Community Context Assessment

The Community Context Assessment (CCA) consists of qualitative (non-numerical) data gathered from the community. There were three themes of focus: community strengths and assets, the built environment (i.e., human-made environment), and forces of change (i.e., forces outside of the control of the individual person). The CCA centered equity by prioritizing information from marginalized communities, including race, ethnicity, religion, sexual orientation, ability status, age, and geographic location. While the community perspectives gathered for the CCA is not representative of all experiences in the Fairfax community, it does provide important insights into health-related information.

The CCA process began with the formation of the Community Advisory Group (CAG). This group, which consisted of known and trusted community leaders, provided feedback and recommendations throughout the CCA process. The theme for this feedback was how to approach gathering community input in a way that centers equity and builds trust in the community.

There are four data sources in the CCA:

1. Existing reports which contained a qualitative element or pertained to the social determinants of health;
2. In-depth interviews with community leaders;
3. Paper or online qualitative surveys;
4. Brief in-person interviews in which residents from prioritized communities had quick interactions with Health Department staff about one or more of the CCA themes.

Insights from the CCA are integrated in the key health-related issues of the Community Health Assessment (CHA) to give context around disparities. The three CCA themes are specifically discussed in this section.

Summarized results

Mobilizing for Action through Planning and Partnerships (MAPP)[1] Themes - Community Strengths and Assets

Social cohesion, families, and relationships

Nearly every single person who participated in the CCA process, as well as in several of the existing reports[2,3], named the people in their families and communities as a significant asset. Participants spoke of having a community orientation, displaying altruism, and stepping up to help each other out. Many gave concrete examples of when they or others took action to help a neighbor in need. An example shared by several respondents was how informal networks facilitated sharing information, such as how to access resources or warning each other away from places where there was a poor experience. Many cited these moments of helping other people as a time when they felt truly socially connected to their community. Community orientation seemed to have a stronger presence among members of marginalized communities as hardship seemed to unite them; interviewees from more affluent areas indicated that generally their neighbors stuck to themselves and rarely interacted or connected with each other.

Families were cited as a strength, especially by youth. Youth discussed having positive role models in family members who displayed strong values, such as being hard working and resilient. Adults noted an intentionality to building healthy family cultures by valuing activities, like walking or doing yoga.

Anecdotes of feeling socially connected primarily involved two types of activities: participating in community events and volunteering. Many people expressed appreciation of events which were broadly inclusive, while others noted the importance of more targeted events, such as culturally specific holidays. Many indicated they wanted more events which are family-friendly and low cost. Service acts were the other primary theme of how residents felt socially connected. Youth expressed interest and motivation to volunteer, which is reinforced by the school credit incentives for community volunteering. The Inova Community Health Needs Assessment (CHNA) noted that the pandemic increased appreciation and desire to connect through classes, hobbies, and volunteering.[4]

However, several interviewees and survey respondents noted that the pandemic disrupted social connections and that they were having to relearn how to socialize. Some stated that they did not feel socially connected with others at all. Respondents on the Inova CHNA survey noted the rise of individualism, in which community good is prioritized lower than the good of the individual.[4]

Known and trusted community organizations
Within Fairfax, as well as the region, there are many well-networked community organizations. Many organizations provide support with basic needs through social services, food distribution events, or ongoing events, which has given them credibility within the communities. Some focus on building relationships with key leaders and institutions within the county to further their work. One leader noted that in helping one marginalized community, everyone benefits. Others are well-connected with other organizations serving the same community. Such organizations provide social, cultural, and religious hubs which are important to their communities.

Diversity within Fairfax County
Many people, leaders and residents alike, cited the cultural diversity within the county as a major asset. Immigrant respondents shared that having access to their cultural communities, in the form of ethnic businesses, cultural organizations, community centers, and houses of faith, was a source of strength. Eden Center as a hub for Vietnamese businesses and community was named by many people contacted from those communities as a strength in the county.

Fairfax County as a leader
Several people interviewed expressed a sense of pride in Fairfax County serving as a leader within the commonwealth as well as the nation, such as how Fairfax County responded to the COVID-19 pandemic. Several community leaders and residents stated that because of the nature of the county and its reputation, it can lead boldly on major issues, such as climate change.

MAPP Theme – Safe, Inclusive, and Welcoming Built Environment
Accessibility

"Accessibility is an invitation to participate." – Community leader with the disability community

Most participants emphasized the importance of accessible spaces for people with disabilities. One leader in the disabilities community pointed out that easy to use doors and ramps out front and center, instead of behind the building, provide the first impression of accessibility or lack thereof to a person with a disability. Features like handrails, places to sit comfortably, and the use of universal design principles[5] are critical elements to include in the design of a space. Other participants highlighted spaces that are disability friendly in other ways, such as sensory-friendly spaces or the use of closed-captioning.

Language or cultural access was another aspect of accessibility highlighted by many participants, or the use of universal pictograms, such as a wheelchair to indicate disability access, to communicate across languages and literacy levels. One participant pointed out the difficulty for Muslim women to use public coed pools when there are no women-only swim times, as it requires them to use a full swimsuit including a head scarf.

Several participants pointed to gender-neutral bathrooms to make a space inviting for people in the LGBTQIA+ communities.

Amenities
When people were asked what they would like to see in their neighborhoods, most discussed amenities such as playgrounds, amphitheaters, sport fields or courts. One youth pointed out that in these spaces, youth do not have to speak the same language to be able to connect and play together. Many people in immigrant and minority communities requested greater access to green spaces with scenic nature and trees, as well as emphasizing their appreciation of walking paths. Similarly, the Inova CHNA pointed out that the COVID-19 pandemic increased appreciation for indoor and outdoor recreation spaces.[4] Many requested walkable access to resources, such as stores with healthy foods, health

clinics, farmers markets, and community gardens. According to community leaders, many immigrants have gardening skills and knowledge from their home countries and strongly value the ability to grow their own culturally important food and plants. The Fairfax County Park Authority Needs Assessment supported these findings, as the top five unmet needs in the county are public gardens, paved and unpaved walking/biking trails, nature centers, and small community parks.[6]

Pedestrian Safety

Concerns around pedestrian safety were cited by most participants across all demographic groups. Unsafe speed limits, safe lighting, well-maintained and fully connected sidewalks, as well as protected spaces to walk separate from cars or bicycles, limit perceptions of safety and comfort with walking. One participant pointed out that the presence and quality of sidewalks demonstrates how much comparative investment one neighborhood receives over another. These findings are supported by the Fairfax Economic Success Strategic Plan of 2019, which found that 40% of the county is car dependent due to infrastructure.[7] The Inova CHNA noted the importance of transportation disparities, which contributes to food insecurity, use of emergency care as a primary source of healthcare, and opportunities in careers and education.[4]

Affinity and Representation

Seeing people who look like you, who may share similar identities, circumstances and past experiences is an important component of feeling safe and welcomed in a space by many participants across multiple demographic groups. For people of color, affinity and representation can be a marker of safety.

"Years ago…I would just buy a house wherever, now I literally have to think about 'Where do I want to live?'. Now, I don't have issues with economics…I feel very fortunate about that...but I would really need to look at where I feel safe and where I would be happy without feeling threatened or 'Am I in the right community?'. Are these people gonna be welcoming of me and my family? …Am I the only person of color in that community? Are there other people of color in that community? Not necessarily African American but just ethnicity, period. That would be my first observation in trying to see who else like me lives in that community…What type of schools would my children go to? Would they be welcome and safe in those schools? That would be the first thing I'd look at…It's a different world we live in right now, which can bring a lot of mental health and physical health issues of just the increased stress of the environment we live in. I literally don't watch the news sometimes because I just can't take it." – leader with connections to the African American community

"I would love for it to go back to being a community where families engaged with each other. And for Black African Americans given an opportunity to purchase where it was once a black community. I would love for the Baileys Community Center to have employees who are black from the community and a Black African American person(s) who can assist Black African American with how to obtain resources and be a resource without feeling shame." – survey from Black/African American community

Access to third spaces

Third spaces are neutral places to connect with others aside from the home and workplace, such as community centers, libraries, parks, houses of worship, and cafes. Multiple respondents interviewed pointed to the importance of judgment-free spaces where people of different demographic backgrounds are welcomed and can connect with each other. Some residential communities have built-in third spaces for recreation or access to scenic nature.

MAPP Theme - Forces of change: Factors outside of an individual's control

Increasing economic pressure

Most responses about what factors make it harder to be healthy referenced economic challenges, such as affordable living, when income does not match the high cost of living or keep up with inflation, and the acknowledgment that healthy food is generally more expensive than unhealthy food. Some leaders shared concern for people living in areas where there are economic and health inequities.[8] One positive note that was mentioned was the guaranteed income program pilot[9] as an acknowledgment of the intense economic pressures that many face.

"…we've been continuing to deal with inflation, and I think that it's driving up costs and I think that people are feeling a bit left out of the homebuying process or the opportunity to own a home and to accrue wealth that way …and if forces aren't prevented, we will see lots more houselessness or individuals who are food insecure and that, of course, will contribute to greater health inequities." – Community leader

"The way that everything is super expensive and just adds so much stress to maintaining a normal lifestyle." – survey of Black/African American residents

COVID-19 pandemic

The pandemic affected the Fairfax community in a myriad of ways. The Inova CHNA pointed out that the stress and anxiety of the pandemic increased rates of death and misuse for opioids and other addictive substances, increased feelings of isolation and loneliness due to decline of face-to-face interactions, and exacerbated domestic violence.[4] Additionally, communities of color were disproportionately affected and had the highest risk early on for contracting the virus due to factors such as household overcrowding and lack of paid sick leave. Survey participants from Black/African American communities noted that COVID-19 was a significant health issue for their communities. Assistance programs did not adequately support undocumented residents, leading to distrust and stigma, and highlighted issues of technological illiteracy and insufficient mental health resources. Inova CHNA participants expressed concerns related to public health resources and planning during the pandemic, with the deemphasis on chronic disease and a concern of jumping from crisis to crisis instead of focusing on root causes.[4] On the other hand, the pandemic increased awareness of existing inequities, helped to mobilize interventions, facilitated bonds between the community and the Health Department.

Immigrant community

The Inova CHNA observed that while immigration increases the diversity of the community, there are health implications.[4] The immigrant community is a high health-risk community with potentially higher mistrust of government, income challenges, limited healthcare access, and language barriers. Participants did not believe that this population receives equitable care. The immigrant community may carry unaddressed trauma and they fear taking advantage of safety net services believing it will threaten their citizenship opportunities or result in deportation. Also of concern is the lack of racial/cultural/ethnic competency and language support in health care, especially mental health, and discrimination. Virtual resources may not be most helpful for this population, as many have low literacy with technology. Undocumented people often remain in poverty and poor housing, are ineligible for Medicaid, food stamps, and employment, and are linguistically isolated, and undercounted in the census.[10]

Social cohesion, community safety, and tribalism leading to political unrest or violence

While appreciation for social connectedness and cohesion were identified as community strengths, concerns about community safety, civic unrest, or targeted political violence spontaneously were identified in five of the eight in-depth interviews with community leaders, and the Inova CHNA Forces of Change survey.[4] Participants in the Inova CHNA noted the role of social media in spreading misinformation, as well as exacerbating divisions and aggression between groups.[4]

According to the Federal Bureau of Investigation[11], 2017-2022 Fairfax County experienced

- 185 total incidents of hate crime, most of which were assault but also including vandalism and intimidation.
- 143 incidents targeting race, ethnicity, and/or ancestry
    - 81 Black or African Americans
    - 11 anti-White
    - 10 anti-Hispanic or Latino
    - 9 anti-Asian
- 22 incidents targeting religion
    - 12 Jewish community
    - 7 Muslims
- 20 incidents targeting sexual orientation
    - 12 LGBTQIA+ community
    - 6 gay males

In the Inova CHNA Forces of Change survey and in interviews, respondents noted the connection between social media and increasing polarization, as well as misinformation, bullying, and violence.[4] In high-income neighborhoods, multiple reports of vandalized signs supporting Black Lives Matter, resulting in one church increasing their security. One community leader described a community feeling of "combustibility" and another expressed concern for possible additional civil unrest after the events of January 6th, 2021, in Washington DC. Leaders expressed that minority populations felt vulnerable, while having a disability and being a person of color made them feel more vulnerable.

Participants mentioned concerns about targeted violence. For people in the Black/African American communities, a community health liaison stated that they "fear for their lives." Leaders referenced specific incidents including the racially motivated attacks in August 2023 at the Dollar General store in Jacksonville, FL, as well as the riverside brawl in Montgomery, AL. Relationships with law enforcement are complex, as some residents asked for help reducing crime in their communities while others expressed concerns about police brutality. According to the Inova CHNA, these concerns exacerbate "weathering" (i.e. premature biological aging and associated health risks) and the mental health crisis affecting their community.[4]

Other groups expressed similar concerns over potential targeted violence. Leaders and residents in Asian communities shared that there were fears related anti-Asian sentiment that rose during the COVID-19 pandemic, particularly for seniors. The LGBTQIA+ communities have also been the target of partisan culture wars as well as targeted violence.

A positive note shared by several interviewees was a greater awareness and appreciation of civic engagement. Interviewees pointed toward a broader willingness to engage with local political environments and noted that there are community organizations with history and strength in policy advocacy. They also spoke of the importance of leaders – political, community, faith, business, and otherwise – understanding public health to support community efforts. According to the Fairfax Economic Success Strategic Plan of 2019, Fairfax County has a relatively high voter turnout which has been increasing over time relative to other areas of the commonwealth.[7]

"Unless you are someone of color or from another community like the LGBTQ community, it's hard to say, especially in the environment that we live now, where you feel safe or where you feel comfortable. It really is difficult….because you just don't know…There's an example of what just happened in Jacksonville this past weekend [the racially motivated mass shooting of Black shoppers by a white gunman in a Dollar General Store]." – Community leader connected with the Black community

Trust

The COVID-19 pandemic demonstrated the effects of mistrust in government on vaccine uptake and facilitated the spread of misinformation and disinformation.[4] Health Department focus groups[12] with community regarding trust and public health among Black/African American residents revealed deep-seated mistrust:

- *"Without relationship there is no trust."*
- *"Can't trust the system since we came to these shores."*
- *"You'll never get trust from Black people."*
- *"It takes only one incident to lose trust; building trust takes a lifetime."*

In interviews and surveys, community members of various demographic backgrounds were united in their recommendation for how to build trust: being out in the community with "boots on the ground", engaging with people in their spaces, listening to what they have to say, and working with trusted community leaders. One community leader worded it this way: *"We can fix an emergency but being there after the emergency to make sure that everything was ok, do they still need our assistance – I think that plays a really big part…'After we get everything we need, are you still going to be there for us?'"* The community leader stressed the importance of regularly checking in with the community not just at the beginning of an effort, but ongoing to see how the community perceives changes as helpful.

Social Isolation
According to the Inova CHNA, the pandemic accelerated the transition to virtual interactions, whether in education or healthcare.[4] Such interactions increase access to learning for youth with social anxiety and access to healthcare through telehealth options. However, virtual interactions can increase feelings of isolation and loneliness, and the use of social media can increase negative self-image. This transition to digital spaces exacerbates disparities between those who have access and comfort using technology and those who do not.

Gentrification
Gentrification (i.e. displacement and marginalization of residents in a community) was expressed by many, including in the Black/African American and Vietnamese communities. There were concerns about gentrification occurring along the Route 1 corridor, further impacting the affordability of living within the county. In particular, there are concerns about gentrification due to the EMBARK project which could result in significant loss of diversity and history.[3] Several in the Vietnamese community brought up the East End Small Area Plan for Eden Center and voiced concerns over getting pushed out due to potential rent increases while businesses are still financially recovering from the pandemic.

"The community have gentrified making resources available to the new lower income families but not for the original Black African Americans." – survey from Black/African American community

Climate change
Climate change was brought up by multiple interviewees, as well as discussed on the Inova CHNA Forces of Change survey.[4] The survey noted that people of color, elderly, and low-income residents will be most affected from issues including rain/flooding, heat, disease-carrying insects, water scarcity, breathing concerns, and food availability.[4] Youth who were interviewed also expressed concern about climate change, as a source of mental health stress. Anecdotally, there are some youths who are hesitant to have children because they are concerned about the future. Interviewees mentioned the wildfire smoke that affected the northern Virginia area multiple times over the summer. They noted that due to climate change, there will likely be more days of poor or hazardous air quality in the future.

Mis/disinformation
The importance of misinformation and disinformation related to health came to light during the COVID-19 pandemic. Several participants brought it up as a trend with important implications for their communities. The concern was particularly mentioned by Black/African American and Asian participants.

Equity
Several interviewees stated concerns that residents in the community may not understand equity and perceive it as being unfair if their communities do not receive the same level of support as those historically marginalized. Others, particularly in the Black/African American communities, indicated skepticism that equity initiatives would reach them or have a meaningful impact in their lives. As pointed out by the Deeply Rooted: History's Lessons for Equity in Northern Virginia report, for decades Black neighborhoods were targeted for underinvestment.[8] One resident commented to a community health liaison that they felt as though the Route 1 corridor was a forgotten part of Fairfax and wished for more resources to bring it up to par with the rest of the county.

"I feel as though [Fairfax County] need to have more resources that is related to African Americans. With trying to implement the diversity in the county, I feel as though African Americans have been excluded from resources and opportunities" – survey from African American community

"*A few of the people that I talk to…work for somebody to stay and take care of their family member…If you're living in Hybla Valley and you have your home healthcare job- you're going to take care of somebody say, in Oakton or, you know, the higher-class area, they look at that that it's…two worlds. It's a white world and black world, for lack of a better word…they're going to work for these folks in nice areas, Reston, Oakton, Great Falls, big homes and then they're coming back to their little, tiny, rat-infested apartment. So, they wonder what are they talking about 'equity'?"* – Community leader familiar with African immigrants

Healthcare Workforce Shortages

The Inova CHNA pointed out that approximately 20% of healthcare workers left their jobs in the past two years, which exacerbated staffing shortages and decreased ability to provide care.[4] These shortages strain the community safety net system and decrease financial stability. Additionally, the Fairfax workforce is aging, which means more workers are retiring and replacement of workers is slower than before. However, these shortages shed light on the importance of these workforce roles and caused organizations to increase benefits to attract new workers or accommodate those who stay in the workforce past traditional retirement age.

Appendix A: Community Context Assessment Methods

Introduction

The Community Context Assessment (CCA) is one of the three assessments that make up the Community Health Assessment, following the MAPP framework from NACCHO.[1] The goal of the CCA is to integrate community perspectives when developing an understanding of the state of the county's health. The CCA uses qualitative research such as in-depth interviews, brief person-on-the-street interviews, and surveys with multiple choice or open-ended questions. Qualitative research includes rich context and nuance on topics from a limited sample of residents. Due to the smaller sample size, it should not be considered as representative of all residents in the health district. The CCA is not meant to be an exhaustive catalogue of community perspective on all health issues. Instead, the CCA elevates the perspective of marginalized communities on some key health topics as well as factors which influence health outcomes.

The CCA has three themes as they relate to health:

- Community Strengths and Assets
- Built Environment – i.e. the human-made environment, including everything from housing, parks, and streets to access to clinics or grocery stores.
- Forces of change – i.e. the current and historical forces outside of the individual's control

In addition to these themes, the CCA analysis integrates the social determinants of health and the One Fairfax Equity Lens by prioritizing perspectives and issues affecting historically and currently marginalized communities within Fairfax.[13] Furthermore, CCA reporting followed equity best practices by including relevant context in the form of community-generated insights to accompany disparities data.

Approach

Representatives from the community were included in the design and implementation of the CCA. To inform and guide the process, Health Department staff created a CHA Advisory Group. This group of nine individuals came from historically and currently marginalized communities to ensure that equity considerations were at the center of the work. Equity considerations within the group included:

- Race
- Ethnicity
- Religion
- Age
- Immigration status
- Ability status
- Sexual orientation
- Gender

- Socio-economic status

Individuals from the Advisory Group met between one and three times depending on their availability. Health Department staff solicited their input on the three themes of the CCA as well as feedback on proposed approaches for collecting data for the CCA. After the CHA was completed, Health Department staff presented the results of the CHA, including the CCA, to members of the Advisory Group.

Methods

Data Collection

Health Department staff collected data from four sources: existing reports, key informant interviews, brief person on the street interviews, and surveys.

Existing reports and data: Reports were prioritized if they included qualitative data or if they pertained to the Social Determinants of Health. Findings from these reports were summarized and used in analysis. The reports included the following:

- 2022 COVID Recovery Survey- Opportunity Neighborhood Mount Vernon[14]
- 50+ Community Survey – Fairfax County and the Cities of Fairfax and Falls Church[15]
- 2015 Community Food Assessment – Fairfax Food Council[16]
- Communitywide Housing Strategic Plan 2018[17]
- Deeply Rooted: History's Lessons for Equity in Northern Virginia[8]
- Factors that Increase or Decrease Trust in Public Health *(Results from multiple internal Health Department focus groups)*[12]
- Fairfax Economic Success Strategic Plan 2019[7]
- Fairfax County Park Authority Needs Assessment[6]
- Hybla Valley/Gum Springs Listening Session[3]
- Region 4 Strategic Planning Team Sherpa Tour Site Locations[18]
- COVID-19 Knowledge, Attitudes, and Behaviors Among Hispanic Adults, 2020 *(Results from an internal Health Department series of in-depth interviews)*[19]
- Route 1 Lived Experiences Report: Food Insecurity During the Pandemic, 2021[2]

Key informant interviews (n=8): These interviews lasted one hour or more with key community leaders or residents. Some of these leaders were also members of the Advisory Group. All but one interview was with one community leader except for one with two high school youth. All interviews were conducted verbally, either in person or virtually, and recorded, except one interview in which the individual provided written responses to the interview questions.

Brief person in the community interviews: Members of the Health Department's Outreach and Engagement Team collected input from residents from the prioritized communities at events, celebrations, food distributions, and their ongoing outreach activities. Interviews were brief and frequently focused on one of the three themes though some conversations lasted longer and went into greater depth. Communities which were prioritized for these brief interviews included race/ethnic communities (Muslim, Hispanic/Latino, etc.) as well as geographic locations (Herndon/Reston, Centreville/Chantilly, Springfield, Seven Corners/Bailey's Crossroads, and Rt. 1 corridor). Interviews took place in respondents' preferred language when possible, including Spanish, Arabic, Chinese, and Vietnamese.

Online surveys: As part of Inova's Community Health Needs Assessment, they conducted a Forces of Change survey of the community, using multiple choice questions and open-ended responses.[4] These surveys were an important component of the Forces of Change theme. Additionally, an online or paper version of survey was created to align with the person on the street interviews. This survey included a few questions for each of the three CCA themes and distributed for communities that would be otherwise harder to reach within the CCA timeline: high school-aged youth,

Black/African American community, Muslim community, and disability community. Responses were obtained from the youth and Black/African American community.

Several attempts were made to engage with LGBTQIA+ and disabilities communities more deeply, but these attempts were not successful within the timeframe of the CCA.

Analysis

All data were reviewed by two to three individuals prior to analysis to ensure that relevant insights were included. Preliminary results were analyzed according to the Social Determinants of Health. Full results were analyzed in a three-part participatory process with the individuals who had collected data, key subject matter experts, and other support staff. Members of the Advisory Group were also invited to participate but were prevented due to scheduling challenges.

The analysis included a *data walk*, during which key health and disparities data according to the health topics in the CHA are displayed. Participants gather in small, diverse groups to discuss the data, share insights derived from their work in the community, and generate insights. Members of the Outreach Team who had collected data from the Person on the Street interviews also shared insights based on their years of experience working in health outreach as community liaisons. The focus of the analysis sessions was on the question *What is it about the local context that contributes to health disparities?*

Reporting

The results of the CCA data collection and analysis were woven into the CHA in multiple places. For each category of health topics, insights from community and the analysis process were included to provide context for disparities shown. Additionally, data from the three key themes were summarized in a dedicated section of the report.

As one important theme that emerged from engaging with community was that many are tired of answering surveys or being interviewed and then seeing nothing come of their time and effort, the results of the CCA and CHA in general will be shared back with the community. Efforts will include presenting findings to the members of the CHA Advisory Group as well as providing the CHA to members of the Outreach and Engagement Team to share back with the community as they conduct their work. During the subsequent Community Health Improvement Plan development process, results will be shared with the community to facilitate the issue prioritization process.

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