



**DEPARTMENT OF HEALTH  
FY 2025 PERFORMANCE PLAN**

**NOVEMBER 26, 2024**

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# 1 INTRODUCTION

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This document presents the Fiscal Year 2025 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 in March 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 throughout the Performance Plan, as they may be measuring an objective, an administrative structure, an activity, or be related to the agency performance as a whole.

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”

(continued)

Measure Type	Measure Description	Example
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"
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"

*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. For example, newly added measures do not require targets for the first year, as agencies determine a data-informed benchmark. Additionally, change in some quantity or context measures and District-wide indicators may not indicate better or worse performance, but are "neutral" measures of demand or input, or are 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

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*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. Health Regulation and Licensing
2. Health Equity
3. Policy Planning and Evaluation
4. Community Health
5. HIV/AIDS, Hepatitis, STD and TB
6. Health Emergency Preparedness and Response
7. Efficient, Transparent, and Responsive Government

### *Activities:*

1. School-Based Oral Health Program
2. Immunization Program
3. Health Professional Recruitment/Retention Program (HPRP)
4. Evidence-Based Home Visiting Program
5. Help Me Grow (HMG)
6. Perinatal Health Program
7. Certificate of Need (CON) Program
8. Vital Records
9. DC Cancer Registry (DCCR)
10. Home Delivered Meals
11. Pop-Up Markets in Elementary Schools
12. Supplemental Nutrition Assistance Program, Education and Obesity Grant (SNAP-Ed)
13. The Safe Sleep Program

14. AIDS Drug Assistance
15. Pre-Exposure Prophylaxis (PrEP)
16. Criminal Background Check Program
17. Rodent and Vector Control Division
18. Radiation Protection Division (RPD)
19. Incident Command System (ICS) and National Incident Management System (NIMS) Training
20. Healthcare Coalition Development
21. Health Professional Licensing
22. Animal Services Program (ASP)
23. Pharmaceutical Control Division (PCD)
24. Chronic Disease Division
25. Tobacco Control Program
26. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
27. Commodity Supplemental Food Program
28. Behavioral Risk Factor Surveillance System (BRFSS)
29. Data Management and Analysis Division (DMAD)
30. Institutional Review Board
31. Occupational Safety and Health Statistics Program (OSHS)
32. Pregnancy Risk Assessment Monitoring System (PRAMS)
33. Research, Measurement and Evaluation (REM)/Division of Epidemiology–Disease Surveillance and Investigation
34. National Violent Death Reporting System (NVDRS)
35. Firearm Injury Surveillance through Emergency Rooms (FASTER)
36. HIV Testing
37. Division of Food
38. Condom Distribution
39. Emergency Medical Services and Prehospital Medicine Regulation
40. Medical Reserve Corps (MRC)
41. Emergency Operations Coordination
42. Special Events Permitting
43. Medical Materiel Management and Distribution
44. Drug User Health
45. Healthy Corner Store Program
46. Cancer Programs Division



47. Produce Plus Program
48. Medical Countermeasures Dispensing
49. Compliance, Quality Assurance and Investigation
50. Division of Community Hygiene
51. Newborn Hearing Screening Program
52. DC Rape Prevention and Education
53. Title V Adolescent Health and Teen Pregnancy Prevention Programs
54. Early Childhood Place-based Initiative (Smart from the Start)
55. Youth Advisory Council
56. Farmers' Market Nutrition Program (FMNP)
57. Preventive Health and Health Services Block Grant (PHHSBG)
58. Senior Farmers' Market Nutrition Program (SFMNP)
59. Healthy DC
60. Health Care Facilities Division
61. Intermediate Care Facilities Division (ICFD)
62. Youth STI Screening
63. The Emergency Food Assistance Program (TEFAP)
64. Social Epidemiology, Evaluation and Data
65. Health Equity Capacity Building
66. Collaborative Practice & Policy Change
67. Health and Wellness Center
68. Hepatitis
69. HIV Program Monitoring
70. Quality Improvement
71. Case Investigation
72. Data Collection, Processing, Management, & Reporting
73. Data to Action
74. Data Analysis & Dissemination
75. Grants Management
76. Capacity Building
77. Housing
78. Community Partnerships
79. School Health Programs

### 3 OBJECTIVES

#### 3.1 HEALTH REGULATION AND LICENSING

Health Regulation and Licensing Administration (HRLA). Protect the health of those who reside and do business in the District of Columbia by fostering excellence in health professional practice and building quality and safety in health systems and facilities through an effective regulatory framework.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Percent of radiation complaints received initiated within (3) business days	Efficiency	Up is Better	New in 2025	New in 2025	<b>New in 2025</b>
Percent of Community Hygiene-related facility complaint inspections initiated within five (5) business days of receipt	Efficiency	Up is Better	New in 2025	New in 2025	<b>New in 2025</b>
Percent of radiation applications approve within (3) business days	Efficiency	Up is Better	New in 2025	New in 2025	<b>New in 2025</b>
Percent of radiation complaints received investigated within (5) business days/summation submitted to AD within (3) business days	Efficiency	Up is Better	New in 2025	New in 2025	<b>New in 2025</b>
Percent of Registered Controlled Substance Facilities inspected annually	Outcome	Up is Better	96.60%	96.55%	<b>95%</b>
Percent of confirmed foodborne illness cases by DC Health epidemiologists investigated within three (3) business days of notification to HRLA	Outcome	Up is Better	95%	94%	<b>95%</b>
Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days	Outcome	Up is Better	100%	100%	<b>100%</b>
Percent of food establishment complaint inspections initiated within five (5) business days of receipt	Outcome	Up is Better	95.9%	94.35%	<b>95%</b>
Percent of onsite investigations initiated within 72 hours of receipt for complaints alleging actual harm, as required by federal guidelines	Outcome	Up is Better	New in 2024	100%	<b>95%</b>

(continued)

<b>Related Measures</b>	<b>Measure Type</b>	<b>Directionality</b>	<b>FY2023</b>	<b>FY2024</b>	<b>FY2025 Target</b>
Percent of pharmaceutical facilities receiving at least one annual inspection	Outcome	Up is Better	96.60%	98.3%	<b>95%</b>
Percent of rodent activity complaints inspected or baited, and closed in the 311 system within three (3) business days of receipt	Outcome	Up is Better	100%	100%	<b>100%</b>
Percent of samples taken from rabies suspect animals submitted for testing within 48 hours	Outcome	Up is Better	97.5%	100%	<b>100%</b>

### 3.2 HEALTH EQUITY

Office of Health Equity (OHE). 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

Center for Policy Planning and Evaluation (CPPE). Develop an integrated public health information system to support health policy decision, state health planning activities, performance analysis and direction setting for department programs.

<b>Related Measures</b>	<b>Measure Type</b>	<b>Directionality</b>	<b>FY2023</b>	<b>FY2024</b>	<b>FY2025 Target</b>
Average wait time for vital records walk-in issuance requests (in minutes)	Outcome	Down is Better	21.5	18.8	<b>25</b>
Percent of Certificates of Need (CONs) reviewed within the period required by District law	Efficiency	Up is Better	New in 2025	96.88%	*
Percent of foodborne disease cases with first interview attempt within 72 hours of receipt of the case report	Outcome	Up is Better	100%	100%	<b>99%</b>

(continued)

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Percent of vaccine preventable disease cases with contact tracing initiated within 24 hours of receipt of line list of exposed contacts	Outcome	Up is Better	100%	100%	<b>99%</b>

\*Specific targets are not set for this measure

### 3.4 COMMUNITY HEALTH

Community Health Administration (CHA). The Community Health Administration 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Percent of adults with diabetes with poor HbA1c control (A1C > 9%) at Million-Hearts participating facilities	Outcome	Down is Better	39.7%	Data is pending	<b>32.2%</b>
Percent of adults with high blood cholesterol in Million-Hearts participating facilities who are on statin therapy	Outcome	Up is Better	83%	Data is pending	<b>82.3%</b>
Percent of Black/African American WIC enrollees breastfeeding at six months	Outcome	Up is Better	16.63%	Data is pending	<b>25%</b>
Percent of eligible children enrolled in DC Health funded evidence-based home visiting programs who receive developmental and social-emotional screenings	Outcome	Up is Better	83.33%	88.61%	<b>85%</b>
Percent of families with one or more completed referrals through Help Me Grow within three months of referral	Outcome	Up is Better	88.46%	90.87%	<b>91%</b>
Percent of Health Professional Loan Repayment Program (HPLRP) participants contracted that meet the most recent version of priority workforce needs	Outcome	Up is Better	New in 2024	80.85%	<b>80%</b>

(continued)

<b>Related Measures</b>	<b>Measure Type</b>	<b>Directionality</b>	<b>FY2023</b>	<b>FY2024</b>	<b>FY2025 Target</b>
Percent of immunization providers reporting data electronically to the immunization registry (DOCIIS) that have query by parameter (QBP) functionality	Efficiency	Up is Better	New in 2025	New in 2025	<b>New in 2025</b>
Percent of infants that receive a repeat screening after failing an initial hearing screening	Outcome	Up is Better	76.5%	Data is pending	<b>75%</b>
Percent of infants who receive an initial hearing screen at birth	Outcome	Up is Better	Data is pending	Data is pending	<b>95%</b>
Percent of Kindergarten-enrolled children with 2 doses of MMR vaccine	Efficiency	Up is Better	New in 2025	New in 2025	<b>New in 2025</b>
Percent of kindergarten-enrolled children with up-to-date immunizations	Efficiency	Up is Better	87%	88.58%	<b>90%</b>
Percent of Oral Health Program participants referred to a dental home	Outcome	Up is Better	93.2%	97.87%	<b>95%</b>
o Percent of students in the School Health Services program with an L2/L3 asthma designation with an asthma action plan on file	Outcome	Up is Better	New in 2025	New in 2025	<b>New in 2025</b>
Percent of WIC enrollees breastfeeding at six months	Outcome	Up is Better	37.95%	46.37%	<b>40%</b>
Percent of WIC households that redeem their benefits	Outcome	Up is Better	84.25%	87.29%	<b>90%</b>
Percent of women enrolled in DC Health funded evidence-based home visiting programs that are screened for depression	Outcome	Up is Better	83.33%	80.43%	<b>86%</b>
Proportion of adults with hypertension who have achieved blood pressure control (seen at Million-Hearts-participating facilities)	Outcome	Up is Better	63.4%	Data is pending	<b>70%</b>

### 3.5 HIV/AIDS, HEPATITIS, STD AND TB

HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
For patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated, the Percent who complete treatment within 12 months	Outcome	Up is Better	No Data Record	94.44%	<b>90%</b>
Percent of AIDS Drug Assistance Program (ADAP) beneficiaries who are currently virally suppressed	Outcome	Up is Better	90.42%	90.58%	<b>85%</b>
Percent of confirmed new HIV cases achieving viral suppression within 90 days of diagnosis	Outcome	Up is Better	New in 2024	52.43%	<b>60%</b>
Percent of confirmed new HIV cases linked to care within 30 days of diagnosis	Outcome	Up is Better	New in 2024	82.7%	<b>80%</b>
Percent of DC Health-supported HIV tests conducted with focus populations (Black Heterosexual Women, Black Heterosexual Men, Black Men Who Have Sex with Men, Transgender Women, Intravenous Drug Users, Residents 55 years of age or older, and Youth 13-24 years old)	Outcome	Up is Better	55.9%	62.72%	<b>50%</b>
Percent of diagnosed HIV positive individuals retained in care that are virally suppressed	Outcome	Up is Better	84.29%	78.67%	<b>90%</b>
Percent of of gonorrhea cases with appropriate treatment confirmed among clients seen at the Health and Wellness Center within 15 days of diagnosis date	Outcome	Up is Better	96%	98.68%	<b>92%</b>
Percent of individuals diagnosed with HIV confirmed to be out-of-care that are re-engaged within 90 days of successful case contact	Outcome	Up is Better	20%	26.67%	<b>15%</b>

(continued)

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Percent of individuals prescribed PrEP at the DC Health & Wellness Center who are members of the demographic groups disproportionately impacted by HIV (e.g., Black Women, men who have sex with men, Transgender Women of Color)	Outcome	Up is Better	90.10%	90.38%	<b>85%</b>
Percent of Ryan White clients living in the District that are prescribed Anti-Retroviral Therapy	Outcome	Up is Better	95.62%	97.32%	<b>98%</b>

### 3.6 HEALTH EMERGENCY PREPAREDNESS AND RESPONSE

Health Emergency Preparedness and Response Administration (HEPRA) Provide regulatory oversight of emergency medical services (EMS) and seek to ensure that DOH, its partners and the community are prepared for, can respond to, and recover from public health and health care system events and emergencies.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Average number of days to respond to EMS patient care complaints	Efficiency	Down is Better	New in 2024	6	<b>14</b>
Percent of closed points of distribution (CPOD) partners meeting all program requirements	Outcome	Up is Better	63.64%	72.41%	<b>100%</b>
Percent of District hospitals that reported requested Essential Elements of Information (EEI) to the HMC within the timeframe requested by the DC HMC Branch or DCHA for either planned or unplanned events	Outcome	Up is Better	82%	97.78%	<b>100%</b>
Percent of District hospitals, skilled nursing facilities, clinics, and other DC HMC members that participate in at least two (2) HMC sponsored trainings and workshops annually	Outcome	Up is Better	55.32%	43.59%	<b>50%</b>

(continued)

<b>Related Measures</b>	<b>Measure Type</b>	<b>Directionality</b>	<b>FY2023</b>	<b>FY2024</b>	<b>FY2025 Target</b>
Percent of employee and partner alert recipients who acknowledge receipt after the first alert attempt	Outcome	Up is Better	No incidents	34.92%	<b>90%</b>
Percent of HECC IMT leadership staff (ie, the six ICS/IM lead roles) reporting for immediate duty within 60 minutes to an unannounced staff assembly for a real incident or drill	Outcome	Up is Better	100%	100%	<b>100%</b>
Percent of Management Supervisory Service (MSS), Excepted Service (ES), and Legal Services staff with the essential or emergency designation who complete ICS-100, ICS-200, ICS-700, ICS-800, and any other HEPRA prescribed training, as outlined in DC Health Standard Operating Procedure 1380	Outcome	Up is Better	45.2%	42.5%	<b>60%</b>
Percent of Medical Reserve Corps (MRC) volunteers that acknowledge the alert notification drill message within 4 hours	Outcome	Up is Better	New in 2024	15.5%	<b>45%</b>
Percent of Open Points of Distribution (PODs) that can open to public within 6 hours of notification to activate	Outcome	Up is Better	New in 2024	12.5%	<b>100%</b>

### **3.7 EFFICIENT, TRANSPARENT, AND RESPONSIVE GOVERNMENT**

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

<b>Related Measures</b>	<b>Measure Type</b>	<b>Directionality</b>	<b>FY2023</b>	<b>FY2024</b>	<b>FY2025 Target</b>
Average days to hire new employees	Outcome	Down is Better	62	72	<b>90</b>



(continued)

<b>Related Measures</b>	<b>Measure Type</b>	<b>Directionality</b>	<b>FY2023</b>	<b>FY2024</b>	<b>FY2025 Target</b>
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	Outcome	Up is Better	N/A	69.64%	<b>No Target Set</b>
Percent of completed interim subgrant budget periods with performance ratings completed and submitted within 45 days	Outcome	Up is Better	73%	96.32%	<b>75%</b>
Percent of eligible employee reviews completed on time	Outcome	Up is Better	91.16%	Data is pending	<b>100%</b>
Percent of employees that are District residents	Outcome	Up is Better	43.13%	43.79%	<b>No Target Set</b>
Percent of lapsed dollar amounts on federal awards	Outcome	Down is Better	Data is pending	Data is pending	<b>3%</b>
Percent of MSS employees who complete the required MSS training curriculum	Outcome	Up is Better	88.89%	62.2%	<b>80%</b>
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	Outcome	Up is Better	19.3%	19.35%	<b>No Target Set</b>
Percent of new hires that are District residents	Outcome	Up is Better	41.56%	51.14%	<b>No Target Set</b>
Percent of new subgrants with approved risk-based monitoring plans within 30 days of award	Outcome	Up is Better	57.5%	86.09%	<b>75%</b>
Percent of required attendees completing trainings mandated by EOM, DCHR, or the DOH Director	Outcome	Up is Better	96.02%	75.41%	<b>70%</b>
Percent of required contractor evaluations submitted to the Office of Contracting and Procurement on time	Outcome	Up is Better	55.56%	50%	<b>No Target Set</b>

(continued)

<b>Related Measures</b>	<b>Measure Type</b>	<b>Directionality</b>	<b>FY2023</b>	<b>FY2024</b>	<b>FY2025 Target</b>
Percent of targeted visits completed by monitors per the most recent version of the risk-based monitoring plan	Outcome	Up is Better	69.2%	92.21%	<b>70%</b>

## 4 ACTIVITIES

### 4.1 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of Oral Health Program participants who received a dental screening	Quantity	Neutral	2,181	2,345	*

\*Specific targets are not set for this measure

### 4.2 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*

### 4.3 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*

### 4.4 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of families participating in DC Health funded evidence-based home visiting programs	Quantity	Neutral	282	237	*

(continued)

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of resource referrals made through the DC Health funded evidence-based Home Visiting Program	Quantity	Neutral	375	478	*

\*Specific targets are not set for this measure

#### 4.5 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of families/providers calls/referrals to Help Me Grow	Quantity	Neutral	New in 2024	362	*
Number of referrals provided by the Help Me Grow program that are successfully linked to resources	Quantity	Neutral	New in 2024	428	*

\*Specific targets are not set for this measure

#### 4.6 PERINATAL HEALTH PROGRAM

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

*No Related Measures*

#### 4.7 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of Certificate of Need application decisions	Quantity	Neutral	38	22	*

\*Specific targets are not set for this measure

## 4.8 VITAL RECORDS

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

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of walk-in customers to the Vital Records Office	Quantity	Neutral	47,013	31,964	*

\*Specific targets are not set for this measure

## 4.9 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*

## 4.10 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of District residents redeeming Produce Plus benefits	Quantity	Neutral	14,465	14,303	*

\*Specific targets are not set for this measure

## 4.11 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*

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

Program provides health and wellness education; policy, systems, and environmental change strategies; and SNAP referrals to eligible District residents. Eligibility for program services includes SNAP certification and participating in activities where at least 50 percent of the audience is SNAP eligible.

No Related Measures

#### 4.13 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of parents/caregivers educated on infant safe sleep practices	Quantity	Neutral	1,581	1,147	*
Number of partners and childcare providers that are educated by DC Health Safe Sleep programs on infant safe sleep practices	Quantity	Neutral	New in 2024	372	*

\*Specific targets are not set for this measure

#### 4.14 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of DC ADAP clients served	Quantity	Neutral	959	Data is pending	*
Number of DC ADAP prescriptions	Outcome	Neutral	8,221	8,808	*
Number of HIV, STD, and hepatitis laboratory reports processed	Quantity	Neutral	175,006	116,085	*
Number of reported HIV cases investigated	Outcome	Neutral	596	803	*

\*Specific targets are not set for this measure

#### 4.15 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of patient encounters (physically or virtually) at the DC Health and Wellness Center	Quantity	Neutral	8,281	9,978	*

\*Specific targets are not set for this measure

#### 4.16 CRIMINAL BACKGROUND CHECK PROGRAM

The Division is responsible for processing criminal background checks for health care professionals and prospective applicants of long term care facilities.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of Criminal Background Checks processed for health professionals	Quantity	Neutral	51,249	57,173	*
Number of Criminal Background Checks processed for non-health professionals	Quantity	Neutral	5,950	6,602	*

\*Specific targets are not set for this measure

#### 4.17 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.

*No Related Measures*

#### 4.18 RADIATION PROTECTION DIVISION (RPD)

The Radiation Protection seeks to reduce and/or eliminate radiation overexposure of naturally occurring or man-made radiation in the District of Columbia.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of Complaints investigated	Quantity	Neutral	New in 2025	New in 2025	New in 2025

(continued)

<b>Related Measures</b>	<b>Measure Type</b>	<b>Directionality</b>	<b>FY2023</b>	<b>FY2024</b>	<b>FY2025 Target</b>
Number of Complaints Received	Quantity	Neutral	New in 2025	New in 2025	<b>New in 2025</b>
Number of facilities closed due to unforeseen events	Quantity	Neutral	New in 2025	New in 2025	<b>New in 2025</b>
Number of Outreach/Community events and meetings attended or hosted	Quantity	Neutral	New in 2025	New in 2025	<b>New in 2025</b>
Number of ProjectDox received	Outcome	Neutral	New in 2025	New in 2025	<b>New in 2025</b>
Number of Radiation Inspections at Body Arts Facilities	Efficiency	Neutral	New in 2025	New in 2025	<b>New in 2025</b>
Number of Radiation Inspections at Tanning Facilities	Efficiency	Neutral	New in 2025	New in 2025	<b>New in 2025</b>
Number of Radiation Producing Dental Devices Inspections	Quantity	Neutral	New in 2025	New in 2025	<b>New in 2025</b>
Number of Radiation Producing Medical Devices Inspections	Quantity	Neutral	New in 2025	New in 2025	<b>New in 2025</b>
Number of rejected applications	Quantity	Neutral	New in 2025	New in 2025	<b>New in 2025</b>
Number of Shielding Plans received	Quantity	Neutral	New in 2025	New in 2025	<b>New in 2025</b>

#### **4.19 INCIDENT COMMAND SYSTEM (ICS) AND NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) TRAINING**

HEPRA ensures that all DOH staff with a designated role within the Health Emergency Coordination Center (HECC) and/or the Emergency Support Function (ESF) #8 response are prepared for and can respond to events and emergencies utilizing the concepts of the NIMS of FEMA Incident Command System (ICS) trainings and participation in planned exercises, as directed by Homeland Security Presidential Directive #5.

*No Related Measures*

#### **4.20 HEALTHCARE COALITION DEVELOPMENT**

HEPRA co-leads the DC Health and Medical Coalition (HMC) by providing coordination, oversight, policy guidance and leadership through meeting participation, planning support and communications to promote, attain and sustain Health and medical emergency preparedness services during routine and emergency operations. HEPRA conducts exercises, training and drills, to test and improve the healthcare system's resiliency. HEPRA also compiles and distributes situation reports (SITREPs), and radio drills to ensure timely and adequate communication and response, and monitors healthcare facility status.



<b>Related Measures</b>	<b>Measure Type</b>	<b>Directionality</b>	<b>FY2023</b>	<b>FY2024</b>	<b>FY2025 Target</b>
Number of Health and Medical Coalition (HMC) Meetings held	Quantity	Neutral	85	85	*
Number of HMC facilities participating in exercises and special events involving HMC Coordination	Quantity	Neutral	115	87	*
Number of HMC-sponsored trainings, workshops, exercises, learning and education opportunities	Quantity	Neutral	6	8	*
Number of Radio Drills conducted	Quantity	Neutral	25	21	*

\*Specific targets are not set for this measure

#### **4.21 HEALTH PROFESSIONAL LICENSING**

Receive, process, and review for compliance with District and Federal regulatory compliance license applications for over seventy different healthcare professions.

<b>Related Measures</b>	<b>Measure Type</b>	<b>Directionality</b>	<b>FY2023</b>	<b>FY2024</b>	<b>FY2025 Target</b>
Number of investigations performed based on suspected unlicensed practice	Quantity	Neutral	New in 2025	New in 2025	<b>New in 2025</b>
Number of new health professional licenses issued	Quantity	Neutral	18,829	16,120	*
Number of walk-in customers to Processing Center	Outcome	Neutral	7,534	8,425	*

\*Specific targets are not set for this measure

#### **4.22 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 complaint, and is responsible for zoonotic surveillance.

<b>Related Measures</b>	<b>Measure Type</b>	<b>Directionality</b>	<b>FY2023</b>	<b>FY2024</b>	<b>FY2025 Target</b>
Number of calls responded to by Animal Control Officers	Quantity	Neutral	18,462	16,315	*

(continued)

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of dog licenses processed	Quantity	Neutral	3,813	3,947	*

\*Specific targets are not set for this measure

#### 4.23 PHARMACEUTICAL CONTROL DIVISION (PCD)

The 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of pharmacies inspected	Quantity	Neutral	157	146	*
Number of Registered Controlled Substance Facilities inspected	Quantity	Neutral	227	201	*

\*Specific targets are not set for this measure

#### 4.24 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of residents enrolled in evidence based chronic disease self-management or lifestyle change programs	Quantity	Neutral	124	7,052	*

\*Specific targets are not set for this measure

#### 4.25 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of calls to the DC Tobacco Quitline	Quantity	Neutral	2,775	2,642	*

\*Specific targets are not set for this measure

#### 4.26 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of Special Supplemental Nutrition Program for Women, Infants, Children (WIC) enrollees	Quantity	Neutral	21,414	21,621	*

\*Specific targets are not set for this measure

#### 4.27 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.

*No Related Measures*

#### 4.28 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of Behavioral Risk Factor Surveillance System (BRFSS) surveys administered	Quantity	Neutral	2,668	3,000	*

\*Specific targets are not set for this measure

#### **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 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*

#### **4.31 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*

#### **4.32 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*

#### **4.33 RESEARCH, MEASUREMENT AND EVALUATION (REM)/DIVISION OF EPIDEMIOLOGY-DISEASE SURVEILLANCE AND INVESTIGATION**

The Disease Surveillance and Investigation Unit is responsible for the surveillance, investigation and control of reportable diseases within the District of Columbia, with the exception of sexually transmitted illnesses, hepatitis, HIV/AIDS, and Tuberculosis. The program collects, analyzes, interprets, disseminates data, and provides expertise and information on disease management.

*No Related Measures*

#### **4.34 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*

#### **4.35 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*

#### **4.36 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*

#### **4.37 DIVISION OF FOOD**

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

<b>Related Measures</b>	<b>Measure Type</b>	<b>Directionality</b>	<b>FY2023</b>	<b>FY2024</b>	<b>FY2025 Target</b>
Number of new and routine food establishments inspected	Quantity	Neutral	3,599	3,301	*

\*Specific targets are not set for this measure

#### **4.38 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of condoms (female and male) distributed by DC Health Condom Program	Quantity	Neutral	3,029,000	2,017,000	*
Number of youth (15-19 years) screened for chlamydia and gonorrhea (CT and GC) through HAHSTA-supported programs	Quantity	Neutral	No data available	487	*

\*Specific targets are not set for this measure

#### 4.39 EMERGENCY MEDICAL SERVICES AND PREHOSPITAL MEDICINE REGULATION

HEPRA regulates training and certification for Emergency Medical Services (EMS) Clinicians (Emergency Medical Responders (EMRs), Emergency Medical Technicians (EMTs), Advanced Emergency Medical Technicians (AEMTs), Paramedics, and prehospital healthcare providers), certifies/inspects EMS and emergency response vehicles (including ambulances, medical equipment aboard air ambulances, off road vehicles, EMS watercraft, and medical aid stations), in addition to Trauma and Specialty care hospitals operating in the District to ensure optimal emergency healthcare response in accordance with the District EMS Act of 2008 and DCMR, Title 29, Chapter 5 (Emergency Medical Services).

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of EMS Agency certifications issued by DC Health	Quantity	Neutral	New in 2024	0	*
Number of EMS Education Institution certifications issued by DC Health	Quantity	Neutral	New in 2024	0	*
Number of EMS Provider certification applications received and processed	Quantity	Neutral	New in 2024	3,508	*
Number of new EMT certifications issued by DC Health	Quantity	Neutral	612	1,022	*
Number of scheduled/announced EMS vehicle inspections conducted	Quantity	Neutral	456	511	*

\*Specific targets are not set for this measure

#### 4.40 MEDICAL RESERVE CORPS (MRC)

HEPRA maintains the roster of and trains a team of medical and non-medical volunteers who are called upon to assist in preparing for and responding to special events, public health, and all-hazard emergencies, referred to as the DC Medical Reserve Corps (MRC).

No Related Measures

#### 4.41 EMERGENCY OPERATIONS COORDINATION

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

No Related Measures

#### 4.42 SPECIAL EVENTS PERMITTING

HEPRA, as a member of the Mayor’s Special Event Task Group, provides customer assistance to Event Organizers by reviewing and approving the Health, Medical and Safety Plan component of their Department of Buildings (DOB) Special Event Permit Application. Through this coordination, HEPRA ensures each Event Organizer has obtained the required health and medical support required for their size and type of event, in accordance with the District EMS Act of 2008; DCMR, Title 29, Chapter 5 (Emergency Medical Services) and DOH policies.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of Health Emergency Command Center (HECC) Activations	Quantity	Neutral	1	12	*
Number of Medical Reserve Corps (MRC) activations	Quantity	Neutral	2	14	*
Number of Medical Reserve Corps (MRC) personnel activated in response to an incident or planned event	Quantity	Neutral	7	71	*
Number of special event permit applications which require a health, medical and safety plan review by HEPRA	Quantity	Neutral	150	83	*
Total number of (Medical Reserve Corps (MRC) volunteer hours	Quantity	Neutral	36.5	31	*

\*Specific targets are not set for this measure

#### 4.43 MEDICAL MATERIEL MANAGEMENT AND DISTRIBUTION

HEPRA ensures the secure distribution and integrity of the stockpile from receipt to recovery of the materiel through planning, real time inventory tracking, and distribution partner collaboration.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of DC Health personnel trained for point of distribution (POD) operations	Quantity	Neutral	31	23	*
Number of emergency preparedness-related trainings and exercises coordinated by HEPPRA	Quantity	Neutral	4	4	*

\*Specific targets are not set for this measure

#### 4.44 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*

#### 4.45 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*

#### 4.46 CANCER PROGRAMS DIVISION

The Cancer Programs Division encompasses three programs (Project WISH, Comprehensive Cancer Control, and Colorectal Screening) 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of people provided with navigation services for colorectal cancer screening, diagnosis and treatment through DC3C	Quantity	Up is Better	996	Data is pending	*
Number of women provided with navigation services for breast cancer screening, diagnosis and treatment through Project WISH	Quantity	Up is Better	678	1,058	*



(continued)

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of visits to DCQuitNow website (dcquitnow.org)	Quantity	Neutral	New in 2025	New in 2025	New in 2025

\*Specific targets are not set for this measure

#### 4.47 PRODUCE PLUS PROGRAM

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 October.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of individuals receiving produce from Produce Plus program	Quantity	Neutral	New in 2024	6,117	*

\*Specific targets are not set for this measure

#### 4.48 MEDICAL COUNTERMEASURES DISPENSING

HEPRA directs and coordinates the implementation of Medical Countermeasures (MCM) dispensing within the District of Columbia during declared Public Health Emergencies through the Open and Closed Points of Dispensing (POD) programs.

No Related Measures

#### 4.49 COMPLIANCE, QUALITY ASSURANCE AND INVESTIGATION

The Office of Compliance, Quality Assurance and Investigation enforces the District and federal laws and regulations governing licensed health professionals (Health Professional Boards and Advisory Committees).

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of Intermediate Care and Nursing Home-related incidents received	Quantity	Neutral	360	427	*
Number of investigations performed	Quantity	Neutral	63	13	*

\*Specific targets are not set for this measure

#### 4.50 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of Bedding and Upholstery registration applications processed by the Division of Community Hygiene	Quantity	Neutral	New in 2025	New in 2025	New in 2025
Number of inspections completed by the Division of Community Hygiene	Quantity	Neutral	New in 2025	New in 2025	New in 2025

#### 4.51 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of infants receiving a hearing screening in their first month of life	Quantity	Neutral	10,941	Data is pending	*

\*Specific targets are not set for this measure

#### 4.52 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*

#### 4.53 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

#### 4.54 EARLY CHILDHOOD PLACE-BASED INITIATIVE (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

#### 4.55 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

#### 4.56 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of District residents receiving supplemental groceries from School-Based Nutrition Markets	Quantity	Neutral	11,290	Data is pending	*
Number of District seniors receiving supplemental groceries from the Commodities Supplemental Food Program (CSFP)	Quantity	Up is Better	5,570	5,730	*

\*Specific targets are not set for this measure

#### 4.57 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

#### 4.58 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*

#### 4.59 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*

#### 4.60 HEALTH CARE FACILITIES DIVISION

The 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of inspections completed by the Health Care Facilities Division	Quantity	Neutral	117	143	*

\*Specific targets are not set for this measure

#### 4.61 INTERMEDIATE CARE FACILITIES DIVISION (ICFD)

The 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.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of inspections completed by the Intermediate Care Facilities Division	Quantity	Neutral	184	180	*

\*Specific targets are not set for this measure

#### 4.62 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*

#### 4.63 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*

#### 4.64 SOCIAL EPIDEMIOLOGY, EVALUATION AND DATA

OHE applies data driven and evidence-based research methods, tools and practices, including Geographic Information Systems (GIS) and other preeminent methodologies, to measure social determinant and population health outcomes. This includes Key Drivers of Opportunities for Health, disparate outcomes and inequities by socio-economic and demographic subpopulation and geographic location. This core function includes development and modernization of equity data; support design, development, implementation and evaluation of Health Equity Programs; publication of reports that inform policy and practice change; and build the evidence base.

*No Related Measures*

#### 4.65 HEALTH EQUITY CAPACITY BUILDING

Increase the effectiveness of DC Health programs and staff in advancing health equity and reducing health disparities throughout the District. Development, delivery and support of programs and initiatives with demonstrable strategic health equity nexus and operational potential, so as to drive equity informed policy and practice change essential to improve population health and promote more equitable opportunities for health, especially amongst historically marginalized populations and communities.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of partners/stakeholders engaged with Office of Health Equity collaborative practice change programs	Quantity	Neutral	New in 2024	44	*
Number of public and private partners submitting data to the Office of Health Equity to support assessment of structural determinants of health	Quantity	Neutral	New in 2024	7	*

\*Specific targets are not set for this measure

#### 4.66 COLLABORATIVE PRACTICE & POLICY CHANGE

The Office of Health Equity (OHE) provides informed, data driven, and evidence-based leadership in convening and sustaining effective multi-sector collaborative partnerships essential to promoting and achieving health equity. OHE uses a “health in all policies” (HiAP) approach, providing technical assistance on health equity internally and to a range of public, private, and non-profit partners. These partnerships serve to change the conversation and center the health impact of policy and infrastructure outside the traditional public health discourse such as housing, education, and transportation. OHE aims to convene partnerships whose breadth of authority and resources can realize population health improvements, that the healthcare sector and public health could never achieve alone.

*No Related Measures*

#### 4.67 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.

*No Related Measures*

#### 4.68 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*

#### **4.69 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.

*No Related Measures*

#### **4.70 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*

#### **4.71 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.

*No Related Measures*

#### **4.72 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 through 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.

*No Related Measures*

#### **4.73 DATA TO ACTION**

The Strategic Information Division utilizes disease surveillance data to identify individuals living with HIV in the District that have evidence of potential gaps in the receipt of appropriate care and treatment and/or individuals that are part of growing molecular HIV clusters. Identified individuals are contacted for outreach, prevention, and reengagement services through primary health care providers and disease intervention specialist (DIS).

*No Related Measures*

#### 4.74 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*

#### 4.75 GRANTS MANAGEMENT

Provides fiscal and administrative monitoring of District and federally appropriated funds. The Grants Management team provides fiscal monitoring of over 130 grants and sub-grants to more than 50 providers, ensuring that grant funds are expended in accordance with federal and local grant regulations, conducting site visits, providing technical assistance to grantees and sub-grantees, and providing continued analysis of grant spending to program counterparts.

Related Measures	Measure Type	Directionality	FY2023	FY2024	FY2025 Target
Number of site visits conducted annually within Care and Treatment	Quantity	Neutral	New in 2024	29	*

\*Specific targets are not set for this measure

#### 4.76 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*

#### 4.77 HOUSING

Understanding the complex nature of the Washington Regional Metropolitan Statistical Area, this division 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*

#### 4.78 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*

#### **4.79 SCHOOL HEALTH PROGRAMS**

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

<b>Related Measures</b>	<b>Measure Type</b>	<b>Directionality</b>	<b>FY2023</b>	<b>FY2024</b>	<b>FY2025 Target</b>
Number of students served by the School Health Services Program	Quantity	Neutral	81,707	Data is pending	*
Number of individuals who receive services in a school based health center	Quantity	Neutral	4,750	N/A	*

\*Specific targets are not set for this measure

## **5 PROJECTS**

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### **5.1 EMERGENCY MEDICAL SERVICES (EMS) REGULATIONS**

*Proposed Completion Date:* September 30, 2025

HEPRA will focus efforts on completing the revision and enhancement of emergency medical services (EMS) regulations to create a stronger, improved, and modernized EMS system in Washington, DC. HEPRA 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.

### **5.2 DATA REPOSITORY**

*Proposed Completion Date:* September 30, 2025

HEPRA 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.

### **5.3 EMERGENCY MEDICAL SERVICES (EMS) FEES, FINES, AND REGULATIONS**

*Proposed Completion Date:* September 30, 2025

HEPRA will revise emergency medical services (EMS) regulations in order to strengthen, improve, and modernize the EMS system in Washington, DC. This includes updating the fine schedule aimed at strengthening DC Health enforcement of regulations over the DC Health certified EMS agencies, EMS educational institutions, and individual EMS providers.

### **5.4 TRAUMA REGISTRY DATA ANALYST**

*Proposed Completion Date:* September 30, 2025

HEPRA will onboard a new team member to support time-sensitive Systems of Care within the District of Columbia. Currently, the city's only designated time-sensitive System of Care is the trauma system. This system is supported by the DC Health Trauma Registry which collects data from the four designated trauma facilities identified across the District. This new team member will leverage this data, in collaboration with healthcare partners (EMS, hospital, and rehabilitation experts) to support the expansion of the available evidence base that may inform roadway and traffic safety decisions, gun violence prevention activities, and other injury prevention efforts within the District.

### **5.5 ANIMAL CONTROL STAFFING**

*Proposed Completion Date:* September 30, 2025

This project is part of an initiative by DC Health to assume responsibility for animal control in DC. However, to fulfill that requirement these staffing positions are necessary. DC Health HR department will stagger the recruiting beginning in September, 2024 to ensure staff are in place at the time of transition from the contract.

### **5.6 HARM REDUCTION VENDING MACHINES**

*Proposed Completion Date:* September 30, 2025

HAHSTA will expand low-barrier access to free harm reduction 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%.

## **5.7 AT HOME HIV AND STI TESTING**

*Proposed Completion Date:* September 30, 2025

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.

## **5.8 ACCESS TO EMERGENCY MEDICATIONS AMENDMENT ACT**

*Proposed Completion Date:* July 30, 2025

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 12, Step 1 Nurse Consultant and a Grade 9, Step 5 Program Support Specialist, 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.

## **5.9 MAP PROGRAM**

*Proposed Completion Date:* September 30, 2025

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

## **5.10 ACCESS TO FRESH PRODUCE AT FARMERS MARKETS**

*Proposed Completion Date:* September 30, 2025

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.

## **5.11 SCHOOL NURSING PROGRAM**

*Proposed Completion Date:* September 30, 2025

We are working to build out data capacity as it relates to school health by increasing the amount of resolution of the data we have access to. We have projects aimed at increasing our surveillance of school health to further improve our school health related programs and care coordination efforts.

## **5.12 EMERGENCY CHILDCARE NEEDS PILOT PROGRAM**

*Proposed Completion Date:* September 30, 2025

DC Health is exploring feasibility of implementation onsite at a Birthing Facility. Connecting with OSSE for guidance on requirements and regulations. Representatives at Birthing Facilities mentioned need is more for routine occurrences that for ER.

### **5.13 RONALD MCDONALD HOUSE BUILD FOR LOVE IMPACT FUND**

*Proposed Completion Date:* September 30, 2025

DC Health will provide a grant to Ronald McDonald House and will report on the activities related to the number of families served.

### **5.14 COUNT THE KICKS**

*Proposed Completion Date:* September 30, 2025

Through this initiative, DC Health aims to empower expectant mothers to track fetal movements during pregnancy. The goal is to raise awareness about the importance of monitoring fetal activity as a decrease in movement can be an early warning sign of potential complications. By encouraging regular tracking, the initiative aims to reduce the incidence of stillbirths, ultimately improving pregnancy outcomes and saving lives.

### **5.15 ONLINE GROCERY ACCESS PILOT**

*Proposed Completion Date:* September 30, 2025

DC Health will partner with DC SNAP-Ed providers and 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.

### **5.16 VAPING PREVENTION AND CESSATION PROGRAM**

*Proposed Completion Date:* September 30, 2025

JUUL settlement funds will support activities across the District to reduce access to and use of tobacco products among youth. DC Health will collaborate with DBH to expand annual Tobacco 21 compliance checks to a minimum of 80% of tobacco merchants in the District.

DC Health will collaborate with DCPS to support health education initiatives in schools focusing on risky behaviors include tobacco use. DC Health will launch a counter marketing campaign including social media and featuring DC youth influencers speaking about the benefits of living tobacco free.

### **5.17 PEER-BASED SEXUAL HEALTH AND RISKY BEHAVIOR EDUCATION GRANT PROGRAM**

*Proposed Completion Date:* September 30, 2025

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. Increasing access to sexual health and prevention education and materials for youth.

### **5.18 BIOMEDICAL WASTE PROGRAM**

*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.

### **5.19 ANIMAL SHELTER EXTENSION PROJECT**

*Proposed Completion Date:* September 30, 2025

DC Health (Animal Services Division) will procure and install a temporary modular structure in order to provide additional sheltering space. The current shelter is over-crowded, which leads to increased euthanasia rates.

### **5.20 VISION ZERO/HIGHWAY SAFETY OFFICE GRANT**

*Proposed Completion Date:* January 31, 2025

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.