HEALTH CARE ADVISORY BOARD

Meeting Summary
January 13, 2014

MEMBERS PRESENT
Marlene Blum, Chairman
Rose Chu, Vice Chairman
Bill Finerfrock, Vice Chairman
Dr. Michael Trahos, DO
Dr. Tim Yarboro
Dave West
Francine Jupiter
Rosanne Rodilosso

STAFF
Sherryn Craig

GUESTS
Michael Forehand, Inova Health System
Gloria Addo-Ayensu, MD, MPH, Health Department
Rosalyn Foroobar, Health Department
Marie Custode, Health Department
Shauna Severo, Health Department
Bob Eiffert, Health Department
Robin Wilson, Health Department
Barbara Antley, Department of Family Services (DFS)

Call to Order
The meeting was called to order by Marlene Blum at 7:34 p.m.

December Meeting Summary
The minutes were approved as submitted.

Resolution Honoring Judith Beattie
After the HCAB's December meeting, Judith Beattie notified the Health Department of her decision to resign from the HCAB, effective immediately. The Health Department has provided a copy of this letter to the Clerk's Office, and the seat will be posted as vacant until another candidate can be appointed. Marlene Blum read a resolution honoring Judith Beattie's service to the HCAB into the record. The resolution was approved unanimously.

Health Department Strategic Plan
Marie Custode, Strategic Planner, provided an overview of the agency's strategic plan process. About a year ago, the FCHD began to assemble a team of staff into a Strategic Planning Committee to work on revamping its strategic plan. Staff have identified some overarching goals and would like the HCAB's feedback as they flesh out the strategies they will employ to meet these goals.

To develop the strategic plan, the agency began to think about where it is, where it wanted to be, and how it was going to get there. That involved conducting an environmental scan to see what changes are going on that affect the Health Department and outlining its goals, strategies, and action plans to be carried out over the next five years.

A strategic plan will help the Health Department to identify its priorities in addressing the changing landscape of public health and guide the organization to make a greater difference for its clients and customers.

The County's population is growing in number, in age, and becoming increasingly diverse. Tight fiscal times and tense political environments demand that the agency demonstrate the value of the services it provides. Healthcare reform and the trend toward population-based health initiatives requires that the Health Department rethink how it provides services.

To that end, Ms. Custode underscored the importance of identifying and addressing changing customer needs while having a common purpose and working together towards desired outcomes, both internally and with external partners to maximize efforts. She stated that a strategic plan would articulate the agency's priorities to its customers and the community-at-large and show the positive impact the Health Department is having on the community in addition to preparing the agency for the challenges that lie ahead.

Ms. Custode reviewed the Strategic Plan timeline, which began last year. In Phase 1, an assessment was conducted between November 2012 and April 2013. The assessment included an environmental scan to understand the current context in which the Health Department operates and the future opportunities and challenges facing it. Phase 2 Plan Development began in May 2013 and continued throughout the fall. During this phase, staff developed goals, objectives, action steps, and measures for the strategic plan. Phase 3 Implementation will begin once the plan is completed early this year. The agency is developing a five year plan, with implementation to continue through 2019. Implementation consists of communicating the plan to staff and external stakeholders, monitoring progress on agency goals, and adjusting the plan as needed.

As the agency began its strategic planning process, the agency's vision, mission, and values were reaffirmed – all were considered relevant and served as guiding principles to the FCHD's work. One change that was made to the Health Department's mission statement is the addition of the words "for all in our community". This reflects national trends to include "all" or "everyone" in mission and vision statements and emphasizes the need to focus on health equity and selecting strategies that promote opportunities for health for everyone in our community.

During the assessment phase, staff identified six areas where they felt they needed to gather information to inform the agency's strategic plan:

- State, national, and legislative initiatives
- Trends, needs, and opportunities for change in the community
- Customer satisfaction with services
- Efficiency and effectiveness of processes
- Areas for learning and growth within the Health Department
- The economic climate and our internal financial picture

As a part of this information gathering, the Strategic Planning Team:

- Reviewed over 50 documents (including program reports, customer satisfaction surveys, community health assessments, as well as state and national level documents).
- Identified stakeholders who could inform the process and conducted a stakeholder survey. The survey was sent to over 400 partners to understand how they think the FCHD is doing in performing its core functions, their opinions on the major issues affecting the agency, and how it could address those issues.
- Held two retreats to engage staff in the assessment process. At the February 2013 Strategic Planning Retreat, the assessment phase findings were presented and a Strengths, Weaknesses, Opportunities, and Threats analysis was conducted.

Themes emerged from the assessment results, many reflecting the agency's core functions, and others reflecting a changing public health landscape. Although the details of the FCHD's strategic plan are still in development, it is evident that the agency needs to focus on strengthening its capacity to deliver the 10 Essential Public Health Services (EPHS) through population-based approaches.

The purpose of public health continues to be to:

- Prevent epidemics and the spread of disease
- Protect the public against environmental hazards
- Promote and encourage healthy behaviors
- Assure the quality and accessibility of health services
- Respond to disasters and assist communities in recovery

The Strategic Planning Committee integrated the assessment results into a strategy map. Currently, strategic planning workgroups are developing goals, objectives, action steps, and measures for the strategic plan. Staff have begun the process of stakeholder engagement, holding discussions with the Health Care Advisory Board, Multicultural Advisory Council, and Partnership for a Healthier Fairfax. Focus groups have also been convened to survey county partners, such as Fairfax County Public Schools, and non-county agencies, such as Inova. Focus groups are being used to

provide perspective on elements of the strategic plan that align with agency initiatives and to identify opportunities for future partnerships.

A strategy map is a single page document designed to summarize the high level strategic priorities of an organization based across four perspectives. It addresses the following questions:

- Community: What we are doing for our customers, the direct beneficiaries of the services we provide?

- Process: How we deliver services to maximize effectiveness and efficiency?

- Organizational Development and Training: What areas does our workforce and organization need to learn and grow to meet changing needs?

- Resources: What assets are required to achieve our desired outcomes?

Arrows indicate a cause and effect relationship and each of the white boxes reflect one of the goals, which currently total 13.

Ms. Custode concluded her presentation by asking for the HCAB's feedback on the goals outlined on the strategy map, specifically which ones resonate with the organization's initiatives; is there anything that the FCHD should not be doing; is there anything the HCAB sees that it thinks the FCHD should be focusing on; how the agency could change some goals from "average" to "amazing"; and how the FCHD could work with the HCAB to reach its shared goals?

Rosanne Rodilosso asked what the difference was between a stakeholder and a partner. Ms. Custode responded that stakeholders are organizations and individuals from a broad net that are not directly impacted by the FCHD's strategic plan. Partners are County and non-County organizations that the FCHD has a close, or even contractual relationship with, and are directly impacted by the FCHD's strategic plan.

Some HCAB members pointed out that the goals are abstract and it's difficult to understand the practical implications without further details.

It was noted that the plan is ambitious and to accomplish the goals outlined in the map, additional resources would be required or priorities would need to be established.

Ms. Custode said that the agency's strategic planning process was resource neutral. Once the strategies are outlined, the Health Department will look at which ones to start with, identifying short, medium, and long-term goals.

Bill Finerfrock wanted to know which activities the Health Department would no longer engage in as the department responded to changing needs and shifting landscapes. He noted that reallocating resources could be politically challenging given that there are many constituencies who have a vested interested in seeing the status quo continued.

Dr. Gloria talked about the agency's role in administering flu shots. Over the years, the number of flu vaccines has decreased to 3,000-4,000 people annually, and the agency is left with surplus vaccine. The Health Department may not be in the business of direct flu vaccine provision. Instead, it may focus on targeting young people (e.g., college-aged) and promoting community immunity. The Health Department will keep the HCAB in the loop regarding any programmatic changes in service provision and delivery.

Dr. Yarboro suggested that the Health Department focus not just on outgoing communication, but also incoming communications too. The Health Department should use technology and social media to engage the community and identify how certain groups want to communicate.

Ms. Blum supported the agency's efforts to enhance its data analysis, monitoring, and reporting capacity. She underscored the need to monitor community health indicators in order to assess the community's health status and evaluate the effectiveness of services and interventions.

Dr. Gloria agreed. The agency has learned that it lacks a significant epidemiologists' (epi) presence in its TB investigations and that more epi's are needed. The Health Department is hoping to design and build out this program once a medical epidemiologist is hired.

Inova Health System FY 2015 Schedule of Capital Improvements

Michael Forehand, Director of Advocacy and Community Outreach, updated the HCAB on Inova Health System's FY 2015 Schedule of Capital Improvements. Using the TURNER Building Cost Index, the project notification threshold has increased 2.5% because of increased private sector development and investment as well as material price increases and is valued at $2,028,248 in 2013 dollars.

Mr. Forehand began with an update on Inova's Fairfax Medical Campus.

Construction on the Women's & Children's Hospital, adjacent to the South Patient Tower, is currently ongoing and is budgeted at $431 million. Once it's completed, the 660,000 square foot, ten-story building will house 192 private rooms for women's services, 116 beds for pediatric services, a 108 bassinet NICU, eight operating rooms, six C-section rooms, and 33 labor and delivery rooms. One-third of the construction has been completed from the concrete base to the sixth floor. Concrete work will continue with structural framing throughout early 2014.

The renovation of the Existing Tower Building (ETB) to convert semiprivate patient rooms to private ones is currently underway with completion set for 2016. This multi-phase renovation will begin at the top of the structure with lower floor construction scheduled last. Floors 6-10 are currently under construction and are not occupied by patients. The ETB's mechanical, electrical, and plumbing infrastructure is also slated for replacement.

The Green Garage is budgeted at $35 million. The 1,250 space, eight-level free standing parking garage will service the new Women's and Children's hospital. General construction has begun with site excavation, clearance, and fencing. Project completion is scheduled for 2014.

Installation of a new, $4.5 million 3T MRI was completed, under budget, in spring 2013. An $8 million Cyberknife suite was completed two months ahead of schedule in fall 2013, replacing the hospital's old Tomography machine.

Six cath labs at Inova's Heart and Vascular Institute (IHVI) are scheduled for replacement. Labs will be replaced one at a time in order to minimize the impact on patients. Minor cosmetic updates, along with equipment replacement, are scheduled for completion by December 2014. The entire project is budgeted at $5 million.

Twelve million is budgeted for multiyear improvements to IFH's infrastructure, including elevators, boilers, and roof, are about 25 percent complete.

Inova Comprehensive Cancer and Research Institute (ICCRI) is estimated to cost $248 million. The site plan for Inova's seven-story free standing cancer center has been submitted to the County for approval and the selection process for contractors has begun.

Despite all the new roadwork, the hospital's address will remain 3300 Gallows Road.

With respect to the anticipated life expectancy for Inova's major construction projects (i.e., Women's and Chidlren's Hospital), Mr. Forehand did not have that information, but will follow up at the next meeting. Shell space has been allocated for some projects to allow for future build outs, but Mr. Forehand did not know the percentage.

Capital improvement projects at Inova's Mount Vernon Medical Campus include:

A new, $22 million, 35 bay Emergency Department (ED) is in the initial development stage. Located adjacent to the current ED, the project is expected to improve ED patient throughput and meet current code requirements.

The expansion of the Orthopedic Surgery Operating Room (OR) is budgeted at $46 million. The 77,000 square foot expansion will include two new orthopedic operating rooms and 40 new single occupancy patient rooms. Foundation work has been completed and utility lines have been relocated. The target completion date is 2014.

Infrastructure revitalization of campus is estimated at $9 million. Inova is working on a multi-year project to replace air handling units, elevators, etc. Additionally, all IMVH nurse call devices were replaced in fall 2013.

Construction on the Lorton HealthPlex's $10.7 million Ambulatory Surgery Center fit out remains ongoing with roughly two-thirds of the second floor space dedicated to two operating rooms, one procedure room, two GI/Endoscopy rooms, and a waiting/patient prep space.

Inova is in the initial planning phases for its Ashburn HealthPlex.

Mr. Forehand said that he thought patient volume at the Lorton HealthPlex is near plan levels, but he will follow up at the next meeting.

Capital improvements to Inova's Fair Oaks Medical Campus include:

The Medical Office Building and Cancer Center, estimated at $43 million, consists of a four-story, 115,000 square foot MOB with a below grade cellar level in addition to a new entry point off of Rugby Road. The building is near completion; the installation of interior finishes began November 2013 and MOB occupancy is set for March 2014 with cancer center occupancy anticipated later in the year.

A two-story surgery $35 million expansion will include 15,000 square feet of new construction and add 8,000 additional square feet of internal renovation. The project will expand the surgery program by a net additional two operating rooms, relocate two existing ORs, and provide supporting rooms and equipment. No estimated date of completion was provided, but the expansion will enhance IFOH's efficiency and provide for future growth.

The HCAB will send a memo to the Board of Supervisors informing them that per the requirements of the lease agreement, Inova's presentation on its Schedule of Capital Improvements occurred along with a brief description of the projects discussed.

Dr. Trahos, D.O., suggested that an electronic copy of Inova's presentation be provided to all HCAB members.

Long Term Care Services Update

Shauna Severo, Assistant Director, Patient Care Services and Bob Eiffert, Long Term Care Program Coordinator, provided a summary of the major themes they identified in their research on enhancing the County's LTC System of Services.

Members of the LTC System of Services Project Team included representatives from the Department of Family Services, Department of Neighborhood and Community Services and the Health Department.

Ms. Severo said that there were multiple reasons for convening the LTC Workgroup. First, it's been well documented that the older population in Fairfax County has increased significantly over the last 15 years. In the next 17 years, the County expects the 50 and over population to increase by 40 percent and the 70 and over age group by 88 percent. By 2020, persons 65 and older will represent 11.6 % of the total population.

In light of budget constraints the Deputy County Executive asked that a workgroup be developed to identify a more efficient and effective way of providing services to older adults and adults with disabilities in the County. To that end, the group employed a variety of measures to gather information that would help identify ways that the LTC System of Services could be enhanced:

- Benchmarking peer counties to see how their LTC System was organized
- Conducting focus groups with specific BACs that address issues faced by older adults in the community
- Conducting a survey of staff in DFS, NCS and HD who serve older adults

The workgroup considered several principles in conducting its study, including:

- Maintaining the quality of the services
- Maintaining a system flexible and proactive enough to adapt the changing needs of the community
- Maximizing the resources of both the county and the community
- Reinvesting any cost savings that materialize back into the system to meet ongoing needs
- Using data to support and drive decision-making

There are some agency-specific challenges that impact the county wide system of LTC services. With regard to capacity, NCS has seen a 14% increase in utilization of their Senior Centers, which has strained staff-to-participant ratios, center capacity, ability to transport, and programming capabilities.

By 2030, it is predicted a significant number of older adults will have five or more chronic conditions. As this population ages, there will be an increase in the gap between older adults with multiple service needs and the number of direct support workers trained to meet their needs. A direct service worker can care for up to 6

participants in an adult day health care center offering an alternative to home care where the direct service worker can care for only one older adult.

Even though DFS, NCS and HD utilized over 108,000 hours of volunteer hours there were gaps in service delivery. The Meals on Wheels Program was not able to meet demand. DFS is exploring the idea of delivering frozen meals in order to maximize staffing resources and to meet growing demand.

Transportation issues continue to impede access to services for older adults and there are many efforts underway to work with nonprofits, faith based organizations and other community groups to leverage resources for transportation.

The reduction in ADHC enrollment over the years is thought to be, in part, due to a lack of awareness of the program. The workgroup heard from several focus groups that comprehensive marketing efforts are needed to educate the public about services for older adults.

Mr. Finerfrock observed that there are other ways/venues for people to get LTC services that didn't exist ten years ago. It's possible there has been a shift to a population whose needs are being met and who are not demanding services. For example, alternative service providers, like the village model, are providing services within the community using volunteers and neighbors helping neighbors. Ms. Severo agreed that staff need to do a better job drilling down on how many people want to use ADHC and how many want to use wrap around services.

Bob Eiffert reviewed study themes and findings. The workgroup conducted focus groups with eight LTC-related Boards, Authorities, Commissions and Councils, including:

- Adult Day Health Care Associates (ADHCA)
- Advisory Social Services Board (ASSB)
- Commission on Aging (COA)
- Disability Services Board (DSB)
- Health Care Advisory Board (HCAB)
- Long Term Care Coordinating Council (LTCCC)
- Senior Center Advisory Council (SCAC)
- Therapeutic Recreations Advisory Council (TRAC)

Six groups recommended that the workgroup look at ways to organize and integrate services, although there was no broad consensus on how best to do that. The same number recommended that greater awareness and marketing efforts are needed to promote the County's services for older adults and individuals with disabilities to the community. Five groups suggested greater engagement opportunities within neighborhoods and community based settings by partnering with other organizations. Three groups expressed the need to improve transportation options while two

advocated for improved mental health services. Lastly, two groups recommended the County conduct a broad needs assessment.

The workgroup benchmarked five jurisdictions, including:

- New York City, New York (8,244,910 population)
- Montgomery County, Maryland (989,794 population)
- Arlington County, Virginia (216,004 population)
- Jefferson Area Board for Aging (JABA) (Services 5 counties including the City of Charlottesville)
- Hillsborough County, Florida (1,268,000 population)

Key findings from the benchmarking analysis revealed that the local jurisdictions receive at least 50% of their funding from local tax dollars. The non-profit Jefferson Area Board for Aging (JABA) receives about 20% of its funds from local jurisdictions, while 50% comes from fees, fund-raising, grants and partnerships.

Several local jurisdictions operate their own AAAs, while in several others the AAAs are independent non-profits. In agencies with separate, non-profit AAAs, the agencies noted problems with coordination and collaboration.

The four local jurisdictions interviewed had large, combined agencies that oversee most aging programs and services. These consolidated localities noted better outcomes and systems of coordinated care for their residents.

Two local jurisdictions include disability services in their departments, further enhancing service coordination.

All local jurisdictions contract out a few services, while NYC said they contract out over 90%.

Several local jurisdictions actively support villages in their area. Localities that had active villages noted the need for programs and services embedded in neighborhood settings.

A question was asked about examples of villages that have been established. Beacon Hill in Boston, Massachusetts is a traditional village model in operation since 2000. A concierge model of services, Beacon Hill members pay $500-$800 a month and can call to arrange for services using referred provider/resources or volunteers. Villages can be in defined geographic areas or they can be virtual. Local village models exist: Mount Vernon at Home, Lake Barcroft Village, Reston for a Lifetime, and Reston's Useful Services Exchange. Hybrid models make use of time-banking where volunteers log a set number of hours that are then credited or applied to future services. The McLean Village, for example, has its own information center at the McLean Community Center.

There is also considerable interest in the Braddock District where community groups are working together with the Supervisor's office.

Last, a staff survey was administered to three agencies that support LTC related programs and services to get feedback on the spectrum of Long Term Care Services in the County. Response rates varied:

- Family Services (38 staff responded)
- Health Department (18 staff responded)
- Neighborhood and Community Services (15 staff responded)

Themes that emerged were similar to those expressed by the focus groups. Staff recommended that options to best serve older adults and adults with disabilities include combining "like" services under one department and increasing opportunities for interdisciplinary team approaches to work. Identifying opportunities for process redesign was suggested to more efficiently provide services. A unified approach to market long term care services to the public was recommended as well as strengthening partnerships to look for more opportunities to have the community provide services. Another recommendation was improving housing options for individuals with disabilities and older adults.

Moving forward, Mr. Eiffert reviewed the recommendations, which include continued collaboration across the Departments of Family Services, Health, and Neighborhood and Community Services and developing an expanded coordination model for services within the results based accountability framework. Working within the constraints of the system, specific activities that have been identified for action are:

- Support the creation and management of an interactive social media platform, or virtual community that will in turn, support community development efforts such as neighborhood service programs, villages and interfaith programs.
- Implement and consider expansion of Healthy Ideas, a standardized depression assessment across service areas. Adult Protective Services, Adult Services, and the Area Agency on Aging are implementing it, but it could be expanded to programs such as adult day health care.
- Continue the implementation of the national model (Aging and Disability Resource Center) for accessing services, Aging, Disability, and Caregiver resources (local name). This model integrates the front door for the county's senior centers, adult day health centers, Adult Protective Services, Adult Services, and the Area Agency on Aging.
- Explore opportunities for expanded cross agency multidisciplinary service planning.
- Implement and support the initiatives of the soon-to-be-completed 50+ Plan in conjunction with community partners.

- Implement and support the initiatives of the Community Health Improvement Plan developed by the Partnership for a Healthier Fairfax, a community coalition.
- Look at plans across systems to align and identify service enhancements for older adults and persons with disabilities.

With respect to the fourth recommendation, Marlene suggested that more collaboration occur not just at the staff/agency level, but across all Boards, Authorities, and Commissions (BACs).

Francine Jupiter suggested that the workgroup contact the *Guide to Retirement Living* editors. Mr. Eiffert said that Steve Gurney is on the planning committee as well as an active member of Reston for Lifetime.

Marlene Blum commented on Ann Zuvekas' comments back in June about the problems connecting aging and disabilities in marketing materials. Mr. Eiffert said that of the local jurisdictions benchmarked, two combined aging and disabilities and two did not.

Barbara Antley said that traffic to the County's LTC webpage has increased substantially and she will follow up with utilization data.

Other Business
The Human Services Council will host a community dialogue on Saturday, February 8 and HCAB members are encouraged to attend. Part of the discussion will revolve around the County's FY 2015 human services priorities.

Sherryn Craig will send out March meeting dates to HCAB members.

There being no further business, the meeting adjourned at 9:39 pm.