Appendix C. Forces of Change Assessment Discussion and Responses

As part of the Mobilizing for Action through Planning and Partnerships (MAPP) process, the Forces of Change Assessment (FOCA) is an important piece in developing our next Community Health Assessment. The FOCA engages participants to brainstorm and identify forces – such as trends, factors, or events – that are or could in the future influence the health and quality of life in the community and the local public health system. The forces identified through this process, together with the results of the other MAPP assessments, will serve as the foundation for identifying public health priorities that are important for the community to address.

Definitions:
Forces – broad, all-encompassing category that includes events, trends, and factors that affect the local public health system or community. This category can include all types of forces, including but not limited to social, economic, environmental, technological, educational, government/legal, and ethical forces.
- o **Events** – one-time occurrences
- o **Trends** – patterns over time
- o **Factors** – discrete elements

In order to most efficiently obtain this information from our community partners, we asked participants to fill out the below table that will, in addition to community meetings, help the coalition develop the Community Health Improvement Plan. As participants filled out the table, we asked them to think of the answers to the following questions:

- What has occurred recently or is occurring now that affects the health of our community?
- What may occur in the future?
- Are there any events, trends, or factors occurring that will have an impact? Think locally, regionally, nationally, and globally.
- In our community, what specific threats or opportunities are generated by these occurrences?

Figure C1. FOCA Response Matrix

Factors		
Forces	**Threats Posed**	**Opportunities Created**
Transportation (locally and statewide)	- Traffic - Public transport, lack of buses (language barriers/need for bus schedule and other information to be in multiple languages, infrequent routes) - Bus stations are not close - Not many taxis, poor taxi system - More stress due to long commutes - Inability to participate in the community due to lack of time - Poor eating habits due to time constraints	- Better local employment means less commuting time (and less commuting out for work) - More well-paying jobs in the community - Better public transportation - More volunteerism - More time for family and leisure activities

	- Less involvement in schools (e.g., PTA)	
High housing costs	- Access to affordable and safe housing - Senior housing - Homeless services	- New facility for homeless to be created in PWC - Coordinated entry - Better understanding of how housing impacts health - More teachers, public safety, government employees can work and live in this community if housing was more affordable
Political/legal	- Medicaid expansion - Lack on minority representation on Board of County Supervisors (BOCS) - Policies that are taboo - Not staying up-to-date with substance abuse harm reduction opportunities	- Local ordinances that could improve health - Medicaid expansion - Minority representation - Harm reduction opportunities
Legal status	- Public charge (federal) - Access to legal status	
Economic	- Lack of focus on low-income and aging populations - Job options with living wage - Price of healthy foods - Money for transportation - Rent/mortgage	- High school system has excellent trade training
Technology infrastructure	- No phone/tech - Computer literacy - County tech capacity – lack of WiFi, etc.	- Leveraging federal and state funds to assist with infrastructure
Mounting debt	- Equity - Not starting from the same place	
Disjointed county geography	- Planning and infrastructure - Sidewalks, parks - Division of east and west	
Changing demographics	- Aging population - Increasing diversity - Local government infrastructure and social service network able to match/meet capacity needs - Increasing transient community - Climate change	- Discussions in the works for creating a robust health safety net - Prepare for aging population with appropriate housing and services that allow socialization and aging in place

Environment	- Planning/infrastructure (sidewalks, transit, access to food, medical care, etc.) - Lack of affordable housing - High density of fast food - Climate change	- Affordable park facilities and safe green space required with building new communities - No smoking buildings in new apartment complexes - Safe drug take back programs 24/7 - Reward opportunities that decrease the communities carbon footprint - Build with materials that protect the local waterways
Events		
Elections (locally and nationally)	- Public charge - Travel ban - Racism, xenophobia - Community is not adequately represented - Disenfranchisement - Elected officials not supporting health policy that impact the social determinants of health	- Voter representation - New faces in politics - Advocacy, collaboration - Voter turnout put PWC on the political map - Elected officials good at adopting health policies that decrease health disparities
Medicaid (and oral health benefit)	- Providers (enough providers to cover the increase in insured patients from Medicaid expansion) - Implementation - Work requirement - Health literacy needs - Stress of DSS to do more eligibilities	- Increased access to healthcare - Chronic disease prevention - Comment window to the work requirement - Increased life expectancy, improved quality of life - Reduction in uninsured showing up at the ER - Preventive opportunities
Community Health Worker (CHW) certification	- Funding issues/ who will hire	- Hospitals more inclined to hire if certified - Job opportunities
Laws (temporary protected status)	- This will be going away (economic impact, people won't be able to work)	
Census 2020	- Immigration status question - People will not respond to survey, which will mean less resources for the community (underrepresentation will mean less funding) - Increased fear	
Governor's Access Plan (GAP)	- May be going away (ends with Medicaid expansion)	- Mental health benefits for individuals not on Medicaid

		- Individuals will be automatically switched over
Access to healthcare	- Could have access but do not (due to lack of awareness, personal choice, etc.) - Language barriers	- Free clinics - Health safety net, collaborative, coordinated services
Literacy	- Barriers to understanding health information and access to care	
Nutrition	- Unhealthy food is cheaper - Community is not designated a "food desert", but is food insecure (this impacts the funding that the community receives) - WIC – some people enrolled, but do not use it. Some are fearful to enroll	
Emotional quotation	- Collaboration - Difficulty to navigate social services system - Long commutes – stress, extended work hours, etc. - Less volunteerism - Cultural sensitivity issues - Stigma of mental health	
Education	- Lack of alternative secondary education and/or education opportunities	- Mason and NoVA community college – Advance program (this is a great way to get people into college, less expensive route, go to community college for 2 years and streamlined way to get into GMU; need more awareness for program) - Grants to help people pay - Mason's AHEC (Area Health Education Center) - Quality education for technical and professional jobs
President/national and local political climate	- Not believing in science, climate change - Undermining social agencies - Changes in ACA - Climate of fear	- Election could be a good thing

Trends		
Emerging communicable diseases	- People won't come in for screening/treatment - Public safety impact - Impact on life expectancy - Disability - Need for services to target these emerging diseases for all residents	- Better health specialty services for all - Public safety and public health working seamlessly to protect the health of our residents
Health disparities	- Decreased life expectancy - Historic practices in research, leads to fear among some - Differences in research among race, gender, etc. (some populations are represented more) - Less desirable place for young/old - Increasing medical costs - Lack of care for the uninsured/underinsured - Fragmentation of health delivery system	- Policies that support health is more than healthcare (social determinants of health) - Increase the life expectancy of communities that are at risk - Local ordinances that are related to health
Mental health and substance abuse issues	- Increased substance use deaths - Shorter life expectancy for the working, productive population - Children in foster system - Increased healthcare costs - Higher social and financial costs to the community	- Collaboration among agencies locally, NCR, and NoVA - Investing in more integrated primary care - Implementing harm reduction programs - Strengthening school health education
Political environment /social acceptance in the community	- Interaction with law enforcement	- Increased cultural competency in medicine - More awareness of past and research, more discussion among these topics
Equity as a value		- More awareness, conversations - Shifting viewpoints (more accepting)
Trust	- Not accessing services, not speaking up	- Increased discussion
Incarceration	- Re-entry needs	
Lack of support/not enough buy in on health (i.e., school system and county board)	- Workload is getting bigger for social services	

Reactive climate	- Creates conflict, uneasiness, and lack of efficiency - Not planning ahead - Need to better utilize resources	

Figure C2. Additional Discussion from the CHCGPW

What are important health concerns in your community?
- Substance abuse, mental health, chronic disease referrals (referrals to the clinic)
- Substance abuse among youth; safety issues
- Healthy literacy issues, access and affordability of health care
- Chronic disease prevention; people don't know what is available to them
- Diabetes, hypertension, depression among Hispanic and Latino communities
- Culturally appropriate health care, culturally appropriate providers; female providers for OB/GYN
- Anxiety and trauma (especially among immigrant communities)
- Need for culturally-appropriate DPP providers (free clinic has bilingual classes but not enough people show up to sustain the class)
- Diabetes identified late among individuals who come in for TB screening (already in crises, TB treatment not effective, etc.)
- CDC sets standards for the DPP classes (cannot freelance, have to be tied to an organization; policy issue)
- Cost of housing is a huge issue here
- Food, transportation, education, etc. (need to stop with all the piecemeal programs, need to include many issues)
- Job access (it is not equitable across the county)
- Specialty care – have to send patients to UVA or VCU (also need to get transportation there)
- Medicaid expansion – could be a good thing for the community, but need to have the providers in place; adult dental care or behavioral care is not covered

What are other barriers to optimal care?
- Literacy skills
- Need better communication and coordination among all the services and organizations
- Not speaking the native language, lack of empowerment, populations are disenfranchised
- Miseducation, lack of information, resources not being utilized
- Built environment, walkability, need sidewalks
- Even with promoting biking, still an issue due to safety

What groups are most impacted by these issues?
- Refugee populations (poor mental health, trauma, poor oral health, etc.)
- Poor white population
- LGBTQ+ population
- Homeless population (skeptical, hard time seeking care, hypertension, diabetes, need cell phones)