

NACCHO

National Association of County & City Health Officials

City of Manchester Health Department, NH

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

Final Report

May 30, 2008



Brief Summary Statement

The City of Manchester Health Department (MHD) is located in Hillsborough County in New Hampshire. As the largest urban center in Northern New England, MHD serves a population of nearly 110,000. MHD utilized the NACCHO Local Health Department Self-Assessment Tool for Accreditation Preparation, which led to the development of a quality improvement project aimed at strengthening the Department's communication of public health needs and priorities with elected officials. As a result of this project, the Department has developed a Monthly Bulletin to highlight Departmental activities and critical public health priorities for dissemination to the Mayor and Board of Alderman, the School Board, and the Board of Health. Additionally, completion of the Assessment Tool has led to the identification of other Departmental Standards as areas for improvement, such as the formal development of a public health improvement plan.

Background

The City of Manchester is the largest community in the State of New Hampshire and in northern New England with a total population of nearly 110,000. It is an old mill town, undergoing urban renewal, and as a designated refugee resettlement area, is considered the most culturally diverse and densely populated area in the State. The MHD has been serving the community for more than 100 years as a core City Department established by Section 3.02 of the Manchester City Charter.

In addition to being an urban center in a predominately rural state, MHD is one of only two comprehensive local governmental health departments within the State of New Hampshire. MHD is a traditional municipal local health department grounded in the principles and application of the core public health functions; assessment, policy development and assurance. To carry out the core functions and the ten essential services of public health practice, MHD is structured into four major Divisions that aim to work both cross-divisionally and with other community partners to improve the public's health. The four major Divisions include the Division of Chronic Disease Prevention and Neighborhood Health, Division of Community Health, Division of Environmental Health and Emergency Response, and the Division of School Health. MHD's organizational structure aims to continually assess community needs, employ innovative interventions/services to address priority health concerns among Manchester residents, partner with community agencies and healthcare organizations to ensure the public's health, and evaluate community solutions to identify models of innovation and/or adapt current efforts to achieve better health outcomes.

MHD approached the Self-Assessment Tool with the goal of assessing how the Department would fare in an accreditation process, but to also discuss and define the standards in an optimal level for its own use within a strategic planning process that would lead to the commitment of continuous quality improvement. The Self-Assessment Tool enabled the Department to critically and thoroughly assess its capacity to fulfill the ten essential public health services as defined by the NACCHO Operational Definition of a Local Health Department. This experience has proved to be very worthwhile, as the Department was confident in its ability to meet the needs of the Manchester community, but this opportunity has led to a greater understanding of critical areas for improvement, such as the strategic communication of the public health priorities.

Self-Assessment Process

The MHD's Supervisory Group was utilized as the QI Team for this project. This group provided broad representation of Department functions and services.

Team Members:

- Public Health Director
- Deputy Public Health Director
- Administrative Services Manager
- Business Services Officer

- Community Health Supervisor
- Director of School Health
- Public Health Preparedness Administrator
- Information Systems Support Specialist
- Senior Public Health Specialist – Childhood Lead Poisoning Prevention & Oral Health
- Environmental Health Supervisor
- Senior Public Health Specialist – Public Health Emergency Preparedness
- Senior Public Health Specialist – Chronic Disease Prevention

MHD structured the Self-Assessment into six half-day workshops, in which the QI Team completed two categories of essential services per session and concluded with a session to evaluate the results. The workshop sessions were held at an off-site location to ensure minimal disruption from non-urgent issues and daily business/activities. Each assessment standard was discussed in an open format for initial feedback/evidence on the Department’s level of achievement. Several cross-cutting standards prompted lengthy discussions of the difference between Departmental capacity and the attainment of standards within a specific Division or program. Scoring consensus was reached mostly through discussion; however, if consensus was *not* reached using this method, a majority vote was the deciding factor.

Highlights from Self-Assessment Results

Standard/ Indicator #	Standard and Significance
IV. A	<p><i>Information about public health needs and priorities is disseminated to elected officials.</i></p> <ul style="list-style-type: none"> • <i>This was an identified area for improvement in MHD’s self-assessment. Monthly summaries of Departmental activities are produced/distributed to elected officials. However, an evaluation of effectiveness/impact has NOT occurred. After discussion, MHD felt this standard would be the best one to address through our QI process.</i>
Several Standards – II. A; III. A; VI. E	<p><i>Update or create <u>written</u> health department policies and procedures to formalize MHD’s operational duties and community response to public health concerns.</i></p> <ul style="list-style-type: none"> • <i>MHD has protocols in place to oversee and fulfill the duties listed in these standards, however, they may not be in written form. Although not selected for this project because it is rather one dimensional, this has become a second priority for the Department.</i>
I. C	<p><i>Develop a public health improvement plan (Community Health Plan).</i></p> <ul style="list-style-type: none"> • <i>Although several community assessment tools have been developed, such as Public Health Report Cards, MHD does not have a written plan to formally guide Departmental and community efforts on addressing priority public health issues. This was not selected as the focus of the QI Project, but the Department has been working with community partners to formalize this process with the goal of developing comprehensive plan by 2010.</i>

Overall Project Goal and Objectives

The goal of the QI project was to *effectively and efficiently disseminate information about public health needs and priorities to Elected Officials (Board of Mayor and Aldermen, Board of Health, School Board).*

- Develop/evaluate methods to increase the dissemination of key information about public health needs and priorities to elected officials.
- Increase awareness of MHD programs and services, and broader concepts of public health practice.
- Build Departmental support among community leaders who can serve as champions/advocates for public health concerns.

Quality Improvement Process Planning and Implementation

The priority area for improvement was selected based on the following criteria that were adapted from a QI Webcast provided by the Public Health Foundation in conjunction with the Accreditation Preparation project:

(1.) Connection to health and strategic priorities

- Has the capacity helped/or will it help the Department on health issues?
- Has a failure in this capacity hurt Departmental priorities?
- Does MHD have data to make a connection?
- Has it been identified in MHD's plans or logic models related to priority issues?

(2.) Influence on other standards

- Is this a capacity that, if improved, might address other barriers/standards to improve the Department's standing for accreditation?
- What are the "drivers" of improvement in the priority area?
- What are the measures of improvement for this capacity?

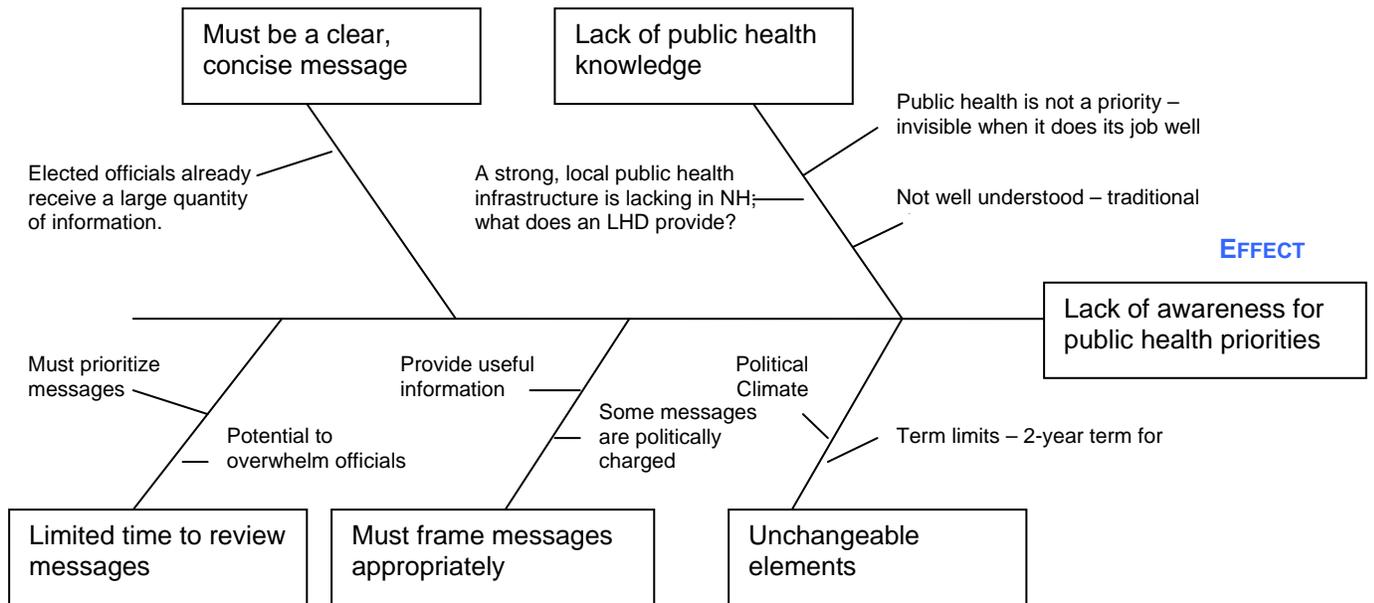
(3.) Lends to this Demonstration Project

- Can the project show a measurable improvement in the timeframe given?
- Is the capacity anchored in the Operational Definition?
- Will this capacity make a compelling improvement story (i.e. in the Department, community, and nationwide)?

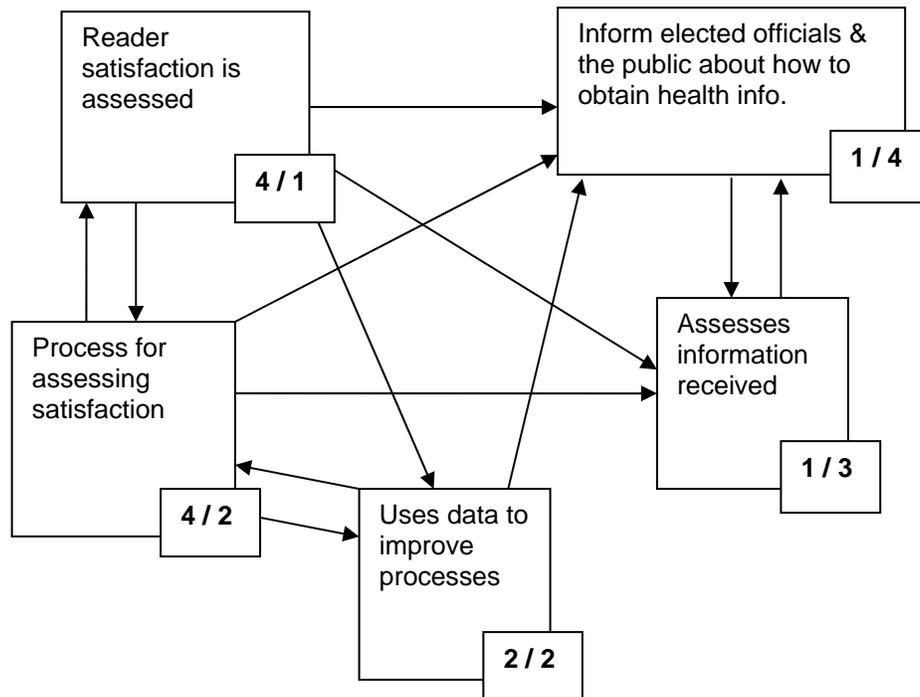
At the beginning of this project, MHD already produced and distributed a Report Summary to highlight current program activities and areas of interest, such as new initiatives. The report was developed every month, and largely served as a summary of key activities detailed in the Department's Board of Health Report. The Mayor and Board of Aldermen received a copy of the Monthly Report Summary as an attachment to the Agenda for Board Meetings. In addition to elected officials, it was broadly disseminated to community partners and key stakeholders. MHD's QI project focuses on analyzing the current Summary's utility among elected officials, surveying elected officials to better understand their needs and interests related to public health information, and assessing the Report Summary's effectiveness in increasing awareness and prompting support for Departmental activities.

In the first step in the QI Process, MHD utilized a Fishbone Diagram to identify key barriers to achieving the project's goal of effectively and efficiently disseminating information about public health needs and priorities to Elected Officials.

CAUSES



To further get at the root of the issue, MHD’s QI Team identified the ‘drivers’ of the issue. Ideally, QI activities should be targeted at components of the problem that will make the largest impact. The Interrelationship Diagram was a helpful tool in this process. The results from this tool clearly illustrate the need to develop a process to assess reader satisfaction, which will lead to a more informed body of elected officials and promote their engagement in this project.



Both of these processes indicated a need for gaining the ‘voice of the consumer’ and evaluating the current efforts for communicating with Elected Officials. MHD utilized the Plan-Do-Study-Act Model for designing the implementation of the QI Project:

PLAN	Develop a survey tool (Appendix A) to assess the utility of the current Monthly Summary by Elected Officials.
DO	Survey Elected Officials through focus groups, telephone interviews, and/or written survey.
STUDY	Evaluate survey results and determine Summary content and delivery methods.
ACT	Develop Redesigned Communication Tool and distribute to Elected Officials. *Elected Officials will be re-surveyed in 6 months through key informant interviews to assess the effectiveness of the new Communication Tool.

Results

A clear, but concise, survey tool was developed by the QI Team to gather feedback from elected officials to assess the current version of the Monthly Summary. Members of the Board of Aldermen and the Board of Health received an introduction letter explaining the QI project and a sample of the current state of the monthly summary. They were offered several options for assisting the Department in completing the survey tool; a defined focus group session, a one-on-one interview (in-person or by telephone), or a written survey. Four members of the Board of Aldermen completed the survey through a one-on-one interview with the Public Health Director, and four additional Board of Aldermen members completed the survey in its written form for a total completion rate of 57 percent. Additionally, 100 percent (5 members)

of the Board of Health completed the survey in its written form. It is important to note that the timing of this project coincided with the City's budget process, which made it especially difficult to reach all of the members of the Board of Aldermen. Therefore, although the Department aimed to receive feedback from all of the members, a 57 percent completion rate during this time period is more than acceptable.

The survey results were rather consistent among all respondents when asked 'What type of Health Department information is most useful'. The top responses were Community Activities related to Public Health, Community Statistics from Manchester/NH Public Health Data, and Current Issues and Key Topics. However, the results were divided when asked about the frequency of when they would like to receive this type of information – Monthly or Quarterly. Based on these results, MHD's QI Team has redesigned the Monthly Summary to a Monthly Bulletin (Appendix B). Unlike the Monthly Summary, the content of the newly developed Bulletin will not solely be a summary of activities included in the Board of Health Report. Instead, the Bulletin will be organized by Division with each Division Head responsible for highlighting an upcoming community event, key Department program, or public health issue in the Manchester community. Additionally, the Monthly Summary was redesigned to be more appealing aesthetically to enhance its readability. The QI Team plans to resurvey the Elected Officials in six months to assess the impact of the new Bulletin.

Recommendations & Lessons Learned

- *MHD greatly benefited from having broad Departmental representation to conduct the self-assessment; not just senior leadership – middle management was involved.*
- *Complete the Self-Assessment Tool with an optimal versus minimal standard of review when assessing Departmental capacity.*
- *Remember that it is equally important to know how the Assessment Standards were achieved, not just that the standard was met.*
- *Select an area for improvement that will impact or build on the development of other standards.*
- *If your organization has little experience with QI processes, start with a small, well-defined project that a number of staff will be involved in implementing.*
- *When communicating public health priorities through written media, ensure that you consider/utilize marketing and design elements to promote its readability.*

Next Steps

The Bulletin will be developed and disseminated on a monthly basis. The City is in the process of redesigning its website, which will also serve as an improved method of communication with Elected Officials and the community at large. As mentioned above, the Department is also in the process of establishing Strategic Imperatives that will serve as the foundation for a Public Health Improvement Plan, and guidance for MHD's Community Health Improvement Process, the Healthy Manchester Leadership Council. Additionally, the Department has a reaffirmed commitment to the importance of strategic planning every five years.

Conclusion

Participation in the Accreditation Preparation and Quality Improvement Demonstration Sites Project has definitely been a worthwhile experience that has improved the Department's standing for National Accreditation. Additionally, the QI Team greatly benefited from completing the Self-Assessment Tool because it afforded the Department a benchmark to thoroughly assess its capacity in delivering the Ten Essential Public Health Services. Furthermore, the assessment results have sparked momentum in other areas for improvement, such as drafting/revising Departmental policies and procedures, and the development of Strategic Imperatives that may serve as a foundation for a public health improvement plan. MHD has made a commitment to continuous quality improvement, and the self-assessment results will be an invaluable tool in guiding the Department's preparation for national Accreditation.



Appendix A: Survey Tool

Target Audience: Mayor and Board of Aldermen and the Board of Health

(1.) What type of Health Department information is most useful for you? (Check all that apply)

- Descriptions of Health Department program(s)
- Current issues and key topics
- Community activities related to public health
- Community statistics from Manchester/NH public health data
- Relevant numbers/statistics related to Departmental service delivery
- References/resources for accurate public health information
- Financing

(2.) How often would you prefer to receive this information?

- Monthly Quarterly Other:

(3.) How would you like to receive this information? Mailed to your home address Electronically through email Consent Agenda via the City Clerk Combination of the above methods:

(4.) What do you think are the major public health priorities in the city? Your ward?

(5.) How can we help you address the public health issues of your constituents?

- Participate in public sessions you hold Prepare materials for you Survey your constituents Provide you with evidence-based public health practices Research what has worked in other communities Other:



CITY OF MANCHESTER HEALTH DEPARTMENT

MONTHLY BULLETIN – MAY 2008

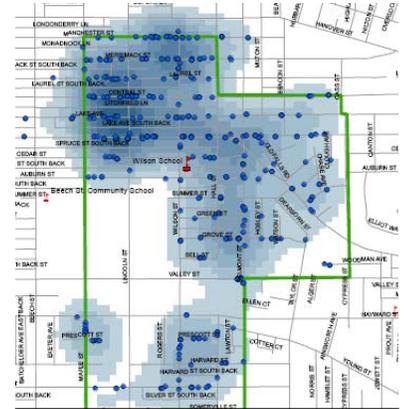


Public Health
Prevent. Promote. Protect.

Chronic Disease Prevention & Neighborhood Health Division

SAFE ROUTES TO SCHOOL PROGRAM

Safe Routes to School (SRTS) is a national program to increase the number of students who choose to walk to and from school each day. The program utilizes a 5 Es framework to achieve this goal. It includes Evaluation, Education, Encouragement, Enforcement, and Engineering. Education strategies aim to evaluate the current travel patterns of students and assess the environmental conditions of the school zone area, such as traffic volume/speed and the availability of sidewalks. Education and Encouragement activities are focused on promoting the health benefits of walking and organizing health events in the school setting to provide opportunities for increased activity among students. Strategies under Enforcement include collaborations with law enforcement to increase presence during school arrival and departure times, and to enforce speed violations/regulations and parking restrictions. Lastly, Engineering includes actual structural improvements, such as new/repared sidewalks or crosswalks in major intersections, to improve pedestrian safety.



Density Map of where students live in relation to the Wilson School to help identify safe walking routes.

The Health Department on behalf of the Safe Routes to School Task Force for Henry Wilson Elementary School has applied for a SRTS Grant through the NH Department of Transportation. If funded, a travel plan will be developed which will provide a concrete strategy to encourage and support an increased number of students walking to school.

Community Health Division

ADOLESCENT IMMUNIZATIONS

The Centers for Disease Control and Prevention and the American Academy of Pediatrics recommend that pre-teens receive several vaccines at their 11 or 12 year old check-up. The recommendations include:

Tetanus-diphtheria-acellular pertussis (Tdap): A single Tdap booster is now recommended in place of the tetanus and diphtheria (TD) vaccine. This provides additional protection against pertussis (whooping cough).

Meningococcal Conjugate Vaccine (MCV4): Meningococcal disease is an acute, serious illness caused by the bacterium *Neisseria meningitidis*. The New Hampshire Immunization Program currently recommends meningococcal vaccine for 11-12 year old children, freshmen in high school and those entering college.

CLINICS

The Manchester Health Department provides immunizations for children and adolescents during the following clinic times:

- Monday: 1:30-3:30 pm
- Tuesday: 9:00-11:30 am
- Wednesday: 9:00-11:30 am
- 2nd, 3rd & 4th Thursday of each month: 4:00-6:00 pm

Human papillomavirus (HPV): Human papillomavirus is the most common sexually transmitted infection in the United States and is involved etiologically in 90% of cervical cancers. The New Hampshire Immunization Program recommends the HPV vaccine for females 11-18 years of age.

Influenza: The Advisory Committee on Immunization Practices recently recommended that flu vaccine be provided to all healthy children up to 18 years of age during the upcoming 2008/09 season.

MISSION STATEMENT

To improve the health of individuals, families, and the community through disease prevention, health promotion, and protection from environmental threats.

Environmental Health & Public Health Preparedness Division



ACUTE CARE CENTER

For the past several years, the Health Department in conjunction with our hospitals, first responders, neighboring towns and community partners have been planning for the potential of an influenza pandemic. One component of these efforts has been planning for establishing an Acute Care Center (ACC). An Acute Care Center is an in-patient, health care surge facility that is established in a community-based location to provide limited medical care in an emergency that overwhelms the local medical infrastructure.

On April 21 & 22, an exercise was conducted at which time an Acute Care Center (ACC) was set up at McLaughlin Middle School. The goal of the exercise was to orient participants to the working conditions of an ACC as well as to review and revise the region's Medical Surge Plan.

2007 PUBLIC HEALTH EXCELLENCE AWARDS FOR FOOD SAFETY

The Manchester Board of Health presented the following food service establishments with the 2007 Public Health Excellence Award for Food Safety: Ahh Some Gourmet Coffee #900; Easter Seals; Edible Arrangements; Hackett Hill Healthcare; Hillcrest Terrace; Mount Carmel Rehabilitation & Nursing Center; Rita Mae's LLC; SpringHill Suites by Marriott; Subway Restaurant (1000 Elm Street); TGI Friday's; Trinity High School; The Yard Restaurant.

School Health Division

GET MOVING MANCHESTER

Get Moving Manchester is a four week program sponsored by the Manchester Health Department and the Manchester School Department which promotes healthy eating habits and physical activity. This year the focus was on "5-2-1-0", encouraging students and families to eat 5 or more fruits and vegetables, limiting TV and computer screen time to 2 hours or less, exercising 1 hour and drinking zero beverages with sugar and more drinks of water, milk, and 100% fruit juice. Students earned points by eating fruits, vegetables and milk products and for avoiding television and computer games during the school week. Parents were involved in homework activities and were encouraged to eat healthy and exercise with their children.

The program completed its sixth year with more than 8,100 students in grades K through 6 participating. The Get Moving Manchester trophy was awarded to McLaughlin Middle School for having the most students participating. Jump ropes, bowling passes and other prizes were provided by several community organizations such as Hood, Catholic Medical Center, Elliot Hospital, New England Dairy and Food Council, New Hampshire Healthy Schools Coalition, Fischer Cats, and the American Cancer Society.

Monthly Spotlight

AMERICAN HEART ASSOCIATION FIT FRIENDLY COMPANY:

The Manchester Health Department has been recognized as a "Start! Fit Friendly Company" by the American Heart Association. This competitive award was given in recognition of the efforts by Health Department staff to eat healthier, exercise more and lead an overall healthier lifestyle.



FOR MORE INFORMATION

Visit our website at <http://www.manchesternh.gov/CityGov/HLT/Home.html>, or call 624-6466