

Loudoun County, Virginia

**2013 Mobilizing for Action through
Planning and Partnership Assessment:
The Forces of Change Assessment**

Published July 2014



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Introduction

What is MAPP?

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-wide strategic planning tool for improving community health and the community-wide public health system. This tool, facilitated by public health leadership, is designed to help communities prioritize health issues and to ultimately identify resources for addressing them.

The MAPP model comprises a roadmap of four assessments designed to build a healthier community by providing critical insights into healthcare challenges and opportunities throughout the community. The four MAPP assessments include:

- I. Community Themes and Strengths Assessment
- II. Local Public Health System Assessment
- III. Community Health Status Assessment
- IV. Forces of Change Assessment

This report summarizes the **Forces of Change Assessment** performed in Loudoun County in September 2013 and focuses on the identification of forces such as legislation, technology, and other issues that affect the context in which the community operates. The forces are grouped into the following categories: Political, Economic, Social, Technological, Environmental, Scientific, Legal and Ethical.

Forces are a broad all-encompassing category that includes trends, events, and factors.

- I. Trends are patterns over time, such as migration in and out of the community.
- II. Factors are discrete elements, such as a community's ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- III. Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation

This assessment, within the scope of the above forces, was completed in September 2013, and addressed the questions:

- I. What is occurring or might occur during the next five years that impacts the health of Loudoun County and its public health system?, and
- II. What specific threats or opportunities are generated by these occurrences?

Change in Loudoun County

For more than two centuries, agriculture was the dominant way of life in Loudoun County, which had a relatively constant population of about 20,000. That began to change in the early 1960s, when Dulles International Airport was built in the southeastern part of the county. The airport subsequently attracted new businesses, workers, and their families to the area.

At the same time, the metropolitan Washington, D.C., area began a period of rapid growth. Major road improvements made commuting from Loudoun County much easier, attracting more and more people to the eastern part of the county. In the last three decades, the population of Loudoun County nearly quadrupled.

Today Loudoun is a growing dynamic Virginia county of about 333,253 people as of 2012. Loudoun is known for its beautiful scenery, rich history, healthy diversity of expanding business opportunities, comfortable neighborhoods, and high quality public services.

A similar Forces of Change Assessment was last conducted in 2008. With multiple changes occurring among all the forces it was deemed necessary to re-assess the previous results in order to more accurately create effective strategies for the next five years.

Methods

A Loudoun County Health Department team, consisting of a facilitator, a health educator, and a volunteer, planned a series of focus groups to address the above issues. Each session lasted two hours and was conducted throughout the county during the morning, afternoon, and evening to attract maximum attendance.

A comprehensive list of potential participants representing a wide number of public and private health and human service agencies, county agencies, public schools, law enforcement, safety net groups, the Loudoun Health Council and consumers was identified. An invitation was emailed (*Attachment I: Participant Letter of Invitation*) to 79 persons.

Multiple two-hour facilitated brain storming sessions were conducted from September 9th through September 13th. Flip pads and scribe notes documented all discussions. Each session began with an introduction to the MAPP process (*Attachment II: Forces of Change Presentation*) and an introduction of participants. Participants completed a brief questionnaire following the introductions. Using brainstorming and force field analysis tools, all forces were extensively discussed. Participants in each group then voted their individual top five priorities.

Participant data was compiled and analyzed. All the brainstorming data was compiled and the collective top three issues were documented for this report (*Attachment III: Focus Group Discussion Summary*).

Results

Focus Groups

Six Focus Groups were conducted as part of this assessment.

Participants

Seventy-nine participants were invited and 29 persons (37%) participated throughout the week. Of the participants: 19 were female, 7 were male, and 3 did not provide their gender on the participant survey.

Ages were self-reported in groups with zero in the 18-29 group, nine in the 30-49 group, 16 in the 50-65 group, and four in the over 65 group.

Race was reported as 26 Caucasians, 1 Black/African American, 1 Pacific Islander/Asian, and 1 Other.

When measured for highest level of education there was one High School, two from two-year colleges, four from four-year colleges, 14 with Masters background, three with PhDs, four with Professional Degrees, and two listed as Other.

Occupational affiliations included (multiple responses allowed): 1 – Business, 12 – County Government, 2 – State Government, 3 – Non-Profits, 2 – Public Education, 8 – Healthcare, 4 – Public Health, and 2 – Other.

Lastly, specific agencies represented included: 1 – Care Options, 1 Consumer, 1 – Reston Hospital Center, 1 – HealthWorks, 1 – VPSS LLC, 1 – Salvation Army, 1 Daybreak Wellness, 3 – Loudoun County Public Schools, 5 – Loudoun County Health Department, 3 – Inova Loudoun Hospital, 1 – Blue Ridge Speech and Hearing, 1 – Medical Reserve Corps, 1 – Loudoun County Emergency Management, 1 – Loudoun County Public Affairs and Communication, 1 – Loudoun County Area Agency on Aging, 2 – Loudoun County Family Services, 1 – Shenandoah University, 1 – Loudoun County Planning Department, 2 – Loudoun County Mental Health and Substance Abuse. (*Attachment IV: Participant Result Graphs*)

Forces of Change

All health impacts discussed were listed under the appropriate Force of Change (Political, Economic, Social, Technological, Environmental, Scientific, Legal, and Ethical). Discussion included recognition of threats and opportunities from a strategic perspective rather than an operational viewpoint.

A total of 247 collated topics were discussed. One participant submitted items in writing after the Focus Groups were held. The distribution of items per Force of Change is listed in Graph 1 below. Social issues ranked highest in number and Ethical issues were the lowest ranked.

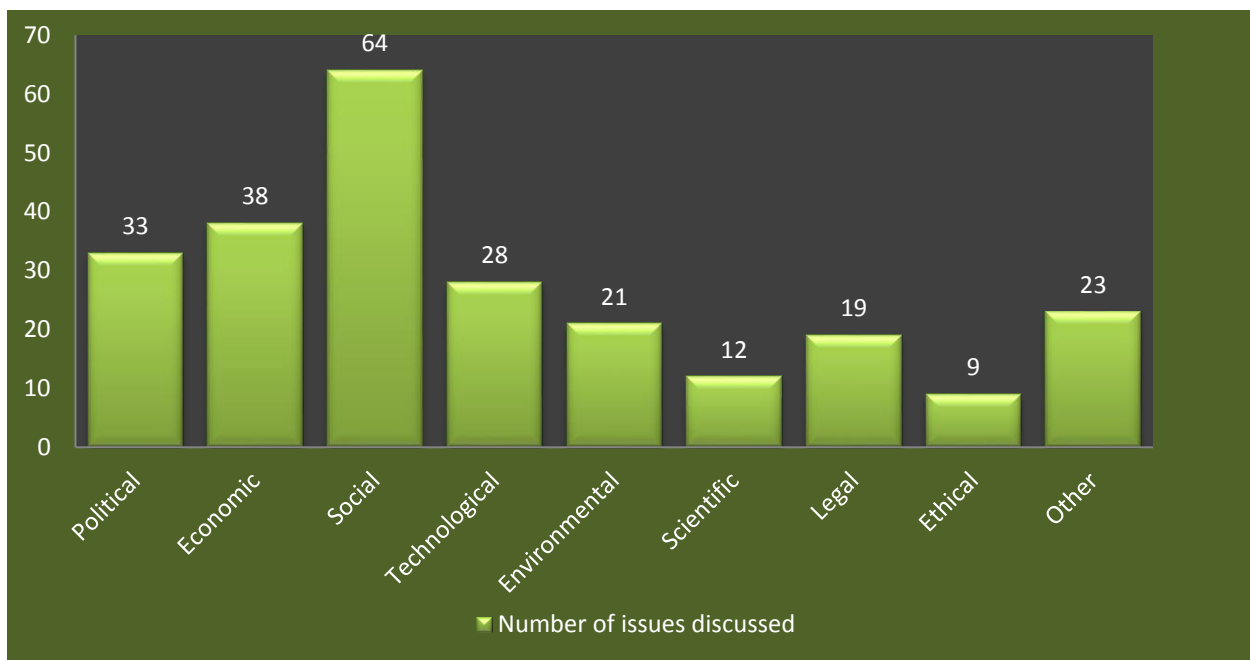
All items may be seen in the summary - Attachment III: Focus Group Discussion Summary.

The amount of time in discussion did not correlate with the final votes of participants. The most discussed topics consuming the majority of time among all groups included:

- All Forces: Unknown consequences of the Affordable Care Act Implementation on current health services, employees, and residents of Loudoun County.

- Economic: Transportation access and affordability issues since local travel bus tokens have been deleted, fees have increased, and more frequent bus transportation and routes need to be initiated to correlate with the Metro train to Dulles Project.
- Social/Legal: Immigration issues in access of care, decreasing safety net services, and recognition of worth.
- Scientific: Vaccine beliefs that are barriers to vaccine acceptance by residents perceived to impact the current level of herd immunity.
- Social: Insufficient primary care resources.
- Environmental: Environmental concerns especially the potential for food and water contamination with increased development. Also discussed was the positive impact of farm markets on nutrition. One group expressed concerns that the growth in viniculture would promote unsafe driving by intoxicated consumers.
- Political and Economic: Improvement in the grant system to support county agencies when federal support stops, and restructuring of some human service agencies under more appropriate departments to improve efficiency.

Graph 1: Number of Issues Discussed by Force of Change



Summary and Next Steps:

After collating the three highest ranked issues by group, the **following three ranked the highest in total:**

1. Address positive and negative impacts of the Affordable Care Act on residents, employees, immigrants, current health services, transportation, electronic patient charts, primary care resources, the federal grant system for healthcare, decreasing mental health capabilities, and impact to environmental food and water.
2. Improve health education regarding vaccine acceptance and improve transportation for services. Improve the use of social media for health education.
3. Assess the growing impact of immigration on the health of Loudoun residents.

This assessment will be posted online for review and input from the public along with the other three assessments that form the basis of the MAPP model. The Loudoun Health Council will take the lead in incorporating information from the MAPP assessments and comments from the public into a revised Community Health Improvement Plan (CHIP).

Attachment I: Participant Letter of Invitation

Dear Colleague,

Your presence is requested as a participant in an upcoming public health system 'Forces of Change' assessment. Several sessions and locations have been scheduled for your convenience according to the schedule below:

- **Sept 9, 2013 – 7:00 pm-9:00 pm**, Purcellville Library, Robey Room, 2nd floor, 220 E. Main St., Purcellville, VA, 20132.
- **Sept 10, 2013 – 10:30 am-12:30 pm**, Cascades Library, Room B, 21030 Whitfield Place, Potomac Falls, VA 20165
- **Sept 10, 2013 – 12:30 pm-2:30 pm**, Cascades Library, Room C, 21030 Whitfield Place, Potomac Falls, VA 20165
- **Sept 10, 2013 – 7:00-9:00 pm**, Dulles South Multipurpose Center, Banquet Hall, 24950 Riding Center Drive, South Riding, VA, 20152
- **Sept 11, 2013 – 10:00 am-12:00 pm**, Rust Library Meeting Room, 380 Old Waterford Rd., NW, Leesburg, VA, 20176
- **Sept 11, 2013 - 2:00 pm-4:00 pm**, Loudoun Government Center, Round Hill Room, 3rd floor, 1 Harrison St., SE, Leesburg, VA 20176
- **Sept 11, 2013 – 7:00 pm-9:00 pm**, Douglass Community Center, Activity Trailer Classroom (on the west side of the building), 405 E. Market St., Leesburg, VA, 20176
- **Sept 12, 2013 – 1:00 pm-3 pm**, Purcellville Room, Government Center, 1 Harrison St., SE, Leesburg, VA 20176 (Restricted to Loudoun Health Council Members only.)
- **Sept 12, 2013 – 5:00 pm- 7:00pm**, Purcellville Room, Government Center, 1 Harrison St., SE, Leesburg, VA 20176 (Restricted to Loudoun Health Council Members only.)

The Forces of Change Assessment is facilitated locally and focuses on identifying legislative, technological, and other impending changes in which Loudoun County and its public health system operate. This session will target strategies that address the questions:

- “What is occurring or will occur over the next five years that impacts the health of Loudoun County?” and
- “What specific threats or opportunities are generated by these occurrences?”

To gain a more thorough understanding of this process you will find more information at: www.naccho.org/topics/infrastructure/mapp/framework/phase3foc.cfm

At your earliest convenience please reply to LCHDFocusGp2013@aol.com with your name (or a designee's name if you are unavailable), and the Session you plan to attend. If you have further questions you may reach me at 703-408-4339. If you invite other colleagues who may be interested in this process, please submit their names and session as well.

I look forward to obtaining your perspective on these issues.

Respectfully,

Benita L Boyer, RN, MS, CIC - Forces of Change Facilitator
David Goodfriend, MD, MPH – Health Director

Attachment II: Forces of Change Presentation

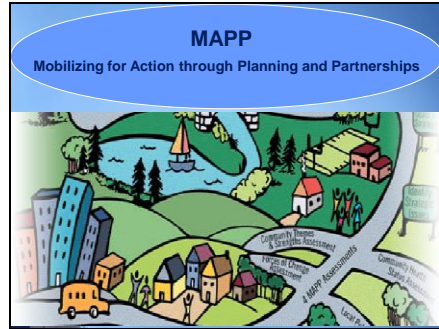
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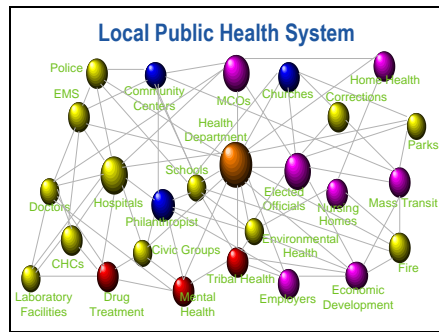
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Slide 3



Slide 4



Slide 5

MAPP Assessments

- **Community Themes and Strengths Assessment**
 - What is important in our community?
 - How is quality of life perceived in our community?
 - What can be used to improve community health?
- **Local Public Health System Assessment**
 - What are the components, activities, competencies, and capacities of our local PHS?
 - Are the Essential Services being provided in our community?
- **Community Health Status Assessment**
 - How healthy are our residents?
 - What does the health status of our community look like?
- **Forces of Change Assessment**
 - What is occurring or will occur over the next five years that impacts the health of Loudoun County?
 - What specific threats or opportunities are generated by these occurrences?

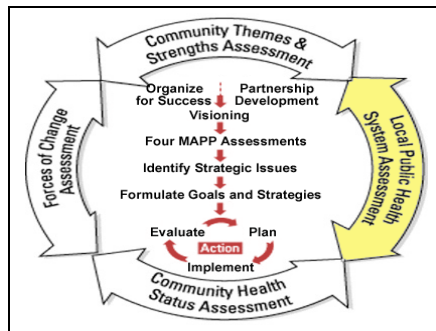
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Three Keys to MAPP

- Strategic Thinking
- Community Driven Process
- Focus on the Local Public Health System-Partnership Building

Slide 7



Slide 8



Benefits of MAPP

- Creates a healthy community and better quality of life
- Increases visibility of public health
- Anticipates and manages change
- Creates a stronger public health infrastructure
- Builds stronger partnerships
- Builds public health leadership
- Creates advocates for public health

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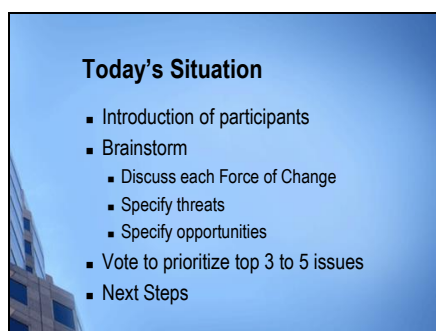
Goal and Objectives

- Identify forces and other impending changes in the context of how they will impact Loudoun County and its public health system.
- Brainstorm specific issues within each Force
- Identify specific threats and opportunities for the next five year cycle in key areas
- Prioritize the top three to five issues

Forces

- Political
- Economic
- Social
- Technological
- Environmental
- Scientific
- Legal
- Ethical
- Other

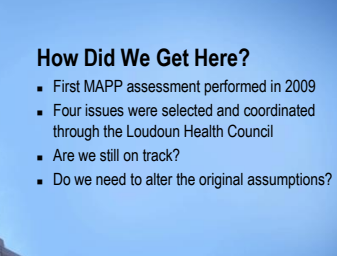
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Today's Situation

- Introduction of participants
- Brainstorm
 - Discuss each Force of Change
 - Specify threats
 - Specify opportunities
- Vote to prioritize top 3 to 5 issues
- Next Steps

Slide 11



How Did We Get Here?

- First MAPP assessment performed in 2009
- Four issues were selected and coordinated through the Loudoun Health Council
- Are we still on track?
- Do we need to alter the original assumptions?

Slide 12

Issues

| | |
|-----------------|--------------|
| ▪ Political | ▪ Scientific |
| ▪ Economic | ▪ Legal |
| ▪ Social | ▪ Ethical |
| ▪ Technological | ▪ Other |
| ▪ Environmental | |

Slide 13

Recommendations

Slide 14

THANK YOU!



"What do you mean, 'we never got around to developing a strategic plan'?"

Attachment III: Focus Group Discussion Summary

| Forces of Change - September 2013 (forces alternate between green and white shading) | | | | | | |
|--|---|---|---|---|---|---|
| | Group A | Group B | Group C | Group D | Group E | Group F |
| Top 3 items per Focus Group | 1. (Environment) Recycling 2. (Econ) Affordable Care Act 3. (Legal/Political) Immigration | 1. (Econ) Improve grant system (e.g., unplanned mandates for Emergency Management and Aging) 2. (Political) Alternate sources of funding agencies needed when federal support stops 3. (Political) County - align service agencies for more functional efficiency | 1. (Econ) Insufficient primary care services 2. (Environment) Improve access and affordability of transportation 3. (Tech) Improve use of social media for health education | 1. (Econ/political) Healthcare unknowns of the Affordable Care Act 2. (Science) Vaccine acceptance by residents 3. (Environment) Evaluate transport issues impacting health | 1. (Political) Shrinking school funding affecting healthcare of children 2. (Econ) Affordable housing 3. (Econ) Mental Health readiness for changes | 1. (Econ) Health Insurance and Affordable Care Act unknowns 2. (Social) Integrated Faith based approaches 3. (Environment) Contamination of water and food sources secondary to exponential population growth |
| Environment | Recycling - need more assets and education | Increase safety in nursing homes | *Transportation - access, infrastructure, tokens, assistance with transport of high risk patients to UVA | ****Transportation | Western vs. Eastern Loudoun issues | **Exponential growth in population - cascade effects |
| | | | Presence of Dulles Airport | Increased building - water and septic issues | Changes in demographic with increasing elders | ***Increased use of chemicals in environment |
| | | | | Loss of open space | *Metro - more accessibility, more businesses, more buses or re-routing of buses | Drinking water contamination |
| | | | | | **Effect of loss of bus tokens and doubled fares | |
| | | | | | More paths needed for pedestrian safety | |

| Forces of Change - September 2013 (forces alternate between green and white shading) | | | | | | |
|--|--|---|---|---|---|--|
| | Group A | Group B | Group C | Group D | Group E | Group F |
| | | | | | Food security vs. insecurity | |
| | | | | | *Food bank feeding is inadequate | |
| | | | | | *Community focused agriculture is good | |
| | | | | | Low income dependence on processed food | |
| | | | | | *Single level homes lacking for aging population and disabled | |
| | | | | | Increase emphasis on disaster preparedness | |
| Ethics | How to verify home healthcare licensure | * Medical decision paradigm change with increased chemical suicides | Improve attitudes towards undocumented workers (respect their work ethic) | * Changing demographic - can we be equitable? | *Effects of local community funding decisions | Potential for increased healthcare insurance fraud with confusion of ACA |
| | | Provide data that is accurate for decision makers | | Focus on highest risk priorities | | * Help educate residents about basic care |
| Economic | Increased immigration leads to increased dependence on social services | *** Grant system - unwanted mandates in EM and Aging | *Use of ER for primary care | Transportation | *Growth of population and number of businesses | **** Insurance - access; Medicare not sufficient for nursing home and assisted living care |

| Forces of Change - September 2013 (forces alternate between green and white shading) | | | | | | |
|--|---|---|---|--|--|--|
| | Group A | Group B | Group C | Group D | Group E | Group F |
| | Lack of affordable senior housing | ** LC structure should be reorganized so that agencies are under the functional reporting chain | Access to medications | HC unknowns - ACA, is insurance taxable? Co=pays and deductibles | *Public transportation and congestion | Restaurant menus should post calories |
| | ACA - number of patients per doctor increasing, cost of nursing homes high, longer waiting time for entry to care | *** Can LC fund local services when federal support stops | Free clinic/LCHD clinics full - trouble getting appointments | **Uninsured and underinsured | ***Affordable housing | Uninsured/underinsured - will improve with increased numbers insured; and help hospitals with bad debt |
| | Homelessness - range of ages changing, loss of homes increases population, safety net services inadequate | * ACA - may decrease health services and affect health insurance status, small businesses need to be better informed, HCWs losing jobs, use of ER instead of doctor, may improve sharing of medical computer data | Medicare/Medicaid access to care issues | Sequestration issues | ACA- ***MH readiness for changes, integration of MH and primary care systems, affordability of nursing home needs (source of funding), uninsured, job loss, MH and alcoholism increasing, how to help working poor | Autism - need for care of patients as they age |
| | Increase in scamming of elderly | | Funding for outreach services - we can identify needs but no funds for intervention | Low income and homeless | *Autism services not on funding priority list, parent education needed | Increase farming and animal husbandry |

| Forces of Change - September 2013 (forces alternate between green and white shading) | | | | | | |
|--|---|---|---|--|---|---|
| | Group A | Group B | Group C | Group D | Group E | Group F |
| | | | Funding for MH | Increased vinoculture impacts safe driving and alcoholism | ***Increase in homeless families - no fixed address prevents access to services, MH issues, LE issues | "Tsunami" of healthcare needs for aging baby boomers |
| | | | | Number of schools still increasing | | Physician practice - small business impact; no time for education |
| | | | | | | Reimbursements tied to quality outcomes |
| | | | | | | *Affordable day care - expanded pre-care needed |
| | | | | | | Affordable housing |
| Political | Immigration increasing | Encourage better partnership to solve problems | Conflicting beliefs in Board Of Supervisors | Public health system is politically focused and driven - increase education of politicians | What are federal vs. state vs. local responsibility for MH? | **** ACA - access to care, cost of care, quality of care |
| | Younger Loudoun residents cause more funding to go to schools | *LC culture right-type people to serve no wrong door advisory council (?) | Appropriate funding for primary care services | DHHS is re-writing national HC objectives to increase prevention | Reticence of immigrants to approach politicians for help | Share data among health systems |

| Forces of Change - September 2013 (forces alternate between green and white shading) | | | | | | |
|--|--|---|--|--|--|--|
| | Group A | Group B | Group C | Group D | Group E | Group F |
| | Closing of NOVA intellectually disabled training center in Fairfax impacts Loudoun | LC poor coordination of strong communities | | Review security strategies | *****Shrinking school budget affecting health services (tax rate low while population increases) | Full day kindergarten |
| | | Too many silos | | Increase acute care beds | Loss of funding due to sequestration | Support school funding |
| | | **Disconnect between federal-state-local policies | | **How stable is LCHD in next 5 years? | | *** Too much building too fast |
| | | Guidance developed at too high level | | | | In politics - remember that people are human |
| | | Politics gets in the way of health solutions | | | | |
| | | Unable to customize | | | | |
| | | *VDH structure and control | | | | |
| | | ***County agencies not aligned properly for efficiency (ex: aging under parks/recreation) | | | | |
| | | *Needs to be structurally organized | | | | |
| | | Public transportation issues | | | | |
| | | Need to provide ACA info for residents and employees | | | | |
| Social | Lack of volunteers | High obesity rates = PH issue | Very conservative community in rural areas | ***MH needs for the young and drug users | Lack of cultural competence in employees | ** Aging population |

| Forces of Change - September 2013 (forces alternate between green and white shading) | | | | | | |
|--|--|---|---|--|---|---|
| | Group A | Group B | Group C | Group D | Group E | Group F |
| | Mentally ill living with parents becoming problem as parents age, refusal of MH to consider 'dementia' under MH services | *Increasing aging population - the frail are doubling | Beliefs that decrease vaccine rates - affects herd immunity | Obesity and nutrition education | Residential density impacts safety | ** Transportation for elderly and disabled |
| | Metro train to Dulles - may increase homeless and pan-handling | Not enough medical providers seeing the elderly | Increasing Mid-east population - language issues | Nutrition for the needy | Impact of social media | Increase independent responsibility |
| | Support needed for the 'kids' caring for aging parents | Elders moving into communities with their kids | Encourage appropriate use of services | Increase in violent crime | Changes in managed care | Increase care in home programs |
| | Need more foster care | Need increased focus on prevention in health | Need for teen services | **Change in demographic as population ages | Patient education needs lacking - HCW cuts, re-admission stats increasing | * Focus on increased prevention (alter instant gratification) |
| | | Cultural beliefs affecting vaccination | | ***Increasing immigrants - no insurance and more disease | state MH training center closing | ***** Treating people like human beings - Faith impact |
| | | Increase in chemical suicides | | Language issues | Number of MH beds cut for NOVA - various MH patients forced to be grouped | * Healthcare literacy |

| Forces of Change - September 2013 (forces alternate between green and white shading) | | | | | | |
|--|---------|---|---------|-------------------------------|--|--|
| | Group A | Group B | Group C | Group D | Group E | Group F |
| | | Potential for new methods of terrorism | | Lack of sufficient safety net | Undocumented immigrants | Care for caregivers |
| | | Need more bike paths | | | Increase in medical resource decentralization | Increase mixed income housing communities |
| | | Should have ability to use food stamps at farmers markets | | | Group homes dependent on local funding | * Send message - Know Your Neighbors |
| | | Housing issues continue | | | Increase in young adult MH patients | Decrease bullying |
| | | Residents do not know neighbors | | | *Autistic children lack support services after school ends | Assess knowledge of animals and health impacts |
| | | Trend toward community based care | | | Disability funding insufficient | Unsafe driving - tie to public transportation |
| | | | | | CLT training (MH+LE+EMS) needed | Address substance abuse culture)including performance enhancements) |
| | | | | | Social interaction with LE and kids should increase | Multi-cultural and religion changes in population |

| Forces of Change - September 2013 (forces alternate between green and white shading) | | | | | | |
|--|---|---|--|---|---|---|
| | Group A | Group B | Group C | Group D | Group E | Group F |
| | | | | | Gangs - Appear to be increasing, more education needed to have gang graffiti removed asap, impacts increase in commercially exploited sexual uses among juveniles | |
| | | | | | Need more inpatient substance abuse treatment programs | |
| | | | | | *Need for cultural sensitivity education with increasing diversity trends | |
| Technology | Mental; Health not included in patient electronic record (may change with ACA) | *Social media influencing health attitudes | Social media leads to anti-PH messages and inaccurate medical info | Validate health apps for smart phones | Social Media - both positive and negative impacts, increase in online parties, increase in bullying 24/7 | Fractured medical record access |
| | Sharing of information between partners (hospital, fire, ems, nursing homes) needed | Self-diagnosis increasing with medical websites | | Confidentiality of health data - who follows your data? | | *** Increase sharing of electronic medical records (include pharmacies) |

| Forces of Change - September 2013 (forces alternate between green and white shading) | | | | | | |
|--|------------------------|--|---|---|--|---|
| | Group A | Group B | Group C | Group D | Group E | Group F |
| | | PPE assessment for new threats (ex: chemical exposures)) | | Increase teleworking (and decrease office space) | | * explosive technology for good uses and efficiency |
| | | Metro access options | | Improve use of IM and other easy access | | Trend - better access to portal |
| | | Technology corridor | | Educate re safe use of social media | | Increase hot lines for assistance |
| | | Increase use of technology for PH messages | | Metro expansion | | Increase video training tools for patient education |
| | | LC- needs to improve sharing of technology | | Little access to health data | | Metro |
| | | | | dependence on power grids and providers (Verizon) | | Negative mob influence of social media |
| | | | | | | Influence of technology on kids and families |
| Legal | Immigration increasing | ACA issues | Undocumented workers up - more unemployment and no benefits | Local INS laws | **Negative impact of unfunded mandates on human services in schools and other government agencies (CPR/AED/Epi pens; First aid; medication administration) requires more staff | HIPAA |

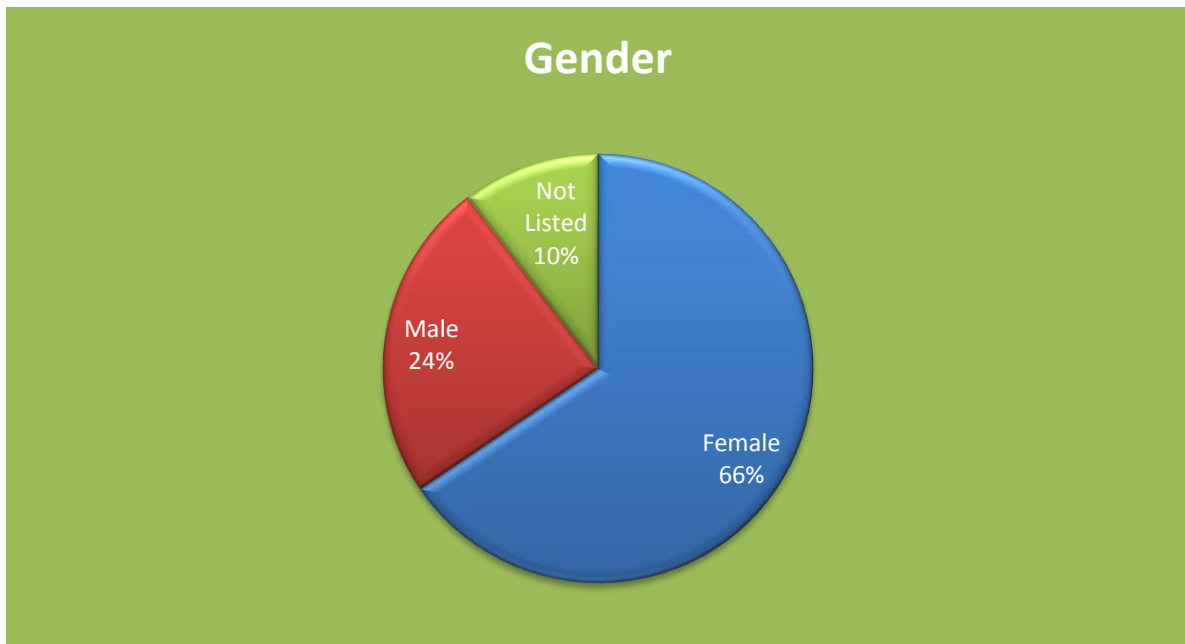
| Forces of Change - September 2013 (forces alternate between green and white shading) | | | | | | |
|--|--|---|--|---|---|---|
| | Group A | Group B | Group C | Group D | Group E | Group F |
| | Increase in scamming of elderly, legal recourse inadequate | | Police perception of undocumented workers is a hindrance | **HIPAA/ FERPA - sharing of Medical info | | FERPA |
| | Increased need for legal guardians | | Need more services for women in crisis | Add HITECH to HIPAA for business to business needs | | MH secure records |
| | Legal restrictions handicap MH | | | FOIA | | |
| | Licensing of home health agencies and employees needed | | | Increase acute care beds | | |
| | Lack of standards for group homes | | | | | |
| Science | | Goals are set that do not match community healthcare issues | companies doing research | *****Vaccines - need to educate re issues of autism and mercury | Research on allergies in schools (ex: peanut vaccine development) | ** MDROs - C. difficile, patients who badger physicians for antibiotics, partial compliance of antibiotic use |
| | | Vaccine safety messages | | Improve use of epi data to assist with social media validation | | Increase in deaths and injuries from prescription drugs |

| Forces of Change - September 2013 (forces alternate between green and white shading) | | | | | | |
|--|--|---|--|---|---|---|
| | Group A | Group B | Group C | Group D | Group E | Group F |
| | | Improve accurate data for decisions | | Improve reporting of data between federal-state and local | | * Increased incorporation of alternate practitioners (ex: chiropractic) |
| | | | | Improve communication with physicians to identify special needs residents in LC | | |
| Other | Increase in TB associated with increased immigration | Only 1 full service hospital - limits beds per resident ratio | Poor access to TB services | *** Access to healthcare - perceived need, insurance, culture | Population growth - more children means more schools needed | * Confusion - Chaos with ACA changes - increase education on how to get insured |
| | Transportation for MH and nursing home patients needed | EMS impacted by nursing home transportation | HD staff - not co-located to maximize services | Need for translators | Increased need for MH and acute care medical providers | * Paradigm shift - medical care for episodic vs. continuum of care |
| | Hospital discharge planning - incomplete for MH patients, lack of social service nurse in hospital, quick discharges, lack of MH screening | *Increasing complacency among HCWs | | Need better data on incidence of autism | | Nurse navigators needed to assist with services |

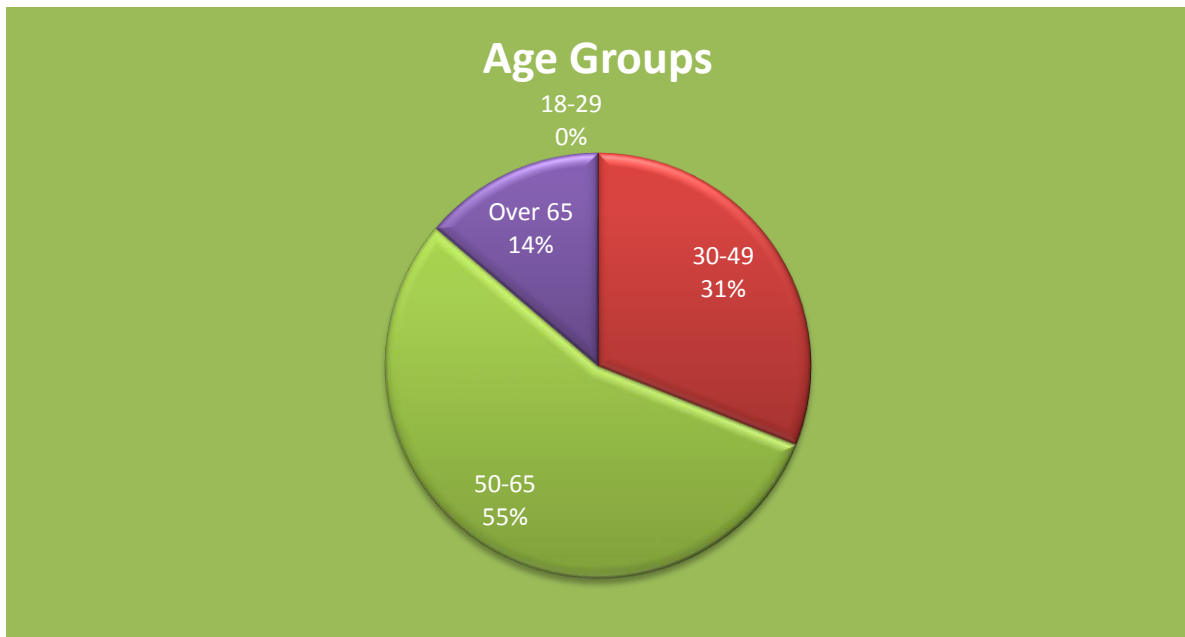
| Forces of Change - September 2013 (forces alternate between green and white shading) | | | | | | |
|--|--------------------------------------|---|---------|-----------------------------|---------|------------------------------------|
| | Group A | Group B | Group C | Group D | Group E | Group F |
| | Availability of home health agencies | Align LC needs based on resident needs when dealing with the larger community | | Start full day kindergarten | | Better case management for elderly |
| | | Increase message of personal accountability | | | | |
| | | *Develop overarching messages to improve health in LC | | | | |

Attachment IV: Results of Participant Survey

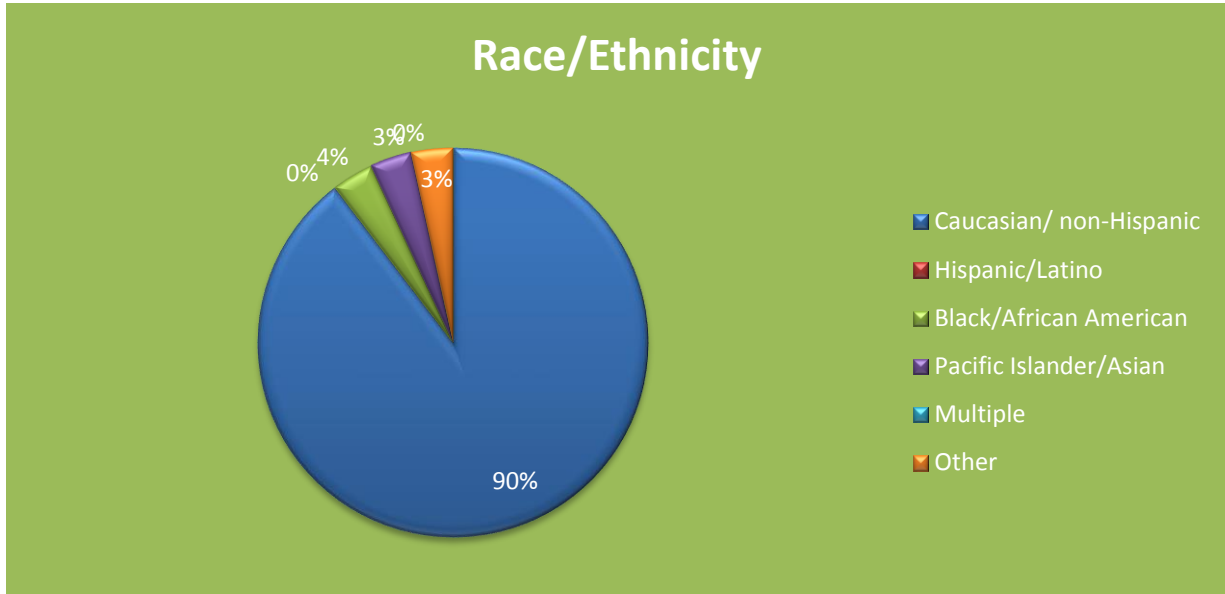
A. Gender:



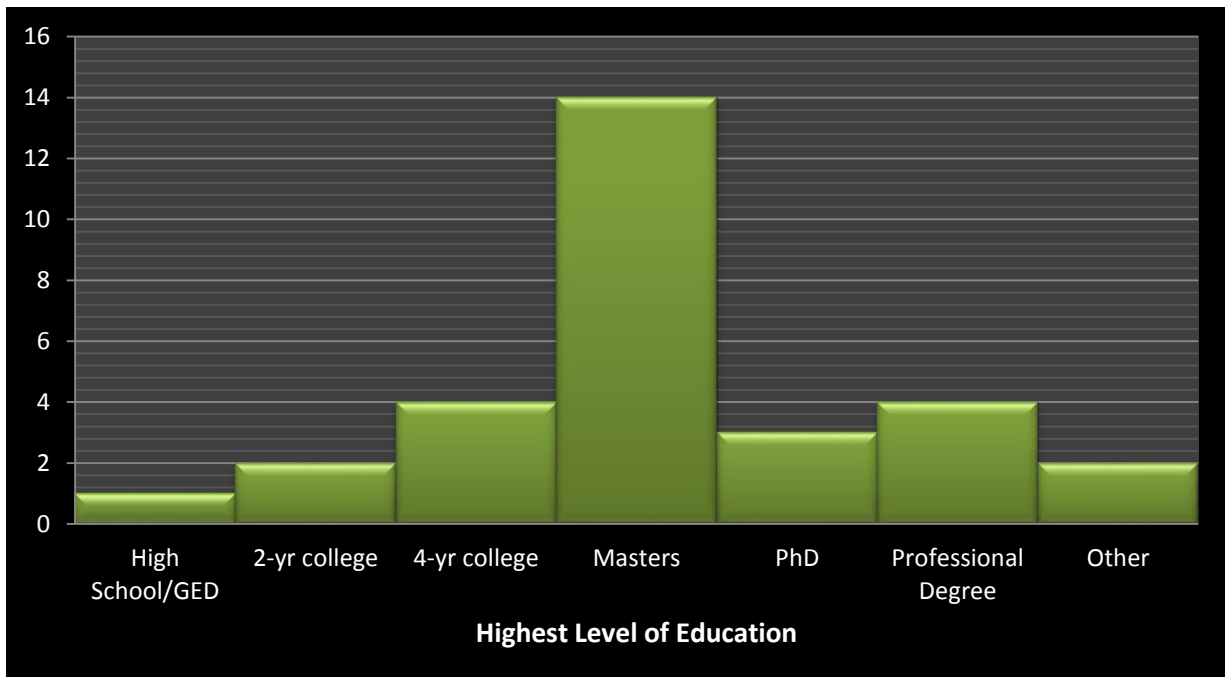
B. Age Groups:



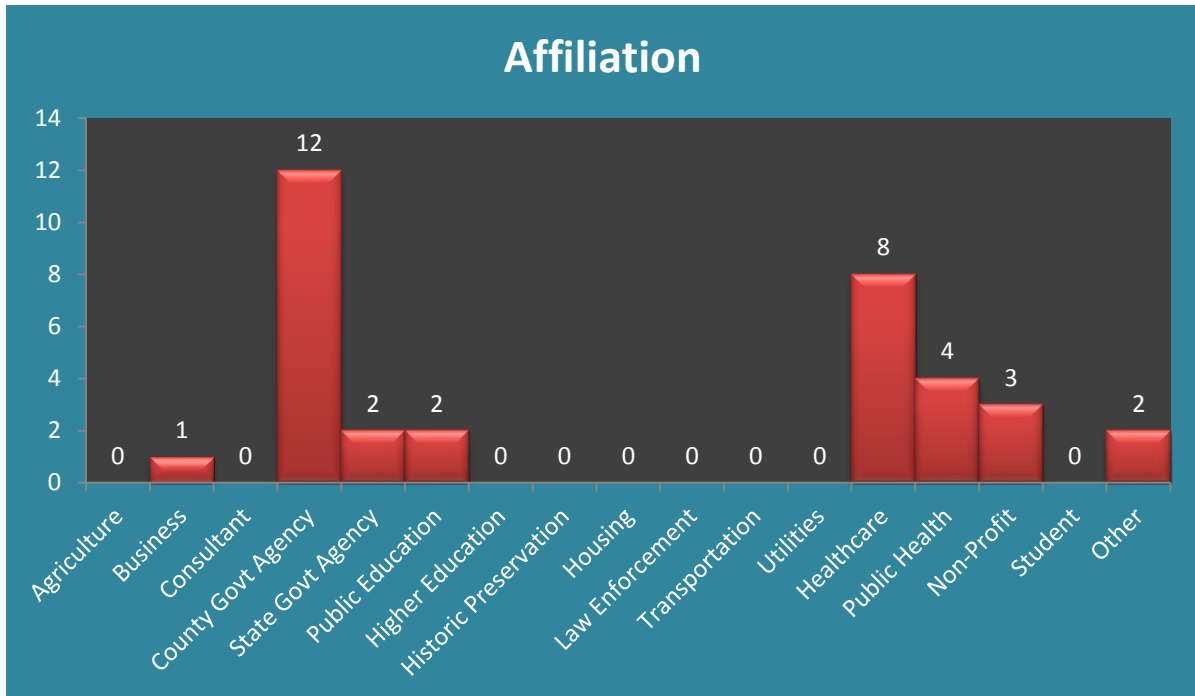
C. Race/Ethnicity:



D. Highest Level of Education:



E: Affiliation:



F: Participating Agencies:



Attachment V: Acronyms

| | |
|--------------|--|
| ACA: | Affordable Care Act |
| AED: | Automated External Defibrillator |
| CPR: | Cardiopulmonary Resuscitation |
| DHHS: | U.S. Department of Health and Human Services |
| Econ: | Economic |
| EMS: | Emergency Medical Services |
| Environment: | Environment |
| Epi: | Epinephrine |
| ER: | Emergency Room |
| FERPA: | Family Educational Rights and Privacy Act |
| FOIA: | Freedom of Information Act |
| HC: | Health Care |
| HCW: | Health Care Worker |
| HIPAA: | Health Insurance Portability and Accountability Act |
| HITECH: | Health Information Technology for Economic and Clinical Health Act |
| INS: | Immigration and Naturalization Service |
| LC: | Loudoun County |
| LCHD: | Loudoun County Health Department |
| LE: | Law Enforcement |
| MDRO: | Multi-Drug Resistant Organism |
| MH: | Mental Health |
| NOVA: | Northern Virginia |
| PH: | Public Health |
| PHS: | Public Health System |
| PPE: | Personal Protective Equipment |
| TB: | Tuberculosis |
| Tech: | Technology |
| VDH: | Virginia Department of Health |