

**Addendum to
2020 Community Health Needs Assessment and
Implementation Strategy**
Prepared for the Virginia Hospital Center

January 2022

**VIRGINIA HOSPITAL CENTER
COMMUNITY HEALTH NEEDS ASSESSMENT PLANNING COMMITTEE MEMBERS**

The Virginia Hospital Center CHNA Planning Committee consisted of the following individuals:

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Purpose and Scope of Addendum

In December 2020, Virginia Hospital Center finalized its 2020 Community Health Needs Assessment (“CHNA”) and completed its CHNA Report to document its findings.

The CHNA Report was approved by the Board of Directors of Virginia Hospital Center and posted to Virginia Hospital Center’s website at <https://www.virginiahospitalcenter.com/app/files/public/1753/Community-Health-Needs-Assessment--2020.pdf>.

The Implementation Strategy was approved by the Board of Directors of Virginia Hospital Center and posted to Virginia Hospital Center’s website at <https://www.virginiahospitalcenter.com/app/files/public/1754/Virginia-Hospital-Center-Implementation-Strategy--2020.pdf>.

This Addendum is intended to supplement the CHNA Report and Implementation Strategy.

Definition of Community Served

The community identified in the CHNA Report is defined as the Virginia Hospital Center service area of 28 zip codes.¹ This service area was determined as follows—the 28 zip codes represent total inpatient admissions from Virginia Hospital Center’s primary and secondary service area (including some contiguous zip codes). This service area represents approximately 85 to 87 percent of total inpatient admissions.

¹ Community Health Needs Assessment Report, Page 1.

Process and Methods Used to Conduct CHNA

To prepare the CHNA Report, Virginia Hospital Center contracted for assistance with Community Health Solutions. Community Health Solutions has experience with design and production of community health needs assessments for more than 40 hospitals and other regional organizations. Each project includes analysis of community indicators, analysis of community insights, and identification of vulnerable community populations.

To prepare this Addendum, Virginia Hospital Center contracted for assistance from Crowe LLP (“Crowe”). Crowe is one of the largest public accounting, consulting, and technology firms in the United States. Crowe has significant healthcare experience including providing services to hundreds of large healthcare organizations across the country. For more information about Crowe’s healthcare expertise visit www.crowe.com/industries/healthcare.

Input Received from Persons Who Represent Broad Interests of Community

Vulnerable or at-risk populations were described in the CHNA Report as the minority population; low-income population; people with behavioral health concerns; elderly population and the child population.

To better understand vulnerable or at-risk populations, Virginia Hospital Center utilized *Destination 2027 – Arlington’s Plan for Achieving Health Equity by 2027*.² According to the Destination 2027 report, “Populations likely to experience poorer health outcomes or disparities include women, people of color, low-income residents, the LGBTQ community, and those living with disabilities, in addition to populations living in certain geographic areas.” In addition, the chart on the following page from the Destination 2027 report sets forth a summary of Arlington Disparities in Health and Community Conditions.³ The Destination 2027 report provided invaluable information to Virginia Hospital Center in the preparation of its CHNA Report because of the broad interests represented by the Destination 2027 Steering Committee. Specifically, the Destination 2027 Steering Committee is a diverse body of community leaders representing more than 40 organizations, convened by the Public Health Director to address health inequities in Arlington.

Virginia Hospital Center did not receive any written comments on its 2017 CHNA Report or Implementation Strategy.

Written comments on the 2020 CHNA Report, Implementation Strategy, or this Addendum may be submitted to Virginia Hospital Center as follows:



Virginia Hospital Center Executive Office
Attn: Adrian Stanton
1701 N. George Mason Dr.
Arlington, VA 22205
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² Report of the Destination 2027 Steering Committee (April 2019)—full report attached.

³ Report of the Destination 2027 Steering Committee (April 2019)—Figure 5, Page 6.

Arlington Disparities in Health and Community Conditions

Figure 5. Select Arlington Health and Community Conditions Topics with Disparities.

Topic	 Arlington's Overall Result Is...	 But within Arlington, Disparities Include...
Life Expectancy ⁱⁱⁱ <i>(See Figure 1. on page 2)</i>	Arlington ranks in the top 3 healthiest counties in Virginia	A 10-year difference in life expectancy based on the neighborhood in which you live
Asthma Illness ^v Hospitalization rates related to asthma	Arlington's rate is almost half the hospitalization rate for Northern Virginia	An 8-fold higher rate among our Black/African American residents compared to White residents
Mental Health Among Adults ⁱⁱ Percent of adults reporting 8 or more poor mental health days a month	Arlington ranked in best 4 of Virginia's 133 counties (in top 10% of other U.S. counties)	A 2-fold higher rate among those with annual income of less than \$50,000 compared to those with \$50,000 or more
Premature Deaths ⁱⁱ	Arlington has the lowest rate of premature deaths among Virginia's 133 counties (in top 10% of other U.S. counties)	A 2-fold higher rate among Black/African American residents compared to White residents
Teen Births ⁱⁱ	Arlington ranks in best 20 out of 133 counties in Virginia (in top 10% of other U.S. counties)	A rate 11 times higher among Hispanic teens compared to White teens
Children Living in Poverty ^{iv} <i>(See Figure 3. on page 4)</i>	Arlington County is 3 rd best among Virginia's 133 counties (in top 10% of other U.S. counties)	A rate up to 5 times higher among certain neighborhoods in Arlington
Health Insurance Coverage ⁱⁱ Percent of residents without health insurance coverage	Arlington is 2 nd best among Virginia's counties (in top 10% of other U.S. counties)	A rate almost 11 times higher among Hispanic residents compared non-Hispanic White residents



Prioritized Description of Significant Health Needs

The goal in conducting the CHNA is to identify significant health needs within the community served by Virginia Hospital Center, prioritize those health needs, and identify potential resources (such as programs, organizations, and facilities in the community) available to address the health needs.

Virginia Hospital Center identified the following prioritized description of the significant health needs of the community through the CHNA process:

<ol style="list-style-type: none">1. Depression2. Mental Health (other than depression)3. High Blood Pressure4. Adult Obesity5. Substance Abuse6. Aging Concern7. Domestic Violence	<p>Condensed to these broad categories:</p> <ol style="list-style-type: none">1. Mental Illness – Behavioral Health2. Childhood & Adult Obesity3. Medical/Surgical Services4. Aging Services
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The health needs were identified by the Planning Committee of the Board of Directors based on its review and discussion of the primary and secondary data, including population characteristics and input from survey information, as well as the collective health care knowledge of the committee members themselves.

In order to prioritize the significant health needs, the Planning Committee considered such factors as the impact of the health need on community health improvement, the scope of the community affected by the health need, the threat to long term quality of life, the lack of resources in the community to address the health need, the consequences of inaction related to the health need, and the hospital's ability to have a measurable impact on the health need. Once the significant health needs were identified and prioritized by the Planning Committee, final approval of the list was granted by the Board of Directors of Virginia Hospital Center-Arlington Health System.

Mental Illness – Behavioral Health

This includes inpatient psychiatric care, substance abuse services, emergency department mental health services, and acute inpatient and outpatient recovery and wellness.

Childhood & Adult Obesity

This includes weight management, fitness and nutrition classes, bariatric surgery, and community education.

Medical/Surgical Services

This includes heart disease and stroke care, cancer care, diabetic care, primary care, and outpatient physical therapy. Capacity constraints in all of these areas were noted by survey participants.

Aging Services

This includes Alzheimer care and comprehensive senior services including exercise, nutrition, disease management, fall prevention, safety and memory care.

Resources Potentially Available to Address Significant Health Needs

Virginia Hospital Center Prioritized Health Needs Community Health Needs Assessment - 2020	
Identified Health Need	Community Resources
<p>Behavioral Health Conditions Depression Substance Abuse</p>	<p>Hospital:</p> <ul style="list-style-type: none"> • VHC Behavioral Health Unit • VHC Recovery & Wellness Unit • Emergency Mental Health Services • VHC Intensive Outpatient Program (IOP) <p>Health Department/Clinics:</p> <ul style="list-style-type: none"> • Arlington County Mental Health Alliance • Arlington Community Services Board • Senior Adult Mental Health Program • Crisis Intervention Team • Diversion First Program <p>Other:</p> <ul style="list-style-type: none"> • Psychiatrists • Clarendon House • Assertive Community Treatment • Crisis Intervention Team
<p>Heart Disease High Blood Pressure</p>	<p>Hospital:</p> <ul style="list-style-type: none"> • Cardiac & Pulmonary Rehab • Stroke Program • Structural Heart Program • VHC Outpatient Clinic • VHC Physician Group – Cardiologists and Cardiovascular surgeons • Neurological Rehab • VHC Health & Wellness Programs – Healthy Aging, Corporate Health & Wellness, Healthy Living Classes & Programs, Fitness Classes, One-On-One Health Assessments, etc. <p>Health Department/Clinics:</p> <ul style="list-style-type: none"> • Arlington Free Clinic • Healthworks for Northern Virginia • Neighborhood Health • Arlington/Alexandria/Fairfax County Health Departments • The Casey Health Center <p>Other:</p> <ul style="list-style-type: none"> • Cardiologists • American Heart Association
<p>Obesity Adult Obesity Childhood Obesity</p>	<p>Hospital:</p> <ul style="list-style-type: none"> • VHC Weight Management Program • VHC Bariatric Surgery Services • VHC Nutrition Counseling Services • VHC Health Promotions & Healthy Living Classes and Services – fitness classes, healthy living classes, support groups, etc.

**Virginia Hospital Center Prioritized Health Needs
Community Health Needs Assessment - 2020**

Identified Health Need	Community Resources
	<ul style="list-style-type: none"> • VHC Physician Group bariatric surgeons • VHC Outpatient Clinic <p>Health Department/Clinics:</p> <ul style="list-style-type: none"> • Arlington School Health Advisory Board • Healthy Communities Action Team (HCAT) <p>Other:</p> <ul style="list-style-type: none"> • American Heart Association • American Diabetes Association • Virginia Foundation for Healthy Youth Grant • Northern Virginia Healthy Kids Coalition • National Alliance for Nutrition and Activity
<p align="center">Aging Concerns</p>	<p>Hospital:</p> <ul style="list-style-type: none"> • Virginia Hospital Center • VHC Physician Group Primary Care and Geriatric physicians and specialists • VHC Senior Health Program • VHC Lifeline Medical Alert Program • VHC Healthy Aging Lectures • VHC Healthy Aging Support Groups – Alzheimer’s & Dementia, Parkinson’s, etc. • VHC Walking Fit Program and Senior Exercise Classes <p>Health Department/Clinics:</p> <ul style="list-style-type: none"> • Arlington Agency on Aging • Arlington Mill Senior Center • Walter Reed Adult Day Health Center/Care • Arlington 55+ Program <p>Other:</p> <ul style="list-style-type: none"> • Primary Care Physicians & Gerontologists • Area Agency on Aging • Virginia Department for Aging & Rehabilitation • Council on Aging
<p align="center">Diabetes</p>	<p>Hospital:</p> <ul style="list-style-type: none"> • Virginia Hospital Center • VHC Diabetes Education & Prevention Program • VHC Diabetes Screening Program (includes on-line pre-diabetes screening & assessment) • VHC Physician Group Primary Care Physicians • VHC Nutrition Counseling • VHC Healthy Aging & Living Classes & Programs • VHC Outpatient Clinic <p>Health Department/Clinics:</p> <ul style="list-style-type: none"> • Arlington County Diabetes Discussion Group • Arlington Free Clinic

**Virginia Hospital Center Prioritized Health Needs
Community Health Needs Assessment - 2020**

Identified Health Need	Community Resources
	<p>Other:</p> <ul style="list-style-type: none"> • American Diabetes Association • National Diabetes Coalition • Primary Care Physicians • YMCA Diabetes Prevention Program
<p align="center">Domestic Violence</p>	<p>Hospital:</p> <ul style="list-style-type: none"> • Virginia Hospital Center • VHC Emergency Department Crisis Intervention Team • SANE Program (partnership with Inova Health System) <p>Health Department/Clinics:</p> <ul style="list-style-type: none"> • Project PEACE – Intimate Partner & Sexual Violence Services • Arlington County ASK Program (Domestic & Sexual Violence Hotline) <p>Other:</p> <ul style="list-style-type: none"> • Doorways for Women & Families • Alexandria, Fairfax & Falls Church Domestic Violence Services • Virginia Sexual & Domestic Violence Action Alliance
<p align="center">Cancer</p>	<p>Hospital:</p> <ul style="list-style-type: none"> • Virginia Hospital Center • Mayo Clinic Care Network • VHC Cancer Screening Programs (Breast, Lung, Cervical, colorectal, prostate and skin) • VHC Dewberry Cancer Resource Center • VHC Barbara Marcus Kolton Cancer Resource Library • VHC Reisch Pierce Breast Health Center • VHC Hitt Family Center for Radiation Oncology • VHC Cancer Navigators • VHC Physician Group Primary Care Physicians • VHC Cancer Support Groups <p>Health Department/Clinics:</p> <ul style="list-style-type: none"> • ThyCa Northern Virginia Support Group • Arlington Free Clinic <p>Other:</p> <ul style="list-style-type: none"> • Oncologists, Radiation Oncologists and Radiologists • American Cancer Society • American Lung Association • Life with Cancer Program

Impact of Actions Taken Since Preceding CHNA

Mental Illness – Behavioral Health

- Worked with Arlington County CSB and Arlington Mental Health Alliance to develop a plan for expanding the Hospital's psychiatric inpatient capacity. Methodology and plan became part of the Hospital's approved Site Plan and Site Plan Conditions.
- In conjunction with the Hospital's campus expansion plan and the construction of the Outpatient Pavilion, developed a plan for expanding inpatient substance abuse services and the development of a psychiatric Intensive Outpatient Program (IOP).
- In collaboration with Arlington County Department of Health Services (DHS), Community Services Board (CSB) and the Mental Health Alliance, developed and provided funding for the creation of the Diversion First program which assists children and adolescents in psychiatric crisis by providing resources that effectively divert Arlington Youth with behavioral health crises from hospitalization.
- Developed expanded acute inpatient and outpatient recovery and wellness services (substance abuse), with a focus on assisting military personnel.

Childhood & Adult Obesity

- Expanded the Hospital's regular, ongoing community education and exercise programs for weight management. This effort includes a successful transition to virtual sessions during 2020 and the COVID pandemic.
- Provided a full-service weight management & bariatric surgery program.
- Successful accreditation as a nationally-recognized Center for Excellence for weight management.
- Developed and implemented a childhood obesity program through the VHC Pediatric Center.

Heart Disease, Cancer & Diabetes – Medical/Surgical Services

- Expanded medical/surgical bed resources to meet growing inpatient capacity needs.
- Expansion of VHC primary care network – centers in Arlington, Alexandria, Falls Church, McLean, Shirlington and National Landing.
- Successful expansion of the Hospital's diabetes screening, counseling & education services.
- Developed and successfully executed a Hands-to-Heart initiative, in partnership with Arlington EMS, to train over 10,000 County residents in hands only CPR.
- Expansion of outpatient physical therapy services into the communities we serve.
- Successful development and approval of the Hospital's Outpatient Pavilion expansion project – completion scheduled for late 2022.
- Achieved re-accreditation by the Commission on Cancer as an approved Academic Comprehensive Cancer Program.
- Received the American Heart Association's Gold Plus Get With The Guidelines for Stroke Award, and the Association's Target: Type 2 Honor Roll™ Award.
- Successful re-designation as a Magnet hospital, which recognizes nursing excellence and quality care.
- Successful re-certification, by Joint Commission, of our Center of Excellence status as a Primary Stroke Center.
- The American College of Radiology (ACR) and the Committee for Radiation Oncology Practice has granted VHC's Radiation Oncology Program with a full three-year accreditation.
- Successful re-accreditation by the NAPBC as a Center of Excellence for Breast Centers.
- The VHC Physician Group received accreditation as a NCQA Patient-Centered Medical Home.
- Recognized by BlueShield/CareFirst, Aetna, Cigna and United Healthcare as a Center of Excellence for Women's Health, Bariatric/Weight Management and Cardiac Care.

Addendum to Implementation Strategy

Virginia Hospital Center identified the four significant health needs set forth below through the Community Health Needs Assessment.

Significant Health Need #1	Mental Illness – Behavioral Health
<i>Actions intended to be taken to address the health need</i>	<ul style="list-style-type: none"> • Expand psychiatric inpatient capacity • Expand substance abuse services • Expand Emergency Department mental health capacity • Acute inpatient & outpatient recovery & wellness program – with focus on assisting military person
<i>Anticipated impact of actions to be taken</i>	<ul style="list-style-type: none"> • Less transfers out due to no inpatient capacity • Ability to offer more private room options for patients in need of that environment • Better space accommodations in ED for evaluation and assessment • Increased outpatient capacity which is straining inpatient care
<i>Resources to be committed to address the health need</i>	<ul style="list-style-type: none"> • Capital and operational funding to support expansion of inpatient, outpatient and Emergency Department space • Additional staffing to operationalize expanded inpatient and outpatient capacity • Funding to support County’s Diversion First program
<i>Planned collaboration</i>	<ul style="list-style-type: none"> • Collaboration with Arlington County to develop and implement “Diversion First: A Pilot to Divert Arlington Youth with Behavioral Health Crises from Hospitalization”

Significant Health Need #2	Childhood & Adult Obesity
<i>Actions intended to be taken to address the health need</i>	<ul style="list-style-type: none"> • Regular, ongoing community education and exercise programs for weight management • Full-service weight management & bariatric surgery program • Nationally Recognized Center for Excellence for weight management • APC obesity program
<i>Anticipated impact of actions to be taken</i>	<ul style="list-style-type: none"> • Community residents self-reporting healthier behaviors – being physically active, eating healthier, reducing stress, getting more sleep and adopting a progressive approach to good health (like regular medical check-ups and checking blood pressure) •
<i>Resources to be committed to address the health need</i>	<ul style="list-style-type: none"> • Expanding exercise class offerings for community, corporate and senior populations • Continuation of telehealth offerings • Expanding partnerships and offerings for corporations
<i>Planned collaboration</i>	<ul style="list-style-type: none"> • Expanded partnerships with Kaiser Permanente, Cigna and CareFirst • Continued collaboration with Arlington County Public Schools and Arlington County Government • Continued collaboration with Fairfax County Public Schools and Government • Partnership with local growers for Farmer’s Market for community and staff

Significant Health Need #3	Medical/Surgical Services
<i>Actions intended to be taken to address the health need</i>	<ul style="list-style-type: none"> • Expand inpatient med/surg bed capacity • State-of-the-art Heart & Stroke Centers; Nationally Recognized Centers of Excellence • Cancer Center – CoC Accredited & recipient of the Outstanding Achievement Award • Radiation Oncology – linear accelerator & stereotactic radiosurgery expansion • Diabetes screening, counseling & education • Expansion of outpatient physical therapy services • Expansion of primary care network – Centers in Arlington, Alexandria, Falls Church, McLean & Shirlington • Outpatient Pavilion project – completion in 2022
<i>Anticipated impact of actions to be taken</i>	<ul style="list-style-type: none"> • Reduction in Emergency Department “left without being seen” • Reduction in the boarding of patients in the ED and PACU • Expansion of new patient encounters (inpatient & outpatient) • Reduction in hospital’s CMI (severity of patient admissions)
<i>Resources to be committed to address the health need</i>	<ul style="list-style-type: none"> • Capital and operational funding to support expansion of inpatient beds • Increased staffing and ancillary support to operationalize additional capacity • Funding to lease space for expanded outpatient clinics and primary care sites
<i>Planned collaboration</i>	<ul style="list-style-type: none"> • Not applicable for this health need.

Significant Health Need #4	Aging Services
<i>Actions intended to be taken to address the health need</i>	<ul style="list-style-type: none"> • Ongoing “Healthy Aging” series and Alzheimer Support Group • Lifeline Response System to community and low-income seniors • Comprehensive senior services: exercise, nutrition, disease management, falls prevention, safety and memory screening
<i>Anticipated impact of actions to be taken</i>	<ul style="list-style-type: none"> • Increased participation in healthy aging series and Alzheimer Support Group • Increased participation in Lifeline Response Systems • Reduction in readmission rate • Reduction in preventable admissions from Senior Living Facilities • Increased participation in Senior services programs and classes (includes telehealth options)
<i>Resources to be committed to address the health need</i>	<ul style="list-style-type: none"> • Space for classes and exercise activities • Funding to support expansion of telehealth offerings • Increase staffing to support program/class expansion • Financial support and expertise for expansion of Senior Health Resources
<i>Planned collaboration</i>	<ul style="list-style-type: none"> • Collaboration with Senior Living facilities: focus on improving care and decreasing preventable admissions • Continued partnership with Arlington and Fairfax offices on aging • Continued partnership with local communities and churches • Continued community support of Lifeline Fund

**ATTACHMENT A
REPORT OF THE DESTINATION 2027 STEERING COMMITTEE
(April 2019)**

Life Expectancy:

Who you are and where you live can make a decade of difference



April 2019

**DESTINATION
2027**

**Arlington's Plan for Achieving
Health Equity by 2027**

A Report of the Destination 2027 Steering Committee

A Letter from the Destination 2027 Co-Chairs

*There is a 10-year difference in life expectancy depending on who you are and where you live in Arlington. A decade of difference means that some of us miss a decade of family picnics, high school graduations, or soccer games. **Not everyone is thriving.** This is not the Arlington we are often portrayed to be, or strive to be.*

This is the stark realization arrived at by the Destination 2027 Steering Committee, a diverse body of community leaders representing more than 40 organizations, convened by our Public Health Director, Dr. Reuben Varghese, to address health inequities in Arlington.

Arlington rightfully celebrates being highly ranked in many areas, like employment, education, and health. We have much to be proud of. Unfortunately, there is less to be proud of when we look beyond aggregate data and drill into results in different ethnic, racial, and other often marginalized groups. Most of us are unaware that health disparities exist among Arlingtonians in these groups.

Disparities exist. This matters. This is not OK. These words became the mantra of the Steering Committee as it worked together for a year to develop a plan to raise awareness and, ultimately, reduce disparities and achieve health equity. This report is the result of our work.

Our report highlights disparities and the community conditions that are responsible for them. Our community conditions result from our collective decisions about policies, practices, programs, and budgets made over time. In fact, these decisions resulting in disparities reflect our collective reluctance to acknowledge the role of racial and economic biases.

We may not have created the existing conditions, and yet we all own solving this. Our report includes a call to action by our entire community to focus on these issues so that all Arlington populations have the community conditions needed for optimal health and well-being.

Our work together over this past year provides a solid foundation for the efforts that the Arlington County Board is undertaking to address not only health equity, but equity more broadly. The community conditions that affect disparities in health are also at play in disparities that exist in Arlington in other areas, such as employment and education. Reducing these disparities and achieving equity is a community-wide endeavor requiring difficult and candid conversations – and focused time and commitment.

Our Steering Committee members engaged in these difficult conversations and we acknowledge their hard work, expertise, and commitment to achieving health equity. We also thank the extraordinary work of the Public Health Division staff in supporting this work.

While our work as the Steering Committee has concluded, the work of Destination 2027 continues. We invite you to join us to achieve health equity to end the decade of difference in life expectancy. And we invite you to join the broader work to achieve equity in Arlington so that every Arlington resident – regardless of who they are and where they live – can thrive.



Abby Raphael



Tricia Rodgers

Destination 2027 Co-Chairs

From the Health Director

In 2007, the Arlington County Public Health Division (ACPHD) convened a steering committee of community leaders to assess Arlington’s health status and recommend ways to improve it. We concluded that Arlington was healthy compared with other Virginia localities. The 2007 steering committee recommended that Arlington could further improve its health and well-being by focusing on promoting healthy behaviors and reducing health risk factors. Issue areas included childhood obesity, sexually transmitted infection, influenza vaccination, tobacco use, and substance abuse among teens.ⁱ (See *Strategies for Building a Healthier Arlington*ⁱ for recommendations.)

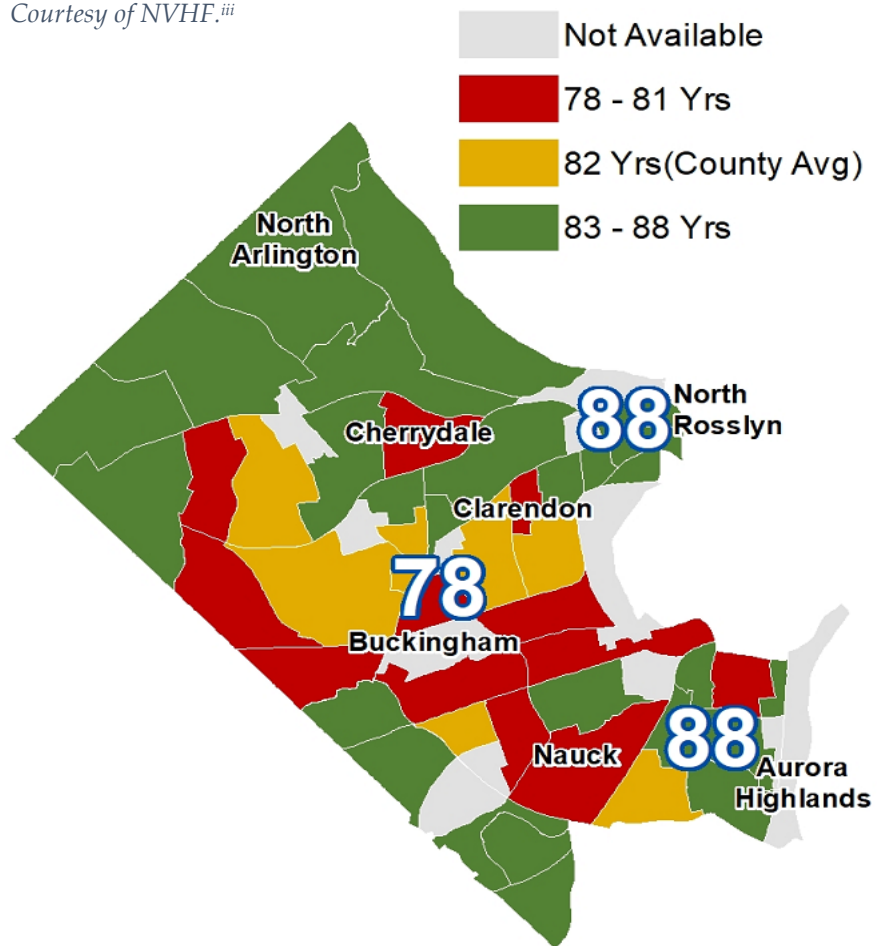
Our 2007 assessment that we were a healthy community was confirmed independently by the Robert Wood Johnson Foundation (RWJF) County Health Rankings, which ranks health status by localities within states. Since their launch in 2011, these rankings have placed Arlington in the top three localities in Virginia for overall health outcomes, including life expectancy.ⁱⁱ

Our understanding of the health of our community changed in 2017 when the Northern Virginia Health Foundation report,ⁱⁱⁱ using disaggregated data, showed there were islands of significant disparity in Northern Virginia, including in Arlington. In fact, while Arlington overall still enjoyed good health, there was up to a decade of difference in life expectancy depending on who you are and where you live.

That means people living in some neighborhoods may die 10 years earlier than those in other Arlington neighborhoods. This sobering fact illustrates an extremely important point – aggregate data hide disparities.

Populations likely to experience poorer health outcomes or disparities include women, people of color, low-income residents, the LGBTQ community, and those living with disabilities, in addition to populations living in certain geographic areas.

Figure 1. Life Expectancy at Birth, by Census Tract, 2007-2013.
Courtesy of NVHF.ⁱⁱⁱ



From the Health Director

The consensus among public health experts across the world is that the disparities we see in life expectancy and other health outcomes are due in large part to factors outside of the control of us as individuals. In the scientific literature, these factors are often referred to as the social determinants of health. They are the community conditions (see Figure 2 below) in which we live, work, learn, and play, and are influenced by decisions we as a society make. Leaders in the government, for-profit, and nonprofit sectors adopt policies and practices that determine who benefits – and who is burdened – in our community. Whether intentional or unintentional, our decisions may favor some populations over others and create disparities in community conditions such as the economy, environment, housing, healthcare, neighborhoods, education, and social connectedness.

Public health experts throughout the world agree that adopting an equity perspective in decision making can reverse health disparities and prevent new ones. When we shift to an equity perspective, we focus on improving community conditions to reduce disparities. This benefits the entire community.

Figure 2. Community Conditions.



In 2018, I again convened a steering committee of our local leaders. Instead of focusing on health behaviors and risk factors, I charged the steering committee to focus on disparities in health and to create a plan to achieve health equity by 2027 through systems change. Health equity exists when everyone has access to the conditions needed for optimal health and well-being.

Now is the time for Arlington to reduce the 10-year disparity in life expectancy. This is the decade of difference.

I invite you to join us in this important work.

Reuben K. Varghese, M.D., M.P.H.
Health Director and Chief, Public Health Division
Arlington County Department of Human Services

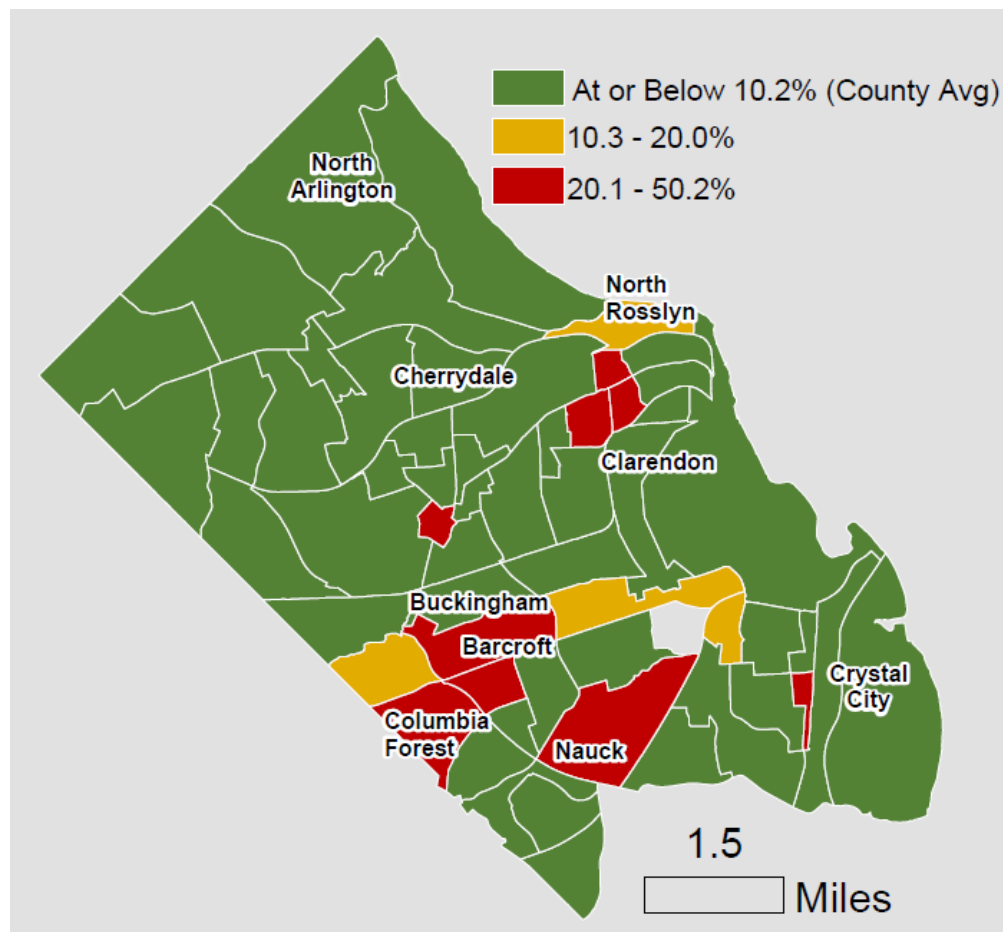
Call to Action

As a caring community, we are committed to diversity, inclusion, and opportunity for all. But this is not the experience of all our residents. Our experience depends on who we are and where we live.

Significant disparities in health exist within the 26-square miles of Arlington. For example:

- Life expectancy varies by up to 10 years among neighborhoods.ⁱⁱⁱ
- The percent of children living in poverty is up to 5 times higher in certain neighborhoods.^{iv}
- Residents making less than \$50,000 a year report poorer mental health.ⁱⁱ
- The teen birth rate for Hispanic residents is 11 times higher than it is for White residents.ⁱⁱ
- Black residents are 8 times more likely to be hospitalized for asthma-related conditions than White residents.^v

Figure 3. Percent of Children Living Below Poverty Level, 2012-2016.^{iv}



Building a Foundation and Putting Equity in Action for Arlington

After reviewing extensive data, the Destination 2027 Steering Committee concluded that in Arlington – disparities exist, this matters, and this is not okay.

Figure 4. D2027 Steering Committee Agreements Based on Assessments.





To achieve health equity by 2027, the Steering Committee calls for the following:

1. **Adopt a County Government Health Equity Policy in 2019.** The policy is consistent with the County vision to be a “diverse and inclusive” community.
2. **Establish an oversight entity to provide governance over Health Equity implementation efforts.** The entity will build sustainability, accountability, and credibility as Arlington works to achieve health equity. This entity could be a County Board-appointed commission, a public-private collaborative, a County Manager-created body, or a nonprofit 501(c)(3) organization. The oversight entity will also encourage and facilitate adoption of similar policies in the for-profit and nonprofit sectors.
3. **Use key questions (see page 11) in the government, for-profit, and nonprofit sectors to plan and assess policies, program, and budgets for achieving health equity.**

The following pages illustrate some of the disparities in Arlington’s health status and community conditions; explain what health equity is, why it is so important, and how it is beneficial to the entire community; and recommend what we need to do and how to do it – our roadmap for achieving health equity by 2027.

Arlington Disparities in Health and Community Conditions

Figure 5. Select Arlington Health and Community Conditions Topics with Disparities.

Topic	 Arlington's Overall Result Is...	 But within Arlington, Disparities Include...
Life Expectancy ⁱⁱⁱ <i>(See Figure 1. on page 2)</i>	Arlington ranks in the top 3 healthiest counties in Virginia	A 10-year difference in life expectancy based on the neighborhood in which you live
Asthma Illness ^v Hospitalization rates related to asthma	Arlington's rate is almost half the hospitalization rate for Northern Virginia	An 8-fold higher rate among our Black/African American residents compared to White residents
Mental Health Among Adults ⁱⁱ Percent of adults reporting 8 or more poor mental health days a month	Arlington ranked in best 4 of Virginia's 133 counties (in top 10% of other U.S. counties)	A 2-fold higher rate among those with annual income of less than \$50,000 compared to those with \$50,000 or more
Premature Deaths ⁱⁱ	Arlington has the lowest rate of premature deaths among Virginia's 133 counties (in top 10% of other U.S. counties)	A 2-fold higher rate among Black/African American residents compared to White residents
Teen Births ⁱⁱ	Arlington ranks in best 20 out of 133 counties in Virginia (in top 10% of other U.S. counties)	A rate 11 times higher among Hispanic teens compared to White teens
Children Living in Poverty ^{iv} <i>(See Figure 3. on page 4)</i>	Arlington County is 3 rd best among Virginia's 133 counties (in top 10% of other U.S. counties)	A rate up to 5 times higher among certain neighborhoods in Arlington
Health Insurance Coverage ⁱⁱ Percent of residents without health insurance coverage	Arlington is 2 nd best among Virginia's counties (in top 10% of other U.S. counties)	A rate almost 11 times higher among Hispanic residents compared non-Hispanic White residents



Why Health Equity? Community Conditions

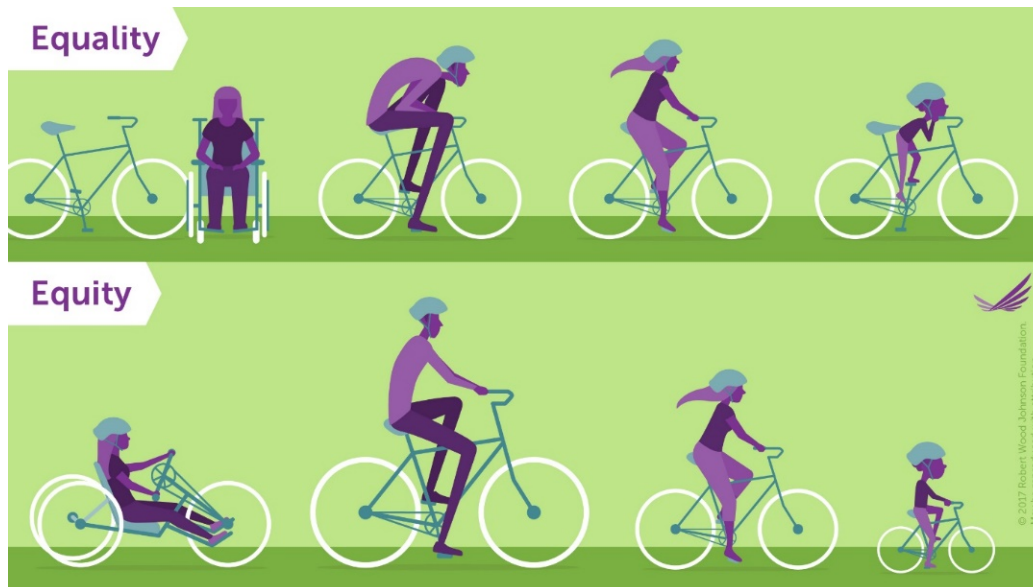
Evidence shows that as individuals, we are not in sole control of our own health. In fact, 50 percent of the factors that can affect individual health are beyond our individual control.ⁱⁱ These factors are our community conditions – such as the local economy, environment, housing, healthcare, neighborhoods, education (schools), and social connections (see right sidebar).

Disparities in community conditions exist because of decisions that Arlington has made. These decisions have a disproportionate impact on women, people of color, low-income residents, the LGBTQ community, and those living with disabilities.

Disparities adversely affect the economy, healthcare costs, unemployment, job productivity, and crime. This is not good for the well-being of all Arlington residents.

What's the Difference between Equality and Equity?

Figure 6. Equality VS. Equity Illustration by Robert Wood Johnson Foundation. 2017. <https://www.rwjf.org/en/library/features/achieving-health-equity.html>



Equality is a one-size-fits-all approach. Everyone has the same bike, but not everyone can travel to his/her destination.

Equity is an approach based on need. Everyone has the right-sized bike and can travel to his/her destination.

By focusing on health equity, we as decision makers address the disparities among the community conditions needed for optimal health and well-being for all Arlingtonians, recognizing that different populations in our community have different needs.

Community Conditions



Why Health Equity?

Why Now?

After 12 months of work, the Destination 2027 Steering Committee recommends that:

1. **Arlington County adopt a Health Equity Policy;**
2. **An oversight entity be established to implement it; and**
3. **Decision makers at all levels of government, for-profit, and nonprofit sectors should use basic questions (see page 11) to plan or assess policies, program, and budgets for achieving health equity.**

The Destination 2027 Steering Committee recommendations were informed by King County, Washington, which pioneered an equity policy a decade ago. More recently, neighboring Fairfax County, Virginia and Montgomery County, Maryland have also adopted equity policies to address disparities in a systemic way. (See Appendices C and D for more information on these equity policies.)

As a community, Arlington has been addressing disparities in many community conditions already. Examples include:

- Arlington’s 10-Year Plan to End Homelessness
- Child Care Initiative
- Affordable Housing Master Plan
- Arlington Public Schools’ efforts to reduce educational achievement gaps

The Steering Committee recommends building upon these efforts with a focus on equity across Arlington.

Figure 7. Destination 2027 Steering Committee, December 11, 2018.



A complete listing of Destination 2027 Steering Committee Members is provided in the Acknowledgments section.

Our Foundation: Health Equity Policy Adoption and Oversight

The County Board should adopt a Health Equity Policy that implements the elements of the four pillars of action developed by the Destination 2027 Steering Committee and should encourage and facilitate adoption of similar policies in the private sector.



In 2019, the County Board adopts a Health Equity Policy.

In 2019, Arlington establishes an entity, either within or outside of County Government, to implement the Policy within County government and to encourage the adoption of similar policies in the private sector.



Establishing a county-wide oversight entity will provide structure to ensure that the foundational practices of the four pillars (data, awareness and engagement, collaboration and coordination, and access to resources) are implemented throughout Arlington.

The oversight entity can provide accountability, sustainability, and credibility as Arlington works to achieve health equity. This action recognizes the importance of the County leading the journey toward health equity by 2027. It is not necessary, however, for the oversight entity to reside within County Government.

The purpose of the policy is to transform decision making from an equality perspective to an equity perspective. See Appendix A for more details on the proposed policy, oversight entity, and Appendix B for more details on the four pillars summarized below.

Four Pillars of Health Equity

The four pillars outline the steps necessary for Arlington to achieve health equity.



Pillar 1: Make data about health disparities, including community conditions, readily available to community leaders for decision making.

Decision makers across all three sectors (government, for-profit, and nonprofit) will be better informed using data about health outcomes and community conditions that are disaggregated by place and socio-demographic factors. While there is a plethora of data about health and community conditions, most of the data are aggregated – which hides disparities. Data disaggregated by place and socio-demographics allows us to identify if there are populations at risk for disparities.

Arlington's Roadmap to Health Equity



Pillar 2: Build awareness, responsibility, and engagement to promote health equity.

Raising awareness about Arlington's health disparities is necessary to spur action and assist decision makers to make better choices. Leaders can then take responsibility for how their policy decisions create and sustain improvements in community conditions and health. Assessing equity can then lead to change within their own organizations.



Pillar 3: Embrace a culture of collaboration and coordination to achieve health equity.

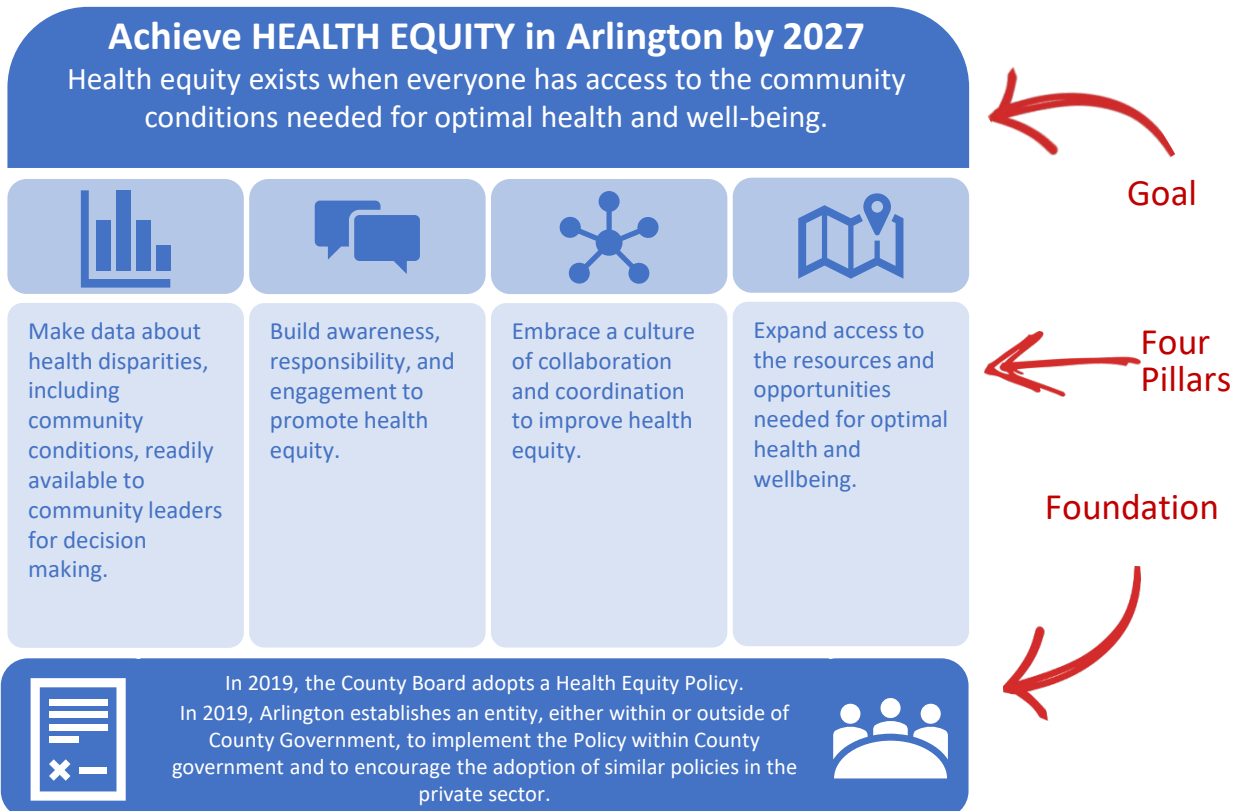
The choices available to people vary by place and socio-demographic factors because of the intersection of decisions made by government, for-profit, and nonprofit sectors. Intentional collaboration and coordination across these sectors are necessary to change the community conditions that our neighbors experience.



Pillar 4: Expand access to the resources and opportunities needed for optimal health and wellbeing.

Information on resources and opportunities needs to be provided throughout Arlington. Communicating in ways that are meaningful to our diverse residents and community partners can effectively connect those with needs to the appropriate services and resources.

Figure 8. Destination 2027 Framework to Achieve Health Equity by 2027.



Equity in Action Toolkit: Applying Health Equity Considerations

Decision tools exist that can help government, public sector, and private sector organizations build equity into policies, procedures, and budget planning. Using data compiled by socio-demographic groups and geography helps us examine our policies, procedures, programs, and budgets to identify areas to improve and achieve equity. We can put equity into action in each of our sectors by simply asking these questions when making decisions.

The examples below show how these questions can be applied in a variety of community settings.

Figure 9. Equity Questions to Apply to Decision Making.

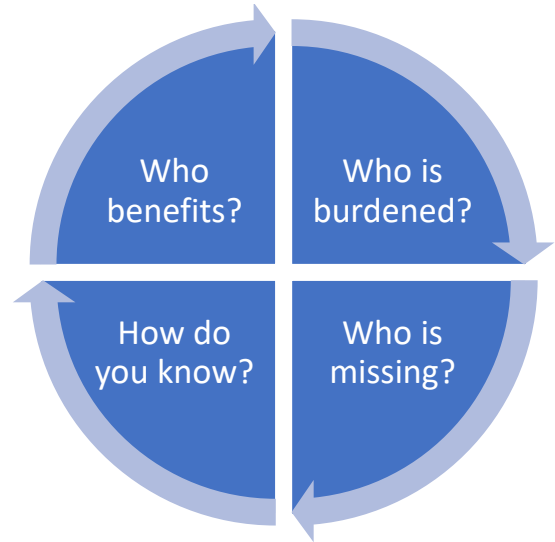


Figure 10. Applying Equity Questions in Various Community Settings.

As a manager at a local bank:

- Who are your customers?
- Which demographic groups are not using your bank?
- Why are they not using your bank (branch hours, fees, outreach)?
- What information do you need to better serve the entire community?

As the director of human resources in a company:

- Who uses your company's health benefits?
- Which demographic groups are not using these benefits?
- Why are they not using these benefits (costs of the plan, lack of information)?
- What information do you need to better serve the entire community?

As the manager at a community recreation center:

- Who uses your programs/facilities?
- Which demographic groups are not using these programs/facilities?
- Why are they not using these (cost, location, enrollment barriers)?
- What information do you need to better serve the entire community?

Equity in Action Toolkit: Applying Health Equity Considerations

The Government Alliance for Racial Equity (GARE)^{vi} suggests six questions for decision makers at all levels when examining policies, program, and/or budgets (see below).

Figure 11. Six Questions for Decision Makers from the Government Alliance for Racial Equity (GARE).



In conclusion:

- The presence of health inequities in Arlington is inconsistent with who we are and what we value as a community.
- The Destination 2027 Steering Committee members, as well as many other leaders across Arlington, are currently working to improve the community conditions in Arlington – making it possible to take action to achieve health equity.
- We decision makers in the government, for-profit, and nonprofit sectors have the power and responsibility to change the conditions that our neighbors experience to achieve health equity in Arlington by 2027.

Now is the time for Arlington to adopt a Health Equity Policy, install an oversight entity, and apply equity considerations in decision making across all sectors to become the community it aspires to be – to achieve health equity for all of Arlington.



References

- ⁱ Strategies for Building a Healthier Arlington. 2007. <https://arlingtonva.s3.amazonaws.com/wp-content/uploads/sites/25/2014/04/Strategies-for-Building-a-Healthier-Arlington.pdf>.
- ⁱⁱ County Health Rankings. Robert Wood Johnsons Foundation. <http://www.countyhealthrankings.org/app/virginia/2018/rankings/arlington/county/outcomes/overall/snapshot>.
- ⁱⁱⁱ Getting Ahead: The Uneven Opportunity Landscape in Northern Virginia. Northern Virginia Health Foundation (NVHF). 2017. <https://novahealthfdn.org/getting-ahead-report/>.
- ^{iv} U.S. Census Bureau. American Community Survey. 2012-2016 American Community Survey 5-Year Estimates Table S1701. Poverty Status in the Past 12 Months by Census Tract, Arlington County, Virginia. <https://factfinder.census.gov>.
- ^v Virginia Health Information, Patient Level Data. Inpatient Asthma-Hospitalizations. Maintained by Healthier Communities Institute for *Healthier Arlington* (<http://www.healthierarlington.org> website currently under development).
- ^{vi} Government Alliance for Racial Equity (GARE). https://racialequityalliance.org/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf.

Appendix A. *Destination 2027 Proposal for Adopting a Health Equity Policy*

In 2019, Arlington will adopt a Health Equity Policy and establish an entity to implement that Policy, which will build sustainability, accountability, credibility, and governance to achieve health equity by 2027.

In 2019, the County Board adopts a Health Equity Policy as follows:

Reason for the Policy: Disparities exist, they matter, they are not OK. A shared vision and commitment are needed to expand access to the resources and opportunities needed for optimal health and wellbeing.

Goal of the Policy: Achieve health equity, which exists when everyone has access to the conditions needed for optimal health and wellbeing, working with stakeholders throughout Arlington County.

Context: The Policy is consistent with the County vision and the County's Human Rights Ordinance, which provides that it is in the interest of the County that each citizen is provided "equal opportunity to participate in the benefits, rights, and privileges of community life."

Policy Pillars:

- Make data about health disparities, including community conditions, readily available to community leaders for decision making;
- Build awareness, responsibility and engagement to promote health equity;
- Embrace a culture of collaboration and coordination to achieve health equity; and
- Expand access to the resources and opportunities needed for optimal health and wellbeing.

In 2019, Arlington establishes an entity, either within or outside of County Government, to implement the Policy within County government and to encourage the adoption of similar policies in the private sector.

Reason for the Oversight Entity: To provide a structure to ensure that the foundational practices around data, awareness and engagement, collaboration and coordination, and access to resources are implemented countywide. The entity is intended to provide accountability, sustainability, and credibility as Arlington works to achieve health equity.

Options for the Oversight Entity:

- County Board-appointed Commission, with staff support;
- Public/private collaborative, with a staff position, similar to Project Peace;
- Public/private collaborative with executive committee and action committees, similar to the 10 Year Plan to End Homelessness;
- County Manager-created Leadership Roundtable, like the Child Care Initiative Leadership Roundtable; and
- Nonprofit 501(c)(3) organization.

Appendix A. *Destination 2027 Proposal for Adopting a Health Equity Policy*

Mission of the Oversight Entity:

Consistent with the Destination 2027 goals and strategies, the entity would develop a strategic plan to implement the Policy, with specific metrics to measure progress toward achieving health equity, and would:

Data

- Develop agreement on key data elements that will reflect health disparities, including community conditions, in Arlington;
- Develop, maintain, and make available an inventory of existing and relevant disparities data on health and community conditions in Arlington;

Awareness and Engagement

- Develop and disseminate coordinated messages about health equity and how to engage in meaningful ways to achieve health equity;
- Develop communication tools that diverse stakeholder organizations can use to promote health in all policies and practices;

Collaboration and Coordination

- Convene key stakeholders to work together to achieve health equity over the next decade through systems change by building awareness, access to resources, and data about health disparities;
- Empower all partners to make changes in how they do business within and across sectors to achieve health equity;

Access to Resources

- Establish and maintain a publicly accessible and current inventory of services and resources;
- Apply decision tools that promote health in all policies and practices across diverse stakeholder organizations to build equity in policies, procedures, and budget planning processes;

Additional Considerations

- Develop metrics to demonstrate return on investment of addressing health equity;
- Evaluate progress on the strategic plan once implemented;
- Review and adapt strategic plan efforts to achieve health equity as new opportunities arise;
- Engage the community in its work;
- Report annually to the County Board on its work, on progress in meeting the strategic plan goals, and on best practices/successes in including health equity in all policies and practices; and
- Be inclusive and representative of Arlington County in its membership.





I. Make data about health disparities, including community conditions, readily available to community leaders for decision making

Strategy 1: Develop agreement on key data elements that will reflect health disparities, including community conditions, in Arlington.

Strategy 2: Develop, maintain, and make available an inventory of existing and relevant disparities data on health and community conditions in Arlington.

- Agree upon data sources and standards,
- Develop tools to display data,
- Collect and store data from designated sources, and
- Develop and implement process to maintain current inventory.

Overview

Data about disparities in Arlington are available but decisions are needed on:

- Which data will improve decision making about community conditions;
- Which data are available now or readily acquired;
- Which available data are compliant with established data standards and practices; and
- Which data are available at the Arlington County census tract, neighborhood, or other local population level.

There are a lot of data available about disparities in community conditions, including in Arlington. Community conditions data include but are not limited to economic, environmental, education, and safety and security data.

However, these data about disparate community conditions specific to Arlington are not readily available to the leaders of Arlington institutions (government, for-profit, and nonprofit) responsible for creating community conditions.

And yet we know that these conditions greatly influence the health of populations.

Data characteristics desired for this project should be as specific to Arlington as possible. That is, using data at the census tract when available or using appropriate techniques to use the best Arlington, regional, state, or national data and apply it to Arlington at the census tract level.

Impact on Health Equity

Lack of data about disparities prevents leaders from incorporating information about disparities in community conditions in their decision making.

Data about disparities in community conditions allows leaders the opportunity to incorporate this information into their decision making. This allows for more equitable decisions, which ultimately creates the community conditions for health equity.

This data enables leaders to:

- Better talk about the issue and tell the story behind their decision making, and
- Invite cross-sector collaboration to solve problems due to disparate community conditions.



II. Build awareness, responsibility, and engagement to promote health equity

Strategy 1: Provide guidance about the essential questions that each stakeholder organization should be asking to promote health in all policies and practices.

Strategy 2: Develop and disseminate coordinated messages about health equity and how to engage in meaningful ways to achieve health equity.

Overview

Awareness means key individual and organizational D2027 stakeholders understand:

- All communities in Arlington – regardless of race, ethnicity, socio-economic status, or other demographic characteristics – can fully participate in opportunities to achieve optimal health throughout their lives;
- A multi-sectoral approach focused on creating equity among vulnerable and disadvantaged groups could address avoidable differences contributing to the disproportionate risk for poor health outcomes and lower life expectancy too many of our communities in Arlington with lower socio-economic status or a higher concentration of racial/ethnicity minorities face; and

Appendix B: D2027 Pillars to Achieve Health Equity – A Closer Look

- Our County can create and promote equity in all organizational policies, programmatic approaches, and resource allocation to eliminate barriers to and foster full participation in opportunities for all Arlington communities to achieve optimal health throughout their lives.

Responsibility means all key individual and organizational D2027 stakeholders have a duty to act independently and ideally as part of a collaborative D2027 group to create and promote equity in all organizational policies, programmatic approaches, and resource allocation to eliminate barriers to and foster full participation in opportunities for all Arlington communities to achieve optimal health throughout their lives.

Engagement means all key individual and organizational D2027 stakeholders take part in independent and ideally collective dynamic processes to promote equity in all organizational policies, programmatic approaches, and resource allocation decisions to eliminate barriers to and foster full participation in opportunities for all Arlington communities to achieve optimal health throughout their lives.

Impact on Health Equity

Building awareness is foundational to building responsibility and engagement since knowledge is power only if people can access it, understand it, and apply it.

Responsibility is critical to ensuring all key individual and organizational D2027 stakeholders feel a sense of duty and ownership in each of the independent and/or collective ways he/she or they can contribute towards creating and promoting equity in all organizational policies, programmatic approaches, and resource allocation decisions to eliminate barriers to and foster full participation in opportunities for all Arlington communities to achieve optimal health throughout their lives.

Engagement is empowering and has the potential to advance D2027 goals and strategies by helping to **facilitate the development of more contextually driven goals and strategies, increase buy-in for the goals and strategies put forth, and, ultimately, lead to more meaningful change.**

Collective impact is a framework to help meaningfully engage key individual and organizational entities in efforts to tackle complex social problems such as promoting health equity. As described by Kania & Kramer in 2011, collective impact is made up of the following five elements (https://ssir.org/articles/entry/collective_impact#):

1. All participants have a common agenda for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions;
2. Collecting data and measuring results consistently across all the participants ensures shared measurement for alignment and accountability;

3. A plan of action that outlines and coordinates mutually reinforcing activities for each participant;
4. Open and continuous communication is needed across the many players to build trust, assure mutual objectives, and create common motivation; and
5. A backbone organization(s) with staff and specific skill sets to serve the entire initiative and coordinate participating organizations and agencies. Put simply, D2027 should strive for goals and strategies that recognize the value and importance of the expression “nothing about us without us.”



III. Embrace a culture of collaboration and coordination to achieve health equity

Strategy 1: Establish an entity of key stakeholders to work together to achieve health equity over the next decade through systems change by building awareness, access to resources, and data about health disparities.

This organization will drive implementation, accountability, and sustainability efforts as we move forward.

Strategy 2: Empower all partners to make changes to how we do business within and across sectors to achieve health equity.

An example might be to imbed the work of health equity into each agency/organization.

We want to think through the small changes we can start making today (cultural hacks) to increase collaboration and coordination efforts.

Overview

The words collaboration, coordination, and cooperation are aspects of teamwork.

- **Collaboration** is working together to create something new in support of a shared vision. The key points are that a) it is not through individual effort, b) something new is created, and c) that the glue is the shared vision.

Appendix B: *D2027 Pillars to Achieve Health Equity – A Closer Look*

- **Coordination** is sharing information and resources so that each party can accomplish their part in support of a mutual objective. It is about teamwork in implementation, not creating something new.
- **Cooperation** is important in networks where individuals exchange relevant information and resources in support of each other's goals, rather than a shared goal. Something new may be achieved as a result, but it arises from the individual, not from a collective team effort.

In an interdependent network such as D2027, collaboration is the bedrock of creative solutions and innovation. The focus of D2027 efforts is population-based. It's important that the leaders of D2027 demonstrate collaborative behavior.

Impact on Health Equity

There is a diverse set of sectors that influence social determinants of health and if they are not well coordinated, aligned, and able to pivot toward solutions to population health barriers it will not be effective or sustainable as a systems approach in improving health equity.

Creating an integrated sole purpose network of services with a unified, measurable vision and strategy is the only way to achieving a sustainable model for the future.

Existing coordination will only maintain status quo and potentially degrade services as resources are more constrained.

Collaboration results in agreement on and commitment to shared vision – revisited and recommitted periodically to sustain health equity improvements; supports a more effective, efficient use of resources; and through collaboration, partners are better positioned to identify gaps and reduce duplication. It has been demonstrated that solutions developed with diverse perspectives result in better products.

Collaboration provides an opportunity to learn from others, including identification of best practices, first hand experiences, lessons learned, and a deeper sense of individual priorities.





IV. Expand access to the resources and opportunities needed for optimal health and wellbeing

Strategy 1: Establish and maintain a publicly accessible and current inventory of services and resources.

Strategy 2: Apply decision tools that ask to promote health in all policy and practices across diverse stakeholder organizations to build equity in policies, procedures, and budget planning processes.

Overview

Lack of Access/Resources means that not all populations have the same access to the resources and opportunities needed to achieve positive health outcomes.

The resources needed include not only equitable access to health and medical care but also access to affordable (but not substandard) housing, transportation, food, childcare, education, financial services, among others. The lack of access to these resources includes the lack of knowledge about where and/or how to access these services.

Impact on Health Equity

It is important because barriers to positive health outcomes impose on governments, hospitals, businesses, and all of us, as tax payers, significant costs both monetarily and in loss of productivity. For the individual and for families the costs are even higher - children do not grow to their potential, adults are strained by multiple demands on their time and resources as they try to prosper, and the elderly struggle to remain in their homes and find appropriate care.

In order to expand access to affordable housing, health care, and the other resources and opportunities needed for optimal health and wellbeing, the community must have a shared vision and commitment to health equity. This shared vision and commitment can be expressed through a County Health Equity Policy. To implement the policy countywide, an entity (either within or outside of Arlington County Government) should be created to move this work forward, to monitor progress, and to provide accountability and transparency. Progress toward expanding access needs to be monitored.



Appendix C: Additional Health Equity Resources

- ▶ Altarum Institute. Ani Turner. The Business Case for Racial Equity: A Strategy for Growth. The U.S. stands to gain \$8 trillion in GDP by eliminating racial inequities. (2018) <https://altarum.org/RacialEquity2018>.
- ▶ Colorado Department of Public Health and Environment, Office of Health Equity. Colorado Health Equity Action Guide (2018). <https://www.colorado.gov/pacific/cdphe/equity-action-guide>.
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- ▶ Los Angeles County, California. Center for Health Equity. <http://publichealth.lacounty.gov/CenterForHealthEquity/>.
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- ▶ Northern Virginia Health Foundation. Getting Ahead: The Uneven Opportunity Landscape in Northern Virginia: <https://www.novahealthfdn.org/getting-ahead-report/>.
Interactive Map: Mapping Opportunity in Northern Virginia
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- ▶ U.S. Census Bureau. The Opportunity Atlas: <https://www.census.gov/ces/dataproducts/opportunityatlas.html>.



Appendix D: *Equity Policies in National Capitol Region and U.S.*

- ▶ Fairfax County, Virginia: <https://www.fairfaxcounty.gov/topics/one-fairfax>.
- ▶ Montgomery County, Virginia:
https://www.montgomerycountymd.gov/COUNCIL/Resources/Files/res/2018/20180424_18-1095.pdf.
- ▶ King County, Washington: <https://www.kingcounty.gov/elected/executive/equity-social-justice.aspx>.



Acknowledgements

This report is a direct result of the dedication, commitment, and efforts of our Destination 2027 Steering Committee members. We extend our appreciation to our community organizations and their representatives that participated in the Destination 2027 process.

The Destination 2027 Steering Committee, January - December 2018

Organization	Participants
Destination 2027 Co-Chairs	Abby Raphael Tricia Rodgers
AHC Inc.	Rhegan Hyypio Nunez Haley Mixson
Arlington Community Foundation	Anne Vor der Bruegge
Arlington County Department of Community Planning, Housing and Development	Natasha Alfonso-Ahmed Tim McIntosh
Arlington County Department of Environmental Services	Mike Collins
Arlington County Department of Human Services	Anita Friedman Deborah Warren
Arlington County Department of Libraries	Diane Kresh
Arlington County Department of Parks & Recreation	Cheryl E. Johnson Lauren Brooks
Arlington County Department of Public Safety Communications and Emergency Management	David Morrison
Arlington County Department of Technology Services	Jack Belcher Holly Hartell
Arlington County Fire Department	Michael Gowen Kathleen Kramer
Arlington County Police Department	Wayne Vincent Richard Rodriguez
Arlington County Public Health Division	Reuben Varghese
Arlington County Sheriff's Office	David Kidwell Gretchen Foster
Arlington Economic Development	Cynthia Richmond
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Arlington Partnership for Affordable Housing	José Quinonez Katherine Garcia
Arlington Partnership for Children, Youth and Families	Kimberly Durand Sheila Fleischhacker
Arlington Pediatric Center	Tatiana Zenzano
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INOVA	Rachel Lynch
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Neighborhood Health	Basim Khan Jane Knops
Northern Virginia Community College	Annette Haggray
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Northern Virginia Family Service	Ondrea McIntyre-Hall
Northern Virginia Health Foundation	Patricia Mathews
Partnerships for a Healthier Arlington	Naomi Klaus Kip Laramie
Phoenix House	Debby Taylor
Virginia Hospital Center	Adrian Stanton Michelle Altman

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- AHC Inc.
- Animal Welfare League of Arlington
- Arlington Community Foundation
- Arlington County Council of Parent Teacher Associations
- Arlington County Department of Human Services
- Arlington County Fire Department
- Arlington County Police Department
- Arlington County Sheriff's Office
- Arlington Department of Community Planning, Housing and Development
- Arlington Department of Environmental Services
- Arlington Department of Libraries
- Arlington Department of Parks and Recreation
- Arlington Department of Public Safety Communications and Emergency Management
- Arlington Economic Development
- Arlington Food Assistance Center
- Arlington Free Clinic
- Arlington Health Providers Group
- Arlington County Office of Communications and Public Engagement
- Arlington Office of the Circuit Court
- Arlington Partnership for Affordable Housing
- Arlington Partnership for Children, Youth and Families
- Arlington Pediatric Center
- Arlington Public Schools
- Arlington Workforce Development Council
- Arlingtonians for a Clean Environment
- A-SPAN
- Bonder & Amanda Johnson Community Development Center
- Client Advisory Council of the Arlington Behavioral Healthcare Division
- Diocese of Arlington, Office of Catholic Schools
- Ethiopian Community Development Council
- Fairfax County Health Department
- George Mason University
- Georgetown University
- INOVA
- INOVA Juniper
- Interchurch Health Initiative
- Jim Burke, of the former Interfaith Initiative
- Kaiser Permanente
- Laura Runnels
- Leadership Center for Excellence
- Marymount University
- Medical Reserve Corps Volunteers
- Neighborhood Health Services
- Northern Virginia Family Service
- Northern Virginia Health Foundation
- Offender Aid and Restoration
- Partnerships for a Healthier Arlington
- Phoenix House
- Virginia Cooperative Extension
- Virginia Department of Health
- Virginia Division of Consolidated Laboratory Services
- Virginia Hospital Center
- Virginia Hospital Center Outpatient Clinic
- Wesley Housing

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DESTINATION 2027

Achieve HEALTH EQUITY in Arlington by 2027

Health equity exists when everyone has access to the community conditions needed for optimal health and well-being.



Make data about health disparities, including community conditions, readily available to community leaders for decision making.



Build awareness, responsibility, and engagement to promote health equity.



Embrace a culture of collaboration and coordination to improve health equity.



Expand access to the resources and opportunities needed for optimal health and wellbeing.



In 2019, the County Board adopts a Health Equity Policy.

In 2019, Arlington establishes an entity, either within or outside of County Government, to implement the Policy within County government and to encourage the adoption of similar policies in the private sector.



Goal



Four Pillars

Foundation



Community Conditions



Education (Schools)



Environment



Economy



Neighborhood



Healthcare



Housing



Social Connections

Health Equity

exists when everyone has access to the community conditions needed for optimal health and well-being.

Equality



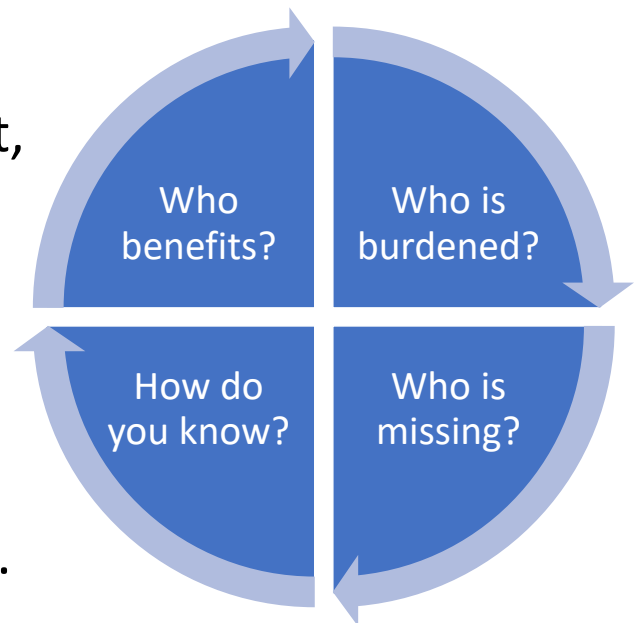
Equity



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EQUITY IN ACTION

We can put equity into action in our government, for-profit, and nonprofit sectors by simply asking these questions when making decisions about our policies, programs, procedures, and budgets.



For more information on Arlington's Plan for Achieving Health Equity by 2027, please visit our website: <https://health.arlingtonva.us/pha/d2027/>

