

2012-2013 Accreditation Support Initiative (ASI) for Large Metropolitan Local Health Departments

FINAL REPORT

1. **Community Description**

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

Orange County Health Care Agency (OCHCA), Public Health Services serves Orange County, California. Comprising 798 square miles between Los Angeles and San Diego Counties in Southern California, Orange County is the sixth largest county in the United States. It includes 34 cities and an estimated 3 million people. The population of the county is dispersed, and no significant urban center exists. No single racial/ethnic group makes a majority of the county; the county population is 43% White, 34% Hispanic, 18% Asian, and less than 2% African American.

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-July 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.

With help from the Accreditation Support Initiative, OCHCA did the following: 1) Began community health assessment process using the Mobilizing for Action through Planning and Partnerships (MAPP) model; and 2) Conducted training on quality improvement (QI) and developed a draft QI Plan.



During the project period, OCHCA utilized the MAPP model as a guide in completing the community health assessment. In January 2013, *Orange County's Healthier Together!* Planning Group conducted the *Forces of Change Assessment* during a two-hour session. The assessment identified key forces (trends, events, and factors) that may impact the community's health and the potential opportunities and threats that they pose. In March 20, 2013, the Planning Group reviewed 53 core health indicators as part of the *Community Health Status Assessment* during a four-hour meeting. Indicators categories included social and economic indicators; maternal,

healthcare access and utilization; child, and adolescent health; chronic diseases; communicable diseases; health behaviors; and mental health. The assessment helped the group garner a shared understanding of the health status of Orange County and needs across the county and within subpopulations. At the end of the meeting, the Planning Group determined a set of preliminary set of priority issues. In June 2013, OCHCA conducted two sets of focus groups based the preliminary “priority groupings” of Behavioral Health; Obesity and Diabetes; Infant and Child Health; and Older Adult Health. The first set was conducted with over 100 attendees at the CalOptima Community Alliance Forum; the second was with about 80 OCHCA staff. The focus groups have increased community participation, engagement, and empowerment about health issues in Orange County and also increased OCHCA’s understanding of the communities’ concerns and perceptions about health. Each of these assessments has helped build upon OCHCA’s understanding of Orange County’s health. The *Local Public Health System Assessment*, the last of the MAPP assessments, is scheduled to be conducted in August 2013 and will help Orange County complete its Community Health Assessment.



OCHCA also launched its *Public Health Quality Academy*, an intensive cohort-based trainings for staff to share QI models, principles, and build capacity around QI in March 2013. The cohort consists of 45 OCHCA employees from all divisions within Public Health including Disease Control and Epidemiology, Environmental Health, Family Health, Health Promotion, Public Health Laboratory, and Public Health Nursing, as well as representatives from Contract Development and Management and Program Support, which provide contracting and fiscal support for Public Health programs. The trainings included an Orientation in March, a two-day training in March, a check-in meeting in May, and another two-day training in June. To ensure that the learning process was based on experience, participants worked collaboratively in teams on a quality improvement project as part of the training experience. Projects ranged from improving direct client services (e.g. access and quality of care at the Adult Emergency Dental Clinic) to improving administrative processes (e.g. contract procurement process). Teams were composed of participants who worked within and outside their program area of the project. For instance, a team working on improving utilization of an online WIC nutrition education, a program within the Family Health division, included employees from Health Promotion, Public Health Nursing, Public Health Laboratory, Disease Control and Epidemiology, and Environmental Health. Teams learned that this type of cross-program learning was a tremendous asset to the program. Academy graduates continue to work with their teams on their projects and have begun to diffuse what they’ve learned through interactive trainings in their program areas. To further provide infrastructure and support for efforts to improve our programs, Public Health will convene a QI Committee this year and finalize the QI Plan.

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.*

Due to competing schedules and priorities, finding a time for community health planning partners to meet has been a challenge. Turnout for the *Community Health Status Assessment*, conducted over a four-hour meeting, in March was lower than expected. OCHCA utilized an online survey using Survey Monkey to gather input from members who were unable to attend the meeting.

During the course of the project, OCHCA learned that the tool for the *Local Public Health System Assessment* (National Public Health Performance Standards) was being updated. Therefore staff took time to review the new version against the previous version to determine the best course for the planning process. OCHCA also learned that the assessment should occur over one-two days at a face-to-face meeting. Considering the difficulty in scheduling a short meeting time, a one-two day meeting seemed unrealistic for the jurisdiction at this time. OCHCA has scheduled a meeting for the *Local Public Health System Assessment* in August 2013, extending invitations beyond the Advisory Group. In addition, OCHCA has shortened the meeting time requirement by focusing on key public health system components identified through the planning process.

4. **Facilitators of Success**

Describe factors or strategies that helped to facilitate completion of your work. These may 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.

Online tools were good facilitators in the community health planning process and in QI activities. Survey Monkey and Doodle Poll assisted in scheduling meetings and gathering input from our community planning advisory group when we were not able to do so in person. Microsoft SharePoint allowed us to share information with our *Public Health Quality Academy* on a shared webpage and helped project members share documents with each other. Microsoft Lync was helpful for Quality Academy members as a tool to help project members share their desktops with each other if they were unable to meet in person.

Other health jurisdictions, PHAB, and the various public health institutes are a wealth of knowledge. Learning from them at the Public Health Improvement Training, through the various communities of learning websites, and even personal conversations has been tremendously enlightening.

A key element of the success of the *Public Health Quality Academy* was focusing on the culture shift that is required in the conducting QI work. The atmosphere of the trainings emphasized team work, fun, and diversity and ultimately showed that those were key elements of change and improvement, while QI tools and techniques were important, but secondary components to the trainings. Shown below were some pictures of the training in which participants learned about QI concepts and tools through interactive and engaging activities.



5. **Lessons Learned**

Please describe your overall lessons learned from participating in the ASI. These may be things you might do differently if you could repeat the process, or the kinds of advice you might give to other health departments who are pursuing similar types of funding opportunities or technical assistance activities.

The community health assessment and planning process will likely take longer than expected. Look ahead and be flexible.

When conducting QI training activities, incorporating QI projects into the training will make the QI concepts come to life and bring forth much deeper learning experiences. When assembling project teams, make sure that members are from different program areas. The diversity of perspectives and experiences will help the project as a whole.

6. **Funding Impact**

Describe the impact that the ASI funding has had on your health department. In other words, thinking about the work you have done over the last eight months, how has this funding advanced your health department's accreditation readiness or quality improvement efforts?

The ASI funding has helped OCHCA pay for facilitators to assist with the community health assessment and a consultant to conduct the *Public Health Quality Academy* trainings that would have otherwise not been possible. The funding also helped pay for printing and supplies for meetings and trainings. As a result of this funding, Orange County has completed most assessments for the community health assessment and has the tools and infrastructure in place to support a QI program.

7. **Next Steps**

What are your health department's general plans for the next 12-24 months in terms of accreditation preparation and quality improvement?

OCHCA plans on completing its community health assessment by the end of August 2013 and completing our community health improvement plan (CHIP) and department strategic plan by March 2014. OCHCA will begin gathering documents to ensuring compliance with Accreditation standards. OCHCA hopes to be ready to submit a Statement of Intent by March 2014.