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._

Kent County is located in Western Michigan and is the fourth largest population center in the state. The county is composed of 21 townships, five villages, and nine cities covering 864 square miles. There are urban, suburban, and rural communities contained within the county borders. Grand Rapids is the county seat and is located 30 miles from Lake Michigan.

In 2010, there were 602,622 people living in Kent County. About 6.1% of Michigan’s population lives in Kent County and the population is growing at a rate almost twice as fast as Michigan and the United States. The median age for Kent County is 34.4 and about 51% of the total population within the county is female.

The highest proportion of Kent County residents are White (83.8%). About 10% of the population identifies as African American, or Black, while 2.5% identify as Asian. More than 7% of Kent County residents were born outside of the United States, and nearly 11.5% of residents speak a primary language other than English.

Kent County’s high school graduation rate is 88.6%, and more than 30% of Kent County residents have achieved a bachelor’s degree or higher. The median household income for Kent County residents is $50,801 and the rate of unemployment is lower in Kent County when compared with that of Michigan and the United States. However, the proportion of persons living below poverty in Kent County is nearly 15%.

The Administrative Health Office manages the daily programming and budgetary operations of the Kent County Health Department (KCHD) using the 10 Essential Services as guiding principles to lead the organization. The Administrative Health Officer is a liaison to state and community partners and serves as an advocate and steward for public health programming and policy in Kent County. The Administrative Health Officer is supported by a Medical Director, Deputy Health Officer, and four Division Directors. The Division Directors provide direct oversight to their respective Divisions in Community Clinical Services, Community Nursing, Environmental Health Services, and the Finance Section.

The KCHD is comprised of 249 total employees. Together we are responsible for promoting health, preventing illness, and prolonging life. To achieve this lofty goal, the KCHD assures provisions of state mandated programs are met in the following areas: vision and hearing screening, private and Type II groundwater supplies, food safety, immunization, sexually transmitted diseases, on-site sewage disposal systems, and general communicable disease control. Many non-mandated
services are offered, as well.

For example, the KCHD regularly investigates the causes of disease, epidemics, morbidity and mortality, and environmental health hazards using vital and health statistics for epidemiological studies and community health needs assessments. In addition, the Communicable Disease and Epidemiology Units work with local health care providers to investigate and track disease outbreaks. They report county-wide case numbers for these diseases and approximately 75 other illnesses ranging from influenza to salmonella.

The KCHD operates five public health clinics throughout the county that offer immunizations and the Women, Infants, and Children program (WIC). KCHD also offers tuberculosis (TB) and sexually transmitted disease-related services through the Personal Health Services (PHS) clinic. The TB clinic aggressively treats cases of TB to eradicate the disease from Kent County. PHS offers testing, counseling, and in some cases treatment, of HIV, gonorrhea, syphilis, and Chlamydia. KCHD has a public health laboratory to test viruses, bacterium, parasites, and water samples.

Public health nurses and caseworkers make home visits throughout each year. They teach parenting skills, inspect homes for lead, and support grieving parents after the loss of a child. Sanitarians enforce public health regulations while educating restaurant owners, swimming pool operators, adult/child care facilities, homeowners and others on sanitation standards and practices. The Health Education and Promotion Section teach a broad spectrum of public health topics in classrooms, places of worship, workplaces, and elsewhere.

KCHD maintains the county animal shelter, where staff works to protect animal and human health through Animal Control, the Animal Adoption Program, and basic animal care. Emergency preparedness planning, management, and coordination are also functions of the KCHD.

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.

Because of the funding provided through the NACCHO Accreditation Support Initiative, the Kent County Health Department worked toward filling three identified gaps in required PHAB documentation. Specifically, these gaps included the development of a cultural competency policy and completion of cultural competency assessment, Health Department sponsored quality improvement training and coaching for more than 30 staff, and initial framework for a department performance management system.

At the beginning of the project period, the Health Department submitted its application to the Public Health Accreditation Board to become a nationally accredited health department. Prior to achieving this feat, the Health Department completed a community health needs assessment, health improvement plan, and agency strategic plan. Once the prerequisites were completed, the
Health Department recognized there were additional areas within the 12 PHAB domains that would need to be addressed.

The Health Department contracted with a local community college’s Diversity Learning Center to complete a comprehensive cultural competency assessment that included an all-staff electronic survey, key stakeholder interviews, and four staff focus groups. Through this process, the Diversity Learning Center arrived at a set of policy recommendations that were put forth to Health Department Senior Management for consideration.

Concurrent with the cultural competency work, the Health Department began quality improvement training for staff. Again, the Health Department contracted with a quality improvement consultant who assisted with curriculum development. Kent County trained a set of 12 quality improvement mentors who underwent facilitation and leadership training prior to the launch of quality improvement projects. Once they had completed the training, the mentors were assigned to one of five quality improvement project teams and helped to facilitate the PDSA process over the course of the project period. These projects will continue beyond the scope of the ASI project timeline.

Lastly, the Health Department recognized that the existence of a performance management system was a significant weakness in our PHAB readiness. A Performance Management Council was formed and members received one and one-half hours of training about performance management and how it relates to quality improvement. A performance management self-assessment was completed, and the Health Department was surprised to see how much work remains before a software system can be selected. There are many pieces of the performance management system that must be put into place before a software system can be identified, and therefore the Health Department decided to work with Microsoft Excel until performance management needs can be identified and an appropriate program can be selected.

The Department plans to develop an Excel spreadsheet that includes SMART objectives from the Health Department strategic plan, baseline measures, national or local targets, and periodic recording of progress toward achieving identified targets. This data will be monitored as it becomes available and will be reported, minimally, in Health Department annual reports, annual briefings of the Kent County Board of Commissioners, and the Kent County Administration. Additionally, the Health Department’s Community Health Advisory Committee will be provided with regular updates and opportunities for input.

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.

   During this project, Kent County Health Department encountered the unexpected finding about the lack of readiness to move forward with the creation of a performance management system that adequately meets the PHAB’s requirements. The performance management self-assessment
identified many areas in which the Health Department must make improvements before a formal system can be created. It is our belief that this will be somewhat of a set-back in our national accreditation preparation activities. However, we will take necessary steps to ensure the measures related to performance management are addressed as best as possible before our Public Health Accreditation Board submission deadline in 2014.

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.*

Some of the factors that were critical to the success of Kent County Health Department’s work on this project were the commitment and passion of the contractors that worked with the department, as well as the valuable input gathered from staff throughout the project and support from senior management to successfully accomplish the tasks in the workplan.

In Kent County, we are fortunate to have many community partners who care about what they do and want to see improvements within the organizations with which they work. The Diversity Learning Center that facilitated the cultural competency assessment and policy development allowed staff to voice their thoughts and opinions about sensitive issues in a safe and nurturing environment, while making great recommendations for policy improvements at our Department. Additionally, the consultant who assisted with our quality improvement training is a retired public health professional who has great passion for moving forward the field of public health. That passion shone through as he led staff through novel, and sometimes challenging concepts while relating these concepts to staff’s day to day activities.

Involving staff in this project from the beginning helped to gain their buy-in for this work. Staff added invaluable input into the development of the cultural competency policy, and have invested a lot of time in completing quality improvement training and application of that training to the five quality improvement projects that are underway.

Perhaps the most influential factor of success in this work has been support from senior management. Kent County Health Department has committed to becoming a nationally accredited health department, and has visibly supported the completion of the cultural competency policy, implementation of quality improvement training and projects, and the establishment of a performance management system.

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.*

This project as a whole was a learning experience, as it helped Kent County Health Department recognize that we are not as close to being ready for a performance management system as we
may have previously thought. There is nothing that we would have changed for this specific project because everything that was learned was important in our preparation for national accreditation.

One piece of advice that we would give to departments seeking related funding or technical assistance opportunities would be to ensure the scope of work is manageable for the timeframe of the given project. It is great to secure funding to support projects that will be undertaken by your department, but you must weigh the costs and benefits of adding burden to your workload during a short time period. With that said, the technical assistance and networking provided through this project are impactful and have assisted our department in accreditation readiness.

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?

The impact of the ASI project funding on Kent County Health Department’s accreditation readiness has been positive. Through funding provided by this project, the Health Department has filled evidence gaps for PHAB measures 9.1.2 and 11.1.3, specifically, and will fill several others through the continued quality improvement and performance management work that was initiated during this project and through work that is currently underway.

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?

Over the next six months, the Kent County Health Department will be evaluating existing evidence to determine compliance with PHAB requirements and will continue filling identified gaps in evidence. Based on the findings that were discovered through this project, one area of focus will be the establishment of performance standards, performance measures, and a system for measuring progress toward achieving individual, programmatic, and departmental performance goals. Per the PHAB timeline, the Health Department plans to have all evidence submitted through the e-PHAB system by the end of 2013 and will look forward to a PHAB site visit within the first six to eight months of 2014.