Fairfax County Health Department FY 2023 – 2027 Strategic Plan





a message from the Director of Health

Dear Colleagues and Community Members,

We began our current strategic planning journey in 2018 in anticipation of adopting a new plan in 2020 following the successful completion of our 2014-2019 Strategic Plan. We are extremely proud of the accomplishments our department realized through our previous plan with 93% of our 127 key actions having been achieved. We also celebrate the advances we have made in strengthening our capacity to deliver the 10 Essential Public Health Services (EPHS).

After a two-year pause to respond to the COVID-19 pandemic, we resumed our strategic planning efforts with new perspectives from lessons learned and a greater understanding of the complex and evolving needs of our diverse community. As a department, we recognize and embrace the need to continually raise the bar higher and to address new and emerging challenges in the health and well-being of our workforce and of our communities.



I am pleased to share with you our department's plan to enhance our organizational infrastructure and public health services for our community over the next five years. **The Fairfax County Health Department Strategic Plan FY 2023-2027 outlines the goals and strategies across each of our four priority areas – Health Equity in Action, Vibrant Community Relationships, Thriving Workforce, and Robust Organizational Infrastructure.** These priority areas articulate our commitment to strengthening and improving our internal capacity and capabilities and to enhancing our ability to support and partner with all our communities to ensure opportunities for good health for all who live, work, and play in the Fairfax Health District.

Regards,

Hyensu

Dr. Gloria Addo-Ayensu Director of Health



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background Overview of the Fairfax County Health Department

Located in Northern Virginia, the Fairfax County Health Department (FCHD) provides public health services for approximately 1.2 million residents across the Fairfax Health District, a 407 square mile area that includes Fairfax County, the cities of Fairfax and Falls Church, and the towns of Herndon, Vienna, and Clifton. 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. The community is racially and ethnically diverse and is a gateway for newcomers to the United States. Populations who identify as Black, Indigenous, and people of color comprise 50% of the population, and more than 182 languages are spoken in households across the county.

FCHD is a locally administered health department that operates under a Memorandum of Agreement with the Virginia Department of Health. With a budget of nearly 90 million dollars of combined state, local, and grant funds and more than 850 Full Time Equivalent positions, FCHD is the largest public health department in Virginia^{1,2}.

FCHD has five core functions:

- Prevention of epidemics and the spread of disease
- Protecting the public against environmental hazards
- Responding to disasters and assisting communities in recovery
- Promoting and encouraging healthy behaviors
- Assuring the quality and accessibility of health services

The department's programs and services are organized into eight divisions: School Health, Health Services, Environmental Health, Community Health Development (CHD), Epidemiology and Population Health, Public Health Laboratory, Emergency Preparedness and Response (EP&R) and Administrative Operations.











¹ Fairfax Economic, Demographic and Statistical Research. (2022). Fairfax County Public Schools, Home Language Survey 2018-19 School Year [Data set]. Fairfax County Government. https://www.fairfaxcounty.gov/demographics/languages-spoken-home-fairfax-county-elementary-students

² United State Census Bureau. (2021). QuickFacts Fairfax County [Data set]. United States Department of Commerce. https://www.census.gov/quickfacts/fairfaxcountyvirginia

Vision, Mission, Values

Our Mission:

Protect, promote, and improve health and well-being for all in our community

Our Values:

- Listening and responding appropriately in a timely manner to help meet customer needs
 - Collaborating with community members, coworkers, and partners to understand, anticipate and address community health issues
 - Taking initiative to tackle challenges and implement effective solutions
 - **RESPECT** Treating everyone with dignity while valuing their differences
 - Ensuring every interaction with community members, coworkers, and partners is caring, positive, and culturally and linguistically appropriate
 - Appreciating each other's contributions and diverse perspectives in order to foster a healthy work environment

Our Vision:

Healthy people in healthy communities

INTEGRITY • Adhering to honest ethical behavior in our daily work

- Demonstrating accountability, transparency, and trustworthiness in all we do
- Honoring the highest standards of character and professionalism even in the face of adversity.

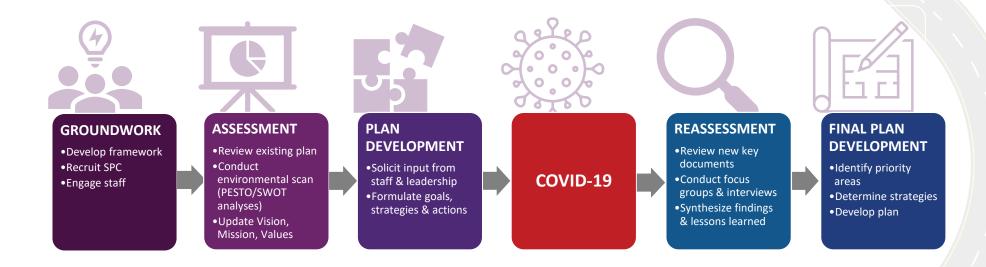
MAKING A DIFFERENCE

- Making a positive impact on the health of individuals and the community where we live and work
- Recognizing and addressing the social, economic, and environmental factors that impact health to advance optimal health outcomes for all in our community
- Engaging and empowering our diverse communities to affect sustainable health improvements
- **EXCELLENCE** Doing the right thing at the right time for the right reason and doing it well
 - Achieving outstanding performance by taking initiative to continuously improve the quality, efficiency, and effectiveness of our work
 - Advancing innovation by applying strategic thinking and creative approaches to public health challenges.

background Strategic Planning Process Overview

FCHD convened a Strategic Planning Committee (SPC) in January 2019 to design and conduct the process for developing our new Strategic Plan. The SPC was a diverse group of staff representing the many program areas, position types, and worksites across the health department. Members of the SPC gathered information from their colleagues and units and were integral to drafting the plan. In addition to the SPC, subject matter experts served on workgroups and attended retreats to contribute their knowledge and perspectives to the process (see the Appendices for the lists of participants).

The strategic planning process was designed with three phases: assessment, plan development, and implementation. The plan development phase was nearly completed by March 2020, however, the final prioritization of key actions was interrupted by the COVID-19 pandemic and the deployment of leaders and staff across the department to the response. Work resumed in September 2022 beginning with additional assessment activities to explore the impacts of the pandemic and pandemic response on FCHD staff and operations. With input from staff and community, FCHD reassessed, validated, and revised our goals and strategies to reflect a "new normal" vision for the future of the department.



assessments Information Gathering & Analysis

FCHD completed initial assessment activities before the COVID-19 pandemic. Original assessments were revisited and updated once pandemic response activities waned. In addition, the department launched new assessment activities to build a more complete picture of current needs and priorities. Throughout this document, callout quotes from staff and community partners (shared anonymously) highlight key takeaways from our assessment activities. Assessment activities included the following:

Vision, Mission, and Values Validation

The SPC reviewed and validated FCHD's vision, mission, and values statements which resulted in a slight modification to our mission statement and expanded values statements to better engage and connect staff and our communities to our organizational values.

Key Documents Review

Key documents were reviewed to inform the identification of priorities and ensure alignment of work across the department and county government. Documents reviewed included community health assessments, workforce surveys, other county agency plans, demographic data and community trend reports, and policy documents. In 2022, a new document review included additional reports, data, and survey results developed during the pandemic response.

PESTO Analysis

 The Executive Management Team (EMT) and the SPC conducted separate explorations of the Political, Economic, Socio-Cultural, Technological, and Organizational (PESTO) factors that impact the work of the department.



Being a part of this process – bringing our staff and community voices to our strategic planning conversations – gives me confidence that we are focusing on the right priorities and heading in the right direction."

assessments Information Gathering & Analysis

SWOT Analysis

 The results of each PESTO analysis were used to develop Strengths, Weaknesses, Opportunities, and Threats (SWOT) analyses. The SPC exercise included input from staff across each division. The boxes to the right highlight some of the key strengths and opportunities gleaned from this analysis.

Internal and External Focus Groups

A series of focus groups with community partners and external stakeholders were conducted to understand their perspectives on pandemic impacts, community health priorities, and perceptions of FCHD, local government, and the field of public health. In addition, focus groups were held with internal FCHD staff, including the SPC, staff involved in equity efforts, new staff, and department leadership.

EMT Retreats and Prioritization Activities

Four retreats were held with the EMT and Subject Matter Experts (SMEs) to review assessment findings and establish priorities. EMT members reached consensus on key takeaways from assessment findings and informed the development of priority areas for the plan. They also identified strategies and actions from initial plan development that were still relevant and strategically important post-COVID.

Alignment With Other Plans and Frameworks

- To better integrate work throughout the department and externally with county and community partners, FCHD actively and intentionally sought to align the Strategic Plan with other key organizational, governmental, and community plans, including the Community Health Improvement Plan (CHIP), Workforce Development Plan, and County Strategic Plan.
- In addition, FCHD crosswalked proposed plan strategies with the 10 Essential Public Health Services and Foundational Public Health Services frameworks to identify opportunities to address core public health activities and foundational capabilities across the plan. These crosswalks are available in the Appendices.



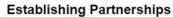
key takeaways COVID-19 Lessons Learned

The COVID-19 pandemic offered many lessons and opportunities for transformative change during the two-year pause in our Strategic Plan development. New technologies improved our ability to work from different locations. We hired new staff and designed new processes to meet COVID response need. Public health became more visible during the pandemic. Community relationships grew significantly and the department gained new sources of funding with which to implement innovative practices. All of these dynamics were considered in updating the priorities and strategies in the Strategic Plan.



Promoting Health Equity The pandemic prompted FCHD to quickly engage communities most impacted by COVID through targeted partnerships.

Addressing Barriers FCHD developed special workgroups to address technology and language barriers.



FCHD built relationships with the private sector, including nonprofits and businesses, to broaden community outreach.

Aligning Analytics

The pandemic highlighted the need to make data more visible. FCHD quickly set up data dashboards and enhanced ways to share data electronically.

Opportunities Observed During Pandemic Response



Addressing Social and Structural Risk Factors

The pandemic showed that it was critical to take social determinants of health (jobs, food, income, etc.) and structural health barriers (healthcare access, racism, etc.) into account to gain community trust and improve outcomes.



Recruiting Diverse Staff

To connect with diverse communities, FCHD needed (and should continue) to recruit and train team members from more diverse cultures.



Establishing Community Trust

The pandemic brought to light community members' low levels of trust in government and public health, and the importance of considering community perspectives in establishing priorities.

Expanding Internal Communications

Many staff valued the opportunity to work with different staff during the pandemic. Staff want more forum for communicating with each other and with leadership.

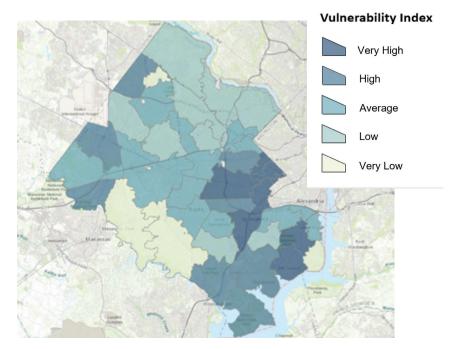
key takeaways Health Equity

While Fairfax County compares favorably with other jurisdictions in the state and nationally, substantial variation in health outcomes is evident across the various communities comprising the county. Consistent patterns in health disparities (as noted in Fairfax County's Vulnerability Index map) highlight that sustainable improvements in health require a commitment to addressing the economic, social, and environmental factors limiting health equity.

Discussions with partners highlighted the need for more and better data on health inequities and emphasized the importance of listening to our residents and acting upon priorities that they identify as most critical to their health and well-being.

FCHD also recognizes that — to be most effective at the community level — we must work internally to ensure that our staff have the skills and abilities necessary to address health issues in a cohesive, community-oriented way. The pandemic showed that it is critical to take social risk factors and structural barriers into account to gain community trust and improve health outcomes.

Fairfax County Vulnerability Index (2016-2020)



The Vulnerability Index is a composite score of social need indicators that highlights variation in social conditions that place communities at a greater risk for adverse health outcomes. Each census tract is categorized as Very High (most vulnerable), High, Average, Low, Very Low (least vulnerable)".

The department should be taking a population health approach in all of the work we do – an approach that deals with the downstream outcomes, but also the upstream determinants of health that focus a lot on equity and reducing disparities... an approach that focuses largely on engagement with the public and our partners.

Community Partnerships

In our focus groups, partners and community members validated the importance of applying a health equity lens to the department's work and building strong, more authentic relationships not only with community partner organizations but with community members themselves. Many community members praised the support they have received from the department and from individual staff before and during the pandemic.

key takeaways

To build on these successes and to connect even more effectively with diverse communities, the need persists for recruiting and training team members with varying racial, ethnic, and cultural backgrounds who reflect the communities FCHD serves. Lack of trust can deepen when information is not culturally competent or language translations are technically correct but not the way people would typically write or speak in that language.

Information and guidance are more likely to be followed if they're delivered by messengers with shared language and similar cultural backgrounds.





key takeaways FCHD Workforce

Through internal focus groups, interviews, and surveys, FCHD staff identified significant pandemic response-related impacts on employee health and well-being. Post-COVID, staff desire to refocus on the mission and values of the Department; they want to be connected and involved in realizing a shared understanding of FCHD goals and values. Staff are also struggling, as are our communities, to deal with loss and trauma while trying to figure out our collective "new normal." Across community and employee focus groups, addressing the needs of FCHD's workforce – supporting professional growth as well as individual wellness and resilience – was considered paramount to the department's future growth and success in meeting emerging public health challenges.

FCHD's 2020 PESTO and SWOT exercises and other workforce data also highlighted strengths and opportunities that mirrored perspectives shared across focus groups in 2022:





SWOT Strengths

Diversity

FCHD staff increasingly reflect the diversity of Fairfax County communities and are committed to addressing the health needs, as well as social and structural needs of underserved populations.



Knowledge

FCHD's Graduate Certificate in Public Health program helps staff participants gain knowledge of public health, become better public health employees, and become better community leaders.



Training Opportunities

A wide variety of training opportunities, including leadership courses, are designed to meet the needs of diverse staff.



SWOT Opportunities

Position Descriptions

As our workforce has evolved, position descriptions, class specifications, and position reclassifications should be refreshed and strengthened to attract qualified staff for vacant positions.



Core Competencies

Earlier work identifying core competency needs should guide the development of new training and experiential learning for staff at all levels.



Leveraging Knowledge

FCHD staff span four generations, providing institutional knowledge, new energy, and ideas to the organization.

key takeaways Public Health Infrastructure

FCHD met many organizational, technological, and systems challenges during the COVID-19 response. However, the pandemic also strained our existing infrastructure. Internal systems, processes, software, and hardware designed to support routine, day-to-day operations suddenly needed to accommodate and adjust to new requirements for dealing with novel data, scale up to deal with expanded (and sometimes overwhelming) capacity demands, and pivot quickly as response needs changed. While successful in meeting the demands of the pandemic, infrastructure needs were identified across all assessment activities and drove strategy development.



Technology

Increasing use of mobile applications and the need to access information across different platforms and from various sources

Performance Management

Improving the data we collect and how we use it to inform decision-making and process improvements



Systems

Improving the data we collect and how we use it to inform decision-making and process improvements



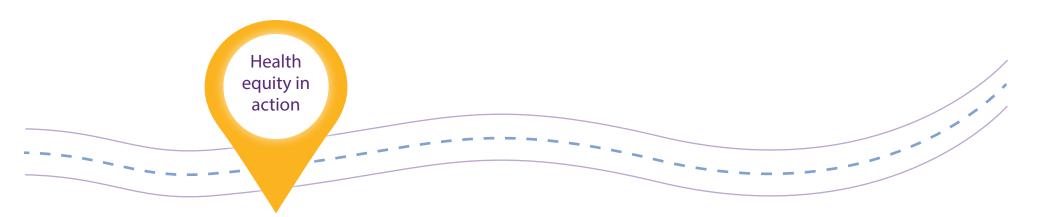
the plan Priorities, Goals, Strategies

As an outcome of our strategy refresh activities and strategic planning retreats in early 2022, FCHD identified four priority areas for investment, programming, and systems enhancements over the next five years – Health Equity in Action, Vibrant Community Relationships, Thriving Workforce, and Robust Organizational Infrastructure.



For each priority area, we developed outcome statements, goals, and strategies to clearly outline our vision and the steps to achieve our vision. These elements constitute FCHD's 2023-2027 Strategic Plan and provide a roadmap guided by our vision, mission, and values – our "north star." In Fall 2022, we will move into implementation planning and execution to strengthen our organization and our community partnerships to advance health and well-being for all residents of Fairfax County.

Health Equity in Action



Outcome Statement:

the plan

We embed equity in all we do and foster better health in all communities.

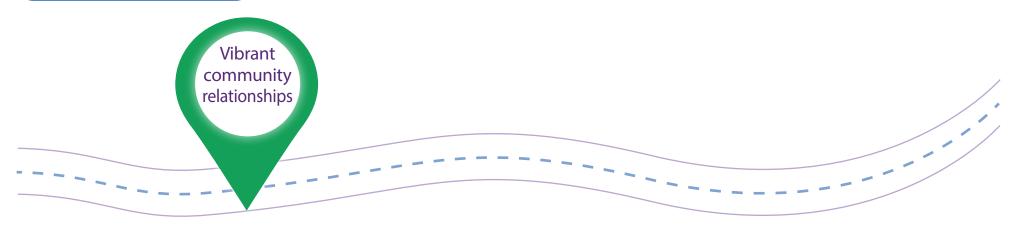
Goal:

Transform our organization by applying a racial and social equity lens to all aspects of our work.

- 1. Build equity into the culture, policies, and practices of the department.
- 2. Improve data collection, analysis, and communication to drive action and advance equity.



Vibrant Community Relationships



Outcome Statement:

the plan

Our community relationships are grounded in mutual trust and shared decision-making.

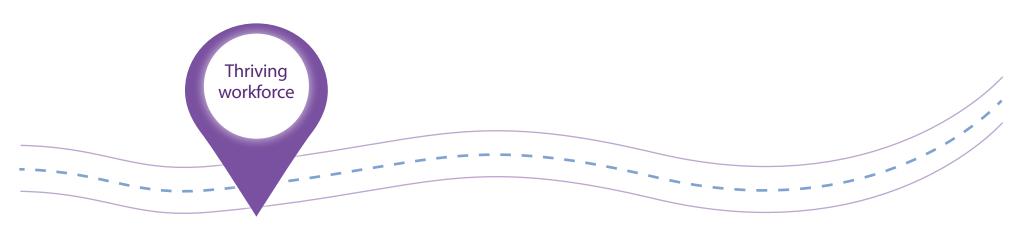
Goal:

Engage our communities intentionally and continuously to inform policies and create solutions.

- 1. Empower staff as change leaders to advance efforts that promote healthy communities.
- 2. Cultivate strategic and sustainable partnerships to address root causes of poor health.
- 3. Tailor communications and outreach to effectively engage and empower diverse groups in our communities.



the plan Thriving Workforce



Outcome Statement:

Our staff are empowered, inspired, and equipped with the resources they need to excel.

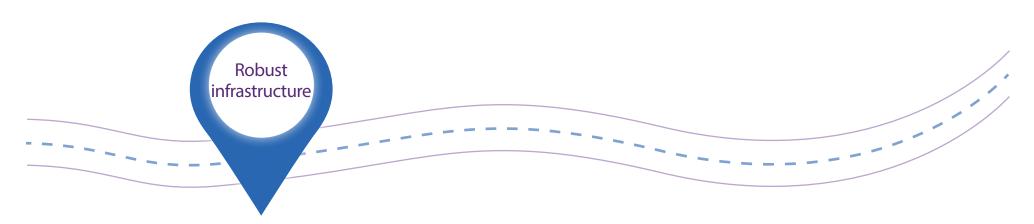
Goal:

Attract, develop, and retain a skilled and diverse workforce.

- 1. Cultivate a work environment that supports individual and professional wellbeing and resilience.
- 2. Develop and foster a culture of learning that inspires professional growth.
- 3. Strengthen core competencies and skills needed to address current and future public health challenges.
- 4. Adopt human resources and workforce innovations to attract and keep qualified staff.



Robust Infrastructure



Outcome Statement:

the plan

Our organization is innovative, responsive, and adaptive in meeting public health needs now and in the future.

Goal:

Drive organizational excellence by continuously improving our systems, processes, and technology.

- 1. Use performance data consistently to inform decisions and make improvements.
- 2. Implement technology solutions to improve operations and business processes.
- 3. Improve administrative practices to be more effective and efficient.
- 4. Adopt innovative communication methods to advance department priorities.



next steps Strategic Plan Launch

The publication of FCHD's FY 2023-2027 Strategic Plan is just the beginning. Leadership and staff will operationalize the strategies outlined in this plan and put in place processes for monitoring, reporting, continuous learning, and improvement. During the Fall and Winter of 2022, we are engaging staff, partner organizations, community groups, and residents to develop action plans which will detail the specific activities, projects, and initiatives the department will undertake to accomplish our Strategic Plan goals. We will:

- Solicit feedback on the plan to ensure that we are on the right track and are working in ways that our stakeholders can support
- Gather input on key actions to center staff and community voices as we move forward
- **Create action plans** that clearly identify performance metrics, responsible parties, dedicated internal and community resources, and timelines to achieve our strategic goals
- Establish communications and progress reporting mechanisms for internal tracking and transparent information-sharing with partners, policymakers, and the public to enable staff and our communities to see the impacts of our strategic plan efforts and demonstrate our accountability to the Fairfax County community.





appendices Plan Alignment Crosswalk

| Strategy Crosswalk with Key FCHD and | Health Equity In Action | | Vibrant Community Relationships | | | Thriving Workforce | | | | Robust Organizational Infrastructure | | | |
|---|----------------------------|--------------|------------------------------------|----------------|---------|--------------------|------------|-------------|---------------|--------------------------------------|-------------|------------|------------|
| County Plans | Strat 1 | Strat 2 | Strat 1 | Strat 2 | Strat 3 | Strat 1 | Strat 2 | Strat 3 | Strat 4 | Strat 1 | Strat 2 | Strat 3 | Strat 4 |
| FCHD Plans (Goals noted where applicable) | | | | | | | | | | | | | |
| FCHD's Community Health Improvement Plan | | • | • | • | • | | | | | • | • | | • |
| FCHD's Quality Improvement Plan | | • 4 | • 1,3 | | | • 1, 3 | • 2, 3 | • 1,3 | • 2 | • 1,2,4 | • 1 | | • 1,4 |
| FCHD's Workforce Development Plan | • | • | | | | • | • | • | • | • | • | • | |
| FCHD's Equity Impact Plan | • 1 | • 2 | • 4 | • | • 1 | • 1,4 | • 1 | • 1 | | | | • 4 | • 3 |
| FCHD's PH Improvement Initiatives Plan | • | • | • | • | • | • | • | • | | | | | • |
| Fairfax County Strategic Plan (by Priority Area | /Strategy N | lumber) | | | | | | | | | | | |
| Health | | • 5, 7 | • 1, 3, 4, 12 | • 8, 10, 12 | • 11 | • 6 | | | | • 5 | | | • 10 |
| Effective and Efficient Government | • 12 | • 17, 21 | • 2 | | • 4 | • 11, 12, 13 | ● 8, 16 | • 10, 16 | • 7, 9, 11 | • 2, 15, 17 | • 21, 22 | • 21 | • 3, 19 |
| Empowerment and Support for Residents Facing Vulnerability | • 2 | • 3, 4, 6 | | • 9, 12 | • 1 | • 2 | | | | | | • 9, 10 | • 1 |
| Safety and Security | | | | • 2, 10 | • 2 | | | | 2 | | | | 2 |
| Environment | • 9 | | • 9 | | | | | | | | | | |
| Lifelong Education and Learning | | | | • 1, 12, 16 | | | | | | | | | • 13 |

* Numbers reference specific goals/strategies enumerated in the specific document.

| Health Equity in Action | Vibrant Community Relationships | Thriving Workforce | Robust Organizational Infrastructure |
|--|---|--|--|
| 1. Build equity into the culture, policies, and | 1. Cultivate staff as change leaders to advance | 1. Cultivate a work environment that supports | 1. Use performance data consistently to inform |
| practices of the department. | efforts that promote healthy communities. | individual and professional wellbeing and | decisions and make program and operational |
| 2. Improve data collection, analysis, and | 2. Develop strategic and sustainable partnerships to | resilience. | improvements. |
| communications to drive action and advance equity. | address root causes of poor health. 3. Tailor communications and outreach to | Poster a culture of learning that inspires professional growth. | Adopt new technologies to improve operations and business processes. |
| | effectively engage and empower diverse populations. | Strengthen core competencies and skills needed to address current and future public health | Create efficient and effective administrative policies and processes. |
| | | challenges. | 4. Adopt innovative communication approaches to |
| | | Adopt HR and WF innovations to attract and | advance department priorities. |
| | | keep qualified staff. | |

appendices Framework Alignment Crosswalk

| Strategy Crosswalk with Public Health Frameworks | Health Equity In Action Strat 1 Strat 2 | | | Vibrant Community Relationships | | | Thriving Workforce | | | | Robust Organizational Infrastructure | | | |
|---|---|-----|---------|------------------------------------|---------|---------------------------------|--------------------|---|---------|---------|--------------------------------------|---------|---|--|
| Frameworks | | | Strat 1 | Strat 2 | Strat 3 | Strat 1 Strat 2 Strat 3 Strat 4 | | | Strat 1 | Strat 2 | Strat 3 | Strat 4 | | |
| Essential Public Health Services (EPHS) | | | | | | | | | | | | | | |
| Assess and monitor population health | • | • | | • | | | | • | | • | • | | | |
| Investigate, diagnose, and address health hazards and root causes | • | • | • | • | | | | • | | • | • | | • | |
| Communicate effectively to inform and educate | • | • | • | • | • | | | • | | | • | | • | |
| Strengthen, support, and mobilize communities and partnerships | • | • | • | • | • | | | | | | • | | • | |
| Create, champion, and implement policies, plans, and laws | • | • | • | | | • | • | | | • | • | • | • | |
| Utilize legal and regulatory actions | • | • | • | | | | | | | | • | • | | |
| Enable equitable access | • | • | • | • | • | | | • | | | • | | • | |
| Build a diverse and skilled workforce | • | • | • | | | • | • | • | • | | • | • | | |
| Improve and innovate through evaluation, research, and quality improvement | • | • | • | | | | • | • | | • | • | • | | |
| Build and maintain a strong organizational infrastructure for public health | • | • | • | • | | • | | • | • | • | • | • | • | |
| Foundational Public Health Services Capabi | lities (FP | HS) | | | | | | | | | | | | |
| Assessment/Surveillance | • | • | | | | | | • | | • | • | | • | |
| Emergency Preparedness and Response | | • | | • | • | | | • | | | • | | • | |
| Policy Development and Support | • | • | • | | | | | | | • | | | | |
| Communications | • | • | | | • | | | | | | • | | • | |
| Community Partnership Development | • | • | • | • | • | | | • | | | | | • | |
| Organizational Administrative Competencies | • | • | • | | | • | • | • | • | • | • | • | | |
| Accountability/Performance Management | • | • | | | | | | • | • | • | • | • | | |
| Equity | • | • | • | • | • | • | • | • | • | • | • | • | • | |

* Numbers reference specific goals/strategies enumerated in the specific document.

| Health Equity in Action | Vibrant Community Relationships | Thriving Workforce | Robust Organizational Infrastructure |
|--|--|---|--|
| Build equity into the culture, policies, and practices of the department. Improve data collection, analysis, and communications to drive action and advance equity. | Cultivate staff as change leaders to advance efforts that promote healthy communities. Develop strategic and sustainable partnerships to address root causes of poor health. Tailor communications and outreach to effectively engage and empower diverse populations. | Cultivate a work environment that supports individual and professional wellbeing and resilience. Foster a culture of learning that inspires professional growth. Strengthen core competencies and skills needed to address current and future public health challenges. Adopt HR and WF innovations to attract and keep qualified staff. | Use performance data consistently to inform decisions and make program and operational improvements. Adopt new technologies to improve operations and business processes. Create efficient and effective administrative policies and processes. Adopt innovative communication approaches to advance department priorities. |

appendices 2018–20 Strategic Planning Committee Members

| Name | Division/Program |
|-----------------------|---|
| Erin Atkins | PH Laboratory Services |
| Noel Clarin | Informatics Manager |
| Sam Collins | Outreach Supervisor |
| Marie Gibbon | Former Strategic Planner (at the time) |
| Tina Dale | Senior Communications Specialist |
| Anh Detrick | Training Specialist (formerly Administration) |
| Judy Farabaugh | School Health PHN |
| Gabriel Griffin | Epidemiology & Population Health |
| Joanna Hemmat | HS – Maternal and Child Health |
| David Lawrence | Environmental Health |
| Rachel Macias | HS – Administration |
| Karen Roubik | Office of Innovation |
| Lila Vizzard, co-lead | Accreditation & QI Coordinator |
| Jeanne Yang | HS – Dental Program |

appendices 2021–22 Interviews & Focus Groups

Stakeholder Groups

- Partnership for a Healthier Fairfax (PFHF) Steering Committee
- New Fairfax County Health Department (FCHD) Staff
- Non-County Agency Partner representatives
 - Inova Hospital System
 - Reston Hospital
 - Federally Qualified Health Centers
 - Virginia Department of Health Transformation Work
 - FCHD Health Care Advisory Board
 - George Mason University
- Fairfax County Leadership
- FCHD Health Equity Team
- Virginia Department of Health representative
- Strategic Planning Committee
- Executive Leadership Team (ELT) (Health Director and Deputies)
- Health Department Program Managers/Coordinators (EMT) EMT minus the ELT
- Health Department Program Managers/Coordinators (EMT)
- Health Department Program Managers/Coordinators (EMT)
- Multicultural Advisory Council (MAC)

appendices 2022 Retreat Participants

Name and Division/Program Area

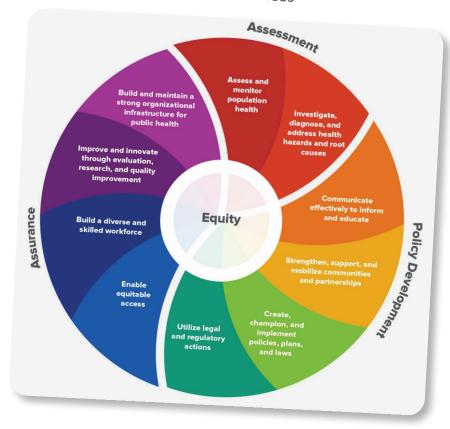
- Gloria Addo-Ayensu, Director of Health
- Adam Allston, Population Health Section Chief, Epidemiology and Population Health
- Sharon Arndt, Division Director, Community Health Development
- Sara Brinkmoeller, Director, Health Safety Net and Integration
- Lucy Caldwell, Director, Office of Communication and Community Relations
- Noel Clarin, Informatics Manager
- Pamela Crum-Davis, Human Resources Manager
- Marie Gibbon, Division Director, Administrative Operations
- Natalie Giscombe-Simmons, Deputy Division Director, Health Services
- Jesse Habourn, Emergency Preparedness & Response Manager
- Stephen Haering, Public Health Physician
- Joanna Hemmat, Deputy Division Director, Health Services
- Adrian Joye, Program Manager, Environmental Health Director
- Shawn Kiernan, Communicable Disease Section Chief, Epidemiology & Population Health
- Suzanne Lane, Finance Manager
- Kelly McDonough, Deputy Division Director, Health Services
- Anthony Mingo, Outreach and Engagement Manager
- Christopher Revere, Deputy Director for Innovation and Planning
- Anna Ricklin, Health in All Policies Manager
- Patricia Rohrer, Long-Term Care Program Manager
- Karen Roubik, Workforce Strategist, Office of Innovation
- Raja Satouri, Deputy Director for Medical Services
- Benjamin Schwartz, Division Director, Epidemiology & Population Health
- Shauna Severo, Division Director, Health Services
- Deb Severson, Director, Laboratory Services
- Pieter Sheehan, Division Director, Environmental Health
- Lani Steffens, Senior Public Health Analyst
- Lila Vizzard, Public Health Strategic Planner
- Robin Wallin, Division Director, School Health
- Jessica Werder, Deputy Director, Public Health Operations

appendices Key Frameworks



Foundational Public Health Services

10 Essential Public Health Services



addendum June

June 2023

Following the publication of the Strategic Plan, Priority Area Workgroups were convened to operationalize Plan strategies and develop action plans for implementation. Using additional input gathered during Fall 2022 from community members and staff, these workgroups drafted 5-8 key actions for each of the 13 strategies. Department leadership, through FCHD's Performance Excellence Leadership Council, approved the following key actions for implementation during the plan's performance period. Workgroup teams then developed action plans detailing the responsible parties, partners, resources, timelines, and potential sub-actions for consideration. In addition, the teams drafted measures of success for each action. Progress reports will be developed and shared online annually along with periodic strategic updates to highlight plan accomplishments.

| Pric | Priority Area 1: Health Equity in Action | | | | | | | | |
|------|---|----------------------|---|--|--|--|--|--|--|
| Stra | ategies | Proposed Key Actions | | | | | | | |
| 1.1 | Build equity into the culture, policies, and | 1.1.1 | Expand and diversify health equity training and education to build and demonstrate cultural competency and humility throughout the Department. | | | | | | |
| | practices of the de- partment | 1.1.2 | Identify and address challenges in our recruitment, hiring, promotion, and retention practices to improve diversity, equity, and inclu- sion of staff that reflect the community we serve. | | | | | | |
| | | 1.1.3 | Develop and apply equity analysis tools to create, review, and update plans, policies, and procedures. | | | | | | |
| | | 1.1.4 | Formalize and resource responsibilities for the coordination, communication and execution of department-wide health equity and Diversity, Equity, and Inclusion (DE&I) efforts. | | | | | | |
| | | 1.1.5 | Implement strategies to improve service delivery and access to care that build trust and eliminate barriers identified by marginalized communities. | | | | | | |
| 1.2 | Improve data collec- tion, analysis, and | 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. | | | | | | |
| | communication to drive action and ad- vance equity. | 1.2.2 | Establish and implement a department-wide approach to collect, analyze, and disseminate disaggregated data to inform program- matic decisions and improvement and to increase transparency. | | | | | | |
| | vance equity. | 1.2.3 | Maximize representation of diverse populations in health department quantitative and qualitative data collection by reducing lan- guage, technological, and socioeconomic barriers. | | | | | | |
| | | 1.2.4 | Collect and analyze data from clients and diverse populations, including strengths and assets, to inform programmatic decisions. | | | | | | |
| | | 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. | | | | | | |
| | | 1.2.6 | Develop guidance and define processes for monitoring and evaluating the intended and unintended health equity impacts of pro- grams and communicating results to stakeholders to inform ongoing quality improvement and increase transparency. | | | | | | |

addendum

| Prie | Priority Area 2: Vibrant Community Relationships | | | | | | | | |
|------------|--|----------------------|---|--|--|--|--|--|--|
| Strategies | | Proposed Key Actions | | | | | | | |
| 2.1 | Empower staff as change leaders to | 2.1.1 | Ensure staff develop critical skills to communicate and collaborate with communities based on an understanding and appreciation of the cultures and values of the populations they serve. | | | | | | |
| | advance efforts that promote healthy com- | 2.1.2 | Enhance staffs' ability to understand and communicate effectively about the impacts of systems, social determinants, and culture on health. | | | | | | |
| | munities. | 2.1.3 | Build staff capabilities to integrate Health In All Policies (HIAP) practices and considerations into HD partnerships and initiatives. | | | | | | |
| | | 2.1.4 | Expand opportunities for bringing subject matter expertise into communities to advance FCHD mission objectives and improve community health. | | | | | | |
| 2.2 | Cultivate strategic and sustainable partner- | 2.2.1 | Develop a partnership maturation model and related processes and tools to guide relationship strengthening through a progression toward mutual benefit, trust, and sustainability. | | | | | | |
| | ships to address root causes of poor health. | 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. | | | | | | |
| | | 2.2.3 | Develop training and technical assistance infrastructure to nurture and build sustainability and mutual trust in all collaborative rela- tionships. | | | | | | |
| | | 2.2.4 | Engage academia, health systems, and community organizations in public health research to inform decision making and public health practice. | | | | | | |
| 2.3 | Tailor communica- tions and outreach | 2.3.1 | Leverage cross-divisional staff expertise to improve health and safety communications resources for diverse Fairfax County commu- nities. | | | | | | |
| | to effectively engage | 2.3.2 | Develop a coordinated approach for engaging the health care community to address public health needs. | | | | | | |
| | and empower diverse groups in our commu- nities. | 2.3.3 | Improve the visibility, accessibility, and use of HD public health messages by county staff, partner organizations, and the public. | | | | | | |
| | | 2.3.4 | Expand formal and informal opportunities for residents to connect, engage, and learn about public health and safety issues. | | | | | | |
| | | 2.3.5 | Create a process for using public comments, feedback, and inquiries to inform new communication, outreach, and preparedness activities. | | | | | | |
| | | 2.3.6 | Develop and implement a process to identify, track, and address misinformation. | | | | | | |

| Priority Area 3: Thriving Workforce | | | | | | | | |
|-------------------------------------|---|-------|--|--|--|--|--|--|
| Stra | ategies | Prop | osed Key Actions | | | | | |
| 3.1 | Cultivate a work envi- ronment that supports | 3.1.1 | Implement a peer advisory program for staff within their first year to support onboarding, foster colleague connection, and encourage career progression. | | | | | |
| | individual and profes- sional wellbeing and | 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. | | | | | |
| | resilience. | 3.1.3 | Collaborate with County DHR to explore innovative options to enable newly hired staff to access paid leave when needed. | | | | | |
| | | 3.1.4 | Expand and support opportunities for social connectedness and team building. | | | | | |
| 3.2 | Develop and foster a culture of learning that | 3.2.1 | Review and revise departmental policies to ensure staff have protected time and flexibility to participate in professional development opportunities and wellness activities. | | | | | |
| | inspires professional | 3.2.2 | Develop and offer learning opportunities tailored to different learning styles and scheduling needs. | | | | | |
| | growth. | 3.2.3 | Implement a biannual training needs assessment focused on agency-wide professional development and educational opportunities. | | | | | |
| | | 3.2.4 | Develop resources for staff and supervisors to support individualized career planning for all staff. | | | | | |
| | | 3.2.5 | Expand access to relevant and educational resources and opportunities from external sources to support career advancement. | | | | | |
| | | 3.2.6 | Promote and allow equitable opportunities for staff at all levels to attend external trainings, presentations, and professional confer- ences. | | | | | |
| 3.3 | Strengthen core com- petencies and skills needed to address cur- rent and future public health challenges | 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. | | | | | |
| | | 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. | | | | | |
| | | 3.3.3 | Develop career ladders and career bridges to promote advancement within the organization to ensure staffing capacity. | | | | | |
| | | 3.3.4 | Formalize a process to support hiring managers with ensuring that recruitment materials and activities align with core competencies and Public Health 3.0 capabilities. | | | | | |
| 3.4 | Adopt human resourc- es and workforce inno- | 3.4.1 | Develop, implement, and evaluate a strategic recruitment approach to attract diverse candidates and top talent. | | | | | |
| | vations to attract and keep qualified staff. | 3.4.2 | Strengthen the succession planning process and our knowledge transfer practices to anticipate, identify, and plan for successful work- force transitions. | | | | | |
| | | 3.4.3 | Establish a system to regularly conduct check-ins with staff at milestones in the employment lifecycle to understand and address the factors contributing to turnover and retention. | | | | | |
| | | 3.4.4 | Improve the new employee experience by evaluating and enhancing hiring, onboarding, and orientation processes. | | | | | |
| | | 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. | | | | | |
| | | 3.4.6 | Develop additional contractual options to facilitate staff augmentation during emergencies, unexpected staffing disruptions, or height- ened workloads. | | | | | |
| | | 3.4.7 | Evaluate our employee recognition program and make enhancements to drive engagement, boost morale, and promote retention. | | | | | |

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| Prie | Priority Area 4: Robust Infrastructure | | | | | | | | |
|------|--|----------------------|--|--|--|--|--|--|--|
| Str | ategies | Proposed Key Actions | | | | | | | |
| 4.1 | Use performance data | 4.1.1 | edesign and implement an enhanced department-wide performance management system. | | | | | | |
| | consistently to inform decisions and make | 4.1.2 | Engage leaders, managers, and staff in regular reviews of performance results to advance data-driven programmatic and operational decision-making. | | | | | | |
| | improvements. | 4.1.3 | Share and disseminate data analyses more broadly with county leadership and partners to influence policy and garner support. | | | | | | |
| | | 4.1.4 | Use data to evaluate evolving needs and drive resource allocation. | | | | | | |
| | | 4.1.5 | Expand the routine implementation of quality improvement practices to enhance operations and program efficacy. | | | | | | |
| | | 4.1.6 | Build performance measurement, data analysis, and process improvement capacity within every division. | | | | | | |
| | | 4.1.7 | Develop methodology and processes for the systematic and creative collection and use of community-focused customer satisfaction data. | | | | | | |
| 4.2 | Implement technol- ogy solutions to im- | 4.2.1 | Assess and evaluate programmatic processes to establish standardization and cross-collaborative solutions. | | | | | | |
| | prove operations and | 4.2.2 | Develop system requirements for interoperability and scalability. | | | | | | |
| | business processes. | 4.2.3 | Develop a roadmap to define strategic initiatives for solution implementation. | | | | | | |
| | | 4.2.4 | Create and manage a comprehensive catalog of fundamental processes, datasets, sources, and systems to optimize operational efficiency and ensure consistency. | | | | | | |
| | | 4.2.5 | Establish processes for informatics governance between programs and IT to develop technical and security protocols, business and system change control policies, and system utilization. | | | | | | |
| | | 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. | | | | | | |

| Prie | Priority Area 4: Robust Infrastructure, con't | | | | | | | |
|------|---|-------|---|--|--|--|--|--|
| Str | ategies | Prop | oosed Key Actions | | | | | |
| 4.3 | Improve administra- | 4.3.1 | Modernize administrative business processes and workflows with the aid of technology tools. | | | | | |
| | tive practices to be more effective and | 4.3.2 | Standardize system for reviewing, updating, and communicating all department policies and procedures. | | | | | |
| | efficient. | 4.3.3 | Enhance grants management process to ensure alignment with strategic goals, leverage opportunities for more flexible funding, and ensure a cohesive administrative procedure. | | | | | |
| | | 4.3.4 | Refine Continuity of Operations Plan with a particular focus on programmatic and business policies and processes. | | | | | |
| 4.4 | Adopt innovative communication | 4.4.1 | Create a process for effective collaboration with communications staff on the development and dissemination of division-developed products. | | | | | |
| | methods to advance department priorities. | 4.4.2 | Engage staff to identify communication needs/preferences and innovations to improve internal messaging and information dissem- ination. | | | | | |
| | | 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. | | | | | |
| | | 4.4.4 | Develop a systematic approach for department-wide communication of key division initiatives to enhance coordination and reduce duplication. | | | | | |
| | | 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. | | | | | |
| | | 4.4.6 | Engage policymakers to deepen their understanding of root causes of critical public health issues within the community and poten- tial policy solutions. | | | | | |



For more information or to request this information in an alternate format, contact the Fairfax County Health Department 703-246-2411 TTY 711. A Fairfax County, Va., publication. June 2023.



