LiveHealthy FAIRFAX
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Partnership for a Healthier Fairfax

Community Health Improvement Plan 2013-2018

Annual Evaluation Report – Year One
October 2013-September 2014

May 1, 2015

Healthy and Safe Physical Environment

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Priority Issue: Healthy and Safe Physical Environment (HSPE)						
Goal 1	Develop and implement policies that promote healthy and safe physical environments for all who live, work, and play in the Fairfax community.					
Objective 1.1	Increase the number of community, street, transportation and park policies for the environment that support positive community health outcomes.					
Key Actions	**Timeframe**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.1.A Educate local government staff and decision makers on the principles of the Health in All Policies (HiAP) approach.	10/13	9/14	Leads: Fairfax County Health Department (FCHD), Neighborhood and Community Services (NCS) HSPE Priority Issue Team (PIT)	Centers for Disease Control and Prevention (CDC) Community Transformation Grant (CTG) $500,000 10/13-9/14 National Association of County and City Health Officials (NACCHO) HiAP Leadership Institute 1/14-6/14 Virginia Department of Health (VDH) Healthy Eating and Active Living (HEAL) Grant $67,410 1/14-9/14	# individuals educated about HiAP: 228 (duplicated count) % participants who have a clear understanding of HiAP approach: increase from 83% pre-test to 94% post-test	**COMPLETED BY 9/30/14** • Representatives from FCHD, the Office of the County Executive, and the Planning Commission, participated in a NACCHO HiAP Leadership Institute to build capacity for public health policy dialogue. • Secured a VDH HEAL Grant to hire a part-time health planner to promote the HiAP approach to key leaders and decision makers. • Co-sponsored a Healthy Community Design Summit for local government staff and community members (174 participants), followed by a Leadership Briefing for decision makers (54 participants) on 5/6/14. • Secured Mark Fenton, a national expert on walkable communities, as a keynote speaker for the summit. • Assembled a panel discussion by representatives of the business, university, and human services sectors in Fairfax County for the summit. • Participated in stakeholder meetings to provide input on the Fairfax County Economic Advisory Council's strategic plan in 6/14. • Developed HiAP fact sheets for employers, faith communities, and schools. • Conducted research and developed a summary of national best practices for active transportation, active community design, and the incorporation of health into planning and development review. • Researched best practices to create HiAP fact sheets for faith communities, employers, and schools.

Objective 1.1 Continued	Increase the number of community, street, transportation and park policies for the environment that support positive community health outcomes.					
Key Actions	**Timeframe**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.1.B Study transportation, planning, zoning, and development review processes to identify opportunities to incorporate health benefits and impact analyses into current policy frameworks.	10/13	9/14	Lead: FCHD HSPE PIT	VDH HEAL Grant $67,410 1/14-9/14	# opportunities identified: 1 # participants in interagency meeting: 36	**COMPLETED BY 9/30/14** • Identified the transportation proposal for a Richmond Highway Transit Center (RHTC) as an opportunity to conduct a Health Impact Assessment (HIA). • Engaged DOT in 11/13 to partner on the HIA grant proposal. • Held a Healthy Community Design Interagency Meeting on 9/24/14 engaging 36 representatives from DPZ, DOT, Fairfax County Park Authority (FCPA), and Public Works and Environmental Services to discuss ways to formally incorporate health into their day-to-day responsibilities, and to become champions for changes to county policies and processes. **IN PROGRESS SINCE 9/30/14** • Combined HSPE and Physical Activity PITs into Healthy Environment and Active Living PIT with 3 working groups: Planning and Zoning, Transportation, and Active Living. • Reviewing policies regarding the Comprehensive Plan and Zoning Ordinance for sections that promote or restrict healthy communities.
	10/14	4/15	Leads: Healthy Environment and Active Living (HEAL) PIT Chairs HEAL PIT, Department of Planning and Zoning (DPZ), Department of Transportation (DOT)			

Objective 1.1 Continued	Increase the number of community, street, transportation and park policies for the environment that support positive community health outcomes.					
Key Actions	**Timeframe**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.1.C Develop recommendations using national best practices for health considerations to be integrated into existing policies, plans, and procedures.	1/14 4/15	8/14 12/15	Lead: FCHD HSPE PIT, DOT Leads: HEAL PIT Chairs HEAL PIT, DPZ, DOT	NACCHO HIA Grant $15,000 1/14-6/14	# projects undertaken: 1	**COMPLETED BY 9/30/14** • Secured a NACCHO HIA Grant to hire a part-time health planner to coordinate the HIA process. • Conducted an HIA for the RHTC project and produced the county's first HIA report, outlining recommendations to improve health outcomes and mitigate potential negative health impacts. **PLAN FOR 2015** • Make recommendations to incorporate health considerations into land development review. • Meet with transportation planners to discuss ways to incorporate multimodal analysis into development review.
1.1.D Conduct an assessment to identify barriers to accessing parks, fields, and recreational facilities in redeveloping, underserved, or economically challenged communities.	TBD	TBD	Lead: FCPA HEAL PIT	Funding needed	# assessments completed: TBD	**NOT STARTED**
1.1.E Develop recommendations for providing parks and non-traditional park amenities for communities that are redeveloping, underserved, or economically challenged.	TBD	TBD	Lead: FCPA HEAL PIT	Funding needed	# recommendations identified: TBD # recommendations implemented: TBD	**NOT STARTED**
1.1.F Evaluate policy alternatives identified as best practice models for community use of athletic fields.	TBD	TBD	Lead: NCS HEAL PIT	None identified	# policy alternatives identified: TBD # policy changes selected: TBD # policy changes implemented: TBD	**NOT STARTED**

Active Living

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Priority Issue: Active Living (AL)						
Goal 1	Increase the number of children and adolescents who engage in daily physical activity.					
Objective 1.1	Increase the number of opportunities for children ages birth to 5 years and those in childcare settings to engage in daily physical activity.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.1.A Educate new parents with targeted materials and resources that promote active play for infants and young children at home.	10/14	9/15	Lead: AL Priority Issue Team (PIT)	None identified	# new parents reached: TBD	**NOT STARTED**
1.1.B Develop a campaign to increase the number of structured play opportunities and outlets for children ages birth to 5 years.	10/14	9/15	Lead: AL PIT	Additional resources needed for a broad campaign	Development of campaign materials: TBD	**NOT STARTED**
1.1.C Promote physical activity guidelines with family childcare providers and childcare centers.	10/13	9/14	Lead: Catherine Sauer, Department of Family Services Office for Children AL PIT	Centers for Disease Control and Prevention (CDC) Community Transformation Grant (CTG) $52,000 6/13-9/13 $26,000 10/13-9/14	# *Eat and Run* books printed: 1,500 in English, 150 in Spanish, and 450 in other languages # workshops held to train providers: 8 # childcare providers trained: 297 # children reached: 1,485 (based on 5 children per provider)	**COMPLETED BY 9/30/14** • Developed an educational handbook, *Eat and Run*, to provide guidance to family childcare providers on good nutrition practices and physical activity options for children from birth to eight years of age. • Translated the book into the four most common languages used by Fairfax County childcare providers: Arabic, Farsi, Spanish, and Urdu. • Garnered national attention from the US Department of Agriculture and the Nemours Foundation, who support the First Lady's *Let's Move* initiative. • Conducted workshops to train providers on how to implement the activities in *Eat and Run*. • Registered the book and its four supplementary translations for copyrights through the Library of Congress. **IN PROGRESS SINCE 9/30/14** • Printed *Eat and Run* in Arabic, Farsi, Spanish, and Urdu.

Priority Issue: Active Living (AL)						
Goal 1	Increase the number of children and adolescents who engage in daily physical activity.					
Objective 1.2	Increase the number of elementary schools that participate in the Safe Routes to School program.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.2.A Identify community groups that can partner and provide logistical support in coordinating the Safe Routes to School (SRTS) program.	10/13	9/14	Leads: Linda Hollis, Fairfax County Health Department (FCHD); Sally Smallwood, Fairfax County Public Schools (FCPS) AL Priority Issue Team (PIT)	Centers for Disease Control and Prevention (CDC) Community Transformation Grant (CTG) $500,000 9/13-9/14	Identification of partners to support SRTS program: Completed	**COMPLETED BY 9/30/14** • Identified community partners who would be critical to the implementation of the SRTS program in 3/14. These stakeholders included professionals in the fields of transportation, planning, public works, public safety, public health, and parks and recreation; elected and appointed officials; school representatives (officials and parents); concerned citizens, and local advocates.
1.2.B Mobilize resources to educate school communities on safe walking and cycling.	10/13	9/14	Leads: Linda Hollis, FCHD; Sally Smallwood, FCPS AL PIT	CDC CTG $500,000 9/13-9/14	Documentation of resources to educate school communities on safe walking and cycling: Completed	**COMPLETED BY 9/30/14** • Worked with Mt. Vernon Woods, Crestwood, and Hybla Valley Elementary Schools to increase the number of students walking and biking to school. • Purchased 2,000 reflective stickers for student backpacks at the three schools and 40 reflective vests for parents who walk students to school. • Held a parent meeting with a video presentation about pedestrian skills for children in English and Spanish. • Arranged for the American Automobile Association's "Otto the Auto" presentation to be given to kindergartners and first graders in 9/14.

Objective 1.2 Continued	Increase the number of elementary schools that participate in the Safe Routes to School program.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.2.C Provide guidance for establishing an infrastructure for the Safe Routes to School program in participating schools.	10/13	9/14	Leads: Linda Hollis, FCHD; Sally Smallwood, FCPS AL PIT	CDC CTG $500,000 9/13-9/14	# SRTS workshops: 1 # SRTS workshop participants: 34	**COMPLETED BY 9/30/14** • Conducted a SRTS workshop at Mt. Vernon Woods Elementary School on 5/5/14 for partners identified in 1.2.A to address transportation issues for a school setting, including the creation of safe environments for all students, whether they walk, cycle, or arrive by bus or car. The facilitator was Mark Fenton, an expert on SRTS initiatives and walkable communities. **IN PROGRESS SINCE 9/30/14** • Invited Marc Fenton to deliver the keynote speech at the Greater Washington DC SRTS Regional Network Annual Meeting in 10/14.
1.2.D Promote the Safe Routes to School program through local public education outlets.	10/13	9/14	Leads: Linda Hollis, FCHD; Sally Smallwood, FCPS AL PIT	CDC CTG $500,000 9/13-9/14	Documentation of the promotion of SRTS through local public education outlets: Completed	**COMPLETED BY 9/30/14** • Created SRTS Newsletter to promote SRTS program and provide education about pedestrian and bicycle safety to administrators, teachers, parents, volunteers, and other interested parties. • Provided information on SRTS, and pedestrian and bike safety for "Meet Your Teacher" day in 8/14 and had exhibits at each school's back-to-school night. • Purchased and posted "Children Walking" signs to promote awareness and safety for children participating in the SRTS program. • Obtained letters of support from three participating schools to expand SRTS implementation to other schools. **PLAN FOR 2015** • Continue to support and promote the SRTS program in schools.

Priority Issue: Active Living (AL)						
Goal 1	Increase the number of children and adolescents who engage in daily physical activity.					
Objective 1.3	Increase the number of children and adolescents from families of low socioeconomic status participating in organized recreational activities.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.3.A Examine the current availability of scholarship funds and identify potential funding gaps.	10/13	9/14	Lead: Neighborhood and Community Services (NCS) Community Transformation Grant (CTG) Project Director AL Priority Issue Team (PIT)	Centers for Disease Control and Prevention (CDC) CTG $5,000 9/13-9/14	Evaluation of availability of scholarship funds: Completed	**COMPLETED BY 9/30/14** • Formed a team to examine the current funding structure of existing scholarship programs, to address gaps in funding, and identify affordable transportation options to youth participating in organized recreational activities. • Conducted a facilitated focus group session in 3/14 for community groups and stakeholders to gather input regarding the scholarship application process. • Analyzed the feedback from the session from which proposals are being developed for leadership consideration.
1.3.B Leverage resources to fill gaps and identify additional funding sources.	10/14	9/15	Lead: AL PIT	None identified	Documentation of additional resources: TBD	**NOT STARTED**
1.3.C Identify opportunities to promote the availability of scholarships.	10/14	9/15	Lead: AL PIT	None identified	Documentation of scholarships promotion: TBD	**NOT STARTED**
1.3.D Revise transportation guidelines to promote the use of public transportation for commuting to organized sports.	10/13	9/15	Lead: Chris Scales, NCS Regional Manager AL PIT	CDC CTG $5,000 9/13-9/14	Revision of transportation guidelines: TBD	**COMPLETED BY 9/30/14** • Reviewed best practices for providing free transportation. • Discussed potential policy changes to transportation guidelines with the Fairfax County Board of Supervisors (BOS), the Department of Transportation (DOT), and NCS. **IN PROGRESS SINCE 9/30/14** • Received FY 2016 budget development guidance from the BOS which directed DOT and NCS to pilot a "Youth Ride Free" policy for the opening of the Providence Community Center.

Priority Issue: Active Living (AL)						
Goal 2	Increase the number of adults who engage in daily physical activity.					
Objective 2.1	Increase the number of adults who engage in walking and biking.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
2.1.A Develop and implement public education efforts to highlight opportunities to incorporate physical activity into daily activities.	10/14	9/15	Lead: Alice Patty, Kaiser Permanente AL Priority Issue Team (PIT)	None identified	Documentation of implementation of education efforts to incorporate physical activity into daily activities: TBD	**IN PROGRESS SINCE 9/30/14** • Discussing the use of social media, county information resources, and other forms of marketing to let adults in the Fairfax community know about opportunities for engaging in daily physical activity.
2.1.B Develop opportunities for businesses to support non-motorized commuting.	10/14	9/15	Lead: AL PIT	None identified	# opportunities for businesses to support non-motorized commuting: TBD	**NOT STARTED**
2.1.C Explore opportunities to expand bicycling in the community by installing bike racks and creating bike-share programs.	10/13	9/14	Lead: AL PIT	None identified	Documentation of support of expansion of bicycling in the community: Completed	**COMPLETED BY 9/30/14** • Submitted a letter from the Partnership for a Healthier Fairfax (PFHF) to the Fairfax County Planning Commission in 4/14 in support of the Countywide Bicycle Master Plan (CBMP) amendment to the Fairfax County Comprehensive Plan. The CBMP aims to increase bicycle use for transportation, improve safety, and expand bicycling accommodations across the community. **IN PROGRESS SINCE 9/30/14** • Provided testimony from PFHF to the Fairfax County Board of Supervisors (BOS) in support of the CBMP amendment to the Fairfax County Comprehensive Plan. This amendment was adopted by the BOS in 10/14 and includes investments in the bicycle transportation system to enhance safety and make the community more bicycle-friendly.

Priority Issue: Active Living (AL)						
Goal 2	Increase the number of adults who engage in daily physical activity.					
Objective 2.2	Increase the number of opportunities to promote active lifestyles for adults.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
2.2.A Promote the use of social media to share group physical activity opportunities.	10/14	9/15	Lead: AL Priority Issue Team (PIT)	None identified	Documentation of use of social media to share physical activity opportunities: TBD	**IN PROGRESS SINCE 9/30/14** • Discussing in workgroup how to best use social media, county information resources, and other forms of marketing to let adults in the Fairfax community know about opportunities for engaging in daily physical activity.
2.2.B Develop campaigns and provide materials and resources that emphasize the benefits of families being active together.	10/14	9/15	Lead: AL PIT	None identified	Documentation of campaigns, materials, and resources that emphasize the benefits of families being active together: TBD	**NOT STARTED**
2.2.C Partner with commercial entities to provide more active programs targeting families.	10/14	9/15	Lead: AL PIT	None identified	Documentation of partnerships formed with commercial entities to provide more active programs targeting families: TBD	**NOT STARTED**

Priority Issue: Active Living (AL)						
Goal 2	Increase the number of adults who engage in daily physical activity.					
Objective 2.3	Promote opportunities for physical activity for older adults.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
2.3.A Promote the use of social media to share group physical activity opportunities for older adults.	10/14	9/15	Lead: Alice Patty, Kaiser Permanente (KP) AL Priority Issue Team (PIT)	None identified	Documentation of use of social media to share physical activity opportunities for older adults: TBD	**IN PROGRESS SINCE 9/30/14** • Discussing in workgroup how to best use social media, county information resources, and other forms of marketing to let adults in the Fairfax community know about opportunities for engaging in daily physical activity.
2.3.B Collaborate with community partners to provide physical activities that promote aging in place for older adults, including those with physical limitations.	10/13	9/15	Lead: Alice Patty, KP AL PIT	None identified	Documentation of collaboration with community partners to provide physical activities that promote aging in places for older adults: Completed	**COMPLETED BY 9/30/14** • Submitted a letter in 5/14 from the Partnership for a Healthier Fairfax (PFHF) to the Fairfax County Board of Supervisors 50+ Committee in support of the Fairfax 50+ Community Action Plan. The plan was adopted in 9/14 and outlines a number of initiatives to address the needs of older adults in the community, including opportunities for physical activity in urban park settings.
2.3.C Support the development of organized active recreation opportunities such as individual fitness competitions, adult-based sports organizations and local competitions.	10/14	9/15	Lead: Alice Patty, KP AL PIT	None identified	Documentation of support for the development of organized active recreation opportunities: TBD	**NOT STARTED**

Priority Issue: Active Living (AL)						
Goal 3	Promote sustainability of programs and facilities that promote physical activity.					
Objective 3.1	Implement policies and procedures that support physical activity in the community.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
3.1.A Convene community stakeholders to review policies and procedures related to community use of fields and facilities for physical activity.	10/14	9/15	Lead: AL Priority Issue Team (PIT)	None identified	Documentation of review of policies and procedures related to community use of fields and facilities for physical activity: TBD	**NOT STARTED**
3.1.B Identify polices that may be inconsistently implemented.	10/14	9/15	Lead: AL PIT	None identified	Identification of polices that may be inconsistently implemented: TBD	**NOT STARTED**
3.1.C Identify barriers that discourage physical activity.	10/14	9/15	Lead: AL PIT	None identified	Identification of barriers that discourage physical activity: TBD	**NOT STARTED**
3.1.D Create an action plan to minimize barriers.	10/14	9/15	Lead: AL PIT	None identified	Development of an action plan to minimize barriers: TBD	**NOT STARTED**
3.1.E Develop accountability mechanisms.	10/14	9/15	Lead: AL PIT	None identified	Development of accountability mechanisms: TBD	**NOT STARTED**

Priority Issue: Active Living (AL)						
Goal 3	Promote sustainability of programs and facilities that promote physical activity.					
Objective 3.2	Identify consistent funding streams to maintain current and future facilities, trails, and equipment so that community members have access to safe physical activity.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
3.2.A Review existing legislation and policies that affect funding.	10/13	9/14	Lead: AL Priority Issue Team (PIT)	None identified	Identification of legislation and policies that affect funding: Completed	**COMPLETED BY 9/30/14** • Identified the Countywide Bicycle Master Plan (CBMP) amendment to the Fairfax County Comprehensive Plan as a policy that could increase funding for infrastructure to promote bicycle use for transportation, improve safety, and expand bicycling accommodations across the community.
3.2.B Determine desired funding levels for maintenance of existing and future facilities, trails, and equipment.	10/14	9/15	Lead: AL PIT	None identified	Documentation of desired funding levels for maintenance of existing and future facilities, trails, and equipment: TBD	**NOT STARTED**
3.2.C Seek funding partners in the community.	10/14	9/15	Lead: AL PIT	None identified	# funding partners secured: TBD	**NOT STARTED**
3.2.D Identify legislation and policies that may need revision or identify gaps in policies that may need to be addressed with new legislation and policies.	10/13	9/14	Lead: AL PIT	None identified	Identification of legislation and policies that need revision or creation: Completed	**COMPLETED BY 9/30/14** • Identified the transportation bond referendum on 11/4/14 as legislation that could provide needed resources for pedestrian and bicycle infrastructure improvements to promote physical activity.

Objective 3.2 Continued	Identify consistent funding streams to maintain current and future facilities, trails, and equipment so that community members have access to safe physical activity.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
3.2.E Promote needed changes with appropriate stakeholders.	10/13	9/15	Lead: AL PIT	None identified	Documentation of promotion of needed changes with appropriate stakeholders: Completed	**COMPLETED BY 9/30/14** • Submitted a letter from the Partnership for a Healthier Fairfax (PFHF) to the Fairfax County Planning Commission in 4/14 in support of the CBMP amendment to the Fairfax County Comprehensive Plan. The CBMP aims to increase bicycle use for transportation, improve safety, and expand bicycling accommodations across the community. **IN PROGRESS SINCE 9/30/14** • Provided testimony from PFHF to the Fairfax County Board of Supervisors (BOS) in support of the CBMP amendment to the Fairfax County Comprehensive Plan. This amendment was adopted by the BOS in 10/14 and includes investments in the bicycle transportation system to enhance safety and make the community more bicycle-friendly. • Submitted editorial to local newspapers and news websites in support of the transportation bond referendum on 11/4/14. Voters approved the $100 million bond which includes funding for pedestrian and bicycle improvements that enhance connectivity throughout the county and increase safe opportunities for active transportation. **PLAN FOR 2015** • Develop an educational brochure about the benefits of pedestrian and bicycle improvements.

Priority Issue: Active Living (AL)						
Goal 3	Promote sustainability of programs and facilities that promote physical activity.					
Objective 3.3	Encourage public and private partnerships to identify facilities that could be made available to the public for free or at a reduced rate.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
3.3.A Explore opportunities for facility use with local institutions of higher learning, faith-based communities, and businesses.	10/14	9/15	Lead: AL Priority Issue Team (PIT)	None identified	Documentation of research on opportunities for facility use with local institutions of higher learning, faith-based communities, and businesses: TBD	**NOT STARTED**
3.3.B Establish memorandums of understanding for facility use by the community for physical activity.	10/14	9/15	Lead: AL PIT	None identified	Establishment of memoranda of understanding for facility use by the community for physical activity: TBD	**NOT STARTED**
3.3.C Publicize partnerships.	10/14	9/15	Lead: AL PIT	None identified	Documentation of publicity of partnerships: TBD	**NOT STARTED**

Healthy Eating

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Priority Issue: Healthy Eating (HE)						
Goal 1	Increase the accessibility and affordability of healthy food.					
Objective 1.1	Establish a food policy council to examine the local food system and make recommendations for how to increase access to healthy and affordable food in underserved areas.					
Key Actions	**Timeframe**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.1.A Establish membership and charter a food policy council.	10/13	9/15	Lead: Fairfax County Health Department (FCHD) HE Priority Issue Team (PIT)	Kaiser Foundation Grant $14,994 8/14-6/15	Establishment of a food policy council: TBD	**COMPLETED BY 9/30/14** • The FCHD, in partnership with Partnership for a Healthier Fairfax (PFHF), developed and submitted a grant application in 6/14 to hire a limited-term Healthy Eating Project Coordinator to work with the HE PIT on establishing a Fairfax food policy council. • Notified of grant award and began the hiring process for the HE Project Coordinator in 7/14. **IN PROGRESS SINCE 9/30/14** • Hired the HE Project Coordinator in 10/14. • Held meetings to establish the food policy council. • Applied for an Inova grant in partnership with Cornerstones (not awarded). • Cornerstones submitted a proposal to USDA which would continue funding the HE Project Coordinator position. **PLAN FOR 2015** • Develop organizational documents to establish the food policy council.

Objective 1.1 Continued	Establish a food policy council to examine the local food system and make recommendations for how to increase access to healthy and affordable food in underserved areas.					
Key Actions	**Timeframe**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.1.B Set priorities for areas of the local food system to examine.	10/13	9/15	Lead: FCHD HE PIT	Kaiser Foundation Grant $14,994 8/14-6/15	# priorities set by the food policy council that impact the local food system: TBD	**COMPLETED BY 9/30/14** • The FCHD, in partnership with PFHF, was awarded a grant to help set priority areas of the local food system. **IN PROGRESS SINCE 9/30/14** • Researching and analyzing existing conditions of the food system in the Bailey's Crossroads, Mount Vernon, and Reston/Herndon communities (i.e., number and location of grocery stores, convenience stores, quick service/fast food outlets, and farmers markets). **PLAN FOR 2015** • Conduct community food assessments to engage local consumers in underserved communities to determine where they obtain food and to identify specific needs. • Seek technical assistance resources to inform and guide food policy council efforts. • Convene meetings that draw diverse stakeholders from the community's food system to set priorities that will increase access to healthy food through policy, systems, and environmental change.

Priority Issue: Healthy Eating (HE)						
Goal 1	Increase the accessibility and affordability of healthy food.					
Objective 1.2	Increase the amount of healthy food that is donated to pantries.					
Key Actions	**Timeframe**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.2.A Develop guidelines and recommendations for healthy food donations.	10/13	9/14	Leads: Neighborhood and Community Services (NCS) Community Transformation Grant (CTG) staff, Fairfax County Health Department (FCHD) staff HE Priority Issue Team (PIT)	Centers for Disease Control and Prevention (CDC) CTG $500,000 9/13-9/14 Virginia Department of Health (VDH) Healthy Eating and Active Living (HEAL) Grant $67,410 1/14-9/14 Kaiser Foundation Grant $14,994 8/14-6/15	Development of guidelines brochure: Completed # guideline brochures printed: 5,000	**COMPLETED BY 9/30/14** • Developed and printed the "Guidelines for Food Pantry Donations" brochure in 6/14, which included information on food insecurity in Fairfax County, the Food Providers Network, and guidelines to consider when donating food to a pantry.

Objective 1.2 Continued	Increase the amount of healthy food that is donated to pantries.					
Key Actions	**Timeframe**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.2.B Promote guidelines and recommendations to local food providers.	6/14	9/15	Leads: FCHD, Food Providers Network HE PIT	CDC CTG $500,000 9/13-9/14 VDH HEAL Grant $67,410 1/14-9/14 Kaiser Foundation Grant $14,994 8/14-6/15	# guideline brochures distributed: 2,600	**IN PROGRESS SINCE 9/30/14** • Distributing guideline brochures to local food providers, residents, and other interested parties via the Food Providers Network beginning in 9/14 and continuing through 2/15. • Posted the guidelines on the Live Healthy Fairfax website in 11/14. • Developed and distributed a press release about the guidelines in 1/15. **PLAN FOR 2015** • Develop a distribution plan for the remaining 2,400 guideline brochures.

Priority Issue: Healthy Eating (HE)						
Goal 1	Increase the accessibility and affordability of healthy food.					
Objective 1.3	Establish new community and school gardens in additional locations.					
Key Actions	**Timeframe**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.3.A Examine best practices for community gardening.	1/14	9/14	Leads: Neighborhood and Community Services (NCS) Community Transformation Grant (CTG) staff, Fairfax County Health Department (FCHD) staff HE Priority Issue Team (PIT)	Centers for Disease Control and Prevention (CDC) CTG $500,000 9/13-9/14 Virginia Department of Health (VDH) Healthy Eating and Active Living (HEAL) Grant $67,410 1/14-9/14 Kaiser Foundation Grant $14,994 8/14-6/15	Identification of best practices for community gardening: Completed # partners who received information: 39	**COMPLETED BY 9/30/14** • Conducted a Community Gardening Faith Gathering for the 39 houses of worship in 9/14 at the First Presbyterian Church in Annandale. • Presented best practices for community gardening among faith communities, including remarks by representatives of houses of worship with established gardens; instruction on how to start a garden; and information about how Master Gardeners can assist houses of worship with their gardening efforts. **IN PROGRESS SINCE 9/30/14** • Met with LINK,Inc., a nonprofit providing emergency food to people in need, in 1/15 to discuss community gardens and donations to food pantries.

Objective 1.3 Continued	Establish new community and school gardens in additional locations.					
Key Actions	**Timeframe**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.3.B Identify potential sites for gardens at schools and in the community.	10/13	9/15	Lead: FCHD NCS Community Faith Coordination staff, HE PIT	VDH HEAL grant $67,410 1/14-9/14 Kaiser Foundation Grant $14,994 8/14-6/15	# new sites for school and community gardens: TBD	**COMPLETED BY 9/30/14** • Administered a survey in mid-2014 to the faith community, which identified houses of worship with gardens and 39 others interested in starting gardens. • Purchased gardening tools for use by Fairfax County Public Schools (FCPS), a fire station, a senior center, and a faith sector community garden tool share program, coordinated by the First Presbyterian Church of Annandale. • Provided support for a Salad Science program in 9/14, which taught 15 FCPS teachers and administrators about the Audubon Naturalist Society Green Kids-Salad Science Program. **IN PROGRESS SINCE 9/30/14** • Conducted a workshop on community gardening at the Northern Virginia United Methodist Church training day in 1/15. **PLAN FOR 2015** • Maintain an inventory of new and existing community gardens, and track whether their produce is delivered to members of the Food Providers Network.
1.3.C Establish partnerships with master gardeners to support additional gardening efforts.	10/14	9/15	Lead: HE PIT	None identified	# partnerships established with master gardeners: TBD	**NOT STARTED**

Priority Issue: Healthy Eating (HE)						
Goal 1	Increase the accessibility and affordability of healthy food.					
Objective 1.4	Review gaps and opportunities for improving healthy and affordable food options at farmers markets and all other food retail outlets in low income neighborhoods.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.4.A Identify geographic locations where access to fresh food is limited.	10/13	9/15	Lead: Fairfax County Health Department (FCHD) HE Priority Issue Team (PIT)	Virginia Department of Health (VDH) Healthy Eating and Active Living (HEAL) Grant $67,410 1/14-9/14 Kaiser Foundation Grant $14,994 8/14-6/15	# geographic locations identified: 3	**COMPLETED BY 9/30/14** • Identified barriers (i.e., location, hours, payment options) to accessing farmers markets in Reston (population 58,504)—an area with a large population of children receiving free and reduced price lunch and residents receiving Supplemental Nutrition Assistance Program (SNAP) benefits. **IN PROGRESS SINCE 9/30/14** • Researching and analyzing existing conditions of the food system in the Bailey's Crossroads, Mount Vernon, and Reston/Herndon communities (i.e., number and location of grocery stores, convenience stores, quick service/fast food outlets, and farmers markets). **PLAN FOR 2015** • Conduct community food assessments to engage local consumers in underserved communities to determine where they obtain food and to identify specific needs.

Objective 1.4 Continued	Review gaps and opportunities for improving healthy and affordable food options at farmers markets and all other food retail outlets in low income neighborhoods.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.4.B Increase access to affordable farmers markets for low socioeconomic status communities.	10/13	9/15	Leads: FCHD, Neighborhood and Community Services (NCS), Capital Area Food Bank (CAFB) HE PIT, Southgate Community Center, Fairfax County Park Authority (FCPA)	VDH HEAL Grant $67,410 1/14-9/14 Kaiser Foundation Grant $14,994 8/14-6/15	# families that access the Southgate Community Center Mobile Marketplace: 400 per month on average	**COMPLETED BY 9/30/14** • Collaborated with the CAFB and the Southgate Community Center in Reston and other local entities (i.e., schools, faith communities, government offices) to provide access to fresh food at the Southgate Community Center in Reston through the Mobile Marketplace, beginning in 5/14 and continuing monthly. • Conducted extensive marketing and outreach to increase awareness of and attendance at the market, including writing a newsletter article; producing a promotional video; and distributing postcards in multiple languages at the Southgate Community Center, door-to-door, at community meetings, and in human services office settings. • FCPA provided support in the Reston/Lake Anne area to expand SNAP program benefit implementation. **PLAN FOR 2015** • Use results of the community food assessments to increase access to healthy foods in underserved communities.
1.4.C Study programs in other jurisdictions that have successfully introduced fresh food products to underserved areas.	10/14	9/15	Lead: HE PIT	None identified	# of programs examined: TBD	**IN PROGRESS SINCE 9/30/14** • Identifying work in other communities as potential models.
1.4.D Work with local chambers of commerce to encourage corner markets, ethnic markets, and convenience stores to sell fresh produce and other healthy food items.	10/14	9/15	Lead: HE PIT	None identified	# of chambers of commerce reached: TBD	**NOT STARTED**

Priority Issue: Healthy Eating (HE)						
Goal 2	Increase the number of environments that promote healthy food choices and educational resources.					
Objective 2.1	Increase the number of schools that adopt healthy eating guidelines outside of the Fairfax County Public Schools' Food and Nutrition Services setting.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
2.1.A Review and revise school wellness policies and procedures for activities during the instructional day.	10/14	9/15	Lead: HE Priority Issue Team (PIT)	None identified	# school policies revised: TBD	**NOT STARTED**
2.1.B Establish a community taskforce to examine nutrition in schools outside of school meals provided by Food and Nutrition Services.	10/14	9/15	Lead: HE PIT	None identified	Establishment of community taskforce to examine nutrition in schools: TBD	**NOT STARTED**
2.1.C Establish, communicate, and implement guidelines and recommendations.	10/14	9/15	Lead: HE PIT	None identified	Development of school healthy eating guidelines: TBD	**NOT STARTED**

Priority Issue: Healthy Eating (HE)						
Goal 2	Increase the number of environments that promote healthy food choices and educational resources.					
Objective 2.2	Increase the number of faith communities that adopt healthy eating guidelines.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
2.2.A Develop guidelines and identify best practices for healthy eating at faith community events and programs.	10/13	9/14	Leads: Neighborhood and Community Services (NCS) Community Transformation Grant (CTG) staff, Fairfax County Health Department (FCHD) staff HE Priority Issue Team (PIT)	Centers for Disease Control and Prevention (CDC) CTG $500,000 9/13-9/14 Virginia Department of Health (VDH) Healthy Eating and Active Living (HEAL) Grant $67,410 1/14-9/14	Identification of best practices for healthy eating at faith community events: Completed	**COMPLETED BY 9/30/14** • Created a "Healthy Eating & Faith Communities" web page, providing guidance on healthy eating and active living programs, practices, and policies that have been established by faith communities in the U.S., and recipes for healthy food for large groups.
2.2.B Develop culturally and linguistically appropriate educational materials.	10/15	9/16	Lead: HE PIT	None identified	Development of culturally and linguistically appropriate educational materials: TBD	**NOT STARTED**
2.2.C Provide and promote the use of healthy eating resources to faith communities.	10/15	9/16	Lead: HE PIT	None identified	# web hits to healthy eating web page for faith communities: TBD	**NOT STARTED**

Priority Issue: Healthy Eating (HE)						
Goal 2	Increase the number of environments that promote healthy food choices and educational resources.					
Objective 2.3	Increase the number of family child care providers and child care centers participating in the Child and Adult Care Food Program.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
2.3.A Develop culturally and linguistically appropriate materials to promote joining the Child and Adult Care Food Program.	10/13	9/14	Leads: Neighborhood and Community Services (NCS) Community Transformation Grant (CTG) staff, Department of Family Services (DFS) Office for Children (OFC) staff HE Priority Issue Team (PIT)	Centers for Disease Control and Prevention (CDC) CTG $500,000 9/13-9/14	Development of culturally and linguistically appropriate materials to promote joining the Child and Adult Care Food Program (CACFP): Completed	**COMPLETED BY 9/30/14** • Developed educational materials to help providers understand the process and requirements for obtaining a provider permit. • Developed print materials in English and Spanish (i.e., posters, factsheets, brochures) educating families about the value of choosing a child care provider with a permit and the benefits that providers receive when enrolling in the CACFP. • Developed the Eat and Run handbook which was used as an incentive to permitted or licensed childcare providers that enrolled in the CACFP.
2.3.B Educate providers and families about the benefits of the Child and Adult Care Food Program.	10/13	9/15	Leads: NCS CTG staff, DFS OFC staff	CDC CTG $500,000 9/13-9/14	# providers educated about the benefits of the CACFP through workshops: 297 # workshops held: 8 # providers participating CACFP: increased from 706 to 763	**COMPLETED BY 9/30/14** • Held workshops focused on recruitment and retention of family childcare providers enrolled in CACFP. • Distributed educational materials at the Department of Family Services Regional Offices; Skill Source Centers; Health Department sites; Women, Infants, and Children program offices; and public libraries. **IN PROGRESS SINCE 9/30/14** • Conducting additional workshops in 2014 and 2015.

Priority Issue: Healthy Eating (HE)						
Goal 2	Increase the number of environments that promote healthy food choices and educational resources.					
Objective 2.4	Promote healthy eating resources in the business community.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
2.4.A Examine best practices around healthy eating in the local business community.	10/15	9/16	Lead: HE Priority Issue Team (PIT)	None identified	Identification of best practices identified for healthy eating in the workplace: TBD	**NOT STARTED**
2.4.B Develop guidelines that identify opportunities for businesses to improve nutrition in the work environment.	10/15	9/16	Lead: HE PIT	None identified	Development of guidelines for healthy eating in the workplace: TBD	**NOT STARTED**
2.4.C Promote and disseminate guidelines to local businesses.	10/15	9/16	Lead: HE PIT	None identified	# employers reached: TBD	**NOT STARTED**

Priority Issue: Healthy Eating (HE)						
Goal 2	Increase the number of environments that promote healthy food choices and educational resources.					
Objective 2.5	Promote nutrition as a part of standard health care.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
2.5.A Examine best practices for nutrition screening and counseling for primary care doctors and compile recommendations.	10/15	9/16	Lead: HE Priority Issue Team (PIT)	None identified	Identification of best practices for nutrition screening and counseling for primary care doctors: TBD	**NOT STARTED**
2.5.B Identify community resources and tools that medical practices can use for referral sources.	10/15	9/16	Lead: HE PIT	None identified	# community resources and tools identified that medical practices can use for referral sources: TBD	**NOT STARTED**
2.5.C Promote awareness of recommendations, tools, and resources.	10/15	9/16	Lead: HE PIT	None identified	# primary care doctors reached with identified recommendations, tools, and resources: TBD	**NOT STARTED**

Tobacco-Free Living

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Priority Issue: Tobacco-Free Living (TFL)						
Goal 1	Reduce tobacco use and exposure to secondhand smoke and associated unhealthy air contaminants in outdoor recreational environments and multi-unit housing environments.					
Objective 1.1	Increase access to smoke-free parks and outdoor recreational environments.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.1.A Contact neighboring jurisdictions to determine best practices for a smoke-free campaign for public parks.	10/13	9/14	Lead: Sara Baldwin, Fairfax County Park Authority (FCPA) TFL Priority Issue Team (PIT)	Centers for Disease Control and Prevention (CDC) Community Transformation Grant (CTG) $15,000 9/13-9/14	Identification of best practices: Completed	**COMPLETED BY 9/30/14** • Conducted extensive research related to implementation of smoke-free park best practices from other jurisdictions.
1.1.B Educate policymakers and decision makers on the benefits of tobacco-free living environments.	10/13	9/14	Lead: Sara Baldwin, FCPA TFL PIT	CDC CTG $15,000 9/13-9/14	Presentation on the benefits of tobacco-free living environments: Completed	**COMPLETED BY 9/30/14** • Presented a policy proposal for "Tobacco-Free Play Zones" to Park Friends, Fairfax County Athletic Council and Park Authority Board in 3/14.
1.1.C Plan, coordinate, and implement a campaign for playgrounds, athletic fields, and skate parks by promoting the use of signs that read: "Please, No Smoking."	10/13	9/14	Lead: Sara Baldwin, FCPA TFL PIT	CDC CTG $15,000 9/13-9/14	Adoption of policy to implement tobacco-free play zones by Park Authority Board: Completed # locations where signs were posted at playgrounds, athletic fields, and skate parks: 485	**COMPLETED BY 9/30/14** • Received unanimous approval of the "Tobacco-Free Play Zones" policy proposal by the Park Authority Board on 4/23/14. • Ribbon cutting for signage was held on 9/27/14, and included the installation of "Tobacco-Free Play Zone" signs in the areas of parks frequented by children such as playgrounds, athletic fields, and skate parks.

Objective 1.1 Continued	Increase access to smoke-free parks and outdoor recreational environments.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.1.D Expand posting of signs for all other public park amenities, such as picnic shelters, marinas, golf courses, and trails.	10/14	9/15	Lead: Sara Baldwin, FCPA Sandy Evans, Fairfax County Public Schools (FCPS) School Board; Chris Leonard, Neighborhood and Community Services (NCS); TFL PIT	CDC CTG $15,000 9/13-9/14	# locations where signs were posted at other public park amenities: 22 NCS athletic fields/courts and playgrounds, and 825 FCPS athletic fields and playgrounds	**COMPLETED BY 9/30/14** • Implemented a complementary "Tobacco-Free Play Zone" policy for NCS's playgrounds and athletic fields on 9/1/14. • The FCPS Board adopted the "Tobacco-Free Play Zone" policy on 9/18/14 for all school properties, as was recommended by the School Health Advisory Committee. **IN PROGRESS SINCE 9/30/14** • Expanding tobacco-free signage to other FCPA sites pending FCPA Board action and available funding.
1.1.E Form a coalition of Northern Virginia jurisdictions to develop a consensus for consistent tobacco-free living efforts across the region.	10/14	9/15	Lead: Fairfax County Health Department (FCHD) TFL PIT	Virginia Department of Health (VDH) Regional Tobacco-Free Coordinator	Establishment of a Northern Virginia Tobacco-Free Coalition: TBD	**IN PROGRESS SINCE 9/30/14** • Received approval from VDH for a dedicated staff position at FCHD to support tobacco-free efforts for the Northern Virginia Health Region. **PLAN FOR 2015** • Hire a Regional Tobacco-Free Coordinator. • Establish a regional tobacco-free coalition to work on multi-sector strategies for: the reduction of secondhand smoke exposure and tobacco use prevalence reduction, support of the Quit Now Virginia quit line service, and reduction of exposure to secondhand smoke in multi-unit housing and at worksites.

Priority Issue: Tobacco-Free Living (TFL)						
Goal 1	Reduce tobacco use and exposure to secondhand smoke and associated unhealthy air contaminants in outdoor recreational environments and multi-unit housing environments.					
Objective 1.2	Increase the number of smoke-free policies that are voluntarily implemented by multi-unit housing neighborhoods.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.2.A Invite property management, housing, and insurance stakeholders to discuss smoke-free housing.	10/14	9/15	Lead: Housing and Community Development (HCD) TFL Priority Issue Team (PIT)	Virginia Department of Health (VDH) Regional Tobacco-Free Coordinator	Discussions on smoke-free housing: TBD	**IN PROGRESS SINCE 9/30/14** • Conducted initial research and discussion with HCD for senior housing residences. • Received approval from VDH for a dedicated staff position at FCHD to support tobacco-free efforts for the Northern Virginia Health Region, including work to establish smoke-free multi-unit housing. **PLAN FOR 2015** • Provide technical assistance and support to HCD for planned smoke-free housing initiatives. • Hire a Regional Tobacco-Free Coordinator. • Establish a regional tobacco-free coalition to work on multi-sector strategies for the reduction of secondhand smoke exposure and tobacco use prevalence reduction, support of the Quit Now Virginia quit line service, and reduction of exposure to secondhand smoke in multi-unit housing and at worksites.
1.2.B Identify smoke-free housing champions and provide education on its benefits.	6/15	9/16	Lead: TBD TFL PIT	None identified	# champions identified: TBD Education on benefits of smoke-free housing: TBD	**NOT STARTED**

Objective 1.2 Continued	Increase the number of smoke-free policies that are voluntarily implemented by multi-unit housing neighborhoods.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.2.C Conduct an initial survey of residents in multiple housing communities to identify smoking prevalence and support for smoke-free initiatives.	6/15	9/16	Lead: TBD TFL PIT	None identified	# survey respondents: TBD	**NOT STARTED**
1.2.D Conduct residential community forums to discuss smoke-free initiatives and implementation considerations needed for success.	6/15	9/16	Lead: TBD TFL PIT	None identified	# residential community forums conducted to discuss smoke-free initiatives: TBD	**NOT STARTED**
1.2.E Create a community pilot program for a model "clean air" apartment or condominium agreement.	10/14	9/15	Lead: HCD TFL PIT	None identified	Creation of pilot project: TBD	**IN PROGRESS SINCE 9/30/14** • Planning a pilot program at two HCD senior housing properties and one multi-family property. **PLAN FOR 2015** • Provide technical assistance and support to HCD for the smoke-free housing pilot program.
1.2.F Design a "no tobacco use" education campaign for multi-family housing providers to include posters and signage in multiple languages.	6/15	9/16	Lead: TBD TFL PIT	None identified	Development of campaign: TBD	**NOT STARTED**

Health Workforce

LiveHealthy FAIRFAX
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Priority Issue: Health Workforce (HW)						
Goal 1	Have a health care workforce that is responsive to the health care needs of a diverse population.					
Objective 1.1 (New)	Increase the number of sustainable frameworks that support community-based organizations in building capacity to deliver chronic disease prevention and self-management programs through public health professionals and peers/lay workers. *Objective 1 (New) replaced Objective 1 (Old) which was originally published in the Community Health Improvement Plan (CHIP). The evaluation report for Objective 1 (Old) follows Objective 1 (New).The HW Priority Issue Team has fulfilled its role for Objective 1 (New). Any further implementation of Objective 1 (New) will be undertaken by the organizations implementing the program, namely the Department of Family Services (DFS) Area Agency on Aging (AAA) and Fairfax County Health Department (FCHD) Community Health Outreach (CHO).*					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.1.A Engage key stakeholders to define criteria for and identify specific communities of need that will be targeted.	10/13	9/14	Lead: HW Priority Issue Team (PIT)	Centers for Disease Control and Prevention (CDC) Community Transformation Grant (CTG) $30,000 10/13-9/14	Identification of communities in need: Completed	**COMPLETED BY 9/30/14** • Identified high- and medium-need communities by the following criteria: ▪ Race/ethnicity (Black, Hispanic, and Asian) ▪ < $25,000/Poverty ▪ Incidence of chronic disease by race (Black/White/Other) ▪ Community Needs Index, and ▪ Payer mix.
1.1.B Identify and establish a partnership among organizations in the Fairfax community to coordinate and deliver the Chronic Disease Self-Management Program (CDSMP).	10/13	9/14	Lead: HW PIT	CDC CTG $30,000 10/13-9/14	Identification of key partners: Completed	**COMPLETED BY 9/30/14** • Identified, interviewed, and consulted with key stakeholders to identify strengths and needs for the delivery of the CDSMP. • Incorporated partner input and feedback into the model that was developed for CDSMP. • Delivered the CDSMP model to the Fairfax County Health Department (FCHD) Community Outreach Manager for implementation.

Objective 1.1 (New) Continued	Increase the number of sustainable frameworks that support community-based organizations in building capacity to deliver chronic disease prevention and self-management programs through public health professionals and peers/lay workers. *Objective 1 (New) replaced Objective 1 (Old) which was originally published in the Community Health Improvement Plan (CHIP). The evaluation report for Objective 1 (Old) follows Objective 1 (New).The HW PIT has fulfilled its role for Objective 1 (New). Any further implementation of Objective 1 (New) will be undertaken by the organizations implementing the program, namely DFS AAA and FCHD CHO.*					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.1.C Develop a sustainable collaborative infrastructure and coordinated system among organizations to support the maintenance and delivery of the CDSMP in the Fairfax community and identify key champion(s) of CDSMP.	10/13	9/14	Lead: HW PIT	CDC CTG $30,000 10/13-9/14	Development of CDSMP model: Completed	**COMPLETED BY 9/30/14** • Developed a framework for CDSMP which identified the roles and functions necessary to sustain and expand the program.
1.1.D Develop consistent messaging to market the benefit of CDSMP participation to health care providers, community-based organizations and community members.	10/13	9/14	Lead: HW PIT	CDC CTG $30,000 10/13-9/14	Development of marketing to healthcare providers: Completed	**COMPLETED BY 9/30/14** • Developed a half-hour webinar qualifying for continuing medical education (CME) hours to educate healthcare providers who treat patients with chronic disease about CDSMP.
1.1.E Implement quality assurance efforts in the implementation of the CDSMP.	10/13	9/14	Lead: HW PIT	CDC CTG $30,000 10/13-9/14	Identification of evidence-based model for CDSMP: Completed Development of a plan to monitor process and outcome measures: Completed	**COMPLETED BY 9/30/14** • Identified the Stanford CDSMP program as the evidence-based program for continued use. • Developed a CDSMP Study Site Evaluation Plan Concept for monitoring process and measuring outcomes of the implementation of CDSMP. **IN PROGRESS SINCE 9/30/14** • Developed tracking instruments to be used at Bailey's Health Clinic to conduct pre- and post-tests, and also at periodic intervals to learn if behavioral changes were initiated and maintained. **PLAN FOR 2015** • Develop a Results-Based Accountability performance plan for FCHD CHO that includes identification and tracking of evaluation outcome measures for CDSMP.

Objective 1.1 (New) Continued	Increase the number of sustainable frameworks that support community-based organizations in building capacity to deliver chronic disease prevention and self-management programs through public health professionals and peers/lay workers. *Objective 1 (New) replaced Objective 1 (Old) which was originally published in the Community Health Improvement Plan (CHIP). The evaluation report for Objective 1 (Old) follows Objective 1 (New).The HW PIT has fulfilled its role for Objective 1 (New). Any further implementation of Objective 1 (New) will be undertaken by the organizations implementing the program, namely DFS AAA and FCHD CHO.*					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.1.F Educate the public and policymakers about the importance of institutionalizing or embedding the CDSMP program into their existing initiatives.	10/13	9/14	Lead: HW PIT	CDC CTG $30,000 10/13-9/14	# webinars developed: 1	**COMPLETED BY 9/30/14** • Developed a half-hour webinar qualifying for CME hours to educate healthcare providers who treat patients with chronic disease about CDSMP.
1.1.G Demonstrate the value of the CDSMP to health care providers and community-based organizations to help identify consistent, diverse resource providers or funding streams to support the CDSMP.	10/13	9/14	Lead: HW PIT	CDC CTG $30,000 10/13-9/14	# webinars developed: 1	**COMPLETED BY 9/30/14** • Developed a half-hour webinar qualifying for CME hours to educate healthcare providers who treat patients with chronic disease about CDSMP.

Priority Issue: Health Workforce (HW)						
Goal 1	Have a health care workforce that is responsive to the health care needs of a diverse population.					
Objective 1.1 (Old)	Increase the number of trained chronic disease self-management facilitators in community-based organizations who employ best practices for chronic disease prevention and self-management. *Objective 1 (Old), originally published in the Community Health Improvement Plan (CHIP), was replaced with Objective 1 (New). Objective 1 (Old) was discontinued from the CHIP to instead focus on systematic changes that support the sustainability and expansion of the Chronic Disease Self-Management Program (CDSMP) as outlined previously in Objective 1 (New). Any further implementation of Objective 1 (Old) will be undertaken by the organizations implementing the program, namely the Department of Family Services (DFS) Area Agency on Aging (AAA) and Fairfax County Health Department (FCHD) Community Health Outreach (CHO).*					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.1.A Identify and train master trainers to facilitate train-the-trainer sessions for chronic disease self-management programs (CDSMP) in communities of need throughout the Fairfax community.	10/13	9/14	Lead: Neighborhood and Community Services HW Priority Issue Team (PIT)	Centers for Disease Control and Prevention (CDC) Community Transformation Grant (CTG) $30,000 10/13-9/14	# master trainers trained to facilitate CDSMP train-the-trainer sessions: TBD	**COMPLETED BY 9/30/14** • Identified the necessary systems-level changes to support the long-term sustainability of the CDSMP. • Developed a model that identified the roles and functions necessary to expand the program to successfully reach high-risk population in the Fairfax Community. **IN PROGRESS SINCE 9/30/14** • Expanded the availability of CDSMP for targeted communities. DFS AAA continues to provide CDSMP to seniors and adults with disabilities, while FCHD CHO is targeting specific ethnic or minority communities.
1.1.B Identify organizations and community health workers working with communities of need willing to offer chronic disease self-management programs.	10/13	9/14	Lead: HW PIT	None identified	# organizations offering CDSMP: TBD # community health workers providing CDSMP: TBD	**COMPLETED BY 9/30/14** • Developed a half-hour webinar qualifying for continuing medical education (CME) hours to educate healthcare providers who treat patients with chronic disease about CDSMP. **IN PROGRESS SINCE 9/30/14** • Scheduled a workshop at the Bailey's Health Center for Spanish-speaking community members to begin in 4/15. • Continuing to identify organizations and community health workers working with communities of need willing to offer CDSMP.

Objective 1.1 (Old) Continued	Increase the number of trained chronic disease self-management facilitators in community-based organizations who employ best practices for chronic disease prevention and self-management. *Objective 1 (Old), originally published in the CHIP, was replaced with Objective 1 (New). Objective 1 (Old) was discontinued from the CHIP to instead focus on systematic changes that support the sustainability and expansion of CDSMP as outlined previously in Objective 1 (New). Any further implementation of Objective 1 (Old) will be undertaken by the organizations implementing the program, namely DFS AAA and FCHD CHO.*					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.1.C Develop a structure for providing, tracking, and evaluating outcomes of chronic disease self-management trainings.	10/13	9/14	Lead: HW PIT	None identified	Development of structure for providing, tracking, and evaluating outcomes of CDSMP: TBD	**COMPLETED BY 9/30/14** • Developed a CDSMP Study Site Evaluation Plan Concept for monitoring process and measuring outcomes of the implementation of a workshop series at a local clinic. **IN PROGRESS SINCE 9/30/14** • Developed tracking instruments to be used at Bailey's Health Clinic to conduct pre- and post-tests, and also at periodic intervals to learn if behavioral changes were initiated and maintained. **PLAN FOR 2015** • Develop a Results-Based Accountability performance plan for FCHD CHO that includes identification and tracking of evaluation outcome measures for CDSMP.
1.1.D Analyze outcomes on an ongoing basis and add to the evidence base on CDSMP.	10/13	9/14	Lead: HW PIT	None identified	Analysis of outcomes of CDSMP: TBD	**NOT STARTED**

Priority Issue: Health Workforce (HW)						
Goal 1	Have a health care workforce that is responsive to the health care needs of a diverse population.					
Objective 1.2	Conduct a baseline survey for health care employers to determine awareness and implementation of the National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care that address workforce composition, cultural competency, and language access.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.2.A Identify key partners and leverage national, state, and local resources to develop the survey.	10/13	9/14	Lead: HW Priority Issue Team (PIT)	Anonymous Donor $7,500 1/14 – 6/14 Diversity and Research in Action Consortium (DRAC) at George Mason University (GMU) $5,500 8/14	# of key partners identified: 6	**COMPLETED BY 9/30/14** • Developed, pilot-tested, and revised the survey instrument to examine health care organization awareness and implementation of the CLAS standards that address work force composition, cultural competency, and language access.
1.2.B Administer the survey to health care employers.	7/14	12/14	Lead: HW PIT	Anonymous Donor $7,500 1/14 – 6/14 DRAC at GMU $5,500 8/14	# of surveys completed: 67	**IN PROGRESS SINCE 9/30/14** • Administered the CLAS survey to health care employers.

Objective 1.2 Continued	Conduct a baseline survey for health care employers to determine awareness and implementation of the CLAS Standards that address workforce composition, cultural competency, and language access.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.2.C Analyze and disseminate the survey results.	12/14	9/15	Lead: HW PIT	Anonymous Donor $7,500 1/14 – 6/14 DRAC at GMU $5,500 8/14	Analysis of the CLAS survey results: Completed Dissemination of survey results: TBD	**IN PROGRESS SINCE 9/30/14** • Received final report with the analysis of survey results in 3/15. • Analyzing the CLAS survey results and disseminating the findings. **PLAN FOR 2015** • Post the final report of the CLAS survey findings. • Develop a plan to disseminate the findings to various audiences. • Use the findings to recruit additional HW PIT members and engage key audiences in advancing the work.

Priority Issue: Health Workforce Goal (HW)						
Goal 1	Have a health care workforce that is responsive to the health care needs of a diverse population.					
Objective 1.3	Increase the percentage of employers that follow the National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care in the areas of workforce composition, cultural competency, and language access using the results of the baseline survey.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.3.A Key actions will focus on collaboration and coordination to be determined based on survey results.	1/15	9/15	Lead: HW Priority Issue Team (PIT)	None identified	Development of action plan: TBD	**PLAN FOR 2015** • Develop and implement a plan with key actions based on the results of the CLAS survey. Preliminary actions include: ▪ Identify champions (e.g., executive sponsors and educators) across sectors, disciplines, and organizations to emphasize the business case and rationale for CLAS and advocate for implementation. ▪ Create an awareness campaign, leveraging partners to disseminate information about the survey results and activities, to address areas for improvement. ▪ Develop a collaborative of organizations and individuals from across sectors who work with CLAS to come together to address opportunities for change. ▪ Create an online clearinghouse for resources related to the CLAS Standards accessible through the Partnership for a Healthier Fairfax and other Fairfax community organizations. ▪ Create an online interactive site for discussion regarding implementation of CLAS standards 3, 4, and 7 in the Fairfax community.

Access to Health Services

Priority Issue: Access to Health Services (Access)						
Goal 1	Improve access to primary and specialty care, including oral and behavioral care.					
Objective 1.1	Improve the community's capacity to obtain, process, and understand basic health information and services needed to make appropriate health care decisions and engage in health-promoting behaviors.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.1.A Promote community awareness and understanding of the availability of various types of health insurance coverage, such as Medicaid and marketplace-based coverage; how to obtain health insurance; and how to select an insurance plan.	10/13	9/14	Lead: Northern Virginia Marketplace Consortium Jesse Ellis, Neighborhood and Community Services (NCS); Access Priority Issue Team (PIT)	Northern Virginia Family Service (NVFS) Northern Virginia Health Foundation (NVHF) Consumer Health Foundation (CHF) Virginia Consumer Voices for Healthcare (VCVH) Cafritz Foundation (CF) Meyer Foundation (MF) US Centers for Medicare and Medicaid Services (CMMS)	# public outreach events: 88 # individuals educated: 2,000+	**COMPLETED BY 9/30/14** • NVFS formed the Northern Virginia Marketplace Consortium, a network of approximately 30 entities conducting outreach and enrollment assistance for the Virginia Marketplace that share best practices and information, and coordinate efforts. • Coordinated 88 public outreach events, educating over 2,000 individuals about health insurance coverage.

Objective 1.1 Continued	Improve the community's capacity to obtain, process, and understand basic health information and services needed to make appropriate health care decisions and engage in health-promoting behaviors.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.1.B Enroll eligible individuals and small businesses in health insurance by promoting the use of health system navigators to increase enrollment in Medicaid and other eligibility-based social services.	10/13	9/14	Lead: Northern Virginia Marketplace Consortium Jesse Ellis, NCS; Access PIT	NVFS, NVHF, CHF, VCVH, CF, MF, CMMS	# households enrolled in health insurance through the Marketplace: 2,045	**COMPLETED BY 9/30/14** • Recruited, trained, and deployed 81 volunteer Certified Application Counselors who provided over 3,000 hours of direct service to community members. • Assisted 2,045 households in selecting insurance plans through the Marketplace.
1.1.C Provide ongoing education, assistance, and support to community members on how to use health insurance and health services effectively to make appropriate health care decisions and engage in health-promoting behaviors.	10/14	9/15	Lead: Northern Virginia Marketplace Consortium Jesse Ellis, NCS; Access PIT	NVFS, NVHF, CHF, VCVH, CF, MF, CMMS	Documentation of education, assistance, and support to community members: TBD	**IN PROGRESS SINCE 9/30/14** • NVFS is working on adapting and developing culturally competent materials for educating individuals on how to use health insurance and how to access health care.
1.1.D Increase community awareness of chronic disease and risk factors to empower individuals to take control of their health.	10/14	9/15	Lead: Jesse Ellis, NCS Access PIT	Funding needed to support an educational campaign	Documentation of increased community awareness of chronic disease and risk factors: TBD	**NOT STARTED** • Fairfax County Health Department (FCHD) applied in 3/14 for the National Prevention Partnerships Award Grant, which would have provided funding to conduct a chronic disease educational campaign in faith communities of target populations (not awarded). • FCHD applied in 7/14 for the Partnerships to Improve Community Health Grant, which would have provided funding to conduct a community-wide chronic disease educational campaign (not awarded).

Priority Issue: Access to Health Services (Access)						
Goal 1	Improve access to primary and specialty care, including oral and behavioral care.					
Objective 1.2	Increase access to health services through policy and system improvements among providers.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.2.A Integrate primary health care with behavioral health, oral health, social services, specialty care, and public health.	10/14	9/15	Lead: Access Priority Issue Team (PIT)	None identified	Evidence of integration of primary health care with behavioral health, oral health, social services, specialty care, and public health: TBD	**NOT STARTED** *The Fairfax County Human Services System is in the process of identifying strategies to integrate primary care, behavioral health, social services, and public health services across the safety net. The results of this process will inform the direction that Partnership for a Healthier Fairfax takes on this objective.*
1.2.B Improve collaboration among community support networks and safety net providers through changes such as streamlined eligibility systems.	10/14	9/15	Lead: Access PIT	None identified	Evidence of improved collaboration between community support networks and safety net providers: TBD	**NOT STARTED**
1.2.C Improve the availability and accessibility of alternatives to long-term institutional care, including home- and community-based services.	10/14	9/15	Lead: Access PIT	None identified	Evidence of enhanced accessibility or availability of alternatives to long-term institutional care: TBD	**NOT STARTED**

Priority Issue: Access to Health Services (Access)						
Goal 2	Improve access to services that promote social and emotional wellness, prevent suicide, and decrease the stigma associated with mental illness and substance abuse.					
Objective 2.1	Improve the capacity of the community to deliver services that promote social and emotional wellness.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
2.1.A Bring together critical stakeholders to create and implement a community-wide comprehensive suicide prevention agenda.	10/13	9/15	Lead: Jody Tompros, Cornerstones Neighborhood and Community Services (NCS) Prevention Unit, Access Priority Issue Team (PIT)	Virginia Department of Behavioral Health and Developmental Services funding	Development of a community-wide comprehensive suicide prevention plan: Completed	**COMPLETED BY 9/30/14** • Developed a regional suicide prevention plan, based on the National Strategy for Suicide Prevention in 8/14. **PLAN FOR 2015** • Launch a regional website that hosts the plan, engages and educates the public, and provides tools and resources for stakeholders to implement the plan.
2.1.B Build on existing school-based mental health activities to implement community-based and coordinated efforts to develop resiliency and coping skills and prevent and respond to depression, suicide, and bullying among youth.	10/14	9/15	Lead: Jody Tompros, Cornerstones NCS Prevention Unit, Access PIT	Leadership Fairfax and George Mason University are providing research fellows to help identify existing practices and gaps	# partners implementing resiliency activities: TBD	**IN PROGRESS SINCE 9/30/14** • Developing an inventory of existing resiliency activities to expand upon and to identify gaps in these efforts. **PLAN FOR 2015** • Develop resources to allow schools and community-based providers to implement resiliency programming and practices. • Promote the use of resiliency programming and practices among community-based service providers.

Objective 2.1 Continued	Improve the capacity of the community to deliver services that promote social and emotional wellness.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
2.1.C Implement evidence-based behavioral health screenings and make appropriate referrals in health care provider offices, schools, and other settings.	10/14	9/15	Lead: Jody Tompros, Cornerstones NCS Prevention Unit, Access PIT	None identified	# partners implementing evidence-based behavioral health screenings and referrals: TBD # pilot trainings: TBD	**IN PROGRESS SINCE 9/30/14** • Conducted pilot training for primary care providers to implement intimate partner violence screenings for women at Fairfax County Health Department clinics. **PLAN FOR 2015** • Expand implementation of intimate violence partner violence screenings to other public and private settings. • Identify best practices to guide implementation of behavioral health screenings in health care and other settings.
2.1.D Offer high-quality, community-based prevention programs designed to increase social and emotional wellness and behavioral health among individuals and families.	10/14	9/15	Lead: Jody Tompros, Cornerstones NCS Prevention Unit Access PIT	Fairfax County Partners in Prevention Fund (PIPF)	# community-based organizations implementing high quality prevention programs designed to increase social and emotional wellness and behavioral health: 3	**IN PROGRESS SINCE 9/30/14** • Implementing the Lifelines and/or Signs of Suicide prevention programs through the PIPF. • Identifying new programs to be included by the PIPF Advisory Team. **PLAN FOR 2015** • Issue a request for proposals to fund additional organizations to implement programs. • Identify non-program specific opportunities for organizations to implement prevention strategies.

Priority Issue: Access to Health Services (Access)						
Goal 2	Improve access to services that promote social and emotional wellness, prevent suicide, and decrease the stigma associated with mental illness and substance abuse.					
Objective 2.2	Improve awareness of mental illness and how to promote mental health among the public and community-based organizations.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
2.2.A Train community-based organizations to recognize signs of mental illness and depression and make appropriate referrals.	10/14	9/15	Lead: Jody Tompros, Cornerstones Neighborhood and Community Services (NCS) Prevention Unit, Access PIT	Fairfax County Partners in Prevention Fund Fairfax-Falls Church Community Services Board Virginia Department of Behavioral Health and Developmental Services funding	# individuals completing Kognito trainings: 10,000+ # individuals completing Mental Health First Aid trainings: 1,800+	**IN PROGRESS SINCE 9/30/14** • Increased offerings of Mental Health First Aid Trainings to the general public, school communities, and youth-serving organizations. • Purchased a suite of online suicide prevention training products developed by Kognito that is available free for two years to anyone in Fairfax County. ▪ Fairfax County Public Schools (FCPS) middle and high school teachers and NCS youth-serving staff are required to take the trainings.
2.2.B Train community-based organizations to implement trauma-informed care practices, ensuring that program staff recognize the presence of trauma symptoms in clients and acknowledge how trauma can impact their lives.	10/14	9/15	Lead: Jody Tompros, Cornerstones NCS Prevention Unit, Access PIT	NCS funded printing of the fact sheets	# community-based organizations trained to implement trauma-informed practices in non-clinical settings: TBD	**IN PROGRESS SINCE 9/30/14** • Piloted training on trauma-informed practices in non-clinical settings. • Developed a trauma fact sheet.

Objective 2.2 Continued	Improve awareness of mental illness and how to promote mental health among the public and community-based organizations.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
2.2.C Increase community awareness of mental illness, including how to get help and ways to promote mental health in order to connect people with services and reduce the stigma of mental illness.	10/14	9/15	Lead: Jody Tompros, Cornerstones NCS Prevention Unit, Access PIT	Virginia Department of Behavioral Health and Developmental Services funding Fairfax County Health Department funding	# estimated impressions for individuals reached: TBD	**IN PROGRESS SINCE 9/30/14** • Developing public service announcements that will be placed in movie theaters and distributed via social media to promote access to mental health services and to destigmatize mental illness. **PLAN FOR 2015** • Develop print and social media messaging materials. • Develop and implement a dissemination plan for the materials.

Data

LiveHealthy FAIRFAX
Partnership for a Healthier Fairfax
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Priority Issue: Data						
Goal 1	Develop recommendations for a comprehensive public health data collection, monitoring, analysis, and reporting system to support evaluation of health outcomes.					
Objective 1.1	Establish a set of community health indicators to measure health outcomes that may be influenced by Community Health Improvement Plan (CHIP) programs and initiatives.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.1.A Identify health outcomes targeted by Community Health Improvement Plan programs and initiatives; identify community health indicators relevant for measuring changes in community health outcomes over time.	10/13	5/15	Lead: Data Priority Issue Team (PIT) All PITs	None identified	Identification of community health indicators: Completed	**COMPLETED BY 9/30/14** • Compiled a list of community health indicators and data sources, classified by national, state, county, local, and private sources. • Met with PITs to discuss data needs related to proposed goals, objectives, and key actions for the CHIP. **IN PROGRESS SINCE 9/30/14** • Identifying and selecting health indicators available for reporting through an integrated local community health dashboard (CHD) for each priority issue area of the CHIP.
1.1.B Evaluate and reconcile the existing compilation of data sources (including national, state, county, local, and private data sources for public health data) to identify the availability of gaps in public health data needed to support the Community Health Improvement Plan.	6/15	9/16	Lead: TBD	None identified	Identification of gaps in data for the CHIP: TBD	**NOT STARTED** *Due to the early termination of the Community Transformation Grant, the focus shifted to the implementation of the CHD as discussed in Data Objective 1.2. The remaining key actions under Data Objective 1.1 will be addressed during the second phase of the CHD implementation.*

Objective 1.1 Continued	Establish a set of community health indicators to measure health outcomes that may be influenced by Community Health Improvement Plan programs and initiatives.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.1.C Identify community health indicators at the sub-county level aligned with the Community Health Improvement Plan that support identification and measurement of health disparities.	6/15	9/16	Lead: TBD	None identified	Identification of community health indicators that measure health disparities: TBD	**NOT STARTED**
1.1.D Report findings in gaps of data and provide recommendations to address these gaps to measure changes that may be influenced by the Community Health Improvement Plan.	6/15	9/16	Lead: TBD	None identified	Report of data gaps and recommendations: TBD	**NOT STARTED**

Priority Issue: Data						
Goal 1	Develop recommendations for a comprehensive public health data collection, monitoring, analysis, and reporting system to support evaluation of health outcomes.					
Objective 1.2	Integrate the identified community health indicators into a comprehensive public health monitoring, analysis, and reporting system that is accessible to the community.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.2.A Work with multi-sector public health data stakeholders and technical experts to encourage the inclusion of identified community health indicators in a comprehensive public health data collection, monitoring, analysis, and reporting system.	10/13	9/14	Lead: Neighborhood and Community Services (NCS) Community Transformation Grant (CTG) Staff	Centers for Disease Control and Prevention (CDC) CTG $30,000 9/13-9/14	Identification of project informants: Completed # project participants: 16	**COMPLETED BY 9/30/14** • Identified potential project informants (key staff with expertise in data collection and management) from Fairfax County Health Department (FCHD) and NCS to discuss requirements for an integrated local community health data system in Fairfax County.
1.2.B Work with multi-sector public health data stakeholders and technical experts to identify specific options to address limitations of data collection, monitoring, analysis, and reporting.	10/13	9/14	Lead: NCS CTG Staff	CDC CTG $30,000 9/13-9/14	# tools assessed for potential use as an integrated community health data system: 8 # meetings held: 11	**COMPLETED BY 9/30/14** • Held meetings to explore options for a system to help the county monitor and share public health indicators focused on chronic disease, including health outcomes and social determinants of health. • Met with staff to gather more in-depth information in relation to data analysis and dissemination needs. • Coordinated demonstrations of potential tools for the system and gathered feedback on the advantages and disadvantages of each tool.

Objective 1.2 Continued	Integrate the identified community health indicators into a comprehensive public health monitoring, analysis, and reporting system that is accessible to the community.					
Key Actions	**Timeline**		**Responsible Parties**	**Resources**	**Measures**	**Status**
	Start	**End**				
1.2.C Establish an action plan for the Fairfax County community partners to improve data collection, monitoring, analysis, and reporting on community health indicators specific to the Community Health Improvement Plan.	10/13	9/14	Lead: NCS CTG Staff	CDC CTG $30,000 9/13-9/14	Establishment of an action plan: Discontinued Selection of system tool: Completed	**COMPLETED BY 9/30/14** • Completed requirements analysis of potential platforms for the system, hereafter referred to as the Community Health Dashboard (CHD). • Decided to forgo the development of an action plan due to the early termination of CTG and proceed with implementation of the CHD to improve data collection, monitoring, analysis, and reporting. • Selected a product for implementation that best met data needs and provided a mechanism to report on community health indicators and performance measures specific to the Community Health Improvement Plan (CHIP). • Established a contract with the Healthy Communities Institute and secured the CHD for implementation.
1.2.D Report findings of population health assessments and analyses based upon trends in community health indicators and the Community Health Improvement Plan program evaluation metrics for targeted health improvements and overall population health.	10/14	6/15	Leads: NCS, FCHD	FCHD funds for first year implementation Sustainability of the CHD will require annual contributions from partners	Reporting of data through the implementation of CHD: Anticipated 5/15	**IN PROGRESS SINCE 9/30/14** • Working with the vendor to customize the selected tool for the CHD to meet Fairfax community data needs. • Creating a series of webpages within the CHD to communicate progress on the CHIP and report on evaluation metrics for each priority issue area. **PLAN FOR 2015** • Report to the community on health indicators and evaluation metrics for each priority issue area in the CHIP through a public launch of the CHD. • Expand the content of the CHD to include community health assessments and other local data reports and analyses.

For More Information

- Progress on community health indicators for each priority issue: http://www.livehealthyfairfax.org/index.php?module=Tiles&controller=index&action=display&alias=priority
- Community Health Improvement Plan: http://www.fairfaxcounty.gov/livehealthy/chip.htm
- Live Healthy Fairfax initiative: http://www.fairfaxcounty.gov/livehealthy/
- Community Health Dashboard: http://www.livehealthyfairfax.org/
- To get involved: LiveHealthy@fairfaxcounty.gov

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