de tarjetas de regalo

BE HEALTHY BE HAPPY | CASA | Prince William Health District | #SuSaludSuVoz

**Your Health Your Voice**  
 Tell us what health means to **YOU**

*By telling us what you need in the Community Health Assessment survey, we can work to create programs and services that make our community healthier.*

[bit.ly/cha-survey](https://bit.ly/cha-survey)

BE HEALTHY BE HAPPY | #YourHealthYourVoice | Prince William Health District

**Your Health, Your Voice**  
 By telling us what you need in the Community Health Assessment survey, we can work to create programs and services that make our community healthier.

[bit.ly/cha-survey](https://bit.ly/cha-survey)

- 🕒 Complete anonymous survey in 5-10 minutes
- 🎁 Option to enter a gift card raffle

BE HEALTHY BE HAPPY | #YourHealthYourVoice | Prince William Health District

CHA Outreach Results:

# CHA in Action

By the Numbers:	What We Did:
<ul style="list-style-type: none"> <li>• <a href="#">1,990 survey responses</a></li> <li>• 13 community conversations with residents</li> <li>• 4 community partner community conversations</li> <li>• 25+ community events and outreach</li> <li>• 62K+ social media impressions</li> <li>• 2 news releases, featured in Prince William Living</li> </ul>	<ul style="list-style-type: none"> <li>○ Promoted across social media and networked with community partners to re-share or upload</li> <li>○ Canvassed businesses and neighborhoods in Greater Prince William</li> <li>○ Hosted focus groups with diverse partners</li> <li>○ Created bilingual materials and digital graphics</li> <li>○ Directly engaged with community voices</li> </ul>

Visit <https://www.vdh.virginia.gov/prince-william/cha-in-action/>

# Community Health Assessment

Partner with Us: Enhancing Community Health through Dialogue.



## About the Community Health Assessment (CHA)

From now until June 2025, our Coalition is working on an important Community Health Assessment (CHA). This project is connected to health partners' efforts to understand the needs of our community. The CHA will help us learn about the health of people in our area, what they need, and any challenges they face. The results will help us create a plan to improve health for the next 3-5 years. We will bring together different groups, share ideas, and figure out the health concerns in Prince William County, the City of Manassas, and Manassas Park.

### Why This Matters

Achieving optimal community health involves understanding and addressing the root causes of health disparities. We need to hear from you to learn what health issues matter most to you and your neighbors, so we can work together to make things better for everyone.

## Your Role

We invite you to join us and gather important insights. **Here's how you and others at your organization can contribute:**

<b>Facilitate Conversations</b>	<p>Encourage staff or clients to join our upcoming Facilitator Trainings.</p> <p>Include the CHA into your upcoming meetings or events (e.g., parent groups, health education workshops). Let us know the date, time, location of meetings we can join (between Oct 2024 - March 2025) and we will bring local facilitators to ask the following questions.</p>
<b>Community Conversations will ask these same questions.</b>	<ul style="list-style-type: none"><li>◦ What is your vision of a healthy community in Greater Prince William region?</li><li>◦ What strengths and resources exist in the community (e.g., park programs, school outreach)?</li><li>◦ What factors affect community health? Consider big or small issues, including policies or community decisions.</li><li>◦ Who is most impacted by these factors?</li><li>◦ What actions could improve health in our community?</li></ul> <p><b>Note: We promise a fun and engaging discussion using variety of tools to facilitate.</b></p>
<b>Take the Survey</b>	<p><b>Encourage others to take the Survey</b></p> <ul style="list-style-type: none"><li>• <b>There are a few questions for you to select the top health concerns and strengths</b></li><li>• <b>Survey will be available in multiple languages</b></li><li>• <b><a href="https://bit.ly/cha-survey">bit.ly/cha-survey</a></b></li></ul>
<b>Language and Format</b>	<ul style="list-style-type: none"><li>• Most conversations will be conducted in English, with some offered in multiple languages.</li><li>• Options for participation may include virtual, or in-person formats.</li></ul>

# Community Health Assessment







Partner with Us: Enhancing Community Health through Dialogue.

## We need your help!

- Let us know if we can participate in upcoming community events to promote the survey and hand out our QR codes.
- Share the survey flyer and QR code in your upcoming newsletters or listservs.
- Know anyone who should facilitate a Community Conversation?
- Have them fill out an interest form and join our group facilitation training.
- It's a great skill to add to your resume.
- Are you bilingual?
- We are hosting no-cost community Lay Interpreter training sessions. the first one will be Oct 12th 9-6pm on Zoom. Fill out the interest form to attend.

## Next Steps

	<p>If you and your organization/group are interested in participating or have questions, please contact Michele Burton at <a href="mailto:mburton@institutephi.org">mburton@institutephi.org</a></p>
	<p>Join us for the no-cost group facilitation or interpreter training by signing up on this <u>form</u>.</p> <p>Link: <a href="https://forms.office.com/r/0bUw9dQfLv">forms.office.com/r/0bUw9dQfLv</a></p> 
	<p>Visit <a href="https://www.behealthybehappyprincewilliam.com">BeHealthyBeHappyPrinceWilliam.com</a> to learn more about the Community Healthcare Coalition of Greater Prince William (CHCGPW).</p>



# Community Conversations

Partner with Us: Enhancing Community Health through Dialogue.



## Purpose of Community Conversations

Community conversations are a valuable way in understanding the needs, opinions, and experiences of people who live, work, pray, and play in a community.

### Why This Matters

By engaging directly with people in the community, we gather detailed feedback about their experiences and challenges. This helps us identify what matters most to them and ensures that any health programs or services we develop are relevant and effective. These conversations enable us to tailor our solutions to better meet the community's unique needs while building trust and collaboration.

## Your Role

We invite you to join us and gather important insights by facilitating community conversations.

**Here's how you and others in your organization can contribute:**

<b>Facilitate Conversations</b>	<p>Encourage staff or clients to join our upcoming Facilitator Trainings.</p> <p>Include the CHA into your upcoming meetings or events (e.g., parent groups, health education workshops). Let us know the date, time, location of meetings we can join (between Oct 2024 - March 2025) and we will bring local facilitators to ask the following questions.</p>
<b>We will ask these questions at your site.</b>	<ul style="list-style-type: none"><li>◦ What is your vision of a healthy community in Greater Prince William region?</li><li>◦ What strengths and resources exist in the community (e.g., park programs, school outreach)?</li><li>◦ What factors affect community health? Consider big or small issues, including policies or community decisions.</li><li>◦ Who is most impacted by these factors?</li><li>◦ What actions could improve health in our community?</li></ul> <p><b>Note:</b> <b>We promise a fun and engaging discussion using variety of tools to facilitate.</b></p>
<b>Data Handling</b>	<p><b>The Coalition will be responsible in ensuring:</b></p> <ul style="list-style-type: none"><li>• Data is not linked to personal information.</li><li>• Participants receive a \$25 gift card.</li></ul>
<b>Language and Format</b>	<ul style="list-style-type: none"><li>• Most conversations will be conducted in English, with some offered in multiple languages.</li><li>• Options for participation may include virtual, or in-person formats.</li></ul>

# Community Conversations

Partner with Us: Enhancing Community Health through Dialogue.



## Who We Want to Hear From

- Residents from both the Eastern and Western parts of the Greater Prince William region
- Parents/Guardians of children
- LGBTQIA+ community members
- Seniors/Aging individuals
- Individuals in recovery
- Members of the Military and their Families
- Individuals living with disabilities
- Teens
- Individuals who speak English as a second language

## Next Steps



If you and your organization/group are interested in participating or have questions, please contact Michele Burton at [mburton@institutephi.org](mailto:mburton@institutephi.org)



Join us for the no-cost group facilitation or interpreter training by signing up on this [form](#).

Link: [forms.office.com/r/0bUw9dQfLv](https://forms.office.com/r/0bUw9dQfLv)



Visit [BeHealthyBeHappyPrinceWilliam.com](https://www.behealthybehappyprincewilliam.com) to learn more about the Community Healthcare Coalition of Greater Prince William (CHCGPW).



**BE HEALTHY  
BE HAPPY**

Community Healthcare Coalition Greater Prince William





# Health Indicators

The main causes of death across Greater Prince William are cancer and heart disease. Other causes vary in prevalence by race and ethnicity, with COVID-19 and stroke common across all groups.<sup>1</sup>

## 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

## Sexually transmitted infections (STIs)

Area rates of gonorrhea increased from 2019 to 2023 though Virginia remained steady.<sup>2</sup>

New HIV infections from 2019 to 2023 increased among women and youth.<sup>3</sup>


### Syphilis incidence (per 100,000)

<b>2019</b>		<b>2023</b>
11.2	Greater Prince William	15.7
15.1	Virginia	20.7

 **29%** of new HIV infections from 2019 to 2023 **female**

### Gonorrhea incidence (per 100,000)

<b>2019</b>		<b>2023</b>
85.4	Greater Prince William	132.7
159.8	Virginia	159.4

 **53%** of new HIV infections from 2019 to 2023 **15-34** years old

## Maternal Health

More mothers in Greater Prince William had late or no prenatal care compared to Virginia.<sup>4</sup>

35.1% of live births in 2022 were to Medicaid eligible mothers.<sup>4</sup>

**12.2%** Greater Prince William  
**5.1%** Virginia

**35.1%** Greater Prince William  
**33.8%** Virginia



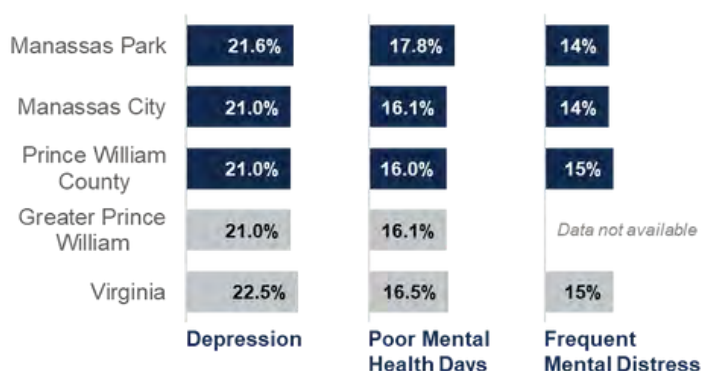
## Mental and Behavioral Health

Mental health is an area of growing concern for both youth and adults. Though rates of depression, poor mental health days, and mental distress are in line with the Virginia averages, these figures present an area of opportunity for improving the overall wellbeing of the community.<sup>6</sup> For minors, 41.75% of emergency department visits in 2024 were due to suicidal ideation, compared to 25.61% of adult visits.<sup>7</sup>



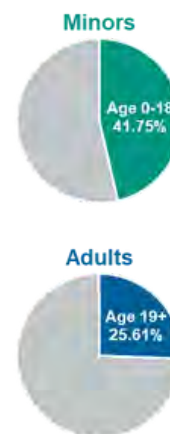
**More than one-fifth of adults report feeling depressed.<sup>6</sup>**

2019-2023 Mental Health, Age 18+



**Suicidal ideation caused 41.75% of Sentara's ED visits for minors.<sup>7</sup>**

2024 SNVMC Emergency Department Behavioral Health Visits



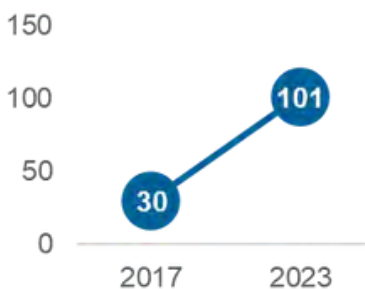
**From 2017 to 2023, nonfatal overdoses varied across all races, with notable increases among those identified as Black, Hispanic, or White.<sup>5</sup>**

2017-2023 Greater Prince William Nonfatal Drug Overdoses by Race

**Hispanic – 500% Increase**



**Black – 237% Increase**



**White – 106% Increase**



### References

1. CDC WONDER. (2025). Retrieved February 24, 2025, from Centers for Disease Control and Prevention: <https://wonder.cdc.gov/>
2. 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/>
3. (2024). New HIV Infections in Prince William Health District. Prince William Health District Virginia Department of Health.
4. 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/>
5. 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.
6. 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>.
7. Sentara Health Behavioral Health Emergency Department Visits Summary. (2024). January 1, 2024 through January 3, 2025.

# Social Determinants of Health



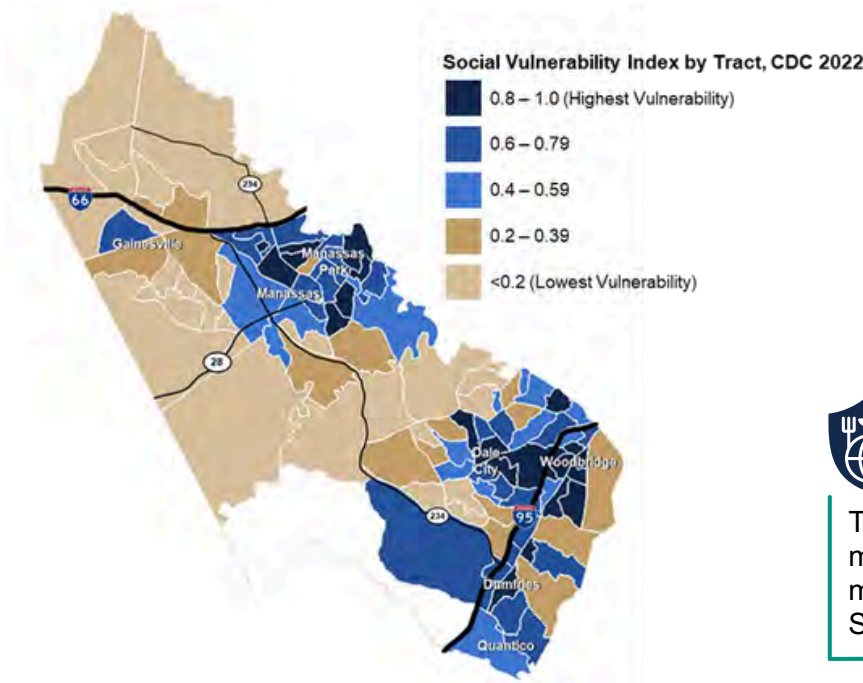
The social determinants of health guide our understanding of how factors beyond individual health behaviors affect the community's well-being. Some of these determinants include education and healthcare access and quality, economic stability, food security, and community context.<sup>1</sup>

A helpful measure that brings many of these variables into one score is the **social vulnerability index (SVI)**. The SVI helps show which communities may face more challenges in staying healthy and meeting basic needs. It looks at data on poverty, transportation, language barriers, housing, and other areas to identify areas that might need focused resources.<sup>2</sup>



Residents living in dark blue Census tracts within Gainesville, Manassas, Manassas Park, Dale City, Woodbridge, and Dumfries have higher SVI scores and may need more resources to stay healthy.<sup>2</sup>

Social Vulnerability Index by Census Tract, CDC 2022



## Food Security

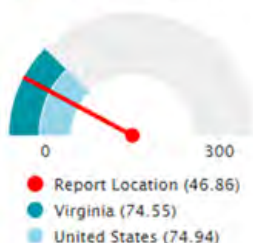
The areas experiencing more food insecurity mirror those with higher SVI.<sup>3</sup>



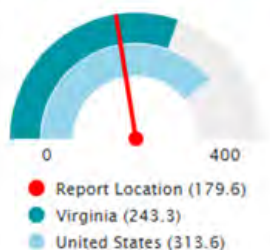
Greater Prince William has fewer primary care providers, mental health providers, and dentists per capita than Virginia.<sup>4</sup>

Access to healthcare providers, 2022 and 2023

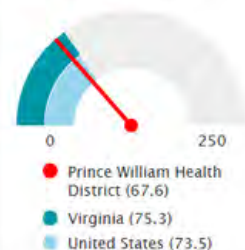
Primary Care Providers, Rate per 100,000 Population



Mental Health Care Provider Rate Per 100,000 Population



Dentists Rate Per 100,000 Population





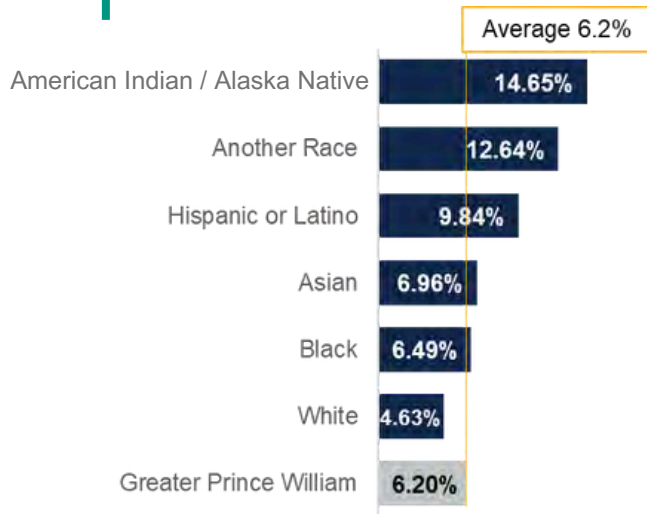
## Economic Stability

**70.7%** of people **ages 16+** in Greater Prince William are **employed** compared to 63.7% in Virginia.<sup>4</sup>

The **median household** income in Greater Prince William is **higher** than the state.<sup>4</sup>

**Data indicate higher than average levels of poverty for minority groups.<sup>4</sup>**

2019-2023 Poverty by Race/Ethnicity in Greater Prince William



## Education

Less than half the population holds a bachelor's degree.<sup>5</sup>

**25.5%** Manassas Park

**33.2%** Manassas

**44.5%** Prince William County

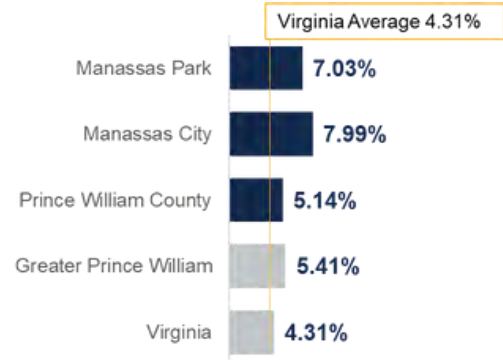
**41.5%** Virginia



## Health Insurance

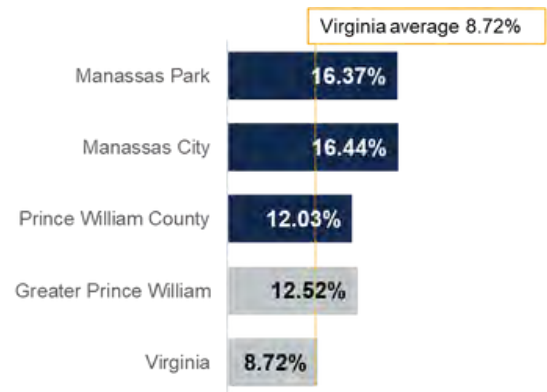
**The area has more uninsured children than the state.<sup>4</sup>**

Uninsured children in Greater Prince William



**The area has more uninsured adults than the state.<sup>4</sup>**

Uninsured adults in Greater Prince William



### References

- Hood, C. M. (2016). County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine*, 50(2):129-135.
- 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>
- 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/>
- 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>.
- American Community Survey (ACS). (2025). Retrieved April 10, 2025, from US Census Bureau: <https://www.census.gov/programs-surveys/acs/>

# Community Insight



# 1,990

Total survey responses



## Community Health Assessment Survey

Of the total response surveys, 1,698 Prince William County, Manassas City, and Manassas Park residents responded to the survey in English, Spanish, or Dari.

You saw big health challenges facing our communities—and we can work together to address them! We asked:

“What are the biggest **HEALTH CONCERNS** in the community where you live?”

“Which **BEHAVIORS** need to be addressed in the community where you live?”

“What would **most IMPROVE health** in the community where you live?”

### Overall top 3 most selected

- Mental health
- Chronic conditions
- Dental problems

- Eating unhealthy foods
- Lack of exercise
- Driving while drunk or high

- Access to healthcare services
- Affordable housing
- Access to dental care

### Additional topics stood out among demographic groups by race/ethnicity and age ranges.

- Ageing-related concerns
- Health differences by race/ethnicity
- Diseases that can spread
- Violence and crime in the community

- Isolation or loneliness
- Domestic violence
- Bullying
- Alcohol misuse

- Mental health services
- Affordable healthy food

## Race/Ethnicity

We heard from a diverse range of racial and ethnic groups



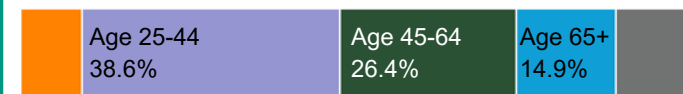
\*The survey had 11 race/ethnicity categories, including multi-race. Due to low responses in some categories, “Asian” includes those reporting South Asian and East/Southeast Asian.

\*\*Additional groups include those with fewer than 5% of responses, with the groups listed below. For a more detailed look at the data, please see Appendix C of the CHA.

- African
- American Indian/Alaska Native
- Another race/ethnicity not listed
- Middle Eastern/North African
- Multi Racial
- Native Hawaiian/Pacific Islander

## Age

We heard from people ages 15 to 75+





## Community Conversations

We led **17** community conversations reaching **151** community members and partners. Each conversation went through the same six questions to hear about strengths, challenges, and ideas for improvement.

We made an effort to connect with a wide range of people including seniors, parents/caregivers of people with disabilities, LGBTQ+ community members, English language learners, and community partners serving veterans and underinsured individuals.



These conversations revealed what’s working, what’s not, and ways to improve health for people in Greater Prince William. We also heard ideas on how public health and healthcare providers can engage with the community.

### Here’s what you shared

**Health & Social Services**

Healthcare Access

Mental Health Support

“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...”

**Basic Needs & Economic Stability**

Employment, Sustainable Wages, Job Stability

“Prioritizing basic needs makes it difficult to focus on aspects of health beyond physical well-being...”

**Education & Awareness**

Multilingual Communication and in Easy to Find Locations

“We live in times right now where we have a lot of information, but we don’t know how to use it.”

**Community Connectedness & Engagement**

Community Partnerships

“PWC Public Libraries offer more than just reading – they foster a welcoming atmosphere where kindness + safety are always felt.”

**Safety & Environmental Concerns**

Neighborhood Infrastructure & Complete Streets

“I’d wait for a bus for 3 hours and in rain it’s bad.”

**Power & Social Policy Context**

Opportunities for All to Participate and Thrive

“A healthy place would be friendly & free from hate, with places / activities for all.”

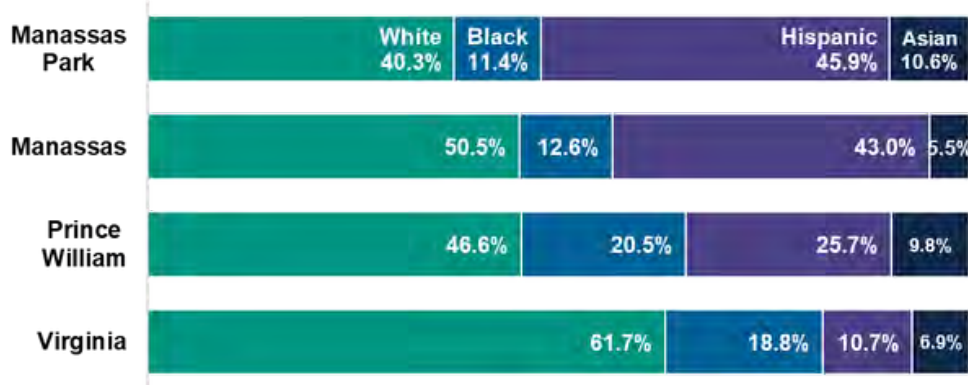
# Community Profile

Greater Prince William (population 544,222 residents) includes Prince William County (484,625) and the cities of Manassas (42,674) and Manassas Park (16,923).<sup>1</sup> The area has seen substantial growth over the past 25 years, with population estimates projecting an almost 20% increase from 2025 to 2035.<sup>2</sup>



## Greater Prince William is more diverse than Virginia overall.<sup>1</sup>

2023 Racial and Ethnic Profile



## Cultural and Linguistic Needs

While English is the primary language spoken in the area, 35% of the population reported speaking a different language, with 27% of residents born outside of the United States.<sup>1</sup> In 2024, there were more than 20 different home languages on record for area's school systems, with the most common being Spanish, Urdu, Dari, Arabic, and Farsi.<sup>3</sup> Sentara had 35,390 requests for an interpreter in 2024, with 88% of those being for Spanish speaking services.<sup>4</sup>

## People Living with Disabilities

Although the area has a lower percentage of people living with a disability compared to Virginia overall (8.8% vs 12.3%, respectively), data show that more Black residents in Manassas Park (33.5%) are living with a disability compared to other races and ethnicities.<sup>1</sup> On average, 38% of Veterans living in Greater Prince William reported living with one or more disabling conditions between 2020 and 2024.<sup>5</sup>

According to the 2020 U.S. Census, Prince William County ranked the most diverse county in Virginia and the 10<sup>th</sup> most diverse county in the United States.<sup>6</sup>



### References

- American Community Survey (ACS). (2025). Retrieved April 10, 2025, from US Census Bureau: <https://www.census.gov/programs-surveys/acs/>
- PWC Strategic Plan. (2025). Retrieved March 15, 2025, from Prince William County: [www.pwcva.gov/strategic-plan](http://www.pwcva.gov/strategic-plan)
- Virginia Department of Education. (2024). Student home language on record, Fall 2024: Greater Prince William area. [Unpublished dataset]
- The Language Group LLC Sentara Language Line at Sentara Northern Virginia Medical Center. (2024). January 1, 2024 through December 31, 2024.
- 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.mwccog.org/>
- 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>