Q1: Please provide the current organizational chart for DC Health and each administration, with information to the cost center level. In addition, please identify the number of full-time equivalents (FTEs) at each organizational level and the employee responsible for the management of each program and cost center.

a. Please provide a narrative explanation of any organizational changes made during FY 2024 and FY 2025, to date.

Response:

Please see attachment titled *Attachment FY24 Performance Oversight - AMP – Q1*.

Q2: Please provide a list of all FY 2025 full-time equivalent positions for DC Health, broken down by department and title. In addition, for each position please note whether the position is filled (and if filled, the name of the employee) or vacant.

Response:

Please see attachment titled *Attachment FY24 Oversight - AMP – Q2*.

Q3: What was the vacancy rate for DC Health for FY 2024 and FY 2025 to date, broken down by administration? What was the average time to fill vacant positions in each administration?

Response:

FY 2024: Vacancy rate was 11.3% overall and the average time to fill vacant positions was 47 days.

Administration	**Vacancy Rate**	**Time (in days) to Fill Vacancies**	Total of FTE's	Total Vacancies
Community Health Administration (CHA)	7%	57	141	11
Center for Policy, Planning and Evaluation (CPPE)	21%	49	80	21
HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)	14%	48	134	23
Health Regulation and Licensing Administration (HRLA)	7%	43	168	12
Health Emergency Health Preparedness and Response (HEPRA)	17%	38	26	6
Office of the Director	8%	41	82	8

FY 2025, to date (January 23rd 2025): Vacancy rate is 12.3% overall and the average time to fill vacant positions was 55 days.

Administration	**Vacancy Rate**	**Time (in days) to Fill Vacancies**	Total of FTE's	Total of Vacancies
Community Health Administration (CHA)	11%	65	142	16
Center for Policy, Planning and Evaluation (CPPE)	25%	67	74	19

HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)	21%	64	130	28
Environmental Health Administration (EHA)	12%	48	71	9
Health Systems and Preparedness Administration	22%	71	129	29
Office of the Director	24%	45	79	19

DC Health has positions that are grant funded and the funding is slated to end in March and August of 2025. We have those positions on hold, pending continuation of federal funding. The above vacant positions are reflective of the current positions being posted in the Winter Hiring Fair and/or DCHR Recruitment website.

Time to Fill is calculated from the date the job was posted until the candidate starts their first day in the position.

Q4: Please provide a list of employees who received bonuses, special pay, additional compensation, or hiring incentives in FY 2024 and FY 2025, to date, including the amount and reason.

Response:

Please see attachment titled *Attachment FY24 Oversight - AMP – Q4*.

Q5: Please provide the names of the primary and alternative sexual harassment officers ("SHO").

a. List and describe any allegations of sexual harassment or misconduct committed by or against its employees received by the agency in FY 2024 and FY 2025, to date, and whether those allegations were resolved.

b. Has DC Health received any requests from staff in an otherwise prohibited dating, romantic, or sexual relationship for a waiver of provisions of the Sexual Harassment Order?

i. What was the resolution of each request?

ii. If a request was granted, are there limitations on the scope of the waiver?

Response:

DC Health's FY2025 primary and alternative sexual harassment officers are India Daniels and Mildred Anderson. Owen Sullivan and John Parham served as sexual harassment officers in FY 2024.

There have been five allegations of sexual harassment or misconduct received by DC Health in FY2024 and FY2025, to date. Please see the information for each allegation below:

FY2024

1. Supervisor introduced employee in a joking manner. No sexual harassment found.
2. Manager allegedly engaged in disparate treatment based on gender. No sexual harassment found.
3. Supervisor made a comment to an employee; then, a co-worker made a similar comment to the employee. Months later, the supervisor made another comment to the employee. No sexual harassment found.
4. Supervisor commented on the weight and shape of an employee not under his supervision. The supervisor later allegedly intimidated the employee. Sexual harassment was found based on the comments; intimidation was not substantiated.

FY2025

1. Supervisor verbally described to co-workers his purported sex life with an employee. Sexual harassment was found

DC Health has not received any requests from staff in an otherwise prohibited dating, romantic, or sexual relationship for a waiver of provisions of the Sexual Harassment Order.

Q6: How many performance evaluations did the agency complete in FY 2024? How many performance improvement plans were issued in FY 2024? How many employees have submitted performance plans in FY 2025? For each question, provide the total number and the percentage of total employees.

Response:

For FY 2024, 470 of 528 created or 89.02% of Performance Evaluations have been fully completed.

For FY 2024, Zero (0) Performance Improvement Plans were issued.

For FY 2025, 569 of 601 or 94.68% of employees have completed plans to date.

Q7: Please provide in Microsoft Excel, the amount budgeted and actually spent for FY 2024 and FY 2025, to date, for the agency. In addition, please describe any significant variance between the amount budgeted and actually spent.

a. At the agency level, please provide information broken out by source of funds and by Account Group and Account;
b. At the program level, please provide the information broken out by source of funds and by Account Group and Account; and,
c. At the cost center level, please provide the information broken out by source of funds and by Account Group.

Response:

Please see the following attachments titled:

- *Attachment FY24 Performance Oversight - AMP – Q7a*
- *Attachment FY24 Performance Oversight - AMP – Q7b*
- *Attachment FY24 Performance Oversight - AMP – Q7c*

Q8: Please provide a complete accounting of all reprogrammings received by or transferred from the agency in FY 2024 and FY 2025, to date. For each, please provide a narrative description as to the purpose of the transfer and which fund detail, programs, cost center, and account within the agency the reprogramming affected.

Response:

Please see attachment titled *Attachment FY24 Performance Oversight - AMP – Q8*.

Q9: Please identify the source, purpose, and amount of any funds, received by or transmitted by DC Health in FY 2024 and FY 2025, to date, including any interagency projects in which DC Health is the buyer or seller agency.

Response:

Please see attachment titled *Attachment FY24 Performance Oversight - AMP – Q9*.

Q10: Please provide the following information for grants/sub-grants awarded by the agency or received by the agency in FY 2024 and FY 2025, to date, broken down by program and cost center:

a. Grant Number/Title;
b. Approved Budget Authority;
c. Funding source;
d. Expenditures (including encumbrances and pre-encumbrances);
e. Purpose of the grant;
f. Organization or agency that received the grant;
g. Grant amount;
h. Grant deliverables;
i. Grant outcomes, including grantee/subgrantee performance;
j. Any corrective actions taken or technical assistance provided;
k. Agency program and activity supported by the grant;
l. Agency employee responsible for grant deliverables; and
m. Any grants where the funds have been reduced or zeroed out in FY 2025, and the amount of the reduction; and
n. For grants/subgrants over $2M in local dollars awarded by the agency in FY 2024 or FY 2025, please provide the grant agreement to the Committee.

Response:

Please see attachment titled *Attachment FY24 Performance Oversight - AMP – Q10*.

Not continued from FY24 into FY25:

- CHA2021-000010
- CHA2024-734
- CHA2024-737
- CHA2023-712
- CHA2021-000006

Q11: Please provide a complete accounting of all grant lapses in FY 2024, including a detailed description of why the lapse occurred and any variance exceeding 5%. Please indicate if the funds can still be used and/or whether they carried over into FY 2025.

Response:

Please see attachment titled *Attachment FY24 Performance Oversight - AMP – Q11*.

Q12: Please provide the following information for all contracts, including modifications, active during FY 2024 and FY 2025, to date, broken down by program and cost center:

a. Contract number;
b. Approved Budget Authority;
c. Funding source;
d. Expenditures (including encumbrances and pre-encumbrances);
e. Purpose of the contract;
f. Name of the vendor;
g. Original contract value;
h. Modified contract value (if applicable);
i. Whether it was competitively bid or sole sourced;
j. Final deliverables for completed contracts;
k. Any corrective actions taken or technical assistance provided; and
l. Agency employee(s) serving as Contract Administrator; and
m. Any contracts where the funds have been reduced or zeroed out in FY 2025, and the amount of the reduction.

Response:

Please see attachment titled *Attachment FY24 Performance Oversight - AMP – Q12*.

DC Health in collaboration with the Office of the Chief Financial Officer (OCFO) does not construct its budget down to the contract level. Therefore, contract level approved budget authority information is not available through the District Integrated Financial System (DIFS).

DC Health does not have any contracts where the funds were either reduced or zeroed out in FY25.

Q13: Please provide a complete accounting of all DC Health's Special Purpose Revenue Funds for FY 2024 and FY 2025, to date. Please include the following:

a. **Revenue source and code;**
b. **Source of the revenue for each special purpose revenue fund (i.e. license fee, civil fine);**
c. **DC Health cost center that the revenue in each special purpose revenue source fund supports;**
d. **Total amount of funds generated by each source or program in FY 2024 and in FY 2025, to date;**
e. **FY 2024 and FY 2025, to date, expenditure of funds, including purpose of expenditure; and**
f. **Fund balance at the end of FY 2024 and FY 2025, to date.**

Response:

Please see attachment titled *Attachment FY24 Performance Oversight - AMP – Q13*.

Q14: Please provide the DC Health capital budgets for FY 2024 and FY 2025, to date, including the amount budgeted and actually spent. In addition, please provide an update on all capital projects undertaken in FY 2024 and FY 2025, to date.

Response:

Please see attachment titled *Attachment FY24 Performance Oversight - AMP – Q14*.

Q15: Please provide the following information for all human care agreements and task orders issues during FY 2024 and FY 2025, to date, broken down by DC Health program and cost center:

a. Vendor name;
b. Services provided;
c. Funding source;
d. HCA amount;
e. Task order amount;
f. Actual expenditures;
g. Status of performance; and
h. DOH employee serving as Contract Administrator.

Response:

Please see attachment titled *Attachment FY24 Performance Oversight - AMP – Q15*.

Q16: Please provide a current list of all properties supported by the DC Health budget. Please indicate whether the property is owned or leased by the District and which DC Health program uses the space. If the property is leased, please provide the terms of the lease. For all properties, please provide an accounting of annual costs (i.e., rent, security, janitorial services).

Response:

Please see attachment titled *Attachment FY24 Performance Oversight - AMP – Q16*.

Q17: Please provide a list of all Department of General Services work orders submitted in FY 2024 and FY 2025, to date, for facilities operated by DC Health. Please include the date the work order was submitted, whether the work order is completed or still open, and the date of completion (if completed).

Response:

The Department of General Services (DGS) supports DC Health with work orders at the New York Avenue Animal Shelter. Please see a breakdown of FY24 and FY25, to date workorders below:

FY 2024

Date Requested	Active Status	Problem Type	Date Completed
10/18/2023	Completed	Drain	10/19/2023
10/20/2023	Completed	Drain	10/20/2023
10/5/2023	Completed	Cooling (HVAC Services)	10/5/2023
10/9/2023	Completed	Heating	11/3/2023
12/19/2023	Completed	Cooling	1/26/2024
12/20/2023	Completed	Heating	12/20/2023
1/8/2024	Completed	Heating	1/10/2024
2/7/2024	Completed	Drain (Plumbing Services)	2/26/2024
2/22/2024	Completed	Environmental	3/21/2024
3/25/2024	Completed	Drain	3/26/2024
3/29/2024	Completed	Drain	4/17/2024
4/15/2024	Completed	Cooling (HVAC Services)	5/30/2024
4/15/2024	Completed	Lighting	4/19/2024
5/16/2024	Completed	Drain	5/17/2024
6/28/2024	Completed	Drain	7/6/2024
7/9/2024	Completed	Cooling	7/22/2024
7/12/2024	Completed	Cooling	8/6/2024
7/13/2024	Completed	Cooling	7/23/2024
7/30/2024	Completed	Outlet	8/9/2024
8/4/2024	Completed	Cooling	9/23/2024
8/8/2024	Completed	Drain	8/8/2024
8/12/2024	Completed	Drain	8/12/2024
3/26/2024	Inactive	Drain	n/a
7/31/2024	Inactive	Leak	n/a
10/12/2023	Open	Fence and Gate (Exterior Services)	n/a

12/4/2023	Open	Interior Painting & Wall Issue	n/a
12/18/2023	Open	Roof	n/a
1/9/2024	Open	Cooling	n/a
2/26/2024	Open	Fence and Gate	n/a
4/2/2024	Open	Roof	n/a
7/15/2024	Open	Power	n/a
8/1/2024	Open	Roof	n/a

FY 2025

Date Requested	Active Status	Problem Type	Date Completed
10/4/2024	Open	Building Structural	n/a
11/6/2024	Open	Faucet	n/a
11/19/2024	Open	Roof	n/a
12/8/2024	Open	Lock and Door	n/a
12/30/2024	Open	Drain	n/a
1/9/2025	Open	Heating	n/a

Q18: Please identify potential areas where spending pressures may exist in FY 2025. Please provide a detailed narrative of the spending pressure, including any steps that are being taken to minimize the impact on the FY 2025 budget.

Response:

DC Health is expecting the following spending pressures, totaling $5,683,897:

Software Licenses for DC Health Disease Surveillance Systems - $2,000,000.00
With the loss of COVID funding, DC Health will still need to pay for existing software licenses which is required for the continued use and operation of the DC Health Disease Surveillance systems which are used to monitor, detect, and respond to health threats and disease outbreaks in Washington D.C. This system is essential for safeguarding public health by enabling timely interventions, informing prevention strategies, and ensuring continued compliance with regulations and public health reporting requirements to our federal partners.

Animal Shelter Operational Costs - $500,000:
This spending pressure is associated with operational costs for the just over 20,000 square foot Animal Shelter at DC Village.

Grant funding for the school health services program - $3,183,897
Funds were reprogrammed to pay additional costs associated with the animal control contract. DC Health is working with the Executive Office of the Mayor (EOM) to recover these funds and anticipates they will be returned to the agency in late FY25.

Q19: Please provide all current collective bargaining agreements entered into by DC Health, or if there are no current ones, the most recent agreements.

Response:

Please see the following attachments titled:

- *Attachment FY24 Performance Oversight - AMP – Q19a*
- *Attachment FY24 Performance Oversight - AMP – Q19b*
- *Attachment FY24 Performance Oversight - AMP – Q19c*
- *Attachment FY24 Performance Oversight - AMP – Q19d*
- *Attachment FY24 Performance Oversight - AMP – Q19e*
- *Attachment FY24 Performance Oversight - AMP – Q19f*
- *Attachment FY24 Performance Oversight - AMP – Q19g*
- *Attachment FY24 Performance Oversight - AMP – Q19h*
- *Attachment FY24 Performance Oversight - AMP – Q19i*
- *Attachment FY24 Performance Oversight - AMP – Q19j*
- *Attachment FY24 Performance Oversight - AMP – Q19k*
- *Attachment FY24 Performance Oversight - AMP – Q19l*

Q20: Did DC Health meet its Key Performance Indicators for FY 2024? Please provide a narrative description of what actions DC Health undertook to meet its KPIs and why any indicators were not met.

a. Please indicate which FY 2024 KPIs have been extended, amended, or removed in FY 2025.

Response:

In FY 2024, DC Health advanced its strategic goals by focusing on key public health priorities and applying Continuous Quality Improvement (CQI) processes to enhance service delivery and health outcomes. Notable efforts included strengthening chronic disease management, reallocating resources to high-priority inspections, and expanding food access through strategic partnerships.

Despite staffing challenges, DC Health maintained regulatory compliance and made significant progress in maternal and child health through targeted initiatives. Newly introduced KPIs underscore ongoing efforts to improve performance tracking. This report highlights both successes and opportunities for further improvement, reaffirming DC Health's commitment to public health excellence.

Key Performance Indicators Result Table:

Category	Number	Percent	Description
Met	26	56%	Achieved or exceeded the targets
Nearly met	12	26%	Failed to meet the targets (average of 2.7 percentage points away from the target)
Unmet	9	19%	Failed but came close to meeting the targets
Total	**47**	**100%**	

Admin	Measure	FY 24 Target	FY 24 Actual	2024 KPI Met?	Revised / Removed for FY25	Revision	Contextual Narrative
HRLA	Percent of Registered Controlled Substance Facilities inspected annually	100%	97%	Nearly Met	Revised	Target 95%	The Pharmaceutical Control Division was able to complete 97% of the inspections despite 60% of inspectors on extended leave for ≥ 50% of the fiscal year.
HRLA	Percent of follow-up inspections of health care facilities with harm level deficiencies completed within 30 days	100%	100%	**Met**			
HRLA	Percent of samples taken from rabies suspect animals submitted for testing within 48 hours	100%	100%	**Met**			
HRLA	Percent of food establishment complaint inspections initiated within five (5) business days of receipt	95%	94%	Nearly Met			Despite competing priorities, the division successfully addressed 94% of food-related complaints, while supporting cannabis enforcement, mobile vending joint agency efforts, and National Security Special Events. Continued efforts will focus on further optimizing response capacity to meet 95% target.
HRLA	Percent of pharmaceutical facilities receiving at least one annual inspection	100%	98%	Nearly Met	Revised	Target 95%	The Pharmaceutical Control Division successfully completed 98% of scheduled Inspections, narrowly missing the 100% target despite staffing challenges

HRLA	Percent of rodent activity complaints inspected or baited, and closed in the 311 system within three (3) business days of receipt	100%	100%	**Met**			
HRLA	Percent of confirmed foodborne illness cases by DC Health epidemiologists investigated within three (3) business days of notification to HRLA	95%	94%	**Nearly Met**			The division achieved a near-target performance of 94%, demonstrating strong execution despite the impact of competing priorities.
HRLA	Percent of onsite investigations initiated within 72 hours of receipt for complaints alleging actual harm, as required by federal guidelines	New in 2024	100%	New in 2024	Revised	Target 95%	Establishing Baseline Data.
CPPE	Percent of Certificates of Need (CONs) reviewed within 90 days	100%	94%	Nearly Met	Revised	Percent of CONs reviewed within the period required by District Law (*New in 2025*)	We achieved 94%, just 6% shy of the threshold which was triggered by a need for additional information from one CON applicant. The initial application was received and reviewed on schedule. However, the review of the application found additional information was needed. Once this information was provided by the

							applicant, the CON decision was finalized and published.
CPPE	Percentage of vaccine preventable disease cases with contact tracing initiated within 24 hours of receipt of line list of exposed contacts	90%	100%	**Met**	Revised	Target 99%	
CPPE	Percentage of foodborne disease cases with first interview attempt within 72 hours of receipt of the case report	90%	100%	**Met**	Revised	Target 99%	
CPPE	Average wait time for vital records walk-in issuance requests (in minutes)	30 Mins	19 Mins	**Met**	Revised	Target 25 Mins	

CHA	Percent of eligible children enrolled in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs who receive developmental and social-emotional screenings	85%	91%	**Met**	Revised	Percent of eligible children enrolled in DC Health funded evidence-based home visiting programs who receive developmental and social-emotional screenings	
CHA	Percent of kindergarten-enrolled children with up-to-date immunizations	85%	89%	**Met**	Revised	Percent of Kindergarten-enrolled children with 2 doses of MMR vaccine (*New in 2025*)	
CHA	Percent of infants who receive an initial hearing screen at birth	95%	97%	**Met**			

CHA	Proportion of adults with hypertension who have achieved blood pressure control (seen at Million-Hearts-participating facilities)	70%	65%	Nearly Met			Achieving 65% marks significant progress toward our 70% target. Quarterly analysis confirms we are on track. This year, partnership informed our strategies to enhance care quality, identifying patients with persistent uncontrolled hypertension will help drive further improvements.
CHA	Percent of students in the School Health Services program with asthma with an asthma action plan on file	48%	14%	Unmet	Revised	Percent of students in the School Health Services program with an L2/L3 asthma designation with an asthma action plan on file (*New in 2025*)	A reduction in the case management team impacted asthma action compliance. Resulting in 14% of students having a plan on file. Despite this, partnership with Children's Hospital and IMPACT DC supported high-risk students. In FY"25 our efforts will focus on ensuring students with Level 2/3 asthma have documented action plans for better management.
CHA	Percent of infants that receive a repeat screening after failing an initial hearing screening	75%	75%	**Met**			
CHA	Percent of families with one or more completed referrals through Help Me Grow within three months of referral	70%	91%	**Met**	Revised	Target 91%	

CHA	Percent of adults with high blood cholesterol in Million-Hearts participating facilities who are on statin therapy	86%	83%	Nearly Met	Revised	Target 82%	With 83% achievement, we made progress towards the original target of 86%. Quarterly analysis highlights steady improvements supported by collaborations on surveillance, team-based care, and community-clinical linkages. Identifying patients with persistent uncontrolled cholesterol due to poor statin use will help prioritize targeted interventions further improving control rates as we align with a revised 82.3% target for FY '25
CHA	Percent of Oral Health Program participants referred to a dental home	50%	98%	**Met**	Revised	Target 95%	
CHA	Percent of women enrolled in the Maternal Infant and Early Childhood Home Visiting (MIECHV) programs that are screened for depression	90%	81%	Unmet	Revised	Percent of women enrolled in DC Health funded evidence-based home visiting programs that are screened for depression: **Target 86%**	We successfully screened 81% (*9 percentage points shy of our 90% target*) of enrolled women for depression within the appropriate timeframes, it represents a significant effort despite challenges such as families being temporarily unreachable or disengaging from the program. In FY 25 we will be working with local agencies to sustain and build on improvements and make depression screening a continued priority.

CHA	Percent of adults with diabetes with poor HbA1c control (A1C > 9%) at Million-Hearts participating facilities	32%	34%	Nearly Met	Revised	Target 32%	Although we fell short of the 32% target, quarterly analysis indicates we are progressing effectively towards set target. This FY we worked with partners to understand their surveillance, team-based care and community-clinical linkages policies, which informed our strategies to improve care quality. We identified patients with persistent poor diabetes control (HbA1c>9 in all FY24 medical visits) and anticipate prioritizing them will improve our control rates moving forward.
CHA	Percent of WIC households that redeem their benefits	90%	87%	Nearly Met			WIC benefit redemption increased compared to the previous year reaching 87% of the 90% target. The program continues to enhance multilingual education efforts through text messages, social media, and in-person education at WIC appointments to further support families in utilizing their benefits.
CHA	Percent of WIC enrollees breastfeeding at six months	40%	46%	**Met**			

CHA	Percent of Black/African American WIC enrollees breastfeeding at six months	25%	25%	**Met**			
CHA	Percent of immunization providers reporting data electronically to the immunization registry (DOCIIS) within six weeks of being onboarded to the Immunization Information System (IIS)	New in 2024	No applicable incidents	New in 2024	Revised	Percent of immunization providers reporting data electronically to the immunization registry (DOCIIS) that have query by parameter (QBP) functionality (*New in 2025*)	Establishing Baseline Data.
CHA	Percent of Health Professional Loan Repayment Program (HPLRP) participants contracted that meet the most recent version of priority workforce needs	New in 2024	78%	New in 2024			Establishing Baseline Data.

HAHSTA	Percent of Ryan White clients living in the District that are prescribed Anti-Retroviral Therapy	98%	97%	Nearly Met			A total of 4.065 out of 4,117 eligible patients received an antiretroviral therapy prescription, achieving a 97% success rate. This reflects strong adherence to treatment protocols, with ongoing efforts to close the remaining gap and ensure all eligible patients receive timely prescriptions.
HAHSTA	Percent of diagnosed HIV positive individuals retained in care that are virally suppressed	85%	79%	Nearly Met	Revised	Target 90%	Performance was impacted by delays in the data entry, lab processing, and challenges in patient engagement for blood work. Lingering from the pandemic. While eHARS data manager position has helped, other efforts continue to streamline processes and improve care access. With these improvements, we aim to reach the increased 90% target in FY '25.
HAHSTA	Percentage of individuals diagnosed with HIV confirmed to be out-of-care that are re-engaged within 90 days of successful case contact	10%	27%	**Met**	Revised	Target 15%	
HAHSTA	Percent of AIDS Drug Assistance Program (ADAP) beneficiaries who are currently virally suppressed	85%	91%	**Met**			

HAHSTA	Percentage 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)	65%	92%	**Met**	Revised	Target 85%	
HAHSTA	Percentage of gonorrhea cases with appropriate treatment confirmed within 15 days of diagnosis date among clients at the Health and Wellness Center	90%	96%	**Met**	Revised	Percentage of gonorrhea cases with appropriate treatment confirmed among clients seen at the Health and Wellness Center within 15 days of diagnosis date: **Target 92%**	

HAHSTA	For patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated, the percentage who complete treatment within 12 months	90%	94%	**Met**			
HAHSTA	Percentage of confirmed new HIV cases linked to care within 30 days of diagnosis	New in 2024	82%	New in 2024			Establishing Baseline Data.
HAHSTA	Percentage of confirmed new HIV cases achieving viral suppression within 90 days of diagnosis	New in 2024	55%	New in 2024			Establishing Baseline Data.
HAHSTA	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)	20%	61%	**Met**	Revised	Target 50%	

HEPRA	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	100%	100%	**Met**			
HEPRA	Percent of employee and partner alert recipients who acknowledge receipt after the first alert attempt	90%	32%	Unmet			The Office of Emergency Preparedness and Response (OEPR) leadership is working to create a process of making sure HMC, employee and partner lists are up to date in Everbridge so tracking in this space is clear and appropriate. We utilized a test to acknowledge receipt recently.
HEPRA	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	50%	44%	Unmet			Participation in HMC-sponsored training and workshops reached 44%, reflecting steady engagement with healthcare partners. We are continuing to collaborate with HMC members to strengthen partnerships and align on shared goals.

HEPRA	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	60%	43%	Unmet			OEPR is reviewing Policy 1380 to ensure alignment with training requirements for essential and emergency-designated staff. This review will clarify which employees must complete ICS and other prescribed incident management training, ensuring a more strategic approach to compliance and preparedness moving forward.
HEPRA	Percent of closed points of distribution (CPOD) partners meeting all program requirements	100%	72%	Unmet			OEPR and the HMC are still working on setting up and establishing all points of PODS distribution.
HEPRA	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	100%	98%	Nearly Met			Despite staffing transitions at several agencies, hospitals successfully reported 98% of requested Essential Elements of Information (EEI), maintaining strong compliance and responsiveness to planned and unplanned events.

HEPRA	Percent of Open Points of Distribution (PODs) that can open to public within 6 hours of notification to activate	New in 2024	13%	New in 2024			Establishing Baseline Data.
HEPRA	Percent of Medical Reserve Corps (MRC) volunteers that acknowledge the alert notification drill message within 4 hours	New in 2024	16%	New in 2024			Establishing Baseline Data.
HEPRA	Average number of days to respond to EMS patient care complaints	New in 2024	6 days	New in 2024			Establishing Baseline Data.
OD/HR	Percent of MSS employees who complete the required MSS training curriculum	80%	62%	Unmet			Our agency set a KPI target of 80% but achieved a 62% completion rate. Contributing factors include scheduling conflicts, difficulties accessing the training platform, and communication gaps regarding deadlines. Despite this, we have made steady progress from FY22. Moving forward we will introduce more flexible scheduling options, collaborate with OCTO to enhance platform accessibility, improve communication efforts, and increase leadership accountability to ensure training requirements are met.
OD/OGM	Percent of lapsed dollar amounts on federal awards	3%	11%	Unmet			The FY 24 lapse rate is due to vacancy savings from high staff turn-over and slow back-fill of key positions. Also, some federal grants did not establish budget

							authority early enough to mitigate time pressures in creating obligations and expenditure of funds by subrecipients. **Note**: *This is raw FY close-out data and subject to change based on federal grantor approval of extended authority, off-sets and other revisions.*
OD/HR	Percent of eligible employee reviews completed on time	100%	89%	Unmet			We successfully completed 89% of reviews on schedule, demonstrating commitment to the evaluation process. While short of the targeted 100%, lessons learned will inform action-plans for FY25 and future periods.
OD/HR	Percent of required attendees completing trainings mandated by EOM, DCHR, or the DOH Director	70%	75%	**Met**			
OD/OGM	Percent of new subgrants with approved risk-based monitoring plans within 30 days of award	75%	86%	**Met**			
OD/OGM	Percent of completed interim subgrant budget periods with performance ratings completed and submitted within 45 days	60%	96%	**Met**	Revised	Target 75%	

OD/OGM	Percent of targeted visits completed by monitors per the most recent version of the risk-based monitoring plan	60%	92%	**Met**	Revised	Target 70%	
OD/OGM	Average days to hire new employees	90 Days	72 Days	**Met**			

Q21: Please provide copies of any investigations, reviews or program/fiscal audits completed on programs and activities within DC Health during FY 2024 and FY 2025, to date. This includes any reports of the DC Auditor or the Office of the Inspector General. In addition, please provide a narrative explanation of steps taken to address any issues raised by the program/fiscal audits.

Response:

Please see the following attachments titled:

- *Attachment FY24 Performance Oversight - AMP – Q21a*
- *Attachment FY24 Performance Oversight - AMP – Q21b*

BDO - FY23 DC Single Annual Audit

In FY 24, two federal awards issued to DC Health were a part of the FY23 DC Single Annual Audit resulting in three findings:

- Supplemental Nutrition Assistance Program
  - Finding 2023-005 is for compliance requirement Activities Allowed or Unallowed and Allowable Costs/Cost Principles regarding internal controls for reviewing the eligibility and allowability of payroll expenditures charged to the WIC program. DC Health concurs with the finding and is currently under a corrective action plan. DC Health has conducted trainings of its staff and has developed management evaluations for WIC agencies.
  - Finding 2023-006 is for compliance requirement Activities Allowed or Unallowed and Allowable Costs/Cost Principles regarding the internal control of the approval of one rebate payment. DC Health concurs with the finding and is currently under a corrective action plan. DC Health has conducted trainings of its staff and has developed management evaluations for WIC agencies.
  - Finding 2023-007 is for the compliance requirement Eligibility regarding self-declared proof of income for determining eligibility for the WIC program. DC Health concurs with the finding. The internal control deficiencies identified are a result of a combination of grantee staff turnover, change in federal WIC policy after the end of the public health emergency and the continued existence of pandemic era terminology in DC WIC's management information system. In fiscal year 2024, The DC WIC Program implemented several quality assurance activities that are aimed at resetting the program back to normal operations pre-pandemic. DC Health has worked with the MIS developers and have removed the ability to use COVID Self-Declared from the software.
- HIV Emergency Relief Project Grants: no findings

The detailed audit report and DC Health management response are also located in the District's FY23 Single Annual Audit Report available at: https://cfo.dc.gov/node/1735996. The corrective action plan was approved by the Office of Risk Management (ORM). It is being monitored via ORM's E-Risk system.

Office of the District of Columbia Auditor – Office of Health Equity (OHE) Report
The Office of the District of Columbia Auditor (ODCA) conducted an audit on the efficacy of OHE. ODCA reviewed three OHE programs; the Calling All Sectors Initiative (CASI), Health Equity Impact Review (HEIR), and the Health Literacy Learning Collaborative. It was found that these programs meet their goals towards reducing health disparities in the District. Finally, the report highlighted OHE's COVID-19 response efforts in providing equity-informed recommendations for DC Health decision making.

Q22: Please list and explain any Memos of Understanding entered into by DC Health during FY 2024 and FY 2025, to date.

Response:

Please see attachment titled *Attachment FY24 Performance Oversight - AMP – Q22.*

Q23: What does racial diversity look like within your agency's staff? Please provide data on the racial diversity among leadership and at all staff grade levels. How does retention differ by race across levels? How does pay differ by race within levels?

Response:

White, not of Hispanic origin

Staffing Level	Count	% of Agency	Average Salary
Executive	3	0.49%	$180,678
Management	21	3,44%	$131,696
Career	42	6.89%	$109,746
Total	**66**	**10.82%**	**$119,155**

Black, not of Hispanic origin

Staffing Level	Count	% of Agency	Average Salary
Executive	8	1.31%	$184,801
Management	61	10.00%	$127,079
Career	276	45.24%	$98,281
Total	**345**	**56.56%**	**$105,380**

Asian or Pacific Islander

Staffing Level	Count	% of Agency	Average Salary
Executive	0	0%	Not applicable
Management	3	0.49%	$123,833
Career	25	4.16%	$106,594
Total	**28**	**4.59%**	**$108,441**

Hispanic

Staffing Level	Count	% of Agency	Average Salary
Executive	0	0%	Not applicable
Management	6	0.98%	$122,544
Career	24	3.93%	$103,905
Total	**30**	**4.92%**	**$107,633**

American Indian/Alaskan Native

Staffing Level	Count	% of Agency	Average Salary
Executive	0	0%	Not applicable
Management	0	0%	Not applicable
Career	1	0.16%	$79,705
Total	**1**	**0.16%**	**$79,705**

Not Reported

Staffing Level	Count	% of Agency	Average Salary
Executive	0	0%	Not applicable
Management	18	2.95%	$135,971
Career	122	20.00%	$96,838
Total	**142**	**22.95%**	**$101,870**

Staffing Level	Count	% of Agency	Average Salary
Grand Total	**610**	**100%**	**$106,360**

There is no data to suggest that race has an impact on employee retention.

Q24: For each Mayoral Board or Commission overseen by DC Health, please provide:

a. An updated list of members, including when their term started and ends;
b. A list of any vacant positions;
c. Race/ethnicity and gender breakdown of current members;
d. Dates of meetings held in FY 2024 and scheduled for FY 2025, including any publicly available minutes; and
e. Name and contact information of DC Health staff person who is point of contact/oversees the Board/Commission.

Response:

Office of Health Professional Licensing Boards

The Office of Health Professional Licensing Boards (OHPLB) only has race/ethnicity & gender data for the licensed professionals on the Boards. We don't have data for consumer members or Director designees, or other non-licensed

Board Name	**List of Members (with term dates)**	**Race / ethnicity & gender breakdown**	**Vacant Positions**	**Board Meetings and Minutes**	**Point of Contact**
Board of Audiology and Speech-Language Pathology	Ms. Kristin Spivey (04/27/2016 – 02/25/2024) Dr. Angela Grice (10/26/2017 – 09/15/2024) Ms. Jayme Menier	2 Black or African American 1 White or Caucasian 3 Female	Board will dissolve in FY 2025 and be consolidated into the Board of Rehabilitative Therapies.	FY24 Meeting Dates and Minutes: https://dchealth.dc.gov/service/audiology-and-speech-language-pathology-licensing FY25 Meeting Dates and Minutes: December 16, 2024 March 17, 2025 June 16, 2025 September 15, 2025 December 15, 2025 Audiology and Speech-Language Pathology Licensing | doh	Name: LaTrice Herndon, MS Email Address: latrice.herndon@dc.gov Phone Number: 202-934-0660

	(09/28/2021 – 02/25/2024)				
Board of Chiropractic	Dr. Keita Vanterpool (02/07/2010-10/23/2023) Dr. Stephanie Johnson (07/13/2019-10/23/2023)	1 Black or African American 1 White or Caucasian 2 Female	Board will be replaced with the Board of Integrative Healthcare in FY 2025.	FY24 Meeting Dates and Minutes: https://dchealth.dc.gov/node/762982 FY25 Scheduled Meeting Dates: January 14, 2025 March 11, 2025 May 13, 2025 July 8, 2025 September 9, 2025	Name: Sithembile Chithenga, MD, MPH Email Address: sithembile.chithenga.@dc.gov Work Cell: 202 235 3136
Board of Dentistry	Dr. Michelle Latortue (07/03/2021 – 11/30/2026) Brittany Harris (12/20/2023 – 11/30/2026 Dr. Imani Lewis (06/25/2024 – 11/30/2025) Chanelle Roberts (06/25/2024 – 11/30/2025 Eric Bradshaw	6 Black or African American 4 Female 2 Male	1 Consumer Member	FY24 Meeting Dates and Minutes: Meeting Dates and Minutes FY25 Scheduled Meeting Dates: Board of Dentistry October 16, 2024 November 13, 2024 December 11, 2024 January 15, 2025 February 19, 2025 March 19, 2025 April 16, 2025 May 21, 2025 June 18, 2025 July 16, 2025 September 17, 2025	Name: Ericka L. Walker, MSW Email Address: Ericka.walker@dc.gov Office: 202-724-8801 Work Cell: 202-834-6325

	(11/17/2024 – 11/30/2026) Dr. Jonelle Anamelechi Grant (09/17/2024 – 11/30/2027				
Board of Dietetics and Nutrition	Dr. DeAnna Nara (06/22/2019 – 03/12/2028) Ms. Njeri Jarvis (03/12/2019 – 03/12/2028) Ms. Emily Arkin (09/17/2024 – 03/12/2027)	2 Black or African American 1 White or Caucasian 3 Female	1 Licensed Dietitian/Nutritionist 1 Consumer Members	FY24 Meeting Dates and Minutes: Meeting Dates and Minutes FY25 Scheduled Meeting Dates: Board of Dietetics and Nutrition December 10, 2024 March 11, 2025 June 10, 2025 September 9, 2025 December 9, 2025	Name: Ericka L. Walker, MSW Email Address: Ericka.walker@dc.gov Office: 202-724-8801 Work Cell: 202-834-6325
Board of Long-Term Care Administration	Board Dissolved in FY 2024, absorbed by the Board of Nursing.	N/A	N/A	FY24 Meeting Dates and Minutes: https://dchealth.dc.gov/service/board-long-term-care-administration-formerly-board-nursing-home-administration	N/A
Board of Integrative Healthcare	Board will be established in FY 2025.	N/A	2 Acupuncturist members	N/A	Name: Dr. Vito DelVento Email Address: vito.delvento@dc.gov Phone: 202-724-8813

	Pending Appointements of Board Members.		2 Chiropractic members 2 Naturopathic physician members 1 Physician member 1 Consumer member		
Board of Marriage and Family Therapy	Board Dissolved in FY 2024 and absorbed by the Board of Professional Counseling.	N/A	N/A	FY24 Meeting Dates and Minutes: Meeting Dates and Minutes	N/A
Board of Massage Therapy	Johanna Brooks (06.30.2018 - 10.29.2026) Maisha Goss-Johns (06/06/2023 – 10/29/2025) Hope Carisle (10/17/2024 – 10/29/2025)	1 White or Caucasian 1 African American 2 Female 1 Consumer Member	2 Massage Therapist	FY24 Meeting Dates and Minutes: Meeting Dates and Minutes FY25 Scheduled Meeting Dates: Board of Massage Therapy November 21, 2024 January 16, 2025 March 20, 2025 May 15, 2025 July 17, 2025 September 18, 2025	Name: Ericka L. Walker, MSW Email Address: Ericka.walker@dc.gov Office: 202-724-8801 Work Cell: 202-834-6325
Board of Medicine	Dr. Andrea Anderson	2 Asian/South Asian	1 Physician Member	FY24 Meeting Dates and Minutes: https://dchealth.dc.gov/node/611542	Name: Sithembile Chithenga, MD, MPH

	(06.02.2012 – 08/03/2026) Dr. Bernard Arona (- 08/03/2025) Dr. Amr Madkour (06/11/20184- 08/03/2026) Dr. William Strudwick (02/24/2018 – 08/03/2026) Dr. Konrad Dawson (02/09/2019 – 08/03/2027) Mr. Harry Barbee (06/25/2024 – 08/03/2027) Dr. Padmaja Pavuluri (10/03/2023 – 08/03/2026)	3 Black or African American (non-Hispanic) 3 White or Caucasian (non-Hispanic) 3 Female 5 Males	2 Physician Assistant Members	FY25 Scheduled Meeting Dates: Board of Medicine | doh January 29, 2025 February 26, 2025 March 26, 2025 April 30, 2025 May 28, 2025 June 25, 2025 July 30, 2025 September 24, 2025	Email Address: sithembile.chithenga.@dc.gov Work Cell: 202 235 3136

	Dr. Carolyn Gorman (10/03/2023 – 08/03/2026) Dr. Mariam Michael (06/11/2024 – 08/03/2027) Daanisha Jones (10/03/2023 – 08/05/2025) Anasia Phillips (11/26/2024 - 08/03/2025)				
Board of Nursing	Ms. Meedie Bardonille, RN, (07/21/2019 - 07/21/2025) Ms. Laverne Plater, RN (07/21/2021 - 07/21/2026) Mr. Rick Garcia, RN (07/21/2022 - 07/21/2027)	8 Black/ African American 1 Latino 7 Females 2 Males	1 LPN 3 Nurse Assistive Personnel 2 Consumer	FY24 Meeting Dates and Minutes: https://dchealth.dc.gov/node/869622 FY25 Scheduled Meeting Dates: Board of Nursing January 8, 2025 March 5, 2025 May 7, 2025 July 2, 2025 August 2025 September 3, 2025	Name: Camesha (Cam) Thompson, BSS BSN RN ACRN Email Address: camesha.thompson@dc.gov Office – 202.724.8818 Work cell – 240.604.4712

	Ms. Margaret Green (07/21/2022 - 07/21/2025) Ms. Patricia Howard-Chittams (07/21/2021 - 07/21/2026) Ms. Tiffany Simmons (07/20/2021-07/21/2026) Dr. Kami Cooper (07/21/2023-07/21/2025) Anne Ford, LPN (10/01/2024 – 07/21/2026) Ronald Cheli, NHA (11/26/2024 – 07/21/2027)				

Board of Occupational Therapy	Dr. Gillian Rai (04/28/2019 – 07/19/2027) Mr. Charles Bond (06/05/2010 – 07/19/2027) Mr. Frank Gainer (11/07/2023 – 07/19/2026) Mr. Omololu Majekodunmi (06/08/2024 – 07/19/2027)	3-Black/ African American 1 White (non-Hispanic) 3 Male 1 Female	Board will dissolve in FY 2025 and be consolidated into the Board of Rehabilitative Therapies.	FY24 Meeting Dates and Minutes: https://dchealth.dc.gov/service/occupational-therapy-licensing FY25 Scheduled Meeting Dates: December 16, 2024 March 17, 2025 June 16, 2025 September 15, 2025 December 15, 2025 Occupational Therapy Licensing | doh	Name: LaTrice Herndon, MS Email Address: latrice.herndon@dc.gov Phone Number: 202-934-0660
Board of Optometry	Dr. Lisa Johnson (11/07/2023 – 03/12/2026) Dr. David Reed (10/18/2002 – 03/12/2025) Dr. Gregory Foley (04/22/2024 – 11/10/2027)	1 Black or African American 1 White or Caucasian 1 Female 1 Male 1 Consumer Member	2 Optometrist 1 Consumer Member	FY24 Meeting Dates and Minutes: Meeting Dates and Minutes FY25 Scheduled Meeting Dates: Board of Optometry October 17, 2024 January 16, 2025 April 17, 2025 July 17, 2025	Name: Dr. Vito DelVento Email: vito.delvento@dc.gov Phone: 202-724-8813

Board of Pharmacy	Dr. Jamila Jorden (New Appointment in Progress) Mr. Rodrick McGill (05/21/2024 – 03/12/2027) Dr. Benjamin Miles (03/12/2018 – 03/12/2027) Dr. Ashlee Bow (05/12/2019 – 03/12/2025) Dr. Allison Hill (12/19/2019 – 03/12/2025)	2 Black or African American 2 White or Caucasian 3 Females 1 Male 1 Consumer Member	1 Pharmacist Member 1 Pharmacy Technician Member	FY24 Meeting Dates and Minutes: https://dchealth.dc.gov/service/board-pharmacy FY25 Scheduled Meeting Dates: February 6, 2025 April 3, 2025 June 5, 2025 August 7, 2025 October 2, 2025 December 4, 2025	Name: Justin Ortique Email Address: Justin.Ortique@dc.gov Office: 202-442-9219
Board of Physical Therapy	Dr. Bernardine Evans (05/29/2017 – 07/19/2026) Dr. Nicholas Caylor (09/29/2018 – 07/19/2028)	2 Black/ African American 1 White 1 Hispanic/ Latino	Board will dissolve in FY 2025 and be consolidated into the Board of Rehabilitative Therapies.	FY24 Meeting Dates and Minutes: https://dchealth.dc.gov/service/physical-therapy-licensing FY25 Scheduled Meeting Dates: October 9, 2024 November 13, 2024 December 11, 2024 January 8, 2025	Name: LaTrice Herndon, MS Email Address: latrice.herndon@dc.gov Phone Number: 202-934-0660

	Ms. Ana Quinones (01/08/2019 – 04/16/2027) Rayan Hagona-Wordie (05/26/2024 – 07/19/2027)	1 Male 3 Female		February 12, 2025 March 12, 2025 April 9, 2025 May 14, 2025 June 11, 2025 July 9, 2025 September 10, 2025 Physical Therapy Licensing | doh	
Board of Podiatry	Dr. Teresa Hilliard (07/11/2024 – 04/16/2027) Ms. Barbara Clark (04/16.2006 – 04/16/2025) Kevin Bradshaw (10/01/2024 – 04/16/2026)	2 Black or African American 1 Unknown 2 Females 1 Male	N/A	FY24 Meeting Dates and Minutes: Meeting Dates and Minutes FY25 Scheduled Meeting Dates: Board of Podiatry January 8, 2025 April 2, 2025 July 9, 2025 October 1, 2025	Name: Dr. Vito DelVento Email: vito.delvento@dc.gov Phone: 202-724-8813
Board of Professional Counseling	Ms. Victoria Sherk (12/02/2017 – 07/01/2026) Ms. Rhonda Pope-Brown	1 White 1 African American 1 Unknown 3 Female	1 Professional Counselor 1 Professional Counselor/Art Therapist	FY24 Meeting Dates and Minutes: https://dchealth.dc.gov/service/professional-counseling-licensing FY25 Scheduled Meeting Dates: October 18, 2024 November 15, 2024 December 13, 2024	Name: LaTrice Herndon, MS Email Address: latrice.herndon@dc.gov Phone Number: 202-934-0660

	(06/08/2024 - 07/01/2027) Ms. Laura Golojuch (11/26/2024 – 07/01/2027)		1 Licensed Professional Counselor Educator 1 Consumer Member	January 17, 2025 February 21, 2025 March 21, 2025 April 18, 2025 May 16, 2025 June 20, 2025 July 18, 2025 September 19, 2025	
Board of Psychology	Dr. Anthony Jimenez 09/29/2014 – 11/30/2025) Dr. Jeremy Kozne (11/07/2023 – 11/30/2027) Dr. Patrick Canavan (09/26/2024 – 11/30/2027)	3 White 3 Male	1 Licensed Psychologist 1 Consumer Member 1 Behavior Analyst	FY24 Meeting Dates and Minutes: https://dchealth.dc.gov/service/psychology-licensing FY25 Scheduled Meeting Dates: November 12, 2024 January 14, 2025 March 11, 2025 May 13, 2025 July 8, 2025 September 9, 2025 Psychology Licensing | doh	Name: LaTrice Herndon, MS Email Address: latrice.herndon@dc.gov Phone Number: 202-934-0660
Board of Rehabilitative Therapy	Board will be established in FY 2025. Pending Appointements of Board Members.	N/A	3 physical therapists or physical therapist assistants, 2 occupational therapists or occupational therapy assistants, 2 audiologists or speech-language pathologists, 1 recreational therapist, 2 shall be consumer	N/A	Name: LaTrice Herndon, MS Email Address: latrice.herndon@dc.gov Phone Number: 202-934-0660

			members, 1 District licensed or registered: (Audiologist, Audiology assistant, Physical therapist, Physical therapist assistant, Occupational therapist, Occupational therapy assistant, Recreational therapist, Speech-language pathologist, Speech-language pathology assistant)		
Board of Respiratory Care	Ms. Betty Akpan (05/15/2017 – 07/17/2025) Ms. Carla Seals (10/29/2024 – 07/17/2026)	2 Black or African American 2 Females	1 Respiratory Care Practitioner 1 Physician or Respiratory Care Practitioner 1 Consumer Member	FY24 Meeting Dates and Minutes: Meeting Dates and Minutes FY25 Scheduled Meeting Dates: Board of Respiratory Care December 9, 2024 March 10, 2025 June 92025 September 8, 2025	Ericka L. Walker, MSW Ericka.walker@dc.gov Office: 202-724-8801 Work Cell: 202-834-6325
Board of Social Work	Ms. Wanda Wheeler (03/01/2018 – 03/03/2027) Ms. Selerya Moore	2 Black/African American 2 Females	1 Licensed Graduate Social Worker 1 Licensed Independent Social Worker	FY24 Meeting Dates and Minutes: https://dchealth.dc.gov/service/social-work-licensing FY25 Scheduled Meeting Dates: Social Work Licensing | doh January 27, 2025	Name: LaTrice Herndon, MS Email Address: latrice.herndon@dc.gov Phone Number: 202-934-0660

	(05/01/2017 – 03/03/2027)		1 Licensed Graduate Social Worker or Licensed Social Work Associate, or Licensed Independent Social Worker, or Licensed Independent Clinical Social Worker	February 24, 2025 March 24, 2025 April 28, 2025 June 23, 2025 July 28, 2025 September 22, 2025 October 27, 2025 November 24, 2025 https://dchealth.dc.gov/node/161462	
Board of Veterinary Medicine	Dr. Dan Teich (02/07/2023 - 05/17/2025) Dr. Sophie Stenner (02/07/2023 - 04/16/2026) Ms. Amy Haywood (02/07/2023 - 04/12/2025) Mr. Blair Zervos (03/02/2024 - 03/01/2027)	2 White 1 Male 1 Female 2 Consumer Members	1 Veterinarian	FY24 Meeting Dates and Minutes: https://dchealth.dc.gov/publication/board-veterinary-medicine-open-session-meeting-minutes FY25 Scheduled Meeting Dates: January 16, 2025 (Cancelled) February 20, 2025 March 20, 2025 April 17, 2025 May 15, 2025 June 19, 2025 July 17, 2025 August 2025 (Recess) September 18, 2025	Name: Dr. Vito DelVento Email: vito.delvento@dc.gov Phone: 202-724-8813

Statewide Health Coordinating Committee (SHCC)

The State Health Planning and Development Agency (SHDA) does not collect demographic data related to SHCC members.

Board Name	**List of Members (with term dates)**	**Race/ ethnicity & gender breakdown**	**Vacant Positions**	**Board Meetings and Minutes**	**Point of Contact**
Statewide Health Coordinating Council establishing pursuant to D.C. Official Code §44-403.	Karl Von Batten (Consumer) 02.10.2021 - 02.11.2024 Robert Brandon (Public) 02.12.2020 - 02.11.2023 Jacqueline Bowens (HCF Association) 02.28.2017 - 02.11.2023 Barbara Bazron (Director of DBH) 01.02.2019 (for duration of service at DBH) Dr. Denise St. Jean (Consumer) 12.17.2024 – 2.11.2027	Not Available	Three consumers of health care services in the District who are not affiliated with any health care provider or facility One public member One representative of incorporated associations of health care facilities in the District One physician representing an incorporated association of professional physicians in the District One nurse representing an incorporated association of professional nurses in the District	FY24 Meetings: ▪ 12-Oct-23 ▪ 14-Dec-23 ▪ 21-Dec-23 ▪ 18-Jan-24 ▪ 14-Mar-24 ▪ 9-May-24 ▪ 13-Jun-24 ▪ 20-Jun-24 ▪ 11-Jul-24 ▪ 8-Aug-24 ▪ 12-Sep-24 ▪ 26-Sep-24 FY25 Meetings: ▪ 10-Oct-24 ▪ 14-Nov-24 ▪ 12-Dec-24 For FY24 and FY25 minutes, please refer to *Attachment FY24 Performance Oversight - AMP – Q24a.*	Dana L. Mitchener Dana.mitchener@dc.gov 202-442-9385

	Judy Brinckerhoff (Public) 12.17.2024 – 2.11.2026 Shelia Holt (Public) 12.17.2024 – 2.11.2027 Ruth Fisher Pollard (HCF Association) 12.17.2024 – 2.11.2026		One representative of an incorporated association of the health care insurance industry in the District Two undefined members		

Commission on Health Equity (CHE)

Board Name	List of Members (with term dates)	Race/ethnicity & gender breakdown	Vacant Positions	Board Meetings and Minutes	Point of Contact
Commission on Health Equity (CHE)	**Voting Members – Mayor's Appointments:** ▪ Cara V. James, Ph.D. (03/22/2024 – 02/01/2026) ▪ Linda Elam, Ph.D, MPH. (02/01/2017 – 02/01/2026) ▪ Mighty Fine, MPH, CHES	Data on member race or ethnicity is not collected by DC Health.	▪ Ward 7 Advisory Member ▪ Hospital Representative Advisory Members (2)	**Link: Commission on Health Equity Webpage** **FY24:** ▪ Meeting 1: Wednesday, July 31, 2024 Virtual – via Webex	**C. Anneta Arno, PhD., MPH,** *Chief Health Equity Officer & Director, Office of Health Equity, DC Health* Phone: 202 535-1470 Email: anneta.arno@dc.gov

	(06/11/2024 – 02/01/2028) ▪ Suyana Linhales Barker, DrPH. (06/11/2024 – 02/01/2028) ▪ Nicole E. Stratchan, MS (06/11/2024 - 02/01//2026 ▪ Ana Lopez van Balen, MSW (06/11/2024 – 02/01/2028) **Voting Members – Council Appointments:** ▪ Delia Housel, Ph.D., MPH (11/26/2024 – 07/07/2027) ▪ Kimberly Burrowes (11/26/2024 – 07/07/2027) ▪ Nakeisha Neal Jones (11/26/2024 – 07/07/2027) **Advisory Members:**			▪ Meeting 2: Meet & Greet August 12, 2024 @ DC Health HQ -- 2201 Shannon Place SE - 4th Floor - Room 411 ▪ Meeting3: Special Meeting – Election of Executive Committee Wednesday, September 18, 2024 @ DC Health HQ -- 2201 Shannon Place SE – 3rd Floor **FY25:** ▪ CHE Training Retreat: January 15, 2025 For FY24 and FY25 (to date) minutes, please refer to	

	▪ Councilmember Christina Henderson (No term dates) ▪ Austin Chikwendu (Starting 12/17/2024) ▪ Nura Green Lane (Starting 11/26/2024) ▪ Collette Chichester (End date of 02/01/2027)			*Attachment FY24 Performance Oversight - AMP – Q24b.*	

Q25: In its FY 2023 Performance Oversight pre-hearing responses, DC Health stated that the Healthy Opportunities Index (HOI) project would be completed in June 2024. Please provide a link to the final HOI, or if it has not been finalized, a specific timeline for its publication.

Response:

In 2023, OHE anticipated that we would publish the DC HOI in 2024, following review and vetting of the Health Opportunity Index (HOI) methodology and statistical approaches. In 2024, we completed the DC HOI thematic map development for the HOI integrated composite and four profiles. Static maps have been incorporated into an interactive data visualization dashboard. The draft DC HOI Dashboard home page has a thematic map and rank score for each statistical neighborhood compared to the rest of the jurisdiction, a legend with the quintiles of health opportunity and a summary of the HOI composite score. Tabs on the home page allow the user to explore thematic maps for each of the four distinct profiles, including a list of the indicators, interactive figures of health opportunity by statistical neighborhood with an option to visualize neighborhoods by Ward, and a summary of statistical neighborhood health opportunity by indicator. Beta testing of the draft dashboard is underway, but final publication has been delayed, due to staff changes, requiring the recent engagement and orientation of a Geographic Information System (GIS) analyst who will support the finalization and completion of dashboard development and publication. Given these challenges and ongoing staff transitions, DC Health now anticipates the timeline for publication of the HOI project to be complete by the end of Quarter 3 of FY 2025.

Health Equity Transformation (HET) Initiative 2024
In parallel with completion of work related to Advancing Health Literacy to Address Health Disparities of which the Health Opportunity Index (HOI), and the Health Literacy Collaborative (Q26) have been a part, the Office of Health Equity has led an internal DC Health initiative to support comprehensive transformation of Health Equity practice across the agency as whole, which will build capacity to go beyond equity-informed, towards equity-driven practice change.

The following is a high-level summary of the HET planning process accomplished in FY24, in collaboration with representatives across all DC Health Administrations and the Office of the Director.

HET Project Goal:
- Transform Internal Operationalization of Health Equity Practice at DC Health

HET Project Objectives:
- Build a More effective effort – including training to support practice change – to eliminate health disparities.
- Create a Space where equity is more intentionally applied as part of agencywide organizational culture – including leadership and accountability.

HET Project Redesign Principles:

1. Build Health Equity Transformation Academy
    - *For Learning & Applying Defined Skills*
2. Engage Equity Champions
    - *For Organizational Culture Change*
3. Drive Strategic & System Level Change
    - *For Organizational Effectiveness*
4. Apply Data-Disaggregation & Quality Improvement for Equity Outcomes
    - *For Actionable/Measurable Change*
5. Increase Cross Agency Alignment
    - *For Sustainability*
6. Leverage Community Inclusion
    - *For Responsive Effectiveness*

Health Equity Transformation (HET) FY2025 Priority Infrastructure for Action
Five infrastructure elements have been identified as HET FY25 Year Implementation Priorities, including both three internal and two external portions:

Build Internal Infrastructure

1. Learning For Equity
    - *WHAT* - **Equity Academy – Phase 1**
2. Practice Change Action
    - *WHAT* - **Equity Action Plans – OD & Administration EAPs** (n=7)
3. Policy Review for Practice Improvement
    - *WHAT* - **Equity Council**

Build External Infrastructure

4. Community Inclusion – Resident Centered Engagement 1
    - *WHAT* - **Community Advisory Board**
5. Community Inclusion – Resident Centered Engagement 2
    - *WHAT* - **Equity Officer Convenings**

Q26: Please provide a summary of the Advancing Health Literacy Collaborative's primary accomplishments in FY 2024 and FY 2025, to date. What are the Collaborative's priorities for 2025?

Response:

Advancing Health Literacy Collaborative's primary accomplishments in FY 2024 and FY 2025: As chief health strategist for the District of Columbia, the District of Columbia Department of Health (DC Health) aims to close health literacy (HL) gaps in the District, particularly among Black/African American residents and Limited English Proficient populations, that respectively represent 45% and 5.7% of District residents. The impacts of the COVID-19 pandemic underscore the extent to which longstanding structural marginalization has contributed to the persistence of health inequities and health disparities.

Addressing these racial, ethnic, and geographic gaps are critical not only to improving contemporary health outcomes, but also informing and driving practice change critical to sustaining the impact of equity-informed interventions going forward. With funding from the Office of Minority Health, DC Health's Advancing Health Literacy (AHL) project worked towards establishing an equity-focused, multi-stakeholder collaborative to develop and implement a people-centered health-literacy intervention that promotes the transformation of Health Literacy Practice and Outcomes in the District at the organizational, practitioner, and individual/patient levels.

There are four key components to this project:

1. Establish Strategic Health Literacy goals for the District of Columbia
2. Launch a Health Literacy Learning Collaborative
3. Collaborate with Community Based Organizations (CBOs):
4. Build a Health Literacy Practice Change & Learning Support Portal

Healthy People 2030 expanded the definitions of Health Literacy addressing both the personal and organizational. The new definitions: 1. Emphasize people's ability to *use* health information rather than just understand it; 2. Focus on the ability to make "well-informed" decisions rather than "appropriate" ones; and 3. Acknowledge that organizations have a responsibility to address health literacy. https://health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030

> *Personal health literacy:* the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
>
> *Organizational health literacy*: the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

DC Health added a definition of health literacy at the professional level, as these individuals have an integral role in the provision of practical and evidence- based health information and services.

> *Professional health literacy*: how effectively health and other organizational professions can communicate with and support individuals and communities to access, understand, and evaluation health related information, as well as obtain needed services

DC Health's approach to implementing the Advancing Health Literacy project has been centered on capacity building, practice change, and sustainable infrastructure development, with a focus on long-term solutions that are transformative. Below is a summary of primary accomplishments of the Advancing Health Literacy project in 2024. Although the end of the funded period was June 30, 2024, DC Health has integrated health literacy into overall health equity strategic planning and practice change.

Component 1: Establish Strategic Health Literacy goals for the District of Columbia

***Accomplishment 1:* Health Literacy is included as a Key Priority in the Healthy DC2030 Update**
DC Health established a HealthyDC 2030 Steering Committee. The DC wide multi-sectoral Healthy DC 2030 Steering Committee was launched in March of 2023 and met to prioritize, imbed, and institutionalize HealthyDC 2030 strategic goals and priorities, including Health Literacy. The new and broader definition of Health Literacy, per Healthy People 2030, was introduced to community partners/stakeholders and includes:

- Individual Health Literacy – Population Level
- Organizational Health Literacy – Health System & Community Based Organizations
- Professional Health Literacy- Health and other organizational professionals

Through the process and open dialogue in these meetings, the Steering Committee came to consensus and developed an action plan with health literacy as a key priority.

***Accomplishment 2:* Establish metrics to meet Healthy People 2030, Health Literacy Objectives**
Setting District-specific targets for health literacy and measuring the impact of efforts to advance health literacy across organizations and communities requires accurate, timely, and accessible data that can inform and drive strategic action. The DC Behavioral Risk Factor Surveillance System is an ideal opportunity to collect data from residents, to build on existing knowledge about health literacy outcomes and inform and drive practice change. We added three (3) new questions to the 2023 and 2024 BRFSS to support these efforts and collect data to support the following health literacy objectives:

i. Increase the proportion of adults whose health care provider checked their understanding.

ii. Decrease the proportion of adults who report poor communication with their health care provider.
iii. Increase the proportion of adults whose health care providers involved them in decisions as much as they wanted.

Results from these indicators provides baseline information on current health literacy in the District and reveals opportunities for improvement. We plan to include these indicators in future BRFSS efforts to explore any changes in health literacy as part of Health DC2030 implementation.

Component 2: Launch a Health Literacy Learning Collaborative

Accomplishment 1: **DC Health and Advancing Health Literacy (AHL) community partners created a collaborative space that focused on developing capacity and infrastructure for sustainable Health Literacy capabilities to support individual and organizational health literacy in the District.**

AHL Collaborative members included project staff from the eight Advancing Health Literacy community partners, members of the evaluation team, and project members from three administrations at DC Health (the Office of Health Equity, the Community Health Administration, and the Office of Communication and Community Relations). The AHL Collaborative served as the shared learning space for all AHL partners to mobilize in developing internal capacity and tools to address and increase their own and their resident's health literacy. Meetings were held on the third Thursday of each month during the project period. Collaborative meetings included the following content:

- A Community of Practice
- Sharing of updates and announcements: upcoming health literacy efforts and events including podcasts, workshops, community health initiatives/events, and outreach tailored for their residents.
- Health Literacy Trainings
- Ideas and opportunities for collaboration
- Creating messaging materials for residents
- Support activities that informed the development/co-creation of an organizational health literacy model and toolkit. This included co-development of toolkit components including a: Training Curriculum, Health Journal, Social Needs Assessment, Learning Support Portal (web site), Evaluation Tools, and best practices for Outreach/Language Access, and Communication Tools.

These partnerships have already demonstrated sustainability, particularly when CBOs connect with each other to expand their capacities and services they can offer the community. Partnership building through the Collaborative contributes to increased community reach, range of health literacy messaging, and improvements in health literacy on a larger scale.

Component 3: Collaborate with Community Based Organizations (CBOs):

Accomplishment 1: **DC Health successfully collaborated with 6 non-health community-based organizations, 1 academic/faith-based partnership, 1 FQHC serving the Latino/a/x community, an evaluation partner, and DC Primary Care Association to co-develop organizational health literacy toolkits and models to increase organizational health literacy capacity among District CBOs and FQHCs.**

Advancing Health Literacy Partners:

- Central American Resource Center (CARECEN): CBO Partner
- Far Southeast Family Strengthening Collaborative (FSFSC): CBO Parter
- HEAL-DC at American University: Academic and Faith Based Partners
- InnerCity Collaborative (ICC): CBO Partner
- La Clinica del Pueblo: FQHC Partner
- Latin American Youth Center (LAYC): CBO Partner
- Leadership Council for Healthy Communities (LCHC): CBO Partner
- United Planning Organization (UPO): CBO Partner
- Howard University: Evaluation Partner
- The Bayne Corporation: Administrative Partner
- DC Primary Care Association (DCPCA): Consulting Partner

DC Health identified and engaged community-based organizations (CBOs) with a demonstrated track record of mobilizing communities in the District to improve health literacy. Priority communities for this project included communities who are more vulnerable to increased risks of exposure, symptoms, severe illness, comorbidities and complications of COVID-19; communities that have historically been marginalized; those that have a distrust of government and the health care system; and /or whose first language is not English. These community partners (all but one being non-health related organizations) functioned as effective 'bridges' in their communities, connecting their residents and constituents to health information. Each organization uniquely implemented project activities that aligned and expanded community-based, culturally, and linguistically appropriate health literacy engagement and intervention efforts. As each community partner worked to increase health literacy in their communities, they were simultaneously developing their own professional health literacy, as well as the internal health literacy at their organizations.

Highlights of this collaboration include:

- **Co-development of a Health Literacy Training Curriculum:** DC Health and the eight collaborative partners co-developed a health literacy training curriculum. Curriculum topics and subject matter experts were identified by the CBO partners with the support of DC Health when appropriate. The curriculum aims to build capacity among staff from non-health community-based organizations (CBOs) to better serve their residents and improve health literacy in their communities. The training curriculum materials are part of the Organizational Health Literacy toolkit for non -health CBOs to train staff and other audiences as needed and is a component of the organization health literacy model for non-health CBOs that was co- developed as part of this effort. Presentations of the

trainings are recorded and uploaded onto the Living Well Health Portal along with other relevant materials to support widespread content dissemination and sustainability.

- **Collaborative and Translational Approach to Model Development:** Informed through project partnerships and community initiatives, DC Health, collaborative CBOs, DC Primary Care Association, and faith- based partners developed an organizational health literacy toolkit and model that can be implemented within non-health CBOs and FQHCs to support building organizational capacity in health literacy.
- **Development and Implementation of communication messaging materials and campaigns:** The AHL Collaborative worked together on communication initiatives to increase health literacy in their communities. Once a month, AHL Collaborative members would hold collaborative feedback sessions with CBO partners to better understand what messaging will resonate with stakeholders. CBO partners reviewed and provided feedback on health information materials developed by DC Health. These materials included:
    - Health Journal: found here https://livingwell.dc.gov/ahealthyyou
    - Children's Coloring and Activity Book, a version of the Health Journal for children: found here https://livingwell.dc.gov/ahealthyyou
    - Developed "Make it Plain" Posters for health care organizations to encourage Plain Language practices
    - Messaging campaigns for COVID, Long COVID, Mpox, Health Literacy, New Year New You, Diabetes, Cervical Cancer
- **Health Literacy Summit:** The Advancing Health Literacy Summit was held in DC on May 30, 2024, to disseminate the co-developed Organizational Health Literacy Model and Toolkit to CBOs and FQHCs in the District. The morning plenary session focused on laying the foundation for sustaining the work, celebrating engaged collaborative practice, and shared learning. The presentations reviewed the components of the organizational health literacy toolkit that were co- created during the project and highlighted the partnership between community-based organizations and DC Health. Presentations were done in partnerships, with at least one DC Health staff and at least one CBO staff, and focused on the community and administrative activities supporting the following elements of the Organizational Health Literacy Toolkit:
    - Collaborative Learning and Training
    - Audience-Informed Message Development, Feedback and Use
    - Intentional Outreach and Integrated Language Access
    - Social Needs Assessment and Referral Tool Integration
    - Learning and Practice Change Portal Development
    - Project Measures: Quantitative & Qualitative
    - Collaborative Program Evaluation
    - Learning Distillation, Strategy Modification and Practice Change
    - Engaging Sustainability by Starting With The End in Mind
    - Sharing Results for Collective Knowledge Building & Use

The afternoon sessions showcased the work of the CBOs in individual breakout workshop sessions run by the CBOs. The Summit was free and open to all community-based organizations

in the District and surrounding area who have a role in serving as a "bridge" and integrate Organizational Health Literacy in their work.

Component 4: Build a Health Literacy Practice Change & Learning Support Portal

Accomplishment 1: **Develop a Health Literacy Practice Change and Learning Support Portal (Living Well DC) as a bidirectional platform to share materials and tools to improve individual and organizational health literacy. | livingwell**

Living Well DC is designed to support the different intervention, engagement and learning needs at the individual, professional, and organizational levels. The portal is an online platform to share evidence- based health literacy information, tools, educational materials and data. All materials co-developed by the Advancing Health Literacy Collaborative are available for easy access, utilization and application on Living Well DC. These include the Organizational Health Literacy models and toolkits, including best practices and ideas for integration and application within organizations.

DC Health works closely with the Office of the Chief Technology Officer (OCTO) on design and content updates as they become necessary and available. Content will be continuously added and monitored as health literacy initiatives remain a priority in Healthy DC2030.

Health Literacy Collaborative priorities for 2025:

The formal funding period for the Advancing Health Literacy project concluded June 30, 2024. However, the project was designed and implemented with sustainability in mind. DC Health is continuing to leverage the resources and partnerships from this grant to continue supporting capacity and infrastructure for sustainable health literacy capabilities to expand individual, organizational, and community health literacy in the District for the next decade, and beyond. DC Health plans on continuing to advance citywide, multi-sectoral strategies internally and externally among government agencies, health systems, and CBO partners applying the health literacy learning collaborative model we used in this project period.

Priorities and plans to sustain the major program components include:

- *Health Equity Transformation*: DC Health is prioritizing health literacy across its programs and has included improving our own organizational health literacy into our agency wide Health Equity Transformation Plan. A goal of the Health Equity Transformation initiative is to Advance Organizational Health Literacy at DC Health which will include conducting a Health Literacy Assessment of DC Health staff and programs to inform an Organizational Health Literacy toolkit and best practices for DC Health.
- *HealthyDC 2030 Strategic Goals*: Strategic Health Literacy goals are a priority for the District of Columbia as a whole, including as part of the HealthyDC 2030 shared community agenda. The HealthyDC 2030 process is currently under way to strategize planning for the next 10 years. Health literacy is identified as a priority, and we identified

metrics to meet the first three Healthy People 2030 objectives. Prioritizing Health Literacy in planning, along with a data driven approach, supports sustainability of the health literacy work initiated during the grant period.

- *Sustain a Health Literacy Learning Collaborative*: The purpose of an ongoing collaborative is to support a health literacy community of practice. Through the engagement efforts with the residents in their respective communities, AHL collaborative partner CBOs built their own internal capacity around health literacy. The collaborative learning during the project period provided valuable insights and options for sustainable models and value- added content that will evolve and expand the collaborative beyond the grant period. We are currently exploring the best options for accessible collaborative engagement across District organizations interested in participating in this community of practice.
- *Sustain a Health Literacy Practice Change & Learning Support Portal*: The portal is an integrated, tri-focal health literacy resource that is designed to support the learning and engagement needs of individuals, organizations, and providers by sharing evidence-based health literacy information, tools, resources, materials, and data. The co-developed organizational health literacy models/toolkits for non- health CBOs and FQHCs live on the public Portal to ensure sharing, ease of access and replication for other CBOs and FQHCs. DC Health will continue to ensure that the Health Literacy Learning Support portal is updated and supported in collaboration with the District's Office of The Chief Technology Officer. The Portal allows DC Health to continue disseminating evidence-based practices beyond the grant period.
- *Collaborate with Community Based Organizations and Priority Populations:* The Organizational Health Literacy Model for non-health Community Based Organizations and the Organizational Health Literacy Model for Federally Qualified Health Centers were both co-created as part of this funding period and are the primary example to highlight our community collaborative learning approach in co-creating a model for long term health literacy goals and practice change. Through ongoing communication campaigns, the models will continue to be widely shared and utilized to increase and implement organizational health literacy tools in a variety of spaces in DC, especially in agencies where health may not have been a focus.

Q27: What steps has DC Health taken in FY 2024 and FY 2025, to date, to update its outdated Language Access policy and have an updated policy approved by Office of Human Rights (OHR)?

a. What steps is DC Health taking to improve the accessibility of its website, specifically in ensuring that translated applications and documents are linked and easily accessible?

b. In the most recent DC Language Access Scorecard, DC Health scored 5/14 on overall compliance: 2 out of 5 for preparedness, 1 out of 4 for accessibility, 2 out of 5 on quality. What steps is DC Health taking to improve its score in FY 2024 and FY 2025?

Response:

The District of Columbia Department of Health has been and continues to be fully committed to the enforcement of the *Language Access Act of 2004*. DC Health has consistently developed and implemented the following language access policies and initiatives that highlight DC Health's commitment to language access:

- SOP-250.100: The SOP is valid until 2026
- We worked directly with Vital Records to ensure Language Access compliance through training, signage, and documentation.
- Partnered with DCPS to provide training to in-school-based health centers.
- Google Translate added to all DC Health websites.
- Allocated over $100,000 for translation of vital documents, social media campaigns, and in-person events.
- Incorporated sign language interpretation services.
- Tested Language Lines mobile application (Insight) to assist DC Health Wellness Centers in providing real-time ASL interpretation through VRI services.
- Held two grantee compliance training sessions, including one in collaboration with the Office of Human Rights to protect pregnant workers.

The current language access Standard Operating Procedure (SOP) was revised from January to March of 2023, approved in April 2023 and registered with the District of Columbia Office of Human Rights. This policy is due to be revised again in April 2026. During the FY24, DC Health translated a record number of vital documents and provided interpretation services over 80 times (including in Spanish, French, Amharic, and American Sign Language).

DC Health is also creating a new and improved website to make it easier for everyone to find the health information and services they need. The website will use the latest technology to automatically translate pages into six languages required by law: Amharic, Chinese, French, Korean, Spanish, and Vietnamese. For example, families will be able to easily find information about vaccines, healthy habits for new moms, or what to do in an emergency, all in the language they are most comfortable with. The new website will also be designed to work well on phones and tablets, have bigger text options, and include features to help people with disabilities use it. The site will also have better tools to search for services, updates, and important news. It will

include helpful features like live chat for questions and simple online forms to request things like birth or death certificates.

To improve DC Health's adoption of its language access policy and boost its DC Language Access Score, several steps will be taken. Role-specific training, along with advanced cultural competency modules, will better prepare staff to address language barriers. Regular refresher courses and interactive e-learning tools will ensure ongoing compliance and awareness. Providing real-time tools like translation apps, interpreter access, and quick-reference language guides will enhance service delivery.

DC Health will also engage community-based organizations by offering workshops and incentives for those excelling in language access practices. Tracking compliance through KPIs, such as interpreter usage or translated materials, and recognizing outstanding efforts will encourage adherence. Regular feedback from staff and the community will identify gaps and guide improvements.

Outreach campaigns, including collaborations with local media, will raise awareness of available language services. By implementing these strategies, DC Health can create a more inclusive environment and improve its Language Access Score.

For over twenty years, DC Health has provided record numbers of services and access initiatives to the Limited English Proficient (LEP) and Non-English Proficient (NEP) customers of the District of Columbia. Our commitment to the letter and the spirit of the law has guided us in establishing record numbers of interventions in this area.