

## **HEALTH CARE ADVISORY BOARD**

Meeting Summary  
September 10, 2018

### **MEMBERS PRESENT**

Marlene Blum, Chairman  
Bill Finerfrock, Vice Chairman  
Rose Chu, Vice Chairman  
Ann Zuvekas  
Ellyn Crawford  
Phil Beauchene  
Tim Yarboro, MD  
Rosanne Rodilloso  
Mary Porter  
Dr. Michael Trahos, DO

### **STAFF**

Sherryn Craig

### **MEMBERS PARTICIPATING REMOTELY**

Carol Washington Mizoguchi

### **GUESTS**

Leslie Johnson, Zoning Administrator, Department of Planning and Zoning  
Donna Pesto, Assistant Zoning Administrator, Department of Planning and Zoning  
Marie Custode, Strategic Planner, Health Department  
Lila Vizzard, Public Health Analyst, Health Department  
Susan Sanow, Partnership Program Coordinator, Partnership for Healthier Fairfax  
Sharon Arndt, Director, Community Health Development, Health Department  
Dr. Gloria Addo-Ayensu, MD, MPH, Health Director, Health Department  
Dominic Bonaiuto, Director of Advocacy and Community Outreach, Inova Health System  
Diana White, League of Women Voters of Northern Virginia

### **Call to Order**

The meeting was called to order by Marlene Blum at 7:30 pm.

### **June 11, 2018 Meeting Summary**

The meeting summary from June 11, 2018 was approved as submitted.

## **Older Adult Accommodations and Services Zoning Ordinance Amendment**

Donna Pesto, Deputy Zoning Administrator, and Leslie Johnson, Zoning Administrator, provided an overview of the revised senior housing and older adult accommodations zoning ordinance (ZO) amendment. A full copy of the amendment will be available on the Board of Supervisors' website on September 14.

The amendment creates a new use for Continuing Care Facilities, which are defined as a continuum of accommodations and services and are regulated by the state. The amendment also creates a new zoning district. Under the proposed amendment, the new district would provide for a mix of accommodation styles and services that facilitate aging-in-place within the development. The district can be established in an area that is planned for institutional, residential, mixed use, or commercial development. While the main use in the proposed district must be continuing care, secondary uses such as a medical office or restaurants would be permitted.

With respect to Independent Living Facilities (ILF), accessory assisted living beds or nursing facility beds will be limited to no more than 15% of the total number of ILF units. Accessory use will not be subject to HCAB review. However, operators will be required to seek an assisted living license from the state.

The new amendment will also include Adult Day Health Care as a special exception use subject to HCAB review and recommendation.

DPZ is scheduled to appear before the Board of Supervisors (BOS) on September 25 to authorize an amendment to the Policy Plan of the Comprehensive Plan. Staff anticipates a possible Planning Commission Public Hearing in early November. December 4 is the tentative date for the BOS Public Hearings on the Zoning Ordinance Amendment.

The proposed amendment seeks to balance the development process around use with the compatibility of the community around it. Ms. Pesto explained that the proposal deals with accommodations, not dwelling units. Moreover, the amendment attempts to address mission creep, with the Woodlands cited as an example; as residents aged in place, their needs changed, resulting in an increase of home health aides and overnight care.

With respect to the affordability provisions, Ms. Pesto explained the companion process to the ZO amendment, which is a Comprehensive Plan Amendment. Like the ZO

amendment process, the Comprehensive Plan Amendment will also be scheduled for a Planning Commission and BOS public hearing.

When asked about potential arguments against the ZO amendment, Ms. Pesto shared that developers considered the parking rate to be too high and the density rate too low. She also shared developers' reluctance to appear before the HCAB for any reason.

While the HCAB has traditionally asked developers to provide 4% of their units for low income residents, there was some concern that developers may think this set aside remains *in addition*, rather than *in lieu of* the proposed Comp Plan's affordability measures.

Another question was asked regarding the ability to ensure certain safeguards are addressed, such as housing higher need populations (i.e. memory care) on lower floors within a multi-story development. Ms. Pesto said that the proffer system, although not always ideal, is a way to mitigate the impacts of development and floor assignments and additional parking are things that can be asked of applicants.

In response to whether there are other groups that ask about staffing ratios or quality of care, Ms. Pesto replied that there are not. Regardless of the amendment's outcome, the HCAB's existing authority to review and make recommendations on medical care facilities will remain unchanged.

It was suggested that the HCAB staff coordinator compile a list of zoning applications that the HCAB has reviewed and determine how many were approved, deferred, denied, and the average length of review. Ms. Craig will also provide a recent HCAB recommendation for the Sully District representative to review.

A draft recommendation on the proposed amendment will be prepared in advance of the HCAB's October 9 meeting.

### **Community Health Improvement Plan 2.0**

Nearly a decade ago, the Fairfax County Health Department convened stakeholders from across the Fairfax community to develop a 5-year plan of action, known as the Community Health Improvement Plan, or CHIP.

These stakeholders formed a community coalition, the Partnership for a Healthier Fairfax, in 2010. The Partnership was designed to be a multi-sector coalition of government agencies, community-based organizations, schools, healthcare providers,

businesses, faith communities, and interested residents focusing on addressing public health issues. Its membership has continued to grow and diversify over the years.

In the first CHIP, there were seven priority health areas identified and addressed by the Partnership. Over the CHIP five-year period, community partners achieved a wide range of notable successes, including:

- The Healthy and Safe Physical Environment Team promoted the inclusion of health considerations into policymaking across sectors (e.g., workgroup examining the Fairfax County Comprehensive Plan) and educated key staff and decisionmakers about how health can be impacted by policies across sectors (e.g., Health Community Design Summit).
- The Healthy Eating Team established the Fairfax Food Council to increase access to healthy and affordable food, particularly for underserved areas, expanded access to healthy foods by increasing healthy food donations to pantries, promoted SNAP acceptance policies at farmers markets, implemented mobile markets in targeted geographic areas, and developed resources to promote community gardening.
- The Tobacco-Free Living Team implemented tobacco-free play zones in parks, playgrounds, schools, and other public recreational areas and provided technical assistance for the expansion of smoke-free policies among multi-unit housing.
- The Active Living Team supported the adoption and implementation of the Bicycle Master Plan to increase opportunities for physical activity and helped to expand the FCPS Safe Routes to School program.

After the Partnership and its vision were developed, the community partners embarked on the CHIP development process, using the Mobilizing for Action Through Planning and Partnerships, or MAPP, model. This is a cyclical, community-driven, strategic planning process used to assess the health of the community, identify priority issues, and build a plan of action to address those issues and make a sustainable impact on the health of the community.

A Community Health Assessment using existing data sources compiled a broad range of health-related indicators across the Fairfax community. The data included in these sources provided insight into community strengths and needs related to a variety of health issues.

The Partnership Steering Committee used this assessment data to identify the most pressing health concerns in our community. They further considered where issues were

already being addressed through existing, robust initiatives throughout the community and where multi-sector support would be crucial to affecting change. There were three priority issues that rose to the top: healthy eating, healthy environment and active living, and behavioral health.

In May 2018, at the Partnership meeting, teams formed around each of these three priority issues to begin to identify opportunities for improvement and brainstorm solutions. Throughout the summer, these teams met to formulate goals and objectives, as well as key actions to have an impact in each of these areas of need. They also considered how best to build on current work underway in these areas and avoid duplication and identify best practices and innovations that could be supported by the Partnership. Prioritization criteria were then applied to the strategies identified to select the most effective approaches. These criteria were feasibility, health equity, and impact.

After applying these prioritization criteria, the Partnership identified three priority issues. The next CHIP will focus on:

- Promoting the accessibility, availability and affordability of healthy food for all.
- Improving the community environment to support active living and good health for all
- Promoting social and emotional wellness for all

While the first CHIP developed goals and objectives around 7 priority issues, CHIP 2.0 will reflect a more targeted approach. The Steering Committee wanted to have a realistic action plan focusing on what was feasible to achieve over the next 5 years. So where there were previously 11 goals and 31 objectives, there are now 8 goals and 21 objectives.

The last step before the CHIP is finalized is to get feedback from groups like the HCAB to ensure that the plan resonates with the community and to identify opportunities for collaboration. There will be multiple opportunities for community members to provide additional feedback on the draft CHIP.

Ms. Custode extended an invitation to the next Partnership meeting on October 24th at the Stacy Sherwood Center where there will be greater discussion about the workgroups' final proposed key actions. There will also be break out groups to begin implementation planning – honing in on the details of who will be doing what by when. Additionally, there will be an open comment period available online so that all members

of the community who wish to review the draft plan and provide feedback will be able to do so.

On December 13th, the Partnership will hold its annual meeting where it will formally transition from CHIP 1.0 to CHIP 2.0. Staff hopes to publish and disseminate the new CHIP at that meeting or soon thereafter.

Ms. Custode facilitated a discussion of the draft objectives and asked HCAB members to consider three questions:

- Which areas do you think are critical/most important moving forward?
- Which areas may need more clarification?
- Who else might we invite to the table to get involved?

It was suggested that the Behavioral Health team consider firearms and domestic violence in the development of its key action steps.

### **Other Business**

Dr. Trahos distributed a public comment notification on changes to Medicare reimbursement. The comment period closes at 12:00 am midnight on September 10.

There being no further business, the meeting adjourned at 9:51 pm.