Subject: DHS- From Destination 2017 to 2027

FY 2019 Proposed Budget
Budget Work Session Follow-up

4/2/2018

The following information is provided in response to a request made by John Vihstadt at the work session on 3/1/2018, regarding the following question:

Provide a comparison of the Destination 2017 health assessment with the current reality. Please also provide information about the differences between the Destination 2017 and 2027 health assessments.

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Destination 2017 to Destination 2027: A Summary

The Virginia Department of Health requires all of its 34 health districts to conduct a strategic planning process on a recurring basis resulting in a community health improvement plan. The process is expected to engage all members of the local public health system – including the public health department, private providers, law enforcement and community providers. Each health district is required to update their health improvement plan every ten years. Ten years have passed and Arlington County's Public Health Division (ACPHD) has launched the Destination 2027 process. The latest process has been updated based on information learned from and improvements made since the Destination 2017 planning process.

ACPHD launched its first strategic planning process, called Destination 2017, in 2007. Directly below is a summary of the Destination 2017 findings and achievements, as well as lessons learned from the Destination 2017 process that are shaping the Destination 2027 process.

Destination 2017: Three strategic issue areas were identified by members of the Arlington Local Public Health System (A-LPHS) to focus on over the next 10 years in order to improve the population's health. A summary of the outcomes in each strategic issue area are listed below:

i. Strategic Issue #1: Strengthening access to health care by increasing access to a medical home and to mental health/substance abuse services. A medical home is a primary medical care provider that has an established relationship with a patient.
- To address this issue, community partners focused on two priority areas:
  - Second Chance is a diversion, education and early intervention program for Arlington middle and high school students that addresses youth substance abuse in Arlington. The program engages youth and parents and provides one-time diversion from

court proceedings or school suspension. It has served 598 Arlington students since its inception in 2011. The curriculum covers peer pressure, harmful effects of drugs and alcohol, and action plans to help youth make healthy choices. The Second Chance program is currently managed by the Latin American Youth Center.

- Jail Diversion was another priority area to help people receive mental health treatment in an appropriate setting. For seriously mentally ill adults involved in the criminal justice system, Arlington now uses a Sequential Intercept Model which is a method that provides opportunities for staff to connect with, or intercept, individuals at key stages in the criminal justice system and link them to support services. The model features a crisis intervention center and crisis intervention training for law enforcement professionals. Diversions are for individuals involved in non-violent, misdemeanor-level crimes. In addition, Arlington implemented a drug court program in 2013 for probationers who have violated the terms and conditions due to a substance abuse issue. It provides a cost-effective, integrated system of treatment and judicial supervision.
- In the area of strengthening access to health care by increasing access to a medical home, the providers of health care to vulnerable populations created the Health Care Providers Committee. This committee meets monthly to identify health care access problems for vulnerable clients and identify solutions to meet unmet health care access needs.

ii. Strategic Issue #2: Preventing communicable disease by reducing sexually transmitted infections and seasonal influenza.

- With respect to preventing sexually transmitted infections, efforts focused on reducing the rate of sexually transmitted infections (especially chlamydia) among teens and young adults.
  - The rates of chlamydia in the teen group have been steady with some minor dips and rises. For the young adult group, there has been a sharp and steady increase in chlamydia since 2012.
  - This effort had been championed by the Northern Virginia AIDS Ministry (NOVAM), which unfortunately disbanded in 2013.
  - Teens and young adults continue to have access to care for treatment of infections through PHD clinics and other health care providers.
  - NovaSalud, a nonprofit funded by a County grant, is working in Arlington high schools to increase education on HIV and other sexually transmitted infections.
- With respect to preventing flu spread in Arlington, the focus was initially on increasing access to the flu vaccine beyond the doctor's office setting. In

subsequent years, the focus was on increasing access to family flu clinics in the community.

- In the wake of the 2009/2010 H1N1 flu pandemic, vaccines became more universally available at more convenient times for the population.
- Organizations working with vulnerable populations like the homeless and the underinsured and uninsured have worked together to increase access to free vaccines for the most vulnerable.
- Given the success of these efforts the team working on increasing flu vaccine access disbanded in 2013.

iii. Strategic Issue #3: Preventing chronic disease by reducing youth tobacco use and obesity.

- The following efforts were made to address second hand exposure to tobacco:
  - "Please Don't Smoke" signs were posted at County playgrounds through an ACHIEVE grant.
  - The last significant Arlington public indoor setting of second hand tobacco exposure was in restaurants. In 2009, the Virginia General Assembly passed legislation banning smoking in food establishments.
  - Developments in this area continue to be monitored by the Partnership for a Healthier Arlington.
- With respect to reducing overweight/obesity among youth, several efforts are underway to address this:
  - In 2010, there was a panel presentation and discussion for the community which highlighted the consequences of overweight/obesity on youth.
  - Partnerships through this process resulted in successfully competing for grant awards used to promote healthy eating and exercise.
  - Arlington Public School kindergarten school entry data is analyzed to assess overweight/obesity. Data reveals that 25% of kindergarten students on kindergarten entry are overweight or obese.
  - The work in this area is being championed by the Arlington Partnership for Children, Youth, and Families.

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1. Destination 2027

i. Lessons Learned from Destination 2017

- Since the launch of Destination 2017, there has been overall progress in most areas identified, with the notable exception of sexually transmitted infections.
- The most significant lesson learned from this process is how difficult it is to maintain champions within the local public health system to move toward community goals. It required active management by the Partnerships for a Healthier Arlington to keep champions for projects or identify new ones if possible to continue movement toward the identified goals.

ii. New, Granular Data since Destination 2017 assessments

- The level of data available has increased.
    1. More granular Arlington data is now available.
    2. In previous years, all that was available was aggregated, averaged data for Arlington and the rest of the cities and counties across the nation. The data available in 2007 did show that Arlington experiences very good health compared to most of Virginia and among the jurisdictions in the National Capital Region. However, averages can mask potential disparities even in a county the size of Arlington.
- The Northern Virginia Health Foundation working with Virginia Commonwealth University has been able to publish data at the census tract level for Arlington and the other four health districts of Northern Virginia. This data has revealed that there are differences in life expectancy (among other metrics) within Arlington, with up to a 10-year difference between census tracts. The data also shows that there are differences in socio-economic factors among these census tracts.

iii. Charge to Destination 2027 Steering Committee/Local Public Health System

- While correlation does not equal causation, with the new data it is both timely and incumbent on the local public health system to examine these differences. As part of the planning process, the steering committee will ultimately ask and answer the question “Are there ways as a local public health system and the larger community we can address potential inequities in health outcome, such as life expectancy?”.

iv. Destination 2027 process

- The Destination 2027 process asks the invited stakeholders (40 organizations with a mix between health and non-health organizations that are part of the local public health system to explore the potential

reasons for the differences using four different data assessments to identify common themes which the system could address to reduce any areas of disparity.

1. Data assessments were collected by Public Health Division (PHD) staff for Destination 2027 in 2017.
2. The public steering committee process for Destination 2027 began in January 2018 and will be complete in December 2018.
3. The Destination 2027 steering committee is led by Abby Raphael, former APS School Board member, and Patricia Rodgers, from the Northern Virginia Health Foundation.
4. PHD staff support the work of the steering committee.

v. <u>Destination 2027 Outcome</u>

- The specific areas of focus that emerge out of the Destination 2027 process are unknown at this time. However, the steering committee has been charged with creating a community health equity improvement plan to guide our community toward a healthier Arlington. The steering committee has been informed of the lessons learned during the Destination 2017 process so the current members will consider how to gain and maintain champions to work on identified areas to achieve greater health equity.