

2015-2016 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.

Cerro Gordo County is located in North Iowa just a short drive from the Minnesota border. According to the U.S. Census Bureau, Cerro Gordo County's population is approximately 44,151 which makes it the thirteenth most populous county in Iowa. Interstate 35 divides the county north to south and offers a straight shot from equidistantly located Minneapolis, Minnesota, and Des Moines, Iowa. The County has a total area of roughly 575 square miles, with ten cities including Mason City, the largest.

Cerro Gordo County is home to Clear Lake, a beautiful recreational summer vacation retreat and the County is the regional center for north central Iowa in the areas of commerce, industry, retail shopping, higher education and healthcare services. Though Mason City is part of a micropolitan area, the county is rural rolling prairie ideal for fields of corn and soybeans butting up against industry and progression. Cerro Gordo has a strong history of agriculture; in fact, the inception and development of the farmers' co-operative began here. Its farming heritage is uniquely steeped with progress. Cerro Gordo County was home to the first paved road in the state of Iowa and one of the early teachers and principal of Mason City Schools was Carrie Lane Chapman Catt, international suffragette.

The Cerro Gordo County Health Department serves both county and city residents (there is no Mason City health department). Iowa functions under a decentralized state system where local public health departments such as this Department provide public health services in the county. The Department is founded on state government through the Iowa Administrative Code. It is charged with assuring core public health functions, delivering essential public health services and increasing the capacity of local boards of health to promote healthy people and healthy communities. This Department is under the guidance of the Board of Health, fiscal authorization and policy resolutions of the Board of Supervisors and the administration of the Health Director. Board of Health (BOH) members are appointed by the County Board of Supervisors, members of the Board of Supervisors are citizen-elected and the Health Director is appointed by the BOH.

The Department's mission is "the Cerro Gordo County Department of Public Health works to optimize the health of all people in Cerro Gordo County." The Department is a full service health department with a history of providing and assuring healthcare, public health and environmental health services to all county residents.

2. **Project Overview:** Provide an overview of the work your agency conducted with or because of this funding, including the significant accomplishments/deliverables completed during the ASI project

period 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.

This project focused on conducting and disseminating assessments focused on population health status and public health issues facing the community. Specific deliverables in Standards 1.1, participate in or lead a collaborative process resulting in a comprehensive community health assessment (CHA) shaped the project's activities. Our project used the Mobilizing for Action through Planning and Partnership (MAPP) framework to facilitate our CHA process. The process began in October 2015 and ended in April, 2016. Through this funding, we were able to create a comprehensive, community-oriented CHA and Report.

Major activities and deliverables included developing three tiers of participants, a Core Team, a Steering Team and a Community Team. Like a rock rolling downhill, the process began with a coordinator and assistant coordinator at the Cerro Gordo County Department of Public Health. Then we reached out to our medical partners at the local hospital and local community action agency. Those members formed the Core Team. The Core Team brainstormed and invited vital people needed for the Steering Team. Several members of the community and experts in their field: youth, substance use/abuse, mental health, medical, public health, community action and philanthropy received and accepted the invitation. Then the Steering Team set out to engage the community. Each member reached out to elected officials, community members, local activists, experts in particular fields, education representatives along with those working for non-profits, faith-based, insurance, private business, community development, disproportionately impacted and local coalitions. Over the 6 months, the Core Team met twice, the Steering Team met five times and the Community Team met twice as a large group. Community engagement was the backbone of the project and drove success.

There was much behind-the-scenes work happening as well. Department staff developed a system to track the MAPP process and progress, discovered the best communication methods with each participant, created an electronic folder system to house data collected and determined best methods to present information back to the stakeholders.

The Steering Team guided the community through a creative process that led to shared vision and values. The vision statement that provided a beacon for the project is, "We are a community collaboratively building a healthy, safe, and accepting environment." With the vision established, the four assessments took center stage. We conducted the community themes and strengths, local public health, community health status and forces of change assessments. These constituted the bulk of the project and resulted in several new pieces of data collected via several methods including survey, listening sessions and data collection through partner agencies. The data fed into the CHA Report that includes information on population demographics, contributing causes, quantitative & qualitative health status information and so much more. The preliminary report was made available on the Cerro Gordo County Department of Public Health website. Several social media prompts with links and a press release were used to garner feedback. Unfortunately, feedback was lacking from the community-at-large. The final

document was distributed to multiple stakeholders via email, was linked on social media and is posted on the Cerro Gordo County Department of Public Health website.

Intangible outcomes included a shift to purposefully focus on community and the entire public health system with an emphasis on assets and resources. As a community, we developed a broad definition of health and shared in the process, successes and barriers.

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.

We experienced problems with garnering feedback for the preliminary report. Our intent was to use “clicks” on our website as measurement; however, people were not fond of commenting or clicking on the site. To correct this, we incentivized feedback with a give-away; however, that too was not successful.

Another challenge was our aggressive timeframe to have the CHA and Community Health Improvement Plan completed. Coordinating large and small meetings, compiling minutes and information, seeking and receiving feedback and having individual conversations impeded our original deadlines for Measure 1.1.3.

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.**

The use of a facilitator for both of our community meetings set us up for success. She was a non-biased person not representing any agency or person working in the MAPP process. Her skill set and ability to pull information from participants was incredibly valuable and led to more real information gathered.

Another reason for our success was due to our assigned NACCHO contact person, Reena and our assigned mentor, April. Both women were easy to talk with, prompt in response, and free with their advice and resource offerings. They were my guide as I guided our community through MAPP.

5. **Impact of ASI:** To what extent do you feel your health department was more prepared for accreditation at the end of the ASI5 project as compared to the beginning? What specifically

changed during that time that made your agency more prepared for accreditation? How did the ASI5 contribute to your health department's progress?

During the period of this ASI project, our Department vacillated from considering application to submitting our PHAB application. The ASI opportunity allowed us to complete one of the foundational documents needed prior to application which helped other initiatives fall into place. Beyond the scope of work for this project, Reena and April have lent their expertise to other PHAB Domains that has helped us believe we have the ability to apply.

6. **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.

There were several lessons learned throughout the process. Firstly, ensure that enough time is given to complete MAPP. There is much work that has to be completed during and between the steps. Secondly, use an unbiased skilled facilitator for the community meetings or focus groups. The information gathered is very beneficial due to this. Thirdly, MAPP can be shaped to each community's needs. Strict adherence to each action suggested is not mandated. Use what works for you.

7. **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?

The funding allowed us to dedicate much more time than would have been possible to the CHA. It also allowed us to hire a facilitator for pieces of the MAPP procedure. The funding allowed us to apply to PHAB in a shorter timeframe than originally projected.

8. **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?

We applied to PHAB in April of 2016; next steps include:

1. PHAB invoice payment
2. Completion of the Community Health Improvement Plan May 2016
3. Training for the PHAB Coordinator in August 2016
4. Access to e-PHAB for documentation in September 2016
5. Continue to gather documentation for all Domains
6. We anticipate documentation completion in the following descending order:

- a. Domain 8
 - b. Domains 12 & 2
 - c. Domain 6 & 7
 - d. Domain 5, 4 & 3
 - e. Domain 1 & 9
 - f. Domain 10
7. The anticipated “submit” date is June 2017 with our audit and site visit after that.

The CHA report will be sustained as it is the basis for our community priorities and our Department’s priorities. From these priorities, grant applications are written, projects are developed and community impact is felt. The Steering Team is dedicated to meeting quarterly to discuss the progress on the CHIP, data for the CHA , issues and successes.