FAIRFAX COUNTY HEALTH DEPARTMENT

Community Partner Assessment

The organizations and agencies (referred to as community partners) who serve the Fairfax community are an essential component in improving community health. The health issues facing the Fairfax community require collaboration among the community partners to achieve the greatest impact for its residents. Utilizing the Mobilizing for Action and Planning and Partnerships (MAPP) framework[1], the Fairfax County Health Department (Health Department) conducted the Community Partner Assessment (CPA), one of the three MAPP assessments.

The CPA process helps gather information about community partners who are working to improve the health and well-being in the Fairfax community. The Health Department had several objectives for the CPA, which include:

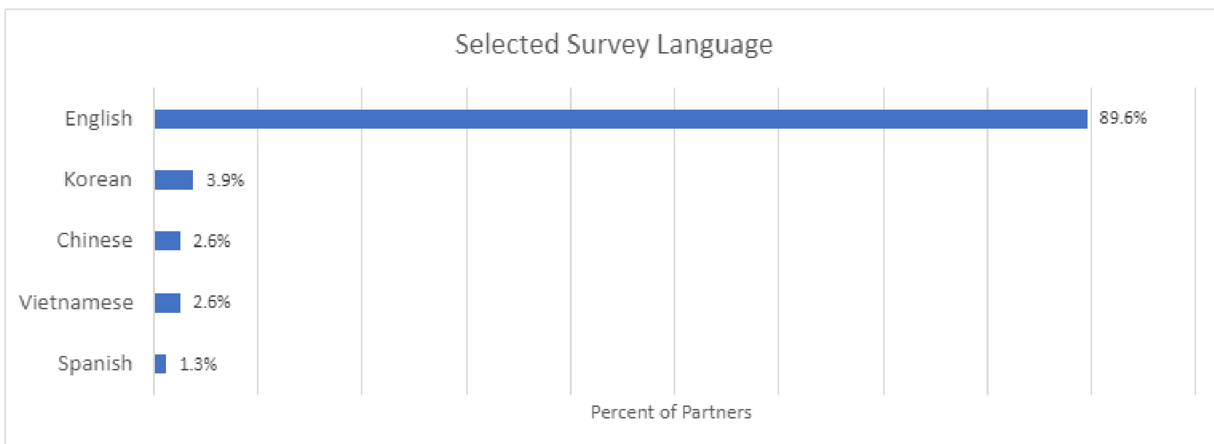
- learning more about the community partners working in the Fairfax community – whom they serve and what health topics they focus on.
- identifying the strengths of community partners.
- understanding how community partners contribute to addressing the social determinants of health[2].
- learning how community partners align with the 10 Essential Public Health Services[3]; and
- identifying if and how community partners are involved with the Partnership for a Healthier Fairfax (PFHF) and their interests in being part of a community health improvement process.

Method

Due to the sheer number of community partners working in the Fairfax community, the Community Partner survey, provided in MAPP's CPA, was the primary assessment tool used to gather information. The Health Department was intentional in only asking for information that informs the CPA and is useful in the community improvement process. Therefore, the Community Partner survey was shortened and adapted to fit local needs.

During the weeks of August 28, 2023 through September 8, 2023, the CPA survey link was emailed from the Live Healthy Fairfax email address to 1200 individuals representing over 500 organizations and agencies who are partners of the Health Department or involved with one of the PFHF Teams. Follow up emails were sent by the Health Department to encourage participation in the survey the week of September 11, 2023.

The Community Partner survey was translated into Spanish, Chinese, Korean, Vietnamese, Arabic, Farsi, and Urdu. Most respondents completed the survey in English; however, the Korean, Chinese, Vietnamese, and Spanish survey translations were also utilized.



Limitations

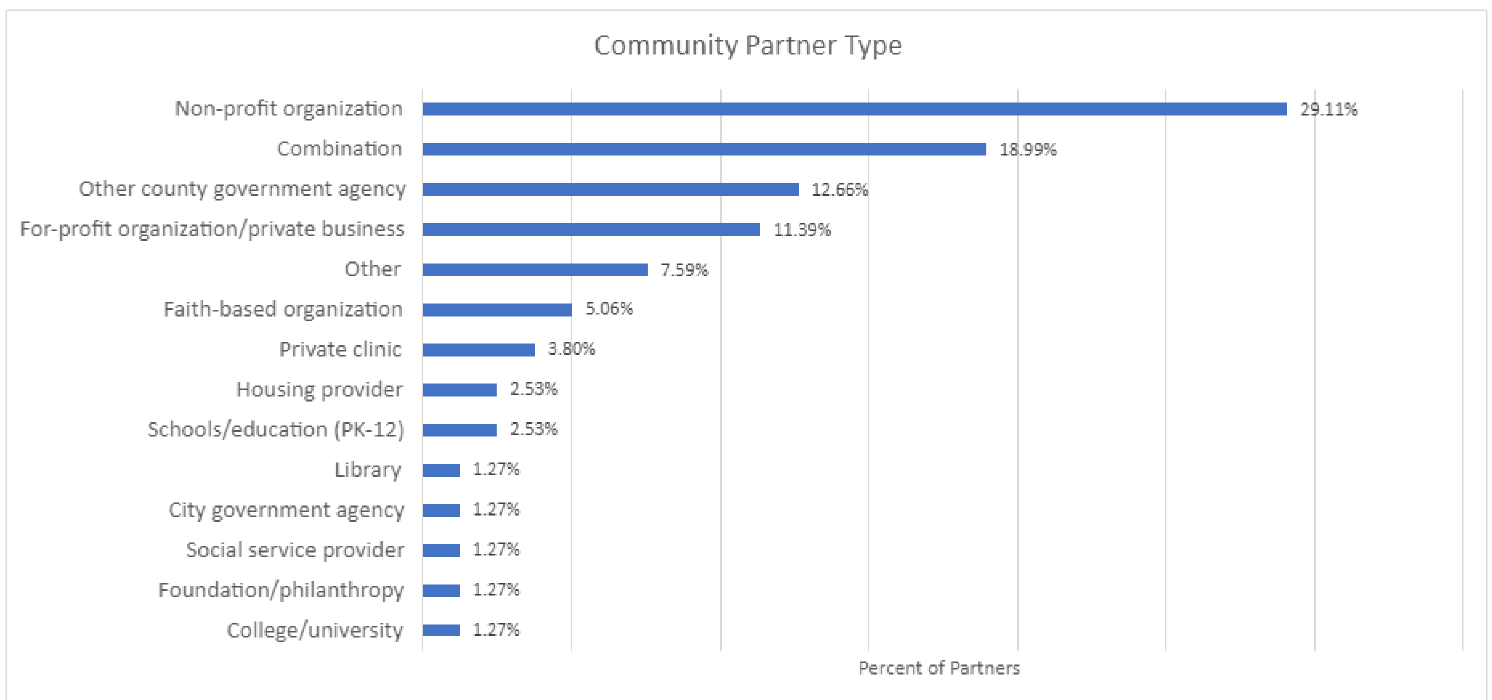
The Community Partner survey is a convenience sample, meaning it relied on community partners that had a relationship with either the Health Department or the PFHF to complete the survey, and has a limited sample size. Therefore, the findings from the Community Partner survey are not representative of all community partners in Fairfax and reflect only the community partners who completed the survey.

Community Partner Survey Results

A total of 94 individuals from community partners completed the survey. However, there were some survey respondents from the same organization or agency and those survey responses were combined. Accordingly, there were 79 unique community partners represented in the survey results.

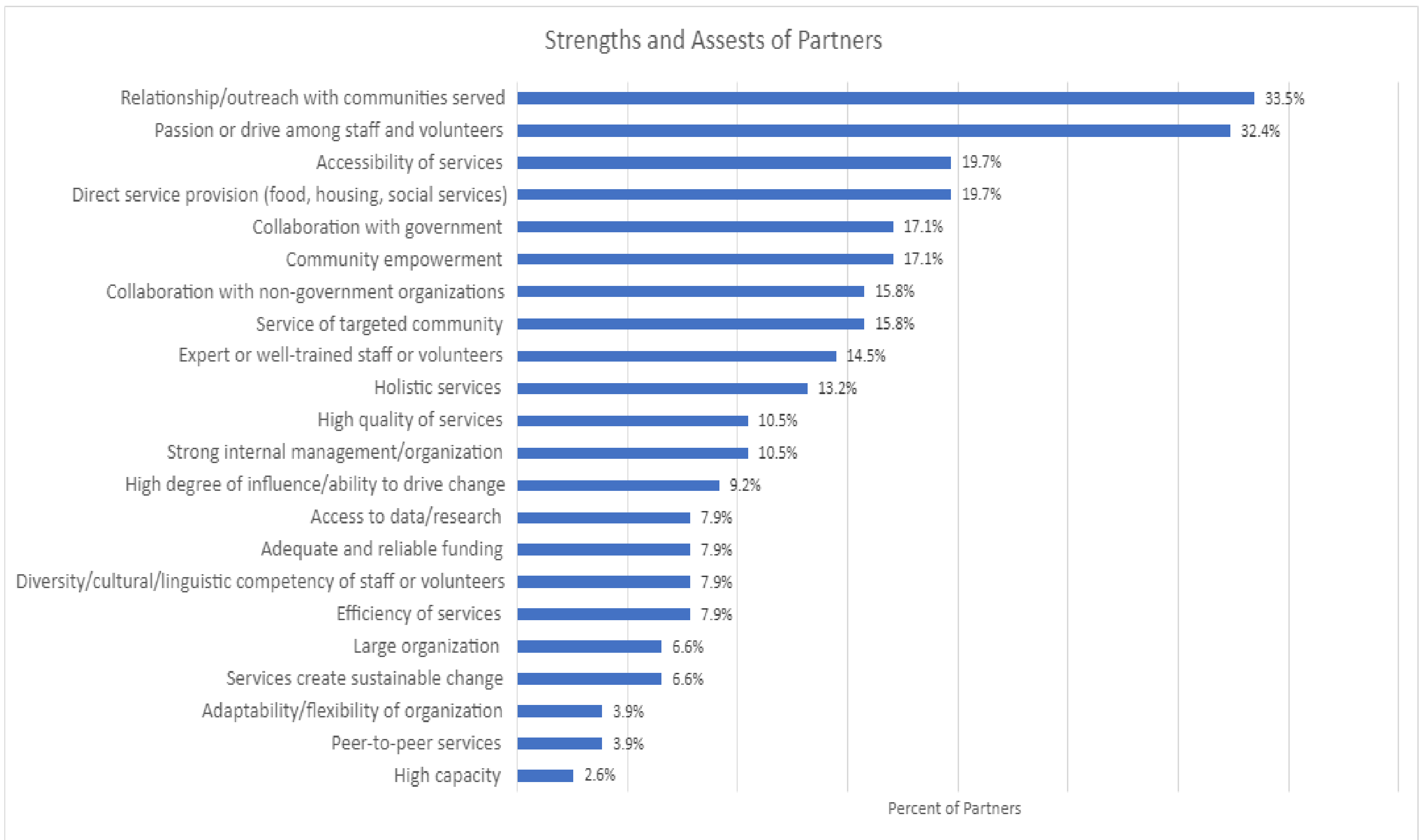
Type of Community Partner

A breakdown of the type of organization or agency for the 79 community partners who completed the survey is below. There was a wide variety represented with nonprofits being the largest survey respondents. The combination selection, which is the second most responses, were largely non-profit organizations with a specific focus such as faith-based, social service provider, and grassroots community organizing. "Other" responses, which account for 7.59%, include emergency response, restaurants, sorority-fraternal organizations, and health related organizations.



Community Partner Strengths and Assets

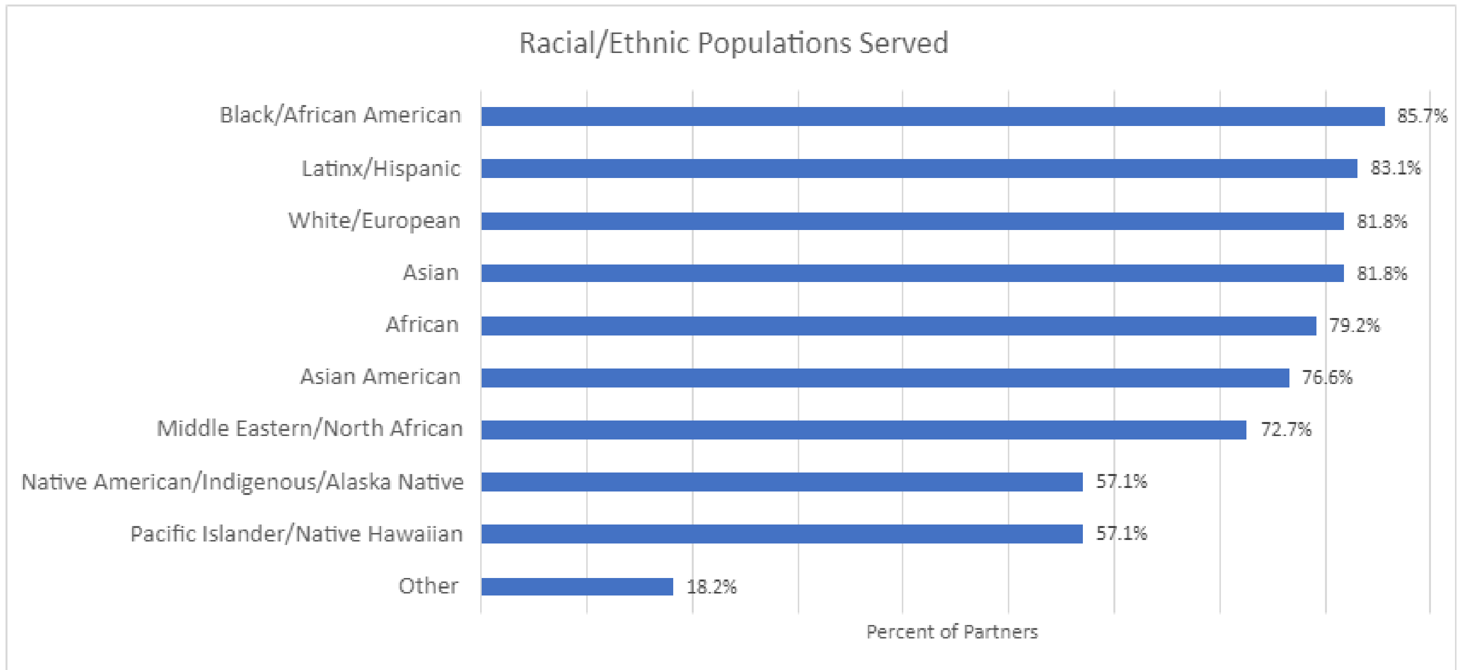
Community Partners were asked to identify their top-three strengths and assets or, in other words, identify what makes their organization or agency great. The responses varied; however, common themes emerged. Relationships and outreach with the communities served and passion or drive among staff and volunteers were the most reported strengths from community partners, followed by accessibility of services and direct service provision (food, housing, social services).



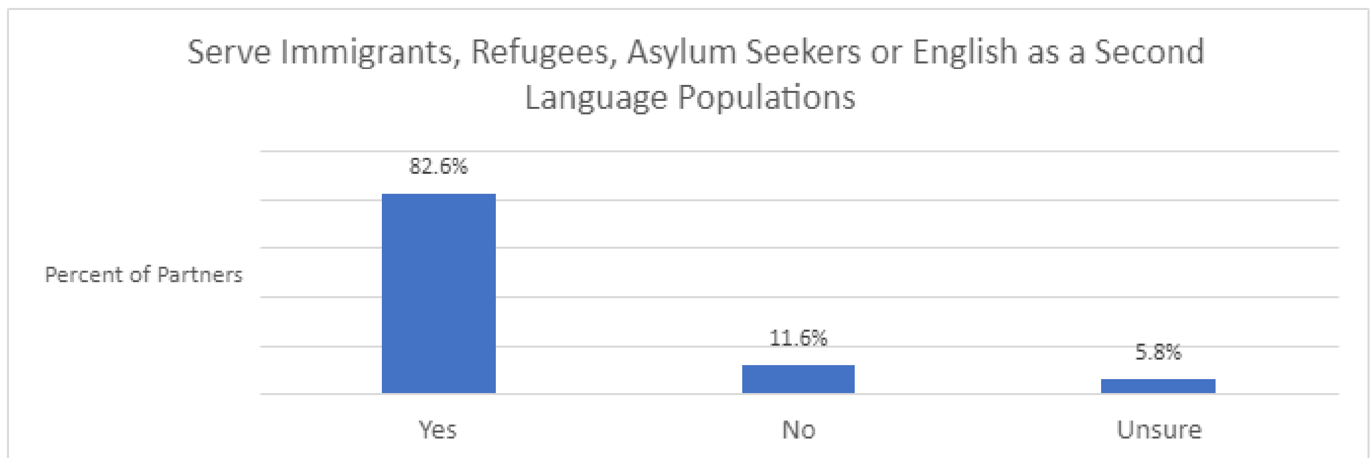
Demographics and Characteristics of Clients/Members Served/Engaged

The survey asked community partners whom they served or engaged with in the Fairfax community. The community partners had a variety of answers though most served or engaged with many populations in the Fairfax community.

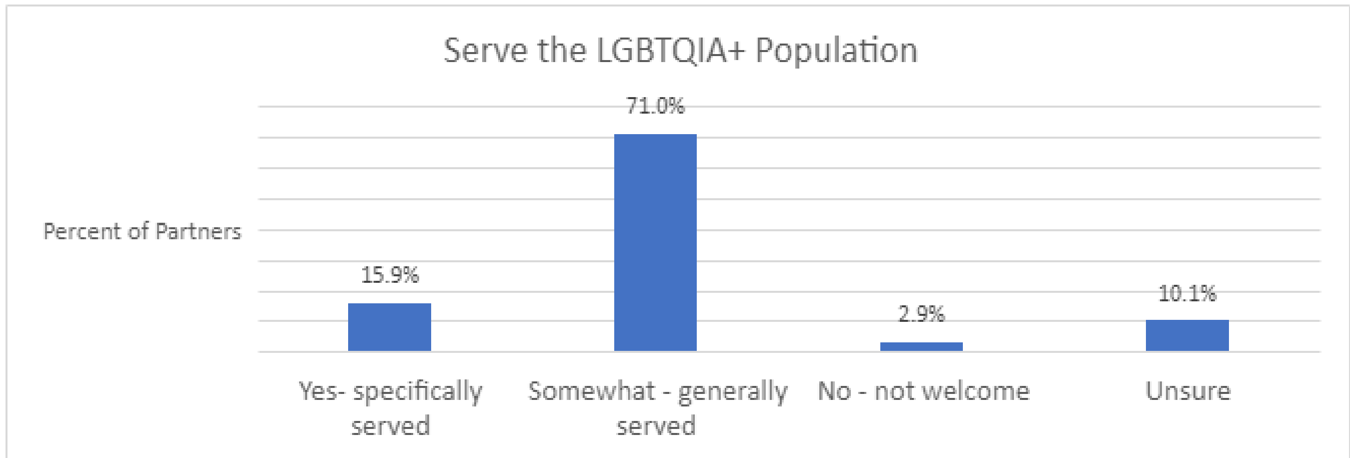
Community partners were asked what racial/ethnic populations their organization or agency works with, and most of the community partners work with a wide range of populations. Some community partners marked the "Other" category as meaning they served all the populations listed.



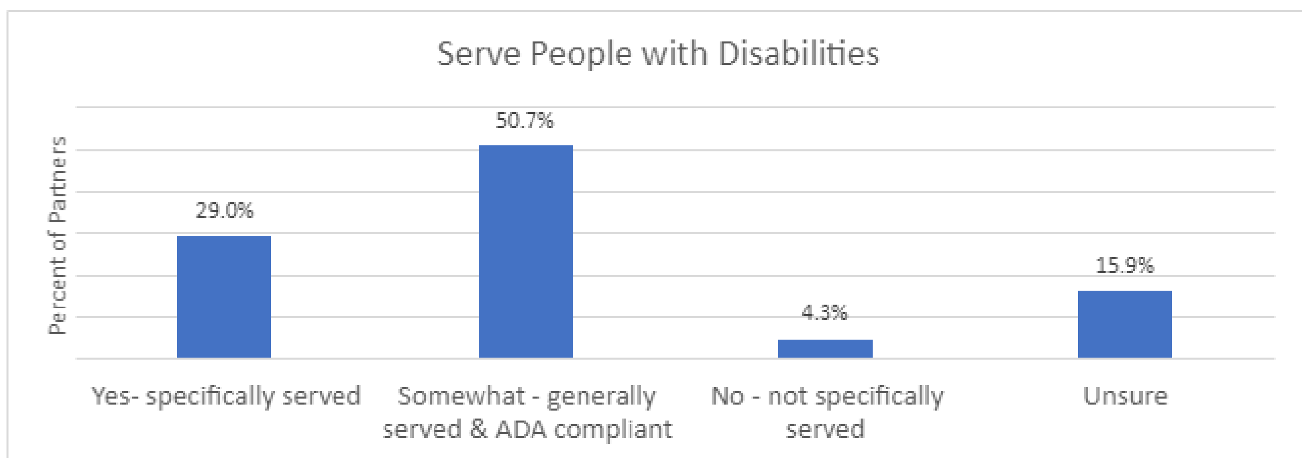
Most community partners responded that they work with immigrants, refugees, asylum seekers, and other populations who speak English as a second language.



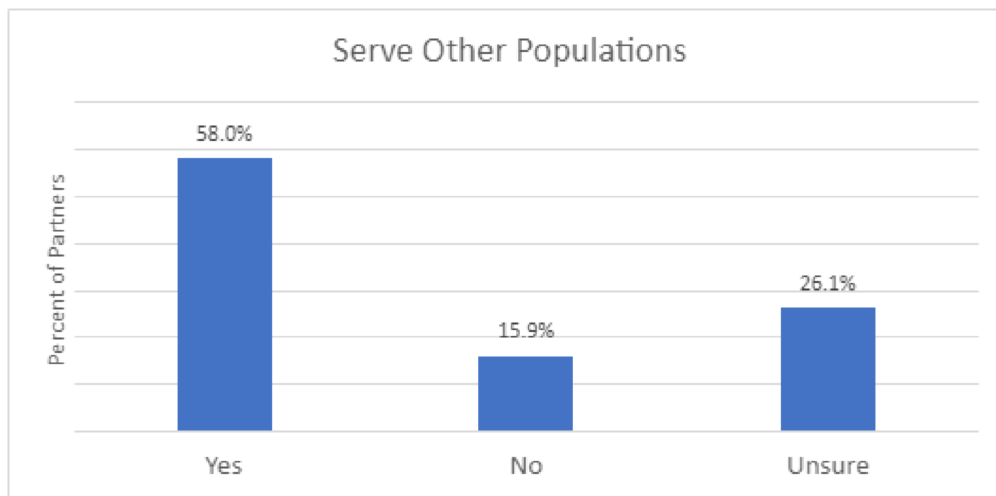
Almost 16% of community partners responded that they specifically offer services for transgender, nonbinary, and other members of the LGBTQIA+ community and the large majority responded they provide general services that LGBTQIA+ people could use. Almost 3% of community partners responded that the LGBTIA+ population is not welcome.



Twenty-nine percent of community partners reported specifically providing services for people with disabilities and half of the community partners are wheelchair accessible and compliant with the American Disabilities Act but are not specifically designed to serve people with disabilities.



Community partners were asked if there were other populations served that were not mentioned in the previous questions. Fifty-eight percent of community partners responded that they serve other populations.



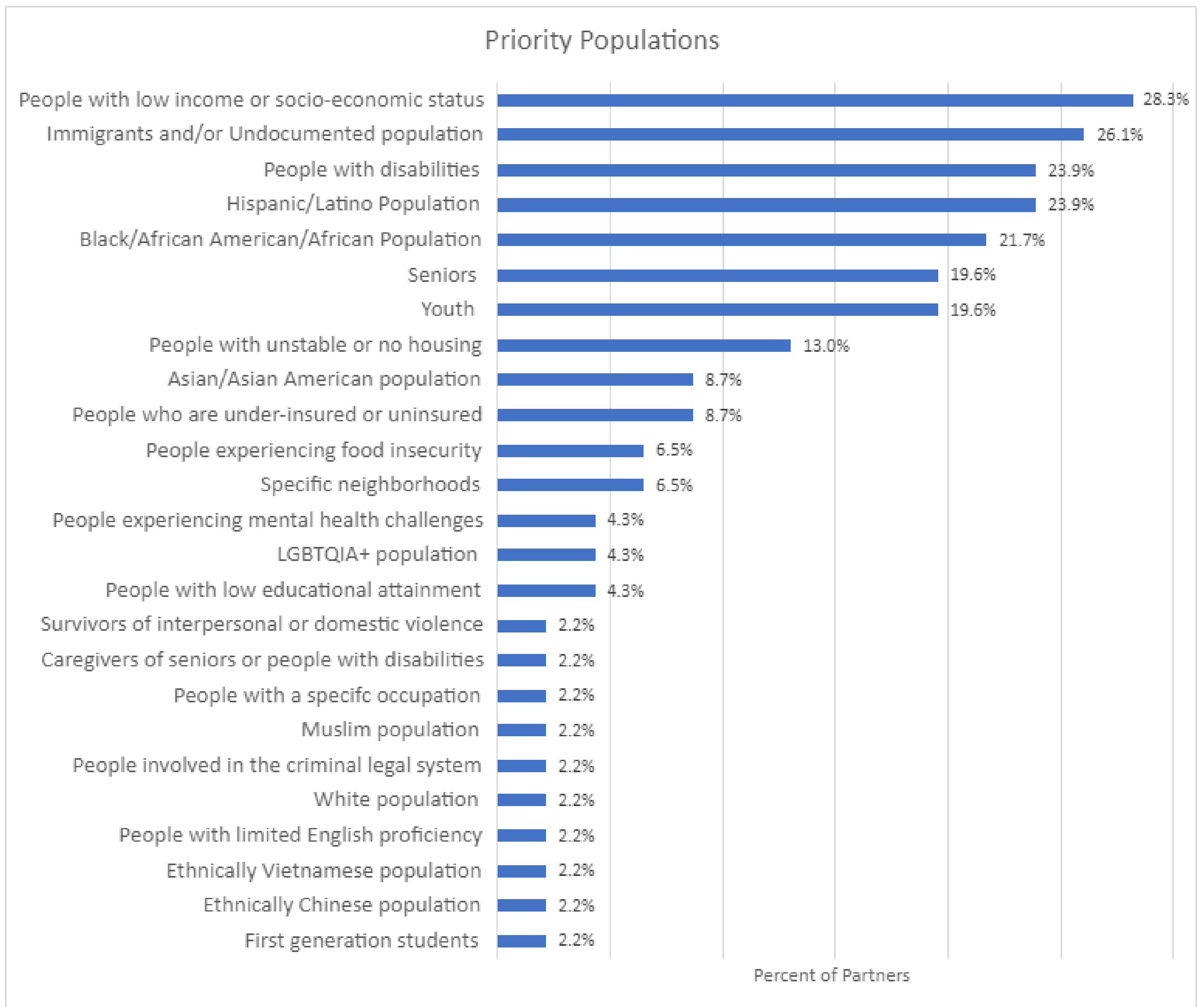
Looking more closely at the other populations served, although there was a previous question asking if community partners serve or engage with immigrants, refugees, asylum seekers, and other populations who speak English as a Second Language, the top response in the “other” category was working with immigrants and/or undocumented people. Working with people with low income or socio-economic status, people with unstable or no housing, seniors, and youth were other populations that community partners engage with or serve.

Other Populations Served

Population	Percent of Partners
Immigrants and/or Undocumented population	45.5%
People with low income or socio-economic status	42.4%
People with unstable or no housing	36.4%
Seniors	30.3%
Youth	30.3%
Specific neighborhoods	21.2%
People with low educational attainment	21.2%
People involved in the criminal legal system	18.2%
People experiencing mental health challenges	12.1%
People experiencing food insecurity	9.1%
People of a specific nationality	9.1%
People with a specifc occupation	9.1%
People who are under-insured or uninsured	9.1%
Survivors of interpersonal or domestic violence	6.1%
People with substance use disorders	3.0%
Women	3.0%
Caregivers of seniors or people with disabilities	3.0%
People of a specific faith or religion	3.0%
Rural populations	3.0%

Priority Populations

Community partners were asked to consider the types of groups mentioned in the previous questions and identify their organization or agency's priority populations. The top responses were people with low income or socio-economic status, immigrants and/or undocumented population, people with disabilities, and the Hispanic/Latino population.



Health Topics Worked on by Community Partner

Community Partners were asked which health topics they work on with the Fairfax community. A wide range of health topics were reported by survey respondents with the largest being mental or behavioral health, healthy food and nutrition, and immunizations and screenings.

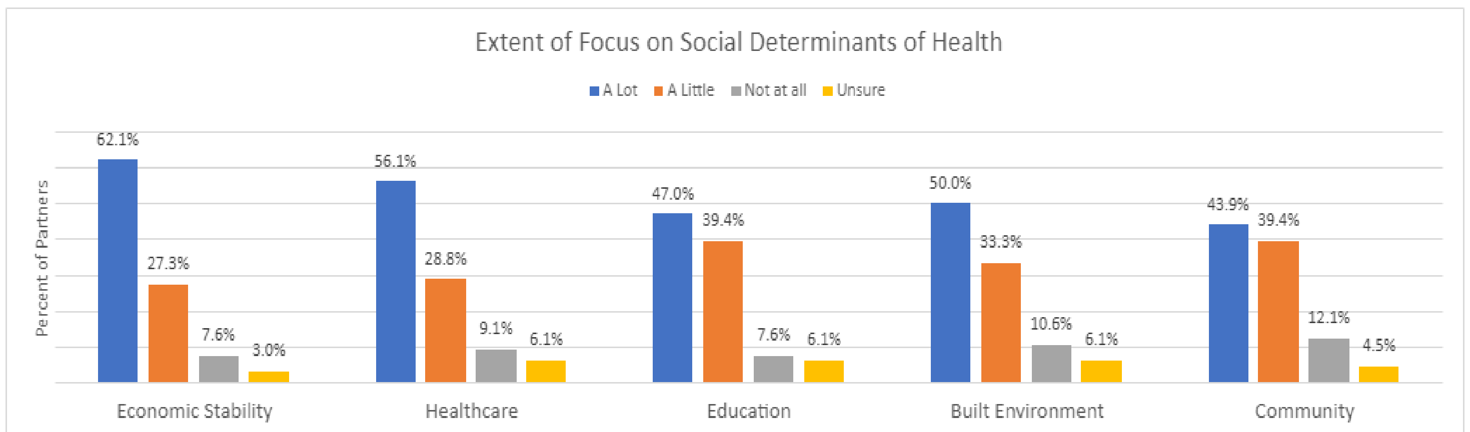
Social Determinants of Health Focused on by Community Partner

Healthy People 2030 defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks[1]. Social determinants of health are nonmedical factors that influence health outcomes.

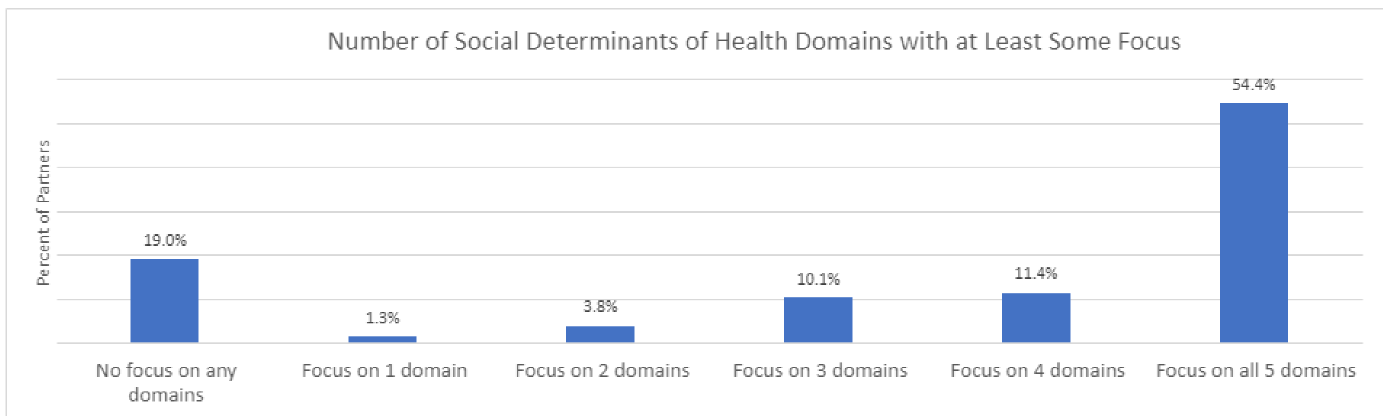
Community partners were asked how much they focused on the five domains of the social determinants of health listed below in their work with the Fairfax community.

- ***Economic Stability -*** The connection between people's financial resources—income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.
- ***Education Access and Services -*** The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.
- ***Healthcare Access and Quality -*** The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.
- ***Neighborhood and Built Environment -*** The connection between where a person lives—housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.
- ***Social and Community Context -*** The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.

The community partners overwhelmingly report focusing a lot or a little on the five domains in the social determinants of health, with economic stability being the largest focus.



Fifty-four percent of community partners focused on all 5 domains of the social determinants for health while other community partners focused on a few or none of the domains.



Community Partner Capacities Related to the 10 Essential Public Health Services

Community partners working to improve the well-being of individuals, families, and communities through improving housing, education, childcare, workforce development, or other conditions have an impact on the public's health. The 10 Essential Public Health Services describes the public health activities that all communities should undertake. It provides a framework for public health to protect and promote the health of all people in all communities.[3]

Community partners were asked to indicate whether their organization or agency regularly does the following 10 Essential Public Health Services[3] activities.

Assessment – The community partner conducts assessments of living and working conditions and community needs and assets.

Investigation of Hazards – The community partner investigates, diagnoses, and addresses health problems and hazards affecting the population.

Communication and Education – The community partner works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it.

Community Engagement and Partnerships – The community partner works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.

Policies, Plans, and Laws – The community partner works to create, champion, and apply policies, plans, and laws that impact health and well-being.

Legal and Regulatory Authority – The community partner has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.

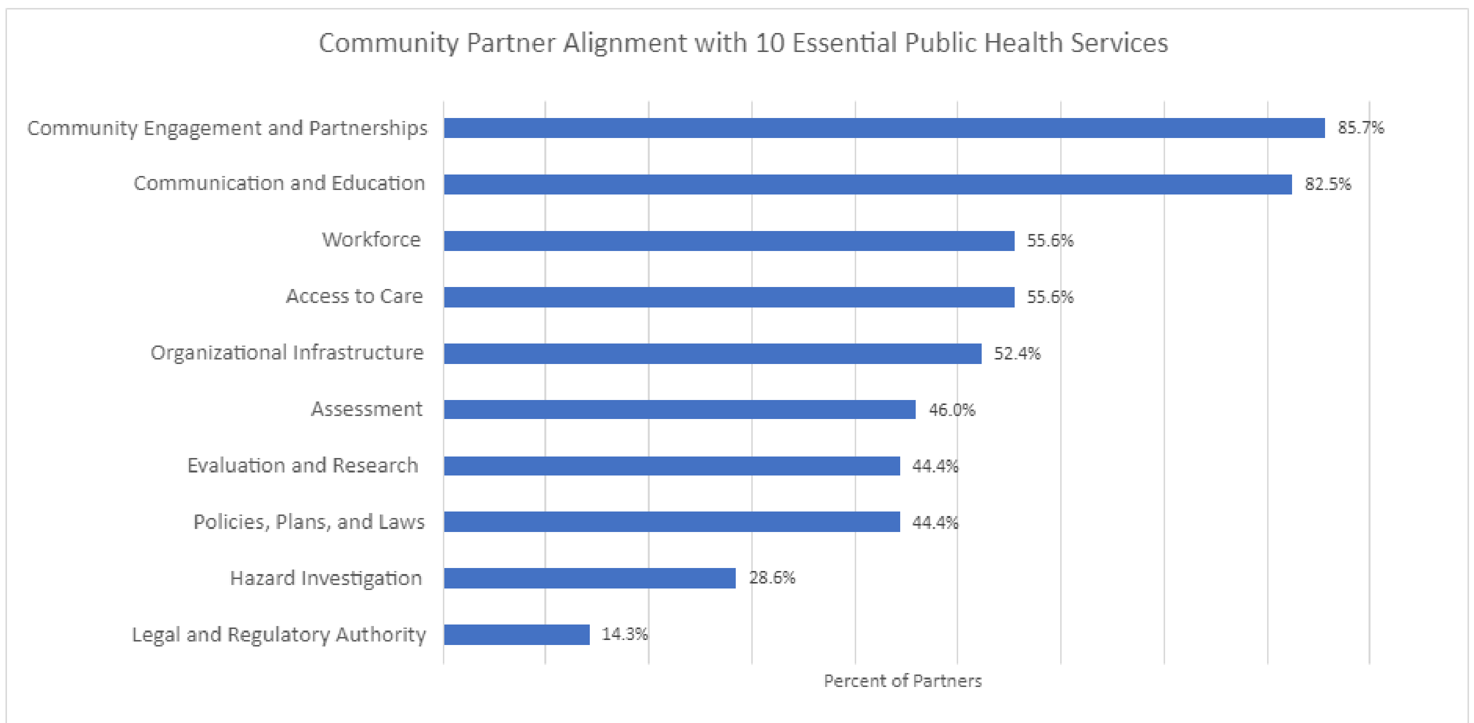
Access to Care – The community partner provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.

Workforce – The community partner supports workforce development and can help build and support a diverse, skilled workforce.

Evaluation and Research – The community partner conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.

Organizational Infrastructure – The community partner is helping to build and maintain a strong organizational infrastructure for health and well-being.

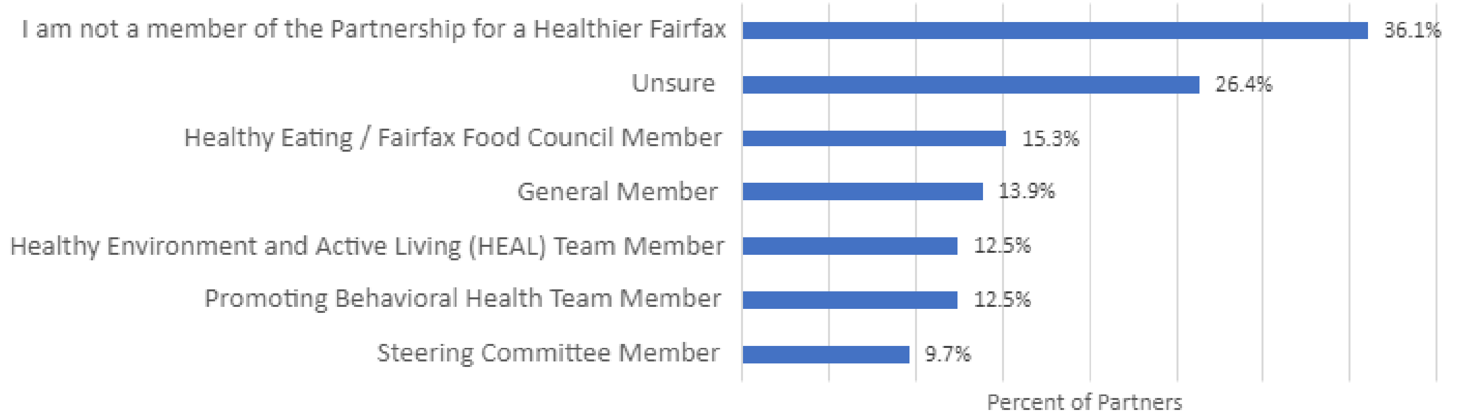
The Community Partner survey results indicate that all 10 Essential Public Health Services[3] are being regularly conducted by the community partners with varying levels. Community Engagement and Partnerships and Communication and Education were the top two activities reported by community partners.



Involvement with the Partnership for a Healthier Fairfax

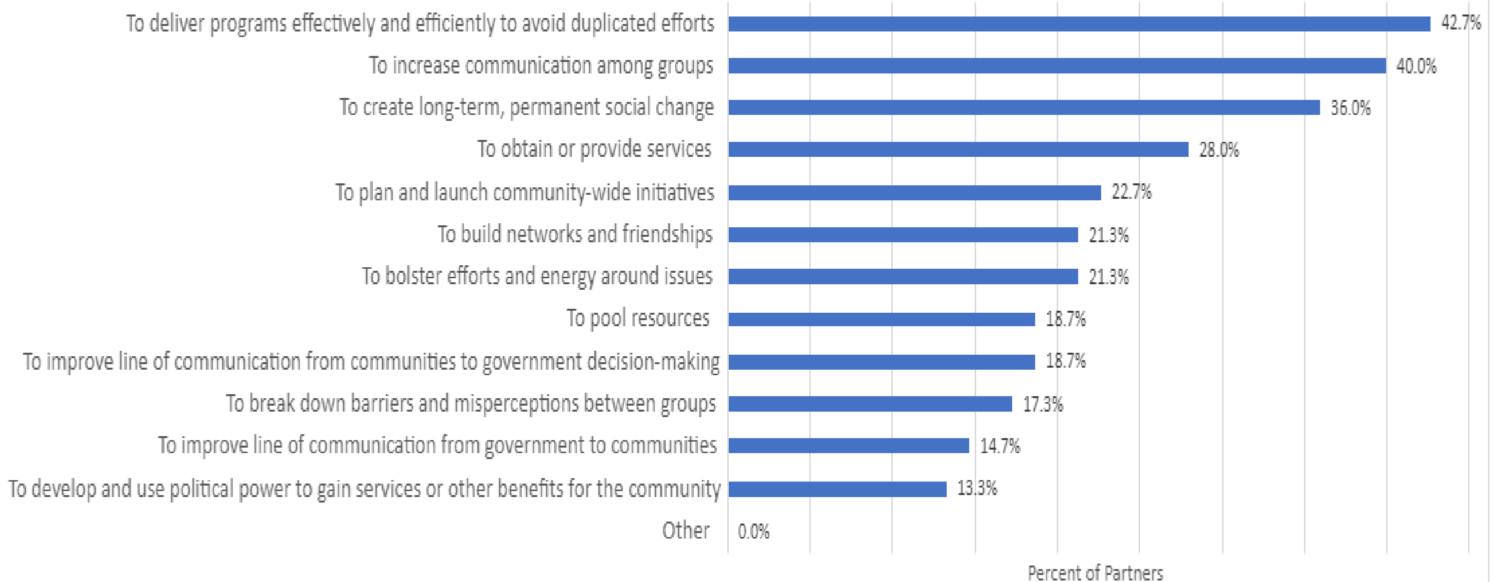
The Partnership for a Healthier Fairfax (PFHF) is a coalition of community members and organizations that are working together to explore new approaches for addressing critical public health issues. The PFHF is led by a Steering Committee and is guided by the 2019-2023 Community Health Improvement Plan (CHIP)[4] which identifies three priority health issues: Behavioral Health, Healthy Eating, and Healthy Environment and Active Living (HEAL). General members are community partners who receive the PFHF newsletter and other communications from PFHF. PFHF will help guide the next phase of the MAPP process: identifying priority health issues and developing the next CHIP to address those priority areas.

Community partners were asked if and how they were involved with PFHF. Most respondents were not members of PFHF or were unsure if they were members of PFHF. Respondents from the PFHF Teams had similar rates, between 12.7% and 15.5%.



Interest in Joining a Community Health Improvement Partnership

Community partners were asked what their top-three interests are in joining a community health improvement partnership. The responses varied among the community partners though the top responses indicated that community partners want to deliver programs effectively and efficiently to avoid duplicated efforts, to increase communication among groups, and to create long-term, permanent social change.



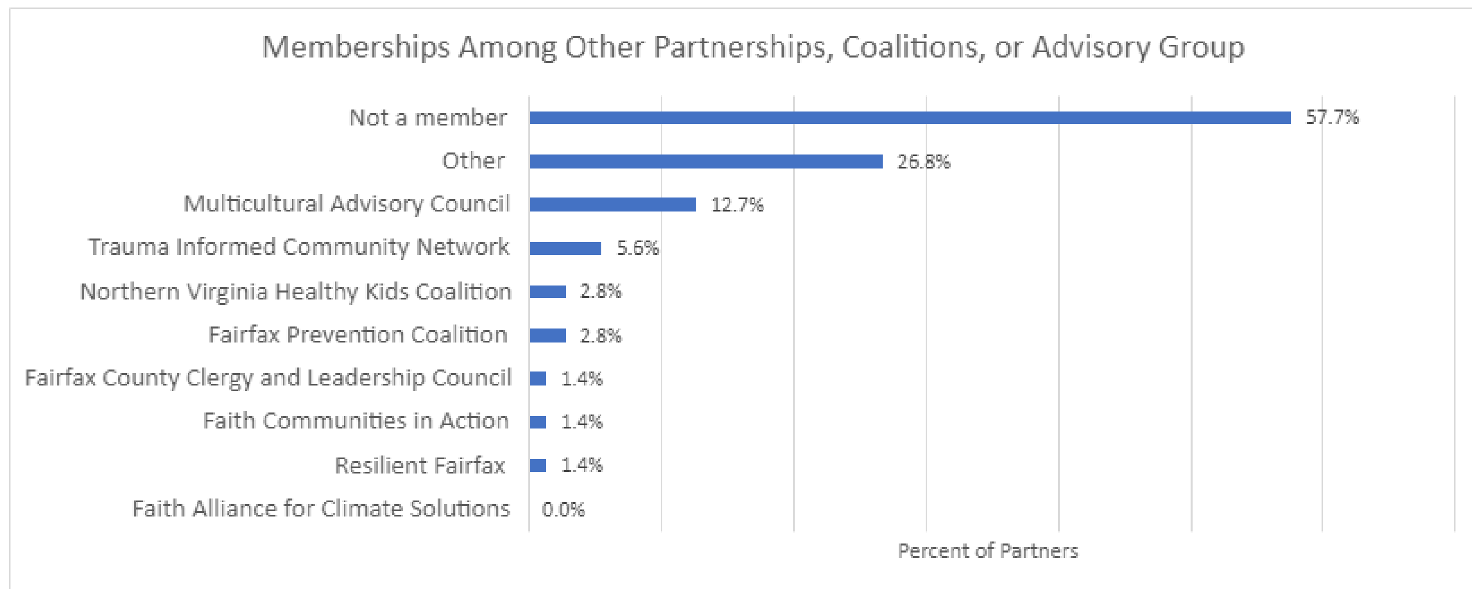
Additional information on how PFHF can collaborate with community partners was received during the Community Context Assessment. Community leaders recommended that PFHF:

- *Listen to them.* Community leaders know their communities and have their trust. PFHF can look at their mission, core values, and success stories, as well as sit down with them to discuss how they might work together. Furthermore, these leaders can serve as a conduit of information from experiences on the front lines.
- *Sharing information.* Leaders asked that PFHF help them maintain situational awareness of what is happening within the county. Leaders can help disseminate information to the various communities, including those that are traditionally hard to reach. Additionally, cultural organizations can serve as language interpreters and cultural brokers to improve access to resources for their members who do not speak the language or understand how to navigate systems in the United States.
- *Strengthen their efforts to serve their communities.* One example given was partnering with cultural organizations to develop culturally appropriate crisis and disaster preparedness plans, which ensure the community's cultural and language needs are met. Other examples were facilitating access to free vaccinations for low-income residents or advocating for policy change at local, state, and national levels that benefit their communities through expanded access to resources.

Member of Another Partnership, Coalition, or Advisory Group

Recognizing that there are several coalitions and advisory groups working on health-related issues in the Fairfax community and that collaboration among the partners strengthens the ability to address health issues facing the community, the survey asked the community partners if they were members of another partnership, coalition, or advisory group.

Most survey respondents were not members of other partnerships, coalitions, or advisory groups or belonged to other groups not listed.



The “Other” responses included:

- Alliance for Human Services
- Bailey’s Crossroads/Culmore Place Based Initiative
- Capital Trails Coalition
- Community Provider Strategy Team
- Cornerstones Partnership for Hope
- Council to End Domestic Violence
- Fairfax City Commission on Women
- Fairfax City Village
- Fairfax Healthy Communities
- Fairfax/Falls Church Partnership to End Homelessness
- Healthy Together Fairfax
- ImmunizeVA
- Long Term Care Coordinating Council
- MetroNow
- Mount Vernon Region Action Committee
- Northern Virginia Coalition
- Northern Virginia Area Health Education Center
- Northern Virginia Health Services Coalition
- South County Task Force
- Stronger 2 Partnership
- Successful Children and Youth Policy Team
- Suicide Prevention Alliance of Northern Virginia
- Ventures In Community
- Virginia Nonprofit Leadership Council
- Volunteer Career Works

Additional Comments

Community partners were asked if they had any comments or suggestions on how to improve community health together. Some of the responses include:

- Information and access of resources to the undocumented population.
- More ways to connect community members and organizations who have policy implementation suggestions/input with government agency staff who can help incorporate ideas into their plans.
- Lack of knowledge in community about the health care safety net either due to not participating in community events or not having sufficient literacy to understand how to access services. Simple information continues to be critical.
- Provide health literacy information through classes and community engagement.
- Continue to uncover any gaps in care and resources.
- Provide essential items for daily living. Food pantries provide healthy food, family emergency (finance) helps prevent evictions, and the furniture program helps make an empty apartment livable.

Overall Findings of the Community Partner Survey

While the findings from the Community Partner survey are not representative of all community partners in the Fairfax community and reflect only the community partners who completed the survey, several themes emerged. There were many different types of community partners represented, with non-profit organizations being the largest survey respondents.

Overall, the community partners reported serving or engaging with many different populations in the Fairfax community. However, many community partners provide general services that all populations can use, but do not specifically serve all populations such as people with disabilities and the LGBTQIA+ population. Community Partners reported working on a wide range of health topics with the largest being mental or behavioral health, healthy food and nutrition, and immunizations and screenings.

Community partners reported many strengths for their agency or organization and common themes appeared. Relationships and outreach with the communities served and passion or drive among staff and volunteers were the most reported strengths from community partners, followed by accessibility of services and direct service provision (food, housing, social services). All responses from community partners demonstrate the wide range of assets available in the Fairfax community.

Community partners reported focusing on the five domains of the social determinants of health, with economic stability being the largest focus. Over half of the community partners reported focusing on all five domains of the social determinants of health while 19% do not focus on any of the domains. The Community Partner survey results indicate that all 10 Essential Public Health Services are being regularly conducted by the community partners to some degree. Community Engagement and Partnerships and Communication and Education were the top two Essential Public Health Services activities reported by community partners.

Over half of the survey respondents were not involved or unsure if they were involved with the Partnership for a Healthier Fairfax (PFHF). The top responses for joining a community health improvement partnership indicated that community partners want to deliver programs effectively and efficiently to avoid duplicated efforts, to increase communication among groups, and to create long-term, permanent social change. Lastly, over half of the survey respondents were not a member of other partnerships, coalitions, or advisory groups.

Next Steps

The Community Partner survey findings will be utilized during the next phase of the MAPP[1] process. All community partners invited to participate in the Community Partner survey will receive a follow up email with the Community Health Assessment (CHA) report and invitation to participate in Community Health Improvement Plan (CHIP) development in 2024. When priority health areas are identified, the Community Partner survey can help with identifying organizations and agencies that have perspective and expertise in that health area or population to create action strategies. If there are gaps in perspective and expertise, identifying community partners who did not complete the Community Partner survey to invite to the CHIP development.

Additional outreach will be conducted to invite the community partners who are not involved or unsure if they are involved with PFHF to join. Collaboration among community partners is key to improving the health and well-being of the Fairfax community. The information provided by community partners on their top interests in joining a community health improvement partnership will be shared with PFHF for planning purposes. The Health Department will seek out other partnerships and advisory councils to join based on the list provided to determine if there is an opportunity to collaborate and participate with already established groups.

During the next MAPP phase – identifying the health priorities and developing the CHIP - and beyond, it is critical to create inclusive environments where all people are welcome. Additionally, including communities where the CHA shows are experiencing disparities will be essential in developing authentic and actionable strategies to address those

disparities. Reaching, empowering, and listening to the people experiencing or at the highest risk of experiencing health disparities can improve health for all in the Fairfax community.

Education around how community partners impact the social determinants of health and align with the 10 Essential Public Health Services can be incorporated into CHIP development. The Health Department can develop presentations to further understanding of how community partners contribute to improving the health of the community.

Acronyms

- CCA – Community Context Assessment
- CHA – Community Health Assessment
- CHNA – Community Health Needs Assessment
- CPA – Community Partner Assessment
- CSA – Community Status Assessment
- CHIP – Community Health Improvement Plan
- HEAL - Healthy Environment and Active Living
- MAPP – Mobilizing for Action through Planning and Partnerships
- NACCHO – National Association of County and City Health Officials
- PFHF – Partnership for a Healthier Fairfax

References

1. National Association of County and City Health Officials. (2023). *Mobilizing for Action through Planning and Partnerships (MAPP)*. Retrieved from https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp
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