



Novant Health UVA Health System Prince William Medical Center

Community Health Needs Assessment Prince William and Manassas City, Virginia 2019-2021

Approved by the Prince William Health System and Prince William Hospital Board of Trustees on Noevmber 18, 2019

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I. Introduction

Novant Health UVA Health System Prince William Medical Center, in collaboration with the Community Healthcare Coalition of Greater Prince William conducted a community health needs assessment in 2018 to identify the most pressing health needs in our community. The assessment is designed to identify the health needs of the most vulnerable populations in the community. Novant Health UVA Health System Prince William Medical Center will enhance the community's health by offering health and wellness programming, clinical services and financial support in response to the specific health needs identified.

a. Organization Overview

Novant Health UVA Health System Prince William Medical Center is an integral part of Novant Health UVA Health System (NHUVA). NHUVA was formed in 2016 through a partnership between Novant Health and the University of Virginia Health System. NHUVA is a regional nonprofit healthcare network of three acute care community hospitals, physician practices, and outpatient centers that serves patients and communities in Virginia. Novant Health UVA Health System Culpeper Medical Center, Novant Health UVA Health System Haymarket Medical Center (NHUVAHAMC) and Novant Health UVA Health System Prince William Medical Center receive strategic planning, administrative, and other support from Novant Health as managing partner of the integrated health system.

Mission

Novant Health UVA Health System exists to improve the health of our communities, one person at a time.

Our employees and physician partners strive every day to bring our mission, vision and values to life. We demonstrate this commitment to our patients in many different ways. Our organization:

- Maintains an active community health outreach program.
- Demonstrates superior outcomes for many health conditions as indicated by our state and national quality scores.
- Creates innovative programs that address important health issues, with many of our programs and services being recognized nationally.
- Believes in its role as a socially responsible organization, working with community agencies and organizations to make our communities better places to live and work.

Novant Health UVA Health System Prince William Medical Center (NHUVAPWMC) is a 130-bed acute care community hospital offering a wide range of services in emergency, heart and vascular, orthopedics and spine, imaging, women's and children's health, cancer, fitness and wellness, rehabilitation, behavioral health, comprehensive outpatient care and assisted living. By bringing together world-class technology and clinicians to provide quality care, we are committed to creating a healthcare experience that is simpler, more convenient and more affordable so patients can focus on getting better and staying healthy.

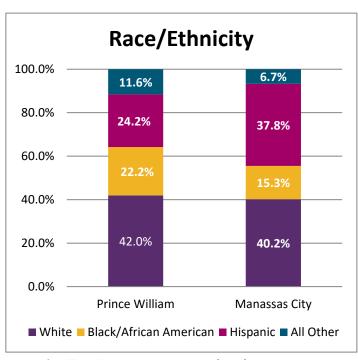
b. Our Defined Community

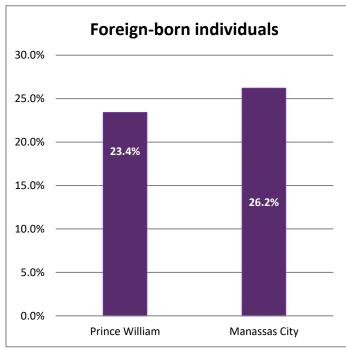
Primary Service Area

The Primary Service Area for Novant Health UVA Health System Prince William Medical Center is defined by the zip codes that represent 75% to 85% of the hospital's in-patient population as outlined below:

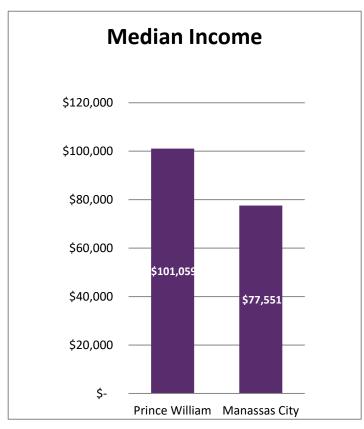
Zip Code	City	County/Jurisdiction
20110	Manassas	Manassas City
20109	Manassas	Prince William
20111	Manassas	Manassas Park City
20112	Manassas	Prince William
20136	Bristow	Prince William
20155	Gainesville	Prince William

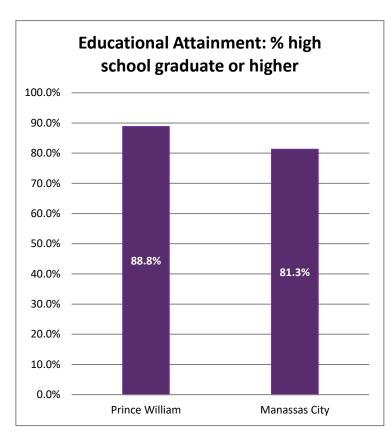
The primary service area includes Prince William County and Manassas City, with 66% of the patients in the Primary and Secondary Service Areas residing in Prince William County. A comparison of county data from each geographic area from which the hospital draws its patients was conducted. Based on county populations and comparison of race/ethnicity, median income, educational attainment, persons in poverty and foreign-born individuals, Prince William County represents the largest population of potentially underserved, low-income and minority individuals from the Primary Service Area.

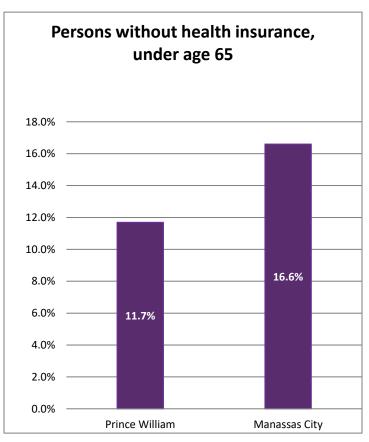


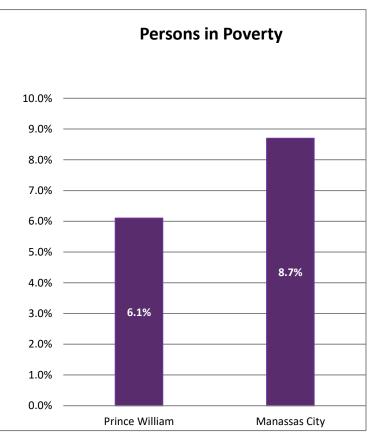


Source for all graphs: U.S. Census Bureau (2018)





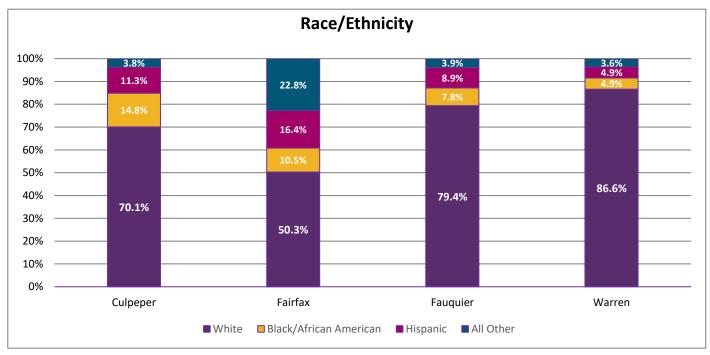


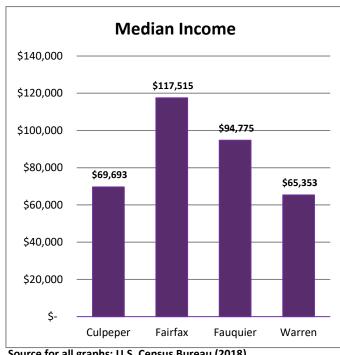


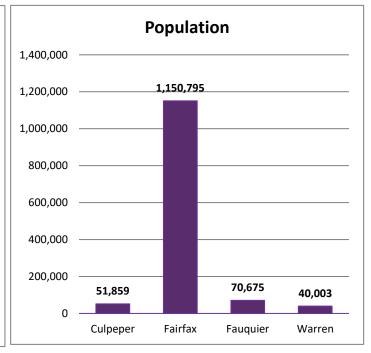
Source for all graphs: U.S. Census Bureau (2018)

Secondary Service Area

The Secondary Service Area for Novant Health UVA Health System Prince William Medical Center covers a four-county radius, including: Culpepper, Fairfax, Fauquier and Warren Counties, Virginia. According to the 2018 U.S. Census estimates and the 2017 American Community Survey Data the aforementioned counties include the following demographic profiles:







Source for all graphs: U.S. Census Bureau (2018)

Prince William County and City of Manassas Population: Demographics

As outlined in the charts above, Prince William County represents the largest population of potentially underserved, low-income and minority individuals from the Primary Service Area. As the majority of patients also reside in Prince William County, this county will be the sole focus of demographic, health and social indicators.

Based on 2018 estimates, Prince William County remained the second-most populous county in the State of Virginia with a little less than 500,000 residents¹. The City of Manassas has an estimated population of 41,641 residents¹. Prince William County and the City of Manassas have experienced steady population growth of (16.4%, and 10.1%) respectively since the 2010 US Census.

Children and adolescents make up over one-third (34.7%) of the population in Prince William County and over one-third (35.5%) of the population in the City of Manassas. Seniors make up 9.9% and 10.4% of the population in the two counties, respectively. Median age continues to increase, and we can see a shift in the population from adolescents to seniors as our population continues to age. This trend may put a strain on healthcare services in Prince William County because health care for older individuals are different from that provided to other age groups in several respects: greater resource demands, the intertwining of professional health services with social services, the frequent occurrence of important ethical conundrums, and a higher prevalence of physical and mental disabilities. ²

Non-white minorities currently make up 58.0% of the racial demographic in Prince William County and 59.8% of the racial demographic in the City of Manassas. The Hispanic/Latino population is the largest minority in both Prince William County (24.2%) and City of Manassas (37.8%), and it continues to grow. Prince William County has the highest percentage of Asian residents among all Novant Health primary service areas.

Demographic data for Prince William County and City of Manassas is outlined below:

¹ U.S. Census Bureau (2018). State & County QuickFacts.

https://www.census.gov/quickfacts/fact/table/manassascityvirginiacounty,princewilliamcountyvirginia/PST045218

² National Center for Biotechnology Information (NCBI). The Health of Aging Populations. https://www.ncbi.nlm.nih.gov/books/NBK98373/

Prince William County & City of Manassas Population by Race & Ethnicity (2018)

	Prince William County	City of Manassas	Virginia
Population Estimate	468,011	41,641	8,517,685
Persons Under 5 Years	7.5%	8.5%	6.0%
Persons Under 18 Years	27.2%	27.0%	22.0%
Person 65 Years & Over	9.9%	10.4%	15.4%
Female Persons	50.0%	49.9%	50.8%
White Alone	42.0%	40.2%	61.5%
Black/African-American Alone	22.2%	15.3%	19.9%
American Indian & Alaska Native Alone	1.1%	1.4%	0.5%
Asian Alone	9.3%	6.3%	6.9%
Native Hawaiian & Other Pacific Islander Alone	0.2%	0.2%	0.1%
Two or More Races	4.6%	3.5%	3.1%
Hispanic or Latino	24.2%	37.8%	9.6 %

Source: U.S. Census Bureau (2018).

In this chart, race/ethnicity percentages sum to exceed 100% because some individuals identify in multiple categories.

Prince William County & City of Manassas: Health Indicators

In the 2018 County Health Rankings, Prince William County² and City of Manassas³ ranked 8 and 23, respectively, out of 133 counties for health outcomes. Both areas performed particularly poorly in clinical care and physical environment categories, outlined below.

The lack of health care professionals is evident in Prince William County with its ratios almost twice that of Top U.S. performers and almost 50% greater than the state average in Virginia. Fewer mammography screenings occur in both the City of Manassas and Prince William County than the state average. The long commute driving alone statistic is significant for air pollution indicators as well as correlation to higher blood pressure, BMI and less physical activity⁴.

Clinical Care (Ranked 101 out of 133)	City of	Top U.S.	Virginia
	Manassas	Performers	
Mammography	58%	71%	64%
Uninsured	16%	6%	10%
Physical Environment (Ranked 129 of 133)	City of	Top U.S.	Virginia
	Manassas	Performers	
Percentage of households with at least 1of 4 housing			
problems: overcrowding, high costs, lack of kitchen, or lack			
of plumbing	22%	9%	15%
Long commute – driving alone	54%	15%	39%

² http://www.countyhealthrankings.org/app/virginia/2018/rankings/prince-william/county/outcomes/overall/snapshot

³ http://www.countyhealthrankings.org/app/virginia/2018/rankings/manassas-city/county/outcomes/overall/snapshot

⁴ Hoehner, Christine M., et al. "Commuting distance, cardiorespiratory fitness, and metabolic risk." American journal of preventive medicine 42.6 (2012): 571-578.

Clinical Care (Ranked 75 out of 133)	Prince William County	Top U.S. Performers	Virginia
Primary Care Physicians	2,190:1	1,030:1	1,320:1
Dentists	1,960:1	1,280:1	1,420:1
Mental Health Providers	970:1	330:1	680:1
Mammography	59%	71%	64%
Physical Environment (Ranked 102 of 133)	Prince William County	Top U.S. Performers	Virginia
Long commute – driving alone	62%	15%	39%

The leading cause of death in Prince William County and City of Manassas is cancer, followed by heart disease. In Prince William County, the third most common cause of death is unintentional injury.

Lea	iding Causes of Death in Prince Will 2016	iam Count	Lead	ling Causes of Death in Manass	sas City in I	2016		
Rank	Cause of Death	Cause of Death Number % Rank		Cause of Death	Number	%		
1	Cancer	452	24.1	1	Cancer	52	22.2	
2	Diseases of heart	305	16.3	2	Diseases of heart	43	18.4	
3	All other unintentional injuries*	103	5.5	3	Chronic lower respiratory diseases	13	5.6	
4	Cerebrovascular diseases	90	4.8	4	Cerebrovascular diseases	12	5.1	
5	5 Alzheimer's disease		3.5	5	All other unintentional injuries	11	4.7	
6	Nephritis, nephrotic syndrome and nephrosis	59	3.1	6	Influenza and pneumonia	9	3.9	
7	Chronic lower respiratory diseases	56	3.0	7	Alzheimer's disease	7	3.0	
8	Diabetes mellitus	53	2.8	7	Nephritis, nephrotic syndrome and nephrosis	7	3.0	
9	Influenza and pneumonia	37	2.0	9	Chronic Liver Disease	5	2.1	
9	Septicemia	37	2.0	9	Septicemia	5	2.1	
	All other causes (Residual)	616	32.9		All other causes (Residual)	70	29.9	
	Total Deaths – All Causes	1,874	100.0		Total Deaths – All Causes	234	100.0	
	Source: Virginia Health Statistics 2016 Annual Report							

^{*}includes accidents and accidental overdoses

Prince William County & City of Manassas: Social Indicators

Prince William County residents earn a median income that is approximately 46.96% higher than the Virginia state average and City of Manassas resident earned 12.78% more than the Virginia state average. According to the U.S. Census 2017 American Community Survey, more than one-third (39.8%) of Prince William County residents have attained a bachelor's degree or higher and 29.7% of the residents in the City of Manassas have attained a bachelor's degree or higher. A key indicator to evaluate economic condition of Prince William County and City of Manassas is the poverty rate. The poverty rate for Prince William County is significantly lower than the Virginia state average by 4.2%, while the poverty rate for Manassas City is 2.4% less than the Virginia state average.

Median Household Income			Population Educational Attainment & Poverty Level					
Prince William County	\$101,059		Education & Poverty Level	Prince William County	City of Manassas	Virginia		
City of Manassas	\$77,551		< HS diploma/GED	11.2%	18.7%	11.0%		
			HS diploma/GED	88.8%	81.3%	89.0%		
Virginia	\$68,766		Bachelor's degree	39.8%	29.7%	37.6%		
			Persons below poverty level	7.0%	8.8%	11.2%		

Source: U.S. Census Bureau (2018) and American Community Survey (2013-2017)

The Prince William County and City of Manassas unemployment rate snapshot from February 2019 is slightly higher than the Virginia state average rate. According to Robert Wood Johnson Foundation (RWJF) County Health Rankings and Roadmaps, access to healthy food is less limited in Prince William County than in Virginia overall, and even more limited in Manassas City. Over half of the renters in both Prince William County and City of Manassas spend more than 30% of their household income on rent. Both Prince William County and City of Manassas a significantly lower percentage of households without a vehicle compared to the state-wide average of 6.3%.

Unemploym Rate ⁶	ent	Limited Access to Healthy Foods				Percent of Households without a Vehicle ⁹		
Prince William	3.3%	Prince William ⁷	3%		Prince William	51.8%	Prince William	2.7%
Manassas City	3.5%	Manassas City ⁸	1%		Manassas City	56.9%	Manassas City	4.2%
Virginia	2.9%	Virginia	4%		Virginia	48.9%	Virginia	6.3%

⁵ US Census Bureau ACS (2013-2017) https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

⁶ https://www.bls.gov/web/metro/laucntycur14.txt

 $^{^{7}\,\}underline{\text{http://www.county/ealthrankings.org/app/virginia/2018/rankings/prince-william/county/outcomes/overall/snapshot}$

http://www.countyhealthrankings.org/app/virginia/2018/rankings/manassas-city/county/outcomes/overall/snapshot

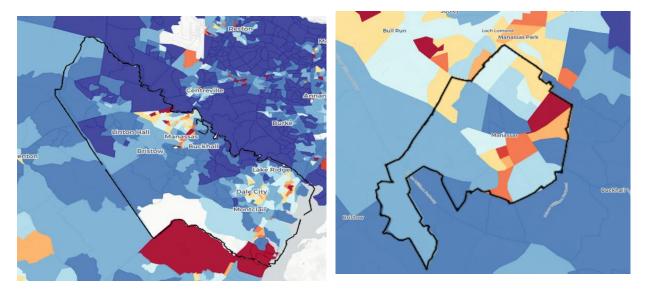
⁹US Census Bureau ACS (2013-2017) https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

Slight variations in life expectancy occur throughout Prince William County, with limited clustering by census track. In the City of Manassas, the highest life expectancy (over 81) can be found in the south west section of the city while the lowest reported (between 75.8 and 78.5) is in the northern portion.



Source: Community Commons www.communitycommons.org

Prince William County and the City of Manassas residents also display a wide range along the Area Deprivation Index (ADI). The maps below show ADI scores from within Virginia that were ranked from lowest to highest, then divided into deciles (1-10). The least advantaged decile is represented by dark blue; the most disadvantaged in dark red.



The ADI is a factor-based index which uses 17 US Census poverty, education, housing and employment indicators, including those above, to characterize census-based regions and has been correlated with a

number of health outcomes including all-cause, cardiovascular, cancer and childhood mortality, and cervical cancer prevalence⁹.

In the City of Manassas, the most deprived area is directly East of Centreville Road, indicating this area offers limited access to food, unemployment, or less than ideal housing conditions. The relatively good health of Prince William County (as indicated by the rank of 8 of 133 in County Health Rankings and Road Maps) is mirrored in the ADI – which shows Prince William as mostly blue, in stark contrast to its neighboring Stafford County. In both areas, when segmented by race, white residents skew to more advantaged when compared to peers of other races.

II. Assessment process

The following includes findings from the 2018 Community Health Coalition Greater Prince William (CHCGPW) Community Themes and Strengths Assessment survey. As of April 2019, a CHCGPW Community Themes and Strengths Assessment report had not yet been drafted and the prioritization process was still under way.

a) Collaborative community partners

As part of the Patient Protection and Affordable Care Act of 2011, not-for-profit hospitals are also now required to conduct a Community Health Needs Assessment (CHNA) once every three years.

The 2018 CHCGPW Community Themes and Strengths Assessment survey was a collaborative effort of the member agencies of the CHCGPW. For a list of coalition members, please see Appendix A. As part of this assessment process, special attention was paid to the needs of the underserved. The process emphasized collaboration among community partners to improve the overall health of the community. The assessment process was initiated by the CHCGPW partner organizations.

Novant Health UVA Health System Prince William Medical Center and Sentara Northern Virginia Medical Center were jointly involved as collaborative partners in the process. To ensure input from public health professionals, leaders of medically underserved communities, and persons with broad knowledge of the community, invitations were distributed to a large number of individuals and community groups. The CHCGPW team worked collaboratively to support the assessment process. (See Appendix A for a complete list of agencies that were represented on the CHCGPW.)

b) Solicitation

Input was solicited from persons who represent the broad interest of the Prince William Health Department (PWHD) – which includes Prince William County, City of Manassas and City of Manassas Park. The Loudoun County Health Department collected information for Loudoun County. Residents of Culpeper and Fauquier counties were also able to take the survey for the Greater Prince William Area

⁹ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4251560/

community. Through both online and paper surveys, participants surveyed similarly represented the communities represented in Prince William, Alexandria, Arlington, Fairfax, and Loudoun counties.

c) Data collection and analysis

Primary Data

The CHCGPW Community Themes and Strengths Assessment surveys were administered in paper copy in both English and Spanish. The survey was also made available online in English, Amharic, Arabic, Farsi, Korean, Mandarin, Spanish, Urdu and Vietnamese. A targeted distribution of paper surveys was utilized in an effort to reach areas of the population that may not have been able to access the online survey. Paper surveys were made available at local community events, at partner locations, through media outlets, at health fairs and to local community groups representing the medically underserved to ensure that participants surveyed represented the medically underserved, uninsured, low-income and minority populations.

Survey participant demographics were as follows:

- 72.3% female; 20.9% male
- 19.4% ages 65+
- 18.9% identified as African-American or Black; 5.6% identified as Asian; 50.6% Identified as White; 4.3% as two or more races, 1.0 as Native Hawaiian or Other Pacific Islander, and 1.4% as American Indian or Alaskan Native

Areas identified as gaps in the quantitative data sampling included an underrepresentation of males and Hispanics.

Secondary Data

Along with the outlined primary data, secondary data was collected from other sources and reviewed. Health data was gathered and analyzed from the following sources:

- Virginia Department of Health Division of Health Statistics
- US Census Bureau
- Northern Virginia Health Foundation III. Identification and Prioritization of Health Needs

IV. Identifying and Prioritizing Health Needs

a) Identified Significant Health Needs

Key data points from participant responses included:

• When asked to identify the greatest public health concerns, respondents identified the top five health concerns as the following: 1) mental health conditions, 2) alcohol, drug or opiate use 3) violence and abuse 4) obesity 5) other chronic health conditions

- Regarding what services are most needed to improve the quality of life in their community, respondents answered: 1) affordable housing, 2) access to healthcare, 3) mental health and substance abuse services, 4) educational opportunities, 5) jobs and a healthier economy
- When asked to identify the greatest strengths of their community, respondents identified the following top 5: 1) diversity of the community, 2) police, fire and rescue services, 3) educational opportunities, 4) safe place to live 5) parks and recreation

b) Analysis and Prioritization

On March 6, 2019, a community town hall meeting was held to present survey results and ask community members and stakeholders to discuss the top five issues that came out of the survey and data. Issues will be prioritized as part of the Prince William Health District Implementation Planning process.

Recommended Prioritized Health Outcomes

Recommended prioritized health outcomes have been confirmed as:

- 1. Communications and Marketing
- 2. Educational Opportunities
- 3. Neighborhood and Built Environment

Facility prioritization

In addition to the community rankings, Novant Health UVA Health System Prince William Medical Center reviewed the top five diagnosis codes for inpatient and outpatient hospital emergency room visits year-to-date July to December 2018.

Novant Health UVA Health System Prince William Medical Center Emergency Department

Top 5 Diagnoses YTD July-December 2018

10p 5 Diagnoses 11D Jaily December 2010					
Inpatient		Outpatient			
Diagnosis	Volume	Diagnosis	Volume		
Sepsis, unspecified organism	151	Other Chest Pain	525		
Acute kidney failure, unspecified	53	Chest pain, unspecified	443		
Hypertensive heart disease with heart failure	53	Urinary tract infection, site not specified	338		
Chronic obstructive pulmonary disease w (acute) exacerbation	48	Acute upper respiratory infection, unspecified	331		
Hypertensive heart & chronic kidney disease with heart failure and stage 1-4 chronic kidney disease	48	Viral infection, unspecified	324		

A review of the hospital emergency room visits indicated that many of the top inpatient diagnosis codes are correlated with chronic issues that typically affect the aging population and also symptoms related to heart disease. Upon analysis of the outpatient diagnosis codes, it was apparent that many of the

patients seen had symptoms that could be related to a number of chronic conditions, including (but not limited to) chronic stress, heart disease, obesity, diabetes and other chronic issues related to aging.

Upon a comprehensive review of the community's recommended prioritized outcomes and Novant Health UVA Health System Prince William Medical Center's ED top five diagnosis codes, the Novant Health UVA Health System Prince William Medical Center leadership team and Board of Trustees evaluated this information based on the scope, severity, health disparities associated with the need, and the estimated feasibility and effectiveness of possible interventions. Through this thorough evaluation, the team agreed on the following two top significant health priorities for Novant Health UVA Health System Prince William Medical Center:

- 1. Mental Health -- substance use
- 2. Chronic Disease Management and prevention

IV. Addressing needs

Novant Health UVA Health System Prince William Medical Center is committed to working to address each of the identified areas of need through resource allocation and support of the following programs:

IDENTIFIED PRIORITY:	PROGRAM:	ACTION:	INTENDED OUTCOME:
1. Mental Health Substance Use	Mental Health, Substance Use Education	Provide basic mental health education to individuals from various community sectors.	Create awareness of the impact of trauma and mental health conditions and provide tools to build resiliency.
2. Chronic Disease – Management and Prevention	Wellness Education and Screenings	Working in collaboration with community partners, offer free health education and subject matter expertise regarding healthy behaviors, chronic disease management and access to care. Provide free community health screenings.	Increase awareness of chronic disease prevention management and strategies.

In addition to the programs and services offered to the community through Novant Health UVA Health System Prince William Medical Center, there are several existing community assets available throughout the Prince William Health District, City of Manassas and City of Manassas Park that have additional programs and resources tailored to meet all of the identified health needs. The following is a list of community agencies that address those prioritized and non-prioritized needs:

Health Needs	Local Community Resources Addressing Needs
Access to Healthcare	American Cancer Society
Other Chronic Health Conditions	Anthem Blue Cross and Blue Shield
	Community Healthcare Coalition of Greater Prince William
	Department of Social Services, Prince William County, City
	of Manassas and City of Manassas Park
	Fauquier Free Clinic
	George Mason University
	Greater Prince William Community Health Center
	Human Services Alliance of Greater Prince William
	Independent Empowerment Center
	Manassas Midwifery
	Mason and Partners (MAP) Clinics
	Mother of Mercy Free Clinic (Catholic Charities)
	 Northern Virginia Family Services (NVFS) SERVE Campus
	Novant Health UVA Health System
	PATH Foundation (Fauquier County)
	Potomac Health Foundation
	Prince William Area Free Clinic
	Prince William County Community Services Board
	Sentara Northern Virginia Medical Center
	 Virginia Department of Health – Prince William Health
	District
	Women, Infants and Children (WIC)
	•
Mental health resources including:	ACTION in Community Through Service (ACTS)
 Alcohol use/abuse 	Alcoholics Anonymous
 Drug or Opiate use/abuse 	Alzheimer's Association
	Celebrate Recovery
	Chris Atwood Foundation
	City of Manassas Police Department
	Come As You Are (CAYA)
	Court Appointed Special Advocates (CASA)
	Fauquier Mental Health Collaborative (The Mental Health
	Association of Fauquier County)
	Hispanic Organization for Leadership & Action (HOLA)

	 National Alliance on Mental Illness – Prince William (NAMI-PW) Narcotics Anonymous Northern Virginia Veterans Association PRS CrisisLink Prince William County Police Department Prevention Alliance of Greater Prince William Prince William County Community Services Board Serve Our Willing Warriors Youth for Tomorrow Trillium Drop-In Center Why Inc.
Social Needs addressing:	 ACTION in Community Through Service (ACTS) Capital Area Food Bank Carried To Full Term Catholics for Housing Department of Aging and Rehabilitative Services Didlake Habitat for Humanity Prince William County Haymarket Food Pantry IMPACTO Youth Literacy Volunteers of America – Prince William Manassas Park Family Market Northern Virginia Family Service (NVFS) SERVE Campus Prince William Area Agency on Aging Prince William County Housing and Community Development Prince William County Public Schools-Head Start Project Mend-A-House The ARC of Greater Prince William United Way of the National Capital Area Virginia Cooperative Extension – Prince William County Youth For Tomorrow
Wellness Resources addressing: • Lack of exercise • Obesity	 Boys & Girls Clubs of Fauquier Boys & Girls Clubs of Greater Washington City of Manassas Park Dept. of Parks & Recreation Girls on the Run of NOVA George Mason University Freedom Fitness & Aquatic Center

V. Impact Evaluation of 2016-2018 Community Health Needs Assessment

Based on the previously reported health data from the 2016-2018 Community Health Needs
Assessment, the Prince William Health System and Prince William Hospital Board of Trustees did a
collective review of community feedback and prioritization and determined the top health priorities for
Novant Health UVA Health System Prince William Medical Center as the following: **Diabetes, Mental Health, Obesity and Other Chronic Diseases.**

As 2018 survey analysis and report crafting is still underway, no written comments have been documented from previous CHNA.

To address these priorities, Novant Health UVA Health System Prince William Medical Center committed to providing community education and screenings to address these needs. From 2016-2018, Novant Health UVA Health System Prince William Medical Center was successful in implementing selected outreach programs for each of the defined priority areas while meeting the goals established for each program. The major program goal that was set for each priority area was to increase the number of community members reached through screenings and health education. All goals were met for each priority area. Specific objectives and measures achieved are described below:

Priority Area	Program	Intended Outcome	Actual Outcome
Diabetes	Community A1C	Early detection of	111 community members received free Remarkable You
	Screenings:	undiagnosed pre-	screenings that included cholesterol, glucose and A1C
	Remarkable You	diabetic and diabetic	exams to measure one's risk for diabetes. Of those, 39
	community	participants will	(35%) were African American. Screenings were conducted
	screening	increase	on campus at
	initiative in		NHUVAPWMC and NHUVAHAMC and in local schools,
	initiative in high		health fairs, fitness centers, libraries and senior centers.
	African American		
	populations		
Diabetes	Community	Knowledge level of	Additionally, educational classes and support groups
	Diabetes	participants will	were made available to 81 community members,
	Education:	increase, and	providing tips on diabetes management and prevention.
	Lecture series on	participants will learn	Classes were helped at senior centers, cooperative
	diabetes	new skills to change	extensions and on the campus of NHUVAPWMC and
	prevention	unhealthy behaviors	NHUVAHAMC.
Obesity	Community Body	Early detection of	1.083 community members were reached through 35
	Mass Index (BMI)	undiagnosed obese	Remarkable You and 3 body mass index screenings to
	screenings:	participants will	provide an assessment of overweightness and obesity. All
	Remarkable You	increase, and	individuals with abnormal screening results were offered
	community	participants will learn	one-on-one education regarding skills to change
	screening	new skills to change	unhealthy behaviors. Screenings were conducted at
	initiative	unhealthy behaviors	festivals, schools, fitness centers, shopping centers,
			community gatherings, and faith communities, as well as
			on campus at NHUVAPWMC and NHUVAHAMC.

Obositu	Company	Vacual ada a laval af	1.010 intercetions consumed with community means have to
Obesity	Community	Knowledge level of	1,019 interactions occurred with community members to
	nutrition	participants will	provide health education specific to nutrition and weight
	education:	increase, and	management. Among surveyed participants, 33% stated
	Lectures on	participants will learn	they had learned new information or reinforced
	healthy eating	new skills to change	information about obesity prevention they previously did
	and weight	unhealthy behaviors.	not know and 50% stated they had learned new skills
	management	Cost savings from	regarding obesity prevention that they would begin
		healthy lifestyle	applying in their life. Health education sessions were
		change attributed to	conducted on campus as well as in local public schools,
		participation in	corporations, faith communities, and senior centers. Due
		weight management	to staff turnover, cost savings data could not be
		programs	identified.
Other Chronic	Community	Participants will	Free cancer screenings were provided to 885 uninsured
Diseases-	Cancer	change beliefs about	community women through 33 mobile mammograms. An
including	screenings:	importance of annual	additional 16 community members were screened for
heart disease,	Novant Health	screening for early	skin cancer. Among the 730 mammography participants
cancer and	mammography	detection and	whose race was identified, 82% were Hispanic/Latino, 9%
stroke	unit and	increase adherence	were African American, 6% were Caucasian, and 3% were
	community	for follow up	another ethnicity.
	cancer screenings	appointments.	
	in racial minority		
	populations		
Other Chronic	Community	Knowledge level of	1,081 interactions occurred with individuals who received
Diseases –	education:	participants will	free chronic disease prevention education. Topics
including	Lectures on	increase, and	included Heart Health, Cancer Prevention, General
heart disease,	healthy lifestyles	participants will learn	Wellness, CPR and support for cancer survivors. Among
cancer and	and heart disease,	new skills to change	34 surveyed participants, 100% stated they had learned
stroke	stroke and/or	unhealthy behaviors.	new information or reinforced information about chronic
	cancer	·	disease they previously did not know and 100% stated
	prevention		they had learned new skills regarding chronic disease that
			they would begin applying in their life.
Other Chronic	Cardiac	Detection of	1,753 community members were provided heart and
Diseases –	screenings: Heart	undiagnosed heart	vascular screenings through 13 Women's Heart Center
including	health screenings	disease risk factors	Risk Assessments, 25 Vascular Screenings, and 36
heart disease,	for community-at-	among participants	Remarkable You screenings. Screenings were conducted
cancer and	large	will increase	on campus as well as in local public schools, corporations,
stroke			faith communities, and senior centers.
Mental Health	Community	Community	1,162 interactions occurred with individuals who received
	education:	education and	free mental health education. Topics addressed included
	Mental health	awareness will	opioids, post-partum depression, and awareness of
	community	increase navigation	mental health conditions and community resources.
	campaign	of community	Three community Open Minds forums were held to raise
	Campaign	or community	Three community open willias for anis were field to faise

members to	awareness and increase navigation of community
appropriate mental	members to mental health resources. Among surveyed
health resources.	participants, an average 37% showed an overall increase
	in their mental health knowledge. An average 40% of
	participants showed an overall increase in their
	confidence/perception of mental health.

V. Appendix

Appendix A: Community Health Coalition of Greater Prince William

Agency
George Mason University
Greater Prince William Community Health Center**
Novant Health UVA Health System
Potomac Health Foundation
Prince William Area Free Clinic**
Virginia Department of Health - Prince William Health District*
Sentara Northern Virginia Healthcare

- *Representative of a state, local, tribal, or regional governmental public health department (or equivalent department or agency)
- ** Members of medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of such populations