

Fairfax County Health Department

STRATEGIC PLAN 2014-2019

July 2014



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Message from the Director of Health

July 15, 2014

Dear Colleagues and Community Members,

When we began our strategic planning journey over 18 months ago, we set out to understand how the evolving landscape of public health would impact how we provide services in the future. With the core functions of public health as our foundation, we identified how our organization and workforce must develop and grow in order to meet the changing needs of the community. I am pleased to share with you our department's plan to enhance public health services for our community over the next five years.

Through the development of our strategic plan, it became evident that we need to focus on strengthening our capacity to deliver the 10 Essential Public Health Services (EPHS), which define public health and serve as the framework for quality and performance improvement initiatives nationwide. The Fairfax County Health Department Strategic Plan 2014-2019 outlines our goals, objectives, and key actions across each of the EPHS.

Building a strong public health infrastructure is central to effective delivery of the 10 EPHS. This means investing in our workforce so that they are prepared for the changing role of public health; continuing to build partnerships so that we can make a greater difference by working together; communicating effectively with our colleagues, partners, and customers; monitoring and evaluating community health data to understand the health status of the community; and leveraging technology to increase efficiency in service delivery. Enhancing our capacity in these areas will improve our ability to anticipate emerging public health issues and proactively address them.

Having identified our organization's priorities and set forth our course for the future, we are better equipped to address the public health challenges of today and the future. As we move from planning to implementation, we will continue to be led by our vision, mission, and values which serve as guiding principles to our work. By working together across programs and sectors, we can advance health equity and further our mission to protect, promote, and improve health and quality of life for all in our community. Thank you for your partnership in this endeavor.

Sincerely,

*Gloria Addo-Ayensu, MD, MPH
Director of Health*

Fairfax County Health Department
Strategic Plan 2014-2019 Goals
Aligned With the 10 Essential Public Health Services



Essential Public Health Services	Fairfax County Health Department Goals
<i>EPHS 1: Monitor health status to identify community health problems</i>	<ul style="list-style-type: none"> Enhance capacity to assess and monitor community health status through data collection, analysis, and reporting
<i>EPHS 2: Diagnose and investigate health problems and health hazards</i>	<ul style="list-style-type: none"> Detect, prevent, prepare for, respond to, and recover from ongoing and emerging public health threats
<i>EPHS 3: Inform, educate, and empower people about health issues</i>	<ul style="list-style-type: none"> Promote and encourage healthy behaviors through coordinated communication approaches
<i>EPHS 4: Mobilize community partnerships to identify and solve health problems</i>	<ul style="list-style-type: none"> Develop and leverage partnerships and resources
<i>EPHS 5: Develop policies and plans that support individual and community health efforts</i>	<ul style="list-style-type: none"> Advance the integration of health into decision-making across sectors to create opportunities for good health for all
<i>EPHS 6: Enforce laws and regulations that protect health and ensure safety</i>	<ul style="list-style-type: none"> Detect, prevent, prepare for, respond to, and recover from ongoing and emerging public health threats
<i>EPHS 7: Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable</i>	<ul style="list-style-type: none"> Assure access to health services
<i>EPHS 8: Assure a competent public health and personal healthcare workforce</i>	<ul style="list-style-type: none"> Recruit, hire, retain, and train a competent workforce that reflects the diversity of the community
<i>EPHS 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services</i>	<ul style="list-style-type: none"> Evaluate and continuously improve processes, programs, and interventions
<i>EPHS 10: Research for new insights and innovative solutions to health problems</i>	<ul style="list-style-type: none"> Promote and encourage healthy behaviors through coordinated communication approaches
<i>System Management: Maintain administrative and management capacity</i>	<ul style="list-style-type: none"> Strengthen public health infrastructure to anticipate and meet changing community needs

Background

Overview of the Fairfax County Health Department

The Fairfax County Health Department (FCHD) is located in Northern Virginia and serves approximately 1.1 million people in the Fairfax Health District, a 407 square mile area that includes Fairfax County, and the cities of Fairfax and Falls Church. Fairfax County is the most populous jurisdiction in both Virginia and the Washington Metropolitan Area. It has a population size larger than eight states and continues to grow each year. As an immigrant gateway, the community is racially and ethnically diverse. Minorities comprise 37% percent of the population, and more than 120 languages are spoken in households across the county.¹ The FCHD works to protect, promote, and improve the health and quality of life of everyone in the community, striving for its vision of healthy people in healthy communities.

As a locally administered health department operating under a Memorandum of Agreement with the Virginia Department of Health, the FCHD has a budget of approximately \$53 million and 653 full-time employees. It has five core functions upon which service activities are based: preventing epidemics and the spread of disease, protecting the public against environmental hazards, promoting and encouraging healthy behaviors, assuring the quality and accessibility of health services, and responding to disasters and assisting communities in recovery. The department is structured into four main divisions: 1) Community Health Development and Preparedness; 2) Environmental Health; 3) Laboratory Services; and 4) Patient Care Services. All services and programs are driven by the department's overarching vision, mission, and values statements.

Vision

Healthy people in healthy communities

Mission

Protect, promote, and improve health and quality of life for all in our community

Values

- Making a Difference – Making a positive impact on the health of individuals and the community where we live and work
- Excellence – Doing the right thing at the right time and doing it well
- Respect – Treating everyone with dignity while valuing their differences
- Customer Service – Listening and responding appropriately in a timely manner to help meet customer needs
- Integrity – Adhering to honest, ethical behavior in our daily work

Strategic Planning Process

A Strategic Planning Committee (SPC) was convened to design and conduct the strategic planning process, and to develop the strategic plan. The SPC was comprised of a sponsor group, project leads, and a planning team. The sponsors, or senior management of the FCHD, provided high level oversight and direction for the process. The leads served as project managers to the initiative, guiding the work of the team and managing the strategic planning process. The Strategic Planning Team (SPT) was a diverse group of staff representing the many program areas, position types, and worksites across the health department. Members of the SPT were actively involved in the process and served as conduits of information for colleagues. In addition to the SPC, key staff served on workgroups and attended retreats to contribute their expertise and perspectives to the process (see Appendix A for a list of participants).

The strategic planning process consists of three phases: assessment, plan development, and implementation. The first two phases covered a period of about 18 months between fall 2012 and spring 2014. Implementation is expected to begin in July 2014 and will be ongoing. Meetings of the SPT were held twice monthly from November 2012 through January 2014. The leads met with the sponsors monthly and additionally as needed. Workgroups convened on an ad hoc basis to complete specific tasks. FCHD staff members were informed and engaged by way of webinar presentations, internal newsletter articles, and team exercises throughout the strategic planning process.

The strategic planning process began with an affirmation of the vision, mission, and values statements to set the overall strategic direction for the department. Staff participated in team discussions and provided feedback about their role in contributing to the vision, mission, and values through their daily work. In order to emphasize the department's commitment to advancing health equity, the FCHD mission to "protect, promote, and improve health and quality of life" was revised to include "for all in our community".

Assessment

The assessment phase of the strategic planning process took place from November 2012 through April 2013. It built the foundation for the strategic plan by assessing the strengths and weaknesses of the FCHD and by identifying future opportunities and challenges. The assessment phase consisted of an environmental scan to collect data and information from different perspectives, addressing the following questions:

1. What legislation, regulation, major initiatives, or other activities at the national, state, and/or regional levels are likely to impact our work?
2. What are the local trends, needs, and opportunities for change within our community?
3. Are we meeting the needs of our customers? Are they satisfied with our services?
4. What types of learning and growth are important for our organization and workforce? What is our current capacity to do the work needed now and in the future?
5. Are our processes efficient and effective? What are our strengths and weaknesses?
6. What is the economic climate and internal financial picture of the health department?

To answer these questions, the environmental scan included a document review, stakeholder analysis, stakeholder survey, and Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. During the document review, the Strategic Planning Team reviewed over 50 documents, such as community health assessments, program annual reports, and policy documents. A workgroup identified common themes and drafted a summary of the documents that were reviewed.

The Strategic Planning Committee performed a stakeholder analysis to identify the individuals, groups, and organizations that have a vested interest in the FCHD and to determine the role they should play in the strategic planning process. A workgroup then developed, administered, and analyzed a survey of approximately 400 stakeholders. Of those surveyed, including representatives from governance, community organizations, hospital systems, governmental partners, and community members, forty two percent responded. Questions on the survey involved rating the health department on its performance in various organizational areas and on the provision of its five core functions. The survey also sought feedback from stakeholders regarding legislation and initiatives that may impact health, workforce needs, and other critical issues affecting the health department over the next 5 to 10 years.

Members of the SPC and other FCHD staff participated in a retreat in February 2013 to discuss the assessment phase findings. They used the results from the document review and the stakeholder survey to identify strengths, weaknesses, opportunities, and threats. The results of the environmental scan summarized in Table 1 are drawn from the document review, stakeholder survey, and SWOT analysis. The SPC and workgroup members used these findings to inform the plan development phase of the strategic planning process.

Table 1: Summary of Environmental Scan Findings

Perspective	Findings
National Forces of Change	<ul style="list-style-type: none"> • The FCHD must identify its role in the implementation of the Affordable Care Act to increase healthcare coverage for county residents and to ensure a viable safety net. • Efforts focused on addressing the social determinants of health require participation across sectors to achieve long term systemic change. Policy, systems, and environmental changes promote opportunities for good health for all community members. • Chronic disease, such as heart disease and cancer, is the leading cause of death in the United States. The FCHD should be involved in health promotion and prevention initiatives around chronic disease to improve community health.
Local Community Needs	<ul style="list-style-type: none"> • Cultural and linguistic diversity within the county continues to grow, pointing to a need for targeted health education and outreach activities. • Differences in knowledge and awareness of services and information exist between ethnic groups and between groups with differing levels of income. • Residents cite limited access to healthcare, medical screenings, and services in times of stress and crisis as community needs.
Customer Satisfaction and Experience	<ul style="list-style-type: none"> • Clients and customers are generally satisfied with FCHD services. • The FCHD should continue broad-based community involvement to effectively engage the community in identifying and addressing community issues. • There is a need to increase collaborative efforts and strengthen partnerships among agencies, stakeholders, and community groups.
Organization and Workforce Development	<ul style="list-style-type: none"> • Partnerships with government stakeholders and community organizations to promote a <i>Health in All Policies</i> approach are vital to affect change across the local public health system. • Staff training on health promotion and prevention activities, such as active living and chronic disease self-management, will prepare the FCHD to fulfill the evolving role of public health. • Workforce development, including preparing staff for leadership roles, assures a proactive approach to meeting future needs. • Using new technology will foster collaboration, improve communication, and enhance healthcare. • Integrated systems of care capitalize on available community resources and better serve the community.

Perspective	Findings
Health Department Processes and Performance	<p><i>Strengths</i></p> <ul style="list-style-type: none"> • Stakeholders rate the FCHD highest on the core functions of preventing epidemics and the spread of disease, and responding to disasters and assisting communities in recovery. • Stakeholders also rate the FCHD as having competent staff and appropriate interventions. • The FCHD has established and maintains many successful partnerships with governmental partners and community organizations. • The FCHD has access to many resources in the Washington Metropolitan Area for public, private, and nonprofit partnerships at the local, state, and federal levels. <p><i>Opportunities for Improvement</i></p> <ul style="list-style-type: none"> • Stakeholders indicate that improvement can be made in the areas of promoting and encouraging healthy behaviors, and assuring the quality and accessibility of health services. • Efficiency of processes and communication could be improved. • Public health messaging, including emergency information, must be delivered through a variety of methods due to the varying needs of a large and diverse community. • There is a need to integrate public health data sets and data management systems to improve data sharing capabilities.
Fiscal Climate	<ul style="list-style-type: none"> • The challenging fiscal climate limits the expansion of programs and requires reallocation of resources to meet evolving needs. • Collaboration with other agencies and organizations will maximize the utilization of limited resources. • Programs and services should be evaluated to demonstrate value and effectiveness.

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Plan Development

The second phase of the strategic planning process was plan development from May 2013 through May 2014. This stage focused on the development of goals, objectives, measures, and action steps for the strategic plan. A second staff retreat was held in May 2013 to discuss selected findings of the assessment phase in five focus areas and to identify corresponding strategies that could be included in the strategic plan. Building on the insight gained from both retreats, the SPC reviewed and revised the department's existing strategy map. The strategy map is a one page blueprint that summarizes the strategic direction of the FCHD. It outlines 9 goals that are critical to the FCHD mission to protect, promote, and improve health and quality of life for all in our community (see Appendix B for the strategy map).

Seven workgroups were formed to develop objectives, strategies, key actions, responsible parties, timeframes, and evaluation measures for specific goals on the strategy map. The workgroups met from October 2013 to January 2014 and presented their work plans to the sponsors between January and March 2014. The leads worked to refine the strategic plan in coordination with the sponsors and the members of the SPT from January to May 2014.

Internal and external stakeholders were engaged throughout the plan development phase. FCHD staff provided feedback on the strategy map through a staff exercise tying their daily work to relevant goals and proposing ideas for those goals to inform the development of the strategic plan. Several external partners were engaged during the fall and winter to obtain input on the goals. Presentations and discussions were held with the Partnership for a Healthier Fairfax, Multicultural Advisory Council, and Health Care Advisory Board. In addition to these presentations, governmental stakeholders and other partners were engaged through focus groups to gain their perspectives on elements of the FCHD strategic plan that align with their agency initiatives.

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Strategic Plan

The strategic plan is built upon the framework of the 10 Essential Public Health Services (EPHS), which were developed in 1994 by a committee of 20 public health leaders from the federal, state, and local levels. The 10 EPHS define public health and the responsibilities of the local public health system, providing a solid structure for continued use and the flexibility to be responsive to changing needs. They also serve as the foundation for the National Public Health Performance Standards,² which assess the capacity and performance of the public health system, as well as the Public Health Accreditation Board Standards and Measures,³ which measure the performance of state, local, territorial, and tribal health departments. Past work involving the 10 EPHS, such as the Local Public Health System Assessment, and current efforts, such as preparing for accreditation, provide the FCHD direct experience with this framework. Using the 10 EPHS as the structure for the strategic plan illustrates how FCHD initiatives align with quality improvement efforts within the department and across the local public health system (see Appendix C for FCHD goals across the 10 EPHS).

In addition to the EPHS framework, the strategic plan identifies linkages to national, state, and local initiatives to demonstrate coordination among concurrent and complementary efforts. The FCHD strategic plan connects to the following national initiatives to demonstrate what can be done to improve health at the local level and ultimately contribute to the health of the nation.

- Healthy People 2020⁴ – sets benchmarks for 10-year national objectives for improving the health of all Americans.
- National Prevention Strategy⁵ – outlines four strategic directions and seven priorities, providing recommendations for government, communities, and individuals on how to take action in each area.
- National Standards for Culturally and Linguistically Appropriate Services in Health Care⁶ – provides a framework for all healthcare organizations to best serve the nation’s increasingly diverse communities.

At the state level, the strategic plan ties to efforts at the Virginia Department of Health (VDH) in the areas of health equity, performance measurement, and chronic disease. As of May 2014, the VDH was updating its strategic plan. Once the VDH strategic plan is complete, the FCHD will identify its contributions to initiatives at the state level.

- Virginia Health Equity Report 2012⁷ – provides recommendations on policies that promote equitable opportunities for all Virginians to be healthy.
- Virginia Department of Health Dashboard⁸ – identifies key performance indicators to monitor progress and effectiveness of interventions across public health program areas.
- Shared Agenda for the Virginia Chronic Disease Prevention Collaborative Network⁹ – describes priorities and strategies that address chronic disease to improve the health and quality of life of all Virginians.

The FCHD strategic plan also links with plans and initiatives at the community and departmental levels.

- LiveHealthy Fairfax Community Health Improvement Plan¹⁰ (CHIP) – describes the results of community health assessments, identifies community health priorities, and outlines the action plan of the Partnership for a Healthier Fairfax to address them.
- Results-Based Accountability (RBA) for Human Services¹¹ – establishes a framework to monitor performance across six results areas for the Human Services System to increase accountability to residents and strengthen programs and services.
- Fairfax County Health Collaborative¹² – works to define the county’s role in the future of health safety net services for the community in coordination with county leadership, staff, community advisory board members, and representatives from community organizations.
- Fairfax County Health Department Quality Improvement Plan¹³ – outlines the quality improvement organizational structure and quality improvement goals for program areas within the department.
- Fairfax County Health Department Emergency Operations Plan¹⁴ – provides direction to ensure comprehensive public health and medical services before, during, and after a disaster or emergency impacting the county, while maintaining the essential services of the department.

Based on the 10 Essential Public Health Services, and with connections to public health efforts at the national, state, and local levels, the strategic plan serves as a guide to FCHD priorities for the next five years. The goals, objectives, and key actions outlined by each EPHS were selected as the best strategies to further the mission to protect, promote, and improve health and quality of life for all in our community (see Appendix D for a summary of FCHD goals and objectives).

Essential Public Health Service 1: Monitor Health

Monitor health status to identify community health problems

The cornerstone of the essential public health services is the collection, analysis, and dissemination of data to guide policies, processes, programs, and interventions. The information gathered during the Mobilizing for Action through Planning and Partnerships (MAPP) process identified our community’s most pressing health issues. The MAPP community health assessments also brought to light the need for ongoing monitoring of population health outcomes and additional data about health disparities in our community. As we shift our focus to population-based approaches, resources need to be deployed to examine trends, design research methods, conduct community health surveillance, and implement evidence-based solutions. Additional workforce capacity and data communication tools will enable us to better describe the health status of the community, inform the development of health improvement initiatives, and evaluate the effectiveness of clinical and population-based health services.

Goal: Enhance capacity to assess and monitor community health status through data collection, analysis, and reporting.

<p>Objective 1.1 Expand the epidemiology program to better identify and address trends in health issues, environmental conditions, and socioeconomic factors that impact community health.</p>	Key Actions	<ul style="list-style-type: none"> Establish a new epidemiology unit structure based upon a benchmarking study of regional, peer, and model jurisdictions. Develop a new chronic disease epidemiology program to address the leading causes of death and associated behavioral risk factors. Increase the availability of subpopulation health data through modifications of existing surveys, targeted sampling, and/or collection of primary data to assess and address health disparities.¹⁵
<p>Objective 1.2 Adopt a comprehensive public health data system to share community health indicators and analysis with governmental partners, community stakeholders, and the public.¹⁶</p>	Key Actions	<ul style="list-style-type: none"> Secure a web-based platform to convey sociodemographic and health data to more effectively monitor and communicate the health status of the community. Engage key stakeholders and data owners to develop data sharing agreements for proprietary information, as necessary. Conduct an informational campaign about the availability and utility of the public health data system.¹⁷
<p>Objective 1.3 Collaborate with governmental partners and community stakeholders to conduct periodic community health assessments that inform the development and evaluation of community health improvement initiatives.</p>	Key Actions	<ul style="list-style-type: none"> Coordinate with the Partnership for a Healthier Fairfax and other local entities to gather information about community health indicators and regularly update community health assessments. Monitor targeted population health outcomes and evaluation measures to evaluate community health improvement efforts and progress on the reduction of health disparities.

Essential Public Health Service 2: Diagnose and Investigate

Diagnose and investigate health problems and health hazards

A critical aspect of protecting the health of the public is investigating and mitigating health problems or environmental public health hazards. In order to quickly identify and address emerging health issues, we must have the capacity to detect problems and mobilize resources in response. Improving staff readiness for emergencies and situational awareness of public health threats will help to foster a culture of preparedness. Using the Incident Command System more routinely will prepare our department for a timely response during public health incidents. Expanding lab capability to test for infectious pathogens will further allow us to diagnose and investigate health issues to prevent and contain the spread of disease.

Goal: Detect, prevent, prepare for, respond to, and recover from ongoing and emerging public health threats.

Objective 2.1 Improve staff preparedness for emergencies through enhanced situational awareness, trainings, and exercises.	Key Actions	<ul style="list-style-type: none"> Develop, implement, and evaluate a staff training program on the fundamentals of emergency preparedness, including personal and household preparedness. Gather staff input in the development of materials used in training staff on their potential roles during public health emergencies. Evaluate and improve protocols, processes, and systems to ensure timely and accurate internal notification about potential or actual public health threats that could require a large-scale response. Foster a culture of preparedness by engaging staff in various emergency preparedness and response activities, including trainings and exercises. Conduct ongoing evaluation of staff members' preparedness.
Objective 2.2 Strengthen capacity to respond to public health incidents by systematically using the Incident Command System for public health emergencies and planned events. ¹⁴	Key Actions	<ul style="list-style-type: none"> Define significant public health threats and develop criteria for activating the Incident Command System (ICS). Identify opportunities to integrate ICS into routine public health activities. Develop a policy regarding the use of ICS during emergencies, planned events, and management of routine public health activities. Evaluate and update the department Incident Management Team roster. Conduct an annual review of plans, policies, and procedural memorandums related to emergency preparedness trainings and exercises and update as needed.
Objective 2.3 Expand laboratory capability to use molecular method testing for infectious pathogens.	Key Actions	<ul style="list-style-type: none"> Identify funding for startup and implementation costs of Nucleic Acid Amplification Test technology for rapid diagnosis of mycobacterium tuberculosis, and Polymerase Chain Reaction methods to identify norovirus in gastrointestinal outbreaks. Develop protocols and train staff on the submission and testing of samples, and the reporting of results. Validate, implement, and evaluate new tests in accordance with federal regulations. Establish methodology within the Laboratory Information Management System to order tests, interface with testing instruments, and report results.

Essential Public Health Service 3: Inform, Educate, Empower

Inform, educate, and empower people about health issues

Health information can empower individuals to adopt healthy behaviors and enable communities to support policies and interventions that are conducive to good health. Effective health promotion requires a unified and coordinated approach when disseminating information about protecting and improving health and when responding to public health emergencies. By building capacity to identify and apply proven health communication methods, we will improve the planning and implementation of health promotion activities that protect and enhance community health.ⁱ

Goal: Promote and encourage healthy behaviors through coordinated communication approaches.

Objective 3.1

Strengthen internal capacity to identify and apply effective health promotion and communication approaches.

Key Actions

- Establish a health communications position to research best practices in health communication and to serve as an expert on health promotion practices, message development, and communication approaches.
- Designate a team of FCHD staff to identify and prioritize health promotion and communication needs and opportunities, aligning with other national, state, regional, and local initiatives.
- Conduct a study of health promotion capacity, including a department self-assessment and a report benchmarking organizational structure and staffing with other jurisdictions.
- Outline a capacity development plan for health promotion activities and communications.

Objective 3.2

Enhance communication protocols and practices with external stakeholders and the public to ensure timely, accurate, and appropriate public health messaging.

Key Actions

- Develop and implement comprehensive communications procedures to ensure timely, accurate, and appropriate dissemination of health-related information.
- Convene a workgroup to study and enhance processes and systems to rapidly inform external stakeholders and the public of relevant public health threats.
- Coordinate development of communications with stakeholders for unified public health messaging.
- Utilize proactive media relations approaches to promote accurate coverage of important public health issues.
- Adopt a branding strategy to successfully market FCHD services, products, and programs.

ⁱ “Essential Public Health Service 3: Inform, Educate, Empower” includes strategies for health promotion capacity building. See “Essential Public Health Service 10: Research” for health promotion planning and implementation strategies.

Essential Public Health Service 4: Mobilize Community Partnerships

Mobilize community partnerships to identify and solve health problems

Improving community health outcomes can best be achieved through cooperative efforts across the local public health system. The complexity of health problems and the challenging fiscal climate necessitate collaboration among all sectors of the community to creatively address health issues. Bringing together community-based organizations, businesses, faith leaders, government agencies, schools, healthcare providers, and residents empowers people to mobilize resources and catalyze change. Through continued work with groups like the Partnership for a Healthier Fairfax, a cross-sector community health coalition, we will support initiatives dedicated to making a difference in the health of our community. We will work to strengthen these collective efforts by enhancing communication; working to reduce duplication; sharing information, client data, and resources; and forging new partnerships as needed. Ongoing collaboration and continued community engagement will mobilize support for community health improvement strategies and ultimately advance the health of the public.

Goal: Develop and leverage partnerships and resources.

Objective 4.1
Strengthen relationships with governmental partners and community stakeholders to collaboratively identify and address health issues.

Key Actions

- Continue multi-sector and cross-agency collaboration on initiatives that engage the community in public health improvement strategies and policies.
- Enhance ongoing communication with current or potential partner organizations through targeted approaches that showcase effective partnerships.
- Identify and contact potential partners to discuss how their work impacts health and ways to work together to achieve shared goals and desired outcomes.
- Expand partnerships to better address public health issues, clearly defining partnership roles and responsibilities.
- Identify service areas that are potentially duplicative and coordinate with other organizations to develop and implement plans to eliminate duplication.
- Enhance the ability of the Medical Reserve Corps to support the health department during emergencies and non-emergency public health activities through recruitment, development, and retention activities.
- Participate in the local initiative to create a central data repository where client and patient data can be shared among public, private, and nonprofit safety net providers.

Essential Public Health Service 5: Develop Policies

Develop policies and plans that support individual and community health efforts

Our health department must establish and update policies and plans in collaboration with multiple sectors in order to successfully tackle complex health problems and health inequities. Through work with the Partnership for a Healthier Fairfax (PFHF) to develop a Community Health Improvement Plan (CHIP), we have engaged new partners across sectors in efforts to address priority health issues. Building on this foundation, the *Health in All Policies (HiAP)* approach aims to advance health equity and improve community health by incorporating health considerations into decision-making across policy areas. The approach recognizes that health and wellbeing are influenced by a variety of factors beyond healthcare, including the social and environmental conditions in communities. We will continue to strengthen understanding of these social determinants of health internally and externally. By working with others to identify the impact their work has on health, new partnerships can be built to promote policy, systems, and environmental changes that will make a broad and lasting impact on the health of all individuals in our community.

Goal: Advance the integration of health into decision-making across sectors to create opportunities for good health for all.

<p>Objective 5.1 Build FCHD capacity to understand and implement the <i>HiAP</i> approach.</p>	Key Actions	<ul style="list-style-type: none"> • Establish a <i>HiAP</i> Coordinator to serve as a primary and expert resource on <i>HiAP</i> principles and practices internally and externally. • Designate a team of county staff to serve as champions to support, promote, and educate others about the <i>HiAP</i> approach. • Learn about policies and processes of partners across sectors to develop messages that resonate with targeted audiences. • Create a communications toolkit, including promotional materials and presentations for various audiences, that aligns with existing national, state, and regional resources.
<p>Objective 5.2 Collaborate with governmental partners and community stakeholders to increase knowledge and support of the <i>HiAP</i> approach.</p>	Key Actions	<ul style="list-style-type: none"> • Participate in the implementation of <i>HiAP</i> initiatives as outlined in the CHIP.¹⁸ • Provide educational materials to governmental partners and stakeholders on <i>HiAP</i> practices and principles, including the concepts of social determinants of health and health equity.⁷ • Pursue opportunities to work with other sectors to provide a health lens during policy development and revision. • Promote the use of Health Impact Assessments to proactively take into account the health implications of a policy or project to mitigate harmful impacts, support positive outcomes, and promote health equity.¹⁹
<p>Objective 5.3 Collaborate with governmental partners and community stakeholders to develop and evaluate community health improvement initiatives.</p>	Key Actions	<ul style="list-style-type: none"> • Monitor targeted population health outcomes and other measures to annually evaluate community health improvement efforts. • Coordinate with the PFHF to update the CHIP on a five year cycle.

Essential Public Health Service 6: Enforce Laws

Enforce laws and regulations that protect health and ensure safety

Public health laws and regulations are created to protect the community from disease and threats to health. Our role is to advise policymakers who create, revise, and review laws; educate regulated entities that abide by the laws; and inform the public who benefit from enforcement of public health laws. Public health law includes provisions to increase identification of outbreaks and reduce the spread of communicable disease, such as gastrointestinal illness and influenza-like illnesses. Although reporting of specific disease cases and outbreaks is required by the Code of Virginia, not all mandated reporters understand the importance of conforming to the prescribed reporting timeframes. Educating individuals and organizations on the purpose of laws will raise awareness of the importance of timely notification and increase adherence to state laws. As reporting improves, we will be able to respond appropriately to prevent or reduce the spread of disease.

Goal: Detect, prevent, prepare for, respond to, and recover from ongoing and emerging public health threats.

Objective 6.1

Increase the percent of facilities that report disease outbreaks within 24 hours, among facilities which received educational outreach within the last two years.

Key Actions

- Conduct targeted outreach and prevention education to high-risk facilities to reduce the spread of communicable diseases and to increase early identification of emerging communicable or infectious disease outbreaks.
- Identify high-risk populations and provide targeted outreach to prevent or reduce the spread of communicable or infectious disease.
- Provide educational materials and tools for mandated reporters to increase compliance with regulations for disease reporting and control.

Essential Public Health Service 7: Link to/Provide Care

Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable

Access to health services, including primary, specialty, behavioral, and oral healthcare, is critical to keeping communities healthy and strong. Although the county has a strong network of healthcare services, some communities remain underserved. In order to link people to needed services, the local public health system must work collaboratively to find solutions to address gaps and barriers to care. Together with governmental partners and community stakeholders, we will implement strategies to increase access to care through service integration, streamlined eligibility and referrals, and targeted outreach efforts. Working with partners to assure that individuals can access care improves prevention, detection, and treatment of disease for those in the greatest need.

Goal: Assure access to health services.

<p>Objective 7.1 Collaborate with governmental partners and community stakeholders to identify and address gaps in health services and barriers to care.¹²</p>	<p>Key Actions</p>	<ul style="list-style-type: none"> • Analyze data to identify population healthcare needs, including those of underserved populations.²⁰ • Inventory health services in the community and identify gaps in availability of care. • Partner with academia to routinely study new barriers to accessing health services in our communities. • Collaborate with governmental partners and community stakeholders on initiatives to bridge gaps in health services and mitigate barriers to care. • Support efforts of the Disproportionality and Disparity Prevention and Elimination Team to improve the client experience across the Human Services System.
<p>Objective 7.2 Collaborate with governmental partners and community stakeholders to implement initiatives that facilitate increased access to care.^{12, 21}</p>	<p>Key Actions</p>	<ul style="list-style-type: none"> • Coordinate with the Partnership for a Healthier Fairfax, the Fairfax County Health Collaborative, and other providers to strengthen the county safety net by instituting an evidence-based model for integrated services delivery.^{9, 22} • Establish a streamlined systematic screening, eligibility, assessment, care coordination, and referral process across the FCHD, community support networks, and safety net providers to link uninsured and underinsured community members to appropriate healthcare services. • Develop communications campaigns to educate audiences about a) healthcare access points; b) the value of seeking timely preventive and clinical health services; and c) how to effectively use health insurance. • Conduct outreach activities with targeted messaging to increase access to health services for underserved populations.¹⁵ • Review and revise policies and procedures that may impede timely access to health services.

Essential Public Health Service 8: Assure Competent Workforce

Assure a competent public health and personal healthcare workforce

A qualified and well-prepared workforce is essential to effectively protect, promote, and improve community health. Our public health workforce must be ready to meet the needs of diverse communities, to address changing community health priorities, and to take on future public health challenges. We must focus on strengthening the capacity of our workforce by ensuring that we recruit, hire, retain, and train staff members who reflect the diversity of the community and are competent in the skills necessary to fulfill the evolving role of public health. Nationally-adopted public health core competencies will serve as the foundation for a workforce development plan, which will enhance the training, skills, and performance of our staff. Working with academic institutions and other agencies to develop the next generation of public health professionals will benefit students and staff alike. By promoting the development of current and future public health professionals, we can assure that the workforce will be prepared to address existing and emerging public health challenges.

Goal: Recruit, hire, retain, and train a competent workforce that reflects the diversity of the community.

Objective 8.1 Increase the diversity of the health department workforce through recruitment practices and hiring approaches that attract qualified diverse candidates. ²³	Key Actions	<ul style="list-style-type: none"> Review the gap analysis comparing the current FCHD workforce with the diversity plans of the county and department to identify target areas. Develop a departmental plan for the recruitment, hiring, and marketing of key positions to targeted diverse populations. Leverage partnerships and relationships with community organizations and professional associations for recruitment efforts. Collaborate with the Partnership for a Healthier Fairfax to address workforce composition and cultural competency across the local public health system.²⁴
Objective 8.2 Promote employee retention through initiatives that increase job and workplace satisfaction.	Key Actions	<ul style="list-style-type: none"> Incorporate information about the culture of the organization and realistic job expectations into the interview process. Institute and periodically conduct “stay” interviews, using the results to shape future recruitment and retention efforts. Expand internal and external cross-training and other experiential learning opportunities. Allocate time for community engagement through volunteer leave and resources for professional development opportunities. Enhance professional development to prepare staff for promotional opportunities and career advancement. Promote cultural and linguistic competency of the workforce to improve the work environment for employees and the quality of care for clients.²³
Objective 8.3 Develop and implement a workforce development plan to address the core competencies of public health professionals. ²⁵	Key Actions	<ul style="list-style-type: none"> Establish a training coordination and development team to outline the core competencies for all FCHD public health professionals based on nationally-adopted standards. Designate additional personnel resources dedicated to training and development of the FCHD workforce. Develop a workforce development plan to prepare staff for the evolving role of public health. Design a competency and learning map and toolkit of resources for staff training and development.

Objective 8.4

Augment workforce capacity with fellowships and internships that fulfill health department needs.

Key Actions

- Develop a coordinated approach to learning experiences for students, fellows, and interns.
- Research opportunities and requirements for potential students, fellows, and interns.
- Examine all service areas to identify work that could be performed through fellowships and internships.
- Match potential students, fellows, and interns with appropriate placement opportunities that are mutually beneficial.
- Develop incentives for staff to assume site supervision for students, fellows, and interns.

Essential Public Health Service 9: Evaluate

Evaluate effectiveness, accessibility, and quality of personal and population-based health services

Public health programs and interventions can be delivered most efficiently and effectively through the integration of quality improvement (QI) into organizational practice. These efforts involve monitoring progress on identified objectives, assessing customer satisfaction, and engaging in QI efforts across all levels of the department. The Results-Based Accountability (RBA) performance management framework provides a systematic approach to monitor how much we are doing, how well we are doing it, and whether our customers are better off as a result. Connecting the ongoing quality assurance and QI efforts across our department provides the opportunity to apply QI tools to improve public health programs and interventions. In addition to these efforts, public health department accreditation allows us to assess how well we perform based on national standards. Engaging in the accreditation process and meeting accreditation standards will advance quality and performance within the department, laying the foundation for improved protection, promotion, and preservation of community health.

Goal: Evaluate and continuously improve processes, programs, and interventions.

<p>Objective 9.1 Monitor and evaluate performance indicators using the Results-Based Accountability (RBA) framework for performance management.¹¹</p>	<p>Key Actions</p>	<ul style="list-style-type: none"> • Designate a department-wide performance management team to implement the RBA performance management approach. • Utilize the RBA Team to develop, monitor, evaluate, and annually update program performance plans. • Align department performance measures with budget measures, Human Services System indicators, Virginia Department of Health objectives,⁸ and metrics from other planning initiatives. • Establish a survey review team to evaluate existing customer satisfaction assessment tools and make recommendations for improvement. • Share performance results with department staff and others on a routine basis.
<p>Objective 9.2 Enhance service delivery through continuous quality improvement (QI) and quality assurance initiatives.²⁶</p>	<p>Key Actions</p>	<ul style="list-style-type: none"> • Implement the processes, principles, and procedures for continuous QI as outlined in the QI plan.¹³ • Compile information across the department on all QI initiatives and objectives, and report progress on implementation. • Increase staff awareness of QI activities, the structure of the QI system, and their roles within the system. • Determine program areas with an identified need for a quality assurance framework. • Develop and implement quality assurance policies, procedures, and evaluation tools.
<p>Objective 9.3 Attain and maintain national public health department accreditation through the Public Health Accreditation Board.²⁷</p>	<p>Key Actions</p>	<ul style="list-style-type: none"> • Convene the Accreditation Team to review the Public Health Accreditation Board (PHAB) Standards and Measures, and identify qualifying documentation across all domains. • Make final documentation selections and complete the online documentation submission process. • Coordinate the PHAB site visit and achieve accredited status. • Submit annual reports to PHAB addressing areas for improvement. • Prepare for reaccreditation by reviewing the latest version of the Standards and Measures and taking action to meet criteria.

Essential Public Health Service 10: Research

Research for new insights and innovative solutions to health problems

Evidence-based practices should be used when identifying and implementing public health interventions to increase effectiveness and credibility. While strengthening our health promotion capacity,ⁱⁱ resources such as the Guide to Community Preventive Services can be used to identify approaches with demonstrated outcomes that may be appropriate for our community. In order to reach high-risk populations, we must engage partners and community members to create and disseminate messages that are culturally and linguistically appropriate. Using evidence-based approaches and engaging community members will contribute to the successful implementation and evaluation of health promotion programs and interventions.

Goal: Promote and encourage healthy behaviors through coordinated communication approaches.

<p>Objective 10.1 Identify and apply evidence-based approaches and promising practices to maximize the effectiveness of health promotion activities.</p>	Key Actions	<ul style="list-style-type: none"> Conduct an environmental scan of existing evidence and best practices in public health communication and priority health promotion topics. Establish guidelines that stipulate a consistent, evidence-based approach to all FCHD health promotion activities, adapting approaches to specific audiences as necessary. Engage partners and the community to develop and implement health promotion materials and activities that are culturally and linguistically appropriate. Develop and use toolkits and standardized health promotion materials during education and health promotion activities, leveraging existing resources that align with national, state, regional, and local materials and messages. Identify, acquire, and utilize effective communication tools and channels, including social media and other innovative communication methods.²⁸
<p>Objective 10.2 Develop a methodology to coordinate, track, and evaluate health promotion activities throughout the department.</p>	Key Actions	<ul style="list-style-type: none"> Inventory current health promotion activities and performance measures to determine how interventions are tracked and monitored within programs. Align health promotion performance measures and data collection tools across programs using the RBA framework. Create a department-wide system for coordinating, tracking, and reporting health promotion activities, outreach events, communications, and outcomes.

ⁱⁱ “Essential Public Health Service 10: Research” includes health promotion planning and implementation strategies. See “Essential Public Health Service 3: Inform, Educate, Empower” for health promotion capacity building strategies.

System Management

Maintain administrative and management capacity

A strong operational infrastructure is critical for a high quality service delivery system. Our health department needs the foundational components of an effective organizational structure, sound resource management systems, and the technological tools to provide the 10 Essential Public Health Services. Given the changing landscape of public health needs, we must examine and align our organizational structure to ensure that human and financial resources are allocated appropriately. We can improve our operations through better coordination of internal communications and pursuit of new funding opportunities. Employing information systems and promoting technology use among other providers will enhance service delivery and efficiency across the local public health system.

Goal: Strengthen public health infrastructure to anticipate and meet changing community needs.

<p>Objective 11.1 Adopt an organizational structure designed to address current and projected public health needs.</p>	Key Actions	<ul style="list-style-type: none"> Develop an organizational design that incorporates the functions and positions needed to fulfill the evolving role of public health. Communicate the new organizational structure internally and externally. Implement changes to human resources and financial management as outlined in the new organizational structure.
<p>Objective 11.2 Develop a coordinated approach to internal employee communications.</p>	Key Actions	<ul style="list-style-type: none"> Evaluate the need for designated coordination of department-wide employee communications. Conduct an environmental scan to identify best practices in internal information sharing and employee communications. Implement identified best practices and tools, taking a systematic approach to internal employee communications.
<p>Objective 11.3 Identify and apply for new funding opportunities that address areas of need.</p>	Key Actions	<ul style="list-style-type: none"> Designate a centralized grants coordination function to develop and manage grant applications and resources across the department. Monitor funding announcements, and contact program managers and potential partners about grant opportunities. Write grant applications and track funding awards.
<p>Objective 11.4 Develop an information technology plan that incorporates current and future program and resource needs.</p>	Key Actions	<ul style="list-style-type: none"> Develop a department information technology (IT) plan that includes technology solutions to improve the efficiency and effectiveness of service delivery across programs. Update the IT staffing plan for increased capacity to implement and support new technology or enhancements to existing systems.
<p>Objective 11.5 Implement and share software that supports electronic health records and electronic dental records for clinic and field services clients.^{9, 29}</p>	Key Actions	<ul style="list-style-type: none"> Convene a team to develop an implementation plan with the vendor, Netsmart. Train staff and implement the Insight software across clinic and field services. Develop specifications and fees for sharing the software with interested qualified service partners.

<p>Objective 11.6 Establish the capability to share critical health information with service partners through the statewide health information exchange.⁹</p>	<p>Key Actions</p>	<ul style="list-style-type: none"> • Review technical materials and determine the feasibility of participation in the statewide health information exchange, ConnectVirginia. • Work with state representatives to establish a node on ConnectVirginia. • Promote use of ConnectVirginia by human services partners and other external organizations.
<p>Objective 11.7 Leverage technical infrastructure to support a reduction in paper generation, storage, and transmission where needed.</p>	<p>Key Actions</p>	<ul style="list-style-type: none"> • Work with the Department of Information Technology to evaluate options based on county technology standards and integration requirements. • Implement the use of mobile computer hardware technology and facsimile replacement technology. • Maximize the use of secure electronic methods to exchange data with service partners and reporting authorities. • Increase the use of web-based solutions for client self-service and group project collaboration. • Expand wireless network access in key service locations. • Encourage the use of audio, video, and online training and meeting resources. • Develop electronic fillable forms and automated workflow approval routing.

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Implementation

The next step in the strategic planning process is the implementation phase. The major elements of this phase are communication, implementation, and evaluation of the strategic plan. Beginning in July 2014, the strategic plan will be published and distributed to staff and stakeholders. The plan will be made available to the community on the public website and will be publicized using social media.

In addition to this initial dissemination, there will be ongoing communication with internal and external stakeholders. Communication with staff will occur throughout implementation via newsletter articles, webinars, and staff meeting presentations and discussions. Discussions will continue with the community advisory groups and partner organizations that were engaged during the plan development phase to inform them of the department's strategic direction and identify opportunities for collaboration. The FCHD Director and senior managers will share the strategic plan with county leadership and other stakeholder groups to apprise them of FCHD priorities and objectives.

Implementation has already begun for some of the key actions in the strategic plan, while others may be initiated over time. For ongoing strategic planning efforts, the work plans developed during the plan development phase will be refined and implementation teams will be convened as required to continue work on these objectives. For new initiatives, the sponsors will continue to meet to prioritize which areas must be addressed immediately, and which areas will be addressed in the near future. Part of this prioritization process involves considering resources needed for implementation. Meeting those resource needs and implementing the strategies in the plan will be an evolving process.

Evaluating progress on the goals and objectives in the strategic plan builds accountability and flexibility in implementation. Data collection mechanisms will be established to ensure that performance indicators can be measured over time. Evaluation of progress will be done through periodic status reviews, and the work plans will be updated at least annually to reflect changing needs and resources.

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References and Linkages

- ¹ United States Census Bureau. (2014). 2012 American Community Survey. Retrieved from http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_1YR_S0501&prodType=table
- ² National Association of County and City Health Officials. (2013). National Public Health Performance Standards Local Public Health System Assessment Instrument Version 3.0. Retrieved from <http://www.naccho.org/topics/infrastructure/NPHSP/loader.cfm?csModule=security/getfile&pageid=256553>
- ³ Public Health Accreditation Board. (2011, May). Public Health Accreditation Board Standards and Measures Version 1.0. Retrieved from <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>
- ⁴ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010, December). Healthy People 2020. Retrieved from <http://www.healthypeople.gov/2020/about/default.aspx>
- ⁵ U.S. Department of Health and Human Services, Office of the Surgeon General. (2011, June). National Prevention Strategy. Retrieved from <http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>
- ⁶ U.S. Department of Health and Human Services, Office of Minority Health. (2013). National Standards for Culturally and Linguistically Appropriate Services in Health Care. Retrieved from <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>
- ⁷ Virginia Department of Health. (2012). Virginia Health Equity Report 2012. Retrieved from <http://www.vdh.virginia.gov/OMHHE/2012HEReport/2012%20Hereport.html>
- ⁸ Commonwealth of Virginia, Office of the Secretary of Health and Human Resources. (2014, May). Virginia Department of Health Dashboard. Retrieved from <http://vdhweb/index.htm>
- ⁹ Virginia Department of Health. (2012, September). Shared Agenda for the Virginia Chronic Disease Prevention Collaborative Network. Retrieved from <http://www.vdh.virginia.gov/ofhs/prevention/collaborative/documents/2013/pdf/SharedAgenda%20.pdf>
- ¹⁰ Partnership for a Healthier Fairfax. (2013, September). Live Healthy Fairfax Community Health Improvement Plan 2013-2018. Retrieved from <http://www.fairfaxcounty.gov/livehealthy/pdfs/community-health-improvement-plan.pdf>
- ¹¹ Fairfax County Health and Human Services. (2014). Accountability for Human Services. Retrieved from <http://www.fairfaxcounty.gov/living/healthhuman/human-service-results/performance-briefs.htm>
- ¹² Fairfax County Government. (2014). Fairfax County Health Collaborative. Retrieved from <http://www.fairfaxcounty.gov/healthreform/health-collaborative.htm>
- ¹³ Fairfax County Health Department. (2014, May). Fairfax County Health Department Quality Improvement Plan.

- ¹⁴ Fairfax County Health Department. (2010, October). Fairfax County Health Department Emergency Operations Plan (Base Plan).
- ¹⁵ U.S. Department of Health and Human Services, Office of the Surgeon General. (2011, June). National Prevention Strategy, *Strategic Direction: Elimination of Health Disparities*. Retrieved from <http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>
- ¹⁶ Partnership for a Healthier Fairfax. (2013, September). Live Healthy Fairfax Community Health Improvement Plan 2013-2018, *Priority Issue: Data*. Retrieved from <http://www.fairfaxcounty.gov/livehealthy/pdfs/community-health-improvement-plan.pdf>
- ¹⁷ U.S. Department of Health and Human Services, Office of the Surgeon General. (2011, June). National Prevention Strategy, *Strategic Direction: Empowered People*. Retrieved from <http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>
- ¹⁸ Partnership for a Healthier Fairfax. (2013, September). Live Healthy Fairfax Community Health Improvement Plan 2013-2018, *Priority Issue: Healthy and Safe Physical Environment*. Retrieved from <http://www.fairfaxcounty.gov/livehealthy/pdfs/community-health-improvement-plan.pdf>
- ¹⁹ U.S. Department of Health and Human Services, Office of the Surgeon General. (2011, June). National Prevention Strategy, *Strategic Direction: Healthy and Safe Community Environment*. Retrieved from <http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>
- ²⁰ U.S. Department of Health and Human Services, Office of Minority Health. (2013). National Standards for Culturally and Linguistically Appropriate Services in Health Care, *Standard 12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area*. Retrieved from <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>
- ²¹ Partnership for a Healthier Fairfax. (2013, September). Live Healthy Fairfax Community Health Improvement Plan 2013-2018, *Priority Issue: Access to Health Services*. Retrieved from <http://www.fairfaxcounty.gov/livehealthy/pdfs/community-health-improvement-plan.pdf>
- ²² U.S. Department of Health and Human Services, Office of the Surgeon General. (2011, June). National Prevention Strategy, *Strategic Direction: Clinical and Community Preventive Services*. Retrieved from <http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>
- ²³ U.S. Department of Health and Human Services, Office of Minority Health. (2013). National Standards for Culturally and Linguistically Appropriate Services in Health Care, *Standard 3: Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area*. Retrieved from <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>
- ²⁴ Partnership for a Healthier Fairfax. (2013, September). Live Healthy Fairfax Community Health Improvement Plan 2013-2018, *Priority Issue: Health Workforce*. Retrieved from <http://www.fairfaxcounty.gov/livehealthy/pdfs/community-health-improvement-plan.pdf>
- ²⁵ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010, December). Healthy People 2020, *Objective PHI-2: Increase the proportion of Tribal, State, and local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals*. Retrieved from <http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=35>

²⁶ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010, December). Healthy People 2020, *Objective PHI-16: Increase the proportion of Tribal, State, and local public health agencies that have implemented an agency-wide quality improvement process*. Retrieved from <http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=35>

²⁷ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010, December). Healthy People 2020, *Objective PHI-17: Increase the proportion of Tribal, State, and local public health agencies that are accredited*. Retrieved from <http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=35>

²⁸ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010, December). Healthy People 2020, *Objective HC/HIT-13: Increase social marketing in health promotion and disease prevention*. Retrieved from <http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=18>

²⁹ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010, December). Healthy People 2020, *Objective HC/HIT 10: Increase the proportion of medical practices that use electronic health records*. Retrieved from <http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=18>

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Fairfax County Health Department Strategy Map 2014-2019

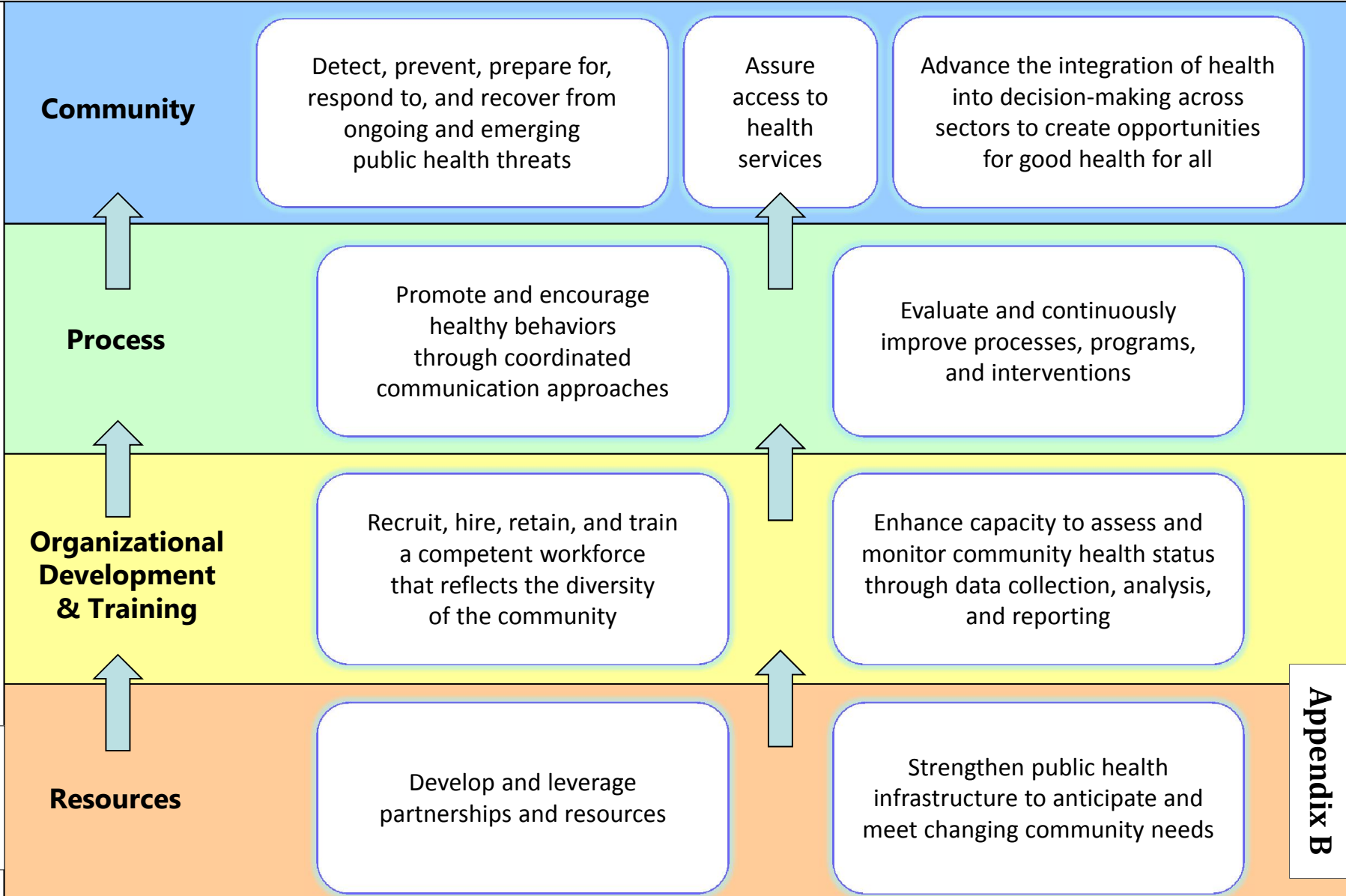


Mission: Protect, promote, and improve health and quality of life for all in our community

Vision: Healthy people in healthy communities

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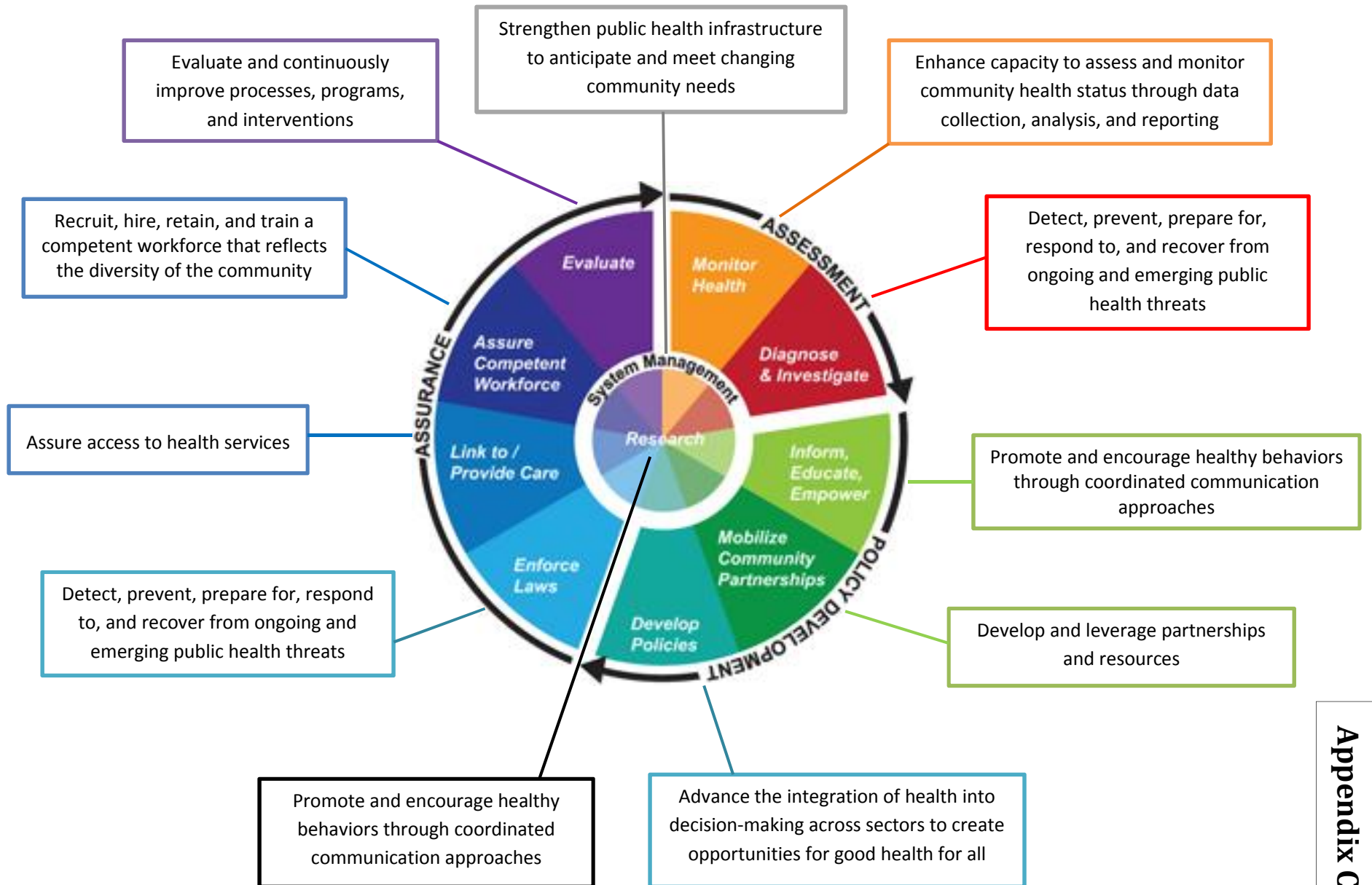
Values: Making a Difference, Excellence, Respect, Customer Service, Integrity



Appendix B

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Fairfax County Health Department Strategic Plan 2014-2019 Goals Across the 10 Essential Public Health Services



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Fairfax County Health Department Strategic Plan 2014-2019 Goals and Objectives



The Fairfax County Health Department (FCHD) developed its strategic plan in alignment with the framework of the 10 Essential Public Health Services (EPHS), which define the responsibilities of the local public health system. The FCHD Strategic Plan 2014-2019 outlines the health department’s priorities for the next five years across the spectrum of EPHS. The goals and objectives summarized below serve as a guide to implementing strategies that will further the mission to protect, promote, and improve health and quality of life for all in our community.

10 Essential Public Health Services

Goals	Objectives
EPHS 1	<p>Enhance capacity to assess and monitor community health status through data collection, analysis, and reporting.</p> <ol style="list-style-type: none"> 1.1 Expand the epidemiology program to better identify and address trends in health issues, environmental conditions, and socioeconomic factors that impact community health. 1.2 Adopt a comprehensive public health data system to share community health indicators and analysis with governmental partners, community stakeholders, and the public. 1.3 Collaborate with governmental partners and community stakeholders to conduct periodic community health assessments that inform the development and evaluation of community health improvement initiatives.
EPHS 2	<p>Detect, prevent, prepare for, respond to, and recover from ongoing and emerging public health threats.</p> <ol style="list-style-type: none"> 2.1 Improve staff preparedness for emergencies through enhanced situational awareness, trainings, and exercises. 2.2 Strengthen capacity to respond to public health incidents by systematically using the Incident Command System for public health emergencies and planned events. 2.3 Expand laboratory capability to use molecular method testing for infectious pathogens.
EPHS 3	<p>Promote and encourage healthy behaviors through coordinated communication approaches.</p> <ol style="list-style-type: none"> 3.1 Strengthen internal capacity to identify and apply effective health promotion and communication approaches. 3.2 Enhance communication protocols and practices with external stakeholders and the public to ensure timely, accurate, and appropriate public health messaging.
EPHS 4	<p>Develop and leverage partnerships and resources.</p> <ol style="list-style-type: none"> 4.1 Strengthen relationships with governmental partners and community stakeholders to collaboratively identify and address health issues.

Goals		Objectives
EPHS 5	Advance the integration of health into decision-making across sectors to create opportunities for good health for all.	<p>5.1 Build FCHD capacity to understand and implement the <i>Health in All Policies (HiAP)</i> approach.</p> <p>5.2 Collaborate with governmental partners and community stakeholders to increase knowledge and support of the <i>HiAP</i> approach.</p> <p>5.3 Collaborate with governmental partners and community stakeholders to develop and evaluate community health improvement initiatives.</p>
EPHS 6	Detect, prevent, prepare for, respond to, and recover from ongoing and emerging public health threats.	6.1 Increase the percent of facilities that report disease outbreaks within 24 hours, among facilities which received educational outreach within the last two years.
EPHS 7	Assure access to health services.	<p>7.1 Collaborate with governmental partners and community stakeholders to identify and address gaps in health services and barriers to care.</p> <p>7.2 Collaborate with governmental partners and community stakeholders to implement initiatives that facilitate increased access to care.</p>
EPHS 8	Recruit, hire, retain, and train a competent workforce that reflects the diversity of the community.	<p>8.1 Increase the diversity of the health department workforce through recruitment practices and hiring approaches that attract qualified diverse candidates.</p> <p>8.2 Promote employee retention through initiatives that increase job and workplace satisfaction.</p> <p>8.3 Develop and implement a workforce development plan to address the core competencies of public health professionals.</p> <p>8.4 Augment workforce capacity with fellowships and internships that fulfill health department needs.</p>
EPHS 9	Evaluate and continuously improve processes, programs, and interventions.	<p>9.1 Monitor and evaluate performance indicators using the Results-Based Accountability framework for performance management.</p> <p>9.2 Enhance service delivery through continuous quality improvement and quality assurance initiatives.</p> <p>9.3 Attain and maintain national public health department accreditation through the Public Health Accreditation Board.</p>
EPHS 10	Promote and encourage healthy behaviors through coordinated communication approaches.	<p>10.1 Identify and apply evidence-based approaches and promising practices to maximize the effectiveness of health promotion activities.</p> <p>10.2 Develop a methodology to coordinate, track, and evaluate health promotion activities throughout the department.</p>
System Management	Strengthen public health infrastructure to anticipate and meet changing community needs.	<p>11.1 Adopt an organizational structure designed to address current and projected public health needs.</p> <p>11.2 Develop a coordinated approach to internal employee communications.</p> <p>11.3 Identify and apply for new funding opportunities that address areas of need.</p> <p>11.4 Develop an information technology plan that incorporates current and future program and resource needs.</p> <p>11.5 Implement and share software that supports electronic health records and electronic dental records for clinic and field services clients.</p> <p>11.6 Establish the capability to share critical health information with service partners through the statewide health information exchange.</p> <p>11.7 Leverage technical infrastructure to support a reduction in paper generation, storage, and transmission where needed.</p>

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Fairfax County
Health Department
July 2014