

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.

Champaign County is a small community of 40,000. We are primarily an agricultural community. We are adjacent to Clark county, a much larger community. We have developed close relationships with the Health District in that county and share some services. The Champaign Health District has approximately 20 employees which includes the WIC program. Approximately half of our employees are part-time.

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.

PHAB measure 1.1.2: We have completed our Community Health Assessment and are now in the process of completing the Community Health Improvement Plan. The funding was essential in this process. We had a contract with Clark County Combined Health District for 5.6 hours a week to provide an epidemiologist. This was not sufficient hours to assist us with completing the health assessment and improvement plan. The funding raised the contract hours from 5.6 to 8 hours a week. We now have a health assessment that identifies specific populations in our community that have poorer health outcomes and we are developing goals and strategies to better their health outcomes.

PHAB Measure 1.1.2. #2 The following agencies have and are active participants in the Community Health Assessment process:

Mercy Memorial, Champaign YMCA, Family Children First/Drug Free Coalition, Champaign Health District, Champaign Mental Health Board, Consolidated Care, Wellspring, Madison-Champaign ESC, United Way and Caring Kitchen.

We have reached out to the community at large through our Website, Facebook and through our Urbana Citizen newspaper with the results of our draft health assessment and asking for comments as well as participation in the health improvement process. More individuals are joining our four taskforces, Mental Health, Substance Abuse, Healthy Living and Young Child Wellness. We are developing our logic models for all four taskforces.

PHAB Measure 1.1.2 #3 With the change tool, we did environmental and policy surveys in the areas of the community that were identified to have high health disparities. Urbana Memorial Hospital, Family Children First, Drug Free Youth Coalition, Champaign Health District, Urbana

University and the United Way were instrumental in providing time to this endeavor. The final results were shared in January 2016 to all the agencies and the community.

Although the assessment has been completed, additional surveys have done by the Healthy Living Taskforce in one of our highest health disparity geographic areas to assist us in our goals and strategies.

PHAB Measure 5.2.3 #1 In the previous Community Health Improvement Plan period, the collaborative did not do a good job of tracking our progress in the implementation process. With the funds from NACCHO, we have acquired a dashboard system for all four taskforces to track the implementation of our goals and strategies. The Health Living Taskforce was the last taskforce to acquire the dashboard and will start training this month. Without NACCHO assistance, this would have not been possible. In addition to the dashboard, Epiphany services consultation has been instrumental in the beginning of our new community health improvement plan development with the creation of logic models and helping us focus our energies.

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.

With four taskforces and several identified areas in the community with high health disparities, maintaining some organization and keeping the taskforces on track towards the completion of their goals and strategies. The Health District now is taking an active role on all four taskforces to keep them on track towards completion. Previously, the Health District was only on the Healthy Living Taskforce, formally called Nutrition and Exercise.

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.**

Stacey Logwood Director of the Family Children First Counsel and the Drug Free Youth Coalition has provided expertise on community initiatives and Deacon of Epiphany Services provided consultation on the creation of strategies and goals for the Improvement Plan Our Epidemiologist, Gabe Jones, created the final document and lead the process for the development of a Community Health Assessment. They have all been instrumental. Without our collaboration, this process could not have been completed by our small Health District.

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?

The Champaign Health District has been working very hard on accreditation. We are planning on applying in June. I have asked some questions during our peer teleconferences and with Reena Chudgar regarding Quality Improvement. This has been helpful in interpreting some of the measures that relate to quality improvement.

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.

I would develop a closer relationship with our peer helpers. The grant period is short and the time goes by very quickly. So I think it's best to develop those relationships very early, so that when the grant period is over, you can continue those afterwards. Don't hesitate to reach out to your NACCHO consultant and have those regular phone conversations to discuss your progress, even if they are just short conversations. I have those conversations invaluable.

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 was instrumental in our community health assessment and improvement plan process. It increased the hours that epidemiological consultant from Clark county could work and develop our new health assessment. It assisted us in acquiring a consultant, Epiphany Services, to develop a dashboard system for tracking our goals. Epiphany Services has provided us valuable assistance with developing our strategies and goals that fit within a logic model for our new improvement plan. Our effort would have been very difficult without the help of the NACCHO grant. We are a small community with limited resources. This was just what we needed.

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?

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

As noted previously, we are planning on applying for accreditation in June. We are currently waiting on PHAB to approve the registration so that we can move forward with the application.