Greater Prince William Community Health Assessment
2019

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COMMUNITY HEALTHCARE COALITION OF GREATER PRINCE WILLIAM

Serving Prince William County and the independent cities of Manassas and Manassas Park

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Brief History

Captain John Smith landed in the Greater Prince William Area (GPWA) in 1608, which was inhabited by Anacostan, Doeg, Iroquois, and Piscataway Indians. The first known colonial settlement was founded in 1722. In 1730, the Virginia General Assembly carved out an area approximately 2,000 square miles in size and named it Prince William County. At that time, all of Northern Virginia was known as Prince William. In the late 1700s, the county was divided into what today is Arlington, Fairfax, Loudoun, and Fauquier Counties.

The GPWA includes Prince William County and the independent cities of Manassas and Manassas Park. Located a short drive from the Nation's Capitol, Washington, D.C., the GPWA is rich with history that dates back to the 1600s. The countryside of Northern Virginia is home to important landmarks from the American Civil War including sites for the two of the largest battles of the conflict -- First and Second battles of Manassas, also known as Bull Run (1861 and 1862). At that time, Manassas Junction was little more than a railroad crossing, but a strategic one, with rails leading to Richmond, Virginia, Washington, D.C., and the Shenandoah Valley. Many of the local historic sites are linked to the events of that era.

Although much is known regarding this era and Prince William's crucial role in the Civil War, much less information is available about the enslaved people who lived in the county. Beginning in the 18th century, integration of slavery began in Virginia and Prince William County reflected this. In 1800, near the height of Northern Virginia's tobacco production, more than 40 percent of Prince William County's 12,733 residents were slaves.
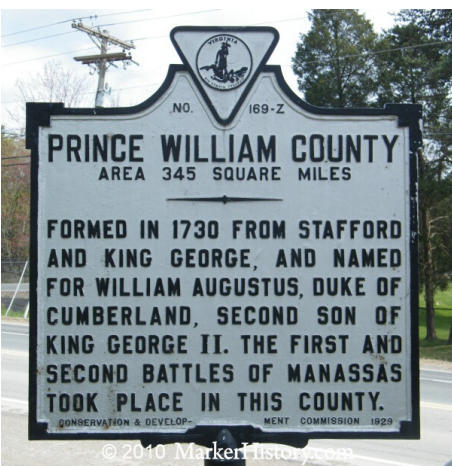
After the war, locals sought to rebuild the GPWA by adding postwar architecture and reconstructing the railroad to expand westward. Education became an important focus and schools opened in the County including the Manassas Industrial School for Colored Youth and Eastern College. Additional academies and military schools opened in the early 1900s. The Quantico Marine Base was established in 1917 and became an official training facility for the Navy before World War I.

Whether it's visiting a national park or a historical museum, the GPWA is home to miles of trails and green-space, nature, historical sights, and modern art.

A Message from the CHCGPW

The Community Healthcare Coalition of Greater Prince William (CHCGPW) is proud to share the 2019 Community Health Assessment (CHA) with our community members. On behalf of the members of CHCGPW, we hope this information will help you to better understand the health status of the Greater Prince William Area (GPWA).

We would like to start by thanking our partners, community residents, community-based organizations, local government agencies, and healthcare systems that contributed to this assessment process. A special thank you goes out to the Population Health Team of the Prince William Health District for their work on the data collection and analysis, report development, and overall project management of this CHA.

The 2019 CHA is part of an ongoing community health improvement process which will take place from 2019-2024. A CHA is simply a 'snapshot' of health in a community. The CHA process allows community stakeholders to identify and prioritize community health needs through the analysis of data and community feedback. It is the foundation for the Community Health Improvement Plan (CHIP), the Prince William Health District's Strategic Plan, and the Prince William Health District's population health goals.

As a result of the CHA, a CHIP will be developed as a companion document with goals, objectives, and action plans for each of the identified priority areas. The purpose of the CHIP is to illustrate how a wide variety of partners will collectively work together to improve the health of the community. To truly create a complete picture of health within a community, the evaluation process, planning, and implementation must be community-driven. With buy-in and collaboration from community members, stakeholders, and partners, the plan allows all those involved to set common priorities and align activities.

Several health needs were identified through this assessment, including the following: access to healthcare and delivery systems; economic stability; access to mental health services; educational opportunities; access to affordable housing; tobacco and substance use and abuse; chronic health conditions; obesity, nutrition, and physical activity; injury and violence; and immunizations and infectious diseases. Additionally, health inequities and disparities were identified as factors that impact health that must be addressed to build a healthier community for all.

CHCGPW recognizes the importance of making opportunity and resources equitable to all those living in the community to achieve optimal health and well-being. The Coalition is dedicated to working toward making the Greater Prince William Area a healthier and safer place to live, work, and play.

-- CHCGPW

Acknowledgements

This Community Health Assessment reflects the work and contributions of many community stakeholders and partners across the Greater Prince William Area. Sincere appreciation is extended to those who shared their expertise throughout the process. A special note of gratitude is owed to the following individuals and organizations for their time, commitment, and insight.

The Prince William Health District would like to thank community members, organizations, and partners who contributed to this assessment. A special thank you goes out to Novant Health UVA System and Sentara Health System for hosting the Community Conversations throughout the Greater Prince William Area. We would also like to acknowledge and thank Steve Liga, Chief Executive Officer of Action in Community Through Service (ACTS), for facilitating our Community Conversations.

Lastly, thank you to the Community Healthcare Coalition of Greater Prince William (CHCGPW) for their continued dedication to improving health outcomes in the Greater Prince William Area.

Prince William Health District

Alison Ansher, MD, MPH, Health Director

Sarah Fenno, MPH, Population Health Epidemiologist

Joya Patel, Population Health Planner

All PWHD employees and Medical Reserve Corps volunteers who participated in our surveying efforts and community events

Inova Health System

Rachel Lynch, MPH, Director of Community Health Improvement

Community Members & Partners

Community Healthcare Coalition of Greater Prince William (full list of members in Appendix A)

Steve Liga, **LSW, LSAPT, CPS,** Director of ACTS

Alexandria Health Department

Arlington County Health Department

Fairfax County Health Department

Loudoun County Health Department

Novant Health UVA Health System

Sentara Northern Virginia Medical Center

Report Summary

What makes a community healthy?

How do we measure health in a community? Is it the number of doctors? Is it how many residents smoke cigarettes? Is it the percentage of residents living in poverty or the high cost of housing? Or is health measured by the differences in hospitalization between different racial and ethnic groups?

Health and well-being are impacted by more than just access to healthcare. Many other factors influence how long and how well we live. These factors include education, income, quality housing, safe neighborhoods, as well as the ability to make healthy choices regarding quality healthcare, good nutrition, and physical activity. For some in our community, the ability to live a long and healthy life is impacted by a lack of opportunity for healthy choices. Therefore, we must address these factors through an equity lens so that everyone in our community has the opportunity to be healthy.

Our process

From spring 2018 to summer 2019, the Prince William Health District (PWHD) facilitated a Community Health Assessment (CHA) to develop a complete picture of health in the Greater Prince William Area (GPWA). This CHA is a community-centered and data-driven approach to identify the top community health concerns by using surveys, local statistics, and public input to paint a picture of health and well-being in GPWA. PWHD collaborated with Inova Health System on this assessment and joined with the other Northern Virginia health departments to develop a regional CHA framework and identify common health concerns across the region.
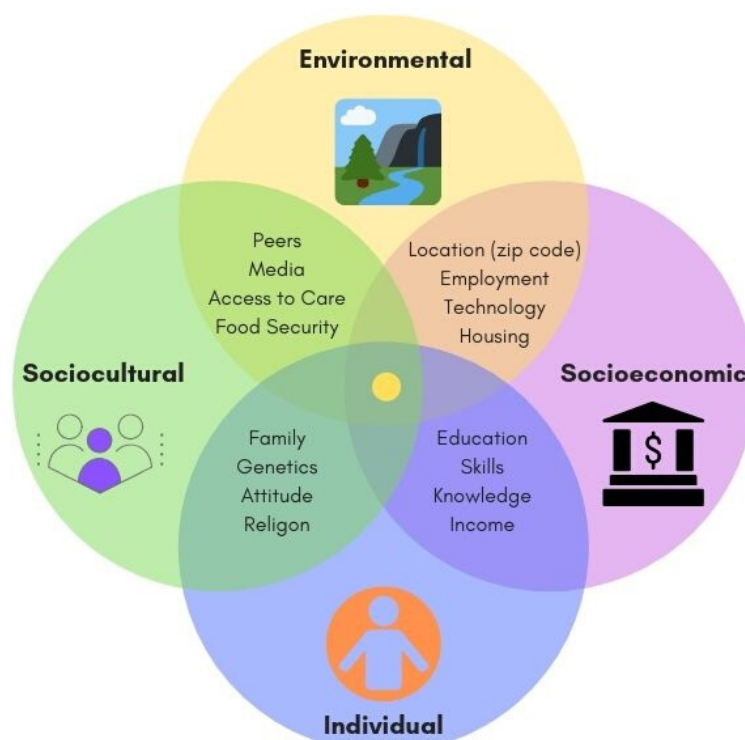
Report Summary

What we learned about the Greater Prince William Area

While GPWA is relatively healthy overall, community members have significant differences in health outcomes depending on race, gender, age, income, zip code, and education. Health is dependent on much more than just healthcare. A healthy community is one where everyone has a fair shot at access to good jobs with fair pay, good schools, affordable housing, safe neighborhoods, access to good nutrition, and quality medical care.

The top ten health issues identified, listed alphabetically, are:

1. Chronic Conditions
2. Economic Stability
3. Educational Opportunities
4. Healthcare Access and Delivery Systems
5. Immunizations and Infectious Diseases
6. Injury and Violence
7. Mental Health
8. Neighborhood and Built Environment
9. Obesity, Nutrition, and Physical Activity
10. Tobacco and Substance Use

Next Steps

Using the information from this CHA, along with community input, Prince William Health District, Community Healthcare Coalition of Greater Prince William (CHCGPW), and Inova will develop a multi-year Community Health Improvement Plan (CHIP). The CHIP will feature measurable, actionable strategies to address our community's most pressing community health concerns. All community members are encouraged to help decide the CHIP priority areas and become involved in crafting solutions.

Report Summary

For a community to thrive, it must be healthy, resilient, and equipped with opportunities for all residents to succeed. A Community Health Assessment (CHA) measures the community's health status by looking at a broad spectrum of data examining strengths, weaknesses, challenges, and opportunities.

A CHA explores:
- **What are the biggest health challenges?**
- **Who is most affected?**
- **Where are the unmet needs for services?**
- **What are health disparities and health inequities?**

This CHA features a new approach to assess the most significant health concerns in Northern Virginia through a collaboration of health departments, hospitals, community coalitions, councils, and steering committees and the residents who live, work, and play in the region. Findings provide the basis for an actionable plan to address top health needs and create a more equitable, flourishing community.

Regional Approach

In 2018, the health departments of Alexandria, Arlington, Fairfax, Loudoun, and Prince William joined with Inova to develop a framework for a regional CHA. The framework provides standardized methods that take into account each community's unique resources, needs, and values. It reduces duplication of efforts among the partners and encourages cooperative solutions on joint priorities.

This report provides an overview of the CHCGPW's health assessment. There will also be a joint report assessing the health of the entire region. While the Fairfax and Arlington Health Departments were full partners in this process, they had already begun the CHA process before the development of the regional framework. Therefore, those reports will not mimic the format of this report.

Community-Centered

All of Northern Virginia is intertwined and residents flow between the areas for work, play, and health needs. While a regional approach guided the CHA, the collaborative recognized that each jurisdiction has unique characteristics that will influence the community-centered process. As much as possible, the process centered on existing resources, partnerships, and local needs and values. In this way, the foundation is laid to implement initiatives that promote health for all residents.

Throughout the CHA process, the Community Healthcare Coalition of Greater Prince William worked with community partners and developed public meetings and targeted outreach plans to engage residents who are not always represented. Both qualitative and quantitative data was used to determine the most pressing public health issues. The CHA process focused on feedback from community leaders, influencers, members, and partners to create a complete picture of health. The team collected 1,706 completed community surveys at 20 outreach events, engaged with more than 30 local organizations, and held 4 community meetings (Community Conversations). Appendix A highlights the core strategies PWHD used to capture a wide variety of community perspectives and priorities.

Recognizing the important role social determinants of health play in the health of those living in the Greater Prince William Area, the Community Conversations focused on community-level health determinants and their impact of overall health and well-being. The Community Conversations presented attendees with an overview of the CHA process, efforts of the CHCGPW, and survey results.

"Diversity is Greater Prince William's greatest strength. We need to proudly embrace cultural differences and work to ensure that our communities' cultures are represented."

Community-Centered

After the Community Conversations presentation, the following three questions were asked:

• **"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 community health?"**

With the goal of meeting our community members where they are, our Community Conversations were held at different locations throughout the Greater Prince William Area and focused on: identifying health priorities, obtaining information on populations and issues for which we have little data, and building relationships with the community. Our 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. The themes from our Community Conversations have been summarized in the visual below.
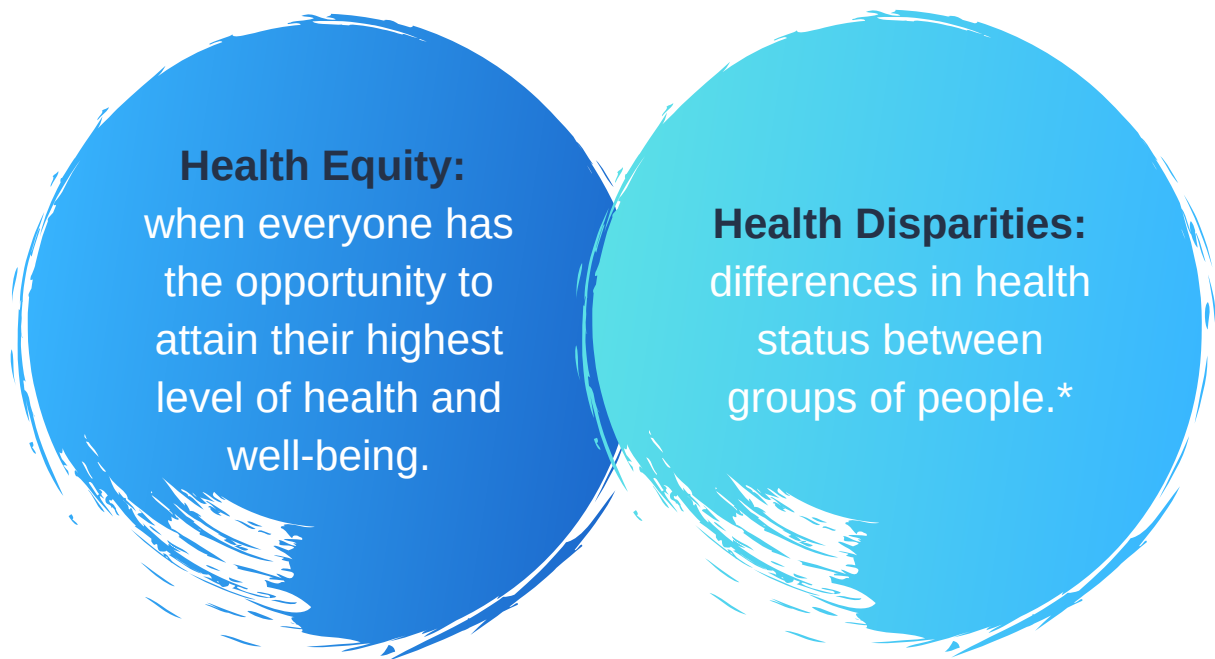
Comprehensive Review

Health is more than the absence of disease. It is shaped by policies, neighborhoods, and opportunities. In addition to reviewing health behaviors and outcomes, the collaborative looked at housing, education, transportation, employment status, and food availability to create a fuller picture. Qualitative and quantitative data were analyzed and top health issues identified.

Equity Focus

The collaborative chose to focus on health equity and disparities because thriving communities promote well-being for all residents. When compared to Virginia and the nation, Northern Virginia's health outcomes consistently rank high. However, the CHA looks beyond those numbers to review health differences by race, ethnicity, income, education, gender, and zip code. The process encourages those most impacted by disparities to get involved and be part of the process.

Health Equity: when everyone has the opportunity to attain their highest level of health and well-being.

Health Disparities: differences in health status between groups of people.*

*Definitions adapted from American Public Health Association (APHA), www.apha.org/topics-and-issues/health equity

Snapshot of Our Community

The Greater Prince William Area (GPWA) is located in Northern Virginia, approximately 35 miles southwest of Washington, D.C. The GPWA is part of the National Capital Region, which includes counties and cities in the Washington metropolitan area. GPWA encompasses a total area of 349 square miles and includes Prince William County and the independent cities of Manassas and Manassas Park. Two major highways, I-66 and I-95, run through Prince William County. It is home to 508,259 residents with diverse cultural and ethnic backgrounds and is expected to continue growing and diversifying (*U.S. Census Bureau, 2017 estimates*). Table 1, Table 2, Figure 1, and Figure 2 provide a summary of the Greater Prince William Area population. See Appendix B for a comprehensive overview.

Table 1. Selected Characteristics of the Greater Prince William Area

Characteristic	Prince William County	Manassas City	Manassas Park City	Virginia
Total population	450,763	41,379	16,117	8,365,952
Average household size	3.21	3.29	3.37	2.62
Below poverty (%)	7	8.8	10.3	11.2
Foreign born (%)	23.4	26.2	35.6	12.1
High school graduate or higher (%)	88.8	81.3	82.3	89
Mean travel time to work	39.1	34.1	37.3	28.2
Health insurance coverage (%)	88.1	83.4	78.2	90.1
Health insurance coverage – Public (%)	18.3	22.5	21.2	26.7
Language spoken at home – English (%)	67.6	60.2	53.7	84.2
Language spoken at home – Non English (%)	32.4	39.8	46.3	15.8
Median age	34.7	33.5	34.1	38
Median home value ($)	358,300	307,000	263,300	255,800
Median household income ($)	101,059	77,551	79,131	68,766
Unemployment rate (%)	5	7.4	6	5.5
Veterans (%)	13	8.7	8.2	10.8
With disability (%)	7.5	7.4	8.2	11.5

Source: U.S. Census Bureau, American Community Survey (ACS), 2013-2017 5-Year Estimates

Community-Centered

Table 2. Greater Prince William Area Population Estimates and Demographic Overview

	Prince William County		Manassas City		Manassas Park City	
	2017 Population Estimate	Proportion of Population	2017 Population Estimate	Proportion of Population	2017 Population Estimate	Proportion of Population
Total population	**450,763**	**100%**	**41,379**	**100%**	**16,117**	**100%**
Age						
0-19	135,703	30.1%	12,155	29.4%	4,771	29.6%
20-34	91,889	20.4%	9,397	22.7%	3,437	21.3%
35-44	69,486	15.4%	5,993	14.5%	2,806	17.4%
45-54	66,602	14.8%	5,593	13.5%	2,462	15.3%
55-64	47,647	10.6%	4,595	11.1%	1,441	8.9%
65+	39,436	8.7%	3,646	8.8%	1,200	7.4%
Sex						
Male	224,843	49.9%	20,675	50.0%	8,482	52.6%
Female	225,920	50.1%	20,704	50.0%	7,635	47.4%
Race/Ethnicity						
White or Caucasian	201,113	44.6%	17,644	42.6%	5,800	36.0%
Black or African American	91,160	20.2%	5,295	12.8%	2,065	12.8%
American Indian or Alaska Native	1,094	0.2%	181	0.4%	17	0.1%
Asian	36,232	8.0%	2,156	5.2%	1,689	10.5%
Native Hawaiian or Other Pacific Islander	498	0.1%	34	0.1%	0	0.0%
Some other race	1,357	0.3%	137	0.3%	111	0.7%
Two or more races	18,267	4.1%	1,455	3.5%	350	2.2%
Hispanic or Latino	101,042	22.4%	14,447	35.0%	6,085	37.8%
Source: U.S. Census Bureau, American Community Survey, 2013-2017 5-year estimates						

Asessing Health in the Community

Life expectancy can vary by as much as 17 years across the community. For example, a person living in parts of Woodbridge can on average expect to live 71 years in comparison to a person from Linton Hall who could live up to 88 years.

Why might we see such a gap? Health depends on good education, income, housing, transportation, safety, and other living conditions. This is a great example of why all these factors are crucial to determining our health and wellness.

Produced by the Virginia Commonwealth University (VCU) Center on Society and Health for the Metropolitan Washington Council of Governments (COG) Health Officials Committee, Figure 1 shows life expectancy for different zip codes in the Greater Prince William Area. The study focuses on differences in life expectancy based on living conditions that shape our health.

Figure 1. Life Expectancy at Birth by Census Tract, Greater Prince William Area
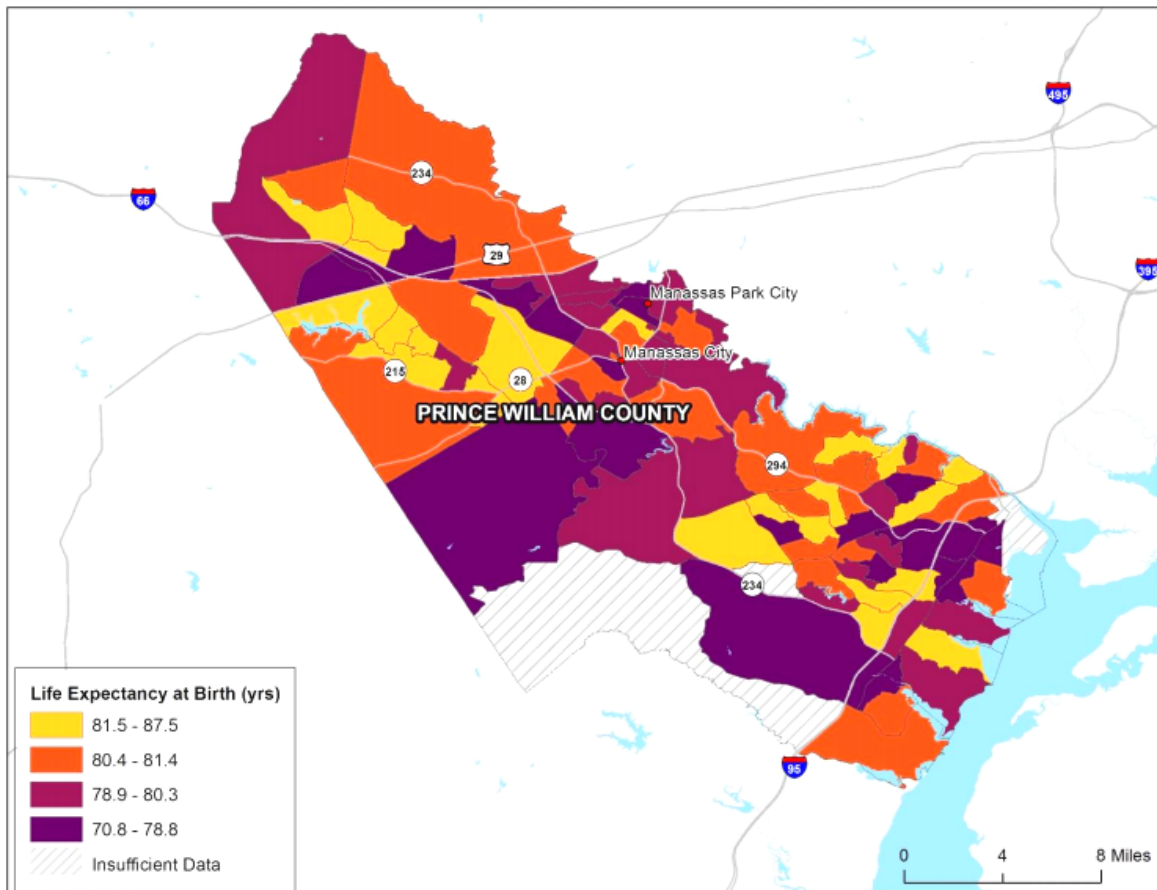
Source: Virginia Commonwealth University (VCU) Center on Society and Health Uneven Opportunities: How Conditions for Wellness Vary Across the Metropolitan Washington Region, https://www.mwcog.org/healthindicatorsreport/

Take A Closer Look!

If you'd like to learn more about life expectancy and other factors that shape health in your zip code,
check out the Uneven Opportunities Report published by VCU in partnership with NoVA Health Foundation.

Projected Population Growth

Figure 2. Population Estimates and Projections, Greater Prince William Area (2017-2040)

Prince William County

Year	Population
2017	450,763
2020	483,750
2030	588,058
2040	682,111

Manassas City

Year	Population
2017	41,379
2020	45,212
2030	49,162
2040	52,352

Manassas Park City

Year	Population
2017	16,117
2020	17,082
2030	20,544
2040	23,652

Methods and Results

Assessing Health in the Community

To evaluate health in each jurisdiction, the regional collaborative gathered qualitative and quantitative information through three tools:

1. **Forces of Change Assessment (FOCA)**
2. **Community Themes and Strengths Assessment (CTSA)**
3. **Community Health Status Assessment (CHSA)**

These assessments are part of the Mobilizing for Action through Planning and Partnerships (MAPP) framework. Table 3 describes each assessment.

Table 3: Description of MAPP Assessments

Assessment	Description	Possible Findings
Community Health Status	Review of quantitative community health indicators	"What are differences in specific health outcomes among groups of people?"
Forces of Change	Discussion of community conditions and health	"What do participants identify as current events that impact health?"
Community Themes & Strengths	Survey of the community about health issues and opportunities	"What do respondents identify as the most important health issues?"

QUALITATIVE DATA
Collected & interpreted through observation
Examined for themes & patterns
Answers : **Why? How?**

QUANTITATIVE DATA
Measurement (#, %)
Analyzed using statistics
Answers : **What? When? Where?**
How often? How long?

Methods

Forces of Change Assessment (FOCA)

For this assessment, the CHA Steering Committee discussed trends, events, and forces that affect health in GPWA. Equity was central to the group's discussion about threats to health in the community. For example, the Committee noted that a resident's zip code, socioeconomic status, race, and legal status impacts the resident's awareness of and access to available resources. Figure 3 summarizes the frequently cited themes from the discussion. A full compilation of responses is in Appendix C.

Figure 3: FOCA -- Trends, Events, and Forces that Affect Health in the Community
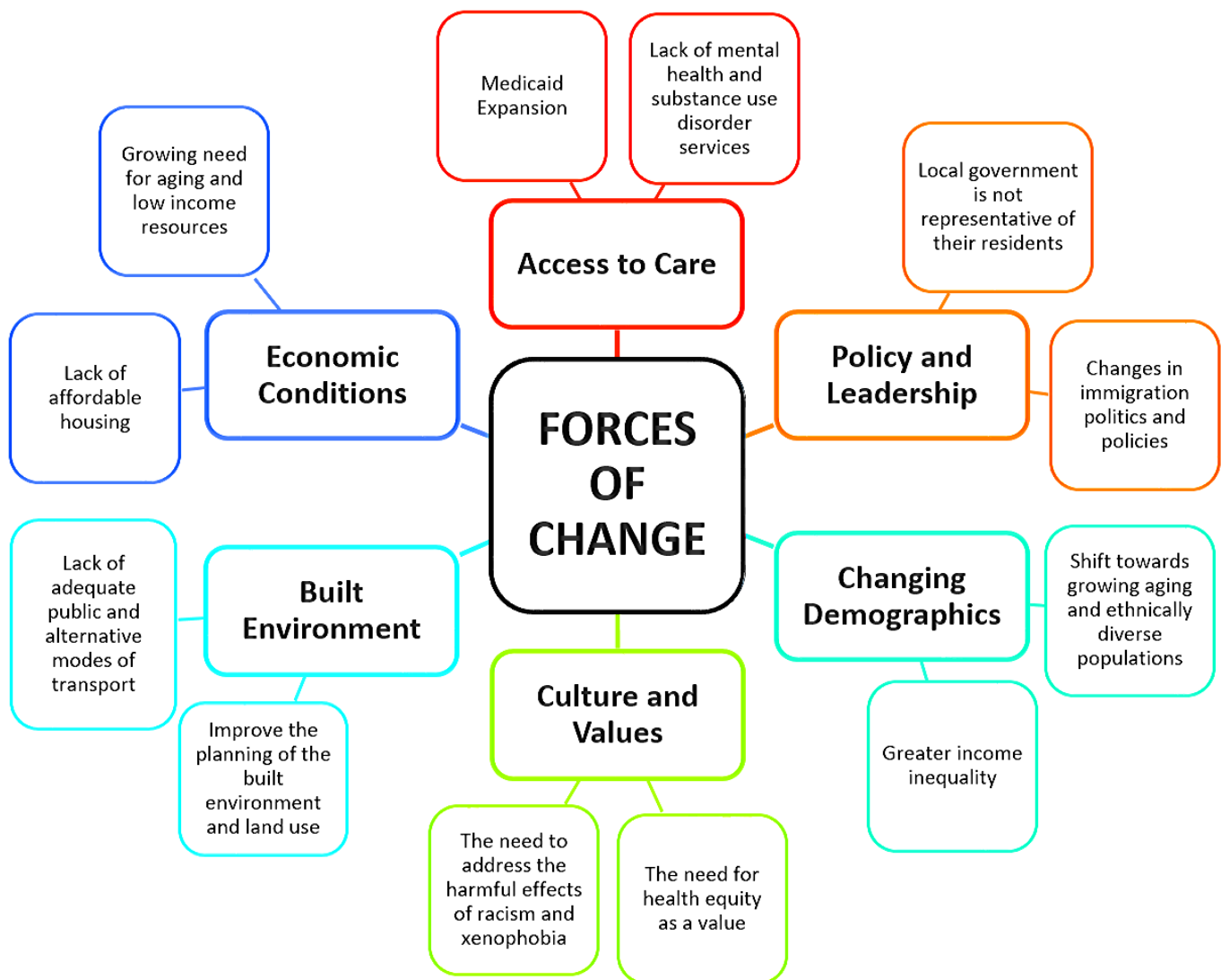
Community Themes and Strengths Assessment (CTSA)

This assessment collected information through a three-question survey:

- **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. To review the survey questions and responses, see Appendix D.

1706
surveys collected

- **Offered in 9 different languages**
- **Surveying period: Sept. to Oct. 2018**
- **Outreach at over 20 events**
- **Engaged 30 partners**

72.3% │ **20.9%**

- **White/Caucasian │ 50.6%**
- **Black/African American | 18.9%**
- **Hispanic/Latino │ 20.8%**

Ø **Most respondents were between the ages of 30-64 years old**

Ø **Most respondents made less than $100,000 yearly household income**

Ø **59.6% of respondents live in Prince William County**

Want to learn more?

To dig deeper into this data, please visit our **survey dashboard** to explore trends between different groups.

Top Community Survey Findings

Table 4: Top Responses from Community Themes and Strengths Survey

Rank	Response	# of Responses	% of Total Responses
	What are the greatest strengths of our community?		
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%
	What are the most important health issues for our community?		
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%
	What would most improve quality of life for our community?		
1	Housing that is affordable	802	49%
2	Access to health care	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%

"It takes a village, it will take our whole community to start change."

"We need to think upstream and shift our perspective so we can advocate for investment to improve health rather than putting Band-Aids on the problems."

"Health happens in neighborhoods, not always in health centers."

Community Health Status Assessment (CHSA)

The regional collaborative identified a core set of health indicators to examine across all jurisdictions. Some jurisdictions also examined additional metrics that are important to their community.

Indicators were selected based on best practices, data availability, and local health department knowledge of emerging health issues. The data include rates and percentages of mortality, morbidity, incidence, and prevalence (death, chronic illness, and new and existing disease). Data were compiled from published secondary sources and surveys. Exploring data by age, race, sex, gender, and geography allowed for consideration of health across the lifespan and supported a focus on equity.

Indicators reflect the most recent data as of January 2019. County-level data for all health-related issues, as well as breakdowns by population characteristics, were not consistently available, which means the amount of information within each health topic may be limited and varied.

Table 5-8 shows a summary of indicator categories and how they were assessed relative to disparities, benchmarks, and progress. For a comprehensive overview of data, see Appendix E.

Table 5: Legend for Data Ratings to Determine Top Health Issues

	Disparities	Progress	Benchmarks
✘	>100% difference for most indicators	More indicators in category worsened	More indicators in category have not met benchmarks
⟷	10-99% difference for most indicators	Same number of indicators are getting better or worse, or staying the same	Same number of indicators in category have met or not met benchmarks
🙂	<10% difference for most indicators	More indicators in category improved	More indicators in category have met benchmarks
⊖	Data not available to assess		

Table 6: Data Ratings for Prince William County

Indicator Category	Disparities	Progress	Benchmark
Chronic conditions (stroke, heart disease, diabetes, Alzheimer's and dementia, arthritis, cancer)	X	X	X
Economic stability (income inequality, poverty, unemployment)	X	X	↔
Educational opportunities (school climate, suspensions, graduation rates, advanced academics, college)	↔	☺	↔
Healthcare access & delivery systems (insurance coverage, hospitalization, healthcare disparities)	X	↔	X
Health related quality of life & wellbeing (life expectancy, years of life lost due to illness, quality of life rankings)	↔	☺	☺
Immunizations & infectious disease (infectious disease incidence, immunization rates)	⊖	X	☺
Injury & violence (accidental injury, motor vehicle collision, assault)	X	↔	↔
Maternal & child health (infant mortality, maternal mortality, teen births, prenatal care)	X	X	↔
Mental health (mental distress, suicide, depression)	X	X	☺
Neighborhood & built environment (residential segregation, housing costs, food environment, commuting, green space)	↔	↔	X
Obesity, nutrition, & physical activity (overweight or obese, food insecurity, levels of physical activity)	⊖	↔	↔
Oral health (tooth loss, received dental services)	⊖	X	↔
Sexual & reproductive health (adolescent sexual health and pregnancy, HIV and STI incidence and prevalence)	X	↔	↔
Tobacco & substance use (tobacco and e-cigarette use, alcohol and drug use)	X	X	↔

Table 7: Data Ratings for Manassas City

Indicator Category	Disparities	Progress	Benchmark
Chronic conditions (stroke, heart disease, diabetes, Alzheimer's and dementia, arthritis, cancer)	X (red)	🙂 (green)	↔ (orange)
Economic stability (income inequality, poverty, unemployment)	X (red)	X (red)	↔ (orange)
Educational opportunities (school climate, suspensions, graduation rates, advanced academics, college)	↔ (orange)	X (red)	↔ (orange)
Healthcare access & delivery systems (insurance coverage, hospitalization, healthcare disparities)	X (red)	🙂 (green)	X (red)
Health related quality of life & wellbeing (life expectancy, years of life lost due to illness, quality of life rankings)	↔ (orange)	↔ (orange)	🙂 (green)
Immunizations & infectious disease (infectious disease incidence, immunization rates)	⊖ (gray)	↔ (orange)	↔ (orange)
Injury & violence (accidental injury, motor vehicle collision, assault)	X (red)	↔ (orange)	↔ (orange)
Maternal & child health (infant mortality, maternal mortality, teen births, prenatal care)	X (red)	↔ (orange)	↔ (orange)
Mental health (mental distress, suicide, depression)	X (red)	X (red)	🙂 (green)
Neighborhood & built environment (residential segregation, housing costs, food environment, commuting, green space)	↔ (orange)	↔ (orange)	X (red)
Obesity, nutrition, & physical activity (overweight or obese, food insecurity, levels of physical activity)	⊖ (gray)	↔ (orange)	🙂 (green)
Oral health (tooth loss, received dental services)	⊖ (gray)	X (red)	↔ (orange)
Sexual & reproductive health (adolescent sexual health and pregnancy, HIV and STI incidence and prevalence)	X (red)	🙂 (green)	🙂 (green)
Tobacco & substance use (tobacco and e-cigarette use, alcohol and drug use)	X (red)	X (red)	X (red)

Table 8: Data Ratings for Manassas Park City

Indicator Category	Disparities	Progress	Benchmark
Chronic conditions (stroke, heart disease, diabetes, Alzheimer's and dementia, arthritis, cancer)	⊖ (neutral)	↔ (stable)	⊖ (neutral)
Economic stability (income inequality, poverty, unemployment)	✗ (concern)	✗ (concern)	↔ (stable)
Educational opportunities (school climate, suspensions, graduation rates, advanced academics, college)	↔ (stable)	✗ (concern)	↔ (stable)
Healthcare access & delivery systems (insurance coverage, hospitalization, healthcare disparities)	⊖ (neutral)	⊖ (neutral)	⊖ (neutral)
Health related quality of life & wellbeing (life expectancy, years of life lost due to illness, quality of life rankings)	⊖ (neutral)	↔ (stable)	↔ (stable)
Immunizations & infectious disease (infectious disease incidence, immunization rates)	⊖ (neutral)	✗ (concern)	✗ (concern)
Injury & violence (accidental injury, motor vehicle collision, assault)	✗ (concern)	↔ (stable)	↔ (stable)
Maternal & child health (infant mortality, maternal mortality, teen births, prenatal care)	⊖ (neutral)	↔ (stable)	↔ (stable)
Mental health (mental distress, suicide, depression)	⊖ (neutral)	✗ (concern)	↔ (stable)
Neighborhood & built environment (residential segregation, housing costs, food environment, commuting, green space)	↔ (stable)	↔ (stable)	✗ (concern)
Obesity, nutrition, & physical activity (overweight or obese, food insecurity, levels of physical activity)	⊖ (neutral)	↔ (stable)	☺ (positive)
Oral health (tooth loss, received dental services)	⊖ (neutral)	✗ (concern)	↔ (stable)
Sexual & reproductive health (adolescent sexual health and pregnancy, HIV and STI incidence and prevalence)	✗ (concern)	↔ (stable)	↔ (stable)
Tobacco & substance use (tobacco and e-cigarette use, alcohol and drug use)	✗ (concern)	↔ (stable)	↔ (stable)

Creating a Complete Picture of Health in Greater Prince William

To understand what our top issues are, we used the three assessments to help us identify themes. Where the same issues were repeated, we considered those to be our top issues. We developed the following scoring matrix (Table 9) to identify those repeated themes across the assessments. Those categories that emerged in 2 out of the 3 assessments were considered a top health issue. For a more detailed description of this methodology, see appendix E.

Table 9: Determining Top Themes Across All Three Assessments

Indicator Category	CTSA	CHSA	FOCA
Chronic conditions	✓	✓	
Economic stability	✓	✓	✓
Educational opportunities	✓	✓	✓
Healthcare access & delivery systems	✓	✓	✓
Health related quality of life & wellbeing			✓
Immunizations & infectious disease		✓	✓
Injury & violence	✓	✓	
Maternal & child health		✓	
Mental health	✓	✓	✓
Neighborhood & built environment	✓	✓	✓
Obesity, nutrition, & physical activity	✓		✓
Oral health		✓	
Sexual & reproductive health		✓	
Tobacco & substance use	✓	✓	✓

CTSA: Community Themes and Strengths Assessment
CHSA: Community Health Status Assessment
FOCA: Forces of Change Assessment

Top Health Issues

The regional collaborative, with guidance from the CHA Steering Committee, developed criteria to identify which health issues were themes across the three assessments. The themes below are what we consider our top health issues for our community. See Appendix E for a detailed description of the process for identifying themes among the three assessments.

Chronic Conditions

Injury and Violence

Economic Stability

Mental Health

Educational Opportunities

Neighborhood and Built Environment

Healthcare Access and Delivery Systems

Obesity, Nutrition, and Physical Activity

Infectious Diseases and Immunizations

Tobacco and Substance Use

Chronic Conditions

A chronic condition is a health condition or disease that is long-lasting and affects a person's quality of life over time. This category contains hospitalization and death rates related to chronic conditions such as asthma, heart disease, stroke, Alzheimer's disease, and diabetes.

In the United States, six in ten adults have a chronic disease, and these diseases are the leading causes of death and disability. Chronic conditions can affect an individual's daily lifestyle and may require ongoing medical care. About 66% of the total health care spending in the U.S. is associated with costs for the 25% of people living with more than one chronic condition. Chronic conditions can be related to genetics and the environment as well as health behaviors such as tobacco use, poor eating habits, lack of or limited physical activity, and alcohol use. The risk of chronic conditions increases with age – about 85% of older adults are living with at least one chronic condition and 60% are living with at least two.

Why This Matters in Greater Prince William:

- Chronic conditions (asthma, cancers, diabetes, heart disease, stroke) ranked 5th as an important health concern for survey respondents in our community.
- The Forces of Change discussion identified the potential opportunity for Medicaid expansion to have on chronic disease prevention and management.
- In the Greater Prince William Area, 8.4% of individuals have diabetes, 26.3% have high blood pressure, and 34.4% have high cholesterol (*Virginia Behavioral Risk Factor Surveillance Survey, 2017 estimates*).
- In Manassas City, breast cancer incidence disproportionately affects black women compared to their white counterparts (*National Cancer Institute, State Cancer Profiles, 2012-2016 estimates*).

Economic Stability

Economic stability considers an individual or family's ability to afford necessities. This category measures local poverty rates, income inequality, and unemployment.

Financial resources greatly determine a person's ability to achieve and maintain optimal health. For example, health insurance is crucial for access to many healthcare services, but health coverage can be expensive, especially for those without coverage through an employer. Individuals may decide to postpone care because of these costs, which could lead to worsening health outcomes for conditions such as cancer and diabetes. Outside of direct healthcare, behavior and lifestyle changes such as eating healthier meals and living in neighborhoods with access to parks, healthy foods, and transit can be out of reach. Finally, poverty can take a significant toll on mental health. The constant stress of living in unstable conditions, struggling to pay bills and long and hard work hours can exacerbate existing mental illness and affect brain functions.

Why This Matters in Greater Prince William:

- Jobs and a healthier economy ranked 5th as a quality of life concern for survey respondents.
- The Forces of Change discussion emphasized the need for greater focus on low-income and aging populations, job opportunities with a living wage, and better public transportation.
- In Prince William County, the percent of Hispanic children (15.6%) and Black children (12.8%) living below the poverty level is 3-4 times that of white children (3.8%) (*U.S. Census Bureau, American Community Survey, 2013-2017 5-year estimates*).
- While the median household income in Prince William County is high overall ($101,059), median household income for Hispanic residents ($75,385) is more than $41,000 less than that of white, non-Hispanic residents ($116,422) (*U.S. Census Bureau, American Community Survey, 2013-2017 5-year estimates*).

Educational Opportunities

People who have more education live longer and healthier lives than those who have fewer years of schooling. Levels of education have a direct impact on income, skills, and opportunities that people have to lead healthier lives in their communities. Measures include levels of schooling, on-time graduation rates, and enrollment in post-secondary education programs.

The home environment, socioeconomic status, and other factors can create stress, cause illness, and deprive individuals and families of resources for success and optimal health. For example, access to high-quality early childhood programs has been linked to school readiness, achievement, success, and broader well-being over a person's lifetime.

Having access to education and vocational training increases the likelihood of employment that provides health-promoting benefits such as insurance, paid leave, and retirement as opposed to high-risk occupations with fewer benefits. A person's income can affect their ability to purchase healthy foods, exercise regularly, establish social networks, and pay for health services, transportation, and safe housing which directly impacts access to resources for good health and well-being. Additionally, people with more education are more likely to understand their health needs and engage in behaviors to maintain optimal health.

Why This Matters in Greater Prince William:
- Educational opportunities ranked 4th as a quality of life concern for survey respondents.
- The Forces of Change discussion identified the lack of alternative secondary education and other educational opportunities in our community; however, they did identify the quality of education for technical professions in this area to be a concern.
- Hispanic/Latino students had lower on-time graduation rates compared to their white counterparts, as well as lower percentage receiving an advanced studies diploma (*Virginia Department of Education, 2017-2018 estimates*).

Healthcare Access and Delivery Systems

The ability to use quality and affordable health services in a timely manner is critical to maintaining good health and well-being. Measures include adults and children with insurance, patient-to-provider ratios, and rates of preventative screenings.

Access to healthcare impacts physical, social, mental health status; disease prevention, detection, diagnosis, and treatment; quality of life; preventable deaths; and life expectancy. The high cost of healthcare and inadequate or no insurance can prevent an individual from seeking care. In addition to cost, many other barriers contribute to access issues and unmet healthcare needs, such as transportation, health literacy, mistrust, cultural sensitivity, and difficulty navigating the healthcare system. As a result, access to healthcare often varies based on race, ethnicity, socioeconomic status, age, disability status, sexual and gender identity, and residential location.

Why This Matters in Greater Prince William:
- Access to healthcare ranked 2nd as a quality of life concern for survey respondents.
- In addition to discussing the need for increased access to care during the Forces of Change discussion, community stakeholders identified the lack of knowledge surrounding available services. The lack of awareness of health services could be due to many reasons which include lack of awareness, personal choice, language barriers, etc.
- Prince William County ranks 4th in health insurance coverage out of the 5 Northern Virginia jurisdictions, with 88.1% health insurance coverage in comparison to 90.1% in Virginia (*U.S. Census Bureau, American Community Survey, 2013-2017 5-year estimates*).
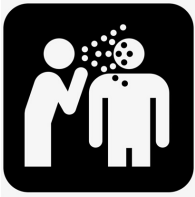
Infectious Diseases and Immunizations

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites, or fungi. Infectious diseases, also known as communicable diseases, can be spread directly or indirectly from one person to another. This category includes measures such as rates of tuberculosis, hepatitis, chickenpox, whooping cough, and immunization in school-aged children.

To prevent the spread of infection and maintain good health, people need access to health interventions for infectious diseases. Immunizations are one of the most cost-effective interventions that help to prevent millions of deaths every year. From newborns to elders, immunizations protect against diseases such as diphtheria, measles, pertussis, pneumonia, polio, rotavirus, rubella, and tetanus. Access to immunizations also benefits adolescents and adults, providing protection against influenza, meningitis, and certain cancers.

Why This Matters in Greater Prince William:

- The Forces of Change discussion emphasized the potential to an increase in infectious disease due to the increase in the refugee population in the Northern Virginia region, as well as the need for services to target these emerging diseases for all residents.
- In the Greater Prince William Area, there has been a rise in the rates of hepatitis. As the opioid epidemic continues, new cases of hepatitis C and other infectious diseases will continue to increase (*Virginia Department of Health, Division of Surveillance and Investigation, 2018 estimates*).
- In 2018, the Northern Region was again highest among all VA regions for cases of newly diagnosed tuberculosis, representing nearly 60% (122) of the state's total cases (205). While a slight decline was seen in PWHD from 2017 to 2018, the case rate (3.6 per 100,000) continued to remain above both the state and national rates (*Virginia Department of Health, Division of Tuberculosis and Newcomer Health, 2018 estimates*).

Injury and Violence

Injuries and violence are concerns across the lifespan, including behaviors and events such as falls, motor vehicle accidents, domestic and sexual abuse, seatbelt use while driving, and alcohol use prior to sexual encounters.

Injury and violence are a leading cause of death and disability across the U.S. For example, injuries from car accidents are the leading cause of death in children under 19 nationally. Most of these incidents are preventable with awareness, education, policies, and systems in place. Beyond physical concerns, injuries and violence can also affect mental health and in some circumstances lead to conditions such as Traumatic Brain Injury and Post Traumatic Stress Disorder. In the U.S., one in three women and one in six men experience some form of sexual violence in their lifetime.

Why This Matters in Greater Prince William:

- Injury and violence raked 3rd as an important health concern for survey respondents.
- In the Greater Prince William Area, 90.2% of people reported using a seat belt when driving (*Virginia Behavioral Risk Factor Surveillance Survey, 2017 estimates*).
- While recent crime reports show that the overall crime rate has been on the decline in Prince William County, crimes against persons (homicide, sex offenses, assault, kidnapping) increased from the prior year and assault on police officers rose 12.8% (*2018 Crime Report, Prince William County Police Department*, *2018 estimates*).
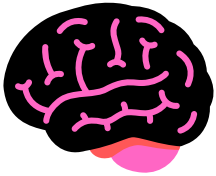
Mental Health

Mental health is important at every stage of life and includes conditions and illnesses which affect thoughts, feelings, mood and/or behavior. It also includes emotional, psychological, and social well-being as well as more serious mental illnesses. This category includes depression and suicide rates, self-reported poor mental health days, and frequency of mental distress.

Although the terms are often used interchangeably, poor mental health and mental illness are not the same. An individual can experience poor mental health at different periods of their life and not be diagnosed with a mental illness. Similarly, a person diagnosed with a mental illness can experience periods of physical, mental, and social well-being.

Mental health conditions and illnesses can occur intermittently or be long-term. Examples of mental illness include depression, anxiety, bipolar disorder, post-traumatic stress disorder, and schizophrenia. Mental health and physical health are closely related – mental illness increases the risk of physical health problems and living with a chronic condition can increase the risk of mental illness. Mental illness also increases the risk of suicide. About 60% of people who die by suicide have had a mental illness.

Why This Matters in Greater Prince William:
- Mental health issues such as depression, anxiety, stress, and suicide were the top health concern for survey respondents.
- Mental health and substance abuse awareness and services were a focal point of the Forces of Change discussion.
- In the Greater Prince William Area, 66% of individuals reported one or more days of poor mental health in the past 30 days (*Virginia Behavioral Risk Factor Surveillance Survey, 2017 estimates*).

Neighborhood and Built Environment

This category describes the conditions where community members live, work, learn, and play. Measures include rates of racial segregation, access to grocery stores, availability of public transit, and cost and quality of housing.

Community conditions can create either opportunities or barriers to living a healthy life. Clean, safe neighborhoods with ample green space, complete sidewalks, and low crime rates support physical activity. Alternately, a high density of fast-food restaurants, easy access to alcohol and tobacco products, and a lack of public transportation can encourage unhealthy habits. In addition, an individual's health is greatly shaped by their housing quality, cost, stability, and safety. For example, poor quality housing with issues such as lead paint, mold, and pests can trigger asthma flare-ups, particularly in children. The high cost of housing is also a major issue in Northern Virginia, and individuals or families who pay substantially higher portions of their income on housing are forced to make difficult decisions on healthy lifestyle choices and medical care.

Why This Matters in Greater Prince William:

- Housing that is affordable was the number one quality of life concern for survey respondents across all demographics.
- The Forces of Change discussion highlighted the effect of housing on health, specifically focusing on the need for access to affordable and safe housing, senior housing, workforce housing, and homeless services.
- In Prince William County, 51.7% of renters spend 30% or more of household income on rent, 56.9% in Manassas City, and 40.6% in Manassas Park City (*U.S. Census Bureau, American Community Survey, 2013-2017 5-year estimates*).
- The Northern Virginia region is known for long commutes to work, with a mean commute time of 33.2 minutes. In Prince William County, the mean commute time to work is 39.1 minutes, 34.1 minutes in Manassas City, and 37.3 minutes in Manassas Park City (*U.S. Census Bureau, American Community Survey, 2013-2017 5-year estimates*).

Obesity, Nutrition, and Physical Activity

Good nutrition, regular physical activity, and healthy body weight decrease the risk of developing chronic conditions such as diabetes, heart disease, stroke, cancer, and depression. Measures in this category include the percent of adults and kids who are overweight or obese, food insecurity rates, and level of physical activity.

Adopting healthy habits can help those with chronic conditions improve health and/or maintain well-being. Less than one in ten children and adults in the U.S. eat the recommended daily amount of vegetables. Since the 1980s, the U.S. has experienced a dramatic increase in obesity, and in recent studies four in ten adults and about one in six children and adolescents are obese. Obesity and related unhealthy behaviors can increase the risk of chronic conditions such as heart disease, stroke and type 2 diabetes, which are leading causes of death. Thoughtful community planning that includes grocery stores with fresh produce, parks, public transportation, and recreation opportunities promote healthier behaviors.

Why This Matters in Greater Prince William:
- Obesity ranked 4th as an important health concern for survey respondents in our community.
- The Forces of Change discussion brought up important points about nutrition, such as even though the Greater Prince William Area is not designated a "food desert", the fact that the community is food insecure goes unnoticed which directly impacts the funding that the community receives.
- In the Greater Prince William Area, 25.5% of individuals reported no physical activity in the past month and 70.9% of individuals are overweight or obese (*Virginia Behavioral Risk Factor Surveillance Survey, 2017 estimates*).

Tobacco and Substance Use

The use and abuse of chemical substances such as tobacco, drugs, and alcohol can interfere with health, work, or social relationships. This category includes measures such as smoking, binge drinking, and opioid use.

These substances can have serious consequences for physical and mental health, as well as impacts on economic stability and social well-being. Teens who smoke are more likely to drink alcohol or use drugs. More recently, the use of e-cigarettes and vaping products among teens are on the rise. These products often deliver higher doses of nicotine, which can cause structural and chemical changes to the developing brain. Adults who smoke or vape are at a greater risk for lung cancer, heart disease, and early death. As a highly addictive substance, nicotine has a strong association with drug and alcohol use. Health risks associated with substance use include overdose, hepatitis infection, impaired cognitive ability, and death.

Why This Matters in Greater Prince William:

- Alcohol, drug, and/or opiate ranked 2nd as an important health concern for survey respondents.
- The Forces of Change discussion placed a spotlight on the alarming upward trend of substance abuse deaths in our community and the need to invest in harm reduction programs.
- In the Greater Prince William Area, 15.5% of community members use tobacco products and 13.5% report binge drinking (*Virginia Behavioral Risk Factor Surveillance Survey, 2017 estimates*).
- The death rate due to prescription opioids is higher in Manassas Park City (18.9) compared to Prince William County (4.0) and Manassas City (9.6) (*Virginia Department of Health, Office of the Chief Medical Examiner, 2018 estimates, rate per 100,000 population*).

Next Steps

Virginia's Public Health System

Ultimately, the results of this CHA will lead to a Community Health Improvement Plan (CHIP). The CHA analyzes the health of the community to identify the most significant health concerns. The CHIP takes that information one step further to determine the topmost priority issues to improve health. Development of the CHIP is a collaborative long-term, systematic effort to apply strategies toward community needs and public health concerns.

To truly improve health within a community, evaluation, planning, and implementation must be community-centered. With buy-in and collaboration from community members, stakeholders, and partners, the plan allows all those involved to set common priorities and align activities. Every resident of the Greater Prince William Area is invited to participate in this process.

Stay connected at BeHealthyBeHappyPrinceWilliam.com

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List of Appendices

Appendix A: Community Engagement

Summary of community outreach and engagement efforts

Appendix B: Community Profile of Greater Prince William Area

Maps and charts of demographics and community characteristics

Appendix C: Forces of Change Assessment Discussion and Responses

Complete responses for Forces of Change discussion

Appendix D. Community Themes and Strengths Assessment

Community-wide survey results broken down by demographic characteristics

Appendix E. Community Health Status Assessment and Combined Analysis

Health indicators used to identify disparities, trends, and progress towards state and national= benchmarks

Appendix F. Community Resources

A source of information, service or expertise that is available within the community

All appendices can be found at
BeHealthyBeHappyPrinceWilliam.com

Community Health Assessment
Data Update
July 2023

Snapshot of Our Community

The Greater Prince William Area (GPWA) is located in Northern Virginia, approximately 35 miles southwest of Washington, D.C. The GPWA is part of the National Capital Region, which includes counties and cities in the Washington metropolitan area. GPWA encompasses a total area of 349 square miles and includes Prince William County and the independent cities of Manassas and Manassas Park. Two major highways, I-66 and I-95, run through Prince William County. It is home to 536,901 residents with diverse cultural and ethnic backgrounds and is expected to continue growing and diversifying (*U.S. Census Bureau, 2017-2021 5-Year estimates*).

Table 1. Selected Characteristics of the Greater Prince William Area

Characteristic	Prince William County	Manassas City	Manssas Park City	Virginia
Total Population	477,224	42,596	17,081	8,582,479
Average household size	3.14	3.14	3.31	2.57
Below poverty (%)	5.8	5.6	4.4	9.9
Foreign born (%)	25.6	27.4	37.9	12.5
High school graduate or higher (%)	89.6	85.8	79.6	90.8
Mean travel time to work	39.2	34.7	41.5	28.2
Health insurance coverage (%)	89.5	82.5	82.3	92.1
Health insurance coverage - Public (%)	22.3	27.1	25.3	30
Language spoken at home - English (%)	64.7	58.9	50	83.5
Language spoken at home - Non English (%)	35.3	41.1	50	16.5
Median age	35.7	35	35.5	38.5
Median home value ($)	413,400	357,300	334,800	321,200
Median household income ($)	113,831	101,934	90,544	80,615
Unemployment rate (%)	4.9	5	3	4.6
Veterans (%)	12.7	7.8	9.4	10.2
With disability (%)	8	7.9	8.5	11.9

Source: U.S. Census Bureau, American Community Survey (ACS), 2017-2021 5-Year Estimates

Community-Centered

Table 2. Greater Prince William Area Population Estimates and Demographic Overview

	Prince William County		Manassas City		Manassas Park City	
	2021 Population Estimate	Proportion of Population	2021 Population Estimate	Proportion of Population	2021 Population Estimate	Proportion of Population
Total Population	477,224	100%	42,596	100%	17,081	100%
Age						
0-19	140,828	29.5%	12,258	28.8%	4,784	28.0%
20-34	92,955	19.5%	9,021	21.2%	3,620	21.2%
35-44	72,542	15.2%	6,453	15.1%	3,048	17.8%
45-54	68,285	14.3%	5,326	12.5%	2,416	14.1%
55-64	54,667	11.5%	5,118	12.0%	1,769	10.4%
65+	47,947	10.0%	4,420	10.4%	1,444	8.5%
Sex						
Male	239,956	50.3%	21,618	50.8%	8,893	52.1%
Female	237,268	49.7%	20,978	49.2%	8,188	47.9%
Race/Ethnicity						
White or Caucasian	255,315	53.5%	25,643	60.2%	9,241	54.1%
Black or African American	100,694	21.1%	5,665	13.3%	2,818	16.5%
American Indian or Alaska Native	2,386	0.5%	170	0.4%	359	2.1%
Asian	47,245	9.9%	2,641	6.2%	2,067	12.1%
Native Hawaiian and Other Pacific Islander	477	0.1%	0	0.0%	0	0.0%
Some other race	33,406	7.0%	2,811	6.6%	1332	7.8%
Two or more races	37,701	7.9%	5,708	13.4%	1,281	7.5%
Hispanic or Latino (of any race)	108,330	22.7%	14,099	33.1%	6,286	36.8%

Source: U.S. Census Bureau, American Community Survey (ACS), 2017-2021 5-Year Estimates

Projected Population Growth

Figure 1. Population Estimates and Projections, Greater Prince William Area (2013-2050)

Prince William County

Year	Population
2013	416668
2017	450763
2021	477224
2030	554344
2040	645380
2050	746076

Manassas City

Year	Population
2013	39317
2017	41379
2021	42596
2030	47039
2040	50107
2050	53926

Manassas Park City

Year	Population
2013	15125
2017	16117
2021	17081
2030	19876
2040	22996
2050	26461
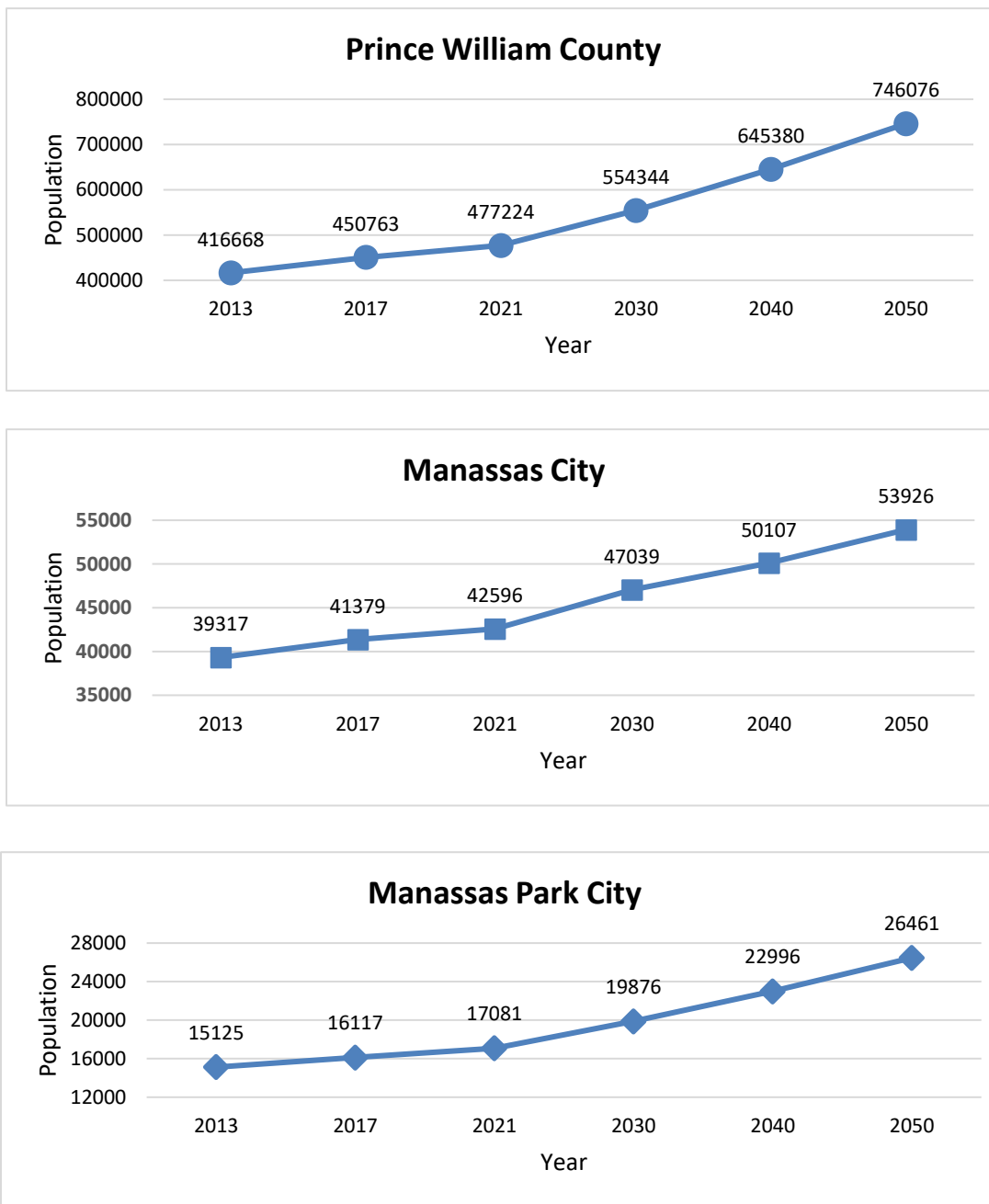
Source: U.S. Census Bureau, American Community Survey, 2017-2021 5-year estimates; University of Virginia Weldon Cooper Center, Demographics Research Group. (2022). Virginia Population Projections. Retrieved from https://demographics.coopercenter.org/virginia-population-projections

Community Health Status Assessment (CHSA)

Table 3: Data Ratings for Prince William County

Health Indicator Category	2020 Value	2021 Value	2022 Vaue	2023 Value	Trend Observed
Prince William County					
Chronic Conditions					
Percentage of Adults with Diabetes	-	-	13%	10%	↓
Asthma Hospitalizations, Rate per 100,000 Population	375.2	-	-	-	N/A
Stroke Hospitalizations, Rate per 100,000 Population	132.1	-	-	-	N/A
Cancer Mortality Rate	127.9	-	-	-	N/A
Economic stability					
Percentage of Unemployment	-	-	6.5%	4%	↓
Percentage of Children in Poverty	-	-	6.7%	8.4%	↑
Income Inequality Ratio	-	-	3.5	3.5	↔
Educational Opportunities					
Percentage of Adults High School Completion	-	-	89%	90%	↑
Percentage of Adults Some College	-	-	71%	71%	↔
Chronic Absenteeism Percent	-	4.6%	21%	-	↑
On-Time Graduation Rate [4 year]	-	92.8%	91.7%	-	↓
Dropout Rate	-	5.1%	6.1%	-	↑
Percentage of Adults 25+ with Associates Degree	-	8.0%	-	-	N/A
Percentage of Adults 25+ with Bachelors Degree	-	25.1%	-	-	N/A
Healthcare access and delivery systems					
Percentage of Adults Uninsured	-	-	11.3%	9.5%	↓
Ratio of Population to Primary Care Physicians	-	-	2317:01:00	2366:01:00	↑
Ratio of Population to Dentists	-	-	1729:01:00	1615:01:00	↓
Ratio of Population to Mental Health Providers	-	-	712:01:00	681:01:00	↓
Rate of Preventable Hospital Stays per 100,000 Medicare Enrollees	-	-	4205	3108	↓
Percentage of Mammogram Screenings	-	-	36%	30%	↓
Health related quality of life and well-being					
Rate of Premature Death per 100,000 Population	-	-	5029.5	5029.5	↔
Percentage of Adults Poor or Fair Health Days	-	-	17%	12%	↓
Average of Physical Health Days	-	-	3.4	2.6	↓
Average of Poor Mental Health Days	-	-	3.8	3.8	↔
Average of Life Expectancy Years	-	-	81.5	81.5	↔
Immunizations and infectious diseases					
Percentage of Flu Vaccinations	-	-	48%	52%	↑
Campylobacteriosis, Rate per 100,000 Population	-	19.3	15.5	-	↓
E. Coli , Rate per 100,000 Population	-	6.1	5.2	-	↓
Salmonellosis, Rate per 100,000 Population	-	11.4	15.1	-	↑
Shigellosis, Rate per 100,000 Population	-	3.8	4.7	-	↑
Injury and violence					
Rate of Injury Deaths per 100,000 Population	-	-	43	43	↔
Rate of Homicides per 100,000 Population	-	-	3	3	↔
Rate of Firearm Fatalities per 100,000 Population	-	-	7	7	↔
Rate of Motor Vehicle Crash Deaths per 100,000 Population	-	-	6	6	↔

NOTE: Trends were reported when data for two time points were available.

Table 3: Data Ratings for Prince William County Continued

Prince William County					
Health Indicator Category	2020 Value	2021 Value	2022 Vaue	2023 Value	Trend Observed
Maternal and child health					
Rate of Child Mortality per 100,000 Population	-	-	35	35	↔
Rate Infant Mortality per 1,000 Live Births	-	-	5	5	↔
Percentage of Low Birthweight	-	-	7%	7%	↔
Rate of Teen Births per 1,000 female population ages 15-19	-	-	15	15	↔
Rate of Maternal Mortality, per 100,000 Total Live Births	31.5	-	-	-	N/A
Mental health					
Percentage of Adults with Frequent Mental Distress	-	-	12%	13%	↑
Rate of Suicides per 100,000 Population	-	-	9	9	↔
Adults with Depressive Disorder, Percent	12.1%	-	-	-	N/A
Self-Harm and Suicide-Related ED Visits, Rate per 100,000 Population 5+	564	-	-	-	N/A
Neighborhood and built environment					
Food Environment Index	-	-	9.6	15	↑
Percentage of Severe Housing Problems	-	-	12%	12%	↔
Percentage of Long Commute - Driving Alone	-	-	65%	65%	↔
Percentage of Homeownership	-	-	73%	74%	↑
Obesity, nutrition, and physical activity					
Percentage of Adult Obesity	-	-	30%	35%	↑
Percentage of Physical Inactivity	-	-	27%	20%	↓
Percentage of Access to Exercise Opportunities	-	-	92%	96%	↑
Percentage of Food Insecurity	-	-	5%	5%	↔
Percentage of Limited Access to Healthy Foods	-	-	4%	4%	↔
Oral health					
Percentage of Adults Visiting a Dentist in the Past Year	71.8%	-	-	-	N/A
Sexual and reproductive health					
Rate of Sexually Transmitted Infections per 100,000 Population	-	-	545.6	428.2	↓
HIV Rate per 100,000 Population	-	-	284	290	↑
Chlamydia, Rate per 100,000 Population	412.6	418.7	-	-	↑
Gonorrhea, Rate per 100,000 Population	95.1	102.2	-	-	↑
Syphilis, Rate per 100,000 Population	14.9	10.9	-	-	↓
Tobacco and substance use					
Percentage of Alcohol-Impaired Driving Deaths	-	-	27.8%	27.8%	↔
Percentage of Adult Smoking	-	-	13%	13%	↔
Percentage of Excessive Drinking	-	-	17%	16%	↓
Rate of Drug Overdose Deaths per 100,000 Population	-	-	17	17	↔

* NOTE: Trends were reported when data for two time points were available.

Source: Virginia Community Health Improvement Data Portal; Robert Wood Johnson Foundation 2023 County Health Rankings; Virginia Open Data Portal; Virginia Department of Education.

Table 4: Data Ratings for Manassas City

Manassas City					
Health Indicator Category	**2020 Value**	**2021 Value**	**2022 Vaue**	**2023 Value**	**Trend Observed**
Chronic Conditions					
Percentage of Adults with Diabetes	-	-	14%	11%	↓
Asthma Hospitalizations, Rate per 100,000 Population	396.4	-	-	-	N/A
Stroke Hospitalizations, Rate per 100,000 Population	163.9	-	-	-	N/A
Cancer Mortality Rate	152.8	-	-	-	N/A
Economic stability					
Percentage of Unemployment	-	-	6.5%	3.9%	↓
Percentage of Children in Poverty	-	-	13.7%	15.2%	↑
Income Inequality Ratio	-	-	3.9	3.5	↓
Educational Opportunities					
Percentage of Adults High School Completion	-	-	86%	86%	↔
Percentage of Adults Some College	-	-	55%	53%	↓
Chronic Absenteeism Percent	-	12.1%	23.2%	-	↑
On-Time Graduation Rate [4 year]	-	81.6%	82.4%	-	↑
Dropout Rate	-	10%	14.4%	-	↑
Percentage of Adults 25+ with Associates Degree	-	8.5%	-	-	N/A
Percentage of Adults 25+ with Bachelors Degree	19.3%	-	-	-	N/A
Healthcare access and delivery systems					
Percentage of Adults Uninsured	-	-	16%	17.4%	↑
Ratio of Population to Primary Care Physicians	-	-	1053:01:00	1048:01:00	↓
Ratio of Population to Dentists	-	-	834:01:00	821:01:00	↓
Ratio of Population to Mental Health Providers	-	-	269:01:00	281:01:00	↑
Rate of Preventable Hospital Stays per 100,000 Medicare Enrollees	-	-	3765	2451	↓
Percentage of Mammogram Screenings	-	-	34	27	↓
Health related quality of life and well-being					
Rate of Premature Death per 100,000 Population	-	-	6826.8	6826.8	↔
Percentage of Adults Poor or Fair Health Days	-	-	20%	15%	↓
Average of Physical Health Days	-	-	3.8	3	↓
Average of Poor Mental Health Days	-	-	4	4.1	↑
Average of Life Expectancy Years	-	-	78	78	↔
Immunizations and infectious diseases					
Percentage of Flu Vaccinations	-	-	48%	51%	↑
Campylobacteriosis, Rate per 100,000 Population	-	17.1	14	-	↓
E. Coli , Rate per 100,000 Population	-	4.9	18.7	-	↑
Salmonellosis, Rate per 100,000 Population	-	26.9	23.4	-	↓
Shigellosis, Rate per 100,000 Population	-	7.3	18.7	-	↑
Injury and violence					
Rate of Injury Deaths per 100,000 Population	-	-	55	55	↔
Rate of Homicides per 100,000 Population	-	-	-	-	N/A
Rate of Firearm Fatalities per 100,000 Population	-	-	7	7	↔
Rate of Motor Vehicle Crash Deaths per 100,000 Population	-	-	8	8	↔

NOTE: Trends were reported when data for two time points were available. Some data health indicators were unavailable for Manassas City.

Source: Virginia Community Health Improvement Data Portal; Robert Wood Johnson Foundation 2023 County Health Rankings; Virginia Open Data Portal; Virginia Department of Education.

Table 4: Data Ratings for Manassas City Continued

Manassas City					
Health Indicator Category	2020 Value	2021 Value	2022 Vaue	2023 Value	Trend Observed
Maternal and child health					
Rate of Child Mortality per 100,000 Population	-	-	34	34	←→
Rate Infant Mortality per 1,000 Live Births	-	-	4	4	←→
Percentage of Low Birthweight	-	-	7%	7%	←→
Rate of Teen Births per 1,000 female population ages 15-19	-	-	40	40	←→
Rate of Maternal Mortality, per 100,000 Total Live Births	93.8	-	-	-	N/A
Mental health					
Percentage of Adults with Frequent Mental Distress	-	-	13%	13%	←→
Rate of Suicides per 100,000 Population	-	-	9	9	←→
Adults with Depressive Disorder, Percent	12.3%	-	-	-	N/A
Self-Harm and Suicide-Related ED Visits, Rate per 100,000 Population 5+	564	-	-	-	N/A
Neighborhood and built environment					
Food Environment Index	-	-	9.6	20	↑
Percentage of Severe Housing Problems	-	-	15%	14%	↓
Percentage of Long Commute - Driving Alone	-	-	57%	54%	↓
Percentage of Homeownership	-	-	69%	71%	↑
Obesity, nutrition, and physical activity					
Percentage of Adult Obesity	-	-	33%	35%	↑
Percentage of Physical Inactivity	-	-	29%	24%	↓
Percentage of Access to Exercise Opportunities	-	-	99%	100%	↑
Percentage of Food Insecurity	-	-	6%	5%	↓
Percentage of Limited Access to Healthy Foods	-	-	2%	2%	←→
Oral health					
Percentage of Adults Visiting a Dentist in the Past Year	64.5%	-	-	-	N/A
Sexual and reproductive health					
Rate of Sexually Transmitted Infections per 100,000 Population	-	-	574.4	584.2	↑
HIV Rate per 100,000 Population	-	-	347	331	↓
Chlamydia, Rate per 100,000 Population	572.6	550.5	-	-	↓
Gonorrhea, Rate per 100,000 Population	115	112.6	-	-	↓
Syphilis, Rate per 100,000 Population	12.2	7.3	-	-	↓
Tobacco and substance use					
Percentage of Alcohol-Impaired Driving Deaths	-	-	37.5%	37.5%	←→
Percentage of Adult Smoking	-	-	15%	15%	←→
Percentage of Excessive Drinking	-	-	17%	17%	←→
Rate of Drug Overdose Deaths per 100,000 Population	-	-	27	27	←→

NOTE: Trends were reported when data for two time points were available. Some data health indicators were unavailable for Manassas City.

Source: Virginia Community Health Improvement Data Portal; Robert Wood Johnson Foundation 2023 County Health Rankings; Virginia Open Data Portal; Virginia Department of Education.
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Table 5: Data Ratings for Manassas Park City

Health Indicator Category	2020 Value	2021 Value	2022 Vaue	2023 Value	Trend Observed
Chronic Conditions					
Percentage of Adults with Diabetes	-	-	14%	12%	↓
Asthma Hospitalizations, Rate per 100,000 Population	-	-	-	-	N/A
Stroke Hospitalizations, Rate per 100,000 Population	5.6	-	-	-	N/A
Cancer Mortality Rate	80.3	-	-	-	N/A
Economic stability					
Percentage of Unemployment	-	-	6.8%	3.8%	↓
Percentage of Children in Poverty	-	-	11.4%	13.3%	↑
Income Inequality Ratio	-	-	2.9	2.9	↔
Educational Opportunities					
Percentage of Adults High School Completion	-	-	78%	80%	↑
Percentage of Adults Some College	-	-	47%	47%	↔
Chronic Absenteeism Percent	-	16.1%	25.4%		↑
On-Time Graduation Rate [4 year]	-	89.9%	88.9%	-	↓
Dropout Rate	-	9.1%	8.0%	-	↓
Percentage of Adults 25+ with Associates Degree	-	9.4%	-	-	N/A
Percentage of Adults 25+ with Bachelors Degree	-	18.2%	-	-	N/A
Healthcare access and delivery systems					
Percentage of Adults Uninsured	-	-	15.3%	16.8%	↑
Ratio of Population to Primary Care Physicians	-	-	-	-	N/A
Ratio of Population to Dentists	-	-	-	-	N/A
Ratio of Population to Mental Health Providers	-	-	-	-	N/A
Rate of Preventable Hospital Stays per 100,000 Medicare Enrollees	-	-	-	-	N/A
Percentage of Mammogram Screenings	-	-	-	-	N/A
Health related quality of life and well-being					
Rate of Premature Death per 100,000 Population	-	-	-	-	N/A
Percentage of Adults Poor or Fair Health Days	-	-	21%	16%	↓
Average of Physical Health Days	-	-	3.7	3.1	↓
Average of Poor Mental Health Days	-	-	3.9	4.1	↑
Average of Life Expectancy Years	-	-	91.6	91.6	↔
Immunizations and infectious diseases					
Percentage of Flu Vaccinations	-	-	-	-	N/A
Campylobacteriosis, Rate per 100,000 Population	-	5.6	17.6	-	↑
E. Coli , Rate per 100,000 Population	-	5.6	11.8	-	↑
Salmonellosis, Rate per 100,000 Population	-	33.3	11.8	-	↓
Shigellosis, Rate per 100,000 Population	-	5.6	5.9	-	↑
Injury and violence					
Rate of Injury Deaths per 100,000 Population	-	-	20	20	↔
Rate of Homicides per 100,000 Population	-	-	-	-	N/A
Rate of Firearm Fatalities per 100,000 Population	-	-	-	-	N/A
Rate of Motor Vehicle Crash Deaths per 100,000 Population	-	-	-	-	N/A

NOTE: Trends were reported when data for two time points were available. Some data health indicators were unavailable for Manassas Park City.

Source: Virginia Community Health Improvement Data Portal; Robert Wood Johnson Foundation 2023 County Health Rankings; Virginia Open Data Portal; Virginia Department of Education.

Table 5: Data Ratings for Manassas Park City Continued

Manassas Park City					
Health Indicator Category	2020 Value	2021 Value	2022 Vaue	2023 Value	Trend Observed
Maternal and child health					
Rate of Child Mortality per 100,000 Population	-	-	-	-	N/A
Rate Infant Mortality per 1,000 Live Births	-	-	-	-	N/A
Percentage of Low Birthweight	-	-	6%	6%	↔
Rate of Teen Births per 1,000 female population ages 15-19	-	-	-	-	N/A
Rate of Maternal Mortality, per 100,000 Total Live Births	-	-	-	-	N/A
Mental health					
Percentage of Adults with Frequent Mental Distress	-	-	13%	13%	↔
Rate of Suicides per 100,000 Population	-	-	-	-	N/A
Adults with Depressive Disorder, Percent	11.6%		-	-	N/A
Self-Harm and Suicide-Related ED Visits, Rate per 100,000 Population 5+	564		-	-	N/A
Neighborhood and built environment					
Food Environment Index	-	-	8.9	19	↑
Percentage of Severe Housing Problems	-	-	13%	16%	↑
Percentage of Long Commute - Driving Alone	-	-	63%	61%	↓
Percentage of Homeownership	-	-	61%	61%	↔
Obesity, nutrition, and physical activity					
Percentage of Adult Obesity	-	-	34%	37%	↑
Percentage of Physical Inactivity	-	-	29%	27%	↓
Percentage of Access to Exercise Opportunities	-	-	100%	100%	↔
Percentage of Food Insecurity	-	-	5%	6%	↑
Percentage of Limited Access to Healthy Foods	-	-	10%	10%	↔
Oral health					
Percentage of Adults Visiting a Dentist in the Past Year	63.6%	-	-	-	N/A
Sexual and reproductive health					
Rate of Sexually Transmitted Infections per 100,000 Population	-	-	543.5	486.3	↓
HIV Rate per 100,000 Population	-	-	251	215	↓
Chlamydia, Rate per 100,000 Population	472.1	588.8	-	-	↑
Gonorrhea, Rate per 100,000 Population	77.8	72.2	-	-	↓
Syphilis, Rate per 100,000 Population	11.1	16.7	-	-	↑
Tobacco and substance use					
Percentage of Alcohol-Impaired Driving Deaths	-	-	-	-	N/A
Percentage of Adult Smoking	-	-	14%	16%	↑
Percentage of Excessive Drinking	-	-	17%	16%	↓
Rate of Drug Overdose Deaths per 100,000 Population	-	-	-	-	N/A

NOTE: Trends were reported when data for two time points were available. Some data health indicators were unavailable for Manassas Park City.

Source: Virginia Community Health Improvement Data Portal; Robert Wood Johnson Foundation 2023 County Health Rankings; Virginia Open Data Portal; Virginia Department of Education.

Chronic Conditions

Updated Data for the Greater Prince William Area:

- In the Greater Prince William Area, 9.3% of individuals have diabetes (*Virginia Behavioral Risk Factor Surveillance Survey, 2020 estimates).*

- The percentage of adults who have been told they have high blood pressure is 29.2% in Manassas City, 28.4% in Manassas Park City, and 29.3% in Prince William County (*CDC PLACES, 2019*).

- The percentage of adults ages 18 and older who have had their blood cholesterol checked within the past five years and have been told by a health care provider that it is high is 29.7% in Manassas City, 28.8% in Manassas Park City, and 28.7% in Prince William County (*CDC PLACES, 2019*).

Economic Stability

Updated Data for the Greater Prince William Area:

- In Prince William County, the percent of Hispanic children (14.4%) and Black children (6.5%) living below the poverty level is higher than that of white children (2.5%) (*U.S. Census Bureau, American Community Survey, 2017-2021 5-year estimates*).
- While the median household income in Prince William County is high overall ($113,831), median household income for Hispanic residents ($91,451) is more than $33,000 less than that of white, non-Hispanic residents ($124,860) (*U.S. Census Bureau, American Community Survey, 2017-2021 5-year estimates*).

Educational Opportunities

Updated Data for the Greater Prince William Area:

- Hispanic/Latino students had lower on-time graduation rates in 2022 in Manassas City, Manassas Park, and Prince William County compared to their white counterparts, as well as a lower percentage receiving an advanced studies diploma where both standard credits and verified credits were completed (*Virginia Department of Education, 2021-2022 estimates*).

Healthcare Access and Delivery Systems

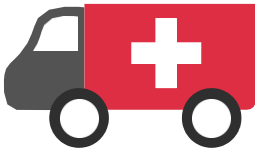**Updated Data for the Greater Prince William Area:**

- Prince William County ranks 5th in health insurance coverage out of the 5 Northern Virginia jurisdictions, with 89.5% health insurance coverage in comparison to 92.1% in Virginia (*U.S. Census Bureau, American Community Survey, 2017-2021 5-year estimates*).

Infectious Diseases and Immunizations

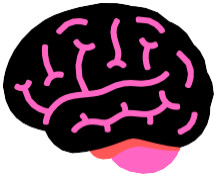**Updated Data for the Greater Prince William Area:**

- In 2021, the Northern Region was again highest among all VA regions for cases of newly diagnosed tuberculosis, representing nearly 64% (103) of the state's total cases (160) (*Virginia Department of Health, Division of Tuberculosis and Newcomer Health, 2021 estimates*).
- The 2021 case rate in PWHD (4.1 per 100,000) continued to remain above both the state (1.9 per 100,000) and national rates (2.4 per 100,000) (*Virginia Department of Health, Division of Tuberculosis and Newcomer Health, 2021 estimates*).
- Between April 2020 and April 2023, PWHD experienced 145,401 cumulative COVID-19 cases, 4,077 COVID-19 hospitalizations, and 949 COVID-19 deaths (*Virginia Department of Health Open Data Portal, COVID-19 Public Use Dataset).*

Injury and Violence

Updated Data for the Greater Prince William Area:

- In the Greater Prince William Area, 90.2% of people reported using a seat belt when driving (*Virginia Behavioral Risk Factor Surveillance Survey, 2017 estimates*).
- Recent crime reports show that the overall crime rate has been on the rise in Prince William County, crimes against persons (homicide, sex offenses, assault, kidnapping) increased from the prior year and assault on police officers rose 23.0% (*Annual Report, Prince William County Police Department, 2022*).
- Injury and violence are a leading cause of death and disability across the U.S. For example, firearms are the [leading cause](#) of death in children under 19 nationally (*CDC Wonder, 2021*).

Mental Health

Updated Data for the Greater Prince William Area:

- The percentage of adults who reported that their mental health was not good 14 or more days in the past month is 13.2% in Manassas City, 13.5% in Manassas Park City, and 12.8% in Prince William County (*CDC PLACES, 2020*).

Neighborhood and Built Environment

Updated Data for the Greater Prince William Area:

- In Prince William County, 46.56% of renters spend 30% or more of household income on rent, 51.59% in Manassas City, and 58.94% in Manassas Park City (*U.S. Census Bureau, American Community Survey, 2017-2021 5-year estimates*).

- In Prince William County, the mean commute time to work is 39.2 minutes, 34.7 minutes in Manassas City, and 41.5 minutes in Manassas Park City (*U.S. Census Bureau, American Community Survey, 2017-2021 5-year estimates*).

- During summer of 2022, the Community Health Care Coalition Greater Prince William (CHCGPW) elected to utilize the Prince William Health District (PWHD) Community Health Workers (CHW) and the Medical Reserve Corps (MRC) to survey community members during Prince William Health District outreach events. The intention was to collect primary data and elicit input from vulnerable populations who may not otherwise have opportunities to contribute to community planning initiatives. Much of the qualitative data themes revealed a direct connection to the coalition social determinants of health initiatives, including "Neighborhood and Built Environment" and "Education". With this data, the coalition's Neighborhood and Built Environment steering committee developed projects to address safe streets/pedestrian safety. (Community Healthcare Coalition of Greater Prince William, Community Survey on the Neighborhood, Preliminary Results 2022)

Obesity, Nutrition, and Physical Activity

Updated Data for the Greater Prince William Area:

- The percentage of adults (ages 20 and up) who did not participate in any leisure-time activities during the past month is 19.7% in Manassas City, 19.2% in Manassas Park City, and 21.4% in Prince William County (*CDC USDSS, 2019*).

- In the Greater Prince William Area, it is reported 63.5% of individuals are overweight or obese (*Behavioral Risk Factor Surveillance Survey, 2020 estimates*).

Tobacco and Substance Use

**Updated Data for the Greater Prince William Area:**

- In the Greater Prince William Area, 8.6% of community members use tobacco products (cigarettes, chewing tobacco, snuff, or snus) every day or some days, and 15.4% report binge drinking (*Virginia Behavioral Risk Factor Surveillance Survey, 2021 estimates*).
- The death rate due for all-drug related overdose deaths is higher in Manassas City (48.9) compared to Prince William County (18.7) and Manassas Park City (22.2) (*Virginia Department of Health, Office of the Chief Medical Examiner, 2021 estimates, rate per 100,000 population*).

Social Determinant Impact

As mentioned previously in this CHA, "Health depends on good education, income, housing, transportation, safety, and other living conditions" (page 15). A 2021 study conducted by Prince William Health District and Centers for Disease Control regarding of the impact of COVID-19 in the Hispanic and Latino communities, clearly demonstrates the intersection of Social Determinants and their impacts on the community's health. Primary Data indicated that various social determinants of health such as living conditions, economic contributors, and occupation were large contributors to the disproportionation rates of COVID-19 among Hispanic or Latino persons in the greater Prince William Area. Hispanic and Latino survey respondents reported average household sizes of 5.6 compared to the Virginia average of 2.6, this in-turn reduced ability to socially distance and contributed to the elevated COVID -19 infection rates for this specific population. Additionally, nearly 81% of respondents reported having household members employed as essential service providers or other public facing/service-oriented positions which required them to continue to work outside of the home throughout the pandemic. This evidenced that economic stability and occupation are two additional social determinants that contributed to the Hispanic and Latino Prince William area community members accounting for 55% of COVID-19 cases while only representing 25-30% of the overall population.

If not addressed, these contributors can compound and multiply impacts to health and wellness. Factors can overlap, for example: lower education level can result in limited occupational opportunities, which then could contribute to lower income and limited housing affordability. When considering this in the Prince William Area's Hispanic and Latino population, 60.9% of survey respondents reported education level "less than high school" compared to the overall Prince William community's "high school completion" average of 84.3%. This factor was potentially a contributor to the high percentage of respondents reporting working in the construction or restaurant industries. These industries required them to work outside of their homes throughout the COVID-19 pandemic, placing them at higher risk for COVID-19 exposure. Additionally, to support better economic stability, larger household sizes and shared living spaces contributed to limitations in social distancing in this community. As discussed, these overlapping factors resulted in large impacts to the health of this population. The collection of this primary data illustrates that Social Determinants of Health are crucial to determining the health and wellness of a community. As a community, education was selected as one of the primary priority areas for the Community Healthcare Coalition of Greater Prince William's Community Health Improvement Plan 2020-2024.

Davlantes, E., Tippins, A., Espinosa, C., Lofgren, H., Leonard, S., Solis, M., Young, A., Sockwell, D., & Ansher, A. (2022). Mitigating SARS-CoV-2 Transmission in Hispanic and Latino Communities-Prince William Health District, Virginia, June 2020. *Journal of racial and ethnic health disparities, 9*(2), 390–398. https://doi.org/10.1007/
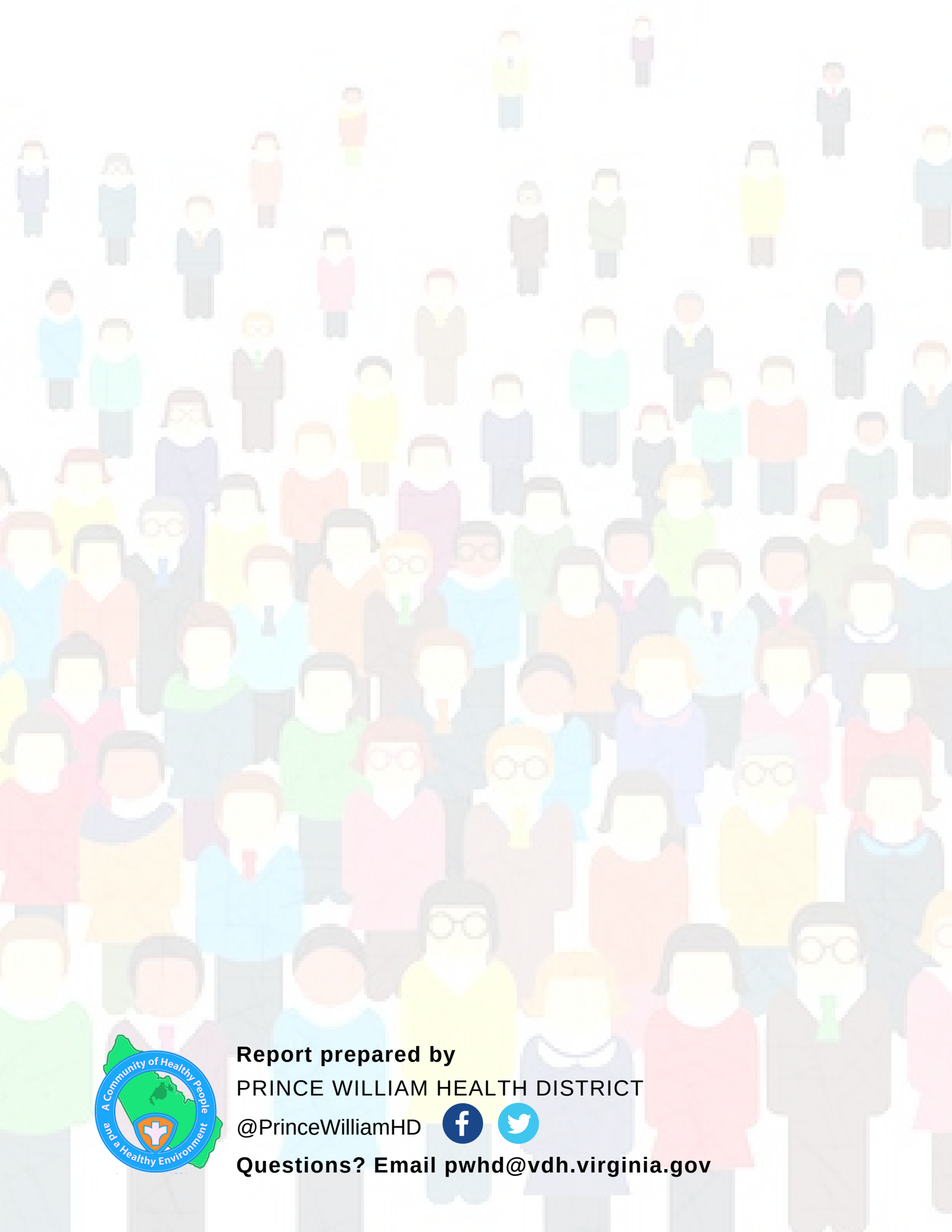
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