

Lake Ridge Ambulatory Surgery Center Community Health Needs Assessment 2019



**Lake Ridge Ambulatory Surgery Center
Community Health Needs Assessment (CHNA)
2019**

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Introduction

Lake Ridge Ambulatory Surgery Center has conducted a community health needs assessment in collaboration with Sentara Northern Virginia Medical Center (SNVMC). The assessment provides us with a picture of the health status of the residents in our communities and provides us with information about health and health-related problems that impact health status.

Our assessment includes a review of population characteristics such as age, educational level, and racial and ethnic composition because social factors are important determinants of health. The assessment also looks at risk factors like obesity, smoking and at health indicators such as infant mortality and preventable hospitalizations. Community input is important so the assessment also includes survey results from key stakeholders including public health, social services, service providers, and those who represent under-served populations. An additional survey of Prince William County residents on key health topics was included. The report also includes findings from focus groups with community members on health issues and barriers to achieving good health.

The needs assessment identifies numerous health issues that our communities face. Considering factors such as size and scope of the health problem, the severity and intensity of the problem, the feasibility and effectiveness of possible interventions, health disparities associated with the need, the importance the community places on addressing the need, and consistency with our mission “to improve health every day”, we have identified a number of priority health problems in our area to address in our implementation strategy:

- **Chronic Disease and conditions**
- **Access to Healthcare**
- **Behavioral Health / Substance Use (including Opioid Addiction)**
- **Social Determinants of Health: Nutrition/Physical Activity (including Obesity)**

Our previous Community Health Needs Assessment also identified a number of health issues. An implementation strategy was developed to address these problems. The hospital has tracked progress on the implementation activities in order to evaluate the impact of these actions. The implementation progress report is available at the end of this report.

Lake Ridge Ambulatory Surgery Center in partnership with SNVMC is part of the Community Health Coalition of Greater Prince William. The coalition's Greater Prince William Community Health Assessment 2019 [report](#) may be found on the behealthbehappyprincewilliam.com website. Additional information on available resources are available from sources like 2-1-1 Virginia, vdh.virginia.gov/prince-william/community-health-services and Sentara.com. Together, we will work to improve the health of the communities we serve.

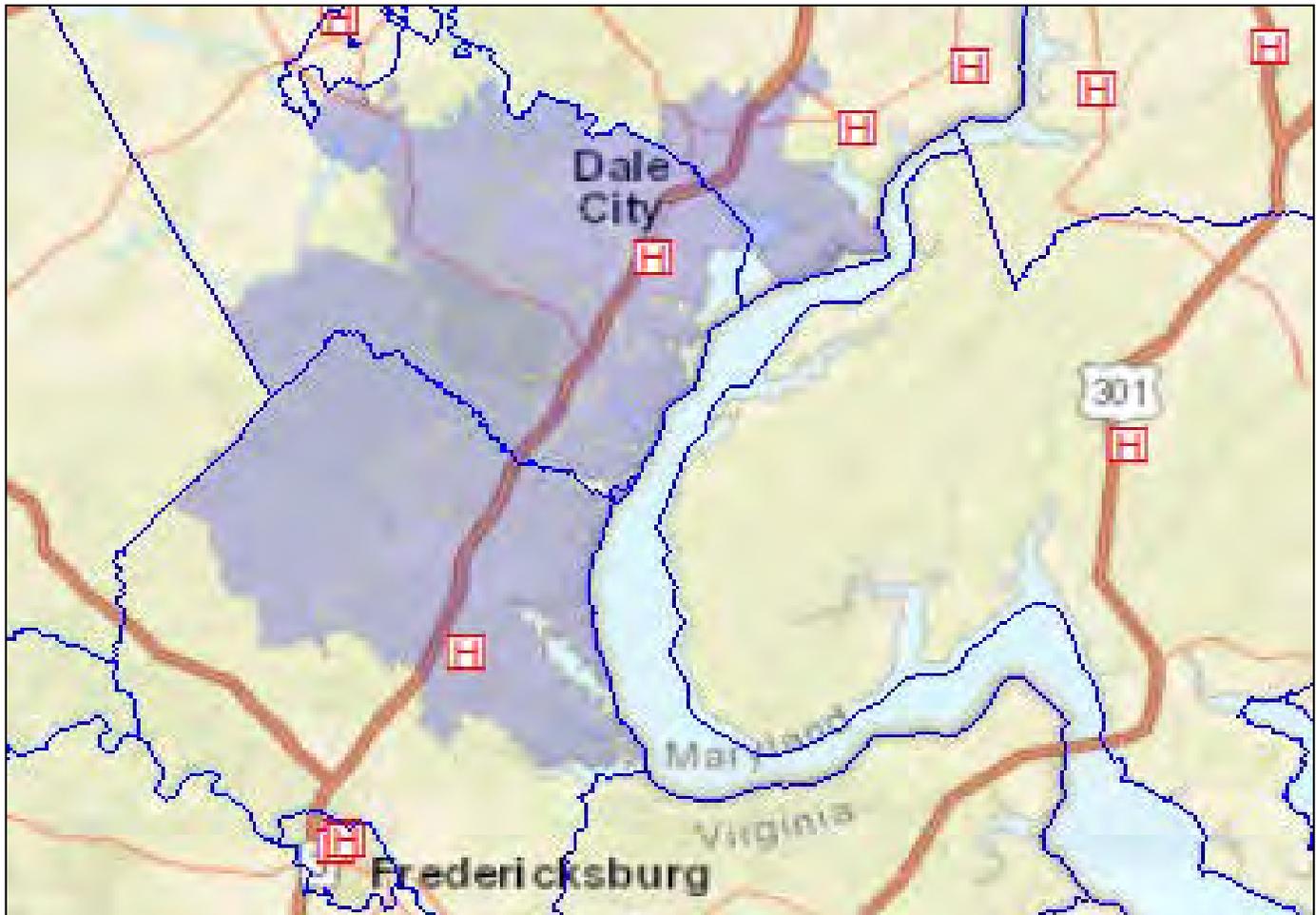
Your input is important to us so that we can incorporate your feedback into our assessments. You may use our online feedback form available on the Sentara.com website. Thank you!

Demographic Information

Population

Highlight Population: The combined population of the Sentara Northern Virginia Medical Center (SNVMC) service area numbers over 424,384 people. The service area of SNVMC is comprised of 5 localities: Prince William County, Stafford County, Lorton, Quantico and Town of Dumfries. The Woodbridge zip codes (22191, 22192, 22193) in Prince William County (Eastern) are the most populous zip codes in the service region. Patients coming from Prince William County is 89% of SNVMC inpatients. SNVMC serves mostly the Prince William County (PWC) population and the Community Health Needs Assessment will focus on the demographics and needs of PWC.

The Sentara Northern Virginia Medical Center (SNVMC) Service Area:



Source: Truven/Market Expert

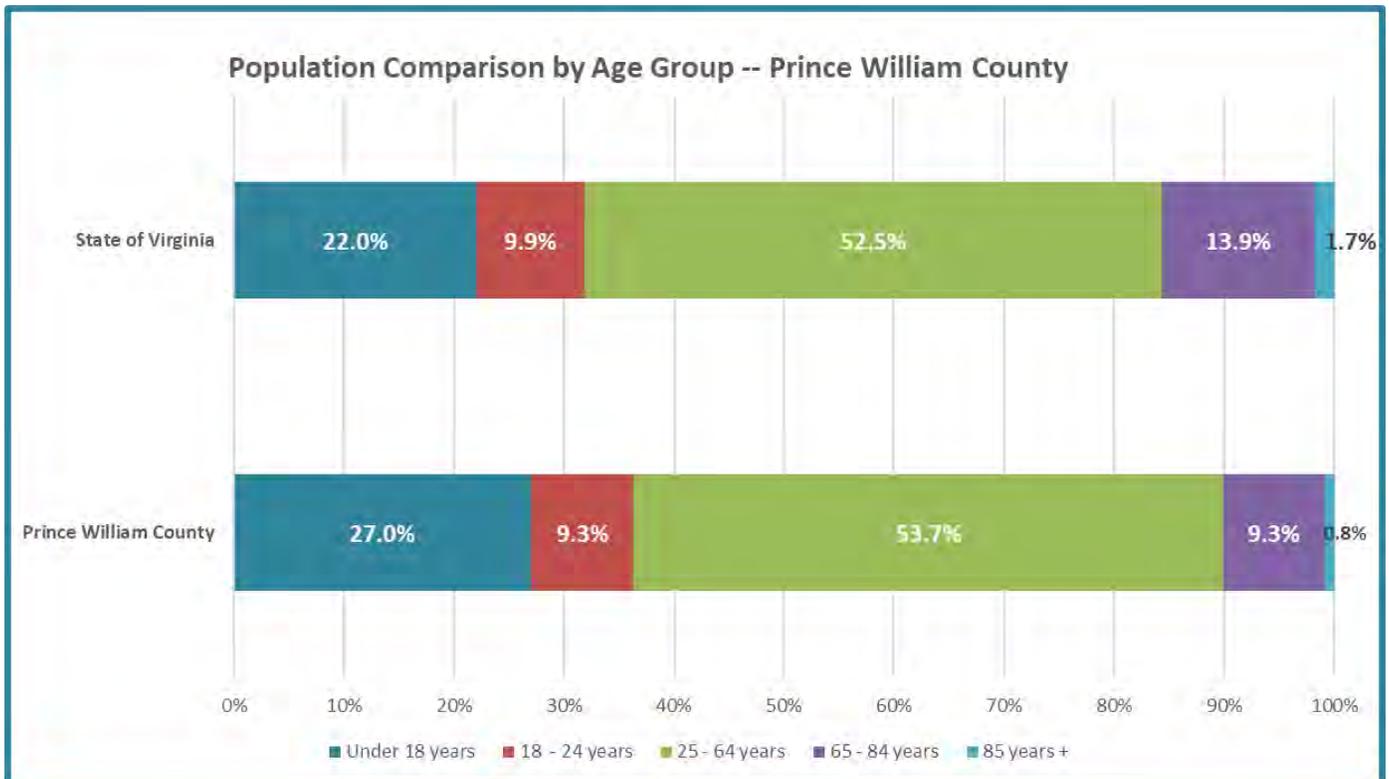
Population Change		
Locality	Total Population	% Change 2010-2018
State of Virginia	8,554,008	6.91%
Prince William County	470,275	16.98%

Highlight Population Change: Prince William County as a whole is enjoying robust growth of 16.98% since 2010. Prince William County is projected to experience the second largest growth in the Northern Virginia region over the next 20-25 years.

Source: Claritas, updated January 2019, behealthybehappyprincewilliam.com

Population by Age

Highlight Population and Age: The median age of the Prince William County is younger than the state of Virginia. The age cohort from 19-64 (young adults and working age adults) closely mirrors the age segmentation of Virginia as a whole. Compared to the state of Virginia, Prince William County's population has a higher percentage of children, age 17 and under, and lower percentage of individuals age 65 and older.

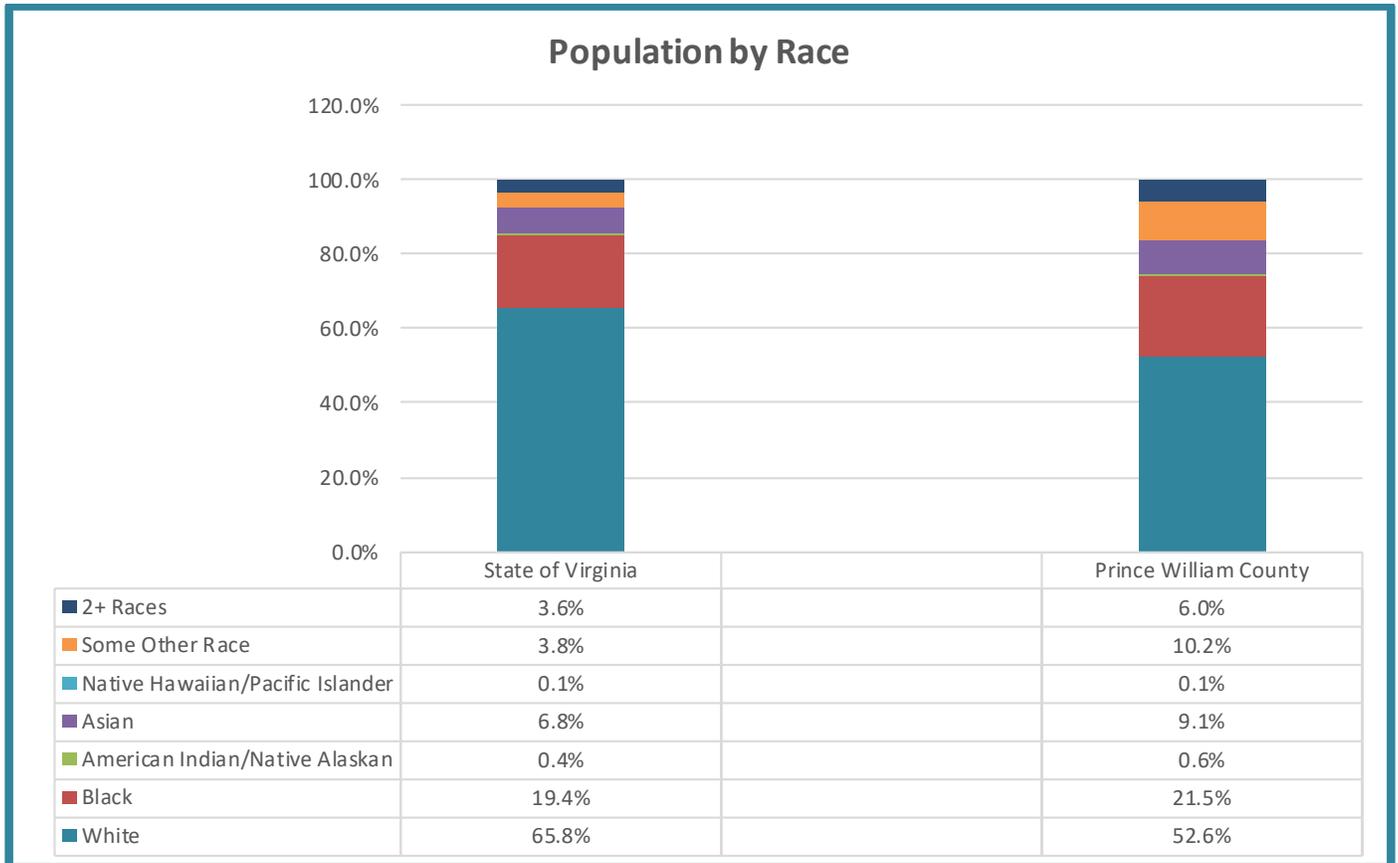


Source: Claritas, updated January 2019, behealthybehappyprincewilliam.com

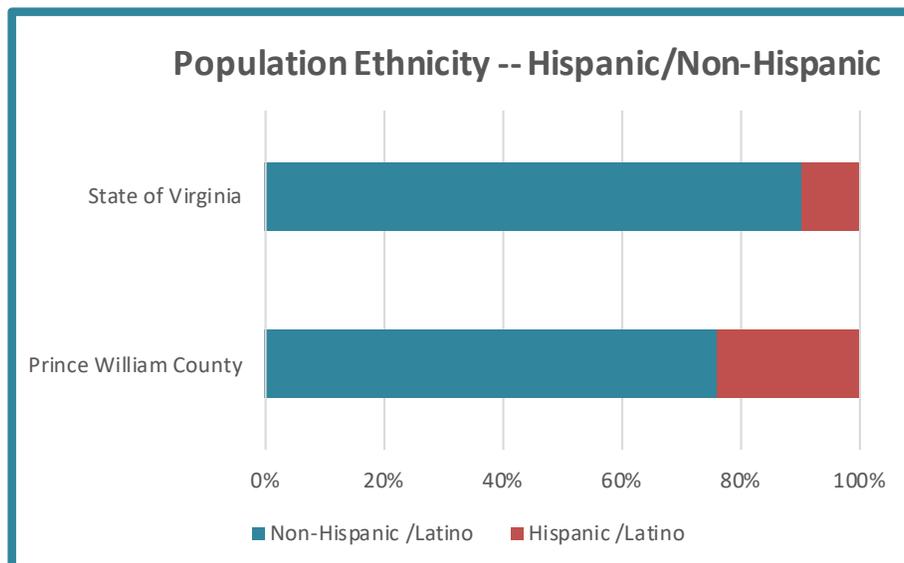
Population by Race and Ethnicity

Highlight Population and Race: The population of Prince William County is more diverse than state of Virginia.

Highlight Population Ethnicity: Prince William County is home to approximately 112,935 Hispanic community members which is estimated to approximately 24% of the population compared to the state Virginia as a whole at 9.66%.



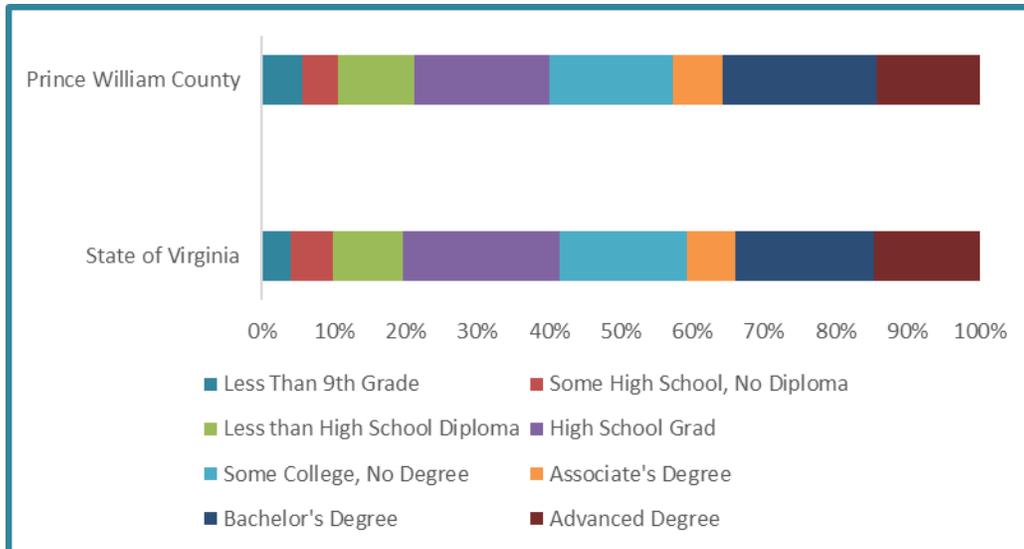
Source: Claritas, updated January 2019, behealthybehappyprincewilliam.com



Source: Claritas, updated January 2019, behealthybehappyprincewilliam.com

Population and Education

Highlight Education: Education is the basis for stable employment and financial stability is the foundation for a sustainable household, which provides for the health needs of family members. Prince William County has a similar educated population percentage split to the state of Virginia. Bachelor's degree level attainment is higher than the state's percentage (Bachelor's Degree, Virginia State, 21.5%, Prince William County, 24.1%).



Source: Claritas, updated January 2019, behealthybehappyprincewilliam.com

Population by Educational Attainment (Population 25+)								
	Less Than 9th Grade	Some High School, No Diploma	Less than High School Diploma	High School Grad	Some College, No Degree	Associate's Degree	Bachelor's Degree	Advanced Degree
State of Virginia	4.4%	6.5%	10.9%	24.2%	19.6%	7.6%	21.5%	16.2%
Prince William County	6.2%	5.6%	11.8%	21.1%	19.2%	7.8%	24.1%	16.0%

Source: Claritas, updated January 2019, behealthybehappyprincewilliam.com

Income and Poverty

Highlight Income by Race: While simple poverty rates tell us something about the residents of the service area, by inserting race as a factor we see the racial disparities that constrain residents of the service area in their ability to support and sustain healthy, functioning households for themselves and their children.

Highlight Income by Ethnicity: Similar to the disparity in income by race, income for Hispanic/Latino residents of the service area is lower than for the service area as a whole (approximately 73% of the general household income) and lower compared to the income for white residents (approximately 67% of the income of white residents).

Median Household Income by Race/Ethnicity				
	White	Black/African American	Hispanic/Latino	All Races
State of Virginia	\$ 79,388	\$ 50,875	\$ 67,549	\$ 73,579
Prince William County	\$111,135	\$ 94,342	\$ 74,148	\$101,612

Source: Claritas, updated January 2019, behealthybehappyprincewilliam.com

Highlight Poverty Calculation: Each year the federal government calculates the income required to provide the absolute, bare necessities to sustain a household in the United States. Because each additional family member does not increase the cost of a household to the same extent (for instance, the cost of housing 4 family members is not 1.3 times higher than the cost of housing 3 family members), the government publishes the federal poverty guidelines (FPG) for families with up to 8 members with a calculation for larger households. The table below presents the poverty level for up to 6 members. For more information, google "federal poverty guidelines" or visit <https://aspe.hhs.gov/poverty-guidelines>.

Highlight Poverty: Poverty is perhaps the most impactful of the social determinants of health, affecting the ability to have stable housing, healthy food, the ability to maintain steady employment, and the ability to access health care when needed. The table below presents the percent of individuals residing in Prince William County who live in acute (100% FPG) or less acute, but equally debilitating over the long term (200% and 300%). Individuals living over 400% of the FPG are generally considered to have sufficient income and are not considered eligible for government services.

2018 Federal Poverty Guidelines		
Household Size: 1	\$	12,140
Household Size: 2	\$	16,460
Household Size: 3	\$	20,780
Household Size: 4	\$	25,100
Household Size: 5	\$	29,420
Household Size: 6	\$	33,740

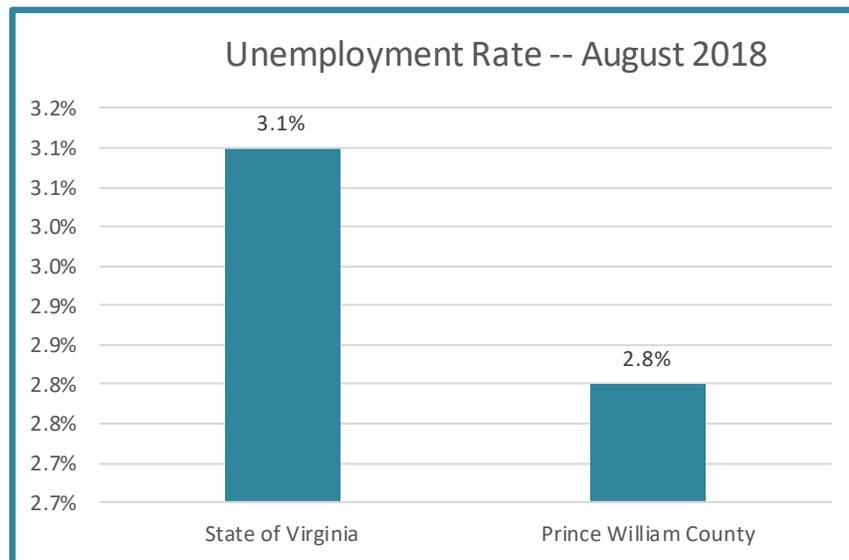
Source: US Department of Health and Human Services

Percent of the Population Living at Specified Percent of the Federal Poverty Level				
	100%	200%	300%	400%
State of Virginia	11%	26.6%	41.7%	55.0%
Prince William County	7.0%	18.9%	31.6%	44.8%

Source: US Census Bureau: American Factfinder 2017 Estimates

Employment

Highlight Employment: Central to a healthy community is an economy that supports individuals in their efforts to live well. Unemployment is a key measure of the state of the local economy and the rate for Prince William County, which has a large population and lower unemployment than Virginia.



Source: Virginia Economic Commission, Economic Information & Analytics, Local Area Unemployment Statistics, August 2018

Highlight Employers: The largest employers (in number of employees) in the region reflect military and federal government presence in the service area. Local governments are large employers throughout the United States, and mirror population as a higher number of students requires a higher number of teachers, for example. With the number of military bases in the region, U.S. Department of Defense is one of the largest employers in the region. Healthcare and large retailers round out the list of largest employers.

Prince William County Top Ten Employers (# of Employees)
Prince William County School Board
County of Prince William
U.S. Department of Defense
Walmart
Morale Welfare and Recreation
Sentara Healthcare
Wegmans Store #07
Northern VA Comm. College
MJ Morgan Group
Target Corp

Source: Prince William County Government
Link: [PW Economic Stats](#)

Health Status Indicators

Below are key health status indicators for the zip codes representing the **Prince William County** area in which **Sentara Northern Virginia Medical Center (SNVMC)** serves. Links are also included to interactive data dashboards on the behealthybehappyprincewilliam.com's Community Dashboard. Here indicators can be explored for a comparison to other nearby localities, including change over time, race/ethnicity, and gender, where available. In addition, more indicators are often available through the link.

The key health status indicators are organized in the following data profiles:

- A. Mortality Profile
- B. Hospitalizations for Chronic and Other Conditions Profile
- C. Risk Factor Profile
- D. Cancer Profile
- E. Behavioral Health Profile
- F. Maternal and Infant Health Profile
- G. Spotlight: Opioid and Substance Abuse Epidemic
- H. Spotlight: Older Adults and Aging

A. Mortality Profile

Leading Causes of Death and Death Rates for Prince William County, 2017

Leading Causes of Death				
Time Frame	Crude Death per 100,000 Population	PWC	VA	US
2011-2015	Age-Adjusted Death Rate due to Cancer (All)	143.8	163.8	163.5
2017	Age-Adjusted Death Rate due to Heart Disease	87.7	133.1	92.9
2011-2015	Age-Adjusted Death Rate due to Lung Cancer	36.9	44.0	43.4
2017	Age-Adjusted Death Rate due to Unintentional Injuries	30.3	37.5	49.4
2017	Age-Adjusted Death Rate due to Cerebrovascular Disease	29.8	31.8	37.6
2017	Age-Adjusted Death Rate due to Heart Attack	27.9	53.6 (2015)	28.6
2017	Age-Adjusted Death Rate due to Chronic Lower Respiratory	24.9	29.8	40.9
2017	Age-Adjusted Death Rate due to Alzheimer's Disease	22.2	23.9	31.0
2011-2015	Age-Adjusted Death Rate due to Breast Cancer	20.2	21.8	20.9
2011-2015	Age-Adjusted Death Rate due to Prostate Cancer	17.9	20.2	19.5
2015-2017	Death Rate due to Drug Poisoning	11.5	15.6	19.3
2011-2015	Age-Adjusted Death Rate due to Colorectal Cancer	11.2	14.0	14.5
2017	Age-Adjusted Death Rate due to Diabetes	10.6	17.6	21.5
2017	Death Rate due to Fentanyl and/or Heroin Overdose	8.1	11.0	-
2017	Age-Adjusted Death Rate due to Suicide	8.0	11.8	14.0
2017	Age-Adjusted Death Rate due to Influenza and Pneumonia	5.3	10.5	14.3
2017	Death Rate due to Prescription Opioid Overdose	4.0	5.9	-

Data Source: Deaths - VDH, behealthybehappyprincewilliam.com

Green= Rates are better compared to Virginia

Link to interactive dashboard with age-adjusted rates: [Mortality PWC](#)

Mortality Profile Highlights: Leading causes of death in the community Sentara Northern Virginia Medical Center serves were examined. Cancer, heart disease, and accidents were the top three causes of death in the area. In comparison, accidents were the fifth leading cause of death in Virginia, but cancer followed by heart disease were the top causes. In the SNVMC and Prince William County community, the crude death rate from all causes was lower than the rate in the state overall.

B. Hospitalizations for Chronic and Other Conditions Profile

These often could be avoided with proper outpatient care. Top conditions displayed.

Highlights: Of the conditions examined, heart failure was the condition with the highest age-adjusted hospitalization rate in Prince William County. Alcohol Use and Adult Asthma rates were higher than the Virginia rate. Other top conditions included chronic obstructive pulmonary disease (COPD), diabetes, and community acquired pneumonia.

Age-Adjusted Hospitalization Rates for Prince William County, 2015-2017

Age-Adjusted Hospitalization Rates			
Time Frame	Hospitalization per 100,000 Population 18+ years (unless otherwise noted)	PWC	VA
2015-2017	Age-Adjusted Hospitalization Rate due to Heart Failure	31.2	35.1
2015-2017	Age-Adjusted Hospitalization Rate due to Alcohol Use	14.9	14.0
2015-2017	Age-Adjusted Hospitalization Rate due to COPD	14.1	18.8
2015-2017	Age-Adjusted Hospitalization Rate Due to Diabetes	12.7	17.1
2015-2017	Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia	10.6	13.5
2015-2017	Age-Adjusted Hospitalization Rate due to Urinary Tract Infection	10.2	11.5
2015-2017	Age-Adjusted Hospitalization Rate due to Dehydration	9.3	12.8
2015-2017	Age-Adjusted Hospitalization Rate due to Long-Term Complication of Diabetes	6.2	7.9
2015-2017	Age-Adjusted Hospitalization Rate due to Adult Asthma	5.4	5.0
2015-2017	Age-Adjusted Hospitalization due to Short-Term Complication of Diabetes	4.3	6.2
2015-2017	Age-Adjusted Hospitalization Rate due to Asthma (All Ages)	4.3	5.1
2015-2017	Age-Adjusted Hospitalization Rate due to Hypertension	2.7	4.3
2015-2017	Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	2.2	2.9
2015-2017	Age-Adjusted Hospitalization due to Immunization-Preventable Pneumonia and Influenza	1.6	1.8
2015-2017	Age-Adjusted Hospitalization Rate due to Pediatric Asthma (under 18 years)	1.4	5.5
2015-2017	Age-Adjusted Hospitalization due to Hepatitis	0.7	1.2

Data Source: Hospitalization Rates - VDH, behealthybehappyprincewilliam.com

Green= Rates are better compared to Virginia, Red= Virginia is better compared to local community

Link to interactive dashboard: [Hospitalizations PWC](#) (more conditions available)

C. Risk Factors Profile

Highlights: Obesity percentages were higher for the Prince William County compared to Virginia overall. The percentage of adults who drink excessively was higher in Prince William County compared to the state of Virginia. Smoking is lower in the area compared to both the state of Virginia and United States (US) overall.

Risk Factor Profile for Prince William County, 2016

Risk Factor Profile			
Time Frame	Description	PWC	VA
2016	Adults 20+ who are obese	30.0%	27.2%
2016	Adults 20+ with Diabetes	9.2%	9.6%
2016	Adults who Drink Excessively	18.0%	17.4%
2016	Adults who Smoke	15.2%	15.3%

Data Source: VDP, HP2020, behealthybehappyprincewilliam.com

Green= Rates are better compared to Virginia, Red= Virginia is better compared to local community

Link to interactive dashboard: [Risk Factors PWC](#) (more indicators available)

D. Cancer Profile

Highlights: Death and incidence rates for a variety of cancer types were examined. Mortality rates were highest among lung, breast, and prostate cancers. While these rates were consistently lower in Prince William County vs. the state overall. The trends throughout showed improvement over time except for breast cancer and Medicare Incidence Rates. Breast followed by prostate and then lung cancer had the highest incident case rates across the county.

Cancer Profile for Prince William County, 2017

Age Adjusted Death				
Time Frame	Crude Death per 100,000 Population	PWC	VA	US
2011-2015	Age-Adjusted Death Rate due to Cancer (All)	143.8	163.8	163.5
2011-2015	Age-Adjusted Death Rate due to Lung Cancer	36.9	44.0	43.4
2011-2015	Age-Adjusted Death Rate due to Breast Cancer	20.2	21.8	20.9
2011-2015	Age-Adjusted Death Rate due to Prostate Cancer	17.9	20.2	19.5
2011-2015	Age-Adjusted Death Rate due to Colorectal Cancer	11.2	14.0	14.5
Incidence Rate - Rate per 100,000 population unless otherwise noted				
2011-2015	All Cancer Incidence Rate	365.1	414.3	441.2
2011-2015	Breast Cancer Incidence Rate (Cases per 100,000 females)	116.2	127.9	124.7
2011-2015	Prostate Cancer Incidence Rate (Cases per 100,000 males)	85.4	102.8	109
2011-2015	Lung and Bronchus Cancer Incidence Rate	46.9	58.9	60.2
2011-2015	Colorectal Cancer Incidence Rate	29.9	36.0	39.2
Other				
2017	Cancer: Medicare Population	7.8%	8.6%	8.2%
2015	Mammography Screening: Medicare Population	61.1%	64.5%	63.2%

Data Source: VDP, behealthybehappyprincewilliam.com

Green= Rates are better compared to Virginia, Red= Virginia is better compared to local community

Link to interactive dashboard: [Cancer PWC](#) (more indicators available)

E. Behavioral Health Profile – Mental Health and Substance Abuse

Highlights: Hospitalization rates due to alcohol use were higher in the county compared to the overall state rates. Prince William County has lower mental health provider rates per 100,000 population.

Behavioral Health Profile - Mental Health and Substance Abuse for Prince William County, 2016-2018

Health/ Mental Health & Mental Disorders				
Time Frame	Description	PWC	VA	US
2018	Mental Health Provider Rate (providers per 100,000)	109	159	229
2015-2017	Age-Adjusted Hospitalization Rate due to Alcohol Use	14.9	14.0	-
2017	Age-Adjusted Death Rate due to Suicide (deaths per 100,000 population)	8.0	11.8	14.00
2017	Depression: Medicare Population	13.2%	16.6%	17.9%
2016	Frequent Mental Distress	9.6%	11.0%	15.0%
2017	Poor Mental Health: 5+ Days	19.5%	21.5%	-

Data Source: VDP, behealthybehappyprincewilliam.com

Green= Rates are better compared to Virginia, Red= Virginia is better compared to local community

Link to interactive dashboard: [Behavioral Health PWC](#) (more indicators available)

F. Maternal & Infant Health Profile

Highlights: Although Babies with Low Birth Weight rate was favorable compared to the state of Virginia and US, the rate of babies with very low birth weight was higher. The infant mortality rate was lower than the state of Virginia and US. Teen age pregnancy rate was lower than the state but mothers who received early prenatal care was slightly lower than the state of Virginia but higher than national averages.

Maternal, Fetal & Infant Health for Prince William County, 2017

Maternal, Fetal & Infant Health				
Time Frame	Description	PWC	VA	US
2017	Babies with Low Birth Weight	7.7%	8.4%	8.3%
2017	Babies with Very Low Birth Weight	1.7%	1.5%	1.4%
2017	Infant Mortality Rate	3.3	5.3	5.9 (2014-2016)
2017	Teen Pregnancy Rate (Pregnancies per 1,000 females aged 15-17)	7.4	8.1	-
2015	Mothers who Received Early Prenatal Care	81.4%	81.6%	77.0%

Data Source: VDP, behealthybehappyprincewilliam.com

Green= Rates are better compared to Virginia, Red= Virginia is better compared to local community

Link to interactive dashboard: [Maternal and Infant Health PWC](#)

G. Spotlight: Opioid and Substance Abuse Epidemic

In late 2016, the Virginia Health Commissioner declared the opioid crisis a public health emergency due to the growing number of opioid overdoses in Virginia. The declaration has helped to spur communities throughout the state to begin taking action across several areas to combat the epidemic: prevention (legal and illegal), harm reduction (such as naloxone/Narcan strategies), treatment, and culture change.

Highlights: Based on 2017 data, the death rate due to fentanyl/heroin overdose in Prince William County was lower than the state comparison.

Opioid and Substance Abuse for Prince William County, 2017

Opioid and Substance Abuse Profile			
Time Frame	Description	PWC	VA
2017	Death Rate due to Fentanyl and/or Heroin Overdose	8.1	11.0
2017	Death Rate due to Prescription Opioid Overdose	4.0	5.9
2017	Emergency Department Admission Rate due to Heroin	16.7	18.9
2017	Emergency Department Admission Rate due to Opioids	64.1	102.00

Data Source: VDP, behealthybehappyprincewilliam.com

Green= Rates are better compared to Virginia, Red= Virginia is better compared to local community

Link to interactive dashboard: [Substance Abuse PWC](#) (more indicators available)

G. Spotlight: Older Adults and Aging

In many communities, the population of older adults are growing at a fastest rate. Challenges come with an aging population, including health related factors and other factors that ultimately impact health. Below are a few indicators that represent key areas related to the wellness of this population.

Highlights: Preventable hospital stays among the Medicare population in the Prince William County area are lower than for the state. Overall the indicators for older adults and aging are better than the state. More recently, Prince William County has seen an increase in age-adjusted death rates due to Alzheimer's Disease from 2016 to 2017.

Older Adults & Aging, Prince William County for Prince William County, 2013-2017

Older Adults & Aging Profile				
Time Frame	Description	PWC	VA	US
2015	Preventable Hospital Stays: Medicare Population (Discharges per 1,000 Medicare)	38.5	42.8	49.4
2013-2017	Adults 65+ with a Disability	29.9%	33.1%	35.5%
2013-2017	Alzheimer's Disease or Dementia: Medicare Population	9.2%	10.2%	10.8%
2013-2017	Adults 65+ with an Independent Living Difficulty	12.7%	13.9%	14.8%

Data Source: VDP, behealthybehappyprincewilliam.com

Green= Rates are better compared to Virginia, Red= Virginia is better compared to local community

Link to interactive dashboard: [Older Adults & Aging PWC](#) (more indicators available)

Sources

Profile	Data Accessed & Maintained Via	Source/Agency
Mortality Profile	Virginia Department of Health Mortality Data Portal	Deaths– VDH (OIM – Data Management), VDH – Division of Health Statistics
Hospitalizations for Chronic and Other Conditions Profile	Northern Virginia Indictors Dashboard.	Virginia Health Information (VHI)
Risk Factor Profile	BeHealthyBeHappyPrinceWilliam.com	County Health Rankings; Centers for Disease Control and Prevention (CDC) 500 Cities Project
Cancer Profile		National Cancer Institute
Behavioral Health Profile		Virginia Health Information (VHI); County Health Rankings
Maternal and Infant Health Profile		Virginia Department of Health, Division of Health Statistics
Spotlight: Opioid Epidemic		Virginia Department of Health
Spotlight: Older Adults and Aging		American Community Survey

Community Insight

The community insight component of this CHNA consisted of three methodologies:

- an online Community Key Stakeholder Survey carried by the Sentara Northern Virginia Medical Center Community Health team,
- Community Themes and Strengths Assessment (CTSA) an online/paper residential survey conducted through the Community Health Coalition of Greater Prince William (CHCGPW) and Prince William Health District,
- and a series of in-depth Community Conversations Focus Groups in conjunction with the CHCGPW

The Key Community Stakeholder Survey was conducted jointly by Sentara Northern Virginia Medical Center and Lake Ridge Ambulatory Surgery Center. The survey tool was similar to but expanded from the survey utilized for the 2013 and 2016 CHNA.

Community Themes and Strengths Assessment (CTSA) Survey was conducted by multiple Health Districts and community coalitions. This approach is new to the SNVMC CHNA methodology process. This new approach was vital to assessing the most significant health concerns in Prince William County and the larger Northern Virginia Regional area. Health departments, hospitals, community coalitions, councils, steering committees and residents contributed to the assessment and follow-up community conversations.

Community Conversation Focus Group Sessions were carried out by the coalition in Prince William County to gain more in-depth insight from community stakeholders. The questions below were utilized. The results of the focus groups are presented after the survey results.

- What are the greatest strengths of our community?
- What are the most important health issues in our community?
- What would most improve the quality of life in our community?

Key Stakeholder Survey:

In an effort to generate healthcare, government, non-profit organization and business input for the study, a Key Stakeholder Survey was conducted with a group of community stakeholders identified by SNVMC. The survey participants were asked to provide their viewpoints on:

- Important health concerns in the community for adults and for children;
- Significant service gaps in the community for adults and for children;
- Issues impacting the ability of individuals to access care;
- Vulnerable populations in the community;
- Community assets that need strengthening in the community;
- Additional ideas or suggestions for improving community health.

The community stakeholder list included representatives from public health, education, social services, business, local government and local civic organizations, among others. An email survey request was sent to 157 unduplicated community stakeholders throughout the Greater Prince William County area, and a total of 89 stakeholders in the Sentara Northern Virginia Medical Center (SNVMC) service area submitted a response. The respondents provided rich insights about community health in the study region. This report summarized the survey results for those respondents affiliated with the SNVMC service area.

The stakeholders responding to the survey represent 47 organizations that each have special insight into the health factors that impact the community. The stakeholders work in hospitals and physician offices, County Departments of Social Services, Health Departments and community-based non-profit service organizations working to improve life in the greater Prince William County. They are healthcare providers, fire fighters, public school teachers and administrators, and social service providers. Some are volunteers, others are career employees in their organizations.

Survey respondents were asked to identify the type of organization that best represents their perspective on health issues through employment or other affiliation. 89 out of the 89 respondents answered this question. The table below presents the roles the respondents play in the community.

Community Roles of Survey Respondents	
Type of Organization	% Responses
Healthcare	79.78%
Local Government or Civic Organization	11.24%
Community Nonprofit Organization (United Way, ACTs, Arc, etc.)	10.11%
Other (Please specify below)	6.74%
Education	4.49%
Financial Institution	2.25%
Law Enforcement/Fire Department/Emergency Medical Service (EMS)	2.25%
Business Representative	1.12%
Faith-based Organization	1.12%
Foundation	1.12%

Additionally, respondents were asked to list a specific organization, if any, that they represent in taking the survey.

Organizations Represented in the Key Stakeholder Survey	
Action in Community through Service (ACTS)	Prince William Area Agency on Aging
Anthem HealthKeepers Plus	Prince William Area Free Clinic
CASA Children’s Intervention Services	Prince William Chamber of Commerce
Change in Action	Prince William County
City of Manassas	Prince William County Community Services Board
City of Manassas Park Fire & Rescue	Prince William County Department of Fire and Rescue
Fairfax County Office of Children Head Start	Prince William County Department of Social Services
George Mason University	Prince William County Parks and Recreation
Greater Prince William Community Health Center	Prince William County Public Schools
Hilda Barg Homeless Prevention Center	PRTC
INOVA Health System	SAI Engineering
Kaiser Permanente	Sentara Healthcare
Lake Ridge Lions Club	Sentara Medical Group
Lake Ridge Rotary	Sentara Northern Virginia Medical Center
Lake Ridge Ambulatory Surgery Center	Sentara Northern Virginia Medical Center – Family Health Connection
Lorton Community Action Center	St. Francis of Assisi Parish
Lloyd F. Moss Free Clinic	Streetlight Community Outreach Ministry
National Coalition of 100 Black Women PWCC	The Arc of Greater Prince William/INSIGHT
Northern Virginia Community College	The House Student Leadership Center
Northern Virginia Family Service	Trillium Drop-In Center, Inc.
NOVA Scripts	Virginia Cooperative Extension
Phoenix Family Counseling & Play Therapy Center, PLLC	Virginia Department of Health
Pitkin’s Home Center	Westminister at Lake Ridge
Potomac Health Foundation	<i>Unknown Organization</i>

For both adults and, combined, children and teens, survey respondents were asked to review a list of common community health issues. The list of issues draws from the topics in *Healthy People 2020* with some refinements. The survey asked respondents to identify five challenges from the list that they view as important health concerns in the community. Respondents were also invited to identify additional issues not already defined on the list. Of the 89 respondents, 86 provided their concerns for adult challenges. The responses for children’s and teen’s health concerns follow on subsequent pages.

Most Frequently Chosen Health Concerns - Adults aged 18+

Health Concern	% Responses	Rating
Behavioral/Mental Health (Suicide, ADHD, Anxiety, Depression, etc.)	70.93%	1
Alcohol/Substance Use (Prescription or Illegal Drugs including Opioids)	67.44%	2
Overweight /Obesity	48.84%	3
Heart Conditions (Heart Disease, Congestive Heart Failure/CHF, Heart Attacks/AMI, High Blood Pressure/Hypertension)	43.02%	4
Diabetes	38.37%	5
Respiratory Diseases (Asthma, COPD, Emphysema)	20.93%	6
Violence - Sexual and/or Domestic	19.77%	
Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.)	19.77%	7
Cancer	18.60%	
Dental/Oral Care	18.60%	
Hunger	18.60%	
Smoking/Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes)	18.60%	8
Chronic Pain	17.44%	
Neurological Conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)	17.44%	9
Prenatal and Pregnancy Care	16.28%	10
Alzheimer's Disease/Dementia	13.95%	
Intellectual / Developmental Disabilities / Autism	13.95%	11
Accidents/Injuries (Unintentional)	11.63%	
Infectious Diseases (Hepatitis, TB, MRSA, etc.)	11.63%	12
Bullying (Cyber, Workplace, etc)	8.14%	
HIV/AIDs	8.14%	
Physical Disabilities	8.14%	
Sexually Transmitted Infections (HPV, Chlamydia, Gonorrhea, Herpes, etc.)	8.14%	
Other	8.14%	13
Environmental Health (Water Quality, Pollution, Mosquito Control, etc.)	4.65%	14
Drowning/Water Safety	3.49%	15

Emerging Themes: Throughout the service area, the most frequently chosen health concern for adults was behavioral health, alcohol/substance abuse, followed by obesity, heart conditions, diabetes and respiratory issues. This reflects a growing understanding that behavioral health is integral to overall wellness, as well as pointing to the persistent lack of services to address a health problem with a growing patient population as conditions previously undiagnosed are identified.

In addition to responding to the pre-formulated survey list, 7 individuals listed additional adult health concerns. The responses offer the themes of homelessness, affordable housing, healthcare access, affordable care, cost of living and health insurance. The “free response” answers draw attention to the connections between what we think of as traditional medical conditions and the non-medical factors in our everyday lives that impact health, and which are known as the “social determinants of health.” In these responses, as in the

other free response sections of the survey, a broader vision of health is displayed. The following table presents additional health concerns for adults.

Free Response Additional Community Health Concerns - Adults aged 18+
Homeless
No insurance how will they pay hospital bill
Affordable/workforce Housing is critical to the health of this community. The stress that comes from either trying to pay for housing that is more than you can afford or knowing you are living in housing that does not meet your needs will lead to more traditional health concerns and must be addressed as a root cause.
Access to primary care and preventative medicine
Housing and the effects poor housing conditions or housing burdened families must then face
Cost of Housing and impact on ability to be healthy
Untreated health due to homelessness

Emerging Themes: You will note that throughout the survey, where free response questions allow respondents to identify additional areas of interest we found that social and lifestyle elements were often included on the lists. Things such as transportation, affordability and the need for care coordination for health concerns and between organizations that focus on different types of assistance remind us that health is not a stand-alone experience but is instead woven into the lives we lead.

A follow-up question on the survey asks respondents to choose five healthcare services that need to be strengthened for adults in the SNVMC service area from a list of services that are common in communities across the country. Respondents were given the characteristics of improved access, quality of healthcare, and availability of the service as considerations to take into account when making their choices. The responses of 86 individuals are presented in the table below.

Community Healthcare Service that Need to be Strengthened -- Adults aged 18+		
Health Concern	% Responses	Rating
Behavioral/Mental Health Services	79.07%	1
Alcohol/Substance Abuse Services	52.33%	2
Aging Services	32.56%	3
Health Promotion and Prevention Services	32.56%	
Health Insurance Coverage	30.23%	
Social Services	30.23%	4
Care Coordination and Transitions of Care	24.42%	5
Chronic Disease Services (Diabetes, High Blood Pressure/Hypertension)	23.26%	6
Public Health Services	22.09%	7
Dental/Oral Health Services	19.77%	8
Chronic Pain Management Services	18.60%	9
Primary Care	17.44%	10
Family Planning and Maternal Health Services	16.28%	11
Cancer Services	13.95%	12
Self-Management Services (Nutrition, Exercise, etc.)	12.79%	13
Domestic Violence / Sexual Assault Services	9.30%	14
Home Health Services	9.30%	
Long Term Services / Nursing Homes	9.30%	
Telehealth	9.30%	
Hospice and Palliative Care Services	8.14%	15
Pharmacy Services	8.14%	
Hospital Services (Inpatient, outpatient, emergency care)	6.98%	16
Other	6.98%	
Physical Rehabilitation Services	3.49%	17
Bereavement Support Services	2.33%	18

Emerging Themes: Throughout the survey, behavioral health services top the list of services most in need of strengthening. Across the service area, alcohol/substance abuse services are the second most frequently chosen response, with aging services, health insurance, health promotion and prevention services all following. Uncertainty about health insurance coverage and affordability is part of a changing healthcare landscape and will be addressed, though probably not completely resolved, through Medicaid expansion.

Respondents were also given the opportunity to add free response suggestions of other healthcare services that need to be strengthened for adults. The additional concerns of six respondents are listed in the table below.

Free Response Community Healthcare Services that Need to be Strengthened -- Adults aged 18+
Housing and children’s health like getting their vaccines or being able to see a doctor to stay healthy when they don’t qualify for medicaid
Specialty care services for the uninsured
More services available for intellect or Autistic persons
Housing opportunities
Local Specialty Care services for the uninsured
Homelessness (better discharge planning)

Emerging Themes: Housing, healthcare access for uninsured, specialized care, prevention efforts and support are seen as important additions to the list of services that need to be strengthened across Prince William County. Once again, it is evident that other lifestyle challenges such as housing are seen as important aspects of health related services.

Recognizing that partners in the collaboration that produced this survey may serve differing patient populations, and may have a different focus for needed information when addressing community needs, the survey repeated the two questions about adult health concerns and community services needed for children and teens from birth through age 17. Although the questions and intent are the same as the questions for adults, some of the listed health and community need choices are specific to the population aged 17 and under. Of 89 respondents, 86 answered these questions. The table on the next page presents the most frequently chosen responses.

Most Frequently Chosen Health Concerns - Children and Teens 0--17

Health Concern	% Responses	Rating
Behavioral/Mental Health (Suicide, ADHD, Anxiety, Depression, etc.)	80.23%	1
Bullying (Cyber, Workplace, etc)	58.14%	2
Alcohol/Substance Use (Prescription or Illegal Drugs including Opioids)	51.16%	3
Overweight/Obesity	45.35%	4
Violence in the Home - Child Abuse (Sexual, Physical, Emotional or Neglect) or Exposure to Domestic Violence	34.88%	5
Smoking/Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes)	29.07%	6
Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.)	25.58%	7
Hunger	24.42%	8
Accidents/Injuries (Unintentional)	20.93%	
Intellectual / Developmental Disabilities / Autism	20.93%	
Teen Pregnancy	20.93%	9
Sexually Transmitted Infections (HPV, Chlamydia, Gonorrhea, Herpes, etc.)	17.44%	10
Dental/Oral Care	12.79%	11
Eating Disorders	10.47%	12
Diabetes	8.14%	13
Respiratory Diseases (Asthma, COPN, Emphysema)	5.81%	14
Drowning/Water Safety	3.49%	15
Cancer	2.33%	
Heart Conditions (Heart Disease, Congestive Heart Failure/CHF, Heart Attacks/AMI, High Blood Pressure/Hypertension)	2.33%	
Infectious Diseases (Hepatitis, TB, MRSA, etc.)	2.33%	
Other	2.33%	16
Chronic Pain	1.16%	
HIV/AIDs	1.16%	
Neurological Conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)	1.16%	
Physical Disabilities	1.16%	17

Emerging Themes: Behavioral health is the most frequently chosen health concern for children and teens, perhaps resulting from the somewhat alarming choices that follow, including bullying, substance abuse, obesity, violence, and smoking/tobacco use. This tracks with the increased understanding that modern children live with a great deal of stress, both mental and physical, and it impacts their health in ways we are just beginning to understand. For a more detailed discussion of these effects, follow this link to the Adverse Childhood Experiences (ACES) website: <https://www.cdc.gov/violenceprevention/acestudy/index.html>

Two individuals provided additional thoughts on the most important health concerns for children and teens in the community. Their additions are presented below.

Free Response Additional Community Health Concerns -- Children and Teens ages 0 -- 17

- Care for children they need to be able to see doctors even if they don't have Medicaid or other health insurance. Some people cannot afford it and need their money to pay for their home or food
- Insecure family environment leading to homelessness

Emerging Themes: The responses reflect that children face the same challenges to access that adults do, while recognizing the effect living conditions and access to healthcare, often things that children have no control over.

The survey next asked respondents to choose five healthcare services for children that need to be strengthened from a list of common healthcare services. Responses from 86 individuals are presented in the table on the next page.

Community Healthcare Services that Need to be Strengthened -- Children and Teens ages 0 -- 17		
Healthcare Service	% Responses	Rating
Behavioral / Mental Health Services	83.72%	1
Alcohol / Substance Use Services	55.81%	2
Parent Education and Prevention Programming	47.67%	4
Child Abuse Prevention and Treatment Services	44.19%	5
Social Services	39.53%	6
Health Insurance Coverage	38.37%	7
Foster Care (Supporting Children in the system and their host families)	27.91%	8
Primary Care	27.91%	
Dental/Oral Health Services	25.58%	9
Care Coordination and Transition of Care	22.09%	10
Public Health Services	22.09%	
Self-Management Services (Nutrition, Exercise, etc.)	19.77%	11
Home Health Services	10.47%	12
Bereavement Support Services	8.14%	14
Cancer Services	4.65%	15
Chronic Pain Management Services	3.49%	16
Pharmacy Services	2.33%	17
Other	2.33%	
Physical Rehabilitation Services	1.16%	18

Emerging Themes: Continuing the focus on the behavioral health needs of children and teens, behavioral and mental health services are most cited as needing to be strengthened. Across the survey area, this choice is followed by parent education and child abuse prevention and treatment services. As we understand more about how childhood events impact adult health, the call for these support services is likely to grow stronger. For a more detailed discussion of these effects, follow this link to the Adverse Childhood Experiences (ACES) website: <https://www.cdc.gov/violenceprevention/acestudy/index.html>

Free response additional services to be strengthened were suggested by two individuals and are presented below.

Free Response Community Health Services that Need to be Strengthened - Children and Teens ages 0 - 17

Services within Sentara for treatment instead of going to Fairfax or Stafford

More psychiatric Hospitals for Children and Adolescents

Emerging Themes: Specialty pediatric and psychiatric care is the community service most often cited as needing to be strengthened.

Much of the information we gather on community health needs ties directly or indirectly to access to health care and other services. The table on the next page presents an incomplete list of factors that might influence an individual’s access to service. Although the list is brief, it can help clarify and prioritize program design. Of 89 respondents, 87 provided their list of access concerns.

Factors Impacting Access to Care and Services		
Factors	% Responses	Rating
Costs	89.66%	1
Transportation	68.97%	2
Health Insurance	66.67%	3
Time Off From Work	60.92%	4
Navigation and/or Understanding the Use of Health Services	60.92%	
Lack of Medical Providers	32.18%	5
No / Limited Home Support Network	32.18%	
Childcare	28.74%	6
Location of Health Services	28.74%	
Discrimination	9.2%	7
Other	4.6%	8
No / Limited Phone Access	2.3%	9

Emerging Themes: Across the greater Prince William County area, the top three choices of factors impacting access to care are the same: cost, transportation and health insurance. All three are questions of affordability of care, a consistent concern across services areas and populations.

Four individuals took the opportunity to give free response suggestions for other factors that impact access to care. Their suggestions are presented on the next page.

Free Response Additional Comments About Access to Healthcare

Language Barrier
Sentara doesn't take all insurances for certain services
Affordable/workplace housing. When people pay too much for their housing, they do not have funds to pay for healthcare or are working too many hours to take the time for prevention care
Language Barrier

Emerging Themes: Affordable housing and cost of living makes those who work outside the home or have other scheduling constraints, and is the most often voiced barrier to preventative care. Language barriers and insurance are consistently cited across the greater Prince William region as negative factors in accessing care.

Some aspects of access to care impact population segments differentially. Those with fewer resources, such as health insurance, sufficient income, and reliable transportation, struggle harder to access appropriate and sufficient care and other services. The survey included a question designed to identify which consumers face barriers that might be addressed through specific programming. Of 89 respondents, 87 answered the next question.

Most Vulnerable Populations in the Community Needing Support

Populations	% Responses	Rating
Individuals / Families / Children experiencing Homelessness	59.77%	1
Uninsured / Underinsured Individuals	51.72%	2
Immigrants or community members who are not fluent in English	49.43%	3
Individuals Struggling with Substance Use or Abuse	48.28%	4
Low Income Individuals	44.83%	5
Caregivers (Examples: caring for a spouse with dementia or a child with autism)	40.23%	6
Seniors / Elderly	37.93%	7
Children (age 0-17 years)	35.63%	8
Individuals struggling with Intellectual or Developmental Disabilities	25.29%	9
Veterans and Their Families	17.24%	10
Victims of Human Trafficking, Sexual Violence or Domestic Violence	17.24%	
Individuals Transitioning out of Incarceration	14.94%	11
Unemployed Individuals	14.94%	
Individuals with Physical Disabilities	12.64%	12
Individuals Needing Hospice / End of Life Support	11.49%	13
Migrant Workers	8.05%	14
Individuals in the LBGTO+ community	6.9%	15
Individuals Struggling with Lifelong Diseases (such as HIV/AIDs)	4.6%	16
Other	4.6%	

Emerging Themes: Respondents agreed across the greater Prince William County that families experiencing homelessness, the uninsured/underinsured, language barriers and low-income individuals are the most vulnerable people in the community and need supportive services. These answers are consistent with the theme of life conditions creating health issues that we have seen throughout the survey.

Four respondents provided free responses and suggestions for including additional populations, which covered a broad range of community segments and included commentary on the relationships between vulnerabilities and the resulting health issues. The additional suggestions are presented in full in the table below.

Additional Vulnerable Populations and Additional Information

Middle class individuals – their costs and resource available to them
This area has a large population of children need a hospital with peds
Mentally ill
Individuals transition out of incarceration and low income individuals

Emerging Themes: Often forgotten, people in transitions of any description are often more vulnerable as they face new situations. Prisoners transitioning out of incarceration face many challenges, with few resources to help them. Additionally, the contradiction of more people being technically covered by insurance but unable to pay for care because of a high deductible creates a mistaken impression of the state of health care coverage.

Finally, the survey explored the many factors in addition to medical care that determine an individual's health. Collectively called the social determinants of health, these factors are becoming increasingly recognized as contributing both directly and indirectly to individual health through processes as different as the effect of household mold on respiratory disease and the effect of stress from unemployment. The effects of social determinants are sometimes subtle, sometimes only discoverable after a health problem is identified, but often important in explaining health status. Of 89 respondents, 87 addressed this question. Respondents were asked to choose five community assets to be strengthened. Their responses are presented in the table on the next page.

Community Assets that Need to be Strengthened		
Community Assets	% Responses	Rating
Housing Affordability & Stability	64.37%	1
Affordable Housing	50.57%	2
Affordable Child Care	45.98%	3
Transportation	40.23%	4
Employment Opportunity/Workforce Development	36.78%	5
Healthy Food Access (Fresh Fruits & Vegetables, Community Gardens, Farmers Markets, etc.)	35.63%	6
Senior Services	33.33%	7
Social Services	27.59%	8
Neighborhood Safety	25.29%	9
Social and Community Networks	25.29%	
Early Childhood Education	19.54%	10
Safety Net Food System (Food Bank, WIC, SNAP, Meals on Wheels, etc.)	19.54%	
Walk-able and Bike-able Communities (Sidewalks, Bike/Walking Trails)	18.39%	11
Public Safety Services (Police, Fire, EMT)	14.94%	12
Safe Play and Recreation Spaces (Playgrounds, Parks, Sports Fields)	12.64%	13
Education – Post High School	11.49%	14
Education – Kindergarten through High School	9.2%	15
Green Spaces	6.9%	16
Environment – Air & Water Quality	5.75%	17
Public Spaces with Increased Accessibility for those with Disabilities	5.75%	
Other	2.3%	18

Emerging Themes: Consistently across the survey area, the top four community assets in need of strengthening are affordable housing, transportation, affordable childcare, employment opportunity/workforce development and access to healthy foods. All of these choices share an element of cost, but also of infrastructure development and maintenance.

Respondents were also given the opportunity to increase the list by adding factors that impact health. Two individuals added factors, listed in the table below.

Additional Community Assets and Additional Information
Education Pre-K to High School and post high school, employment and in some cases access to healthy foods
Community Services Board and Public Health

We appreciate the time and thought that went into each survey response, and are pleased to present the results here for input into service planning throughout the communities of the greater Prince William County.

Community Health Assessment Survey: Regional Collaboration

Lake Ridge Ambulatory Surgery Center and Sentara Healthcare partnered with the Prince William Health District and CHCGPW who worked collaboratively with other healthcare organizations throughout Northern Virginia to develop a regional survey.

The Community Health Assessment Survey was distributed through various venues throughout the community. The purpose was to have residents assist in identifying in their opinion, the most pressing public health problems in the community in which they live. The 2018 survey was conducted September to October 31, 2018 and offered in nine (9) different languages. 1,706 surveys were collected in total. 59.6% or 1,017 surveys were from individuals living in Prince William County. The surveys were analyzed, excluding those surveys without zip code identification, a zip code which was not in the defined service area, or more than two questions unanswered.

The health portion of the survey included three major questions:

- What are the greatest strengths of our community?
- What are the most important health issues for our community?
- What would most improve the quality of life for our community?

Respondents could select up to three choices for each question and leave open feedback in a free-form field. The survey was available online and in paper format, and was translated into multiple languages. It captured demographic information to compare responses among different groups.

The source for all data is the 2018 Community Health Assessment Survey Results for compiled for the Prince William Department of Public Health and other regional health districts.

About the Survey Respondents Demographics:

- 1,706 surveys collected
- 72.3% Female, 20.9% Male
- Most respondents were between the ages of 30-64 years old
- Most respondents made less than \$100,000 yearly household income
- 59.6% of respondents live in Prince William County
- Ethnicity
 - White/Caucasian: 50.6%
 - Black/African American: 18.9%
 - Hispanic/Latino: 20.8%

Highlights: The community conversations were held at different locations throughout the Greater Prince William Area and focused on: identifying health priorities, especially those of vulnerable populations, obtaining information on our community conversations sparked dynamic conversation through our community on the social determinants of health. The community conversation identified the five most important items in the community that would improve the quality of life was affordable housing, access to healthcare, mental health & substance abuse service, education opportunities, and jobs and a healthier economy.

1. What are the greatest strengths of our community?

Top Responses from Community Themes and Strengths Survey			
What are the greatest strengths of our community?			
Rank	Response	# of Responses	% of Total Responses
1	Diversity of the community (social, cultural, faith, economic)	710	42%
2	Police, fire and rescue services	568	34%
3	Educational opportunities (schools, libraries, vocational programs, universities)	474	28%
4	Safe place to live	427	25%
5	Parks and recreation	388	23%

Highlights:

Over 40% of the respondents believe the greatest strength of the community is the diversity of the community as well as services offered by the county such as police, fire, emergency management services, education system, and parks and recreation. A quarter of the respondents identified the community as a safe place to live.

2. What are the most important health issues for our community?

Top Responses from Community Themes and Strengths Survey			
What are the most important health issues for our community?			
Rank	Response	# of Responses	% of Total Responses
1	Mental Health problems (depression, anxiety, stress, suicide)	848	51%
2	Alcohol, drug, and/or opiate abuse	695	42%
3	Violence and abuse	421	25%
4	Obesity	399	24%
5	Other chronic health conditions (asthma, cancers, diabetes, heart disease)	344	21%

3. What would most improve the quality of life for our community?

Top Responses from Community Themes and Strengths Survey			
What would most improve quality of life for our community?			
Rank	Response	# of Responses	% of Total Responses
1	Housing that is affordable	802	49%
2	Access to healthcare	548	34%
3	Mental health and substance abuse services	504	31%
4	Educational opportunities (schools, libraries, vocational programs, universities)	376	23%
5	Jobs and a healthier economy	361	22%

Community Focus Group Session Findings 2019

In addition to the online surveys for community insight, Lake Ridge Ambulatory Surgery Center and Sentara Northern Virginia Medical Center (SNVMC) in partnership with the Community Health Coalition of Greater Prince William County (CHCGPW) carried out a series of more in-depth Community Conversations Focus Groups to obtain greater insight from diverse stakeholders and community residents.

As the CHCGPW, our Community Conversations Focus Groups were held at different locations throughout the Greater Prince William Area and focused on:

- Identifying health priorities
- Obtaining information about populations and issues with little data
- Building relationships within the community

The Community Conversations sparked dynamic conversations throughout our community on the social determinants of health, the role of policy in health outcomes, and the impact of cross-sector collaboration on positive health outcomes.

Three major questions were asked after presenting the residential survey outcomes.

- Do these choices surprise you?
- How do the top health issues affect our community?
- Which factors would have the greatest impact on your health or the community's health?

Two focus group sessions were held at Sentara Northern Virginia Medical Center on February 14 and 19, 2019. Three other focus groups were held on the west end of the county on February 12 and 20, 2019. The Community Conversations at SNVMC brought in a number of participants ranging from 20-30. Representatives from the health department, government, non-profit organizations, health plans and other local hospitals were in attendance in these sessions.

A brief summary of the key findings for each topic is presented below and on the next page.

Topic	Key Findings
1. What are the most serious health problems in our community?	Chronic Conditions Economic Stability Educational Opportunities Healthcare Access and Delivery Systems Immunization and Infectious Diseases Injury and Violence Mental Health – (including alcohol & substance abuse) Neighborhood and Built Environment Obesity, Nutrition, and Physical Activity Tobacco and Substance Abuse
2. Do these serious health problems in our community surprise you?	Yes. Topics - Mental Health and Injury and Violence were surprising. Strong Police, Sheriff and first responders. Conversations dug further into both topics.

Topic	Key Findings
3. How do the top health issues affect our community?	No Access to care Low income Homeless Low Income and Homeless – ability and access to jobs
4. Which factors would have the greatest impact on your health or the community's health?	Social Determinants Lack of access Health Literacy Fast-paced lifestyle - Traffic Fast-paced lifestyle - Stress No wellness care Compliance Income Economy Sidewalks

Sentara Community Health Needs Assessment Implementation Strategy

2018 Progress Report

Hospital: Lake Ridge Ambulatory Surgery Center

Quarter (please indicate): First Quarter Second Quarter Third Quarter Year End

In support of community health needs assessment and related implementation strategies, Sentara will measure the progress toward the community health needs assessment implementation strategies selected by each hospital on a quarterly basis.

To complete this quarterly progress report, the health problems and implementation strategies can be pasted into this document from the hospital's existing Three-Year Implementation Strategy document. The quarterly progress should be identified in the third column below.

The quarterly report should include only key actions taken during the quarter; the report does not need to include all activities. Where possible the actions should be quantified, with outcomes measurements if

Health Problem	Three Year Implementation Strategies	Progress
Problem #1 Nutrition/Physical Activity/Obesity	<ul style="list-style-type: none">• Collaborate with Greater Prince William Coalition• Continue to support and promote nutritional awareness through written information keeping the public aware of the upcoming community events• Improve post-operative snacks & beverages for patients	<ul style="list-style-type: none">• Provide information for support programs for the community• Provide education materials in waiting room• Promotion of free community health screenings and wellness events• Provide healthy alternatives for patients post-surgery.

Health Problem	Three Year Implementation Strategies	Progress
<p>Problem #2 Chronic Conditions Including Disease</p>	<ul style="list-style-type: none"> • VA Cooperative Extension programs are available to the public offering programs, information and education free to the public • Promote public awareness of local groups for a healthy and more active lifestyle • Collaborate with Sentara Community Outreach Nurse/Dept. • Continue to collaborate with the Prince William Area Free Clinic 	<ul style="list-style-type: none"> • Provide take-home 'Family Nutrition Program Lesson Logs' and free meal planning logs for both adults and children. Information on Pediatric Immunizations [back to school requirements] take home booklet/flyers. • Offer free "Your Health" magazines available in LRSC waiting room for pts to take home • Promotion of Potomac Mills Walking Club. • Promotion of Sentara community events • Have relevant material available, including Sentara Diabetes Management Program with contact numbers, smoking cessation tools, logs, diet and exercise logs, and information on high BP. Flyers have email address for information on upcoming classes and who to contact for more information. • Continue to work with Sentara Community Outreach programs. • Refer patients with elevated BP, diabetes and history of sleep apnea. Information is provided free and located in the waiting room. Pts that are identified are referred back to their primary care physicians for further evaluation.
<p>Problem #3 Uninsured and Underinsured</p>	<ul style="list-style-type: none"> • Continue to work with LRSC MD partners to provide information on Financial Assistance to the community • Continue to work with the PWAFC to gain access to LRSC by providing Financial Assistance paperwork and working with their medical director 	<ul style="list-style-type: none"> • We continue to work with the families and patients offering both free health care and/or at greatly discounted health care to patients in the PW community. • Credentialed 3 new surgeons specializing in services new to LRASC, providing new services to our uninsured and underinsured patients. • We continue to assist the PWAFC and other safety net organizations with recruitment of physicians,

Health Problem	Three Year Implementation Strategies	Progress
Problem #3 Uninsured and Underinsured (continued)		while assisting the patients to gain access to needed healthcare. <ul style="list-style-type: none"> • LRSC continues to assist our underinsured or uninsured patients with free durable medical equipment and preop testing cost coverage. Year end LRSC provided 11 patients with durable medical equipment and preop labs at no cost.