

## **HEALTH CARE ADVISORY BOARD**

Meeting Summary

February 10, 2020

### **MEMBERS PRESENT**

Marlene Blum, Chairman  
Rose Chu, Vice Chairman  
William Finerfrock, Vice Chairman  
Ann Zuvekas  
Ellyn Crawford  
Philippe Beauchene  
Tim Yarboro, MD  
Dr. Michael Trahos, DO  
Maia Cecire  
Rosanne Rodilloso  
Shikha Dixit

### **STAFF**

Sherryn Craig

### **MEMBERS PARTICIPATING REMOTELY**

None

### **MEMBERS ABSENT**

None

### **GUESTS**

Susan Shaw, Office of Strategy Management  
Sara Brinkmoeller, Acting Director, Health Integration & Safety Net  
Karen Berube, Vice President, Population Health, Inova Health System  
Rachel Lynch, Director, Partnership for Healthier Communities, Inova Health System  
Dominic Bonaiuto, Director of Director for Central Region Government and Community Relations, Inova Health System  
Gloria Addo-Ayensu, MD, MPH, Health Director, Health Department  
Jessica Werder, Deputy Director of Public Health Operations, Health Department

### **Call to Order**

The meeting was called to order by Marlene Blum at 7:33 pm.

### **January 13, 2020 Meeting Summary**

The meeting minutes from January 13, 2020 were approved as submitted.

### **Health and Human Services Community Needs Assessment**

Susan Shaw with the Office of Strategy Management (OSM) provided a brief presentation on the Health and Human Services Community Needs Assessment. The Health and Human Services Needs Assessment is one of four tools within the Health and Human Services Strategic Framework used to guide a coordinated and targeted approach to address challenges and improve outcomes. The four tools (Needs Assessment, Resource Plan, Action Plan, and Performance Management) work together to: identify strengths and challenges of communities; forecast and prepare for policy, system, and environmental changes; facilitate transparency and communicate with stakeholders; and guide decisions at various levels across the organization.

The 2016 Human Services Needs Assessment (Assessment) was completed to provide community leaders a snapshot of population, economic, and infrastructure trends and needs in Fairfax County.

The 2019 Assessment is designed to build on the momentum of addressing needs and inform endeavors already in place. The Assessment takes a deeper dive into the trends of the community and begins to transform the data into meaningful dialogue. Many of these trends and the disaggregated findings impact future goals related to equity and sustainability.

While many of these trends remained constant, others are changing rapidly. The following have been highlighted, due to the complexity and severity of consequences:

- Increasing fentanyl and heroin death overdose rates
- Treatment strategies are needed as the opioid epidemic evolves
- High prevalence of vaping among Fairfax county youth
- Suicide ideation among Fairfax county youth increases
- English proficiency and disparities
- Population growth will significantly shift in the next decade

While the needs of the community remain broad and far-reaching, the 2019 Assessment was specifically designed to highlight a smaller number of needs that have significant systemwide impact. In preparing for the 2019 Assessment, all the previous data and trends from the 2016 assessment were analyzed.

In alignment with One Fairfax, a joint social and racial equity policy of the Fairfax County Board of Supervisors and School Board, the Assessment identifies three inequities that impact outcomes across the county: Economic Inequities, Transportation Inequities, and Health Inequities.

To begin to understand these inequities, a vulnerability index was created that combines demographic, housing income and education data by zip code in Fairfax County. This tool integrates these indicators into a composite index identifying areas of vulnerability.

To further illustrate the inequities in the community, two Fairfax County families, one family that earns a median household income compared to a family with a low-household income, were highlighted to stress the vulnerability through housing, child care, transportation, and health care costs.

Economic, transportation, and health inequities are often interwoven, and often disproportionately impact the community by race, age, and gender.

To change the trajectory of these trends and fully invest in the future, Health and Human Services cannot do it alone. Solutions require a comprehensive and collaborative approach. The county has invested in many strategic initiatives that have begun to integrate planning efforts across areas of work, helping to shape the future of the community.

Additionally, Fairfax County's overall Strategic Planning process is an overarching approach to align efforts and "Shape the Future Together." HHS' response has prompted greater integration across sectors to resolve complex challenges in the community, but there is still more to do.

While the assessment is not designed to offer solutions, the trends and data outlined in this Assessment are meant to provoke action, build upon successes, and inspire combinations of newer, bolder strategies that address the specific needs of the community. It also provides insight into opportunity and acknowledges how local government plays many unique roles in changing the trajectory of these trends, including service provider, convener, policy maker, advocate for state policy, employer, funder, and developer.

To visit the interactive maps and read more, Ms. Shaw encouraged HCAB members to visit the Fairfax County Health and Human Services Needs Assessment at: <https://www.fairfaxcounty.gov/strategymangementhhs/data-analytics>.

### **Inova Health System Community Health Needs Assessment**

Karen Berube, Vice President, Population Health, Inova Health System and Rachel Lynch, Director, Partnership for Healthier Communities, Inova Health System provided an overview of Inova's Community Health Needs Assessment.

Federal regulations require that tax-exempt hospital facilities conduct a Community Health Needs Assessment (CHNA) every three years and adopt an Implementation Strategy that addresses significant community needs. A Community Health Assessment helps communities and hospitals prioritize public health issues and identify resources to address them. The CHNA analyzes the health of the community to identify the most significant health concerns, and the Implementation Strategy (IS) takes that information to prioritize the health issues for community action.

CHNAs were conducted by Inova for each of its five hospitals, and Ms. Berube shared that Inova is working to pull implementation teams together. Inova developed its CHNAs with regional collaboration from the five health departments – Arlington, Alexandria, Fairfax, Loudoun, Prince William – using standardized methods that take into account each community's unique resources, needs and values.

To evaluate health in each jurisdiction, the collaborative gathered qualitative and quantitative information through three tools – Forces of Change, Community Themes and Strengths, and Community Health Status. Community health needs were determined to be "significant" if they were identified as problematic in at least two of the three assessments.

Twelve areas were identified in the CHNA and vary across hospital/community:

- Chronic conditions
- Economic stability
- Healthcare access
- Immunizations and infectious disease
- Injury and violence
- Maternal, infant and child health
- Mental health
- Neighborhood and built environment
- Obesity, nutrition and physical activity

- Oral health
- Sexual and reproductive health
- Tobacco and substance abuse

Upon review of Inova's five CHNA results, there were clear lines of agreement from the data and community input, in that seven of the top health needs were identified in each and every community served. Of those, Inova chose to focus on the areas with the greatest opportunity for impact within its mission to provide patient care: Chronic conditions, Healthcare access, and Behavioral health.

Selecting these overarching areas for all hospitals allows for systems initiatives that impact priority areas, as well as personalization at the community level. For example, while all hospital communities will focus on improving healthcare access, the key action steps and activities may look very different from one community to another. A matrix of action areas and their corresponding key strategies/activities was provided for each hospital.

Members of the Leadership Team at each hospital, the Population and Community Health and Community Relations teams, health department staff, and local Federally Qualified Health Center (FQHC) leadership have met to review the CHNA findings and identify key strategies and activities. Inova team members are currently developing working groups to further refine the key strategies into tactics and action steps.

With respect to a question about improving information sharing between hospitals and community providers, Ms. Berube was not able to speak to Epic license sharing/agreements, but will share HCAB feedback with appropriate staff.

A suggestion was made to integrate behavioral health care services at anonymous sites to reduce the stigma individuals/families may have accessing help. Ms. Berube stated that behavioral health specialists are onsite at all of its community-based clinics. Inova's telemedicine capabilities may also be appropriate for some patients as well.

HCAB members encouraged Inova to seek out partnerships that address upstream issues. One example was access to affordable medications. Ms. Berube shared that Inova works with Nova Scripts to provide free and low cost drugs as well as manufacturers like Eli Lilly to distribute diabetes medications, like insulin and insulin pens. Inova also participates in the 340b drug discount program.

In response to a question about partnering with Fairfax County Public Schools, Ms. Berube stated that the Healthy Plate club is administered in eight schools per semester. The challenge to expanding the program is related to personnel. Additionally, Inova's Partnership for Healthier Communities is working with Title I schools to facilitate benefit access and referrals to care. Ms. Berube and Ms. Lynch were open to other opportunities to collaborate with FCPS, especially in higher-need areas.

### **Long Term Care Coordinating Council Update**

Phil Beauchene highlighted the Long Term Care Coordinating Council as a type of partnership that would benefit from Inova's participation in addressing upstream issues among seniors and individuals with disabilities. He will forward information on the LTCCC to Mr. Bonaiuto and Ms. Berube.

Lyn Crawford is scheduled to update the LTCCC on the HCAB's scope of work. She will work with Sherryn Craig to prepare some materials.

### **Other Business**

Marlene Blum updated the HCAB on a recent Board Matter from Supervisor Smith and Chairman McKay, directing the Department of Planning and Development to review the current zoning ordinance provisions related to adult day care centers and align those requirements, where appropriate, with the current requirements for child care centers, including but not limited to restoring them as a by-right use in industrial districts and to re-evaluate the need for outdoor recreation space.

Ms. Blum will reach out to DPD to clarify the outdoor space requirements, which are established by the state, not localities.

Health Department staff also briefed HCAB members on Brightview Alexandria's most recent inspection summary, which found no deficiencies at its Great Falls facility, and its satisfactory completion of his Intensive Plan of Correction at its Woodburn facility. Brightview representatives have requested an opportunity to provide this information to the HCAB at a future meeting. The HCAB has requested the County Attorney to review its procedures for reconsidering a recommendation.

There being no further business, the meeting adjourned at 9:36 pm.