



ARLINGTON  
VIRGINIA



# Strategies for Building a Healthier Arlington

**Mobilizing for Action  
through Planning and  
Partnerships (MAPP)**



**Public Health**  
Prevent. Promote. Protect.

**January 2009**

*It is certainly true that public health always faces new challenges. However, embedded within these challenges are also new opportunities. Public health is challenged to improve communication and to become more visible while developing new partnerships with and in the communities. Through these partnerships, the opportunity to better impact the all-important social determinants of health is real and tremendous.*

David Satcher, MD, PhD  
Former U.S. Surgeon General

*We cannot live for ourselves alone. Our lives are connected by a thousand invisible threads, and along these sympathetic fibers, our actions run as causes and return to us as results.*

Herman Melville  
Author

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This report, along with supporting documents, is available on the Arlington County Department of Human Services, Public Health Division website at: [www.arlingtonva.us/MAPP](http://www.arlingtonva.us/MAPP).

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## Executive Summary

### Did you know ...?

- Arlington 10<sup>th</sup> and 12<sup>th</sup> graders are binge drinking at a higher rate (28%) than the rest of the nation (25.5%), and thirty-one percent of Arlington 12<sup>th</sup> graders use tobacco? (Youth Risk Behavior Survey, 2007)
- In 2007, more than half of Arlington 10<sup>th</sup> and 12<sup>th</sup> graders reported having had sexual intercourse, and of those, only 67% reported having used a condom? (YRBS, 2007)
- Arlington has a significantly higher rate of new AIDS cases (31.9 per 100,000), compared to Northern Virginia (13.2 per 100,000) and the U.S. as a whole (14.9 per 100,000)? (Arlington Community Health Status Assessment, 2008)
- People who suffer from serious mental illness die, on average, 25 years earlier than the general population? (Colton & Manderscheid, 2006).
- One fifth (20.3%) of Arlingtonians have no health insurance compared to the rest of Virginians (14.8%)? (U.S. Census Bureau, 2008)
- More than 90% of the community's healthcare dollar is spent on treatment of disease, very little on prevention? (Baker & Newhouse, 1995)

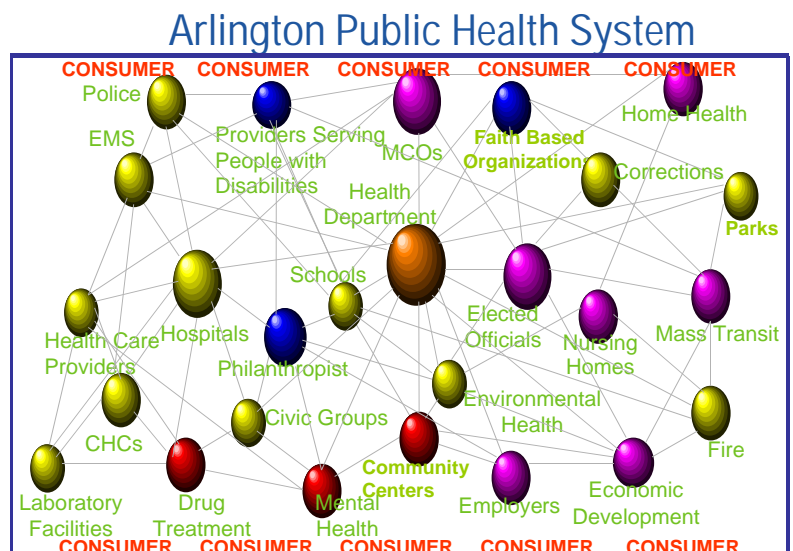
Some 250,000 people live, work, and play in Arlington. The county and its residents strive to make Arlington “a diverse and inclusive world-class urban community.” There are many factors that contribute to achieving this world-class status. The

health of our community is one of those factors.

Yet the facts cited above regarding Arlington residents' health and health behaviors suggest that Arlington currently faces significant community health challenges, and we know that new health concerns will continue to challenge our community, the Commonwealth of Virginia, and our nation in the years ahead.

The Virginia Department of Health mandates that the county provide certain health services (e.g., disease surveillance, immunizations, family planning, environmental health, etc.), which Arlington does through its Public Health Division. These services, however, represent only a small portion of the resources that contribute to the health of our community.

The majority of our community's health services are provided by a network of private and non-profit organizations, in addition to governmental organizations in our county, the region, and the nation. This expansive network of service providers comprises the Arlington Public Health System (see figure below).



This “web of shared responsibility” together contributes to the health of our community.

Arlington became one of the first of Virginia’s 35 public health jurisdictions to take on a strategic planning approach called MAPP (Mobilizing for Action through Planning and Partnerships) to improve health and quality of life in the Arlington community.

In June 2007, citizen representatives and health care consumers came together as a MAPP Steering Committee to create a vision of what a healthier Arlington would look like:

***Vision for a Healthier Arlington***

***“Arlington is a vibrant and diverse community with a public health system that serves and protects the community and that promotes optimal health and well-being of all its residents, employees, commuters, and visitors.”***

The MAPP Steering Committee, comprised of 60 members from the Arlington Public Health System, met regularly over 18 months to conduct four community health assessments and to develop a road map for a healthier Arlington. They:

- Reviewed available data about the health of Arlington to produce a local health profile (**Community Health Status**).
- Surveyed over 2000 citizens in the community to identify priorities for health and quality of life

**(Community Themes and Strengths).**

- Met with health professionals and organizations to determine whether Arlington’s Public Health System is meeting essential public health services (**Local Public Health System**).
- Identified external factors that could affect the local public health system in the future (**Forces of Change**).

Overall, these assessments confirmed that ***Arlington is a healthy community, when compared to the public health status of the Commonwealth and the United States.***

But, these assessments also revealed areas for community improvement and the MAPP Steering Committee identified strategic initiatives to address these challenges. These initiatives are listed below:

**STRATEGIC INITIATIVES AND GOALS FOR IMPROVING PUBLIC HEALTH**

1. **Strengthen access to healthcare** by increasing access to
  - A “medical home” or a usual place of care outside of an emergency room
  - Mental health and substance abuse services
2. **Prevent communicable disease** by reducing
  - Sexually transmitted infections
  - Seasonal flu
3. **Prevent chronic disease** by reducing
  - Overweight and obesity
  - Tobacco use

With more than 90% of the healthcare dollar spent on treatment, the MAPP Steering Committee focused its initiatives, goals, and actions around **primary prevention** (reducing disease onset) versus **secondary prevention** (reducing disease duration) or **tertiary prevention** (reducing disease complications). This approach is consistent with the MAPP Steering Committee's statement of values for a healthier Arlington community.

For each initiative, goal, and action, the MAPP Steering Committee determined major challenges to or health gaps in achieving each of these goals and recommended actions to goals by 2017.

One of the most significant outcomes of the collective effort of the MAPP process is that the partnerships that can make Arlington even healthier already have begun.

**"None of us is as smart as all of us."  
(Ken Blanchard, One Minute Manager)**

As of January 29, 2009, the MAPP Steering Committee is transforming itself to launch and support a longer term collaborative effort to improve public health through:



Among the goals of *Partnerships for a Healthier Arlington* are:

- To implement the initiatives and achieve the goals identified by the MAPP process and
- To strengthen and nurture existing and new partnerships to create an even healthier Arlington.

We encourage you to read the complete report to learn more about the state of the public's health in Arlington.

Ultimately, we invite you to ask yourself, "How can I get involved to help my community become an even healthier place to live, work, and play?"

We look forward to working with you!

Tess Cappello, PhD, RN  
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## Introduction

Access to healthcare, teen pregnancy, sexually transmitted infections, and childhood obesity are just a few of the public health issues that challenge the Arlington community today. Public health concerns never go away and new concerns continue to arise. Over the years, we have seen our population change, new infections and illnesses emerge, and government and private sector organizations at all levels alter public health policies and priorities in the face of limited resources.

Given this ever-changing climate, the Arlington Division of Public Health, as part of the Arlington Public Health System\* chose to undertake a strategic planning process called Mobilizing for Action through Planning and Partnerships (MAPP) to help anticipate and manage change more effectively. MAPP was developed by the National Association of County and City Health Officials (NACCHO) in collaboration with the Centers for Disease Control and Prevention (CDC). The MAPP process is illustrated by the roadmap below. This report is organized by each step in the MAPP journey and highlights the activities and results of this process in the Arlington community over the course of 18 months. For a full description of each step in the strategic planning process, as well as detailed assessment results, please visit our website at [www.arlingtonva.us/MAPP](http://www.arlingtonva.us/MAPP).

\*The word “system” is used throughout this report to refer to the *local Arlington Public Health System*, the complex network of public, private, and voluntary entities, individuals, and associations that provides health and health related services to the Arlington community. The Arlington Division of Public Health is just one member of this system.

MAPP  
Community  
Roadmap



## Public Health Vision and Values Statement

In 2005, former Virginia Governor Mark Warner signed an executive order requiring all state agencies to develop a strategic plan. Based on this, the Virginia Department of Health (VDH) developed a management plan that required all 35 health districts to conduct a community health assessment once every five years. As one of the 10 early adopters, Arlington received a \$20,000 VDH grant to conduct MAPP.

The Arlington Public Health Division organized a public event in June 2007 to initiate the MAPP process by engaging members of the Arlington community in dialogue about their vision for a healthier community. *Envisioning a Healthy Arlington: Destination 2017* was publicized in local newspapers, radio stations, mass e-mails, and fliers posted around Arlington.

Approximately 40 individuals participated in this community event. A trained facilitator led participants through activities to identify areas of interest. A small group discussion format, called a world café, was used to encourage conversations around the following three questions:

*What does a healthy community mean to me?*

*What are important characteristics of a healthy Arlington community for all who live, work, and play here?*

*How would our community know it has become a healthy community in 2017?*

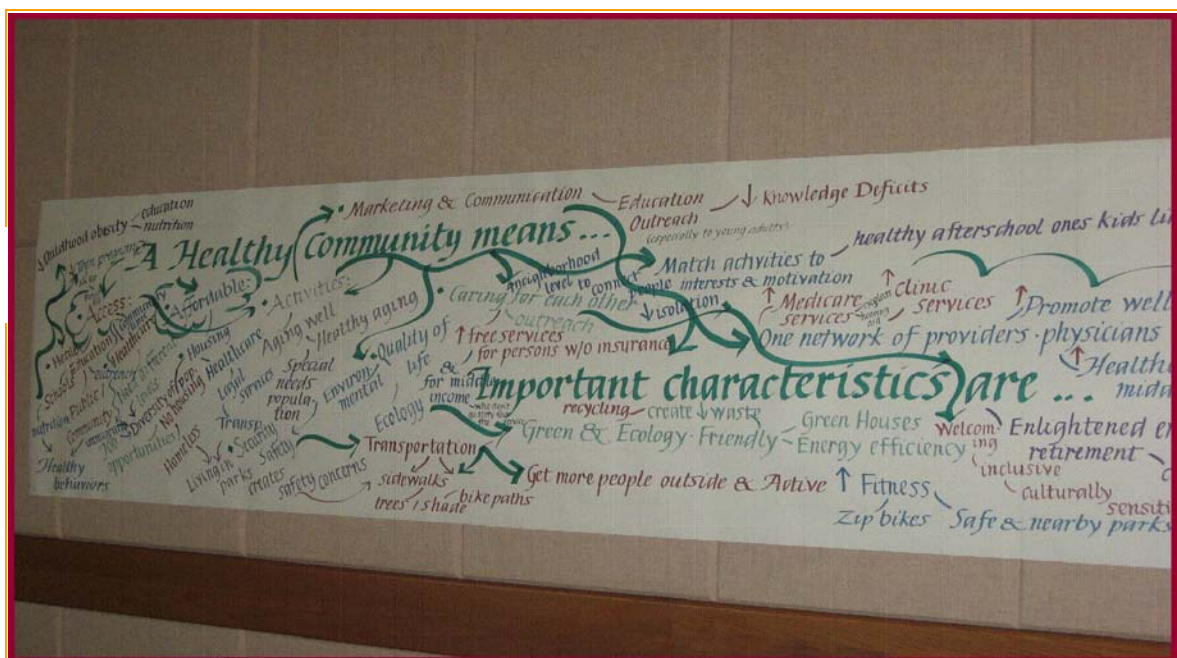
A graphic recorder captured themes, ideas, patterns, and common points of view that arose from the table discussions (see photograph of wall mural below).

The MAPP Steering Committee members went through a similar exercise.

A MAPP subcommittee, comprised of citizens from the world café and MAPP Steering Committee members, used the major themes identified in the world cafés to develop a vision and values statement that captured the community's voice.

This vision and values statement was adopted by the Steering Committee and served as a guide through the 18-month MAPP process. It supplements and complements the Arlington County Vision Statement focusing specifically on the health of people in Arlington.

World Café wall mural



## Vision for a Healthy Arlington Community

*“Arlington is a vibrant and diverse community with a public health system that serves and protects the community and that promotes optimal health and well-being of all of its residents, employees, commuters, and visitors.”*

### The Arlington Local Public Health System values...

- Quality healthcare and community services, including mental health and substance abuse, accessible and *affordable* to all.
- Services provided in the *least restrictive environment* for the consumer.
- Utilizing community health resources effectively by focusing on *prevention* as much as treatment.
- A *healthy lifestyle* that emphasizes good nutrition and physical activity, through support of health education programs and community activities accessible to all members.
- Community input and adapting *services and infrastructure* to meet the community’s changing needs.
- *Learning* as a lifelong process where each individual has the opportunity to live life to his or her fullest potential.
- A *welcoming* community where each member has a voice and feels a sense of belonging, recognizing the *diversity* of its members.
- Personal and community *safety* as a right and a shared responsibility so that all who live, work, and play here can pursue healthy activities.
- A *prepared* community that anticipates and responds quickly to protect the safety and welfare of its members.
- High quality air, water, public spaces and other *environmental resources*.
- *Strong partnerships* with businesses, organizations, universities and others to promote economic vitality.

## Community Health Status Assessment (CHSA)

The CHSA tells a story of those who live, work, and play in Arlington. By using data that are reliable, accurate, consistent, and can be monitored over time, the stage is set to better understand the community's health and to come together – to create a healthier Arlington.

The CHSA addressed the questions:

*Who are we and what do we bring to the table?*

*What are the strengths and risks in our community that contribute to health?*

*What is our health status?*

### Major findings & observations

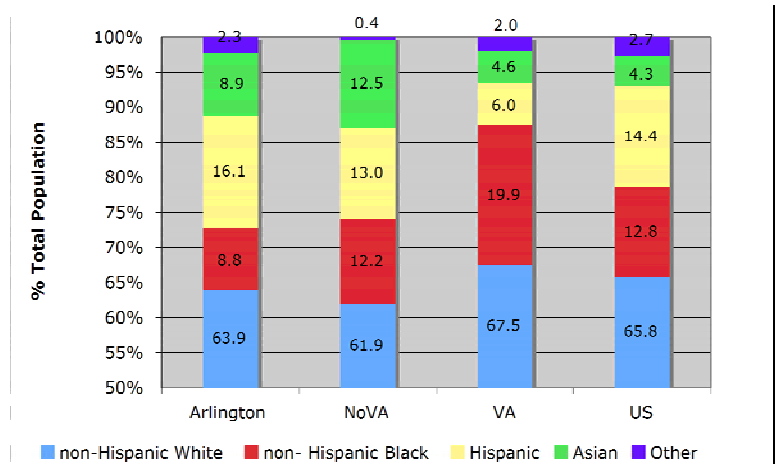
#### *Who are we and what do we bring to the table?*

Arlington is located across the Potomac River from the nation's capital. It has a richly diverse, highly educated population of 204,568 (U.S. Census, 2007). Nearly 67% of residents have a bachelor's degree or higher and only 10% of the population lacks a high school diploma or its equivalent. The value that the community places on education is reflected in the county's comparatively high per capita investment in its public education system.

One in four Arlington residents is foreign born, with the Hispanic community experiencing the most growth (7%) since 1990. Hispanics comprise 16% of the community, representing a proportion of the population higher than Northern Virginia, the Commonwealth, or the nation as a whole. The proportion of non-Hispanic

White and non-Hispanic Black populations has decreased over time.

*Population by Race and Ethnicity (2005)*



Source: VDH, Division of Health Statistics (<http://www.vdh.state.va.us/HealthStats/stats.asp>) & US Census (2007)

Compared to its neighboring counties, Arlington has a higher male-to-female ratio (106 men to 100 women) as well as a higher proportion of young people 20-44 years of age (46%), a greater percentage of those over 85 years of age (1.7%), and a smaller percentage of those 5-19 years of age (12.4%). Arlington's residents are also more likely to live alone or in non-family households and there are fewer single parent families and fewer married couples in Arlington, consistent with the larger numbers of young adult men.

A community of economic contrasts, Arlington has a low unemployment rate of 1.9% (USDA Economic Research Service, 2007). The average household income is \$103,110, comparable to the Northern Virginia mean of \$109,429 (U.S. Census, 2005). Economic disparity does exist, however. Fifty percent of the population makes less than \$80,433 annually, and 8% of residents live below the federal poverty level (FPL) (\$19,350 for a family of four; \$9,570 for one person) (U.S. Census, 2005). Among Arlington residents over 65, 12%

live below the FPL. Despite a smaller percentage of Arlington residents older than five with disabilities, 21% live in poverty; two to three times higher than the percentage in neighboring communities other than Alexandria (U.S. Census, 2005).

The rate of homelessness in Arlington is 2.4 per 1,000 persons, higher than rates in most of the communities in Northern Virginia. In 2007, 48% of homeless persons in Arlington were chronically homeless (Metropolitan Washington Council of Governments, 2007; U.S. Census, 2005).

Because Arlington is an urban community within the Washington D.C. metropolitan region, residents have access to many private, public, and voluntary health and social services. The broad range of public health and human services available includes: 57 hospitals; in-patient and home hospice care; home health services; private and voluntary long-term care and supportive housing; urgent care services; specialty services, including HIV/AIDS, mental health, pediatric, women's health, disability, and many other services.

Yet, health insurance coverage is a challenge for the Arlington community. The number of uninsured residents in Arlington (20.3%) is higher than in Northern Virginia and the Commonwealth (14.8%) (U.S. Census, 2008).

### ***What are the strengths and risks to the community that contribute to health?***

To answer this question, data related to quality of life, behavioral risks, and environmental risks were collected.

### ***Quality of life***

Arlington supports a healthy and fit lifestyle. It is home to 192 public parks and playgrounds, three regional parks, three nature centers, 86 miles of jogging paths and bike routes, 88 tennis courts and dozens of basketball courts, 3,400 acres of county and federal open space, eight libraries, seven universities and colleges, 14 community centers and seven senior centers. Residents also have access to a transportation system that includes an international airport, 11 metro train stations, and multiple bus routes.

Arlington residents spend less time commuting to work (25.9 minutes each way) than do residents of other Northern Virginia communities, further contributing to a strong quality of life (U.S. Census, 2005).

Arlington is considered a safe community. Incidents of serious crime during 2006 were at their lowest rate in 46 years. The numbers of serious crimes, which include homicides, forcible rapes, burglary, and aggravated assault were down 8.7% from 2005 (Arlington County Police Department, 2007).

### ***Behavioral risks***

Behavioral risks play an important role in shaping health status. In the 2008 Community Themes and Strengths Assessment (CTSA), Arlington residents surveyed identified participating in unhealthy behaviors such as smoking some or every day (10.6%), not exercising (21%), and having 5 or more drinks on one occasion once or more a month (20%). In addition, 47% reported that they did not receive a flu shot during the 2006-2007 flu season. Earlier data show that nearly 17% of residents were obese and only 41% of Arlington residents eat five servings or more of fruits and vegetables a day (Metropolitan Washington Public Health Assessment Center, 2001).

The most recent Arlington Youth Risk Behavior Survey (YRBS) shows significant improvement in 12 out of 25 behaviors of young people between 2004 and 2007. Although use of alcohol declined, binge drinking continues to be a significant risk among 10<sup>th</sup> and 12<sup>th</sup> graders in Arlington, compared to peer behavior nationally (Arlington 28%; US 25.5%) (Arlington Partnership for Children, Youth and Families 2007; CDC, 2007).

Another significant area of concern is unprotected sex among teens. As of 2007, the percentage of 10<sup>th</sup> and 12<sup>th</sup> graders who were currently sexually active was lower than the national percentage (Arlington 29% vs. U.S. 34%), 41% of Arlington teens reported not using a condom the last time they had engaged in sexual activity compared to 37% of 10<sup>th</sup> to 12<sup>th</sup> graders nationwide (Arlington Partnership for Children, Youth and Families, 2007).

### ***Environmental risks***

Arlington faces relatively high risks associated with air, food and water supplies. The entire metropolitan region fails to meet the U.S. Environmental Protection Agency (EPA) guidelines for air quality (ground level ozone). A small portion of Four Mile Run in Arlington is listed on the impaired waters list. Recreational water safety monitoring resulted in the immediate closure of 57 pools in Arlington, following 792 inspections in 2007. The criterion for small particulate matter has been met since 2004.

Food safety is another ongoing threat to health in Arlington, where many hotels, restaurants, and local festivals serve food to residents and visitors. In 2007, 2,652 food establishments were inspected. Of these, 377 were out of compliance with food safety standards, and 67 licenses were suspended

or revoked (Arlington County FY 09 Proposed Budget).

As in other urban communities, vector control is an ongoing problem carrying the potential for spreading disease. In 2007, 235 rodent complaint cases were identified for field visits by Arlington's Environmental Health Bureau and brought into compliance within 90 days (Arlington County FY 09 Proposed Budget). In 2007, 82 mosquito breeding areas were identified by complaint, and 100% were controlled within 14 days.

Animal rabies is not a frequent occurrence in Arlington County, but the problem periodically requires attention. Efforts to reduce the risk include vaccination of animals (696 in 2007), and animal quarantine following exposure to rabid animals or humans bitten (102 in 2007) (Arlington DHS, 2008).

A wide range of other environmental threats to health also exists in Arlington. For example, the rate of elevated blood lead levels in children is higher than that of neighboring communities (VDH, 2005).

Arlington's proximity to the nation's capital and the Pentagon demands that response resources and emergency preparedness be adequate. Arlington's Virginia Hospital Center has developed the capacity to care for 100 patients beyond the current bed capacity of 264 during public health emergencies (e.g., hurricanes, bioterrorist attacks). Regionally, the Northern Virginia Hospital Alliance, a group of 13 hospitals was developed to improve hospital response in emergencies involving mass casualties. Despite this focus as of 2004, only 22% of residents were registered for Arlington Alert and only slightly more than half reported having sufficient food and water for an emergency (Direction-Finder® Survey, 2004).

### ***What is our health status?***

To answer this question, data on social and mental health, maternal and child health, death, illness, injury and infectious diseases were examined.

### ***Social and Mental Health***

A number of community factors contribute to social and mental health status. Arlington residents report being satisfied with the quality of police protection and crime prevention (DirectionFinder©Survey, 2004). Incidents of serious crimes are at their lowest.

Arlington Adult Protective Services (APS) conducted 248 investigations in 2006, identified 143 cases of abuse (20), neglect (108), and exploitation (15) (Arlington DHS, FY 2008 budget).

Suicide rates, which trended below the state and national rates for the past seven years until 2003, now are rising. Arlington and Northern Virginia suicide rates (three-year rolling average) have been fairly close, with Arlington rates trending upward. Although the numbers are small, they are not negligible (VDH, 2007; CDC, 2006).

### ***Maternal and Child Health***

Control of teen births, infant mortality, and low birth weight is as good or better in Arlington as in Northern Virginia, the Commonwealth, and the U.S. However, fewer women in Arlington, compared to the broader populations, receive prenatal care in their first trimester (VDH, 2007).

### ***Leading Cause of Death***

Arlington's rates for the top causes of disease follow similar patterns to the Commonwealth and the U.S., but are much lower. The top five causes of death (age-adjusted rates) in Arlington are Cancer (139.5 per 100,000), heart disease (118 per

100,000), stroke (25.6 per 100,000), septicemia (22.9 per 100,000) and unintentional injury (19.1 per 100,000 (VDH, 2007). Cancer is the number one cause of death in Arlington (heart disease is the number one cause of death in the nation) (CDC, 2007, 2006; VDH, 2007). Looking at specific types of cancer, Arlington death rates are also generally lower than the nation's rates.

Arlingtonians have a longer life expectancy (80.06 years) than others in the Commonwealth (78 years) and the nation (77.9 years) (CNN, 2008; VDH, 2008)

### ***Infectious and Communicable Disease***

Seasonal influenza, otherwise known as the flu, is a health concern for the Arlington community. The CDC reports that 5 to 20% of the U.S. population gets the flu each year (CDC, 2008). Vaccination against the flu is one simple way to reduce the risk of infection. However, 47% of those surveyed, in Arlington reported not receiving the flu vaccine (CTSA, 2008). Among health care workers, both Virginia Hospital Center and the Arlington Health Department reported only a 50% vaccination rate for the 2007-08 flu season.

The case rate for tuberculosis (TB) is higher in Arlington than in Northern Virginia as a whole, the Commonwealth, and the nation. This is not surprising considering that most new TB cases are in foreign born residents.

The three-year average rate (2003-2005) for new AIDS cases in Arlington (31.9 per 100,000 persons) is significantly higher than that for Northern Virginia (13.2 per 100,000), the Commonwealth (10.9 per 100,000), and the U.S. (14.9 per 100,000) (CDC, 2005).

Arlington has a higher rate of new cases of

syphilis than Northern Virginia as a whole, the Commonwealth, and the nation, although the nation has experienced an upward trend in syphilis. Arlington rates for other sexually transmitted infections (e.g., Chlamydia, gonorrhea) are much lower than national rates.

The incidence of Chickenpox (Varicella) in Arlington has trended upward over the past five years, peaking at 40 cases in 2006. It is difficult to obtain comparable data from other jurisdictions, as mandatory reporting of Varicella did not begin until 2005. Cases of Whooping Cough (Pertussis) have increased during the past three years in Arlington, as well as in other counties in Northern Virginia. In 2007, there were eight communicable disease outbreaks in Arlington, largely in vulnerable populations such as the elderly and the very young. These outbreaks included rotavirus, norovirus, and streptococcal infection (Arlington DHS, 2008).

Within the past two years, the Arlington County Public Health Division has been notified twice of potential hazardous events. The presence of environmental sensors located in the National Capital Region indicated Tularemia. The Public Health Division worked with partners to more accurately characterize the situation based on background information regarding baseline presence of Tularemia and seasonal fluctuations. They concluded that there was no risk to human health.

### ***Conclusion***

Arlington is a highly diverse, urban community with health risks and strengths in a region with many resources. Results of the CHSA provide a clearer understanding of how multiple, complex factors contribute to the overall health of the Arlington community.

## ***Arlington County Community Strengths and Risks***

### ***Strengths***

- Good transportation system
- Short commute time
- Abundant green space
- Numerous recreational facilities
- Safe community

### ***Risks***

- High percentage of uninsured and underinsured residents
- Unhealthy behaviors (e.g., smoking, binge drinking, unprotected sex)
- Environmental threats (e.g., air quality, food safety, vector control, elevated blood lead levels in children)

## *Community Themes and Strengths Assessment (CTSA)*

The purpose of the CTSA was to gather community thoughts, opinions, and concerns to gain insight into the quality of life factors and health-related issues of importance to the Arlington community.

Information was obtained through a community-wide survey and an inventory of community assets.

### **The Community-wide Survey**

A subcommittee of the MAPP Steering Committee developed a community survey specifically for Arlington that was based on similar quality of life surveys conducted in other communities. After pre-testing with several focus groups, the survey was available to the community in English and Spanish, both online and in print all of January and February 2008.

A media strategy was developed to advertise and distribute the survey to the general population to generate interest and to encourage participation. Additionally, groups that are traditionally underserved by online strategies were approached directly during clinics and other organized activities to increase their inclusion in the survey.

The survey was targeted to a convenience sample of respondents, a commonly used means of collecting information quickly from willing, available people.

Survey respondents were asked to answer the following two questions:

*What does a healthy community mean to you?*

*What health issues are important to you?*

To answer these questions, respondents were provided a list of 15 *Quality of Life Factors* and 13 *Health-related Issues*.

### ***Quality of Life Factors***

Arlington County...

1. offers healthcare options that are available and accessible for all community members
2. is a good place to raise children
3. is a good place to grow old
4. offers good, diverse employment opportunities, and a healthy economy
5. is a safe place to live
6. offers support for individuals and families during times of stress and crisis
7. has safe public spaces to support physical activity across the lifespan for all abilities
8. supports access for all, including people with disabilities, diversity of income levels, ethnicities, and languages
9. offers enough affordable, accessible housing for all community members
10. offers diverse social, cultural, and educational activities for all individuals and families
11. offers an environment that is clean and healthy
12. encourages involvement in public life and affairs for all
13. is prepared for all emergencies
14. has good transportation options for all ages and abilities, including the disabled and seniors
15. is a community that welcomes social, cultural, and economic diversity

### ***Health-related Issues***

1. Aging
2. Chronic diseases
3. Dental health
4. Disabilities
5. Environmental health
6. Immunizations/Vaccines
7. Infectious diseases
8. Mental health
9. Maternal and child health
10. Substance abuse
11. Violence
12. Injuries
13. Wellness

Respondents were asked to choose and prioritize their top three issues in each category.

The survey findings presented below are the items that respondents indicated were the most important quality of life factors and health-related issues for attention by the Arlington Public Health System.

### ***Major Survey Findings and Observations***

Between January 2 and February 29, 2008, more than 2000 survey responses were received. Because the responses represent a “convenience sample,” the opinions do not necessarily reflect the views of all who live, work, and play in Arlington, only the priorities of those individuals surveyed.

However, the results of this convenience sample were similar to the responses to similar questions obtained from a jury pool, selected at random from among registered voters in Arlington. The demographics of the respondents also mirrored Arlington’s population as a whole.

### ***Quality of Life Factors***

The top three *quality of life* factors identified as most important by respondents were:

1. *Arlington County offers healthcare options that are available and accessible for all community members (19.42%)*
2. *Arlington County is a safe place to live (15.80%)*
3. *Arlington County is a good place to raise children (12.26%)*

### ***Health-related Issues***

The top four *health-related* issues identified as most important by respondents were:

1. *Aging (14.72%)*
2. *Environmental Health (14.71%)*
3. *Violence (9.93%)*
4. *Chronic Disease (9.34%)*

### ***Demographic Characteristics of Survey Respondents***

The analysis included a total of 2059 responses. Respondents were asked demographic questions including gender, age, race/ethnicity, highest level of education attained, household income, number of people in the household, and zip code of residence. In addition, respondents

were asked whether they had health insurance and whether they had a disability. Please note that individuals under 18 years of age were not surveyed.

### ***Summary of Respondent Characteristics***

- 66.9% were female; 32.6 were male; less than one percent were transgendered
- The largest age group was between 45 and 64 years of age (34%)
- 55.4% identified as White; 25.6% as Hispanic/Latino; 11% as Pacific Islander; 2.3% as Other/Multi-racial
- 36% identified graduate degree or higher as the highest educational level obtained; 11% a high school diploma or equivalent; 7% an associates degree or technical school training
- 28%, the largest group, reported a household income between \$10,000 and \$49, 999 (inclusive)
- 11.5% reported some disability; 88.5% reported no disability
- 77.4% reported healthcare coverage; 21.1% reported no coverage; 1.5% were uncertain
- 30.2%, the largest group, reported living in two member households; close to 14% lived in households of greater than five members

In general, when data were analyzed across demographics such as race, education, income or household size, top priorities remained consistent for both quality of life factors and health-related issues.

This survey represents an important piece of the MAPP process because it provides diverse voices for consideration.

The survey results also indicated that many health issues are shared across diverse groups in Arlington, creating common ground to create a healthier Arlington. The MAPP Steering Committee used this information to develop public health strategies and goals for the community.

### **Community Assets Inventory**

The second tool used in the CTSA was an inventory of talents, skills, and resources of individuals, associations, and institutions that serve or could serve as health service resources in the Arlington community.

Teams of students from local universities (Georgetown University, George Mason University, and Marymount University) conducted internet research, windshield surveys, “walk arounds,” and interviews in various Arlington neighborhoods. An inventory of more than 100 formal and informal public, private, and not-for-profit institutions that contribute to public health in Arlington were identified.

This inventory helped to paint a “community portrait,” as seen through the eyes of residents, that the MAPP Steering Committee could identify as potential unrecognized assets for achieving a healthier community.

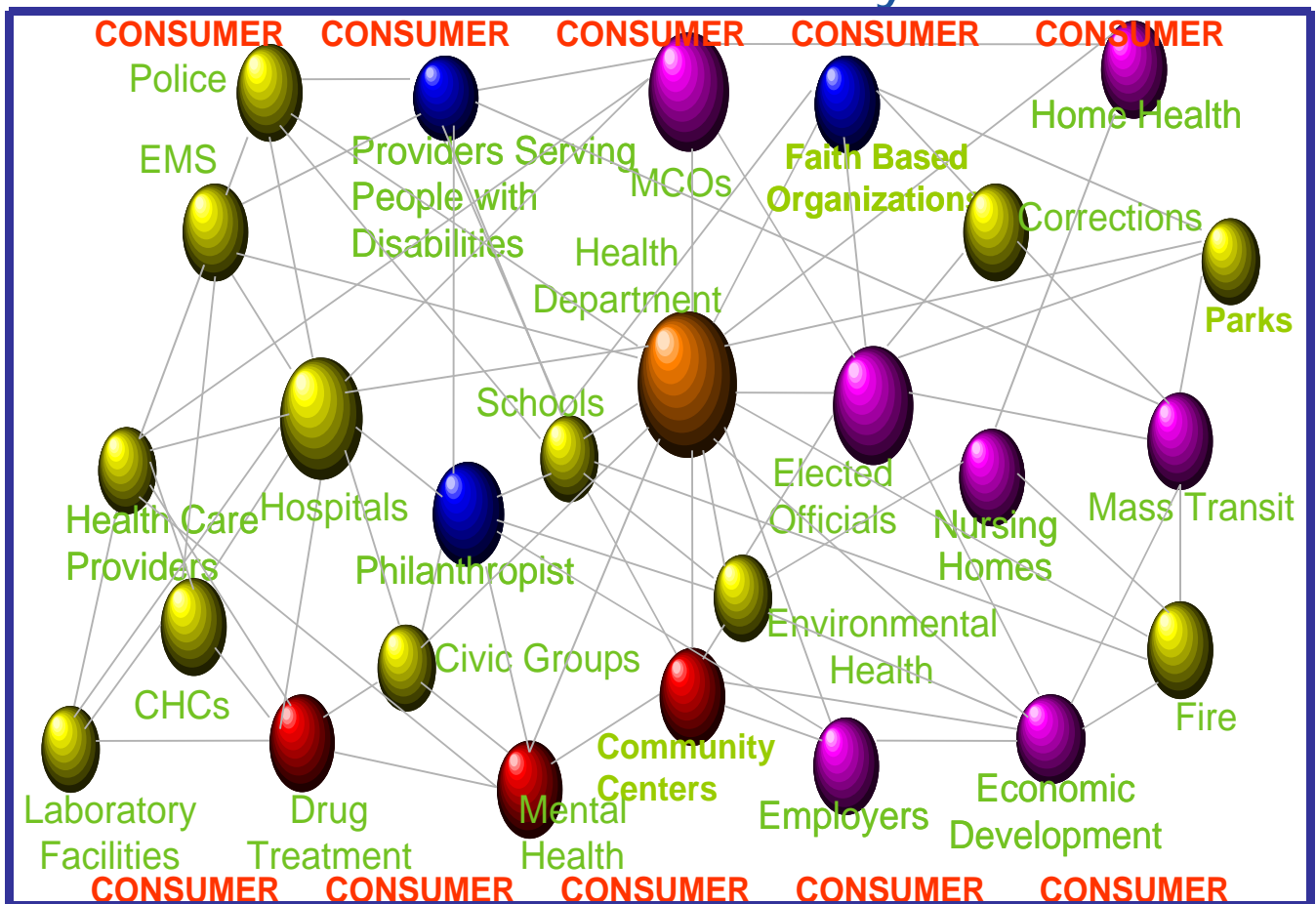
## Local Public Health System Assessment (LPHSA)

The challenge of controlling and preventing illness and improving health is ongoing and complex. The Local Public Health System Performance Assessment (LPHSA), is a tool developed by the Centers for Disease Control and Prevention (CDC) and the National Association of County and City Health Officials (NACCHO) that helps communities identify strengths, weaknesses, and opportunities in a community. In Arlington, the ability to meet this challenge rests on the capacity and performance of the Arlington Public Health System.

The *Arlington Public Health System* is not just the local health department. Rather, it is the intertwined and interconnected network of providers (both public and private) that delivers services to promote a healthy Arlington community. In fact, greater than 90% of the health services delivered in Arlington and across the nation are provided outside the local health department. *The goal of the Arlington Public Health System is to achieve healthy people in a healthy community.*

The following diagram demonstrates these complex relationships.

### Local Public Health System



The LPHSA addressed two questions:

1. *What are the activities and capacities of our public health system?*
2. *How well are we providing the essential public health services in our jurisdiction?*

The LPHSA was conducted in November 2007. Data were gathered from three sessions covering separate core public health functions (Assurance, Assessment, and Policy Development). A fourth session was held for the cross-cutting public health function of Research.

Sixty-four public health professionals from county and state government, universities, hospitals, non profits, and the private sector participated, many in more than one session. Voting in each session was by consensus. If consensus could not be reached, a weighted average of the votes was used.

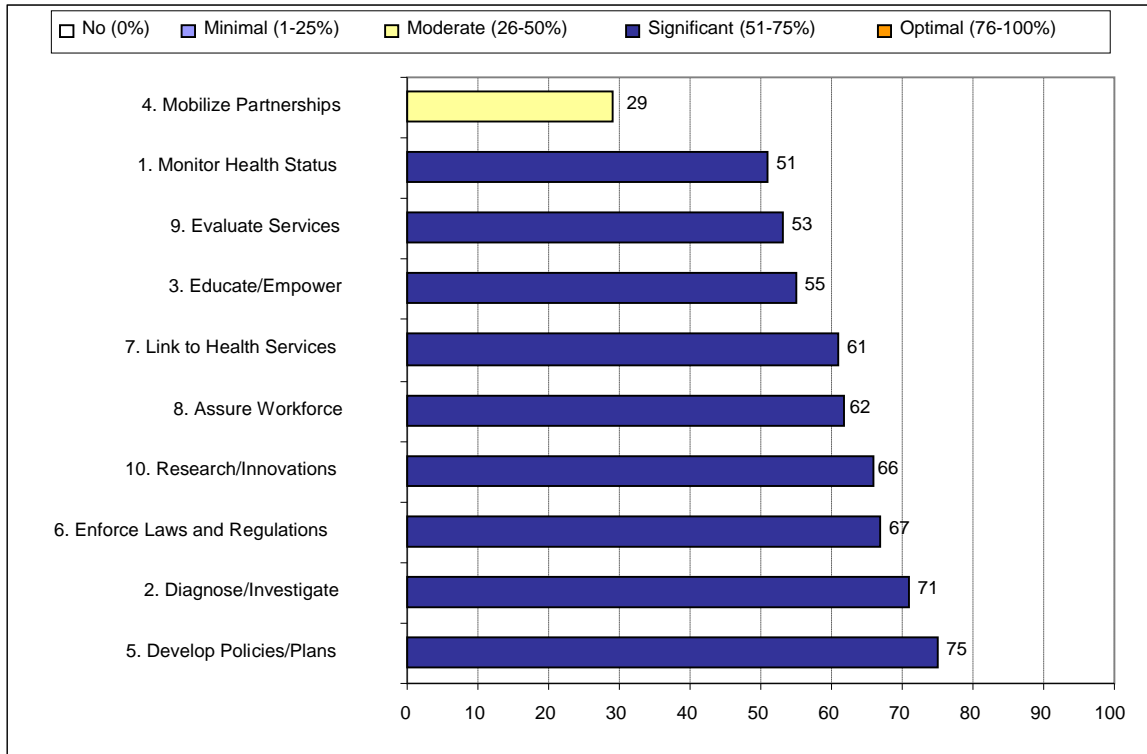
LPHSA results represent the participants' collective assessment of performance of all entities in the Arlington Public Health System, not any one organization. (Results were reported to the CDC as part of a collaborative effort to monitor local performance standards.)

**Summary of performance scores by Essential Public Health Service (EPHS)**

#	EPHS	Score
1	Monitor Health Status to Identify Community Health Problems	51
2	Diagnose and Investigate Health Problems and Health Hazards	71
3	Inform, Educate, and Empower People about Health Issues	55
4	Mobilize Community Partnerships to Identify and Solve Health Problems	29
5	Develop Policies and Plans that Support Individual and Community Health Efforts	75
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	67
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	61
8	Assure a Competent Public and Personal Health Care Workforce	62
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	53
10	Research for New Insights and Innovative Solutions to Health Problems	66

This table provides a quick overview of the system's performance activity in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to the many activities that contribute to each Essential Service. These scores range from a minimum value of 0% (absolutely no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

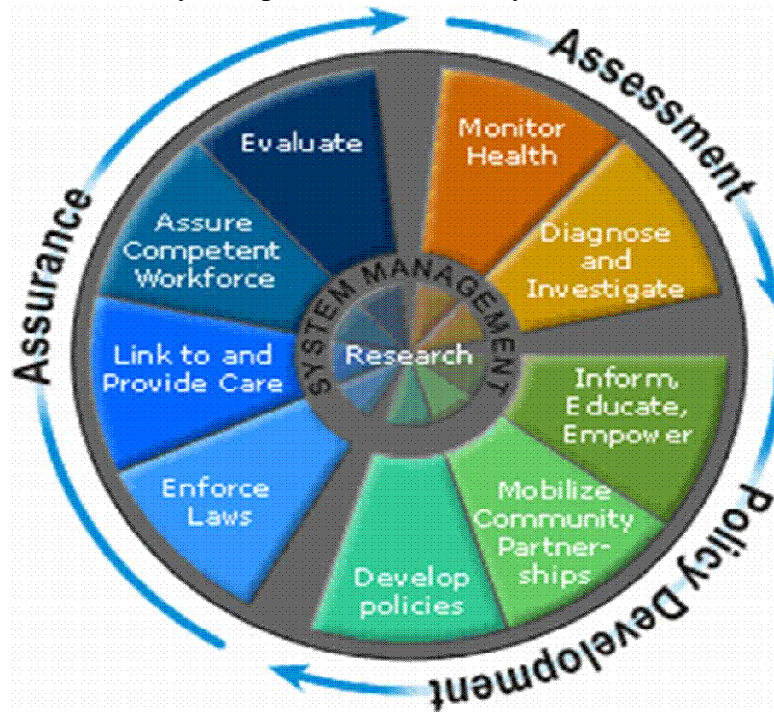
### Level of activity score ranked by each Essential Public Health Service



This figure displays each score from low to high, allowing easy identification of areas where system performance is relatively strong or weak.

### Essential Public Health Services (EPHS) Organized by Core Public Health Functions

The three core public health functions are **Assessment**, **Policy Development**, and **Assurance**. This section presents the level of system performance activity for each EPHS.



**Core Public Health Functions**

### ***Assessment***

The *Assessment* function involves “monitoring the health of communities and populations at risk to identify health problems and priorities” and has two of the 10 EPHS (APHA, 2008).

<b>Essential Public Health Service</b>	<b>Arlington Results</b>
Monitor health status	<ul style="list-style-type: none"><li>• Data widely available</li><li>• Data not connected</li><li>• Data not used to monitor progress at public health system level</li></ul>
Diagnose and investigate	<ul style="list-style-type: none"><li>• County communicable disease surveillance and lab services are strong</li><li>• Surveillance for chronic disease needs improvement</li><li>• Emergency preparedness and response funding support health hazard surveillance</li></ul>

### ***Policy Development***

The *Policy Development* function involves “formulating public policies, in collaboration with community and government leaders, designed to solve identified local and national health problems and priorities,” and has three of the 10 EPHS (APHA, 2008).

<b>Essential Public Health Service</b>	<b>Arlington Results</b>
Educate and empower	<ul style="list-style-type: none"><li>• Strong pandemic flu outreach program</li><li>• Limitations in language and cultural literacy</li><li>• Need for more community education on chronic diseases</li><li>• Limited outreach to jail population from non-county components</li></ul>
Mobilize partnerships	<ul style="list-style-type: none"><li>• Strong and active volunteer pool</li><li>• Need for further assessment data</li><li>• Missed opportunities for community partnerships and strategic alliances</li></ul>
Develop policies and plans	<ul style="list-style-type: none"><li>• Funding influences program rather than community needs</li></ul>

### ***Assurance***

The *Assurance* function involves “assuring that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services and evaluation of the effectiveness of that care” (APHA, 2008).

Essential Public Health Service	Arlington Results
Enforce laws and regulations	<ul style="list-style-type: none"> <li>• Concern about power and ability of local public health system to deal with behavioral and mental health emergencies</li> </ul>
Link to health services	<ul style="list-style-type: none"> <li>• Personal health service needs of populations are identified but not quantified</li> <li>• Lack of tracking system to identify how populations are using multiple services</li> <li>• Difficulty linking Medicaid clients to personal health service providers</li> <li>• Difficulty reaching vulnerable populations in emergencies</li> <li>• County has 2-1-1 database to connect clients to personal health services</li> </ul>
Assure competent workforce	<ul style="list-style-type: none"> <li>• Structured job descriptions, licensure requirements, performance evaluations in place for workforce</li> <li>• Availability of distance learning opportunities</li> </ul>
Evaluate services	<ul style="list-style-type: none"> <li>• Limitations in mental health access evaluation</li> <li>• Concerns over ability of system to assess systems performance of specific health care avenues and population groups</li> <li>• Excellent availability of assessment data</li> <li>• Good IT communication among organizations</li> </ul>
Research/Innovations	<ul style="list-style-type: none"> <li>• Strong links and access to institutions of higher learning</li> <li>• Room for improvement in implementation of research innovations</li> </ul>

### ***Conclusion***

Three themes emerged across the four LPHSA sessions:

- Funding drives activity. For example, standards related to emergency preparedness and response activities scored high because a significant amount of funding is currently available for this activity, while activities related to mobilizing system partnerships scored low because there is limited funding that supports partnership activity.
- Larger organizations have greater involvement in the local public health system than do smaller organizations. Participants concluded that this disparity was largely a result of available resources.
- The discussion resulting from the consensus process produced changes in individuals' assessments of services as they learned more about the services.

The LPHSA results represent the collective performance of all entities in the Arlington Public Health System. Data from this assessment were used to identify strengths and weaknesses in the system and to pinpoint areas of performance that need improvement.

## *Forces of Change Assessment (FOCA)*

The Forces of Change Assessment (FOCA) identified external forces that may positively or negatively affect the community now and looking forward to 2017.

The FOCA answered three questions:

- 1. What is occurring or might occur that affects the health of Arlington?*
- 2. What is occurring or might occur that affects the vitality of Arlington's Public Health System?*
- 3. What specific threats and/or opportunities are generated by answers to questions 1 and 2?*

As an example for this assessment, the Y2K scenario presented prior to the millenium could have affected the community and Arlington Public Health System by shutting down essential computer systems. However, individuals and communities prepared for the potential threat in advance and avoided the problem.

The MAPP Steering Committee conducted a brainstorming session in April 2008 to identify potential external forces that could affect public health in the years ahead.

Members identified social, political, ethical, legal, scientific, technological, environmental, and economic forces of change, and the threats and opportunities associated with those forces.

Some representative findings are listed below:

### *Forces of Change*

#### *Social*

- Changing Arlington demographics
- Limited health care dollars
- Rising rates of AIDS/HIV and sexually transmitted infections
- Increasing mental health needs

#### *Political*

- Emergency preparedness focus
- Pending state and national elections

#### *Ethical*

- Social factors that affect the health of the community
- Data sharing from electronic health records

#### *Scientific*

- Accreditation of local health departments
- Emergence of genetic engineering

#### *Technological*

- Computer and phone technology affecting health information access
- Increasing use of electronic medical records

#### *Environmental*

- Global warming
- More rapid transmission of pathogens because of travel throughout world
- Lack of quality drinking water

#### *Economic*

- Escalating health care costs as a percentage of salary
- Health care disparity based on income

## *Identifying Strategic Issues*

The MAPP process defines strategic issues as “fundamental policy choices or critical challenges that must be addressed in order for a community to achieve its vision” (NACCHO, 2008). Strategic issues form the foundation for goal development.

After completing the four community health assessments, the MAPP Steering Committee’s next step was to identify strategic issues that could improve the community’s health. Findings from the assessments, along with the vision and values statements, were used as a starting point for strategic issue development. Nine cross-cutting issue areas were identified:

- Access to healthcare
- Chronic disease
- Communicable disease
- Data
- Emergency preparedness
- Environmental health
- Health education & literacy
- Partnerships
- Safety

MAPP Steering Committee members then individually selected the three they felt were most important to address. The following criteria were used:

- The issue area must be recognized in two or more of the MAPP assessments
- The issue area must support and contribute to the realization of the vision and values statements
- The issue area must be something that the local public health system can address
- The issue area must be based on evidence as opposed to personal opinion

Through several facilitated meetings, the MAPP Steering Committee as a whole selected the following three strategic issues for future work:

*Strategic Issue #1:*

### **Access to Healthcare**

*How can the Arlington Public Health System strengthen access to care for those needing health care?*

*Strategic Issue #2:*

### **Prevention of Chronic Disease**

*How can the Arlington Public Health System prevent chronic disease?*

*Strategic Issue #3:*

### **Prevention of Communicable Disease**

*How can the Arlington Public Health System prevent communicable disease?*

MAPP Steering Committee members self-selected into strategic issue teams (SITs) based on personal and professional interests. The following section presents the strategic issues and goals that each SIT developed. Actions to achieve each goal are currently being explored and will continue to be the focus of the work of the implementation teams.

## Access to Healthcare

*Strategic Issue: How can the Arlington Public Health System strengthen access to care for those needing health care?*

The Arlington Public Health System places value on access to “quality healthcare and community services, including mental health and substance abuse” services. It also stresses that these services should be “affordable to all” and “provided in the least restrictive environment.”

### **Health Insurance**

Health insurance coverage continues to be a major concern for Arlington residents. The percentage of uninsured residents in Arlington (20.3%) is higher than in Northern Virginia as a whole and the Commonwealth (14.8%) (U.S. Census Bureau, 2008). In addition, Virginia Hospital Center, the main hospital serving Arlington, reports that 14.6% of patients served are uninsured (J.J. Sverha, Virginia Hospital Center, personal communication, September 2006). An additional undetermined segment of the population is underinsured.

Virginia Medicaid and Medicare reimbursement rates are low. In fact, the Commonwealth places near the bottom among all states in the amount it provides in Medicaid reimbursement. As a result, fewer providers are accepting clients using these publicly funded health insurance programs.

A medical home (i.e., usual place of care outside of an emergency room) for every resident would ensure that an individual has his/her health care needs coordinated by one provider or group of providers. This applies to services across all stages of life (e.g., acute care, chronic care, preventive services, end-of-life care) (American Academy of Family Physicians, 2008).

**Goal 1: Increase access to a medical home for Arlingtonians by 2017**

### **Proposed actions:**

- Establish baseline data to obtain a more complete picture of the Arlington population that does not have a medical home
- Advocate with the Commonwealth to increase Medicaid reimbursement rates, and at the federal level to increase Medicare reimbursement rates
- Develop a referral source for the seriously mentally ill and those in crisis who also have health care concerns
- Examine the feasibility of the 2-1-1 phone line to provide health information, referral, and linkage services to a medical home

### **Substance Abuse**

Binge drinking and use of illegal drugs by youth is a problem that exists in our community as well others across the nation.

The 2007 YRBS reports the following on Arlington youth:

- Binge drinking is higher among Arlington 10<sup>th</sup> & 12<sup>th</sup> graders (28%) versus U.S. (25.5%)
- 26% of 10<sup>th</sup> & 12<sup>th</sup> graders report current use of alcohol
- 13% of 10<sup>th</sup> & 12<sup>th</sup> graders were offered or sold drugs at school
- 14% of 10<sup>th</sup> & 12<sup>th</sup> graders report marijuana use in the past month

***Goal 2: Prevent the development of high risk drinking and use of drugs by 2017***

***Proposed actions:***

- Thorough review of existing procedures for identifying and referring youth identified as first-time users of drugs or alcohol illegally
- Research best practices to identify program components
- Develop and implement an assessment and education program for youth identified as using drugs or alcohol illegally (to include a parent component)

***Mental Health***

Our jail population offers a window into the community's mental health challenge. At any point in time, an estimated 25% of inmates in the Arlington jail system have a mental illness (C. Kemp, Arlington County Department of Human Services, personal communication, October 2008).

- Among 219 seriously mentally ill inmates seen during the first six months of FY 08, charges included 100 felonies, 83 misdemeanors and 35 probation violations (C. Kemp, Arlington County Department of Human Services, personal communication, October 2008)
- Over a six-month period, an estimated 35% of jail inmates with mental health disorders were eligible for diversion to alternative treatments (C. Kemp, Arlington County Department of Human

Services, personal communication, October 2008)

These data indicate that there is a strong need to explore the issue of identifying individuals coming into contact with the criminal justice system who have mental health and/or substance abuse problems and linking these individuals to appropriate services. If services are offered in a timely fashion, individuals may be diverted from the criminal justice system.

***Goal 3: Increase access to mental health and substance abuse services in Arlington by 2017***

***Proposed actions:***

- Strengthen linkages of mentally ill individuals to mental health services
- Strengthen linkages of individuals with substance abuse problems to treatment services
- Explore the possibility of establishing an urgent care center for behavioral health
- Examine the effectiveness of the current jail admission assessment tool for identifying individuals with substance abuse and mental health problems
- Examine feasibility of using the CrisisLink to follow up with clients referred from emergency services to ongoing mental health services (public and private)
- Examine best practices for serving individuals in crisis

## *Prevention of Communicable Disease*

*Strategic Issue: How can the Arlington Public Health System prevent communicable disease?*

The Arlington public health system envisioned during the MAPP process supports “optimal health and well-being” and values a focus on “prevention as much as treatment.”

### ***Sexually Transmitted Infections (STIs)***

STIs among youth and adults are a health concern for the Arlington community. Certain STIs are found in higher rates in Arlington than in neighboring communities and in the Commonwealth. The Arlington Public Health Division reports that between 2002 and 2007, there was a 19% increase in the rate of Chlamydia and a 206% increase in the rate of syphilis in the county.

Nationwide, approximately 19 million new STIs occur each year, almost half of them among young people aged 15 to 24 (CDC, 2008). Arlington’s 2007 YRBS indicates that:

- 52% of Arlington 12<sup>th</sup> graders have had sexual intercourse
- Of those who ever had sex, only 67% reported using a condom

### ***Teen Pregnancy***

In addition to increasing the risk of communicable disease, sexual activity can result in unwanted pregnancy. Although there has been a steady decline in such pregnancies, the U.S. still has one of the highest rates of teen pregnancy and childbirth (National Campaign to Prevent Teen Pregnancy, 2000). Teen pregnancy has negative personal, social and economic consequences. Arlington has a teen pregnancy rate (14.5 per 1,000) that is lower than the Commonwealth’s (27.2 per 1,000),

but higher than some of its neighbors’ (VDH, 2007).

### ***HIV/AIDS***

The rate of new AIDS cases in Arlington (31.9 per 100,000) is also high compared to the rates of Northern Virginia (13.2 per 100,000), the Commonwealth (10.9 per 100,000), and the U.S. (14.9 per 100,000) (CHSA, 2008).

***Goal 1: Reduce the incidence of sexually transmitted infections (STIs) in Arlington by 2017***

### ***Proposed actions:***

#### **Schools and Community**

- Encourage Arlington Public Schools to evaluate and teach the Family Life Education curriculum in a consistent and complete manner throughout the school system
  - create and maintain approved consultant/ speaker list
  - support recommendations to increase number of health specialists and better utilize their presence in schools
  - support active membership on Health and Physical Education Advisory Group
- Support efforts to increase parent/adolescent communication around sexual behavior and STIs
- Participate in “15 minutes with the Superintendent” cable television broadcasts
- Partner with existing organizations and groups involved in STI prevention

**Data**

- Engage in ongoing data collection, tracking, analysis and sharing of STI data trends
- Publish STI statistics on public health website for use by educators, non-profits and others
- Modify YRBS to incorporate questions that measure the impact of the implementation team's work

***Influenza***

Influenza is a highly contagious respiratory illness that affects all communities. The CDC reports that 5-20% of the U.S. population gets the flu each year, more than 200,000 people are hospitalized due to complications, and 36,000 die from the flu. Simple prevention efforts, such as hand washing and flu vaccination, can help to prevent the flu. The Arlington County Health Director stresses that “flu shots offer businesses and the community the best return on investment in prevention.”

In Arlington County, there is currently no centralized system in place to track, report, and/or share data on influenza vaccinations. Such a system would enable Arlington to identify gaps in coverage and coordinate efforts to increase vaccination rates.

***Goal 2: Increase the number of individuals who receive seasonal influenza vaccine annually in Arlington by 2017***

***Proposed actions:*****Community**

- Establish network of providers involved in flu prevention outreach (e.g., local hospitals, clinics, private physicians, physician groups & private sector)
- Develop website to serve as mechanism for information exchange among network providers
- Support community events related to flu prevention
- Identify gaps and reach out to at risk populations

**Data**

- Establish baseline of seasonal influenza rates among at-risk populations
- Increase participation in Virginia Immunization Information System (VIIS) for ongoing data collection, tracking, and analysis
- Encourage data sharing among network providers

## *Prevention of Chronic Disease*

### *Strategic Issue: How can the Arlington Public Health System prevent chronic disease?*

Primary public health disease prevention is at the core of Arlington's vision and values statements. The MAPP vision sees the public health system as one that "promotes optimal health and well-being" and places value on "a healthy lifestyle that emphasizes good nutrition and physical activity."

Chronic diseases, including heart disease, cancer, and diabetes, are the leading causes of death and disability in the United States. They are costly to both the individual and the community. In many cases they are preventable. Personal choices in nutrition, physical activity, and tobacco use all play a significant role in these life-altering chronic conditions.

### ***Overweight and Obesity***

Nationally, the percentage of overweight and obese children is increasing, leading to escalating rates of Type II Diabetes.

Results from the Arlington 2007 YRBS indicate that there is a need for behavior modification among this age group. Data show that:

- 24% of students identify themselves as overweight
- 23% of students were identified as overweight or at risk of overweight (using a body mass index calculation)
- Only 19% met the minimum recommendation of drinking three glasses of milk per day; 16% drank no milk during the week before taking the survey
- 63% of students ate less than one serving of fruit per day

- Only 40% of students met the current recommendation for exercise

Early adoption of healthy behaviors can reduce the lifetime risk of overweight and obesity.

### ***Goal 1: Reduce the prevalence of overweight and obesity in Arlington by 2017***

#### ***Proposed actions:***

- Identify national, regional, and local best practices in obesity prevention
- Conduct a local program inventory to identify gaps and address them

### ***Tobacco***

Tobacco use is considered the most preventable cause of illness and death in the United States. It has been linked to cancer, coronary heart disease, and stroke. From 1997 to 2001, tobacco contributed to 438,000 deaths in the U.S. (CDC, 2005). Smoking is highly addictive and, once started is very difficult to quit.

In Arlington, 13% of adults smoke tobacco (MWPFA, 2001). Although this rate of use is much lower than the national average, the ill effects of tobacco use remain a major health concern for Arlington residents.

- The 2007 YRBS reports the following on Arlington youth: 20% of students currently use tobacco (8% of 8<sup>th</sup> graders; 31% of 12<sup>th</sup> graders)
- Nearly one in two youth smokers have tried to quit smoking without success

Smoking is rarely initiated in adulthood. Eighty percent of all adult smokers had their first cigarette before the age of 18; 90% began smoking before age 20 (American Legacy Foundation, 2000).

The Surgeon General (1994) reports that the best way to reduce overall tobacco use is to reduce the number of youth who start smoking.

***Goal 2: Reduce tobacco use in Arlington by 2017***

***Proposed actions:***

- Identify national, regional and local best practices in youth and adult tobacco prevention and cessation
- Conduct a local program inventory to identify gaps and address them
- Collaborate with others to raise awareness of youth tobacco issue

## *Next Steps...*

Eighteen months ago, we embarked on a community-wide and community-driven strategic planning process, otherwise known as MAPP. The overarching goal of MAPP was to create a healthier Arlington community and a better quality of life for its citizens. Members of the Arlington community came together as a MAPP Steering Committee to represent the Arlington Public Health System.

Our work resulted in two important outcomes:

- We identified three strategic areas, as well as supporting goals and actions, to improve the community's health
  - Increase access to health care
  - Prevent chronic disease
  - Prevent communicable disease
- We created and nurtured public health system partnerships to create a healthier Arlington

From this process we learned that Arlington is generally a healthy community compared to our Northern Virginia neighbors, the Commonwealth of Virginia, and the United States. We do, however, face some challenges. The main lesson we learned is that we need ongoing partnerships in order to be successful as a community to address current and future public health challenges.

Looking toward 2017, the MAPP Steering Committee recommends continuing the work begun by the three Strategic Initiative Teams (SITs). In order to support and sustain this work, a more permanent collaborative, named the *Partnerships for a Healthier Arlington* is being formed.

*Partnerships for a Healthier Arlington* will work to further develop the proposed actions to support our three strategic initiatives. It will also create new implementation plans as needed.

Please read the *Partnerships for a Healthier Arlington* mission and recommended scope of work (Appendix C). To find out how to get involved in our current activities, please visit our website at: <http://www.arlingtonva.us/MAPP>.



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A special thank you to the following  
graduate students for their valuable  
contribution to the MAPP process:

Jay-Jay Babu, MPA  
George Mason University

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## References

- American Academy of Family Physicians (2008). *Patient centered medical home*. Retrieved November 23, 2008 from <http://www.aafp.org/online/en/home/membership/initiatives/pemh/brief.html>
- American Legacy Foundation (2008). *Youth and Smoking Fact Sheet*. Retrieved from [http://www.americanlegacy.org/PDFPublications/Youth\\_and\\_Smoking\\_-\\_2.08\\_-\\_FINAL.pdf](http://www.americanlegacy.org/PDFPublications/Youth_and_Smoking_-_2.08_-_FINAL.pdf)
- American Public Health Association. 10 Essential Public Health Services. Retrieved December 4, 2008 from <http://www.apha.org/programs/standards/performancestandardsprogram/resexentialservices.htm>
- Arlington County Police Department (2007, March 27). *Arlington's crime rate falls again*. Retrieved December 4, 2008, from <http://www.arlingtonva.us/Departments/Police/news/article.asp?ID=429>
- Arlington County Budget (2008). *Arlington County Fiscal Year 2009 Proposed Budget*. Retrieved December 4, 2008, from <http://arlingtonva.us/Departments/ManagementAndFinance/budget/fy09proposed/BudgetMain.aspx>
- Arlington County Budget. (2007). *Arlington County Fiscal Year 2008 Proposed Budget*. Retrieved December 4, 2008, from <http://arlingtonva.us/Departments/ManagementAndFinance/budget/fy08proposed/FY08ProposedBudgetMain.aspx>
- Arlington Partnership for Children, Youth and Families (2007). *Under the Influence? Findings on Teen Alcohol Use*. Retrieved from [http://www.arlingtonpartnershipforyouth.org/rep\\_pubs/alcoholweb.pdf](http://www.arlingtonpartnershipforyouth.org/rep_pubs/alcoholweb.pdf)

Arlington Partnership for Children, Youth and Families. *Youth Risk Behavior Survey*. [Data file].

Retrieved from [http://www.arlingtonpartnershipforyouth.org/rep\\_pubs/WebChart](http://www.arlingtonpartnershipforyouth.org/rep_pubs/WebChart) book.

Arlington Partnership for Children, Youth and Families. *Youth Risk Behavior Survey:*

*Significant Changes Since 2004*.

Arlington Department of Community Planning, Housing and Development (2006). Arlington

Profile. Retrieved from <http://www.arlingtonva.us/Departments/CPHD/planning/>

[data\\_maps/pdf/Profile2006PreviousYear.pdf](http://www.arlingtonva.us/Departments/CPHD/planning/data_maps/pdf/Profile2006PreviousYear.pdf)

Arlington Department of Human Services, Public Health Division, Disease Surveillance and

Investigation Unit (2008).

Baker, C. & Newhouse, J. (1995). Cost. In D. Calkins, R.J. Fernandopulle & B.S. Marino, Health

Care Policy (pp.155-172). Cambridge: Blackwell Science.

Centers for Disease Control & Prevention. (2005). *Basic Statistics*. Retrieved December 4, 2008,

from <http://www.cdc.gov/hiv/topics/surveillance/basic.htm>

Centers for Disease Control & Prevention (2006). Deaths, Percent of Total Deaths, and Death

Rates for the 15 Leading Causes of Death in 5-Year Age Groups, by Race and Sex:

United States, 1999-2004. Table LCWK1.

Centers for Disease Control & Prevention (2008). Influenza: The Disease. Retrieved November

30, 2008 from <http://www.cdc.gov/flu/about/disease/index.htm>

Centers for Disease Control & Prevention. *Youth Risk Behavior Surveillance, United States,*

*2007*. Retrieved from [http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07\\_mmwr.pdf](http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf)

CNN.Money.com (2008, September 22). Best places for a long life. Arlington County, VA.

Retrieved January 23, 2009, from <http://money.cnn.com/galleries/2008/moneymag/>

[0809/gallery.bestplaces\\_lifeexpect.moneymag/15.html](http://money.cnn.com/galleries/2008/moneymag/0809/gallery.bestplaces_lifeexpect.moneymag/15.html)

Colton, C.W. & Manderscheid, R.W. (2006). Congruencies in Increased Mortality Rates, Years of Potential Life Lost, and Causes of Death Among Public Mental Health Clients in Eight States. *Preventing Chronic Disease*. Retrieved from [http://www.cdc.gov/pcd/issues/2006/apr/05\\_0180.htm](http://www.cdc.gov/pcd/issues/2006/apr/05_0180.htm).

Community Health Status Assessment (2008). Arlington MAPP Steering Committee.

Community Themes and Strengths Assessment (2008). Arlington MAPP Steering Committee.

ETC Institute (2004). DirectionFinder<sup>®</sup> Survey\_ (Arlington).

Metropolitan Washington Council of Governments (2007). Homeless Enumeration for the Washington Metropolitan Region. Retrieved from <http://www.mwcog.org/uploads/publicdocuments/z1hbWg20070613141807.pdf>.

Metropolitan Washington Public Health Assessment Center (2001). *Community Health Indicators for the Washington Metropolitan Region*. Retrieved December 4, 2008, from <http://www.mwcog.org/pdf/healthindicators.pdf>

National Association of County and City Health Officials. *MAPP Handbook: Achieving Healthier Communities through MAPP*.

National Association of County and City Health Officials (2008). *Strategic Issues*. Retrieved from <http://www.naccho.org/topics/infrastructure/MAPP/phase4.cfm>.

National Campaign to Prevent Teen and Unplanned Pregnancy (2000). Retrieved November 30, 2008 from <http://www.thenationalcampaign.org/why-it-matters/default.aspx>.

Public Health Functions Steering Committee (1994). *Public health in America*. Retrieved from <http://www.health.gov/phfunctions/public.htm>

United States Census Bureau. *Arlington County, Virginia: General Demographic Information: 2005, 2006, 2007* [Data file] Retrieved from [factfinder.census.gov](http://factfinder.census.gov)

United States Census Bureau. *Arlington County, Virginia: Health Insurance: 2008*. [Data file]  
Retrieved from <http://www.census.gov/hhes/www/hlthins/whatsnew.html>

United States Census Bureau, *Arlington County, Virginia: Selected Housing Characteristics: 2005*. [Data file] Retrieved from [factfinder.census.gov](http://factfinder.census.gov)

United States Census Bureau. *Arlington County, Virginia: Selected Housing Characteristics: 2005*. [Data file] Retrieved from [factfinder.census.gov](http://factfinder.census.gov)

United States Department of Agriculture: Economic Research Service. *County-Level Unemployment and Median Household Income for Virginia* [Data file]. Retrieved from <http://www.ers.usda.gov/Data/Unemployment/>

Virginia Department of Health, Division of Health Statistics, Health Profile, Arlington County (2007). Retrieved from <http://www.vdh.state.va.us/healthstats/Arlington07.asp>

Virginia Department of Health (2008). *Complete Virginia Life Tables 2005* [Data file] Retrieved from <http://www.vdh.state.va.us/healthstats/LifeTables05.pdf>.

Virginia Department of Health (2007). *Resident deaths from fourteen leading causes of death with age-adjusted rates per 100,000 population*. [Data file].

Virginia Department of Health (2007). *Resident teenage pregnancies, live births, induced terminations of pregnancy, and natural fetal deaths by age of mother by planning district and city or county: 2007*. [Data file] Retrieved from <http://www.vdh.virginia.gov/HealthStats/TeenPregAge07.pdf>

Virginia Department of Health, Division of Health Statistics (2005, 2006, 2007). Retrieved from <http://www.vdh.virginia.gov/HealthStats/index.asp>

Virginia Department of Health, Epidemiology Division, Surveillance Data Annual Reports (1999 – 2005).

## Appendix A: Acronyms

CDC	Centers for Disease Control
CHSA	Community Health Status Assessment
CTSA	Community Themes and Strengths Assessment
DHS	Department of Human Services
EPA	Environmental Protection Agency
EPHS	Essential Public Health Services
FLE	Family Life Education
FOCA	Forces of Change Assessment
GED	General Educational Development
HS	High School
LPHSA	Local Public Health System Assessment
MAPP	Mobilizing Action through Planning and Partnerships
NACCHO	National Association of County and City Health Officials
SIT	Strategic Issue Team
TB	Tuberculosis
VIIS	Virginia Immunization Information System
Y2K	Year 2000 Problem
YRBS	Youth Risk Behavior Survey

## Appendix B: Glossary

**Action items:** the patterns of action, decisions, and policies that guide a group toward goals. Action items identify how the community will move in the direction of the goal. They answer the question: How does the community want to achieve the goal? What action is needed? Each goal has one or more action items.

**Arlington Public Health System:** network of private, non-profit, and government organizations that provide health and health related services to the Arlington community

**Chlamydia:** a common sexually transmitted disease (STD) caused by the bacterium, *Chlamydia trachomatis*. Chlamydia can be transmitted during vaginal, anal, or oral sex. Chlamydia can also be passed from an infected mother to her baby during vaginal childbirth. In women, symptoms are usually mild or absent but serious complications cause irreversible damage, including infertility.

**Convenience sample:** a commonly used data gathering tool where information can be obtained quickly from a willing and available group of people.

**Cross-cutting issues:** critical components that have relevance for each strategic issue. They may be compared to threads that are woven throughout all of the strategic issues and action cycle work.

**Essential Public Health Services:** provide a working definition of public health by describing activities that all communities should be involved in and responsibilities of the local public health system.

**Family Life Education (FLE):** A sequential curriculum mandated by the state of Virginia for students in grades K-10. The FLE is offered through the office of Health & Physical Education in the Arlington Public School system. The FLE assists students to:

- Relate to self & others in a healthy & self-fulfilling manner
- Form & maintain strong ties with family & community
- Develop self-esteem, self confidence, and responsibility
- Understand the importance of abstaining from sexual activity until marriage
- Develop into responsible, productive and well-adjusted adults (*Arlington Public Schools*)

**Goal:** Broad, long-term, measurable aims that define a desired result associated with identified strategic issues. They answer the question “What do we want to achieve by addressing the strategic issue?” Goals set a common direction and understanding of the anticipated end result.

**Local public health system:** The intertwined and interconnected network of providers (public and private) that deliver services to promote a healthy community. This includes the local health department. The goal of the local public health system is to achieve healthy people in a healthy community.

**Medical home:** Concept that an individual’s medical care is managed and coordinated by a health care provider (i.e., physician, nurse, clinic, etc.) which results in continual, comprehensive, cost-efficient, and effective health services. A medical home forges a safe bond

## Appendix B: Glossary

and quality connection between the care delivered and the specific needs of the individual which may lead to better individual health outcomes (*American Academy of Family Physicians*)

**Norovirus:** Part of a group of viruses that cause the “stomach flu” or gastroenteritis. Symptoms may include nausea, vomiting, diarrhea, stomach cramping, a low-grade fever, chills, headache, muscle aches, and a general sense of tiredness. Norovirus has a sudden onset and typically lasts between 1 to 2 days. Individuals may become infected by eating food or drinking liquids contaminated with norovirus, touching contaminated surfaces and then placing their hand in their mouth, or having direct contact with an infected individual.

**Pertussis:** A highly contagious respiratory tract infection that is also known as whooping cough. Vaccination is the best prevention. (DTaP is the childhood vaccine; Tdap is the adult booster).

**Prevention:** The actions taken to reduce the burden of a condition in one of three ways:

- A. **Primary prevention:** actions taken to stop the development of a disease, event, or condition before it happens, for example, conducting a media campaign to cover your cough.
- B. **Secondary prevention:** actions taken to diagnose early and treat beginning disease, for example, screening for breast cancer through mammography.
- C. **Tertiary prevention:** actions taken to treat disease so that complications are reduced, for example, removal of an inflamed appendix. (*Dictionary of Epidemiology*)

**Quarantine:** The CDC applies the term to any situation in which a building, conveyance, cargo, or animal might be thought to have been exposed to a dangerous contagious disease agent and is closed off or kept apart from others to prevent disease spread.

**Rotavirus:** The most common cause of severe diarrhea among children. Rotavirus is transmitted by eating food or drinking water contaminated with the virus, or by direct contact with contaminated surfaces. Symptoms may include vomiting and watery diarrhea for 3-8 days, fever, and abdominal pain. In the U.S. it follows a winter seasonal pattern, occurring most commonly from November to April.

**Strategic issue:** Fundamental policy choices or critical challenges that must be addressed in order for a community to achieve its vision. They serve as the foundation for development of strategies.

**Tuberculosis:** a potentially severe contagious disease caused by the bacteria *Mycobacterium tuberculosis*. TB is spread from person to person through the air. It primarily affects the lungs. TB can be fatal if not treated properly.

**Tularemia:** a potentially serious illness caused by the bacterium *Francisella tularensis*, found in animals such as rodents and rabbits. A person can become infected by being bitten by an infected tick, deerfly, or other insect; by handling infected animal carcasses, and by eating or drinking contaminated food or water. Symptoms may include sudden fever, chills, headache, diarrhea, joint pain, and dry cough.

## Appendix B: Glossary

**Varicella:** A highly contagious disease, commonly known as the chickenpox, caused by an infection with the varicella zoster virus. Varicella is spread by coughing and sneezing and direct contact with an infected individual. Symptoms include a fever and an itchy rash. It is vaccine preventable.

**Windshield survey:** a visual overview of a neighborhood or community

**World café:** a method for hosting conversations among individuals or groups of individuals; conversations link and build on each other as people move between groups, share common ideas, and discover new insights into important questions or issues (*www.Worldcafe.com*)

Please note that all definitions are adapted from the CDC and the NACCHO MAPP Handbook unless noted otherwise.

**PARTNERSHIPS FOR A HEALTHIER ARLINGTON**  
ESTABLISHED JANUARY 29, 2009

*Partnerships for a Healthier Arlington* is an organization growing out of the 18-month strategic planning process called Mobilizing for Action through Planning and Partnerships or MAPP. This process was lead by the Arlington Public Health System.

**Mission:** To make Arlington a healthier place to live, work, and play.

Partnerships members will accomplish this mission through strengthening and creating public health system partnerships to address community health needs and to achieve the vision that “*Arlington is a vibrant and diverse community with a public health system that serves and protects the community and that promotes optimal health and well-being of all of its residents, employees, commuters, and visitors.*” (MAPP, October 2007)

**Recommended Scope of Work:**

- Support and sustain the work of the three Strategic Issue Teams (SITs) established during the MAPP process and monitor and evaluate the outcomes from their work.
- Address emerging public health issues through strategic partnerships.
- Engage in publicity and advocacy for addressing strategic public/private health issues
- Provide opportunities to increase members’ awareness and knowledge of public health and related issues.
- Prepare an annual report on the progress being made toward achieving the goals and action items for each SIT.
- Recruit additional representatives of organizations that are part of the public health system to develop partnerships to address public health needs.
- Coordinate with existing public and private sector groups promoting public health (e.g., FitArlington, AIRE (Arlington Initiative to Reduce Emissions)).
- Share information about issues, findings, and concerns related to the public health of the Arlington community.

**Composition:** The Partnerships for a Healthier Arlington will be comprised of a steering committee made up of representatives of private and public sector organizations that constitute the public health system in Arlington.

**Meeting Frequency:** Partnerships for a Healthier Arlington will meet quarterly.

**Support:** Partnerships for a Healthier Arlington receives staff support from the County’s Division of Public Health.