

November 14, 2011

HEALTHY PEOPLE

2011

Healthy People



Fairfax County Human Services
Council Roundtable Discussion
November 14, 2011

Human Services System

Healthy People...

The Human Services System engages multiple sectors and is working collaboratively to strengthen policies and practices that will:

- Create social and physical environments that promote health equity and improve the health of all groups
- Promote quality of life, healthy development, and healthy behaviors across all life stages
- Improve quality and access to primary, behavioral, oral health, and pharmacy services
- Enable residents to attain high-quality, longer lives, free of preventable disease, disability, injury, and premature death

Current Population Served

- All residents of the Fairfax Community
- Programs focus on individual needs of residents.

Populations and Characteristics of People We Serve Today (and factors influencing services to general population and target groups)

- The Human Service System focuses on the general well-being of all residents of the county. It works to protect, promote and improve health and the quality of life.
- Services include:
 - health and wellness promotion
 - healthy living
 - preventive services
 - primary care
 - oral health
 - immunizations/contagious diseases
 - food safety
 - environmental health
 - behavioral health
 - substance abuse services
 - mental health recovery
 - supportive and treatment services for behavioral health concerns
 - identification and early interventions for childhood developmental delays (Infant Toddler Connection)
 - interventions that address risk behaviors

Population Growth

Since 2000, the population has increased by 11.5 percent and is expected to grow steadily over the next few decades.

Income & Poverty

- The Fairfax Community is one of the wealthiest in the nation, yet the number of residents living in poverty in Fairfax County increased 33 percent from 2000 to 2009.
- Nearly 58,000 county residents live in poverty.
- 3.5 percent of Fairfax County families live in poverty.

Diversity

- In 1970, racial and ethnic minorities comprised less than 7 percent of the population; today, racial and ethnic minorities are nearly half of the population.
- The net population growth between 2000 and 2010 was attributable primarily to growth among racial and ethnic minorities.
- Fairfax is an immigrant gateway: the percentage of foreign-born residents in the county is more than twice that found nationally.

Diversity *(continued)*

- A growing number of Fairfax households speak a language other than English at home (34 percent). Over 100 different languages are spoken at home by students enrolled in the Fairfax County Public Schools (FCPS).

Aging

- The number of older adults in Fairfax is gradually increasing; by 2026 there will be nearly 150,000 residents over 65 years of age, a 3% increase over current numbers.
- The region's total population is increasing: growth is expected to occur across all age groups.

Physical Health

- Current estimates show that Fairfax currently has over 110,000 residents who are uninsured, without a medical home. By 2014, this number will be reduced by half, by coverage expansion through private insurance (e.g. health exchanges) and Medicaid (e.g. 133% of poverty).
- Safety net providers provided medical care to over 50,000 low income adults and children Fairfax residents in the last year. Safety net providers include Community Health Centers (Federally Qualified Health Centers a.k.a. FQHC); Inova Health Systems and Reston HCA; free clinics, Kaiser-Permanente; faith-based organizations, foundations and others.
- As of September 1, 2011, there were over 62,000 low-income adults and children in Fairfax receiving Medicaid.
- In FY 2011, Medicaid financed over 400 million dollars for medical services for Fairfax residents.

Physical Health *(continued)*

- Fairfax takes 1,600 new Medicaid applications monthly; Average monthly caseload is 52,000.
- As of July 2011, nearly 43, 000 individuals participated in SNAP (Supplemental Nutrition Assistance Program); it is estimated that there are another 25,000 eligible participants in Fairfax.
- As of July 2011, over 19,500 women, infant and children in Fairfax were enrolled in the WIC (Women, Infant and Children) Program.

Behavioral Health

- Two-thirds of the people receiving county services for mental illness, substance use disorder or intellectual disability in 2010 had incomes below \$10,000.
- Housing, employment opportunities, transportation, and access to health care are essential for sustained recovery and independence.
- Mental health consumers have a higher prevalence of metabolic syndrome, liver diseases, hypertension and dental disorders.
- Mental health consumers have the lowest rate of utilization of preventive medicine and self-care.
- Only 7.4% of individuals with co-occurring mental illness and substance use disorders received treatment for both conditions.

Oral Health

- Oral health diseases are progressive and cumulative; it affects our ability to work at home, school and on the job.
- Poorer residents were more likely to lose their teeth and five times more likely to report needing or wearing dentures and five times more likely to have a tooth pulled.
- Among adults who do have health insurance, only a quarter (24%) has coverage that includes dental care. For higher-income adults, the percentage with dental coverage is 64%.
- Lower-income adult residents who have received care in the last two years sought care for acute dental problems in a hospital emergency room.
- Forty-five percent of low-income parents reported their children had not received recent care because they couldn't afford dentist visits.
- Among those parents surveyed whose children have not received care recently, 52% of lower-income parents said they only seek dental care for their children in an emergency, compared to 21% of higher-income parents.

Target Populations (Where more work needs to be done)

Persons with Serious and/or Chronic Illnesses—behavioral, developmental, physical, oral without access to health care:

- Chronic diseases such as cancer, heart disease, stroke, and chronic lower respiratory diseases (including COPD, asthma, bronchitis, and emphysema), and unintentional injuries are the leading causes of death in Fairfax. These conditions are expected to increase as our community continues to age and endemic environmental risks continue.
- Among the 3 leading causes of death in Fairfax (heart disease, cancer, and stroke), Blacks had the highest age-adjusted mortality rates.
- Average age of death for U.S. adults with serious mental illness is 53 – that’s 25 years earlier than for the general population. These deaths are primarily caused by conditions, such as diabetes and heart disease, which could be managed with consistent medical care.
- Black, Hispanic, and Multiracial youth are more likely to report mental health issues.
- The percentage of Fairfax students who report being depressed is higher than the national rate. Suicide is identified as one of the leading causes of premature death for individuals age 15 to 44.
- Persons abusing substances or alcohol - Fairfax had the highest average for drunk driving fatalities in Virginia between 2005-2010 (19 people).
- Persons needing care coordination for both health access and care needs .

- Risk factors, health conditions, and individual behaviors contributing to chronic disease and premature death are common, costly and preventable.
 - Obesity: 15.1 percent
 - Few fruits and vegetables eaten daily: 71.5 percent
 - No exercise: 14.6 percent
 - Smoking: 14.7 percent
 - High blood pressure: 19.6 percent of the Fairfax County population
- The prevalence of individuals who are overweight and obese is increasing. Obesity is viewed as a significant risk factor for the development of chronic illness and disease in both children and adults.
- Few residents are eating 5 fruits and vegetables a day or getting the recommended amount of exercise. Fairfax has the highest number of physically inactive adults in the state.
- Black and Hispanic youth are less likely to eat 5 or more fruits and vegetables a day and more likely to drink sodas.
- The percentage of children and adolescents who are obese has risen significantly in the last 2 decades.

Health Outcomes

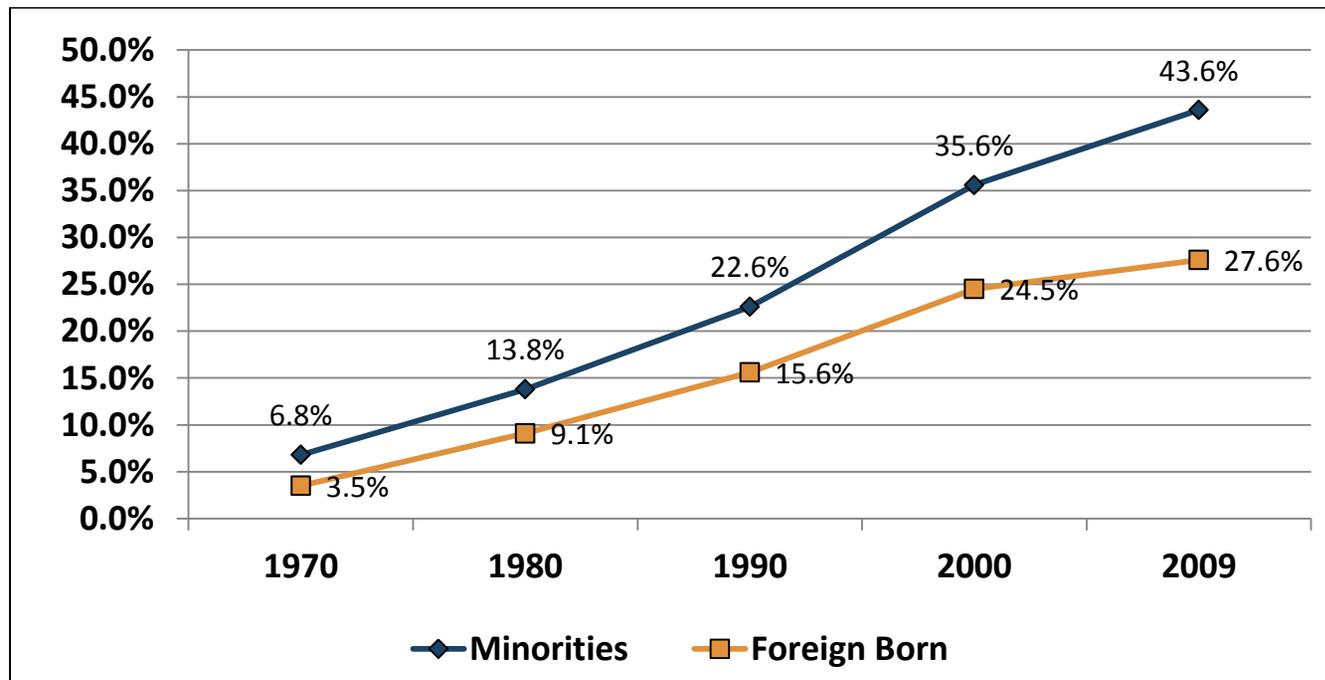
Disparities:

- Gaps in health outcomes between segments of the population are commonly referred to as health disparities. Comparisons between Blacks and Whites, for example, reveal profound disparities across nearly all health status indicators. Similar outcomes are observed for Hispanic/Latino and Multiracial groups as well.
- There is also evidence of health disparities in particular age and income groups as well as certain geographic areas of the Fairfax Community.
- Persons living in low and moderate income households in Fairfax are more likely to lack health insurance coverage than those persons at the same income levels nationally. Nearly 36% of residents who live in poverty are uninsured, compared to 27.8% nationally. Among county residents with incomes between 300 and 399 percent of FPL, 15.3% lack health insurance coverage (compared to 11.5% nationwide).
- Hispanics/Latinos were the most likely to be uninsured, accounting for 30.2% of the county's total uninsured population, and immigrants are more likely than native-born residents to lack health insurance. Residents age 65 and older are the most likely to have health insurance and young adults age 18 to 34 are the least likely to have health insurance coverage. Health insurance coverage is also lacking for 6.4 percent of children under the age of 18.

Health Outcomes

Although good health outcomes are prevalent in our community, there are a growing number of individuals and selected populations who are in poor health.

Fairfax County Racial/Ethnic Minorities and Foreign Born Status, 1970-2009

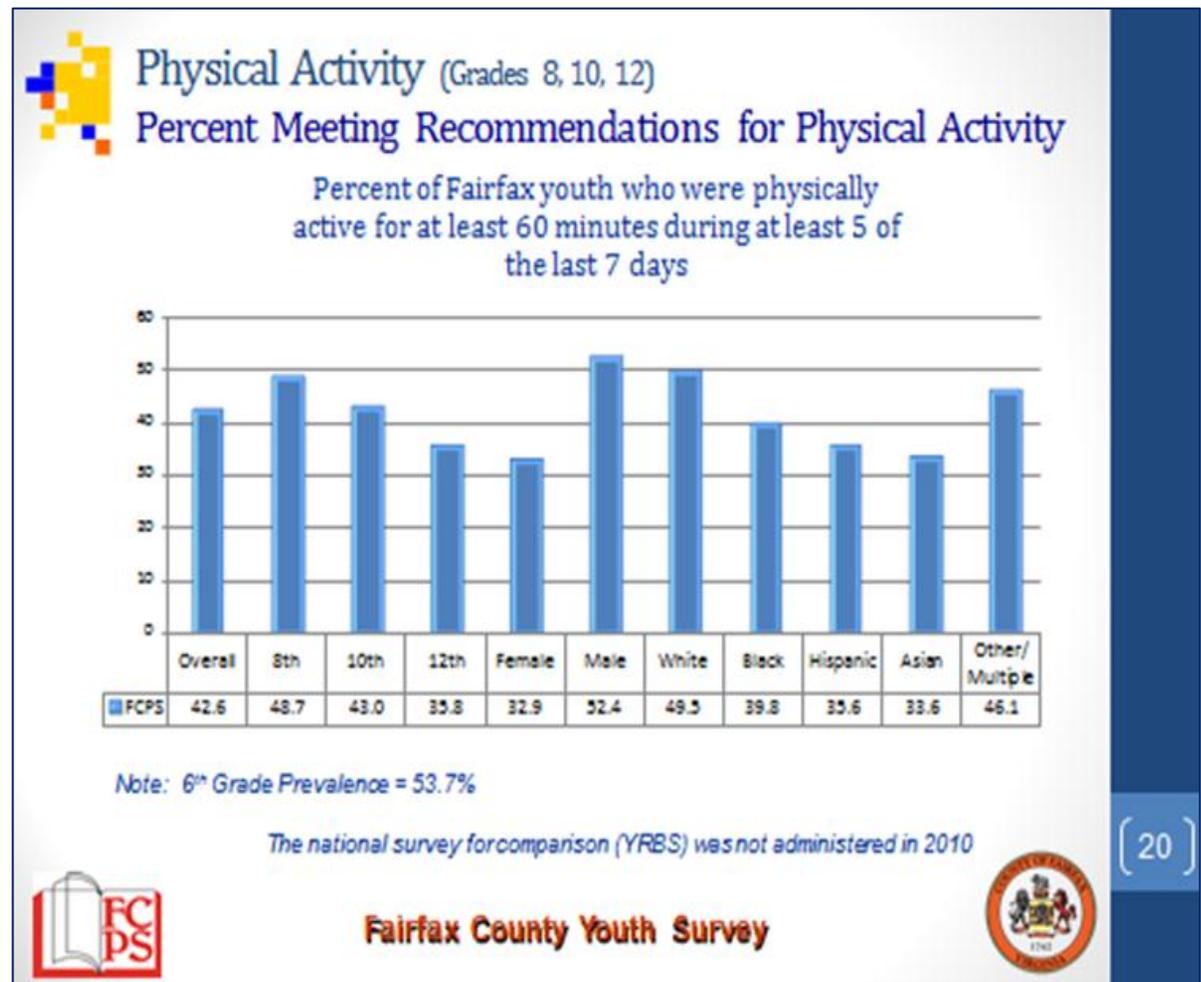


Source: U.S. Census Bureau, 1970, 1980, 1990, & 2000 Decennial Censuses, 2009 American Community Survey.

Health Issues

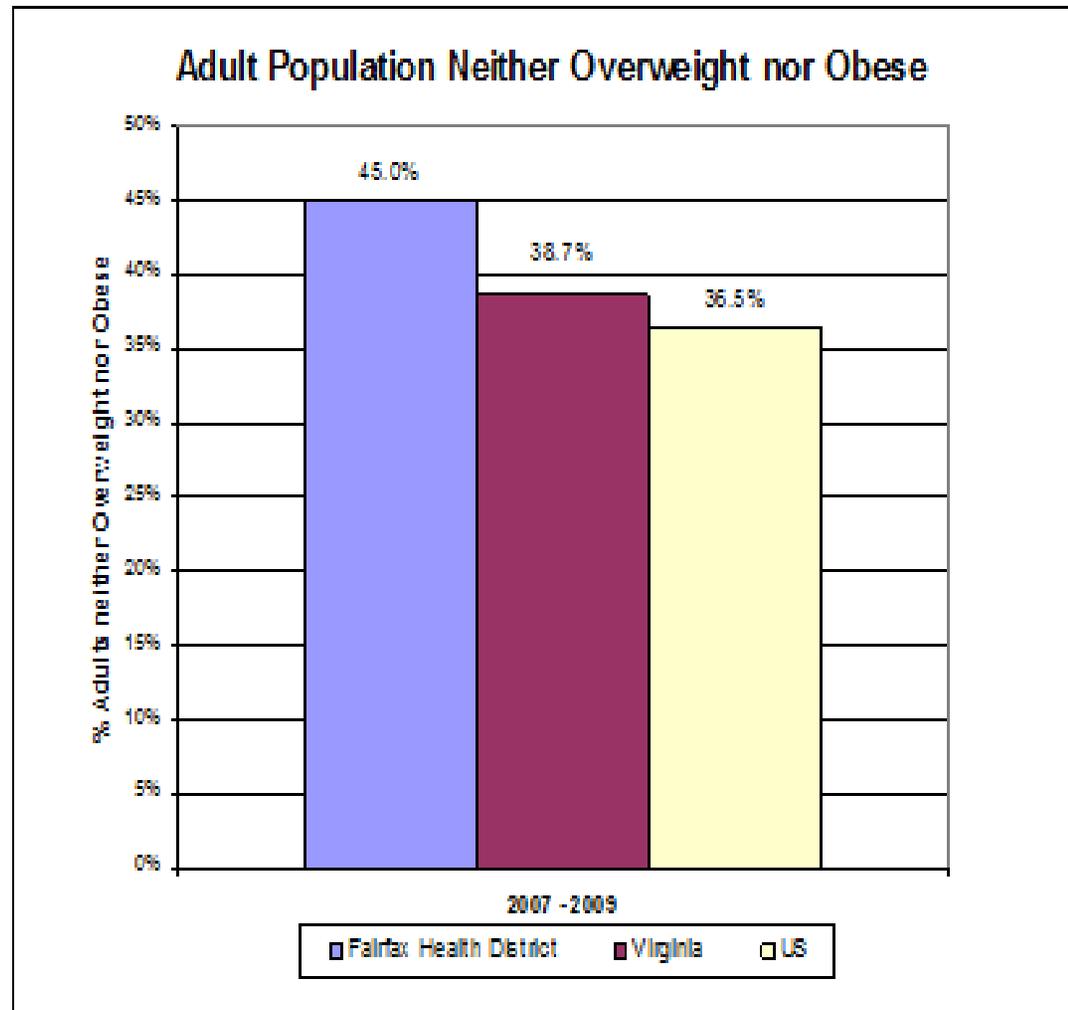
Obesity

- While our community as a whole is doing better than the nation as a whole, is not doing so well with the fight against obesity
- We are seeing differences in physical activity for children of different races/ethnicities



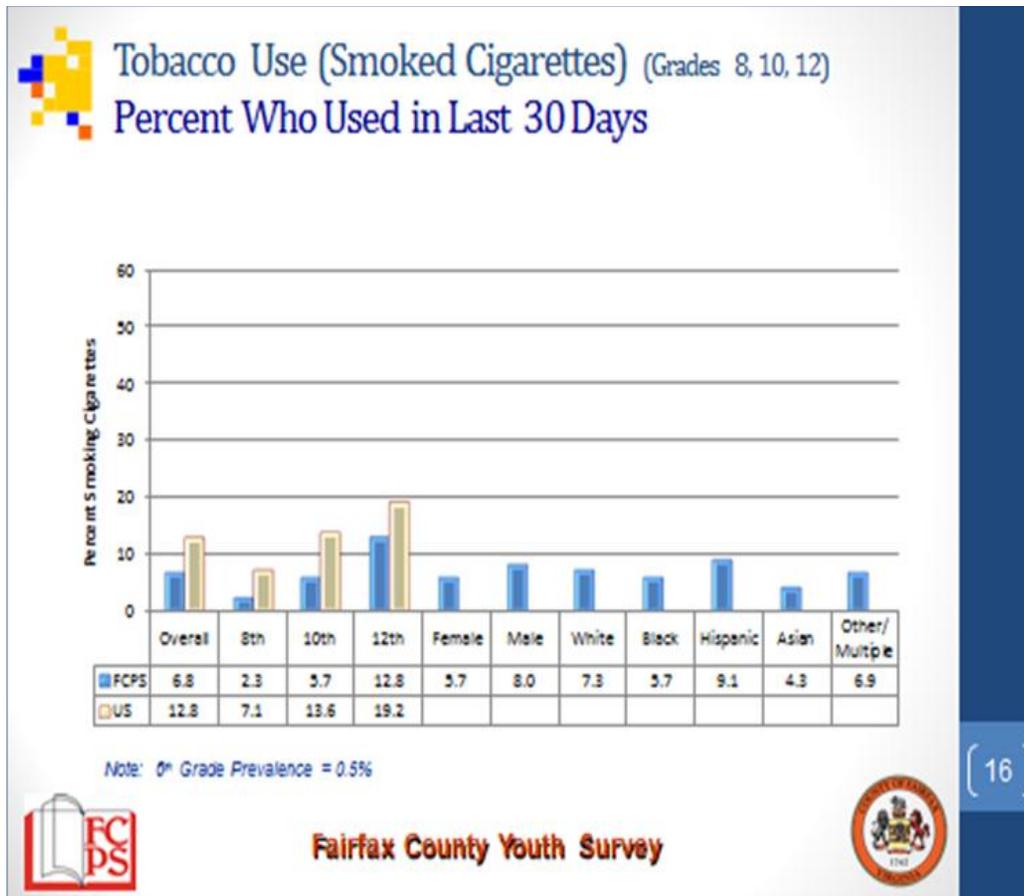
Obesity *(continued)*

- 55% of adults in the county are overweight



Tobacco

- Tobacco use remains a concern for our youth. These are risk behaviors that adversely affect one's health.



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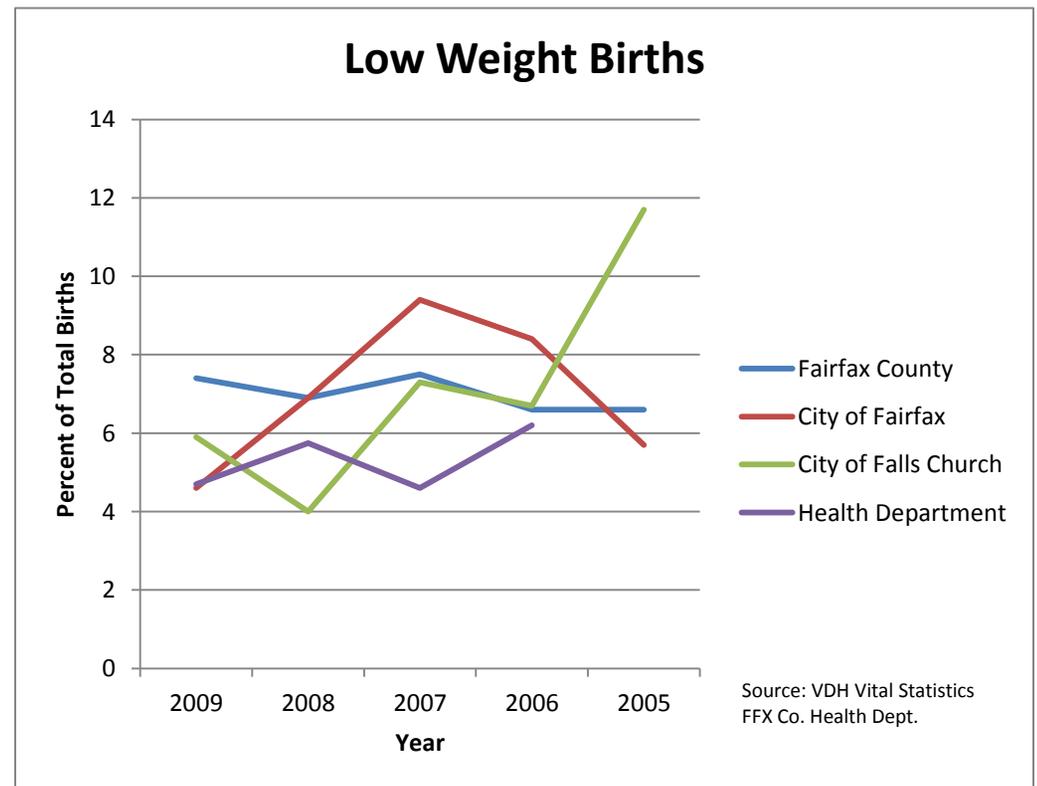
Tobacco Use in Past 30 Days, Fairfax County Public Schools, 2010

Prematurity

- Fairfax has not achieved the national Healthy People 2020 goal of 5% or fewer low birth weight babies.
- Low income pregnant women monitored and cared for in County and Inova maternity programs have better health outcomes than the general population.

	Number of Low Weight Births				
	2009	2008	2007	2006	2005
Fairfax County	1151	1061	1144	965	985
City of Fairfax	17	28	36	27	13
City of Falls Church	9	5	9	7	14
Health Department	113	140	106	125	26

	Percent of Low Weight Births				
	2009	2008	2007	2006	2005
Fairfax County	7.4	6.9	7.5	6.6	6.6
City of Fairfax	4.6	6.9	9.4	8.4	5.7
City of Falls Church	5.9	4	7.3	6.7	11.7
Health Department	4.7	5.75	4.6	6.2	



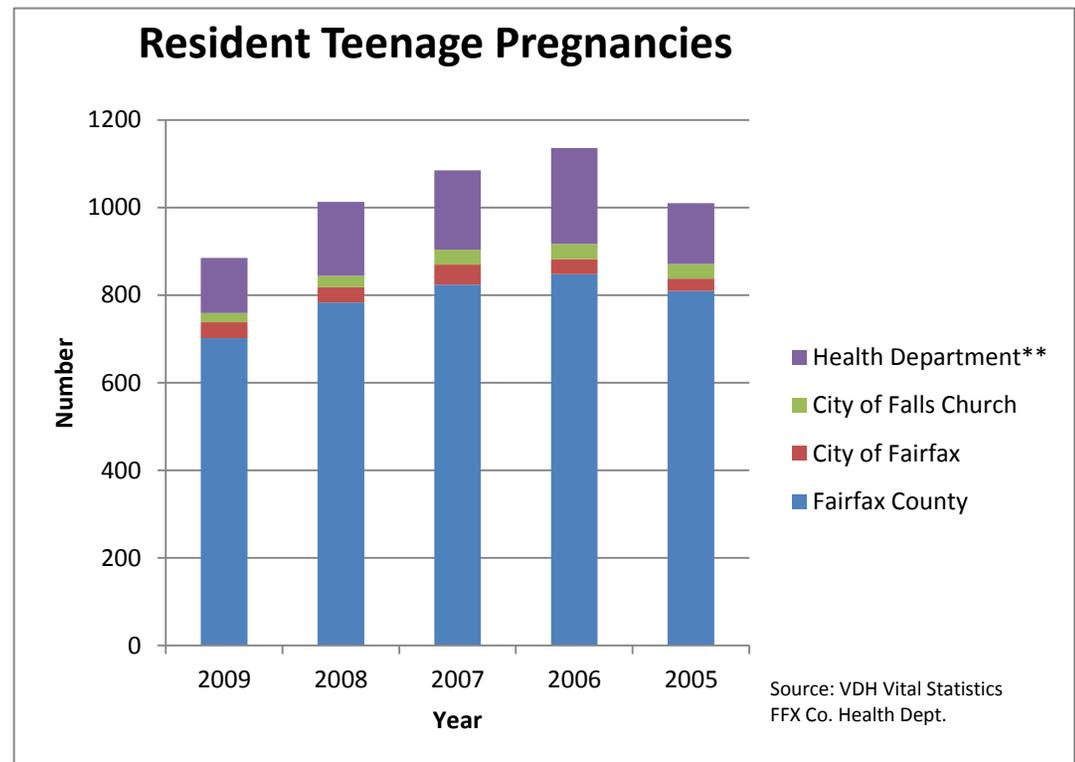
Teen Pregnancy

- Consistent with national, state, and regional trends, teen pregnancies are on the decline.

Teen Pregnancy

	2009	2008	2007	2006	2005
Fairfax County	702	783	824	848	809
City of Fairfax	36	35	46	34	29
City of Falls Church	21	26	34	35	33
Health Department**	126	169	181	219	139

**teen births



Factors Influencing Health

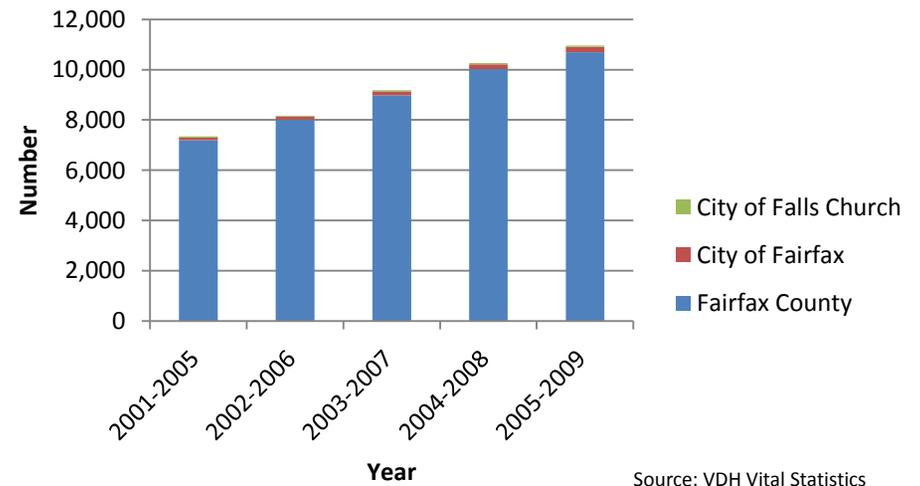
Single Parents

- Research shows single parent head-of-household may face social, financial challenges.
- Fairfax has seen a 33% increase in births to single parent Hispanic women.

Hispanic Five-Year Non-Marital Birth Totals 2001-2009

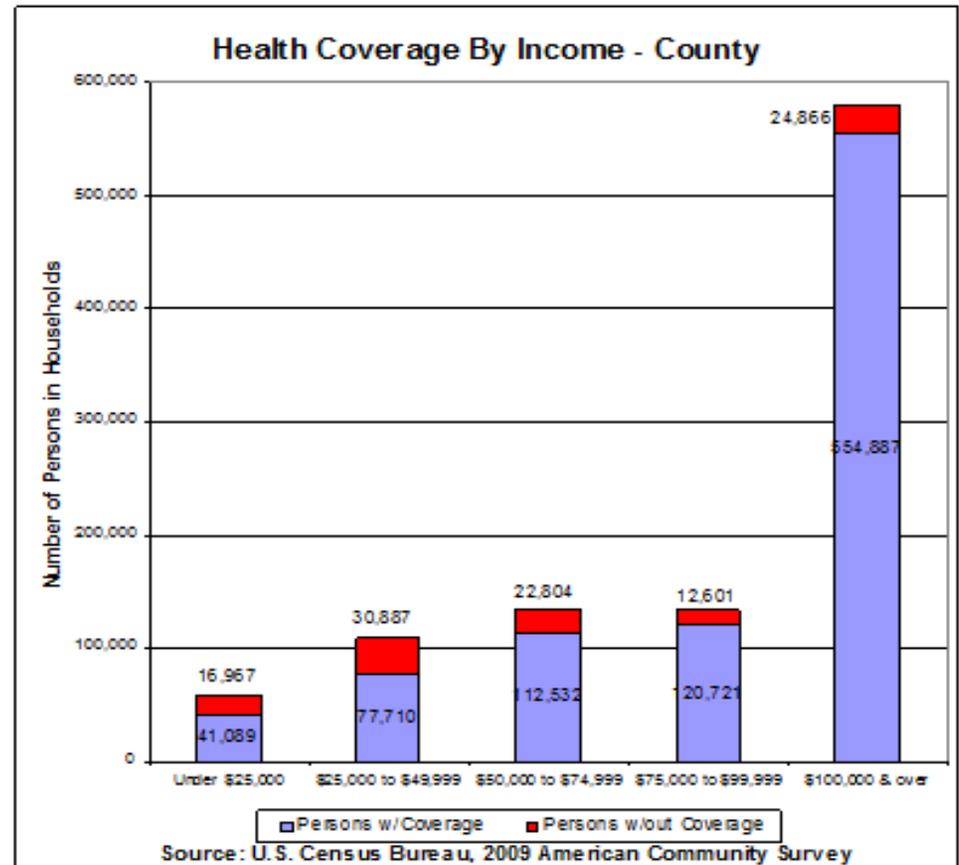
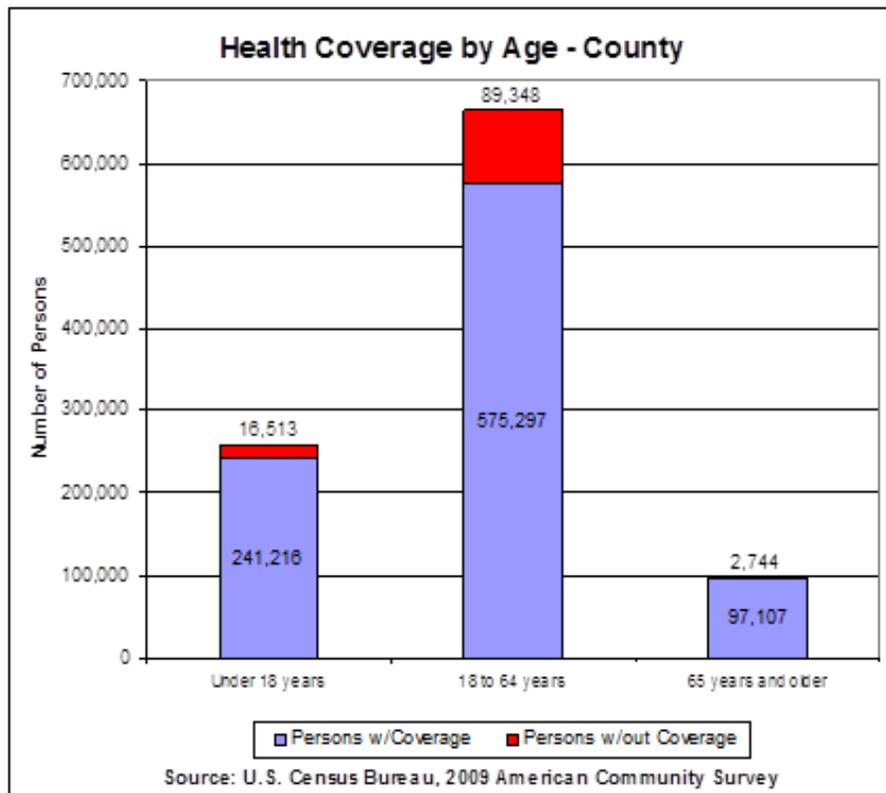
	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009
Fairfax County	7,194	8,004	8,985	10,022	10,692
City of Fairfax	107	124	153	187	209
City of Falls Church	44	41	48	54	61

Hispanic Five-Year Non-Marital Birth Totals 2001-2009



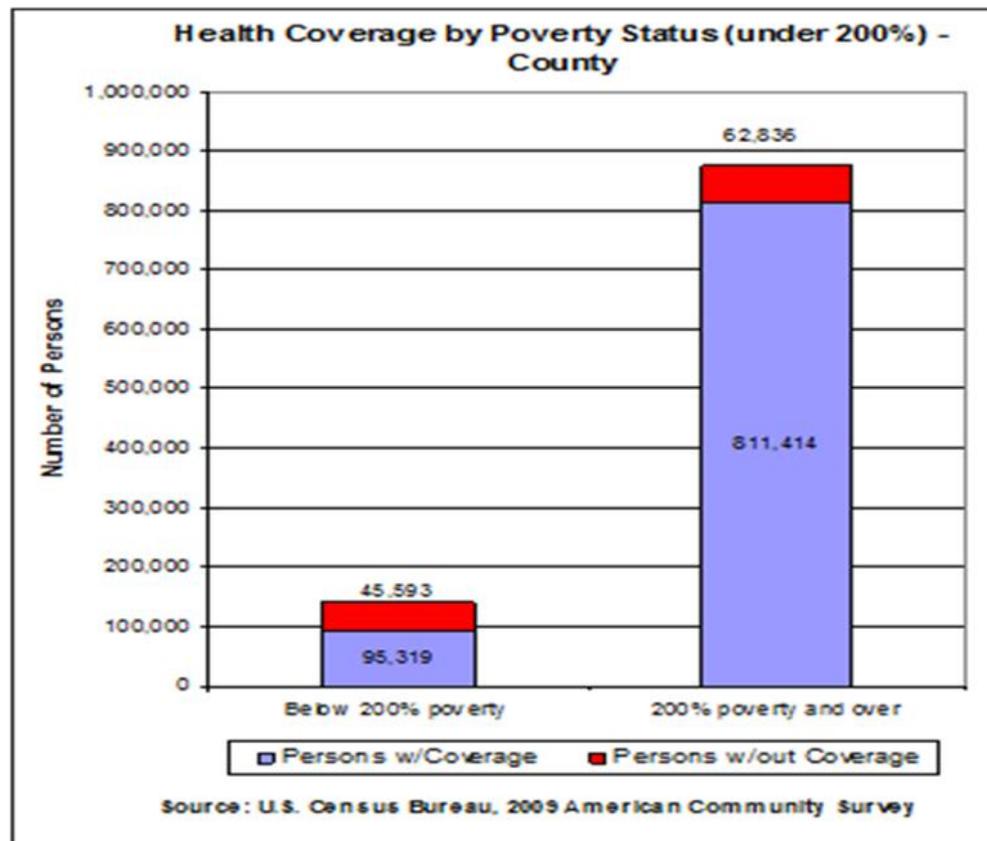
Uninsured

- Over 100,000 people in Fairfax County currently have no health coverage; the majority are between ages 18 to 64



Uninsured *(continued)*

- People without health coverage are concentrated in the lower median income for the county – nearly 2/3 earning below the median county wage; And if you are poor, you are 6 times as likely to be without health insurance.



Cross-Cutting Human Services System

(What is being done to address factors influencing the population the HS system serves)

Current Strategies

- Promote active community living, especially physical fitness and nutritional health of residents of all ages.
- Reduce health disparities and improve health outcomes for identified target populations – persons with no or limited access to health care, poor families and individuals, the homeless, persons with chronic diseases, persons with serious mental illness, persons with disabilities.
- Educate community on environmental/social factors influencing community health - Food safety – Communicable diseases – Risk behaviors.
- Increase community capacity for health care provision and access to the full range of health services, including behavioral health, oral health, chronic disease management, primary care, medication management and preventive services for persons in need of the health care safety net.
- Integrate health services (primary, behavioral health, oral and pharmacy) care services for all persons in the community – “medical homes.”
- Providing community-based services and supports in home and community settings wherever possible, reducing use of long- term residential placements for persons needing treatment and ongoing service supports.

Stakeholders and Relationships *(community, regional, inter-jurisdictional, programs/services, mission, interdependencies)*

- Northern Virginia Mental Health Regional Recovery Work Group
- Community Planning and Management Team
- Northern Virginia Access to Health Care Consortium
- Northern Virginia Health Services Coalition
- Regional Primary Care Coalition
- Project Access and Regional Specialty Care Network
- Partnership for Healthier Fairfax
- Northern Virginia Health Care Foundation
- Health Systems Agency
- Faith Based HIV Initiative

Providers of Contract Services

- Fairfax County uses more than 300 contracts with partners totaling an estimated \$39 million annually for services related to provision of health related services and supports for a healthy community.
- Nearly 2/3 of these contracts are with for profit providers, the remainder with not for profit service entities.

Services covered include:

- case management
- counseling
- crisis intervention services
- outpatient therapy and treatment
- environmental services
- psychiatric treatment
- evaluations and assessments
- home based services
- primary medical care
- dental services
- vocational and day support programs
- residential treatment programs
- medication access

Trends Affecting Capacity of the Human Services System (initiatives, mandates, eligibility issues, financing)

Federal

- Health Care Reform
- Systems of Care for Children and Families
- “Community Immunity”
- Healthy Communities “2020”

State

- Response to health reform - Creation of health insurance exchanges
- Customer Portal
- Medicaid – payments to providers, services covered, enrollment – new populations up to 400% Federal poverty levels
- Workforce capacity

Local/inter-jurisdictional

- CSB transformation efforts – integration of mental health and substance abuse treatment services (Beeman Commission implementation)
- Health Care Safety net – initiative to create Federally Qualified Health Centers to Fairfax County
- Community Transformation Grant
- Regional CSB collaboration around behavioral health managed care state RFP
- Mental Health “First Aid” – identification of risk and community driven responses – for faith organizations, general population training
- Peer support and Self recovery – for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery

Constraints/Barriers (results from studies/research, policy changes, possible funding changes, restructuring)

The Fairfax Community is asset-rich, racially and ethnically diverse, well-educated, wealthy, and abundant in community resources (social, cultural, and intellectual); but these assets are not equally distributed.

- **Health/Social Disparities:** Segments of the population have low socioeconomic status, low educational attainment, high unemployment, poor health status, lower life expectancy, and lack health insurance coverage.
 - Poverty: The highest poverty rates in the county are found in the areas of Reston-Herndon, Bailey's Crossroads-Culmore, Central Fairfax, and the Route 1 Corridor.
 - These contrasts present challenges in planning and providing services to improve public health that meet the health and quality-of-life needs of all residents.
- **Fear/Ignorance:** Cultural differences and/or insecurities on the part of the individual/family may cause certain groups of immigrants to be uninformed about the benefits of obtaining and keeping health insurance (even when free), and/or may be afraid of future repercussion if they accept help.
- **Access:** Access to medication, treatment, preventive, acute, diagnostic, laboratory, case management and basic services are affected when individuals cannot afford to seek care.

Constraints/Barriers *(continued)*

- **Language/Culture:** Fairfax is a mature urban area with a diverse tapestry of cultural and economic resources. The highest concentrations of racial and ethnic minorities are found in the Bailey's Crossroads-Culmore area, the Reston-Herndon area, and the Route 1 Corridor. The highest concentration of poor community health indicators are also found in these areas.
 - Birth Outcomes: Census tracts located in the Reston-Herndon area, Central and Eastern Fairfax (especially Bailey's Crossroads-Culmore area), and the Route 1 Corridor have the highest rates of low-birth weight infants.
 - Hospitalizations: Zip code analysis shows higher emergency department and hospital use among residents living in Reston-Herndon, Bailey's Crossroads-Culmore, and the Route 1 Corridor.

Service Capacity: (behavioral, physical, oral, and pharmacy) capacity may not be adequate to meet projected demand.

- In 2010, 39 percent of all primary care physicians in the area were age 60 or older. New physicians entering the medical profession are less likely to elect primary care, and those who do choose a primary care practice are not entering at a rate fast enough to replace those who are leaving.
- Half of all Virginia RNs are expected to reach age 65 by 2014; between 20-25 percent (18,248-22,810) are likely to reduce their work hours in preparation for retirement.

Service Capacity *(continued)*

- The capacity of certain specialty health providers may not be adequate. Providers who serve children, the chronically ill, the elderly, and those with disabilities and/or mental disorders will be in greatest demand.
- Only 63% of persons receiving CSB services (for mental illness, substance use disorders, or intellectual disability) have a primary health care provider. In FY 2011, the Community Health Care Network (CHCN) enrolled over 26,500 low-income, uninsured County residents who were unable to afford medical care.
- There are a growing number of residents seeking a medical home in Fairfax. Due to unprecedented demand, a waitlist was implemented in March 2011 and currently there are 1,465 individuals on the waitlist. Over 60 new clients from the waitlist are offered enrollment each week.
- Clients served have a multitude of chronic conditions such as high cholesterol, hypertension, diabetes, cardiac, depression, anxiety, and serious mental illness.
- There are a limited number of dental providers for low income adults and/or children in Fairfax. The Health Department dental program is the primary provider of preventive, diagnostic, and restorative dental services low income children and pregnant women. Only slightly more than 3,000 school age children were screened for dental caries.
- Fairfax contracts with Northern Virginia Dental Clinic to provide comprehensive dental care to low income adults (below 200% of poverty).

Environmental Issues Impact the Health and Quality of Life

Issues regarding transportation, land use, lack of pedestrian and bike friendly infrastructure, neighborhood and housing configurations (safety, mobility, access to community resources and services) could adversely affect residents.

Air Quality

- Fairfax County's air quality was rated as the poorest out of the 132 monitoring sites in Virginia (due to noncompliance with particulate and ozone standards).
- The Environmental Protection Agency (EPA) has designated the WMA as a moderate non-attainment area for ozone.
- The number of ozone-exceeding days has decreased since 1998, but Northern Virginia continues to have the highest number of ozone-exceeding days in the state.

Water Quality

- Most of the marine and freshwater recreational waters in Fairfax County fail to meet water quality regulations and guidelines.

Lead Exposure

- Fewer than 1 percent of all children under the age of 72 months were found to have elevated blood levels.

Lyme Disease

- Lyme disease cases increased 13-fold between 2000 and 2009, and the disease is considered endemic in Fairfax County.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

EFFECTIVE SERVICE DELIVERY AND APPROACHES

- Behavioral health consumers of CSB services would access primary care more regularly if it were provided at CSB locations. CSB is developing ways to become primary health care “home” for people it serves.
 - Primary care through the Woodburn and Gartlan “gateway”, CHCN clinics and the Northwest Pilot; limited primary care services at Detox, Crisis Care.
 - Onsite pharmacies at Gartlan and Woodburn centers;
 - Training CSB nurses to provide health assessments as well as case management for people with medically complex needs (GMU partnership);
- Building and expanding collaborative relationships with county’s Community Health Care Network (CHCN), other primary providers and Medicaid managed care organizations.
- Care Transition Model- A public-private initiative serving to improve “care transitions” which refers to the movement of patients between health care practitioners and settings as their condition and care needs change during the course of a chronic or acute illness.
- Front Door Initiative- A cross agency initiative designed to provide an integrated, person-centered assessment and referral system that would expedite access to services for older adults and individuals with disabilities. The goal will be to offer a virtual single point of entry for accessing services for older adults and individuals with disabilities
- Development of a school-based health promotion model focused on healthy lifestyles and disease prevention.
- Restructuring of School Health Program to increase efficiencies and effectiveness.
- The Homeless Healthcare Program (HHP) provides outreach to the unsheltered homeless. Four teams, comprised of medical and

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

psychiatric nurse practitioners from the Health Department and the Community Services Board (CSB), outreach workers from four County non-profits, and CSB mental/substance abuse outreach workers, in addition to one part-time psychiatrist, provide referral and transportation to medical care, mental health, alcohol and drug services and dental care (preventative and restorative).

- The unsheltered homeless are offered the opportunity to enroll in existing County programs such as CHCN, mental health and substance abuse treatment and counseling, emergency shelters, dental/denture program and other social service programs.
- Medical Respite Program is a collaborative effort between the Health Department, Department of Family Services (DFS) and the Embry Rucker Community Shelter which is run by Reston Interfaith.
 - The purpose of the program is to provide short term (30 days) recuperative or convalescent services needed by homeless persons resulting from an illness, surgery and/or an accident.
 - Services are provided by a Health Department nurse practitioner, DFS social worker, contract home health aides and the staff of the Embry Rucker Shelter.

COMMUNITY CAPACITY BUILDING

- In partnership with the FCPS, HS is developing a system-wide plan to address bullying. Partners include the Fairfax Partnership for Youth. A prevention toolkit has been developed.
- A public-private partnership to support implementation of PACE (Program of All Inclusive Care for the Elderly) services in Fairfax County designed to increase service capacity for older adults and adults with disabilities.
- In support of Fairfax County's response to health care reform -
 - Work with FQHCs in the region to plan for increased demand for health safety net services
 - CSB established Behavioral Health Care Network of providers to build and enhance community behavioral health safety net

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

- Partnership for a Healthier Fairfax (PFHF) - Coalition of community members and organizations that are working together to improve public health
- Mobilizing for Action through Planning and Partnerships (MAPP) - Community-wide strategic planning process PFHF is using to identify public health issues and develop goals and strategies to address them
- Community Transformation Grant (CTG) - \$2.5 million over 5 years to support PFHF efforts
 - To build community capacity to implement policy, systems, environmental, infrastructure, and programmatic changes that promote health and prevent chronic disease
 - Cornerstone of the Prevention and Public Health Fund included in the Affordable Care Act Granted by HHS through CDC to tackle the root causes of chronic disease
 - Promotes population-based approaches and targeted strategies to reduce disparities
- Prevention/wellness strategies - County Human Services System, the faith community, and private organizations:
- Provider and workforce gaps exist in specific service areas including: Community and home-based services for adults and children with behavioral health needs, special education and or physical/sensory/developmental disabilities, and persons needing assistance with activities-of-daily living. These same gaps exist for individuals needing acute and ongoing primary, specialty and oral health services.

Ages 0-5:

Portage Program, Head Start and Early Head Start, Child Care Assistance and Referral Program (CCAR), USDA Food Program, WIC, Al's Pals, Childhood Immunization Services

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

Ages 5-18:

School Age Child Care Program (SACC), Middle School After School Program (MSAS), Prevention Toolkit, USDA Summer Food Service Program, Opportunity Neighborhoods, Good Touch Bad Touch, Towards No Tobacco Use and Towards No Drug Use Programs, Childhood Immunization Services, Youth Act (A.K.A. Signs of Suicide), Safe Dates, We Can!, Living Fit

Ages 19-64:

Community Transformation Grant (CTG), Mobilizing for Action through Planning and Partnerships (MAPP), HIV Prevention Faith Initiative, Community Health Care Network (CHCN), Parent Support Group, Women's Health/Reproductive Health Services

- CSB has launched Fairfax REACH, a new 501(c)(3) to help focus and encourage community support and resources for people with behavioral health challenges

BUSINESS PROCESS IMPROVEMENTS –

- DFS Health Access Assistance Teams (HAAT) – HAAT provides a structured and integrated approach to assisting low income and uninsured residents of Fairfax County, Cities of Fairfax and Falls Church have access to available health care. The team provides outreach, intake and enrollment, annual redetermination and access to utilization of health care services through Federal, State and local safety net health care programs. The Federal and State Programs include: Medicaid, FAMIS Plus, FAMIS, FAMIS MOMS, and State and Local Hospitalization. The Local Safety Net Programs include: CHCN, MCCP, Adult Health Partnership, and Kaiser Permanente Bridge. HAAT enrolled over 26, 150 individuals in the Health Department Community Health Care Network, securing a medical home for working poor and uninsured residents. An additional 2000 children are enrolled in the MCCP program.
- CSB's new Financial Assessment and Screening Team (FAST) helps people access funding sources for behavioral and primary health services. Between May and October 2011, FAST completed 468 Medicaid screenings, 43 CHCN applications, 49 Low Income Subsidy applications, and made 12 referrals to the CSB's Patient Assistance Program.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

- The Fairfax-Falls Church System of Care (SOC) Initiative is a joint project of the Fairfax county government, the cities of Fairfax and Falls Church, county and Falls Church public schools, the provider community and parents. Using legislative authority and financing through the Comprehensive Services Act for At Risk Youth and Families (CSA), this effort is generally concentrated in service delivery to the highest need youth at risk of emotional or behavioral problems. The goals of the SOC Initiative are to support enhanced functioning of youth with significant emotional and behavioral challenges in home, school and community, reduce the number of Fairfax-Falls Church youth in long-term residential and group home placements, and decrease length of stay when placement is necessary.

COMMUNICATION WITH STAKEHOLDERS –

- The Partnership for a Healthier Fairfax Coalition (PFHF) implementation of strategic issues and the Community Transformation Grant (CTG) will require ongoing efforts to increase Fairfax's capacity to implement policy, systems, environmental, infrastructure, and programmatic change to promote health and prevent chronic disease.
- Boards, Authorities, and Commissions
- Regional, State, and Federal Partners
- Community Organizations (Multicultural Advisory Council; Community Interfaith Coordination; Federally Qualified Health Centers)

LEVERAGING RESOURCES/PARTNERSHIPS to expand capacity in the community

- Medical Reserve Corps – leverages over 3,700 volunteers annually.
- Women, Infant and Children (WIC) – partners with Ft. Belvoir and Department of Family Services to integrate supplemental nutrition assistance programs.
- Volunteer Coordination and Management for Older Adults and Individuals with Disabilities- a cross agency initiative that is designed to improve efficiencies by consolidating the management of volunteer recruitment, placement and training across the Human Service System.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT**WORKFORCE DEVELOPMENT –**

- System-wide training for county staff on recognizing and acting on socio-economic and other factors associated with health inequities for both access and health related positive outcomes – systemic health disparities in outcomes for services to minority populations and low income persons.

LEGISLATIVE or REGULATORY –

- Impact of Health Care Reform (Patient Protection and Affordable Care Act) on Fairfax health safety-net (primary, behavioral, oral, and pharmacy health services), Medicaid services, financing, new health exchanges, and managed care requirements.
- Impact of Centers for Disease Control, Community Transformation Grant (CTG) on health promotion and prevention policies and practices.
- Review and response to State program realignments and budget reductions.

RESOURCES - to learn more:

Community Health

1. County Health Rankings 2011 – Robert Wood Johnson Foundation <http://www.countyhealthrankings.org/>
2. Mobilizing for Action through Planning and Partnership (MAPP) – Fairfax County Healthy Communities 2020 planning report from Partnership for Healthier Fairfax: <http://www.fairfaxcounty.gov/hd/mapp/pdf/comm-health-assessment.pdf>
3. Healthy People 2020 – www.healthypeople.gov
4. Community Immunity - <http://www.fairfaxcounty.gov/hd/flu/community-immunity.htm>
5. “Unnatural Causes - Is Inequality Making Us Sick?”, PBS documentary
6. National Action Plan to Improve Health Literacy. U.S. Department of Health and Human Services, Office of Disease Prevention and Promotion, 2010. <http://www.health.gov/communication/HLActionPlan>
7. National Stakeholder Strategy for Achieving Health Equity
<http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286>
8. National Partnership for Action: to End Health Disparities - Regional Health Equity Council – Region III resources:
<http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=42&id=314>
9. Designing healthy communities: <http://www.cdc.gov/healthyplaces/>

Oral Health

10. Oral Health in Northern Virginia. Northern Virginia Health Foundation, September 2011: <http://novahealthfdn.org/featured/oral-health-survey-findings>

Nutrition

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