Lines of Business

LOB #142:

DEPARTMENT LEADERSHIP

Purpose

Department Leadership provides overall guidance and administration, including program development and monitoring; fiscal stewardship; maintaining a quality culture; and oversight of the implementation of the department's strategic plan and maintaining accreditation standards. Given the unprecedented climate of transformation and increasing complexity of public health challenges, a primary focus for Leadership is developing critical crosscutting foundational capabilities within the department that provides the flexibility required to meet traditional as well as changing public health needs and improve community health and wellbeing. In order to provide the core functions and the 10 Essential Public Health Services effectively, Leadership takes advantage of new and promising opportunities to leverage community assets to address the determinants of health through collaboration with a wide range of community partners. These partnerships in turn build community capacity and strengthen the local public health system.

Description

The Health Department is locally administered and operates under a Memorandum of Agreement with the Virginia Department of Health to provide mandated public health services. The department has 13 Lines of Business — Pharmacy, Department Leadership, Dental Health, Environmental Health, Communicable Disease, Community Health Development and Preparedness, Community Health Care Network, Maternal Health, Child Health, Health Laboratory, School Health, Long Term Care (LTC) Development and LTC Services. All of the LOBs support the department's mission and core functions.

Department Leadership, which comprises of the Health Director and the Executive Management Team, provide the critical infrastructure of accountability and oversight for service delivery across all Health Department LOBs with a focus on:

- Ensuring the effective delivery of the department's five core functions.
- Developing strategies to strengthen the local public health system to deliver the 10 EPHS.
- Assuring preparedness to address traditional and emerging public health needs and threats.
- Monitoring and evaluating health data to understand the health status of the community.
- Building strategic partnerships to address health needs in the community.
- Developing the workforce for the changing role of public health.
- Building the department's infrastructure and capacity to address foundational gaps.
- Engaging employees and investing in leadership development (succession planning).
- Leveraging and harnessing technology to increase efficiency in service delivery.
- Identifying and acting upon quality improvement opportunities.
- Ensuring compliance with all local, state and federal public health and safety regulations and laws.

Benefits

Successfully achieving the department's mission protects, promotes and improves the health and quality of life for all in the Fairfax community. To that end, Department Leadership strives to create a quality culture environment in which all the LOBs are supported and can thrive.

Leadership has set the strategic direction for the development of many of the department's strategic partnerships, such as the Medical Reserve Corps (MRC); the Clergy Council for the Prevention of HIV/AIDS and other faith leaders; the Multicultural Advisory Council; and new strategic partnerships with community members, business, provider community, academia, and schools. These partnerships, together with the Partnership for a Healthier Fairfax are providing innovative and sustainable solutions to effectively address complex public health challenges. Collectively, these partners are critical the local public health system partners that the Health Department needs to engage to achieve the 10 Essential Public Health Services, which define public health and serve as the framework for quality and performance improvement initiatives nationwide. They also augment capacity and fill some critical gaps required to enhance the delivery of various aspects of the core functions and the provision of much needed community-centered services.

Exercising Corporate Stewardship is an important responsibility of Department Leadership. In these times of fiscal restraint, Leadership has seized upon a variety of opportunities to leverage community resources and assets to enhance and sustain Health Department community-based efforts, while constantly looking for opportunities to enhance efficiencies within each LOB. The return on investment from these community engagement and capacity building efforts is significant. Given the diversity of the community, having leaders from the ethnic community who understand public health and can promote policies and messaging goes a long way in building trust in governmental public health. Partners who have developed prevention programs within their community have enhanced the acceptance and accessibility of public health services. The MRC, which provides surge capacity during public health emergencies, thereby allowing department staff to continue to provide much needed services, provided 22,652 hours to assist dispensing site operations during the H1N1 pandemic and contributed over \$516,187 in voluntary service to the County.

Leadership is responsible for keeping abreast of global, national and local trends and for forecasting the implications on the health of the Fairfax community. When Leadership is successful in providing informed guidance, the department is able to better prepare for and respond to emerging challenges and the potential impact on the community is minimized.

Department Leadership provides the strategic direction for all health programs with the goal of improving community health and wellbeing. Any action that enhances the overall health status of the community moves the County close to achieving the National Prevention Strategies' overarching goal for the nation's health in the 21st century to increase the number of Americans who are healthy at every stage of life.

Mandates

Program Leadership is not mandated; however it is responsible for ensuring that all mandated public health programs are provided to residents of Fairfax, and the cities of Falls Church and Fairfax.

Trends and Challenges

For over a decade, the Health Department has experienced an unprecedented period of change, driven in part by the requirement to maintain emergency preparedness and the passage and implementation of the Affordable Care Act. While the process of developing the Health Department's 2014-2019 Strategic Plan has reaffirmed the department's mission and core functions, there is recognition that how the core functions are achieved will need to change in order to effectively anticipate and respond to 21st century public health challenges. Furthermore, the department faces an increasing number of challenges – the increasing frequency and complexity of infectious disease threats; an inability to meet surge capacity demands required to simultaneously control ongoing outbreaks, detect and respond to new outbreaks, and monitor for potential threats; a rising burden of chronic illness; an increasingly diverse and aging population; and the health impact of climate change.

These challenges are exacerbated by the need to balance the provision of traditional public health services with the urgent need to build the local public health system capacity to address emerging needs in a fiscal climate that limits the expansion of programs.

During this period of transformation, there has also been growing recognition that where people live, learn, work and play can be as important to health outcomes as medical intervention. This has required the department to engage non-health sector partners to develop strategies that will promote health through policy, systems and environmental changes. Achieving this in a community such as Fairfax, where on the surface people appear to enjoy overall good health has its challenges and will require the department to develop new approaches and skills for collaborating with non-health sector partners, policymakers and the public to foster health considerations in all decision-making.

Effectively addressing 21st century public health challenges will require a strong public health infrastructure. Although significant improvements have been made in the department's emergency preparedness and response capabilities over the past decade, serious infrastructure gaps remain, especially in the area of epidemiology. Current epidemiology capacity falls well below the Council of State and Territorial Epidemiologists recommendation of 1 Epidemiologist ratio per 100,000 people for each jurisdiction, which translates to 11 Epidemiologists for a community the size of Fairfax. The paucity of infectious and chronic disease epidemiologists at the Health Department limits the department's capability and capacity to monitor the health status of the community; evaluate the effectiveness, accessibility, and quality of personal and population-based health services; and research new insights and innovative solutions to health problems. These functions are part of the 10 EPHS.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted					
LOB #142: Department Leadership								
FUNDING								
Expenditures:								
Compensation	\$824,080	\$531,273	\$713,134					
Operating Expenses	1,202,892	1,730,132	1,403,898					
Total Expenditures	\$2,026,972	\$2,267,933	\$2,117,032					
General Fund Revenue	\$724,181	\$754,763	\$747,514					
Net Cost/(Savings) to General Fund	\$1,302,791	\$1,513,170	\$1,369,518					
POSITIONS								
Authorized Positions/Full-Time Equivalents (FTEs)								
Positions:								
Regular	7/7	4 / 4	4 / 4					
Total Positions	7/7	4/4	4 / 4					

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of performance measures evaluated	NA	68	75	75	75
Percent of quality and efficiency estimates met	NA	67%	55%	65%	60%
Percent of performance measurement estimates met	46%	56%	57%	65%	60%

Several new performance measures for Department Leadership were adopted in FY 2015 to reflect the department's progress on achieving its results-based accountability goals. The new measures focus on evaluating how well the department is performing overall in quality, efficiency, and outcome achievement.

For FY 2015 the Health Department did not achieve its target of 65 percent, but will continue to work towards this by reevaluating existing estimates to better reflect feasible and realistic targets, while working to improve performance in those areas that fall below set targets.

For quality and efficiency, the department achieved 55 percent of the estimates set. For outcome measures, the department met 57 percent of the estimates set for FY 2015. While this was a slight improvement over FY 2014 achievement measures (56 percent) it did not reach the target of 65 percent. Some factors which prohibited achieving the established estimates include: extended absences, extended vacancies in key personnel positions, weather conditions which inhibited service delivery for Environmental Health and Adult Day Health Care, and constrained resources under increased demand for services.