

Health Department

LOB #154:

COMMUNITY HEALTH DEVELOPMENT AND PREPAREDNESS

Purpose

The Community Health Development and Preparedness (CHDP) division leads the department's strategic efforts to build local public health system capacity to effectively prepare for and respond to public health emergencies and emerging community health needs. Activities within the program areas enhance the department's emergency preparedness; surge capacity; external and internal communications; strategic planning; outreach, education and capacity building efforts; and ability to provide community-centered and culturally appropriate services. CHDP serves as a communication, knowledge and capacity bridge between the Health Department and the people who live, work, learn and play in the Fairfax. CHDP works to engage and educate staff, governmental partners and community stakeholders to collaboratively address complex public health challenges and advance health equity. Staff works internally to guide the development and implementation of the department's strategic plan and performance management efforts across the 10 essential public health services. CHDP assures the department's role as a public safety partner in emergency preparedness and response activities through planning, coordinated incident management, public information, medical reserve corps volunteer management and community outreach.

Description

The Community Health Development and Preparedness Division was formally established in FY 2011 to provide structure and better coordinate the many initiatives the department began over more than a decade ago to anticipate, plan and respond to emerging public health needs and threats. Over time, the department recognized that these initiatives were part of the foundational capabilities the department needed to develop in order to meet preparedness requirements and successfully address 21st century public health challenges. The department's comprehensive approach to emergency preparedness, community mobilization, outreach to hard-to-reach populations and capacity building strategies were born out of these initiatives. The integration of these activities and others in communications and planning has strengthened the Health Department's infrastructure and serve as the foundation for ongoing efforts to strengthen the local public health system. The result is an enhanced capacity to support and sustain public health emergency response activities, improved health outreach to the County's increasingly diverse communities, coordinated implementation of strategic priorities, and engagement of public health system partners in population health initiatives.

Emergency Preparedness

The Office of Emergency Preparedness (OEP), which includes the Fairfax Medical Reserve Corps (MRC), prepares staff, volunteers and residents to respond effectively to public health emergencies. OEP coordinates all emergency preparedness planning, training, and exercise activities for department staff and MRC volunteers, and ensures local and regional coordination before, during and after public health emergencies. OEP serves as the lead entity to support Emergency Support Function (ESF) 8 – Public Health and Medical Services – which routinely includes activities related to sheltering, isolation, quarantine, and mass dispensing of prophylactic medications. OEP works with regional partners to enhance community preparedness through planning, resource sharing, and response coordination. Using the incident command system, OEP coordinates the department's response to various public health threats, such as outbreak investigations, Ebola virus response and monitoring. In addition, OEP has established plans and protocols to support rapid response to suspected acts of bio-terrorism within the community. OEP community education services are available 7 days/week and Public Health response activities are conducted 24/7.

Number of staff and MRC volunteers who have completed required training in FY 2015: 1,164, which represents 89 percent of staff and 70 percent of volunteers.

Health Department

Outreach

The Outreach Unit serves to bridge department programs with Fairfax' diverse communities through community education and engagement. The diversity of the Outreach Team mirrors that of the community, enabling the department to deliver important health information in a culturally competent manner. Outreach and health promotion activities include chronic disease self-management, diabetes self-management, vaccine literacy, hand washing, emergency preparedness, and how to access Health Department services. In addition, the team's outreach efforts support routine public health and emergency preparedness and response activities to help prevent the spread of infectious and communicable diseases such as seasonal influenza, tuberculosis, Ebola, and measles. Community members are reached by providing educational materials for broad distribution, conducting community presentations, engaging ethnic media to raise awareness among target populations, and engaging community leaders and health care providers to promote key health messages for targeted communities.

The goal of the department's community engagement efforts is to build community capacity to sustain public health prevention programs, in collaboration with trusted leaders within the community. In 2007, the department's Multicultural Advisory Council was established to formally engage leaders within Fairfax' ethnic communities in important Public Health policy discussions. The Council members, together with their corresponding media, are critical partners of the Outreach team and often serve as a focus group for testing new messaging and are a conduit for reaching otherwise hard-to-reach populations within the County. Depending on the initiative, community champions are recruited to augment outreach efforts and build community trust.

To accommodate the needs of the community, outreach activities occur throughout the community Monday-Sunday. The number of residents served through outreach and health promotion activities in FY 2015 was 42,477.

Benefits

Community Health Development and Preparedness' role in providing strategic guidance to the Health Department on outreach to underserved populations, serves to advance an essential Public Health service thereby reducing the leading causes of preventable health and disability, with emphasis on health disparities.

Emergency Preparedness training and exercises have built internal and external capacity to respond to all-hazards. Over 89 percent of staff has received the required Incident Command training. The Medical Reserve Corps provides a cadre of trained volunteers who are ready to augment surge capacity during public health emergencies and large outbreak investigations. Communicable disease investigation and response activities are labor intensive. At present the agency struggles to simultaneously control ongoing outbreaks, detect and respond to new outbreaks, and monitor for potential threats, resulting in temporary closures of a few clinic services. Without the MRC, the department would have to devote more staff to the incident and therefore institute larger clinic closures. Notable contributions made by the MRC in recent years include the H1N1 pandemic and the Lee High School TB investigation, where MRC volunteers contributed 22,652 and 747 hours, respectively. MRC volunteers have also participated in the ongoing Ebola response and monitoring and have contributed 213 hours.

CHDP supports a culture of engagement in Health Department initiatives throughout the community. Community health improvement objectives are actively being implemented by members of the Partnership for a Healthier Fairfax. Faith leaders are leading HIV prevention efforts to address the root cause issues fueling the epidemic in communities of color. They also champion other public health prevention efforts. The Multicultural Advisory Council meets quarterly to inform Health Department approaches to childhood immunization, older adult care, mental health, suicide prevention and other public health services. Community members volunteer to be trained as certified leaders in Chronic Disease and Diabetes Management curriculums to support behavioral change and improved health within their neighborhoods.

Health Department

CHDP supports the department in routinely conducting public health system assessments and community health needs assessments, which has informed the development of a comprehensive community health improvement plan for 2013-2018. CHDP serves as the department's convener for engaging the local public health system partners that comprise the Partnership for a Healthier Fairfax to implement seven key priorities to improve health and wellbeing for all who live, work and play in the community. The coalition of residents, businesses, faith leaders, schools, nonprofits, healthcare providers, developers and government partners in human services, transportation, parks, planning and zoning, and housing are engaged in initiatives to address healthy community design and increase awareness about the health implications of policy decisions across non-health sectors.

In May 2015, CHDP launched a new community resource, the Live Healthy Fairfax Community Health Dashboard, which provides easily accessible data on health factors related to behavior, access and quality of care, social and economic factors, and physical environment.

Mandates

Community Health Development and Preparedness supports compliance with relevant federal and state program mandates.

Emergency Preparedness

Per the Code of Virginia (§ 44-146.19.E), review and revision of the Fairfax County Emergency Operations Plan (EOP) is required every four years. As the coordinating department for Emergency Support Function (ESF) 8 – Public Health and Medical Services – the Health Department participates in this revision. The Health Department's EOP, which is the document that operationalizes responsibilities as defined in the County EOP, is also reviewed and revised on this four-year cycle.

Emergency Preparedness addresses the Health Department's obligation to provide the local emergency preparedness and response activities specified in the Virginia Department of Health contract. In addition, Medical Reserve Corps volunteer management requirements for professional liability coverage are managed by this LOB.

Outreach

Discrimination under Title VI of the Civil Rights Act of 1964 has been determined to include preventing meaningful access to federally funded services for "national origin minorities" with limited English proficiency (Title VI prohibits discrimination on the basis of national origin). The Department of Health and Human Services ("HHS") applies Title VI's nondiscrimination provisions to its programs receiving Federal financial assistance including "money paid, property transferred, or other Federal financial assistance." The Outreach Program's focus on connecting department services to underserved and low language proficiency residents enhances the Health Department's compliance with Title VI.

Trends and Challenges

In May 2014 the Robert Wood Johnson Foundation convened public health leaders to identify public health challenges for governmental health departments. The national public health trends and challenges are reflective of the Fairfax County community and will shape the activities of the Community Health Development and Preparedness LOB as an integral capacity building component of the Health Department. One of these trends includes the changing healthcare needs of the population with the increasing prevalence of chronic disease and illnesses such as obesity and asthma. Since resources are limited to address these costly health conditions, population health level policy, system and environmental change strategies need to be implemented throughout the County with targeted program strategies focused on areas of the community with identified health disparities and poor health outcomes.

Health Department

Non-health sectors will be the key to improving the health of the public as many factors contributing to chronic disease are within their scope of influence as policy, systems and environmental change agents. CHDP actively promotes public health system collaborations by diverse sectors to create conditions that are likely to improve the health and well-being of the community. This “Health in All Policies” approach to population health improvements is a challenge to leverage community assets and engage intergovernmental, business, public safety, education and non-profit leaders who may be focused on routine demands of direct services.

The demographics of the community are changing with an increase in life expectancy as well as an increase in the diversity of the County’s communities. CHDP will be challenged to continue to perform outreach and deliver enhanced services to the County’s diverse communities to reduce the incidence of health disparities. The 2013 U.S. Census American Community Survey indicates that 116,000 residents in Fairfax County speak English less than “very well,” which is a known predictor of poor health outcomes due to language barriers resulting in inadequate health care and compliance.

An information and data revolution is underway. This revolution will require public health to be the interpreter and distributor of population health information. CHDP will continue to support the distribution of critical health messages through social media and community leaders. In addition, CHDP will support the department’s provision of a Community Health Dashboard resource for community members to access essential information in understandable formats.

The increasingly globalized society has introduced public health threats, such as tuberculosis, measles and Ebola virus disease, to the County. CHDPs Emergency Preparedness plays a critical role in ensuring the Health Department’s operational readiness as a first responder agency to these emerging and reemerging public health threats. Deliberate acts of bio-terrorism remain a public safety concern that requires vigilance and operational readiness.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #154: Community Health Development and Preparedness			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$1,026,117	\$1,239,991	\$1,307,193
Operating Expenses	54,094	103,909	69,763
Total Expenditures	\$1,080,211	\$1,343,900	\$1,376,956
General Fund Revenue	\$0	\$0	\$0
Net Cost/(Savings) to General Fund	\$1,080,211	\$1,343,900	\$1,376,956
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	18 / 18	18 / 18	19 / 19
Total Positions	18 / 18	18 / 18	19 / 19

Health Department

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of community members served through outreach and health promotion activities	16,672	23,423	42,477	20,000	25,000
Number of staff and volunteers who have completed required training	1,345	1,170	1,164	1,200	1,200
Ratio of training hours invested to volunteer hours leveraged	1 : 0.4	1 : 3.1	1 : 2.2	1 : 3.0	1 : 3.0
Percent of staff and volunteers who have completed required training	34%	93%	77%	90%	90%
Percent of staff and volunteers who report they are better prepared for public health emergencies as a result of preparedness trainings and exercises	NA	88%	91%	90%	90%

Emergency Preparedness

The number of staff and volunteers who received training in FY 2015 was comparable to the prior year. However, the percentage of staff and volunteers who completed the required trainings dropped from 93 percent to 77 percent in FY 2015. An extended vacancy in the Office of Emergency Preparedness Training and Exercise Coordinator position and resources required for real world responses (measles, Ebola virus disease) led to a drop in ICS offerings for staff in FY 2015. In addition, due to a recruitment campaign for MRC volunteers in the Spring 2015, there is a large number of pending Medical Reserve Corp (MRC) volunteers who are working to complete required trainings. Nevertheless, 91 percent of staff and volunteers report that they are better prepared for public health emergencies as a result of preparedness trainings and exercises. The return on investment of training MRC volunteers is considerable. In FY 2015, for every training hour provided, volunteers contributed an additional 2.2 hours of their time to public health efforts.

Outreach

The number of community members served through outreach and health promotion activities increased dramatically from FY 2014 to FY 2015. Over the past five years, the Community Health Specialist dedicated to the Muslim population has built a tremendous amount of trust with the leaders of this community. As a result, staff was asked to deliver health-related messages during Friday prayers at two separate mosques for audiences of up to 3,000 attendees in FY 2015. These opportunities led to further outreach events and help to account for the increase in the number of participants reached in FY 2015. The receptivity of these communities has significantly increased the ability of the Health Department to communicate health messages to the Muslim community more effectively. Annual fluctuation in the data is attributable to fluid community partnerships and changing event schedules. Inconsistencies may exist when events hosted by a community partner one year may not be offered or needed again in subsequent years.

Health Department

Grant Support

FY 2016 Grant Total Funding: Federal funding of \$484,669 and 4/4.0 FTE grant positions support the Community Health Development and Preparedness LOB. There is no Local Cash Match associated with these grants.

For the Public Health Emergency Preparedness and Response (PHEP&R) grants, the Centers for Disease Control and Prevention (CDC) provide funding for ongoing development of public health preparedness and response efforts through the Virginia Department of Health. The goal of this grant is to have an emergency response plan that is coordinated with local agencies, hospitals, physicians, and laboratories in the County and the region.

The Urban Area Security Initiative (UASI) grant program is funded by the U.S. Department of Homeland Security through the D.C. Homeland Security and Emergency Management Agency as the State Administrative Agency. This grant consists of two focus areas:

- **Public Health Planning:** The Public Health Planning focus area provides funding for the continuation of one grant Emergency Management Specialist II and one part-time benefits-eligible Emergency Management Specialist I to support public health emergency preparedness and response planning initiatives. These positions will continue the review, revision, and operationalization of the agency's Emergency Operations Plan and various supporting documents.
- **MRC Program Sustainment:** The MRC Program Sustainment focus area of UASI provides funding for continuation of the MRC program capacity building which supports public health emergency preparedness and response of the Health Department. Grant program activities include increasing enrollment through recruitment, fostering long-term retention, developing outreach capabilities, providing numerous training and exercise opportunities, and equipment to support emergency response activities.