



Fairfax County Health Department CY 2023 Equity Impact Plan

Leadership Sponsor: Dr. Gloria Addo-Ayensu, Director; Chris Revere, Deputy Director

Equity Lead(s): Dallice Joyner; Anna Ricklin

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:

As staff considered updates to our Equity Impact Plan for 2023, three main categories of information are important for context: 1) progress on internal staff development; 2) infrastructure changes within the agency; and 3) community conditions and outcomes.

1. Progress on internal staff development

Calendar year 2022 saw the first ever department-wide leadership initiative developed and delivered to staff. The Health Equity Leadership Experience (HELE) brought together 50 staff (34 of whom completed the program) to learn about the history of racism in the United States, understand how it impacts health, and receive an introduction to tools and strategies they can use in their daily work to combat racism. A small staff team collaborated with an outside vendor to develop the curriculum, and in 2023 that staff team will be developing and delivering a Train the Trainer program to replicate and sustain HELE. The success of HELE has received extensive attention from department leadership and there is momentum behind this approach and the importance of continuing to build the capacity of staff across the organization to address the roots of racism.

At the same time, there are other avenues for building internal capacity, including taking stock of our own diversity, and evaluating what role, if any, bias or racism might play in hiring and retention. Further, the last assessment of staff attitudes regarding equity concerns was in 2014, when the Health Department (HD) conducted a Virginia Department of Health (VDH) survey for all HD staff adapted from the Bay Area Regional Health Inequity survey.

2. Infrastructure changes within the agency

In 2020, the Health Department was on the brink of adopting a new five-year Strategic Plan. That draft plan was put on hold during the pandemic, and the goals and strategies changed to address a post-COVID world. The department engaged in a nearly year-long effort to update the draft and has landed on four pillars: Health Equity in Action; Robust Infrastructure; Thriving Workforce; and Vibrant Community Relationships. While equity is explicitly the focus of the first pillar, it will be integrated into the other three areas. The plan is anticipated to be adopted by June 2023.

The Health Department’s Communications Team developed a “Culture first” methodology that first emerged out of necessity during the pandemic but has become the approach for all community-facing campaigns and messaging. “Culture first” is an audience-centric,

equity-focused lens adapted to all messaging that begins with deep learning about the specific community the campaign or messaging is trying to reach. This approach includes a review of the community's demographics, lifestyle, and culture practices, as well as the information available on technology and media habits with the explicit goal of "baking culture into every form of messaging," ranging from brief casual videos to major paid campaigns.

Finally, in 2022 a policy review tool was used to assess the potential equity impacts of one of the procedural memoranda used by the Maternal and Child Health (MCH) team. A multidisciplinary group of staff developed the tool, and another group of staff applied it. Work will continue to tweak the tool and the process.

3. Community conditions and outcomes

By the end of the pandemic, equity became nearly the sole focus of the emergency response with efforts to deliver equity clinics, address vaccine skepticism, and renew approaches to community outreach. The pandemic shone a light on and exacerbated pre-existing health, housing, and economic inequities between whites and people of color, making them more susceptible to infection from the virus and at a higher risk of more serious health complications or death. Hispanic residents comprise 17% of the population, but experienced a disproportionate share of cases, hospitalizations and community-based deaths. Given this context, the pandemic served as both driver and accelerator of the agency's equity work.

Furthermore, community conditions clearly affect health. In Fairfax County, life expectancy varies by census tract. African American and Hispanic Fairfax County residents have lower life expectancy, with less education and higher levels of poverty. In Fairfax County, someone who is African American is 30% more likely to die prematurely than someone who is white. In terms of health outcomes, disparities exist in a range of population health outcomes, such as obesity, food insecurity, and chronic disease. African American and Latino teens were over three times more likely to experience hunger in the last month compared with white teens. Among entering kindergarteners, 48% of Hispanic children are overweight or obese, compared with 36% of African American children and 25% of white children. Rates of hospitalization for African Americans are more than three times higher for heart failure, diabetes, and asthma compared with white and Hispanic populations.

As the Health Department continues to evolve in the "new normal," staff will consider community conditions, resident needs, intersectionality; and evaluate successes and lessons learned from the COVID-19 pandemic around data analysis, communications, service delivery, and community engagement as we seek to inform policy change, impact community behaviors, and improve health equity across the county.

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:

As Fairfax County comes out of the emergency phase of the COVID-19 pandemic, the Department is working in multiple ways with a variety of partners both across Fairfax County government and in the community to impact both the social determinants of health contributing to population disparities in the community, as well as investing in initiatives that advance racial and social equity. The Health Department knows it cannot work by itself to address health disparities. FCHD is continuing the multifaceted coordination of efforts among county agencies and community partners to 1) expand the Health Safety Net opportunities and reduce barriers to medication access, 2) create safe neighborhoods in land development projects, and 3) develop a pipeline to health careers for youth from underserved communities. Similarly, the internally focused equity work involves coordination with One Fairfax to administer the first of a biennial employee Racial and Social Equity Assessment, as well as working with both County HR and Finance Departments to address salary compression.

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 2023 EQUITY IMPACT PLAN

Goals	One Fairfax Area of Focus	Actions	Stakeholders	Timeline	Resources and Supports	Responsible Parties	Performance Measures
1. Build Health Dept. staff capacity to identify, explain, and act upon racial bias and support a culture that promotes dialogue and open discussion	3, 10, 16	ORGANIZATIONAL/INST 1a. Conduct organizational assessment to determine organization and staff attitudes, knowledge of and readiness to advance health equity.	HD staff and leadership	Spring 2023	GARE assessment	Workforce Strategist	How much? % Staff participation in assessment and trainings discussions How well? Increased participation in Health Equity Team sponsored activities; Increased Staff confidence to communicate about race internally and externally
		ORGANIZATIONAL/INST 1b. Train Health Equity Team on how to conduct Root Cause Analysis.	Health Equity Team, staff and leadership.	Fall 2023	RTPI, ARETRG, RCT model – One Fairfax Equity Ambassadors	Health Equity Team	What impact? # and % of Staff who volunteer to lead or become involved in specific equity activities (e.g., join the team, lead a work group)
		ORGANIZATIONAL/INST 1c. Deliver 2 nd cohort of HELE with Internal HD Staff as training leaders and facilitators	Select Equity champions, HE Team, Equity Training Advisory Committee	Fall 2023	Curriculum developed In-house and adapted from HELE 1.0 curriculum	Health Equity Team, select Equity Champions	
2. Leverage information from existing data sets, community engagement, etc., to identify gaps and inform	10, 12	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	HD current and future clients; frontline staff and health safety net providers	March 2023 – ongoing	HD Customer Service Team (CST); Health Services Epidemiology and Population Health team; Outreach Team; Houses of Worship Project,	Epidemiology and Population Health Team	How much? # of reports related to findings of each action How well? Increased understanding of inequities in health outcomes

<p>policy direction; develop interventions and programs</p>		<p>strength and resiliency in the community.</p>			<p>qualitative and quantitative assessment tools; Environmental Health team, Health Safety Net team, data from health safety net providers</p>		<p>in Fairfax County due to social and racial inequity, and needs/gaps in department services What impact? # of operational or programmatic changes made to address inequities identified in the data</p>
		<p>COMMUNITY 2b. Assess results of the social needs screening and follow up with clients to know if conditions/concerns have improved.</p>	<p>HD Health Services staff (in Kelly Square (admin bldg.), district offices); Environmental Health staff; clients, EMT</p>	<p>March 2023 – ongoing</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</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 current and future clients; frontline staff and health safety net providers</p>	<p>March 2023 – ongoing</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>	
<p>3. Intentionally communicate the importance of racial, social and health equity to internal and external audiences</p>	<p>12, 17</p>	<p>ORGANIZATIONAL/INST 3a. Develop and implement internal communications strategy to keep topics related to race and equity in the forefront (e.g., Staff blogs, newsletter, etc.).</p>	<p>Communications team, HD staff</p>	<p>April-Dec 2023</p>	<p>All-staff meetings, provide content to internal newsletters, establish regular courageous conversations hosted by HE Team and Equity Champions</p>	<p>Equity Champions, Communication team</p>	<p>How much? One fully developed internal communications plan; One liaison identified; % of external comms using Culture First method How well?</p>

		ORGANIZATIONAL/INST 3b. Establish a permanent liaison between the Communications team and Health Equity Team.	HD staff	March 2023	Communications Team	Health Equity Team co-leads	Increased collaboration with communications team to promote culturally appropriate messaging What impact? Increased community and staff understanding of health inequities experienced by Fairfax County residents; Increase in resident action to improve health
		COMMUNITY 3c. Review data from campaigns to evaluate effectiveness of the "Culture first" methodology developed by the Communications Team for all Community-facing campaigns and messaging.	HD staff	Ongoing	HD Comms Team, Data specialists; Health Promotion Coordinator	Communications Team	
		COMMUNITY 3d. Co-create, with safety net providers, materials and resources that tell the story about the successes and services provided by safety net health providers, using appropriate media for the audience.	Clients, health safety net providers	June - Dec 2023	Office of Public Affairs, HD Comms Team, HD Outreach Team, FQHC Outreach Teams, Health Integration Team, Multicultural Advisory Committee	Health Safety Net team	
4. Build Internal Infrastructure to Operationalize Health Equity Practices	10, 17	ORGANIZATIONAL/INST 4a. Conduct Phase 3 of the Health Equity Leadership Experience (HELE) pilot to train FCHD staff to facilitate HELE to their peers.	Equity Champions, HE Team, Equity Training Advisory Committee	Feb-Apr 2023	Curriculum developed In-house	Health Equity Team, Workforce Strategy Team	How much? # of HELE facilitators trained; # of completed policy analyses; one descriptive analysis of staff demographics; one summary of demographics of Health Equity team How well? # of changes identified to update policy, procedures and
		ORGANIZATIONAL/INST 4b.i. Expand upon the policy analysis pilot to adapt and apply the tool for other key HD policies, procedures, and practices. 4b.ii. Staff will implement changes based upon results of the analysis.	HD Divisions/Programs; staff; leadership; customers/clients	Apr-Dec 2023	Policy analysis tool developed for MCH policy pilot	Health Equity Team, Deputy Directors	

		ORGANIZATIONA/INST 4c. Assess the racial, ethnic and gender make-up of staff throughout the agency and specifically at different levels/in different roles.	All staff, Leadership	May-October 2023	HR staff	Administrative Leadership	practices based on results of analysis What impact? % of actions taken, based on # identified, to update policies, procedures and practices to promote equity
		ORGANIZATIONA/INST 4d. Expand HE Team membership and create workgroup/committee structure. Ensure Team reflects demographic makeup of the agency (including staff at multiple levels).	Health Equity Team, staff	Jan-Apr 2023	HD Directors, Deputy Directors, Staff	Health Equity Team	
		ORGANIZATIONAL/INST 4e. Operationalize the Public Health Improvements Initiatives Plan (PHIIP) and its Public Health Improvements Coordinating Team (PHICT) as an equity-centered framework for the systematic identification, coordination, and implementation of responsive strategies for promoting optimal health and well-being across populations.	Community residents, HD staff, HD leadership	June 2023 – Ongoing	Health Promotion Coordinator, PHICT	PELC and the PHICT	
5. Collaborate with customers, clients and stakeholders to co-create strategies to	8, 10	COMMUNITY 5a. Identify strategies for community engagement using a variety of tools and methods that build trust, center community voice and needs, and	HD communications and outreach staff, community partners, and community at large		Outreach team, CHWs, CBOs, One Fairfax, communication team, Community Engagement Community of	Health Equity team, Outreach staff	How much? # of strategies identified for community engagement; # of community

address health inequities.		provide opportunities for storytelling about lived experience related to the impacts of racism and health.			Practice, Health Promotion Coordinator		engagement forums held; # of changes identified to reduce disparities in healthcare access
	COMMUNITY	5b. Identify and implement methods to sustain relationships leading to the co-creation of comprehensive health-promoting strategies.	HD staff, residents, Community orgs, Partnership for a Healthier Fairfax (PFHF), Multi-cultural Advisory Committee (MAC), Outreach Team, Houses of Worship		Community engagement models. (E.g., NACCHO, CDC, APHA, Kanas Univ Community Toolbox); One Fairfax Team; GARE, Houses of Worship Equity Workshops	Health Equity Team (Lani Steffens and Adam Allston)	How well? # of strategies co-created with community; increased understanding among community members and stakeholders on health inequity and racism
		5c.i. Collaborate with community health service providers (e.g., FQHCs, Inova) to evaluate current system policies, practices, and procedures to identify areas where disparities in access and outcomes may occur. ii. Make system improvements to increase access and achieve optimal health for underserved residents.	FQHCs, Health Safety Net Team, Health Integration Team, NCS, DFS and HCD (OPEH), free and low-cost clinics, other non-profits and philanthropy	Ongoing	Data from Health Safety Net Providers, Root Cause Analysis from Goal 1, Epidemiology and Population Health Team	Health Safety Net team, Health Integration Team	What impact? # of co-created strategies implemented; # of changes made to reduce disparities in healthcare access

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 Director's Signature: Gloria Addo-Ayensu 03/06/2023 | 10:53:15 EST
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