DEPARTMENT OF HEALTH

FY 2026 PERFORMANCE PLAN

NOVEMBER 26, 2025

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

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1 INTRODUCTION

This document is the Fiscal Year 2026 Performance Plan for the Department of Health.

This Performance Plan is the first of two agency performance documents published each year. The Performance Plan is published twice annually – preliminarily when the Mayor's budget proposal is delivered, and again at the start of the fiscal year when budget decisions have been finalized. A companion document, the Performance Accountability Report (PAR), is published annually in January following the end of the fiscal year. Each PAR assesses agency performance relative to its annual Performance Plan.

Performance Plan Structure: Performance plans are comprised of agency Objectives, Administrative Structures (such as Divisions, Administrations, and Offices), Activities, Projects and related performance measures. The following describes these plan components, and the types of performance measures agencies use to assess their performance.

Objectives: Objectives are statements of the desired benefits that are expected from the performance of an agency's mission. They describe the goals of the agency.

Administrative Structures: Administrative Structures represent the organizational units of an agency, such as Departments, Divisions, or Offices.

Activities: Activities represent the programs and services an agency provides. They reflect what an agency does on a regular basis (e.g., processing permits).

Projects: Projects are planned efforts that end once a particular outcome or goal is achieved.

Measures: Performance Measures may be associated with any plan component, or with the agency overall. Performance Measures can answer broad questions about an agency's overall performance or the performance of an organizational unit, a program or service, or the implementation of a major project. Measures can answer questions like "How much did we do?", "How well did we do it?", "How quickly did we do it?", and "Is anyone better off?" as described in the table below.

Measures are printed in the Performance Plan along with the Objective, Administrative Structure, Activity, or Project that they measure.

Measure Type	Measure Description	Example
Quantity	Quantity measures assess the volume of work an agency performs. These measures can describe the inputs (e.g., requests or cases) that an agency receives or the work that an agency completes (e.g., licenses issued or cases closed). Quantity measures often start with the phrase "Number of...".	"Number of public art projects completed"
Quality	Quality measures assess how well an agency's work meets standards, specifications, resident needs, or resident expectations. These measures can directly describe the quality of decisions or products or they can assess resident feelings, like satisfaction.	"Percent of citations issued that were appealed"
Efficiency	Efficiency measures assess the resources an agency used to perform its work and the speed with which that work was performed. Efficiency measures can assess the unit cost to deliver a product or service, but typically these measures assess describe completion rates, processing times, and backlog.	"Percent of claims processed within 10 business days"

(continued)

Measure Type	Measure Description	Example
Outcome	Outcome measures assess the results or impact of an agency's work. These measures describe the intended ultimate benefits associated with a program or service.	"Percent of families returning to homelessness within 6-12 months"
Context	Context measures describe the circumstances or environment that the agency operates in. These measures are typically outside of the agency's direct control.	"Recidivism rate for 18-24 year-olds"
District-wide Indicators	District-wide indicators describe demographic, economic, and environmental trends in the District of Columbia that are relevant to the agency's work, but are not in the control of a single agency.	"Area median income"

Targets: Agencies set targets for most performance measures before the start of the fiscal year. Targets may represent goals, requirements, or national standards for a performance measure. Agencies strive to achieve targets each year, and agencies provide explanations for targets that are not met at the end of the fiscal year in the subsequent Performance Accountability Report.

Not all measures are associated with a target. Newly added measures do not require targets for the first year, as agencies determine a data-informed benchmark. Changes in some measures may not indicate better or worse performance. They may be "neutral" measures of demand or input or outside of the agency's direct control. In some cases, the relative improvement of a measure over a prior period is a more meaningful indicator than meeting or exceeding a particular numerical goal, so a target is not set.

2 DEPARTMENT OF HEALTH OVERVIEW

Mission: The District of Columbia Department of Health promotes health, wellness and equity, across the District, and protects the safety of residents, visitors and those doing business in our nation's Capital.

Summary of Services: The Department of Health (DC Health) adheres to the ten essential public health services generally accepted by the United States public health community. The ten essential public health services are: 1. Monitor health status to identify and solve community health problems. 2. Diagnose and investigate health problems and health hazards in the community. 3. Inform, educate, and empower people about health issues. 4. Mobilize community partnerships and action to identify and solve health problems. 5. Develop policies and plans that support individual and community health efforts. 6. Enforce laws and regulations that protect health and ensure safety. 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable. 8. Assure competent public and personal health care workforce. 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services. 10. Research for new insights and innovative solutions to health problems.

Objectives:

1. Environmental Health
2. Health Equity
3. Policy Planning and Evaluation
4. Community Health
5. HIV/AIDS, Hepatitis, STD and TB
6. Health Systems and Preparedness
7. Efficient, Transparent, and Responsive Government

3 OBJECTIVES

3.1 ENVIRONMENTAL HEALTH

To protect the health of the residents of the District of Columbia, visitors and those that do business here, by targeting environmental factors through education, research and regulation.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Outcome	Percent of confirmed foodborne illness complaints investigated within three (3) business days of notification from DC Health epidemiologists to EHA	Up is Better	94%	95%	100%	**95%**
Outcome	Percent of food establishment complaint inspections initiated within five (5) business days of receipt	Up is Better	94.35%	95%	96.82%	**95%**
Outcome	Percent of rodent activity complaints inspected or baited, and closed in the 311 system within three (3) business days of receipt	Up is Better	100%	100%	99.27%	**95%**
Outcome	Percent of samples taken from rabies suspected animals submitted for testing within 48 hours	Up is Better	100%	100%	100%	**100%**
Efficiency	Percent of Community Hygiene-related facility complaints investigation initiated within five (5) business days of receipt	Up is Better	New in 2025	New in 2025	94.39%	**95%**
Efficiency	Percent of assigned investigations of infectious disease cases completed within (10) business days	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**
Efficiency	Percent of children under the age of six with blood lead levels at or above 3.5 ug/dl who receive Childhood Lead Poisoning Prevention Program (CLPPP) services (call or program letter) within one (1) business day of case assignment	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**
Efficiency	Percent of environmental disease outbreak investigations that are initiated within 24 hours	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**

(continued)

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Efficiency	Percent of radiation complaint investigations initiated within (5) business days of receipt	Up is Better	New in 2025	New in 2025	No incidents	**95%**

3.2 HEALTH EQUITY

To promote Health Equity. Collaborate with other government agencies and community partners to identify and address the social determinants of health which are the key drivers of inequities in health outcomes.

No Related Measures

3.3 POLICY PLANNING AND EVALUATION

To develop an integrated public health information system to support health policy decision, state health planning activities, performance analysis and direction setting for department programs.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quality	Percent of Electronic Lab Reports (ELR) records automatically processed into downstream system(s) without manual intervention	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**
Outcome	Average wait time for vital records walk-in issuance requests (in minutes)	Down is Better	18.8 min	25 min	21.4 min	**20 min**
Outcome	Percent of vaccine preventable disease cases with contact tracing initiated within 24 hours of report	Up is Better	100%	99%	100%	**99%**
Efficiency	Percent of Certificates of Need (CONs) reviewed within the period required by District law	Up is Better	96.88%	Target not required	100%	**99%**

3.4 COMMUNITY HEALTH

Promotes healthy behaviors, healthy environments, and access to quality health care services to improve health outcomes and reduce disparities in the leading causes of disease and death in the District.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quality	Percent of designated school staff who complete Administration of Medication (AOM) training	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**
Outcome	Percent of Black/African American WIC enrollee infants who are receiving human/breast milk at six months	Up is Better	24.65%	25%	23.53%	**25%**
Outcome	Percent of Health Professional Loan Repayment Program (HPLRP) participants with active contracts who fulfill the current priority workforce needs criteria	Up is Better	80.85%	80%	88.82%	**85%**
Outcome	Percent of Oral Health Program participants referred to a dental home	Up is Better	97.87%	95%	99.73%	**98%**
Outcome	Percent of WIC enrollee infants who are receiving human/breast milk at six months	Up is Better	46.37%	40%	45.5%	**45%**
Outcome	Percent of WIC households that redeem their benefits	Up is Better	87.29%	90%	Data is pending	**90%**
Outcome	Percent of adults with diabetes with poor HbA1c control (A1C > 9%) at (Million-Hearts participating facilities)	Down is Better	33.52%	32.2%	39.29%	**32%**
Outcome	Percent of adults with high blood cholesterol in (Million-Hearts participating facilities) who are on statin therapy	Up is Better	82.92%	82.3%	81.34%	**85%**
Outcome	Percent of adults with hypertension who have achieved blood pressure control (BP <140/90mHDSg) at (Million-Hearts-participating facilities)	Up is Better	65.4%	70%	63.78%	**69.8%**
Outcome	Percent of eligible children enrolled in DC Health funded evidence-based home visiting programs who receive developmental and social-emotional screenings	Up is Better	88.61%	85%	89.21%	**83%**

(continued)

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Outcome	Percent of families with one or more completed referrals through Help-Me-Grow within three months of referral	Up is Better	90.87%	91%	90.7%	**91%**
Outcome	Percent of infants that receive a repeat screening after failing an initial hearing screening	Up is Better	74.89%	75%	Data is pending	**75%**
Outcome	Percent of infants who receive an initial hearing screen at birth	Up is Better	97.3%	95%	Data is pending	**95%**
Outcome	Percent of students with an L2/L3 asthma designation with an asthma action plan on file	Up is Better	New in 2025	New in 2025	23.07%	**50%**
Outcome	Percent of women enrolled in DC Health funded evidence-based home visiting programs who are screened for depression	Up is Better	80.43%	86%	94.66%	**86%**
Outcome	Rate of Breast Cancer Screening among DC3C Participating clinics	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**
Outcome	Rate of Colorectal Cancer Screening among DC3C Participating clinics	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**
Efficiency	Percent of Kindergarten-enrolled children with 2 doses of MMR vaccine by June	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**
Efficiency	Percent of immunization providers reporting data electronically to the immunization registry (DOCIIS) that have bi-directional data functionality	Up is Better	New in 2025	New in 2025	23.28%	**17%**

3.5 HIV/AIDS, HEPATITIS, STD AND TB

Reduce HIV, STD, TB and hepatitis-related morbidity and mortality and ensure healthy outcomes for persons living with those diseases. Administer federal and local funding, provide grants to service providers, monitor and evaluate programs, ensure quality services, and track the cases and status of the epidemics in the District.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Outcome	Percent of AIDS Drug Assistance Program (ADAP) beneficiaries who are currently virally suppressed	Up is Better	90.58%	85%	91.11%	**95%**
Outcome	Percent of Ryan White clients living in the District that are prescribed Anti-Retroviral Therapy	Up is Better	97.32%	98%	99.13%	**98%**
Outcome	Percent of confirmed new HIV cases achieving viral suppression within 90 days of diagnosis	Up is Better	52.43%	60%	46.49%	**60%**
Outcome	Percent of confirmed new HIV cases linked to care within 30 days of diagnosis	Up is Better	82.7%	80%	83.79%	**80%**
Outcome	Percent of diagnosed HIV positive individuals retained in care that are virally suppressed	Up is Better	78.67%	90%	78.67%	**90%**
Outcome	Percent of grant-supported HIV tests conducted with focus populations	Up is Better	62.72%	50%	58.39%	**50%**
Outcome	Percent of individuals prescribed PrEP at the DC Health & Wellness Center who are members of demographic groups disproportionately impacted by HIV	Up is Better	90.38%	85%	91.55%	**85%**
Outcome	Percent of newly diagnosed TB patients with an indication of 12 months or less of treatment have completed treatment within 12 months	Up is Better	94.44%	90%	61.11%	**90%**
Outcome	Percent of of gonorrhea cases with appropriate treatment confirmed among clients seen at the Health and Wellness Center within 15 days of diagnosis date	Up is Better	98.68%	92%	95.64%	**92%**

3.6 HEALTH SYSTEMS AND PREPAREDNESS

The mission is to safeguard and enhance the health and well-being of residents, visitors, and businesses in the District of Columbia by fostering excellence in health professional practice, regulating health systems and facilities, and coordinating robust emergency preparedness, response, resiliency, and recovery efforts. Through partnerships and an effective regulatory framework, we ensure the quality, safety, and readiness of our health systems to meet both everyday healthcare needs and public health emergencies.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quality	Percent of applications for radiological devices in medical care facilities approved within (5) business days	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**
Quality	Percent of correct matches between MPD's crash database and cases in the DC Trauma Registry	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**
Outcome	Percent of Registered Controlled Substance Facilities inspected annually	Up is Better	96.55%	95%	99.11%	**95%**
Outcome	Percent of District hospitals, skilled nursing facilities, and clinics that participate in at least two (2) HMC sponsored trainings and workshops annually	Up is Better	43.59%	50%	45.56%	**50%**
Outcome	Percent of HECC IMT leadership staff (i.e., the six ICS/IM lead roles) reporting for immediate duty within 60 minutes to a no notice activation	Up is Better	100%	100%	100%	**100%**
Outcome	Percent of Medical Reserve Corps (MRC) no notice event drills in which volunteers acknowledge the alert notification drill message within 4 hours	Up is Better	15.5%	45%	36.83%	**50%**
Outcome	Percent of closed points of dispensing (CPOD) partners with active MOAs	Up is Better	72.41%	100%	96.88%	**80%**
Outcome	Percent of follow-up inspections with healthcare facilities completed within 30 days of a harm level deficiency	Up is Better	100%	100%	66.67%	**95%**
Outcome	Percent of onsite investigations initiated within 72 hours of receipt for complaints alleging actual harm, as required by federal guidelines	Up is Better	100%	95%	100%	**95%**
Outcome	Percent of open point-of-dispensing (OPOD) locations that we have active MOAs in place	Up is Better	12.5%	100%	100%	**50%**
Outcome	Percent of pharmaceutical facilities receiving at least one annual inspection	Up is Better	98.3%	95%	96.88%	**95%**

(continued)

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Outcome	Percent of recipients [employees and partners] who acknowledge receipt after first critical health alert	Up is Better	34.92%	90%	14.79%	**90%**
Outcome	Percent of staff identified in DOH Standard Operating Procedure 1380 who have completed the appropriate public health emergency preparedness training as defined in the SOP	Up is Better	42.5%	60%	42.5%	**60%**
Efficiency	Average number of business days to respond to EMS patient care complaints	Down is Better	6	14	23.23	**14**

3.7 EFFICIENT, TRANSPARENT, AND RESPONSIVE GOVERNMENT

Create and maintain a highly efficient, transparent, and responsive District government.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Average employee turnover rate	Down is Better	New in 2026	New in 2026	New in 2026	**New in 2026**
Quantity	Percent of Workman's Compensation claims	Down is Better	New in 2026	New in 2026	New in 2026	**New in 2026**
Quantity	Percent of completed grievances	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**
Outcome	Average days to hire new employees	Down is Better	72	90	84.5	**90**
Outcome	Percent of agency staff who were employed as Management Supervisory Service (MSS) employees prior to 4/1 of the fiscal year that had completed an Advancing Racial Equity (AE204) training facilitated by ORE within the past two years	Up is Better	69.64%	Target not required	83.49%	**Target not required**
Outcome	Percent of closed prior years' Single Annual Audit corrective action plans	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**
Outcome	Percent of completed federal award close-out packages submitted to the grantor by deadline	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**

(continued)

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Outcome	Percent of completed interim subgrant budget periods with performance ratings completed and submitted within 45 days	Up is Better	96.32%	75%	99.07%	**85%**
Outcome	Percent of eligible employee reviews completed on time	Up is Better	89.06%	100%	Data is pending	**90%**
Outcome	Percent of employees that are District residents	Up is Better	43.79%	Target not required	40.64%	**Target not required**
Outcome	Percent of lapsed dollar amounts on federal awards	Down is Better	10.49%	3%	Data is pending	**3%**
Outcome	Percent of new hires that are current District residents and received a high school diploma from a DCPS or a District Public Charter School, or received an equivalent credential from the District of Columbia (eRecruit)	Up is Better	19.35%	Target not required	0%	**Target not required**
Outcome	Percent of required attendees completing trainings mandated by EOM, DCHR, or the DOH Director	Up is Better	75.41%	70%	63.95%	**75%**
Outcome	Percent of required contractor evaluations submitted to the Office of Contracting and Procurement on time	Up is Better	54.55%	Target not required	Data is pending	**Target not required**
Outcome	Percent of scheduled monitoring visits completed based upon the latest risk plan	Up is Better	92.21%	70%	95.45%	**85%**
Outcome	Percent of targeted visits completed by monitors per the most recent version of the risk-based monitoring plan	Up is Better	92.21%	70%	95.45%	**85%**

4 ACTIVITIES

4.1 HEALTH AND MEDICAL COALITION

HSPA Office of Emergency Preparedness and Resilience's (OEPR) Health and Medical Coalition (HMC) Program supports the DC Health and Medical Coalition (HMC) by providing coordination, oversight, policy guidance, and leadership. DC Health serves as the co-lead of the District's healthcare coalition, the HMC. The program team members participate in meetings, support planning efforts, facilitate communications, and support the healthcare system during steady-state and emergent operations. The Program also supports and facilitates exercises, training opportunities, and other drills to test and ensure the resiliency of the District's healthcare system

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of Health and Medical Coalition (HMC) Meetings held	Neutral	85	Target not required	108	**Target not required**
Quantity	Number of HMC partners (Facilities and associations) that participated in HMC-coordinated exercises and special events as coordinated by DC Health	Neutral	87	Target not required	186	**Target not required**
Quantity	Number of HMC-sponsored trainings, workshops, exercises, learning and education opportunities	Neutral	8	Target not required	7	**Target not required**

4.2 EMERGENCY MEDICAL SERVICES (EMS) PROGRAM

HSPA Office of Emergency Preparedness and Resilience's (OEPR) Emergency Medical Services (EMS) Program serves as the state-wide regulatory body for the EMS system within the District of Columbia supporting coordination, facilitation, and regulation across the system. This includes all emergency medical vehicles (e.g., ambulances, quick response vehicles, helicopters, etc.), personnel (i.e., emergency medical responders (EMR), emergency medical technicians (EMTs), Advanced EMTs, and paramedics), EMS agencies, EMS educational institutions, EMS education, and EMS instructors. This program also supports systems of care and time-sensitive conditions (i.e., trauma, stroke, STEMI, etc.) by ensuring healthcare facilities designated to provide specialty care maintain high-quality, equitable care and provide the necessary data to support public health programming that limits morbidity and mortality related to these conditions

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of EMS clinician certification applications received and processed	Neutral	3,508	Target not required	3,743	**Target not required**
Quantity	Number of initial EMS certifications issued by DC Health	Neutral	1,022	Target not required	1,921	**Target not required**
Quantity	Number of EMS vehicle inspections conducted	Neutral	New in 2026	New in 2026	New in 2026	**New in 2026**

4.3 MEDICAL RESERVE CORPS (MRC) PROGRAM

HSPA Office of Emergency Preparedness and Resilience (OEPR) supports the District of Columbia's Medical Reserve Corps (MRC) comprised of volunteer medical and non-medical personnel who can be called upon to assist with preparation, response, recovery, and resiliency efforts within the community. The program maintains a volunteer and credentialing management system to ensure that all personnel, medical or not, are appropriately screened and credentialed before they can be deployed. Team members also support training and educational opportunities for volunteers to ensure mission ready status for members of the MRC

No Related Measures

4.4 EMERGENCY OPERATIONS COORDINATION

HSPA directs and coordinates the implementation of other public health preparedness capabilities critical to public health emergency preparedness and response. HSPA makes informed, timely and effective decisions that direct resources and personnel during ongoing and evolving health needs arising from emergencies.

No Related Measures

4.5 HEALTH EQUITY PRACTICE TRANSFORMATION

Launch Internal Health Equity Action Plans: Support implementation of all agency administration-specific HEAPs and track their progress using defined metrics and benchmarks.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of Health Equity Action Plans (HEAP) and associated activities completed	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**

4.6 POLICY AND PRACTICE IMPLEMENTATION

Establish DC Health internal Council: Convene a cross-departmental Council to support policy and practice change to improve overall organizational effectiveness.

No Related Measures

4.7 COLLABORATIVE PRACTICE & POLICY CHANGE

Implement Collaborative practice and policy change efforts including Community and Organizational Health Literacy Strategy: Strategize and support both internal and external engagement opportunities.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of programs at DC Health that collect evaluation data during community engagement activities	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**

4.8 HEALTH EQUITY CAPACITY BUILDING

Develop and launch Foundational Health Equity Training: Design and deliver a comprehensive training curriculum for staff, focusing on population health improvement, applying health equity science, principles and practices, including targeted universalism, data disaggregation to measure, understand and address disparities, and the integration of quality improvement benchmarks focused on addressing and closing gaps to improve the health of ALL populations

No Related Measures

4.9 DIVISION OF OUTDOOR ENVIRONMENT

The Division of Outdoor Environment is responsible for monitoring, conducting research, educating and providing recommendations to stakeholders for workplace and occupational health, environmental hazards, reducing and/or eliminating radiation overexposure of naturally occurring or man-made radiation (with the exception of health facilities) active living and climate adaptation.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Outcome	Number of "Plan-Reviews" EHA reviewed in the District of Columbia	Neutral	New in 2026	New in 2026	New in 2026	**New in 2026**
Quantity	Number of educational outreach events and meetings attended or hosted	Neutral	New in 2026	New in 2026	New in 2026	**New in 2026**

4.10 HEALTH CARE FACILITIES DIVISION

HSPA Office of Healthcare Facilities' Health Care Facilities Division inspects, monitors, and investigates: Ambulatory Surgical Centers, Certified Home Health Agencies, End-Stage Renal Disease Facilities, Hospices, Hospitals, Laboratories (Clinical Laboratory Improvement Amendments of 1988[CLIA]), Certificate of Waiver Programs (COW), Tissue Banks, and Hospital Laboratories, Maternity Centers, Nursing Homes, Outpatient Physical Therapy or Speech Pathology Services, and Portable X-Ray Suppliers in the District of Columbia. The Division inspects these sites to determine compliance with local licensure health and safety regulations and federal standards for participation in Medicare and Medicaid programs under Titles XVIII and XIX of the Social Security Act. Oversight of these facilities is conducted as per the program requirements and as necessary to ensure the health and safety of residents. The Division also conducts Architectural Plans Review of health care facilities in the District of Columbia and inspects renovated projects and new construction. In addition, the Division inspects the DC Detention Facility aka (DC Jail) and the DC Youth Services Administration Detention Center – at New Beginnings Youth Development Center (located in Laurel, Maryland) and Mt. Olivet Road, NE (Washington, DC) in accordance with court mandates.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of inspections completed by the Health Care Facilities Division	Neutral	143	Target not required	117	**Target not required**
Quantity	Number of Radiation Producing Dental Devices Inspections	Neutral	New in 2025	New in 2025	412	**Target not required**

(continued)

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of Radiation Producing Medical Devices Inspections	Neutral	New in 2025	New in 2025	198	**Target not required**
Quantity	Number of Radiation Shielding Plans received and reviewed per project or clinical event	Neutral	New in 2026	New in 2026	New in 2026	**New in 2026**

4.11 READINESS AND RESPONSE PROGRAM

HSPA Office of Emergency Preparedness and Resilience (OEPR) facilitates, coordinates, and directs the implementation of readiness and response activities to ensure DC Health and the District are capable of responding to a public health emergency. The Program supports the logistics associated with medical materiel management and distribution as well as the medical countermeasures (MCM) dispensing program.

No Related Measures

4.12 PUBLIC HEALTH EMERGENCY PLANNING PROGRAM

HSPA Office of Emergency Preparedness and Resilience's (OEPR) Public Health Emergency Planning Program supports DC Health, the healthcare system, and the community by ensuring team members and key partners have conducted extensive planning efforts, training, and exercises to be prepared to respond to a public health emergency. This Program supports internal and external public health and healthcare emergency planning efforts.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of Radio Drills conducted	Neutral	21	Target not required	12	**Target not required**
Quantity	Number of Health Emergency Command Center (HECC) Activations	Neutral	12	Target not required	10	**Target not required**
Quantity	Number of Medical Reserve Corps (MRC) activations	Neutral	14	Target not required	3	**Target not required**
Quantity	Number of Medical Reserve Corps (MRC) personnel activated in response to an incident or planned event	Neutral	71	Target not required	40	**Target not required**
Quantity	Number of special event permit applications which require a health, medical and safety plan review by HSPA	Neutral	83	Target not required	96	**Target not required**
Quantity	Total number of Medical Reserve Corps (MRC) volunteer hours	Neutral	31	Target not required	250	**Target not required**

4.13 DIVISION OF INDOOR ENVIRONMENT

The Division of Indoor Environment shall reduce lead exposure in children under the age of six and ensure that healthcare providers offer diagnostic testing, case management, and follow-up services for children with elevated blood lead levels. Shall work with families to identify sources of lead exposure and support healthcare providers in delivering appropriate care. May implement programs to identify, mitigate, and otherwise respond to environmental health hazards in residential and other indoor settings.

No Related Measures

4.14 DIVISION OF ENVIRONMENTAL EPIDEMIOLOGY

The mission of this office is to minimize the spread of diseases by surveillance, reporting and implementing (or recommending) interventions to environmental factors that may be catalyst of disease.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of completed infectious disease investigations among cases requiring investigation (foodborne, waterborne, zoonotic, vectorborne, respiratory)	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**
Quantity	Number of disease outbreak control and response events	Neutral	New in 2026	New in 2026	New in 2026	**New in 2026**

4.15 SURVEILLANCE AND INVESTIGATION DIVISION

The Surveillance and Investigation Division collects, analyzes, and disseminates information about new and existing reportable conditions and other infections impacting the residents of the District for the purposes of guiding prevention planning and disease mitigation strategies. It collaborates with healthcare providers, laboratories, schools, long-term care facilities, other non-clinical organizations, and individuals to collect and maintain comprehensive epidemiologic data in a confidential and secure manner; analyzes, interprets, and distributes epidemiologic information for use in developing public policy, planning, and evaluating prevention intervention and health care services.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of healthcare-associated infection (HAI) outbreak detection investigations initiated	Neutral	New in 2026	New in 2026	New in 2026	**New in 2026**
Quantity	Number of Vaccine-Preventable Disease (VPD) reports reviewed	Neutral	New in 2026	New in 2026	New in 2026	**New in 2026**

4.16 GRANTS MANAGEMENT

Provides fiscal and administrative monitoring of District and federally appropriated funds. The Grants Management team provides fiscal monitoring of over 75 sub-grants to more than 40 providers, ensuring that grant funds are expended in accordance with federal and local grant regulations, conducting site visits, providing technical assistance to sub-grantees, and providing continued analysis of grant spending to program counterparts.

No Related Measures

4.17 CANCER PROGRAMS DIVISION

The Cancer Programs Division encompasses three programs (Project WISH, Comprehensive Cancer Control, and Colorectal Cancer Control Program) engaged in reducing the District's cancer burden using data-informed strategies to promote community-clinical linkages, health systems, change activities and program monitoring & evaluation.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of people provided with navigation services for colorectal cancer screening, diagnosis and treatment through DC3C	Up is Better	3,935	Target not required	2,584	**Target not required**
Quantity	Number of women provided with navigation services for breast cancer screening, diagnosis and treatment through Project WISH	Up is Better	1,058	Target not required	1,128	**Target not required**

4.18 AIDS DRUG ASSISTANCE

The AIDS Drug Assistance Program (ADAP) provides medication for the treatment of HIV disease. Through screening of clients to determine eligibility, enrollment and medication management the District of Columbia will continue providing this critical service.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Outcome	Number of DC ADAP prescriptions	Neutral	8,808	Target not required	8,310	**Target not required**
Quantity	Number of DC ADAP clients served	Neutral	Data is pending	Target not required	821	**Target not required**

4.19 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

CPPE/BRFSS conducts an estimated 250 health surveys monthly to District residents aged 18 years of age and older in all eight wards of the city.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of Behavioral Risk Factor Surveillance System (BRFSS) surveys administered	Neutral	3,000	Target not required	3,196	**Target not required**

4.20 CAPACITY BUILDING

Ensure that the community and our partnering organizations have access to relevant trainings and technical assistance through the Effi Barry Training Institute and other community initiatives.

No Related Measures

4.21 CASE INVESTIGATION

The Strategic Information Division investigates newly reported HIV and STD cases through contact with diagnosing providers and facilities; abstraction of physical and electronic medical records; and routine interstate case review processes. Information ascertained through case investigations facilitates the initiation of services provided by Disease Intervention Specialist (DIS) and provides the foundation for analytic activities.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Outcome	Number of reported HIV cases investigated	Neutral	803	Target not required	908	**Target not required**

4.22 CERTIFICATE OF NEED (CON) PROGRAM

CPPE works with healthcare providers to administer the Certificate of Need program to ensure that the healthcare services and facilities established in the District are of high quality and meet the needs of residents.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of Certificate of Need application decisions	Neutral	22	Target not required	24	**Target not required**

4.23 CHRONIC DISEASE DIVISION

The Chronic Disease Division addresses population level chronic disease prevention and management through evidence-based behavioral, clinical, policy and environmental interventions, as well as through multi-sector collaboration.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of residents enrolled in evidence based chronic disease self-management or lifestyle change programs	Neutral	7,052	Target not required	6,992	**Target not required**

4.24 COMMODITY SUPPLEMENTAL FOOD PROGRAM

This program provides a monthly food package, nutrition and wellness education, and opportunities for social engagement to seniors 60 years and older living in the District.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of District residents receiving supplemental groceries from School-Based Nutrition Markets	Neutral	Data is pending	Target not required	7,150	**Target not required**
Quantity	Number of District seniors receiving supplemental groceries from the Commodities Supplemental Food Program (CSFP)	Up is Better	5,730	Target not required	5,634	**Target not required**

4.25 COMMUNITY PARTNERSHIPS

Ensure that all voices of the community are heard in the development of programs and initiatives. We convene several community advisory boards such as the Washington DC Regional Planning Commission on Health and HIV, the Places of Worship Advisory Board, and the IMPACT DMV Regional Coalition, these are important mechanisms to ensure community input. Additionally, CBHCP is committed to building stronger relationships and partnerships that foster innovative programming that supports creative and innovative approaches to public health.

No Related Measures

4.26 CONDOM DISTRIBUTION

The District of Columbia Condom Program distributes both male and female condoms to District residents. The program utilizes an online platform to distribute condoms to individuals and District providers of health and support services.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of condoms (female and male) distributed by DC Health Condom Program	Neutral	2,017,000	Target not required	175,000	**Target not required**

(continued)

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of youth (15-19 years) screened for chlamydia and gonorrhea (CT and GC) through HAHSTA-supported programs	Neutral	487	Target not required	497	**Target not required**

4.27 DATA ANALYSIS & DISSEMINATION

The Strategic Information Division conducts routine analysis of disease surveillance data to monitor population-level patterns and trends in the occurrence, treatment, and outcomes of the infections addressed by the administration. Information ascertained from such analyses is presented in the Annual Surveillance and Epidemiology Report; as well as targeted fact facts, infographics, presentations, and manuscripts. Presented information is utilized to inform local disease control and prevention programmatic and policy initiatives.

No Related Measures

4.28 DATA COLLECTION, PROCESSING, MANAGEMENT, & REPORTING

The Strategic Information Division promotes provider and laboratory compliance with local HIV, STD, Hepatitis, & TB infection reporting regulations through targeted provider outreach, educational, and technical assistance activities. Provides oversight in the development and modification of data collection and management software applications utilized for disease surveillance activities. The Division also participates in the implementation and expansion of electronic laboratory reporting as well as collecting and documenting information from provider case report forms and laboratory records into data management systems though both manual and electronic processes. Monitors the timeliness, completeness, and quality of surveillance data. Ensures the timely reporting of local surveillance data to federal partners.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of HIV, STD, and hepatitis laboratory reports processed	Neutral	116,085	Target not required	123,857	**Target not required**

4.29 DATA MANAGEMENT AND ANALYSIS DIVISION (DMAD)

The Data Management and Analysis Division is responsible for the collection, analysis, and maintenance of statistical data for human service delivery program components of the Department of Health.

No Related Measures

4.30 DC CANCER REGISTRY (DCCR)

DCCR is a population-based registry that maintains data on all cancer patients diagnosed and/or treated within the District. All cancer cases are required by DC Law to be reported to DCCR within six months of first contact with a cancer patient.

No Related Measures

4.31 DC RAPE PREVENTION AND EDUCATION

The District of Columbia Department of Health (DC Health) Rape Prevention Education Program creates strategic partnerships committed to achieving the overall goal of promoting health equity, decreasing sexual perpetration and victimization rates and reducing disparities in sexual violence among children and adolescents.

No Related Measures

4.32 DRUG USER HEALTH

The District of Columbia supports drug user health through harm reduction services including HIV, hepatitis, and STI testing, PrEP/PEP education and linkages, wellness. HAHSTA partners with a network of community-based organizations, governmental and non-governmental agencies who serve people with or at risk for opiate use disorder.

No Related Measures

4.33 EARLY CHILDHOOD CLINIC-BASE INITIATIVE (HEALTHYSTEPS)

Healthy Steps is an evidence-based, interdisciplinary pediatric primary care program that aims to provide families of infants and toddlers with social-emotional and developmental support by strengthening family engagement with the medical home.

No Related Measures

4.34 EARLY CHILDHOOD PLACE-BASED INTIATIVE (SMART FROM THE START)

The program partners with community organizations to provide strength-based, community and family-driven programming in places where people live, work, and play to improve early childhood health and development, improve educational outcomes and strengthen families.

No Related Measures

4.35 EVIDENCE-BASED HOME VISITING PROGRAM

This program is designed to promote maternal, infant and early childhood health as well as the development of strong parent-child relationships. The program's key outcomes include improved maternal and child health; prevention of child injuries, child abuse or maltreatment; improvement in school readiness and achievement; reduction in crime or domestic violence; and improvements in family economic self-sufficiency.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of families enrolled in DC Health funded evidence-based Home Visiting programs	Neutral	237	Target not required	266	**Target not required**
Quantity	Number of resource referrals made through the DC Health funded evidence-based Home Visiting Program	Neutral	478	Target not required	459	**Target not required**

4.36 FARMERS' MARKET NUTRITION PROGRAM (FMNP)

WIC FMNP provides pregnant women, new mothers, infants (6-12 months), and children up to age 5 with 1) food benefits to buy local fruits, vegetables and cut herbs from approved farmers between June-November and 2) nutrition education.

No Related Measures

4.37 FIREARM INJURY SURVEILLANCE THROUGH EMERGENCY ROOMS (FASTER)

CPPE administers the Firearm Injury Surveillance through Emergency Rooms (FASTER) program in the District of Columbia. The goal of this CDC program is to improve the timeliness of surveillance of ED visits for nonfatal firearm injuries. Collaboration includes sharing data in order to improve syndrome definitions, data collection methods, analysis of surveillance data, and presentation and dissemination of findings. Additionally, this collaboration will result in tools and methods that can be used by state and local health departments across the nation to rapidly track and respond to firearm injuries.

No Related Measures

4.38 HEALTH AND WELLNESS CENTER

The District's Health and Wellness Center provides core services including traditional TB and STI screening and treatment per CDC guidelines, PEP and PrEP for HIV prevention, rapid initiation or re-initiation of ART for persons living with HIV, treatment for hepatitis C, contraceptive services,Express Clinic (providerless visits for asymptomatic patients to self-collect specimens for testing) and doxyPEP (doxycycline after unprotected sex for STI prevention), and clinic-based disease intervention for treatment verification and partner services for select communicable diseases.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of patient encounters (physically or virtually) at the DC Health and Wellness Center	Neutral	9,978	Target not required	9,828	**Target not required**
Quantity	Number of Patient appointments scheduled and completed during the expanded hours of the DC Health and Wellness Center (DCHWC)	Neutral	New in 2026	New in 2026	New in 2026	**New in 2026**

4.39 HEALTH PROFESSIONAL RECRUITMENT/RETENTION PROGRAM (HPRP)

Through programming, policy change, pipeline projects, and other measures, HPRP aims to recruit and retain health professionals in the District– especially those serving underserved populations. This broad umbrella includes the Health Professional Loan Repayment Program (HPLRP) which, funded with both local and Federal dollars, provides loan repayment awards to eligible primary medical, dental, and mental health, health professionals in exchange for two to four years of service at approved sites.

No Related Measures

4.40 HEALTHY CORNER STORE PROGRAM

Program expands access to healthful foods and wellness education at corner stores in Wards 5, 7, and 8. Corner store owners order and stock fresh produce in smaller quantities than available through commercial distributors and receive healthy food marketing materials and refrigeration equipment.

No Related Measures

4.41 HEALTHY DC

Healthy DC serves as the city's shared population health improvement process and agenda, including the Community Health Needs Assessment and Improvement Plan. The program facilitates multi-sector collaboration to set goals and objectives and monitor progress toward decade-long targets for important population health outcomes. There are continuous opportunities for residents and partners to get involved in the process and the development and refinement of the Healthy DC 2030 Framework, including priorities, goals, objectives, and strategies, by joining Our Healthy DC at OurHealthyDC.org, an online tool where you can help guide the conversation.

No Related Measures

4.42 HELP ME GROW (HMG)

HMG builds collaboration across sectors, including child health care, early care and education, and family support. Through comprehensive physician and community outreach and centralized information and referral centers, families are linked with needed programs and services.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of calls and referrals that Help-Me-Grow receives	Neutral	362	Target not required	459	**Target not required**
Quantity	Number of referrals provided by the Help-Me-Grow program that are successfully linked to resources	Neutral	428	Target not required	534	**Target not required**

4.43 HEPATITIS

The District of Columbia collaborates with a range of community-based organizations, as well as governmental and non-governmental stakeholders to increase hepatitis awareness through screening, vaccinations and access to treatment options.

No Related Measures

4.44 HIV PROGRAM MONITORING

The Ryan White HIV/AIDS Program provides fiscal and programmatic compliance monitoring and oversight to sub-recipient organizations that are funded to deliver primary medical care, treatment, and essential support services to people with HIV and their families in the Washington Eligible Metropolitan Area.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of grantee site visits conducted annually within HIV Care and Treatment	Neutral	29	Target not required	29	**Target not required**

4.45 HIV TESTING

The District of Columbia makes HIV testing widely available in clinical and non-clinical settings through both point of care and conventional test. DC Health funded partners are encouraged to offer testing to focus populations to increase awareness of HIV status.

No Related Measures

4.46 HOME DELIVERED MEALS

This program involves the administration of a home delivered meals program to homebound residents of all ages living with a chronic disease. Services include: meals tailored to meet dietary and cultural needs and medical nutrition therapy and referrals.

No Related Measures

4.47 IMMUNIZATION PROGRAM

This program seeks to reduce the spread of vaccine preventable diseases among residents, visitors, and those working or doing business in the District.

No Related Measures

4.48 INSTITUTIONAL REVIEW BOARD

DMAD has oversight of the Institutional Review Board for Public Health, which is an administrative body established to protect the rights and welfare of human research subject recruited to participate in research activities or data collected on human subjects in the DC Department of Health.

No Related Measures

4.49 NATIONAL VIOLENT DEATH REPORTING SYSTEM (NVDRS)

CPPE administers the National Violent Death Reporting System (NVDRS) for the District of Columbia. NVDRS is a surveillance system initiated by the Centers for Disease Control for collecting data regarding violent deaths in the United States. The initiative involves collaboration between state agencies and local police, coroners, and medical examiners, with the goal of creating a more complete and up-to-date database of violent deaths and their circumstances in the United States. NVDRS is the only state-based surveillance (reporting) system that pools more than 600 unique data elements from multiple sources into a usable, anonymous database.

No Related Measures

4.50 NEWBORN HEARING SCREENING PROGRAM

This program provides a comprehensive, coordinated system for universal newborn hearing screening and intervention. The program works to ensure all newborns are screened for hearing loss prior to hospital discharge and infants needing additional evaluation are linked with specialized services and a medical home.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of infants receiving a hearing screening in their first month of life	Neutral	10,777	Target not required	Data is pending	**Target not required**

4.51 OCCUPATIONAL SAFETY AND HEALTH STATISTICS PROGRAM (OSHS)

Occupational Safety and Health Statistics Program (OSHS), DC Department of Health collaborates with the US Department of Labor, Bureau of Labor Statistics to serve as the premier source of information on the safety and health of the District of Columbia workers.

No Related Measures

4.52 PERINATAL HEALTH PROGRAM

This program seeks to improve women's health, promote clinical quality and patient safety, and achieve collective impact.

No Related Measures

4.53 POP-UP MARKETS IN ELEMENTARY SCHOOLS

Program administers pop-up food markets in all elementary schools in Wards 7 and 8. Families participate in choice pantry style market, food demonstrations and nutrition education and are eligible for 23 pounds of food per student enrolled in the participating school. Program addresses food access, food literacy and community engagement.

No Related Measures

4.54 PRE-EXPOSURE PROPHYLAXIS (PREP)

HAHSTA makes PrEP widely available in the District, and does targeted outreach to target populations to receive screening, education, and referral to PrEP enrollment.

No Related Measures

4.55 PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project of the Centers for Disease Control and Prevention (CDC) and District of Columbia Department of Health. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. About 100 surveys/questionnaires are mailed monthly to DC resident women who deliver their babies in the District.

No Related Measures

4.56 PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT (PHHSBG)

The PHHSBG aligns with DC Healthy People 2030 to identify current and emerging public health needs and to support innovative programs and policies within the local context.

No Related Measures

4.57 QUALITY IMPROVEMENT

The Quality Management Program supports a network of high quality, equitable care for consumers of HIV services in DC and the metro area through data driven decision making addressing social determinates of health through process improvement and evidence based clinical interventions.

No Related Measures

4.58 SCHOOL HEALTH PROGRAMS

School Health Programs provide services including acute care, emergency support, care coordination, chronic disease management, and family engagement.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of students enrolled in DCPS/DCPCS schools served by the School Health Services Program (SHSP)	Neutral	84,530	Target not required	85,865	**Target not required**
Quantity	Number of School Health Services Program (SHSP) health suite interactions/events	Neutral	New in 2026	New in 2026	New in 2026	**New in 2026**
Quantity	Number of students who received services in a School Based Health Center (SBHC)	Neutral	New in 2026	New in 2026	New in 2026	**New in 2026**

4.59 SCHOOL-BASED ORAL HEALTH PROGRAM

This program aids DC Public and Public Charter students in maintaining educational readiness by providing preventive oral health services in schools and linkage to dental homes.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of Oral Health Program participants who received a dental screening	Neutral	2,345	Target not required	3,285	**Target not required**

4.60 SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)

Senior FMNP provides seniors 60+ with 1) food benefits to buy local fruits, vegetables and cut herbs from approved farmers between June-November and 2) nutrition education.

No Related Measures

4.61 SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)

Program provides no-cost nutrition assessments, breastfeeding support and healthful foods to promote healthy pregnancies and growth in children during the first five years of life.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of Special Supplemental Nutrition Program for Women, Infants, Children (WIC) enrollees	Neutral	21,621	Target not required	21,327	**Target not required**

4.62 THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)

TEFAP provides emergency food assistance to District residents by providing fresh and shelf-stable foods to food banks, food pantries, soup kitchens, and other emergency feeding organizations.

No Related Measures

4.63 THE SAFE SLEEP PROGRAM

This program provides safe sleep education for parents/caregivers, child serving community partners, and health providers. The program distributes portable cribs to families in need of a safe sleep environment for their newborn infant.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of parents/caregivers educated on infant safe sleep practices	Neutral	1,147	Target not required	1,034	**Target not required**
Quantity	Number of partners and childcare providers that are educated by DC Health Safe Sleep programs on infant safe sleep practices	Neutral	372	Target not required	230	**Target not required**

4.64 TITLE V ADOLESCENT HEALTH AND TEEN PREGNANCY PREVENTION PROGRAMS

DC Health's Adolescent Health Programs are a consortium of community-based organizations, School-Based programs, and place-based care settings funded through DC Health. These programs deliver evidence-based practices and innovative programs for adolescents in the District of Columbia to support a healthy and effortless transition from childhood to adulthood with focus areas on positive youth development, mental health (including grief and trauma-informed care) and pregnancy prevention among adolescents.

No Related Measures

4.65 TOBACCO CONTROL PROGRAM

This program aims to reduce disease, disability and death due to tobacco use by: educating and informing stakeholders and decision-makers about evidence-based policies and programs to prevent initiation of tobacco use; working with health systems to implement evidence-based practices to support tobacco cessation in the District of Columbia; implementing evidence-based, mass-reach health communication interventions to increase cessation and/or promote the Quitline; reducing exposure to secondhand smoke; and identifying and eliminating tobacco-related disparities among specific populations.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of visits to DCQuitNow website (dcquitnow.org)	Neutral	New in 2025	New in 2025	38,500	**Target not required**
Quantity	Number of calls to the DC Tobacco Quitline	Neutral	2,642	Target not required	1,917	**Target not required**

4.66 VITAL RECORDS

Vital Records is responsible for collecting, preserving and administering the District's system of birth, death and domestic partnership records.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of walk-in customers to the Vital Records Office	Neutral	31,964	Target not required	36,634	**Target not required**

4.67 YOUTH ADVISORY COUNCIL

The Youth Advisory Council (YAC) is designed to utilize a positive youth development approach framework to promote health and build leadership skills among DC youth. The goal is to collaboratively engage and support young people and develop their ability to successfully navigate transitions in life and education, while building meaningful relationships and living healthy lives. Core program topics include but are not limited to healthy relationships, education, health and wellness, leadership, employment and entrepreneurship.

No Related Measures

4.68 YOUTH STI SCREENING

The District's STD & TB Control Division and Prevention Division provide traditional STD screening and treatment per CDC guidelines via the school-based screening and sexual health program.

No Related Measures

4.69 PHARMACEUTICAL CONTROL DIVISION (PCD)

HSPA Office of Health Professional Licensing's Pharmaceutical Control Division (PCD) licenses, regulates and inspects community and hospital pharmacies and distributor manufactures. The PCD also licenses pharmaceutical

detailers (e.g., pharmaceutical representatives) as well as registers, regulates and inspects controlled substance facilities in the District of Columbia.

No Related Measures

4.70 ANIMAL SERVICES PROGRAM (ASP)

The Animal Services Program (ASP) is responsible for the prevention and spread of diseases transmitted by animals to people, follow-up on disease investigations, dog licensing, regulation and enforcement, field inspection and animal sheltering services in the District of Columbia. In addition, the ASP responds to any animal related compliant, and is responsible for zoonotic surveillance.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of calls responded to by Animal Control Officers	Neutral	16,315	Target not required	18,927	**Target not required**
Quantity	Number of dog licenses processed	Neutral	3,947	Target not required	6,800	**Target not required**

4.71 DIVISION OF FOOD

Food Safety Division inspects food establishments (e.g. restaurants, food trucks, etc.) to prevent the spread of food-borne illness.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of new and routine food establishments inspected	Neutral	3,301	Target not required	3,794	**Target not required**

4.72 DIVISION OF COMMUNITY HYGIENE

Community Hygiene Division regulates and inspects three (3) distinct program areas to include Swimming Pools and Aquatics; Barbering, Cosmetology, and Personal Grooming; and Bedding and Upholstery. Each program area is regulated to help prevent recreational water illnesses (RWIs), drowning, injuries, and ensure that facilities are operating in clean and sanitary environment, and that regulated products are honestly presented as applicable.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Efficiency	Number of Inspections at Body Arts Facilities	Neutral	New in 2026	New in 2026	New in 2026	**New in 2026**
Efficiency	Number of Inspections at Tanning Facilities	Neutral	New in 2026	New in 2026	New in 2026	**New in 2026**
Quantity	Number of Bedding and Upholstery registration applications processed by the Division of Community Hygiene	Neutral	New in 2025	New in 2025	1,578	**Target not required**

(continued)

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of inspections completed by the Division of Community Hygiene	Neutral	New in 2025	New in 2025	834	**Target not required**
Quantity	Number of complaints investigated related to body arts facilities	Neutral	New in 2026	New in 2026	New in 2026	**New in 2026**
Quantity	Number of complaints received related to body arts facilities	Neutral	New in 2026	New in 2026	New in 2026	**New in 2026**
Quantity	Number of complaints cases investigated within three (3) business days of notification	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**

4.73 SPECIAL EVENTS PERMITTING

HSPA Office of Emergency Preparedness and Resilience (OEPR) supports the Mayor's Special Events Task Group by evaluating the Health, Medical, and Safety Plan submitted by special event organizers to ensure the wellbeing and safety of those who may attend the event.

No Related Measures

4.74 CRIMINAL BACKGROUND CHECK PROGRAM

HSPA's Office of Health Professional Licensing processes criminal background checks for healthcare professionals and prospective applicants for long-term care facilities so that they may obtain licensure and support the needs of the healthcare system.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of Criminal Background Checks processed for health professionals	Neutral	57,173	Target not required	54,190	**Target not required**

4.75 INTERMEDIATE CARE FACILITIES DIVISION (ICFD)

HSPA Office of Healthcare Facilities' Intermediate Care Facilities Division (ICFD) inspects, monitors, and investigates Intermediate Care Facilities for Individuals with Intellectual Disabilities; Child Placement Agencies; Home Care Agencies; Assisted Living Residences; Community Residence Facilities for the Disabled/Elderly and Individuals with Intellectual Disabilities; Nurse Staffing Agencies; and Home Support Agencies. The Division inspects these sites to determine compliance with local licensure health and safety regulations and federal standards for participation in Medicaid programs under Title XIX of the Social Security Act for Group Homes for Individuals with Intellectual Disabilities. The oversight of these facilities is conducted at least annually and when necessary to ensure the health and safety of residents.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of Intermediate Care and Nursing Home facility reported incidents received	Neutral	427	Target not required	683	**Target not required**
Quantity	Number of inspections completed by the Intermediate Care Facilities Division	Neutral	180	Target not required	175	**Target not required**

4.76 HOUSING

Understanding the complex nature of the Washington Regional Metropolitan Statistical Area, this division will ensure adequate service delivery that addresses the housing needs of those residents in the region who are who are living with HIV through our Housing Opportunities for Persons living With HIV/AIDS.

No Related Measures

4.77 PRODUCE PLUS

Program increases resident access to affordable, nutritious, locally sourced produce. The program uses debit card to issue benefits to eligible low-income residents. Benefits can be used to purchase fresh produce at any of the authorized farmers' markets between June and November.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Context	Number of individuals on the Produce Plus waitlist	Down is Better	New in 2026	New in 2026	New in 2026	**New in 2026**
Outcome	Number of individuals who have been enrolled (approved) in the Produce Plus program	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**

4.78 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM, EDUCATION AND OBESITY GRANT (SNAP-ED)

Program provides nutrition and physical activity education across the lifespan; policy, systems, and environmental change strategies to improve the food and built environments; and collaborates with SNAP Outreach to provide SNAP referrals to eligible District residents. Eligibility for program services includes participation in SNAP or where at least 50 percent of the audience is SNAP eligible.

No Related Measures

4.79 COMPLIANCE, QUALITY ASSURANCE AND INVESTIGATION

HSPA Office of Health Professional Licensing's Compliance, Quality Assurance, and Investigation Program ensures compliance with applicable laws and regulations governing licensed healthcare professionals.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of investigations conducted for health professional licensing boards	Neutral	13	Target not required	188	**Target not required**
Quantity	Number of pharmacies inspected	Neutral	146	Target not required	147	**Target not required**
Quantity	Number of Registered Controlled Substance Facilities inspected	Neutral	201	Target not required	223	**Target not required**

4.80 HEALTH PROFESSIONAL LICENSING

HSPA's Office of Health Professional Licensing is responsible for supporting the licensure process for over 70 different healthcare professionals practicing within the District of Columbia by ensuring regulatory compliance among licensees and license applicants.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Outcome	Number of walk-in customers to Licensing Processing Center	Neutral	8,425	Target not required	4,722	**Target not required**
Quantity	Number of investigations performed based on suspected unlicensed practice	Neutral	New in 2025	New in 2025	13	**Target not required**
Quantity	Number of new health professional licenses issued	Neutral	16,120	Target not required	17,880	**Target not required**
Quantity	Number of denied health professional licensure applications	Neutral	New in 2025	New in 2025	2	**Target not required**
Quantity	Number of applications closed for the health professional licensing boards	Neutral	New in 2026	New in 2026	New in 2026	**New in 2026**

4.81 RODENT AND VECTOR CONTROL DIVISION

The Rodent and Vector Control Division conducts field inspections, rodent baiting and community education activities to reduce the rat population in the District of Columbia.

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of premises inspected by the Code and Rodent Inspectors	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**

(continued)

Measure Type	Measure	Directionality	FY2024	FY2025 Target	FY2025	FY2026 Target
Quantity	Number of premises treated by the Code and Rodent Inspectors	Down is Better	New in 2026	New in 2026	New in 2026	**New in 2026**
Quantity	Number of premises abated by the Code and Rodent Inspectors	Up is Better	New in 2026	New in 2026	New in 2026	**New in 2026**

5 PROJECTS

5.1 BIOMEDICAL WASTE PROGRAM

Related Activity Name: Research, Measurement and Evaluation (REM)/Division of Epidemiology-Disease Surveillance and Investigation

Proposed Completion Date: September 30, 2025

DC Health (Environmental Health Administration) will implement its Biomedical Waste Program. This program will regulate, enforce and provide disposal services (when appropriate) of biomedical waste.

5.2 STOP THE BLEED INITIATIVE

Related Activity Name: Medical Reserve Corps (MRC) Program

Proposed Completion Date: May 31, 2026

Install Stop the Bleed wall cabinets & kits in DC Public Schools, DC Public Charter Schools, Department of Parks and Recreation, and DC Housing Authority facilities, and provide Stop the Bleed training for building administrators. This initiative will enhance citywide safety for traumatic bleeding incidents by providing individuals with the tools and knowledge to provide basic first aid before first responders might arrive on scene.

5.3 MEDICAL RESERVE CORP (MRC) RECRUITMENT CAMPAIGN

Related Activity Name: Medical Reserve Corps (MRC) Program

Proposed Completion Date: May 31, 2026

Develop Medical Reserve Corp (MRC) recruitment advertisements (videos, posters, etc.) with DC Health Office of Communications & Community Relations (OCCR). These various advertisements will appear on television, radio, bus shelter signs, and more to recruit more volunteers for the MRC.

5.4 POINT OF DISPENSING (POD) JUST-IN-TIME TRAINING VIDEOS

Related Activity Name: Readiness and Response Program

Proposed Completion Date: May 31, 2026

Develop Just-In-Time training videos for Point of Dispensing (POD) deployments. These videos will assist POD volunteers in refreshing their previous trainings on how to set up and operate a POD, cutting the time to do so in a real emergency activation.

5.5 IMPLEMENTATION OF EMS LICENSURE MANAGEMENT SYSTEM

Related Activity Name: Emergency Medical Services (EMS) Program

Proposed Completion Date: June 01, 2026

Implement an updated Licensure Management System to better serve the needs of the licensed EMS Clinicians of the District.

5.6 MULTI-YEAR INTEGRATED PREPAREDNESS PLAN (MYIPP) IMPLEMENTATION

Related Activity Name: Readiness and Response Program

Proposed Completion Date: June 30, 2026

Develop and implement a workplan for the FY25-FY29 Multi-Year Integrated Preparedness Plan (MYIPP), scheduling health emergency preparedness and resilience-related training sessions, drills, exercises, and educational opportunities for DC Health and other partner agencies/organizations. This workplan will guide how the agency prepares for the top threats (identified in risk assessments) to public safety in the District, culminating in a capstone topic at the end of the 5-year period.

5.7 ACCESS TO FRESH PRODUCE AT FARMERS MARKETS

Proposed Completion Date: September 30, 2026

DC Health will utilize additional funding to reduce the number of Produce Plus participants on the Produce Plus Waitlist. Additional funding will be used to provide 2,500 District residents with Produce Plus benefits. DC Health will track enrollment and utilization of the benefit.

5.8 ONLINE GROCERY ACCESS PILOT

Related Activity Name: Supplemental Nutrition Assistance Program, Education and Obesity Grant (SNAP-Ed)

Proposed Completion Date: September 30, 2026

By September 2026, DC Health will partner with an online grocery retailer and DC SNAP-Ed providers to provide free grocery delivery membership to up to 1,000 eligible SNAP-Ed participants. The membership is valid for one year, and members are able to utilize the membership as many times as they wish.

5.9 AT HOME HIV AND STI TESTING

Proposed Completion Date: September 30, 2026

HAHSTA will increase awareness of HIV and STI status through expanded access to free HIV and STI self-test kits. This will be accomplished through on-going collaborations with community-based organizations, the DC Health and Wellness Center, and other partners that serve individuals within the LGBTQ+ communities, African-American men and women, and youth.

5.10 PEER-BASED SEXUAL HEALTH AND RISKY BEHAVIOR EDUCATION GRANT PROGRAM

Proposed Completion Date: September 30, 2026

The Youth Peer Sexual Health Grant will train peer educators to deliver sexual health education, provide screening, connect youth to resources, and promote positive sexual health within the community.

5.11 MAP PROGRAM

Related Activity Name: Perinatal Health Program

Proposed Completion Date: September 30, 2026

Training to help staff who work with at risk families identify indicators of domestic violence, provide resources, and improve patient outcomes.

5.12 VISION ZERO/HIGHWAY SAFETY OFFICE GRANT

Proposed Completion Date: September 30, 2026

DC Health is creating a multidisciplinary approach to improve traffic safety for District Residents. We will be analyzing data from various sources (MPD, EMS, and trauma facilities) to determine the reach and frequency of human vehicle collisions. CHA and OCCR will be disseminating specific Vision Zero/highway safety information to

the public and tracking the number of unique visits to the social media posts to determine whether or not the messaging is effective. In addition, CHA is to conduct a needs assessment of the built environment in targeted areas and complete resident-centered data collection activities (including walk audits). Data will be used by CHA and OCCR to inform a media campaign promoting safe forms of active transportation.

5.13 ANIMAL CARE & CONTROL CONTRACT MAINTENANCE

Related Activity Name: Animal Services Program (ASP)

Proposed Completion Date: September 30, 2026

This project will ensure that DC Health has the ability to support the current Animal Care & Control Contract with Brandywine Valley SPCA. This includes but is not limited to staffing and other services.

5.14 DC VILLAGE ANIMAL SHELTER AND HOSPITAL MAINTENANCE

Related Activity Name: Animal Services Program (ASP)

Proposed Completion Date: September 30, 2026

This project will ensure DC Health has the resources to effectively maintain and address any potential issues with the new animal shelter & hospital.

5.15 POINT OF DISPENSING (POD) WEBPAGE CREATION

Related Activity Name: Readiness and Response Program

Proposed Completion Date: September 30, 2026

Work with OCTO and DC Health Office of Communications & Community Relations (OCCR) to create a hidden webpage for potential Open Point of Dispensing (POD) site activations. This initiative will ensure that DC Health communicates critical details about Open POD activations, including information on POD facility accessibility, parking, etc.; online intake form submission; exposure risks; etc.

5.16 DATA REPOSITORY UPDATES AND REPORTING

Related Activity Name: Emergency Medical Services (EMS) Program

Proposed Completion Date: September 30, 2026

HSPA will develop upgraded dashboards using a cloud-based registry and repository for EMS and trauma data in the District. These dashboards will be based on data contained in the DC EMS Data Repository and the DC Trauma Registry. The dashboards will provide data transparency and enable decision-makers, medical professionals, and members of the public to access emergency medical care statistics that demonstrate system utilization and demand.

5.17 EMS AGENCY INSPECTION PROCESS UPDATES

Related Activity Name: Emergency Medical Services (EMS) Program

Proposed Completion Date: September 30, 2026

HSPA will review the requirements for agency licensure. This will include a review of all documentation and verifications with the intent to streamline the process and reduce the time required for an agency to onboard as an operating EMS agency in the district. Efforts will be focused on automating current checklists and a simultaneous validation of components.

5.18 SPECIALTY HOSPITAL DESIGNATION IMPLEMENTATION

Related Activity Name: Emergency Medical Services (EMS) Program

Proposed Completion Date: September 30, 2026

The pooling of specialized resources the morbidity and mortality of patients, and supports their overall health and recovery. HSPA will review the special hospital designations for their applicability to the District. This includes a review of specialty designations common to EMS practice as well as emerging specialty designations. This list will be compared to specialty services currently being provided by the hospitals in the District to determine which specialty designations are most appropriate. Finally, research will be conducted on the most appropriate standards and/or accrediting body as well as the process for hospitals to obtain official specialty recognition for public and EMS systems-of-care use.

5.19 EMERGENCY MEDICAL SERVICES (EMS) REGULATIONS /STATUTES

Related Activity Name: Emergency Medical Services (EMS) Program

Proposed Completion Date: September 30, 2026

HSPA will focus efforts on completing the revision and enhancement of the District Code as it applies to emergency medical services (EMS) to create a stronger, improved, and modernized EMS system in Washington, DC. HSPA's efforts encompass updating manuals and standard operating procedures (SOPs) with the primary goal of bolstering DC Health's enforcement of regulations across certified EMS agencies, EMS educational institutions, individual EMS providers, and specialty care centers.

5.20 REGISTRATION SYSTEM FOR NON-CERTIFICATE OF NEED (CON) HEALTHCARE FACILITIES

Related Activity Name: Health Care Facilities Division

Proposed Completion Date: September 30, 2026

This project will implement a registration system for healthcare facilities that are no longer subject to the Certificate of Need (CON) requirement, as outlined in the Certificate of Need Improvement Amendment Act of 2024. This includes telehealth platforms, virtual provider networks, office-based primary care, and specialist practices. The project aims to increase transparency, improve regulatory oversight, and strengthen health system visibility across the District, particularly in underserved communities. In collaboration with the State Health Planning and Development Agency (SHPDA), this project will support equity-driven health system expansion and ensure all relevant facilities are captured in planning and public health preparedness efforts. The enhancement includes two Management Analysts positions at Grade 12, Step 6, along with funding for the IT infrastructure and maintenance to build the registration platform.

5.21 LICENSURE PATHWAYS PROGRAM FOR INTERNATIONALLY TRAINED HEALTH PROFESSIONALS

Related Activity Name: Health Professional Licensing

Proposed Completion Date: September 30, 2026

This project will implement the Department of Health Licensure Pathways Program, as established under the Department of Health Licensure Pathways Amendment Act of 2025. The program is designed to assist internationally trained health professionals in obtaining licensure and credentials necessary to practice in the District. The program will provide guidance on licensure requirements, credentialing, language and exam preparation resources, and case management support. To support the successful development and launch of this program, OHPLB will hire and onboard one Full-Time Equivalent (FTE) staff member dedicated to building out the program's infrastructure, providing direct applicant assistance, and coordinating with stakeholders. This initiative will help strengthen the District's healthcare workforce, reduce licensure barriers, and improve access to culturally competent care.

5.22 EXPANDED HOURS FOR DC HEALTH AND WELLNESS CENTER (DCHWC)

Related Activity Name: Health and Wellness Center

Proposed Completion Date: September 30, 2026

Enhancements provided by DC Council will provide PS and NPS support for DCHWC to allow for expanded clinical hours, specifically one evening per week and two Saturdays per month. The expansion will allow DCHWC to provide up to 130 additional patient appointments per month. Deliverables include: the hiring of three staff persons (one APRN, one RN, and one Health Tech), the securing of security guard services for the expanded hours, the increase in use of LabCorp for lab testing, and the purchase of additional medications and medical supplies needed for the expanded hours.

5.23 ACCESS TO EMERGENCY MEDICATIONS AMENDMENT ACT

Related Activity Name: Perinatal Health Program

Proposed Completion Date: September 30, 2026

The Access to Emergency Medications Amendment Act aims to safeguard the health of students in DC public and charter schools by ensuring timely access to critical medications such as albuterol and glucagon. This initiative includes the hiring of a Grade 13, Step 1 Program Coordinator and a Grade 9, Step 5 Public Health Analyst, who will be instrumental in improving the procurement, distribution, and storage of these medications within schools. Furthermore, updated training for school staff will be implemented to ensure they are prepared to administer these life-saving treatments during emergencies, thereby reducing the risk of severe health complications and fatalities among students.

5.24 SCHOOL NURSING PROGRAM

Related Activity Name: School Health Programs

Proposed Completion Date: September 30, 2026

We are working to fully staff the health suites, improve training capacity, enhance data quality assurance, and improve quality improvement across health suite service delivery.

5.25 CHA LOCAL FOOD PURCHASING COOPERATIVE AGREEMENT TO OPEN THE MARION BARRY AVE MARKET

Related Activity Name: Farmers' Market Nutrition Program (FMNP)

Proposed Completion Date: September 30, 2026

DC Health will utilize funding to support Dreaming Out Loud to open and operate the Marion Barry Avenue Market.

5.26 CHILD BEHAVIORAL HEALTH SERVICES DASHBOARD

Related Activity Name: Help Me Grow (HMG)

Proposed Completion Date: September 30, 2026

Build a public dashboard to improve access to behavioral health services for children, youth, and families in D.C., ensuring a comprehensive system of care.

5.27 FARMER'S MARKET SUPPORT PROGRAM

Related Activity Name: Farmers' Market Nutrition Program (FMNP)

Proposed Completion Date: September 30, 2026

DC Health will provide technical assistance to farmers' markets, farm stands, and mobile markets; convene relevant District agencies to recommend improvements to the licensing and permitting processes and regulations of farmers' markets; and establish and administer the farmers' market grant program.

5.28 HIGHWAY SAFETY OFFICE GRANT - DATA MODERNIZATION

Related Activity Name: Emergency Medical Services (EMS) Program

Proposed Completion Date: September 30, 2026

Through the utilization of various data sources (EMS, Trauma Registry, etc.) DC Health will create visualizations and data dashboards to demonstrate the impacts of various HSO grant objectives as it relates to post-crash care.

Related Measures:

- Percent of correct matches between MPD's crash database and cases in the DC Trauma Registry

5.29 OVERDOSE PREVENTION AND RESPONSE MACHINES

Related Activity Name: Drug User Health

Proposed Completion Date: August 31, 2028

HAHSTA will expand low-barrier access to free overdose prevention and response materials by placing 7 additional vending machines in areas with high overdose rates. Focus populations will be served through placement of machines at homeless shelter sites, FQHC's, and local businesses within Wards 5, 6, 7, and 8. Product distribution for clean syringes, male condoms, fentanyl test strips, and Narcan will increase by 20%.

5.30 HEALTH EQUITY TRANSFORMATION INITIATIVE

Related Activity Name: Health Equity Practice Transformation

Proposed Completion Date: September 30, 2028

The DC Health Equity Transformation Initiative aims to improve the agency's operations and resources to effectively address inequitable and avoidable differences in health outcomes. This initiative specifically targets the significant disparities in health observed across Washington, D.C., evidenced by a 21-year gap in life expectancy between different neighborhoods. These health disparities are driven by various social and structural factors, such as income, location, and disparities affecting specific population groups. For instance, Black residents in D.C. experience notably higher rates of chronic illnesses. To combat these inequities, the initiative will work to influence and shape both internal and external policies and programs. The goal is to enhance equitable access to healthcare, achieve optimal health for all residents, and build stronger trust between communities and the public health system.

5.31 JUUL SETTLEMENT FUNDING

Related Activity Name: Tobacco Control Program

Proposed Completion Date: September 30, 2028

DC Health will implement policy, systems, and environmental change activities to decrease youth access to and use of vaping products through launch of a youth-focused health education campaign, 1.0 FTE within DCPS to support

implementation of vaping prevention interventions including Vaping: Know The Truth curriculum, and two inspectors within DC Health's EHA to support implementation of the Flavors law.

5.32 INDOOR CLIMATE SAFETY INITIATIVE

Related Activity Name: Division of Outdoor Environment

Proposed Completion Date: October 01, 2030

The District does not have any requirements for indoor climate as it pertains to protection from heat. DOB does require property managers/landlords to provide air conditioners if they advertise air conditioning, however no set temperature standards exist and if they don' t advertise, they are not required to provide cooling. Many other jurisdictions, including New York and Maryland require landlords and property management companies to meet a cooling threshold in the summer months. DC Health will work with DOB and other stakeholders to introduce and implement this change in order to protect our most vulnerable residents from heat related illnesses.