

CHIP Prioritization Activity

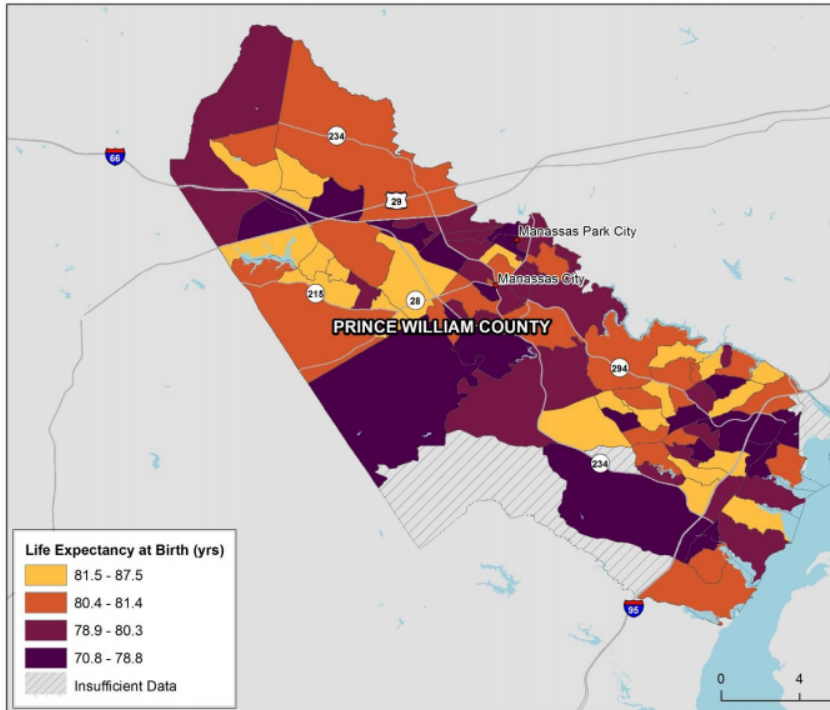
2019



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COMMUNITY HEALTHCARE COALITION OF GREATER PRINCE WILLIAM

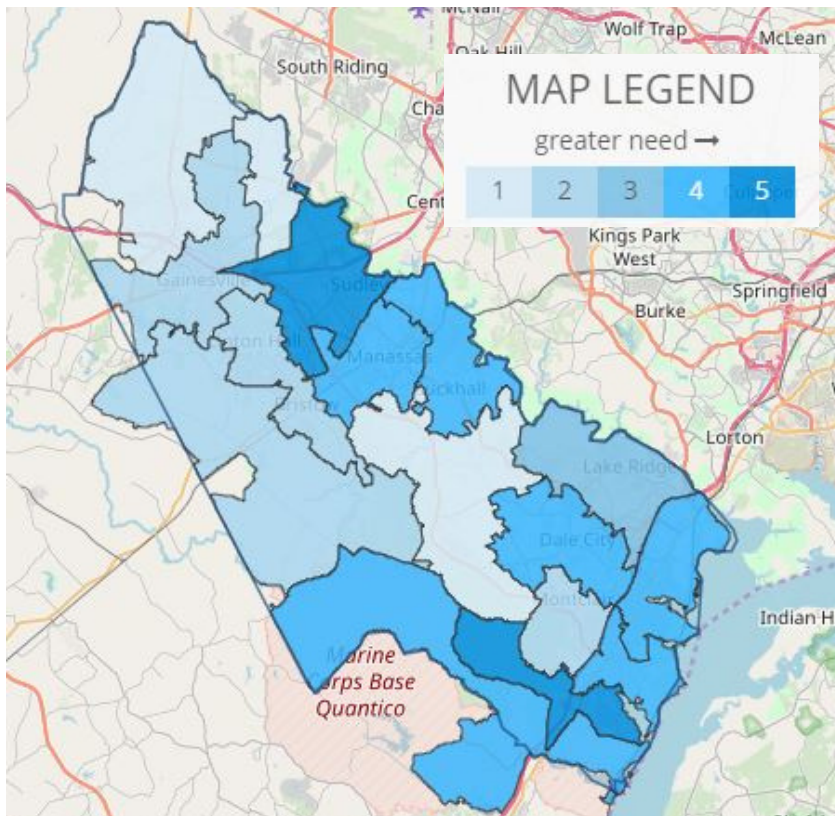
Serving Prince William County and the independent cities of Manassas and Manassas Park

Snapshot of Our 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.

Produced by the Virginia Commonwealth University (VCU) Center on Society and Health for the Metropolitan Washington Council of Governments (COG) Health Officials Committee, this map 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.



The 2019 SocioNeeds Index, created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes.

All zip codes in the Greater Prince William Area (Prince William County, Manassas City, and Manassas Park City) are given an index value from 0 (low need) to 100 (high need). To help find the areas of highest need in our community, the selected locations are ranked from 1 (low need) to 5 (high need) based on their index value. This map shows areas of the community where populations are likely to experience poorer health and well-being outcomes.

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 1 describes each assessment.

Table 1: Description of MAPP Assessments

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

QUALITATIVE DATA

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



QUANTITATIVE DATA

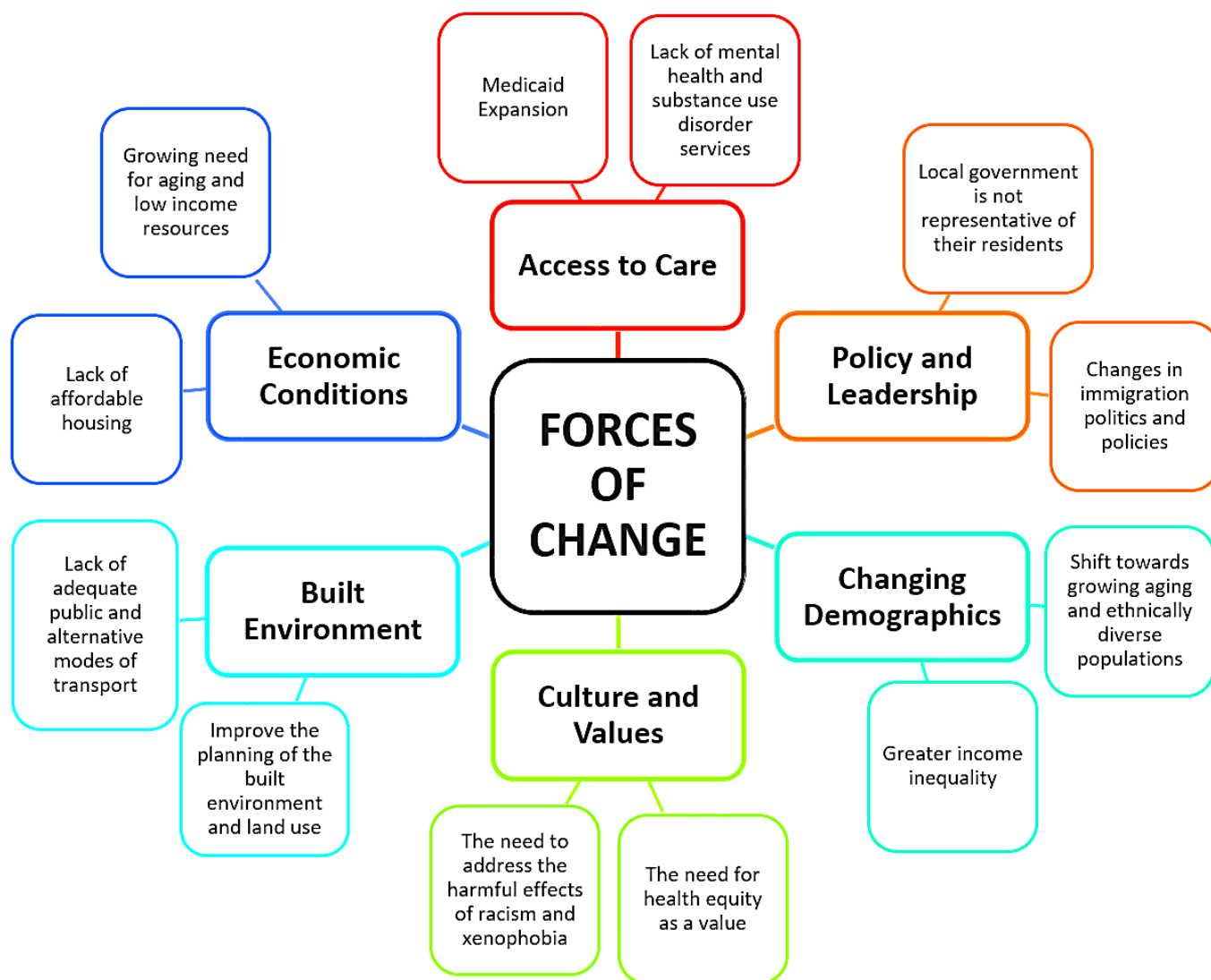
Measurement (#, %)
Analyzed using statistics
Answers : **What? When? Where?**
How often? How long?

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 1 summarizes the frequently cited themes from the discussion. A full compilation of responses is in Appendix C.

Figure 1: 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.

Table 2: 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%

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 3-6 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 3: 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 4: Data Ratings for Prince William County

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

Table 5: Data Ratings for Manassas City

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

Table 6: Data Ratings for Manassas Park City

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

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 7) 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 7: 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



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*).
- The unemployment rate in Greater Prince William Area: Prince William County (5.0%), Manassas City (7.4%), and Manassas Park City (6.0%). There is much variation seen in unemployment rate based on race/ethnicity and education levels. (*U.S. Census Bureau, American Community Survey, 2013-2017 5-year estimates*).
- The percent of population in poverty in the Greater Prince William Area: Prince William County (7.0%), Manassas City (8.8%), and Manassas Park City (10.3%). (*U.S. Census Bureau, American Community Survey, 2013-2017 5-year estimates*).
 - The percent of those under 18 years old in poverty: Prince William County (9.8%), Manassas City (13.9%), and Manassas Park City (16.5%).
 - The percent of those 65+ years old in poverty: Prince William County (5.1%), Manassas City (5.7%), and Manassas Park City (6.2%).
- The percentage of students eligible to participate in the Free Lunch Program is increasing in the community, especially in Manassas City (46.3%) and Manassas Park City (50.0%) (*National Center for Education Statistics, 2016-2017 estimates*).



Economic Stability

Economic Stability	Disparities	Progress	Benchmark
Prince William County	X	X	↔
Manassas City	X	X	↔
Manassas Park City	X	X	↔

Indicators used for this topic:

- Household who receive SNAP that have - children under 18 years old
- Income inequality
- Median household income
- Children living below poverty level
- People 65+ living below poverty level
- People living below poverty level
- Median household income per year for families in subsidized housing
- Social and economic factors ranking
- Student eligible for free lunch program
- Annual unemployment rate



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*).
- Educational attainment varies based on race/ethnicity. For example, in Prince William County the percent of individuals with a high school degree or higher in whites was 95.8%, blacks was 93.7%, and Hispanics/Latinos was 66.1%. (*U.S. Census Bureau, American Community Survey, 2013-2017 5-year estimates*).
- While the percentage of individuals 25 years and older with a Bachelor's degree or higher is increasing, Manassas City (29.7%) and Manassas Park City (31.4%) still fall below the state value (37.6%) and all jurisdictions fall below the Northern Virginia regional value (57.8%) (*U.S. Census Bureau, American Community Survey, 2013-2017 5-year estimates*).
- Manassas City and Manassas Park City show an increase in the student-to-teacher ratio in comparison to prior years (*National Center for Education Statistics, 2016-2017 estimates*).



Educational Opportunities

Educational Opportunities	Disparities	Progress	Benchmark
Prince William County	↔	😊	↔
Manassas City	↔	✖	↔
Manassas Park City	↔	✖	↔

Indicators used for this topic:

- 4-year on-time graduation rate
- Proportion of students receiving advanced studies diploma
- Enrolled in any post-secondary education
- People 25+ with a Bachelor's degree
- People 25+ with a High School degree
- 3rd grade students proficient in math
- 3rd grade students proficient in reading
- 8th grade students proficient in math
- 8th grade students proficient in reading
- Student-to-teacher ratio
- In-school suspension ratio to enrollment
- Law enforcement referral ratio to enrollment
- Out of school suspension ratio to enrollment



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 health care 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*).
- While the percentage of adults with health insurance has been slowly increasing over the years in the Greater Prince William Area, it is still below both the Northern Virginia and state percentages and does not meet the Healthy People 2020 target goal. This also holds true for the percentage of children with health insurance (*Small Area Health Insurance Estimates, 2017 estimates*).
- The percentage of adults who were not able to see a doctor in the past year due to cost in Prince William County was 12.7%, 12.6% in Manassas City, and 27.5% in Manassas Park City (*Virginia Behavioral Risk Factor Surveillance Survey, 2017 estimates*).
- The percentage of adults who did not take their medication as prescribed due to cost in Prince William County is 6.3%, 12.4% in Manassas City, and 14.7% in Manassas Park City (*Virginia Behavioral Risk Factor Surveillance Survey, 2017 estimates*).
- The percentage of adults who have at least one personal doctor or healthcare provider in Prince William County is 79.8%, 80.5% in Manassas City, and 85% in Manassas Park City (*Virginia Behavioral Risk Factor Surveillance Survey, 2017 estimates*).
- The hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees in the Greater Prince William area are trending downwards, meaning there is an improvement seen in this measure (*Dartmouth Atlas of Healthcare, 2014 estimates*).

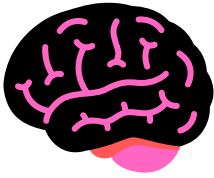


Healthcare Access and Delivery Systems

Healthcare Access & Delivery Systems	Disparities	Progress	Benchmark
Prince William County	X	↔	X
Manassas City	X	😊	X
Manassas Park City	⊖	⊖	⊖

Indicators used for this topic:

- Colon Cancer Screening: Sigmoidoscopy or colonoscopy
- Mammogram in past 2 years (40+) Mammogram: Medicare population
- PAP test in past three years (18+)
- Diabetes Hgb A1C Monitoring: Medicare Population
- Preventable Hospital Stays: Medicare Population
- Adults with health insurance, small area estimates
- Children with health insurance, small area estimates
- Persons without health insurance
- Below 138% federal poverty level uninsured
- Has not had to skip doctor because of cost
- Non physician primary care provider rate
- Primary care provider rate
- Dentist rate
- Mental health provider rate
- Primary care provider ratio
- Clinical care ranking



Mental Health

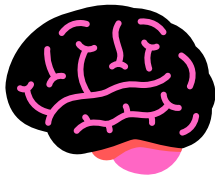
Mental health is important at every stage of life and includes conditions and illnesses which affect thoughts, feelings, mood and/or behavior. It also includes emotional, psychological, and social well-being as well as more serious mental illnesses. This category includes depression and suicide rates, 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*).
- According to the Prince William County 2018 Crime Report, mental health calls, or those experiencing an emotional crisis, rose 3.8% and time spent on those calls rose 31.5%.
- A review of ACTS 2018 Crisis helpline calls shows there was a 29% decrease in total calls and a 2% decrease in suicide calls.
- The death rate per 100,000 population due to suicide is higher in Manassas City (11.8) than compared to Prince William County (8.0) and Manassas Park City (0.0) (*Virginia Department of Health, Division of Health Statistics, 2017 estimates*).
- The percentage of Medicare beneficiaries who are treated for depression is trending upwards over time for Prince William County, Manassas City, and Manassas Park City.
- Adults ever told by a healthcare provider that they have have a depressive disorder: Prince William County (13.6%), Manassas City (18.3%), and Manassas Park City (14.2%) (*Virginia Behavioral Risk Factor Surveillance Survey, 2017 estimates*).
- Over time, the mental health provider rate has been increasing in Prince William County and Manassas City. However, the provider rate in Prince William County is below both the state and national rates. It should be noted the data was unavailable for Manassas Park City (*Centers for Medicare & Medicaid Service, National Provider Identification, 2018 estimates*).



Mental Health

Mental Health	Disparities	Progress	Benchmark
Prince William County	X	X	
Manassas City	X	X	
Manassas Park City		X	

Indicators used for this topic:

- Adults ever diagnosed with a depressive disorder
- Depression: Medicare population
- Age-adjusted death rate due to suicide
- Frequent mental distress
- Poor mental health: 5+ days Prevention hotline calls
- Police responding to mental health calls



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*).
- In the Prince William Health District, 32.2% of individuals indicated they were worried or stressed about having enough money to their rent/mortgage in the past 12 months (*Virginia Behavioral Risk Factor Surveillance Survey, 2014 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*).
- The Greater Prince William Area rates highly in the Food Environment Index, which combines two measures of food access: the percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year. However, there are pockets in the community (such as children and people 65+ years old) that have low access to a grocery store, especially in Manassas Park City (*U.S. Department of Agriculture, Food Environment Atlas, 2015 estimates*).



Neighborhood and Built Environment

Neighborhood & Built Environment	Disparities	Progress	Benchmark
Prince William County	↔	↔	X
Manassas City	↔	↔	X
Manassas Park City	↔	↔	X

Indicators used for this topic:

- Median monthly expenses homeowners with mortgage
- Renters spending 30% or more of household income on rent
- Worried about having money to pay rent/mortgage in past year
- Severe housing problems (overcrowding, high cost, lack of kitchen or plumbing)
- Subsidized housing (Public Housing, Housing Vouchers, Section 8) units available
- Percent of subsidized housing units occupied
- Average months on housing waiting list
- Number of people who live in subsidized housing
- Food Environment Index
- Mean travel time to work
- Workers commuting by public transportation
- Workers who walk to work
- Physical environment ranking
- Recreation and fitness facilities
- Average daily particulate matter
- Workers who drive to work alone
- SNAP Certified Stores
- Residential segregation non-white/white index
- Residential segregation black/white index



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 have used tobacco products, 12.9% are current smokers, and 13.5% report binge drinking (*Virginia Behavioral Risk Factor Surveillance Survey, 2017 estimates*).
- Percentage of adults who use e-cigarettes or other vaping products in Prince William County is 1.9%, 2.7% in Manassas City, and 2.6% in Manassas Park City (*Virginia Behavioral Risk Factor Surveillance Survey, 2017 estimates*). It will be important to get good data on the use of vaping products in youth in the community, as these products are popular among youth and are not perceived to be as dangerous to health.
- 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, 2017 estimates, rate per 100,000 population*).
- The death rate due to fentanyl overdoses is higher in Manassas City (24.1) compared to Prince William County (5.4) and Manassas Park City (6.0) (*Virginia Department of Health, Office of the Chief Medical Examiner, 2017 estimates, rate per 100,000 population*).
- According to the Prince William County 2018 Crime Report, total overdose deaths rose by 11.3%.

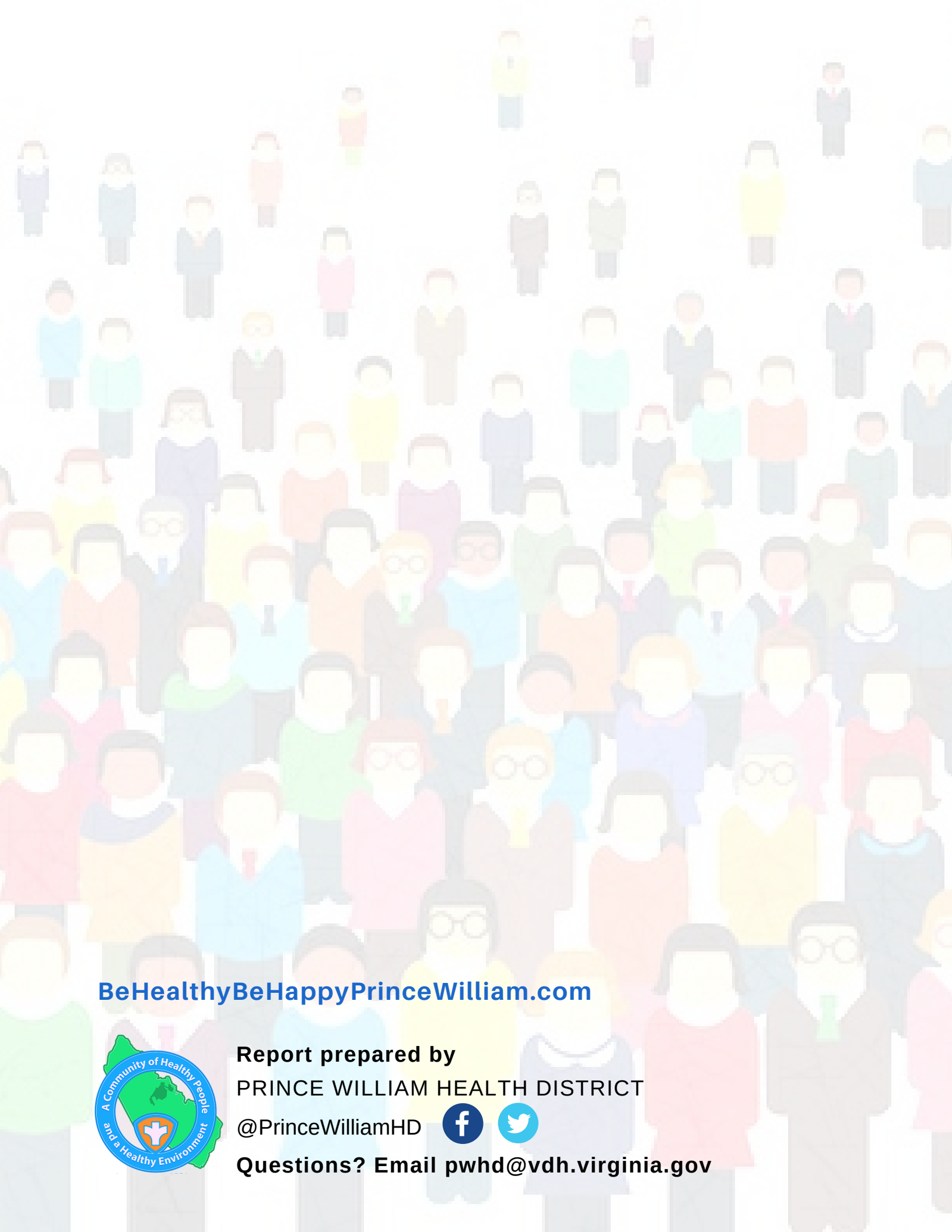


Tobacco and Substance Use

Tobacco & Substance Use	Disparities	Progress	Benchmark
Prince William County	X	X	↔
Manassas City	X	X	X
Manassas Park City	X	↔	↔


Indicators used for this topic:

- Neonatal Abstinence Syndrome rate
- Adult smoking
- Emergency department rate - heroin overdose
- Emergency department rate - prescription opioid overdose
- Mortality rate - heroin/fentanyl overdose
- Mortality rate - prescription opioid overdose
- Death rate due to drug poisoning
- Adults who drink excessively
- Age-adjusted hospitalization rate due to alcohol use



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