

Health Department CY 2022 Equity Impact Plan



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Departmental Equity Guiding Statement:

Transform the Health Department's organizational culture by applying a racial and social equity lens to all aspects of our work, policies, and practices, in order to identify and address the root causes of health inequities in the community.

Context:

There are nearly 1.2 million people living in Fairfax County. It is the third wealthiest county in the nation; yet about 7% of the population lives in poverty. The county is very diverse, with about 30% of residents being foreign born. There are over 90,000 people who lack health insurance, almost 80,000 people living below poverty level, and 60,000 who are food insecure.

There are social, economic, and environmental disparities among communities of color, (recognized as social determinants of health), which lead to inequitable health outcomes. African American and Latino populations experience a disproportionate burden of children living below the poverty level (16.1% and 13.8%, respectively, compared to 3.8% among whites); lower educational attainment, measured as having less than a bachelor's degree (54.1% and 73.0%, respectively, compared to 29.6% among whites); lack of health insurance (11.3% and 22.5%, respectively, compared to 2.9% among whites); and other financial challenges.

Neighborhood factors clearly affect health. In Fairfax County, life expectancy varies by census tract. Fairfax County residents in areas with lower life expectancy tend to be more African American and Hispanic, with less education and higher levels of poverty.

In terms of health outcomes, disparities exist in a range of population health outcomes, including life expectancy, obesity, food insecurity, and chronic disease. In Fairfax County, someone who is African American is 30% more likely to die prematurely than someone who is White. African American and Latino teens were over 3-times more likely to experience hunger in the last month compared with white teens. Among entering Kindergarteners, 43% of Latino children are overweight or obese, compared with 34% of African American children and 23% of white children. Rates of hospitalization for African Americans are more than 3 times higher for heart failure, diabetes, and asthma compared with white and Hispanic populations.

In 2014, the Health Department conducted a Virginia Department of Health (VDH) survey adapted from the Bay Area Regional Health Inequity survey for all HD staff. No comprehensive assessment has been conducted since the 2014 survey; we look forward to seeing results from the GARE administered assessment in spring 2022.

The pandemic shone a light on and exacerbated pre-existing health, housing, and economic inequities between whites and persons of color, which make them more susceptible to infection from the virus and a higher risk of more serious health complications or death. For example, Hispanic residents comprise 17% of the population, but at one time early in the pandemic accounted for up to 64% of confirmed cases; whereas whites comprise 51% of the population and accounted for 23% of confirmed cases. In this context, we have seen that the social determinants of health have a considerable effect on COVID-19 outcomes on Hispanics and other persons of color. Given this context, the pandemic served as both driver and accelerator of the agency's equity work. Calendar year 2021 saw a great deal of equity-oriented activities to address pandemic-related disparities (vaccine equity, other services) that are all included in our 2021 report.

The Health Department continues to be the public agency leading Fairfax County's response to the pandemic including: providing guidance on testing, isolation and quarantine; contact investigations; and connecting people in need to county services through the community health workers and vaccine navigators. We have launched new strategies to reach the most at risk and communicate about healthy and safe behaviors. The goal of these approaches is to minimize the potential negative impact of the social determinants of health and reduce transmission in communities of color.

Over the past two years, as so many health and social inequities have been brought to light, multiple divisions developed equity strategies, both independently and collaboratively with other divisions and other county agencies, as well as outside partners. We hope these new strategies and partnerships will be sustained as we emerge beyond the crisis and into a new normal. Examples include the expanded Outreach Team (and approach) which has been the backbone of the High-Risk Communities Task Force within the Incident Command structure. Something the Health Equity Team will be focused on in the next year is how we take these new ways of doing business and sustain them across the agency to ensure that the focus on equity doesn't wane or is only considered important in the context of an emergency. Likewise, the health department knows it cannot work by itself to address health disparities.

Finally, combined with the Black Lives Matter movement that grew so much in 2020, more staff and leadership now acknowledge that racial and social equity must be a core element of our future visioning, and indeed it is a central topic for the agency's upcoming Strategic Plan update this year. This year also marks the start of work with the Institute for Public Health Innovation on a contract to build staff capacity to understand, recognize, and act upon institutional and system inequities, through a cohort program in three phases. The "Health Equity Leadership Experience," or HELE, will begin with a "Discovery" phase to lay the foundation, followed by a Policy Analysis phase, where participants will learn to apply tools to examine and plan to change actual Health Department policies. The program will conclude with a smaller "Train the Trainer" cohort that will enable the HD to replicate and grow the program, with the goal to reach all staff in the agency over a period of years.

At the same time, given the ongoing pandemic, we feel it is important to note that the workforce is tired, with many staff reporting burnout or leaving the agency even as our need for staff is increasing. This is an important factor to consider when introducing new initiatives, approaches, or integrating different kinds of trainings into the agency. For these reasons, we will be focusing on HELE for the coming year, and doing other activities as we are able.

Long-term Outcome(s):

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| <input type="checkbox"/> Cultural and Recreational Opportunities | <input checked="" type="checkbox"/> Health |
| <input checked="" type="checkbox"/> Economic Opportunity | <input checked="" type="checkbox"/> Housing and Neighborhood Livability |
| <input checked="" type="checkbox"/> Efficient and Effective Government | <input type="checkbox"/> Lifelong Education and Learning |
| <input checked="" type="checkbox"/> Empowerment and Support for Residents Facing Vulnerability | <input type="checkbox"/> Mobility and Transportation |
| <input checked="" type="checkbox"/> Environment | <input type="checkbox"/> Safety and Security |

System-Level Infrastructure:

Addressing the social determinants of health is not the responsibility of the Health Department alone. As Fairfax County lives with the ongoing COVID-19 pandemic in 2022, the Department foresees the need to continue the multifaceted coordination of efforts among county agencies and community partners to impact the social determinants of health and invest in initiatives that advance racial and social equity for all residents.

We also look to the One Fairfax team to continue to lead innovative changes to Human Resources, budgeting process, and procurement, along with county-wide communications about the importance of changing our systems to promote and ensure equity.

There are areas in the Health Departments Equity Plan that may represent a shared interest across County Departments including:

- Collect and analyze data from clients to understand risk and protective factors linked with health outcomes; facilitators and barriers to accessing services; and sources of strength and resiliency in the community.
- Analyze existing data with an intersectional lens to understand more about the combined effects of multiple vulnerabilities.
- Use self-assessment tools, small group conversations, and interactive experiential learning to increase internal awareness and illustrate the impact of bias on ourselves and residents.
- Development and implementation of communication strategies and content for different audiences, including getting input from internal and external stakeholders to craft, field test, and evaluate acceptability and resonance of messages for various audiences.

Continued collaboration with local county officials, county agencies and the community in the response to COVID-19.

Context for how the plan is organized: We applied the Social Ecological framework to actions in the plan:

- INDIVIDUAL
- INTERPERSONAL
- ORGANIZATIONAL/INSTITUTIONAL
- COMMUNITY

HEALTH DEPARTMENT CALENDAR YEAR 2022 EQUITY IMPACT PLAN

Goals	One Fairfax Area of Focus	Actions	Stakeholders	Timeline	Resources and Supports	Responsible Parties	Performance Measures
Build Internal Capacity: 1. Build Health Dept. staff capacity to identify, explain, and act upon racial bias on an individual, interpersonal, institutional, and community level; and support a culture that promotes dialogue and open discussion of bias and disparities.	10, 18	<p>1a. INDIVIDUAL/ INTERPERSONAL</p> <p>Foster staff awareness by conducting small group discussions and experiential learning opportunities for staff to:</p> <ul style="list-style-type: none"> understand the experience of racism and how it affects our work and internal environment explore unintentional intolerance, and recognize one's unconscious bias express lived experiences related to racism and impact on current perspectives <p>ORGANIZATIONAL/INST</p> <p>From the conversations staff will learn to:</p> <ul style="list-style-type: none"> Identify how racism impacts the work environment Identify how unintentional 	HD staff	January 2022 – March 2023 finalize and implement all three phases of the Health Equity Leadership Experience [HELE] in collaboration with IPHI	<p>HD Leadership, External partners (Equity Ambassadors), Workforce Strategist, Department Trainers; HD-HR; One Fairfax Team</p> <p>GARE communication tool and activities; resources such as Harvard University Implicit Bias Test</p> <p>IPHI: HELE training curriculum</p>	Health Equity Team, Workforce Strategist Team	<p>How much? Staff participation in discussions and completion of assessments/tools about racism and bias.</p> <p>How well? Staff feel empowered and can better communicate about race internally and externally; based on qualitative and quantitative data.</p> <p>What impact? Staff culture and social norms promote dialogue that supports discussions regarding racism and inequity measured by quantitative and qualitative data.</p>

intolerance and bias impacts facets of the organization and influences HD practices

- Explain the effect unconscious bias and institutional racism has on public health and the delivery of health care in cross-cultural encounters

		<p>ORGANIZATIONAL/INSTITUTIONAL</p> <p>1b. Conduct organizational assessment to determine organization and staff knowledge of and readiness to advance health equity (pre and post capacity building activities).</p>	<p>HD staff and leadership</p>	<p>Spring 2022</p>	<p>GARE assessment</p>	<p>Epidemiology and Population Health Team, Workforce Strategist</p>	
		<p>INDIVIDUAL</p> <p>1c. Develop staff cultural and linguistic competencies through required orientations and ongoing activities that include health equity, health literacy, cultural competence, and social justice.</p>	<p>HD staff and leadership</p>	<p>Ongoing (initiated 2019; launched Stronger² in 2021)</p>	<p>GARE Communication Tool and activities.</p>	<p>Health Equity Team, Health Workforce Strategist</p>	
		<p>ORGANIZATIONAL/INSTITUTIONAL</p> <p>1d. Conduct Root Cause Analysis to inform the actions in this plan.</p>	<p>Health Equity Team, staff and leadership; One Fairfax</p>				

Data, Assessment, and Evaluation:
2. Leverage information from community engagement, existing data, and other sources, to: identify gaps and inform policy direction; develop interventions and programs; and eliminate elements within the organizational structure that support the biases that promote racism.

COMMUNITY
 2a. Collect and analyze data from clients to understand: their needs; risk and protective factors linked with health outcomes; facilitators and barriers to accessing services; and sources of strength and resiliency in the community.

HD current and future clients; frontline staff and health service providers, FQHCs
 HD current and future clients; frontline staff and health service providers

2022 – ongoing
 2022 – ongoing

HD Customer Service Team (CST); Health Services
 Epidemiology and Population Health team; Outreach Team; Houses of Worship Project, qualitative and quantitative assessment tools; Environmental Health team, Health Safety Net team

Epidemiology and Population Health Team

How much?
 As per the plan, data are analyzed, and needs/gaps are identified related to inequity and racism in health services, policies and practices.

How well?
 Leadership and staff demonstrate understanding of inequities in health outcomes due to social and racial inequity, and needs/gaps in department services, based on analysis of qualitative and quantitative information.

What impact?
 Decisions are made by leadership and staff to change policies and practices in order to address the identified needs/gaps with respect to social inequity and racism.
 Quality metrics

		<p>COMMUNITY 2b. Assess services provided by the HD to determine the extent to which we are meeting the perceived needs of clients and addressing the underlying factors that affect their health.</p>	<p>HD Health Services staff (in KS, district offices); Environmental Health staff; clients, EMT</p>	<p>2022</p>	<p>Root Cause Analysis from Goal 1; Epidemiology and Population Health team; Outreach Team; Environmental Health Team</p>	<p>Health Equity team; Director, Health Services; Epidemiology and Population Health Team, Health Safety Net team</p>	<p>Utilization Patient visits (UDS) Care coordination Purpose: tell a story LOCAL to Ffx</p>
		<p>ORGANIZATIONAL/INST COMMUNITY 2c. Analyze existing data on health outcomes and disease prevalence with an intersectional lens to understand more about the combined effects of multiple vulnerabilities, including the inequitable impacts of COVID-19 on persons of color and immigrant populations.</p>	<p>HD</p>	<p>2022</p>	<p>Live Healthy Fairfax dashboard, Youth Survey, One Fairfax Vulnerability Index, Community Health Workers; Covid data</p>	<p>Community Health and Development (CHD), Epidemiology and Population Health Team, Health Safety Net team</p>	

3. Communicating the importance of [health] equity: Develop an internal and external communications and outreach strategy.

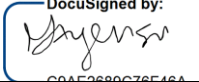
<p>ORGANIZATIONAL / INST 3a. Develop an internal communications strategy as part of normalizing conversations about race.</p>	<p>Communi- cations team, HD staff</p>	<p>Februar y – June 2022</p>	<p>Newsletter, All staff meetings, Blogs, Videos, social media</p>	<p>Equity Team, Communication team</p>	<p>How much? As per this plan, health department staff and stakeholders develop messages and a communications strategy regarding health equity and communities of color. How well? Key messages and communications strategies endorsed by stakeholders and pilot tested successfully with internal staff and community members. What impact? Greater community and staff understanding of health equity, as measured by focus groups and key informant interviews.</p>
<p>COMMUNITY 3b. Identify communications strategies, to illustrate and convey health information with a racial and social equity lens to promote understanding of root causes of health disparities (with information provided by 2d and 2e).</p>	<p>Community members, community and faith leaders, MAC, youth ambassadors HD staff; OPA</p>	<p>July- Dec 2022</p>	<p>GARE Communica- tion Guide; HD social media accounts; HD Outreach and Communica- tions teams; OPA; One Fairfax team</p>	<p>Health Equity Team; Communica- tions Team</p>	
<p>COMMUNITY 3c. Receive input from internal and external stakeholders to craft, field test, and evaluate acceptability and resonance of messages for different audiences, including how to communicate issues of health disparities with communities of color. Messages serve as a bridge to engaging community voices in developing equitable public health practices and policies.</p>	<p>Staff, community and faith leaders</p>	<p>2022- ongoing</p>	<p>Outreach Team, MAC, youth ambassadors; Interfaith Public Health Partners, PFHF; Neighborhood Community Services Regional Managers, Ethnic Media Partners</p>	<p>Communication Team, Health Equity Team</p>	

		<p>COMMUNITY</p> <p>3d. Co-create, with safety net providers, resources and materials that address barriers to safety net health services (format, language, etc.)</p>	<p>Clients, health safety net providers, Health Dept, NoVA Health Services Coalition</p>	<p>July-Dec 2022</p>	<p>Office of Public Affairs, Unite Virginia, HD Outreach Team</p>	<p>Health Safety Net team, Communications team</p>	
<p>4. Build Internal Infrastructure to Operationalize Health Equity Practices: Advance institutional change through the evaluation and analysis of policies, budget, practice, and procedures.</p>	<p>10</p>	<p>ORGANIZATIONAL/INST</p> <p>4a. Select and apply a policy analysis tool to analyze key HD policies, procedures, and practices (e.g. review of positions and promotional tracks; patient care PMs) with an equity lens and work with staff implement changes based upon what they have learned about racism, bias and health inequities.</p>	<p>HD Divisions/ Programs; staff; leadership; customers /clients</p>	<p>February 2022 – March 2023 implement second and third phases of the Health Equity Leadership Experience [HELE] in Collaboration with IPHI</p>	<p>IPHI policy analysis tool adapted for Fairfax</p>	<p>Health Equity Team, Deputy Directors</p>	<p>How much? The number of Divisions and programs that complete an analysis of policies, budget, procedures and practices through an equity lens.</p> <p>How well? Based on analysis, how many Divisions and programs identify short-term actions they can take to advance equity.</p> <p>What impact? Divisions and Programs make institutional changes in policy, budget, procedures and practices that are consistent with equity goals.</p>
<p>ORGANIZATIONAL/INST</p> <p>4b. Train members of Health Equity team and other staff on how to facilitate a racial equity staff development process and support ongoing small group discussions and new policy implementation.</p>	<p>HD Divisions/ Programs; staff; leadership; customers /clients</p>	<p>Nov 2022 – March 2023 implement third phase of the Health Equity Leadership Experience [HELE] in</p>	<p>IPHI Curriculum</p>	<p>Health Equity Team, IPHI</p>			

<p>5. Health Equity in the Community: Engage with customers, clients and stakeholders to co-create strategies to address health inequities.</p>				Collaboration with IPHI			
		ORGANIZATIONA/INST 4c. Expand membership in and opportunities to engage with the health equity team (e.g. committees)	Health Equity Team, staff	July-Dec 2022	One Fairfax technical assistance, HD Directors, Deputy Directors, IPHI	Health Equity Team	
	10	ORGANIZATIONAL/INST 5a. Evaluate successes/lessons learned from the COVID-19 pandemic about data analysis, communications, service delivery, and community engagement/outreach to inform policy change, impact community behaviors, and improve health equity.	HD staff, HD Leadership	2022	CHW team, outreach, High Risk Task Force, Case and contact staff, community partners, HD SMEs, Health Safety Net Team	Health equity team, Containment Branch (EPI); Stronger2 Project	<p>How much? Participation in discussions about racism and how it affects community life and health outcomes.</p> <p>How well? Participants' understanding, attitudes and beliefs regarding social inequity and racism, based on surveys and analysis of qualitative information collected during conversations.</p> <p>What impact? Measure of how interactions with clients, community stakeholders and other staff within the HD have</p>
		COMMUNITY 5b. Identify strategies for community engagement using a variety of tools and methods (e.g., surveys, focus groups) that build trust, center community voice and needs, and provide opportunities for storytelling about lived experience related to the impacts of racism and health.	HD Communications and outreach staff, community partners, and community at large	2022	Outreach team, CHWs, Community Partners, One Fairfax, communication team, Community Engagement Community of Practice Outreach Committee	Health Equity team, Outreach staff	

		<p>COMMUNITY</p> <p>5c. Identify and implement methods to sustain relationships leading to the co-creation of comprehensive health-promoting strategies.</p>	<p>HD staff, residents, Community orgs, Partnership for a Healthier Fairfax (PFHF), Multi-cultural Advisory Committee (MAC), Outreach Team, Houses of Worship</p>	<p>2022</p>	<p>Community engagement models. (E.g. NACCHO, CDC, APHA, Kansas Univ Community Toolbox); One Fairfax Team; GARE, Houses of Worship Equity Workshops</p>	<p>Health Equity Team, Outreach staff</p>	<p>changed with greater understanding of social inequity and racism, based on survey and qualitative data, and informed the development and implementation of health promotion strategies.</p>
<p>6. Increase access to affordable comprehensive healthcare for uninsured, underinsured, undocumented, medically vulnerable, socially isolated and homeless populations</p>	<p>10</p>	<p>6a. Collaborate with community services providers (e.g., FQHCs, Inova) to evaluate current system policies, practices and procedures to identify areas where disparities may occur and make system improvements to achieve optimal health.</p>	<p>FQHCs, Health Safety Net Team, NCS, DFS and HCD (OPEH), Health Dept Health Integration Team, Genoa, INOVA Free Clinics, NVDC.</p>	<p>2022</p>	<p>Health Safety Net Providers, Root Cause Analysis from Goal 1, Epidemiology and Population Health Team</p>	<p>Health Safety Net team, Health Integration Team</p>	<p>How much? The number of interagency, organizational, or interdepartmental workflows completed and analysis of policies, procedures and practices through an equity lens. How well? Based on analysis, how many interagency, organizational and/or or interdepartmental workflows identify</p>

		<p>6b. Explore land use opportunities to expand space and locations for health safety net providers and HD clinics through partnership with the Dept of Planning and Development to achieve equitable access to services.</p>	<p>Customer s/clients, community partners</p>	<p>January 2022-ongoing</p>	<p>DPD staff; Data from Goal 2, Health Safety Net team, Department of Planning and Development, FQHCs</p>	<p>HiAP Manager, Health Safety Net team, Health Services</p>	<p>short-term actions that can occur to advance equity. What impact? Interagency, Organizations, and/or Departments make institutional changes in policy, procedures and practices that are consistent with equity goals.</p>
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