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# EQUITY IMPACT PLAN ANNUAL REPORT

## CALENDAR YEAR 2024

### BACKGROUND INFORMATION

Department Name: Fairfax County Health Department (FCHD)

Equity Lead(s): Dallice Joyner, Lani Steffens (DeLana Browning, Staff Support)

Date: December 2, 2024

### EQUITY IMPACT PLAN REPORT

#### DEPARTMENTAL GOALS

*Review your department's Equity Impact Plan for CY 2024 at [Equity Impact Plans | Topics \(fairfaxcounty.gov\)](https://www.fairfaxcounty.gov/equity-impact-plans). Add each departmental goal below and describe: 1) what was done to make progress toward the goal, 2) with whom (partners), and 3) how work toward this goal was measured/evaluated and the results. If you have data for the performance measures listed in your CY 2024 Equity Impact Plan, report them. Add more goals as needed.*

**Goal 1: Build internal infrastructure (including staff capacity) to operationalize health equity practices and support a culture that promotes open dialogue and discussion.**

**Goal 1 Progress:** The Health Department boosted the energy and staff engagement around racial, social and health equity and made substantial progress in normalizing open dialogue and discussion of equity issues in 2024. The steps taken range from working to cultivate safe and brave spaces for continued conversation and learning, through supporting and promoting the Equity Champion Network as the catalyst for transformation of the organizational culture, to establishing infrastructure for the efforts to sustain and integrate equity into the regular processes of the department's work.

In addition, a series of smaller changes, such as naming a conference room to honor Henrietta Lacks' contributions to public health, celebrating those with the staff, altering job descriptions to eliminate unneeded qualifications, and examining our physical environment to promote inclusion helped to demonstrate that equity can be integrated into public health work in tangible ways that make ongoing change possible without major initiatives.

Finally, the department worked in multiple ways to create opportunities for richer community engagement in languages other than English, and in formats and settings more conducive to building trust and centering community as the experts in their own experience.

The Equity Champion Network continued to engage Equity Champions throughout the year, scheduling a full complement of *Race the Power of Illusion* screenings and discussions for Champions and other staff, building out the vision for Champions to impact the department. The Health Equity Team created a workgroup infrastructure with four groups focusing on different

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dimensions of departmental equity work: 1) Equity Champion Network Management work group; 2) Equity Communications work group; 3) Equity Evaluation and Methodology work group; 4) Equity Policy work group, and each of these groups continue their work to help facilitate organizational transformation.

Other structural changes include plans developed in the Division of Emergency Preparedness and Response (EP&R) to add an Equity Advisor to each Incident Management Team, an explicit focus on Workforce Diversity integrated into the Division of School Health's regular all-staff and leadership meetings, which resulted in a review of one set of job descriptions being modified to remove an unnecessary qualification that may have had unintended disparate impacts, and an extensive set of recommendations made to the Maternal Child Health unit of the Health Services division based upon an in-depth equity review of that unit's operational policy conducted by a team that included Equity Champions.

**Goal 1 Partners:** Divisions of Administrative Operations, Community Health Development, Epidemiology and Population Health, Health Services and School Health, Equity Champions, Executive Management Team.

**Goal 1 Metrics:**

1. **33** internal equity-related educational opportunities for FCHD Staff, including the training of **4** new Health Equity Leadership Experience (HELE) facilitators, all of whom have helped to facilitate the year-long HELE for School Health learning opportunity.
2. **29** Staff Equity Champions were actively engaged in various equity activities across the department with **7** Equity Champions achieved departmental recognition for important equity-related work in the form of both individual and team Honors Awards in 2024.
3. Launched **two (2)** customized versions of HELE for the a) Division of School Health and b) Executive Management Team (EMT), with 62 and 35 participants respectively
4. Established **4** work groups for Health Equity Team members and Champions to collaborate on integrating attention to racial, social and health equity into all work across the department
5. Provided **15** equity consultations to Divisions and work units across the department
6. The Equity Facilitation Team received **16** requests from different Divisions and work units to present information, trainings and or workshops, all of which were fulfilled by the Equity Facilitation Team
7. **1** conference room named - During Black History Month, the Health Department provided recognition of the contribution to Public Health from Henrietta Lacks by naming its most recently acquired conference room in her honor. This change arose from an informal courageous conversation between staff members about equity and was sponsored by the Health Equity Team to promote inclusion in departmental spaces

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**Goal 2: Leverage information from existing data sets, community engagement, and other sources to identify gaps and inform policy direction and develop interventions and programs.**

**Goal 2 Progress:** The Health Department continues to enhance its data collection and analysis of available information to inform policy direction and develop interventions to reduce health disparities across the county. After compiling and analyzing the multiple quantitative data sets available in the Fairfax Community, the Health Department was able to identify the key indicators for focus and identify the geographic and demographic communities at highest risk for poor health outcomes for those indicators. Using this information, the Strategic Partnerships unit of the Community Health Development Division (CHD) adopted an approach which centered the voices of community members most impacted by health disparities in laying the groundwork to develop the 2025-2029 Community Health Improvement Plan (CHIP). With this shift in approach, multiple opportunities for collecting qualitative data from those most impacted were established, with sessions occurring not only in English but also Spanish and Vietnamese. Additionally, opportunities for sharing the data directly with community members (and with FCHD staff) were carried out in the spring and summer of 2024.

**Goal 2 Partners:** Strategic Partnership unit in CHD; Steering Committee of the Partnership for a Healthier Fairfax (PFHF), Division of Epidemiology and Population Health (EPH), Outreach and Engagement team in CHD; Fairfax Food Council; the Multicultural Advisory Committee; The Training Unit from the Division of Emergency Preparedness and Response (EP&R); The Centreville Immigration Forum, Boat People SOS, Dar Al Hijrah Islamic Center, The Korean Community Service Center; The Coordinating Council on Aging Adults with Disabilities (CCAAD), the Health Care Advisory Board (HCAB), One Fairfax Equity Ambassadors, *Leading into Equity* Conference Organizers

**Goal 2 Metrics:**

1. **25** community data walks and **13** Root Cause Analysis sessions in community, **5** conducted in Spanish, and **one (1)** in Vietnamese
2. **2** internal data walks and a presentation to the Health Equity Team on the results of the Root Cause Analyses sessions
3. **1** presentation to the *Leading for Equity* county-wide Conference on both the process of conducting community data walks and the data they presented

**Goal 3: Communicate the importance of racial, social and health equity to internal and external audiences to keep equity at the forefront of planning, decision making and service provision.**

**Goal 3 Progress:** The Health Department successfully implemented most aspects of the 2023 communication strategy for communicating about and with equity 1) with the establishment of the

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Equity Communications Work Group, 2) through the community engagement work of the Strategic Partnerships Unit of the CHD Division and that of the training team from the EP&R Division, and 3) with the charge to the Public Health Improvement Coordinating Team (PHICT). Equity communication falls into one of three primary audience groups and the work to enhance the narratives and information around equity for each of those groups is distinct. Our communication strategies are organized around the following audiences: 1) internal Health Department communication to the FCHD Workforce and Leadership; 2) the multiple (and distinct) communities we serve across the county; and 3) our community-based and county government stakeholders and sister agencies.

Regarding our internal audience, the department-facing Health Equity SharePoint page was redesigned and updated by the HD-IT team in 2024 with new content. The communication workgroup has been assigned to produce and update content regularly. Within the Department of Epidemiology and Population Health, equity champions formed a work group to produce and publish 10 editions of a monthly Epidemiology-focused equity newsletter that provides learning and engagement opportunities to all members of that division as well as sharing resources and tips for incorporating equity into that division's work. That group has also sponsored an Equity Library to further share resources.

Other divisions are also working to incorporate equity into their routine practices, by including standing equity agenda items for all staff and other meetings (Executive Management Team, Division of School Health, Division of Epidemiology and Population Health, Workforce Development Team), while others have requested presentations, workshops and information sharing from the Equity Facilitation Team on topics specific to their areas of work (Clinic Services units of the Division of Health Services, the Division of Administrative Operations, the Community Health Development Division and the Division of Epidemiology and Population Health). The facilitation team received 16 requests and conducted 20 different workshops and presentations for specific groups within the department, as well as conducting and/or coordinating 33 internal learning opportunities during 2024.

Multiple groups across the department worked to enhance and invigorate our community engagement and information sharing efforts in 2024. Information about Health Safety Net Clinics and available services is now published on the Health Department's public-facing website via a link named "Find Health Care." This web page went live in fall of 2024. As mentioned in the Goal 2 discussion above, the Strategic Partnership unit of the Division of CHD adopted an approach which centered the voices of community members most impacted by health disparities in developing the 2025-2029 Community Health Improvement Plan (CHIP). With this shift in approach, community engagement by Health Department Staff from the Divisions of CHD and EPH actively sought community input and worked to share and bring to the forefront the experiences of residents most impacted by health disparities. Similarly, the training unit from the Division of (EP&R) conducted 13

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learning and information sessions in community in languages other than English, meeting with community members in inclusive spaces with trusted partners and providing information in both the languages and formats aligned with community needs

**Goal 3 Partners:** Strategic Partnership unit in CHD; Steering Committee of the Partnership for a Healthier Fairfax, Division of EPH, Outreach and Engagement team in CHD; Fairfax Food Council; the Multicultural Advisory Committee; The Training Unit from the Division of EP&R; The Centreville Immigration Forum, Boat People SOS, Dar Al Hijrah Islamic Center, The Korean Community Service Center

**Goal 3 Metrics:**

1. A total of **24** community engagement and/or learning opportunities were conducted in languages other than English by Health Department staff in 2024
  - a. EP&R conducted **13** community-based emergency preparedness trainings and/or presentations in languages other than English this year (**10** in Spanish, **2** in Mandarin, and **1** in Hindu/Urdu).
  - b. The Strategic Partnerships Unit of CHD conducted **5** of the data walks and **2** of the Root Cause Analysis sessions in Spanish and **1** data walk in Vietnamese, with all materials fully translated in each language.
  - c. The Outreach and Engagement Team from CHD conducted **2** 40-hour Chronic Disease Self-Management Train the Trainer cohorts with community leaders in Spanish and **1** in Mandarin.
2. A total of **58** internal engagement and/or learning opportunities for Health Department staff were conducted in 2024
  - a. **10** equity newsletters were published for the Division of EPH staff during 2024, some with interactive components for staff to engage with one another
  - b. **34** internal equity learning opportunities were facilitated, **10** additional presentations or information sharing sessions were held and **4** employee engagement opportunities took place for staff in 2024.
3. A total of **13** engagement events, information sharing sessions, presentations and learning opportunities were shared with other Fairfax County Government entities and agencies in 2024
  - a. **4** equity presentations and information sharing sessions were conducted by HD staff, **6** equity learning opportunities were led by HD staff for other county staff or entities and **3** equity engagement opportunities with other county staff had participation from the Health Department in 2024

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### **Goal 4: Collaborate with customers, clients, and stakeholders to co-create strategies to address health inequities.**

**Goal 4 Progress:** Through the development of the 2025-29 CHIP, the Partnership for a Healthier Fairfax (PFHF) and the Strategic Partnerships unit of the Division of CHD at the Health Department conducted a robust community engagement slate of activities collaborating with community members, clients and stakeholders in 2024. As mentioned in Goal 2 above, 25 community-based data walks and 13 Root Cause Analysis sessions conducted in communities across the county gave planners great insight into the deep roots of the health disparities seen in the health outcomes data from the county. Eight of these important community events were conducted in languages other than English.

In 2024, the Public Health Improvements Coordination Team (PHICT), tasked with operationalizing the Public Health Improvement Initiatives Plan (PHIIP), used a participatory process, which included community input, to determine a health priority area of focus: chronic diseases (primarily stroke, diabetes, and heart disease). The team then conducted an analysis to provide recommendations on which communities and populations should be the focus of a health promotion initiative, as well as conducting a scan of the empirical literature to compile best practices. The team began compiling a list of Health Department partners, noting multiple characteristics to identify gaps in the relationship landscape as well as community strengths which may serve as leverage points for community engagement.

**Goal 4 Partners:** The PHICT; the PFHF; Strategic Partnerships unit of the Division of CHD; the Outreach and Engagement Team from the Division of CHD; the Division of EPH; Fairfax Food Council; the Multicultural Advisory Committee; the Training unit from the Division of EP&R; The Centreville Immigration Forum, Boat People SOS, Dar Al Hijrah Islamic Center, The Korean Community Service Center among others

#### **Goal 4 Metrics:**

1. **One (1)** priority health issue identified and approved by FCHD Leadership as the issue of focus for coordination of health improvement efforts – chronic diseases (primarily stroke, diabetes, and heart disease)
2. **One (1)** extensive data review of geographic and demographic information to form the foundation of a set of recommendations for implementation
3. **One (1)** literature review and creation of set of best practice

#### **Currently in process:**

4. Creation of **One (1)** partnership inventory and coordination resource to support more robust collaboration and co-creation of health promotion strategies with the whole of our communities

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### COUNTYWIDE GOALS

*Report progress on Countywide goals related to the Regional Fair Housing Plan, if relevant to your department. As above, copy in each Countywide goal from your CY 2024 Equity Impact Plan, and describe progress made in CY 2024. If none, write "Not applicable."*

Not applicable

### OTHER EQUITY-RELATED WORK

*Was other equity-related work completed in addition to the goals above? If so, please describe.*

None