LiveHealthy FAIRFAX
Transforming our communities together

Partnership for a Healthier Fairfax

Community Health
Improvement Plan
2013-2018

LiveHealthy FAIRFAX

Transforming our communities together

Partnership for a Healthier Fairfax

To the Fairfax Community:

Although the Fairfax community ranks as one of the healthiest in the Commonwealth of Virginia and in the nation, many of our children and adults face preventable health risks such as inadequate physical activity, poor nutrition, obesity, and tobacco use. Many of our neighbors have limited access to health care and to other community resources that support healthy choices and healthy living.

The Partnership for a Healthier Fairfax believes strongly that we all have an important role to play in solving these problems. For the past four years, the Partnership has worked collaboratively to strengthen the local public health system and to improve community health. Individuals representing health care, businesses, nonprofit organizations, faith communities, schools, and government agencies have joined together to assess the health needs of our community, to identify priorities, and to develop plans for mobilizing resources and taking action. All of the individuals and community partners that have participated in this work are vital to improving the health of our community. We thank them for their creativity, vision, and commitment.

The Community Health Improvement Plan focuses on seven key priorities to improve health and well-being for all who live, work, and play in our community. Because a healthy community means more than good medical care, our plan focuses on providing all members of our community the opportunity to make healthy choices and have access to health care when they need it.

It will take all of us doing our part to transform the community. As our Partnership plans and implements change, we look forward to working with you to improve the health of the entire Fairfax community. Please join us!

Sincerely,

Marlene Blum   **Julie Knight**
Co-Chair   Co-Chair
Partnership for a Healthier Fairfax   Partnership for a Healthier Fairfax

Dear Fairfax Community:

As the implementation of the Fairfax Community Health Improvement Plan becomes a reality, I am encouraged once again by the tremendous difference that people, when working *together*, can make to improve the health and well-being of their community. In the four years since the Partnership for a Healthier Fairfax convened to undertake the Mobilizing for Action through Planning and Partnerships (MAPP) community-wide strategic planning process, it has been a pleasure working with our diverse community coalition of residents, businesses, faith leaders, schools, nonprofits, health care providers, and government employees. The Partnership's achievements underscore the critical role that everyone who lives, works, and plays in the Fairfax community has in improving community health.

Together, we have identified root causes of poor health in our community and have developed a plan that will move the Fairfax community toward a place where everyone has the opportunity to live healthy. And since our environments shape our health outcomes, the Partnership has focused on policies, systems, and environmental changes that support good health for all. Our Leadership Team is committed to integrating health considerations into all non-health policymaking discussions for the Fairfax community and is working to increase awareness about the health implications of policy decisions across all sectors.

Although much has been accomplished, there is much more to do. The Partnership's success depends on having a robust multi-disciplinary coalition. I hope you will lend your expertise and passion to this important journey.

Sincerely,

Gloria Addo-Ayensu, MD, MPH
Director of Health
Fairfax County Health Department

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Live Healthy Fairfax promotes improved health and well-being for all who live, work, and play in the Fairfax community.

This Community Health Improvement Plan is the cornerstone of the Live Healthy Fairfax initiative.

Part 1:
Introduction

Executive Summary

The Partnership for a Healthier Fairfax is a diverse coalition of individuals and public, community, and business organizations that have joined forces to improve community health by mobilizing resources, increasing awareness, and promoting change. Members of the Partnership for a Healthier Fairfax include individuals, community organizations, schools, health care providers, businesses, faith communities, and government agencies. Over the past four years, Partnership members have been engaged in a thorough community health assessment process, including six separate assessments, to gather information about the health of the community. The findings from these assessments were reviewed, analyzed, and synthesized to shape this Community Health Improvement Plan.

Several recurring themes were identified across the community health assessments that were fundamental to the development of this Community Health Improvement Plan. These cross-cutting themes include community engagement; partnerships; social factors that influence health; and policy, systems, and environmental change.

A Healthier Community

Blend Strategic Issues Identified Through MAPP Process with Strategic Focus Areas from Community Transformation Grant

Action Cycle

► Plan
► Implement
► Evaluate

Community Transformation Grant

Formulate Goals and Strategies

Local Environmental Public Health System Assessment

Policy, Systems, and Environmental Scan

Our Vision

Synthesize Findings from Assessments and Identify Strategic Issues

MAPP Assessments:
► Local Public Health System Assessment
► Forces of Change Assessment
► Community Themes and Strengths Assessment
► Community Health Status Assessment

The Community Health Improvement Plan identifies the seven priority health issues for the Fairfax community as:

- **Healthy and Safe Physical Environment –** Improving the community environment to support good health for all.
- **Active Living –** Increasing opportunities for physical activity to improve health.
- **Healthy Eating –** Making healthy food affordable and accessible for all.
- **Tobacco-Free Living –** Reducing tobacco use and exposure to secondhand smoke where community members live, work, and play.
- **Health Workforce –** Expanding the workforce capacity to meet the health care needs of a diverse community.
- **Access to Health Services –** Improving access to and quality of health care services.
- **Data –** Integrating public health data to improve monitoring, analysis, reporting, and evaluation of community health.

Each issue has goals, objectives, and key actions that will be implemented to promote optimal health and well-being for all who live, work, and play in the Fairfax community. The interconnectedness of many of the priority issues and goals has been recognized, and efforts to improve community health must be coordinated across the Partnership's implementation activities.

Changing the community to support healthy choices requires collaborative efforts and a commitment to a *Health in All Policies* approach to decision making. For example, to improve physical activity within the community, this plan addresses environmental structures that support opportunities for and access to areas for recreation. To reduce childhood obesity, the plan considers children's nutritional needs and physical activity during their home, school, faith community, child care, and extracurricular activities. Similarly, the plan addresses improved access to health care within our community through care integration, providers who can deliver care in a culturally appropriate manner, and increased opportunities for community-based health services.

The Partnership for a Healthier Fairfax identified numerous community health improvement activities. When establishing priorities for the Community Health Improvement Plan, the Partnership considered feasibility, impact on health, and promotion of health equity. The plan will be evaluated annually, and the Partnership's efforts will continue to evolve to meet the needs of the community.

Live Healthy Fairfax promotes improved health and well-being for all who live, work, and play in the Fairfax community. This Community Health Improvement Plan is the 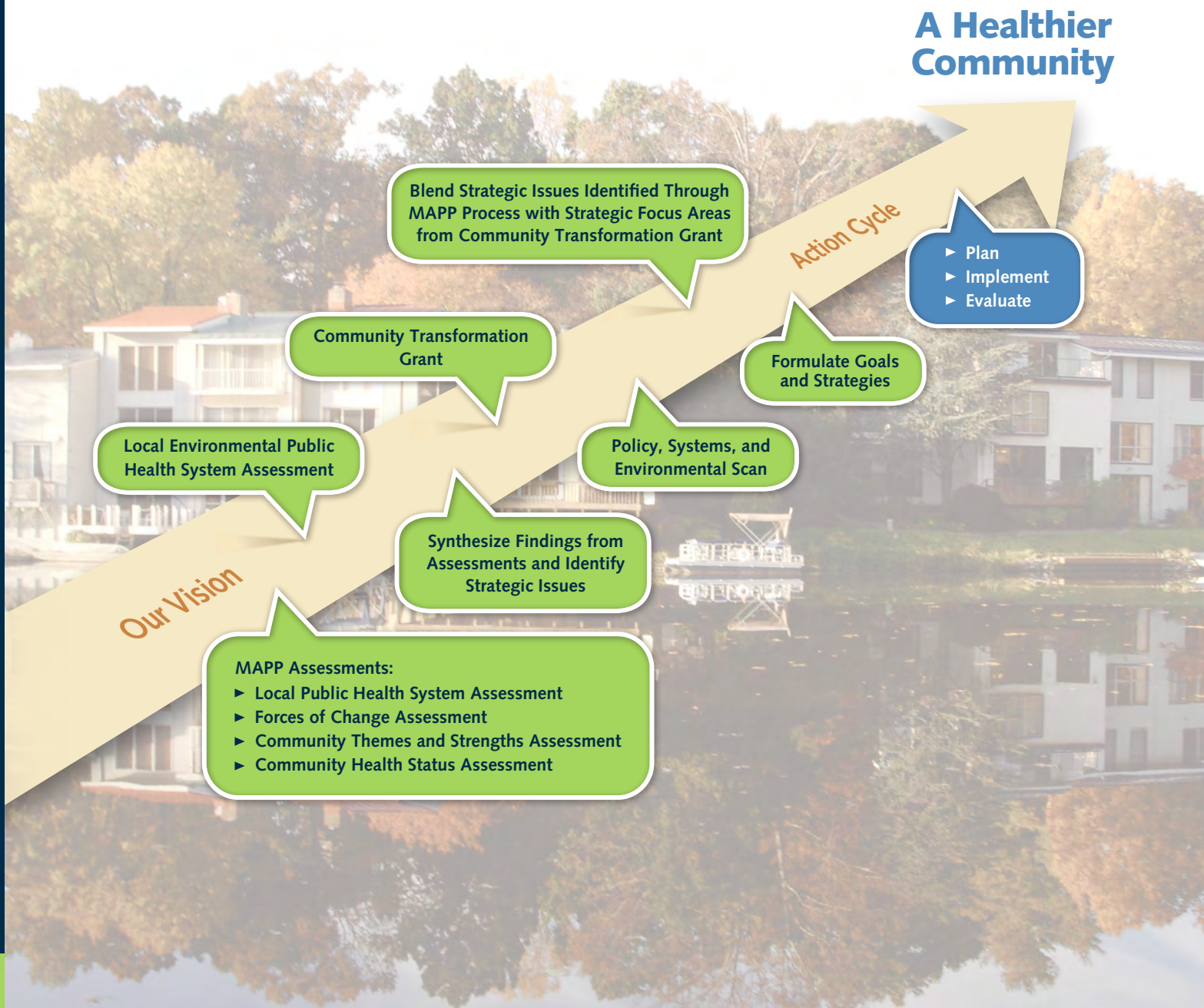cornerstone of the Live Healthy Fairfax initiative. The initiative aims to transform the community through activities that support access to health services, promote a healthy environment, increase opportunities to make informed choices, and enhance infrastructure to enable healthy living.

Community Transformation Grant Overview

The Community Transformation Grant program is a national effort to create healthier communities by reducing chronic disease rates, addressing health disparities, and developing a stronger evidence base for effective prevention programming. The Community Transformation Grant is funded by the U.S. Department of Health and Human Services (HHS) and is administered by the Centers for Disease Control and Prevention (CDC). This grant builds the capacity of communities to implement policy, systems, programmatic, and infrastructure changes that promote health, prevent disease, and reduce disparities in health outcomes.

Communities Transforming
To make healthy living easier

In September 2011, Fairfax County Government was awarded a Community Transformation Grant of approximately $500,000 annually, for five years, to support the Partnership for a Healthier Fairfax in developing and implementing a plan to improve community health. The Partnership for a Healthier Fairfax aligned the goals of the grant with the strategic issues that the Partnership identified as health priorities. This grant focuses on five strategic focus areas:

1. Healthy and Safe Physical Environments
2. Active Living and Healthy Eating
3. Tobacco-Free Living
4. Clinical and Preventive Services
5. Social and Emotional Wellness

The grant award has helped to build a solid foundation for community prevention efforts. Specifically, the Community Transformation Grant has enabled the Fairfax community to:

1. Establish and engage a team of high-level policymakers and community leaders to provide strategic direction and to effectively promote policy, systems, and environmental changes to improve health.
2. Strengthen the capacity of the Partnership for a Healthier Fairfax to identify and address priority public health issues.
3. Conduct a Policy, Systems, and Environmental Scan to gain a thorough understanding of the community conditions that impact health.
4. Provide resources to communicate with, educate, and engage the community in a community-wide health improvement effort.
5. Develop actionable plans to implement policy, systems, and environmental strategies across multiple sectors such as government, business, nonprofit, schools, faith communities, and health care.

The Fairfax community has successfully developed a plan that integrates the grant's Community Transformation Implementation Plan and the Partnership's Community Health Improvement Plan. Although the plans are integrated, some objectives proposed by the Partnership are not funded by grant resources, nor are they allowable activities within the scope of the grant. Aligning the grant activities and the work conducted by the Partnership has strengthened the likelihood of long-term success in achieving desired health outcomes.

Community Health Improvement Plan Development Process

Partnership Development

In November 2008, the Fairfax County Health Department brought together diverse representatives from the local public health system to conduct a Local Public Health System Assessment. The local public health system includes all the people and organizations that contribute to the health of those who live, work, and play in the community. County and community leaders from across multiple sectors came together to evaluate their collective performance in providing the 10 Essential Public Health Services outlined by the National Public Health Performance Standards Program. This Local Public Health System Assessment was the beginning of the formation of the Partnership that would work together to improve community health.

The results of the Local Public Health System Assessment highlighted the need to mobilize community partnerships to address health issues. Other community members and organizations that had an important role in improving the health of the community were identified and contacted. The Fairfax County Health Department invited these stakeholders to become leaders and members of the community coalition known as the Partnership for a Healthier Fairfax.

Partnership for a Healthier Fairfax Vision and Core Values

In 2010, the Partnership for a Healthier Fairfax officially adopted a vision statement that provides a shared picture of an ideal future. Complementing the vision, the Partnership also identified seven core values, which serve as guiding principles for the work of the coalition.

Vision

Fairfax – An engaged and empowered community working together to achieve optimal health and well-being for all those who live, work, and play here.

Core Values

- **Access –** Quality comprehensive health care and community services should be navigable and affordable to all community members.
- **Collaboration –** A commitment from the local public health system to coordinate efforts, share resources, and integrate services is necessary to maximize the efficiency and effectiveness of care.
- **Equity –** A healthier community for all members can be achieved by understanding the strengths and needs of diverse populations and by addressing with dedication the underlying social determinants that contribute to inequities in health outcomes.
- **Knowledge –** Systematic data collection and analysis that are shared openly across the local public health system and with the community at large foster awareness and informed decision making.
- **Preparedness –** The ability to anticipate and respond promptly to public health issues is essential to protect the safety and welfare of the community.
- **Prevention –** Promoting healthy lifestyles and behaviors, providing health education, and investing in other preventive approaches are effective strategies that positively impact community health outcomes.
- **Safety –** All community members have the right to breathe high quality air, to drink clean water, to eat healthy foods, and to live, work, and play in a safe environment.

The Partnership for a Healthier Fairfax was convened in February 2010 to lead a community health strategic planning process called Mobilizing for Action through Planning and Partnerships (MAPP) for the Fairfax community, which includes the cities of Fairfax and Falls Church, Fairfax County, and the incorporated towns of Herndon, Vienna, and Clifton. Promoted nationally since its development in 2001 by the National Association of County and City Health Officials (NACCHO) and the CDC, the MAPP framework helps communities conduct an in-depth community health assessment; identify and prioritize public health issues; and develop goals and strategies to address them. The MAPP process has six steps:

1. **Organizing –** Consists of planning the process and forming a community coalition.
2. **Visioning –** Engages the community to develop shared vision and value statements to guide their work together.
3. **Conducting Assessments –** Provides important information about community health to inform subsequent steps.
4. **Identifying Strategic Issues –** Determines the priorities derived from the assessment findings.
5. **Formulating Goals and Strategies –** Outlines the key actions to address the identified strategic issues.
6. **Executing the Action Cycle –** Includes planning, implementing, and evaluating the action plan.

Summary of the Community Health Assessment Process

The assessment phase of the MAPP process was designed to produce a complete picture of a community's health status. The combined results of the four MAPP assessments drove the identification of the strategic issues and served as the foundation to build goals, strategies, and action plans. The four MAPP assessments are briefly described below.

1. The **Local Public Health System Assessment** evaluated the collective performance of the organizations that contribute to the public's health based on the 10 Essential Public Health Services.
2. The **Forces of Change Assessment** identified factors such as legislation, technology, and other impending changes that affect the ways the community and its public health system operate.
3. The **Community Themes and Strengths Assessment** gathered the thoughts, opinions, and perceptions of community members about the health issues that matter most to the community.
4. The **Community Health Status Assessment** synthesized data on health status, quality of life, and risk factors in the community to provide a broad overview of the health and well-being of the community.
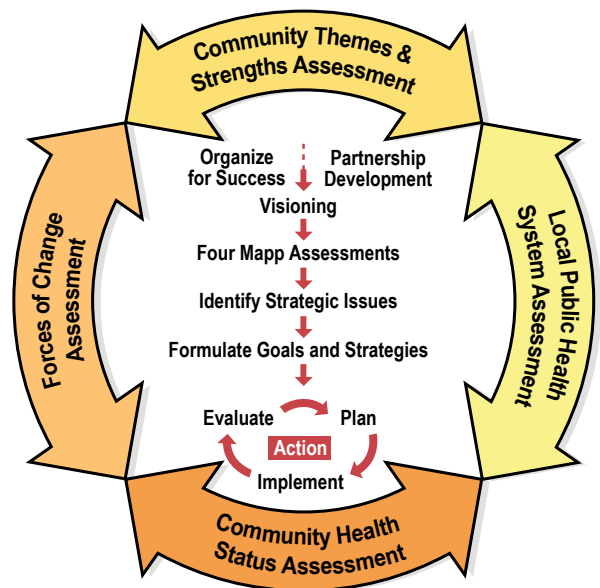
The MAPP Process

Two additional community health assessments were conducted in the Fairfax community — the Local Environmental Public Health System Assessment and a Policy, Systems, and Environmental Scan. Each of the six assessments provided unique information about the health status of the community.

5. The **Local Environmental Public Health System Assessment**, like the Local Public Health System Assessment, was based on the 10 Essential Public Health Services. However, this assessment specifically focused on the performance of the environmental health system.

6. The **Policy, Systems, and Environmental Scan** was a systematic review of the policies, systems, and environments that impact the community's health.

A summary of the assessment results and links to the full reports are located in Appendices A and B.

Introduction to Strategic Issues

Following the completion of the four MAPP assessments and the Local Environmental Public Health System Assessment, an Assessment Themes Workgroup of the Partnership for a Healthier Fairfax was established to synthesize the findings from the assessment phase and identify themes and strategic issues. (The Policy, Systems, and Environmental Scan was completed after the strategic issues were identified.) The workgroup reviewed the assessment results, identified significant findings, and grouped priorities into potential strategic issue categories.

The workgroup identified several recurring themes across the assessments that were important considerations to be integrated throughout the selection of goals, objectives, and key actions. These four cross-cutting themes were community engagement; partnerships; social factors that influence health; and policy, systems, and environmental change.

Cross-Cutting Themes Across Health Assessments

- **Community Engagement –** Involving the diverse community in decision making, planning, implementation, and evaluation of health promotion, health protection, and disease prevention efforts.

- **Partnerships –** Coordinating and integrating efforts and sharing information and resources across the entire public, private, and nonprofit health system.

- **Social Factors that Influence Health –** Identifying and understanding the underlying root causes of health disparities to develop targeted long-term actions to address these issues and improve health outcomes for all members of the community.

- **Policy, Systems, and Environmental Change –** Incorporating efforts to change public policies, procedures, and practices, and fostering community environments that support healthy living.

The workgroup evaluated the many other common themes that emerged from the assessments to determine whether the Partnership should take action. A theme was identified as a strategic issue for the Partnership if it met the following criteria:

- Aligned with the Partnership's vision.
- Appeared in more than one of the assessments.
- Focused on a problem or deficiency within the local public health system.
- Required a collaborative multi-sector approach.
- Reflected a community need that the Partnership for a Healthier Fairfax should address.

The workgroup identified the following five strategic issues to be addressed by the Partnership for a Healthier Fairfax, with respective challenges and opportunities for each issue.

Strategic Issue	Challenges	Opportunities
Environment and Infrastructure	• Need for health considerations in urban planning, development, and transportation • Impacts of environmental hazards on health • Impacts of urbanization and lack of affordable housing on health	• Create a more walkable, bikeable community • Improve the community environment to support health
Healthy Lifestyles	• Negative impacts of tobacco use and secondhand smoke • Rising obesity rates among youth and adults • Declining physical activity levels of youth and adults • Disparities in death rates from chronic disease	• Increase healthy eating and active living in a variety of settings
Health Workforce	• Aging of the health workforce • Increasing demand for primary and specialty care providers • Lack of racial and ethnic diversity among providers • Need for cultural and linguistic competency development	• Increase training and technical assistance for health care institutions and providers to improve delivery of clinical preventive services
Access to Health Services	• Lack of availability of needed levels of care or services • Challenges in navigating the complex system of services • Barriers to accessing health services	• Increase social and emotional wellness • Promote the use of clinical preventive services
Data	• Abundant but fragmented data sources, owners, and systems • Need for a coordinated, systemic approach to monitor and report community health status • Limited availability of data for sub-population or small area analysis • Need to better identify and monitor health disparities in the community • Inadequate evaluation of accessibility, quality, and effectiveness of health services	• Develop a comprehensive data management and tracking system

Prioritization of Opportunities for Change

The community health assessments led the Partnership for a Healthier Fairfax to identify nearly 200 opportunities for change in policies, systems, and environments in the Fairfax community. To select key issues to be included in the Community Health Improvement Plan, the Partnership developed a prioritization tool to evaluate each opportunity for change based on the following three factors:

1. **Impact on Community Health**
   - Affects a large portion of the population based on the lower tiers of the Health Impact Pyramid.[1] (See Figure 1.)
   - Addresses an issue specifically identified in the community health assessments.
   - Influences the severity of the consequences if the issue is not addressed in the near future (e.g., increased death, increased burden of disease, or reduced quality of life).

2. **Feasibility of Implementation**
   - Has stakeholder support in the community.
   - Supports existing initiatives without duplication of efforts.
   - Engages available resources (e.g., money, people, infrastructure, and training) to undertake the effort.

3. **Contribution to Health Equity**
   - Addresses the needs of high-risk or underserved groups directly or indirectly.
   - Impacts social factors that influence health and the root causes of negative health outcomes.

The prioritization of the opportunities for change took into account discussions with subject matter experts and key leaders in the community. Once the Partnership for a Healthier Fairfax finalized its priorities, teams formulated goals, objectives, and key actions for each issue.

[1] Thomas R. Frieden, "A Framework for Public Health Action: The Health Impact Pyramid," *American Journal of Public Health* 100 (April 2010): 590–595.

Improving Health Where We Live, Work, and Play

The Partnership for a Healthier Fairfax recognizes that health begins where people live, work, and play. With this in mind, the goals, objectives, and key actions proposed in the Community Health Improvement Plan are intended to address not only individual behavior, but the environments that influence health. The Partnership's approach provides community members the opportunity to make choices that allow them to live a long, healthy life, regardless of their income, education, or ethnic background.

The Health Impact Pyramid reflects several types of public health interventions and provides a framework for health improvement. The top three tiers of the Health Impact Pyramid include interventions that require a one-to-one relationship between a health care provider and an individual to affect a desired change in health. In contrast, the interventions represented in the bottom two tiers are policy, systems, or environmental approaches and support community-wide health changes that promote health equity. The Partnership has focused on the bottom two tiers of the pyramid, which have the potential for greatest impact with the least amount of individual effort.

Increasing Population Impact

Increasing Individual Effort Needed

Counseling & Education

Clinical Interventions

Long-Lasting Protective Interventions

Changing the Context to Make Individuals' Default Decisions Healthy
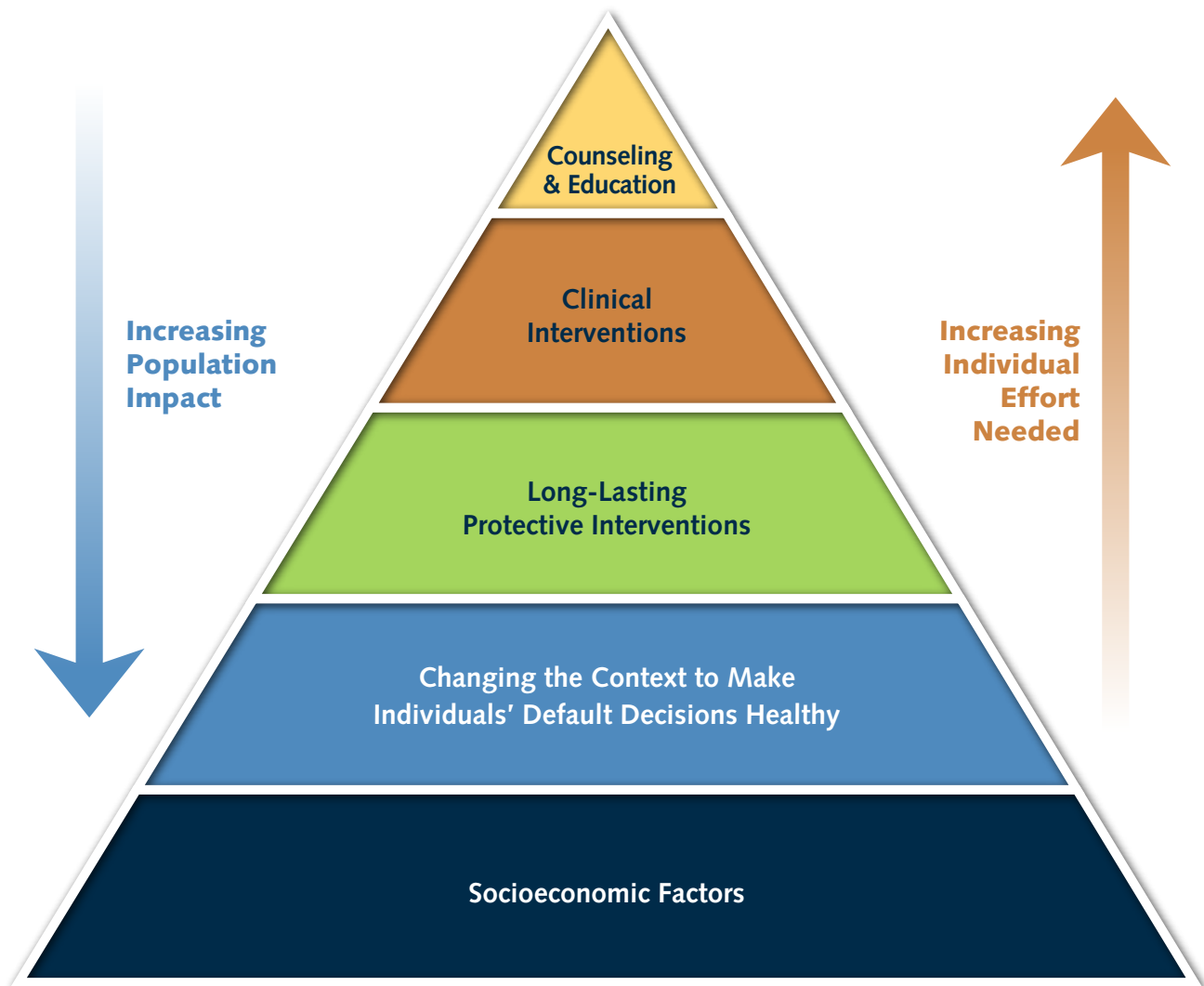
Socioeconomic Factors

Figure 1: The Health Impact Pyramid

Socioeconomic Factors

Socioeconomic factors influence health across cultures. While addressing socioeconomic factors has the greatest potential to improve health, effective approaches can be challenging, costly, and are sometimes outside the scope of public health. Examples of socioeconomic factors include housing, food security, child development, education, poverty, culture, social support, health care services, transportation, and working conditions.

Changing the Context to Make Individuals' Default Decisions Healthy

Changing the context to support healthy choices involves interventions that change the policy, system, or environmental context to make healthy options the default choice, regardless of education, income, service provision, or other societal factors. These interventions have more health impact than those that focus on treating individuals, but are less costly and less challenging to implement than changing socioeconomic factors. Examples of these types of interventions from the Community Health Improvement Plan include designing communities to promote increased physical activity; enacting policies that make healthy food affordable and accessible; and encouraging tobacco-free environments.

Policy Change:	Laws, regulations, rules, protocols, and procedures designed to guide or influence behavior.
Systems Change:	Change that impacts all elements, such as social norms, of an organization, institution or system.
Environmental Change:	Physical, social, or economic factors designed to influence a population's practices and behaviors.

Long-Lasting Protective Interventions

Long-lasting protective interventions represents one-time or infrequent protective interventions that do not require ongoing clinical care, such as immunizations and tobacco cessation treatment. These generally have less impact than interventions represented by the bottom two tiers because they require reaching people as individuals rather than collectively.

Clinical Interventions

Clinical interventions include ongoing medical care and treatment, such as prescription drugs. Although evidence-based clinical care can reduce disability and prolong life, the overall impact of these interventions is limited by lack of access, unpredictable adherence to treatment, and other issues associated with individual clinical care.

Counseling & Education

Counseling and education refers to the health education provided during clinical encounters as well as information provided in other settings. This is generally the least effective type of intervention because it requires that individuals make behavior changes, which are often incompatible with their surrounding environments.

Health Equity:
Achieving the highest level of health for all people.

Health Disparities:
Differences in health status among distinct segments of the population, including differences that occur by gender, race, ethnicity, education, income, disability, or geographic location.
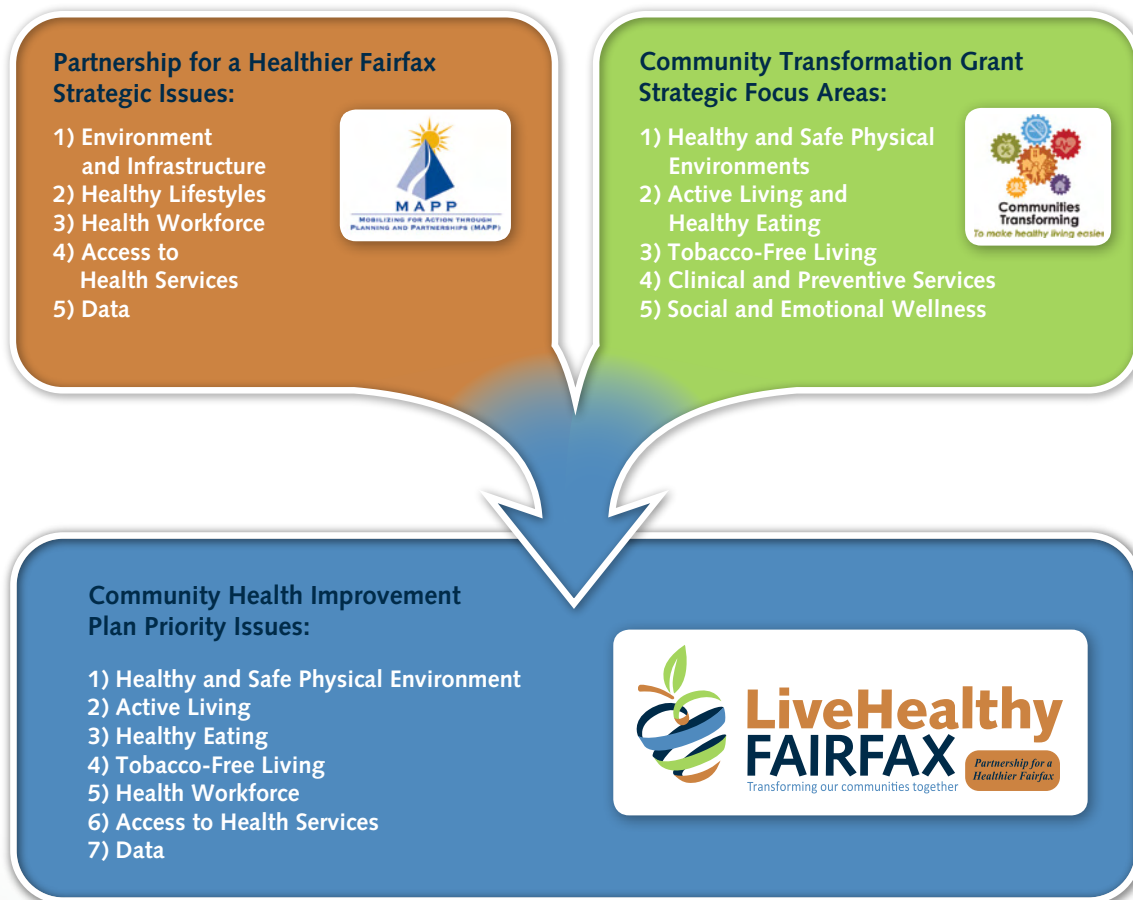
Part 2:
Community Health Improvement Plan

Introduction

The Community Health Improvement Plan, developed by the members of the Partnership for a Healthier Fairfax, is an action-oriented plan created to make the Fairfax community a healthier place to live. The plan consists of seven priority issues and their respective goals, objectives, and key actions. These priority issues encompass the five strategic issues that were identified in the Mobilizing for Action through Planning and Partnerships (MAPP) process and the five strategic focus areas that are core elements of the Centers for Disease Control and Prevention's (CDC) Community Transformation Grant. Specific objectives and key actions included in Fairfax County's Community Transformation Grant activities are denoted with a fruit icon 🍃 throughout the Community Health Improvement Plan. This plan forms the cornerstone of the Live Healthy Fairfax initiative to improve community health.

Partnership for a Healthier Fairfax Strategic Issues:

1) Environment and Infrastructure
2) Healthy Lifestyles
3) Health Workforce
4) Access to Health Services
5) Data

Community Transformation Grant Strategic Focus Areas:

1) Healthy and Safe Physical Environments
2) Active Living and Healthy Eating
3) Tobacco-Free Living
4) Clinical and Preventive Services
5) Social and Emotional Wellness

Community Health Improvement Plan Priority Issues:

1) Healthy and Safe Physical Environment
2) Active Living
3) Healthy Eating
4) Tobacco-Free Living
5) Health Workforce
6) Access to Health Services
7) Data

Developed through a collaborative effort by numerous multi-sector stakeholders, the Community Health Improvement Plan was designed for community ownership and implementation. When possible, goals and objectives were aligned with national, state, regional, and local initiatives using evidence-based approaches. Community leaders and subject matter experts were consulted throughout the plan development process to ensure collaboration with existing initiatives and community partners.

The implementation activities, milestones, timeframes, key partners, and evaluation measures are part of a detailed, five-year action plan for each priority issue that spans from 2013 to 2018. The success of the plan's implementation depends on the support and commitment of all who play a role in directly or indirectly impacting health outcomes in the Fairfax community.

Priority Issue:
Healthy and Safe Physical Environment
Improving the community environment to support good health for all

Overview

Health and wellness are shaped by the places where community members live, work, and play. The community environment, including homes, schools, worksites, parks, and streets, can be transformed to make healthy choices easy and accessible for all.[2] According to the U.S. Surgeon General, people are more likely to engage in an active lifestyle when their neighborhoods are connected to safe walking and biking routes and they have easy access to public transportation and recreational areas. Creating a healthy and safe physical environment for everyone begins with developing and implementing policies that support community health.

To improve the community environment, health considerations must be integrated into the policies, plans, and procedures of non-health sectors. The *Health in All Policies* (HiAP) collaborative approach accounts for potential health impacts during all stages of the policymaking process.[3] HiAP aims to ensure that policy decisions promote community health rather than produce negative health outcomes. By promoting the HiAP approach across sectors, key partners will recognize that health is influenced by community conditions and become more aware of their role in fostering positive health outcomes.

Northern Virginia is increasingly becoming urbanized with many geographic areas targeted for redevelopment. These planning initiatives provide an opportunity to assess health impacts during development review; explore innovative methods for providing parks and recreational areas; and implement urban design strategies that encourage walking, bicycling, and other physical activity. Additional opportunities for optimal health and well-being will be available to everyone in the community by promoting changes to the physical environment that support health.

Health in All Policies

Decision makers across all sectors, including non-health-related and nongovernmental organizations, can help create a society where everyone has the opportunity to live a long, healthy life. The *Health in All Policies* approach proactively takes into account the health implications of decisions at all stages of the policymaking process to avoid harmful health impacts, support positive health outcomes, and promote health equity.

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[2] National Prevention Council, "Strategic Direction of Healthy and Safe Community Environments," *National Prevention Strategy: America's Plan for Better Health and Wellness*, (U.S. Department of Health and Human Services, 2011), http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf.
[3] Government of South Africa, *Adelaide Statement of Health in All Policies*, (World Health Organization, 2010), http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf.

Healthy and Safe Physical Environment Goal

Develop and implement policies that promote healthy and safe physical environments for all who live, work, and play in the Fairfax community.

Objective 🌱

Increase the number of community, street, park, and transportation policies for the environment that support positive community health outcomes.[4]

Key Actions

- Educate local government staff and decision makers on the principles of the HiAP approach.
- Study transportation, planning, zoning, and development review processes to identify opportunities to incorporate health benefits and impact analyses into current policy frameworks.
- Develop recommendations using national best practices for health considerations to be integrated into existing policies, plans, and procedures.
- Conduct an assessment to identify barriers to accessing parks, fields, and recreational facilities in redeveloping, underserved, or economically challenged communities.
- Develop recommendations for providing parks and non-traditional park amenities for communities that are redeveloping, underserved, or economically challenged.
- Evaluate policy alternatives identified as best practice models for community use of athletic fields.

🌱 *Denotes Community Transformation Grant Activity*

[4] U.S. Department of Health and Human Services, "PA-15 Increase Legislative Policies for the Built Environment that Enhance Access to and Availability of Physical Activity Opportunities," *Healthy People 2020*, (2010), http://healthypeople.gov/2020/topicsobjectives2020/nationaldata.aspx?topicId=33.

Priority Issue:
Active Living
Increasing opportunities for physical activity to improve health

Overview

Physical activity is essential to promote health and well-being in the community. People who are physically active tend to live longer and have lower risk for chronic disease, including heart disease, stroke, type 2 diabetes, depression, and some cancers. Physical activity can also help with weight control and mental health. However, not all adults engage in physical activity. According to a 2012 CDC report, 21.9 percent of Virginia's adults reported that during the past month, they had not participated in any physical activity.[5] For youth, the most recent Fairfax County Youth Survey showed that rates of physical activity decreased as student grade level increased.

Furthermore, obesity is also a problem in the Fairfax community. The Virginia Department of Health reported that for Fairfax County, 59 percent of adults are overweight or obese. The Forces of Change Assessment recognized the negative impact that adult and childhood obesity plays in overall quality of life, personal and family health, and the resulting increases in health care and employer productivity costs. To combat cardiovascular disease and reduce obesity for youth and adults, opportunities for physical activity must be made available throughout the Fairfax community. The following objectives promote the short- and long-term benefits of an active lifestyle and provide opportunities for people of all ages to be active.

Active Living Goal 1
Increase the number of children and adolescents who engage in daily physical activity.

Objective 1.1 Increase the number of opportunities for children ages birth to 5 years and those in child care settings to engage in daily physical activity.	**Key Actions** • Educate new parents with targeted materials and resources that promote active play for infants and young children at home. • Develop a campaign to increase the number of structured play opportunities and outlets for children ages birth to 5 years. • Promote physical activity guidelines with family child care providers and child care centers.
Objective 1.2 Increase the number of elementary schools that participate in the Safe Routes to School program.	**Key Actions** • Identify community groups that can partner and provide logistical support in coordinating the Safe Routes to School program. • Mobilize resources to educate school communities on safe walking and cycling. • Provide guidance for establishing an infrastructure for the Safe Routes to School program in participating schools. • Promote the Safe Routes to School program through local public education outlets.
Objective 1.3 Increase the number of children and adolescents from families of low socioeconomic status participating in organized recreational activities.	**Key Actions** • Examine the current availability of scholarship funds and identify potential funding gaps. • Leverage resources to fill gaps and identify additional funding sources. • Identify opportunities to promote the availability of scholarships. • Revise transportation guidelines to promote the use of public transportation for commuting to organized sports.

[5] National Center for Chronic Disease Prevention and Health Promotion, "Virginia State Nutrition, Physical Activity, and Obesity Profile," (Centers for Disease Control and Prevention, 2013), http://www.cdc.gov/obesity/stateprograms/fundedstates/pdf/virginia-state-profile.pdf.

Active Living Goal 2
Increase the number of adults who engage in daily physical activity.

Objective 2.1 🌱
Increase the number of adults who engage in walking and biking.

Key Actions
- Develop and implement public education efforts to highlight opportunities to incorporate physical activity into daily activities.
- Develop opportunities for businesses to support non-motorized commuting.
- Explore opportunities to expand bicycling in the community by installing bike racks and creating bike-share programs.

Objective 2.2
Increase the number of opportunities to promote active lifestyles for adults.

Key Actions
- Promote the use of social media to share group physical activity opportunities.
- Develop campaigns and provide materials and resources that emphasize the benefits of families being active together.
- Partner with commercial entities to provide more active programs targeting families.

Objective 2.3
Promote opportunities for physical activity for older adults.

Key Actions
- Promote the use of social media to share group physical activity opportunities for older adults.
- Collaborate with community partners to provide physical activities that promote aging in place for older adults, including those with physical limitations.
- Support the development of organized active recreation opportunities such as individual fitness competitions, adult-based sports organizations, and local competitions.

Active Living Goal 3
Promote sustainability of programs and facilities that promote physical activity.

Objective 3.1
Implement policies and procedures that support physical activity in the community.

Key Actions
- Convene community stakeholders to review policies and procedures related to community use of fields and facilities for physical activity.
- Identify policies that may be inconsistently implemented.
- Identify barriers that discourage physical activity.
- Create an action plan to minimize barriers.
- Develop accountability mechanisms.

Objective 3.2
Identify consistent funding streams to maintain current and future facilities, trails, and equipment so that community members have access to safe physical activity.

Key Actions
- Review existing legislation and policies that affect funding.
- Determine desired funding levels for maintenance of existing and future facilities, trails, and equipment.
- Seek funding partners in the community.
- Identify legislation and policies that may need revision or identify gaps in policies that may need to be addressed with new legislation and policies.
- Promote needed changes with appropriate stakeholders.

Objective 3.3
Encourage public and private partnerships to identify facilities that could be made available to the public for free or at a reduced rate.

Key Actions
- Explore opportunities for facility use with local institutions of higher learning, faith-based communities, and businesses.
- Establish memorandums of understanding for facility use by the community for physical activity.
- Publicize partnerships.

🌱 *Denotes Community Transformation Grant Activity*

Priority Issue:
Healthy Eating

*Making healthy food affordable
and accessible for all*

Overview

Healthy eating is a critical component to combat cardiovascular risk factors as well as childhood and adult obesity. Providing frequent and easy access to healthy food choices is necessary to improve nutrition in the Fairfax community. The 2012 Fairfax County Youth Survey showed that nearly 75 percent of students did not eat five or more fruits and vegetables per day. Obesity has been identified as an important health-related issue by 40 percent of the community members who responded to a survey conducted during the Community Themes and Strengths Assessment. The CDC's 2011 Behavioral Risk Factor Surveillance System report indicated that in Fairfax County, 34.2 percent of adults are overweight and 29.2 percent of adults are obese. The Virginia Atlas for Community Health reported that in 2012, 16 percent of youth ages 14 to 19 in the Fairfax community were classified as overweight and 11 percent were classified as obese.

Adults and children are regularly faced with unhealthy food and beverage options in their daily lives. The Institute of Medicine recommends creating food and beverage environments that ensure healthy food and beverage options are the routine, easy choice. To combat cardiovascular disease and lower obesity rates, the Partnership promotes improved accessibility and affordability of healthy foods in multiple settings, including faith communities, day care settings, school environments outside of the school lunch program, and low socioeconomic status areas.

Healthy Eating Goal 1
Increase the accessibility and affordability of healthy food.

Objective 1.1
Establish a food policy council to examine the local food system and make recommendations for how to increase access to healthy and affordable food in underserved areas.

Key Actions
• Establish membership and charter a food policy council.
• Set priorities for areas of the local food system to examine.

Objective 1.2
Increase the amount of healthy food that is donated to pantries.

Key Actions
• Develop guidelines and recommendations for healthy food donations.
• Promote guidelines and recommendations to local food providers.

Objective 1.3
Establish new community and school gardens in additional locations.

Key Actions
• Examine best practices for community gardening.
• Identify potential sites for gardens at schools and in the community.
• Establish partnerships with master gardeners to support additional gardening efforts.

Objective 1.4
Review gaps and opportunities for improving healthy and affordable food options at farmers markets and all other food retail outlets in low income neighborhoods.

Key Actions
- Identify geographic locations where access to fresh food is limited.
- Increase access to affordable farmers markets for low socioeconomic status communities. 🌱
- Study programs in other jurisdictions that have successfully introduced fresh food products to underserved areas.
- Work with local chambers of commerce to encourage corner markets, ethnic markets, and convenience stores to sell fresh produce and other healthy food items.

Healthy Eating Goal 2
Increase the number of environments that promote healthy food choices and educational resources.

Objective 2.1 🌱
Increase the number of schools that adopt healthy eating guidelines outside of the Fairfax County Public Schools' Food and Nutrition Services setting.

Key Actions
- Review and revise school wellness policies and procedures for activities during the instructional day.
- Establish a community taskforce to examine nutrition in schools outside of school meals provided by Food and Nutrition Services.
- Establish, communicate, and implement guidelines and recommendations.

Objective 2.2 🌱
Increase the number of faith communities that adopt healthy eating guidelines.

Key Actions
- Develop guidelines and identify best practices for healthy eating at faith community events and programs.
- Develop culturally and linguistically appropriate educational materials.
- Provide and promote the use of healthy eating resources to faith communities.

Objective 2.3 🌱
Increase the number of family child care providers and child care centers participating in the Child and Adult Care Food Program.

Key Actions
- Develop culturally and linguistically appropriate materials to promote joining the Child and Adult Care Food Program.
- Educate providers and families about the benefits of the Child and Adult Care Food Program.

Objective 2.4
Promote healthy eating resources in the business community.

Key Actions
- Examine best practices around healthy eating in the local business community.
- Develop guidelines that identify opportunities for businesses to improve nutrition in the work environment.
- Promote and disseminate guidelines to local businesses.

Objective 2.5
Promote nutrition as a part of standard health care.

Key Actions
- Examine best practices for nutrition screening and counseling for primary care doctors and compile recommendations.
- Identify community resources and tools that medical practices can use for referral sources.
- Promote awareness of recommendations, tools, and resources.

🌱 *Denotes Community Transformation Grant Activity*

Priority Issue:
Tobacco-Free Living

Reducing tobacco use and exposure to secondhand smoke where community members live, work, and play

Overview

Cigarette smoking exposes non-smoking individuals to secondhand smoke, contributes to litter and pollution, and poses a fire risk. Reducing tobacco use and exposure to secondhand smoke where we live, work, and play will help reduce health complications and environmental hazards. A survey conducted during the Community Themes and Strengths Assessment showed that 20 percent of respondents listed tobacco use as the most important health-related issue for the community. Two priority objectives have been identified to support tobacco-free living: reduce smoking in county parks and reduce smoking in multi-unit housing.

The Centers for Disease Control and Prevention has reported that secondhand smoke can contain more than 7,000 toxic chemicals — and 70 of those toxic chemicals can cause cancer. These chemicals in secondhand smoke are dangerous to a growing child, and exposures to these chemicals place a child at a higher risk for developing ear infections, asthma, bronchitis, pneumonia, and allergies.

More than 15 million people visit Fairfax County Park Authority amenities for recreational, athletic, and social activities each year. In 2012, an estimated 840,000 children played on playgrounds and more than 1 million people used athletic fields maintained by the Park Authority. The Fairfax community can improve the health of its residents by reducing or preventing secondhand smoke exposure at park amenities. Parks should be clean and safe outdoor environments for children and their families to visit and enjoy.

The U.S. Department of Housing and Urban Development encourages the adoption of smoke-free housing policies.[6] In multi-unit housing facilities, secondhand smoke can penetrate smoke-free units through air ducts, cracks in the floors and walls, stairwells, plumbing, hallways, open windows, and personal porches or decks.[7] As a result, approximately 50 percent of residents in smoke-free units are exposed to secondhand smoke.[8]

[6] Carol J. Galante, Acting Assistant Secretary for Housing - Federal Housing Commissioner, "Further Encouragement for O/As to Adopt Optional Smoke-Free Housing Policies," (U.S. Department of Housing and Urban Development, 2012), http://portal.hud.gov/hudportal/documents/huddoc?id=12-22hsgn.pdf.

[7] Brian A. King, et al., "Secondhand Smoke Transfer in Multiunit Housing," *Nicotine & Tobacco Research*, (Oxford Journals, 2010).

[8] Martha J. Hewett, et al., "Secondhand Smoke in Apartment Buildings: Renter and Owner or Manager Perspectives" *Nicotine & Tobacco Research*, (Oxford Journal, 2006).

For everyone's health, please keep our paths, parks and playgrounds SMOKE-FREE.

Thank you for your cooperation.

Reston ASSOCIATION

If you need help to quit smoking, call 1-800-QUIT-NOW or visit www.smokefree.gov

To learn more visit: ...baccoFree.gov

Tobacco-Free Living Goal

Reduce tobacco use and exposure to secondhand smoke and associated unhealthy air contaminants in outdoor recreational environments and multi-unit housing environments.

Objective 1

Increase access to smoke-free parks and outdoor recreational environments.

Key Actions

- Contact neighboring jurisdictions to determine best practices for a smoke-free campaign for public parks.
- Educate policymakers and decision makers on the benefits of tobacco-free living environments.
- Plan, coordinate, and implement a campaign for playgrounds, athletic fields, and skate parks by promoting the use of signs that read: "Please, No Smoking."
- Expand posting of signs for all other public park amenities, such as picnic shelters, marinas, golf courses, and trails.
- Form a coalition of Northern Virginia jurisdictions to develop a consensus for consistent tobacco-free living efforts across the region.

Objective 2

Increase the number of smoke-free policies that are voluntarily implemented by multi-unit housing neighborhoods.

Key Actions

- Invite property management, housing, and insurance stakeholders to discuss smoke-free housing.
- Identify smoke-free housing champions and provide education on its benefits.
- Conduct an initial survey of residents in multiple housing communities to identify smoking prevalence and support for smoke-free initiatives.
- Conduct residential community forums to discuss smoke-free initiatives and implementation considerations needed for success.
- Create a community pilot project for a model "clean air" apartment or condominium agreement.
- Design a "no tobacco use" education campaign for multi-family housing providers to include posters and signage in multiple languages.

Denotes Community Transformation Grant Activity

Priority Issue:
Health Workforce

*Expanding the workforce capacity to meet
the health care needs of a diverse community*

Overview

The Fairfax community is increasingly diverse and requires a health care workforce that can meet the needs of everyone in the community. The Community Health Status Assessment Community Report showed that in 1970, racial and ethnic minorities comprised less than seven percent of the population; today, racial and ethnic minorities comprise almost half of the Fairfax community. Racial and ethnic minorities, especially those living at or near the poverty level, are more likely to have poor health outcomes and die prematurely. By raising awareness of health disparities and expanding the capacity of the health care workforce, service delivery can be improved to support optimal health for all in the Fairfax community.

This goal aligns with several actions listed in the National Prevention Strategy to address health disparities, including increasing the cultural and communication competence of health care providers, hiring and training staff from underrepresented racial and ethnic minorities, and bringing together professionals from a range of sectors to identify community health needs and address barriers. Objectives proposed for the short term include increasing the number of trained chronic disease self-management educators in community-based organizations and conducting a baseline survey regarding the awareness and implementation of the Culturally and Linguistically Appropriate Services (CLAS) Standards.[9]

The CLAS Standards, published by the U.S. Department of Health and Human Services Office of Minority Health, provide a framework for health care organizations to serve diverse communities. Medium- to long-term objectives will be based on the findings of the survey to address gaps in knowledge and implementation of the CLAS Standards.

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[9] U.S. Department of Health and Human Services, Office of Minority Health, *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice*, https://www.thinkculturalhealth.hhs.gov/Content/clas.asp.

Health Workforce Goal
Have a health care workforce that is responsive to the health care needs of a diverse population.

Objective 1 🌿
Increase the number of trained chronic disease self-management facilitators in community-based organizations who employ best practices for chronic disease prevention and self-management.

Key Actions
- Identify and train master trainers to facilitate train-the-trainer sessions for chronic disease self-management programs (CDSMP) in communities of need throughout the Fairfax community.
- Identify organizations and community health workers working with communities of need willing to offer chronic disease self-management programs.
- Develop a structure for providing, tracking, and evaluating outcomes of chronic disease self-management trainings.
- Analyze outcomes on an ongoing basis and add to the evidence base on CDSMP.

Objective 2
Conduct a baseline survey for health care employers to determine awareness and implementation of the CLAS Standards that address workforce composition, cultural competency, and language access.

Key Actions
- Identify key partners and leverage national, state, and local resources to develop the survey.
- Administer the survey to health care employers.
- Analyze and disseminate the survey results.

Objective 3
Increase the percentage of employers that follow the CLAS Standards in the areas of workforce composition, cultural competency, and language access using the results of the baseline survey.

Key Actions
- Key actions will focus on collaboration and coordination to be determined based on survey results.

🌿 *Denotes Community Transformation Grant Activity*

Priority Issue:
Access to Health Services
Improving access to and quality of health care services

Overview

Access to health services directly impacts the overall physical, social, and mental health status of a community. When administered and delivered appropriately and in a timely fashion, health services help prevent disease and disability, detect and treat health conditions, improve quality of life, avoid preventable death, and increase general life expectancy. Accessing quality health services — including primary, behavioral, oral, and specialty care services — is difficult for many people, particularly for those of low socioeconomic status. Despite the Fairfax community's wealth, more than one out of every 10 county residents lacked health insurance in 2009.[10]

The Community Themes and Strengths Assessment confirmed the public's awareness of this issue. Forty-six percent of the respondents identified increased access to health services for everyone as a way to improve the quality of life in the entire community. Another 50 percent of survey respondents stated that the most important health issue for the community was mental health, including depression, anxiety, and stress.

The Fairfax community has several existing initiatives to increase access to health services for its community members. While there are resources to provide services, some areas and sub-populations remain underserved. There are ongoing concerns about sustaining service levels while addressing increased demand due to the aging population, the burden of chronic illness, and increased access to health insurance under health care reform.

The burden on the medical system can be reduced by helping individuals manage their health and maintain a healthy lifestyle, by expanding the role of community-based organizations in promoting health, and by providing preventive services. Another strategy to increase accessibility of services is to integrate care in a comprehensive and patient-centered way, including mental health services. The entire community must be more aware of mental illness and how it impacts individuals, families, and the community. This includes recognizing symptoms, appropriately referring people to services, and promoting ways to maintain mental health.

The following goals seek to integrate existing health services to achieve a larger impact and target at-risk or vulnerable sub-populations in the Fairfax community.

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[10] U.S. Department of Commerce, U.S. Census Bureau, "2009 American Community Survey," (Fairfax County Department of Neighborhood and Community Services, 2010), http://www.fairfaxcounty.gov/demogrph/census_summaries/acs-1year/acs2009.pdf.

Access to Health Services Goal 1
Improve access to primary and specialty care, including oral and behavioral care.

Objective 1.1
Improve the community's capacity to obtain, process, and understand basic health information and services needed to make appropriate health care decisions and engage in health-promoting behaviors.

Key Actions
- Promote community awareness and understanding of the availability of various types of health insurance coverage, such as Medicaid and market place-based coverage; how to obtain health insurance; and how to select an insurance plan.
- Enroll eligible individuals and small businesses in health insurance by promoting the use of health system navigators to increase enrollment in Medicaid and other eligibility-based social services.
- Provide ongoing education, assistance, and support to community members on how to use health insurance and health services effectively to make appropriate health care decisions and engage in health-promoting behaviors.
- Increase community awareness of chronic disease and risk factors to empower individuals to take control of their health. 🌱

Objective 1.2
Increase access to health services through policy and system improvements among providers.

Key Actions
- Integrate primary health care with behavioral health, oral health, social services, specialty care, and public health.
- Improve collaboration among community support networks and safety net providers through changes such as streamlined eligibility systems.
- Improve the availability and accessibility of alternatives to long-term institutional care, including home- and community-based services.

Access to Health Services Goal 2
Improve access to services that promote social and emotional wellness, prevent suicide, and decrease the stigma associated with mental illness and substance abuse.

Objective 2.1
Improve the capacity of the community to deliver services that promote social and emotional wellness.

Key Actions
- Bring together critical stakeholders to create and implement a community-wide comprehensive suicide prevention agenda.
- Build on existing school-based mental health activities to implement community-based and coordinated efforts to develop resiliency and coping skills and prevent and respond to depression, suicide, and bullying among youth. 🌱
- Implement evidence-based behavioral health screenings and make appropriate referrals in health care provider offices, schools, and other settings.
- Offer high-quality, community-based prevention programs designed to increase social and emotional wellness and behavioral health among individuals and families.

Objective 2.2
Improve awareness of mental illness and how to promote mental health among the public and community-based organizations.

Key Actions
- Train community-based organizations to recognize signs of mental illness and depression and make appropriate referrals. 🌱
- Train community-based organizations to implement trauma-informed care practices, ensuring that program staff recognize the presence of trauma symptoms in clients and acknowledge how trauma can impact their lives. 🌱
- Increase community awareness of mental illness, including how to get help and ways to promote mental health in order to connect people with services and reduce the stigma of mental illness.

🌱 *Denotes Community Transformation Grant Activity*

Priority Issue:
Data

Integrating public health data to improve monitoring, analysis, reporting, and evaluation of community health

Overview

An essential function of a public health system is to provide data and information about the health of its community members. Data on health-related behaviors, diseases and injuries, and causes of death can help decision makers identify and address health problems more effectively. These types of data are monitored by many entities at the local, state, or national levels through existing public health surveillance activities. In addition, information about the social factors that influence health can help frame a better understanding of the issues that impact health outcomes.

In the Fairfax community, data sources are abundant, but often fragmented across multiple systems and sectors with distinct owners. The participants in the Local Public Health System Assessment noted the lack of a comprehensive system to collect, monitor, analyze, and report data as a weakness in the Fairfax community's local public health system. Results of the Community Health Status Assessment also identified several challenges related to public health data, including inadequate data for particular health and health-related outcomes; lack of uniformity in data collection; and lack of availability of data at the sub-county level.

Based on jurisdiction-wide data, Fairfax County is ranked the healthiest county in Virginia.[11] Given the limited availability of public health data at the sub-county level, it is difficult to measure the extent of health disparities and needs among underserved sub-populations within the Fairfax community. The following goals and objectives will enable the community to provide a framework to begin integrating the local public health data system. Addressing the gaps in data collection, monitoring, analysis, reporting, and evaluation can help improve public health efforts aimed at reducing health disparities and improving the health of the community as a whole.

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[11] University of Wisconsin, Population Health Institute, "County Health Rankings & Roadmaps," www.countyhealthrankings.org (August 2013).

Data Goal

Develop recommendations for a comprehensive public health data collection, monitoring, analysis, and reporting system to support evaluation of health outcomes.

Objective 1

Establish a set of community health indicators to measure health outcomes that may be influenced by Community Health Improvement Plan programs and initiatives.

Key Actions

- Identify health outcomes targeted by Community Health Improvement Plan programs and initiatives; identify community health indicators relevant for measuring changes in community health outcomes over time.
- Evaluate and reconcile the existing compilation of data sources (including national, state, county, local, and private data sources for public health data) to identify the availability of and gaps in public health data needed to support the Community Health Improvement Plan.
- Identify community health indicators at the sub-county level aligned with the Community Health Improvement Plan that support identification and measurement of health disparities.
- Report findings in gaps of data and provide recommendations to address these gaps to measure changes that may be influenced by the Community Health Improvement Plan.

Objective 2

Integrate the identified community health indicators into a comprehensive public health monitoring, analysis, and reporting system that is accessible to the community.

Key Actions

- Work with multi-sector public health data stakeholders and technical experts to encourage the inclusion of identified community health indicators in a comprehensive public health data collection, monitoring, analysis, and reporting system.
- Work with multi-sector public health data stakeholders and technical experts to identify specific options to address limitations of data collection, monitoring, analysis, and reporting.
- Establish an action plan for the Fairfax County community partners to improve data collection, monitoring, analysis, and reporting on community health indicators specific to the Community Health Improvement Plan.
- Report findings of population health assessments and analyses based upon trends in community health indicators and the Community Health Improvement Plan program evaluation metrics for targeted health improvements and overall population health.
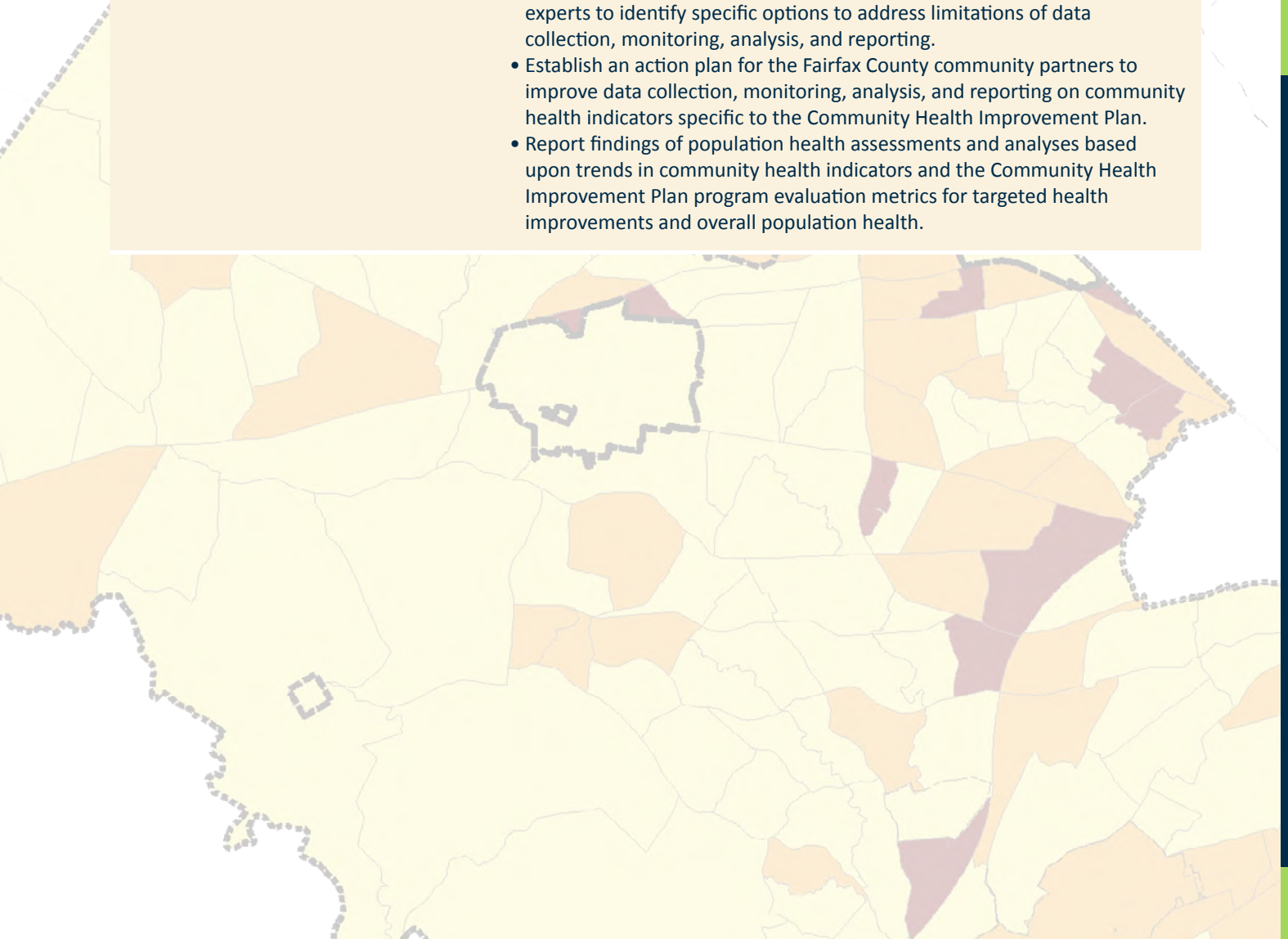
Next Steps

This Community Health Improvement Plan was designed to transform the Fairfax community into a place where all may lead healthier, more productive lives. With the completion of this plan, the Partnership for a Healthier Fairfax enters phase six of the MAPP process — the action cycle. This phase includes the planning, implementation, and evaluation of the action plans for each of the seven identified priority issues in the Community Health Improvement Plan. These action plans outline the activities, timeframes, champions, key partners, and evaluation measures for each priority issue.

Achieving improved health outcomes will take time as the community transitions from planning, to action, to results. The Partnership will assess the progress made toward the measurable objectives each year. The coalition may need to reevaluate strategies based on changing resources and leverage assets to assure that goals are met. The action phase is an ongoing process that allows the Partnership to evaluate the effectiveness of its efforts and adjust its course as community health needs evolve.

Community ownership and commitment are fundamental components of the MAPP process and are essential for the successful implementation of the Community Health Improvement Plan. Throughout plan development, partners across sectors were engaged to collectively address complex public health issues and identify effective, sustainable solutions. The continued dedication of current and future community partners and the investment of time, energy, and other resources will move the community forward toward reaching its goals. Only when the diverse stakeholders in the community work together can the Partnership achieve its vision of optimal health and well-being for all who live, work, and play in the Fairfax community. This collective work will be recognized as the Live Healthy Fairfax initiative as we begin transforming our communities together.

Part 3:
Partnership for a Healthier Fairfax

Organizational Model

The Partnership for a Healthier Fairfax is comprised of community leaders and volunteers. The time, expertise, and effort that these individuals and organizations put forward are the foundation of the coalition's success. Membership is open to interested individuals and diverse representatives from across all sectors of the community. All members of the coalition are equal partners and have responsibility for identifying, leveraging, and mobilizing resources.

The Partnership for a Healthier Fairfax is committed to the health and well-being of the Fairfax community, which includes the cities of Fairfax and Falls Church, Fairfax County, and the incorporated towns of Herndon, Vienna, and Clifton. Through the development of a Community Health Improvement Plan, the Partnership will implement strategies and collaborate with ongoing health initiatives within the community. The activities of the Partnership are guided by two leadership groups: the Community Transformation Leadership Team, which oversees policy direction, and the Steering Committee, which provides oversight and general direction for all Partnership activities. The Support Team, a group of multi-agency and community staff, is responsible for planning, organizing, facilitating, and providing the necessary support to the Partnership at all levels to help move their initiatives forward.
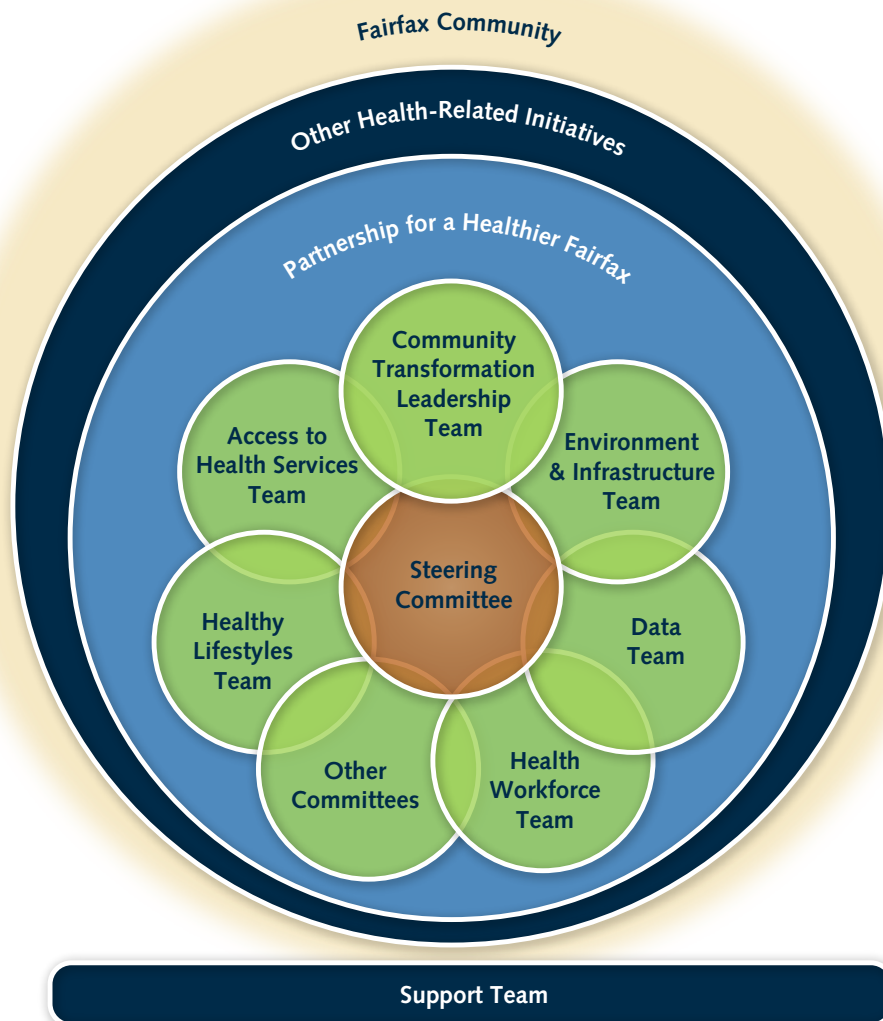
Community Transformation Leadership Team

The Community Transformation Leadership Team consists of 24 members who serve as champions for health improvement implementation activities proposed by the community coalition. They provide the Community Transformation Grant Team with strategic direction and effectively promote policy, systems, and environmental changes to positively affect the health of the Fairfax community.

Gloria Addo-Ayensu
Director of Health
Fairfax County Health Department

Sharon Arndt
Project Director
Community Transformation Grant

George Barker
Senator
Virginia General Assembly

Marlene Blum
Co-Chair
Partnership for a Healthier Fairfax

William Bouie
Chairman
Fairfax County Park Authority Board

George Braunstein
Executive Director
Fairfax-Falls Church Community Services Board

Sharon Bulova
Co-Chair
Community Transformation Leadership Team
Chairman
Fairfax County Board of Supervisors

Toa Do
President
Business Development Assistance Group

Kim Dockery
Assistant Superintendent for Special Services
Fairfax County Public Schools

Patricia Harrison
Deputy County Executive
Fairfax County Government

Verdia Haywood
Board of Directors
Northern Virginia Health Foundation

Robert Hicks
Deputy Commissioner for Community
Health Services
Virginia Department of Health

Jennifer Hwang
Fairfax County Public Schools Student Representative
Fairfax High School

Julie Knight
Co-Chair
Partnership for a Healthier Fairfax

Christopher Leonard
Director
Fairfax County Department of
Neighborhood and Community Services

Ed Long
County Executive
Fairfax County Government

Patricia Mathews
President and CEO
Northern Virginia Health Foundation

John Piescik
Associate Executive Director
Center for Transforming Health
MITRE Corporation

Martha Real
Executive Director
GRACE Ministries of the
United Methodist Church

Tim Sargeant
Commissioner At-Large
Fairfax County Planning Commission

Jennifer Siciliano
Vice President for Government Relations
Inova Health System

Rob Stalzer
Deputy County Executive
Fairfax County Government

Jane Strauss
Co-Chair
Community Transformation Leadership Team
Dranesville District Representative
Fairfax County School Board

Marcia Twomey
President
Greater McLean Chamber of Commerce

Former Community Transformation Leadership Team Members:

Jack Dale (2011-2012)
Superintendent
Fairfax County Public Schools

Anthony Griffin (2011)
County Executive
Fairfax County Government

Robert Jensen (2011-2012)
Executive Director
Center for Transforming Health
MITRE Corporation

John Kim (2012-2013)
Fairfax County Public Schools
Student Representative
Fairfax High School

Jeffrey Lake (2011-2012)
Deputy Commissioner for
Community Health Services
Virginia Department of Health

Steering Committee

The Partnership for a Healthier Fairfax Steering Committee consists of Co-Chairs, Strategic Issue Team Chairs, and Committee Chairs who provide leadership, direction, integration, and oversight of the Partnership's efforts.

Gloria Addo-Ayensu
Director of Health
Fairfax County Health Department

Marlene Blum
Co-Chair, Partnership for a Healthier Fairfax
Chair, Community Themes and Strengths
Subcommittee
Chairman
Fairfax County Health Care Advisory Board

DeLana Browning
Co-Chair, Health Workforce Strategic Issue Team
Quality Improvement Manager
Northern Virginia Area Health Education Center

Jesse Ellis
Co-Chair, Access to Health Services Strategic
Issue Team
Program and Procedures Coordinator
Fairfax County Office of County Executive

Margaret Goldberger
Chair, Healthy Lifestyles Strategic Issue Team
Executive Director
Prince William Health Partnership

Christine Green
Co-Chair, Environment and Infrastructure
Strategic Issue Team
Washington, D.C. Regional Policy Manager
Safe Routes to School National Partnership,
Greater Washington Region

Michelle Gregory
Division Director
Countywide Service Integration Planning
and Management
Fairfax County Department of Neighborhood
and Community Services

Linda Hollis
Co-Chair, Environment and Infrastructure
Strategic Issue Team
Planning Consultant
Senior Planner (Retired)
Fairfax County Department of Planning
and Zoning

Julie Knight
Co-Chair, Partnership for a Healthier Fairfax
Chief Operating Officer
Strategic Conservation Solutions, LLC

Leslie Kronz
Co-Chair, Health Workforce Strategic Issue Team
Program Manager
Office of Health Equity
Inova Health System

Peggy J. (PJ) Maddox
Co-Chair, Data Strategic Issue Team
Chair, Community Health Status Subcommittee
Professor and Chair
Department of Health Administration and Policy
George Mason University

Liz Payne
Co-Chair, Healthy Lifestyles Strategic
Issue Team – Physical Activity
K-12 Coordinator for Health
Family Life Education and Physical Education
Fairfax County Public Schools

Mindy Rubin
Co-Chair, Access to Health Services Strategic
Issue Team
Director of Safety Net Partnerships
Kaiser Permanente

Katie Strong
Co-Chair, Healthy Lifestyles Strategic
Issue Team – Nutrition
Associate Extension Agent
Office of Access to Community Resources
and Programs
Virginia Cooperative Extension

Brian Willey
Co-Chair, Data Strategic Issue Team
Account Manager
Compuware Corporation

Former Steering Committee Members:

Lavern Chatman (2010-2011)
Co-Chair, Partnership for a Healthier Fairfax
President and CEO
Northern Virginia Urban League

William Finerfrock (2010)
Co-Chair, Forces of Change Subcommittee
Vice Chairman
Fairfax County Health Care Advisory Board

Charles Konigsberg (2012-2013)
Co-Chair, Environment and Infrastructure
Strategic Issue Team
Retired State and Local Public Health Director

Jennifer Siciliano (2010)
Co-Chair, Forces of Change Subcommittee
Vice President for Government Relations
Inova Health System

Rick Zimmerman (2012-2013)
Chair, Healthy Lifestyles Strategic Issue Team
Professor
Department of Global and Community Health
George Mason University

Support Team

The Support Team consists of multi-agency Fairfax County staff responsible for planning, organizing, facilitating, and providing the necessary support at all levels to help move the Partnership initiatives forward.

Sharon Arndt
Steering Committee
Healthy Lifestyles Strategic Issue Team – Tobacco
Community Transformation Grant Project Director
Partnership for a Healthier Fairfax
Fairfax County Department of Neighborhood and Community Services

Sara Baldwin
Healthy Lifestyles Strategic Issue Team – Tobacco
Deputy Director
Fairfax County Park Authority

Glen Barbour
Community Themes and Strengths Subcommittee
Public Safety Information Officer
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Data Strategic Issue Team
Project Analyst
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Marie Custode
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Assessment Themes Workgroup
Community Health Status Subcommittee
Community Themes and Strengths Subcommittee
Forces of Change Subcommittee
Strategic Planner
Fairfax County Health Department

Tina Dale
Communications Specialist
Fairfax County Health Department

Rosalyn Foroobar
Deputy Director for Health Services
Fairfax County Health Department

Liz Ittner
Healthy Lifestyles Strategic Issue Team – Physical Activity
Fitness and Wellness Program Coordinator
Fairfax County Park Authority

Javier Jaramillo
Data Strategic Issue Team
Management Analyst
Fairfax County Department of Neighborhood and Community Services

Cheryl Jones
Access to Health Services Strategic Issue Team
Health Access Coordinator
Fairfax County Department of Family Services

Emily Steelman
Walden University Intern
Fairfax County Department of Neighborhood and Community Services

Sarah White
Healthy Lifestyles Strategic Issue Teams – Physical Activity, Nutrition
Community Transformation Grant
Fairfax County Department of Neighborhood and Community Services

Robin Wilson
Health Workforce Strategic Issue Team
Public Health Analyst
Fairfax County Health Department

Former Support Team Members:

Johanna Bellovich (2013)
George Mason University Intern
Fairfax County Department of Neighborhood
and Community Services

Lauren Brumsted (2012–2013)
Presidential Management Fellow
Fairfax County Health Department

Jessica Clinkscales (2013)
George Mason University Intern
Fairfax County Department of Neighborhood
and Community Services

Jim Copeland (2010-2012)
Director
Division of Community Health Development
and Preparedness
Fairfax County Health Department

Sherryn Craig (2008-2011)
Community Health Status Subcommittee
Local Public Health System Assessment
Health Planner
Fairfax County Health Department

Ken Disselkoen (2012-2013)
Director of Special Projects
Fairfax-Falls Church Community Services Board

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Community Partners

We extend special thanks to all partners and community volunteers who have contributed during any phase of the plan development process since November 2008. Partners and community volunteers who have contributed to the plan development process since January 2013 are bolded.

- **African Health Resource and Wellness Center**
- **Ahmadiyya Muslim Community**
- All Dulles Area Muslim Society
- Alzheimer's Association
- American Association of Retired Persons
- **American Diabetes Association**
- **American Health Care Professionals**
- **American Muslim Health Professionals**
- American Red Cross of the National Capital Area
- Annandale Christian Community for Action Child Development Center
- **Angel Fund**
- **Anthem HealthKeepers Plus**
- **Arcadia Center for Sustainable Food & Agriculture**
- Asian American Success
- Boat People SOS
- Brain Injury Services
- Business Development Assistance Group, Inc.
- Campbell's Services, LLC
- Capital Area Food Bank
- Capitol Associates, Inc.
- CDT Consulting, LLC
- Center for Spiritual Living
- Child Care Advisory Council
- **City of Fairfax**
  » Human Services
  » **Parks and Recreation Department**
- City of Falls Church
- Clyde's Restaurant Group
- Commonwealth of Virginia
  » Northern Virginia Training Center
  » Virginia Department of Environmental Quality
  » **Virginia Department of Health**
    › **Community Health Services**
    › **Tobacco Use Prevention and Control**
  » Virginia Department of Transportation
- Community Anti-Drug Coalitions of America
- The Community Foundation of Northern Virginia
- **Compuware Corporation**
- Cornerstones, Inc. (formerly Reston Interfaith)

- Dar Al-Hijrah Islamic Center
- Durga Temple of Virginia
- EDENS
- Empowered Wellness, LLC
- Episcopal Church of the Holy Cross
- Ethiopian Community Development Council, Inc.
- Express Care, Inc.
- FACETS
- Fairfax Advocates for Better Bicycling
- Fairfax Area Commission on Aging
- Fairfax County Alliance for Human Services
- **Fairfax County Board of Supervisors**
- Fairfax County Chamber of Commerce Board of Directors
- Fairfax County Council of Parent Teacher Associations
- Fairfax County Economic Development Authority
- Fairfax County Environmental Quality Advisory Council
- **Fairfax County Faith Communities in Action**
- **Fairfax County Federation of Citizens Associations**
- **Fairfax County Government**
  » **Department of Administration for Human Services**
  » Department of Cable and Consumer Services (Channel 16)
  » **Department of Family Services**
    › **Fairfax Area Agency on Aging**
    › **Office for Children**
  » **Department of Housing and Community Development**
  » **Department of Information Technology**
  » **Department of Neighborhood and Community Services**
  » **Department of Planning and Zoning**
  » Department of Public Works and Environmental Services
    › Land Development Services
  » **Department of Transportation**
  » **Fairfax County Park Authority**

- » Fairfax County Sheriff's Office
- » Fire and Rescue Department
- » **Health Department**
- » Office of Community Revitalization
- » **Office of County Executive**
- » Office of Emergency Management
- » Office to Prevent and End Homelessness
- » Office of Public Affairs
- » **Office of Public Private Partnerships**
- » **Office for Women & Domestic and Sexual Violence Services**
- **Fairfax County Health Care Advisory Board**
- **Fairfax County Health Department Multicultural Advisory Council**
- Fairfax County Human Services Council
- Fairfax County Planning Commission
- **Fairfax County Public Schools**
  - » **Food and Nutrition Services**
  - » **Health, Family Life Education, and Physical Education**
  - » **Intervention and Prevention Services**
  - » **Special Services**
  - » **Student Advisory Council**
  - » **Superintendent's Office**
- **Fairfax County School Board**
  - » **School Health Advisory Committee**
- **Fairfax County Transportation Advisory Commission**
- **Fairfax-Falls Church Community Services Board**
- **Fairfax Partnership for Youth**
- Fairfax Presbyterian Church
- **Fairfax Rehabilitation, Inc.**
- Federal Leadership Institute
- **Fairfax Lions Club**
- First Baptist Church of Vienna, Health Ministry
- Fort Belvoir Emergency Services
- **George Mason University**
  - » Center for Social Science Research
  - » **Department of Global and Community Health**
  - » **Department of Health Administration and Policy**
  - » Osher Lifelong Learning Institute
- The George Washington University
- **GRACE Ministries of the United Methodist Church**
- **Greater McLean Chamber of Commerce**
- Hai Hua Community Center, Inc.
- Haycock Elementary School

- HCA Virginia Health System
  - » Dominion Hospital
  - » Reston Hospital Center
- Health Systems Agency of Northern Virginia
- **HealthWorks for Northern Virginia (formerly Jeanie Schmidt Free Clinic)**
- HTC Global
- ICF International, Inc.
- **Individual Volunteers from the Fairfax Community**
- **Inova Health System**
  - » Inova Fairfax Hospital
  - » Inova Fair Oaks Hospital
  - » Northern Virginia Healthy Kids Coalition
  - » Inova Institute of Research and Education
  - » Office of Health Equity
  - » Transitional Care Management
- Jewish Social Service Agency, Northern Virginia
- Johns Hopkins University
- **Kaiser Permanente**
- Korean Central Presbyterian Church
  - » Central Senior Center
  - » **Korean Personal Care Aide Certificate Program**
- **Leadership Fairfax**
- **The League of Women Voters of the Fairfax Area**
- The Lewin Group
- **MANILA Consulting Group, Inc.**
- March of Dimes Foundation
- **Marymount University**
- Medical Care for Children Partnership Foundation
- The Medical Society of Northern Virginia
- Metropolitan Washington Council of Governments
- Mission Life Center Hope Clinic
- **MITRE Corporation, Center for Transforming Health**
- Molina Healthcare, Inc.
- Mount Vernon Council of Citizens' Associations
- Multicultural Family and Education Center
- **National Association of County and City Health Officials**
- National Environmental Health Association
- New Hope Housing
- Northern Virginia Aging Network
- Northern Virginia AIDS Ministry
- **Northern Virginia Area Health Education Center**

- Northern Virginia Community College
- Northern Virginia Conservation Trust
- Northern Virginia Dental Clinic
- **Northern Virginia Family Service**
- **Northern Virginia Health Foundation**
- Northern Virginia Hospital Alliance
- Northern Virginia Regional Health Information Organization
- Northern Virginia Regional Specialty Access
- Northern Virginia Urban League
- **Northern Virginia Food Coalition Working Group**
- NoVaHealthFORCE
- NovaSalud, Inc.
- NOVA ScriptsCentral, Inc.
- Our Daily Bread, Inc.
- **Prince William Health Partnership**
- Program of All-Inclusive Care for the Elderly
- Quest Diagnostics Nichols Institute
- **Real Food for Kids**
- Restaurant Association Metropolitan Washington
- **Reston Association**
- **Safe Routes to School National Partnership, Greater Washington Region**

- The Salvation Army National Capital Area Command
- SeniorNavigator
- **Start Later for Excellence in Education Proposal (SLEEP in Fairfax)**
- Smart Markets, Inc.
- Society of St. Vincent de Paul, Diocese of Arlington, Virginia
- South County Task Force for Human Services
- SR Consulting, Inc.
- **Strategic Conservation Solutions, LLC**
- Thomas Jefferson Institute for Public Policy
- U.S. Department of Health and Human Services
  » **Centers for Disease Control and Prevention, Division of Community Health**
- **Unified Prevention Coalition of Fairfax County**
- United Community Ministries
- University of Phoenix, Inc.
- UTG Associates
- Venture Philanthropy Partners
- Virginia Commonwealth University
- Virginia Cooperative Extension
- Virginia Foundation for Healthy Youth
- Virginia General Assembly
- Virginia Hospital Center
- Virginia Onsite Wastewater Recycling Association
- Virginians Organized for Interfaith Community Engagement
- Voices for Virginia's Children
- Volunteers Of America
- W.M. Foley Construction Corp.
- Wolf Run Foundation, Inc.
- Youth Apostles Institute, Don Bosco Center

Part 4: Appendices
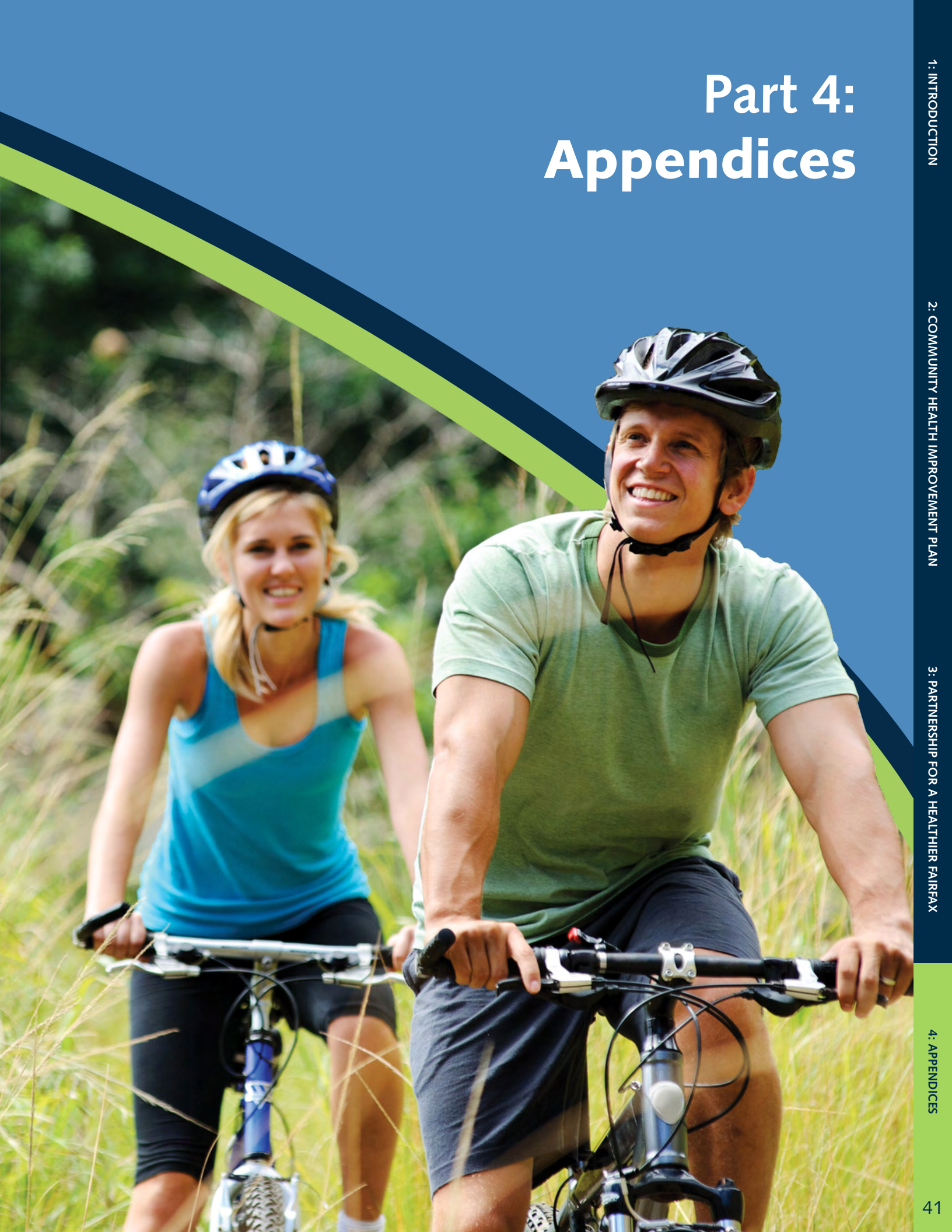
Appendix A

Mobilizing for Action through Planning and Partnerships Assessments

The Partnership for a Healthier Fairfax has conducted four assessments as outlined in the Mobilizing for Action through Planning and Partnerships (MAPP) framework. To read the full reports for each MAPP assessment, visit http://www.fairfaxcounty.gov/livehealthy/mapp.htm.

Local Public Health System Assessment

The Local Public Health System Assessment is a standard instrument in the National Public Health Performance Standards Program that evaluates the performance of the organizations that contribute to community health. This assessment was conducted in November 2008, when 89 stakeholders from 37 organizations were brought together to address the following questions:
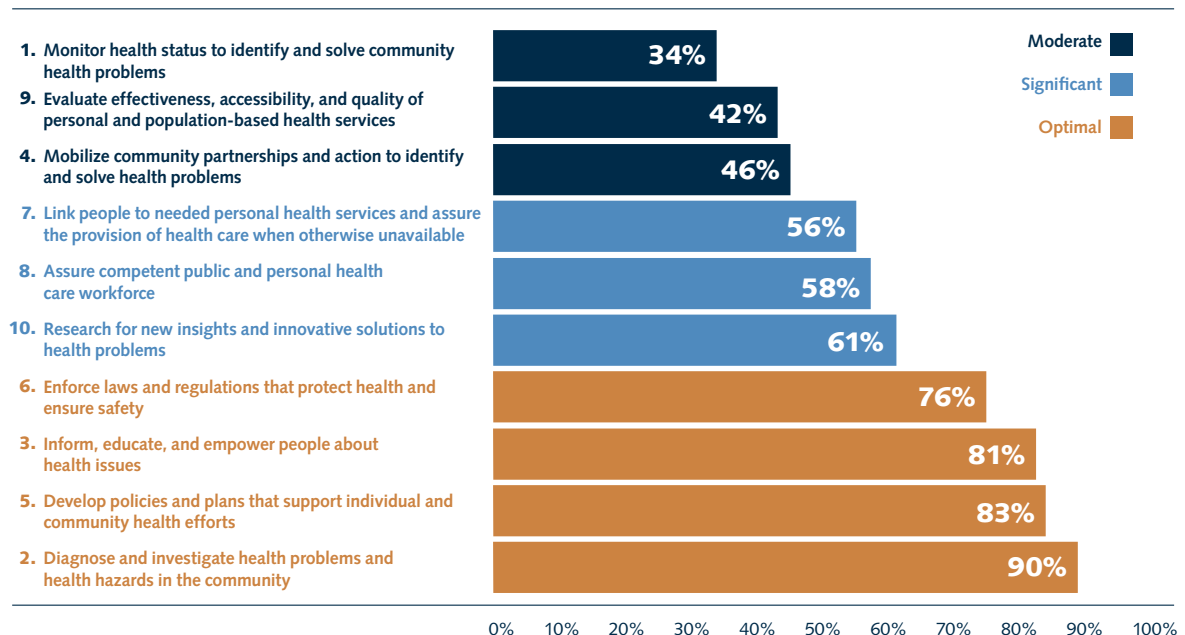
1. **What are the components, activities, competencies, and capacities of our local public health system?**
2. **How are the 10 Essential Public Health Services being provided to our community?**

To answer these questions, participants discussed how the local public health system was performing compared to model standards. The model standards were based on the 10 Essential Public Health Services, which outline public health activities that should be provided in any jurisdiction. Participants were asked to evaluate the local public health system against an optimally performing public health system.

The findings of the assessment indicated that the local public health system was performing at significant or optimal levels in seven of the 10 Essential Public Health Services. Respondents noted the system's capacity to diagnose and communicate health hazards, develop policies, enforce laws and regulations, maintain public health workforce standards, and collaborate with academic and research-based institutions. Data collection, evaluation, and collaborative partnerships were noted as areas the local public health system should strengthen and improve.

The following graph displays a summary of the results for each of the 10 Essential Public Health Services.

Ranked Essential Public Health Services Performance Scores

	Score
1. Monitor health status to identify and solve community health problems	34%
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services	42%
4. Mobilize community partnerships and action to identify and solve health problems	46%
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable	56%
8. Assure competent public and personal health care workforce	58%
10. Research for new insights and innovative solutions to health problems	61%
6. Enforce laws and regulations that protect health and ensure safety	76%
3. Inform, educate, and empower people about health issues	81%
5. Develop policies and plans that support individual and community health efforts	83%
2. Diagnose and investigate health problems and health hazards in the community	90%

Legend: Moderate, Significant, Optimal

Forces of Change Assessment

The Forces of Change Assessment identified the trends, factors, and events that are likely to influence community health and quality of life or impact the work of the local public health system. This assessment was performed by a diverse group of key community health stakeholders established as a subcommittee of the larger Partnership for a Healthier Fairfax. The subcommittee conducted the assessment between May and September 2010 and sought answers to the following questions:

1. **What is occurring or might occur that affects the health of our community or the local public health system?**
2. **What specific threats or opportunities are generated by these occurrences?**

To address those questions, subcommittee members determined the various forces — economic, environmental, legal, political, medical, social, technological, scientific, and ethical — that impact how the Fairfax community and its public health system function.

The subcommittee compiled its findings into a matrix that identified the key forces and the ways in which they affect the health of the Fairfax community. The Partnership for a Healthier Fairfax reviewed all 40 forces and identified the following as those that presented significant threats to or opportunities for health in the Fairfax community:

- Health care reform
- Rising health care costs
- Budget cuts and the recession
- Chronic disease
- Childhood and adult obesity
- Demand for long-term care services
- Health care workforce
- Urbanization and traffic congestion
- Housing and the built environment
- Emergency preparedness
- Social factors that influence health
- Diversity of the community
- Evolving technologies
- Electronic medical records

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment gathered the thoughts, opinions, and perceptions of community members to develop a meaningful understanding of the health issues they identified as important. This assessment was conducted between May 2010 and January 2011 by a subcommittee of the larger Partnership for a Healthier Fairfax comprised of a diverse group of key community health stakeholders. The subcommittee was tasked with answering the following questions:

1. **What assets does the community have that can be used to improve community health?**
2. **What health-related issues are most important to the community?**
3. **How is quality of life perceived in the community?**

Recognizing that any single approach could be insufficient in reaching a broad cross-section of such a diverse population, the subcommittee employed three different research methods to answer these questions. A community health survey was widely distributed to collect as much input as possible from those who live, work, or play in the Fairfax community. Focus groups were conducted to target specific groups of individuals who may have been less likely to respond to the community survey. PhotoVoice, a method where participants present their point of view through photography, was used to engage youth in discussions about community health issues.

With more than 6,200 responses, the survey was the primary method used to collect data. The survey included three substantive questions, nine demographic questions, and an open-ended comments section and was distributed in Arabic, Chinese, English, Korean, Spanish, and Vietnamese. The subcommittee used a convenience sample, a commonly used research methodology, to collect information from available respondents. Although the subcommittee recognized that this type of sample could not be generalized to represent the entire population, effort was made to target specific groups that otherwise may have been underrepresented.

The subcommittee analyzed overall responses to the three substantive questions as well as the specific responses for each demographic group. The findings showed that there was a high level of agreement across most demographic groups on the significant community strengths, health-related issues, and areas for improvement. The five most frequently selected responses to the survey questions are listed below.

What are the greatest strengths of our entire community?

- Local 24-hour police, fire, and rescue services
- Access to parks and recreation
- Low crime
- Living in a clean and healthy environment
- Safe neighborhoods

What are the most important health-related issues for our entire community?

- Mental health
- Clean and healthy environment
- Obesity
- Alcohol and drug abuse
- Nutrition

What would most improve the quality of life for our entire community?

- Access to health care for everyone
- More jobs and a healthier economy
- Access to affordable housing for everyone
- A more walkable, bikeable community
- Meet the basic needs (food, shelter, clothing) of everyone

Community Health Status Assessment

The Fairfax Community Health Status Assessment involved the synthesis of data on health status, quality of life, and risk factors in the community to provide a broad overview of the health and well-being of the Fairfax community. The assessment was conducted by a subcommittee of diverse stakeholders from the Partnership for a Healthier Fairfax between May 2010 and June 2011. The subcommittee sought to answer the following questions:

1. **How healthy are our residents?**
2. **What does the health status of our community look like?**

To address these questions, the subcommittee compiled the best available information from standard public health data systems and sources, including the U.S. Census, vital records, reportable illnesses, hospital discharges, occupational licensures, and health and behavioral surveys. The benefits of using these standard sources included a broad representation of the Fairfax population; comparability with national, state, and peer community data; and availability of historical data to examine trends.

However, these data were also limited for purposes of conducting detailed analyses in small groups, subpopulations, and neighborhoods. Data were not available for many health conditions and risk factors by age, race, income, or sub-county geographic areas.

The results of this assessment indicated that the Fairfax community is asset-rich, racially and ethnically diverse, well-educated, wealthy, and abundant in community resources; but these assets are not equally distributed. Segments of the population have low socioeconomic status, limited education, high unemployment, poor health status, lower life expectancy, and lack of health insurance coverage.

Overall, Fairfax can be considered a healthy community, as many health status indicators show favorable health outcomes for those who live here. For example, death rates are low, birth outcomes are favorable, hospitalization is low, and the use of long-term nursing care is low. However, the findings indicated that there remain many challenges to improving community health:

- There are substantial disparities in health status and access to health care services across racial, ethnic, age, and income groups living in certain neighborhoods.
- Diseases such as cancer, heart disease, stroke, chronic lower respiratory diseases, and unintentional injuries are the leading causes of death in Fairfax.
- Risk factors, health conditions, and individual behavior contributing to chronic disease and premature death are common, costly, and preventable.

- The prevalence of individuals who are overweight and obese is increasing.
- Despite the community's wealth, more than one out of every 10 residents of the county lacked health insurance in 2009.
- The use of costly acute care services could be reduced.
- Fairfax County's primary care and specialty health provider capacity may not be adequate to meet projected service demand.

Appendix B

Other Assessments

In addition to the MAPP assessments highlighted in Appendix A, two additional community health assessments were conducted for the Fairfax community. The first reviewed the performance of organizations that contribute to local environmental health, and the second examined local policies, systems, and other environmental factors that impact public health. Links to the full reports are included after each summary.

Local Environmental Public Health System Assessment

The Local Environmental Public Health System Assessment evaluated the performance of the organizations contributing to local environmental health. Like the MAPP Local Public Health System Assessment highlighted in Appendix A, this assessment was also based on the 10 Essential Public Health Services. This assessment was conducted in November 2010 by key stakeholders from a wide spectrum of the local environmental public health system, including local health department and other governmental agencies, industry, schools and universities, environmental health professional associations, and the general public. In total, 38 participants representing 13 organizations were brought together to address the following questions:

1. **What are the components, activities, competencies, and capacities of our local environmental public health system?**
2. **How are the 10 Essential Public Health Services, as they relate to environmental health, being provided to our community?**

The assessment findings identified the strengths and weaknesses of the local environmental public health system as presented below.

Strengths:
- Valuable resources, such as trained staff, skilled leadership, laboratory resources, equipment availability, and area resources outside the governmental structure.
- Strong network of community stakeholders and technical resources to address specific environmental health concerns, such as drinking water, vector borne disease, and food safety.
- Robust planning processes and emergency preparedness response plans.

Weaknesses:
- Lack of a comprehensive data collection and management system.
- Inability to identify segments of the population that might be disproportionally affected by environmental health hazards.
- The need for building, broadening, and enriching partnerships.
- Lack of an effective framework for improving environmental health conditions at the community level.
- The need for a formal standardized process for reviewing program effectiveness that includes community input.
- Lack of a plan for mentoring individuals and succession planning to address changing workforce demographics.

To read the full Local Environmental Public Health System Assessment, visit http://www.fairfaxcounty.gov/hd/eh/ehpdf/eh-local-assessment.pdf.

Policy, Systems, and Environmental Scan

The Policy, Systems, and Environmental Scan reviewed the policies, systems, and environments that influence the health of the community; this assessment is a requirement of the CDC's Community Transformation Grant. After two training sessions in the summer of 2012, the scan was conducted from September 2012 through January 2013. The scan was completed by community volunteers, during a limited period of time, for a selected sample of organizations. As such, the results represent a subjective perspective of the Fairfax community and are not considered to be comprehensive. The scan addressed the following questions related to the strategic issues identified during the MAPP process:

1. **What is the status of policy development as it relates to each strategic issue?**
2. **Does the environment support policy implementation as it relates to each strategic issue?**

The Partnership adapted the CDC's *Community Health Assessment aNd Group Evaluation (CHANGE) Action Guide* to conduct the scan for the Fairfax community. Working in Strategic Issue Teams, members rated the status of the policy, systems, and environmental strategies in the community to address health issues. The scan assessed 56 organizations and community settings in the Fairfax community across five sectors: community-at-large, community institutions and organizations, worksites, health care, and schools. Based on the findings, the Partnership identified needs and assets related to policy, systems, and environments that could improve the community's health. They identified 199 opportunities for change across the strategic issue areas.

To read the full Policy, Systems, and Environmental Scan, visit
http://www.fairfaxcounty.gov/livehealthy/pdfs/pse-scan-report.pdf.

Additional Resources

Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System
http://www.cdc.gov/brfss/annual_data/annual_2011.htm

Centers for Disease Control and Prevention 10 Essential Public Health Services
http://www.cdc.gov/nphpsp/essentialservices.html

Community Transformation Grant
http://www.cdc.gov/communitytransformation

Culturally and Linguistically Appropriate Services (CLAS) Standards
https://www.thinkculturalhealth.hhs.gov/Content/clas.asp

Department of Health and Human Services Community Preventive Services Task Force
http://www.thecommunityguide.org/healthequity/healthcare/ccc.html

Fairfax County Youth Survey (2011-2012 School Year)
http://www.fairfaxcounty.gov/demogrph/youthpdf.htm

Healthy People 2020
http://www.healthypeople.gov

Institute of Medicine – Accelerating Progress in Obesity Prevention
http://www.iom.edu/Activities/Nutrition/ObesityPrevProgress.aspx

Live Healthy Fairfax
http://www.fairfaxcounty.gov/livehealthy/

Local Environmental Public Health System Assessment
http://www.fairfaxcounty.gov/hd/eh/ehpdf/eh-local-assessment.pdf

MAPP Assessments
 – Local Public Health System Assessment
 – Forces of Change Assessment
 – Community Themes and Strengths Assessment
 – Community Health Status Assessment
http://www.fairfaxcounty.gov/livehealthy/mapp.htm

Mobilizing for Action through Planning and Partnerships (MAPP)
http://www.naccho.org/topics/infrastructure/mapp/index.cfm

National Association of County and City Health Officials
http://naccho.org/

National Prevention Strategy
www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf

National Strategy for Suicide Prevention
http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/

Policy, Systems, and Environmental Scan Assessment
http://www.fairfaxcounty.gov/livehealthy/pdfs/pse-scan-report.pdf

The Virginia Atlas for Community Health
http://atlasva.com/

Virginia Department of Health
http://www.vdh.virginia.gov/HealthStats/links.htm

Acronyms

CDC	Centers for Disease Control and Prevention
CDSMP	Chronic Disease Self-Management Programs
CHANGE	Community Health Assessment aNd Group Evaluation
CLAS	Culturally and Linguistically Appropriate Services
CTG	Community Transformation Grant
HHS	U.S. Department of Health and Human Services
HiAP	Health in All Policies
MAPP	Mobilizing for Action through Planning and Partnerships
NACCHO	National Association of County and City Health Officials

LiveHealthy FAIRFAX

Transforming our communities together

Partnership for a Healthier Fairfax

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