

2012-2013 Accreditation Support Initiative (ASI) for Health Departments and Support Organizations

FINAL REPORT

1. **Community Description**

Briefly characterize the community(ies) served by your health department or support organization (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.

The orientation webinar “Why, How & When to Apply” was offered to all LHDs and boards of health in Indiana. Approximately 30 individuals from 24 LHDs & boards participated. The 3 pilot LHDs were Clark, Delaware & Henry County Health Departments. Clark is on the Ohio River, across from Louisville. Delaware is a mid-sized industrialized community in East Central IN (home to Ball State University). Henry County, also in East Central IN, is more rural. Clark & Delaware Health Departments have fewer than 25 employees. Henry has fewer than 10.

2. **Work Plan Overview**

Provide an overview of the work you conducted with or because of this funding, including the significant accomplishments/deliverables completed between December 2012-May 2013 under the auspices of this grant, and the key activities you 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.

Our project was in 3 sections:

1. Conduct an initial orientation for local health departments (LHDs) across Indiana & their boards on “Why, How & When to Apply” for Accreditation
2. Provide technical assistance to 3 pilot LHDs for very early stage preparation on the broad components of PHAB application, overview of popular models for community health assessments, sources & utilization of local data, engagement of community partners, roles for boards of health, expectations & responsibilities of the Accreditation Coordinator & drafting of an initial working timeline to move toward application.
3. Archiving documents, modules & templates for the sake of future review by interested parties & to create a foundation of resources to support replicating the project with other LHDs & boards.

We were pleased that a wide range of LHDs & boards registered for the orientation webinar on May 23, several representing LHDs from which we had not previously heard indication of interest in accreditation. Those LHDs & boards especially received new information that will help them better understand the major activities of accreditation when they see that they are ready to move forward. Other LHDs had the opportunity to clarify information that they had wondered about. We expect to receive more concrete feedback through an on-line evaluation that will go to participants during the week of June 3.

Administrators of the 3 pilot LHDs told us that the on-site sessions were clarifying & affirming & that the sessions helped them make certain critical decisions. 2 of the 3 made firm decisions to use the MAPP assessment tool as a result of our sessions. The 3rd administrator clearly put together critical internal considerations (i.e. support of his health officer & board) that he saw would require laying better groundwork before proceeding as well as a possible strategy to accomplish that. Accreditation Coordinators who participated in the sessions told us that the information they gained (responsibilities, skills, on-line resources) helped them get much more realistic grasps of their roles & how to get started. All 3 LHDs drafted working timelines that, with review & adjustments, will give them broad perspective of how to move forward toward application.

Finally, archived documents, modules & templates will serve IPHA's future efforts to both expand the present project by offering the orientation & TA to new LHDs that are ready for this level of assistance as well as to extend it by offering a next stage of assistance to the 3 pilots in this project (i.e. more in depth orientation to the MAPP model).

A secondary accomplishment, but one that we are delighted with was the learning & contributions of 2 MPH interns from the Indiana University School of Public Health at Bloomington who learned a great deal about local public health, LHD resources, accreditation, health assessments & data as well as from a 3rd student who was not doing a formal internship with us but who simply wanted to learn how to create a webinar.

3. **Challenges**

*Describe any challenges or barriers encountered during the implementation of your work plan. These can be challenges you may have anticipated at the start of the initiative or unexpected challenges that emerged during the course of implementing your proposed activities. If challenges were noted in your interim report, please **do** include them here as well.*

Our project got off to a slower start than we had planned when 3 students who initially indicated that they wanted to support the project decided to do internships elsewhere, resulting in reopening the search & holding first planning sessions 3 or 4 weeks later than we wanted. That led to rescheduling certain activities, especially the orientation webinar which we finally conducted in May instead of January as planned.

The other significant barrier was fully expected. Administrators of our 3 pilots constantly navigate around multiple, pressing & competing demands on their time & focus, which meant that sometimes they called in for one of the sessions at IPHA when we wanted them to come in person, sometimes asked to reschedule on-site sessions & were sometimes distracted. Moreover, they were able to get only minimal participation from health officers (1 of 3 came to 1 session) & board leadership (2 board chairs participated in 3 sessions between them) who are also very busy people.

4. **Facilitators of Success**

Describe factors or strategies that helped to facilitate completion of your work. These can be conditions at your organization that generally contributed to your successes or specific actions you took that helped make your project successful or mitigated challenges described above.

IPHA has long benefited from the sound “on the ground” wisdom of several LHD administrators who meet regularly with the IPHA executive director to provide advice & input about IPHA’s initiatives of special interest to LHDs. That group gave critically important input into the objectives & content of this project during the conceptualization & proposal writing stage.

As mentioned above, MPH interns made invaluable contributions to our project by researching & gathering certain content for the orientation & on-site TA sessions, especially on models for community health assessments & sources for local data.

The Polis Center at IUPUI supported our project by making available their Community Health Assessment Data Guide (a document that IPHA had a hand in creating).

PHAB & NACCHO on-line resources for accreditation were essential to complementing our orientation presentations & TA sessions.

5. **Lessons Learned**

Please describe your overall lessons learned from participating in the Accreditation Support Initiative. 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 or support organizations who are pursuing similar accreditation-related funding opportunities or technical assistance activities.

We learned that what we provided fits a particular group of LHDs & boards that are ready & asking for very early stage orientation & preparation. That is, many LHDs in Indiana are not ready even for this level of assistance & a few have moved beyond the point where this input would be useful.

A better assessment going in would lead to more effective use of time & resources.

The next offering of the “Why, How & When” webinar will benefit from improvements that we will adopt based on the soon to be delivered evaluation survey.

6. **Funding Impact**

Describe the impact that this funding has had on your health department/support organization (and/or health departments you worked with as a support organization). In other words, thinking about the work you have done over the last six months:

- *(Health departments) How has this funding advanced your own accreditation readiness or quality improvement efforts?*
- *(Support organizations) How has this funding advanced the technical assistance you provide to health departments? How has this funding advanced the accreditation readiness of the health departments you worked with?*

IPHA gained significant experience from this project, helping us become clearer about the nature or level of assistance that is within our capacity to provide & in what ways we can reasonably expand our assistance. In the next section are described specific initiatives that we are better prepared to take on.

The project has also helped position us to serve the useful role in Indiana of convener among a short list of entities who are offering one or another form of accreditation related support to LHDs.

Informal feedback, pending the results of the evaluation, indicate that LHDs & boards who participated in the orientation webinar gained information that will help them put pending decisions in perspective – which was essentially our objective for that session. As stated above, administrators & accreditation coordinators for the 3 pilot LHDs told us that they made large & critical decisions about how to move forward as well as a realistic notion of what impact on their time to expect as a result of those decisions – again quite consistent with our objectives.

7. **Next Steps**

What are your organization's (and/or the health departments you worked with as a support organization) general plans for the next 12-24 months in terms of accreditation preparation and quality improvement?

We expect to build on this experience with 3 specific initiatives during 2013 & potentially beyond.

We will extend the present pilot by offering more in-depth orientation to the MAPP model to the present 3 pilot LHDs & boards – not to offer MAPP facilitation but to help them be better informed in their expectations & decisions. In fact we have already tentatively scheduled for October a MAPP orientation for the Henry County Board of Health.

We will expand on the present project by offering orientation & technical assistance that is essentially identical to the present project to 3 new LHDs that identify themselves as ready for this level of assistance.

Finally, IPHA has initiated conversations with long-time partners in Indiana who are also offering accreditation related technical assistance to LHDs toward convening a summit in late 2013 for shared learning among LHDs that are at any stage of preparation for accreditation. The summit will provide opportunities for problem solving, sharing of successful practices, meeting & hearing from leaders in accreditation nationally, ongoing mechanisms for sharing &, significantly, the opportunity for entities providing TA in Indiana to better coordinate their services & even find ways to collaborate for more efficient use of time & resources. Initial conversations with partners & LHD leadership have been altogether positive, so that the prospects for the summit look very favorable.