

# Health Department

## FY 2023 Adopted Budget Plan: Performance Measures

### Public Health Administration and Operations

#### Goal

To provide oversight and leadership of FCHD in order to ensure the provision of quality and timely services to FCHD clients.

#### Objective

To meet at least 65 percent of FCHD performance measurement estimates.

#### Performance Indicators

Indicator	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
<b>Output</b>						
Number of performance measures evaluated*	55	53	57	20	58	58
<b>Service Quality</b>						
Percent of quality and efficiency estimates met*	45%	75%	60%	75%	60%	60%
<b>Outcome</b>						
Percent of performance measurement estimates met*	60%	69%	65%	69%	65%	65%

\*Data for a significant number of performance measures could not be reported due to the impact of the FCHD COVID-19 response.

# Health Department

## FY 2023 Adopted Budget Plan: Performance Measures

### Community Health Development

#### Goal

To strengthen the capacity of the local public health system to address emerging public health issues through community engagement, health planning initiatives, and partnership development.

#### Objective

To achieve at least 80 percent of community members served reporting intention to practice healthy behaviors.

#### Performance Indicators

Indicator	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
<b>Output</b>						
Number of community members served through outreach and health promotion activities*	42,769	79,437	35,000	217,045	100,000	100,000
Number of partner organizations collaborating on community health initiatives**	NA	224	170	189	200	200
<b>Efficiency</b>						
Cost of Community Outreach expenditures divided by the number of residents reached	\$14	\$8	\$18	\$5	\$12	\$14
<b>Service Quality</b>						
Percent of community members satisfied with health promotion activities*	97%	97%	95%	NA	95%	95%
<b>Outcome</b>						
Percent of community members served who report intent to practice healthy behaviors*	86%	85%	80%	NA	80%	80%

\*Reflects impact of COVID-19 activities or data could not be reported due to the impact of COVID-19 activities.

\*\*New measure added in FY 2020 to capture capacity building and partnership development work. Previous years' data is not available.

# Health Department

## FY 2023 Adopted Budget Plan: Performance Measures

### Emergency Preparedness

#### Goal

To ensure the department can anticipate, prepare for, effectively respond to, and recover from public health threats and emergencies, and meet community health preparedness needs.

#### Objective

To maintain at least 90 percent in FY 2022 and 92 percent in FY 2023 of staff and volunteers reporting that they are better prepared for public health emergencies as a result of preparedness trainings and exercises.

#### Performance Indicators

Indicator	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
<b>Output</b>						
Number of staff and volunteers who have completed required training	1,033	1,407	1,400	2,459	2,600	2,800
<b>Efficiency</b>						
Ratio of training hours invested to volunteer hours contributed	1:31	1:34	1:36	1:268	1:100	1:100
<b>Service Quality</b>						
Percent of staff and volunteers who have completed required training	67%	53%	55%	54%	60%	75%
<b>Outcome</b>						
Percent of staff and volunteers who report they are better prepared for public health emergencies as a result of preparedness trainings and exercises	97%	81%	85%	97%	90%	92%
Percent of volunteers who reporting experiencing a stronger connection to their community through their services	91%	86%	90%	96%	97%	97%

# Health Department

## FY 2023 Adopted Budget Plan: Performance Measures

### Environmental Health

#### Goal

To protect and improve the health and welfare of all persons in Fairfax County by preventing, minimizing or eliminating their exposure to biological, chemical or physical hazards in their present or future environments.

#### Objective

To maintain the percent of food service establishments demonstrating Food and Drug Administration (FDA) risk factor control measures to reduce the occurrence of foodborne illness at 95 percent.

#### Performance Indicators

Indicator	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
<b>Output</b>						
Number of food service establishment inspections	9,048	7,183	8,700	6,727	8,800	8,800
<b>Service Quality</b>						
Percent of foodborne illness risk factor inspections conducted in food service establishments within the prescribed inspection frequency*	100%	NA	95%	NA	95%	95%
<b>Outcome</b>						
Percent of food service establishments demonstrating FDA risk factor control measures to reduce foodborne illness*	95%	NA	95%	NA	95%	95%

\* The calculations for these measures are based on performance of in-person inspections of food service establishments. Only virtual training inspections with a survey about compliance with Executive Orders were conducted from late FY 2020 to late FY 2021 because of COVID-19. As a result, the FY 2020 and FY 2021 Actuals for the measures cannot be accurately reported.

# Health Department

## FY 2023 Adopted Budget Plan: Performance Measures

### Objective

To maintain the percentage of out of compliance onsite sewage disposal and water supply systems corrected within the specified time period at 92 percent in FY 2022 and 94 percent in FY 2023.

### Performance Indicators

Indicator	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
<b>Output</b>						
Number of onsite sewage disposal and water supply systems inspections	3,219	3,135	3,200	2,609	3,200	3,200
<b>Efficiency</b>						
Onsite Sewage Disposal and Water Well Program Cost Per Capita*	\$1.56	NA	NA	NA	NA	NA
<b>Service Quality</b>						
Percent of Onsite Sewage & Water Program service requests responded to within 3 days	39%	37%	40%	44%	40%	45%
<b>Outcome</b>						
Percent of out-of-compliance onsite sewage disposal and water supply systems corrected within the specified time period	90%	90%	90%	94%	92%	94%

\* This measure was discontinued in FY 2020 as a result of organizational restructuring that combines all Onsite Inspections expenditures into one cost center.

# Health Department

## FY 2023 Adopted Budget Plan: Performance Measures

### Objective

To maintain the percentage of complaints dealing with rats, cockroaches, and other pest infestations; trash and garbage control; and a variety of other general environmental public health and safety issues that are resolved within 60 days at 90 percent.

### Performance Indicators

Indicator	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
<b>Output</b>						
Number of Environmental Health community-protection activities: inspections, permits, and service requests	43,009	40,657	40,000	30,640	41,000	38,000
<b>Efficiency</b>						
Environmental Health Cost Per Capita*	NA	\$4.58	\$5.00	\$3.83	\$6.20	\$6.24
<b>Service Quality</b>						
Percent of environmental complaints responded to within 3 days	41%	51%	50%	57%	50%	55%
<b>Outcome</b>						
Percent of environmental complaints resolved within 60 days	90%	84%	90%	95%	90%	90%

\* New measure added in FY 2020 to better reflect the work of the combined cost center. Previous years' data is not available.

# Health Department

## FY 2023 Adopted Budget Plan: Performance Measures

### Epidemiology and Population Health

#### Goal

To detect, prevent, prepare for, and respond to ongoing and emerging communicable and chronic diseases of public health significance.

#### Objective

To ensure that 90 percent of public health measures required for the control of a communicable disease outbreak are initiated within the appropriate timeframe.

#### Performance Indicators

Indicator	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
<b>Output</b>						
Number of screenings, investigations and treatment for selected communicable diseases*	34,480	33,496	40,000	NA	35,000	NA
Number of reportable communicable disease investigations	5,185	21,471	20,925	71,625	20,000	20,000
<b>Efficiency</b>						
Epidemiology and population health cost per capita	\$2.00	\$2.52	\$3.00	\$1.51	\$1.55	\$2.04
<b>Service Quality</b>						
Percent of communicable disease investigations conducted within the appropriate timeframe	83%	86%	90%	65%	90%	90%
<b>Outcome</b>						
Percent of individuals exposed to a confirmed norovirus outbreak who did not develop illness after the implementation of Health Department outbreak control measures	86%	96%	90%	70%	90%	90%
Percent of communicable disease contacts who received prophylactic treatment to prevent the spread of disease**	NA	NA	NA	NA	NA	NA

\*Data for this measure are significantly skewed due to the COVID-19 pandemic making previous FY comparisons invalid and preventing a reliable FY 2023 estimate.

\*\* This replacement measure has been added to better reflect the work of the division and cost center, however data is not available for the new Outcome measure due to the COVID-19 response.

# Health Department

## FY 2023 Adopted Budget Plan: Performance Measures

### Health Laboratory

#### Goal

To provide timely, quality-assured medical and environmental public health laboratory testing services to the Health Department and other County agencies to assist them in carrying out their programs in the prevention of disease and the enforcement of local ordinances, state laws, and federal regulations.

#### Objective

To maintain certification with federal agencies and to ensure a high level of testing quality by maintaining a 95 percent scoring average on accuracy tests required for certification.

#### Performance Indicators

Indicator	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
<b>Output</b>						
Tests reported	260,028	197,515	200,000	104,178	200,000	200,000
<b>Efficiency</b>						
Average cost/all tests	\$7.21	\$10.76	\$11.17	\$24.75	\$11.12	\$11.35
<b>Service Quality</b>						
Percent of laboratory clients satisfied with service	98%	98%	95%	99%	95%	95%
<b>Outcome</b>						
Average score on accuracy tests required for certification	96%	99%	95%	97%	95%	95%



# Health Department

## FY 2023 Adopted Budget Plan: Performance Measures

### Objective

To avoid unnecessary rabies post-exposure shots being given to potentially exposed residents by maintaining the percentage of rabies tests involving critical human exposure that are completed within 24 hours at 95 percent.

### Performance Indicators

Indicator	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
<b>Output</b>						
Rabies tests reported	437	391	430	323	400	400
<b>Efficiency</b>						
Cost/rabies test	\$196.00	\$223.00	\$206.00	\$315.51	\$205.00	\$208.53
<b>Service Quality</b>						
Percent of rabies tests involving critical human exposure completed within 24 hours	99%	98%	95%	100%	95%	95%
<b>Outcome</b>						
Percent of individuals prevented from unnecessary rabies post-exposure shots by timely receipt of negative lab results	99%	98%	95%	100%	95%	95%

# Health Department

## FY 2023 Adopted Budget Plan: Performance Measures

### Health Services

#### Goal

To provide access to public health services that promote optimal health and wellbeing across the lifespan.

#### Objective

To maintain the low birth weight rate for all Health Department clients and achieve the Healthy People 2020 target of 7.8 percent or below.

#### Performance Indicators

Indicator	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
<b>Output</b>						
Number of pregnant women provided a public health assessment visit	2,533	2,217	2,700	1,798	2,400	2,400
<b>Service Quality</b>						
Percent of Nurse Family Partnership pregnant women retained through their entire pregnancy	61%	74%	80%	83%	85%	86%
<b>Outcome</b>						
Percent of pregnant women served who deliver a low birth weight baby	7.8%	8.7%	7.8%	8.3%	8.1%	8.0%

# Health Department

## FY 2023 Adopted Budget Plan: Performance Measures

### Objective

To achieve a target of at least 65 percent in FY 2022 and 68 percent in FY 2023, with a long-term target of 80 percent, for the number of children served by the Health Department who are protected against vaccine preventable diseases as a result of completing the recommended vaccination series by 24 months of age.

### Performance Indicators

Indicator	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
<b>Output</b>						
Number of vaccines administered to children	31,816	30,642	30,000	11,317	20,000	25,000
<b>Service Quality</b>						
Immunizations: Percent satisfied with service	89%	100%	85%	99%	95%	95%
<b>Outcome</b>						
Percent of children served by the Health Department who are up-to-date on immunizations at 24 months of age	67%	67%	60%	64%	65%	68%

# Health Department

## FY 2023 Adopted Budget Plan: Performance Measures

### Objective

To ensure that clients have access to public health clinical services they need.

### Performance Indicators

Indicator	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
<b>Output</b>						
Number of clients served in public health clinics	28,092	22,471	28,500	12,137*	20,900	26,354
Number of client visits to public health clinics	47,755	39,141	47,500	19,806*	37,632	44,865
<b>Efficiency</b>						
Percent of clients receiving clinic services as scheduled**	87%	87%	85%	88%	85%	90%
<b>Service Quality</b>						
Percent of clients served in public health clinics who were satisfied with services	84%	99%	85%	98%	98%	98%
Speech Language: Percent of survey families who rate their therapy service as good or excellent***	100%	NA	NA	NA	NA	NA
<b>Outcome</b>						
Rate of TB Disease/100,000 population (CY, 2020 estimated)	5.4	5.0	6.0	4.3	5.4	5.7
Percent of clients who report that the services they received at a public health clinic addressed their health need***	99%	NA	98%	96%	98%	98%

\* Reduction in clients served due to fear of exposure in a health care setting, the Governor's Temporary Stay at Home Order.

\*\* Beginning in FY 2019, the methodology for calculating the rate changed to more accurately reflect clients receiving clinic services as scheduled.

\*\*\* Program was unable to conduct client survey due to COVID-19.

# Health Department

## FY 2023 Adopted Budget Plan: Performance Measures

### Objective

To maintain 85% of children who are able to attend school as a result of having a health care plan.

### Performance Indicators

Indicator	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
<b>Output</b>						
Number of student visits to school health rooms	767,048	588,218	780,000	49,236	780,000	800,000
Students with health plans or identified health conditions	90,653	83,154	103,000	8,571	103,000	105,000
<b>Efficiency</b>						
Ratio of PHN training hours to number of Fairfax County Public School staff trained to implement health care plans	1:25	1:8	1:25	1:4	1:25	1:30
<b>Service Quality</b>						
Percent of parents/guardians who report their child's health condition was managed effectively in the school setting*	72%	NA	80%	NA	85%	85%
<b>Outcome</b>						
Percent of parents and guardians who report that their child was able to attend school as a result of having a health care plan*	73%	NA	85%	NA	85%	85%

\* Due to COVID-19 related school closures, the annual satisfaction survey was not conducted SY 2019-2020 or SY 2020-2021.

# Health Department

## FY 2023 Adopted Budget Plan: Performance Measures

### Objective

To provide adult day health care services to frail elderly adults and adults with disabilities, so that at least 95 percent of participants are able to remain at home, in the community, preventing the need for more costly and often less desirable long-term care options.

### Performance Indicators

Indicator	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
<b>Output</b>						
Average daily attendance of participants*	103	104	110	NA	60	81
ADHC clients per year*	266	226	321	NA	120	144
Medicaid Pre-Admission Screenings Completed per year	1,209	1,229	1,307	1,323	1,389	1,458
<b>Efficiency</b>						
Net cost per ADHC client per day to the County**	\$85	\$82	\$63	NA	\$160	\$141
<b>Service Quality</b>						
Percent of ADHC clients/caregivers satisfied with service**	98%	100%	95%	NA	95%	95%
Average # of calendar days between request for Medicaid Pre- Admission Screening and submission to Department of Medical Assistance Services for processing	21	15	15	16	15	16
<b>Outcome</b>						
Percent of participants who met the criteria for institutional level of care who were able to remain in the community**	97%	99%	97%	NA	97%	98%
Percent of caregivers who report experiencing less stress as a result of ADHC**	95%	100%	95%	NA	95%	95%

\*FY 2022 Estimate and FY 2023 Estimate reflect lower Average Daily Attendance (ADA) resulting from social distancing requirements to ensure safety of frail elderly participants.

\*\*Reflects impact of COVID-19 activities or data could not be reported due to the impact of COVID-19 activities.

# Health Department

## FY 2023 Adopted Budget Plan: Performance Measures

### Health and Human Services Safety Net Services

#### Goal

To provide equitable access to comprehensive health care.

#### Objective

To increase access to quality comprehensive health care regardless of income or insurance.

#### Performance Indicators\*

Indicator	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2021 Actual**	FY 2022 Estimate	FY 2023 Estimate
<b>Output</b>						
Number of patients who received care through the Community Health Centers	NA	22,658	26,000	30,833	28,000	29,000
Percent of patients at or below 200% of Federal Poverty Guideline	NA	98%	98%	98%	98%	98%
Percent of racial and/or ethnic minority patients served at the Community Health Centers	NA	89%	88%	89%	88%	88%
Percent of patients best served in a language other than English at the Community Health Centers	NA	57%	58%	65%	58%	58%
<b>Efficiency</b>						
Cost per patient	NA	\$682	\$690	\$885	\$750	\$750
<b>Service Quality</b>						
Percent of Community Health Center clinical quality rankings for preventative health and chronic disease management that are in the top 50% nationally.	NA	82%	75%	69%	75%	75%
<b>Outcome</b>						
Percent of Community Health Center patients with hypertension whose blood pressure is controlled	NA	62%	61%	55%	63%	65%

\* Beginning in FY 2020, the County transitioned the model of providing primary care services from directly contracting for and overseeing operations of the Community Health Care Network to partnering with two existing community health centers that are nonprofit Federally Qualified Health Centers (FQHCs). New measures have been added to reflect the new model; however, data is not available for previous years.

\*\* Federally Qualified Health Center measures and outcomes are compiled and reported on the calendar year. The most current outcomes for FY 2021 are for Calendar Year 2020.