



FAIRFAX COUNTY HEALTH DEPARTMENT CALENDAR YEAR 2025 EQUITY IMPACT PLAN

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Departmental Equity Guiding Statement:

Transform the Health Department's organizational culture by applying a racial and social equity lens to all aspects of our work, policies, and practices, to identify and address the root causes of health inequities in the workplace and in the community.

Context:

As the Health Department's approach to equity evolves, we make use of multiple sets of data and information to update our plans. In updating the 2025 plan, we focused on two different sets of data/information as context for our actions: 1) the 2023 Community Health Assessment conducted by the Health Department in collaboration with the Partnership for a Healthier Fairfax, and 2) three years of FCHD workforce point-in-time demographic data.

1. The Health Profile of Fairfax County from the 2023 Community Health Assessment (CHA) is a careful review of health-related data and statistics to determine the health issues facing the community. In 2023, FCHD conducted a comprehensive review of the quantitative data available in the Fairfax community to identify the key health-related areas, called the Community Status Assessment. This data was supplemented with a collection and review of qualitative data which helps explain why, how, or what happened, called the Community Context Assessment (CCA). The CCA prioritized interviewing leaders as well as residents from communities of color. Together these form the basis of the information that the Partnership for a Healthier Fairfax is using to create their Community Health Improvement Plan (CHIP) for 2025-2029. A key strategy in the development of the CHIP was to share the CHA data back with the communities who originally provided input to get their reactions, hear what they prioritize, and their thoughts for strategies to address concerns. Because a central focus of both the CHA and the CHIP is equity and addressing the health needs of communities that are most vulnerable or at highest risk for negative health outcomes, FCHD uses this data to inform our Equity Impact Plan for 2025.

In general, Fairfax compares favorably to other jurisdictions on a majority of health metrics, ranking in the top 20 Healthiest Communities in the nation of 2024 (Source: [Healthiest Communities - Rankings, News, Data | US News Healthiest Communities](#)). A majority of local health indicators are either stable, fluctuating, or trending in a positive direction with two key exceptions—drug overdoses and mental health indicators. Recent trends in the rates of non-fatal opioid overdose emergency department (ED) visits are highest among adults in the 18-24 and 25-34 age groups. Following substantial

increases in 2023 among the 10-17 and 18-24 age groups, preliminary data from 2024 through November shows decreases in non-fatal opioid overdose ED visit rates among those in these age groups.

Rates of non-fatal opioid overdose ED visits are highest within the Black/African American and Hispanic/Latino communities. Following increases from 2020 to 2023, preliminary data from 2024 through November show decreases in non-fatal opioid overdose ED visit rates among Black/African American, Hispanic/Latino, and Non-Hispanic White residents compared to 2023.

Despite this growing trend, chronic diseases and conditions pose the biggest burden on the community, and we know that there may be underlying connections to structural inequalities found in the community. The Black/African American community disproportionately experiences adverse social, economic and health outcomes. Interestingly, despite being disproportionately impacted by adverse social and economic conditions, the health status of the Hispanic/Latino community overall appears better than many other racial/ethnic groups based on key indicators. Broad categorization of racial/ethnic groups does not capture potential within-group variation, however.

Geographic disparities are consistent across social, economic, and health related indicators, with persistent disparities observed predominantly in the central and southeastern regions of the county.

2. FCHD workforce compared to the county population and the population served:

Beginning in 2022, the Health Department has conducted an annual point-in-time analysis of its race, ethnicity and gender workforce demographic data to develop a profile that can be compared to the Fairfax County demographic profile to see how representative our staff is of the community we serve. The results of this comparison can be seen in the table below:

	2022 FCHD Workforce Demographics	2023 FCHD Workforce Demographics (August PIT Analysis)	Percent of Fairfax County by Race/Ethnicity (2023 ACS 1-year Estimate)	2024 FCHD Workforce Demographics (August PIT Analysis)
Total Population	N = 886	N = 730	N = 1,138,331	N = 778
Hispanic/Latinx	15.1%	17.6%	17.7%	19.8%
Non-Hispanic Asian	15.5%	16.4%	19.7%	17.4%
Non-Hispanic Black	17.7%	17.2%	9.5%	15.6%

Non-Hispanic Multiracial	1.2%	1.6%	5.7%	1.6%
Non-Hispanic Other	0.6%	0.5%	0.9%	0.5%
Non-Hispanic White	49.9%	46.4%	46.4%	45.2%

According to the U.S. Census Bureau, Fairfax County shows growing diversity, with an increase in the non-White population from 45% in 2010 to 53% in 2022. The population is also aging; in 2010 people aged 65+ made up 9.9% of the population; in 2023 people age 65+ are 15.6% of the population. Additionally, 31% of Fairfax residents were born outside of the U.S., and 1 in 10 are not U.S. citizens. The top five nations of origin for those born outside of the U.S. are 1) India, 2) South Korea, 3) China, 4) Vietnam, and 5) El Salvador. We are also seeing increasing language diversity as one in three individuals ages 18 and older speak a language other than English at home.

Similarly, the FCHD workforce is also becoming more diverse over time (operationalized as an increasingly lower percentage of non-Hispanic Whites that make up the workforce). When looking overall, the demographic profile of our workforce in 2024 is fairly representative of the Fairfax County population with the following exceptions:

- The portion of our workforce that is non-Hispanic Black is larger than that population is represented in the County Demographic Profile by a little over 5 percentage points, while the portion of our workforce that is Hispanic is slightly larger than that population is represented in the County Demographic Profile by 2 percentage points.
- The portion of our workforce that is non-Hispanic Asian is smaller than the corresponding population of the County by almost 3 percentage points, while the portion of our workforce that is non-Hispanic White is slightly smaller than that population is represented in the County Demographic Profile by less than 2 percentage points.

In addition, the race, ethnicity, and gender demographic profile of Fairfax County does not represent the population of those served by FCHD, which generally come from communities that are most vulnerable to poor health outcomes across the county. Our workforce demographics are slightly less representative of the populations we serve.

Finally, it should be noted that the diversity of the FCHD workforce is not distributed evenly across all pay grade and supervisory/managerial levels. As we progress up the organizational hierarchy, the organization becomes less diverse in terms of race and ethnicity.

The Health Department is taking steps to deepen and diversify the bench of future public health workforce through the [Public Health Youth Ambassador](#) program. This program engages 10th-12th grade youth from select schools in the county and who come from

communities of color. The goals of the program are to broaden student awareness of career opportunities within public health through training in community health work, the reduction of opioid use in communities, and teen mental health. Graduates of the program are qualified to help deliver health promotion programs within their communities with limited access to resources.

3. Engagement with minoritized communities

In addition to community engagement during the CHA and CHIP development, the Public Health Youth Ambassador program, and tracking the make-up of the workforce, the Health Department has a long history of engaging with communities most vulnerable to health disparities. The Fairfax County Health Department maintains an Outreach Team comprised of individuals who come from these communities, and most of these individuals fluently speak more than one language. Outreach Team members use a train-the-trainer approach to health promotion with trusted community leaders from these communities with whom they have cultivated relationships, resulting in amplification of public health messaging. Much of their established work over the years has been conducted in languages other than English to increase access to accurate, reliable, and timely health information. Equity Co-Leads track the number of health promotion activities and trainings done in the community in languages other than English, which is detailed in the annual Equity Report. The team began tracking this information last year to understand the extent to which our work was conducted in the language of preference of the various Fairfax communities. Additionally, the Health Department has a community advisory board known as the [Multicultural Advisory Council \(MAC\)](#). The MAC has been meeting regularly since 2007 and includes over 30 organizations from a broad range of the diverse communities which make up Fairfax County, many of whom do not speak English. These organizations include faith-based organizations, medical community, community groups, and others who are situated such to provide grassroots level insight.

System-Level Infrastructure:

The Health Department is working in multiple ways with a variety of partners across Fairfax County Government and in the community to impact the social determinants of health contributing to population disparities and investing in initiatives that advance racial and social equity. The Health Department knows it cannot work alone to address health disparities. FCHD is continuing the multifaceted coordination of efforts among county agencies and community partners to expand the health safety net and reduce barriers to medication and specialty care; in land development projects to create safe neighborhoods; and with Fairfax County Public Schools to develop a pipeline to health careers for youth from underserved communities.

Additionally, like many county agencies, the Health Department engages in community outreach, proactively and in response to community health concerns. Such efforts are often independent of other county outreach activities. Multiple agencies would benefit from greater coordination to avoid duplication of effort, build from one another's community connections, and learn about how to serve residents more fully.

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DEPARTMENT GOALS

Goal 1: Build internal infrastructure (including staff capacity) to operationalize health equity practices and support a culture that promotes open dialogue and open discussion					
One Fairfax Area(s) of Focus: 18. Other					
Countywide Strategic Plan Community Outcome Area(s): Effective and Efficient Government (EEG)					
Countywide Strategic Plan Strategies/Metric(s): Strategy EEG 13. Implement a workplace culture change effort to actively promote equity and inclusion, collaboration, excellence, innovation, customer service, transparency, accountability and trustworthiness. EEG 8. Improve the county’s competitiveness as an employer to recruit, hire and retain a diverse, highly qualified workforce utilizing data to determine barriers and target strategies for marginalized groups. EEG Indicator: Effective & Representative County & School Workforce; Metric: Difference between demographics of county workforce and the demographics of the community					
Actions	Stakeholders	Resources/Supports	Responsible	Timeline	Performance Measures
1a. Increase investment in members of the Health Equity Champions Network to support their development as equity catalysts for the agency.	Equity Champions, FCHD Leadership	Facilitator and staff time	HELE Facilitators	Jan-Jun 2024	<ol style="list-style-type: none"> 4. % of Health Equity Champions participating in network activities (meetings, projects, trainings, etc.) quarterly 5. % of Champions reporting increased confidence/competence in operationalizing health equity actions because of their participation (survey) 6. % of divisions engaged in or adopting champion-led initiatives 7. % of champions trained/in process of being trained as facilitators 8. % of trained facilitators who lead

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<p>1b. Develop a robust recruitment, development and succession strategy for the agency-wide Health Equity Team to strengthen team building and impact.</p>	<p>Health Equity Team Executive sponsors</p>	<p>Staff time</p>	<p>Equity team co-leads</p>	<p>First quarter 2025</p>	<p>9. Clear steps are listed for recruitment/succession 10. # of new members 11. #years tenure of members 12. Member distribution by division</p>
<p>1c. Support workgroup for HD Strategic Plan Key Action 1.1.2 in developing and implementing a framework for analyzing, sharing and applying the workforce demographic data to hiring, retention, and promotion efforts.</p>	<p>Executive leadership and the Division of Administrative Operations</p>	<p>Staff time to pull data; staff time to analyze data, possible data analysis support</p>	<p>HD-HR Manager, Workforce Development & Training Strategist, Health Equity Team Representative</p>	<p>Jan-Dec 2025</p>	<ul style="list-style-type: none"> • Identification and assignment of Health Equity SME to serve on 1.1.2 workgroup • Creation and approval of framework • Inventory of related data sources (e.g., exit interview data)
<p>1d. Enhance department capacity for monitoring and evaluating the impacts of actions to address equity issues by developing a formal system to document internal equity activity.</p>	<p>Health Equity Team Evaluation and Methodology Workgroup</p>	<p>HDIT support</p>	<p>Health Equity Team – (E + M workgroup leads)</p>	<p>First quarter 2025</p>	<ul style="list-style-type: none"> • Initiation of advisory group to guide system development and evaluation tools and frameworks identification • Activity tracking system established • Launching of monitoring and evaluation tools and resources repository • Development of implementation strategy and survey tool for conducting follow-up to 2023 GARE survey • Pre-post participation impact assessment applied to 100% of HELE cohorts
<p>1e. Develop a process for managing requests for equity support, facilitation, research, and any other equity SME of the Health Equity Team or Champions Network,</p>	<p>Health Equity Team - Champion Network workgroup Policy workgroup</p>	<p>Staff time IT support</p>	<p>Health Equity Team co-leads Health Equity Coordinator</p>	<p>Second quarter 2025</p>	<ul style="list-style-type: none"> • Process is developed • # of requests for Equity SME assistance • # of referrals made • % of Team members and

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including a process for making referrals.					<ul style="list-style-type: none"> • Champions involved as SMEs outside the activities listed in this plan
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Goal 2: 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

One Fairfax Area(s) of Focus:
10. A health and human services system where opportunities exist for all individuals and families to be safe, be healthy and realize their potential through the provision of accessible, high quality, affordable and culturally appropriate services.

Countywide Strategic Plan Community Outcome Area(s): Efficient and Effective Government

Countywide Strategic Plan Strategies/Metric(s):
Strategy EEG 13. Implement a workplace culture change effort to actively promote equity and inclusion, collaboration, excellence, innovation, customer service, transparency, accountability and trustworthiness.

Actions	Stakeholders	Resources/Supports	Responsible	Timeline	Performance Measures
2a. Create a process and schedule for updating the Health Equity internal SharePoint page	Health Equity Team – Communications working group HD staff HD IT	HD IT Staff time	Health Equity Team – Communications working group lead	Jan-June 2025	<ul style="list-style-type: none"> • Process developed • Regular updates occurring • # of page views • # of clicks to more information
2b. Begin producing media content for HD staff featuring Champions promoting inspirational resources on equity	Health Equity Team – Communications working group Equity Champions HD Communications team HD staff	Staff time HD Communications team SME	Health Equity Team – Communications working group Health Equity coordinator	Dec 2024 – Dec 2025	<ul style="list-style-type: none"> • Established schedule for content • # of posts created • # of page views • # of clicks to more information • # of Champions participating
2c. Convene regular interactive learning spaces across all HD work sites, such as Lunch and Learns, film screenings, etc.	Health Equity Team – Communications working group Equity Champions HD Communications team HD staff	Staff time HD Communications team GARE One Fairfax NACCHO Equity Champions Trained facilitators	Health Equity Team – Communications working group District office OSMs	April – Dec 2025	<ul style="list-style-type: none"> • Established schedule • # of worksites engaged • # of staff attending • % participant satisfaction

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	OSMs at HD district offices				
<p>2d. Enhance stakeholder (Health Department staff, community leaders, agency leaders, and the general public) awareness of associations between multiple forms of inequity contributing to local disparities in health outcomes by increasing data accessibility through dashboards and other targeted material.</p>	<p>HD Leadership, frontline staff, Equity Champions, community leaders, county agency leaders, the general public</p>		<p>Communications staff, Division of Epidemiology and Population Health</p>		<ul style="list-style-type: none"> • Expansion of Division of Epidemiology & Population Health webpage to include data sharing • Development of targeted data dashboards for different audiences and topics/conditions • Percentage of shared materials made available in stakeholder preferred languages • Completion of modifications to Live Healthy Fairfax Data Dashboard enhancing the presentation of patterns in health outcomes across social, economic, and geographic characteristics.

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Goal 3: Collaborate with customers, clients, and stakeholders to foster trust and build community capacity to address health inequities

One Fairfax Area(s) of Focus:
10. A health and human services system where opportunities exist for all individuals and families to be safe, be healthy and realize their potential through the provision of accessible, high quality, affordable and culturally appropriate services.

Countywide Strategic Plan Community Outcome Area(s): Efficient and Effective Government (EEG)

Countywide Strategic Plan Strategies/Metric(s):
EEG 6. Expand capacity to meaningfully engage the community in places that are accessible and in ways that consider needs, traditions, and values of diverse ethnic, racial, and cultural groups.

Actions	Stakeholders	Resources/Supports	Responsible	Timeline	Performance Measures
3a. Support the development of CHIP 3.0 (Community Health Improvement Plan) in collaboration with community residents and organizational representatives, with a focus on affordability and community trust.	HD Community Health Development staff, community partners, and community at large	Division of Community Health Development staff, Division of Epi/Pop Health, HD Leadership	Strategic Partnerships Manager	Jan-June 2025	<ul style="list-style-type: none"> • Completed CHIP 3.0 • Establishment of implementation teams • % of strategies identified that center affordability and build community trust
3b. Support workgroup for HD Strategic Plan Key Action 2.2.3 in developing training and technical assistance infrastructure to build sustainability and trust in community-based partnerships.	HD Community Health Development staff, Community-based organizations	Division of Community Health Development staff, Division of Epi/Pop Health, HDIT, HD Leadership	Division Director, Community Health Development	Jan-Jun 2025	<ul style="list-style-type: none"> • Development of a plan to implement training and technical assistance network for community partners • Development of asset map of community partnerships • Development of staff accessible electronic system for tracking partnerships and engagement activities

Department Director's Signature: 
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