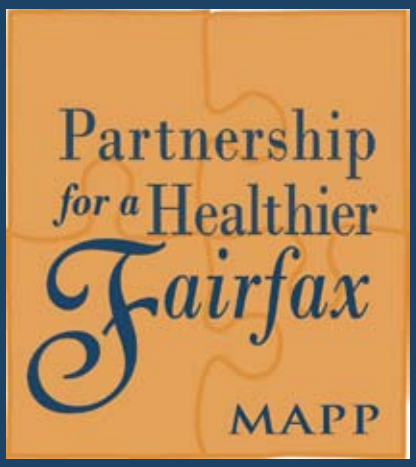

Fairfax: An engaged and empowered community working together to achieve optimal health and well-being for all those who live, work, and play here.

Community Themes and Strengths Assessment

for the Fairfax Community

www.fairfaxcounty.gov/hd/mapp

Photos courtesy of Fairfax County Department of Neighborhood and Community Services, PhotoVoice Project

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I. Overview

The *Partnership for a Healthier Fairfax* is a coalition of community members, community-based organizations, businesses, and government entities that are working together to improve community health. The Partnership is conducting a community-wide strategic planning process called Mobilizing for Action through Planning and Partnerships (MAPP) to identify and address public health issues in the Fairfax Community (which includes the City of Fairfax, the City of Falls Church, the County of Fairfax, and the incorporated towns of Clifton, Herndon, and Vienna).

A comprehensive assessment process is critical to the success of the MAPP initiative. The Community Themes and Strengths Assessment (CTSA) is 1 of 4 distinct assessments that will be analyzed collectively to provide an overall picture of the health of the community. The CTSA focused on gathering the thoughts, opinions, and perceptions of community members to develop a meaningful understanding of the issues they feel are important.

The CTSA was conducted between May 2010 and January 2011 by a diverse group of key community health stakeholders established as a subcommittee of the larger community coalition. The Community Themes and Strengths (CTS) Subcommittee was tasked with answering the following questions:

- What assets does the community have that can be used to improve community health?
- What health-related issues are most important to the community?
- 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 3 different research methods to answer these questions. A community health survey was distributed widely to collect as much community input as possible from those who live, work, or play in the Fairfax Community. Focus groups were conducted in order to target specific groups of individuals who may have been less likely to respond to the community survey. An approach called PhotoVoice was used to engage youth in discussions about community health issues through photography. The photographs featured in this report were taken by youth who participated in the PhotoVoice initiative.

The CTSA is an important component of the MAPP comprehensive community assessment and planning process. The findings of the CTSA will be used in conjunction with the results of the other 3 MAPP assessments to identify the key strategic issues and priorities for community action and to develop a community health improvement plan. In the coming years, these assessments will continue to guide the *Partnership for a Healthier Fairfax* in strategy development, policy recommendations, and program planning decisions as it advances its vision of optimal health and well-being for all community members.

II. Community Health Survey

A. INTRODUCTION

The primary method used by the Community Themes and Strengths (CTS) Subcommittee to collect input was the *Community Health Survey for the Fairfax Area* (Appendix A). This approach allowed the subcommittee to reach a broad spectrum of those who live, work, and play in the area by utilizing existing networks across the community and local public health system. The survey focused on identifying respondents' perceptions of the community's greatest strengths, important health-related issues and concerns, and areas for potential improvement.

The subcommittee crafted the questionnaire based on a review of quality-of-life surveys conducted in other communities through the MAPP process. The survey was customized for the Fairfax Community and consisted of 3 substantive questions, 9 demographic questions, and an open-ended comments section. The survey was pre-tested with the members of the coalition and with other community members who were not involved in the MAPP initiative.

The *Community Health Survey for the Fairfax Area* asked participants to make 5 selections from an extensive list of quality-of-life factors and health-related issues for the following 3 substantive questions:

1. What are the greatest **strengths** of the entire community?
2. What are the most important **health-related issues** for the entire community?
3. What would most **improve the quality of life** for the entire community?

The 9 demographic questions included home zip code, gender, whether the respondent had children under the age of 18, age, education level, race/ethnicity, household income, length of time as a community member, and where the respondent usually received healthcare. The language (Arabic, Chinese, English, Korean, Spanish, or Vietnamese) in which the survey was taken was also recorded for analysis. Finally, there was an opportunity for respondents to convey any additional comments.

The subcommittee chose to use a convenience sample, a commonly used research methodology, to collect information from readily-available respondents. Although the subcommittee recognized that the results of this type of sample could not be generalized to the entire population, effort was made to target specific groups that otherwise might have been underrepresented.

A communications strategy was developed to promote participation in the survey through every available mean and venue. The anonymous survey was available online at the website of *Partnership for a Healthier Fairfax* (www.fairfaxcounty.gov/hd/mapp) from October 15, to November 15, 2010. It was advertised using traditional and social media, mass email distributions, multiple web links, presentations to community groups, community and organizational newsletters, electronic mailing lists, and personal invitations. In addition, hundreds of paper surveys were administered through direct outreach at community meetings and informal gatherings. The survey was made available to the public in multiple formats, including paper copies, web-based entry, and a large-print version. A printable version was also available online in the area's 6 most-spoken languages: Arabic, Chinese, English, Korean, Spanish, and Vietnamese.

Through the collective efforts of the subcommittee, coalition members, and community volunteers, the survey reached thousands. A total of 6,201 surveys were completed – 2,548 paper surveys were received and 3,653 were submitted online. Although the number of surveys received was substantial, the results can only be considered the views of those who participated and do not necessarily represent the views of all who live, work, or play in the Fairfax Community. Nevertheless, outreach efforts appear to have been effective as the demographic characteristics of the respondents closely mirrored the general population in most categories.

II. Community Health Survey

B. OVERALL RESULTS

The Community Themes and Strengths (CTS) Subcommittee analyzed the survey results by examining both the overall responses to the 3 substantive questions, as well as the specific responses for each demographic group. The purpose of the demographic analysis was to identify the ranges of priorities in such a diverse community. However, the findings illustrated that there was relatively little divergence and a high level of agreement across most demographic groups on the most significant community strengths, health-related issues, and areas for improvement. Specific demographic variances are discussed in the next section.

The overall 5 most frequently selected responses are listed here, while the complete results are illustrated in bar charts on the pages that follow.

1. **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

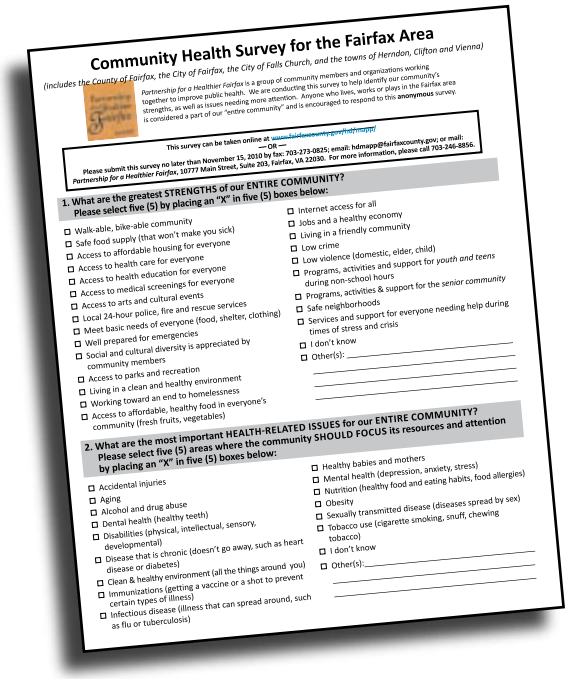
"Access to recreation for all ages"

"World-class education"

"Magnificent library system"

"Wise environmental stewardship"

In addition to the choices provided, a notable number of respondents indicated in their comments that other community strengths included the school system and libraries. (It should be noted that the subcommittee chose not to include those options as they felt they were widely accepted as strengths for the Fairfax Community.)



Community Health Survey for the Fairfax Area

(includes the County of Fairfax, the City of Fairfax, the City of Falls Church, and the towns of Herndon, Clifton and Vienna)

Partnership for a Healthier Fairfax is a group of community members and organizations working together to improve public health. We are conducting this survey to help identify our community's strengths, as well as issues needing more attention. Anyone who lives, works or plays in the Fairfax area is considered a part of our "entire community" and is encouraged to respond to this **anonymous** survey.

This survey can be taken online at www.fairfaxcounty.gov/hd/mapp/
— OR —
Please submit this survey no later than November 15, 2010 by fax: 703-273-0825; email: hdmapp@fairfaxcounty.gov; or mail: *Partnership for a Healthier Fairfax*, 10777 Main Street, Suite 203, Fairfax, VA 22030. For more information, please call 703-246-8856.

1. What are the greatest STRENGTHS of our ENTIRE COMMUNITY? Please select five (5) by placing an "X" in five (5) boxes below:

- ☐ Walk-able, bike-able community
- ☐ Safe food supply (that won't make you sick)
- ☐ Access to affordable housing for everyone
- ☐ Access to health care for everyone
- ☐ Access to health education for everyone
- ☐ Access to medical screenings for everyone
- ☐ Access to arts and cultural events
- ☐ Local 24-hour police, fire and rescue services
- ☐ Meet basic needs of everyone (food, shelter, clothing)
- ☐ Well prepared for emergencies
- ☐ Social and cultural diversity is appreciated by community members
- ☐ Access to parks and recreation
- ☐ Living in a clean and healthy environment
- ☐ Working toward an end to homelessness
- ☐ Access to affordable, healthy food in everyone's community (fresh fruits, vegetables)
- ☐ Internet access for all
- ☐ Jobs and a healthy economy
- ☐ Living in a friendly community
- ☐ Low crime
- ☐ Low violence (domestic, elder, child)
- ☐ Programs, activities and support for *youth and teens* during non-school hours
- ☐ Programs, activities & support for the *senior community*
- ☐ Safe neighborhoods
- ☐ Services and support for everyone needing help during times of stress and crisis
- ☐ I don't know
- ☐ Other(s): _____

2. What are the most important HEALTH-RELATED ISSUES for our ENTIRE COMMUNITY? Please select five (5) areas where the community SHOULD FOCUS its resources and attention by placing an "X" in five (5) boxes below:

- ☐ Accidental injuries
- ☐ Aging
- ☐ Alcohol and drug abuse
- ☐ Dental health (healthy teeth)
- ☐ Disabilities (physical, intellectual, sensory, developmental)
- ☐ Disease that is chronic (doesn't go away, such as heart disease or diabetes)
- ☐ Clean & healthy environment (all the things around you)
- ☐ Immunizations (getting a vaccine or a shot to prevent certain types of illness)
- ☐ Infectious disease (illness that can spread around, such as flu or tuberculosis)
- ☐ Healthy babies and mothers
- ☐ Mental health (depression, anxiety, stress)
- ☐ Nutrition (healthy food and eating habits, food allergies)
- ☐ Obesity
- ☐ Sexually transmitted disease (diseases spread by sex)
- ☐ Tobacco use (cigarette smoking, snuff, chewing tobacco)
- ☐ I don't know
- ☐ Other(s): _____

2. **What are the most important HEALTH-RELATED ISSUES for our entire community?**

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

"Poor nutrition is the root of many chronic diseases"

"One of the biggest health-related problems... is emotional/mental stress"

"Less pollution...cleaner air, cleaner water"

In addition to the choices provided, there were many respondents who also noted the significance of Lyme disease and exercise or physical fitness in their comments.

"I think the most important issue in our community right now is overweight and obese children"

3. **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 walk-able, bike-able community
- Meet basic needs of everyone

In addition to the choices provided, transportation issues and traffic congestion were often cited in the comments as being a challenge to the quality of life in this community. (It should be noted that the subcommittee chose not to include those options as they felt they were widely considered to negatively impact the quality of life in the Fairfax community.)

"Safer and less congested roads"

"Everyone should have affordable medical health benefits"

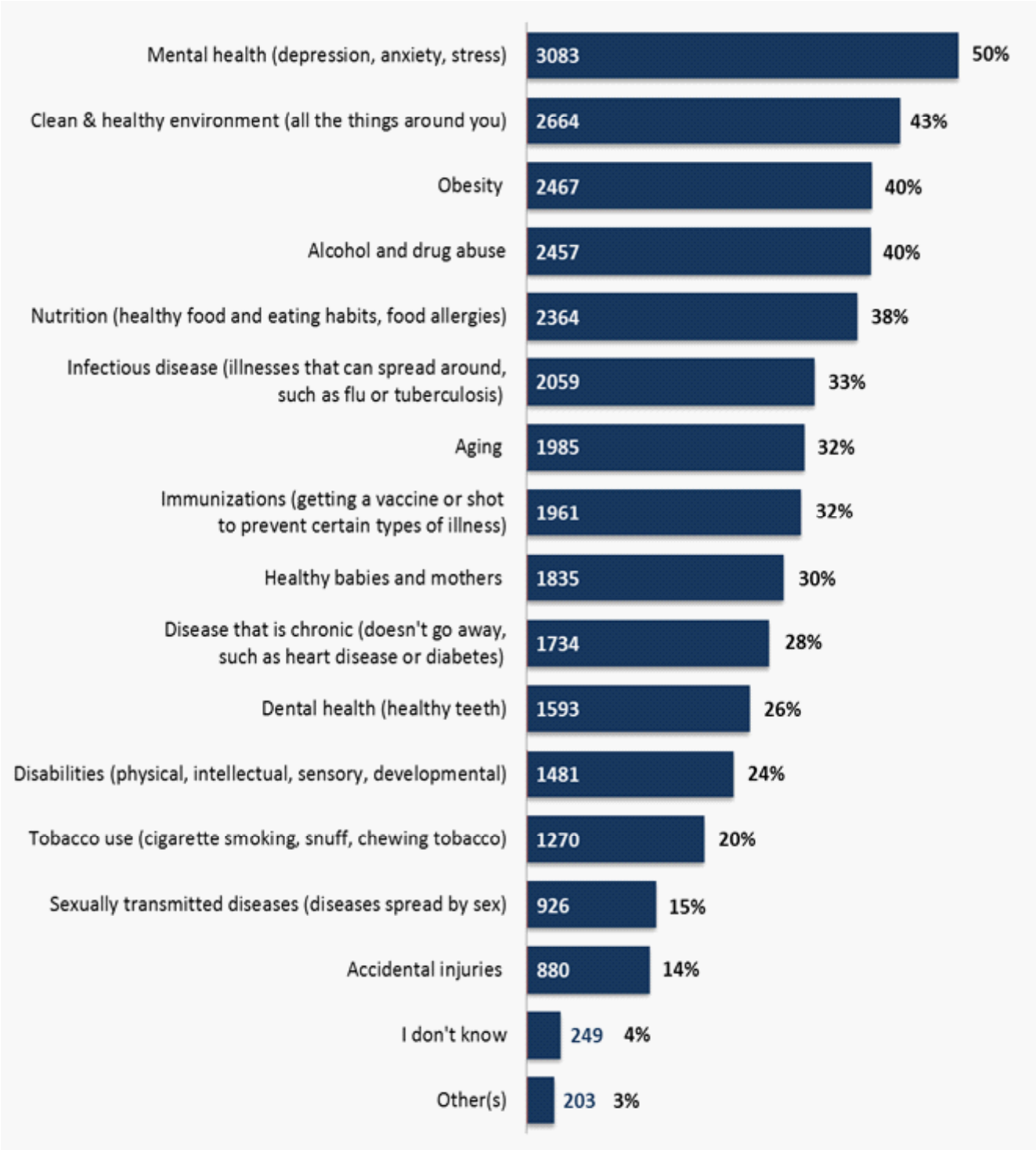
"No one in this community should be hungry or homeless"

"Accessibility to stores, parks, services...that doesn't require a car!"

Question 1: What are the greatest STRENGTHS of our ENTIRE COMMUNITY?

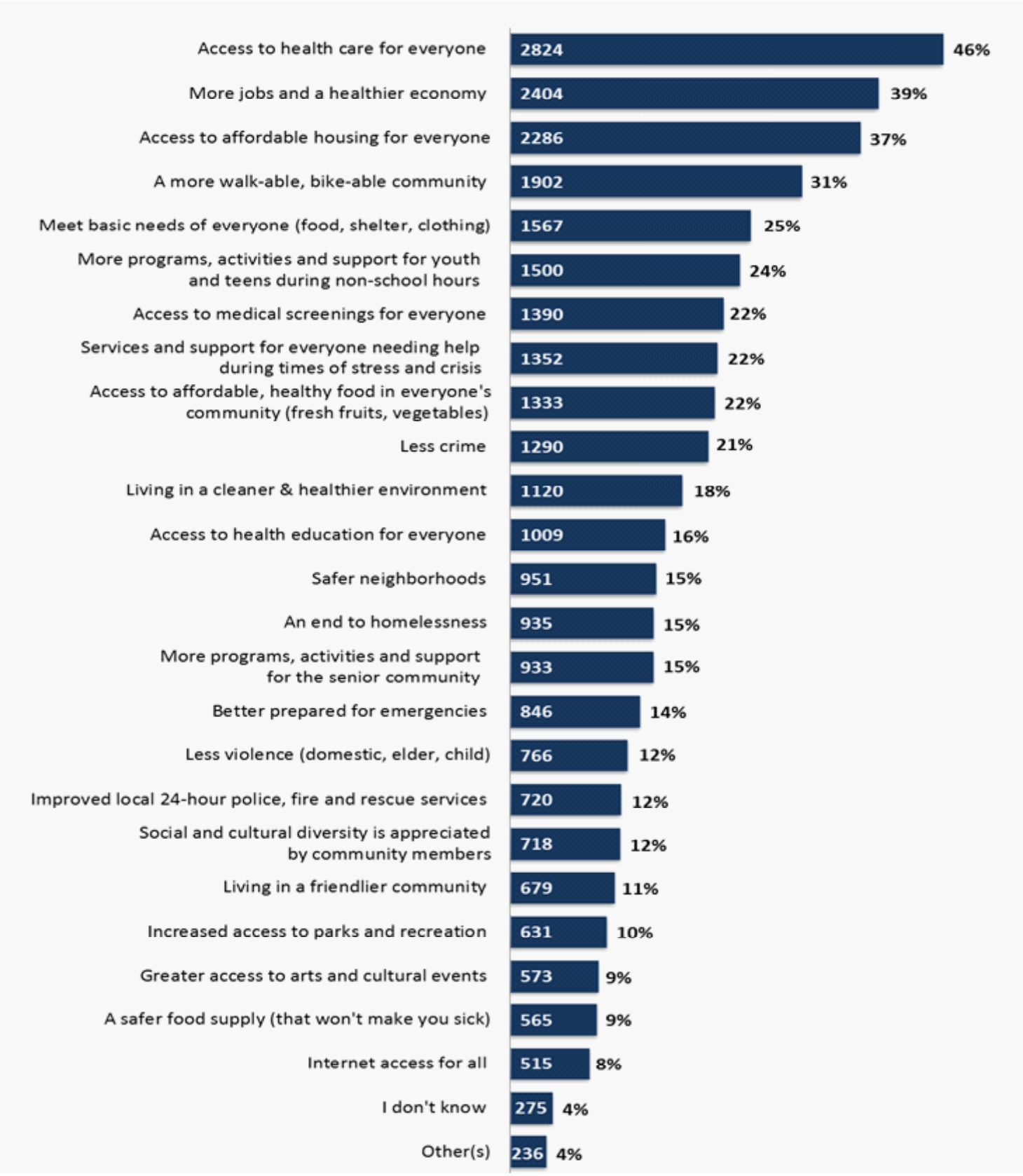
The bar chart above depicts the percent of respondents who selected each answer option. Percentages total more than 100% as respondents were asked to select 5 areas.

Question 2: What are the most important HEALTH-RELATED ISSUES for our ENTIRE COMMUNITY?



Please Note:
The bar chart above depicts the percent of respondents who selected each answer option.
Percentages total more than 100% as respondents were asked to select 5 areas.

Question 3: What would MOST IMPROVE THE QUALITY OF LIFE for our ENTIRE COMMUNITY?



Please Note:
The bar chart above depicts the percent of respondents who selected each answer option.
Percentages total more than 100% as respondents were asked to select 5 areas.

C. DEMOGRAPHIC ANALYSIS

While the overall survey results were strikingly consistent, the Community Themes and Strengths (CTS) Subcommittee members probed further and examined the data *within* each demographic category. The results in this section highlight the choices made by specific demographic subgroups that were different from the top 5 selections to the 3 central questions discussed in the previous section. It is important to note that the analyses were conducted only on the group of respondents who chose to answer a particular demographic prompt, as none of the survey fields were required. It should also be noted that none of the areas of divergence were tested for statistical significance.

The following demographic information was collected through the survey:

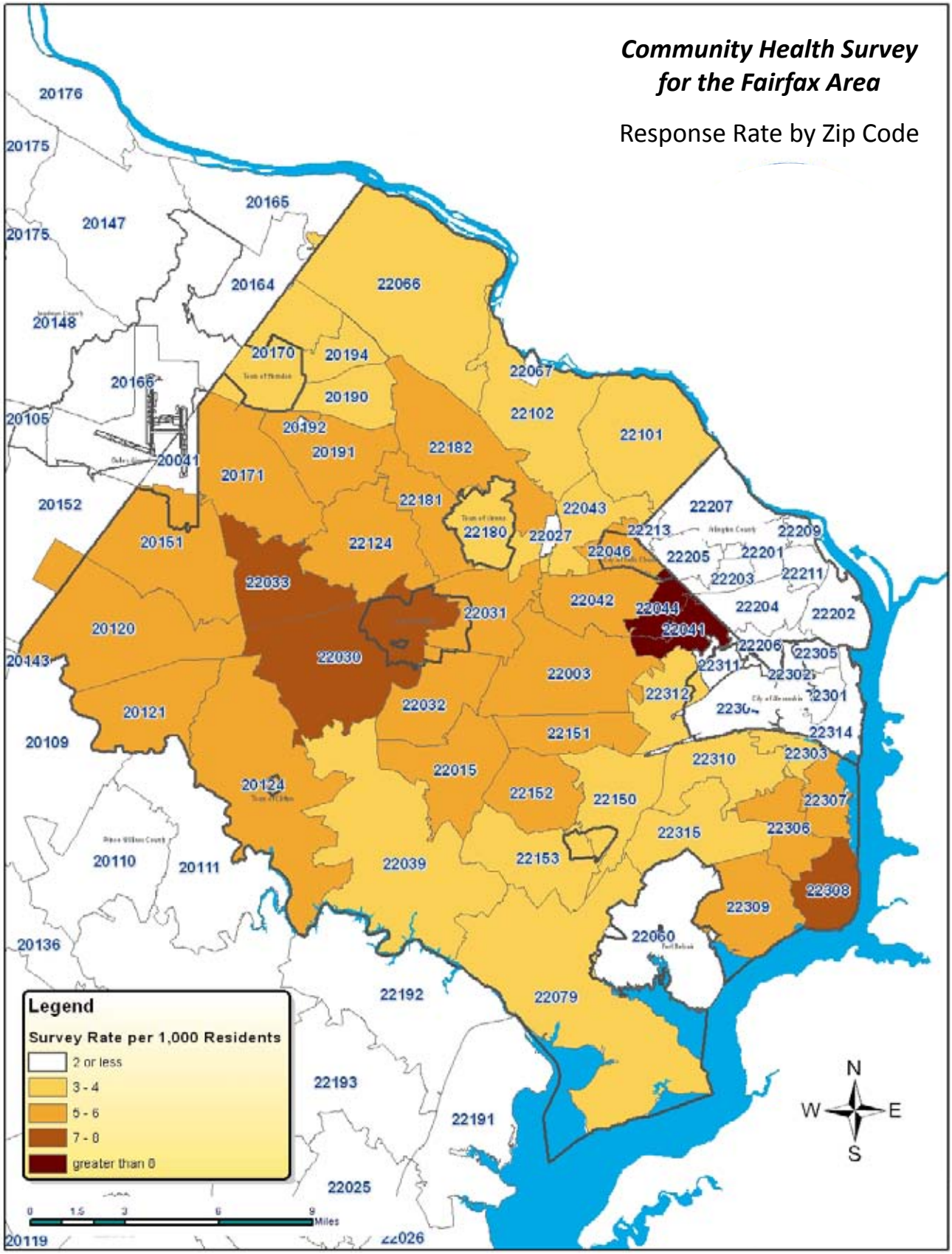
- Home Zip Code
- Gender
- Do you have children under the age of 18?
- Age
- Education
- Race/Ethnicity
- Household Income
- How long have you been a member of the community?
- Where do you usually go for healthcare?
- Survey language

"I grew up in Fairfax... I moved back home to raise my child because of the richness of the Fairfax experience."

Analysis of the home zip codes confirmed that the survey reached all corners of the Fairfax Community and that the perspectives of those who work and play in the region were also captured. The map on the following page illustrates the response rates for each zip code within the region. The area that had the greatest percentage of its residents participate in the survey included the region along Route 7 between Seven Corners and Bailey's Crossroads.

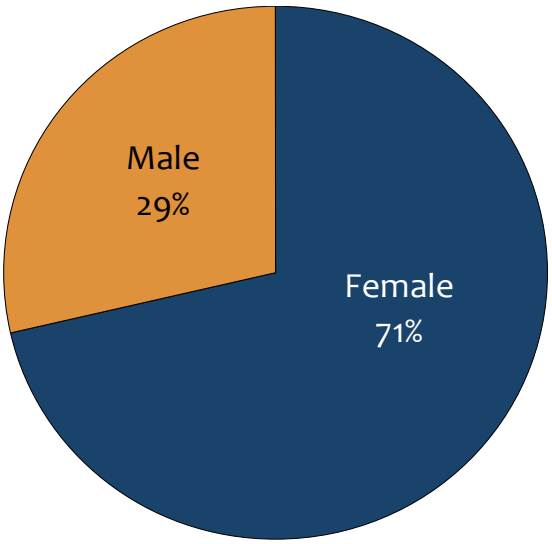
The response rates for each of the other demographic areas are displayed in pie charts. The CTS members analyzed the responses to the 3 substantive questions by each demographic group. Any differences that existed between the top 5 selections of the demographic group and the overall findings from all survey respondents are enumerated below each area assessed by the survey: community strengths, health-related issues, and community improvements.

HOME ZIP CODE



GENDER

Participants were asked to identify their gender. Nearly three-quarters of the respondents who selected a gender option identified themselves as female. Males were underrepresented in this survey as they account for 50 percent of the general population in Fairfax County (U.S. Census Bureau, 2009 American Community Survey).



The top 5 selections by gender that vary from the overall findings from all survey respondents are listed below:

COMMUNITY STRENGTHS:

- Females selected ***social and cultural diversity appreciation*** as a community strength.

HEALTH-RELATED ISSUES:

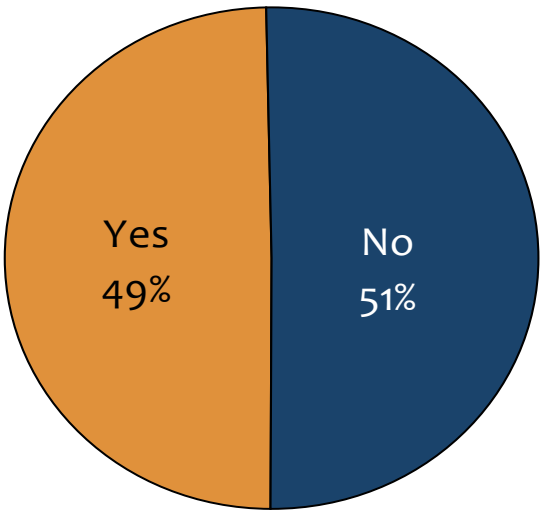
- Males identified ***immunizations*** as an important health-related issue.

COMMUNITY IMPROVEMENTS:

- Males felt that ***less crime*** would improve the quality of life in the community.

RESPONDENTS WITH OR WITHOUT CHILDREN AGE 18 OR YOUNGER

Participants were asked to select "yes" or "no" to the question "Do you have children under the age of 18?" Among the participants who answered this question, the responses were split nearly equally. As might be expected, those with minor children selected programs for youth as an area in need of resources more frequently than those without children under the age of 18.



The top 5 selections of respondents with or without children under the age of 18 that vary from the overall findings from all survey respondents are listed below:

COMMUNITY STRENGTHS:

- Respondents *with* children under the age of 18 selected ***social and cultural diversity appreciation*** as a community strength.
- Respondents *without* children under the age of 18 selected ***safe food supply*** as a community strength.

HEALTH-RELATED ISSUES:

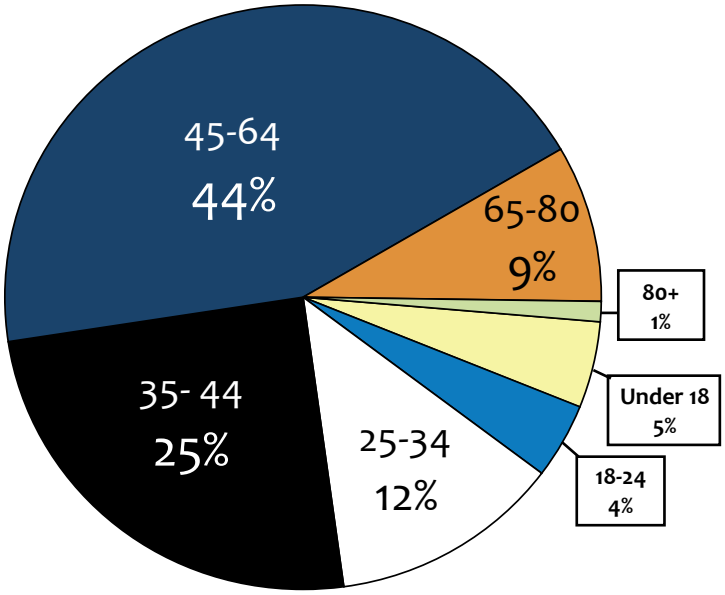
- Respondents *without* children under the age of 18 identified ***aging*** as an important health-related issue.

COMMUNITY IMPROVEMENTS:

- Respondents *with* children under the age of 18 felt that ***more programs, activities and support for youth and teens during non-school hours*** would improve the quality of life in the community.

AGE

Participants were asked to identify their age by selecting the applicable age range from 7 options. The majority of the respondents who answered this question were between ages 35 and 64. Approximately 20 percent were younger than 35, and about 10 percent were 65 or older. Overall the most important strengths, health-related issues, and community improvements for each age group corresponded to the issues their particular age group might typically be facing.



The top 5 selections by age that vary from the overall findings from all survey respondents are listed below:

COMMUNITY STRENGTHS:

- Respondents age 24 or younger selected ***walk-able, bike-able community*** and ***access to health care*** as community strengths.
- Respondents over 80 years of age selected ***programs, activities and support for the senior community*** as a community strength.

HEALTH-RELATED ISSUES:

- Respondents over 80 years of age identified ***aging*** as an important health-related issue.

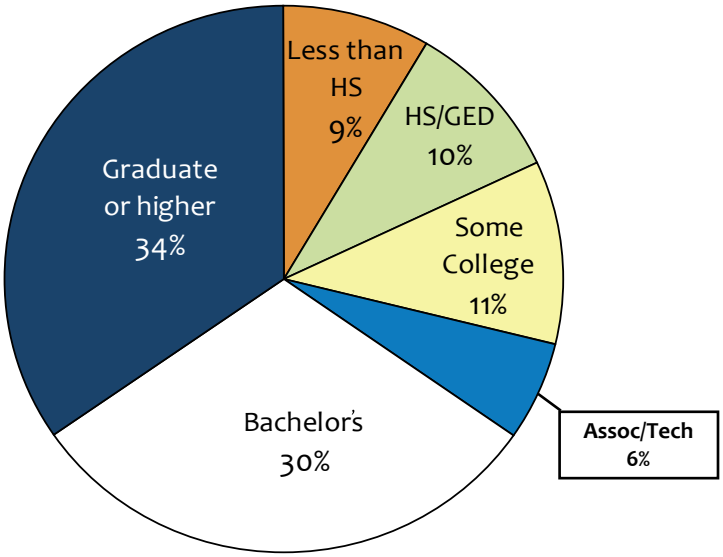
COMMUNITY IMPROVEMENTS:

- Respondents age 65 or older felt that ***services and support for everyone needing help during times of stress and crisis*** would improve the quality of life in the community.

EDUCATION

Participants were asked to identify their highest level of education from 6 options. Slightly more than a third of the respondents who answered this question held an associate or technical degree or less. Just under a third of respondents had a bachelor's degree, and approximately a third held a graduate degree or higher.

The answers of the respondents who held less than a bachelor's degree differed somewhat from the overall responses.



The top 5 selections by education that vary from the overall findings from all survey respondents are listed below:

COMMUNITY STRENGTHS:

- Respondents with a high school education or less felt that ***access to health care for everyone*** was a community strength.
- Respondents with less than a high school education and those with some college selected ***walk-able, bike-able community*** and ***safe food supply*** as community strengths.
- Respondents with less than a high school diploma identified ***access to affordable housing for everyone*** as a strength.

HEALTH-RELATED ISSUES:

- Respondents with a high school education or less chose ***dental health*** as an important health-related issue.
- Respondents with an associate or technical degree selected ***immunizations*** and ***infectious disease*** as health issues needing to be addressed.

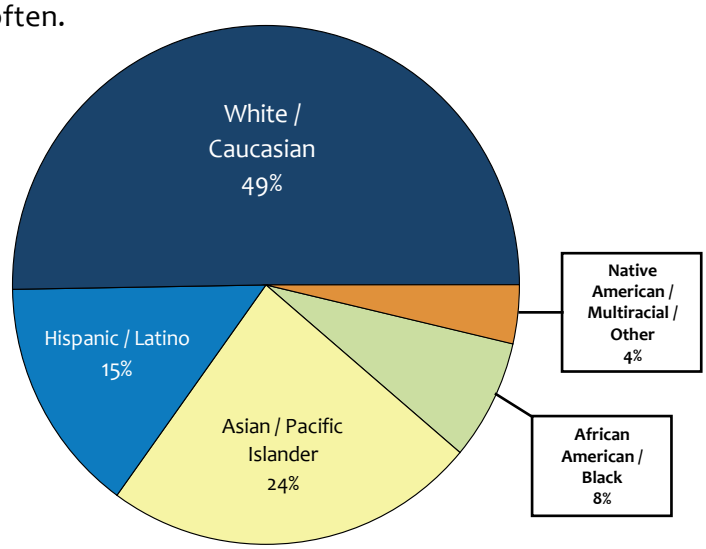
COMMUNITY IMPROVEMENTS:

- Respondents with a high school diploma or less selected ***access to health education for everyone*** and ***access to medical screenings for everyone*** as areas to improve quality of life.
- Respondents with some college identified ***services and support for everyone needing help during times of stress and crisis*** as an area in need of resources and attention.
- Respondents with some college, an associate degree, or technical degree thought ***more programs, activities and support for youth and teens during non-school hours*** would most improve the quality of life in the community.

RACE/ETHNICITY

Participants were asked to identify their race or ethnicity from 6 options. Approximately half of the respondents who answered this demographic question identified themselves as White/Caucasian, about a quarter selected Asian/Pacific Islander, while the remaining quarter chose Hispanic/Latino, African American/Black, Native American, or Multiracial/Other. Because of the small sample size of those who selected Native American, this demographic group was combined with Multiracial/Other for analysis.

Of all the demographic categories, this one demonstrated the greatest variation among the responses that were selected most often.



The top 5 selections by race/ethnicity that vary from the overall findings from all survey respondents are listed below:

COMMUNITY STRENGTHS:

- African American/Black respondents identified ***walk-able, bike-able community*** and ***access to health care for everyone*** as community strengths.
- Asian/Pacific Islander respondents selected ***social and cultural diversity appreciation*** as a community strength.
- Hispanic/Latino respondents chose ***access to health care for everyone*** and ***jobs and a healthy economy*** as strengths of the community.
- Native American/Multiracial/Other respondents indicated that ***safe food supply*** and ***social and cultural diversity appreciation*** were assets.
- White/Caucasian respondents identified ***safe food supply*** as a community strength.

HEALTH-RELATED ISSUES:

- African American/Black respondents identified ***aging*** as an important issue.
- Asian/Pacific Islander respondents selected ***immunizations***, ***dental health*** and ***infectious disease*** as issues needing resources and attention.
- Hispanic/Latino respondents chose ***healthy babies and mothers*** and ***dental health*** as health issues needing to be addressed.
- Native American/Multiracial/Other respondents indicated that ***infectious disease*** was an important health-related issue for the community.

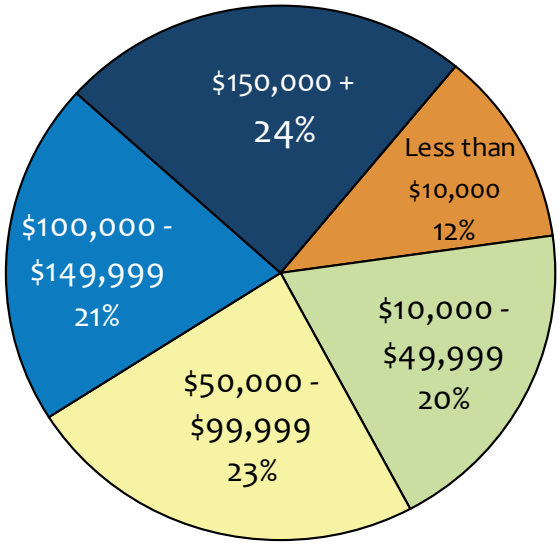
COMMUNITY IMPROVEMENTS:

- African American/Black respondents identified ***services and support for everyone needing help during times of stress and crisis*** as an area in need of resources and attention.
- Asian/Pacific Islander respondents thought ***access to medical screenings for everyone*** and ***less crime*** would improve quality of life.
- Hispanic/Latino respondents selected ***access to medical screenings for everyone*** and ***access to health education for everyone*** as areas for improvement.
- Native American/Multiracial/Other respondents felt that ***more programs, activities and support for youth and teens during non-school hours*** would improve the quality of life in the community.

HOUSEHOLD INCOME

Participants were asked to identify their annual household income by selecting their applicable income range from 5 options. Nearly half of the respondents who answered this question reported that their annual household income was $100,000 or more, approximately a quarter selected $50,000 to $99,999, and about a third indicated that their household earned $49,999 or less.

The answers of the respondents who had an annual household income of less than $50,000 differed slightly from the overall responses.



The top 5 selections by income that vary from the overall findings from all survey respondents are listed below:

COMMUNITY STRENGTHS:

- Respondents with an annual household income under $50,000 selected ***access to health care for everyone*** as a community strength.

HEALTH-RELATED ISSUES:

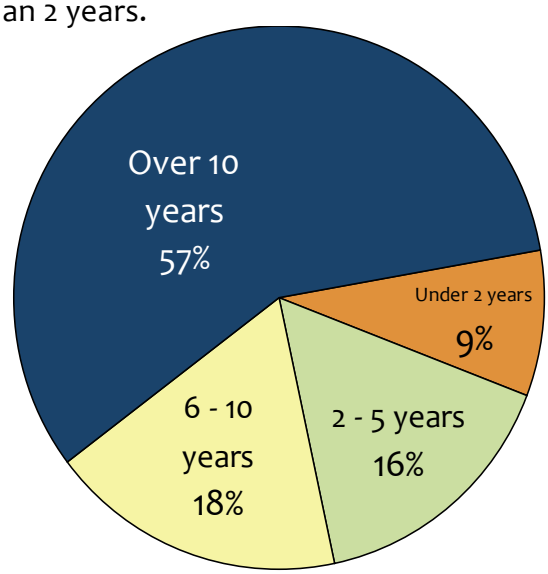
- Respondents with an annual household income under $50,000 identified ***dental health*** as one of the most important health-related issues.

COMMUNITY IMPROVEMENTS:

- Respondents with an annual household income under $50,000 felt that ***access to medical screenings for everyone*** would improve the quality of life in the community.

COMMUNITY MEMBERSHIP

Participants were asked to identify how long they had been a member of the community by selecting the applicable range from 4 options. The majority of the respondents who answered this question reported having been a member of the community for more than 10 years, approximately a third selected between 2 and 10 years, and less than a tenth indicated that they had been a member of the community for less than 2 years.



The top 5 selections by length of community membership that vary from the overall findings from all survey respondents are listed below:

COMMUNITY STRENGTHS:

- Respondents who have been a part of the community for less than 2 years selected ***access to health care for everyone*** as a community strength.
- Respondents who have been a community member for 5 years or less identified ***walk-able, bike-able community*** as an asset.
- Respondents who have lived, worked or played in the community for more than 10 years identified ***safe food supply*** as a strength.

HEALTH-RELATED ISSUES:

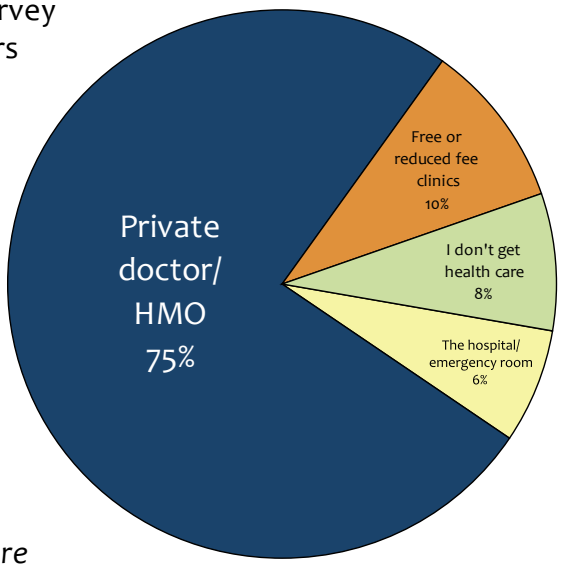
- Respondents who have been a part of the community for less than 2 years indicated that ***healthy babies and mothers*** was an important health-related issue.
- Respondents who have been community members for over 10 years identified ***aging*** as an area needing resources and attention.

COMMUNITY IMPROVEMENTS:

- Respondents who have been a part of the community for less than 2 years or 6 to 10 years indicated that ***more programs, activities and support for youth and teens during non-school hours*** would improve the quality of life.
- Respondents who have been community members between 2 and 5 years selected ***access to medical screenings for everyone*** as an important community improvement.

HEALTHCARE

Participants were asked to identify where they usually go for healthcare by selecting from 4 options. Of the survey respondents who answered this question, three-quarters reported receiving their healthcare from a private doctor or health maintenance organization (HMO), 17 percent selected either free or reduced fee clinics, or hospitals and emergency rooms. The remaining 8 percent reported that they do not get health care at all.



The top 5 selections by healthcare that vary from the overall findings from all survey respondents are listed below:

COMMUNITY STRENGTHS:

- All respondents, *except those who receive health care from a private doctor or HMO,* identified ***access to health care for everyone*** as a community strength.
- Respondents who usually go to the hospital or emergency room for healthcare selected ***walk-able, bike-able community*** as a strength.
- Respondents who receive healthcare from free or reduced fee clinics chose ***access to affordable housing for everyone*** and ***access to medical screenings for everyone*** as community assets.

HEALTH-RELATED ISSUES:

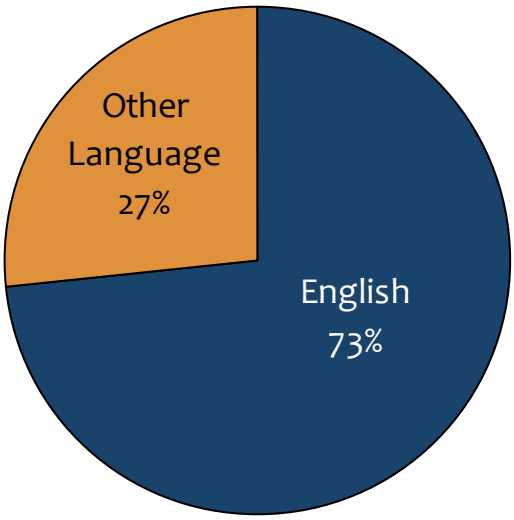
- All respondents, *except those who receive health care from a private doctor or HMO,* identified ***dental health*** as an important health-related issue.
- Respondents who receive healthcare from free or reduced fee clinics chose ***healthy babies and mothers*** and ***immunizations*** as issues needing more resources and attention.

COMMUNITY IMPROVEMENTS:

- All respondents, *except those who receive health care from a private doctor or HMO,* identified ***access to medical screenings for everyone*** as an area for improvement.
- Respondents who usually go to the hospital or emergency room for healthcare selected ***less crime*** as a community improvement.
- Respondents who receive healthcare from free or reduced fee clinics felt ***access to health education for everyone*** would improve the quality of life in the community.

SURVEY LANGUAGE

The *Community Health Survey for the Fairfax Area* was available in 6 languages: Arabic, Chinese, English, Korean, Spanish, and Vietnamese. Although not one of the questions asked on the written survey, the language of the survey submitted was recorded so that it could be included in the data analysis. The majority of respondents took the survey in English, either online, on paper, or using the large-print version. The remaining 27 percent took a printed hard copy of the survey in a language other than English.



The top 5 selections by language that vary from the overall findings from all survey respondents are listed below:

COMMUNITY STRENGTHS:

- Respondents who completed the survey in a language other than English identified ***walk-able, bike-able community*** as a community strength.

HEALTH-RELATED ISSUES:

- Respondents who completed the survey in a language other than English selected ***dental health*** and ***immunizations*** as important health-related issues.

COMMUNITY IMPROVEMENTS:

- Respondents who completed the survey in a language other than English identified that ***access to medical screenings for everyone*** and ***less crime*** would most improve the quality of life in the community.

D. COMMENTS

Included in the *Community Health Survey for the Fairfax Area* was a section for respondents to contribute any additional comments. Nearly 900 of the survey respondents took advantage of this opportunity. Review of the commentary was helpful for the subcommittee to gain a greater understanding of the issues community members feel are most important.

This community feedback and input was categorized according to content and distributed to the relevant public and private agencies as applicable. The comments covered a vast array of topic areas, including the role of local government, environmental issues, education, immigration, public safety, recreation, traffic, and taxes. About a third of the comments related to human service areas such as access to health care and other services, housing and homelessness, mental health, poverty, aging, developmental issues, and community development.

The commentary provided a greater level of depth to the survey as the subcommittee members learned more about why respondents made the selections they did. In the future, this community input will also be useful to the community coalition as the *Partnership for a Healthier Fairfax* begins to address emerging strategic issues.

"A healthy community is one that takes care of all its members"

"A better informed community tends to be a more engaged community"

III. Focus Groups

The Community Themes and Strengths (CTS) Subcommittee understood that the size and diversity of the population in the Fairfax Area would necessitate the use of multiple approaches to gather community input. While the primary method of data collection was the community health survey, the subcommittee recognized the potential value of focus groups to gain a more in-depth understanding of the issues that were most important to the community. Focus groups were also viewed as an effective tool to acquire meaningful input from community members who may have been less likely to respond to the survey, such as those with lower literacy levels.

In order to promote consistency in data collection and reporting, a focus group facilitator guide and a focus group summary table were developed. The guide included recommendations on how to effectively conduct and record the focus group sessions; the summary table provided a consistent template to document the findings. Facilitators were asked to guide discussions about health-related issues surrounding quality of life, community strengths, and areas for potential improvement using the same 3 principal questions from the community health survey.

Members of the coalition and subcommittee conducted 4 focus groups at various venues, including a local community health clinic, community-based organizations, and the Fairfax County Health Department Multicultural Advisory Council. There were 33 participants representing a number of targeted populations, including various ethnic groups, age groups, and individuals with HIV/AIDS.

The focus groups were initially intended as a tool to be used with populations who otherwise may not have participated in the community health survey; however, the survey was so widely publicized and distributed that the need for this form of outreach was reduced. Subcommittee members, coalition members, and community members administered or facilitated the completion of the survey with most of the groups initially identified for potential focus groups.

The findings from the focus groups proved to be consistent with the overall results of the community health survey. The discussions from each focus group provided a greater level of detail about the most significant issues facing the community. However, the fundamental strengths, health-related issues, and community improvements identified were in alignment with those assessed in the community health survey.

IV. PhotoVoice

PhotoVoice is an innovative research tool used to gain community-level perspectives from target populations using photography as a means of expression. The Community Themes and Strengths (CTS) Subcommittee used PhotoVoice to engage youth as a part of their community input process. More than 90 young people, ranging from ages 6 to 18, participated in this project. PhotoVoice gave youth the opportunity to record and reflect their opinions about community strengths, needs, and health concerns through photographs, discussions, and presentations.

County staff partnered with George Mason University to conduct the PhotoVoice project across 13 different sites in the Fairfax Community, including 6 community centers. Participants were provided with cameras, instruction, and the resources necessary to explore and convey their findings. Students took numerous photographs illustrating the health-related aspects of their environment, which were then used in facilitated dialogues.

During these discussions, the youth elaborated on their findings by expressing their thoughts and perceptions about health-related issues, community strengths, and ways to improve community health following the 3 main topic areas of the community health survey. Students drew connections between the environment, neighborhood conditions, healthy eating, and social relationships, recognizing that "health is more than food" and that "relationships are an important part of being healthy." Their conclusions reflected an overarching theme of the significance of social determinants of health.

Students collaborated at Computer Clubhouses and Computer Learning Center Partnership Programs to develop PowerPoint presentations that highlighted their work. In addition, several students volunteered to present a tri-fold display of a sampling of their findings to the CTS Subcommittee, as well as to the MAPP Community Coalition. Many of the PhotoVoice participants expressed great interest in continued involvement with the MAPP initiative, wanting to be an integral part of the implementation of community solutions.

V. Acknowledgements

Subcommittee Chair

Marlene Blum
Fairfax County Health Care Advisory Board

Subcommittee Members

Imam Johari Abdul-Malik
Fairfax County Health Department
Multicultural Advisory Council

Glen Barbour
Fairfax County Health Department

Frank Blechman
Wolf Run Foundation, Inc.

Kwame Brown
Fairfax County Park Authority

Karla Bruce
Fairfax County Department of
Neighborhood and Community Services

Sandy Chisholm
Fairfax County Department of
Neighborhood and Community Services

Kim Dockery
Fairfax County Public Schools

Marcelo Ferreira
Fairfax County Office of
Emergency Management

Briana Gardner
University of Phoenix

Janey George
The League of Women Voters
of the Fairfax Area

Judy Helein
The League of Women Voters of the
Fairfax Area

Tania Hossain
Fairfax County Federation of
Citizens Associations

Dallice Joyner
Northern Virginia Area Health
Education Center

Noel Kaplan
Fairfax County Department of
Planning and Zoning

Leslie Kronz
Inova Health System

Andrea Lomrantz
Fairfax County Department of
Family Services

Norma Lopez
Fairfax County Department of
Neighborhood and Community Services

Patricia Moreno
Anthem Healthkeepers Plus

Amber Nightingale
American Association of Retired Persons

Ana Rivera
George Mason University Student

Edwin Rivera
Fairfax City Parks and Recreation

Christina Stevens
Fairfax County Health Department

Martin Taylor
Fairfax County Board of Supervisors

Henry Ziegler
Episcopal Church of the Holy Cross

Priscilla Ziegler
Episcopal Church of the Holy Cross

Staff Support

James Copeland
Fairfax County Health Department

Marie Custode
Fairfax County Health Department

Tina Dale
Fairfax County Health Department

Natalie Mendez
Fairfax County Health Department

Amanda Turowski
Fairfax County Health Department

Community Health Survey for the Fairfax Area

(includes the County of Fairfax, the City of Fairfax, the City of Falls Church, and the towns of Herndon, Clifton and Vienna)

Partnership for a Healthier Fairfax is a group of community members and organizations working together to improve public health. We are conducting this survey to help identify our community's strengths, as well as issues needing more attention. Anyone who lives, works or plays in the Fairfax area is considered a part of our "entire community" and is encouraged to respond to this **anonymous** survey.

This survey can be taken online at www.fairfaxcounty.gov/hd/mapp/
— OR —
Please submit this survey no later than November 15, 2010 by fax: 703-273-0825; email: hdmapp@fairfaxcounty.gov; or mail: *Partnership for a Healthier Fairfax*, 10777 Main Street, Suite 203, Fairfax, VA 22030. For more information, please call 703-246-8856.

1. What are the greatest STRENGTHS of our ENTIRE COMMUNITY? Please select five (5) by placing an "X" in five (5) boxes below:

- ☐ Walk-able, bike-able community
- ☐ Safe food supply (that won't make you sick)
- ☐ Access to affordable housing for everyone
- ☐ Access to health care for everyone
- ☐ Access to health education for everyone
- ☐ Access to medical screenings for everyone
- ☐ Access to arts and cultural events
- ☐ Local 24-hour police, fire and rescue services
- ☐ Meet basic needs of everyone (food, shelter, clothing)
- ☐ Well prepared for emergencies
- ☐ Social and cultural diversity is appreciated by community members
- ☐ Access to parks and recreation
- ☐ Living in a clean and healthy environment
- ☐ Working toward an end to homelessness
- ☐ Access to affordable, healthy food in everyone's community (fresh fruits, vegetables)
- ☐ Internet access for all
- ☐ Jobs and a healthy economy
- ☐ Living in a friendly community
- ☐ Low crime
- ☐ Low violence (domestic, elder, child)
- ☐ Programs, activities and support for *youth and teens* during non-school hours
- ☐ Programs, activities & support for the *senior community*
- ☐ Safe neighborhoods
- ☐ Services and support for everyone needing help during times of stress and crisis
- ☐ I don't know
- ☐ Other(s): _____
  _____
  _____
  _____

2. What are the most important HEALTH-RELATED ISSUES for our ENTIRE COMMUNITY? Please select five (5) areas where the community SHOULD FOCUS its resources and attention by placing an "X" in five (5) boxes below:

- ☐ Accidental injuries
- ☐ Aging
- ☐ Alcohol and drug abuse
- ☐ Dental health (healthy teeth)
- ☐ Disabilities (physical, intellectual, sensory, developmental)
- ☐ Disease that is chronic (doesn't go away, such as heart disease or diabetes)
- ☐ Clean & healthy environment (all the things around you)
- ☐ Immunizations (getting a vaccine or a shot to prevent certain types of illness)
- ☐ Infectious disease (illness that can spread around, such as flu or tuberculosis)
- ☐ Healthy babies and mothers
- ☐ Mental health (depression, anxiety, stress)
- ☐ Nutrition (healthy food and eating habits, food allergies)
- ☐ Obesity
- ☐ Sexually transmitted disease (diseases spread by sex)
- ☐ Tobacco use (cigarette smoking, snuff, chewing tobacco)
- ☐ I don't know
- ☐ Other(s):_____
  _____
  _____

3. What would MOST IMPROVE THE QUALITY OF LIFE for our ENTIRE COMMUNITY? Please select five (5) areas where the community SHOULD FOCUS its resources and attention by placing an "X" in five (5) boxes below:

- ☐ A more walk-able, bike-able community
- ☐ A safer food supply (that won't make you sick)
- ☐ Access to affordable housing for everyone
- ☐ Access to health care for everyone
- ☐ Access to health education for everyone
- ☐ Access to medical screenings for everyone
- ☐ Greater access to arts and cultural events
- ☐ Improved local 24-hour police, fire and rescue services
- ☐ Meet basic needs of everyone (food, shelter, clothing)
- ☐ Better prepared for emergencies
- ☐ Social and cultural diversity is appreciated by community members
- ☐ Increased access to parks and recreation
- ☐ Living in a cleaner and healthier environment
- ☐ An end to homelessness
- ☐ Access to affordable, healthy food in everyone's community (fresh fruits, vegetables)
- ☐ Internet access for all
- ☐ More jobs and a healthier economy
- ☐ Living in a friendlier community
- ☐ Less crime
- ☐ Less violence (domestic, elder, child)
- ☐ More programs, activities and support for *youth and teens* during non-school hours
- ☐ More programs, activities and support for the *senior community*
- ☐ Safer neighborhoods
- ☐ Services and support for everyone needing help during times of stress and crisis
- ☐ I don't know
- ☐ Other(s): _____

_____

Please answer the following questions about yourself so that we can better understand how members of our diverse community feel about the issues listed above.

4. Home zip code: _____

5. Gender: ☐ Female ☐ Male

6. Do you have children under the age of 18? ☐ Yes ☐ No

7. Your age:
- ☐ Under 18 years
- ☐ 18 - 24 years
- ☐ 25 - 34 years
- ☐ 35 - 44 years
- ☐ 45 - 64 years
- ☐ 65 - 80 years
- ☐ 80+ years

8. Your highest level of education:
- ☐ Less than high school diploma
- ☐ High school diploma / GED
- ☐ Some college
- ☐ Associates / Technical degree
- ☐ Bachelors degree
- ☐ Graduate degree or higher

9. Race / Ethnicity:
- ☐ African American / Black
- ☐ Asian / Pacific Islander
- ☐ Hispanic / Latino
- ☐ Native American
- ☐ White / Caucasian
- ☐ Other / Multiracial

10. Annual household income:
- ☐ Less than $10,000
- ☐ $10,000 - $49,999
- ☐ $50,000 - $99,999
- ☐ $100,000 - $149,999
- ☐ $150,000+
- ☐ I don't know or choose not to answer

11. How long have you been a member of the community?
- ☐ Under two years
- ☐ 2 - 5 years
- ☐ 6 - 10 years
- ☐ Over 10 years

12. Where do you usually go for healthcare?
- ☐ The hospital / emergency room
- ☐ Private doctor's office / HMO
- ☐ Free or reduced fee clinics
- ☐ I don't get health care

Please write any additional comments below:

_____

_____

_____

Partnership for a Healthier Fairfax
Community Themes & Strengths Subcommittee
Focus Group Facilitator Guide

FOCUS GROUP PREPARATION

Supplies:

- This guide for the facilitator, as well as the Focus Group Summary to note any group characteristics or other observations.
- Flip chart stand, paper and markers for the recorder.
- Copies of the focus group questions for the participants.

Focus Group Guidelines:

- Focus groups should have about 12 participants, if possible, but anywhere in the range of 7 - 15 works well.
- Both the facilitator and recorder should remain neutral to the content or what group members say. This neutrality applies to both verbal and nonverbal responses to member comments or ideas. It is very easy to slip from this neutrality and make a verbal or nonverbal response that favors one member comment/idea over another.
- Both the facilitator and recorder should also be observers of any significant group dynamics or strong opinions. Include this information on the summary under "Other relevant information/ observations."

Recording Guidelines:

- Write large enough for the speaker to be able to see his/her statement in writing.
- Try to alternate marker colors to make it easier to read and distinguish between comments/ideas (if the pace of the discussion allows it).
- Number your pages and label with the question number (Q1, Q2, Q3).
- Capture the main point the speaker makes, in the speaker's words, but don't try to capture everything verbatim – be aware that the facilitator may from time to time try to help you with this by restating the group member's comment in a way that it can be recorded – sometimes when a member makes a very long statement, a facilitator may "feed" you the short version for recording.
- When you are not clear about what was said, when you are not able to keep up with the statements because the group is moving too fast for you, or when you are not sure that you captured what was said, direct your statements to the facilitator, because he/she has responsibility for making sure that you can hear, keep up, etc. Statements like, "You are moving a little too fast for me, I didn't get the last statement" or "I'm not sure I accurately heard the last statement" or" I'm not sure I have accurately captured that last statement" are examples of ways to get help from the facilitator.
- Post your completed pages around the room in visible locations as you complete them. Try to keep the pages posted in the order that they were recorded but recognize that some room configurations and wall space do not lend themselves to ordering the pages. Ask for help with this task from someone if you need it, since it takes you away from recording for a brief time. Alternatively, make sure that the facilitator is aware that you are away from recording for a moment so that he/she can wait for you.

Post Focus Group:

- Transcribe the notes taken onto the Focus Group Summary table and send electronically.

FOCUS GROUP PROCESS

Purpose:

- Welcome! Thank you for your participation today in this focus group about community health. You have been asked to participate because you (work / live / play) in (Fairfax County / Fairfax City / Falls Church City / Town of Herndon / Town of Clifton / Town of Vienna). This focus group will last for approximately (30/45/60) minutes.
- My name is _____, and I am (a member of/a supporter of/ staff to) the Partnership for a Healthier Fairfax, which is a group of community members and organizations working together to improve public health.
- The ideas, opinions and thoughts you share today will help us to identify our community's strengths as well as issues needing more attention. The results of today's discussion will be combined with results from other focus groups to inform the Partnership about different perspectives in the community as it plans for the future.

Roles:

- I will be the facilitator. My job is to guide the group process and make sure that everyone has the opportunity to contribute their thoughts.
- _____ will be the recorder. He/She will write down the key components of what is said and may ask for clarification to assure that your comments are captured accurately.
- You are a participant. We ask you to express your thoughts, ideas and opinions, following a few commonly used group guidelines:
  1. All points of view are accepted and respected.
  2. Only one person speaks at a time so that all ideas can be heard.
  3. Monitor your air time to allow all points of view to be expressed.
  4. Silence is accepted. Participate as you feel comfortable.
  5. Please keep confidential the information that others share today.

Process:

Each of you has a copy of the Focus Group Questions. Please note:

- For the purposes of our meeting today, the word "community" refers to all those who live, work or play in either Fairfax County, Fairfax City, Falls Church City, or the towns of Herndon, Clifton or Vienna.
- In addition to answering the question, please explain your reasons for your response.
- The options below the question are simply ideas for you to consider. Please do not be constrained by those choices. Answer the question freely in your own words.
- We will read each question and use a round robin format to collect responses. The first person to respond will provide one idea, opinion or item for the list and then we'll move to the next person for another response. Please feel free to pass if you have no response. After we get around the table, we will start again until all ideas are expressed, or our allotted time runs out.
- Any questions on the process before we begin?
- (Ask the first question & record all responses. Repeat for questions two and three.)

Adjournment:

We really appreciate your participation today. We are also conducting a community-wide health survey using similar questions. Please encourage your colleagues, neighbors and friends to access our website (on the questions page / business card) to complete the brief survey. Thanks again!

Focus Group / PhotoVoice Summary

Facilitator:	**Date:**
Recorder:	**Location:**
Language:	**Organization:**

Group Characteristics*

***Do not ask these questions. Complete the table to the best of your abilities based on observations and knowledge of the group.**

Targeted group/population:	**Number of participants :**

Gender	#	**Education Level**	#	**Race/Ethnicity**	#	**Ages**	#
Female		High school/GED		African American/Black		Under 18	
Male		Some college		Asian/Pacific Islander		18 - 24	
Income Level	#	Associates/Technical		Hispanic/Latino		25 - 34	
Low		Bachelors		Native American		35 - 44	
Moderate		Graduate or higher		White/Caucasian		45 - 64	
High				Other/Multiracial		65 - 80	

Other relevant information/observations:

Q1: What are the greatest strengths of our entire community?

-
-
-
-

Q2: What are the most important health-related issues for our entire community?

-
-
-
-

Q3: What would most improve the quality of life for our entire community?

-
-
-
-