

Fairfax County Health Department FY 2023 – 2027 Strategic Plan *YEAR ONE PROGRESS REPORT*





FCHD Strategic Plan – 2023-2027

YEAR ONE PROGRESS REPORT

July 2023 – June 2024



Introduction

The Fairfax County Health Department (FCHD) launched implementation of the FY 2023 – FY 2027 Strategic Plan following the development of key actions and related action plans for each of the 13 strategies approved across the four priority areas of Health Equity in Action, Vibrant Community Relationships, Thriving Workforce, and Robust Infrastructure. This annual report details the progress made on the key actions that began during year one. Throughout the action plans, there are numerous key actions that are dependent on work being completed in other key actions. Consequently, start dates have been established with those dependencies and other organizational and programmatic factors in mind.

Each key action includes the timeline for completion, responsible parties tasked with accomplishing the work, any additional resources needed for implementation, identified measures of success, and the status of work. The status column notes where the work is currently (see the legend below) as well as highlights from the first year of activities and implementation plans for the next year. Significant highlights are being compiled into an executive summary report that FCHD will be sharing with our county and community partners to demonstrate the organization’s commitment to and accomplishments in advancing the important work detailed in the strategic plan.

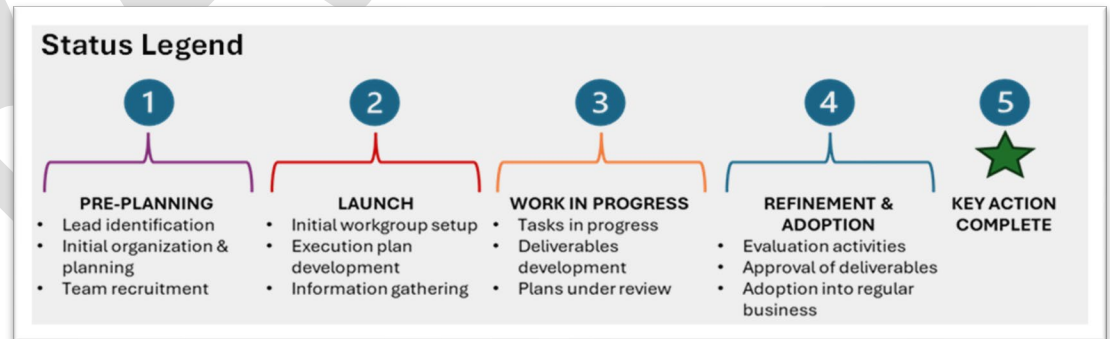
In subsequent years of plan implementation, any changes in the action plans will be noted. Some key actions may be deleted, added, or changed and will be notated with an explanation for the reasons behind the change. For key actions that have not started, current responsible parties, resources, and measures of success were drafted by the Priority Area Workgroups responsible for developing the preliminary action plans. As key action work gets under way, workgroups established will revise that key action plan as appropriate.

Status of Strategic Plan Key Actions

The FY 2023-2027 Strategic Plan consists of four priority areas, 13 strategies, and 69 key actions. The legend on the right describes how FCHD defines each phase of completion for Strategic Plan Key Actions.

As of June 30, 2024:

- 70% (48/69) of key actions have been initiated
- Of those 48 initiated actions:
 - 19% (9/48) are in Pre-Planning phase
 - 27% (13/48) are in Launch phase
 - 54% (26/48) are in Work in Progress phase



Highlights from Year One

FY 2023 was a tremendously productive year for the Health Department. While the work of some Strategic Plan key actions are imbedded in the day-to-day operations of FCHD units, many involve the establishment of work groups and initiatives that are laying the foundation for improvements that will eventually become normalized across the department. These key actions require staff to go above and beyond their routine responsibilities. That 70% of all key actions have been initiated is a



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testament to the engagement of FCHD staff and the value these efforts are anticipated to have. The next section presents the detailed action plans and progress made during Year One for all key actions. Below are a few notable highlights from the first year of implementation for each of the four priority areas (key actions are noted in parentheses).

Health Equity in Action	<ul style="list-style-type: none"> • Reviewed an earlier policy analysis tool with pilot users and began drafting an updated tool for future FCHD policy reviews with a supporting guidance document. (1.1.3) • Held 56 community-based immunization events for Fairfax County Public School students. (1.1.5) • Completed and published the 2023 Community Health Assessment (CHA) which displays data in formats that are easily understandable to County residents. (1.2.1) • Published dashboards to communicate disaggregated data to the public on key public health issues, including an Opioid dashboard and a new respiratory illness dashboard with data on acute respiratory infections, influenza, COVID-19, and RSV. (1.2.1) • Translated and administered a national Trust Survey across Fairfax’s African American, Muslim, Asian, and Hispanic communities. (1.2.4)
Vibrant Community Relationships	<ul style="list-style-type: none"> • Delivered Health in All Policies (HIAP) training to Division of Environmental Health staff to expand integration of HIAP principles and practices. (2.1.3) • Established a trust-based collaboration with stakeholders to enhance pedestrian safety at targeted Leesburg Pike locations. (2.1.3) • In partnership with the Office for Children, provided public health education to child care providers to foster healthier environments for children. (2.1.4) • Began implementing a Profiles in Public Health web series about the Health Department framed through staff-focused stories to build trust with residents. (2.3.6)
Thriving Workforce	<ul style="list-style-type: none"> • Held increased trainings and events to support staff wellness and resilience across all FCHD locations and tailored for specific units. (3.1.2) • Staff participated in new training offerings aligned with four learning competencies from the Council on Linkages Core Competencies for Public Health Professionals: Communication, Community partnership, Public health sciences, and Management and finance. (3.2.5) • Began benchmarking other county agencies’ employee recognition programs and evaluated NACCHO best practices for recognition. (3.4.7) • Developed and piloted a new HR Solutions Platform to streamline and automate recruitment and hiring functions. (3.4.4.)
Robust Infrastructure	<ul style="list-style-type: none"> • Using QI tools and methodology, developed an electronic school health medication audit tool and medication loss policy to improve safety and security of student medications. (4.1.5) • Established a new electronic disease surveillance system (epiFIND) to manage and facilitate local surveillance, investigation, and communication with investigators, cases, contacts, and health care providers. (4.2.6) • Relunched the Values Initiative to provide opportunities for conversations between the Health Director and front line staff at all district offices, the Lab, and Kelly Square. (4.4.3) • Developed and currently implementing a work plan designed to provide current data to strengthen collaboration among stakeholders and improve outreach in the Mt. Vernon District. (4.4.6)

HEALTH EQUITY IN ACTION					
Goal	Transform our organization by applying a racial and social equity lens to all aspects of our work.				
Strategy 1	Build equity into the culture, policies, and practices of the department.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
1.1.1 Expand and diversify health equity training and education to build and demonstrate competency and cultural humility throughout the Department.	7/23	3/25	Health Equity Coordinator	<ul style="list-style-type: none"> • # of and types of trainings • # people trained across divisions and seniority level • % of staff who have completed health equity trainings • % of leadership who have completed health equity trainings • % increase in staff who apply an equity lens in their own work • % of staff comfortable with difficult conversations 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> • Conducted a second Health Equity Leadership Experience (HELE) cohort. • Completed HELE facilitator training. • Established Champion Network to promote cultural humility across Divisions. • Conducted multiple inter-/intra-departmental learning opportunities. • Began planning a tailored HELE cohort with School Health leadership as a part of their broader health equity strategy. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> • Modify HELE curriculum and implement program for School Health. • Create & conduct HELE modules for the Executive Management Team. • Assess division-specific needs and interests in equity support to tailor training and facilitation opportunities. • Develop a plan for sustainability and scaling.
1.1.2 Identify and address challenges in our recruitment, hiring, promotion, and retention practices to improve diversity, equity, and inclusion of staff that reflect the community we serve.	7/24	6/27	Human Resources Manager	<ul style="list-style-type: none"> • % of new hires meet diversity targets (based on new recruitment practices) • # and types of new recruitment strategies employed (e.g., blind resumes) • Additional measures pending development 	<p>STATUS: LAUNCH</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> • Launched the HR Solutions System to support recruitment and hiring. Pilot program testing began in March 2024. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> • Launch the HR Solutions System department-wide in January 2025. • Review job ads and interview questions for inclusive language and expand sourcing channels to include HBCUs.

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					<ul style="list-style-type: none"> Analyze hire, stay interview, and departure data to identify trends and issues to address.
1.1.3 Develop and apply equity analysis tools to create, review, and update plans, policies, and procedures.	1/24	12/25	Health Equity Coordinator	<ul style="list-style-type: none"> Final measures pending approval % of policies analyzed % of policy-specific recommendations incorporated into final policy % of broader recommendations implemented 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Created an Equity Policy Review Workgroup Reviewed the original policy analysis tool with previous pilot users. Met with the Equity Policy Review Workgroup to begin drafting the policy review tool. Revised the analysis tool and began drafting a guidance document. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Finalize policy equity review guidance. Finalize guidance document. Develop a system to identify appropriate equity SMEs to assist with equity review (training, coordination, etc.).
1.1.4 Formalize and resource responsibilities for the coordination, communication, and execution of department-wide health equity and DEI efforts.	07/25	07/27	Health Equity Coordinator	<ul style="list-style-type: none"> PD for equity manager role Assignment of responsibilities 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2: N/A</p>
1.1.5 Implement strategies to improve service delivery and access to care that build trust and eliminate barriers identified by	10/24	6/27	Health Safety Net & Integration Director	<ul style="list-style-type: none"> Increased level of trust % increased Service utilization % of identified community engagement strategies implemented 	<p>STATUS: LAUNCH</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Piloted a free STI testing week during National HIV Testing week. School Health and Health Services held community-based immunization events at Fairfax County Public Schools and

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marginalized communities.				<ul style="list-style-type: none"> # of changes identified to reduce disparities in healthcare access Additional measures pending development 	<p>other locations to meet the immunization needs of FCPS students.</p> <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Identify team members and launch formal workgroup. Discuss and prioritize actions and accompanying measures. Gather baseline data on customer diversity and service utilization. Identify processes to apply equity impact lens assessment.

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Strategy 2	Improve data collection, analysis, and communication to drive action and advance equity.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
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1.2.1 Share health equity data with the public and county partners using dashboards and other accessible tools to empower communities and support collaboration.	9/24	12/26	Epidemiology & Population Health Staff Lead	<ul style="list-style-type: none"> # of dashboards # of hits # of county/ partner websites referencing HD data Additional measures pending development 	<p>STATUS: PRE-PLANNING</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Published multiple dashboards to communication disaggregated data to the public on key public health issues, including an Opioid dashboard and a new respiratory illness dashboard that includes data on acute respiratory infections, influenza, COVID-19, and RSV. Completed and published the 2023 Community Health Assessment (CHA) which displays data in formats that are easily understandable to County residents. Conducted data walks to share CHA data and solicit feedback on community health priorities. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Select and recruit team members for work group.

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	Start	End			
					<ul style="list-style-type: none"> Identify existing data sources/ dashboards to determine gaps. Assess community data needs.
<p>1.2.2 Establish and implement a department-wide approach to collect, analyze, and disseminate disaggregated data to inform programmatic decisions and improvement and to increase transparency.</p>	9/23	3/25	Population Health Section Chief	<ul style="list-style-type: none"> % of divisions/ programs receiving data collection trainings % of divisions/ programs adopting data collection recommendations % of divisions/ programs receiving Intersectionality Training % of external surveys that include demographic questions 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Working group met to review and discuss DMB Procedural Memorandum No. 20-21: Policy to Collect and Report Data Regarding Race, Ethnicity, Gender, and Language. Completed initial literature review on best practices regarding the structure and format of questions designed to elicit information on race/ethnicity. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Develop and disseminate data collection guidance aligned with DMB Procedural Memorandum and best practices. Identify and implement needed modifications to HD data collection systems and surveys to align with data collection guidance. Define key competencies supporting the effective analysis and interpretation of aggregated data for understanding disparities and identifying inequities. Develop and implement staff training opportunities.
<p>1.2.3 Maximize representation of diverse populations in health department quantitative and qualitative data collection by reducing language, technological, and socioeconomic barriers.</p>	1/24	9/25	Epidemiology & Population Health Division Director	<ul style="list-style-type: none"> Guidance documents approved % of data collection efforts with representation from diverse populations Additional measures pending development 	<p>STATUS: LAUNCH</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Met with working group and discussed plans to define the scope of the problem, communities affected, and underlying barriers to participation. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Expand the working group to include other relevant staff/programs.

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					<ul style="list-style-type: none"> Define problem scope and barriers with reference to recent data collection. Review literature and discuss potential solutions with community. Draft guidance and vet with community stakeholders.
1.2.4 Collect and analyze data from clients and diverse populations, including strengths and assets, to inform programmatic decisions.	3/24	6/26	Population Health Section Chief Outreach Manager	<ul style="list-style-type: none"> Process established for routine data collection and analysis # report(s) of quantitative and qualitative data analyses completed # of programmatic decisions implemented based on data findings # of surveys that include strengths questions 	<p>STATUS: PRE-PLANNING</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Initiated discussion internally to identify existing, available data (internally and externally). <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Define informational needs based on ongoing FCHD activities and priorities. Develop inventory of existing internal and external reports and data sources. Outline engagement and data collection strategy within target communities to address informational needs.
1.2.5 Expand the use of technologies and analytic methodologies to enhance identification of focus areas and populations that will inform planning and resource allocation.	3/24	12/25	Epidemiology & Population Health staff lead	<ul style="list-style-type: none"> # of Staff Trained # of Products Developed Incorporating New Methodologies Qualitative assessment (e.g., key informant interviews) of impact on planning/resource allocation decisions Additional measures pending development/ approval 	<p>STATUS: PRE-PLANNING</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Began conducting needs assessment. Literature review of technologies and analytic methodologies in use by neighboring and model jurisdictions underway. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Complete workgroup team recruitment. Complete needs assessment. Conduct key informant interviews for needs assessment and feasibility assessment. Identify key technologies/methods with assessment of feasibility, costs, and benefits. Expand machine learning models for predictive analysis

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	Start	End			
1.2.6 Develop guidance and define processes for monitoring and evaluating (M&E) the intended and unintended health equity impacts of programs and communicating results to stakeholders to inform ongoing quality improvement and increase transparency.	1/25	7/26	Population Health Section Chief	<ul style="list-style-type: none"> Guidance Document # of Staff Participating in Training % of Program M & E Plans with Health Equity Measures % of Program M & E Reports/Dashboards with Health Equity Measures Additional measures pending development/ approval 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Establish working group to assess organizational needs and readiness Define target competencies and develop capacity building strategy.

VIBRANT COMMUNITY RELATIONSHIPS					
Goal	Engage our communities intentionally and continuously to inform policies and create solutions.				
Strategy 1	Empower staff as change leaders to advance efforts that promote healthy communities.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
2.1.1 Ensure staff develop critical soft skills to communicate and collaborate with communities based on an understanding and appreciation of the cultures and values of the populations they serve.	1/24	1/26	Outreach & Engagement Team Manager Health Safety Net & Integration Director	<ul style="list-style-type: none"> Assessment developed % of staff scoring competent on specified measures # of staff trained # trainings developed Additional measures pending development/ approval 	<p>STATUS: LAUNCH</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Conducted meetings to discuss key action and information gathering. Developed and conducted a presentation on “collaboration” during the Health Services Staff Development Day. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Identify training options for staff on soft skills and explore opportunities within the Protected Time Initiative. Identify assessment tool. Identify competency metrics. Explore inclusion of training requirements in learning maps. Plan for dissemination of training.
2.1.2 Enhance staff’s ability to understand and communicate effectively about the impacts of systems, social determinants, and culture on health.	07/24	12/25	Health Promotion Coordinator	<ul style="list-style-type: none"> # of FCHD staff trained in cultural awareness/ systems-level impacts on health % knowledge gained (pre/post assessment, % of posttest pass/fail) % staff confident to communicate content 	<p>STATUS: PRE-PLANNING</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Conduct benchmarking. Convene workgroup to finalize implementation plan. Align effort with key action 3.2.1 timing.
2.1.3 Build staff capabilities to integrate Health In All Policies (HIAP) practices and considerations into HD partnerships and initiatives.	7/23	12/25	Health in All Policies (HIAP) Manager Outreach & Engagement Team Lead	<ul style="list-style-type: none"> # of trainings with new hires # Staff trained Additional measures pending development/ approval 	<p>STATUS: LAUNCH</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Delivered HIAP training to Division of Environmental Health staff to expand integration of HIAP principles and practices. Identified follow up activities for EH Division to apply learning from the training. Established a trust-based collaboration with stakeholders to enhance pedestrian safety at targeted Leesburg Pike locations.

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Strategy 1	Empower staff as change leaders to advance efforts that promote healthy communities.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
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					PLANS FOR YEAR 2: <ul style="list-style-type: none"> Establish working group to broaden capacity building work to other staff/divisions.
2.1.4 Expand opportunities for bringing subject matter expertise into communities to advance FCHD mission objectives and improve community health.	1/24	6/25	Outreach & Engagement Team Manager	<ul style="list-style-type: none"> % increase in community learning opportunities % of events that include HD SMEs in attendance % of Div. mtgs that include OEU rep. % of attendees reporting increased awareness 	STATUS: LAUNCH YEAR 1 ACCOMPLISHMENTS: <ul style="list-style-type: none"> Expanded Subject Matter Expertise (SME) integration in community events. Held immunization events for all FCPS middle and high school students at school locations. In partnership with the Office for Children, provided public health education to child care providers to foster healthier environments for children. PLANS FOR YEAR 2: <ul style="list-style-type: none"> Establish working group to identify opportunities for SME engagement at community events.

VIBRANT COMMUNITY RELATIONSHIPS					
Goal	Engage our communities intentionally and continuously to inform policies and create solutions.				
Strategy 2	Cultivate strategic and sustainable partnerships to address root causes of poor health.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
2.2.1 Develop a partnership maturation model and related processes and tools to guide relationship strengthening through a progression toward mutual	5/24	3/25	Strategic Partnerships Manager	<ul style="list-style-type: none"> % of partners at each stage/phase Additional measures pending development/ approval 	STATUS: PRE-PLANNING YEAR 1 ACCOMPLISHMENTS: N/A PLANS FOR YEAR 2: <ul style="list-style-type: none"> Convene workgroup to finalize the Partnership Maturation Model. Develop assessment tool.

VIBRANT COMMUNITY RELATIONSHIPS					
Goal	Engage our communities intentionally and continuously to inform policies and create solutions.				
Strategy 2	Cultivate strategic and sustainable partnerships to address root causes of poor health.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
benefit, trust, and sustainability.					
2.2.2 Standardize a department-wide approach to initiative planning and solution development that leverages cross-divisional staff expertise and community perspectives early and throughout the process.	7/23	12/25	Senior Public Health Analyst Population Health Section Chief	<ul style="list-style-type: none"> Measures pending development/ approval 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Launched the Public Health Improvement Coordinating Team (PHICT). Performed comprehensive review of potential health priority areas and used ranked choice voting for the PHICT team to determine the top three. Used a participatory approach in having discussions with key division and team leads to solicit their perspective and recommendations regarding topic selection, relevance to their work, and program capacity. Worked with leadership in PELC to select the health priority of chronic diseases. Created and launched preliminary plan for an environmental scan of activities and potential partners. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Develop a two-pronged chronic disease campaign that includes community-wide education and organizational partner support.
2.2.3 Develop training and technical assistance infrastructure to nurture and build sustainability and mutual trust in all collaborative relationships.	9/24	7/26	Community Health Development Division Director Outreach & Engagement Manager	<ul style="list-style-type: none"> Development of a training and technical assistance evaluation tool. # of functional partners/champions/ leaders trained # of new functional partnerships 	<p>STATUS: PRE-PLANNING</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Held planning meetings to support the implementation of the public health network institute (PHNi) initiative. Completed PHNi framework document. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Establish PHNi working group. Work with IT to develop a training calendar platform to support PHNi.

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Strategy 2	Cultivate strategic and sustainable partnerships to address root causes of poor health.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
				<ul style="list-style-type: none"> Additional measures pending development/ approval 	<ul style="list-style-type: none"> Finalize PHNi implementation plan. Finalize PHNi evaluation plan. Develop PHNi communications and engagement plan. Launch Public Health Networks Institute. Launch CoP for community partners and champions.
2.2.4 Engage academia, health systems, and community organizations in public health research to inform decision making and public health practice.	7/24	12/27	Epidemiology & Population Health Division Director	<ul style="list-style-type: none"> Development of policy to guide public health research process # of research findings disseminated, including professional and community outlets Additional measures pending development/ approval 	<p>STATUS: LAUNCH</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Established a Research Review Committee (RRC), drafted a charter, and began work on a policy for conducting research at FCHD. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Complete research policy for review and obtain approval. Catalog internal research activities. Develop strategy and materials to describe research opportunities and process to academic, health system, and community partners. Engage with potential research partners to promote collaborative research.

VIBRANT COMMUNITY RELATIONSHIPS					
Goal	Engage our communities intentionally and continuously to inform policies and create solutions.				
Strategy 3	Tailor communications and outreach to effectively engage and empower diverse groups in our communities.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
2.3.1 Leverage cross-divisional expertise to improve health and safety communications resources	7/24	6/25	Public Information Officer	<ul style="list-style-type: none"> Measures pending development/ approval 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2:</p>

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	Start	End			
for diverse Fairfax County communities.			Outreach & Engagement Team Supervisor		<ul style="list-style-type: none"> Form workgroup with representation from across the department. Develop process to encourage collaborative content development. Consider creating teams of “brand ambassadors” Strategize how to create/promote action-oriented -informative- information pieces around population health issues, such as chronic disease prevention.
2.3.2 Develop a coordinated approach for engaging the health care community to address public health needs.	7/23	6/25	Public Information Officer	<ul style="list-style-type: none"> Approach and policy developed Additional measures pending development/ approval 	<p>STATUS: LAUNCH</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Worked with Epidemiology and Population Health Division to consider improvement to healthcare connection resources. Worked with Health Care Safety Net to identify better ways to reach healthcare community. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Survey healthcare providers about what they want more of, less of, and how they want to receive information.
2.3.3 Improve the visibility, accessibility, and use of HD public health messages by county staff, partner organizations, and the public.	10/24	6/25	Community Health Development Project Manager Communications Lead	<ul style="list-style-type: none"> Increase awareness/use of request form for communication materials. Increase appropriate use of HD materials by staff. Increase use of HD materials/messages by partners. Additional measures pending development/ approval 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Organize a workgroup and develop work plan.

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Strategy 3	Tailor communications and outreach to effectively engage and empower diverse groups in our communities.				
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	Start	End			
2.3.4 Expand formal and informal opportunities for residents to connect, engage, and learn about public health and safety issues.	07/24	06/26	Public Information Officer Communications Lead	<ul style="list-style-type: none"> Measures pending development/ approval 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Establish a workgroup to identify topics of interest to community members and develop a work plan for planning and holding in-person and virtual learning events. Develop measures of success and plans for collecting feedback.
2.3.5 Create a process for using public comments, feedback, and inquiries to inform new communication, outreach, and preparedness activities.	1/24	6/25	Public Information Officer Communications Lead	<ul style="list-style-type: none"> Process and policy developed Additional measures pending development/ approval 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Identified sources of feedback including call center, email box, social media comments, Community Health Assessment meetings, Community Health Improvement plan meetings, Next Door, and Outreach & Engagement Team conversations. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Explore budget implications of social media listening. Look at data on social media algorithms and targeting/key words, YouTube shorts, hashtags. Work with Accreditation & Quality Improvement Coordinator and Epidemiology and Population Health to standardize a process for analysis and reporting on feedback themes and information.
2.3.6 Develop and implement a process to identify, track, and address misinformation.	11/23	12/26	Senior Public Health Analyst	<ul style="list-style-type: none"> Policy developed Increase in communication about the HD and what we do. (i.e., trust building communications) 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Began implementing a Profiles in Public Health web series about the Health Department framed through staff-focused stories in support of building trust Health District residents. Participated in meetings to discuss next steps in following the National Forum on Best Practices to Address Health

VIBRANT COMMUNITY RELATIONSHIPS					
Goal	Engage our communities intentionally and continuously to inform policies and create solutions.				
Strategy 3	Tailor communications and outreach to effectively engage and empower diverse groups in our communities.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
				<ul style="list-style-type: none"> Additional measures pending development/ approval 	<p>Misinformation, and a plan for implementing training on topics like motivational interviewing.</p> <ul style="list-style-type: none"> FCHD staff participated in the National Summit for Health Communications, which included topics about AI in Health Communications, equity, audience segmentation, and a workshop on “Communicating to Build Trust.” Began assembling a team to address misinformation. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Begin meeting as a team to develop a plan for quickly identifying and addressing misinformation.

THRIVING WORKFORCE					
Goal	Attract, develop, and retain a skilled and diverse workforce				
Strategy 1	Cultivate a work environment that supports individual and professional wellbeing and resilience.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
3.1.1 Implement a peer advisory program for staff within their first year to support onboarding, foster colleague connection, and encourage career progression.	9/24	7/26	Wellness & Resiliency Coordinator	<ul style="list-style-type: none"> Advisory program established Cohort launched Additional measures pending development/ approval 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Partner with Nursing Research and Education (NRE) and leverage preceptorship program to expand to other Divisions. Meet with NRE to discuss mentorship strategies employed in Nurse Residency Program. Attend preceptor training hosted by NRE to identify comparable training for mentors.
3.1.2 Align existing policy with best practices to maximize opportunities to promote employee work-life balance and meet evolving needs of our community and workforce.	1/23	7/27	Wellness & Resiliency Coordinator	<ul style="list-style-type: none"> Revision of existing policies Increase satisfaction with FCHD work-life balance policies Additional measures pending development/ approval 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Telework policy revised. Developed an inventory and assigned parties to review overdue, relevant policies. Offered opportunities to support employees with wellness and resilience courses including Surviving & Thriving, Strategies for Enhancing Workplace Interventions, Resilient Together, The Cost of Caring, Team Interpersonal Wellness, Mental Health First Aid, Trauma-Informed Care Awareness, and Trauma-Informed Care for Supervisors. Through our partnership with the Fairfax County Public Safety Wellness Center, offered multiple on-site AcuDetox offerings and a nutritional seminar that included a smoothie demo. Several teams and individuals connected with clinicians to access personal and professional support. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Add survey questions to Workforce survey related to staff scheduling.

THRIVING WORKFORCE

THRIVING WORKFORCE					
Goal	Attract, develop, and retain a skilled and diverse workforce				
Strategy 1	Cultivate a work environment that supports individual and professional wellbeing and resilience.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
					<ul style="list-style-type: none"> Establish workgroup to assess and benchmark potential policy options and other strategies for supporting work-life balance.
3.1.3 Collaborate with County DHR to explore innovative options to enable newly hired staff to access paid leave when needed.	7/24	7/26	Human Resources Manager	<ul style="list-style-type: none"> Benchmarking completed Proposals issued for review and determination Options available for donated leave 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Work with County Department of Human Resources (DHR) and the county’s Senior Labor Relations Consultant to identify paid leave options for new hired staff. Work with DHR to brainstorm potential changes to Personnel Regulations.
3.1.4 Expand opportunities for social connectedness and team building.	1/24	7/25	Wellness & Resiliency Coordinator	<ul style="list-style-type: none"> # of opportunities scheduled # of participants Wellness Ambassadors at each site Additional monitoring and evaluation measures will be developed by the wellness workgroup 	<p>STATUS: LAUNCH</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Held multiple events at FCHD by partners such as the Fairfax County Public Safety Wellness Center and LiveWell. Provided multiple learning opportunities by external vendors for FCHD employees. Led a day of learning for School Health Aides that included sessions on Creating a positive Workplace, De-Escalation training, and Building Trust. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Launch wellness workgroup by 12/25. Key action 3.1.4 is also tied to 3.2.1 which will provide learning opportunities and discussion time with the goal of creating time and space for connection across the Department.

THRIVING WORKFORCE					
Goal	Attract, develop, and retain a skilled and diverse workforce				
Strategy 2	Develop and foster a culture of learning that inspires professional growth.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
3.2.1 Review and revise departmental policies to ensure staff have protected time and flexibility to participate in professional development and wellness opportunities.	7/23	6/25	Wellness & Resiliency Coordinator	<ul style="list-style-type: none"> Monitoring and evaluation measures will be developed once a plan is developed. 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Established a workgroup to explore and develop a plan for all staff to participate in professional development and wellness opportunities. Compiled inventories of existing courses. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Further build out strategies for ensuring staff are able to participate in training they need to fulfill their roles and responsibilities.
3.2.2 Develop and offer learning opportunities tailored to different learning styles and scheduling needs.	7/23	1/26	Professional Development Coordinator	<ul style="list-style-type: none"> % of staff participants in training % of staff reporting changes in their KSAs # of training offerings by different learning styles and scheduling needs (ex. morning, afternoon, on demand) Additional measures pending development/ approval 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Conducted environmental scan of learning opportunities throughout the health department. Developed and offered a series of competency-based professional development opportunities. Developed and offered division-specific educational programming (e.g., Nursing Research and Education, Emergency Preparedness & Response). <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Convene workgroup to identify opportunities to enhance future workforce programming and inform the 2025-28 Workforce and Organizational Development Plan key actions. Revise key action measures.
3.2.3 Implement a biennial training needs assessment focused on agency-wide	7/24	3/26	Professional Development Coordinator	<ul style="list-style-type: none"> Measures pending development/ approval 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p>

THRIVING WORKFORCE

THRIVING WORKFORCE					
Goal	Attract, develop, and retain a skilled and diverse workforce				
Strategy 2	Develop and foster a culture of learning that inspires professional growth.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
professional development and opportunities.					<p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Review de Beaumont’s 2024 PH WINS instrument and identify questions that can inform agency-wide professional development opportunities. Create a unique survey based on the 2019 Health Department Core Competency survey to supplement PH WINS data. Meet with Epidemiology and Population Health representative and responsible parties list to determine survey questions.
3.2.4 Develop resources for staff and supervisors to support individualized career planning for all staff.	1/25	3/26	Professional Development Coordinator	<ul style="list-style-type: none"> Measures pending development/ approval 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <ul style="list-style-type: none"> Initiated required monthly supervision meetings for all School Health staff to support communication and professional development planning. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Gather Career Management Plan (CMP) data trends from HR. Connect with IT to align CMP goals with Learning Management System. Develop key action measures with the responsible parties.
3.2.5 Expand access to relevant and educational resources and opportunities from external sources to support career advancement.	1/24	12/25	Professional Development Coordinator	<ul style="list-style-type: none"> Measures pending development/ approval 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Launched SharePoint site with training and education calendar. Gathered baseline data of staff who participated in professional development activities per the policy. Gathered baseline of staff who accessed Public Health Digital Library. Promoted free external learning platforms in the Workforce monthly newsletters.

THRIVING WORKFORCE					
Goal	Attract, develop, and retain a skilled and diverse workforce				
Strategy 2	Develop and foster a culture of learning that inspires professional growth.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
					<ul style="list-style-type: none"> Contractor Bell Leadership led a two-day workshop on compassionate leadership for FCHD’s Executive Management Team. Staff participated in the department’s second round of Strengthening the Core which included courses led by FCHD staff and contractors. Courses aligned with four learning competencies from the Council on Linkages Core Competencies for Public Health Professionals: Communication, Community partnership, Public health sciences, and Management and finance. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Increase the channels for promoting opportunities. Enhance measurement of who is utilizing educational resources and opportunities. Revise key action measures with the responsible parties.
3.2.6 Promote and allow equitable opportunities for staff at all levels to attend external trainings, presentations, and professional conferences.	7/24	6/27	Deputy Director for Public Health Operations Workforce Development Lead	<ul style="list-style-type: none"> % staff attendance % staff attendance by Division % of requests approved Additional measures pending development/ approval 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Analyze professional development requests to establish external training baseline. Identify gaps in data and partner with IT/Fiscal to update process.

THRIVING WORKFORCE					
Goal	Attract, develop, and retain a skilled and diverse workforce				
Strategy 3	Strengthen core competencies and skills needed to address current and future public health challenges.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
3.3.1 Establish a routine assessment process to gauge staff knowledge, skills, and abilities to inform public health and technical core competency training and support.	9/24	4/25	Professional Development Coordinator	<ul style="list-style-type: none"> Assessment tool updated Schedule developed % of staff who complete survey Additional measures pending development/ approval 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Identify relevant questions from de Beaumont’s 2024 PH WINS survey. Add additional questions as appropriate to the survey in 3.2.3. Meet with Epidemiology and Population Health and workgroup to identify duplicative or missing survey questions.
3.3.2 Expand cross-training and other strategies that build and sustain staff knowledge of essential functions to maintain operations during emergencies and unexpected disruptions in staffing.	10/24	1/26	Professional Development Coordinator	<ul style="list-style-type: none"> Schedule for initial/ongoing cross-training developed. Competency criteria developed Additional measures pending development/ approval 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Convene workgroup to draft “essential functions” list. Revise key action measures with responsible parties.
3.3.3 Develop career ladders and career bridges to promote advancement within the organization and to ensure staffing capacity.	7/24	6/26	Human Resources Manager	<ul style="list-style-type: none"> Measures pending development/ approval 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Lead Workforce Planning and partner with HD/division leadership, County Department of Human Resources and County Department of Management and Budget to develop career ladder series.
3.3.4 Formalize a process to support hiring managers with ensuring that	10/25	6/26	Professional Development Coordinator	<ul style="list-style-type: none"> Process for position description review developed. 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2: N/A</p>

THRIVING WORKFORCE

THRIVING WORKFORCE					
Goal	Attract, develop, and retain a skilled and diverse workforce				
Strategy 3	Strengthen core competencies and skills needed to address current and future public health challenges.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
recruitment materials and activities align with core competencies and Public Health 3.0 capabilities.			Human Resources Lead	<ul style="list-style-type: none"> % of staff hired using new criteria score “competent” on 3.1 assessment 	

THRIVING WORKFORCE

THRIVING WORKFORCE					
Goal	Attract, develop, and retain a skilled and diverse workforce				
Strategy 4	Adopt human resources and workforce innovations to attract and keep qualified staff.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
3.4.1 Develop, implement, and evaluate a strategic recruitment approach to attract diverse candidates and top talent.	7/24	6/27	Human Resources Lead Designated co-leads from Health Services & School Health)	<ul style="list-style-type: none"> Written strategic recruitment approach Measures pending development 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Refine and implement HDHR recruitment framework aimed at attracting a diverse pool of candidates.
3.4.2 Strengthen the succession planning process and our knowledge transfer practices to anticipate, identify, and plan for successful workforce transitions.	7/24	6/25	HD Human Resources Manager (or designated succession planning specialist)	<ul style="list-style-type: none"> # workforce transitions targeted for succession planning Time to fill positions targeted for succession planning Additional measures pending development 	<p>STATUS: PRE-PLANNING</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Begin working to create a HD Succession plan template. Partner with HD and division leadership to identify critical positions and skills gap and transfer knowledge practices. Implement succession planning.
3.4.3 Establish a system to regularly conduct check-ins with staff at milestones in the employment lifecycle	9/23	6/25	Deputy Director for Public Health Operations	<ul style="list-style-type: none"> # surveys conducted with staff by a third party Aggregate survey results shared with leadership 	<p>STATUS: LAUNCH</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Participated in an HHS demo of a county vendor who currently conducts new hire, stay, and exit interviews for DFS and CSB.

THRIVING WORKFORCE					
Goal	Attract, develop, and retain a skilled and diverse workforce				
Strategy 4	Adopt human resources and workforce innovations to attract and keep qualified staff.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
to understand and address the factors contributing to turnover and retention.				<ul style="list-style-type: none"> Additional measures pending development 	<ul style="list-style-type: none"> Conducted research about existing service agreements and scopes of work. Met with leadership to discuss priority level and procurement options. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Convene team to conduct informal RFP process. Solicit input from internal leadership teams to define scope for a department-wide approach to collecting data at key milestones in the employment lifecycle.
3.4.4 Improve the new employee experience by evaluating and enhancing hiring, onboarding, and orientation processes.	7/23	6/25	Human Resources Manager	<ul style="list-style-type: none"> Measures pending development 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Developed HR Solutions Platform and currently in testing pilot. Division of Administrative Operations working to establish contract with vendor to conduct interviews at key milestones in employment lifecycle, including recently hired. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Launch HR Solutions Platform department-wide in January 2025. Develop new hire experience survey for new employees to evaluate and improve hiring, onboarding processes. Develop measures for success.
3.4.5 Conduct a capacity and cost assessment to identify and address gaps in the workforce that prevent us from fully implementing the foundational public health services.	11/24	6/25	Fiscal Manager	<ul style="list-style-type: none"> Completed assessment Additional measures pending development 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Determine feasibility of completing this key action for the Health Department. Initial driver for the action was planning for the assessment at a regional level. That effort has not moved forward.

THRIVING WORKFORCE

THRIVING WORKFORCE					
Goal	Attract, develop, and retain a skilled and diverse workforce				
Strategy 4	Adopt human resources and workforce innovations to attract and keep qualified staff.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
3.4.6 Develop additional contractual options to facilitate staff augmentation during emergencies, unexpected staffing disruptions, or heightened workloads.	7/23	12/24	Health Safety Net & Integration Director	<ul style="list-style-type: none"> RFP developed and issued Contracts established Additional measures pending development 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Researched contractual options of staff augmentation. Drafted RFP. Obtained stakeholder feedback. Streamlined and modified RFP for maximum flexibility and minimum administrative effort to implement. Submitted draft and revised RFP to County Department of Purchasing and Material Management (DPMM). <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Issue RFP (DPMM) and complete the contract award process. Onboard provider and orient HD users on accessing contract staff services Train assigned contract staff.
3.4.7 Evaluate our employee recognition program and make enhancements to drive engagement, boost morale, and promote retention.	1/24	6/25	Communications Lead	<ul style="list-style-type: none"> Updated PM in place Additional measures pending development 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Began gathering information on staff preferences for meaningful recognition. Benchmarked of other county agencies to learn about their recognition programs and evaluated NACCHO’s best practices for recognition. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Benchmark other agency recognition programs and evaluate preferences of HD staff to develop survey. Share survey results with Leadership and provide suggestions for program improvement. Update recognition program policy and procedures.

ROBUST INFRASTRUCTURE

ROBUST INFRASTRUCTURE					
Goal	Drive organizational excellence by continuously improving our systems, processes, and technology.				
Strategy 1	Use performance data consistently to inform decisions and make improvements.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
4.1.1 Redesign and implement an enhanced department-wide performance management system.	7/23	6/27	Strategic Planner Deputy Director for Public Health Operations	<ul style="list-style-type: none"> • % of HD units with performance measures (PMs) established • Policy executed • % of units reporting PM data • PM data dashboards operational • Additional measures pending development/ approval 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> • Finalized the framework for the department’s new performance management system (PMS) in alignment with the Foundational Public Health Services (FPHS) model. • Conducted performance measure (PM) development exercises for units working in Communicable Disease Control and Human Resources/ Workforce Development Team in preparation for those units to propose suites of PMs. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> • Work with Year 1 units to finalize their performance measures, obtain approval from leadership, and begin tracking and reporting. • Launch PM development exercises with units working in Partnership Development and other program and infrastructures areas of the FPHS.
4.1.2 Engage leaders, managers, and staff in regular reviews of performance results to advance data-driven programmatic and operational decision-making.	1/25	6/27	Strategic Planner Organizational Performance Committee (OPC)	<ul style="list-style-type: none"> • % of units with performance measures (PM) engaging staff in PM reviews • % of units meeting with unit leadership to review PM data • Additional measures pending development/ approval 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> • Establish a process for data reporting and routine review with department leadership. • Provide opportunities for units to review their PM data with their staff.
4.1.3 Share and disseminate data analyses more broadly with county leadership and	7/23	6/27	Communicable Disease Section Chief	<ul style="list-style-type: none"> • Online repository of external presentations 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> • Surveyed Executive Management Team to collect information on external facing presentations conducted in the past year.

ROBUST INFRASTRUCTURE

ROBUST INFRASTRUCTURE					
Goal	Drive organizational excellence by continuously improving our systems, processes, and technology.				
Strategy 1	Use performance data consistently to inform decisions and make improvements.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
partners to influence policy and garner support.			Strategic Planner	<ul style="list-style-type: none"> # of presentations conducted by division/ topic % of topics shared with other county agencies, HHHS leadership, BOS Additional measures pending development/ approval 	<ul style="list-style-type: none"> Identified trends in presentations shared and identified workgroup members to move the work forward. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Develop a process (and subsequent policy) for collecting and sharing information about external presentations/ publications. Begin work on an IT system that will be used FCHD-wide to ensure a consistent process for requesting and subsequent tracking of presentations/publications given by FCHD staff to external groups.
4.1.4 Use data to evaluate evolving needs and drive resource allocation.	7/24	6/27	Strategic Planner Organizational Performance Committee (OPC)	<ul style="list-style-type: none"> Examples of data-driven resource changes/ requests % of PM reviews that result in data-informed decisions or quality improvement projects Additional measures pending development/ approval 	<p>STATUS: PRE-PLANNING</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Establish a process and expectations for reviewing PM data with leadership to inform decision-making. Begin leadership reviews with units currently tracking new PM data.
4.1.5 Expand the routine implementation of quality improvement (QI) practices to enhance operations and program efficacy.	7/23	6/27	Accreditation & Quality Improvement Coordinator	<ul style="list-style-type: none"> Volume of QI projects tracked % of staff selecting QI activities as part of CMP Additional measures pending development/ approval 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Quality Improvement Committee (QIC) Workgroups established: <ul style="list-style-type: none"> Engagement/Awareness Curriculum/Education Assessment/Reporting Completed the biannual Culture of Quality Assessment. Identified 2025 – 2028 QI Plan goals and objectives, including those aimed at building on QI culture and expanding engagement.

ROBUST INFRASTRUCTURE

ROBUST INFRASTRUCTURE					
Goal	Drive organizational excellence by continuously improving our systems, processes, and technology.				
Strategy 1	Use performance data consistently to inform decisions and make improvements.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
					<ul style="list-style-type: none"> Using QI tools and methodology, established an electronic school health medication audit tool and medication loss policy to improve safety and security of student medications. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Complete QI Project Audit to set baseline for quality improvement engagement. Adopt 2025 – 2028 QI Plan, identify priorities, and develop workplan. Engage with divisions to identify expectations for staff participation in QI activities.
4.1.6 Build performance measurement, data analysis, and process improvement capacity within every division.	1/24	6/27	Strategic Planner	<ul style="list-style-type: none"> % of divisions with trained PM SMEs % of PM SMEs confident to support division OPM activities % of divisions with QI SMEs supporting process improvement projects Final measures pending approval 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Provided organizational performance management training to unit staff engaging in the PM development exercise. Provided process improvement and project management trainings to a second cohort of QI Champions to build their skills in leading improvement projects within their units and divisions. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Continue training staff participating in PM development exercises and as QI Champions.
4.1.7 Develop methodology and processes for the systematic and creative collection and use of community-focused customer satisfaction data.	1/24	6/26	Accreditation & Quality Improvement Coordinator Organizational Performance Committee	<ul style="list-style-type: none"> Implementation of systematic process Standardized questions incorporated into all customer satisfaction surveys % customer satisfaction by division and for HD 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Conducted a scan of community- and workforce-focused surveys to identify key characteristics and methods of surveys (including customer satisfaction) across the department. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Identify divisions/programs collecting customer satisfaction data.

ROBUST INFRASTRUCTURE					
Goal	Drive organizational excellence by continuously improving our systems, processes, and technology.				
Strategy 1	Use performance data consistently to inform decisions and make improvements.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
				<ul style="list-style-type: none"> # of process improvement projects initiated based on data Additional measures pending development/ approval 	<ul style="list-style-type: none"> Review Public Health Accreditation Board (PHAB) standards to determine accreditation requirements for collecting customer satisfaction data. Formalize team and develop a workplan for achieving the key action.

ROBUST INFRASTRUCTURE					
Goal	Drive organizational excellence by continuously improving our systems, processes, and technology.				
Strategy 2	Implement technology solutions to improve operations and business processes.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
4.2.1 Assess and evaluate programmatic processes to establish standardization and cross-collaborative solutions.	7/23	6/25	HD Informatics & IT Director	<ul style="list-style-type: none"> IT Roadmap of Agency required solutions Additional measures pending development 	<p>STATUS: LAUNCH</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Initiated discussions with select Division leadership for programmatic solution needs and documentation. Began documentation of agency solution/system projects. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Continue meetings with Division leadership to develop high-level solution and planning timelines. Draft of Agency solution/system request processes and governance.
4.2.2 Develop system requirements for interoperability and scalability.	1/24	6/25	HD Informatics & IT Director	<ul style="list-style-type: none"> Completed framework document that defines system governance and interoperability Governance developed for solution implementation 	<p>STATUS: LAUNCH</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Reviewed current agency, County, and Federal recommendations/ requirements.

ROBUST INFRASTRUCTURE

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Goal	Drive organizational excellence by continuously improving our systems, processes, and technology.				
Strategy 2	Implement technology solutions to improve operations and business processes.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
				<ul style="list-style-type: none"> Additional measures pending development/ approval 	<p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Develop draft summary of pertinent requirements applicable to agency. Continue following proposed federal rules that may be applicable to agency (e.g., HTI-2)
4.2.3 Develop a roadmap to define strategic initiatives for solution implementation.	1/24	6/27	HD Informatics & IT Director	<ul style="list-style-type: none"> Timeline of solution implementation for each Division and Program Additional measures pending development/ approval 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Initiated discussions with select Division leadership for programmatic solution needs and documentation. Began documentation of Agency solution/system projects. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Continue meetings with Division leadership to develop high-level, department-wide solution and long term roadmap. Draft overview of agency solution/system projects with potential timelines, funding sources, and other key data fields.
4.2.4 Create and manage a comprehensive catalog of fundamental processes, datasets, sources, and systems to optimize operational efficiency and ensure consistency.	1/24	6/25	HD Informatics & IT Director	<ul style="list-style-type: none"> Completed and prioritized live inventory Development of a data governance framework Additional measures pending development/ approval 	<p>STATUS: LAUNCH</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Initiated discussions with some Division leadership for programmatic solution needs and documentation of processes. Began documenting agency systems for new implementation projects. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Establish central repository for documentation Continue cataloging and documenting systems and processes.
4.2.5 Establish processes for informatics governance	1/24	6/25	HD Informatics & IT Lead	<ul style="list-style-type: none"> Completed governance PMs and/or agreements 	<p>STATUS: WORK IN PROGRESS</p>

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Key Actions	Timeline		Lead Party(ies)	Measures	Status
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between programs and IT to support technical and security protocols, business and system change control policies, and system utilization				<ul style="list-style-type: none"> Implemented Change Management policies and processes across appropriate solutions Additional measures pending development/ approval 	<p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Began assessing current change management practices across programs. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Meet with Virginia Department of Health to better understand current technical and security protocols. Utilize new HDIT staff member to help with policy and processes for informatics governance.
4.2.6 Establish data sharing agreements with key partners to formalize data governance policies, and improve usage, transparency, and access to public health data.	7/23	6/27	HD Informatics & IT Lead	<ul style="list-style-type: none"> Completed PM Implemented Document Management Solution Additional measures pending development/ approval 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Began assessing current data sharing agreements and identified key stakeholders. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Meet with key stakeholders to list current agreements and identify key elements. Continue work as an early adopter of Health Information Exchange (HIE) and Trusted Exchange Framework and Common Agreement (TEFCA) through the Office of the National Coordinator for Health Information Technology (ONC).

ROBUST INFRASTRUCTURE

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Goal	Drive organizational excellence by continuously improving our systems, processes, and technology.				
Strategy 3	Improve administrative practices to be more effective and efficient.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
4.3.1 Modernize administrative business processes and	7/23	6/27	Administrative Operations Division Director	<ul style="list-style-type: none"> # of processes modernized 	STATUS: WORK IN PROGRESS

ROBUST INFRASTRUCTURE

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Strategy 3	Improve administrative practices to be more effective and efficient.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
workflows with the aid of technology tools.				<ul style="list-style-type: none"> # of efficiencies gained for key business processes (# fewer steps, # fewer days processing time, etc.) Additional measures pending development/ approval 	<p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Completed phase 1 development and testing of the new HR Onboarding Solution. Launched system pilot in March 2024. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Analyze HR Onboarding Solution pilot and roll out department wide. Inventory and prioritize administrative business processes targeted for modernization.
4.3.2 Standardize system for reviewing, updating, and communicating all department policies and procedures.	9/23	3/25	Accreditation & Quality Improvement Coordinator	<ul style="list-style-type: none"> % of PMs updated by date of expiration % staff know how to access and comply with Policies & Procedures Additional measures pending development/ approval 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Conducted rapid cycle PDSA on existing policy process to identify recommendations and improvement opportunities. Policy Workgroup conducted interviews with key stakeholders and division leadership. Policy Workgroup developed new policy framework and drafted a new policy development policy with associated standard operating procedures and template for initiating and reviewing policies. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Pilot new process and collect feedback to refine framework. Finalize framework and develop plan for larger implementation.
4.3.3 Enhance grants management process to ensure alignment with strategic goals, leverage opportunities for more flexible funding, and ensure	10/24	7/25	Fiscal Manager	<ul style="list-style-type: none"> Measures pending development/ approval 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Define processes for grant identification, communication, application, and management. Conduct time studies for each process step.

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	Start	End			
a cohesive administrative procedure.					<ul style="list-style-type: none"> Develop grants management policy and SOPs.
4.3.4 Refine Continuity of Operations (COOP) Plan with a particular focus on programmatic and business policies and processes.	7/24	7/25	Assistant Director, Emergency Preparedness & Response (EP&R) Emergency Planning Coordinator	<ul style="list-style-type: none"> Updated plan % of divisions completing bi-annual exercises of the COOP plan related to their area Process for ongoing maintenance of the COOP. % of Staff who bi-annually attest that they have read and understand the COOP plan 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Update COOP to new planning program standards and with functional division updates. Include COOP as a Functional Annex within the planning environment due for yearly and biannual comprehensive reviews. Collaborate with EP&R T&E section to develop COOP training and exercises to be completed by all relevant staff as part of preparedness.

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Goal	Drive organizational excellence by continuously improving our systems, processes, and technology.				
Strategy 4	Adopt innovative communication methods to advance department priorities.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
	Start	End			
4.4.1 Create a process for effective collaboration with communications staff on the development and dissemination of division-developed products.	1/25	6/26	Communications Lead	<ul style="list-style-type: none"> Additional measures pending development/ approval 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Establish internal process and policy to ensure that Communications can provide quality control on externally facing products developed by divisions.

ROBUST INFRASTRUCTURE

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Strategy 4	Adopt innovative communication methods to advance department priorities.				
Key Actions	Timeline		Lead Party(ies)	Measures	Status
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4.4.2 Engage staff to identify communication needs/preferences and innovations to improve internal messaging and information dissemination.	07/25	07/26	Communications Lead	<ul style="list-style-type: none"> Measures pending development/ approval 	<p>STATUS: N/A</p> <p>YEAR 1 ACCOMPLISHMENTS: N/A</p> <p>PLANS FOR YEAR 2: N/A</p>
4.4.3 Establish a process for bidirectional communication between senior management and all levels of staff that will allow for timely exchange of information and the opportunity to elevate ideas and concerns.	01/24	06/27	Strategic Planner Public Information Officer	<ul style="list-style-type: none"> Process established and codified Execute at least X forums/events per year % staff satisfied/highly satisfied with bi-directional communication Additional measures pending development/ approval 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Relaunched the Values Initiative to provide opportunities for conversations between the Health Director and front line staff at all district offices, the Lab, and Kelly Square. Comments shared by staff across all locations is currently being analyzed. Conducted listening sessions with School Health Aides to promote bi-directional communication between division staff and leadership. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Finish qualitative analysis and use staff feedback to inform executive decision-making. Plan and carry out the next round of Values Initiative conversations. Explore other opportunities for bi-directional communication activities.
4.4.4 Develop a systematic approach for department-wide communication of key division initiatives to	7/24	12/25	Communications Lead Strategic Partnerships Manager	<ul style="list-style-type: none"> Additional measures pending development/ approval 	<p>STATUS: PRE-PLANNING</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Held initial meeting to identify key staff who are currently working across key program areas in identifying opportunities for collaboration.

ROBUST INFRASTRUCTURE

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Key Actions	Timeline		Lead Party(ies)	Measures	Status
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enhance coordination and reduce duplication.					<ul style="list-style-type: none"> Recruited Health Program Coordinator to serve on planning team. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Establish process to track initiatives. Pilot process and collect feedback.
4.4.5 Expand the use of data walks, communities of practice, and other forums to build staff awareness of HD data collection efforts and current public health research.	01/24	05/25	Population Health Section Chief	<ul style="list-style-type: none"> Plan developed # of staff who participate in data sharing activities # of staff who used data from data sharing activities to inform public health initiative Additional measures pending development/ approval 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Conducted multiple divisional data walks presenting information from the current Community Health Assessment. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Define divisional informational needs. Identify effective mechanisms and formats for disseminating information to staff that are responsive to identified needs. Develop and implement strategies to support effective data interpretation and application.
4.4.6 Engage policymakers to deepen their understanding of root causes of critical public health issues within the community and potential policy solutions.	12/23	12/27	Deputy Director for Planning & Innovation	<ul style="list-style-type: none"> # HHS Presentations (BOS)* # Not in Package memos (BOS)* # Bill introductions (GA)* # Co-sponsorship of key leg (state)* # Amendments (GA)* # Enacted legislation (GA)* # of policy changes, improvements, and modifications # of 	<p>STATUS: WORK IN PROGRESS</p> <p>YEAR 1 ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Briefed County Supervisors on HD organization and history, major functions, and community outreach efforts. Developed and implementing a work plan designed to provide current data to strengthen collaboration among stakeholders and improve outreach in the Mt. Vernon District. Provided HD presence and subject matter expertise at community meetings on proposed Franconia Government Center site redevelopment. <p>PLANS FOR YEAR 2:</p> <ul style="list-style-type: none"> Recruit and hire Public Health Policy Coordinator (new position).

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				briefings, engagements with BOS and staff* *Based on HD engagement & recommendations	<ul style="list-style-type: none"> • Research and develop potential policy proposals for County Legislative team. • Work strategically and intentionally with BOS offices (members and staff) to regularly disseminate public health information, cross-develop networks with community leaders/organizations, and partner on community events.