

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

Final Report

**Prepared for NACCHO by the
Lawrence-Douglas County Health
Department, KS**

November 2008

Brief Summary Statement

The Lawrence-Douglas County Health Department (LDCHD) is a joint city-county health department located in Lawrence, Kansas serving a semi-urban population of 112,000. As a NACCHO Accreditation Demonstration Sites Project, we used the Local Health Department Self-Assessment Tool and quality improvement methods to identify and address weaknesses in our capacity to deliver essential public health services. As a result, we determined priority areas of need and have begun implementation of an on-going quality improvement program.

Background

Located in the 5th most populous county in Kansas, the LDCHD has a staff of 42 FTE and provides a comprehensive array of public health services. Program offerings include communicable disease protection and prevention, clinic services for the maternal and child health population (ranging from child health assessments to family planning to breastfeeding classes to nutrition services), case management services for seniors, teen parents and at-risk families, community health information activities and enforcement of environmental health regulations.

Although Douglas County has enjoyed growth in population and property valuations over most of the last decade, recent years have been marked with slowed growth in population and significant declines in tax revenues for both the city and the county. Because the LDCHD depends on local tax revenue for about 50% of its \$3.3 million operating budget, decreases in funding from local sources will require our agency to not only prioritize its services but also assure that those services are high quality and effective.

In April 2007, the LDCHD developed a Strategic Plan that included being prepared for accreditation as one of our priorities. In addition we had been working with program managers to develop program performance measures emphasizing quality of change produced over quantity of services delivered.

Goals and Objectives

Project Goals

- 1) Prepare the Department for accreditation.
- 2) Improve the ability of the Department to fully meet the *Operation Definition of a Functional Local Health Department*.

Project Objectives

- 1) Identify areas of strength and weakness in our capacity to deliver essential public health services and determine priority areas of need.
- 2) Identify and describe process flows related to area(s) of need as selected from the *Local Health Department Self-Assessment Tool for Accreditation Preparation* for initial quality improvement.
- 3) Identify critical performance measures for assessment of quality improvement.
- 4) Establish a process for quality improvement that will become our method of improving system capacity to deliver essential public health services.
- 5) Implement an on-going quality improvement program.

Self-Assessment

The NACCHO Self-Assessment Tool was completed by eleven Health Department staff during a day-long facilitated meeting on April 23, 2008. The group included the Director, Director of Policy and Planning, Director of Administrative Services, Communications Coordinator, and seven program managers. These individuals were selected because of their public health knowledge and history with agency and community programs as well as their responsibility for implementing program improvements. Prior to completing the self-assessment tool, staff were asked to review the tool to increase their understanding and awareness of the standards, definitions, and indicators used in the tool. We also requested that they begin noting evidence from their own programs and community experience that would assist in accurately assessing the Health Department's capacity to meet the standards associated with each of the essential functions.

Because Kansas is part of the Multi-state Learning Collaborative, we are fortunate to be able to work with representatives from the Kansas Department of Health and Environment (KDHE) who are very knowledgeable about the NACCHO self-assessment tool. One KDHE member facilitated the discussion, and two other KDHE representatives provided qualitative documentation of Health

Department responses. An independent evaluator from the Kansas University-School of Medicine-Wichita recorded quantitative responses. Discussion on each indicator was facilitated, but no consensus was sought. Staff were asked to rate the Health Department's capacity on each indicator based on their own judgement following the facilitated discussion of each indicator. Responses were analyzed by averaging individual scores to produce a mean score for each indicator. In addition, the mode for each indicator was identified as an additional measure of tendency.

A general comment from staff concerned the heavy emphasis placed on a comprehensive community health assessment. The lack of a community health assessment having been completed within the last five years impacted a number of the indicators and standards. Staff voiced that assessment activities were occurring on a smaller scale within subpopulations, but not in a comprehensive manner. A clearer definition of what constitutes a "community health assessment" would have been helpful.

Highlights from Self-Assessment Results

Standard/ Indicator #	Standard and Significance
I. C. 5	<p><i>A community health assessment process is conducted every five years</i></p> <ul style="list-style-type: none"> • <i>Although this was an area of weakness for LDCHD,, as identified through the self-assessment, staff decided this was not an appropriate focus area for the NACCHO QI project given the timeframe .</i>
IV. A	<p><i>Engage the local public health system in an ongoing, strategic, community-driven, comprehensive planning process to identify, prioritize, and solve public health problems; establish public health goals; and evaluate success in meeting the goals</i></p> <ul style="list-style-type: none"> • <i>See note above. Without an established community health assessment process, capacity to engage the community in such a process cannot be demonstrated</i>
III. A. 4	<p><i>LHD has a media strategy that includes formal and informal opportunities for communicating with the media and responding to media requests, along with routine communication to raise awareness of public health issues</i></p> <ul style="list-style-type: none"> • <i>This indicator was chosen as the best one to address through our QI process. LDCHD already had some capacity in this area and improvements in our media strategy will help the agency address weaknesses in other areas.</i>

A final report of the NACCHO self assessment results and the process we used was written by the University of Kansas and a complete copy can be found on our web site at: <http://www.lidhealth.org/pdf/DCHD%20Final%20Report.pdf>.

Quality Improvement Process

AIM Statement: By November 6, 2008 program managers will better understand the four core service messages and have incorporated one or more of these messages into one or more of their mass communications

PLAN: After reviewing the findings from the self-assessment and narrowing the list of indicators to those most suited to the NACCHO QI project, program managers completed a prioritization matrix to identify the area for improvement. Criteria used in the matrix were: 1) Importance to customer; 2) Linkage to strategic vision; 3) What chance is there that changes we put in place will make a difference; 4) Do we need to improve in this area; and, 5) Is it do-able in the timeframe we have.

The outcome of the process was that indicator III. A. 4. – LHD has a media strategy that includes formal and informal opportunities for communicating with the media and responding to media requests along with routing communication to raise awareness of public health issues received the highest priority score and was chosen as our focus for this quality improvement demonstration project.

The Director, Director of Policy and Planning and Communications Coordinator served as the QI Team. Assistance from QI Consultant, Susan Crawford, was provided throughout the project by e-mail and conference calls. On-site QI training for program managers was held June 23 and 24, 2008.

The QI team chose to narrow the focus of the QI project to working to improve public awareness of public health issues and exclude for the moment the aim of enhancing communication processes with the media. As part of this decision we chose as the vehicle to raise public awareness inclusion of the 4 core service messages into our press releases and public health impact stories as these were professionally developed message created to communicate the value of public health.

In, 2006, the Kansas Association of Local Health Departments, (KALHD) partnered with the Kansas Public Health Systems Group, the Kansas Health Foundation, the Bothner and Bradley Consultant Group, and Kirby Marketing Solutions to develop core health service messages for public health. This project was part of a state-wide effort to assist local health departments communicate the value of public health to policymakers and the public and were the result of an extensive development process that included multiple focus groups and market tests. Although these messages were introduced to staff on November 2006, no specific direction was given by leadership as to their application. As a result they have been under utilized.

To effectively use and respond to the media, the Health Department has on staff a Communications Coordinator whose responsibilities include development of all press releases, point of contact for the media, web story development and program impact story development. During on-site quality improvement training with the QI Consultant, staff expressed the desire to streamline the process for developing a press release and for assistance in identifying ways in which the core service messages can be incorporated. A process map was created to describe how press releases and personal impact stories are currently written and released.

To further understand why program managers were not incorporating the core service messages into their communications, the QI Consultant led the group through a 5 Why's exercise. The results were as follows:

1. Use of core service message has not been an area of focus for program managers.
2. Focusing on core service messages has not been a priority for program managers.
3. The messages are not a priority because the messages don't seem relevant to managers' day-to-day work.
4. The messages don't seem relevant because program managers aren't using the language and applying the concepts to their work.
5. The messages aren't applied to program managers' work because they haven't moved from the theory of core messages to the practice of using the messages.

An affinity diagram was developed to address the question of how does the LDCHD move from theory to practice in the use of the core service messages. Working with the QI Consultant the program managers developed the following major groupings:

- Education
- Tools
- Application
- Visual Cues
- Skill Development

The following ideas and theories were developed for improvement in communicating the impact of public health:

- If we correlate our services with the core service messages then public understanding of the value of public health will increase.
- If we educate our staff on the core service messages then the media's coverage of our stories will improve.
- If we define our program services through the use of the 27 words/9 seconds/3 messages principle coupled with the inclusion of a core service message then our public communications will be more memorable to the public.
- If we educate our staff on the four core service messages then staff will be better able to communicate the value and mission of public health to the community.

We selected the last improvement theory listed above and determined that changes would result in an improvement when program managers can describe all four core services messages and these messages are incorporated into stories or story ideas. This approach seemed to best address why the core service messages are not being incorporated into LDCHD communications and how to move from theory to practice in usage of the messages.

DO:

Cycle 1

To test our theory, program managers completed a pre-test on August 7, 2008 where they were asked to write down each of four core service message. On that same day training was provided by

the Communications Coordinator on the origin, design and use of the core service messages. Additionally, a local news media representative presented information on the important components of a story and how to effectively relate with the media. Also during this training staff were given laminated cards with the core service messages and asked to prominently post them in their offices.

Cycle 2

In order to facilitate for program managers the connection of story ideas to their most relevant core service message a story concept template was developed and distributed. Program managers were again tasked with identifying for the communications coordinator at least one story idea.

Cycle 3

In an attempt to measure the impact of core service messages they were incorporated into personal impact stories. Program managers provided story concepts to the Communications Coordinator who then wrote stories that included a core service message. The Communications Coordinator also reviewed all previously posted stories to determine the extent that these stories unintentionally included a core service message.

CHECK:

Cycle 1

Results from the pre-test indicated that management staff were not very familiar with the messages prior to the training session. Four out of 10 were unable to define any of the messages. Only one person could define all four messages. Data was also collected to measure the percent of program stories that had applied a core service message prior to the August training.

After this training program managers were charged with identifying new program impact story concepts by identifying a client or clients from their programs who have a good story to tell. These story ideas were collected in-person by the Communications Coordinator. The Communications Coordinator made no attempt to cue staff as they presented their story ideas. None of the seven program managers incorporated a core service message.

Cycle 2

After receiving the story concept template all seven program managers completed the template and submitted them to the Communications Coordinator.

Cycle 3

The third improvement cycle involved testing the effectiveness of incorporating a core service messages into our program stories in increasing public understanding of the importance of public health. This was done by using voluntary on-line and paper surveys distributed to clinic clients, a community flu clinic and a local civic group. The poll question was: *This information improved my understanding of public health – yes/no*

The online survey ran from September 6 until October 31, 2008. The survey used two stories per program - one which included a core service message and a second story that did not. The majority of the results (regardless of whether the story included a core service message or not) were positive, indicating the story increased the reader's understanding of public health.

ACT:

Cycle 1

After receiving these results the QI team met and decided to implement a second improvement cycle by introducing the story template shown below. This template included the core service messages and a check box next to each and proved to be much more successful in tying the story to a core service message. All seven program managers successfully including a core service message with their story idea.

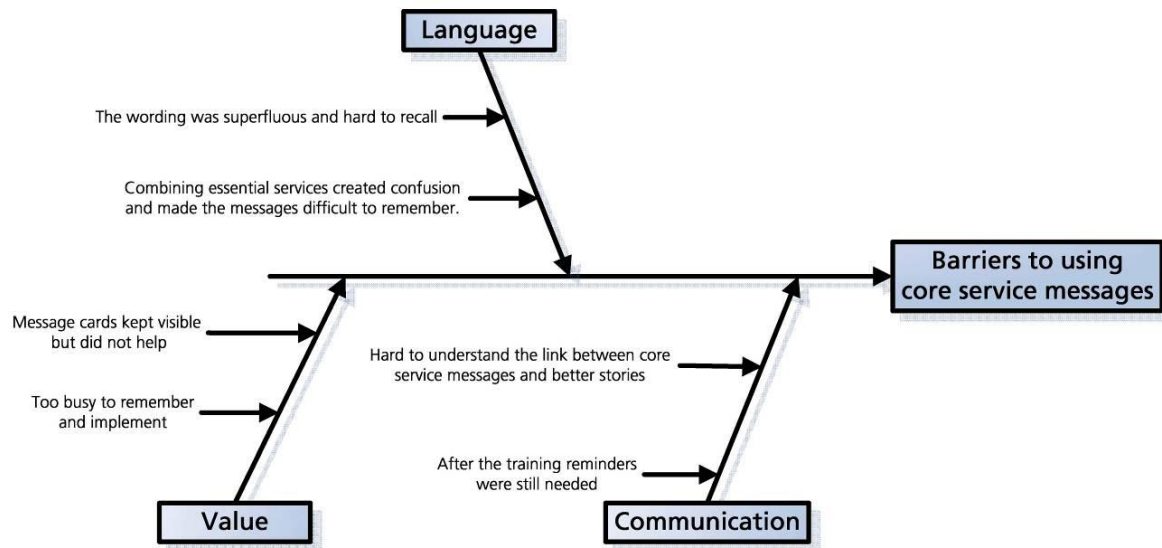
Story template		Lawrence-Douglas County Health Department
Director's name/program:		
STORYLINE Provide a brief description of your story idea. (What makes the story worth telling?)		
FOUR CORE SERVICE MESSAGES Check the message that best applies to your story.	<input type="checkbox"/> Monitor, identify and address health problems. <input type="checkbox"/> Diagnose and investigate health problems and hazards. <input type="checkbox"/> Safeguard public health laws and regulations. <input type="checkbox"/> Develop plans and policies to protect health.	
CONTACT PERSON/ CONTACT INFO Please provide name, number and/or e-mail address for Lisa to use.		

Cycles 2 and 3

Using the story concepts provided by program managers the Communications Coordinator created impact stories that included content related to one or more of the core service messages and posted these to the *ldchealth.org* website.

Results

A post-test of management staff was administered on November 6, 2008, the results improved only slightly, with three staff defining all four messages and two scoring zero. A brainstorming session was held with staff identify barriers to using the core service messages. From this brainstorming session the following cause and effect diagram was developed.



The following data were gathered for each cycle of the QI project:

Cycle 1

Staff competency in describing the 4 core public health service messages.

Average # of correct responses	Pre-training	Post-training
	1.9	2.1

Effectiveness of training in incorporating core service messages into stories or story ideas.

% of stories/story ideas with a core service message	Pre-training	Post-training
	0	0

Cycle 2

Effectiveness of the use of a story identification template in increasing the use of core service messages into stories or story ideas.

% of stories/story ideas with a core service message	Pre-template	Post-template
	0	100

Cycle 3

Public understanding of public health services will be measured.

% of stories/story ideas increasing public understanding of public health	With CSM	Without CSM
	88.7	94.2

CSM = Core Service Message

Lessons Learned

We have concluded from this exercise that including a core service message in Health Department program stories is effective, but not as effective as simply using the stories. The Kansas research that identified the four core service messages also developed a key benefit message - Healthy People Build Strong Communities. The research found that this key benefit message was the best statement, across all audience groups, to convey the overarching value of public health services in Kansas. Our Health Department has been using this message as a tagline. We are also considering implementing a new tagline or perhaps adopting NACCHO's "Prevent. Promote. Protect," slogan as a short, simple way to define what all of our programs strive to do. The phrase can stand on its own or be added to future program stories, press releases and other external communications.

Participating in this project has produced many ancillary benefits. Program managers now have a much greater appreciation of the value of quality improvement and have incorporated this into their program evaluation process. Collectively the management team has used our new found knowledge to produce a performance scorecard (Appendix B) that will be used beginning in 2009 to report to the Board our progress in improving the quality of our programs.

Next Steps

What are possible next steps to build on your work, expand or sustain it? How does this project connect to and support your LHD preparations for national accreditation?

To build on our work to better communicate the value of public health, we have identified these next steps:

1. Disseminate results of the public survey to staff.
2. Identify new venues for using stories
3. Task all staff with identifying new story ideas.

Appendices

Appendix A: QI Storyboard

Appendix B: Performance Scorecard

Appendix C: Story Survey - Paper Instrument