

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.

Location & Population Served

Located on the U.S./Mexico border in the world's largest bi-national metropolitan area with a total population of nearly three million people, the City of El Paso Department of Public Health (DPH) serves a diverse and dynamic region. Recent U.S. Census Bureau estimates indicate that 827,398 people live in El Paso County.

The City of El Paso Department of Public Health has a mission to work in partnership with people in our community to promote and protect the health of the Borderland.

Health, however, has no borders. El Paso has a unique public health situation because it shares immediate geographical proximity to Ciudad Juárez, Chihuahua, Mexico, and has a high percentage of Hispanics, most of whom are Mexican American or of Mexican origin. Monitoring health is vital in preventing disease and essential in agenda-setting, policy-making, health promotion, and education.

In addition, El Paso County is one of the most socio-economically challenged counties in the U.S. El Paso population is likely to be uninsured and to lack access to routine healthcare services.

Governance

The Department of Public Health is a City of El Paso Department and is a part of the Health and Safety Portfolio. The City Manager carries out policy and provides administrative procedures while Council and Mayor set policy. The Health Director reports to the Deputy City Manager. There is no Board of Health or Advisory Committee. A Health Authority performs functions as prescribed under Section 121.024 of the Texas Health Code and is responsible for performing duties necessary to implement and enforce laws to protect the public health.

The Department of Public Health, through the City of El Paso, has contractual agreements with the El Paso County and five municipalities within the County (Anthony, Clint, Horizon, Socorro, and Vinton). This allows essential public health services throughout El Paso County. Over 69% of the budget is funded through federal, state, and local grants.

Organizational structure

The structure of the Department of Public Health is made up of divisions and programs.

- Administrative Division – Office of the Director, Human Resources, Grants, Financial Services, Health Authority
- Disease Control - Epidemiology, Code Compliance, Food permits, Laboratory, Preparedness
- Clinical – Sexually Transmitted Diseases, Tuberculosis, Immunizations
- Dental
- Health Promotion – Women, Infants, and Children program, Health Training and Promotions, 2-1-1

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. *Note: Work with connector sites will be addressed in question #8.*

The Accreditation Support Initiative enabled the DPH to address several major accreditation items required by the Public Health Accreditation Board (PHAB) Domains, Standards and Measures.

One major accomplishment was the development of the Health Promotion, Education and Communication Protocol Manual. Accomplishing this deliverable included the development of a workgroup which included staff and several key players from the community we serve. These included representatives from the Housing Authority, the Hispanic Health Disparities Research Center – University of Texas at El Paso, Texas A&M *Colonias* and Community Health Worker/*Promotora* Program, Women, Infants, and Children (WIC) Program, the DPH Public Affairs Officer, Health Education and Training Manager, and other staff from the education division. The workgroup was divided into 4 sub-groups, each assigned with specific tasks. The final product developed by the workgroup yielded a Health Promotion, Education and Communication Protocol Manual that is culturally sensitive to address the specific education and communications needs of the intended audience in the El Paso County.

The development of a comprehensive El Paso County Community Health Assessment and Improvement Plan (CHA/CHIP) was another major deliverable. Accomplishing this deliverable entailed creating a workgroup composed of DPH, University of Texas at El Paso (UTEP) faculty and masters in Public Health students, hiring an expert consultant to assist with gathering and analyzing data, and drafting the CHA/CHIP. This deliverable also required recruiting local health decision-makers to form the Community Advisory Board, in charge of setting CHIP priorities, and supporting the implementation of CHIP Initiatives.

Another major accomplishment was the development of a Workforce Development Plan (WDP) and Training Curriculum. To accomplish this deliverable, the DPH created a Workforce

Development Committee, composed of key DPH staff, to assist in the development of the WDP. Recruitment of community partners also took place to secure training resources for the implementation of the training plan. Partners recruited include, the University of Texas at El Paso, Department of Health Sciences and Nursing, the Desert Mountain Area Health Education Center (AHEC), the City of El Paso Organizational Development Office, University of Texas School of Public Health-Houston, Texas Department of State Health Services, and others.

Funding from the ASI made possible the development of a comprehensive Disease Investigation Protocols Manual including protocols, policies and procedures to investigate Tuberculosis, Sexually Transmitted Diseases, Communicable Diseases, and Non-Communicable Diseases. To accomplish this deliverable the DPH established a workgroup that included representatives from administration, clinical division, epidemiology, laboratories, and the HIV program. The workgroup conducted extensive research to identify best models, in addition to conducting a thorough review of existing guidelines from the Centers for Disease Control and Prevention (CDC) and the Texas Department of State Health Services.

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.*

One challenge encountered was the unforeseen amount of time and effort required to engage and train staff and participating stake holders on accreditation-related issues, including the CHA/CHIP. National accreditation of public health is a new endeavor requiring careful planning, introduction, and instruction provided to the accreditation team in order for them to yield high-quality deliverables.

Another challenge was our inability to recruit a consultant to assist with accreditation coordination work due to lack of expertise in the public health accreditation field.

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.

There are several factors that played a crucial role in facilitating the success of this project. These include the support from upper administration, including the City Manager, and the DPH Director. In addition, the enthusiasm and commitment from the DPH key staff and community members to assist in moving forward towards national accreditation played a major role in accomplishing the several deliverables under the NACCHO ASI.

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 ASI provided an excellent opportunity to become immersed in accreditation-related information and to gain a wealth of knowledge in areas crucial for accreditation preparedness and quality improvement such as organizational self-assessment, quality improvement planning, workforce development, and others. One of the lessons learned during the development of the ASI deliverables is that one must limit deliverables to two due to the excessive amount of time and energy necessary to address any particular Domain, such as researching, reading materials, discussing models, etc.

Given the opportunity to undertake a similar project, we would limit the number of proposed deliverables in order to avoid burn out and to dedicate more quality time training and coaching participating staff and other collaborators on the tasks and the learning experience at hand.

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 impact the ASI funding has made on our health department is extraordinary. It did not only provide the opportunity for staff to learn, network with other LHDs, access valuable resources, but also allowed us to develop pre-requisites such as the CHA and CHIP which far advanced our accreditation readiness.

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?

The immediate next steps in preparation for accreditation is establishing a Quality Improvement (QI) team, drafting a QI Plan, continuing work with the Accreditation Core Team and Domain Workgroups, implementing the Workforce Development training plan, and establishing a documentation tracking system.

8. **Working With Connector Sites**

Describe your health department's work with your connector site(s) during this initiative. Include the following:

- *How did you identify your connector site(s)?*
- *What type of TA or resources did you provide to the site(s)?*
- *How do you think this TA helped advance the site's accreditation readiness?*
- *What benefits did you experience?*
- *What challenges did you face?*

Our initial Connector Site was made possible at the recommendation of the Texas Association of Health Officials (TALHO). After the Connector Site was engaged, we conducted two telephone conferences to discuss the assistance needed from the DPH. During the first quarter of this ASI, resources for organizing an Accreditation Core Team were shared in the form of training power point presentation, agenda, and planning matrices. In addition, resources were provided to the Connector Site to establish their Health Education, Promotion and Communication workgroup as well as a copy of the final education protocol manual.

One of the challenges experienced was the difficulty in communicating and fully engaging the Connector Site to join the accreditation networks, attend NACCHO conferences and take advantage of other opportunities.

One of the benefits derived was developing a higher degree of understanding and sensitivity towards smaller health departments. Due to limited resources, accreditation may be difficult to pursue due to their struggle to make ends meet with extremely limited resources and leadership support.

Additional Connector Site

An additional connector site has been engaged, the Andrews County Health, to which the DPH will share all ASI developed documents and provide technical assistance as requested by for the Department of Public health. A Memorandum of Understanding (MOU) has been developed to formalize the agreement between both Local Health Departments. This MOU will be fully executed on August 6, 2013.