

**Accreditation Preparation &
Quality Improvement
Demonstration Sites Project**

Final Report

**Prepared for NACCHO by the
Coconino County Health
Department, AZ**

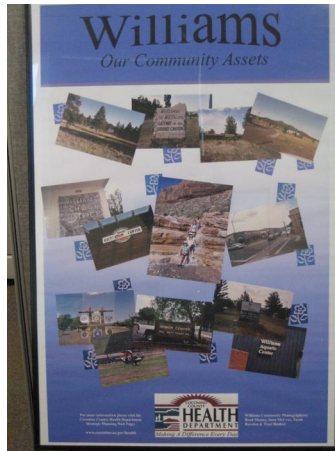
November 2008

Brief Summary Statement

Coconino County Health Department (CCHD) is located in north central Arizona and primarily serves a rural population of nearly 125,000. Using the NACCHO Local Health Department (LHD) Self-Assessment Tool for Accreditation Preparation and a quality improvement (QI) process, CCHD focused upon *Essential Service IV: Engage the community to identify and solve health problems*, as it applies to Williams, Arizona; community needs and desires were then documented. Concurrently, a formal CCHD evaluation of service delivery to Williams was conducted, resulting in opportunities programs to be modified, so that CCHD has a more community-driven approach to serving Williams.



Background



CCHD is based in Flagstaff, Arizona, with 136 full-time employees. Geographically speaking, Coconino County is the second largest county in the United States, serving a remarkably rural population of nearly 125,000. In the fall of 2005, CCHD completed the National Public Health Performance Standards Program. CCHD also engaged all of our communities through an extensive Mobilizing for Action through Planning and Partnerships (MAPP) process that concluded in December 2006. From this, a strategic plan, **Healthy Coconino 2012**, was born. This plan was adopted by our County Board of Supervisors in 2007; in February 2008 CCHD hired a Senior Health Planner to ensure that the new strategic plan is a “living” document, accurately reflecting the current state-of-affairs within CCHD and its communities, to drive optimal health care service delivery throughout our County. CCHD provides many services to Williams, which is one of our largest communities (photo depicts community-defined assets, expressed during MAPP process).

Goals and Objectives

Goals of Quality Improvement (QI) Project	Objectives (project began on April 1 st ; all dates refer to 2008)
<p>Complete the Self-Assessment Tool (calculating scores and analyzing results, plus identifying a priority area to address through a QI process) and Provide Feedback on Metrics</p> <p><i>(change: rather than basing dissemination of Standards to Senior Managers upon CCHD’s strategic plan, we decided to do so based upon their upon their Service Unit responsibilities)</i></p>	<p>Transmit self-assessment tool scores to NACCHO via Insight-Vision by May 15th</p> <p>Provide feedback on the metrics to NACCHO by May 29th</p>
<p>Identify an Opportunity and Plan for Improvement</p>	<p>Identify a measurable priority area of improvement that a QI process could be applied to by May 29th</p>
<p>Test the Theory for Improvement</p> <p><i>(change: a graphic designer was hired in August, to create a professional Community Health Profile from</i></p>	<p>Ask community members, “<i>What do you feel are the main health concerns in Williams?</i>” as well as, “<i>If you could have a wish granted, what would you do to</i></p>

<p>information gathered, and an evaluation consultant was also hired around this time, to analyze CCHD service delivery to Williams)</p>	<p><i>improve health within your community?"</i> and document their responses</p> <p>Compile Williams data from an array of sources</p> <p>Arrange data in the context of Healthy People 2010 objectives and focus areas</p> <p>Have CCHD Senior Managers provide the following details on services provided to Williams:</p> <ul style="list-style-type: none"> • Programs offered (including consistency) • Program staff • Utilization rates of programs
<p>Use Data to Study the Results of the Test</p>	<p>Share draft Community Health Profile (CHP) with community members, at a consensus workshop between CCHD and the community</p> <p>Ensure that our new CHP captures the current state-of-affairs in Williams</p>
<p>Standardize the Improvement and Establish Future Plans</p>	<p>Incorporate workshop results into the draft CHP, for finalization</p> <p>Evaluate CCHD program offerings to Williams, to tighten future service delivery</p>
<p>Participate in Continuous QI Efforts</p> <p><i>(change: due to a class cancellation and the transfer of one Senior Manager, the planned Power of Image Shift training was replaced with QI-related workshop attendance at the American Public Health Association's Annual Meeting in San Diego, CA for the Health Department Director and Sara, the Senior Health Planner – in particular, these sessions were selected for Sara:</i></p> <ol style="list-style-type: none"> 1. <i>Evidence-Based Public Health: Finding and Appraising Relevant Resources</i> 2. <i>Community-Based Participatory Research: Working with Communities to Analyze and Interpret Data and Get Outcomes)</i> 	<p>Participate in bi-monthly NACCHO conference calls and occasional webcasts</p> <p>Train Senior Managers in Technology of Participation® facilitation techniques</p>

Self-Assessment

CCHD conducted a self-assessment utilizing the Local Health Department Self-Assessment Tool for Accreditation Preparation, composed of the Operational Definition standards and indicators. First, Operational Definition Indicators were reviewed by Senior Health Planner Sara Wagner in early April, to see which of our Health Department's Senior Managers (based upon their specialty areas) could best evaluate each one, within their respective Standards. Involved Senior Managers were the: Public Health Emergency Preparedness Service Unit Senior Manager, Access to Health Care Service Unit Senior Manager, Health Education and Promotion Service Unit Senior Manager, Environmental Services Unit Senior Manager, Clinical Services Unit Senior Manager, and our Health Department Director. CCHD's Director then reviewed Sara's dissemination plan, recommending a few changes (as to who would evaluate each Indicator). Sara then introduced the Self-Assessment Tool at a Senior Management Team meeting in mid-April, highlighting which Indicators each Senior Manager would be responsible for (she had applicable "hard copies" for each Senior Manager). Senior Managers then spent a week or so assessing their assigned Indicators, as they pertained to our

Health Department as a whole; this proved to be our most challenging task, as they found it difficult to base scores upon the performance of our entire Health Department, rather than that of their respective Service Units. Throughout this process, Sara provided technical assistance on an as-needed basis. Next, Sara entered all scores into InsightVision (as she received them back from each Senior Manager) and printed off overall self-assessment results. These collective responses (including a key as to what the colors and numbers meant) were then shared at a Management Team meeting in early May. Everyone was asked to review them and voice desired changes. While discussion ensued at the meeting, a few suggestions trickled in afterward. To reach final consensus, a few of the scores had to be averaged, to accommodate everyone's input; final scores were then agreed upon at a consecutive Senior Management Team meeting, and Sara re-entered them into an online version of the tool, for transmission to NACCHO by May 15th.

Senior Managers had also been asked to write feedback regarding the Self-Assessment Tool to inform the development of standards and measures by the Public Health Accreditation Board and were assigned specific questions (again, Sara had given them hard copies, appropriate for their particular Indicators). Once she received their comments, Sara hand-entered their responses into the online SurveyMonkey evaluation by May 29th.

Sara also analyzed CCHD's overall self-assessment scores and identified a couple of priority areas (based upon our results) that a QI process could be applied to. This was then presented at the next Management Team meeting, where discussion ensued and an agreement was reached. Our team decided that rather than address our lowest-scoring Indicators, our preference was to address an entire Standard that was particularly important to us, in which we consistently scored sub-optimally.

Highlights from Self-Assessment Results

Standard/ Indicator #	Standard and Significance Standard: Engage the Community to Identify and Solve Health Problems Focus: Community Planning Process Engaging Systems Partners Significance: Our selection served a dual purpose, of addressing an issue important to our Health Department, as well as fulfilling target job duties for our new Senior Health Planner
IV. A. 1	LHD has community health planning structure in place, including partners <i>CCHD has a strategic plan, Healthy Coconino, in place; however, this project is intended to more directly engage interested partners in Williams, as well as CCHD staff who provide services to them</i>
IV. A. 2	The planning team uses CHA to inform selection of priorities <i>It is hoped that the new Williams Community Health Profile (CHP), professionally-finished by Jen Saunders Design, will be a community health assessment of sorts, to guide future program delivery</i>
IV. A. 7	The performance of the PH system is assessed (in relationship to targets) <i>Our hired consultant, Planning and Public Health (PPH) Partners, will examine the relationships between health care programs offered to Williams (how consistently they are offered as well as utilization rates by the community) and community-expressed needs and desires, in addition to data-defined targets toward achieving optimal health outcomes for the citizens of Williams</i>
IV. A. 11	Strategies and best practices are selected to increase potential for success <i>Collaborative strategies, between the community of Williams and CCHD, will emerge during the consensus workshop; our new CHP will also highlight "best practices" in its Healthy People 2010 section</i>



Quality Improvement Process

AIM Statement: The aim of this project was to initiate a QI process that engaged the community of Williams (Arizona) in identifying and solving their own health problems, so that CCHD staff could then incorporate the community's insight into their program plans; another facet of this endeavour was to improve CCHD's internal focus upon process outcomes by thoroughly evaluating our program service delivery to Williams. Overall, our intentions were to optimally serve our external customers, the people of Williams.



PLAN: CCHD's Senior Management Team identified a priority area for improvement based upon our *Self-Assessment Tool* scores. Within *Essential Service IV: "Engage the Community to Identify and Solve Health Problems," Standard IV-A: Community Planning Process Engaging Systems* **Partners** jumped out at us, since our health department had mediocre scores across all 11 indicators. The following four indicators were then selected as focal points for our QI efforts:

- Local health department has community health planning structure in place, including partners
- The planning team use community health assessment to inform selection of priorities
- The performance of the public health system is assessed (in relationship to targets)
- Strategies and best practices are selected to increase potential for success

Sara then contacted all CCHD staff who provide, or have provided, services to Williams; colleagues in turn generated the following reports (and other relevant documents) that were reviewed:

- *Arizona Behavioral Risk Factor Survey*
- *Arizona Chronic Disease Plan*
- *Arizona Department of Commerce Data*
- *Arizona Department of Health Services Community Health Profiles*
- *Arizona Department of Health Services Office of Health Systems Development: Williams Statistical Profile*
- *Arizona PH Association Data*
- *Arizona Rural Health Office Data*
- *Arizona Women's Health Survey*
- *Arizona Youth Survey, Williams Alliance Against Drug Abuse, Spring 2004*
- *CCHD EpilInfo and MedSIS Data*
- *CCHD Strategic Planning Survey, 2006*
- *Centers for Disease Control (CDC) Healthy People 2010 Objectives*
- *CDC School Health Index*
- *Chronic Care Model*
- *Community Health Assessment of Coconino County Census Tract 17, NAU*
- *DHHS, Bureau of Health Professions Data*
- *Forces of Change Assessment Report, Williams Community Focus Group, Spring 2006*
- *Health Status and Health Service Needs of Coconino County Residents 2005*
- *Healthy Arizona 2010*
- *Healthy Lifestyles: Perceptions and Beliefs of Williams Community Members Regarding Physical Activity and Nutrition, CCHD Williams Community Health Project, compiled by Traci Bunker and Allie Stender-Mrazek, July 2005*
- *HRSA grant application for Williams Health Consortium's Rural Health Care Outreach Initiative*
- *Search Institute Report, 2005*

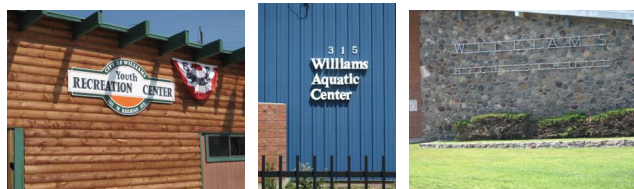
- *Williams Community Learning Center Survey, Spring 2005*
- *Williams Community Responses to Community Themes and Strengths Survey*
- *Williams Unified School District Family Health Team: A Look at Reproductive Health Needs, Mark Coffey Creek, Alena George, William Poulson, NAU PH Nursing Project, Fall 2006*
- *Williams Unified School District, Homeless Assistance Mini-Grant, 2006*
- *LeCroy and Milligan Needs Assessment*

Although much of this information was outdated, a list of “starting point” key informants, stakeholders, vital organizations in Williams, community-identified assets, community-defined needs, CCHD-identified needs, and data-identified needs was made. Next, respected Community Health Profiles (CHP) from across the country were examined, so that a CCHD template could be created and applied to Williams.

Our improvement theory was that if CCHD service delivery to Williams was evaluated at the same time that the community’s health needs and desires became known, an improved community-driven approach to service delivery would emerge. However, in order for Williams stakeholders and CCHD staff to get on the same page, a “visual” of their community would first need to be made, to act as a catalyst toward enhanced collaboration. This “snapshot” could take the form of a CHP for Williams, providing basic demographic and socio-economic characteristics of the community, highlighting Healthy People 2010 objectives as they pertain to specific improvement opportunities, and especially focusing upon community-defined needs and desires as possible “next steps” for the community to take in working with an array of agencies (toward achieving improved health outcomes). It was also felt that this CHP may inspire renewed partnership and spark motivation.

Based upon this assumption, the following potential solutions were identified:

- a) Local, county, state, and national data available for Williams could be arranged in the context of Healthy People 2010 objectives (evidence-based “best practices”), so that clear “targets” could be identified, thereby clarifying the role that CCHD could take in assisting Williams toward improved health outcomes
- b) CCHD staff could become aware of what the *current* day-to-day needs and desires of Williams community members are, so that programs could be adjusted to more effectively address them
- c) An evaluation of CCHD service delivery to Williams would highlight gaps in service, that would spell out opportunities for CCHD to adjust its approach in serving specific target populations more effectively



DO: Sara developed a questionnaire with two basic questions (pertaining to the community’s health needs and desires) and made several trips to the field (on August 12th, 14th, 15th, and 28th). She met face-to-face with Williams stakeholders, to document their perspectives (some questionnaires were completed in-person, while others were hand-delivered, e-mailed, or faxed after these initial meetings). This information was then synthesized with *current* local, state, and national data available for Williams (*sources: U.S. Census Bureau; U.S. Department of Education, National Center for Education Statistics; Arizona Department of Commerce, 2007; Arizona Department of Health Services, Williams Community Health Profile, 2003; Arizona Department of Health Services, Vital Statistics, 2007; Search Institute Report, 2008; and CCHD 2007*) into a draft CHP which was handed over to our local graphic designer. Meanwhile, a consensus workshop was held (on November 10th) between CCHD and community stakeholders, to openly discuss all findings (to ensure that this was indeed an accurate snapshot of Williams, entering 2009), as well as to brainstorm how collaboration could be enhanced, in the context of “creating a healthier Williams.” Meanwhile, CCHD Senior Managers provided the following details on Williams program delivery to an evaluation consultant:

- Programs offered (including consistency)
- Program staff
- Utilization rates of programs



CHECK: The consensus workshop revealed that indeed, the CHP captures the current state-of-affairs in Williams. Moreover, additional insight was gleaned (for instance, areas of overlap between what some community members expressed in their one-on-one meetings and what key stakeholders knew to *already* be offered in Williams were eliminated; an example of this would be how one person had advocated for weekend physician coverage at the local health clinic, yet during the workshop, the clinic manager verified that this was already being offered). Community members were thrilled to see all of the data that had been collected for their community and put into a relevant “health” context; discussion of this data also triggered ideas during the brainstorming portion of the workshop. Thanks to active participation, our workshop renewed commitments, energized everyone, jumpstarted “next steps,” and created a blueprint of how Williams could proceed into the future, toward bringing its most pressing health needs and desires into the awareness of key agencies and funders. Workshop “results” were incorporated into the draft CHP before it was finalized (the finalization process involved *many* revisions!). Separately, gaps in CCHD service provision became apparent through the formal evaluation process conducted by our consultant; these were documented in a final report to CCHD.



ACT: The new Williams CHP will be posted on the CCHD website and widely distributed (via hard copy as well as electronically). It can then be used by community members, CCHD staff, and partner agencies for use in service provision planning, grant acquisition, policy development, and other efforts, ensuring that the CHP is a “living” document that enhances the capacity of myriad organizations to provide effective health care services to the people Williams on a continual basis. Future plans also include streamlining CCHD program delivery to Williams (by addressing evaluation-identified gaps in service) and monitoring the progress of CCHD Senior Managers in doing so (which will include weaving Williams CHP insights into the fabric of their planning processes). If needed, Sara will provide technical assistance to the CCHD Senior Management Team, toward this end (as part of this grant project, CCHD Senior Managers were trained in “Technology of Participation” workshop techniques, so that they could emulate our productive work session in Williams within their own teams). Lastly, to begin meeting the expressed needs and desires of the Williams community, CCHD will first go after the “low-hanging fruit” (issues that are important to the community that would be very easy for CCHD to satisfy – for example, designating an official CCHD liaison to serve on the Williams Alliance), to sustain momentum.



Results

In order to examine associations between **1)** community-identified health concerns and desires, **2)** the type and level of CCHD program offerings and **3)** the utilization of such programs within the community of Williams, we collected the following data:

- 1) Community-identified health concerns and desires, as well as general health statistics and demographics on Williams: gathered by Sara in summer/fall 2008 and represented in the Williams CHP
- 2) CCHD program offerings (types and regularity): provided by CCHD Senior Managers in fall 2008
- 3) Utilization of CCHD program offerings in Williams, including eligibility criteria: provided by CCHD Senior Managers in fall 2008

This data, along with the dialogue that occurred during the Williams workshop (during which a technique known as Technology of Participation® was utilized to instill trust, create energy through renewed relationships, as well as bring vitality to CCHD's partnership with Williams) was used to identify areas of positive action already occurring in Williams, as well as opportunities for CCHD improvement. Specific CCHD gaps in service have been highlighted in the Final Evaluation Report (appendix). The heart of project was the newly-created CHP for Williams, which begins with an "introduction" to the community, as well as general census and vital statistics information (ie, depicting who they are "on paper," or what the data says their main health focal points should be) then goes a step further, to talk about what community-identified health concerns are and what their dreams to address these issues are, from the perspective of individuals from varying cross-sections of the community. Lastly, it embodies strategies identified in the workshop, to bridge everything (for example, "best practices" to help move Williams closer to meeting national standards, as well as suggestions to streamline current service provision).

Finally, the Senior Managers who were trained in Technology of Participation® facilitation techniques (via the Institute of Cultural Affairs) really enjoyed learning these skills and intend to build them into our continuous QI infrastructure here at CCHD. They also purchased three "sticky walls" and two Art of Focused Conversation books, to utilize as resources in doing so. Likewise, the sessions that the Sara attended at APHA were extremely beneficial and will be applied to our County's QI endeavours in the months and years ahead.

Lessons Learned

The Plan-Do-Check-Act cycle of continuous QI and learning has been very valuable to our Health Department. CCHD has gone way beyond what we thought would be possible within this limited timeframe. We intend to increase the frequency with which we do efforts of this nature, within all facets of our programs, as we gained an awareness of how vital QI is to the daily work lives of all of our team members, including community partners.



Next Steps

This particular project has inspired a new "Planning and QI Service Unit" here at CCHD (while it has yet to be materialize, it has been approved by our Senior Management Team). We want continuous QI efforts of this caliber (self-assessment and PDCA processes) to be part of the working culture of our Health Department.



Conclusions

CCHD is confident that our involvement in this Accreditation Preparation and QI Demonstration Sites Project has not only benefitted us a Health Department, but has helped Coconino County as an agency and will serve the community of Williams in unexpected ways for years to come. It has been so rewarding – ***thank you, NACCHO!***



Appendices

Appendix A: Storyboard Template

Appendix B: Williams Community Health Profile

Appendix C: Final Evaluation Report

Appendix D: Community Voice Questionnaire

Appendix E: Community Voice Questionnaire (Spanish version)

Appendix F: Consensus Workshop Agenda

Appendix G: Workshop Flyer

Appendix H: Press Release

Appendix I: Self Assessment Tool Final Scoring Process Overview