

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

Final Report

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

November 2008

Brief Summary Statement

This collaborative, East Central Kansas Public Health Coalition, is comprised of eight counties: Chase, Coffey, Franklin, Greenwood, Lyon, Morris, Osage and Wabaunsee. Lyon County Health Department is geographically in the center of this region and serves as the fiscal agent for the collaborative. Population and square mileage of each county as well as Full Time Equivalent positions for each health department are included in the table below.

County	Population	Square mileage	FTE
Chase	3,070	778	3.5
Coffey	8,701	655	6.7
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
Wabaunsee	6,919	800	5

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 assessment 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 and to develop a general collaborative agreement to be signed by a representative from each county's Board of Health and County Clerks. The existing service agreement was finalized in

2003 among the eight counties in the coalition and addressed collective efforts toward Public Health Preparedness planning and utilization of grant funds made available to regional groups for this purpose. 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.

Background

Lyon County Health Department serves as the lead fiscal agent for this coalition for a variety of reasons: 1) Largest population center; 2) Geographic centrality; and 3) Management infrastructure to support the role. Of the total county population of 35,609, nearly 26,000 residents live in the City of Emporia, which also includes Emporia State University with a student population of nearly 7,000. Lyon County has a robust agricultural sector that is complemented by several large industrial employers in Emporia. One of the largest, Tyson Fresh Meats, underwent a significant reduction in force in early 2008, which has changed some community dynamics, specifically the exodus of 700-800 Somali refugees, who had come to Emporia beginning in 2006. Lyon County Health Department is the grantee for Community Health Center funding administered through the Health Resources Service Administration Bureau of Primary Health Care. Receipt of this funding and the establishment of medical, dental, and behavioral health care services through Flint Hills Community Health Center has significantly reduced access problems for the low-income population of Lyon County, which has a poverty rate of 14.5% compared to the state rate of 12.4%. Heart disease and cancer are two leading causes of death for Lyon County.

Although Lyon County Commission serves as the Board of Health, the commission has entered into a contractual arrangement with Flint Hills Community Health Center (FHCHC), a not-for-profit entity established to serve as the governing board for the health center. This contractual arrangement tasks Flint Hills Community Health Center with administering all of the public health responsibilities of the Board of Health. This arrangement began on January 1, 2004 and has been an effective governance structure, meeting both the needs and regulatory requirements of the Bureau of Primary Health Care and the statutory responsibilities of the Board of Health. Flint Hills Community Health Center submits quarterly and annual operations reports to the Lyon County Commission along with monthly financial statements. In addition, one member of the Commission is assigned to attend FHCHC Board meetings and regularly receives its meeting packet. The FHCHC Board approves an annual operational budget and submits an appropriation request to Lyon County Commission.

Services provided by Lyon County Health Department/Flint Hills Community Health Center include immunizations, communicable disease testing and treatment, family planning, maternal and child health, child care licensing, Women, Infant and Children nutrition program, environmental health, public health preparedness and response in addition to the individual health services provided by the community health center portion of the agency.

Collaborative History

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 various counties now part of the region for Environmental Health and Healthy Start Home Visitor Services. 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 a commissioner and county clerk from each county in 2003. ECKPHC operated under this agreement until the agreement was revised in the fall of 2008 in response to the work completed under the NACCHO grant project. Under the original agreement the counties agreed that Lyon County would serve as the fiscal agent, that all monies dedicated to regional groups for Public Health Preparedness would be utilized, and that Lyon County would hire and share the salary of a Regional Public Health Preparedness Coordinator position.

ECKPHC and the NACCHO Voluntary Accreditation Assessment Project

The coalition saw the NACCHO 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.

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

Lyon County Health Department used a multi-disciplinary approach for completion of the Operational Definition Prototype Metrics Assessment Tool. Multiple sessions were scheduled to address the various essential services. A core group comprised of the agency administrator, the public health and environmental health managers, and the public health preparedness coordinator participated in all sessions with other staff invited based on topic relevance including the following: public health nurses, environmental health sanitarians, child care surveyor, chief financial officer, human resource manager, health educator, and social worker. Each participant individually ranked the indicators under each standard. Then through discussion and negotiation consensus was reached on the ranking to be entered into the electronic version of the software. The challenge was to rank the organization objectively without being either too optimistic about strengths or too discouraged about weaknesses. Generally, consensus was relatively easy to achieve.

The assessment process took approximately nine hours for the department to complete with electronic submission requiring an additional three hours.

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.
	<i>Add one that Lyon performed well on</i>

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. Time constraints for completion prevented review by the county counsellors of all participating counties. 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.

Lyon County Health Department gained an even greater appreciation for the challenges of small health departments in meeting accreditation standards and also gained insight into the strengths and weaknesses of its own operation based on the comprehensive assessment tool. The assessment was affirming of the fact that one of our areas of greatest strength reflects the investment of funding for public health preparedness. The project has also helped Lyon County individually as well as the collaborative in identifying performance deficits and in developing quality improvement skills to address these deficits.

Next Steps

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.

Lyon County Health Department as the lead agency for ECKPHC will facilitate completion of the strategic plan and will dedicate staff resources to assist in this completion. Since Lyon County Health Department through the Regional Public Health Preparedness Coordinator plans the meeting agenda for ECKPHC, it will assure that sufficient collaborative meeting time is dedicated to project completion.

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.