CHIP WORKGROUP TOOLKIT

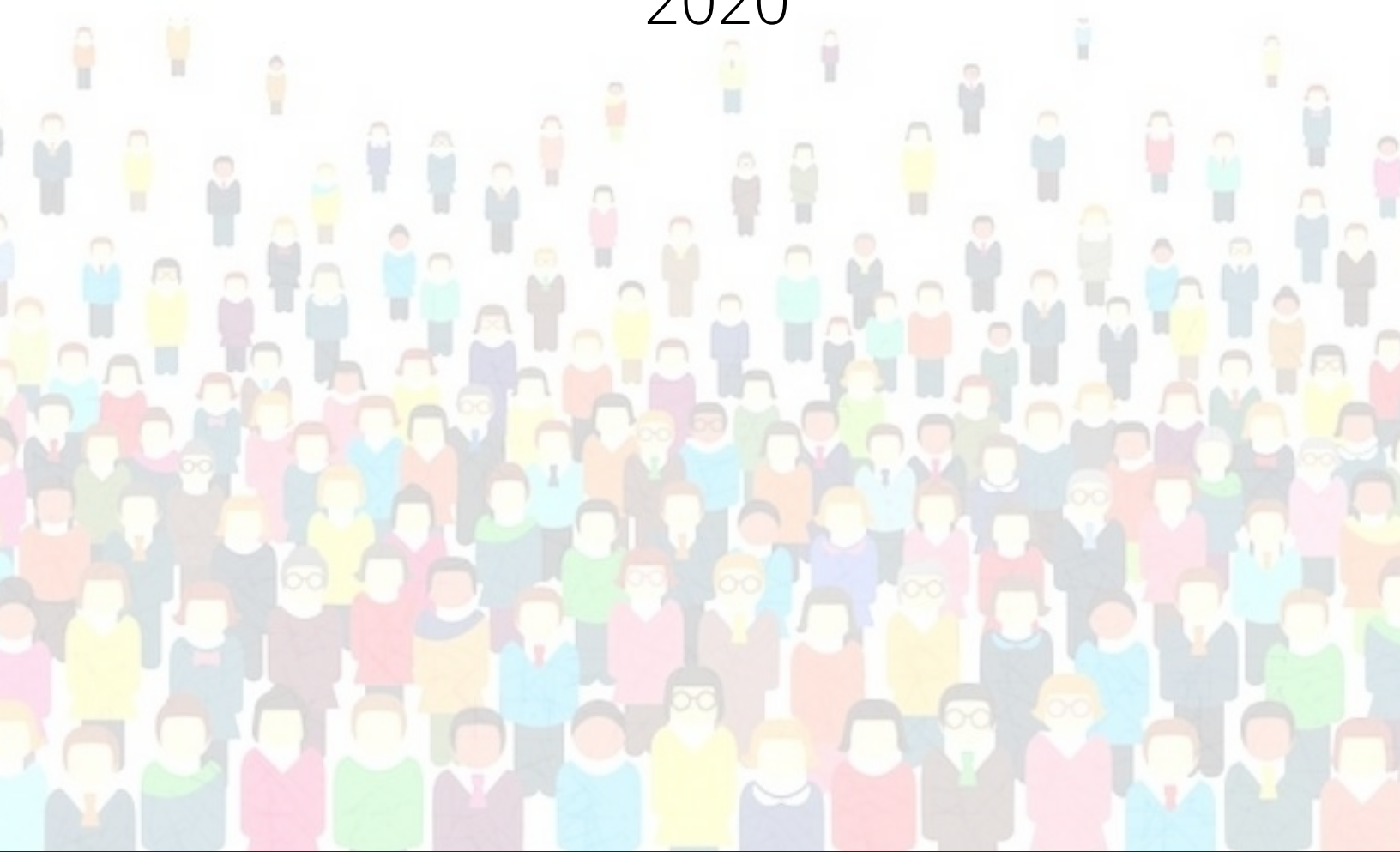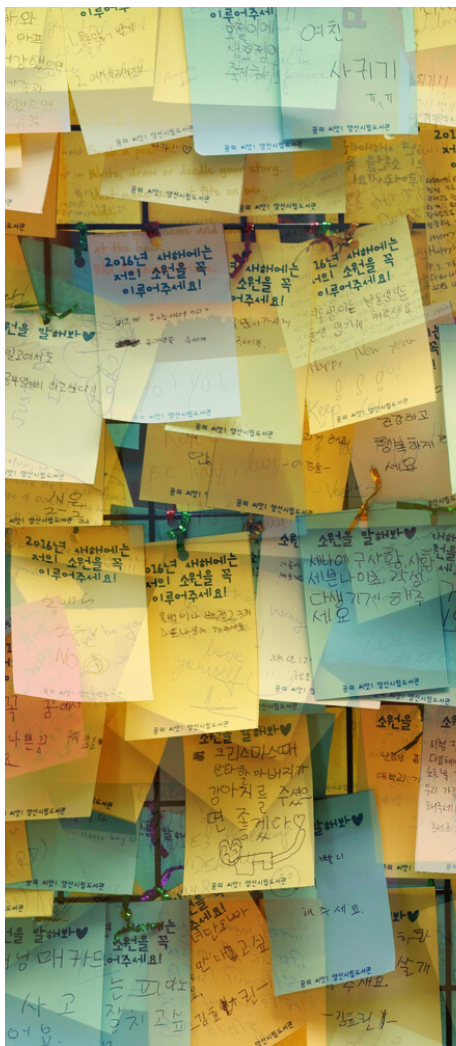2020

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CHIP 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 was 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. With the CHA completed, it is now time to start the Community Health Improvement Plan (CHIP) process. We took the information learned from the results of the CHA to identify the topmost priorty issues to focus on for the next multi-year cycle:

- **Marketing, Outreach, & Advocacy**
- **Educational Opportunities**
- **Neighborhood & Built Environment**

The 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.

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.

2020 CHCGPW Meeting Schedule

CHCGPW Steering Committee Meeting Schedule

Month	Date	Note-taker*
February (Focus on advocacy issues)	Friday, Feb. 14th ♥	Judy Merring
May (Updates and planning)	Friday, May 1th	Susie Lee
September (Planning)	Friday. Sept. 4th	Rebecca Sutter
November (Advocacy planning)	Friday, Nov. 6th	Dr. Ansher

*If you are assigned note-taker duties for a date you will not be able to attend, please let the co-chairs know as soon as possible.

Steering Committee meetings will be held on the 1st Friday during the following months above, with the exception of February 14th. The group wanted to work on researching and planning advocacy events and discussing the progress of CHIP priority groups. All meetings will be from 1:30-3:30 PM in the large conference room at PWHD Office, 8470 Kao Circle.

CHCGPW General Members Meeting Schedule

Month	Date	Note-taker
January (Discuss CHIP Priority Groups and regroup for 2020)	Friday, Jan. 31st *Note 5th Friday due to short notice	Sarah Fenno
June (Report out on CHIP progress and legislative issues)	Friday, June 5th	Canek Aguirre
December (Report out on CHIP progress, recap of year, and engagement in Jan. advocacy)	Friday, December 4th	Heather Martinsen

General members meetings will be held on the 1st Friday during the following months above. The General Members will meet to discuss CHIP Priority Group efforts, community updates, advocacy progress, and pressing community issues. All meetings will be from 1:30-3:30 PM in the Cedar Run room of the McCoart Building, PWC Complex.

Workgroup Stakeholders Introduction

Introductory Questions

- Name and Title

- What agency do you represent or who are you affiliated with?

- Why are you interested in this priority and what is most important about this priority to you?

- What would you like to see this workgroup accomplish?

- What resources (i.e., time, funds, evaluation expertise, access to respondents, and access to policymakers) might you contribute to this effort?

- Are we missing any other important stakeholders?

- What are your ideas for addressing this issue with a health equity framework?

- Are there existing community programs/initiatives that we can build on?

- If not, are you in support of creating a new community-wide initiative?

Think about stakeholders: those affected by the issue, those involved in action steps, those who use the results to document needs, success, and potential external support.

Strategic Planning Template

Vision Statement for the Workgroup:

Goal: Problem: Define Community:		
Objective	Root Cause of Problem	Local Condition Associated with the Problem
Short Term Objective (6-12 months)		
Intermediate Term Objective (1-2 years)		
Long term Objective (2-3 years)		

Definitions:
- Vision Statement-picture of the desired future to be achieved by the workgroup
- Root Causes-risks and protective factors, community conditions (answers why?)
- Local conditions-contribute to the root cause/risk factors (answers why here?)
- Objective-statement of what the workgroup will accomplish and by when (SMART)
- Outcomes-what the workgroup has accomplished

Resource: *CADCA Planning: Developing the Coalition's Vision Mission, Objectives, and Action Plans*

Action Planning Template

Goal/Outcome:

Objective:

Strategies/Action Steps	Partners/Persons Responsible	Timeline	Outcome Indicators

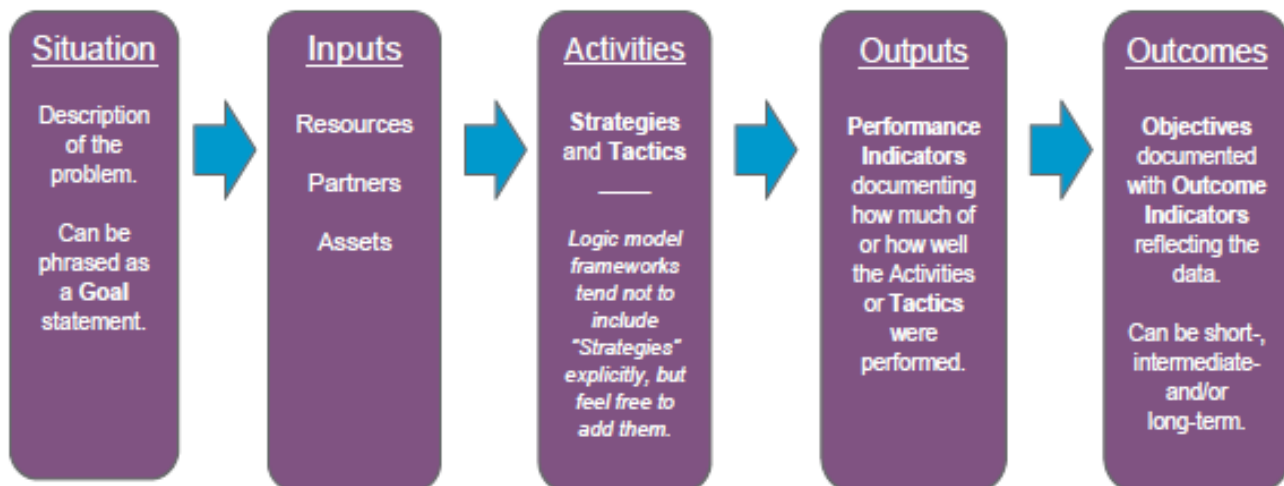| Monitoring/Evaluation Approach: |
|---|
| |

Resource: *Health Resources in Action: Advancing Public Health and Medical Research*

Logic Model Framework

What is a Logic Model?

- A succinct series of statements linking goals, objectives and resources to strategies, tactics and their performance, and outcomes.

- It shows the connections between what you do and what you are trying to accomplish.

- A tool to help you identify and clarify what you are trying to achieve, what you plan to do to get to there, and what you will need to do this.

- An easy way to quickly show what the project/program entails, looks like, and seeks to change.

- It allows stakeholders to improve and refine the project/program.

- It reveals assumptions about the conditions needed for the project/program to be effective and what the program is intended to do.

- Simply, it is a "road map".

Situation	Inputs	Activities	Outputs	Outcomes
Description of the problem. Can be phrased as a Goal statement.	Resources Partners Assets	Strategies and Tactics ——— *Logic model frameworks tend not to include "Strategies" explicitly, but feel free to add them.*	Performance Indicators documenting how much of or how well the Activities or Tactics were performed.	Objectives documented with Outcome Indicators reflecting the data. Can be short-, intermediate- and/or long-term.

Logic Model Framework

Situation	Inputs	Activities	Outputs	Outcomes
Goal: Reduce the use of marijuana and alcohol use by youth	Local School System PTAs Police Department Chamber of Commerce Funding	Provide information to youth about the dangers & consequences of using marijuana & alcohol -Provide marijuana and alcohol awareness programs to youth in middle & high schools	Pre-and post test results of youth participating in awareness programs	Decrease the % of youth using marijuana from 20% to 15% by 2014 -% of middle & high school students indicating they use marijuana
		Build the skills of parents & other adults to talk with their children about the dangers & consequences of using marijuana and alcohol -Provide workshops for parents and create parent chat groups	Number of parents attending workshops Number of parents participating in chat groups	- % of middle & high school students indicating they drink alcohol
		Reduce the access of marijuana & alcohol in the community - Work with law enforcement to do local vendor compliance checks of alcohol sales to minors - Set up a tip line on marijuana sales	Number of vendors who pass alcohol compliance checks Number of calls to the tip line	

Another Example:

Goal: Reduce the rate of teenage pregnancies.
Objective: By 2021, reduce the rate of teen pregnancies from 30 per 1,000 teenagers (aged 12-19) to 27 per 1,000 teenagers.
Outcome Indicator: The number of teen pregnancies per 1,000 teenagers annually.

Performance Indicator: A measure of the extent to which a tactic has been accomplished.
Tactic: Provide counseling to at rick pregnant females about the impact of smoking on the birth weight of their baby.
Performance Indicator:
    a) The number of counseling sessions provided.
    b) The number of at-risk pregnant females who participated in counselling sessions and who stop smoking during pregnancy.

Resource: *NACCHO*
https://www.naccho.org/uploads/downloadable-esources/NACCHO_GoalsandObjectives_05-09-12Final-Slides.pdf)

Evaluation Framework

The purpose of evaluation is to identify changes that have occurred in the community based upon the work of the coalition. This will allow the coalition to tell the story about how we have contributed to these community changes and allow us to show the impact of our work. It will also make us more accountable to our work, facilitate improvements and program development, and allow for knowledge generation and transferability.

The data used to determine the problem, root causes and local conditions can be used over time to document changes in the community based upon our work. By using initial data that defined the problem as a baseline and tracking the same data over time, the workgroup can determine the impact of their intervention and determine if their efforts produced the outcomes that were expected. It can also let us know if our interventions need to be modified or changed in order to better achieve our outcomes.

When conducting an evaluation plan, we need to include short-term and intermediate measures, as well as the long-term measures. Much of our work will take a long time to show real change, but we should make an effort to measure and celebrate those short-term wins.

Evaluation Plan

What is being measured?	How will it be measured?	Where will we get the data from?	How often will it be collected?
Problem Statement	Data	Data Source	Comparison Frequency
Root Causes			
Local Conditions			

(CADCA National Coalition Institute, Setting the Content for a Community Coalition Evaluation)

Evaluation Framework

Telling the Story

Who cares about the issue? (Audience)	What do they want to know? (Concerns)	What information can be shared?	How will the information be shared?

(CADCA National Coalition Institute, Setting the Content for a Community Coalition Evaluation)

Resources:
CADCA: Setting the Context for a Community Coalition Evaluation:
https://www.cadca.org/resources/evaluation-primer-setting-context-community-coalition-evaluation

Work Group Evaluation Handbook: Evaluating and Supporting Community Initiatives for Health and Development:
https://ctb.ku.edu/sites/default/files/chapter_files/work_group_evaluation_handbook_2.pdf

CDC: Developing and Effective Evaluation Plan: https://www.cdc.gov/obesity/downloads/cdc-evaluation-workbook-508.pdf

Reporting to the Steering Committee

Reporting Requirements

In order to keep track of all the work being done, the co-chairs of each of the three workgroups will be responsible for reporting to the Steering Committee at the end of each quarter. Documentation should be sent to the chair of the coalition at the end of the following months:

- March
- June
- September
- December

The chair will send out a reminder that the deadline is approaching and will request updates from each priority group. At any time, workgroups can reach out to the Steering Committee for support, guidance, feedback, etc.

The below table should be filled out for identified goals and objectives, as well as all corresponding action steps, individuals responsible, measures, progress/status, and resources. This will allow the chair of the coalition to compile reports on the progress of the CHIP and ensure that each workgroup is sending information in a similar manner. Workgroups can also send other information that they feel is important about the progress of their work.

Priority Issue:					
Goal #1					
Objective 1.1					
Key Actions	Timeframe	Individual(s) Responsible	Measures	Status	Resources Needed
Objective 1.2					
Key Actions	Timeframe	Individual(s) Responsible	Measures	Status	Resources Needed
Goal #2					
Objective 2.1					
Key Actions	Timeframe	Individual(s) Responsible	Measures	Status	Resources Needed

Looking at the CHIP Through an Equity Lens

Vision:
CHCGPW supports health equity, where all that live in the Greater Prince William Area are thriving and have the opportunity to be healthy.

Health Equity:
When everyone has the opportunity to attain their highest level of health and well-being (adapted from the American Public Health Association).

During the CHA process, we did an assessment called Forces of Change, in which the need for equity for all residents became a common theme (see Appendix C of the Community Health Assessment for a detailed description). We also recognized that many factors besides health care impact the ability of our residents to achieve well-being, such as education, economic stability, neighborhood and built environment, and community and social context.

As we develop interventions and make decisions in our workgroups, we need to consider how our work may impact marginalized communities, and ensure voices that represent these lived experiences are a part of and lead our work. Shared data will be an important tool to help the workgroups consider disparities when making decisions on our work. After all, when we improve the health of these communities, the health of the whole population improves.

To help us keep an equity lens in mind, we can look toward others for guidance and support. In Arlington County's Destiny 2027: Plan for Achieving Health Equity, their committee identified four questions that should be answered when developing interventions or making decisions to address the priorities the community has chosen. These questions can guide our workgroups as we develop goals, objectives and action steps.
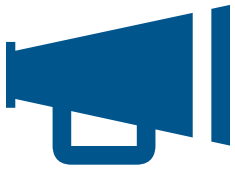
- Who benefits?
- Who is burdened?
- How do you know?
- Who is missing?

Resources
- Arlington County's Destiny 2027: Plan for Achieving Health Equity: https://health.arlingtonva.us/pha/d2027/
- NACCHO: Considering Health Equity in Community Health Improvement Planning: https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/2012_5_10-PI-TA-Slides-FINAL.pdf
- Health Resources in Action: Embracing Equity in Community Health Improvement: https://hria.org/wp-content/uploads/2016/02/Embracing-Equity-in-Community-Health-Improvement.pdf
- Minnesota Department of Health: Health equity resources by practice: https://www.health.state.mn.us/communities/practice/resources/equitylibrary/tag-practices.html

Three CHIP Priority Issues

Marketing, Outreach, & Advocacy

Educational Opportunities

Neighborhood & Built Environment

Marketing, Outreach, & Advocacy

Vision:

The Community Healthcare Coalition of Greater Prince William (CHCGPW) supports health equity, where all that live in the Greater Prince William Area are thriving and have the opportunity to be healthy.

Mission:

CHCGPW will work collectively to ensure all have the opportunity for health and well-being, utilizing limited resources most efficiently and effectively. We understand that we all share the responsibility of creating a healthy community where all can have an equal opportunity for health and well-being.

Goals and Purpose:

The goal of the CHCGPW is to collectively improve the health of the residents of the Greater Prince William Area and jurisdictions served by the participating entities.

The purpose of the CHCGPW is to bring together a group of multidisciplinary agencies, entities, and stakeholders to identify and prioritize community health issues. This will be accomplished through periodically conducting community health needs assessments, and developing, implementing, and evaluating community health improvement plans. The Coalition will also be responsible for identifying ways to utilize limited resources efficiently and effectively to address these identified community public health issues of concern.

Finding a Brand for Our Coalition:

- Deliver our message clearly and effectively
- Confirm our credibility as a coalition in the community
- Connect with our intended audiences
- Motivate our intended audiences
- Create an audience following and loyalty

We need an agreed upon look and personality, font, colors, and frequency and methods communication.

Core Communications:

We need consistent, timely, and relevant communications about our work and strategies for impact in the community.

- Who will be responsible for this?
- What platforms and tools do we want to use?
- Who is our target audience?
- Frequency of communications?
- What do we want the content to look like?
- What is the purpose of the communications?
- What is our timeline?
- How will communications get approved before distribution?

Communication Channels
- Electronic communications (emails, newsletters)
- Social media (Facebook, Twitter, etc)
- Online webinars
- In-person meetings, events, conferences
- Press or media coverage
- Paid media (advertisements, etc)
- Other methods

Outreach in the Community:

Community Outreach Plan
- Define goals and objectives
- Identify your targets
- Create your message
- Package your message
- Distribute your message
- Evaluate your plan

How will we measure our impact throughout all this?

What is Our Role in Advocacy:

- What is our plan for advocacy?
- How will we chose what issues we support?
- How will we sustain our efforts?
- How will we measure our impact?
- Etc.

Lobbying:

Lobbying is the practice of trying to persuade legislators to propose, pass, or defeat legislation or change existing laws. However, some of our coalition members cannot lobby, and no entity that accepts federal money can engage in lobbying with government funds.

There are many other activities that we can still engage in that are not considered lobbying. This includes:

- **Meeting** with a legislator to talk about a social problem, without mentioning a specific legislative proposal.
- **Providing** a legislator with educational materials about a specific piece of legislation, without calling for specific action on the legislation.
- **Responding** to a request from a legislative committee or subcommittee for information about a specific piece of legislation.
- **Publishing and distributing** a newsletter to your own membership providing information about a specific piece of legislation, your organization's position on the legislation, and the names of legislators who support and oppose the legislation, but not a specific call to action (e.g., a request to call or write to legislators).
- **Tracking** activities of legislators including votes, positions taken, contributions accepted, etc.
- **Producing and disseminating** research reports or studies that provide nonpartisan analysis on policy issues, including specific legislative proposals.
- **Talking** to the media about specific legislative proposals.
- **Advocating** for better enforcement of existing laws, e.g., those that control alcohol sales to minors.
- **Advocating** for the enactment and enforcement of private or voluntary polices, e.g., alcohol purchase restrictions in stadiums.
- **Conducting** public education campaigns to affect the opinions of the general public, e.g., a mass media educational campaign about the importance of not providing alcohol to minors.

Resource: *CADCA's Strategizer #31, Guidelines for Advocacy, Changing Policies and Laws to Create Safer Environments for Youth.*

GREATER PRINCE WILLIAM AREA

Educational Opportunies
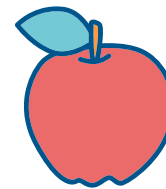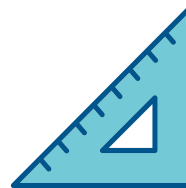
Why Education Matters to Health:

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.

Quick Stats in Greater Prince William Area:

- 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.
- Hispanic/Latino students had lower on-time graduation rates compared to their white counterparts, as well as a lower percentage receiving an advanced studies diploma (*Virginia Department of Education, 2017-2018 estimates*).
- The percentage of 3rd grade students proficient in math and reading are below the state averages in Manassas City and Manassas Park City (*Virginia Department of Education, 2017-2018 estimates*).
- The percentage of 8th grade students proficient in math and reading are below in the state averages in Manassas City (*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*).
- 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*).
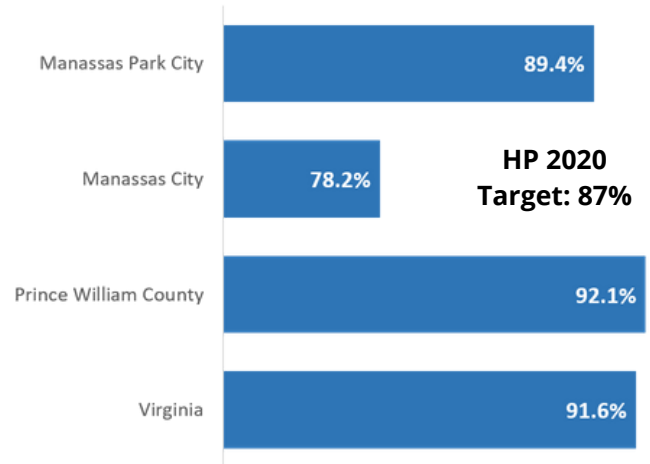
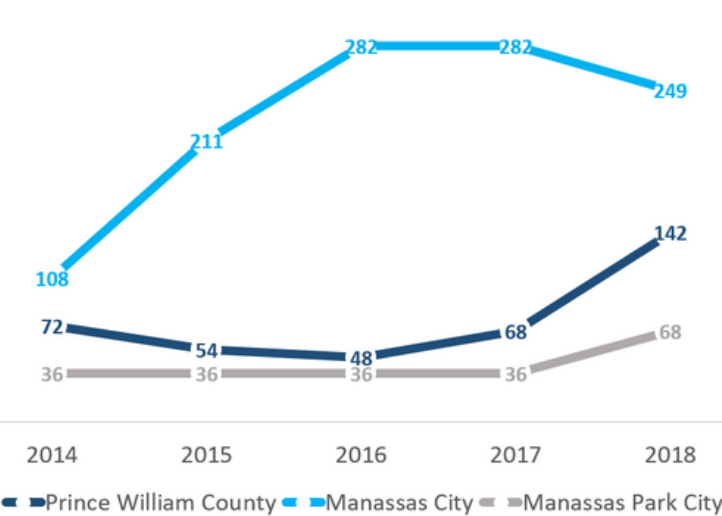# Educational Measures in Greater Prince William Area:

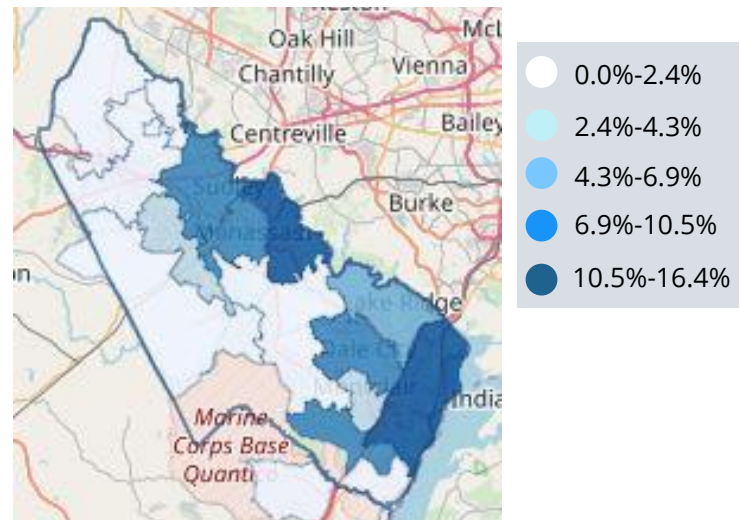### Percent Of Individuals with a Bachelor's Degree or Higher
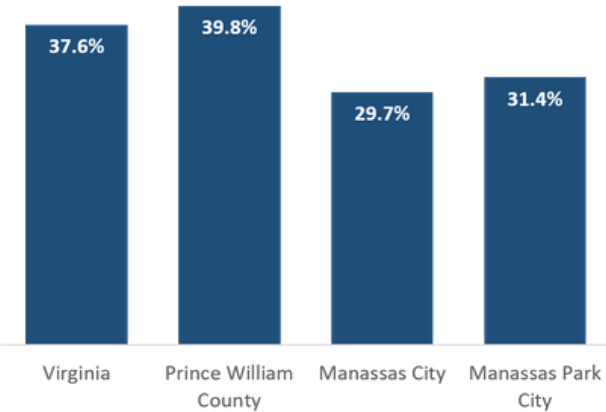
On-time Graduation

4-Year-Olds Served by the Virginia Preschool Initiative

Poverty Status by School Enrollment

Resources:

- Virginia Department of Education: http://www.doe.virginia.gov/statistics_reports/index.shtml
- U.S. Census Bureau, American FactFinder: https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml
- BeHealthyBeHappy Dashboard: http://www.behealthybehappyprincewilliam.com/
- Annie E. Casey Foundation, Kids Count Data Center: https://datacenter.kidscount.org/
- Voices for Virginia's Children: https://vakids.org/

Neighborhood & Built Environment

Why Neighborhood & Built Environment Matters to Health:

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.
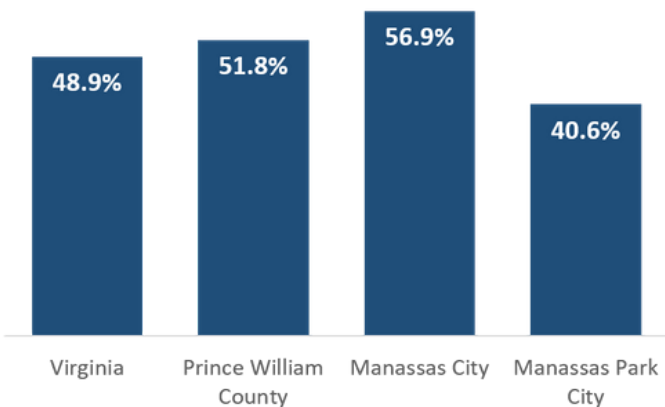
Quick Stats in Greater Prince William Area:

- 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, 51.8% 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 for 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 on 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*).
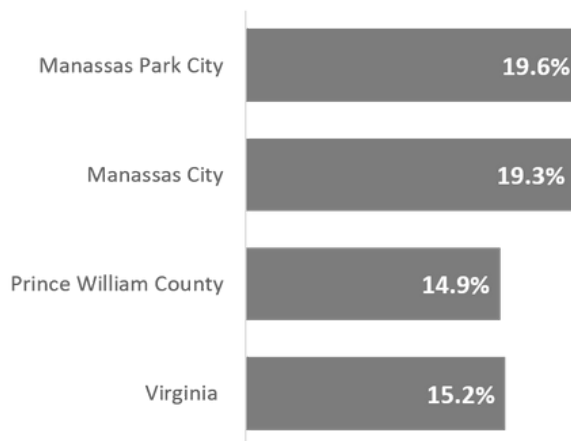
Neighborhood & Built Environment Measures in Greater Prince William Area:
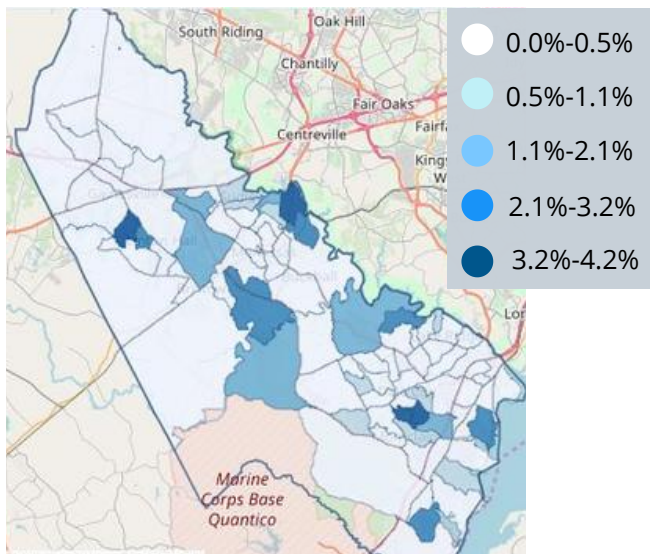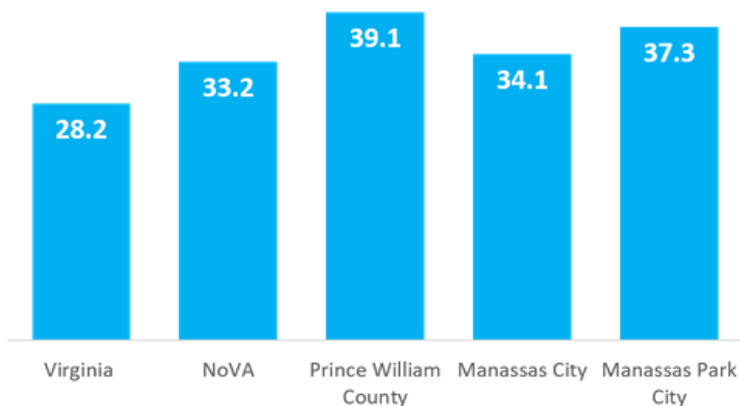
Renters Spending 30% or More of Household Income on Rent

- Virginia: 48.9%
- Prince William County: 51.8%
- Manassas City: 56.9%
- Manassas Park City: 40.6%

Severe Housing Problems

- Manassas Park City: 19.6%
- Manassas City: 19.3%
- Prince William County: 14.9%
- Virginia: 15.2%

Households with No Car and Low Access to a Grocery Store

- 0.0%-0.5%
- 0.5%-1.1%
- 1.1%-2.1%
- 2.1%-3.2%
- 3.2%-4.2%

Mean Travel Time to Work (in minutes)

- Virginia: 28.2
- NoVA: 33.2
- Prince William County: 39.1
- Manassas City: 34.1
- Manassas Park City: 37.3

Solo Drivers with Long Commutes
- **Virginia:** 39.4%
- **Prince William County:** 62.7%
- **Manassas City:** 55.3%
- **Manassas Park City:** 59.0%

Resources:
- Virginia Department of Housing and Development: https://www.hud.gov/states/virginia
- U.S. Census Bureau, American FactFinder: https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml
- BeHealthyBeHappy Dashboard: http://www.behealthybehappyprincewilliam.com/
- County Health Rankings: https://www.countyhealthrankings.org/
- Feeding America: https://www.feedingamerica.org/
- VA BRFSS: http://www.vdh.virginia.gov/brfss/data/
- U.S. EPA: https://www.epa.gov/
- Urban Institute: https://www.urban.org/

Aging Measures in Greater Prince William Area:

People 65+ Living Alone

Legend:
- 8.9%-10.3%
- 10.3%-14.7%
- 14.7%-20.7%
- 20.7%-23.8%
- 23.8%-34.1%
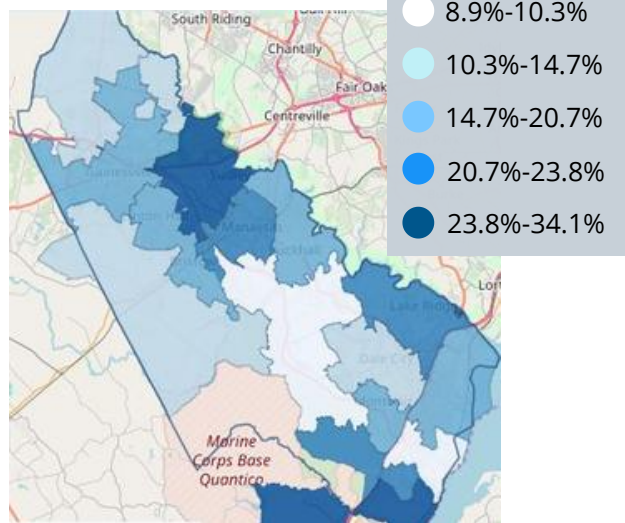
Virginia: 25.6%
Northern Virginia: 22.3%
Prince William County: 18.0%
Manassas City: 23.0%
Manassas Park City: 26.1%

People 65+ With Low Access to a Grocery Store
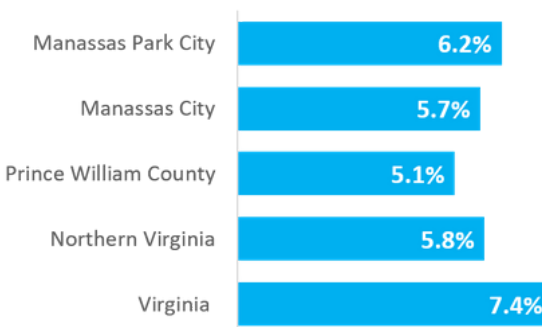
▼ **Prince William County: 1.2%** (improved)

➖ **Manassas City: 0.4%** (no significant change)

▲ **Manassas Park City: 2.2%** (worsened)

Physical Environment Ranking

1 is best

Manassas Park City: **93**
Manassas City: **110**
Prince William County: **126**
133 is worst

This measure ranks the physical environment based on: air pollution, drinking water violations, severe housing problems, driving alone to work, and long commute,

Adults 65+ with a Disability

- Virginia: 33.1%
- Prince William County: 29.9%
- Manassas City: 31.2%
- Manassas Park City: 29.0%

People 65+ Living Below the Poverty Line

- Manassas Park City: 6.2%
- Manassas City: 5.7%
- Prince William County: 5.1%
- Northern Virginia: 5.8%
- Virginia: 7.4%

Resources:

- Area Agency on Aging: https://www.pwcgov.org/government/dept/aaa/Pages/default.aspx
- U.S. Census Bureau, American FactFinder: https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml
- BeHealthyBeHappy Dashboard: http://www.behealthybehappyprincewilliam.com/
- County Health Rankings: https://www.countyhealthrankings.org/

Please reach out to Sarah Fenno for any questions or data needs:
Sarah.Fenno@vdh.virginia.gov

Aging Measures in Greater Prince William Area:

AARP LIVABILITY INDEX

This score rates the overall livability of a selected neighborhood, city, county, or state on a scale from 0 to 100. It is based on the average score of seven livability categories—housing, neighborhood, transportation, environment, health, engagement, and opportunity—which also range from 0 to 100. We score communities by comparing them to one another, so the average community gets a score of 50, while above-average communities score higher and below-average communities score lower.

Prince William County

TOTAL INDEX SCORE

54

42	**HOUSING**	Affordability and access
55	**NEIGHBORHOOD**	Access to life, work, and play
43	**TRANSPORTATION**	Safe and convenient options
68	**ENVIRONMENT**	Clean air and water
59	**HEALTH**	Prevention, access and quality
46	**ENGAGEMENT**	Civic and social involvement
63	**OPPORTUNITY**	Inclusion and possibilities

Manassas City

TOTAL INDEX SCORE

54

50	**HOUSING**	Affordability and access
56	**NEIGHBORHOOD**	Access to life, work, and play
52	**TRANSPORTATION**	Safe and convenient options
41	**ENVIRONMENT**	Clean air and water
69	**HEALTH**	Prevention, access and quality
51	**ENGAGEMENT**	Civic and social involvement
55	**OPPORTUNITY**	Inclusion and possibilities

Manassas Park City

TOTAL INDEX SCORE

51

45	**HOUSING**	Affordability and access
60	**NEIGHBORHOOD**	Access to life, work, and play
52	**TRANSPORTATION**	Safe and convenient options
44	**ENVIRONMENT**	Clean air and water
62	**HEALTH**	Prevention, access and quality
31	**ENGAGEMENT**	Civic and social involvement
61	**OPPORTUNITY**	Inclusion and possibilities

Dig deeper into the data! Check out the AARP Livability Index and explore what makes a community livable!
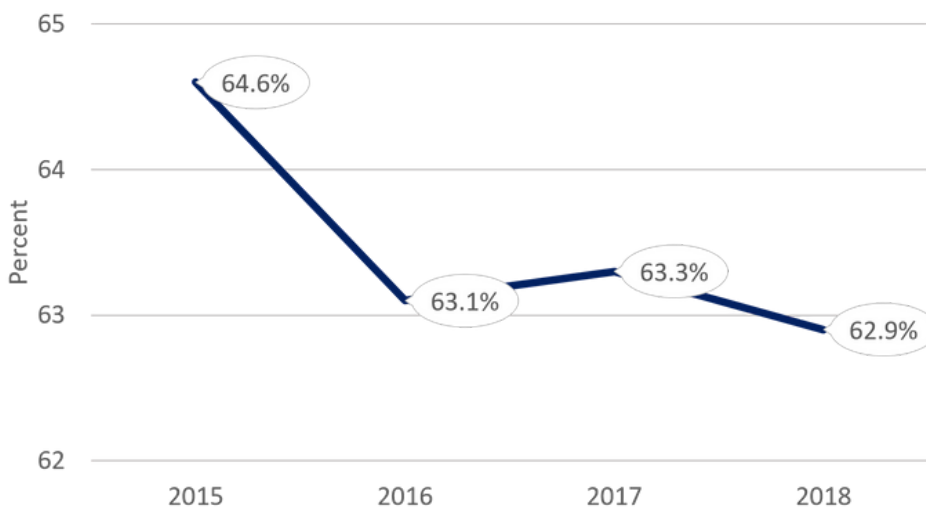
https://livabilityindex.aarp.org/

SDoH Measures in Greater Prince William Area:

Homeownership Rates by Race/Ethnicity
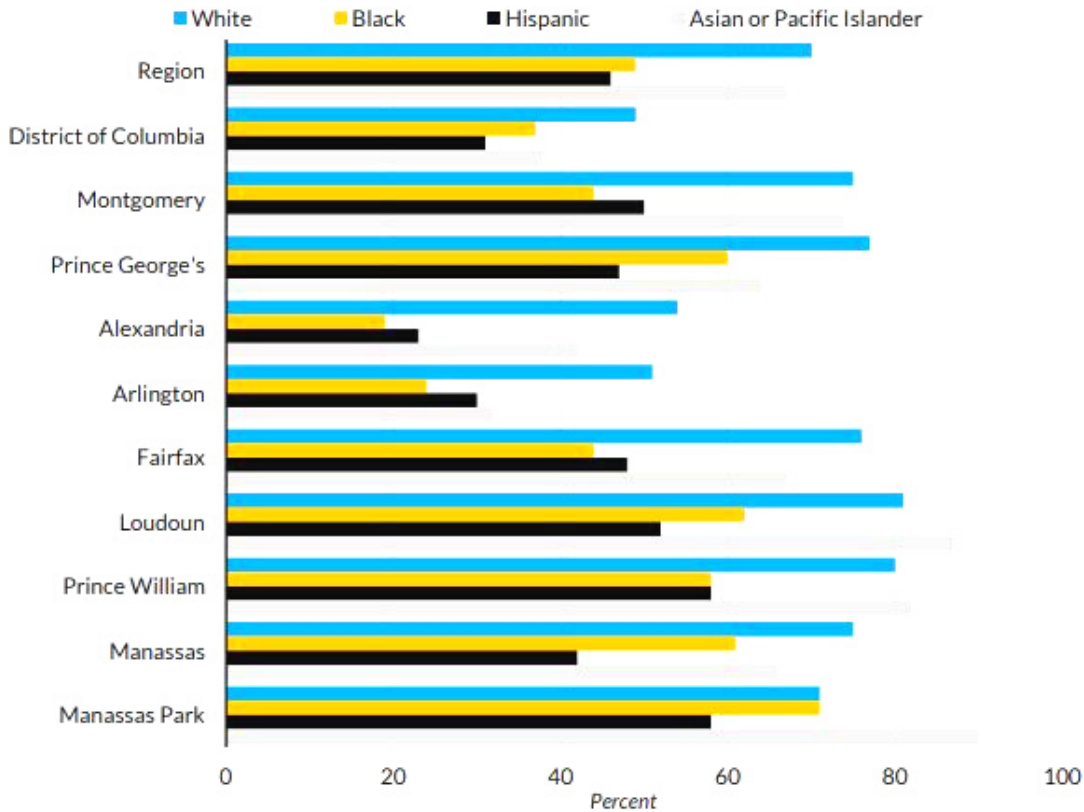
Homeownership Rates for the DC-VA-MD-WV
Statistical Area: 2015 to 2018

Prince William County

74% owner-occupied units

$394,800 median value of owner-occupied housing units

Manassas City

65% owner-occupied units

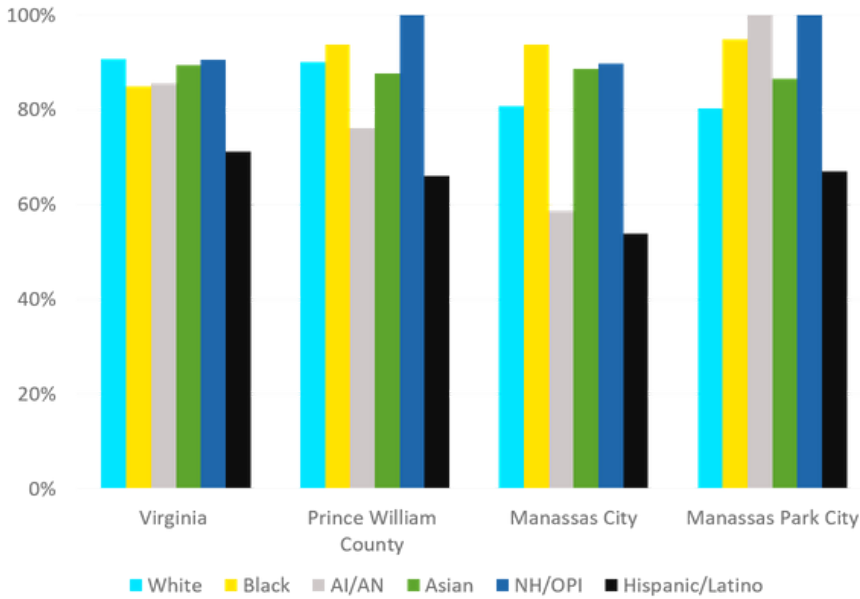**$313,100** median value of owner-occupied housing units

Manassas Park City

66% owner-occupied units

$281,500 median value of owner-occupied housing units

SDoH Measures in Greater Prince William Area:

High School Graduate or Higher by Race/Ethnicity

Legend: White, Black, AI/AN, Asian, NH/OPI, Hispanic/Latino

Below Poverty Level by Race/Ethnicity

Legend: White, Black, AI/AN, Asian, NH/OPI, Hispanic/Latino
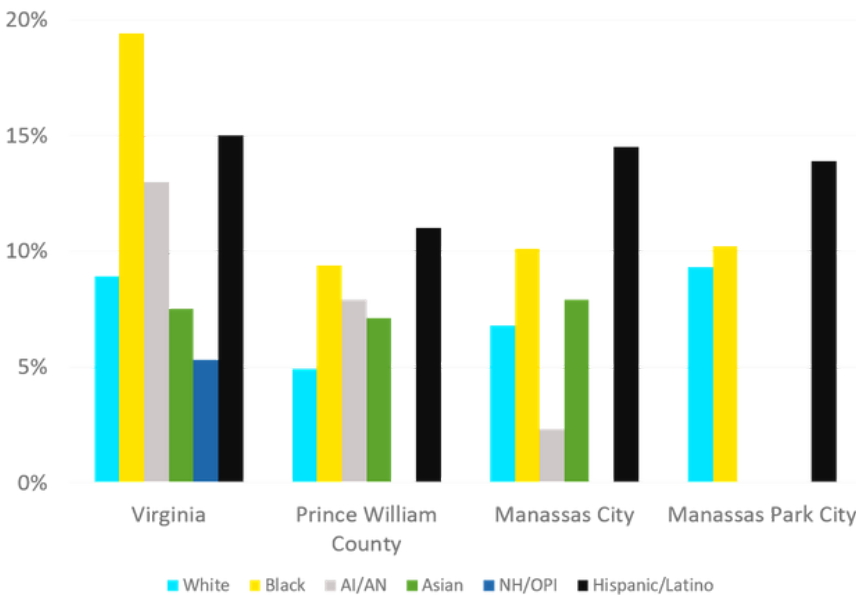
Note: For some race categories, the value was 0.0%.

Looking for more data?

For more information about demographics in Greater Prince William Area, please refer to **Appendix B** of the Community Health Assessment.

The complete report can be found on our **data dashboard**!

BeHealthyBeHappyPrinceWilliam.com

Resources:

- Urban Institute: https://www.urban.org/
- U.S. Census Bureau, American FactFinder: https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml
- Census Reporter: censusreporter.org
- BeHealthyBeHappy Dashboard: http://www.behealthybehappyprincewilliam.com/
- County Health Rankings: https://www.countyhealthrankings.org/