Partnership for a Healthier Fairfax MAPP

Mobilizing for Action through Planning and Partnerships (MAPP)

Forces of Change Assessment for the Fairfax Area

The Forces of Change (FOC) Assessment is one of four assessments conducted as part of the overarching Mobilizing for Action through Planning and Partnerships (MAPP) community health strategic planning initiative. This assessment focuses on identifying the trends, factors, and events that are likely to influence community health and quality of life, or impact the work of the local public health system.

The FOC Assessment was performed by a diverse group of key community health stakeholders established as a subcommittee of the larger MAPP Community Coalition. The FOC Subcommittee conducted its work between May and September 2010 through various mechanisms including face-to-face meetings with remote participation, electronic brainstorming sessions, and online document sharing and discussions.

FOC subcommittee members were charged with answering the following questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" To address those questions, subcommittee members determined the economic, environmental, legal/political, medical, social, technological/scientific, and ethical forces that impact how the Fairfax community and its public health system functions. The subcommittee then developed a list of potential opportunities and threats for each identified force.

The subcommittee findings were compiled into the attached comprehensive matrix of key forces and their associated impacts upon the health of the Fairfax community. The MAPP Community Coalition reviewed the 40 forces and identified those that they felt were particularly significant in the Fairfax community. A selection of the results is included below:

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

The information gathered through the FOC Assessment is an important component of the MAPP comprehensive community assessment process. These findings will be used in conjunction with the results of the other three MAPP assessments to identify key strategic issues and priorities for action by our community.

FORCES OF CHANGE ASSESSMENT FOR THE FAIRFAX COMMUNITY		
FORCE	**THREATS POSED**	**OPPORTUNITIES CREATED**
Economic		
Recession	Business closures; unemployment and underemployment; reduced tax revenue; delayed retirement plans; declining values of investments; cautious spending; delay in economic recovery; temporary stimulus money masks community problems; reduced public and private capacities; reduction in benefits.	Stimulus funding; delayed retirement plans; increased efficiencies; reduction of duplication; collaboration.
Housing market decline	Reduced real estate tax revenues, resulting in more competition for limited county resources; instability of neighborhood networks; overcrowded housing.	Investment in improving existing housing/neighborhoods; lower tax burden on some residents; lower real estate costs allow for acquisition of properties to increase affordable housing stock.
High cost of living	Disproportionate share of family net income spent on housing costs; lack of affordable housing, including for seniors and those with long-term care needs; workforce living farther from employment, increasing personal and public transportation costs.	Development of shared housing programs; support for policies that promote mixed income housing development.
Rising healthcare costs	Inadequate physician reimbursement which potentially reduces access; increasing insurance co-pays, deductibles and denials; delay in diagnoses and treatment which worsens health outcomes and escalates costs further; employers reducing health benefits.	Heathcare reform; employee wellness programs; increased attention on prevention; greater personal responsibility for behaviors impacting health.
Influence of large institutions / healthcare systems	Loss of choice; increased costs; market forces that may affect the accessibility, quality, and/or affordability of health services.	Improved economies of scale; increased choice for insured; potential for better clinical outcomes; opportunity for clinical quality improvements.
Budget reductions at local and state levels	Potential for reduction in entitlement programs and Medicaid; reduced local and state funding of social and health services programs; reduction of public employees; decreased funding for nonprofits; reduction in nonprofits' service and scope; potential loss of veteran staff due to lay-offs.	Development of creative non-governmental solutions; more interest in philanthropic targeting of funds and small businesses may be able to see profitable niches that were not open to entrepreneurship when competing; consolidation of programs; reduction in duplication of programs/services.
Environmental		
Urbanization of Fairfax County	Greater population density; increased pollution; high stress; negative impact on the quality of life; longer emergency medical response times.	Greater density/availability of emergency medical services.
Traffic congestion	High level of pollution; longer driving hours; high stress w/potential mental health impact; impact upon air quality.	Development of creative solutions to transportation needs; increased attention to "walkable" work/live environments.
Part of the National Capital Region	Proximity to federal government places the area at a higher risk of a bioterrorist attack, dirty bomb or emerging infectious disease; highly transient community resulting in a lack of community connectedness.	High quantity of employment opportunities; regional collaboration on major issues.

FORCES OF CHANGE ASSESSMENT FOR THE FAIRFAX COMMUNITY		
FORCE	**THREATS POSED**	**OPPORTUNITIES CREATED**
Military Base realignment	Traffic congestion; increase in buildings; increased pressure on community and health infrastructure and resources.	Increase in military personnel/families; bolster economy through increased consumer spending and home purchase/rent.
Climate / environmental changes	Potential increase in the number or severity of weather events; potential health consequences of deteriorating environment.	Increased awareness of environmental changes on health; greater understanding of the connection between environment and health; increased preparedness for emergencies, water conservations, energy conservation.
Built environment	Lack of walkways and trails limit ability to safely travel by foot or bike and discourages physical activity; more travel by cars contributes to stress and obesity; continuing loss of trees and green space through present and planned expansion of "impermeable surfaces".	Recognition that new communities need to be more human friendly; bring needed resources closer to those who need them; enhance "cleaner" transit and walkability; engage private sector to finance or construct to encourage health and wellness and reduce traffic; development of a community strategic plan.
Food safety threats	Increase in the number of food recalls due to contamination of products; increase in foodborne illness.	Potential for better food safety food regulations and consumer education on safe food handling/practices; increased education at an early level in our schools and homes; increased public awareness of related issues.
Going green movement	Cost benefit may initially be high and long term in nature.	Healthcare facilities that "model" healthy environmental practices; potential increase in jobs and change in consumer behaviors.
Housing	Housing stock deterioration; overcrowding and unsafe conditions; hoarding.	Available funding for affordable housing preservation; workforce housing initiatives; mixed-use development with mixed-income housing near jobs and services.
Legal / Political		
Health Care Reform (HCR)	Uncertain impact on affordable health care programs; impact on providers; political resistance; impact upon groups not covered by HCR.	Expanded healthcare coverage; increased access mandates; movement of public health work to be more population focused; increased focus on prevention and wellness; less need for state and local tax support for health care safety net.
Focus on emergency preparedness	Expense to individuals, organizations and other community entities; less focus and funding for existing public health issues such as chronic disease.	Increased emergency preparedness funding; increased community awareness of threats; improved emergency preparedness and disease surveillance; better coordination and cooperation among first responders; ability to respond to a variety of public health threats.
Regional Certificate of Public Need (COPN) Review	Loss of local/regional input to planning; potential for increased costs and dominance by large health care entities; loss of effective tools to make large health care corporations accountable to the public in their planning of services.	Potential to foster competition; reduced bureaucracy and red tape; increase public awareness of the value of local input into planning.
2010 Dietary Guidelines	Higher costs due to new nutrition standards; rising demand for special dietary requirements.	Accessibility of nutrition information; improved availability of healthier meals and modified menu options; potential for the reduction of the incidence of health problems related to poor nutrition; nutrition education by qualified professionals.

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FORCE	**THREATS POSED**	**OPPORTUNITIES CREATED**
Social		
Increasingly diverse community	Financial impact of providing ethnic meals; challenges posed when communicating public health messaging and education, and providing population based services to self segregated ethnic communities.	Cultural competency training for workforce; more multigenerational family ties; faith communities in action working together to address issues; program/services are run/created with a plan to include our growing diverse populations.
Increasing senior population	Decline in caregiver population; increasing number with disabilities; increasing costs of services and loss of family supports as parents also age; potential for duplication of services.	Seniors/ persons with disabilities are able to continue living in their homes; county 50+ programs/strategies; political opportunities to influence public spending; increased pool of retired/semi-retired talent and resources; increased number of programs and service models.
Abuse, neglect, exploitation and violence	Increased demand for resources and support services; increased ER usage; greater demand for mental health services; decreased community safety; increased vulnerability of at-risk groups.	Evaluate laws and their efficacy; strengthen enforcement; expansion of prevention programs to build personal, family and community resilience.
Large immigrant population	Undocumented residents do not qualify for many public health services; stress on social services, public safety, and health care; fear and lack of trust prevents some from using safety net services until its urgent; related stress and feeling powerless increases health risks and problems.	Advocacy for increased resources; economic and workforce capacity; education and outreach utilizing lay community health workers.
Increasing veteran population	Need for more psycho-social and therapeutic supports, adaptive recreation, housing and workforce preparation; potential increase in homelessness, domestic violence, mental health issues; increased strain on services.	Greater collaboration between military and civilian community support networks; retired military personnel as potential resource.
Homeless families and children	Social, mental health and overall health effects on familes and children experiencing homelessness.	Stimulus funding to address immediate need for housing; increased public/private efforts to prevent and end homelessness through the county's strategic plan.
Medical		
Pandemic illness	Social and economic disruptions; burden on health care system; rapid transmission of pathogens due to international travel.	Education and coordination among the community and the community infrastructure about self-care; new and expanded development and implementation of public and private Continuation of Operation Plans; shared community responsibility for emergency preparedness.
Increase in chronic disease	Negative impact on overall quality of life as well as personal and family health; increase in health care and employer costs.	Greater attention and education on health promoting behaviors and accountability for personal health; funding to promote health and well being.

FORCES OF CHANGE ASSESSMENT FOR THE FAIRFAX COMMUNITY		
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Adult and childhood obesity	Negative impact on overall quality of life as well as personal and family health; increase in health care and employer costs.	Nutrition education and wellness programs; promotion of healthy lifestyles; local and state government participation; access to funding opportunties; support locally grown produce initiatives.
Demand for long term care services	Limited availability and increased costs.	Development of innovative services for long-term care; growing pool of potential purchasers may lead to more affordability and improved regulations; more opportunities for alternatives to nursing home care including better home and community based services.
Shifts/changes in hospital ownership	Diminished capacity to provide indigent care.	New trends in delivery that favor continuum of in-patient to out-patient treatment; more follow-up care management for chronic illness; competition could lower costs.
Imbalance of supply and demand of the healthcare workforce	Greater emphasis on specialty care instead of primary care; reduced availability of health care; increased cost of care.	Partnership between universities and health care systems; Workforce Investment Board initiatives; entrepreneurship and training in creative care solutions.
Emerging/Increasing cognitive and behavioral disorders	Rising incidence rate and associated increase in healthcare costs; high frequency of comorbidity and resulting complexity of care; adverse impacts on caregivers; risk to self and others; increased demand for long-care care services; controversy regarding causal factors.	High level of informal supports provided by family/friends; promotion of evidenced based strategies to reduce risk; support programs for caregivers; research for improved diagnosis and treatment; potential for increased consumer-directed care.
Food allergies	Impact on schools and child care providers.	Greater understanding/sensitivity of allergies and potential consequences.
Integration of behavioral and primary healthcare	Increased costs; coordination between independent systems; patient resistance to behavioral and primary care interface due to the stigma associated with mental health conditions.	Prevention and more effective treatment of major illnesses, chronic disease and comorbid conditions; additional supports for recovery and independent community living.
Technological / Scientific		
Telemedicine	Potential social isolation; less connection with providers; inability to access technology.	Increased access, utilization and compliance with medical care; more remote services and on demand intervention.
Electronic medical record (EMR)	Start up costs; initial loss of efficiency; lack of utilization by those without access to technology.	Increased access to information, utilization of services, and compliance with medical care; increased quality of care.
High-tech medicine	Increased cost; more risks to patients.	Improved diagnostic capabilities; potential to leverage expertise and potential contribution of resources available due to the relocation of high tech/biomedical companies to the area.
Smart Houses and sensor systems	Technologies may be expensive and beyond the means of persons most needing them.	Ability for more people to age in place or allow persons with disabilities or support needs to remain in less costly environments of their choice; increased business opportunites.

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Evolving communication technologies	Readily available misinformation; unequal access and use of technology to obtain information; increased demand on the local public health system for information through nontraditional channels.	New technologies to convey important public health messages; investment in communities or populations with limited access.
Ethical		
Social determinants of health	Potential disparity in health outcomes due to differences in neighborhood resources, discrimination by social groupings, socioeconomic status, and social or environmental stressors; lack of understanding of the impacts upon health of the economic and social conditions under which people live; focus on behavioral-based approaches without addressing root causes.	Systemic approach to address root causes of health inequities through collaboration among diverse entities; support for population-based approaches to public health; community involvement and leveraging of resources to address socio-economic disparities.

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