

# Health Department

## FY 2024 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 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate
<b>Output</b>						
Number of performance measures evaluated*	53	20	58	51	55	55
<b>Service Quality</b>						
Percent of quality and efficiency estimates met*	75%	75%	60%	55%	60%	65%
<b>Outcome</b>						
Percent of performance measurement estimates met*	69%	69%	65%	67%	65%	67%

\*Data for a significant number of performance measures could not be reported in FY 2020, FY 2021, and FY 2022 due to the impact of COVID-19 and FCHD emergency response activities.

# Health Department

## FY 2024 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 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate
<b>Output</b>						
Number of community members served through outreach and health promotion activities*	79,437	217,045	100,000	228,573	100,000	125,000
Number of partner organizations collaborating on community health initiatives	224	189	200	180	200	275
<b>Efficiency</b>						
Cost of Community Outreach expenditures divided by the number of residents reached**	\$8	\$5	\$12	\$6	\$14	\$15
<b>Service Quality</b>						
Percent of community members satisfied with health promotion activities*	97%	NA	95%	NA	95%	95%
<b>Outcome</b>						
Percent of community members served who report intent to practice healthy behaviors*	85%	NA	80%	NA	80%	80%

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

\*\*Actual measures reflect the impact of positions that were unfilled for part of the year.

# Health Department

## FY 2024 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 92 percent in FY 2023 and FY 2024 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 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate
<b>Output</b>						
Number of staff and volunteers who have completed required training	1,407	2,459	2,600	2,601	2,650	2,900
<b>Efficiency</b>						
Ratio of training hours invested to volunteer hours contributed*	1:34	1:268	1:100	1:2,132	1:100	1:150
<b>Service Quality</b>						
Percent of staff and volunteers who have completed required training	53%	54%	60%	60%	65%	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	81%	97%	90%	94%	92%	92%
Percent of volunteers who report experiencing a stronger connection to their community through their services	86%	96%	97%	94%	94%	94%

\*FY 2022 Actual measure reflects the impact of the significantly increased volunteer hours for COVID-19 and Monkeypox response activities, and utilization of external training resources

# Health Department

## FY 2024 Advertised 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 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate
<b>Output</b>						
Number of food service establishment inspections*	7,183	6,727	8,800	9,978	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**	NA	NA	95%	NA	NA	NA
<b>Outcome</b>						
Percent of food service establishments demonstrating FDA risk factor control measures to reduce foodborne illness**	NA	NA	95%	NA	NA	NA

\* In FY 2022, CPP transitioned from virtual inspections due to COVID-19 back to in-person inspections. An increased number of food service establishment inspections were performed in FY 2022 compared to FY 2021 to ensure food establishments are equipped to address risk factors that could lead to disease in regulated establishments. A normal level of inspections is expected to be performed in FY 2023 and FY 2024.

\*\* This data is not available for FY 2020 and FY 2021 because the measure could not be accurately reported due to the process in place during the COVID-19 pandemic. Additionally, the data is not available for FY 2022 because there was a change in the food establishment inspection reporting system with the launch of the new Planning and Land Use (PLUS) system.

# Health Department

## FY 2024 Advertised 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 93 percent.

### Performance Indicators

Indicator	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate
<b>Output</b>						
Number of onsite sewage disposal and water supply systems inspections	3,135	2,609	3,200	2,906	3,200	3,200
<b>Service Quality</b>						
Percent of Onsite Sewage & Water Program service requests responded to within 3 days	37%	44%	40%	33%	45%	40%
<b>Outcome</b>						
Percent of out-of-compliance onsite sewage disposal and water supply systems corrected within the specified time period	90%	94%	92%	90%	93%	93%

# Health Department

## FY 2024 Advertised 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 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate
<b>Output</b>						
Number of Environmental Health community-protection activities: inspections, permits, and service requests	40,657	30,640	41,000	37,117	38,000	38,000
<b>Efficiency</b>						
Environmental Health Cost Per Capita	\$4.58	\$3.83	\$6.20	\$4.87	\$6.24	\$6.23
<b>Service Quality</b>						
Percent of environmental complaints responded to within 3 days	51%	57%	50%	51%	55%	55%
<b>Outcome</b>						
Percent of environmental complaints resolved within 60 days	84%	95%	90%	96%	90%	90%

# Health Department

## FY 2024 Advertised 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 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate
<b>Output</b>						
Number of screenings, investigations and treatment for selected communicable diseases*	33,496	NA	35,000	NA	NA	NA
Number of reportable communicable disease investigations	21,471	71,625	20,000	147,340	46,400	30,000
<b>Efficiency</b>						
Epidemiology and population health cost per capita	\$2.52	\$1.51	\$1.55	\$3.80	\$3.47	\$3.80
<b>Service Quality</b>						
Percent of communicable disease investigations conducted within the appropriate timeframe	86%	65%	90%	76%	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	96%	70%	90%	66%	90%	90%
Percent of communicable disease contacts who received prophylactic treatment to prevent the spread of disease**	86%	87%	90%	91%	90%	90%

\*Data for this measure are significantly skewed due to the COVID-19 pandemic making previous FY comparisons invalid and preventing reliable estimates for FY 2023 and FY 2024.

\*\* This measure was added in FY 2023 to better reflect the work of the division and cost center and was reported as "NA". Historical data is now available and has been added.

# Health Department

## FY 2024 Advertised 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 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate
<b>Output</b>						
Tests reported	197,515	104,178	200,000	125,611	200,000	200,000
<b>Efficiency</b>						
Average cost/all tests	\$10.76	\$24.75	\$11.12	\$14.26	\$11.35	\$14.59
<b>Service Quality</b>						
Percent of laboratory clients satisfied with service	98%	99%	95%	99%	95%	95%
<b>Outcome</b>						
Average score on accuracy tests required for certification	99%	97%	95%	99%	95%	95%



# Health Department

## FY 2024 Advertised 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 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate
<b>Output</b>						
Rabies tests reported	391	323	400	287	300	300
<b>Efficiency</b>						
Cost/rabies test	\$223.00	\$315.51	\$236.64	\$339.22	\$329.23	\$328.47
<b>Service Quality</b>						
Percent of rabies tests involving critical human exposure completed within 24 hours	98%	100%	95%	100%	95%	95%
<b>Outcome</b>						
Percent of individuals prevented from unnecessary rabies post-exposure shots by timely receipt of negative lab results	98%	100%	95%	100%	95%	95%

# Health Department

## FY 2024 Advertised 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 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate
<b>Output</b>						
Number of pregnant women provided a public health assessment visit	2,217	1,798	2,400	2,070	2,400	2,400
<b>Service Quality</b>						
Percent of Nurse Family Partnership pregnant women retained through their entire pregnancy	74%	83%	85%	78%	82%	84%
<b>Outcome</b>						
Percent of pregnant women served who deliver a low birth weight baby	8.7%	8.3%	8.1%	7.8%	7.8%	7.8%

# Health Department

## FY 2024 Advertised Budget Plan: Performance Measures

### Objective

To achieve a target of at least 80 percent in FY 2023 and FY 2024, 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 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate
<b>Output</b>						
Number of vaccines administered to children*	30,642	11,317	20,000	29,397	27,000	27,000
<b>Service Quality</b>						
Immunizations: Percent satisfied with service	100%	99%	95%	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%	64%	65%	77%	80%	80%

\* The number of vaccines administered in FY 2021 declined significantly as a result of COVID-19, but rebounded in FY 2022 as a result of efforts to bring children up-to-date on recommended and required vaccines missed in FY 2021.

# Health Department

## FY 2024 Advertised Budget Plan: Performance Measures

### Objective

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

### Performance Indicators

Indicator	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate
<b>Output</b>						
Number of clients served in public health clinics	22,471	12,137*	28,500	18,324	20,565	22,806
Number of client visits to public health clinics	39,141	19,806*	37,632	32,632	36,468	40,394
<b>Efficiency</b>						
Percent of clients receiving clinic services as scheduled	87%	88%	85%	86%	90%	90%
<b>Service Quality</b>						
Percent of clients served in public health clinics who were satisfied with services	99%	98%	98%	100%	98%	98%
<b>Outcome</b>						
Rate of TB Disease/100,000 population**	5.0	4.3	5.4	4.2	5.2	5.2
Percent of clients who report that the services they received at a public health clinic addressed their health need	NA*	96%	98%	100%	98%	98%

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

\*\* The rate of TB Disease/100,000 is reported on a calendar year basis. In the table above, FY 2020 data is CY 2019, FY 2021 data is CY 2020, and FY 2022 data is CY 2021.

# Health Department

## FY 2024 Advertised 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 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate
<b>Output</b>						
Number of student visits to school health rooms	588,218	49,236	780,000	625,126	780,000	800,000
Students with health plans or identified health conditions	83,154	8,571	103,000	77,872	105,000	105,000
<b>Efficiency</b>						
Ratio of PHN training hours to number of Fairfax County Public School staff trained to implement health care plans*	1:8	1:4	1:25	1:18	1:30	1:30
<b>Service Quality</b>						
Percent of parents/guardians who report their child's health condition was managed effectively in the school setting**	NA	NA	85%	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**	NA	NA	85%	NA	85%	85%

\*Training capacity is anticipated to increase as we move toward placing one public health nurse at each site.

\*\*Due to COVID-19 related school closures, the annual satisfaction survey was not conducted SY 2019 - 2020 and SY 2020 - 2021. In SY 2021 – 2022, an error in communication to parents and staff did not send the electronic survey as scheduled

# Health Department

## FY 2024 Advertised 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 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate
<b>Output</b>						
Average daily attendance of participants*	104	NA	60	41	NA	NA
ADHC clients per year*	226	NA	120	114	NA	NA
Medicaid Pre-Admission Screenings Completed per year	1,229	1,323	1,389	1,679	NA	NA
<b>Efficiency</b>						
Net cost per ADHC client per day to the County**	\$82	NA	\$160	\$371	NA	NA
<b>Service Quality</b>						
Percent of ADHC clients/caregivers satisfied with service**	100%	NA	95%	95%	NA	NA
Average # of calendar days between request for Medicaid Pre- Admission Screening and submission to Department of Medical Assistance Services for processing	15	16	15	19	NA	NA
<b>Outcome</b>						
Percent of participants who met the criteria for institutional level of care who were able to remain in the community**	99%	NA	97%	100%	NA	NA
Percent of caregivers who report experiencing less stress as a result of ADHC**	100%	NA	95%	93%	NA	NA

\* Adult Day Health Care centers were closed during FY 2021 due to the COVID-19 pandemic. FY 2022 Estimate and Actual measures 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 2024 Advertised 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 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2022 Actual**	FY 2023 Estimate	FY 2024 Estimate
<b>Output</b>						
Number of patients who received care through the Community Health Centers	22,658	30,833	28,000	25,532	29,000	26,500
Percent of patients at or below 200% of Federal Poverty Guideline	98%	98%	98%	98%	98%	98%
Percent of racial and/or ethnic minority patients served at the Community Health Centers	89%	89%	88%	91%	88%	88%
Percent of patients best served in a language other than English at the Community Health Centers	57%	65%	58%	48%	50%	50%
<b>Efficiency</b>						
Cost per patient	\$682	\$885	\$750	\$920	\$1,000	\$1,100
<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.	82%	69%	75%	62%	65%	68%
<b>Outcome</b>						
Percent of Community Health Center patients with hypertension whose blood pressure is controlled	62%	55%	63%	54%	57%	60%

\* The average cost per patient at the Community Health Centers increased during the COVID-19 pandemic due to a surge in funding and services to the broader community for testing and vaccination. At the same time, patients were seeking care virtually so routine in-person screenings for cancer or chronic disease management decreased, negatively impacting the service quality and outcome measures.

\*\* Federally Qualified Health Center measures and outcomes are compiled and reported on the calendar year. The most current outcomes for FY 2022 are for Calendar Year 2021.