Appendix D: Community Insight: Community Conversations

Community Conversations

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

- Parents/Guardians of young children
- LGBTQIA+ community members
- Seniors/aging individuals
- Members of the military and veterans
- Individuals living with disabilities
- Youth ages 15-17
- Immigrant communities
- Residents from the Eastern and Western parts of the Greater Prince William Region

Methodology

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

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

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

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

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

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

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

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

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

Facilitator Guide for Community Conversations

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

Total Time: 60 minutes

Materials Needed:

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

Welcome & Introduction (5 minutes)

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

- For this conversation, we will use the term health to mean a state of complete physical, social, and mental well-being and not the absence of disease–as defined by the World Health Organization.
- We can consider “community” as any group of people who have something in common, it can be self-defined, place-based, shared language, heritage, or relationships. When sharing about your community during this discussion, we invite you to share what community means to you.

5. **Review the ground rules**:
   - Anonymity
   - Step up/Step back.
   - Everyone's opinion matters.
   - There are no wrong answers.
   - Be respectful of each other’s opinions.
6. **Remind them about the time**:
   - "We have 60 minutes together. We will ask a few questions, and everyone will get a chance to share."
7. **Remind them about the gift card**
   - "As a thank you for sharing your opinions, you will be offered a $25.00 gift card at the end.”
8. **Mention participation is voluntary.**
   - **“You may stop participating at any time”**

Questions & Discussion (55 minutes)

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

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

1. **What does a healthy community in the Greater Prince William area look like to you? (5 minutes)**
   a. **Probes:**
      i. "What would make our community a healthy place to live?"
      ii. "What places could make our community healthier?"
      iii. "What would you like to see more of?"

2. **What are your community’s strengths; such as, what are some good things, programs, or people in your community who help others? (5-10 minutes)**
   a. **Probes:**
      i. “What programs or places in our community help people stay healthy?"
      ii. "Are there any activities or programs that really help people in our community?"
      iii. "What places do people go to feel healthy and safe?"

3. **What challenges affect health, such as what problems make it hard for people in your community to stay healthy? Think about big or small problems, like laws or decisions in the area. (5-10 minutes)**
    a. **Probes:**
        i. "What things in our community make it harder or easier to be healthy?"
        ii. "This could be big things like jobs or housing, or small things like access to healthy food."
        iii. "Are there any rules or decisions in our community that you think help or hurt people's health?"

4. **Who has the most problems because of these things? Or in other words, who is most impacted? (5-10 minutes)**
    a. **Probes:**
        i. "Who in our community is most affected by the things that help or hurt health?"
        ii. For example, some of the factors you mentioned were …." Think about different groups of people—children, older adults, or those who live in different areas. Who do you think is most impacted?"
        iii. "Are there any groups that don't get the health services they need?"

5. **What can we do to make the community healthier? In other words, what actions could improve health in our community? (5-10 minutes)**
    a. **Probes:**
    b. "What do you think we can do to improve health for everyone in our community?"
    c. "What changes would you like to see? "
    d. "What could the community or local leaders do to help?"

6. **How can the health department connect better? In other words, what advice do you have for the local health department for getting community input on educational materials and programs/services? (5 minutes)**
    a. **Probes:**
        i. "How can Prince William Health District improve its community engagement efforts?"
            1. For example: PWHD wants to ensure its materials are tailored for certain audiences. PWHD wants to ensure members of the public are aware of services/programs offered that could benefit people.
        ii. "What actions should PWHD take to get community input?"

Closing & Next Steps (5 minutes)

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

Time Allocation Summary:

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

Total: 60 minutes

Community Conversation Responses

Focus Group Demographics											
13 Total Community **Member** Focus Groups: 111 Participants Demographic survey N=101											
Gender identity (n=98)	**Woman**	74.5%	**Man**	21.4%	**Not Listed**	4.1%					
Age range of participants (n=99)	**15-17**	**18-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65-74**	**75+**			
	5.1%	6.1%	26.3%	10.1%	22.2%	12.1%	9.1%	9.1%			
Race/ethnicity of participants* (n=99)	**African**	**AIAN**	**Black**	**East/ SE Asian**	**Hisp/ Latino**	**M East/ N African**	**NHPI**	**South Asian**	**White**	**Write In****	**Prefer not to say**
	6%	2%	9%	6%	38%	6%	0	9%	21%	4%	1%
Zip codes of participants (n=87)	20109	20110	20111	20112	20136						
	20155	20171	20181	22021	22025						
	22191	22192	22193	22734							
AIAN: American Indian or Alaska Native M East/ N African: Middle Eastern or North African NHPI: Native Hawaiian or Other Pacific Islander											
*Totals for race/ethnicity equal more than 100% due to respondents choosing all categories that best describes them											
**Write-in responses include Asian and Haitian											

Focus Group Demographics											
4 Total Community **Partner** Focus Groups: 40 Participants Demographic survey N=22											
Gender identity (n=21)	**Woman**	81.0%	**Man**	14.3%	**Prefer not to say**	4.8%					
Age range of participants (n=21)	**15-17**	**18-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65-74**	**75+**			
	0	4.5%	22.7%	22.7%	13.6%	27.3%	4.5%	0			
Race/ethnicity of participants* (n=21)	**African**	**AIAN**	**Black**	**East/ SE Asian**	**Hisp/ Latino**	**M East/ N African**	**NHPI**	**South Asian**	**White**	**Write In****	**Prefer not to say**
	5%	10%	19%	0	38%	0	0	5%	33%	0	5%
Zip codes of participants (n=22)	20109	20110	20111	20112	20120						
	20186	22015	22026	22030	22152						
	22192	22193	22701								
AIAN: American Indian or Alaska Native M East/ N African: Middle Eastern or North African NHPI: Native Hawaiian or Other Pacific Islander											
*Totals for race/ethnicity equal more than 100% due to respondents choosing all categories that best describes them											
For additional notes, use our online feedback form.											

Brief summary of findings

#	Brief Summary of Responses from Community Member Community Conversations by each question
1.	Education & Awareness • Community members have clear, accessible health information • Multilingual communication and simple, accessible information tailored to diverse audiences • Residents know how to access services including walk-in clinics, food assistance and behavioral health programs • Multilingual and intergenerational accessibility to improve resource navigation for all • Collaboration between community organizations, local government, and trusted institutions Health & Social Services • Healthcare Access– Affordable, high-quality care, including clinics, mobile units, primary care, specialty services, immunizations, and support for uninsured/underinsured residents. • Mental Health Support– Increased mental health resources, crisis intervention, school-based services, and support for individuals with disabilities. • Health Education– Community programs promoting nutrition, disease prevention, vaping awareness, and health screenings. Power & Social Policy Context • Fair access to healthcare, education, food, and social services for everyone. • Overall well-being (mental, physical, emotional, spiritual), including safety, belonging, inclusivity, and resource access.
2.	Health & Social Services • Hospitals, low-cost clinics, and healthcare facilities provide essential medical care and support Basic Needs & Economic Stability • Food pantries, faith-based, and community-based programs help address food insecurity, clothing and transportation provide vital assistance Education & Awareness • Libraries were trusted, accessible places where residents gain information, digital access and community resources Community Engagement & Support Networks Local partnerships, volunteers, and faith-based organizations. Teachers and school leadership (e.g., Superintendent) were recognized by youth Police and emergency staff who come to the senior centers for community education
3.	Health & Social Services • Limited healthcare access, long wait times, affordability issues, and gaps for mental health services were the most cited barriers -especially for uninsured or low-income individuals. Economic Stability & Basic Needs • Food insecurity, high housing costs, and limited transportation options contribute to financial strain and make it difficult for families to prioritize health. Safety & Environmental Concerns • Concerns about neighborhood safety, pollution, and infrastructure neglect negatively impact overall community health and quality of life. Power & Social Policy Context • Language barriers, digital literacy gaps, and difficulties navigating healthcare and social services prevent individuals—especially immigrants, low-literacy, elderly residents—from accessing support. • Structural inequities, system complexity, and exclusion affect access to healthcare and economic resources especially for returned citizens, immigrants, and those with disabilities
4.	Low-income & economically disadvantaged individuals • Financial hardship, food insecurity, and limited access to housing and healthcare create ongoing struggles. • Disparities in health and economic stability among low-income, disabled, and immigrant groups. Elderly and Disabled Populations • Difficulties accessing healthcare, mobility support, and social services make daily living and medical care more challenging. Immigrant and Non-English-Speaking Communities

	• Language barriers, lack of culturally competent care, and fear of seeking services hinder access to critical resources. Socially Isolated Groups • Social isolation, discrimination, and disparities in mental health services affect well-being and inclusion. (This could apply to any of the groups mentioned here) LGBTQ+ Individuals • Access to inclusive, affirming healthcare and mental health support, especially for transgender and nonbinary individuals Youth and Single Parents • Employment instability, lack of support networks, high childcare costs, and barriers to mental health support create additional economic and emotional stress. • There was concern for youth regarding school-related stress, mental health support, digital addiction and concern for economic prospects and career pathways
5.	Health & Social Services • Expanded healthcare services, increased mental health services, and more affordable medical care are needed to support vulnerable population. Basic Needs & Economic Stability • Access to healthy food and nutrition education • More affordable housing options and employment closer to home • Improving economic opportunities for all residents Safety & Environmental Concerns • Better public transit options, improved walkability, and safer pedestrian infrastructure Education & Awareness • Culturally responsive health education, enhanced outreach efforts, and public awareness campaigns meeting people where they are through events, schools and trusted organizations Community Connectedness and Engagement • Expanded recreational programs, inclusive community spaces, and cultural celebrations • Stronger collaboration between local government and community organizations • Free/low-cost community activities, events, parks, and social opportunities Power & Social Policy Context • Inclusive, culturally responsive programs that reflect the diversity of the region • Fairness in accessing housing, healthcare, and education
6.	Education & Awareness • Multiple communication channels (digital platforms, social media, flyers, mail) ensure residents know about healthcare, food assistance, and disability services. • Direct outreach at trusted locations—faith-based, community centers and schools • Expanding digital access through social media, flyers, local radio, and a centralized resource hub would ensure information reaches more residents. Community Connectedness and Engagement • Want health staff to show up in community spaces instead of people seeking them out • Greater collaboration with faith-based groups, community leaders, and advocacy organizations Power and Social Policy Context • Culturally responsive health education and outreach especially for immigrants and non-English speakers • Community feedback loops between community leaders, diverse community groups and health district staff

#	Brief Summary of Responses from *Community Partner* Community Conversations *by each Question (#1-6)*
1.	Access to essential resources and services • affordable healthcare, mental health services, and emergency care • food security, grocery store accessibility, nutritious options • public transportation and infrastructure improvements Safe & Clean Environment • accessible sidewalks, streetlights, community spaces • crime-free neighborhoods and safe homes • clean air, water, and housing free from hazards (mold, mildew) Holistic Wellness & Behavioral Health • collectively address emotional, physical, and mental health • destigmatize mental health concerns • integrate mental health into routine healthcare Social Connectedness • strong community relationships, social gatherings and outreach programs • prevention of isolation, especially for at-risk groups – veterans, seniors • culturally competent and inclusive service providers
2.	Collaboration & Community Resources • Strong partnerships between government agencies, nonprofits, and grassroots organizations enhance resource-sharing and civic engagement. Social Support Services • ACTS, SERVE, and the Community Services Board (CSB) provide essential case management, crisis intervention, and community assistance. Food Assistance and Basic Needs Support • Local food banks, donation initiatives, and school-based services help address food insecurity and economic hardships. Advocacy and Equity-focused Organizations • Casa Brumar, Equality Prince William, and VOICE advocate for marginalized populations and promote social justice. Veteran Support Services • Driving Vets and other veteran-focused programs ensure access to essential care, transportation, and assistance.
3.	Healthcare access barriers • High costs, lack of insurance options, long wait times (especially for mental health services). Transportation challenges • Limited public transit, language barriers, difficulty accessing available healthcare resources. Disparities among vulnerable groups • Uninsured, underinsured, immigrant communities, and individuals with disabilities face greater access barriers. Gaps in mental health care • Long waitlists, lack of specialized providers, and insufficient support for individuals with intellectual and developmental disabilities. Economic instability and basic needs struggles • Food insecurity, unaffordable housing, and limited job opportunities increase health risks. Overburdened Social Support Systems • School counselors, case managers, and community organizations lack capacity to meet growing demands. Lack of Community Awareness and Outreach • Residents often unaware of existing health and social services, limiting access and utilization.

	Need for Stronger Cross-sector Coordination • Improved collaboration between healthcare providers, government agencies, and community organizations for equitable service access.
4.	In order of most frequently stated groups • Low-income individuals and families • people with disabilities, • uninsured & underinsured, • immigrants, • LGBTQ+, • elderly, • youth, insufficient youth mental health services • single parents and unhoused, • veterans • those with specialized medical needs, • those facing systemic barriers and structural inequities
5.	Expand access to healthcare services • Increase free/low-cost clinics, emergency care, and vaccination programs for uninsured individuals. Strengthening mental health support • Expand services for youth, individuals with disabilities, and financially vulnerable populations. Address healthcare costs and insurance limitations • Reduce financial barriers and improve affordability of insurance and care options. Enhance community outreach and health education • Boost awareness of available health services, preventive care, and community resources. Improve transportation access • Strengthen transit options to healthcare facilities and reduce transportation cost barriers. Develop culturally competent and multilingual services • Ensure healthcare accessibility for immigrant and underserved communities.
6.	Expand Direct Engagement with Community Organizations • Strengthen partnerships with faith-based groups, advocacy networks, and nonprofits to increase awareness of healthcare services. Enhance Accessibility & Cultural Competency • Provide multilingual materials, culturally tailored care, and targeted resources for immigrant and non-English-speaking populations. Increase Presence at Local Events • Attend community meetings, cultural festivals, and grassroots gatherings to build trust and promote public health initiatives. Strengthen Communication Channels • Utilize social media, newsletters, and direct outreach to improve healthcare program awareness and information sharing. Address Transportation Barriers • Deploy mobile health units, expand clinic locations, and coordinate ride services to improve access to care. Foster Collaborative Partnerships • Work closely with community leaders, nonprofits, and advocacy groups to co-design solutions for underserved populations.

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

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

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