Inova Fair Oaks Hospital
CHNA Implementation Strategy

Adopted by the Inova Health Care Services Board on June 26, 2013:

This document describes how Inova Fair Oaks Hospital (the hospital) plans to address needs found in the Community Health Needs Assessment (CHNA) published by the hospital on October 20, 2013. See the CHNA report at http://www.inova.org/upload/docs/Community/Inova-Fair-Oaks-Hospital-Community-Health-Needs-Assessment-2013.pdf. The implementation strategy describes the hospital’s planned initiatives for calendar (tax) years 2014 through 2016.

The CHNA was undertaken by the hospital to understand community health needs and in accordance with regulations promulgated by the Internal Revenue Service pursuant to the Patient Protection and Affordable Care Act, 2010. This implementation strategy addresses the community health needs described in the CHNA report that the hospital has determined it is able to meet in whole or in part. Inova Fair Oaks Hospital recognizes that a CHNA and an implementation strategy are required to meet current government regulations.

The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the years 2014 through 2016, other organizations in the community may decide to address certain needs, indicating that the hospital should amend its strategies and refocus on other identified health problems.

The document contains the following information:

1. Hospital Mission Statement
2. Definition of the Community Served
3. Selection of Priority Community Health Needs
4. Implementation Strategy to Address Identified Health Needs
5. Health Needs the Hospital Will Not Address
6. Implementation Strategy Development Collaborators
1. Hospital Facility Mission Statement

Inova Fair Oaks Hospital is committed to supporting its mission, “to improve the health of the diverse community we serve through excellence in patient care, education and research,” through offering a wide range of community benefits and clinical services.

2. Definition of the Community Served

Inova Fair Oaks Hospital’s community includes Fairfax, Loudoun, and Prince William counties, and the City of Manassas. This area is comprised of 44 ZIP codes (and 17 subregions).

In 2012, this community included an estimated 1,134,133 persons. The community was defined based on the geographic origins of Inova Fair Oaks Hospital’s inpatients. In 2010, about 83 percent of the hospital’s inpatients and 86 percent of emergency department visits originated from the 44 ZIP codes.

Exhibit 1 portrays the community served by the hospital, which is located in Fairfax County.

Exhibit 1: Inova Fair Oaks Community by Subregion and ZIP Code

Sources: Microsoft MapPoint and Inova Fair Oaks, 2012. Subregion 1 is Dulles International Airport.
Summary information regarding the hospital’s community is as follows:

- The community’s population grew 11 percent between 2008 and 2013 and is expected to grow another two percent between 2013 and 2018. Significant population growth and aging are likely to increase demand for health services over the next several years.

- Over one-third (37 percent) of residents were non-White in 2013. Non-White populations are projected to grow more rapidly than the White population, particularly Black residents in Manassas West and Manassas East and Asian residents in the East Fairfax 29/50 Corridor and Springfield.

- Within the community, Manassas City reported poverty and unemployment rates above the Virginia averages. However, these rates were materially higher for non-White residents in all jurisdictions.

Additional information regarding community demographics, identified health needs, and related issues is included in the CHNA report.

3. Selection of Priority Community Health Needs

The hospital’s 2013 CHNA found that numerous health status and access problems are present in the community. A committee comprised of hospital leadership and medical staff, including the Chief Executive Officer, Chief Financial Officer, Chief Medical Officer, Chief Nurse Executive, Director of Quality, Senior Director of Nursing, Director of Human Resources, Management Consultant, Director of Patient Relations, and the President of the Hospital Auxiliary, and the Director of the Fairfax County Health Department met on several occasions, reviewed the CHNA findings, and concluded that the hospital’s implementation strategy should continue to include the issues identified by “Y” (for Yes) in Exhibit 2, and that the work plan for 2014-2016 will focus major efforts on six priority areas (identified by “Priority”) described in Section 4. Issues identified by “N” (for No) represent issues that the hospital does not plan to address (for reasons detailed in the report).
### Exhibit 2: Community Health Needs the Hospital Will Attempt to Meet

<table>
<thead>
<tr>
<th>Needs</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to Health and Human Services Plan to Meet (Priority/Y/N)?</strong></td>
<td></td>
</tr>
<tr>
<td>Insufficient Collaboration and Coordination Among Organizations Providing Health and Social Services</td>
<td>Y</td>
</tr>
<tr>
<td>Insufficient Case/Care Management for Seniors – (Fairfax County, Fairfax City)</td>
<td>P</td>
</tr>
<tr>
<td>Lack of Affordable and Accessible Primary and Specialty Care and Insurance</td>
<td>P</td>
</tr>
<tr>
<td>Lack of Access to Preventive Care</td>
<td>P</td>
</tr>
<tr>
<td>Language Barriers and Need for Additional Culturally Competent Care Providers</td>
<td>Y</td>
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<table>
<thead>
<tr>
<th>Needs</th>
<th>Focus</th>
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<tbody>
<tr>
<td><strong>Chronic Disease</strong></td>
<td></td>
</tr>
<tr>
<td>High Rates of Cancer Incidence and Disparities in Cancer Mortality</td>
<td>P</td>
</tr>
<tr>
<td>Disparities in Chronic Liver Disease and Cirrhosis Mortality</td>
<td>N</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Needs</th>
<th>Focus</th>
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</thead>
<tbody>
<tr>
<td><strong>Dental Health</strong></td>
<td></td>
</tr>
<tr>
<td>Lack of Access to Dental Care and Poor Dental Health Status</td>
<td>P</td>
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</tbody>
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<tr>
<th>Needs</th>
<th>Focus</th>
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<tbody>
<tr>
<td><strong>Health Behaviors</strong></td>
<td></td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>Y</td>
</tr>
<tr>
<td>High Rates of Smoking – (Manassas City and Manassas Park City)</td>
<td>Y</td>
</tr>
<tr>
<td>Unsafe Sex – (Manassas City and Manassas Park City)</td>
<td>N</td>
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<table>
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<tr>
<th>Needs</th>
<th>Focus</th>
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<tbody>
<tr>
<td><strong>Maternal and Child Health</strong></td>
<td></td>
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<tr>
<td>Disparities in Infant Health Outcomes</td>
<td>Y</td>
</tr>
</tbody>
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<table>
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<tr>
<th>Needs</th>
<th>Focus</th>
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</thead>
<tbody>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
</tr>
<tr>
<td>Lack of Access to Mental Health Services and Poor Mental Health Status</td>
<td>Y</td>
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<tr>
<th>Needs</th>
<th>Focus</th>
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<tbody>
<tr>
<td><strong>Morbidity</strong></td>
<td></td>
</tr>
<tr>
<td>Diet and Exercise – Related Issues</td>
<td>P</td>
</tr>
<tr>
<td>High Rates of Lyme Disease – (Loudoun County)</td>
<td>N</td>
</tr>
<tr>
<td>High Rates of Tuberculosis</td>
<td>N</td>
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<tr>
<th>Needs</th>
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<tbody>
<tr>
<td><strong>Physical Environment</strong></td>
<td></td>
</tr>
<tr>
<td>Poor Air Quality</td>
<td>N</td>
</tr>
<tr>
<td>Poor Community Safety – (Manassas City and Manassas Park City)</td>
<td>N</td>
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<table>
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<tr>
<th>Needs</th>
<th>Focus</th>
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<tbody>
<tr>
<td><strong>Social and Economic Factors</strong></td>
<td></td>
</tr>
<tr>
<td>Basic Needs Insecurity</td>
<td>N</td>
</tr>
<tr>
<td>Lack of Health Education</td>
<td>Y</td>
</tr>
<tr>
<td>Poor Educational Achievement – (Manassas City and Manassas Park City)</td>
<td>N</td>
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The 2013 CHNA provides additional details regarding each of the community health needs in Exhibit 2.

### 4. Implementation Strategy to Address Identified Health Needs

Inova Fair Oaks Hospital has a tradition of providing significant amounts of community benefit to the communities it serves. The hospital will continue its commitment to the community by allocating appropriate resources to implement the following strategies in 2014 through 2016 to meet these health needs.
A. Priority Strategic Initiatives

1. Improve lack of access to care, including preventive care, primary care, specialty care, dental care, and senior case/care management by:
   a. Continuing to provide Senior Case Management through PACE (Program of All-Inclusive Care for the Elderly) and HELP (Hospital Elder Life Program).
   b. Continuing to provide Discharge Planning, including Transitional Care Clinics (for Medicare, Medicaid and uninsured patients) to reduce frequent inappropriate use of the emergency department and preventable readmissions.
   c. Continuing investment in expansion of and affiliation with the Federally Qualified Health Centers (FQHCs) to increase access to primary care, dental care, and mental health services for the low income, uninsured population and growing senior population.
   d. Collaborating with area Federally Qualified Health Centers, Free Clinics, and the Fairfax County Health Department to develop and implement measurable targets to enhance access to care for hospital patients who need follow-up care and/or access to a medical home.
   e. Collaborating with the Medical Society of Northern Virginia (MSNVA) to stabilize and expand Project Access, to increase access to specialty care for low-income and uninsured Fairfax County residents.
   f. Garnering support of the Inova Health System, including Inova Fair Oaks Hospital medical staff, to volunteer with Project Access.
   g. Supporting FQHCs’ dental chairs and the Northern Virginia Dental Clinics, and participating in the annual Mission of Mercy event to provide dental care for low-income and uninsured patients.
   h. Expanding access to healthcare through InTotal Health Medicaid plan as eligibility for Medicaid expands in the Commonwealth of Virginia sometime in the next few years.

2. Address high rates of cancer incidence and reduce disparities in cancer mortality by:
   a. Supporting the Breast Cancer Institute, including patient navigators.
   b. Recruiting specialists to provide cancer services.
   c. Improving response to referrals from the safety net.
   d. Supporting preventive education initiatives, especially those targeted at disproportionately affected populations.
   e. Continuing support for the Life With Cancer program, which provides counseling, education, and other services for people with cancer and their families.

3. Decrease the prevalence of diet and exercise-related issues, including disparities in diabetes mortality and high rates of overweight/obesity, by:
   a. Continuing the Inova Fair Oaks Weight Loss Surgery and Medical Weight Loss Programs, including community education on the health risks of obesity.
b. Continuing the services of the Inova Fair Oaks Diabetes Center to provide diabetes self-management and prevention education.

c. Continuing the Diabetes Connections Project to increase the percentage of patients that achieve an HbA1c level at or below 7 percent.

d. Leveraging technology (e.g., telemedicine) to expand access by residents of Fairfax County to the Inova Diabetes Center self-management program as measured by increasing patient volumes for county residents.

e. Expanding the Community Health Outreach Worker program, including the Promotores de Salud Perinatal for low-income Hispanic residents, to provide information about diabetes prevention in faith-based communities in the Fairfax County community.

f. Continuing collaboration between the InovaCares Clinic for Women and the Inova Diabetes Center to reduce complications related to gestational diabetes.

g. Collaborating with the Northern Virginia Healthy Kids Coalition to:
   i. Expand outreach to schools by providing learning kits and technical support for implementation of activities to increase physical activity and nutrition education in a variety of community settings such as after-school programs, at home and child care programs, as well as school settings.
   ii. Support healthy vending machine choices both in Inova Health System facilities and Fairfax County schools through support of local legislative advocacy, employee health education and incentive programs, and inclusion of healthy choice requirements in vendor contracts.
   iii. Convene an annual summit, Let’s Move the Needle on Childhood Obesity: A Community Call to Action, for two hundred Northern Virginia stakeholders (including specific invitations to Fairfax County stakeholders) to share best practices for more activity and better nutrition for children.

h. Continuing an Inova Health System incentive program for recipients of SNAP benefits to help them purchase fresh, local foods at select farmers’ markets in Fairfax County and elsewhere in Northern Virginia. Under this program, qualifying shoppers receive up to $10 in matching funds from Inova for healthy food purchases at farmers’ markets.

i. Continuing sponsorship of the Northern Virginia Chapter of “Buy Fresh, Buy Local,” to simultaneously support local farms and create access to healthy food choices in Fairfax County and across the region.

j. Implementing the Inova Well Aware health incentive program, and continuing the Team-Up program for all Inova employees.
B. Continuing Strategic Initiatives

While certain community health needs have not been identified for expanded support or activity, the hospital plans to continue various current community benefit programs that address them. These initiatives include:

1. Continuing to improve collaboration and coordination among organizations providing health and social services by actively participating in 1) multiple workgroups of the Fairfax County Health Department’s Mobilizing for Action through Planning and Partnerships (MAPP) process and 2) Inova community coordination initiatives, including Palliative Care and Disaster Preparedness.

2. Continuing to provide culturally competent and linguistically appropriate services for racially, ethnically and linguistically diverse populations, including services for Hard-of-Hearing and Hearing Impaired populations, and to support health outreach and education to targeted populations to address health disparities.

3. Continuing the Inova Comprehensive Addiction Treatment Services (CATS) for alcohol and substance abuse treatment.

4. Continuing support to eliminate smoking through Inova’s Smoke Free campus and hiring policies, Tobacco Net smoking cessation program, and support for anti-smoking legislative measures.

5. Continuing to coordinate provision of prenatal care services with InovaCares for Women program to provide access to care and improve infant health in the diverse populations served by Inova Fair Oaks Hospital.

6. Increasing access to mental health services and improve poor mental health status, through:
   a. Providing behavioral health services at Inova Fair Oaks Hospital and in the community.
   b. Addition of a new 24 hour psychiatric assessment center located in Fairfax County.
   c. Support of the Kellar Center which provides a continuum of comprehensive mental health programs and services for children and young adults in an outpatient setting.

7. Continuing support for community health education through physician lectures, publications and Inova HealthSource, a health and wellness program of online counseling, community classes and events.

C. Planned Collaboration(s) With Other Related or Unrelated Health Care Organizations

The hospital’s strategies will be implemented in collaboration with partners including, but not limited to:

- Community-based (non-profit) organizations
- Fairfax County Health Department
• Fairfax County Chamber of Commerce
• Fairfax County Public Schools
• Faith-based organizations
• Federally Qualified Health Centers
• George Mason University
• Northern Virginia Community College
• Northern Virginia Medical Society
• Northern Virginia Healthy Kids Coalition
• Northern Virginia Family Services
• Philanthropic Community

D. Anticipated Impacts on Health Needs

Through implementing the above strategies, the hospital anticipates the following improvements in community health:

• Increased percentages of patients with HbA1C levels at or below 7 percent for the Diabetes Connections Project, as well as improvements in self-management and patient-provider communication.

• Reduced complications related to gestational diabetes through the InovaCares for Women program and Inova Diabetes Center collaboration in provision of education and clinical follow-up.

• Improved health status for community residents who currently face barriers to accessing specialty care, preventive care, mental health care, dental care, and primary care:
  o Increased access to primary care as evidenced by eliminating the waiting lists for access to FQHCs and obtaining a primary care appointment within one month of a request.
  o Increased access to specialty care.
  o Increased access to dental care.
  o Increased access to mental and behavioral health services.
  o Increased rigor of data collection to measure improvements in access to care.

• Improved health status for community residents who have cancer or whose family members have cancer:
  o Patient navigators to assist with accessing clinical care and auxiliary services.
  o Increased awareness and responsiveness of providers to disparities in cancer treatment.
  o Seamless referrals to specialists for low-income and uninsured patients.
• Improved collaboration among social services to provide more seamless referrals, thereby enhancing access to services that prevent deteriorating health status.
• Enhanced culturally competent care and linguistically appropriate services.
• Increased access to prenatal care for the lower-income population.
• Increased availability of health education and increased understanding regarding the effects of alcohol use and smoking.

5. Needs the Hospital Facility Will Not Address

No hospital facility can address all health needs present in its community. The hospital is committed to remaining financially healthy so that it can grow to enhance clinical services and to continue providing a range of community benefits. The hospital’s implementation strategy focuses on meeting the priority and specified community health needs, and not on the following needs:

Disparities in Chronic Liver Disease and Cirrhosis Mortality: The hospital’s implementation strategy focuses on prevention strategies that address health disparities. Substance abuse needs are a focus of other community resources.

Unsafe Sex: This community health issue is being addressed by others, especially the local Health Department.

High Rates of Lyme Disease: This community health need is being addressed by others, primarily the local Health Department, and Lyme Disease Commissions at the state and county level.

High Rates of Tuberculosis: This community health issue is being addressed by others, especially the local Health Department.

Poor Air Quality: This problem is beyond the scope of the hospital, and the hospital has insufficient resources to make a meaningful impact.

Community Safety: This community health issue is being addressed by others, including the local Police Department and Emergency Medical Services.

Basic Needs Insecurity: This problem is beyond the scope of the hospital. The hospital does not have the expertise to address the issue effectively and the issue is being addressed by others.

Poor Educational Achievement: This problem is beyond the scope of the hospital. The hospital does not have the expertise to address the issue effectively, and the issue is being addressed by others.
6. Implementation Strategy Development Collaborators

In developing this implementation strategy, Inova Fair Oaks Hospital collaborated with the other Inova Health System hospitals, Inova Alexandria Hospital, Inova Loudoun Hospital, Inova Fairfax Medical Campus, and Inova Mount Vernon Hospital, and the Fairfax County Health Department.