

2013-2014 Accreditation Support Initiative (ASI) for Local Health Departments

FINAL REPORT

1. **Community Description**

Briefly characterize the community(ies) served by your agency (location, population served, jurisdiction type, organization structure, etc.). The purpose of this section is to provide context to a reader who may be unfamiliar with your agency.

Humboldt County is on the far northern coast of California, approximately 5 ½ hours by car from San Francisco. It is a predominantly rural county with a population of approximately 136,000 spread out over 2.3 million acres, 80% of which is forestland, protected redwoods and recreation areas. The majority of the residents live in the communities surrounding Humboldt Bay, which include the County Seat, Eureka. The City of Eureka has a population of approximately 30,000, and is considered Suburban, while the majority of the County is considered Rural, and in some areas, Frontier.

The population is 77.2% white, 9/8% Hispanic, 5.7% American Indian, 2/2% Asian, 1.1% Black, and 5.6% Other. There are 8 federally recognized tribes. The median household income is \$35,985.

Our governing body is a 5-member elected County Board of Supervisors. Humboldt County's Department of Health and Human Services (DHHS) is a "super agency" that includes Public Health (including Environmental Health), Mental Health and Social Services. The Public Health Branch of DHHS has approximately 250 FTE.

2. **Project Overview**

Provide an overview of the work your agency conducted with or because of this funding, including the significant accomplishments/deliverables completed between January 2014-May 2014 and the key activities engaged in to achieve these accomplishments. This should result in a narrative summary of the chart you completed in Part 1, in a format that is easily understandable by others.

Community Health Improvement Plan

Prior to the ASI award, we took our completed Community Health Assessment out to six communities around the County and shared the results with the public. Our intent at these meetings was to 1) check to see if the health outcomes felt 'true' to each of the communities; and 2) to explore what was leading to these poor outcomes by using an adaptation of the Bay Area Regional Health Inequities Initiative (BARHII) framework. By the sixth meeting, several common themes were emerging that were shared across all communities in Humboldt County. These were: Social and Family Cohesion; Social Norms around Drugs and Alcohol; Pedestrian and Bicycle Safety; Access to Appropriate Mental Health Care; Access to Preventative and Health Care; and Knowledge and Use of Healthy Foods.

These community priorities were taken to our community partners. Over 30 different organizations participated in two meetings to address these “upstream” issues, and brainstorm goals and candidate initiatives to address them. The Spectrum of Prevention was used to highlight where our current activities are focused for each priority, and to identify opportunities to enhance those efforts with additional activities that fill in other parts of the spectrum.

When working to prioritize the potential interventions we considered the opportunity for collective impact. We all recognize that we need to move beyond collaboration.

With the ASI award our Accreditation Coordinator attended Balanced Scorecard (BSC) training. Using the BSC method provided a framework for implementation and accountability. This was an area that all of the partners had concern. We recognized the need to have a backbone organization to facilitate the collective work, and a way to communicate the progress, or struggles, with each other.

Additionally, working through the process this way allowed our community partners to see how they are aligning to achieve the same desired outcome – improved health for our community.

3. **Challenges**

*Describe any challenges or barriers encountered as your agency worked to complete the selected deliverables. These can be challenges your agency may have anticipated at the start of the initiative or unexpected challenges that emerged during the course of implementing your proposed activities and completing your deliverables. If challenges were noted in your interim report, please **do** include them here as well. Please include both tangible (e.g., natural disaster, leadership change) and intangible (e.g., lack of staff engagement) challenges.*

N/A

4. **Facilitators of Success**

Describe factors or strategies that helped to facilitate completion of your agency’s work. These can be conditions at your agency that contributed to your successes or specific actions you took that helped make your project successful or mitigated challenges described above. Please include both tangible (e.g., influx of funds from another source) and intangible (e.g., staff or leadership engagement) facilitators.

Both the ASI-strengthened deadline and the funding for applying were very motivating for staff.

5. **Lessons Learned**

Please describe your agency’s overall lessons learned from participating in the ASI. These can be things you might do differently if you could repeat the process and/or the kinds of advice you might

give to other health departments who are pursuing similar accreditation-related funding opportunities or technical assistance activities.

Our agency really embraced the Balanced Scorecard method. Unfortunately we were well underway with our CHIP when it was identified as our framework of choice. The model is difficult to implement into a process already underway. However, we were able to use it from the beginning of our Strategic Planning process, so can see how useful it can be. We will integrate BSC into the annual review and revision processes, and for the next complete CHIP cycle.

It will be beneficial to use the same performance management with our partners as we do internally. We anticipate it will strengthen our ability to align our agency's actions with our partners and community in a way that can be easily shared and explained.

6. Funding Impact

Describe the impact that this funding has had on your agency. How has this funding advanced your agency's accreditation readiness or quality improvement efforts?

It is unlikely that the Accreditation Coordinator would have been able to attend BSC training without the funding assistance from the ASI award. Also, the funding for applying really energized the staff to meet the deadline. A little stressful, but good!

7. Next Steps and Sustainability

What are your agency's general plans for the next 12-24 months in terms of accreditation preparation and quality improvement? How will the work completed as part of the ASI be sustained moving forward?

Now that we have submitted our application, the various documentation teams are already hard at work uploading evidence into our internal system. We are also implementing our QI plan, including the development of a QI basics training for staff. The next big project will be our Workforce Development Plan. This BSC tool has already been useful for more than just the CHIP implementation and monitoring. We are using it for our Strategic Plan and to align our staff Performance Evaluations with the agency's strategic goals (among other things!)