

**Partnership for a Healthier Fairfax  
Policy, Systems and Environmental (PSE) Scan:  
Process and Findings**

Prepared for

Partnership for a Healthier Fairfax

by

The MayaTech Corporation

and

Fairfax County Neighborhood and Community Services

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## Executive Summary

This report summarizes the policy, systems, and environmental (PSE) scan process implemented by the Partnership for a Healthier Fairfax (PFHF). Contributors to this process from the Partnership are included in Appendix A. Through a contract with Fairfax County Government (Virginia), The MayaTech Corporation provided technical assistance to guide the development and implementation of the process, tools, analysis and reporting strategy. The purpose of the PSE scan was to inform the Partnership's development of its Community Transformation Implementation Plan. The PSE scan process involved scanning 56 organizations and community settings (Appendix B). These organizations and community settings were assessed on the extent to which there were policy, systems or environmental change strategies that could serve as assets or were in need of attention. The PSE scan was focused on strategic issues identified by the PFHF during an earlier data-gathering process called Mobilizing for Action through Planning and Partnerships (MAPP). Based on the MAPP process, the PFHF was organized into five Strategic Issue Teams (SITs): Access to Health Services, Data, Environment and Infrastructure, Health Workforce, and Healthy Lifestyles. For some strategic issue areas, there were also teams for sub-issue areas (identified later in the "Findings" section of this report). Stages in the PSE scan process included planning with PFHF, county staff and MayaTech; trainings conducted by MayaTech, Directors of Health Promotion and Education (DHPE), and the Center for the Study of Social Policy (CSSP); development of the PSE scan tool; implementation; and reporting. The remainder of this report is organized by these stages in the process.

### Planning

MayaTech reviewed the four community health assessments the PFHF conducted through the MAPP process. From those reports, MayaTech developed guiding questions to determine the availability of programs, services, policies and other resources to address problems, and selected one of the Centers for Disease Control and Prevention's (CDC) PSE scan tools to adapt. The plan for the PSE scan included a description of each partner's role in implementing the scan, the methodology to be used in gathering the data, and the template to be used for the scan.

### Training

On September 6, 2012 MayaTech and DHPE provided training on Policy, Systems, and Environment for PFHF. They used a module, *Shaping Health Policy*, that was developed by DHPE that included "Assessing and Framing the Policy Problem," "Using Policy Analysis Tools," "Background on Government Policy Change," "Influencing the Policy Change Process," "Implementing Enacted Policies," "Communications" and "Evaluating Policy Interventions." A second training was provided by MayaTech on September 25, 2012, that was an in-depth view of the PSE scan process and trained PFHF members on the PSE scan tool. The Center for the Study of Social Policy (CSSP) also provided a brief review on health equity and root cause analysis issues. Participants then divided by SITs to review their respective PSE scan tool and begin to adapt the tool for their strategic issue." **PFHF PSE**

### Scan and Reporting Tools

MayaTech, in collaboration with the PFHF Steering Committee, adapted an existing best-practice PSE scan tool for use in the PFHF scan process. MayaTech also developed or adapted additional tools for recording and summarizing scores on the tool. These tools are described below.

*PFHF PSE Scan Tool.* The CDC's *Community Health Assessment and Group Evaluation (CHANGE) Action Guide* was adapted and created in Excel. CHANGE consists of a series of worksheets for each issue area or sub-issue area that includes questions about a particular policy, system or environmental strategy. Community members rated the status of the PSE strategy in their community on a scale of 1 to 5 for the areas of policy and environment. They also included comments and documentation (Appendix E contains a sample tool) for each entry. Items were arranged by sectors: Community-at-Large, Community Institutions/Organizations, Work Site, Health Care, and Schools, defined as all primary, secondary and institutes of higher learning. The SITs refined their respective scan tools, identified which sectors to include, and developed and implemented data collection strategies, while MayaTech provided guidance and resources during the process. The scan tools were stored on the PFHF online collaboration portal.

*Score Summary Sheet.* MayaTech used this sheet to summarize the average scores on a tool for each site by whether they reflected an asset or a need. Each site was marked as "x" in their respective column (asset or need) by sector. The SITs used these sheets to deduce strengths and areas for improvement for their issue or sub-issue area.

*Assets and Needs Summary Sheet.* MayaTech and PFHF adapted the CHANGE tool's existing Assets and Needs Summary Sheet for this process. Each SIT developed this sheet based on the Score Summary Sheet and documentation in the Excel files for each scan tool which provided more specific information about an item.

*Opportunities for Change Summary Sheet.* PFHF created this summary to re-organize information in the Assets and Needs Summary Sheets within each SIT's sub-issue area.

## **Data Collection**

The SITs were encouraged to select and rate at least 13 sites across all applicable sectors in their community (e.g., a SIT could complete three sites each for the four sectors and count the Community-at-Large Sector as one site). Some issue teams included all sectors; others included only sectors that they concluded were appropriate for their team. The SITs uploaded data collected to the PFHF online collaboration portal, and MayaTech, along with SIT leadership, monitored progress. The SIT Co-Chairs met periodically during the process to discuss whether selected items on a particular tool might best be answered by another SIT, make suggestions to improve the data collection process, and/or clarify issues about entering data.

## **Analysis**

MayaTech averaged the scores of all scan tools and transferred these scores to a Score Summary Sheet for each strategic issue/sub-issue area to indicate how many sites showed assets and needs by sector. The SITs used the Score Summary Sheets, the scan tools and documentation on the tools to generate the PSE Assets and Needs Summary Sheets. The SITs used the PSE Opportunities for Change Summary Sheets to summarize the assets and needs by sub-issue area and opportunities for PSE change.

## Findings from the Phase I – PSE Scan Process

The sets of Score Summary Sheet, Assets and Needs Summary Sheet, and Opportunities for Change Sheet appear in that order for each SIT. The data for each SIT appear in alphabetical order as follows:

- Access to Health Services
- Data
- Environment and Infrastructure
- Health Workforce
- Healthy Lifestyles

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# Partnership for a Healthier Fairfax

## Policy, Systems and Environmental Scan: Process and Findings

### 1.0 Introduction to the PSE Scan Process

This report summarizes the policy, systems, and environmental (PSE) scan process implemented by the Partnership for a Healthier Fairfax (PFHF). Contributors to this process from the PFHF are included in Appendix A. Through a contract with Fairfax County Government (Virginia), The MayaTech Corporation provided technical assistance to guide the development and implementation of the process, tools, analysis and reporting strategy. The purpose of the PSE scan was to inform the Partnership's development of its Community Transformation Implementation Plan (CTIP). The PSE scan process involved scanning 56 organizations and community settings (Appendix B), which were assessed on the extent to which there were policy, systems or environmental change strategies that could serve as assets or were in need of attention in order to address the strategic issues identified by the Partnership during an earlier data gathering process (Mobilizing for Action through Planning and Partnerships [MAPP] process). Based on the MAPP process, the PFHF was organized into five Strategic Issue Teams (SITs): Access to Health Services, Data, Environment and Infrastructure, Health Workforce, and Healthy Lifestyles. For some strategic issue areas, there were also teams for sub-issue areas (identified later in the "Findings" section of this report). Stages in the PSE scan process included planning with the PFHF, county staff and MayaTech; trainings for the PFHF conducted by MayaTech, Directors of Health Promotion and Education (DHPE), and the Center for the Study of Social Policy (CSSP); development of the PSE scan tool; implementation; and reporting. The remainder of this report is organized by these stages in the process.

### 2.0 Overview of the PSE Scan Process

#### 2.1 Planning

During the planning stage, MayaTech reviewed PFHF's four previously conducted MAPP assessment reports: 1) Local Public Health System, 2) Forces of Change, 3) Community Themes and Strengths, and 4) Community Health Status). The data presented in these assessments served as the foundation for defining the strategic issues; guiding questions used to determine the availability of programs, services, policies and other resources to address problems; and selecting the appropriate tool used to assess PSE change strategies. MayaTech also met with county staff and members of the PFHF by telephone or in-person to discuss the work of the Strategic Issues Teams, the best fit for tools to adapt for the scan process and additional needs for training to implement the scan. The plan for the PSE scan included a description of each partner's role in implementing the scan, the methodology to be used in gathering the data, and the actual template to be used for the scan. The MayaTech Team introduced key concepts in PSE scanning, the tools, and the plans for implementation to the PFHF during two trainings before implementation.

## 2.2 Training

Two trainings were conducted for PFHF members at the start of the process to provide background, context, and an overview of the PSE scan process. The first, held on September 6, 2012, included an overview of policy, systems, and environment using *Shaping Policy for Health™*, a module developed by DHPE. DHPE trainers used the agenda in Appendix C to introduce PFHF members to key concepts in policy, systems, and environment and the policy, systems, and environment change process, including: “Assessing and Framing the Policy Problem,” “Using Policy Analysis Tools,” “Background on Government Policy Change,” “Influencing the Policy Change Process,” “Implementing Enacted Policies,” “Communications” and “Evaluating Policy Interventions.” At the end of this training, MayaTech also conducted a brief training on the PSE scan process and provided an overview of the stages in the PSE scan process.

The second training was held on September 25, 2012. At this training, MayaTech provided an overview of the PSE scan process (as seen in Appendix D) and trained participants on the selected PSE scan tool (described below). The Center for the Study of Social Policy (CSSP) provided a brief training on health equity and root cause analysis issues to integrate them into the PSE scan process. After the overview of the PSE scan process and introduction to the scan tool, participants divided into breakout rooms by SIT to review their respective scan tool and begin discussions to adapt the tool based on their knowledge of their communities, the sub-issue areas, and resources within the team.

## 2.3 PFHF PSE Scan and Reporting Tools

During the PSE scan process, MayaTech, in collaboration with the PFHF Steering Committee, adapted an existing best practice scan tool for use in the PFHF’s PSE scan process. In addition, MayaTech developed or adapted tools for recording and summarizing scores on the tool, and PFHF developed a tool for reporting on opportunities for change identified through the PSE scan. These tools are described below.

*PFHF PSE Scan Tool.* MayaTech, in collaboration with the PFHF Steering Committee and Fairfax County staff, evaluated the best fit for tools that could be used for the strategic issues using best-practices tools for PSE scans. The Centers for Disease Control and Prevention’s (CDC) *Community Health Assessment and Group Evaluation (CHANGE) Action Guide*<sup>1</sup> was selected as the tool that would be adapted to suit the PFHF’s needs. The CHANGE tool includes evidence-based and promising strategies to guide a community towards population-based strategies that create a healthier environment. The CHANGE tool is designed to help communities survey their strengths and needs, define areas for improvement, and identify actionable areas of PSE change. The tool was created in Excel and consists of a series of worksheets for each issue area or sub-issue area that includes questions about a particular PSE strategy. For each item on the tool, community members rated the status of the PSE strategy in their community on a scale of 1 to 5 for the areas of policy and environment (For more information about the tool and scale, see Appendix E). Teams could also include comments and documentation for use in preparing the summary sheets described below.

In addition, items were arranged by five sectors to which they might apply. The Community Sectors include: 1) Community-at-Large (CAL), defined as community-wide efforts that impact the social and

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<sup>1</sup> Centers for Disease Control and Prevention.(2010) *Community Health Assessment and Group Evaluation (CHANGE) Action Guide: Building a foundation of knowledge to prioritize community needs*. Atlanta: U.S. Department of Health and Human Services. Retrieved from <http://www.cdc.gov/healthycommunitiesprogram/tools/change.htm>.

built environments; 2) Community Institutions/Organizations (CIOs), defined as entities within the community that provide a broad range of human services and access to facilities (e.g. childcare, faith-based organizations, senior centers, etc.); 3) Work Site (W), defined as places of employment, public and private; 4) Health Care (HC), defined as places where people go to receive preventive care or treatment; and 5) Schools (S), defined as all primary, secondary and Institutes of higher learning, inclusive.

MayaTech initially adapted the tool to fit with the PFHF's issue/sub-issue areas. There was a tool (e.g. a worksheet) or set of tools for each issue area. In the breakout sessions during the second training, the SITs developed strategies for data collection to populate the tool and summarize their findings. Several SITs edited or eliminated questions from the tools. This allowed the teams to adapt the process to answer the specific questions of their SIT. MayaTech provided guidance during this process, along with resources located on the PFHF online collaboration portal on possible avenues to retrieve the data. All tools and resources were posted in the PFHF collaboration portal.

*Score Summary Sheet.* MayaTech used the Score Summary Sheet to summarize the average scores on a tool for each site by whether they reflected an asset or a need. Each site was marked as "x" in their respective column (asset or need) by sector, as described above. The SITs used these sheets to deduce overall strengths and areas for improvement for their issue or sub-issue area. This sheet appears as the first sheet for each SIT in the "Findings" section.

*Assets and Needs Summary Sheet.* MayaTech and PFHF adapted the CHANGE tool's existing Assets and Needs Summary Sheet for this process. Each SIT developed this sheet based on the Summary Score Sheet and documentation in the scan tool which provided more specific information about an item. This sheet appears as the second set of pages in the Findings for each SIT, with the exception of the Data SIT.

*Opportunities for Change Summary Sheet.* The SITs created this summary sheet to summarize the assets and needs by specific issue area. Information in the Assets and Needs Summary Sheets was reorganized within each SIT's sub-issue area.

## **2.4 Data Collection**

Each SIT was provided a group of PSE scan tools that were selected by SIT leadership and organized by appropriate Community Sector. As described above, each SIT used time at the September 25<sup>th</sup> training to design their PSE scan strategy. Teams were encouraged to select at least 13 sites in their community (including the Community-at-Large as one site) for which they were to rate the applicable items in the tool. A recommended PSE scan strategy is to complete a minimum of three sites each for the four sectors, Community Institution/Organization, Health Care, School, and Work Site, and complete one site for the Community-at-Large Sector. Each SIT decided on its own strategies for data collection. Some SITs included all sectors; others included only sectors that they concluded were appropriate for their team. An example of data collection strategies included interviews with representatives of faith-based organizations about nutrition-related policies. Another example of data collection strategies was reviewing documents maintained by the county government to complete the tool for items related to parks or recreational facilities. County staff in each SIT aggregated all of the data collected and uploaded the data to the PFHF online collaboration portal. MayaTech, along with SIT leadership, monitored progress of each SIT. The SIT co-chairs met periodically during the process to discuss whether selected items on a particular tool might best be answered by another SIT to avoid duplication of efforts, make suggestions to improve the data collection process, and clarify issues about entering data.

Over the course of 47 meetings, the SITs completed 120 scans of the community, looking at the policies, systems and environments of 56 different sites from varying sectors and perspectives.

## **2.5 Analysis**

MayaTech received all policy and environment scores for a SIT, averaged the scores for policy and environment by sector, and transferred all scores to a Score Summary Sheet for each issue/sub-issue area to indicate how many sites showed assets and needs by sector. After receiving the sector analysis from MayaTech, the SITs organized their PSE scan findings into needs or assets, depending on how the policies had been scored during the scan. From these needs and assets, the SITs determined opportunities for change within the community. The findings from this analysis process are reported below by SIT.

## **3.0 Findings from the PSE Scan Process**

The following are the Score Summary Sheet, Assets and Needs Summary Sheet, and Opportunities for Change Sheet for each SIT in alphabetical order. These findings are reported here for use in later phases of the Community Health Improvement Process (CHIP). No conclusions or recommendations are drawn in this report. The information is arranged by SIT as follows:

- Access to Health Services
- Data
- Environment and Infrastructure
- Healthy Lifestyles
- Health Workforce

### 3.1 Access to Health Services

#### Score Summary Sheet

Access to Health Services	Policy			Environment		
	Weak Score	Moderate Score	Strong Score	Weak Score	Moderate Score	Strong Score
<b>Sectors</b>						
CAL		X			X	
CIO		XXX			XXX	
W		X		X		
HC		X	XXX		X	XXX
S	X		XX	X		XX
<p>*Average score for each site(s).            Each X=1 site or the CAL            Weak=(0-2), Moderate=(2.1-4), Strong=(4.1-5)</p> <p><b>Summary Statement:</b></p> <p>Both the Community-at-Large (CAL), and Community Institution/Organization (CIO) sectors have moderate policy and environment scores.</p> <p>The Work Site (W) scanned had moderately scored policies, but a weak environment score, which indicates that there are few elements in place to facilitate the moderately scored policy.</p> <p>The Health Care (HC) sector had the majority of sites with strong scores for both policy and environment.</p> <p>One School (S) site evaluated had weak policies and environment, and one School (S) site evaluated had a strong score for policy and environment, which points to further examination of the specific school sites.</p>						

**Access to Health Services  
PSE Assets and Needs by Sector**

**PSE Assets by Sector**

**1. Community-at-Large Sector Assets:**

PSE Assets:
<ul style="list-style-type: none"> <li>• Investment in early intervention for children with disabilities (although it needs to be brought to scale)</li> </ul>
<ul style="list-style-type: none"> <li>• Investment in primary care safety net</li> </ul>
<ul style="list-style-type: none"> <li>• Pharmaceutical safety net</li> </ul>
<ul style="list-style-type: none"> <li>• More streamlined application process for safety net programs</li> </ul>
<ul style="list-style-type: none"> <li>• Use of translation services when needed</li> </ul>

**2. Community Institution/Organization Sector Assets:**

PSE Assets:
<ul style="list-style-type: none"> <li>• Innovative approaches</li> </ul>
<ul style="list-style-type: none"> <li>• Access to people, especially those in pockets of poverty and experiencing other risk factors (especially when considering the number of community institutions/organizations)</li> </ul>
<ul style="list-style-type: none"> <li>• Access to skilled volunteers</li> </ul>
<ul style="list-style-type: none"> <li>• Willingness to partner</li> </ul>
<ul style="list-style-type: none"> <li>• Flexibility in how to serve individuals</li> </ul>
<ul style="list-style-type: none"> <li>• Screenings and referrals for other basic, health, and human services needs</li> </ul>

**3. Health Care Sector Assets:**

PSE Assets:
<ul style="list-style-type: none"> <li>• Focus on uninsured populations</li> </ul>
<ul style="list-style-type: none"> <li>• Cultural competency programs</li> </ul>
<ul style="list-style-type: none"> <li>• Oral health and blood pressure (BP) screenings</li> </ul>
<ul style="list-style-type: none"> <li>• Medicaid enrollment assistance</li> </ul>
<ul style="list-style-type: none"> <li>• Chronic Disease (CD) management – social worker involvement</li> </ul>

**4. Work Site Sector Assets:**

PSE Assets:
<ul style="list-style-type: none"> <li>• Insurance provided for large populations</li> </ul>
<ul style="list-style-type: none"> <li>• Access to working adults</li> </ul>

## 5. School Sector Assets:

PSE Assets:
• Interest in providing additional services (often)
• Access to youth and families
• Case management plans
• Access to nurses or other professionals
• Language access
• District coordination

## Access to Health Services

### PSE Needs by Sector

#### 1. Community-at-Large Sector Needs:

PSE Needs:
<ul style="list-style-type: none"> <li>Dental safety net (especially coverage for adults, which is not covered by Medicaid or required in the Affordable Care Act)</li> </ul>
<ul style="list-style-type: none"> <li>Suicide prevention coordination</li> </ul>
<ul style="list-style-type: none"> <li>Language access</li> </ul>
<ul style="list-style-type: none"> <li>Information campaigns around mental health and chronic disease</li> </ul>
<ul style="list-style-type: none"> <li>Behavioral health safety net</li> </ul>

#### 2. Community Institution/Organization Sector Needs:

PSE Needs:
<ul style="list-style-type: none"> <li>Language access</li> </ul>
<ul style="list-style-type: none"> <li>Patient navigators</li> </ul>
<ul style="list-style-type: none"> <li>Linked resources across organizations to support integrated services (e.g. case management, mental health, etc.)</li> </ul>
<ul style="list-style-type: none"> <li>Services not expanding due to lack of funding and/or capacity</li> </ul>
<ul style="list-style-type: none"> <li>Chronic disease education</li> </ul>
<ul style="list-style-type: none"> <li>Mental health screenings and education</li> </ul>

#### 3. Health Care Sector Needs:

PSE Needs:
<ul style="list-style-type: none"> <li>Language access (and cultural competency, with their implications for quality of care)</li> </ul>
<ul style="list-style-type: none"> <li>Patient navigators</li> </ul>
<ul style="list-style-type: none"> <li>Integrated and co-located services (e.g. case management, mental health, primary care, pharmacy, psychiatric, etc.)</li> </ul>
<ul style="list-style-type: none"> <li>Screening and referral for other basic and human services needs</li> </ul>
<ul style="list-style-type: none"> <li>After-hours primary care access</li> </ul>
<ul style="list-style-type: none"> <li>Chronic disease education and awareness</li> </ul>
<ul style="list-style-type: none"> <li>Coordination, reduced duplication, increased funding leverage among safety net providers</li> </ul>

#### 4. Work Site Sector Needs:

PSE Needs:
<ul style="list-style-type: none"> <li>Language access</li> </ul>
<ul style="list-style-type: none"> <li>Screenings for chronic disease risk factors</li> </ul>
<ul style="list-style-type: none"> <li>Mental health screenings</li> </ul>
<ul style="list-style-type: none"> <li>Sustainable wellness and health services programs</li> </ul>
<ul style="list-style-type: none"> <li>Focus on part time, hourly, and blue collar workers (especially regarding health insurance access)</li> </ul>

<ul style="list-style-type: none"> <li>• Resource sharing</li> </ul>
<ul style="list-style-type: none"> <li>• Benefits among less profitable industries</li> </ul>

**5. School Sector Needs:**

PSE Needs:
<ul style="list-style-type: none"> <li>• Language access</li> </ul>
<ul style="list-style-type: none"> <li>• Mission and resources at the community college level</li> </ul>
<ul style="list-style-type: none"> <li>• Screening and referral for chronic disease risk factors</li> </ul>
<ul style="list-style-type: none"> <li>• Early identification of mental health needs</li> </ul>

**Access to Health Services**  
**PSE Assets, Needs, and Opportunities for Change**

Issue Area	Assets	Needs	Opportunities for Change
<b>Access to Health Care</b>	<ul style="list-style-type: none"> <li>• Insurance provided for large work site populations</li> <li>• Focus on uninsured populations</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on part-time, hourly, and blue collar workers (especially regarding health insurance access)</li> <li>• Benefits among less profitable industries</li> </ul>	<ul style="list-style-type: none"> <li>• Increase access to health services for high-risk populations, particularly the uninsured/underinsured</li> <li>• Promote opportunities for small employers to provide health insurance and related benefits to employees</li> </ul>
<b>Integration of Services</b>	<ul style="list-style-type: none"> <li>• Access to skilled volunteers</li> <li>• Willingness to partner</li> <li>• Schools interested in providing additional services (often)</li> <li>• Schools have access to youth and families</li> <li>• Streamlined Eligibility System for service providers</li> <li>• Screenings and referrals for other basic, health, and human services needs</li> </ul>	<ul style="list-style-type: none"> <li>• Resource sharing</li> <li>• Integrated and co-located services (e.g., primary care, pharmacy, case management, psychiatry, mental health, etc.)</li> <li>• Coordination, reduced duplication, increased funding leverage among safety net providers</li> <li>• Linked resources across organizations to support integrated services (e.g. case management, mental health, etc.)</li> <li>• Mission and resources at the community college level</li> <li>• Screening and referral for chronic disease risk factors through various sectors (e.g., schools)</li> <li>• Screenings for chronic disease risk factors (e.g., in worksites)</li> </ul>	<ul style="list-style-type: none"> <li>• Establish linkage and collaboration across different institutions and organizations to enhance services provided</li> <li>• Increase number of health care entities with co-located services</li> <li>• Increase coordination of care among safety net providers</li> <li>• Facilitate access to and provision of mental health and primary care services to community college students.</li> <li>• Identify opportunities for community colleges to link to mental health resources and services for students</li> <li>• Increase opportunities for small employers to share or pool resources to provide health care access and wellness programming</li> </ul>

Issue Area	Assets	Needs	Opportunities for Change
<b>Preventive Services</b>	<ul style="list-style-type: none"> <li>• Innovative approaches</li> <li>• Access to people, especially those in pockets of poverty and experiencing other risk factors (especially when considering the number of Community Institutions/Organizations [CIO]s)</li> <li>• Access to working adults</li> <li>• Flexibility in how to serve individuals</li> <li>• Investment in early intervention for children with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Screening and referral for other basic and human services needs</li> <li>• Sustainable wellness and health services programs</li> <li>• Services not expanding due to lack of funding and/or capacity</li> <li>• Underserved pockets</li> </ul>	<p>to employees</p> <ul style="list-style-type: none"> <li>• Increase/enhance screening services for detection of chronic diseases risk factors</li> <li>• Increase/enhance screening for detection of basic and human services needs</li> <li>• Identify and increase access to health services for high-risk, underserved populations</li> <li>• Develop mechanisms for the sustainability of programs focused on wellness and health services</li> <li>• Increase cultural competency in services and service providers</li> </ul>
<b>Health Education</b>	<ul style="list-style-type: none"> <li>• Investment in primary care safety net</li> <li>• Access to people, especially those in pockets of poverty and experiencing other risk factors (especially when considering the number of community institutions/organizations)</li> </ul>	<ul style="list-style-type: none"> <li>• Information campaigns around mental health and chronic disease</li> <li>• Chronic disease education and awareness</li> <li>• Services not expanding due to lack of funding and/or capacity</li> <li>• Language access and cultural competency, with their implications for quality of care</li> <li>• Patient navigator</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance education services (e.g., campaigns) to inform patients and/or the community about mental health and chronic disease issues</li> <li>• Reduce language barriers in services provided</li> <li>• Increase/enhance patient navigation programs</li> </ul>

Issue Area	Assets	Needs	Opportunities for Change
<b>Mental Health/ Social and Emotional Wellbeing</b>	<ul style="list-style-type: none"> <li>• Screening and referral for other basic and human services needs</li> </ul>	<ul style="list-style-type: none"> <li>• Behavioral health safety net</li> <li>• Suicide prevention coordination</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen safety net for behavioral health services</li> <li>• Coordinate suicide prevention services across the county</li> </ul>
<b>Dental Services</b>		<ul style="list-style-type: none"> <li>• Dental safety net (especially coverage for adults, which is not covered by Medicaid or required in the Affordable Care Act)</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen safety net for dental services (especially coverage for adults, which is not covered by Medicaid or required in the Affordable Care Act)</li> </ul>

### 3.2 Data

#### Score Summary Sheet

Data	Policy				Environment		
	Weak Score	Moderate Score	Strong Score		Weak Score	Moderate Score	Strong Score
<b>Sectors</b>							
CAL	X				X		
CIO	X		X		X		X
W	X				X		
HC	X				X		
S	X				X		
<p>*Average score for each site(s)            Each X=1 site or the CA            Weak=(0-2), Moderate=(2.1-4), Strong=(4.1-5)</p> <p><b>Summary Statement:</b>            The Community-at-Large (CAL), Work Site (W), Health Care Site (HC), and School (S) sectors had weak scores for both policy and environment.            The Community Institutions and Organizations (CIO) had one weak score and one strong score for both policy and environment.</p>							

**Data**  
**PSE Assets, Needs, and Opportunities for Change**

Issue Area	Assets	Needs	Opportunities for Change
<p><b>Issue 1: Capacity</b></p> <p>Insufficient capacity and resources to access, store and analyze robust public health and data over time</p>	<ul style="list-style-type: none"> <li>• County agencies have some/ selected capabilities and resources to conduct public health analyses (including longitudinal analyses), geographic and other sub-county data analysis;</li> <li>• Some access to health, mental health and social service data on providers and clients is available from administrative and clinical records/information systems.</li> </ul>	<p>Available data may have methodological limitations that affect data analysis (including adequacy of sample size, units of measurement (unit of analysis inconsistency/differences), data in-accuracy (de-duplication, integrity), inconsistent time periods and reporting lag time concerns; Need better and more consistent data collection</p> <ul style="list-style-type: none"> <li>• Fairfax Health Department capacity AND resources (internal and/or in collaboration with Virginia Department of Health [VDH]),needed to address information/data gaps and conduct more granular analyses (i.e., for small population groups, demographics and selected social determinants of health, as well as by sub-county geographic location);</li> </ul> <p>Need capacity to support effective evaluation of programs</p> <ul style="list-style-type: none"> <li>• Infrastructure and resources are needed to evaluate the effectiveness and impact of programs and policies on community-wide health improvement and health disparities reduction interventions and efforts;</li> <li>• Such information is also needed to</li> </ul>	<ul style="list-style-type: none"> <li>• The PFHF and Health Department, in concert with local government entities and their health and social service partners should work together to develop comprehensive program evaluation and analysis capacity;</li> <li>• Public health assessment and evaluation results should be widely available and used by all partners in health planning and evaluation efforts.</li> </ul>

Issue Area	Assets	Needs	Opportunities for Change
		inform resource allocation decisions.	
<p><b>Issue 2: Inform</b></p> <p>Variable, inconsistent or incomplete data to inform population/ public health monitoring and assessment functions, various operational and program needs (including data required by accreditation agency and national guidelines/ recommendations)</p>	<p>Selective Data available from a variety of reliable sources to inform selected aspects of county level health monitoring/ assessment:</p> <ul style="list-style-type: none"> <li>• health status and vital health statistics such as demographics, health conditions, reportable diseases (e.g. rates of prevalence, incidence, mortality and morbidity as relevant);</li> <li>• environmental conditions affecting health;</li> <li>• socio-economic conditions affecting health;</li> <li>• access to basic health, mental health and social support services (including eligibility and enrollment in public programs);</li> <li>• health, mental health and social support service utilization.</li> </ul>	<p>Abundant but fragmented data sources, owners, and systems that impede data analysis</p> <ul style="list-style-type: none"> <li>• Need for a coordinated, systematic approach to monitor and report community health status</li> <li>• Limited availability of data for sub-population or small area analysis</li> <li>• Need to improve identification and monitoring of health disparities in our community</li> <li>• Inadequate evaluation of accessibility, quality, and effectiveness of selected health services.</li> </ul> <p>Current vital health statistics and public health surveillance systems inadequate to meet needs</p> <ul style="list-style-type: none"> <li>• Historical data may only be available as hard copy documents (not exportable in computable form);</li> <li>• Data may only be available in aggregated format (e.g. state level) and lack spatial and temporal detail;</li> <li>• No single source for comprehensive, accurate, and computable health status and disease surveillance data.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify a mechanism and responsibility assignment for enhancing extant data collection and supplemental survey efforts to meet needs:</li> </ul> <ol style="list-style-type: none"> <li>1. Conduct special, modified survey using expanded sample frame (based on demographics and/or location)</li> <li>2. Augment standard survey's with additional/supplemental questions;</li> <li>3. Identify providers from whom special and or periodic data requests should be made;</li> <li>4. Explore opportunity to develop a comprehensive public health data management and tracking system.</li> </ol>

Issue Area	Assets	Needs	Opportunities for Change
<p><b>Issue 3: Plan</b></p> <p>Lack of comprehensive plan for public health data monitoring and analysis to support Fairfax Community Transformation Grant (CTG) issue teams/areas with recommendations for action</p>		<p>Currently, the area lacks an entity with the responsibility, accountability, and resources (funding and infrastructure) to ensure regular recurring public health data collection and analysis;</p> <ul style="list-style-type: none"> <li>• Current capacity is dependent upon voluntary, short-term cooperation and or special project efforts to support such efforts, as well as broach community based public health planning and assessment.</li> </ul>	<ul style="list-style-type: none"> <li>• The Health Department, in concert with local government entities and their health and social service partners should work together to develop comprehensive program evaluation analysis capacity;</li> <li>• Results should be widely available and used by all partners in health planning and evaluation efforts.</li> </ul>
<p><b>Issue 4: CTG SIT Evaluation Needs</b></p> <p>Support SITs' needs for data in order to address problems/interest areas/situation analysis, evaluation, and monitoring (over-time and in response to interventions planned)</p>	To be determined (TBD)	TBD	TBD

### 3.3 Environment and Infrastructure

#### Score Summary Sheet

Environmental and Infrastructure	Policy			Environment		
	Weak Score	Moderate Score	Strong Score	Weak Score	Moderate Score	Strong Score
CAL			X		X	
CIO	XXXXXX	XXX	XXX	XXXXXX	XXXX	XX
W		X	XXX		X	XXX
HC		X	XX		XX	X
S			XX		X	X
<p>*Average score for each site(s).            Each X=1 site or the CAL            Weak=(0-2), Moderate=(2.1-4), Strong=(4.1-5)</p> <p><b>Summary Statement:</b></p> <p>The Community-at-Large (CAL) sector has a strong policy score, with a moderate score for environment.</p> <p>Most Community Institutions/Organizations (CIO) have scores that are weak to moderate for both policy and environment, but do have a few sites with strong scores.</p> <p>Further review of the CIO sector scores will be necessary to identify the specific areas with weak policies/environments.</p> <p>The Work (W) Site, Health Care (HC), and School (S) sectors indicate strong policy scores and moderate to strong environment scores.</p>						

**Environment and Infrastructure  
PSE Assets and Needs by Sector**

**PSE Assets by Sector**

**1. Community-at-Large Sector Assets:**

Policy Assets:
<ul style="list-style-type: none"> <li>• Strong land use, transportation, and environmental policies</li> </ul>
<ul style="list-style-type: none"> <li>• Strong parks and recreation policies</li> </ul>
<ul style="list-style-type: none"> <li>• Good housing policy</li> </ul>
<ul style="list-style-type: none"> <li>• Air pollution control strategies</li> </ul>
<ul style="list-style-type: none"> <li>• Energy policy efforts</li> </ul>
<ul style="list-style-type: none"> <li>• Community advisory bodies (Environmental Quality Advisory Council [EQAC], Health Care Advisory Board [HCAB] and others)</li> </ul>
<ul style="list-style-type: none"> <li>• Existing draft Bicycle Master Plan recently completed</li> </ul>

Environment Assets:
<ul style="list-style-type: none"> <li>• Parks and recreation system</li> </ul>
<ul style="list-style-type: none"> <li>• Stream valley park system</li> </ul>
<ul style="list-style-type: none"> <li>• Protection of Occoquan watershed</li> </ul>

**2. Community Institution/Organization Sector Assets:**

Policy Assets:
<ul style="list-style-type: none"> <li>• Strategies that address positive social and emotional development (in some community organizations and many faith-based communities)</li> </ul>
<ul style="list-style-type: none"> <li>• Strategies that facilitate social connectedness and community engagement across the lifespan (in some community organizations and a few faith-based communities)</li> </ul>

Environment Assets:
<ul style="list-style-type: none"> <li>• Access to onsite fitness and physical activities in some community organizations</li> </ul>
<ul style="list-style-type: none"> <li>• Access to public transportation for some community organizations</li> </ul>
<ul style="list-style-type: none"> <li>• Support for community wide physical activities in some community organizations</li> </ul>
<ul style="list-style-type: none"> <li>• Recycling programs in some community organizations and a few faith-based communities</li> </ul>

**3. Health Care Sector Assets:**

Policy Assets:
<ul style="list-style-type: none"> <li>• Policies to reduce the carbon footprint</li> </ul>

Environment Assets:
<ul style="list-style-type: none"> <li>• Recycling programs</li> </ul>

#### 4. Work Site Sector Assets:

Policy Assets:
<ul style="list-style-type: none"><li>• Large employers provide a wide range of opportunities for physical activity and have wellness programs</li></ul>
<ul style="list-style-type: none"><li>• Strategies that address positive social and emotional development</li></ul>
<ul style="list-style-type: none"><li>• Strategies that discourage aggressive and antisocial behaviors</li></ul>

Environment Assets:
<ul style="list-style-type: none"><li>• Large employers have bike racks and showering facilities</li></ul>
<ul style="list-style-type: none"><li>• Large employers have onsite fitness centers</li></ul>
<ul style="list-style-type: none"><li>• Large employers subsidize use of offsite fitness centers</li></ul>
<ul style="list-style-type: none"><li>• Recycling programs</li></ul>

#### 5. School Sector Assets:

Policy Assets:
<ul style="list-style-type: none"><li>• Walking / biking policy for students</li></ul>
<ul style="list-style-type: none"><li>• Indoor air quality policies</li></ul>
<ul style="list-style-type: none"><li>• Policies to reduce carbon footprint</li></ul>
<ul style="list-style-type: none"><li>• Policies to address social/emotional health</li></ul>
<ul style="list-style-type: none"><li>• Strategies that discourage antisocial behaviors</li></ul>

Environment Assets:
<ul style="list-style-type: none"><li>• Public school buildings tested for radon</li></ul>
<ul style="list-style-type: none"><li>• Programs to improve indoor air quality</li></ul>
<ul style="list-style-type: none"><li>• Programs to improve energy efficiency</li></ul>

**PSE Needs by Sector**

**1. Community-at-Large Sector Needs:**

Policy Needs:
<ul style="list-style-type: none"> <li>• Health impact assessment – systematic policy</li> </ul>
<ul style="list-style-type: none"> <li>• Comprehensive human health-centered complete streets policy (context sensitive multi-modal transportation system) which emphasizes healthful travel of people rather than vehicles</li> </ul>
<ul style="list-style-type: none"> <li>• Passage of the Bicycle Master Plan</li> </ul>
<ul style="list-style-type: none"> <li>• Legislation requiring carbon monoxide detection</li> </ul>
<ul style="list-style-type: none"> <li>• Legislation to require radon resistance in new construction</li> </ul>

Environment Needs:
<ul style="list-style-type: none"> <li>• Ensuring access to parks and recreation in urbanizing areas</li> </ul>
<ul style="list-style-type: none"> <li>• Better facilities for bicycles and pedestrians, especially more funding to add bike lanes and complete the sidewalk network, ensuring that it is compliant with ADA</li> </ul>
<ul style="list-style-type: none"> <li>• Stream restoration and reduction of storm water runoff</li> </ul>
<ul style="list-style-type: none"> <li>• More affordable housing</li> </ul>
<ul style="list-style-type: none"> <li>• Still in nonattainment for ozone</li> </ul>
<ul style="list-style-type: none"> <li>• Indoor air quality</li> </ul>
<ul style="list-style-type: none"> <li>• Access to public transportation</li> </ul>
<ul style="list-style-type: none"> <li>• Carbon monoxide detectors installed in facilities</li> </ul>
<ul style="list-style-type: none"> <li>• Implement radon mitigation systems for all residential development, schools, and childcare</li> </ul>

**2. Community Institution/Organization Sector Needs:**

Policy Needs:
<ul style="list-style-type: none"> <li>• Strategies to reduce patron’s commutes to events</li> </ul>
<ul style="list-style-type: none"> <li>• Strategies to reduce reusable waste among faith-based communities</li> </ul>
<ul style="list-style-type: none"> <li>• Strategies that address positive social and emotional development in a few faith-based communities</li> </ul>
<ul style="list-style-type: none"> <li>• Strategies that facilitate social connectedness and community engagement across the lifespan in many faith-based communities</li> </ul>
<ul style="list-style-type: none"> <li>• Spaces and places that encourage community connectedness and physical activity</li> </ul>

Environment Needs:
<ul style="list-style-type: none"> <li>• Encouraging non-motorized commutes to facilities</li> </ul>
<ul style="list-style-type: none"> <li>• Access to public transportation to faith-based communities</li> </ul>
<ul style="list-style-type: none"> <li>• Providing transportation for patrons to events for some community organizations and faith-based communities</li> </ul>
<ul style="list-style-type: none"> <li>• Promoting reducing reusable waste in the community for some community organizations and faith-based communities</li> </ul>

**3. Health Care Sector Needs:**

Policy Needs:
<ul style="list-style-type: none"><li>• Legislation requiring carbon monoxide detection</li></ul>
<ul style="list-style-type: none"><li>• Legislation to require radon resistance in new construction</li></ul>

Environment Needs:
<ul style="list-style-type: none"><li>• Implement radon mitigation systems for all residential healthcare facilities</li></ul>
<ul style="list-style-type: none"><li>• Carbon monoxide detectors installed in facilities</li></ul>

**4. Work Site Sector Needs:**

Policy Needs:
<ul style="list-style-type: none"><li>• Telework policies</li></ul>
<ul style="list-style-type: none"><li>• Encouraging non-motorized commutes</li></ul>
<ul style="list-style-type: none"><li>• Incorporating physical activities into daily activities (use of stairwells, meeting breaks, bike commuting, etc.)</li></ul>

Environment Needs:
<ul style="list-style-type: none"><li>• Access to public transportation</li></ul>

**5. School Sector Needs:**

Policy Needs:
<ul style="list-style-type: none"><li>• Location of schools for walkability is not as high a priority as it could be</li></ul>

Environment Needs:
<ul style="list-style-type: none"><li>• Comprehensive implementation of walking/biking to school policy</li></ul>
<ul style="list-style-type: none"><li>• Implementation of pedestrian and bicycle education</li></ul>

**Environment & Infrastructure**  
**PSE Assets, Needs, and Opportunities for Change**

Issue Area	Assets	Needs	Opportunities for Change
<b>Transportation</b>	<ul style="list-style-type: none"> <li>• Strong land use, transportation, and environmental policies</li> <li>• Access to public transportation for some community organizations</li> <li>• Walking / biking policy for students</li> <li>• Existing draft Bicycle Master Plan recently completed</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive human health-centered complete streets policy (context sensitive multi-modal transportation system) which emphasizes healthful travel of people rather than vehicles</li> <li>• Better facilities for bicycles and pedestrians, especially more funding to add bike lanes and complete the sidewalk network, ensuring that it is compliant with ADA</li> <li>• Strategies to reduce vehicular/single-occupant vehicle commutes to community events and facilities, including provision of transit and encouraging non-motorized means of transportation</li> <li>• Comprehensive implementation of walking/biking to school policy</li> <li>• Implementation of pedestrian and bicycle education in schools</li> <li>• Passage of the Bicycle Master Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Implement multimodal transportation system which emphasizes healthful travel of people rather than vehicles <ul style="list-style-type: none"> <li>▪ bicycle routes</li> <li>▪ sidewalks</li> <li>▪ trails</li> <li>▪ transit</li> </ul> </li> <li>○ Improve access to public transit</li> <li>○ Increase non-motorized travel <ul style="list-style-type: none"> <li>▪ to schools among students, staff and parents</li> <li>▪ to public transit</li> </ul> </li> <li>○ Increase walkability and bikeability within the community</li> <li>○ Implement the Bicycle Master Plan Emphasize bicycle and pedestrian access and circulation plans in development review</li> </ul>

<b>Land Use</b>	<ul style="list-style-type: none"> <li>• Strong land use, transportation, and environmental policies</li> <li>• Strong parks and recreation policies</li> <li>• Parks and recreation system</li> </ul>	<ul style="list-style-type: none"> <li>• Health impact assessment – systematic policy</li> <li>• Location of schools for walkability could be a higher priority</li> <li>• Ensuring access to parks and recreation in urbanizing areas</li> <li>• Maintain the quality of the parks and recreation system</li> </ul>	<ul style="list-style-type: none"> <li>• Include health impact assessments in development review</li> <li>• Ensure access to parks, recreation, and community facilities in urbanizing areas <ul style="list-style-type: none"> <li>○ Continue promoting the use of transit-oriented development</li> </ul> </li> </ul>
<b>Affordable Housing</b>	<ul style="list-style-type: none"> <li>• Good housing policy</li> </ul>	<ul style="list-style-type: none"> <li>• More affordable housing</li> </ul>	<ul style="list-style-type: none"> <li>• Increase supply of affordable housing</li> </ul>
<b>Physical Activity</b>	<ul style="list-style-type: none"> <li>• Access to onsite fitness and physical activities for some community organizations and large employers</li> <li>• Some large employers also have bike racks, showering facilities, and subsidies of offsite fitness centers</li> <li>• Support for communitywide physical activities</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporating physical activities into daily activities (use of stairwells, meeting breaks, bike commuting, etc.) at worksites</li> </ul>	<ul style="list-style-type: none"> <li>• Implement strategies that promote physical activity*</li> </ul>

<b>Water Quality</b>	<ul style="list-style-type: none"> <li>• Stream valley park system</li> <li>• Protection of Occoquan watershed</li> <li>• Strong land use, transportation, and environmental policies</li> </ul>	<ul style="list-style-type: none"> <li>• Stream restoration and reduction of storm water runoff</li> </ul>	<ul style="list-style-type: none"> <li>• Improve water quality <ul style="list-style-type: none"> <li>○ Reduce storm water runoff</li> <li>○ Restore streams</li> </ul> </li> </ul>
<b>Air Quality</b>	<ul style="list-style-type: none"> <li>• Air pollution control strategies</li> <li>• Strong land use, transportation, and environmental policies</li> <li>• Indoor air quality policies and programs in schools</li> <li>• Public school buildings tested for radon</li> </ul>	<ul style="list-style-type: none"> <li>• Indoor air quality</li> <li>• Legislation requiring carbon monoxide detection</li> <li>• Legislation to require radon resistance in new construction</li> <li>• Telework policies</li> <li>• Still in nonattainment for ozone</li> </ul>	<ul style="list-style-type: none"> <li>• Improve indoor air quality <ul style="list-style-type: none"> <li>○ Promote maintenance of HVAC systems</li> <li>○ Promote installation of carbon monoxide detectors in all residential development, schools, residential healthcare facilities, and childcare</li> <li>○ Implement radon mitigation systems for all residential development, schools, residential healthcare facilities, and childcare</li> </ul> </li> <li>• Improve outdoor air quality <ul style="list-style-type: none"> <li>○ Reduce trips through transportation demand management, transit-oriented development, and telework</li> <li>○ Promote use of alternative fuel and electric vehicles</li> </ul> </li> </ul>
<b>Other Environmental Considerations</b>	<ul style="list-style-type: none"> <li>• Community advisory bodies (EQAC, HCAB and others)</li> <li>• Recycling programs in some community organizations and healthcare settings</li> <li>• Energy policy efforts</li> <li>• Policies to reduce the carbon footprint at worksites and in schools</li> <li>• Programs to improve energy efficiency in schools</li> </ul>	<ul style="list-style-type: none"> <li>• Strategies to reduce reusable waste among faith-based and community organizations</li> <li>• Expansion of county's existing and planned initiatives to encourage energy efficiency</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce reusable waste <ul style="list-style-type: none"> <li>○ Provide compost facilities to reduce waste transport, create soil for local use, and aid food recycling</li> </ul> </li> <li>• Continue to work with the private sector energy task force to develop an energy alliance</li> <li>❖ <b>Promote the use of sustainable technology such as electric self-driving vehicles</b></li> </ul>

<b>Social and Emotional Wellness</b>	<ul style="list-style-type: none"> <li>• Strategies that address positive social and emotional development in some community institutions, schools, and worksites</li> <li>• Strategies that discourage aggressive and antisocial behaviors in worksites and schools</li> <li>• Strategies that facilitate social connectedness and community engagement across the lifespan in community institutions</li> </ul>	<ul style="list-style-type: none"> <li>• Strategies that address positive social and emotional development among faith-based communities</li> <li>• Strategies that facilitate social connectedness and community engagement across the lifespan among faith-based communities</li> <li>• Spaces and places that encourage community connectedness and physical activity</li> </ul>	<ul style="list-style-type: none"> <li>• Implement strategies that address positive social and emotional wellness*</li> <li>• Connect children to outdoor activities and natural settings (such as Get2Green program in FCPS)*</li> </ul>
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❖ **New ideas not found in the assessments**

- Potential strategies for future consideration
  - May be addressed by another Strategic Issue Team

### 3.4 Health Workforce

#### Score Summary Sheet Health Workforce - Score Summary Sheet

Health Workforce Sectors	Policy			Environment		
	Weak Score*	Moderate Score	Strong Score	Weak Score	Moderate Score	Strong Score
CAL	XXXX	XX		XXX	XXX	
HC	XX	XXX	X	XX	XXX	X
S		XXXX	XXXX		XXX	XXXXXX
CIO						
W						

\*Average score for each site(s). Each X represents one site.  
 Weak= 0-2.0  
 Moderate= 2.1-4.0  
 Strong= 4.1-5.0

#### Summary Statement

This SIT categorized some organizations as Community-at-Large sites while other SITs categorized them as Community Institutions and Organizations.

For the Community-at-Large (CAL), policy and environment scores were weak and moderate.

For the Health Care (HC) sector, policy and environment scores were identified in all three levels, with two weak scores for both policy and environment that may need further review.

For School (S) sites, scores for policy and environment were moderate to strong, with no weak policies or environments identified.

## Health Workforce PSE Assets and Needs by Sector

### PSE Assets by Sector

#### 1. Health Care Sector Assets

Policy Assets:
<ul style="list-style-type: none"> <li>• Interpretation and Translation policies (Culturally and Linguistically Appropriate Service [CLAS] Standards 4, 5, 6, 7)</li> </ul>
<ul style="list-style-type: none"> <li>• Provide annual cultural competency training</li> </ul>
<ul style="list-style-type: none"> <li>• Equal Employment Opportunity (EEO) policies adhered to regarding hiring which helps to ensure diversified workforce</li> </ul>
<ul style="list-style-type: none"> <li>• Various team-based models of care being introduced/explored at most facilities</li> </ul>
<ul style="list-style-type: none"> <li>• Innovative strategies: Transitional Care Management designed to support patients after leaving inpatient setting; work toward instituting medical homes</li> </ul>
<ul style="list-style-type: none"> <li>• Innovative strategies regarding group teaching in chronic care</li> </ul>
<ul style="list-style-type: none"> <li>• Innovative strategies: Primary care being incorporated into behavioral health center</li> </ul>
<ul style="list-style-type: none"> <li>• Off-site psychiatric assessment center in development to provide remote assessment to support patient population in emergency department</li> </ul>
<ul style="list-style-type: none"> <li>• Paraprofessionals are in use in many organizations: Community Health Workers, Peer Counselors</li> </ul>
<ul style="list-style-type: none"> <li>• Obstetrics (OB) care available, some expansion to dental care</li> </ul>
<ul style="list-style-type: none"> <li>• Community Services Board (CSB) uses pay scale to provide behavioral health care services</li> </ul>
<ul style="list-style-type: none"> <li>• Clinical placements streamlined</li> </ul>
<ul style="list-style-type: none"> <li>• Offer middle/high school students experience in health care</li> </ul>

Environment Assets:
<ul style="list-style-type: none"> <li>• CLAS Standards around interpretation and translation supported, particularly at larger organizations</li> </ul>
<ul style="list-style-type: none"> <li>• Strategies for hiring and retaining a diversified workforce are largely a way of doing business</li> </ul>
<ul style="list-style-type: none"> <li>• Environment for team-based/collaborative care is stronger at this point than specific policies</li> </ul>
<ul style="list-style-type: none"> <li>• Desire to expand to include paraprofessional staff, specifically <i>promotoras</i>, or community health worker</li> </ul>
<ul style="list-style-type: none"> <li>• Referrals made for specialty care</li> </ul>
<ul style="list-style-type: none"> <li>• Mentoring programs for emerging leaders and leaders</li> </ul>

#### 2. School Sector Assets

Policy Assets:
<ul style="list-style-type: none"> <li>• Three pharmacy tech programs in high schools</li> </ul>
<ul style="list-style-type: none"> <li>• Practical Nursing courses (primary care education)</li> </ul>
<ul style="list-style-type: none"> <li>• Cultural competency training is integrated into course curriculum</li> </ul>
<ul style="list-style-type: none"> <li>• Bachelor of Science in Nursing (BSN); Adult and gerontology Nurse Practitioner (NP) program School of Nursing (SoN)</li> </ul>
<ul style="list-style-type: none"> <li>• Streamlined approach to clinical placements (both)</li> </ul>
<ul style="list-style-type: none"> <li>• Program to help underrepresented groups attend college, but not specific to health careers (both)</li> </ul>

Policy Assets:
<ul style="list-style-type: none"> <li>• Training in cultural competence in undergrad and NP classes, but not necessarily annually (SoN)</li> </ul>
<ul style="list-style-type: none"> <li>• Undergraduate nursing program and Family NP program</li> </ul>
<ul style="list-style-type: none"> <li>• Clerkships in family medicine, pediatrics, and internal medicine</li> <li>• Mandatory coursework in cultural competency</li> <li>• Health equity standards applied to all patient encounters in clinical rotations</li> <li>• Chronic disease management addressed during Internal Medicine clerkship in clinical rotations, year 3</li> </ul>
<ul style="list-style-type: none"> <li>• Service learning expectations for pharmacy students</li> <li>• Courses in chronic disease management in the Clinical Therapeutics sequence</li> <li>• Participation in FCPS's Academy Program for Pharmacy Technicians</li> </ul>
<ul style="list-style-type: none"> <li>• Associate degrees offered-Registered Nurse (RN), medical laboratory technology, occupational/physical therapy assistant, and six more areas; six certificates are also offered in other areas such as emergency medical technician</li> <li>• Pharmacy Technician program</li> <li>• Emergency medicine programs promote working in the community and serving low-income communities: Emergency Medical Technician (EMT) basic, intermediate, and paramedic programs</li> <li>• Streamlined approach to clinical placements using the Clinical Assignments for Healthcare Students system</li> <li>• Chronic disease management covered by a focus on needs across the life span</li> </ul>

Environment Assets:
<ul style="list-style-type: none"> <li>• Students participate in Health Occupations Students of America (HOSA), which exposes them to health careers and leadership training</li> <li>• Students volunteer with Emergency Medical Services (EMS) (e.g., take blood pressures)</li> <li>• Over 1,000 high school students are enrolled in Health and Medical Science courses</li> <li>• Student body is diverse and learning activities around health include a variety of cultural experiences</li> </ul>
<ul style="list-style-type: none"> <li>• Students do 10 volunteer hours in low-income communities</li> <li>• Cultural competency training is integrated into the course curriculum</li> <li>• Student body is diverse</li> <li>• Pharmaceutical program in Adult and Community Education</li> <li>• Courses for RN/Physician Assistant (PA)/NP</li> </ul>
<ul style="list-style-type: none"> <li>• Clinical rotations deal with a diverse population</li> <li>• Courses in chronic disease management</li> </ul>
<ul style="list-style-type: none"> <li>• Subsidize specialty care services for low-income populations</li> <li>• Streamlined approach to clinical placements</li> <li>• Summer institute for high schools includes a math/biology track</li> <li>• Students take a three-credit course with a focus on human diversity and cultural competency in all nursing programs (BSN, Master of Science in Nursing [MSN], Doctor of Nursing Practice [DNP])</li> <li>• Chronic disease management courses throughout curriculum</li> <li>• Diverse student body, including underrepresented groups</li> </ul>
<ul style="list-style-type: none"> <li>• Subsidize specialty care services for low-income populations through the Inova Obstetrics/Gynecology (OB/GYN) rotation</li> <li>• Medical Futures Program offered annually to high school students</li> </ul>

Environment Assets:
<ul style="list-style-type: none"> <li>Pursue mechanisms to offer financial incentives for the healthcare workforce to enter low-income practices: Longitudinal International/Inner City/Rural Preceptorship (I2CRP) mentorship program at Virginia Commonwealth University (VCU) Richmond Campus to foster interest in practicing in inner city and rural settings</li> </ul>
<ul style="list-style-type: none"> <li>Subsidize specialty care services for low-income populations: dental services at low-cost and no cost for children and adults through various programs- over 800 adults and 500 children were served last year</li> <li>CAMP MED for middle school students provides a hands-on experience in health professions</li> <li>Campus tours for high schoolers, including Cadaver Lab</li> <li>Career days, college nights, and panels at high schools to promote health professions</li> <li>Transcultural concepts integrated throughout curriculum; new elective in Global and Rural Health Nursing as of 2009</li> <li>Pursue mechanisms to offer financial incentives for underrepresented minorities to enter the healthcare workforce through Adult Career Pathways and Action Community Through Service in Prince William County</li> <li>Hands on experience working with low-income populations in a multicultural environment in nurse managed clinics</li> </ul>

### 3. Community-at-Large Sector Assets

Policy Assets:
<ul style="list-style-type: none"> <li>Promote training for professional medical interpreting</li> <li>Promote CLAS Standards via training programs for providers</li> <li>Cultural competence training; Navigation Project for Immigrants, Refugees, and Migrants</li> </ul>

Environment Assets:
<ul style="list-style-type: none"> <li>Personal Care Aid program for Korean community</li> </ul>
<ul style="list-style-type: none"> <li>Program includes English language training</li> </ul>
<ul style="list-style-type: none"> <li>Free clinics on Friday afternoon by culturally knowledgeable staff</li> </ul>
<ul style="list-style-type: none"> <li>Staff available on Fridays for worshippers</li> </ul>
<ul style="list-style-type: none"> <li>Training for community-based healthcare workers through partnerships with other organizations</li> </ul>
<ul style="list-style-type: none"> <li>Referrals to promote primary care associated with free clinics</li> </ul>

## Health Workforce

### PSE Needs by Sector

#### 1. Health Care Sector Needs

Policy Needs:
• Small organizations less able to adhere to CLAS standards regarding interpretation and translation
• Lack of policy regarding non-mandatory CLAS standards
• Mentoring programs for new hires (to be understood as separate from and following preceptorships) are in most cases absent from health care sector
• Cultural competence training not well integrated into workplace practices in general
• Few specific policies designed to hire, retain and promote a diversified workforce that matches patient population other than Equal Employment Opportunity and broad advertising of available positions
• Not all sites are integrating primary and behavioral care

Environment Needs:
• Small organizations do not yet have environment to support adoption of CLAS standards
• No standardized cultural competence training—seems to be substantially different from organization to organization
• Some challenge to provide and integrate cultural competence training based on staffing and time constraints
• No specific mention of addressing health equity and racism in trainings
• Cultural competency training is provided, but not annually
• Availability of subsidized specialty care is limited—seen as wide community need
• Limited programs to encourage middle and high school students to consider a health career
• Not using paraprofessionals to provide primary and mental health care

#### 2. School Sector Needs

Policy Needs:
• Do not have a streamlined approach for clinical placements
• Subsidize specialty care for low-income populations
• Integrate cultural competence training into policies
• Subsidize specialty care for low-income populations
• Cultural competency training in the curriculum
• Courses in chronic disease management
• There are not enough clinical spaces for all students in the region

Environment Needs:
<ul style="list-style-type: none"> <li>• One seminar for youth about pre-training for health careers</li> <li>• Pursue mechanisms to offer financial incentives for the healthcare workforce to enter low-income practices</li> </ul>
<ul style="list-style-type: none"> <li>• Pursue mechanisms to offer financial incentives for the healthcare workforce to enter low-income practices</li> </ul>
<ul style="list-style-type: none"> <li>• Pursue mechanisms to offer financial incentives for the healthcare workforce to enter low-income practices</li> </ul>
<ul style="list-style-type: none"> <li>• Pursue mechanisms to offer financial incentives for underrepresented minorities to enter the healthcare workforce</li> </ul>
<ul style="list-style-type: none"> <li>• Provide cultural competency training in the curriculum</li> </ul>
<ul style="list-style-type: none"> <li>• Low-income adults struggle to meet English, math and science prerequisites required to enter NOVA programs</li> </ul>

### 3. Community-at-Large Sector Needs

Policy Needs:
<ul style="list-style-type: none"> <li>• Not using CLAS Standards</li> <li>• Training in reducing health disparities</li> </ul>

Environment Needs:
<ul style="list-style-type: none"> <li>• Training for community-based healthcare workers</li> </ul>
<ul style="list-style-type: none"> <li>• Promote training for professional medical interpreting</li> </ul>

**Health Workforce  
PSE Assets, Needs, and Opportunities for Change**

Issue Area	Assets	Needs	Opportunities for Change
<b>Cultural and Linguistic Competence</b>			
<b>- Awareness</b>	<ul style="list-style-type: none"> <li>Organizations are aware of Culturally and Linguistically Appropriate Services (CLAS) Standards (Health Care; Community-at-Large)</li> <li>Desire to use paraprofessional staff (Health Care; Community-at-Large)</li> </ul>	<ul style="list-style-type: none"> <li>It is difficult for small organizations to adhere to CLAS Standards (Community-at-Large)</li> </ul>	<ul style="list-style-type: none"> <li>Educate employers and community organizations on CLAS Standards</li> <li>Offer resource sharing opportunities to Community-at-Large organizations to aid in adherence</li> </ul>
<b>- Knowledge and Skills</b>	<ul style="list-style-type: none"> <li>Many professions have cultural competency as an area that must be addressed, but the extent to which the content is taught and woven into clinical practice/practicum courses varies widely (Health Care; Schools)</li> <li>Interactions with diverse community members is part of coursework (Schools)</li> </ul>	<ul style="list-style-type: none"> <li>Insufficient and inconsistent cultural competency education and training for university students (Schools)</li> </ul>	<ul style="list-style-type: none"> <li>Establish or improve guidelines for cultural competency training for health care students</li> <li>Establish or improve guidelines for cultural competency training for employers</li> </ul>
<b>- Application</b>	<ul style="list-style-type: none"> <li>Some sites have health equity or cultural competency training for employees (Health Care)</li> <li>Some sites use peer educators and paraprofessionals (Health Care; Community-at-Large)</li> </ul>	<ul style="list-style-type: none"> <li>Content and efficacy of cultural competency and health equity education/training is unknown (Health Care)</li> <li>Cultural competency education/training is not integrated into policy and practice (Health Care; Schools)</li> <li>Lack of training to expand the number of community based health care workers (Schools; Health Care; Community-at-Large)</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate health equity and cultural competency training and suggest best practices</li> <li>Integrate cultural competency training into policy and practice</li> <li>Increase the use of community based health care workers</li> </ul>

Issue Area	Assets	Needs	Opportunities for Change
<p><b>- Interpreting</b></p>	<ul style="list-style-type: none"> <li>Some organizations train workers for medical interpreting (Community-at-Large)</li> </ul>	<ul style="list-style-type: none"> <li>Lack of environmental support for language assessments for health care workers fluent in other languages (Health Care; Schools)</li> <li>Limited resources (e.g. time, money, and support) for training for medical interpretation (Community-at-Large)</li> </ul>	<ul style="list-style-type: none"> <li>Increase availability of training for medical interpretation</li> <li>Work to secure Medicaid/Insurance reimbursement to health care facilities for interpreting</li> <li>Educate providers about the importance of language assessments</li> <li>Establish policies and processes for language assessments to support bi/multilingual health care workers who qualify for medical interpretation</li> <li>Establish pay differentials for bi/multilingual staff</li> </ul>
<b>Education &amp; Training</b>			
<p><b>- Academic</b></p>	<ul style="list-style-type: none"> <li>Some organizations have intra-organizational streamlined approaches to clinical placements (Schools; Health Care)</li> <li>Nursing and primary care programs available (Schools)</li> <li>Courses in chronic disease at several universities (Schools)</li> <li>Pharmacy technician programs in high schools (Schools)</li> <li>Health care sites host interns and residents (Health Care)</li> </ul>	<ul style="list-style-type: none"> <li>Not enough clinical placements (Schools)</li> <li>Inconsistent approaches to clinical placements at the intra-organizational level (Schools; Health Care)</li> <li>Lack of coordination in clinical placements across sectors at the inter-organizational level (Schools; Health Care)</li> </ul>	<ul style="list-style-type: none"> <li>Increase the number of clinical placements</li> <li>Coordinate the processes for clinical placements across sectors</li> </ul>

Issue Area	Assets	Needs	Opportunities for Change
<ul style="list-style-type: none"> <li>- <b>Non Academic</b></li> </ul>	<ul style="list-style-type: none"> <li>• Personal Care Assistant program in the Korean community (Community-at-Large)</li> </ul>	<ul style="list-style-type: none"> <li>• Additional programs in the health care field targeting underrepresented groups (Community-at-Large)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase awareness of already existing programs and encourage their use across sectors</li> <li>• Coordinate such programs across sectors</li> <li>• Establish or support programs in the health care field targeting underrepresented groups</li> </ul>
<b>Retention</b>			
<ul style="list-style-type: none"> <li>- <b>Student</b></li> </ul>	<ul style="list-style-type: none"> <li>• Some activities promoting health careers to middle and high school students (Schools; Health Care)</li> </ul>	<ul style="list-style-type: none"> <li>• Limited activities explaining and promoting health careers (Health Care; Schools)</li> <li>• English as a Second Language (ESL) classes are insufficient for foreign-trained health care workers (Schools)</li> <li>• Low-income adults struggle with English, math, and science requirements to train for health careers (Schools)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase outreach to high school students regarding health careers</li> <li>• Increase the availability of ESL courses for foreign-trained health care workers</li> </ul>
<ul style="list-style-type: none"> <li>- <b>Workforce</b></li> </ul>	<ul style="list-style-type: none"> <li>• Mentoring for future leaders (Health Care)</li> </ul>	<ul style="list-style-type: none"> <li>• No mentoring for new hires (Health Care)</li> <li>• No mentoring to help students transition from the education to work environment (Schools)</li> <li>• No mentoring focusing on retaining new staff from underrepresented groups (Health Care)</li> </ul>	<ul style="list-style-type: none"> <li>• Establish mentoring programs to increase retention</li> <li>• Include mentoring for staff from underrepresented groups</li> </ul>

Issue Area	Assets	Needs	Opportunities for Change
<b>Provision of Care</b>			
- <b>Primary Care</b>	<ul style="list-style-type: none"> <li>Primary care provided to low-income populations (Health Care; Schools)</li> <li>Some communities hold clinics at places of worship (Community-at-Large)</li> </ul>	<ul style="list-style-type: none"> <li>Limited incentives for health care students to enter low-income practices (Schools; Health Care)</li> </ul>	<ul style="list-style-type: none"> <li>Develop incentives for health care students to enter low-income practices</li> </ul>
- <b>Specialty Care</b>	<ul style="list-style-type: none"> <li>Some subsidized specialty care provided via universities (Schools)</li> <li>Referrals made for specialty care and behavioral health (Health Care)</li> </ul>	<ul style="list-style-type: none"> <li>Lack of specialty care, especially for underserved populations (Health Care)</li> <li>Limited dental care (Health Care)</li> </ul>	<ul style="list-style-type: none"> <li>Increase availability of specialty care</li> <li>Increase availability of dental services</li> </ul>
- <b>Innovative Strategies</b>	<ul style="list-style-type: none"> <li>Some integration of mental health and primary care (Health Care)</li> <li>Some sites provide team-based care (Health Care)</li> </ul>	<ul style="list-style-type: none"> <li>Limited integrated care (Health Care)</li> <li>Limited team-based care (Health Care)</li> </ul>	<ul style="list-style-type: none"> <li>Increase integrated care</li> <li>Increase team-based care</li> </ul>
<b>Workforce Diversity</b>			
- <b>Racial &amp; Ethnic Diversity</b>	<ul style="list-style-type: none"> <li>Environments support a diverse workforce (Health Care; Community-at-Large; Schools)</li> <li>Diverse workforce exists at some sites due to Equal Employment Opportunity Guidelines (Health Care; Community-at-Large)</li> </ul>	<ul style="list-style-type: none"> <li>Few policies in place to recruit a diverse workforce (Schools; Health Care)</li> <li>Universities do not pursue mechanisms for underrepresented minorities to enter the health care workforce (Schools)</li> <li>Few policies to hire, retain, and promote a diverse workforce (Health Care)</li> </ul>	<ul style="list-style-type: none"> <li>Establish policies and processes to hire, retain, and promote a diverse workforce, including underrepresented groups</li> <li>Identify barriers to hiring, retaining, and promoting a diverse workforce and work to overcome them (e.g., academic weaknesses in specific populations needed for health careers)</li> </ul>

### 3.5 Healthy Lifestyles

#### Score Summary Sheets Healthy Lifestyles - (Including Nutrition, Tobacco, and Physical Activity)

Nutrition	Policy			Environment		
	Weak Score	Moderate Score	Strong Score	Weak Score	Moderate Score	Strong Score
<b>Sectors</b>						
CAL	X				X	
CIO	XXXXXX	XXX		XXX	XXXXXX	
W		XX			XX	
HC	X	X			X	X
S		X	XXX		X	XXX

\*Average score for each site(s).  
Each X=1 site or the CAL  
Weak=(0-2), Moderate=(2.1-4), Strong=(4.1-5)

**Summary Statement:**

The average policy scores for the Community-at-Large (CAL), several sites in the Community Institutions/Organizations (CIO), and one Health Care (HC) site suggest that their policies are weak.

Moderate policy scores are found for Work Sites (W), and strong policies are found only for sites in the School (S) sector.

The environment scores for all sectors are largely moderate to strong with the School (S) sector showing primarily strong environments. Only in the CIO sector are there sites with weak environment scores.

Tobacco	Policy			Environment		
	Weak	Moderate	Strong	Weak	Moderate	Strong
<b>Sectors</b>						
CAL	X	X		X	X	
CIO	XXXXX	XXX	XXX	XXXX	XXXX	XXX
W		X	XX		XX	X
HC		XX			XX	
S		XX			X	X

**Summary Statement:**

The CAL has both weak and moderate policy and environment scores while the CIOs have policies and environments at all levels including weak, moderate and strong.

It may be worth looking at the weak policy and environment scores to identify specific needs.

Policy and environment scores for worksite (WS), healthcare (HC) and school (S) are moderate to strong.

Physical Activity	Policy				Environment		
	Weak	Moderate	Strong		Weak	Moderate	Strong
<b>Sectors</b>							
CAL							
CIO	X	X	X			XXX	
W		XXXX				XXX	X
HC	X	X			X	X	
S		XX			X	X	

**Summary Statement:**

Policy and environment scores for CIOs, healthcare (HC) and schools (S) sectors seem to be weak to moderate, with only one strong policy score in CIO.

The policy and environments for scores worksite and primarily moderate, except for one strong site.

**Healthy Lifestyles  
Nutrition PSE Assets and Needs by Sector**

**PSE Assets by Sector**

**1. Community-at-Large Sector Assets:**

<b>Policy Assets:</b>
<ul style="list-style-type: none"> <li>• Women, Infants, and Children accepted at Farmer’s markets (but see needs)</li> </ul>
<ul style="list-style-type: none"> <li>• Employers must provide comfortable, private spaces for nursing</li> </ul>
<ul style="list-style-type: none"> <li>• Fairfax County Coordinated Services Planning acts as safety net for linkage to 75 community nutrition safety net programs</li> </ul>
<ul style="list-style-type: none"> <li>• Virginia exempts breastfeeding from public indecency laws</li> </ul>
<ul style="list-style-type: none"> <li>• Community organizes 11 farmers markets</li> </ul>

<b>Environment Assets:</b>
<ul style="list-style-type: none"> <li>• None identified</li> </ul>

**2. Community Institution/Organization Sector Assets:**

<b>Policy Assets:</b>
<ul style="list-style-type: none"> <li>• None identified</li> </ul>

<b>Environment Assets:</b>
<ul style="list-style-type: none"> <li>• Healthy options are often encouraged informally</li> </ul>
<ul style="list-style-type: none"> <li>• Many institutions provide safe unflavored drinking water via water fountains</li> </ul>
<ul style="list-style-type: none"> <li>• Trend in many houses of worship to encourage healthy eating</li> </ul>
<ul style="list-style-type: none"> <li>• All houses of worship scanned provide comfortable private space for breastfeeding</li> </ul>

**3. Health Care Sector Assets:**

<b>Policy Assets:</b>
<ul style="list-style-type: none"> <li>• Inova Hospitals have certified lactations consultants</li> </ul>
<ul style="list-style-type: none"> <li>• Inova Alexandria and Loudoun are participating in “Best Fed Beginnings” from the Centers for Disease Control which support US Baby Friendly hospitals</li> </ul>
<ul style="list-style-type: none"> <li>• Community Health Care Network (CHCN) staff work with Inova and Health Department WIC program to provide breastfeeding counseling and support</li> </ul>
<ul style="list-style-type: none"> <li>• CHCN physicians assess nutritional status as it relates to current health conditions</li> </ul>

<b>Environment Assets:</b>
<ul style="list-style-type: none"> <li>• None identified</li> </ul>

**4. Work Site Sector Assets:**

<b>Policy Assets:</b>
<ul style="list-style-type: none"><li>• Fairfax County Public Schools (FCPS) has healthy food options in vending machines</li></ul>

<b>Environment Assets:</b>
<ul style="list-style-type: none"><li>• Large employers provide access to safe drinking water, refrigerator, microwaves for employees</li></ul>
<ul style="list-style-type: none"><li>• Large employers provide private spaces for pumping</li></ul>

**5. School Sector Assets:**

<b>Policy Assets:</b>
<ul style="list-style-type: none"><li>• FCPS Competitive Food Regulations ensure that students are only offered healthy food and beverage options beyond school food services</li></ul>
<ul style="list-style-type: none"><li>• FCPS breakfast and lunch programs meet US Department of Agriculture nutrition standards</li></ul>
<ul style="list-style-type: none"><li>• FCPS ensures promotion of healthy eating behaviors including classroom, cafeteria promotion and communication with parents</li></ul>
<ul style="list-style-type: none"><li>• Meals on Wheels for seniors are prepared following same standards as FCPS</li></ul>

<b>Environment Assets:</b>
<ul style="list-style-type: none"><li>• George Mason University (GMU) student dining eliminated the use of trays to limit the number of plates/bowls a student can take from a buffet</li></ul>

## Healthy Lifestyles- Nutrition

### PSE Needs by Sector

#### 1. Community-at-Large Sector Needs:

Policy Needs:
<ul style="list-style-type: none"><li>• No known policies to encourage food retails to provide healthy options in underserved areas</li></ul>
<ul style="list-style-type: none"><li>• No known policies to encourage community gardens</li></ul>
<ul style="list-style-type: none"><li>• No known policies to promote purchase of healthy foods at local restaurants</li></ul>
<ul style="list-style-type: none"><li>• No known policies to ban trans fats in restaurants</li></ul>
<ul style="list-style-type: none"><li>• No policy mandating nutrition safety net programs</li></ul>

Environment Needs:
<ul style="list-style-type: none"><li>• No coordinated effort to have locally grown food served at local restaurants</li></ul>
<ul style="list-style-type: none"><li>• Some restaurants have started offering smaller portion sizes but it is voluntary</li></ul>
<ul style="list-style-type: none"><li>• No formal Food Policy Council</li></ul>

#### 2. Community Institution/Organization Sector Needs:

Policy Needs:
<ul style="list-style-type: none"><li>• None Identified</li></ul>

Environment Needs:
<ul style="list-style-type: none"><li>• Congregant meals (for seniors) are healthy but could be better (e.g. salad provided, but iceberg lettuce used)</li></ul>
<ul style="list-style-type: none"><li>• Meals at many houses of worship are provided buffet style, thus making portion control challenging</li></ul>
<ul style="list-style-type: none"><li>• Need recommendations or health guidelines for “free food” or donations at events</li></ul>
<ul style="list-style-type: none"><li>• Need guidelines for how to make donated foods healthier</li></ul>

#### 3. Health Care Sector Needs:

Policy Needs:
<ul style="list-style-type: none"><li>• Pricing strategies that include healthy options</li></ul>
<ul style="list-style-type: none"><li>• No formal checklists assessing nutrition in routine office visits</li></ul>
<ul style="list-style-type: none"><li>• No insurance reimbursement for dietitians/nutritionist</li></ul>
<ul style="list-style-type: none"><li>• Access to free or low-cost weight management for obesity</li></ul>
<ul style="list-style-type: none"><li>• Farmer’s Market vendors need to apply to Virginia Department of Social Services (VA DSS) to become WIC vendors. (Currently only Frying Pan Park is a WIC vendor).</li></ul>

Environment Needs:
<ul style="list-style-type: none"><li>• Portion sizes are a challenge at buffet-style cafeterias</li></ul>
<ul style="list-style-type: none"><li>• Encourage health care providers at all levels of the system to put nutrition at the forefront of their health education</li></ul>

#### 4. Work Site Sector Needs:

**Policy Needs:**

- Future contracts with onsite food vendors need to emphasize healthy choices (fruits/vegetables), smaller portion sizes, etc.

**Environment Needs:**

- Recommendations for food at meetings (e.g. providing education about why healthy food at meetings is important)

**5. School Sector Needs:**

**Policy Needs:**

- Schools of higher learning do not have any written healthy eating policies
- Schools of higher learning need to emphasize healthy choices, (smaller portion sizes, etc.) when food vendor contracts are re-negotiated
- Some secondary schools have vending machines available after school hours with less healthy options
- Nutrition component to health curriculum needs to be re-examined

**Environment Needs:**

- No guidelines for what can be sold as fundraisers for clubs/activities (donuts, candy etc.) after or before school
- Restrict food incentives for behavior/learning (e.g. pizza or donut party for classes that turned in highest number of required forms)

### Nutrition PSE Assets, Needs, and Opportunities for Change

Issues	Assets	Needs	Opportunities for Change
<p><b>Collaboration</b></p>	<ul style="list-style-type: none"> <li>• Women, Infants and Children (WIC) can be used at Farmer’s Markets (Community-at-Large)</li> </ul>	<ul style="list-style-type: none"> <li>• Farmer’s Market vendors need to apply to VA Department of Social Services to become a WIC vendor. Currently, only Frying Pan Park has this (Community-at-Large)</li> <li>• There is no coordinated effort to have locally grown food served at local restaurants (Community-at-Large)</li> <li>• Some restaurants have started offering smaller portion sizes but it is voluntary (Community-at-Large)</li> <li>• There is no formal Food Policy Council (Community-at-Large)</li> <li>• There are no known policies to encourage food retail outlets to provide healthy options in underserved areas (Community-at-Large)</li> <li>• There are no known policies to promote the purchase of healthy foods at local restaurants (Community-at-Large)</li> <li>• There are no known policies to ban trans fats in restaurants (Community-at-Large)</li> <li>• No coordinated pricing strategies that include healthy options(Community-at-Large)</li> </ul>	<ul style="list-style-type: none"> <li>• Work with Farmer’s Markets to become WIC vendors</li> <li>• Work with the Chamber of Commerce to encourage development of County Restaurant Council to develop strategies around increasing the numbers of healthy options, promoting the purchase of local foods, reducing portion sizes, reducing trans-fat, and pricing strategies that include healthy options etc.</li> </ul>

Issues	Assets	Needs	Opportunities for Change
	<ul style="list-style-type: none"> <li>There is a trend in many houses of worship to encourage healthy eating (Community Institution/Organizations)</li> </ul>	<ul style="list-style-type: none"> <li>Meals at many houses of worship are provided buffet style thus making portion control challenging (Community Institution/Organizations)</li> <li>No coordinated recommendations of guidelines for “free food” or donations at events (Community Institutions/Organizations)</li> <li>No coordinated guidelines for how to make donated food healthier (Community Institution/Organizations)</li> </ul>	<ul style="list-style-type: none"> <li>Work with Faith Communities in Action to coordinate guidelines for how to increase nutrition awareness at faith community sponsored events.</li> <li>Work with local food pantries to increase nutritional value in food that is donated</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>George Mason University (GMU) student dining eliminated the use of trays to limit the number of plates/bowls a student can take from buffet lines (Schools)</li> <li>Community Health Center Nurse (CHCN) physicians assess nutritional status as it relates to current health conditions (Healthcare)</li> </ul>	<ul style="list-style-type: none"> <li>Portion sizes are a challenge at buffet style meals (Health Care)</li> <li>No guidelines for food at meetings; or education about why healthy choices are needed (Work site)</li> <li>No formal checklists assessing nutrition in routine office visits (Health Care)</li> <li>Nutrition is not at the forefront of health education for health care providers (Health Care)</li> </ul>	<ul style="list-style-type: none"> <li>Develop guidelines for reducing portion sizes when buffet options are available (churches, hospitals, employee cafeterias, etc.)</li> <li>Develop guidelines for employers for food at meetings, including education on why healthy choices are needed</li> <li>Develop checklist for health practitioners to assess nutrition in route office visits</li> <li>Encourage health care providers at all levels of the system to put nutrition at the forefront of their health education</li> </ul>

Issues	Assets	Needs	Opportunities for Change
	<ul style="list-style-type: none"> <li>Fairfax County Coordinated Services Planning acts as safety net for linkage to 75 community nutrition safety net programs (Community-at-Large Large)</li> </ul>	<ul style="list-style-type: none"> <li>There is no policy mandating nutrition standards in safety net programs (Community-at-Large)</li> <li>There are no known policies to encourage community gardens (Community-at-Large)</li> <li>Colleges/universities to not have any written healthy eating standards (?) (Schools)</li> </ul>	<ul style="list-style-type: none"> <li>Develop guidelines for mandating nutrition standards in safety net programs</li> <li>Develop guidelines for the establishment of community gardens</li> </ul>
<b>School Advocacy</b>	<ul style="list-style-type: none"> <li>Fairfax County Public Schools (FCPS) Competitive Food Regulations ensure that students are only offered healthy food and beverage options in vending machines during school hours</li> <li>FCPS breakfast and lunch programs and a la carte and vending options available during the school day meet US Department of Agriculture nutrition standards (Schools)</li> <li>FCPS ensures promotion of healthy eating behaviors including classroom, cafeteria promotion and communication with parents (Schools)</li> </ul>	<ul style="list-style-type: none"> <li>No guidelines for what can be sold as fundraisers for clubs/activities (donuts/candy) after or before school (Schools)</li> <li>Despite FCPS regulations, food is used for behavior/learning incentives at some sites (ex: donut party for classes that turn in the highest number of required forms) (Schools)</li> <li>Nutrition component to health curriculum is lacking (Schools)</li> </ul>	<ul style="list-style-type: none"> <li>Develop guidelines that restrict the use of unhealthy food at fundraisers</li> <li>Reduce usage of food for behavior/learning incentives in classrooms</li> <li>Advocate for stronger nutrition component to the health curriculum in grades K-10</li> </ul>

Issues	Assets	Needs	Opportunities for Change
<b>Vending Machines</b>	<ul style="list-style-type: none"> <li>FCPS has healthy food options in vending machines for staff (Schools)</li> </ul>	<ul style="list-style-type: none"> <li>Contracts with onsite food vendors need to emphasize healthy choices, smaller portion sizes, etc. (Work site)</li> <li>Unhealthy options in vending machines at schools/universities (Schools)</li> <li>Some FCPS high/secondary schools have vending machines available after school hours with both nutrient dense and non-nutrient dense items (Schools)</li> </ul>	<ul style="list-style-type: none"> <li>Encourage employers to contract with food vendors that emphasize healthy choices, smaller sizes, etc.</li> <li>Encourage colleges/universities to contract with food vendors that emphasize healthy choices, smaller sizes, etc.</li> <li>Reduce opportunities for secondary schools to have vending machines available during after school hours that contain less healthy options</li> </ul>
<b>Insurance</b>		<ul style="list-style-type: none"> <li>No insurance reimbursement for dietitians/nutritionists (Healthcare)</li> </ul>	<ul style="list-style-type: none"> <li>Encourage employers to provide insurance reimbursement for dietitians and nutritionists when new health plans are being contracted</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>Congregate meals (for seniors) and Meals on Wheels are planned and served to meet specific United States Department of Agriculture (USDA) Nutrition standards by FCPS. (Community Institution/Org)</li> </ul>	<ul style="list-style-type: none"> <li>Congregant meals (for seniors) are healthy but could be better (example: salad provided but iceberg lettuce used) (Community Institution/Organization)</li> <li>Limited access to free or low cost weight management for obesity (Healthcare)</li> </ul>	<ul style="list-style-type: none"> <li>Review food options provided in congregant meals to see if additional nutritional benefits could be added</li> <li>Develop resources for access to free or low cost weight management for obesity</li> </ul>
<b>Breastfeeding</b>	<ul style="list-style-type: none"> <li>Many employers provide comfortable, private spaces for nursing (Work site)</li> <li>Houses of Worship provide comfortable, private spaces for breastfeeding (Community)</li> </ul>	<ul style="list-style-type: none"> <li>None identified</li> </ul>	

Issues	Assets	Needs	Opportunities for Change
	<p>Institution/Organization)</p> <ul style="list-style-type: none"> <li>• CHCN staff work with Inova and Health Department WIC programs to provide breastfeeding counseling and support (Health Care)</li> <li>• Inova hospitals have certified lactation consultants (Healthcare)</li> <li>• Inova Alexandria and Inova Loudoun are participating in “Best Fed Beginnings” from the CDC, which supports US Baby Friendly Hospitals (Health Care)</li> <li>• Virginia exempts breastfeeding from public indecency laws (Community-at-Large)</li> </ul>		
<b>Access</b>	<ul style="list-style-type: none"> <li>• Large employers provide access to safe drinking water, refrigerators, microwaves for employees (Work site)</li> <li>• Many institutions provide safe unflavored drinking water from water fountains (Community-at-Large)</li> <li>• Large employers provide access to safe drinking water, refrigerators, microwaves for employees (Work site)</li> </ul>	<ul style="list-style-type: none"> <li>• None identified</li> </ul>	

**Healthy Lifestyles**  
**Tobacco PSE Assets and Needs by Sector**

**PSE Assets by Sector**

**1. Community-at-Large Large Sector Assets:**

Policy Assets:
<ul style="list-style-type: none"><li>Fairfax County follows Virginia Clean Air Act and has several ordinances regarding outdoor smoking</li></ul>
<ul style="list-style-type: none"><li>Board of Supervisors has been supportive of limited smoking bans in the past</li></ul>
<ul style="list-style-type: none"><li>Stores are required to have tobacco vending machines in adult only facilities and are also required to place tobacco products behind counters</li></ul>

Environment Assets:
<ul style="list-style-type: none"><li>None identified</li></ul>

**2. Community Institution/Organization Sector Assets:**

Policy Assets:
<ul style="list-style-type: none"><li>All Fairfax County Neighborhood and Community Services (NCS) Facilities are smoke free</li></ul>

Environment Assets:
<ul style="list-style-type: none"><li>All houses of worship strongly encourage smoke free campuses; one has designated smoking area in parking lot</li></ul>
<ul style="list-style-type: none"><li>All houses of worship scanned do not allow indoor smoking</li></ul>

**3. Health Care Sector Assets:**

Policy Assets:
<ul style="list-style-type: none"><li>None identified</li></ul>

Environment Assets:
<ul style="list-style-type: none"><li>None identified</li></ul>

**4. Work Site Sector Assets:**

Policy Assets:
<ul style="list-style-type: none"><li>Large employers have strong policies for smoke free work environments</li></ul>
<ul style="list-style-type: none"><li>Large employers have smoking cessation programs for employees</li></ul>

Environment Assets:
<ul style="list-style-type: none"><li>Board of Supervisors currently reviewing effects of Fairfax County employee smoking and reviewing options</li></ul>

**5. School Sector Assets:**

Policy Assets:
<ul style="list-style-type: none"><li>• Smoking is not allowed within 25 feet at Universities</li></ul>
<ul style="list-style-type: none"><li>• Fairfax County Public Schools have smoke and tobacco-free policies in all school areas</li></ul>
<ul style="list-style-type: none"><li>• Tobacco advertising and promotions are banned at FCPS schools</li></ul>
<ul style="list-style-type: none"><li>• Tobacco prevention curriculum is offered at all FCPS schools, grades K – 10</li></ul>

Environment Assets:
<ul style="list-style-type: none"><li>• Leaders are considering a college-wide smoking ban at Northern Virginia Community College (NVCC)</li></ul>

## Healthy Lifestyles - Tobacco

### PSE Needs by Sector

#### 1. Community-at-Large Large Sector Needs:

Policy Needs:
<ul style="list-style-type: none"><li>No policies in place for tobacco-free policies in public housing</li></ul>

Environment Needs:
<ul style="list-style-type: none"><li>None identified</li></ul>

#### 2. Community Institution/Organization Sector Needs:

Policy Needs:
<ul style="list-style-type: none"><li>Faith communities have strong traditions of non-smoking but no actual policies in place</li><li>Not clear if Fairfax County policy covers non-smoking tobacco products</li><li>At community centers, no policies for smoking cessation referrals</li></ul>

Environment Needs:
<ul style="list-style-type: none"><li>Some faith communities allow smoking away from the buildings</li><li>Policies are in place but enforcement is lax</li></ul>

#### 3. Health Care Sector Needs:

Policy Needs:
<ul style="list-style-type: none"><li>None identified</li></ul>

Environment Needs:
<ul style="list-style-type: none"><li>None identified</li></ul>

#### 4. Work Site Sector Needs:

Policy Needs:
<ul style="list-style-type: none"><li>Information on smoking cessation not easily found by employees</li><li>Not all large employers have insurance coverage for smoking cessation or pharmacological quitting aids</li><li>No tobacco-use prevention curriculum in FCPS for grades 11 and 12. This curriculum is taught in health classes which are not required past 10<sup>th</sup> grade</li></ul>

Environment Needs:
<ul style="list-style-type: none"><li>At some large employers, smoking occurs near entrances to buildings</li></ul>

## 5. School Sector Needs:

Policy Needs:
<ul style="list-style-type: none"><li>• No identified smoking session resources at universities</li></ul>



Environment Needs:
<ul style="list-style-type: none"><li>• None identified</li></ul>

### Tobacco PSE Assets, Needs, and Opportunities for Change

Issue	Assets	Needs	Opportunities for Change
<b>Housing</b>		<ul style="list-style-type: none"> <li>No policies in place for tobacco free public housing (Community-at-Large Large)</li> </ul>	<ul style="list-style-type: none"> <li>Develop tobacco free policies for public housing units</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>Large employers have smoking cessation programs for employees (Workplace)</li> <li>All Neighborhood and Community Services (NCS) community facilities are smoke-free (Community Institutions/Organizations)</li> </ul>	<ul style="list-style-type: none"> <li>Smoking cessation information not easily found by employees (Workplace)</li> <li>Many locations lack smoking cessation resources (Community Institutions/Organizations)</li> <li>Not all large employers have insurance coverage for smoking cessation or pharmacological quitting aids (Workplace)</li> <li>No identified smoking cessation resources at colleges and universities (Schools)</li> </ul>	<ul style="list-style-type: none"> <li>Work with employers to make smoking cessation information more prominent for employees</li> <li>Encourage employers to work with insurance carriers to cover smoking cessation and pharmacological quitting aids</li> <li>Work with colleges/universities to provide smoking cessation resources</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>Large employers have strong policies for smoke free work environments (Work Site)</li> <li>Houses of worship strongly encourage smoke free campuses and do not allow indoor smoking (Community Institutions/Organizations)</li> </ul>	<ul style="list-style-type: none"> <li>At some large employers, smoking occurs near entrances to buildings (Work Site)</li> <li>Faith communities have strong traditions of no smoking but no actual policies in place (Community Institutions/Organizations)</li> <li>“No Smoking” policies are in place at many institutions but enforcement is lacking (Community Institutions/Organizations)</li> </ul>	<ul style="list-style-type: none"> <li>Develop guidelines to help community institutions better monitor nonsmoking policies</li> <li>Work with Faith Communities in Action to develop nonsmoking policies for houses of worship</li> <li>Encourage establishment of better exterior signage indicating smoking rules for area businesses</li> <li>Advocate for Fairfax County</li> </ul>

Issue	Assets	Needs	Opportunities for Change
		<ul style="list-style-type: none"> <li>Not clear if Fairfax County policy overs non-smoking tobacco products (Community Institution/Organization)</li> </ul>	<p>policies to cover nonsmoking tobacco products if they don't already</p>
<b>Schools</b>	<ul style="list-style-type: none"> <li>Smoking is not allowed within 25 feet of buildings at colleges and universities (Schools)</li> <li>FCPS has smoke and tobacco free policies in all school areas (Schools)</li> <li>Tobacco advertising and promotions are banned at FCPS (Schools)</li> <li>Tobacco prevention curriculum is offered at all FCPS schools, grades K-10 (Schools)</li> </ul>	<ul style="list-style-type: none"> <li>No tobacco use prevention curriculum in FCPS for grades 11 and 12. The curriculum is taught in health classes which are not required past 10<sup>th</sup> grade (Schools)</li> </ul>	<ul style="list-style-type: none"> <li>Encourage FCPS to find a way to continue with tobacco use prevention curriculum beyond 10<sup>th</sup> grade</li> </ul>
<b>Legislative</b>	<ul style="list-style-type: none"> <li>Fairfax County follows the Virginia Clean Air Act and has several ordinances regarding outdoor smoking</li> <li>Board of Supervisors has been supportive of limited smoking bans in the past</li> <li>Stores are required to have tobacco vending machines in adult-only facilities and are also required to place tobacco products behind counters</li> </ul>		

**Healthy Lifestyles  
Physical Activity PSE Assets and Needs by Sector**

**PSE Assets by Sector**

**1. Community-at-Large Large Sector Assets:**

Policy Assets:
<ul style="list-style-type: none"> <li>• Strong land use policies</li> </ul>
<ul style="list-style-type: none"> <li>• Strong parks and recreation policies</li> </ul>
<ul style="list-style-type: none"> <li>• All Community Centers operated by the Department of Neighborhood and Community Services (DNCS) adhere to the CDC recommended physical activity standards/guidelines for all populations (youth, adults and seniors) served at these facilities</li> </ul>

Environment Assets:
<ul style="list-style-type: none"> <li>• Park and recreation system</li> </ul>
<ul style="list-style-type: none"> <li>• Numerous school-based facilities for physical activity</li> </ul>

**2. Community Institution/Organization Sector Assets:**

Policy Assets:
<ul style="list-style-type: none"> <li>• Practice/policy of providing land and facilities for community use</li> </ul>
<ul style="list-style-type: none"> <li>• Direct support for community-wide recreational activities</li> </ul>
<ul style="list-style-type: none"> <li>• Strong policies prohibiting physical activity as punishment and providing direct support for community-wide recreational opportunities</li> </ul>

Environment Assets:
<ul style="list-style-type: none"> <li>• Fairfax County and City of Fairfax have more than 20 community and senior centers and all have programs providing physical activity and have access to outside areas for physical activity.</li> </ul>
<ul style="list-style-type: none"> <li>• Many community facilities have bike racks and changing rooms</li> </ul>
<ul style="list-style-type: none"> <li>• User safety is a high priority at facilities. Regular maintenance is performed on outdoor facilities, trails, and indoor equipment</li> </ul>

**3. Health Care Sector Assets:**

Policy Assets:
<ul style="list-style-type: none"> <li>• New EpicCare patient management record system includes a screening of physical activity of each patient during routine visits</li> </ul>

Environment Assets:
<ul style="list-style-type: none"> <li>• Demonstrated collaboration to connect patients to community based resources</li> </ul>

#### 4. Work Site Sector Assets:

Policy Assets:
<ul style="list-style-type: none"><li>• Large employers have workforce wellness programs which support physical activity</li></ul>
<ul style="list-style-type: none"><li>• Large employers provide some flexible work arrangements for employees to use for exercise</li></ul>
<ul style="list-style-type: none"><li>• Large worksites subsidize gym memberships for employees</li></ul>
<ul style="list-style-type: none"><li>• Large employers have programs encouraging RideShare programs and bicycling</li></ul>

Environment Assets:
<ul style="list-style-type: none"><li>• Large employers have shuttles that take people back and forth to Metro</li></ul>
<ul style="list-style-type: none"><li>• Large employees have bike parking at most worksites</li></ul>
<ul style="list-style-type: none"><li>• Many large worksites are within reasonable walking distance to public transportation</li></ul>
<ul style="list-style-type: none"><li>• Large employers have nice paths, safe outside areas for exercise, on site fitness center with showers</li></ul>
<ul style="list-style-type: none"><li>• Lots of support for programs: (e.g. bike to work day, fitness classes through LiveWell program)</li></ul>

#### 5. School Sector Assets:

Policy Assets:
<ul style="list-style-type: none"><li>• Schools have buildings and gyms available for public use</li></ul>
<ul style="list-style-type: none"><li>• Schools provide numerous non-school day opportunities for students to participate in physical activity</li></ul>

Environment Assets:
<ul style="list-style-type: none"><li>• Schools work with community partners to make it safer for students to walk and bike to school</li></ul>
<ul style="list-style-type: none"><li>• Some schools have walk or bike to school initiative</li></ul>

## Healthy Lifestyles - Physical Activity

### PSE Needs by Sector

#### 1. Community-at-Large Large Sector Needs:

Policy Needs:
<ul style="list-style-type: none"><li>• None identified</li></ul>

Environment Needs:
<ul style="list-style-type: none"><li>• Insufficient network of safe, direct bike routes/bike lanes</li><li>• Shortage of fields; no fields designated for only open use (first come first served)</li><li>• Access to transportation for children to participate in organized (clubs) physical activities</li><li>• Access for low-income families to scholarships; how to encourage them to apply</li></ul>

#### 2. Community Institution/Organization Sector Needs:

Policy Needs:
<ul style="list-style-type: none"><li>• None identified</li></ul>

Environment Needs:
<ul style="list-style-type: none"><li>• More encouragement for citizens to use non-motorized commutes to facilities needed</li><li>• No formalized program of promoting stairs for physical activity and ensuring safe and usable stairwells</li></ul>

#### 3. Health Care Sector Needs:

Policy Needs:
<ul style="list-style-type: none"><li>• More information/data needed</li></ul>

Environment Needs:
<ul style="list-style-type: none"><li>• More information/data needed</li></ul>

#### 4. Work Site Sector Needs:

Policy Needs:
<ul style="list-style-type: none"><li>• Policies may exist but are not promoted</li><li>• Some policies are inconsistent; not equally accessible for all (e.g. Flex time for exercise)</li><li>• Many ideas are developed but not implemented (e.g. safe and well lit stairwells)</li><li>• Some sites have volunteer "wellness liaison," but not all do</li></ul>

Environment Needs:
<ul style="list-style-type: none"><li>• Bike racks are not available at all sites</li><li>• Some employers have things like paths and safe outside areas for exercise, gyms, on-site</li></ul>

fitness center, and showers available at some sites but not at all

**5. School Sector Needs:**

Policy Needs:
<ul style="list-style-type: none"><li>• Financial commitment to ed specs lacking (example: equipment for physical education, weight rooms/fitness centers)</li></ul>
<ul style="list-style-type: none"><li>• Physical activity and health are low priorities for funding and facility use in schools (Science/math/testing are higher priority)</li></ul>
<ul style="list-style-type: none"><li>• Kids are not getting a minimum of 60 minutes of exercise per week in elementary schools; facility use inequities</li></ul>

Environment Needs:
<ul style="list-style-type: none"><li>• Facility and field space for elementary physical education and recess are lacking</li></ul>
<ul style="list-style-type: none"><li>• Reluctance to establish anything as a policy that has financial repercussions; leaders want the flexibility down the road to make changes</li></ul>
<ul style="list-style-type: none"><li>• George Mason University facilities are available for use, but charge a fee.</li></ul>

*Disclaimer- The Policy, Systems and Environmental scan was conducted by community volunteers and reflects the perceptions of those volunteers. The results of the scan represent a subjective perspective of the Fairfax community and, reviewed alone, should not be interpreted to be a complete evaluation or description of the Fairfax community. The findings and conclusions of this report are not those of the entire Partnership for a Healthier Fairfax, MayaTech or the Centers for Disease Control and Prevention.*

### Physical Activity PSE Assets, Needs, and Opportunities for Change

Issue	Assets	Needs	Opportunities for Change
<b>Access</b>	<ul style="list-style-type: none"> <li>• Strong land use policies (Community-at-Large)</li> <li>• Strong parks and recreation policies and systems (Community-at-Large)</li> <li>• Practice /policy of providing land and facilities for community use (Community-at-Large)</li> <li>• Numerous schools have buildings and gyms available for public use (Schools)</li> <li>• Schools provide numerous non-school day opportunities for students to participate in physical activity (Schools)</li> <li>• Schools work with community partners to make it safer to students to walk and bike to school (Schools)</li> <li>• Some schools have walk or bike to school initiatives (Schools)</li> <li>• Direct support for community wide recreational activities (Community Institutions/Organizations)</li> <li>• Fairfax County and City of Fairfax have more than 20 community and senior centers and all have programs providing physical activity and all have access to outside areas for physical</li> </ul>	<ul style="list-style-type: none"> <li>• Shortage of fields; no field designated for only open use (first come, first served) (Community-at-Large)</li> <li>• Access for low income families to scholarships; lack of encouragement for them to apply (Community-at-Large)</li> <li>• Access to transportation for children to participate in organized sports clubs (Community-at-Large)</li> <li>• GMU facilities are available for use but a fee must be paid (Schools)</li> </ul>	<ul style="list-style-type: none"> <li>• Designate fields in each region of the county for open use</li> <li>• Develop program for easier access to scholarships for low-income families to increase participation in club sports</li> <li>• Provide increased transportation access for children to participate in organized sports clubs</li> <li>• Encourage colleges/universities to make facilities available to public at a free or reduced rate</li> </ul>

Issue	Assets	Needs	Opportunities for Change
	<p>activity (Community Institutions/Organizations)</p> <ul style="list-style-type: none"> <li>• Large employers have shuttles that take people back and forth to Metro (Workplace)</li> <li>• Many large worksites are within reasonable walking distance to public transportation (Workplace)</li> <li>• Strong policies for providing direct support for community wide recreational opportunities (Community Institution/Organization)</li> </ul>		
<b>Education</b>	<ul style="list-style-type: none"> <li>• Large employers have workforce wellness programs which support physical activity (Work Site)</li> <li>• Large employers provide some flexible work arrangements for employers to use for exercise (Work Site)</li> <li>• Large worksites subsidize gym memberships for employees (Work Site)</li> </ul>	<ul style="list-style-type: none"> <li>• Policies exist but are not promoted (Work Site)</li> <li>• Some policies are inconsistent; not equally accessible for all (e.g., flex time for exercise) (Work Site)</li> <li>• Many ideas are developed but not implemented (safe and well lit stairways) (Work Site)</li> <li>• No formalized program of promoting stairs for physical activity and ensuring safe and usable stairwells (Community Institutions/Organizations)</li> <li>• Lack of encouragement for citizens to use non-motorized commutes to facilities (Community Institutions/Organizations)</li> </ul>	<ul style="list-style-type: none"> <li>• Develop mechanisms for the increased promotion and sustainability of programs focused on increasing physical activity</li> <li>• Develop guidelines for employers to promote stair usage</li> <li>• Develop stair promotion plan for community facilities</li> <li>• Develop ongoing program to encourage non-motorized commutes to facilities (community centers, etc.)</li> </ul>

Issue	Assets	Needs	Opportunities for Change
<b>Advocacy</b>	<ul style="list-style-type: none"> <li>All Community centers operated by NCS adhere to the CDC recommended physical activity standards/guidelines for all populations (youth, adults, seniors) served at these facilities (Community-at-Large Large)</li> <li>Large employers have programs encouraging RideShare programs and bicycling (Work Site)</li> <li>Demonstrated support for programs like bike to work day (Work Site)</li> </ul>	<ul style="list-style-type: none"> <li>Physical activity and health are low priorities for funding and facility use in schools; science/math/testing get higher priority. (Schools)</li> <li>Financial commitment to education specs lacking (equipment for physical education, weight rooms/fitness centers) (Schools)</li> <li>Some sites have volunteer “wellness liaisons” but not all (Work Site)</li> <li>Lack of encouragement for citizens to use non-motorized commutes to facilities (Work Site)</li> </ul>	<ul style="list-style-type: none"> <li>Promote legislative changes to allow increased funding for physical activity and health in schools</li> <li>Advocate for increased financial commitment for equipment for physical education</li> <li>Encourage establishment and use of wellness liaisons for all sites of companies who have this type of program</li> <li>Encourage employers to provide increased incentives for employees to bike work or use non-motorized means of commuting</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>New EpicCare patient management record system includes a screening of physical activity of each patient during routine visits (Health Care)</li> </ul>	<ul style="list-style-type: none"> <li>Kids are not really getting a minimum 60 minutes of exercise per week in elementary school; facility use inequities (Schools)</li> <li>Insufficient network of safe, direct bike routes/bike lanes (Community-at-Large)</li> <li>Reluctance to establish anything as a policy that has financial repercussions; leaders want the flexibility to make changes</li> </ul>	<ul style="list-style-type: none"> <li>Encourage schools to address facility use inequities to ensure kids are actually getting the minimum 60 minutes per week of exercise</li> <li>Develop a network of safe, direct bike routes/bike lanes</li> </ul>
<b>Collaboration</b>	<ul style="list-style-type: none"> <li>Large employers have nice paths, safe outside areas for exercise, onsite fitness centers with showers (Work Site)</li> <li>Large employees have bike</li> </ul>	<ul style="list-style-type: none"> <li>Bike racks not available at all sites (Work Site)</li> <li>Some employers have amenities (e.g., walking paths, showers) available at some worksites but not all (Work Site)</li> </ul>	<ul style="list-style-type: none"> <li>Increase opportunities for small employers to share or pool resources to provide amenities such as bike racks, showering facilities, etc.</li> </ul>

Issue	Assets	Needs	Opportunities for Change
	<p>parking at most worksites (Work Site)</p> <ul style="list-style-type: none"> <li>• Many community facilities have bike rack and changing rooms (Community Institutions/Organizations)</li> <li>• Demonstrated collaboration to connect patients to community based resources (Healthcare)</li> </ul>		
<b>Safety</b>	<ul style="list-style-type: none"> <li>• Strong policies prohibiting physical activity as punishment (Community Institutions/Organizations)</li> <li>• User safety is a high priority at facilities. Regular maintenance is performed on outdoor facilities, trails and indoor equipment (Community Institutions/Organizations)</li> </ul>		

## Conclusion

The Fairfax County Department of Neighborhood and Community Services was awarded \$499,559 from the Community Transformation Grant by the Centers for Disease Control (CDC) in 2012 to build capacity within the Fairfax Community to support healthy lifestyles, with an emphasis in disease prevention. The community has a population reach of over 1 million residents. The Policy, Systems and Environmental (PSE) Scan was part of the capacity building process to help in the creation of the Community Transformation Implementation Plan (CTIP). The results of these PSE scans will inform the Partnership's development of its CTIP which will be submitted to the CDC in April of 2013.

The PSE Scan conducted in the Fairfax Community by the Strategic Issue Teams (SITs) enables us to obtain valuable data that represented gaps in the community in the strategic issue areas of Access to Health Services, Data, Environment and Infrastructure, Health Workforce, and Healthy Lifestyles (which included Physical Activity, Nutrition, and Tobacco-Free Living). The process began with MayaTech's review of four previously conducted MAPP assessment reports: (1) Local Public Health System, 2) Forces of Change, 3) Community Themes and Strengths, and 4) Community Health Status). Once the tool was selected for the scan, the SITs were trained on conducting the PSE scan process.

The SITs conducted 120 scans of the community in up to four sectors which included the Community Institution/Organization, Health Care, School, and Work Site, and Community-at-Large sectors. The SITs used a Score Summary Sheet and an Assets and Needs Summary Sheets to analyze their findings, and created an Opportunities for Change Summary Sheet that recognized specific areas of in need of focus in the community. The Opportunities for Change identified in this report from the PSE Scans will help to shape the next steps for this community-driven process and help create a significant and relevant impact the quality of health in all Fairfax Community residents. The next phase in the process is the Prioritization Phase, which will help the PFHF identify more urgent issues that can be addressed through the Community Transformation Implementation Plan (CTIP). The SITs will have the guidance of the PFHF Steering Committee and the Community Transformation Grant Team, as well as the direction of the Community Transformation Leadership Team (CTLT) to help with the orient each Strategic Issue. The Opportunities for Change that are not selected for inclusion in the CTIP will be considered for the more comprehensive Community Health Implementation Plan (CHIP) expected to be developed by the community shortly after the CTIP.

## **Appendix A – Names of PFHF members who contributed to the Policy, Systems, and Environmental Scan**

## **Names of PFHF SIT members who contributed to the PSE Scan**

### **Access to Health Services**

#### *SIT Co-Chairs:*

Jesse Ellis, Fairfax County Office of the County Executive  
John Piescik, MITRE Corporation

#### *Support Staff:*

Cheryl Jones, Fairfax County Department of Family Services  
Victoria Cardoza, Fairfax County Department of Neighborhood and Community Services

#### *Partnership Members:*

Michael Axler, Fairfax County Public Schools  
Kristen Brennan, Fairfax Partnership for Youth  
Cheryl Choy, Student, George Mason University  
Martine Charles, Inova Health System  
Sharon Frost, Northern Virginia Family Service  
Brenda Gardiner, Fairfax County Department of Administration for Human Services  
Jean Glossa, Community Health Care Network  
Yen Le, Boat People SOS  
Andrea Lomerantz, Fairfax County Department of Family Services  
Jennifer Nguyen, Fairfax County Health Department  
Sophia Patel, Howard University  
Martha Real, Grace Christian Ministries  
Karen Shaban, Fairfax County Department of Neighborhood and Community Services  
Susan Shaw, Fairfax County Health Department  
Christina Stevens, Fairfax County Health Department  
Laura Yager, Fairfax-Falls Church Community Services Board

### **Data**

#### *SIT Co-Chairs:*

PJ Maddox, George Mason University  
Brian Willey, Compuware

#### *Support Staff:*

Victoria Cardoza, Fairfax County Department of Neighborhood and Community Services  
Javier Jaramillo, Fairfax County Department of Neighborhood and Community Services

#### *Partnership Members:*

Frank Blechman, Wolf Run Foundation, Inc.  
Susan Chibnall, Manila Consulting Group  
Pam Cole, Fairfax County Department of Health  
Adrian Joye, Fairfax County Department of Health  
Shawn Kiernan, Fairfax County Department of Health  
Sandy Trakowski, MITRE Corporation

## **Environment and Infrastructure**

### *SIT Co-Chairs:*

Linda Hollis, Fairfax County Department of Planning and Zoning  
Charles Konigsberg, Community Member

### *Support Staff:*

Lauren Brumsted, Fairfax County Department of Health  
Marie Custode, Fairfax County Department of Health

### *Partnership Members:*

Sharon Arndt, Fairfax County Department of Neighborhood and Community Services  
Anna Bentley, Fairfax County Park Authority  
John Dargle, Jr., Fairfax County Park Authority  
Lauren Earyes, Fairfax County Department of Health  
Cindy Engelhart, Virginia Department of Transportation  
Thomas Faha, Virginia Department of Environmental Quality  
Christine Green, Safe Routes to School National Partnership  
Charlotte Heppner, MITRE Corporation  
Elisa Johnson, Fairfax County Department of Housing and Community Development  
Noel Kaplan, Fairfax County Department of Planning and Zoning  
Adela Lucero, MITRE Corporation  
Jenifer Joy Madden, Fairfax County Transportation Advisory Commission  
Tim Sargeant, Fairfax County Planning Commission  
Pieter Sheehan, Fairfax County Department of Health  
Patti Stevens, Fairfax County Office of Public Private Partnerships  
Ravi Tallapragada, Durga Temple  
Erin Williams, MITRE Corporation  
Bruce Wright, Fairfax Advocates for Better Bicycling  
John Yetman, Fairfax County Department of Health  
Larry Zaragoza, Environmental Quality Advisory Council

## **Health Workforce**

### *SIT Co-Chairs:*

Leslie Kronz, Inova Health System  
Delana Browning, Northern Virginia Area Health Education Center

### *Support Staff:*

Robin Wilson, Fairfax County Department of Health  
Ken Disselkoen, Fairfax County Community Services Board

### *Partnership Members:*

Agnes Burkhard, Marymount University  
Cheryl Choy, Student, George Mason University  
Dr. Nancy Freeborne, George Mason University  
Anne-Marie Glynn, Fairfax County Public Schools  
Gerry Hofler, NoVAHealthFORCE  
Norma Lester, Transitional Care Management  
Norma Lopez, Fairfax County Department of Neighborhood and Community Services

Margaret Rajnic, MITRE Corporation  
Judy Stocks, Fairfax County Department of Health

## **Healthy Lifestyles**

### *SIT Co-Chairs:*

Elizabeth Payne, Fairfax County Public Schools  
Kathryn Strong, Virginia Cooperative Extension; Fairfax County Department of Neighborhood  
and Community Services  
Rick Zimmerman, George Mason University

### *Support Staff:*

Elizabeth Ittner, Fairfax County Park Authority  
Sarah White, Fairfax County Department of Neighborhood and Community Services

### *Partnership Members:*

Lisa Adler, Unified Prevention Coalition of Fairfax County  
Beatriz Arroyave, American Health Care Professionals  
Sara Baldwin, Fairfax County Park Authority  
Cheryl Choy, Student, George Mason University  
Kevin Crisler, Fairfax County Department of Health  
Sharron Dreyer, Fairfax County Department of Housing and Community Development  
Sara Goode, Inova HealthSource  
Kevin Gormley, MITRE Corporation  
Rebecca Howery, Fairfax County Public Schools  
Paul Jansen, Fairfax County Department of Neighborhood and Community Services  
Subash Kafle, MITRE Corporation  
John Kim, Student, Fairfax High School  
Noel Klippenstein, Fairfax County Public Schools  
Julie Knight, Strategic Conservation Solutions  
Ryan Lonnett, Empowered Wellness  
Penny McConnell, Fairfax County Public Schools  
Michelle Milgrim, Fairfax County Department of Health  
Patricia Moreno, Anthem Healthkeepers Plus  
Gary Nobles, United States Geological Survey  
Phyllis Payne, SLEEP  
Rhonda Richardson, Inova Health System  
Edwin Rivera, City of Fairfax Parks and Recreation  
Denise Scannell, MITRE Corporation  
Clishia Taylor, Fairfax County Board of Supervisors

## **Appendix B – Names of Organizations Included in the Policy, Systems, and Environmental Scan**

## Names of Organizations Considered in the Policy, System and Environmental (PSE) Scan

All Dulles Area Muslims Society (ADAMS)	George Mason University, School of Social Work
Ahmadiyyan Muslim Community	Grace Ministries of the United Methodist Church
Annandale Christian Community for Action (ACCA)	Greenspring Village
Assembly of God	Inova
Boat People SOS	Inova Health System
Booz Allen Hamilton	ICF International
Cardinal Bank	Jeanie Schmidt Clinic
Catholic Diocese of Arlington	Kaiser Permanente
Catholic Diocese of Virginia	Korean Central Presbyterian Church
City of Fairfax	Marymount University
Culmore Clinic	Meals on Wheels
Durga Temple	MITRE Corporation
Fairfax County	Molina
Fairfax County Community Health Care Network (CHCN)	Northern Virginia Area Health Education Center
Fairfax County Government	Northern Virginia Community College
Fairfax County Government Center	Office of Student Behavior and Mental Health
Fairfax County Neighborhood and Community Services	Northern Virginia Community College (NVCC),
Fairfax County Park Authority	Medical Education Campus
Fairfax County Public Schools, K-12	Northern Virginia Dental Clinic
Fairfax County Public Schools,	Northern Virginia Family Service
Adult and Community Education	Nova Cardiology
Fairfax County Public Schools, Gatehouse Site	Reston Community Center
Fairfax-Falls Church Community Services Board	Reston Interfaith
Fairfax Presbyterian Church	Shelter House
First Baptist Church of Vienna	Sunrise
Floris United Methodist Church	The Women’s Center
Ft. Belvoir, Department of Defense, Army	Virginia Commonwealth University, Medical School
George Mason University (GMU)	Virginia Commonwealth University, Pharmacy School
George Mason University, School of Nursing	Wolf Trap

## Appendix C—Introduction to the Policy Change Process

**Appendix C**

**Introduction to the Policy Change Process**

12000 Government Center Parkway, Fairfax, VA – September 6, 2012

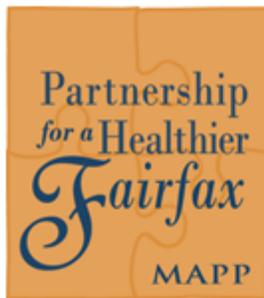
Sponsor: Fairfax NCS – MayaTech Consultant

<b>Agenda</b>	
<b>Time</b>	<b>Activity</b>
8:00 AM	<b>Registration</b>
8:30 AM	<b>Opening</b> <ul style="list-style-type: none"> <li>• Welcome and introductory activities</li> <li>• Review agenda and materials</li> </ul>
	<b>Background and Context</b> <ul style="list-style-type: none"> <li>• Changing policies, environments, and systems</li> <li>• Competency curricula</li> </ul>
	<b>Assessing and Framing the Policy Problem</b> Health and social problems need defining and framing to encourage policy solutions. Root causes, evidence, and framing in terms of stakeholder values are part of a successful definition.
	<b>BREAK</b>
	<b>Using Policy Analysis Tools</b> How to choose among potential solutions to a problem. A stakeholder power analysis highlights acceptability and feasibility of solutions. Policy analysis techniques compare estimated impact across itemized criteria, which can help to identify the solution(s) to pursue.
	<b>Background on Government Policy Change</b> <ul style="list-style-type: none"> <li>• Structure and processes used</li> </ul>
	<b>Influencing the Policy Change Process</b> Advocacy techniques are key to influencing the policy process. Successful planning uses both policy and media advocacy strategies/tactics.
11:45 AM	<b>LUNCH (Provided)</b>
	<b>Implementing Enacted Policies</b> Once a policy is enacted, a government bureaucracy implements it (e.g., programs, regulations, rules, and budgets). Advocates need to monitor and influence the process to ensure the policy is implemented as intended.
	<b>BREAK</b>
	<b>Communications</b> <ul style="list-style-type: none"> <li>• Brief orientation to message framing and media</li> </ul>
	<b>Evaluating Policy Interventions</b> Policy evaluation requires assessment of all campaign stages to provide rapid feedback. Capacity, process, and outcome measures are needed.
	<b>Closing</b> <ul style="list-style-type: none"> <li>• Additional concepts and tools in Skill-Building workshop series</li> <li>• Review and feedback</li> </ul>
3:00 PM	<b>MayaTech Presentation on the PSE Scan Process and Closing</b>

Trainers: Directors for Health Promotion and Education (DHPE) and The MayaTech Corporation

## **Appendix D—Policy, Systems, and Environmental Change Training Meeting for PFHF Members**

Appendix D



**PSE Training  
Debrief Meeting**  
Tuesday, September 25, 2012  
8:00 a.m. – 12:00 p.m.

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

8:00	Registration
8:30	Introductions
8:45	MayaTech presentation
9:45	CSSP presentations
10:15	Break
10:30	SIT breakouts
11:15	Review/Questions/Call to Action (large group)
11:30	<u>Sharepoint</u> /PRISM
11:45	Partnership Update
12:00	Adjourn

Trainers: Directors for Health Promotion and Education (DHPE) and The MayaTech Corporation

# Appendix E—Sample of the Policy, Systems, and Environmental Scan Tool

**SIT: Healthy Lifestyle (Physical Activity)**  
Sector: Work Site, Form: 1.31

Based on your team's knowledge or observations of the community, use the following Policy (which include System level policies) and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the Documentation column and any additional comments in the Comment column. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building). **NOTE:** The two response scales are not similar except that they include responses of 1-5 and 99. Please read the comment boxes for each scale and refer back to the response explanation often during the scanning process.

Response #	Policy
1	Not identified as problem
2	Problem identification/gaining agenda status
3	Policy formulation and adoption
4	Policy implementation
5	Policy evaluation and enforcement
99	Not applicable

Response #	Environment
1	Elements not in place
2	Few elements in place
3	Some elements are in place
4	Most elements are in place
5	All elements in place
99	Not applicable

<i>To what extent does the work site:</i>	Policy Response #	Environment Response #	Documentation	Comments
1. Promote stairwell use (e.g., make stairs appealing, post motivational signs near stairs to encourage physical activity)?				
2. Provide <u>flexible work arrangements</u> or break times for employees to engage in physical activity?				
3. Encourage non-motorized commutes (e.g., active transportation such as walk or bike) to work?				
4. Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) within <u>reasonable walking distance</u> ?				
5. Support clubs or groups (e.g., walking, biking, hiking) to encourage physical activity among employees?				
6. Provide a safe area outside (e.g., through lighting, signage, crime watch) to walk or be physically active?				
7. Designate a walking path on or near building property?				
8. Provide access to onsite fitness center, gymnasium, or physical activity classes?				
9. Provide a changing room or locker room with showers?				
10. Provide access to offsite workout facility or <u>subsidized membership</u> to local fitness facility?				
11. Provide bicycle parking (e.g., bike rack, shelter) for employees?				
12. Implement activity breaks for meetings that are longer than one hour?				
13. Provide direct support (e.g., money, land, pavilion, recreational facilities, sponsorship, advertising) for supporting community-wide physical activity opportunities (e.g., sports teams, walking clubs)?				
<b>COLUMN TOTAL:</b>			Please remember to answer every	
<b>SCORE:</b>			item. Do not leave any item blank.	

## Policy, Systems, and Environmental Scan Tool Definitions

**Policy:** Laws, regulations, rules, protocols, and procedures, designed to guide or influence behavior. Policies can be either legislative or organizational in nature. Policies often mandate environmental changes and increase the likelihood that they will become more permanent (institutionalized or sustainable).

Examples of legislative policies include taxes on tobacco products, provision of county or city public land for green spaces or farmers' markets, regulations governing the National School Lunch Program, or clean indoor air laws. Examples of organizational policies include schools requiring healthy food options for all students, a district ban on the sale of less than healthy foods throughout the school day, menu labeling in restaurants, required quality assurance protocols or practices (e.g., clinical care processes), or a human resources policy that requires healthy foods to be served at meetings.

- 1- **Not identified as a problem:** This stage represents the time when the issue has not yet been identified as a concern or a problem.
  - 2- **Problem identification/gaining agenda status:** This stage involves getting a problem onto the radar screen of the authoritative body that must deal with the issue. This is usually done when the issue or problem is categorized as a social or public problem.
  - 3- **Policy formulation and adoption:** This stage involves analyzing policy goals and solutions, the development or creation of alternative recommendations to resolve or address the identified public problem, and final selection of a policy.
  - 4- **Policy implementation:** This occurs within organizations directed to carry out adopted policies. Implementation begins once a policy has been formulated and adopted, and administrators have made a decision about how to deploy necessary resources (human and financial) to actualize the policy.
  - 5- **Policy evaluation and enforcement:** This stage involves determining to what extent the policy has been enforced, and what occurred as a result of the policy. Based on the evaluation results, adjustments can be made to the current policy to ensure effectiveness.
- 99- **Not applicable:** This type of policy is not appropriate for this sector.

## Definition of Environment

**Environment:** Physical, social, or economic settings designed to influence people's practices and behaviors. Examples of alterations or changes to the environment include:

**Physical:** Structural changes or the presence of programs or services, including the presence of healthy food choices in restaurants or cafeterias, improvements in the built environment to promote walking (e.g., walking paths), the availability of smoking cessation services to patients or workers, and the presence of comprehensive school health education curricula in schools.

**Social:** A positive change in attitudes or behavior about policies that promote health or an increase in supportive attitudes regarding a health practice, including an increase in favorable attitudes community decision makers have about the importance of nonsmoking policies or an increase in non-acceptance of exposure to secondhand smoke from the general public.

**Economic:** The presence of financial disincentives or incentives to encourage a desired behavior, including paying higher prices for tobacco products to decrease their use or the provision of nonsmoker health insurance discounts to encourage smoking cessation.

- 1- **Elements not in place:** At this point, no elements are in place in the environment.
  - 2- **Few elements in place:** At this point, only a few elements are in place in the environment.
  - 3- **Some elements are in place:** At this point, some elements are in place in the environment.
  - 4- **Most elements are in place:** At this point, most elements are in place in the environment.
  - 5- **All elements in place:** At this point, all elements are in place in the environment.
- 99- **Not applicable:** This type of environmental change strategy is not appropriate for this sector.