

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

**Final Report**

**Prepared for NACCHO by the  
Coffey County Health Department,  
KS**

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# **EAST CENTRAL KANSAS PUBLIC HEALTH COALITION**

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## **Brief Summary Statement**

This collaborative, East Central Kansas Public Health Coalition, is comprised of eight county Health Departments: Chase, Coffey, Franklin, Greenwood, Lyon, Morris, Osage and Wabaunsee. The collaborative was originally formed to fulfill Public Health Preparedness work plan items at the request of the Kansas Department of Health and Environment. Lyon County Health Department is geographically in the center of this region and serves as the fiscal agent for the collaborative. Population, square mileage, and staff size (represented as Full Time Equivalent) of each county are included in the table below.

County	Population	Square mileage	Full Time Equiv.
Chase	3,070	778	3.5
Coffey	8,701	655	5.7
Franklin	26,513	577	9.47
Greenwood	7,067	1,153	4.5
Lyon	35,609	855	27.6
Morris	6,049	703	5.3
Osage	16,958	719	9.0
Wabaunsee	6,919	800	5.0

Common themes that emerged from using the NACCHO LHD Self-Assessment Tool for Accreditation Program included gaps in knowledge for Community Health Assessment and Use of Data. The collaborative developed a strategic plan to address both of these knowledge and skill deficits.

### Project summary:

The East Central Kansas Public Health Coalition (ECKPHC), in response to receiving funding from NACCHO for Accreditation Preparation and Quality Improvement Demonstration Sites Project, initiated the project by each county individually completing its own assessment of readiness for accreditation using the Operational Definition Prototype Metrics Assessment Tool.

ECKPHC then identified a targeted plan based on the collective results from the Assessment Tool. The coalition selected Standards I-C, Conduct or Contribute Expertise to Periodic Community Health Assessments and I-E, Data Analysis to address through a collaborative effort. It was determined that the scope of the two standards was quite broad and for the purposes of the grant requirements the focus would need to be narrowed.

A planning process was undertaken that included review of the selected priority areas and identification of the strengths and challenges of addressing each indicator under the chosen Standards. Prioritization of the indicators was accomplished by each person

ranking the indicators under the two selected standards on a scale of 1 to 5 with 5 being the highest score. It was decided based on the discussion and the rankings, to address the top three indicators under each standard. For each of the 6 indicators selected, the group determined what the goal would be for building capacity for the specific indicator and identified the impact at both the local (county level) and for the coalition. A plan was developed to address the refined topic areas.

The group discussed the mechanism they would use to formally collaborate to implement their plan and also how they would address working together on future areas of mutual interest and need.

They determined that the best scenario would be to build on the existing service agreement (see Background section) and to develop a general collaborative agreement to be signed by a representative from each county's Board of Health and County Clerks. The consensus was that the Boards of Health would be willing to consider amending the current agreement to address other topic areas across the region that would increase the capacity of each health department to perform the essential services and move toward accreditation. A revised agreement was developed and reviewed by select county counsellors. The agreement was then finalized and routed among all Boards of Health for approval and signature. Details on this process are outlined below.

## **Background**

Coffey County Health Department (CCHD) was officially developed over 50 years ago to implement Tuberculosis control. It now employs 11 personnel to provide Family Planning, Maternal and Child Health services, Immunizations, School Nursing, Chronic Disease Risk Reduction, Public Health Emergency Preparedness, routine screenings for primary prevention, and health education for the community. With past and current leadership, CCHD has remained involved with Kansas Association of Local Health Departments to establish progressive movement with regionalization and accreditation. CCHD is governed by the five-member Board of County Commissioners. The Administrator presents to the Board in a monthly progress report. The Department operates on a \$400,000 budget, funded through local tax distribution (\$200,000), grants from Kansas Department of Health and Environment (\$55,000) and service fees from clients and insurance companies. The population served is 97% white with median income at \$43,055; the largest employment industry in the county is generating electricity (Wolf Creek Nuclear Operating Corporation) followed by agriculture.

Coffey County has been involved in the coalition since its inception in 2003. The coalition has a strong history of collaboration through their Public Health Preparedness (PHP) efforts and has a good working relationship. Prior to PHP the agencies did not know each other well nor did they formally work together as a region although Lyon County did provide WIC services for Chase and Coffey counties, both of which became members of ECKPHC when it was formed in 2002. In the past, Lyon County contracted with Coffey County for Healthy Start Home Visitor Services and presently contracts for Childcare Licensing.

As part of the development of the coalition, a Regional Public Health Preparedness Coordinator was hired to serve the region. In addition to the PHP activities, the Information Technology staff person for Lyon County serves as a resource to the rest of the region as needed. Lyon County has been designated the fiscal entity for the PHP

efforts; however, the coalition plans the budget as a group. They hold monthly meetings with a formal agenda.

A Regional PHP agreement was signed by Health Department Administrators that allowed for each LHD to fulfil Public Health Preparedness work plan requirements: responding to each county as needed for prevention of morbidity and mortality, to create a contact system where each LHD's staff can be reached at any time for emergency preparedness, and to create an inventory tracking system for items purchased for the region.

The coalition saw the Accreditation project as an opportunity to move the health departments toward accreditation working on capacity building as a region. It was recognized that it would be very difficult for smaller health departments to build capacity on an individual basis thus having a potentially slim chance for accreditation. However, this project offered the coalition another opportunity to work together and through the results of the assessment identify areas they could work on collaboratively to build capacity across the entire region. This project offered the coalition an opportunity to use the economy of scale to address gaps in capacity.

ECKPHC has worked collaboratively on a range of projects related in Public Health Preparedness, including development of Standard Operating Guides, regional table top exercises, sharing information on communicable disease surveillance and follow-up, training, equipment and supply purchases, and sharing a Regional Coordinator for PHP. In 2007 the region applied for and received Lead States in Public Health Quality Improvement, Multi-State Learning Collaborative funding to initiate a Continuous Quality Improvement project (CQI). With this funding the region received CQI training and utilized CQI processes to identify service delivery gaps related to maternal and child health. From this process lack of standardization in testing and treatment for Sexually Transmitted Infections (STI) was identified for a process improvement activity. From this activity the following were accomplished: 1) Training for regional partners; 2) Development of standardized protocols; 3) Regional brochure on availability of STI services. These shared work activities have strengthened relationships among the coalition members resulting in frequent networking and support of one another's programming needs.

Coffey County and the surrounding or extended counties involved in ECKPHC have been involved in Mutual Aid Agreements for Emergency Preparedness and Disaster Response dating as far back as 1983. Some ECKPHC counties have worked together regionally for efforts other than Public Health, including Resource Conservation and Development, Homeland Security, Hospital needs, and Solid Waste Management. Besides collaborating for these instances, Coffey County Department Heads and Commissioners attend regular regional Southeast Kansas meetings as well as are members of the Kansas Association of Counties. Both of these examples foster involvement with other Kansas counties and standardized education and legislative forum advocacy.

### **Goals and Objectives**

These goals and objectives were developed by the coalition through the process described below. More detail on the goals and objectives, as well as completion dates,

is included in the Strategic Plan included as Attachment 2.

**Goal I:** Standardized regional knowledge regarding selecting a CHA tool and implementation of a CHA process.

**Objective I-1:** By (DATE) identify and provide training to selected management and staff in the East Central Kansas Public Health Coalition on how to select and implement a Community Health Assessment.

**Goal II:** Identify common data to collect and a process for collection, analysis, integration and data sharing.

**Objective II-1:** By (DATE), identify program data categories and additional data needs to build consistent programming and data capacity across the region.

**Objective II-2:** By (DATE), develop written protocols, processes, and procedures for data gathering, analysis and integration/sharing. (Replicate or adapt any that are currently available and can be used across the region.)

### **Self-Assessment**

Coffey County completed the assessment within two business days. The Health Department Administrator completed the assessment on paper with input from the Health Department staff. Each staff member was asked for their opinion on areas appropriate to their work responsibilities. For instance, questions related to preparedness were reviewed by the Bioterrorism Coordinator. One staff member then entered the assessment online in one afternoon. The Health Department Administrator then completed the survey of the assessment tool at a later date. Results from the assessment were reviewed by the Administrator with areas of need in data analysis and community engagement. These two areas are fundamental parts of Community Health Assessment, of which all programs are based. Data analysis and community engagement are areas that need to be met in order for the Health Department to move forward with Assessment and Planning.

The most difficult part of completing the self assessment was identifying the exact policy or procedure that guides our daily work. We complete certain items on the assessment tool, but might not have them documented or part of a specific policy or procedure.

ECKPHC benefited from the aggregation of assessment results for the collaborative group provided by the NACCHO software. During discussion of results during ECKPHC meetings, each county was open about individual county results in comparing them with aggregate results for the coalition. Due to the extensive work done in the past by the coalition, a high level of trust exists, resulting in a willingness to share individual county strengths and weaknesses. The group discussed results initially and then used the services of a consultant to narrow down the areas of focus and to develop a plan. The methodology for that work is described in Attachment I.

**Highlights from Self-Assessment Results**

Standard/ Indicator #	Standard and Significance
I-C	Conduct or Contribute Expertise to Periodic Community Health Assessments: The aggregate scores for all indicators under this standard related to community health assessment fell below 2.0. This standard was selected as a focus for the collaborative planning process.
I-E	Data Analysis: The aggregate scores for all indicators under this standard related to data analysis, trending, comparison to other jurisdictions, state, and nation, and sharing data fell below 2.0. This standard was selected as a focus for the collaborative planning process.
IV-D	Develop Partnerships to Support Public Health: Coffey County has done well with creating partnerships, coalitions, alliances and scored at 4 on most levels in this area.

**Collaboration Mechanism**

The coalition agreed to use the same format as the existing PHP Service Agreement. Language changes were made to make it appropriate to this project and future capacity building efforts to move the region toward accreditation. Charters were also discussed as possible options for further defining the efforts of specific capacity building activities. The original agreement on which the revision was based had extensive legal review prior to finalization in 2003. The proposed revisions were reviewed by county counsellors for Coffey, Lyon, Osage and Wabaunsee prior to submission to Boards of Health for approval (as per County policy). Significant discussion and review among coalition members occurred prior to consensus and finalization. Because of the past history of the group, no barriers were encountered in revising the service agreement. Obtaining the required signatures from eight governing bodies was a challenge but was accomplished by developing a timeline for scheduling and routing.

Accountability was assured through description of responsibility for funding, identification of equipment ownership, and assignment of personnel responsibility to Lyon County as the fiscal agent. This process for revising and finalizing the agreement was accomplished through regular monthly meetings facilitated by the Regional PHP Coordinator and a coalition member who was using this work as her capstone project for the Kansas Public Health Leadership Institute. The willingness of each coalition member to participate and fulfil assigned responsibilities ensured success.

**Results**

Because the revised service agreement is amending the formal mechanism under which the coalition has been working since 2003, the revision serves to broaden the scope of work of the coalition in preparation for accreditation and other capacity issues. The revision formalizes previous and current work of the coalition as exemplified by the initiative funded by the Lead States in Public Health Quality Improvement, Multi-State Learning Collaborative (MLC) described above. In 2009 the region will consider applying for a new MLC grant opportunity that addresses community health assessment knowledge and skills. Successful completion of the work outlined in the Strategic Plan

developed under this project will strengthen the capacity of all local health departments as they move toward readiness for public health accreditation.

An unanticipated benefit of the project was the opportunity for each county to contribute by individual assessments that cumulatively formed the regional assessment results without bias of population, geography, or infrastructure. The opportunity for each county to determine its own process for the individual county assessment was very helpful because of the variation in staff resources represented among coalition members. The financial support of the grant allowed each county to move forward individually and collectively without the need to utilize existing budgetary resources. The on-line completion of the document and the aggregation of results by the NACCHO-supported software were tremendously beneficial. Another benefit was having data-driven confirmation of areas of strength as well as gaps.

### **Lessons Learned**

Local health departments planning a collaborative effort should consider establishing and maintaining a regular meeting schedule with a high level of commitment by all for regular attendance. In addition, the assignment of someone to facilitate the process, including setting agenda, running the meeting, and completing meeting minutes is essential. For ECKPHC this role is fulfilled by the Regional Public Health Preparedness Coordinator. Meetings must include regular, substantive agenda items with relevance to the day to day work roles of public health, for example sharing information about recent communicable disease episodes.

Coffey County has found the ECKPHC as a resource to a new Administrator needing guidance to fulfil work responsibilities. This assessment has allowed Coffey County to establish areas of improvement and prove to local Government that we are doing exceptionally well in areas that have been funded well recently.

### **Next Steps**

Coffey County will continue to work on the next steps of the project by providing assistance with Community Assessment guidance, having been involved in one in 2006; and having education on formalities included with the Assessment in recent trainings.

All members of ECKPHC recognize the challenge for small health departments to meet all of the standards for public health accreditation and that working together and building shared capacity will be essential in helping each member county prepare for and achieve accreditation. As a collaborative, ECKPHC is committed to completing its Strategic Plan developed under this grant, which will result in increased capacity in the Essential Services where gaps existed across the region. Following completion, it would be beneficial to have an opportunity to utilize the assessment again to re-evaluate the individual and collective level of preparedness in order to identify additional gaps that need to be addressed.

### **Conclusions**

The importance of strong capacity in the area of community health assessment was underscored for members of ECKPHC as the accreditation readiness assessment tool was completed. Although the community health assessment is one component of the

ten essential services, our perspective is that it is foundational to all of the others. This perspective was a driving factor in the coalition's selection of strengthening capacity in this area as the first goal in its strategic plan.

Although public health accreditation is scheduled to be voluntary, this grant opportunity focused the coalition on the readiness assessment, and members recognize that in the press of daily work, moving forward on this assessment became a priority because of the grant and its timelines.